September 17, 2010

Re: Interim Final Regulations for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services under the Patient Protection and Affordable Care Act (RIN 1210-AB44; OCIIO-9992-IFC; REG-120391-10)

Submitted electronically at www.regulations.gov

Dear Sir or Madam:

We are pleased to offer comments on the Interim Final Rule relating to coverage of preventive services under the Patient Protection and Affordable Care Act published in the Federal Register on July 19, 2010.

Since our inception, Health Dialog’s mission has been to improve the health and well-being of the individuals we serve. We achieve results for healthcare payers by providing health coaching for chronic conditions, wellness, and medical decisions, as well as population analytics and outcomes measurements. Our programs currently serve over 20 million individuals, including over five million participants specifically in our wellness programs.

We commend the Congress and agencies’ in their efforts to ensure evidence-based preventive services including screenings and counseling support are provided to individuals to promote better health and encourage them to lead healthier lives. As noted in the preamble, preventive screenings and services can improve health outcomes and avert preventable diseases such as adult-onset diabetes associated with increased overall health care costs.
While we certainly support the agencies’ efforts in making preventive services available to all Americans, our comments focus on the difficulty encountered by the agencies in translating evidence-based preventive services recommendations meant for clinical practice into sound public and private health benefit designs and coverage policies.

In most instances, the United States Preventive Services Task Force (USPSTF) A and B recommendations are for screening and assessment services; however, five of the preventive screening recommendations also include references to counseling and behavior change interventions such as the ones described in the recommendations for obesity screening for adults and tobacco use. The USPSTF’s recommendations and supporting evidence are intended to provide flexibility to an individual’s primary care provider to tailor an effective care program that meets an individual’s needs. However, the emphasis on “person-person” interactions limits plans and physicians’ abilities to supplement physician office-based services with telephonic coaching and online interventions.

In implementing this Interim Final Rule, health plans and employers must also be provided with flexibility to continue to design and provide wellness programs that meet the needs of their members and employees. Employers and health plans currently use telephonic nurse coaches along with web-based tools to provide counseling and behavior change intervention programs to their employees and plan members. These programs are most effective when used in coordination with an individual’s physician, as individuals begin to have richer interactions with their physicians and are motivated to support their own care. Coaches also help to ensure people get and take the medicine and tests that the clinical evidence shows they need, which leads to better health outcomes.

**Health Dialog’s Wellness Interventions**

Health Dialog currently employs over 500 health coaches including registered nurses, registered dieticians, and pharmacists with, on average, 10 to 15 years of clinical experience. We also have health coaches who are certified diabetic educators, tobacco cessation specialists, health educators, and behavior change specialists. Our health coaches are licensed consistent with industry practices to ensure that each clinical individual who provides services is qualified.

Health Dialog’s programs including tobacco cessation and weight management programs offer a personal health assessment and personalized feedback in the form of a Health Action Plan, 24/7 health coaching support, a structured telephonic behavior change program, online behavior change modules to address wellness and lifestyle topics, and wellness toolkits. These interventions can:

- Provide supportive guidance for individuals in developing evidence-based strategies for actions
- Help individuals recognize and minimize barriers to behavior change
- Help individuals address knowledge gaps and create action plans to make healthy behavior changes
- Monitor and help individuals resolve feelings of ambivalence while increasing motivation

A personal health assessment combined with a Health Action Plan can address general health status, health and lifestyle behaviors, physical and emotional function, chronic conditions, recent symptoms and healthcare utilization. Some specific risks identified in our tool include smoking, body mass index (BMI), hypertension, cholesterol level, heart failure, respiratory illness, chronic pain, and emotional health. Not only do these tools collect this information, but completing the personal health assessment itself is an engaging user experience that incorporates some of the same motivational interviewing techniques used by health coaches in order to identify a participant’s motivations for change and to guide individuals to take the next step in managing their and lifestyle risks. In addition, the Health Action Plan includes recommendations that are based on the individual’s responses and readiness to change, as well as evidence-based clinical guidelines. Recommendations include...
feedback on nutrition and healthy eating, weight management, physical activity, smoking, and alcohol use. Each recommendation outlines concrete, high-impact actions an individual can take to move towards achieving a goal, and encourage the individual to speak with his or her healthcare provider(s). Wellness programs that incorporate personal health assessments and personalized action plans promote awareness, encourage health screening, and provide important steps toward identifying and managing risk factors.

Recommendation

The preamble and regulation allows for health plans and issuers to use reasonable medical management techniques to determine coverage limitations if a recommendation or guideline for a “recommended preventive service” does not specify the frequency, method, treatment, or setting for provision of that service. We support the retention of this provision in the final rule which allows plans the flexibility to provide the appropriate medical management of a “recommended preventive service.”

In the area of counseling and treatment, we recommend that health plans and issuers also be able to use reasonable medical management processes to define the scope of covered clinical services, including the frequency, method, treatment or setting of the counseling service such as coaching, online interventions or other future modalities.

This will allow health plans and employers to continue to offer wellness programs specifically tailored for their populations. These programs continue to evolve as new evidence on successful interventions for engaging and motivating individuals in their own health becomes available. Health plans and employers must be able to maintain flexibility in their benefit designs to allow for these future innovations in this changing marketplace.

Thank you for consideration of these comments. Please do not hesitate to contact me if you would like to discuss further.

Sincerely,

James Tugendhat
Chief Executive Officer

JT/mtp