Statement for the Record
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"Bolstering Chronic Care through Medicare Physician Payment"
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Thank you, Chairman Wyden, Ranking Member Crapo, and distinguished members of the Finance Committee, for providing the American Diabetes Association (ADA) the opportunity to submit written comments regarding the impact of Medicare physician reimbursement policy on care for Americans with diabetes and other chronic conditions. We appreciate you considering this important topic at this critical time.

The ADA is the nation's leading voluntary health organization fighting to bend the curve on the diabetes epidemic and help people living with diabetes thrive. For more than 80 years, the ADA has been driving discovery and research to treat, manage and prevent diabetes, while working relentlessly for a cure. We help people with diabetes thrive by fighting for their rights and developing programs, advocacy and education designed to improve their quality of life.

Access to care for the 38.4 million Americans with diabetes is critical to effective management of this condition and to preventing unnecessary, dangerous and often life-threatening complications. That access is at risk as our country faces shortages of physicians—and in particular endocrinologists and primary care doctors—who are crucial to the treatment of diabetes.

Adequate Medicare reimbursement across physician specialties is a necessary step toward addressing this country's shortage of physicians and other health workers. Since the beginning of the COVID-19 pandemic, nearly one in five health care workers has resigned, and surveys suggest that nearly 50 percent of the U.S. health care workforce has considered or is considering leaving within the next two years.[1] This situation is dire for people with diabetes, who outnumber practicing endocrinologists by a ratio of 40,000 to one.[2] Partly as a result, the diabetes community relies overwhelmingly on primary care providers—who care for some 90 percent of people with Type 2 diabetes, the fastest-growing subset of the diabetes population—to oversee their insulin regimens, provide diabetes education, and prescribe continuous glucose monitors and other diabetes management tools. Nearly 70 percent of outpatient visits for all adults with diabetes take place in primary care settings, and 76 percent

[1] Ethan Popowitz, "Addressing the Healthcare Staffing Shortage," Definitive Healthcare, September 2023, https://www.definitivehc.com/sites/default/files/resources/pdfs/Addressing-the-healthcare-staffing-shortage-2023.pdf?utm_source=newsletter&utm_medium=email&utm_campaign=newsletter_axiosvitals&stream=top.
[2] "Number of People per Active Physician by Specialty, 2021."

of visits are scheduled specifically due to diabetes.[3] The post-pandemic "great resignation" is having an impact here too. In 2021 and 2022, this wave of clinician resignations already included 145,213 physicians and 34,834 nurse practitioners, coming predominantly from internal medicine and family practice.[4]

To improve the stability of primary care practitioners, the federal government should increase Medicare reimbursement rates and especially focus payments on expanding under-resourced primary care teams. Team-based care is a critical part of the answer to the problems of physician shortage and increased workload. Research shows that nurse practitioners, physician assistants and other advanced care providers, in addition to pharmacists and community health workers, help patients reduce A1C, begin and adjust medications without physician approval, and generally improve clinical outcomes for patients with type 2 diabetes in primary care settings.

This approach does not require Medicare to reinvent the wheel. Congress and the administration can encourage team-based care delivery in primary care practices by increasing reimbursement rates through existing federal health care programs for providers and their community partners. The Centers for Medicare and Medicaid Services (CMS) is already doing some of this important work. CMS proposed changes to its physician fee schedule for calendar years 2023 and 2024 to increase reimbursement rates for primary care clinicians and chronic care management services and pay for services provided by "auxiliary personnel" such as community health workers. CMS has also launched a series of demonstration projects that use prospective-based payments to incentivize advanced primary care delivery. Its recently announced project—the ACO Primary Care Flex Model—will test whether and how these payment models can improve outcomes and reduce costs in the Medicare Shared Savings Program, especially for those Medicare beneficiaries living in medically underserved communities. Congress and the patient community stand to learn a great deal from the outcome of this primary care payment model in particular, as the findings from ACO Primary Care Flex can inform how Medicare reimbursement affects outcomes for patients living with chronic conditions.

Medicare can also reduce expensive complications from diabetes by using reimbursing policy to encourage more preventive care services. ADA recently launched the Amputation Prevention Alliance to spread awareness about preventive interventions, including those that can be performed in a primary care office, to limit diabetes-related amputations. Eighty-five percent of diabetes-related amputations are preventable, and amputees with diabetes experience a significantly elevated risk of mortality following the loss of a limb—one in 10 dies within 30 days

[3] Scott J. Pilla, MD, MHS, Jodi B. Segal, MD, MPH, and Nisa M. Maruthur, MD, MHS, "Primary Care Provides the Majority of Outpatient Care for Patients with Diabetes in the US," Journal of General Internal Medicine, July 2019, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6614213/#:~:text=Among%20non%2Dhospital%2Dbased%20office,a%20patient%20reason%20for%20visit.

[4] Popowitz, "Addressing the Healthcare Staffing Shortage."

of surgery, and one in six dies within 90 days.[5] Minimally invasive procedures to diagnose cases of peripheral artery disease (PAD) and critical limb ischemia (CLI) are generally not covered by federal health care programs like Medicare. The ADA urges Medicare to cover PAD screening for at-risk beneficiaries without cost-sharing requirements.

Congress may also consider a value-based payment model in which reimbursement rates for primary care providers are adjusted based on access to diabetic foot ulcer and PAD assessments and patient-reported outcome metrics (e.g. wound healing time, wound free time, wound recurrence rates and low to high amputation ratios). Ultimately, achievable Medicare reimbursement reforms that prioritize all members of the primary care team and focus on chronic care management and preventive care can improve patient outcomes and significantly reduce long-term costs to the U.S. health care system.

Thank you for the opportunity to submit this testimony for the record. The ADA looks forward to continuing to work with Congress to make sure our community has access to the health care providers and resources they need to effectively manage their diabetes.

[5] Jason K. Gurney, James Stanley, Juliet Rumball-Smith, Steve York, "Postoperative Death After Lower-Limb Amputation in a National Prevalent Cohort of Patients with Diabetes," Diabetes Care, April 5, 2018, https://care.diabetesjournals.org/content/41/6/1204.