



The Brancati Center for the Advancement of Community Care

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On behalf of the Johns Hopkins Brancati Center for the Advancement of Community Care, I am pleased to provide comment on the proposed changes to the CDC Diabetes Prevention Program Recognition Program (DPRP).

We have been providing a CDC National Diabetes Prevention Program lifestyle change program in the Baltimore Metropolitan area since 2016. Prior to the pandemic, we provided a fully in-person DPP with Full Recognition from the CDC and were among the first programs to become a Medicare DPP in the State of Maryland. We continued to provide a high-quality DPP to participants through the pandemic during which we provided the in-person program utilizing Medicare flexibilities to offer sessions via distance learning, and we obtained Full Plus recognition of our distance learning DPP. Both the in person (pre-pandemic) and distance learning (since March 2020) modalities have been extremely effective, and we have had over 1,000 people enroll our program, retained more than 70% of participants over the program and have achieved 5% weight loss at 12 months.

We continue to be very pleased with the CDC's evidence-based approach to the Diabetes Prevention Program Recognition Program, specifically the focus on achieving relevant outcomes. Our specific comments on the proposed changes are as follows:

- We would appreciate clarification on the "In-Person with a Distance Learning Component" delivery mode:
 1. Is there a minimum for the in-person or distance learning components?
 2. Could a participant choose to participate in only one modality throughout the entire year?
- We agree with the modification of the goal related to the combination of weight loss and physical activity, "a combination of 4% of baseline body weight and at least 8 sessions associated with an average of 150 minutes/week of physical activity." We wanted to clarify how this physical activity metric is calculated: Is it that the average of the physical activity minutes over any 8 sessions must be 150 minutes/week or greater or that physical activity must be 150 minutes/week or greater over 8 or more sessions?
- We commend the CDC on performance-based recognition, but we do have concerns about the percentage of participants (60%) that must meet one of the program goals for Full Recognition. In the original Diabetes Prevention Program lifestyle intervention, under clinical trial conditions, only 65% achieved $\geq 5\%$ weight loss at six months,ⁱ and only 49% achieved 7% weight loss at 12 monthsⁱⁱ. The National DPP is being implemented with far fewer resources and aims to serve all populations across the US, including those that may be under-resourced; therefore, we recommend that the CDC lower the percentage of participants that must meet program goals for Full Recognition. A reasonable target could be 50% to account for the DPP being implemented under real-world conditions.
- We do fully appreciate the modification of Full Recognition status to being indefinite as long as there is continuous data submission. This allows for some fluctuation in outcomes that may occur because of ebbs and flows in enrollment, etc.

Our center appreciates the opportunity to comment and is available for clarification of any of these comments.

Sincerely,



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ⁱ Maruthur NM, et al. Early Response to Preventive Strategies in the Diabetes Prevention Program. J Gen Intern Med. 2013;28(12):1629-1636.

ⁱⁱ Hamman RF, et al. Effect of Weight Loss with Lifestyle Intervention on Risk of Diabetes. Diabetes Care. 2006;29(9):2102-2107.