Background
- The Centers for Disease Control and Prevention (CDC) developed the National Diabetes Prevention Program (DPP), which can cost-effectively reduce body weight and incidence of diabetes.\(^1\)
- Digital versions of the DPP (dDPP) involve online lessons for healthy lifestyle modifications and tools for tracking individual health goals. When implemented in a workplace setting, they reduce risk factors for diabetes and cardiovascular disease.\(^2\)
- However, the cost-effectiveness of dDPNs has not been fully assessed.

Objective: Investigators examined the effect of a dDPP on healthcare costs.

Methods
- A retrospective analysis was conducted using deidentified claims data of employees and spouses at Quest Diagnostics who met the following study inclusion criteria:
  - Had prediabetes (fasting blood glucose level of 100-125 mg/dL or an HbA1c of 5.7%-6.4%) and BMI ≥25 kg/m\(^2\), based on an employer-sponsored health assessment during September to December 2017
  - Were enrolled continuously in a health plan from September 2016 to December 2019
- The intervention group included employees or spouses who completed at least 1 digital lesson of the dDPP (offered by Omada Health) during 2018.
- The control group included employees or spouses who met study inclusion criteria and did not participate in dDPP; they were matched to dDPP participants by baseline age, sex, race, region of residence, comorbidities, health plan type, medical costs, and pharmacy costs.
- Healthcare costs after dDPP implementation (2017-2019) were compared to those before dDPP implementation (2016-2017); dDPP costs were not included.

Results
- Of 3,098 employees and spouses who met the study inclusion criteria, 432 were included in the intervention group and 856 were included in the control group.
- For the control group (non-dDPP participants), healthcare costs were higher per member per month (PMPM) in 2017-2019 than in 2016-2017: $696 vs $558 (P<0.001).
  - Inpatient ($124 vs $64; P=0.01) and pharmacy ($183 vs $155; P=0.02) costs were higher in 2017-2019, but outpatient ($199 vs $161; P=0.06) and professional services ($190 vs $171; P=0.30) costs did not differ in 2017-2019 and 2016-2017.
- For the intervention group (dDPP participants), average healthcare costs PMPM in 2017-2019 (after intervention) did not significantly differ from those in 2016-2017 (before intervention): $540 vs $543 (P=0.96).
  - Because costs of the control group increased while those of the intervention group stayed the same, the total costs were $141 lower PMPM for the intervention group than the control group (P=0.02).

Conclusions
- Two years after offering a dDPP, healthcare costs did not change among program participants, but costs increased among those who did not participate.
- These data indicate that a dDPP can save healthcare costs.