



MEMBERSHIP
MOVES
MEDICINE™

Physician Engagement and Prediabetes

Alliance Learning Circle

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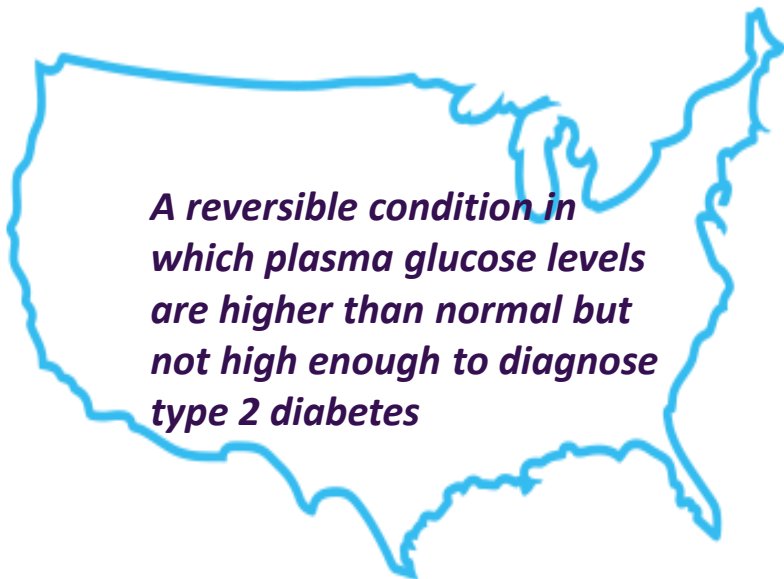
February 13th, 2018

Chronic disease prevention for employers

Chronic conditions continue to be the among the highest cost drivers for employers

- Business groups and brokers/consultants are looking for programs that can support existing initiatives around **diabetes, heart disease, and obesity**
- Organizations are looking beyond disease management and identifying risks
- Strong interest in **evidence-based programs** with benefits to both the organization and the individual
- Employers are looking for ways to increase employee engagement and connect to the clinical community

Current burden of prediabetes



84 MILLION ADULTS HAVE PREDIABETES¹

9 OF 10 DON'T KNOW THEY HAVE PREDIABETES²

1 IN 3 ADULTS HAS PREDIABETES¹

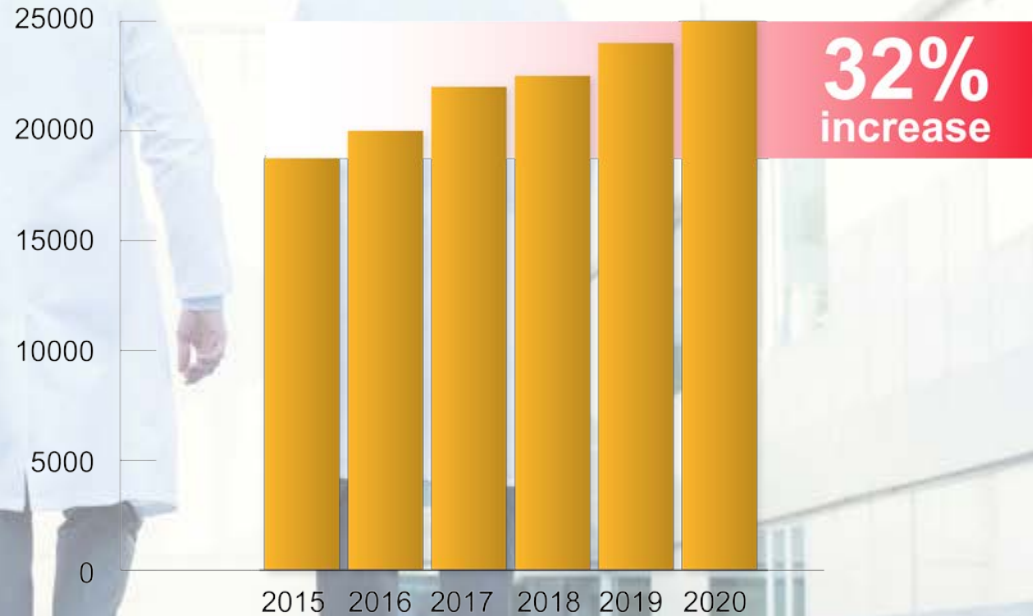


1. Centers for Disease Control and Prevention. National Diabetes Statistics Report: *Estimates of Diabetes and Its Burden in the United States*, 2014. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2014.

2. Centers for Disease Control and Prevention (CDC). Awareness of prediabetes—United States, 2005–2010. *MMWR Morbidity and Mortality Weekly Report*. 2013; Mar 22;62(11):209–12.

Progression to type 2 diabetes will be difficult for practices

Over the next 5 years, a typical large clinical practice could experience a **32% increase** in the number of patients with diabetes.



Prevent Diabetes **STAT**

Screen / Test / Act Today™

84 MILLION
AMERICAN ADULTS
HAVE PREDIABETES

9 OUT OF **10** PEOPLE WITH
PREDIABETES DON'T
KNOW THEY HAVE IT.†

PATIENTS AND PARTNERS

HEALTH CARE PROFESSIONALS

EMPLOYERS AND INSURERS

www.preventdiabetesstat.org

PREDIABETES

Diabetes prevention is worth prioritizing

Allows physicians to offer our patients the intensive lifestyle change counseling they need, but that we don't have the time/capacity to give

Aligns to value based care trends

- Included as Improvement Activities under QPP (MIPS)
- Aligns with PCMH standards

Medicare reimbursement scheduled to begin 2018

Achieves the IHI Triple (Quadruple) Aim

- Better care: Adheres to evidence-based guidelines for diabetes prevention
- Better outcomes: Lowers incidence of diabetes by 58 percent
- Lower cost: Medicare estimated savings at \$2,650 per beneficiary
- Improving Care Giver Experiences: Reduce prevalence of diabetes

One solution: National Diabetes Prevention Program



PHYSICAL ACTIVITY, 150
MINUTES/WEEK



HEALTHY EATING



STRESS MANAGEMENT &
BEHAVIOR MODIFICATION

Year-long in-person or online lifestyle change program

FIRST 6 MONTHS
weekly curriculum





NEXT 6 MONTHS
meet once/twice a month for
maintenance


Potential benefits

Clinical and financial impact of preventing diabetes

DPP clinical impact:
(over 3 years, after program completion per 100 high-risk adults)

 **15 FEWER NEW CASES OF DIABETES¹**

 **8 FEWER PATIENTS USING ANTI-HYPERTENSIVE MEDICATION²**

 **4 FEWER PATIENTS USING ANTI-LIPID MEDICATION²**

1. Knowler et al. N Engl J Med 2002;346:393-403.
2. The DPP Research Group. Impact of lifestyle and metformin therapy on cardiovascular disease risk factors in the diabetes prevention program. Diabetes Care. 2005;28(4):888-894.

Cost savings calculator

AMA DPP COST SAVING CALCULATOR

Your organization type:

Your insured population size (age 18-64):

Your cost of program per participant: \$

Prevalence of prediabetes:

Your anticipated enrollment:
Low range:
High range:

Your anticipated completion:
Low range:
High range:

RESET VALUES **CALCULATE**

Your potential 3 yr ROI

42%
-19%

Your potential 3 yr net savings

\$325,844
\$-29,123

For your population:

Potential individuals with prediabetes in your population: **3,441**

Potential enrollment in DPP:
Lower **344** 1,721 Upper

Potential completion of DPP:
Lower **138** 1,204 Upper

Potential number of diabetes cases prevented by DPP over 3 years:
Lower **20** 175 Upper

SEE HOW TO IMPROVE YOUR ROI **DOWNLOAD YOUR RESULTS**

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AMA model **\$2,700** medical cost savings in 1 year (commercial)^{^^} per prevented case

^^ American Medical Association. 2009-2012 individual level data from the Truven Health MarketScan® Lab Database - a 4.4 million subsample of the Truven Health MarketScan® Treatment Pathways. MarketScan is a registered trademark of Truven Health Analytics Inc.

Physician involvement can make a difference

No physician engagement

Enrollment in wellness programs

10-12%^{1,2}

With physician & care team engagement

Enrollment in DPP

50% of referrals enrolled

Denver Health Managed Care³

Completion / Improved Health from DPP

50% decrease in HbA1C

183 participants @week16

EmblemHealth⁴

>80% completion rate

YMCA⁵

Keys to success for an employer

Consider all approaches to offer the National DPP

- Integrate with existing internal programs or use an external vendor
- Offer choices to accommodate employee styles and schedules

Remove financial barriers

- Increase access and enrollment in the program
- Value based payment structure could be a model

Plan communications to employees and members

- Assess risk and use targeted outreach for eligible individuals
- Offer educational materials through existing channels and programs

Engage the provider community

- Partner with local systems and identify clinical champions
- Encourage regular feedback to the physician for participants

Tools available for employers on the National DPP

PREDIABETES AND DIABETES AT WORK:

How to cut the risk in half

THE PROBLEM

1 in 3 ADULTS HAS PREDIABETES

Approximately one out of three of your employees may have prediabetes. Prediabetes is when blood glucose levels are higher than normal, but not high enough to be diagnosed as type 2 diabetes. Without intervention, prediabetes can progress to type 2 diabetes within five years. Diabetes is a serious medical condition in which the body cannot keep blood glucose at a normal level.

WHY IT MATTERS

\$13,700 PER YEAR
is the average medical expense
Compared to people without diabetes

100% more likely to miss work
80% more likely to be hospitalized for heart attack

HOW IT IMPACTS YOUR BUSINESS

Employees with diabetes may miss more work
In fact, in one year, diabetes costs

\$176 BILLION in direct medical costs

HOW EMPLOYERS CAN HELP

By participating in our program, people are developing type 2 diabetes

OR **58%** MORE
PHYSICAL ACTIVITY

HEALTHY EATING

Take the first step by reviewing your claims or health data to see if your **National Diabetes Prevention Program** is a covered benefit, contact:

American Diabetes Association, Diabetes Control and Detection by the ADA, 1100 Twenty-Second Street, N.W., Atlanta, Georgia 30309, 1-800-755-2638, www.diabetes.org, or 1-800-545-7536. American Diabetes Association, Diabetes Control and Detection by the ADA, 1100 Twenty-Second Street, N.W., Atlanta, Georgia 30309, 1-800-755-2638, www.diabetes.org, or 1-800-545-7536.

DO YOU HAVE PREDIABETES?

Prediabetes Risk Test

- How old are you?
 18-24 years (0 points)
 25-34 years (1 point)
 35-44 years (2 points)
 45 years or older (3 points)
- Are you a man or a woman?
 Man (1 point) Woman (0 points)
- If you are a woman, have you ever been diagnosed with gestational diabetes?
 Yes (1 point) No (0 points)
- Do you have a mother, father, sister, or brother with diabetes?
 Yes (1 point) No (0 points)
- Have you ever been diagnosed with high blood pressure?
 Yes (1 point) No (0 points)
- Are you physically active?
 Yes (0 points) No (1 point)
- What is your weight status?
 (see chart at right)

If you scored 5 or higher: You're likely to have prediabetes and are at high risk for type 2 diabetes. However, only your doctor can tell for sure. If you do have type 2 diabetes or prediabetes is a condition that increases your risk of diabetes, in which blood glucose levels are higher than normal. Talk to your doctor to see if additional testing is needed.

LOWER YOUR RISK

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This test was developed by the Center for Innovation, Research, Evaluation, and Evidence-based Diabetes Prevention (C-RED), a division of the American Diabetes Association (ADA). ADA is a 501(c)(3) organization. The ADA is not affiliated with the Centers for Disease Control and Prevention (CDC) or the Department of Health and Human Services (HHS).

For more information, visit us at www.nationaldiabetesprevention.org

A TARGETED APPROACH TO CUT TYPE 2 DIABETES RISK IN HALF

why and how behind the National Diabetes Prevention Program

- ### Content designed to raise awareness and increase adoption of the National DPP
- Introductory material to make the business case
 - ROI estimations
 - Risk assessment for employees
 - Implementation guide

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PATIENTS AND PARTNERS HEALTH CARE PROFESSIONALS EMPLOYERS AND INSURERS

A close-up, slightly blurred photograph of a person's hand typing on a laptop keyboard. The hand is positioned in the lower right quadrant of the frame, with fingers resting on the keys. The laptop is silver and open, with the screen visible on the left side. The background is a bright, out-of-focus indoor setting, possibly an office or a modern workspace.

Questions:

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