Diabetes Prevention Programs: Effectiveness and Value

Questions for Deliberation and Voting Results: June 24, 2016 Public Meeting

1. For patients with prediabetes*, is the evidence adequate to demonstrate that the net health benefit of participation in an in-person diabetes prevention program (DPP) with group coaching is superior to that of usual care†?
   
   □ 12 Yes (100%)  □ 0 No (0%)

2. Given the available evidence for patients with prediabetes, what is the care value‡ of participation in an in-person DPP with group coaching vs. usual care?
   
   a. 1 Low (8%)   b. 4 Intermediate (33%)   c. 7 High (58%)

3. For patients with prediabetes, is the evidence adequate to demonstrate that the net health benefit of participation in a digital DPP with human coaching is superior to that of usual care?
   
   □ 11 Yes (92%)  □ 1 No (8%)

4. Given the available evidence for patients with prediabetes, what is the care value of participation in a digital DPP with human coaching vs. usual care?
   
   a. 2 Low b. 6 Intermediate (50%) c. 4 High (33%)

5. For patients with prediabetes, is the evidence adequate to demonstrate that the net health benefit of participation in a digital DPP with fully-automated coaching is superior to that of usual care?
   
   □ 3 Yes (25%)  □ 9 No (75%)

6. Given the available evidence for patients with prediabetes, what is the care value of participation in a digital DPP with fully-automated coaching vs. usual care
   
   □ Vote not taken due to inadequate evidence

Definitions

* For the purposes of these voting questions, prediabetes is defined using the American Diabetes Association (ADA) criteria of HbA1c 5.7 – 6.4%, fasting plasma glucose (FPG) of 100 – 125 mg/dL, or two-hour oral glucose tolerance test (OGTT) 140 – 199 mg/dL.

† For the purposes of these voting questions, usual care is defined as a discussion between a provider and patient and/or provision of educational materials regarding the risk for diabetes and recommendations to decrease weight and increase exercise.

‡ Care value is determined by looking at four elements: comparative clinical effectiveness, incremental costs per outcomes achieved, other benefits or disadvantages, and contextual considerations. Incremental costs per outcomes achieved represents the long-term perspective, at the individual patient level, on the level of patient benefit as well as the costs required to achieve that benefit.