HEALTHCARE LEADERSHIP COUNCIL

February 3, 2020

Don J. Wright, M.D.
Deputy Assistant Secretary for Health
Director, Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Deputy Assistant Secretary Wright:

The Healthcare Leadership Council (HLC) appreciates the opportunity to provide comments to the National Clinical Care Commission on policies, effectiveness, and limitations and gaps related to prevention and treatment of diabetes and its complications.

HLC is a coalition of chief executives from all disciplines within American healthcare. It is the exclusive forum for the nation's healthcare leaders to jointly develop policies, plans, and programs to achieve their vision of a 21st century healthcare system that makes affordable high-quality care accessible to all Americans. Members of HLC – hospitals, academic health centers, health plans, pharmaceutical companies, medical device manufacturers, laboratories, biotech firms, health product distributors, post-acute care providers, home care providers, and information technology companies – advocate for measures to increase the quality and efficiency of healthcare through a patient-centered approach.

As you may know, diabetes is one of the most prevalent chronic diseases, especially among the Medicare population. More than 26 percent of Medicare beneficiaries already has diabetes, and one out of every three Medicare dollars is spent on people with diabetes. Persons with diabetes comprise a large segment of the high-need population, but Type 2 diabetes can be prevented which will reduce healthcare costs. A multicenter clinical trial led by the National Institutes of Health shows that the Diabetes Prevention Program (DPP) reduced by 71 percent the risk of prediabetic patients over the age of 60 becoming diabetic. The Medicare demonstration program on diabetes prevention showed a savings of $2,650 per beneficiary in just 15 months. Based on these results, the Centers for Medicare and Medicaid Services (CMS) expanded the DPP into Medicare as of April 1, 2018. HLC believes the Commission should make recommendations in the following areas:

Policies: What policies should the federal government implement to improve diabetes prevention and/or management? What is the evidence to support those?

HLC recommends regulatory reforms to CMS's Medicare Diabetes Prevention Program (MDPP) to help increase the number of organizations enrolling as MDPP suppliers as well as increasing the number of Medicare beneficiaries who utilize the MDPP benefit and participate in a diabetes prevention program:

- **Further align the standards of the MDPP with the CDCs National DPP and its Diabetes Prevention Recognition Program (DPRP) guidelines.** Better alignment would help MDPP suppliers, currently hampered by having to conform to two different and complex sets of standards. Currently, the MDPP's required length is 24 months while National DPP recognized programs are 12 months in duration. As even 12 months can be too long for optimal patient participation, HLC urges the Commission to recommend outcomes research to explore whether similar outcomes could be achieved in programs in shorter duration.
- **Modify reimbursement to cover reasonable costs.** HLC encourages the Commission to work with CMS to modify MDPP reimbursement to ensure payments for core and maintenance sessions are structured and resourced in a way that supports the patient and enables them to get the services they need.
- **Provide targeted solutions for special populations.** Given that evidence shows that type 2 diabetes is most prevalent in underserved communities and the CDC has identified this as a priority area of DPP expansion, we strongly urge the Commission to work with CMS to allow for targeted solutions, including but not limited to payment adjustments, for special populations.
- **Remove the once-per-lifetime limit.** The once-per-lifetime limit denies some beneficiaries the benefits of a program that reduces Medicare expenditures while also improving health outcomes and quality of life for those at risk for diabetes. Research demonstrates that weight loss is extremely difficult and complex, and some beneficiaries may need multiple attempts to be successful.
- **Allow virtual programs to participate in MDPP.** Because the current geographic distribution of in-person MDPP suppliers is limited, the restriction on virtual providers significantly impacts beneficiary access to diabetes prevention. For example, CMS' website indicates there are currently no in-person MDPP suppliers in the state of Louisiana.

Effectiveness: What specific recommendations do you have for federal agencies to be more effective and/or to collaborate better to prevent and/or help manage diabetes? What is the basis for your specific recommendations?

HLC recommends strategies to increase uptake of Medicare benefits for Diabetes Self-Management Training (DSMT). Although DSMT is a covered benefit under the Medicare program, only 5 percent of Medicare beneficiaries with newly diagnosed diabetes participate in this evidence-based service. HLC has identified several barriers to DSMT that we urge the Commission to address:

- Extend the initial 10 hours of DSMT covered by Medicare beyond the first year until fully utilized and cover additional hours based on individual need.
- Allow medical nutrition therapy and DSMT to be provided on the same day.
- Remove patient cost-sharing.
- Broaden which providers can refer to DSMT beyond the provider managing the beneficiary's diabetes to include other providers caring for the patient.
- Clarify agency policy so that hospital outpatient department-based DSMT programs can expand to community-based locations, including alternate non-hospital locations.
- Pilot virtual DSMT through the Center for Medicare and Medicaid Innovation Center.

Thank you for the opportunity to provide comments to the National Clinical Care Commission on improvements to the diabetes program. HLC looks forward to continuing to engage with HHS as the regulatory process proceeds. If you have any questions or need additional information, please do not hesitate to contact Debbie Witchey at (202) 449-3435 or dwitchey@hlc.org

Sincerely,

Mary R. Grealy
President