DISSECTING DIABETES

A ROADMAP FOR PREVENTING, MANAGING AND EVEN REVERSING A DECADES-LONG HEALTH CRISIS

Written By Bruce Shutan

While the world continues to wrestle with COVID-19's devastating impact on the health and welfare of citizens, another major public health crisis has been brought to the forefront – and self-insured employers are poised to do something about it.

"Diabetes, and frankly metabolic syndrome, has been this silent pandemic that we have been dealing with in this country for decades now," observes Lisa Moody, president and CEO of Renalogic. The Centers for Disease Control and Prevention (CDC) warns that having type 1 and 2 diabetes, as well as gestational diabetes, increases the risk of severe illness from COVID-19.

Although her company's focus is on chronic kidney disease, 60% of the patients she encounters have diabetes. She says the problem is that many of them are not seeking the treatment they need because they've been avoiding office visits with health care professionals.

Consequently, Moody says many primary care physicians and even endocrinologists are now recommending portable devices that allow patients to measure A1C and glucose levels from afar.

Lisa Moody

Her concern is that this growing segment of the population will require more clinical handholding, coaching and intervention than ever before until the pandemic is under control. The danger of unmanaged diabetes, which she labeled a clinical trend, is that it will spur more cases of chronic kidney disease because diabetes is a major precursor to that condition.

Since an A1C test cannot be done by a virtual visit, the pandemic could very well slow the rate of diabetes diagnoses and undermine existing cases because of reduced access to care, cautions Mark Wilcox, CEO of Partners Health Alliance. It's also important to note that labs are so overwhelmed with Covid testing that "they probably aren't effectively or accurately testing or being able to test as many people for A1C," he adds.

CRUSHING COSTS

Between obesity and type 2 diabetes, known within clinical circles as "diabesity" with 89% of those afflicted being overweight, concern is mounting about the state of the nation's health. More than 120 million U.S. adults are living with diabetes or prediabetes, according to the CDC. Also, people with diabetes are two to three times more likely to suffer from depression.

The American Diabetes Association (ADA) estimated the annual cost of diabetes at $327 billion in 2017 – the latest year for which statistics are available. This represents a 26% increase over the previous five-year period. Those with the disease, which afflicts more than 34 million Americans, cost far more those who don't have it.

Employers with an aging workforce are seeing more medical complications stemming from unmanaged diabetes, according to Ben Lonsdale, director of partnerships for Diathrive, a leading company on cost and diabetes disease management that works with medium and large organizations.

The annual cost of treating someone with diabetes is two or three times higher on average in the $6,000 to $9,000 range for health plans, whereas someone without diabetes who is healthy costs $2,000 to $3,000, he says.

Matt Edwards.

And with patients incurring higher out-of-pocket costs for their medications and doctor visits, he notes that both stakeholders must be incentivized to manage or reverse the effects of type 2 diabetes with healthier lifestyle choices.

Diabetes is among the top three to five most costly disease states "for every employer that I've run claims for," reports Matt Edwards, CEO of GEMCORE.

However, he says the good news is that it's reversable for patients who have the discipline to make and maintain lifestyle changes. Moreover, complications can be reduced with the help of sensing and blood glucose testing technology, as well as injectables and other medications.

His firm offers a program called On-Goal that targets every facet of reversing the complications of diabetes. Participants are coached by a health care professional who ensures that patients are refilling and taking their medication without disrupting the doctor-patient relationship.

They also help them through lifestyle modifications that could be as simple as suggesting people drink more water so they're not feeling as hungry during the day or consumer sparkling water if they're craving Coca-Cola.

"We're seeing 40% to 60% of people hitting their goals within six months," Edwards report, noting that program participants also have improved other parts of their health.

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DIFFERENCES BETWEEN TYPE 1 AND 2 DIABETES

What exactly is diabetes and what causes it? Type 1 diabetes develops when the pancreas no longer produces insulin, which is necessary to synthesize sugar into energy. Once that happens, the bloodstream becomes overrun with glucose that's not synthesizing into energy, damaging organs over time. People with type 1 diabetes require synthetic insulin, taken by self-administered injection or an insulin pump.

Those with type 2 diabetes, the most common form of this disease, develop a resistance to insulin. They produce natural insulin, but their body doesn't use it effectively, causing high blood sugar. Some people with type 2 diabetes need to take insulin injections to increase insulin levels, but most are able to manage blood sugar with dietary and lifestyle adjustments.

Since type 2 diabetes festers over years and complications usually don't show up until an individual's late 40s, 50s and 60s, it hasn't garnered as much attention as diseases with a more immediate impact, Lonsdale explains.

"Type 2 diabetes is compounding in growth," he reports. "One out of every five people has type 2 diabetes, but even more than that have it but don't know they have it."

Undiagnosed diabetes is certainly an issue. Wilcox believes there's a 25% or 35% chance that people don't even realize they have diabetes. Moreover, he says one-third of every workplace is probably prediabetic with an 80% to 90% risk of developing diabetes, while about 6% of his employer groups already have diabetes.

The cost of treating diabetes can be steep. Wilcox says the average estimated claim cost for someone with diabetes in his employer groups is just shy of $13,000 for every year moving forward, which is nearly $7,000 less than the ADA's latest national average and factoring in 5% medical trend for a 2020 projection. But they can soar to $50,000 to $60,000 when there are serious complications and could worsen in the future.

Since advances in medical science can significantly extend the life expectancy for someone with diabetes, he says that annual price tag for a 44-year-old multiplied by 25 years will quickly add up. Layer in increases in medical and Rx trend, as well as medical inflation, and those numbers can mount.

An early intervention strategy can slash the risk of developing diabetes to just 10% or 15% from as high as 90%, according to Wilcox. He says this strategy can help self-insured employers avoid $6,000 to $9,000 a year per case. The trouble is "there is no CPT code or treatment for prediabetes in the medical arena, so it's not recognized as an illness for the most part," he explains.

Recognizing this condition as a precursor to disease, his firm's proactive approach has helped mitigate that risk by using weight and body mass index to calculate risk. Another necessary tool is an A1C test that measures blood sugar over the previous three months for the most realistic view of what is happening inside

each individual. A fingerstick glucose or glucose reading isn't a reliable predictor of diabetes risk, he adds.

"What we find with individuals who have diabetes is that they'll behave the week or so before a screening and their glucose will be within normal ranges, and yet, the A1C will be totally out of whack," he cautions.

When a prediabetic trigger is met, Wilcox says steps are taken to mitigate risks by involving the appropriate health care professionals, who may include a nurse, dietician, medical nutritionist and even a mental health practitioner to address the emotional component.

Anyone who is overeating and gaining weight rapidly may need help to address the root cause of that behavior. Along with examining an individual's physical and mental roadblocks, patients also are taught to recognize wise choices and good behaviors. To help ensure lasting success, an additional free A1C test is given every six months to monitor how someone is progressing.

"Our data is showing that it's reducing the cost of care for people with diabetes who are engaged that way by about 50%," Wilcox reports. "About 70% of the time, those with prediabetes are changing back toward normal glucose levels."

USE OF DATA ANALYTICS

Data analytics is the key to diagnosing conditions, and ultimately improving health outcomes and lowering costs, according to Pamela Owen, a principal in the health and productivity practice of Buck who presented a case study on diabetes at SIIA's virtual 40th Annual National Educational Conference & Expo.

She explained to attendees how a self-funded employer in the health care space used was able to identify and target at-risk plan members and boost participation in an integrated disease management-health literacy initiative that resulted in fewer low-severity ER visits, reduced inpatient hospital stays and increased patients' medication adherence.

The result was a 1:3 return on investment for 5,000 covered members, 1,800 of whom were found to have diabetes that included catastrophic claims involving three end-stage renal failure patients. The employer enrolled 432 health plan members in a proactive educational program.

Knowledge, of course, is power, but Owen noted that applied knowledge helps manage costs. "People with low health literacy cost and extra $8,000 per year on average," she said, while half of patients in this category don't take their medication as prescribed and fail to understand what they've been told after a doctor's office visit. Moreover, she cited CDC statistics suggesting up to 80% of patients with diabetes do not monitor their blood glucose as recommended and 47% have uncontrolled A1C levels.

"In the past, disease management and wellness programs were implemented with a wish and a prayer," Owens observed. "Today we can use data analytics to substantially increase the chances for success… It's not a static reporting mechanism. It's dynamic. Every month as data and claims goes into the system, there should be insights coming out that are meaningful to your population and actionable, and we can make course corrections."

Ben Lonsdale

THE ROAD TO WELLNESS

The centerpiece of diabetes prevention is offering a wellness program with incentives for employees to exercise, eat healthy, and visit their doctor on a regular basis. But the challenge is that most people don't make a meaningful change until something painful happens. "We're very reactive," Lonsdale acknowledges.

Another issue to consider is that diabetes is a very fatiguing disease, which he says means patients will get tired of managing blood sugar and pricking their fingers or wearing an insulin pump.

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To combat this phenomenon, which is known as diabetes distress, Lonsdale says employers need to ensure that employees know where to turn for information, so they're not overwhelmed and where to go when they're diagnosed with diabetes. They also must remove as many cost barriers as possible so that patients will not ration or avoid necessary care.

"What employers need is a really affordable and effective way to help manage people with diabetes within their established care-network," he observes.

His firm provides coordinated care and real-time data that patients can share 24/7 with whoever they want. Price points are low enough for employers to cover all supplies at 100% for the patient. Diathrive can save 60% to 80% on glucose testing expenses alone.

What makes this approach so powerful, he says, is when high-risk patients who require the most attention are identified and given the services they need to avoid trips to the ER. That may involve custom alerts for abnormally higher blood sugar levels, as well as coaching or a direct primary care network of providers with whom they can meet anytime. Others, he suggests, may just need a better connection to their provider or cheaper way to test their blood sugar on a regular basis. His larger point is to empower patients and providers to do better.

Diabetes can lead not only to ER visits, but also neuropathy, blindness and amputation, adds Meredith D'Angelo, client relations manager at GemCare Wellness, which is part of GEMCORE, and whose focus is on preventing or delaying the onset of type 2 diabetes.

She notes that about 84 million adult Americans, or roughly 30% of the population, fall into this category. Since there are no signs or symptoms, D'Angelo says "about 9 out of 10 people don't even know they have it, and the only way they'll learn if they have prediabetes or not is by going to the doctor and getting a lab value, either that hemoglobin A1C or getting a blood sugar level to understand where their blood sugars are running."

GemCare Wellness' diabetes-prevention effort involves a research-based program certified through the CDC featuring in-person and virtual classes lasting an entire year. Enrollees are confined to those with prediabetes or people at high risk for developing type 2 diabetes.

Meredith D'Angelo

The first 16 weekly or biweekly hourlong classes address changes that need to be made with respect to nutrition, physical activity and lifestyle, while the remainder involves monthly classes featuring strategies to sustain the healthy changes that were made.

BEHAVIORAL HEALTH CONCERNS

Realizing self-worth and improving mental health are two top priorities for helping reverse diabetes or any chronic condition, according to Edwards. Experts agree it's also critically important to eliminate the disease's stigma.

But COVID has proven to be a roadblock, triggering greater consumption of alcohol and food while people have been sheltering in place and living socially distant lives, both of which can lead to depression. "A lot of times, the challenges we face are on that behavioral side," he explains. "You've got to help people with diabetes form healthy habits and think differently."

Unless self-insured employers are able to get a better handle on the cost of diabetes, more troubling outcomes lie ahead. "When we follow people who have abnormal A1Cs, we're hearing more often, that they had to choose to buy food or medication this month, so they bought food," Wilcox laments. "We spend a lot of time trying to help patients get assistance and make sure they can afford their medications, or steer them to programs that provide the medication for a lower cost or an additional cash rate that's cheaper than what their insurance plan will pay for." ■

Bruce Shutan is a Portland, Oregon-based freelance writer who has closely covered the employee benefits industry for more than 30 years.