April 10, 2017

Ms. Seema Verma
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Verma:

The Diabetes Advocacy Alliance (DAA) is writing to welcome you as our new CMS Administrator and to share several recommendations to reduce barriers and improve utilization of diabetes self-management training (DSMT) in Medicare. At your earliest convenience, the DAA would like to meet with you to discuss DSMT and our recommendations in greater detail.

The DAA is a coalition of 22 diverse member organizations, representing patient, professional and trade associations, other non-profit organizations, and corporations, all united in the desire to change the way diabetes is viewed and treated in America. Since 2010, the DAA has worked to increase awareness of, and action on, the diabetes epidemic among legislators and policymakers. The organizations that comprise the DAA share a common goal of elevating diabetes on the national agenda so we may ultimately defeat diabetes.

As you know, both the human and economic toll of diabetes is devastating. Nearly 30 million Americans have diabetes and an additional 86 million adults are at risk of developing the disease. By 2050, it is estimated that one out of every three Americans will have diabetes. In addition, the annual cost of this public health emergency has skyrocketed to $322 billion and will continue to rise unless something is done. Further, the Medicare program and older adults are disproportionately affected by diabetes. Approximately 11.2 million Americans over the age of 65 (nearly 30 percent) have diagnosed diabetes and half of all those over the age of 65 have prediabetes. Medicare currently spends one out of every three dollars on care for people with diabetes.[1]

Importance of DSMT

Diabetes is a complex disease that requires ongoing self-management by patients, including making numerous decisions throughout the day, as part of their management and treatment regimen. Diabetes self-management training (DSMT) is an evidence-based service that teaches people with diabetes how to effectively self-manage their diabetes and cope with the disease. The service, covered by Medicare Part B and most private health insurance plans, includes teaching the person with diabetes how to self-manage healthy eating, physical activity, monitoring blood glucose levels and using the results for self-management decision

[1] Centers for Medicare and Medicaid Services. Medicare Health Support Overview. Baltimore, MD: CMS. Available at: http://www.cms.gov/ccip.downloads/overview_ketchum_70116.pdf

making, adhering to medications, coping and problem solving with every day struggles to help reduce risks for diabetes complications. A patient-centered approach to care is vital for DSMT.

The benefits of DSMT are undisputed. Studies have found that DSMT is associated with improved diabetes knowledge and self-care behaviors, lower hemoglobin A1c, lower self-reported weight, improved quality of life, healthy coping and reduced health care costs.[2] The Diabetes Self-Management Education and Support algorithm of care, recommended in a joint position statement of the American Diabetes Association, American Association of Diabetes Educators, and Academy of Nutrition and Dietetics, defines four critical points of time for Diabetes Self-Management Education and Support delivery: at diagnosis; annually for assessment of education, nutrition and emotional needs; when complicating factors arise that influence self-management; and when transition in care occur.[3] Unfortunately, despite its critical importance for people with diabetes and the fact that DSMT has been a covered benefit under Medicare for over 15 years, a recent study found only five percent of Medicare beneficiaries with newly diagnosed diabetes used DSMT services.[4] According to another source, among fee-for-service Medicare beneficiaries age 65 and older with diagnosed diabetes, only 1.7% had a Medicare claim for DSMT in 2012.[5]

The Centers for Medicare & Medicaid Services (CMS) highlighted the "significant underutilization" of DSMT in the CY 2011 Medicare Physician Fee Schedule, in which the agency noted the effectiveness of DSMT services and the importance of facilitating access to DSMT. In July 2016, as part of the proposed CY 2017 Medicare Physician Fee Schedule rule, CMS once again highlighted the low utilization of DSMT and solicited public comment on barriers contributing to access and the under-utilization of the benefit. The DAA provided comments to the agency and commended CMS for recognizing the alarmingly low utilization of this critically important benefit.

Policy Recommendations

Ensuring that Medicare beneficiaries with diabetes understand that DSMT is a covered benefit and utilize this benefit is a priority for the DAA and we look forward to exploring ways we can partner with CMS to advance this goal in the coming months. From the DAA's perspective, in order to improve DSMT access and utilization rates, several critical barriers must be addressed. The DAA recommends the following:

- 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 (MNT) 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; and

[2] American Diabetes Association. Standards of Medical Care in Diabetes – 2017. Diabetes Care 2017; 40 (Suppl.1): S34.
[3] Powers MA, Bardsley J, Cypress M, et al. Diabetes self-management education and support in type 2 diabetes; a joint position statement of the American Diabetes Association, American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics. Diabetes Care 2015;38:1372-1382.
[4] Strawbridge LM, Lloyd JT, Meadow A, et al. Use of medicare's diabetes self-management training benefit. Health Education Behavior 2015;42:530-8.
[5] Statistic from Health Indicators Warehouse. Available at: https://www.healthindicators.gov/Indicators/Diabetesmanagement-benefit-use-diabetic-older-adults-percent_1263/Profile/ClassicData

- Clarify agency policy that hospital outpatient department based DSMT programs can expand to community based locations, including alternate non-hospital locations.

We would greatly appreciate the opportunity to discuss these policy recommendations with you and your staff in greater detail at your earliest convenience. Attached you will find the DAA's regulatory statement on "Diabetes Self-management Training: Reducing Barriers and Improving Utilization," which provides additional background.

If you have any questions or need additional information, please free to contact one of us: Meghan Riley at mriley@diabetes.org; Karin Gillespie at kgil@novonordisk.com; or Dr. Henry Rodriguez at hrodrig1@health.usf.edu.

Sincerely,

Karin Gillespie	Meghan Riley	Henry Rodriguez, MD
DAA Co-chair	DAA Co-chair	DAA Co-chair