AMA
AMERICAN MEDICAL ASSOCIATION

JAMES L. MADARA, MD
EXECUTIVE VICE PRESIDENT, CEO

ama-assn.org
t (312) 464-5000

June 11, 2014

Leroy Richardson
Chief
Information Collection Review Office
Centers for Disease Control and Prevention
1600 Clifton Road, MS D-74
Atlanta, GA 30333

Re: Document Number 2014-08170

Dear Mr. Richardson:

On behalf of our physician and medical student members, the American Medical Association (AMA) is grateful for the opportunity to offer comments to the Centers for Disease Control and Prevention (CDC) on proposed changes to the standards and operating procedures of the Diabetes Prevention Recognition Program (DPRP). It is because of these standards that the AMA feels confident in promoting it as an evidence-based resource for physicians addressing prediabetes and diabetes prevention with their patients. Specifically, per the Notice, the AMA is commenting on ways to enhance the quality, utility, and clarity of the information to be collected.

The AMA recognizes the need to revisit and perhaps adapt standards and operations as the health care delivery landscape changes rapidly. Reaching patients with interventions to improve lifestyle and prevent disease requires a clinician to have a variety of interventions and intervention sites available that adhere to evidence-based science. For this reason, the AMA is particularly concerned about two areas in the proposed changes.

Regarding section II, Standards and Requirements for Recognition, subsection on Participant Eligibility, item #2 states "A minimum of 50% of a program's participants must have had a recent (within the past year), documented (or self-reported for virtual programs), blood test or claim code indicating they have prediabetes, or a history of gestational diabetes mellitus (GDM)."

The AMA is troubled by this alternative standard of accepting self-reported blood test results for virtual programs due to the potential for inaccuracy. Uniform eligibility criteria need to be ensured across all program types in order to maintain fidelity to program standards.

Regarding section II, Standards and Requirements for Recognition, subsection on Requirements for Pending Recognition Status, item #4 Intervention Intensity states "For sessions delivered online or through other distance-learning modalities, weights may be self-reported but must be objectively obtained (e.g., using a digital scale) and reported during each session."

The AMA is again concerned about this relaxed and alternative standard for online programs that allows for self-reporting weight due to the potential for inaccurate reporting. This standard should be changed to require automated online collection of weight data using Bluetooth-enabled scales or equivalent available technology.

The AMA has been promoting the Diabetes Prevention Program (DPP) and the evidence associated with it to primary care physicians including internists, family physicians and general practitioners for the past two years. Our ability to do this successfully is based on the evidence demonstrated not only by the original National Institutes of Health study, but also subsequent studies on the YMCA program adapted from the CDC DPP. The Recognition Program is a valuable tool for physicians and clinical care teams in assessing treatment options for their patients and the AMA wants the assurance that standards are linked directly to the evidence.

Thank you for your consideration.

Sincerely,

James L. Madara, MD

CDC Response

Dr. James L. Madara
American Medical Association
330 North Wabash Avenue
Suite 39300
Chicago IL 60611-5885

Dear Dr. Madara:

Thank you for taking the time to review and comment on the CDC Diabetes Prevention Recognition Program (DPRP) Standards. The Division of Diabetes Translation appreciates your commitment to improving the DPRP Standards. All of your comments were carefully considered. Included with this letter you will find specific responses to the suggestions and remarks outlined in your letter dated June 11, 2014.

With the growing number of new cases of type 2 diabetes, it is vital that we continue to implement proven interventions for preventing or postponing this serious disease. The DPRP is an important part of assuring that we meet the goal of reducing new cases of type 2 diabetes. Again, thank you for your interest in the DPRP.

Sincerely,
Division of Diabetes Translation
Centers for Disease Control and Prevention

Note: (C) indicates a comment, suggestion or request for clarification from your organization; (R) indicates a response from CDC (responses are also in blue font)

(C) Regarding section II, Standards and Requirements for Recognition, subsection on Participant Eligibility, item #2 states "A minimum of 50% of a program's participants must have had a recent (within the past year), documented (or self-reported for virtual programs), blood test or claim code indicating they have prediabetes, or a history of gestational diabetes mellitus (GDM)."
The AMA is troubled by this alternative standard of accepting self-reported blood test results for virtual programs due to the potential for inaccuracy. Uniform eligibility criteria need to be ensured across all program types in order to maintain fidelity to program standards.

> (R) Programs have always had the ability to accept participants who self-report that an acceptable blood test performed in the last year indicated prediabetes. We did not mean to imply that only virtual programs could accept participants based on a self-reported blood test and should have been clearer in addressing this standard. The specific reference to self-report for virtual programs was intended to acknowledge that there might never be an opportunity for participants to show a report of the blood work to the program. Just as all programs may accept self-reported blood tests, all programs are required to report participant eligibility criteria to the DPRP. The text in this section of the standards dealing with self-reported blood tests is being modified as follows:
> "A minimum of 50% of a program's participants must have had a recent (within the past year) blood test (blood test may be self-reported) or claim code . . ."

(C) Regarding section II, Standards and Requirements for Recognition, subsection on Requirements for Pending Recognition Status, item #4 Intervention Intensity states "For sessions delivered online or through other distance-learning modalities, weights may be self-reported but must be objectively obtained (e.g., using a digital scale) and reported during each session."
The AMA is again concerned about this relaxed and alternative standard for online programs that allows for self-reporting weight due to the potential for inaccurate reporting. This standard should be changed to require automated online collection of weight data using Bluetooth-enabled scales or equivalent available technology.

> (R) The DPRP standards represent the minimum standards a program must meet to achieve recognition. Virtual programs are required to collect and report weights and, to meet the minimum requirement, weight may be self-reported since it is not possible for staff in virtual program to see the participant step on the scale and verify the weight. Programs may certainly go beyond this minimum requirement and utilize other means of collecting/transmitting weights such as electronic scales with wireless transmission. Use of this technology for collecting/transmitting weight, however, does not guarantee that weights will be accurate or not falsified. A participant could place anything on the scale and this weight would be transmitted. All other requirement are the same for in-person or virtual programs.
> Although participants' weights must still be obtained and reported at in-person sessions, the DPRP Standards have been revised to allow these weights to be measured by either the lifestyle coach or the participant. Thus, participants of in-person programs may also, at the organization's discretion, self-report weights by reporting the objectively obtained weights to the coach. To help ensure that all programs report consistent weights over time, there is an appendix to the DPRP Standards ("Recommended Standards for Measuring Weight").

The AMA has been promoting the Diabetes Prevention Program (DPP) and the evidence associated with it to primary care physicians including internists, family physicians and general practitioners for the past two years. Our ability to do this successfully is based on the evidence demonstrated not only by the original National Institutes of Health study, but also subsequent studies on the YMCA program adapted from the CDC DPP. The Recognition Program is a valuable tool for physicians and clinical care teams in assessing treatment options for their patients and the AMA wants the assurance that standards are linked directly to the evidence.

(R) The DPRP was established to help translate the science of primary prevention into public health action. As we move forward, we will continue to be faithful to that evolving science.