



February 13, 2024

Jeffrey Zirger
Information Collection Review Office
Centers for Disease Control and Prevention
1600 Clifton Road NE, MS H21-8
Atlanta, GA 30329

Re: CDC-2023-0096; Notice on the Proposed Data Collection Submitted for Public Comment and Recommendations

Submitted electronically via <http://www.regulations.gov>

Dear Mr. Zirger,

Trinity Health appreciates the opportunity to comment on the notice for the proposed data collection for the Diabetes Prevention Recognition Program (DPRP). Our comments and recommendations reflect a strong interest in public policies that support better health, better care and lower costs to ensure affordable, high-quality care for all, especially among vulnerable populations.

Trinity Health is one of the largest not-for-profit, Catholic health care systems in the nation. It is a family of 121,000 colleagues and nearly 36,500 physicians and clinicians caring for diverse communities across 27 states. Nationally recognized for care and experience, the Trinity Health system includes 101 hospitals, 126 continuing care locations, the second largest PACE program in the country, 136 urgent care locations and many other health and well-being services. In fiscal year 2023, the Livonia, Michigan-based health system invested \$1.5 billion in its communities in the form of charity care and other community benefit programs. Trinity Health is committed to serving as a critical provider in our communities and coordinating care across settings and the care continuum, with 41% of our revenue coming from Medicare and 18% from Medicaid and uninsured patients.

Below are our comments on proposed changes to data collection for the DPRP.

Yes/No drop-down question for in-person organizations interested in being considered for fast tracking

Trinity Health is supportive of this change as it will allow more organizations to bill for Medicare and Medicaid. We urge the CDC to clarify what specific Social Vulnerability ranking categories will qualify (e.g. "Very High" Relatively High"). Trinity Health recommends that organizations who are current MDPP suppliers in pending status get fast-tracked to Preliminary if they are identified as having social vulnerability based on the Social Vulnerability Index.

Revised drop-down titles for applicants submitting data

Trinity Health supports this change.

Additional mode In- Person with a Distance Learning Component

Trinity Health is supportive of this change; however, it would add a burden of an additional DPRP data submission. Trinity Health suggests requiring one DPRP submission per location utilizing the organization code column to define which modality each participant is in, rather than submitting multiple DPRP reports.

Yes/No drop-down collection of data on projected start date

Trinity Health is supportive of this change.

Additional options to payer source – Government/Military and Venture Capital

Trinity Health is supportive of this change.

Additional 6 disability questions

Trinity Health supports the notion that all potential participants have equitable access to the program; however, adding the additional 6 required intake questions proposed will add time to the intake process and would increase administrative burden. Please provide guidance on what accommodations would be required by the delivery organization to support equitable outcomes for all participants and what resources would be available from CDC to achieve these. We urge the CDC to offer additional resource supports to delivery organizations that serve this population including advocating for increased reimbursement rates for both public and private payers.

Collection of zip code

Trinity Health is supportive of this change.

Additional Race/ Ethnicity options- Middle Eastern and North African and write in option

Trinity Health is supportive of this change. In addition, we ask the CDC to clarify how will write-in options be collected in a standard method to account for misspellings and other variables that free text would allow? Is the proposal to have a “write in” for both race and ethnicity?

Additional 3 Social Determinants of Health questions

All three of the proposed variables will be difficult to collect upon intake. Trinity Health’s standard is to collect a SDOH screener within the first two sessions. For Social Needs Identity, there should be a drop-down response for 5 CMS (employment, affordable and stable housing, healthy food, personal safety, transportation, and affordable utilities, Other) to eliminate data errors and standardize quality of the data. For Social Needs Action, it will certainly take longer than day of enrollment to find help for participants due to the complexity of social needs as well as the scarcity of resources. It will therefore not be possible to accurately respond to this question at intake and we recommend the CDC remove this question or provide additional time and a documentation space to report on this metric.

Trinity Health also recommends adding a third response to this question, “Refused” as Trinity Health's data shows that not all participants with a positive screening request help. In addition, we ask the CDC to clarify what happens if needs had been identified and/or addressed at any

time during the program--would the answers to the variables need to be changed (i.e. mid-program or end of program)?

Additional Questions/Comments

Trinity Health asks the CDC to provide guidance on how data should be prepared and sent to DPRP for sites who have participants who started with the '21 standards and participants who started with the '24 standards.

The additional questions proposed that will need to be placed on our existing registration form, plus the addition of the Diabetes Risk Test, will create a document that is rather lengthy for potential participants to complete. The proposed questions may also add additional reading level challenges for participants who are completing the form. We recommend the CDC decide on which questions are absolutely needed to maintain this program and eliminate other questions that propose an undo burden.

Funding and/or reimbursement to delivery organizations does not always cover the cost to deliver the 12-month LCP program and all the administrative reporting. We urge the CDC to offer additional supports to delivery organizations when proposing additional collection metrics and advocating for increased reimbursement rates for both public and private payers to help offset the increased administrative burden. Adding administrative burdens without resources is not sustainable in the long-term.

Conclusion

We appreciate the opportunity to comment on the proposed data collection standards. If you have any questions on our comments, please feel free to contact me at jennifer.nading@trinity-health.org.

Sincerely,

/s/

Jennifer Nading
Director, Medicare and Medicaid Policy and Regulatory Affairs
Trinity Health