Diabetes Prevention Programs: Effectiveness and Value

Draft Questions for Deliberation: 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†?  
   Yes  No

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. Low  b. Intermediate  c. High

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?
   Yes  No

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. Low  b. Intermediate  c. High

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?
   Yes  No

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?
   a. Low  b. Intermediate  c. High

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.