

June 22, 2015

VIA ELECTRONIC SUBMISSION TO: chronic_care@finance.senate.gov

The Honorable Orrin Hatch
Chairman
Committee on Finance
United States Senate

The Honorable Ron Wyden
Ranking Member
Committee on Finance
United States Senate

The Honorable Johnny Isakson
Senator
Committee on Finance
United States Senate

The Honorable Mark Warner
Senator
Committee on Finance
United States Senate

Dear Chairman Hatch, Ranking Member Wyden, Senator Isakson, and Senator Warner:

We would like to voice our enthusiasm and support on the development of the chronic care working group. We commend the Committee for convening this working group and for bringing many of these critical issues to the forefront of the policy discussion.

Type 2 diabetes continues to be a growing public health and economic problem, warranting significant attention. Over 29 million Americans are living with diabetes, and another 86 million Americans have prediabetes¹, resulting in a national cost burden due to elevated blood glucose of more than \$322 billion in 2012. More than 1 in 5 health care dollars spent in the US goes to the care of people with diagnosed diabetes.³ Over the past 30 years, the percentage of Americans diagnosed with diabetes has more than doubled.⁴ According to the Centers for Disease Control and Prevention (CDC), as many as 1 in 3 adults could have diabetes by the year 2050 if current trends continue.

Introduced into both houses of Congress earlier this year, the Medicare Diabetes Prevention Act (S. 1131/H.R. 2102), presents Congress with a critical opportunity to lower economic barriers to preventative diabetes care. The bill would make CDC NDPP programs reimbursable under Medicare, allowing millions of pre-diabetic seniors access to important preventative treatment. Currently, Medicare reimburses for diabetes screening, and for the treatment of diabetes, but does nothing to help people afford the preventive care that will help them avoid developing diabetes. A preventative approach is costing us not only better health outcomes, but billions of dollars.

At Omada Health, we recognize the severity of these trends. We've worked to effectively translate CDC's National Diabetes Prevention Program (NDPP) into an immersive, digital curriculum that has achieved results that meet or exceed those of in-person interventions. Earlier this year, our flagship program Prevent was part of the first class of digital programs recognized as meeting the evidence-based standards of the NDPP. We have published participant outcomes in peer-reviewed medical journals. Our most recent data demonstrate that participants maintained clinically-meaningful reductions in body weight and blood sugar levels two years after starting the program. *Prevent* has also been deployed by commercial insurers operating Medicare Advantage plans. Clinical results from those deployments have been excellent – seniors using the program demonstrate extremely high levels of engagement, and achieve clinical outcomes that meet or exceed those of in-person behavioral interventions. These early results suggest that United States seniors are ready to embrace technology-enabled health programs like *Prevent*.

In addition to the CDC's recognition of digital programs, we have been encouraged by recent actions by the Federal Government that recognize that digital tools must be part of the solution to

our national diabetes epidemic. In 2009, the Centers for Disease Control and Prevention (CDC) labeled chronic disease "the public health challenge of our generation." Three out of four Americans will die prematurely of a disease that could have been prevented, if only they could re-route unhealthy habits. What's more, chronic disease is one of the leading drivers of rising health care costs. Last year, the United States spent over \$500 billion addressing three chronic diseases -- diabetes, heart disease, and obesity. The CDC estimates that, if current trends continue, 40 percent of all American adults will be diagnosed with type 2 diabetes in their lifetimes.

But we are already witnessing a growing recognition across the Federal Government that the epidemic of chronic disease needs to be addressed, and that prevention must be a part of this strategy. In January, the Centers for Medicare and Medicaid Services (CMS) announced far-reaching payment reforms that will incentive physicians keeping patients healthy, instead of simply treating disease. Last week, CMS announced the Million Hearts Cardiovascular Disease Risk Reduction Model -- a reimbursement plan that will focus doctors on one of the most prevalent chronic conditions, heart disease. CMS is taking steps to reward doctors for preventative strategies to address chronic disease. Put simply, these reforms acknowledge that prevention delivers value.

As a consensus has coalesced around the necessity of elevating preventative medicine, so too has the recognition that digital health tools have a role to play in stemming the tide of chronic disease. As personal fitness trackers like FitBit and Apple Watch have drawn individuals attention to their activities level, health plans and employers have begun to leverage these, and other, digital tools to increase activity levels, and help beneficiaries and workers live healthier lives. And the government is not far behind. Earlier this year, CDC's National Diabetes Prevention Program (NDPP) -- designed to address one of the most crippling chronic conditions afflicting the country -- gave recognition to digital programs as meeting the NDPP's evidence-based curriculum. Omada Health's *Prevent* was among the first class of programs to receive this recognition.

As digital tools continue to demonstrate their efficacy for addressing chronic disease, we encourage this working group to deliver recommendations that allow for -- and encourage digital solutions like *Prevent* to be part of the strategy to combat chronic disease.

Sincerely,

Sean Duffy
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