Diabetes Prevention Programs: Effectiveness and Value

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.