



November 13, 2017

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Attention: Innovation Center New Direction  
P.O. Box 8013  
Baltimore, MD 21244-8013

Dear Administrator Verma,

The American College of Preventive Medicine (ACPM) is pleased to submit comments in response to a recently proposed informal request for information (RFI) – ‘Center for Medicare and Medicaid Innovation (Innovation Center) New Direction’ – released by the Centers for Medicare & Medicaid Services (CMS). Founded in 1954, ACPM is a professional medical society of more than 2,700 physicians employed in government, clinical settings, industry, health plans, academia, and other entities worldwide. ACPM is committed to improving individual and population health through evidence-based health promotion, disease prevention, and systems-based approaches to improving health and health care.

In an opinion editorial published in *The Wall Street Journal*, you indicated that there must be a ‘shift away from a fee-for-service system that reimburses only on volume and move towards a system that holds providers accountable for outcomes and allows them to innovate.’ ACPM agrees.

The College’s broad physician membership and unique mission bridge clinical medicine and public/population health in addressing health system challenges. As such, ACPM has led several recent efforts to think differently about how health care can produce better outcomes more effectively and efficiently. The College has partnered with the CDC to promote the understanding and acceleration of Health Systems Transformation<sup>1</sup> and to improve the adoption of underutilized, evidence-based practices for six leading costly and disabling conditions (6|18 Initiative).<sup>2</sup>

The Innovation Center plays a crucial role in catalyzing new thinking and evidence-based demonstration projects that enhance the prevention and management of chronic diseases. Chronic conditions such as high blood pressure, cholesterol, heart disease and diabetes are highly prevalent among Medicare beneficiaries. Diabetes affects more than 25% of Americans 65 and older.<sup>3</sup> In 2016 alone, Medicare is estimated to have spent 42 billion USD more on beneficiaries with diabetes than it would have spent if those beneficiaries did not have

diabetes. Hence the Medicare Diabetes Prevention Program (MDPP), the Innovation Center's premier model geared towards prevention, was established under the Healthcare Innovation Awards because it met the statutory criteria for expansion. The model is a structured behavior change intervention that aims to prevent the onset of type 2 diabetes among Medicare beneficiaries diagnosed with prediabetes.<sup>3</sup> This model, expected to be rolled out next year, will play a significant role in delaying and or preventing type 2 diabetes among Medicare beneficiaries, half of whom are at risk for diabetes or have prediabetes.<sup>4</sup>

ACPM is also currently engaged in efforts to raise awareness and incentivize providers in various practice settings to screen, test and refer their patients to a CDC-approved National Diabetes Prevention Program (NDPP). One of the barriers that prevents providers from engaging their patients in lifestyle behavior change is lack of reimbursement. But through MDPP, the Innovation Center is taking the lead to address this barrier, thereby setting an example for private payers throughout the country.

ACPM agrees that consumers need to be better educated and patients better engaged and empowered to seek value and quality in health care. But in many cases, truly consumer- and patient-centric knowledge, skills and support are absent or inadequate. ACPM, which convened leading medical specialties nearly a decade ago to address the "root cause" of 75% of US health care spent on common chronic diseases,<sup>5</sup> is committed to improving what the public and patients know about the cause of disease and to assist their providers to prevent, treat and reverse illness with new approaches. ACPM led the creation of a Lifestyle Medicine Core Competencies Program (LM Program)<sup>6</sup> now available to physicians and providers nationwide to better assist patients to reduce or eliminate costly and often risky prescription drugs and live longer and better through the evidence-based application of healthy behaviors.

Through the Million Hearts Risk Reduction Model (also established under the Healthcare Innovation Awards) ACPM has offered this 30-hour LM program, at no cost, to providers who participate in this model. Providers are enabled to gain competencies in lifestyle medicine and, by counseling their patients effectively towards positive behavior change, they may help reduce the risk of heart attack and stroke among their patients. These providers are able to offer a highly innovative, evidence-based program to their patients, a choice that is currently not pursued by many physicians practicing in the traditional fee-for-service environment.

ACPM believes that the following specific areas, relevant to the Innovation Center achieving its mission, warrant development and trial:

- Development, testing and deployment of evidence-based shared decision-making aids for lifestyle/behavioral change vs. prescription drug management of the most common and costly preventable chronic conditions including hypertension, hyperlipidemia, type 2 diabetes, depression and musculoskeletal injuries. Patients cannot be empowered if they are not adequately informed. Well-designed decision-aids have been shown to improve outcomes and reduce costs (for select preference-sensitive surgeries) but are largely absent for the most costly and prevalent diseases. These decision-aids have not emerged and are unlikely to receive developmental support from private sources such as pharmaceutical companies or health systems, particularly if the outcome is reduced utilization of drugs and costly interventions.

- Consumer-directed health plans using accounts (health reimbursement arrangements and health savings accounts) particularly with value-based incentives and tools can be further enhanced by improving education about the effectiveness of basic clinical preventive services. Despite being paid for at 100%, their persistent underutilization needs to be better understood and remediated. New educational and benefit design approaches using value-based incentives (likely using new insights from behavioral economics) should be tested.
- Expanded use of telehealth moving care into the home, school, worksite and communities should be promoted as more convenient, less costly and likely safer than current traditional fee-for-in-person-only service models. Health coaching as an extension of physician and provider in-office visits could be accelerated by CMMI initiatives.
- Design and expansion of group- and population-based interventions either in-person or using telehealth technologies to initiate and sustain behavior change and optimize care management. Some leading health plans promote payment for such visits but the lack of consistency and demonstrated effect (similar to DPP) impedes broader use and subsequent reduction in disease burden and medical costs vs. “usual care” practices. In addition, the Innovation Center should consider instituting trials of intensive disease reversal programs, for more rapid study and payment adoption.

ACPM firmly believes that the Innovation Center fosters a more effective, affordable and accessible healthcare system. We agree that more can and should be done. We applaud the inclusion of state-based and local models focused on Medicaid, and models focusing on mental and behavioral health. In order for providers and consumers to stay engaged, we propose the establishment of a panel composed of providers from multiple specialties, including preventive medicine physicians, who are in the front line, continually interacting with patients and communities to improve health at the individual and population levels. This panel of providers and other stakeholders can continuously give feedback to ensure that the Innovation Center is achieving its goals.

The Innovation Center is a positive disruptor, empowered with the ability to harness the talent of providers, payers and healthcare leaders throughout the country and incentivize the most effective programs that reduce cost, and improve quality of care and health outcomes. We urge CMS to retain the Innovation Center as a vehicle to accelerate the transformation of health systems and enhance our population’s health.

The College looks forward to our continued partnership with the CMS to ensure the ongoing success of the Centers for Medicare and Medicaid Innovation.

Sincerely,

A handwritten signature in blue ink, appearing to read "M. Barry".

Michael A. Barry, CAE  
Executive Director

References:

1. [www.acpm.org/hst](http://www.acpm.org/hst)
2. [www.cdc.gov/sixteen](http://www.cdc.gov/sixteen)
3. <https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/>
4. <http://www.diabetes.org/advocacy/advocacy-priorities/prevention/preventing-diabetes-in.html?referrer=https://www.google.com/>
5. <https://jamanetwork.com/journals/jama/article-abstract/186192>
6. <http://www.acpm.org/page/Improgram>