



JAMES L. MADARA, MD
EXECUTIVE VICE PRESIDENT, CEO

ama-assn.org
t (312) 464-5000

February 10, 2016

Andrew M. Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

Dear Acting Administrator Slavitt:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing to urge the Centers for Medicare & Medicaid Services (CMS) to move expeditiously to require coverage for risk assessment and intensive behavioral counseling interventions to prevent diabetes under Medicare, Medicaid, and the Healthcare Marketplace, as recommended with a grade of “B” by the U.S. Preventive Services Task Force (USPSTF) and required by the Affordable Care Act. Specifically, private health plans participating in the Healthcare Marketplace and the Medicaid program are required by law to cover preventive services that are recommended with a grade of A or B by the USPSTF. In addition, the law authorizes the Secretary of the Department of Health and Human Services to use the national coverage determination (NCD) process to extend Medicare coverage to preventive services recommended with a grade of A or B, and to include these services in the initial preventive physical examination and personalized prevention plan services. As the agency responsible for overseeing the Marketplace, Medicare, and Medicaid, we urge CMS to take action to ensure diabetes prevention coverage in all three of these health insurance programs.

More than 11 million seniors, or 26.9 percent of the Medicare population, have diabetes and 26 million, half of all seniors over age 65, have prediabetes. In addition, one in every three Medicare dollars is spent on diabetes and its complications, such as cardiovascular disease (CVD). Diabetes is the leading cause of kidney failure, accounting for more than 44 percent of new cases of end-stage renal disease in 2011. Spending on Medicare beneficiaries with prediabetes and diabetes is estimated to be more than \$2 trillion over the next 10 years, including \$1.7 trillion in federal spending. Mounting evidence suggests that appropriate interventions are effective at preventing Type 2 diabetes and CVD. The USPSTF recently acknowledged the strength of the evidence when, after conducting a review of recent research results, it gave a “B” grade to two companion behavioral counseling recommendations.

In 2014, the USPSTF gave a “B” grade to intensive behavioral counseling interventions for cardiovascular disease prevention after evidence showed reduced CVD risk in overweight or obese

adults.¹ This was followed in 2015 by a “B” grade for behavioral counseling to prevent the development of Type 2 diabetes mellitus after evidence showed a moderate benefit.² Significantly, the USPSTF used the same terminology to describe both the behavioral counseling recommendations for the prevention of heart disease and Type 2 diabetes mellitus: **refer patients to intensive behavioral counseling interventions to promote a healthful diet and physical activity.**

The language used by USPSTF includes physicians’ referral and follow-up services as well as intensive behavioral counseling interventions. Physicians need to screen and test patients before making a decision to refer for counseling. As a first step, patients must be screened to assess their risk for diabetes, including calculating their body mass index (BMI) and evaluating their blood glucose level. If a patient’s data confirms a diagnosis of prediabetes or Type 2 diabetes, the physician counsels the patient on treatment options. Persons with prediabetes who are willing to make lifestyle changes are often referred to a Diabetes Prevention Program (DPP) for intensive behavioral counseling. For a DPP patient, the referring physician communicates with the DPP provider to monitor the patient’s participation and progress, then follows-up to reevaluate the patient’s status and determine if they have successfully lowered their risk for developing Type 2 diabetes. Please refer to the AMA and CDC’s Preventing Type 2 Diabetes Guide for more detailed information about the physician’s role in screening and referring patients at risk for developing Type 2 diabetes at <http://www.ama-assn.org/sub/prevent-diabetes-stat/toolkit.html>.

The USPSTF recommendation specifically cites the DPP as a “well-researched intervention” and states that “multifaceted approaches with linkages between primary care practices and community resources could increase the effectiveness of interventions.”¹ The DPP is the only evidence-based intervention that the USPSTF mentions by name in both screening and behavioral counseling recommendations:

The DPP focused on whether weight reduction through a healthful diet and physical activity could prevent or delay the onset of Type 2 diabetes. Participants in the lifestyle intervention group received intensive training in diet, physical activity, and behavior modification from a case manager or lifestyle coach. Lifestyle coaches were dietitians or persons with a master’s degree and training in exercise physiology, behavioral psychology, or health education. Participants received basic information about nutrition, physical activity, and behavioral self-management. The program addressed problem solving and strategies to deal with eating at restaurants, stress, and lapses. Participants and coaches engaged in face-to-face sessions at least once every 2 months and talked by telephone at least once between visits.¹

As part of our Improving Health Outcomes Initiative, the AMA was an early supporter of the DPP and has partnered with the YMCA of the USA to encourage physician referrals to its DPP. DPP participants meet as a group in a classroom setting or virtually for 16 core sessions with a trained lifestyle coach. During the sessions they learn how to make healthier food choices, incorporate more physical activity into their daily routine, and manage a healthy weight. After the initial 16 core sessions, participants meet

¹ Michael L. LeFevre, MD, MSPH. Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors: U.S. Preventive Services Task Force Recommendation Statement. *Annals of Internal Medicine*, October 2014.

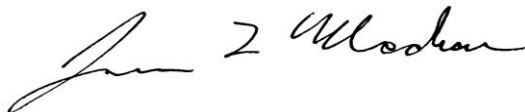
² Albert L. Siu, MD, MSPH. Screening for Abnormal Blood Glucose and Type 2 Diabetes Mellitus: U.S. Preventive Services Task Force Recommendation Statement. *Annals of Internal Medicine*, December 2015.

Andrew M. Slavitt
February 10, 2016
Page 3

monthly for added support to help them maintain their progress. Most compelling, evidence shows that DPP participants maintain healthier behaviors three years later.

The AMA urges CMS to ensure coverage of the DPP and the associated physician services by plans offered in the Healthcare Marketplace and by the Medicaid program. The AMA also urges CMS to use the NCD process to extend coverage of this important preventive service to Medicare beneficiaries in order to prevent cardiovascular disease and Type 2 diabetes mellitus. If you have any questions or the AMA can provide any assistance in the development of these coverage policies, please do not hesitate to contact Margaret Garikes, Vice President of Federal Affairs, at 202-789-7409 or margaret.garikes@ama-assn.org . Thank you for your attention to this important issue.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is written in a cursive style with a large initial "J" and a stylized "M".

James L. Madara, MD