



December 30, 2024

**MUC List Measure
Care Setting**

Clinician Committee

Clinician Committee Measures

[MUC2024-028 - Screening for Abnormal Glucose Metabolism in Patients at Risk of Developing Diabetes](#)

The National Association of Chronic Disease Directors (NACDD) and its more than 7,000 members seeks to strengthen state-based leadership and expertise for chronic disease prevention and control in states and nationally. NACDD’s core membership is comprised of the 59 State and eight Territorial Health Department Chronic Disease Directors and their staff who protect the health of the public through primary and secondary prevention efforts and work on “upstream” root causes of chronic conditions. In addition, NACDD unites chronic disease professionals across the United States working in state, tribal, and territorial health departments, nonprofits, academia, and the private industry to promote health and to reduce the burden of chronic disease. As a national, nonprofit, professional Association, we advocate, educate, and provide technical assistance, to inform programming and grow chronic disease prevention knowledge, leadership, and capacity among our Membership.

General Comments

On behalf of our members, **NACDD** appreciates the opportunity to provide a public comment in support of adopting the MUC2024-028 Screening for Abnormal Glucose Metabolism in Patients at Risk of Developing Diabetes (Screening). Screening for prediabetes and undiagnosed type 2 diabetes plays a vital role in enhancing prevention and care for type 2 diabetes. According to the Centers for Disease Control and Prevention (CDC), approximately 97.6 million American adults have prediabetes, with more than 80% unaware of their condition¹. Additionally, 38.4 million adults have diabetes, including 8.7 million who are undiagnosed¹. The prevalence of prediabetes and diabetes increases with age, emphasizing the importance of early identification. Early detection enables patients to access effective interventions that reduce the risk of disease progression and complications. These risk reductions can result in better quality of life, improved productivity, and reduced healthcare costs associated with complications

This Screening measure aligns with the 2021 United States Preventive Services Task Force (USPSTF) recommendation to screen adults aged 35 to 70 years who have overweight or obesity for prediabetes and type 2 diabetes². It also supports the National Clinical Care

¹CDC. (2024, July 23). National Diabetes Statistics Report. Retrieved November 15, 2024, from Diabetes website: <https://www.cdc.gov/diabetes/php/data-research/>

²US Preventive Services Task Force. (2021). Screening for Prediabetes and Type 2 Diabetes: US Preventive Services Task Force Recommendation Statement. *JAMA*, 326(8), 736–743. <https://doi.org/10.1001/jama.2021.12531>

Commission's (NCCC) recommendation to Congress and the Secretary of Health and Human Services (HHS) to adopt the Screening measure developed by the American Medical Association as part of a strategy to prevent diabetes in high-risk individuals³.

By targeting a population focusing on high-risk individuals that stand to benefit significantly from glucose screening, this measure is both clinically appropriate and meaningful for improving patient care. Its implementation is feasible for most healthcare organizations, as the necessary data elements are typically captured in electronic health records (EHR). Furthermore, the measure has been validated and demonstrated to be reliable through testing results, ensuring its effectiveness in practice.

Identification of prediabetes is crucial so that older adults with prediabetes can receive effective interventions, such as the Medicare Diabetes Prevention Program, to decrease the likelihood of progression to type 2 diabetes. What's more, screening older adults at risk of developing diabetes will also identify individuals with formerly undiagnosed type 2 diabetes, who can then be offered appropriate treatment and care. NACDD believes that screening for abnormal glucose is an important preventive service and is reasonable to include in accountability and quality improvement programs, including CMS's Merit-based Incentive Payment System (MIPS).

One benefit of approving this recommendation as a quality measure is that it will ensure that all people at risk of developing diabetes are tested, regardless of a clinician's or an individual's perception that they are not at risk, particularly as they age. Another benefit of approving this recommendation is that uncontrolled diabetes may be detected before complications with the eyes, kidneys, heart, etc., develop. A third benefit is that more people will have the opportunity to reverse prediabetes by participating in the National DPP Lifestyle Change Program if their risk is identified early.

Thank you for the opportunity to comment on adopting the MUC2024-028 Screening for Abnormal Glucose Metabolism in Patients at Risk of Developing Diabetes (Screening).

Sincerely,

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³Report to Congress on Leveraging Federal Programs to Prevent and Control Diabetes and Its Complications. National Clinical Care Commission, 2021, <https://health.gov/about-odphp/committees-workgroups/national-clinical-care-commission/report-congress>.