

Society for Health Psychology (APA Division 38) and Society of Behavioral Medicine Comments on The Medicare Diabetes Prevention Program proposal.

The Diabetes Prevention Project was a landmark study that demonstrated behavioral interventions for weight management are not only effective in producing clinically significant weight loss, but also preventing type 2 diabetes. This evidence-based program is being recognized by a payer and hopefully will lead to large-scale implementation of the program in health care and community-based settings. However, we want to comment on some areas that could be strengthened in the proposal and recommend possible solutions.

Submission of Claims for MDPP Services, pp. 631-633

The current proposal states that coverage for DPP will not be continued if the patient does not achieve 5% weight loss over the first 6 months. This criteria is very concerning in that it may adversely impact high-risk groups (e.g., racial/ethnic minorities, low-income patients) given that there is limited empirical evidence that a 5% weight loss can be achieved in these populations within a 6 month time period. This proposal could then further widen the gap in health disparities as high-risk patients will receive less treatment. Bennett et al., 2015 noted this concern in the *American Journal of Medicine* and urged payers to remove the weight loss threshold to determine coverage of DPP.(1) Failure to lose 5% weight loss after the first 6 months of MDPP should not prompt Medicare to discontinue coverage, but encourage providers to collaborate with patients to identify additional treatment options (e.g., weight loss medication or meal replacements, individual treatment with a behavioral psychologist and/or with a dietitian) that should also be covered by Medicare as an extension of MDPP. Fitzpatrick et al., 2016 on behalf of the Society of Behavioral Medicine published a manuscript describing how primary care providers can build and coordinate a multidisciplinary team to help patients manage their weight.(2)

MDPP Benefit Description, pp. 626

A similar issue is raised by the stipulation that sessions over 6 months will be covered “if the beneficiary achieves and maintains a minimum weight loss (i.e., loss of 5% of starting weight) in accordance with the CDC Diabetes Prevention Recognition Program Standards and Operating Procedures.” Several randomized clinical trials, including DPP (3) have demonstrated that 1-2 years after a patient achieves clinically significant weight loss of 5% or more, they experience weight regain. Some of this regain can be attributed to “metabolic adaptation” or “adaptive thermogenesis” a biological process in which resting energy expenditure falls in response to reduced caloric intake and weight loss. This makes further weight loss more difficult and in many cases leads to weight regain. . Weight regain can also be due to receding behavior changes often resulting from behavioral and environmental factors. Regardless, maintenance sessions are essential to offset both of these processes as they would be even worse without guidance on how to combat them. Further justification for not curtailing benefits in the presence of weight regain is evidence suggesting the health benefits of lifestyle intervention persist even when weight is regained. Ten years after the DPP(3) the lifestyle intervention group continued to show an advantage in reducing diabetes incidence despite weight gravitating back up to levels of the medication and placebo groups. . We strongly recommend that this weight maintenance threshold be removed and beneficiaries continue to have access to the maintenance sessions.

MDPP Supplier Enrollment Requirements and Requirements for MDPP Coaches, pp. 628-631

We agree that individuals delivering MDPP should be trained before they can be reimbursed and it is wonderful that the CDC provides such training. However, DPP was developed by clinical psychologists and training in lifestyle counseling is common in clinical psychology training programs. It is not clear if MDPP will be expanded to reimburse licensed clinical psychologists who already provide evidence-based weight management treatment in individual or group-based formats. We believe it is not appropriate to require health professionals who specialize in weight management (e.g., clinical psychologist and registered dietitians) to be certified by the CDC, when their training, license, and continuing education credits should deem them appropriate for delivering the DPP or supervising other health professionals or lay health educators to deliver the program. Otherwise, this requirement to be CDC certified would restrict the practice of behavioral psychologists who already specialize in weight management treatment.

Site of Service, pp. 636

We appreciate that MDPP offered in non-clinical (e.g., community-based centers) and clinical settings as well as remotely will be covered. This really expands the reach of the program.

References

1. Bennett GG, Steinberg DM, Pagoto SL. Will obesity treatment reimbursement benefit those at highest risk? *Am J Med.* 2015;128(7):670-671.
2. Fitzpatrick SL, Wischenka D, Appelhans BM, et al. An evidence-based guide for obesity treatment in primary care. *Am J Med.* 2016;129(1):115.e1-115.e7.
3. Knowler WC, Fowler SE, Hamman RF, et al. 10-year follow-up of diabetes incidence and weight loss in the Diabetes Prevention Program Outcomes Study. *Lancet.* 2009;374(9702):1677-1686.

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