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Beneficiary experiences in the medicare diabetes prevention program: a qualitative focus group study

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Abstract

Background Type 2 diabetes is a common and costly health challenge among Medicare beneficiaries. In 2018, the Centers for Medicare & Medicaid Services began covering the Medicare Diabetes Prevention Program (MDPP), which is based on the Centers for Disease Control and Prevention-recognized National Diabetes Prevention Program. This study explored beneficiaries' experiences with the MDPP, including satisfaction with the program and perceived impacts on health behaviors and outcomes.

Methods We recruited beneficiaries through 9 MDPP suppliers and conducted 10 virtual focus groups with 25 beneficiaries who were currently enrolled in or had recently completed the program as of February 2023. Focus groups were conducted from March to May 2023, audio-recorded, transcribed, and analyzed using rapid qualitative methods to identify common themes.

Results Beneficiaries most often enrolled in the MDPP to prevent diabetes and lose weight. Overall, participants reported high satisfaction with the program and highlighted the group-based format, supportive lifestyle coaches, and practical curriculum focused on diet and physical activity as major strengths. Beneficiaries also described improvements in diet, physical activity, and self-reported health outcomes, including hemoglobin A1c levels.

Conclusions This study suggests that beneficiaries who enroll in the MDPP value the program and report meaningful benefits related to lifestyle change and health. These findings support continued efforts to expand access to MDPP and optimize program delivery for older adults.

Keywords Medicare diabetes prevention program · Participant satisfaction · Participant experience · Weight loss · National diabetes prevention program · Qualitative research

Introduction

Type 2 diabetes is a leading cause of morbidity and mortality among older adults in the United States. Over 31 million adults aged 65 years or older are estimated to have prediabetes [1]. In 2018, the Centers for Medicare & Medicaid Services (CMS) began offering the Medicare Diabetes Prevention Program (MDPP) based on the Centers for Disease Control and Prevention (CDC) National Diabetes Prevention Program (National DPP).

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MDPP introduced a new class of providers to Medicare (i.e., MDPP suppliers), which expanded the delivery of diabetes prevention services into nonclinical settings.

MDPP is a yearlong lifestyle change intervention for individuals who are overweight or obese and are at high risk of developing type 2 diabetes [2]. It consists of 22 group-based sessions delivered by trained lifestyle coaches. Although MDPP enrollment has been lower than initially projected [3], beneficiaries enrolled in the program generally participate for at least 8 months and lose weight [3].

Understanding beneficiaries' experiences who participate in MDPP may provide insights into which features beneficiaries are most satisfied with and highlight any challenges they encountered. These findings may support enhancing the program's design and efforts to improve engagement, especially with recent policy changes that permit online, non-live delivery of the program [4]. Prior studies on participant experiences in the National DPP report that the more participants engage with the program, the more likely they are to make behavioral changes leading to weight loss, increased physical activity, and increased self-monitoring [5–7]. Prior qualitative research has focused on implementation challenges from MDPP supplier and lifestyle coach perspectives, but has not captured beneficiary perspectives. Other qualitative studies reporting on factors affecting attendance and engagement in the National DPP are limited [8–11]. This study describes the experiences and satisfaction with the MDPP from the perspective of beneficiaries currently enrolled in or who had recently completed the program.

Methods

We conducted focus groups from March to May 2023 with beneficiaries currently enrolled, or who had recently completed, the MDPP to learn about their experiences, factors influencing their enrollment, and satisfaction with the program.

Recruitment

MDPP suppliers register with RTI International (RTI) as part of the CMS-funded evaluation of the MDPP. We reviewed the list of registered suppliers and identified suppliers actively delivering the program (i.e., recently submitted data to either RTI or MDPP claims). We categorized suppliers by factors that could influence beneficiary experience, such as geographic location, supplier type (e.g., community-based organization), supplier size, and proportion of MDPP classes offered in-person compared to distance learning modalities (e.g., videoconferencing).

We contacted 9 eligible MDPP suppliers and asked them if they were willing to connect us to beneficiaries who might be willing to participate in focus groups to discuss their experiences in MDPP. Suppliers asked beneficiaries if they were willing to be contacted by RTI for a focus group. We emailed each beneficiary to describe the purpose of the study and invite them to participate in a focus group. The RTI Institutional Review Board approved this study and determined that it did not constitute human subjects research.

Data collection

We created a semi-structured guide to explore beneficiaries' experiences in MDPP (Appendix A). The guide covered topics such as motivation for participating in the program, factors that facilitated participation and retention, and overall experience and satisfaction with the MDPP.

From March to May 2023, we conducted 10 focus groups with 25 beneficiaries from nine different MDPP suppliers. Focus groups lasted 75–90 min and were conducted virtually using Zoom. One facilitator led the discussion, and one note-taker documented beneficiaries' comments. We obtained beneficiaries' consent to record the focus groups and professionally transcribed the audio files. Beneficiaries received a $25 honorarium for their time.

Table 1 Supplier characteristics associated with beneficiaries participating in focus groups

Organizational Type	Region	Program Modalities Available at Institution
Health care	Northeast	• Distance learning • In-person
Health care	West	• Hybrid (in-person and distance learning)
Health care	Midwest	• In-person
Health care	South	• Distance learning
Health care	Midwest	• Distance learning
YMCA	West	• Distance learning
YMCA	West	• Hybrid (in-person and distance learning)
YMCA	Northeast	• Hybrid (in-person and distance learning)
Community	Northeast	• In-person

Data analysis

We used rapid qualitative analysis to analyze the data. First, analysts condensed the qualitative data captured in transcripts into domains of interest aligned with the focus group guide (e.g., satisfaction, facilitators and barriers to participation, outcomes). Analysts added compelling quotes from the transcripts and copied the data distilled by domain into matrices in Excel, which helped analysts systematically investigate similarities and differences in responses across participants or data sources [12, 13]. The Excel file summarized data from each focus group in the rows and group characteristics (e.g., delivery mode) in the columns, which allowed authors to filter the data and identify results.

Analysts independently reviewed data in the matrices for specific domains to identify initial themes, met to discuss and organize the themes, and then finalized the themes. Themes are described based on the approximate number of participants to which they apply: a few groups (less than 25%), some groups (25%–75%), or many groups (over 75%).

Results

Table 1 describes the characteristics of the nine MDPP suppliers from which beneficiaries were recruited. Five suppliers were health care-based organizations (e.g., hospitals, health systems), three suppliers were YMCAs, and one supplier was a community-based organization. Suppliers were located across nine different states. We did not collect demographic data from focus group participants.

Enrolling in the MDPP

Family history and personal health concerns drive enrollment motivation

All groups reported improving their health as the primary motivation for enrolling in MDPP, specifically preventing diabetes and/or losing weight. Nearly all groups mentioned being diagnosed with prediabetes by their health care provider or from receiving elevated HbA1c results motivated them to join MDPP. Beneficiaries reported that a prediabetes diagnosis was a strong impetus to prioritize health and seek ways to improve their HbA1c. Some beneficiaries described witnessing the detrimental effects of diabetes on family members and expressed determination to avoid being diagnosed with diabetes themselves by taking proactive measures to safeguard their own health. Some beneficiaries described weight loss in general as a motivation to enroll. *"My mother got type two diabetes in her older years, and I've been just petrified of that. And it's been my life goal not to end up there. And I've read on the medication that I have to take for not having a thyroid that you should monitor your blood sugar.*

So…I don't want diabetes. That's probably the more driving goal than the weight, but the weight obviously goes with it. So I was scared into doing this."–MDPP Beneficiary.

Beneficiary experience in the program

Groups reported being satisfied and believed MDPP was simple to follow and approachable

Some groups discussed how the program exceeded their expectations and stated they would recommend the program to a friend. Our analysis identified several factors that influenced beneficiaries' positive experience in the program, including (1) having regular and frequent sessions, (2) offering the option of in-person or distance learning delivery, (3) having a cohesive group structure which fostered strong personal connections, (4) utilizing a realistic and actionable curriculum, and (5) delivering the program with supportive coaches who are skilled at class facilitation.

Regular frequent sessions kept beneficiaries engaged

Most beneficiaries reported having a weekly structured program enhanced their experience in the program. A consistent schedule fostered accountability, promoted peer support and helped them stay on track and actively engage with the program. Some groups noted that the rotation of different topics each session contributed to maintaining their interest and enthusiasm. One beneficiary noted that once the program shifted to monthly, the drop off within their group was substantial, which may have been because they were not meeting as frequently. Most beneficiaries felt that more frequent contact during the maintenance period (i.e., the second half of the program) would have been helpful. One beneficiary shared: "*The drawback to the program for me was when the sessions didn't occur anymore, weekly… I missed having the coach in my regular existence, [along with] the group.*" *MDPP Beneficiary.*

Distance learning or hybrid delivery made participating in the MDPP convenient

Most beneficiaries participated in distance learning delivery of the MDPP, utilizing platforms like Zoom or WebEx. A few beneficiaries were provided with a hybrid option, enabling them to participate either in-person at a nearby location or through videoconferencing. Among those who participated through distance learning or had the hybrid option, most expressed their satisfaction with these choices, citing the flexibility provided when faced with challenges (e.g., inclement weather, travel restrictions) that made in-person participation difficult. One beneficiary stated the convenience of participating through distance learning was the reason they remained in the program. They noted that if they had had to drive somewhere every week for 6 months, there was "*no way they would be able to do it."*

Although many beneficiaries appreciated the convenience and flexibility of distance learning, some preferred in-person delivery for fostering stronger group connections

Many MDPP beneficiaries appreciated the flexibility of the distance learning delivery of the program, particularly when faced with barriers (e.g., travel distance, evening sessions, inclement weather). One beneficiary shared her experience of starting the MDPP in January and being reluctant to drive in the dark or during poor weather conditions. Therefore, she joined the program through WebEx as an alternative. Many beneficiaries stressed the important role coaches played in the distance learning setting, specifically to create a welcoming atmosphere, to encourage group connections virtually, and to effectively facilitate distance learning or a mix of distance learning and in-person group discussions.

However, some beneficiaries noted they preferred attending the sessions in-person because of the face-to-face interactions and group connections. Some beneficiaries shared engagement could be more challenging in the distance learning sessions if cameras were turned off, or if the coach shared visual aids (e.g., measuring cups) over the screen.

Having a group-based structure and strong connections facilitated sharing and support

The groups' overall dynamics and chance for peer interaction among beneficiaries was highly regarded by focus group participants. In their descriptions of the MDPP, beneficiaries emphasized the appeal of the group-based structure of the program and how it fostered a sense of community. The facilitated group sessions created a dynamic that allowed people to share ideas, be supportive, and learn from each other. Beneficiaries described feeling connected to other beneficiaries in the program and liked learning from them and hearing their successes and challenges. For example, they noted that they faced similar challenges with navigating healthy food choices at family or sport events. Being in a group of peers facilitated the sharing of new ideas on how to track food or new exercises to try. They often shared stories with their classmates and felt that they were not alone in their struggles. Beneficiaries in several groups wanted to connect with their group after the program ended. *"One thing I appreciated is in the discussions, people were honest. They had good ideas about some food items that they found helpful. So, I then found that helpful, and so then I'd start getting ideas of things I could use with my own diet that worked for me."—MDPP Beneficiary*.

Regarding group dynamics, many beneficiaries emphasized the importance of the coach's ability to facilitate group discussion and create an atmosphere of sharing without dominating: "*And then the lifestyle coach, [NAME], was very good at encouraging people to participate. And telling them that, if you're going to get benefit from this, we would like you to participate. And when people were getting off track or they were talking too long, she would say, 'Oh, I'd really like to hear from somebody else. So could you hold that thought and we'll give so-and-so a chance.' So very well managed!"—MDPP Beneficiary*.

MDPP's curriculum focus on making realistic lifestyle changes contributed to an overall positive experience and empowered beneficiaries to achieve their health goals

Beneficiaries emphasized MDPP's focus on how to make informed choices and finding practical ways to incorporate positive health behaviors into their current lifestyles contributed to an overall positive experience and empowered them to meet their health goals. Several groups noted they liked the program's dual focus of making both diet and exercise lifestyle changes because it provided a holistic approach to decreasing their risk for developing diabetes. Some groups contrasted the MDPP with other weight management and exercise programs they had tried in the past and noted the MDPP's guidance transcended beyond just eating well and being physically active. Beneficiaries noted the program provided realistic strategies and actionable steps on how to integrate positive behaviors into their current lifestyle. For example, some groups mentioned the use of tools like MyPlate, a simple way to ensure a balanced intake of different food groups that could be used in any situation.

Beneficiaries described improvements to their nutrition or diet because of the knowledge or skills learned from the program. Beneficiaries frequently reported an increased consumption of fruits and vegetables; increased awareness of portion sizes; purchasing more healthy snacks; and reduced fast-food consumption. When discussing sustained changes related to dietary health because of MDPP, beneficiaries frequently reported reading nutrition labels. Additionally, achieving health goals served as a significant motivator and contributed to a positive experience with the MDPP. Beneficiaries attributed their success to the knowledge and strategies acquired throughout the program (e.g., tracking food in a log to monitor calorie intake). Finally, beneficiaries noted improvements in other health measures (e.g., self-reported improvements in body fat, cholesterol, A1c levels) contributed to their positive experience and strengthened their motivation to sustain lifestyle changes.

A supportive and non-judgmental coach helped beneficiaries stay motivated, set realistic goals, and was a key to their success and positive experience with the MDPP

Most groups discussed how their coaches exhibited accommodating behavior, tailoring advice and feedback to meet their specific needs, and acted as advocates of their health without criticism or shame. Some groups mentioned the welcoming and warm nature of the coaches, who shared their own personal experiences and formed connections with program participants. One coach shared her struggles with weight, which established relatability within the group. Beneficiaries also shared examples of various techniques their coaches used to enhance their learning (e.g., demonstrations on measuring portion sizes, showcasing exercises suitable for all ages and abilities). Coaches were also proactive in sharing healthy food options, providing recipes, recommending relevant applications, and introducing other online tools to support the beneficiaries' progress. One coach shared newsletters with participants that included recipes, different applications, and other information to encourage participants in meeting their goals.

Discussion

In this study, we explored Medicare beneficiaries' experiences participating in the MDPP. Previous research has focused on MDPP supplier experiences with implementing MDPP, or participant experience with the National DPP more generally [14–17]. Our findings support previous research on participant experiences in the National DPP where experiences are generally positive [14, 15, 18]. However, our study provides an important contribution given the unique needs of MDPP beneficiaries (e.g., exercises that accommodate physical limitations, modalities that accommodate transportation challenges in accessing in-person sessions) [19, 20].

Beneficiaries were motivated to enroll after receiving a prediabetes diagnosis from their health care provider and had high satisfaction with the content, structure, and format of MDPP. Positive experiences with the program contribute to individuals staying engaged and completing the program. In MDPP, once beneficiaries enroll, attendance is high and beneficiaries are likely to complete the program. For example, the recent evaluation report of MDPP reported that 61% of MDPP beneficiaries who enrolled completed the yearlong program [3]. Retention in the program contributes to beneficiaries achieving short-term health outcomes (e.g., weight loss) and longer-term goals (e.g., reducing diabetes incidence) [5, 21]. In contrast, persistence of novel and effective diabetes prevention and treatment drugs such as GLP-1 receptor agonists (e.g., semaglutide) is substantially lower, with recent studies reporting 12-month discontinuation rates among users without diabetes range from 50 to 75% [22, 23]. Promoting lifestyle change programs that seek to achieve behavior change (e.g., MDPP) or promoting MDPP coupled with GLP-1s may offer a sustainable strategy for longer-term diabetes prevention.

Beneficiaries reported receiving a prediabetes diagnosis and having a family history of diabetes were strong motivators for enrolling in the MDPP, which supports research on motivators for National DPP participation [24]. This finding underscores the important role the health care system plays in identifying beneficiaries with prediabetes and connecting them to MDPP suppliers [25]. It will be important to continue to prioritize raising awareness of the MDPP among health care providers (e.g., knowing about the program and its benefits increases the likelihood of referrals to the program). Effective health care system referral strategies may include ways to easily identify eligible Medicare beneficiaries (e.g., prediabetes registries within existing electronic health record systems) [26]. Additionally, encouraging providers to assess and discuss family history of diabetes during patient interactions may further motivate enrollment in the program.

Beneficiaries reported satisfaction with the distance learning and hybrid delivery modalities. Medicare beneficiaries often face mobility or transportation challenges, with over one-third of participating MDPP beneficiaries residing more than 25 miles from an MDPP supplier [3]. Distance or online participation may help to overcome such barriers. CMS first allowed beneficiaries to participate in MDPP through live distance learning sessions in response to the COVID-19 Public Health Emergency and later extended this flexibility to allow newly enrolled

beneficiaries to start the program through live, distance learning delivery after January 1, 2021 [27]. In 2026, CMS began permitting MDPP suppliers to offer the program through online (non-live) delivery which will further expand flexibility in how beneficiaries can attend the program and increase access to the program for Medicare beneficiaries [4].

Allowing suppliers to offer both live distance learning and non-live online sessions may increase overall participation in the program. In cases where suppliers offer multiple delivery modalities, beneficiaries will be able to choose the option that best suits their needs and preferences. Given that many areas still do not have MDPP suppliers, and beneficiaries who participate in the program live generally participate in the program through a local supplier, the MDPP may improve its reach if more suppliers offer online (non-live) options or encourage enrollment into the distance learning option for eligible beneficiaries residing in other localities. The new online (non-live) delivery modality may be beneficial for beneficiaries who face scheduling constraints, live in areas without local MDPP suppliers, or prefer to complete sessions on their own time. Emerging evidence from distance learning National DPP programs suggests that participants attending classes through this modality can achieve comparable weight loss and engagement outcomes relative to those observed with live in-person delivery modalities [28]. More research is needed to assess the effectiveness of the online (non-live) MDPP with these outcomes.

Finally, beneficiaries reported they liked the initial weekly structure of the lifestyle change sessions during the first 6 months of the program and the group-based format of the MDPP. Being able to interact with peers weekly fostered a social support network for beneficiaries, with some beneficiaries even describing plans to remain in contact with individuals from their cohort after the program ended. Older adults often face elevated risks of social isolation, a risk factor associated with an increased risk of chronic disease incidence, including type 2 diabetes [29]. It is important to continue investigating the extent to which the MDPP improves social support and decreases social isolation as this may be an additional benefit of the MDPP, particularly the extent to which this may vary across the different modalities (i.e., distance learning, in-person, or online).

With the introduction of online (non-live) delivery in 2026, MDPP now offers greater choices to beneficiaries. There are now program options for beneficiaries who wish to participate in-person (e.g., those who might wish to foster live group connections), through live distance learning sessions (e.g., those who wish to reduce travel), or via online (non-live) delivery (e.g., those with variable schedules). Together, these modalities broaden the MDPP's reach and create more opportunities for Medicare beneficiaries with diverse needs, circumstances, or preferences to benefit from the program.

Limitations

There are limitations to our research. First, these findings are based on a small number of beneficiaries who were actively participating in or who had completed the program. Therefore, not all findings may apply to the broader population of MDPP beneficiaries or represent beneficiaries who did not complete the program. However, speaking with beneficiaries who were actively engaged or had recently completed the program allowed us to understand experiences across the entire duration of the program. Additionally, beneficiaries who participated in the focus groups were nominated by MDPP suppliers. Suppliers may have selected individuals who had more positive experiences or engagement in the program. However, the selected beneficiaries were recruited from a variety of supplier organizational types, across delivery modes and geographic regions which provided a range of insights regarding MDPP. Finally, we did not collect demographic information from beneficiaries, which limits our ability to assess how perspectives and experiences may differ across beneficiary population groups. However, the majority of MDPP beneficiaries as of 2025 are female and between ages 65 and 74 [30].

Conclusions

To our knowledge, this is the first qualitative study to examine beneficiary experiences in the MDPP across multiple suppliers offering the program. Our findings point to potential areas for study, including raising provider awareness of the MDPP to increase referrals. Additional studies could investigate other benefits of the MDPP beyond health outcomes, the impact of different program modalities on beneficiary outcomes, and strategies to enhance distance learning or online (non-live) group dynamics. This study may be useful in providing insights on strategies to improve beneficiary participation and engagement in the program.

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Authors' contributions WR, SJ, and NSE contributed to study conceptualization, data collection, analysis, and interpretation. PM contributed to study oversight and interpretation of findings. All authors contributed to drafting or revising the manuscript and approved the final manuscript.

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Data availability All data supporting the findings of this study are available within the paper.

Declarations

Ethics approval and consent to participate The RTI International Institutional Review Board approved this study and determined that it did not constitute human subjects research based on U.S Regulations 45 CFR 46 and 21 CFR 50. Beneficiaries consented to participate in the focus groups and to audio recording.

Consent for publication Not applicable.

Competing interests The authors declare no competing interests.

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