



Population Health Alliance

Comments on Centers for Medicare and Medicaid Services  
Docket ID CMS-2016-0116  
Expansion of Medicare Diabetes Prevention Program  
Submitted September 6, 2016

The Population Health Alliance (PHA) would like to applaud the Centers for Medicare & Medicaid Services (CMS) for proposing to expand the Diabetes Prevention Program (DPP). We support the expansion of this evidence-based and proven program.

The PHA's mission is to advance population health improvement to become a pillar of our healthcare system. A population health approach can measurably improve health outcomes across diverse populations through targeted, evidence-guided solutions and support across an evolving spectrum of care delivery, workplace and community settings, best practice operating approaches and payment models. These principles are embodied and furthered by the work and thought leadership of PHA's members – employers, providers, insurers, government agencies, advocates and technologists who share the common goal of advancing population health.

Together, we are working towards a true value-based healthcare system that ensures the appropriate focus on population health. The DPP expansion proposal contains many elements that could serve as a model for additional patient education and support services, in particular:

- A focus on evidence-based programs and proven outcomes will help ensure that CMS extends coverage to education and support services based on research and not assumptions. This focus shows that CMS is receptive to research that recognizes that non-traditional programs and non-traditional provider types can demonstrate meaningful impact.
- The inclusion of non-traditional providers will add significant value to the Medicare program by improving beneficiary health in a cost-effective manner. Reimbursement to these new classes of providers will help ensure that effective services are delivered by the most effective and cost-effective providers.
- The inclusion of virtual providers demonstrates CMS' forward thinking approach that to engage and treat a broad population requires multiple delivery modalities to allow for participant choice. We encourage efforts to create systems that capitalize on the unique characteristics and advantages of

digital and other virtual/remote delivery as a way to effectively and efficiently serve large numbers of participants.

- Outcomes-based payment helps ensure providers are aligned and new services continue to demonstrate expected value. We encourage CMS to consider how outcomes-based payment would make it feasible to further expand coverage for these types of services.

We encourage CMS to consider these additional suggestions to help ensure both the success of the DPP program and its reflection of the model of best practices for these services and other like them:

- We encourage CMS to reconsider the once-in-a-lifetime nature of the proposed benefit. We believe this is inconsistent with current understanding of health behavior change. If an individual meets clinical qualifications for the service, we believe he or she should have access to the service.
- We encourage CMS to consider the financial management system used by state Medicaid programs to oversee client-directed services. Program integrity is critical to both protecting beneficiaries and ensuring the long-term sustainability of the program. The proposed DPP program is similar in several ways to the client directed services in that both may involve similar approaches and may use layperson providers.
- We encourage CMS to assess if beneficiary incentives might increase adherence to the program. For example, under current rules, a Medicare Advantage plan might incentivize participation, but it is unclear if DPP providers may do so for Fee-for-Service Medicare DPP participants.
- Lastly we encourage CMS to make the benefits of DPP available to as broad a population as possible and with the structure to ensure maximum sustainability. These goals are consistent with the goals of broader population health initiatives and would represent a clear statement by CMS of its priorities as exemplified by its DPP initiative. In particular:
  - We recommend the DPP program parallel the criteria of U.S. Preventive Services Task Force (USPSTF) that calls for weight-loss counseling for all obese individuals and behavioral counseling interventions for all who are overweight and have any other cardiovascular disease risk factors;
  - We encourage CMS to ensure that payment rates are sufficient to ensure participation and we are concerned that the proposed rate structure may not meet this goal. A sustainable rate structure should mirror value-based reimbursement models in the existing employer marketplace;
  - We believe a national roll-out is essential to ensure appropriate provider participation and that Medicare beneficiaries have equal access to this program.

Thank you for the opportunity to comment on the expansion of the Medicare Diabetes Prevention Program. Considering these proposed rules is an important step forward as we work towards our shared goal of true population health improvement.