



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

January 26, 2016

VIA ELECTRONIC SUBMISSION TO: [chronic\\_care@finance.senate.gov](mailto: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:

On behalf of the nation's 2700 YMCAs serving 10,000 communities, the YMCA of the USA applauds the Senate Finance Committee Chronic Care Working Group ("Working Group") for its commitment and efforts to better assist Medicare beneficiaries suffering from chronic conditions; we especially applaud your efforts to advance diabetes education and prevention programs as a covered service. As a leading nonprofit dedicated to strengthening community through youth development, healthy living and social responsibility, we are excited that the Working Group is considering several policies, including expanding access to community-based diabetes prevention programs, that can help address the growing burden of chronic disease among our nation's seniors.

As you may remember, YMCA of the USA, the American Diabetes Association and the Diabetes Advocacy Alliance met with key staffers of the Working Group in early September 2015 to discuss the importance of providing Medicare coverage for programs like the YMCA's Diabetes Prevention Program (part of the CDC's National Diabetes Prevention Program) in order to prevent diabetes among people with prediabetes, which is a condition affecting 50 percent of all Medicare recipients. Since that meeting, we have continued to make exciting progress in the YMCA's Diabetes Prevention Program.

As of December 2015, the YMCA of the USA has served over 39,600 people in over 1,400 sites across 44 states with the YMCA's Diabetes Prevention Program. Overall, participants in the YMCA's Diabetes Prevention Program have achieved an average year-end weight loss of 5.4 percent--the same weight loss goal achieved in the original NIH Diabetes Prevention Program clinical trial. Additionally, in December 2015, Senators Al Franken and Chuck Grassley and

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Representatives Susan Davis and Tom Reed (key Congressional supporters of the Medicare Diabetes Prevention Act), sent a letter to Secretary Burwell stating their strong support for the Y's CMMI-funded Health Care Innovation Award (HCIA) demonstration project, which has been modeling Medicare coverage for the YMCA's Diabetes Prevention Program. They also supported CMMI's decision to fast-track the actuarial analysis, due to promising early results. We invite you to read the attached letter and reach out to CMMI for updates on the actuarial analysis.

As the largest in-person provider of the Diabetes Prevention Program, we respectfully submit our feedback relating to the following policies under consideration by the Working Group:

### **Expanding Access to Prediabetes Education**

As stated in the Policy Options document, the Working Group "is considering recommending that Medicare Part B provide payment for evidence-based lifestyle interventions that help people with prediabetes reduce their risk of developing diabetes." YMCA of the USA is incredibly pleased to see this policy under consideration, especially since a set of conservative assumptions used in a 2013 Avalere Health study showed that this policy could save the federal government \$1.3 billion over 10 years, with savings likely increasing beyond 10 years.<sup>1</sup> Based on the Avalere Health study and promising CMMI results, we are confident that providing Medicare Part B coverage for evidence-based interventions will help people with prediabetes reduce their risk of developing diabetes, while also saving the federal government billions of dollars.

### **Policy feedback: Allow prediabetes education programs to be delivered by entities that are currently not providers under Medicare statute.**

YMCA of the USA strongly urges the Working Group to allow and encourage entities currently not providers under Medicare statute, to deliver prediabetes prevention programs. The largest entities currently delivering the DPP, including YMCA of the USA and Omada Health, are not providers under Medicare. Currently, the CDC allows non-Medicare providers, including nonprofit organizations, health departments, federally qualified health centers, among others, to deliver the DPP as long as they meet the [CDC's DPP set of standards](#). Requiring that prediabetes education be delivered ONLY by Medicare providers would stop this program in its tracks, as the overwhelming majority of providers of the diabetes prevention program are currently not Medicare providers.

### **Policy feedback: Evidence to support coverage of services analogous to DSMT for beneficiaries who are at risk of complications from other chronic conditions.**

YMCA of the USA supports efforts by the Working Group to consider analogous services to DSMT and prediabetes education/diabetes prevention programs for other chronic conditions, including arthritis control, blood pressure control, physical activity programs for cancer survivors and falls prevention programs to name a few.

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<sup>1</sup> Avalere. Estimated federal impact of H.R. 962/S. 452 The Medicare Diabetes Prevention Act. Available at <http://www.diabetes.org/assets/pdfs/advocacy/estimated-federal-impact-of.pdf>. Accessed January 14, 2016.

Diabetes self-management training (DSMT), a covered Medicare Part B service, includes varying techniques to motivate patients with diabetes to manage their needs. Currently, DSMT covers up to 10 hours of training in a 12-month period and an additional 2 hours of follow-up training every year afterwards. The YMCA's Diabetes Prevention program is a year-long program consisting of 25, 1-hour sessions. As clarification, prediabetes education, such as the DPP, is usually a community-based intervention that is meant to prevent the onset of diabetes whereas DSMT is usually an individual intervention meant to control diabetes for patients living with the condition.

From the original NIH trial, DPP was shown to reduce hypertension by a third, in addition to reducing the incidence of diabetes by 58 percent in adults and 71 percent in adults over 60. While there were benefits in the reduction of hypertension in the original trial, we have not tracked hypertension in the current iteration of the program, but hypertension control certainly could be an adjunct benefit of the YMCA's Diabetes Prevention Program.

### **Improving Care Management Services for Individuals with Multiple Chronic Conditions**

As I shared during our meeting with Senate staff last year, the Y has been successful at arguing for and securing a new CPT code (0403T) for diabetes prevention programs, including those delivered by non-licensed providers like the Y that are delivering the National Diabetes Prevention Program. As you encourage care management billing codes for those services provided to individuals with multiple chronic conditions, the Y hopes you will consider organizations, like the Y and that you urge that codes incentivize physician referrals to such programs.

Additionally, many recent USPSTF recommendations, including recommendations focused on cardiovascular disease, obesity, and diabetes recommend coverage for lifestyle interventions, like the DPP. Those same recommendations recognize that doctors will unlikely be the providers of such services, rather the services will likely be delivered by community-based organizations. But, there is a lack of incentives for physicians to refer to community-based providers. As a lifestyle intervention provider that is trusted and anchored in community and as an organization driven by the evidence and tracking of outcomes, we are working closely with providers, like the American Medical Association to ensure referrals are made to these programs and that a follow-up mechanism is included between the community-based provider and the doctor.

In addition to our partnerships with provider organizations we also have built have partnerships with the many community organizations that provide multiple services for those living with chronic disease, like senior centers, legal aid and housing partners. Chronic care management requires close working relationships with and between such organizations to continue to reduce costs and improve quality of care.

Additionally, the Y is advancing multiple evidence-based programs, including the YMCA's Diabetes Prevention Program (now in 44 states), Enhance®Fitness for arthritis control (now in

36 states) , LIVESTRONG at the Y cancer survivorship program (now in 40 states), a blood pressure self-monitoring program (now in 7 states), and Moving for Better Balance falls prevention program (now in 20 states). The Y is also launching a parallel, evidence-based lifestyle health program for overweight and obese children and their families that replicates one of the world's largest evidence-based childhood obesity programs that empowers 7 to 13 year olds, with the support of their families to reach a healthy weight. We have piloted the program in 11 Y associations and included over 400 families and are seeing positive results.

Our trainings, programs and data collection are meant to align with the evidence and ensure fidelity to original trials in order to show real-time outcomes that result in a substantial return on investment in both human and economic terms. Incentivizing referrals to community-based partners like the Y can help manage chronic conditions on multiple fronts.

### **Developing Quality Measures for Chronic Conditions**

We support efforts by the Partnership to Fight Chronic Disease to require CMS to include a plan for developing quality metrics focused on people with chronic conditions, including patient/family engagement, shared decision-making, care coordination, hospice and end-of-life care, Alzheimer's and dementia (including a focus on caregivers), and community-level measures. Such community-level measures should include incentivize to providers for the identification, diagnosis and referral to evidence-based programs for patients at risk of chronic conditions. Additionally we encourage you to recommend that the GAO develop a report on community-level measures that relate to chronic care. It is our belief that the current quality measurement landscape does not have sufficient community-level measures that can be used to monitor the quality of care for individuals with multiple chronic conditions.

In closing, we thank you for recognizing the importance of expanding access to prediabetes education through the National Diabetes Prevention Program. We strongly believe that it is in the country's best interest that non-Medicare providers be able to deliver the National Diabetes Prevention Program, like the YMCA's Diabetes Prevention Program. We appreciate the opportunity to present the perspectives of the nation's 2,700 YMCAs and 22 million people we serve each year. YMCA of the USA is committed to working with you and welcome the opportunity to discuss these policy options in more detail.

Sincerely,



Matt Longjohn, MD, MPH  
National Health Officer  
YMCA of the USA

Attached: Letter to HHS Secretary Burwell from Senators Franken and Grassley, sent December 18, 2015.