Shaping our future: a call to action to tackle the diabetes epidemic and reduce its economic impact

DIABETES: THE GROWING EPIDEMIC

The Problem
Diabetes is a national epidemic, one that holds significant health consequences for individuals and communities, particularly those home to underserved populations. The disease has large economic implications for the nation, and without a targeted effort to raise awareness about the disease and improve diabetes prevention, diagnosis, treatment and management, the disease threatens an ever increasing amount of community resources and the budgets of public and private healthcare payers.

Today, diabetes is the seventh leading cause of death in the United States \(^1\) and a leading cause of heart disease, stroke, amputations, pregnancy complications, high blood pressure, blindness, kidney disease and nervous system disease. A person with diabetes has a two to three times higher risk of dying than a person of the same age without the disease. \(^1\) (p.9.l.179)

An estimated 24 million Americans have diabetes. \(^1\) (p.5.l.113.) Despite many efforts to prevent, diagnose and treat the disease, direct and indirect costs associated with diabetes and pre-diabetes totaled $218 billion in 2007. \(^2\) These numbers will likely grow as the population ages, becomes more diverse and as the obesity epidemic continues to rise. For example, diabetes is more prevalent among minority populations, which currently comprise nearly one-third of the U.S. population but are expected to become a majority of the population in 2042. \(^3\)

With the prevalence of diabetes growing, the economic impact of the disease will rise too. Diabetes is expected to increase from 10 percent of all health expenditures in 2011, or $340 billion, to 15 percent by 2031, or $1.6 trillion. \(^4\) Based on population estimates, the prevalence of type 2 diabetes is expected to grow to nearly 32 million by 2031. \(^4\) (p.2.l.91)

Diabetes: A Primer
Diabetes mellitus, or simply diabetes, is a group of diseases characterized by high blood glucose levels that result from defects in the body’s ability to produce and/or use insulin. \(^1\) (p.1.l.5) There are two main types of diabetes:

**Type 1 diabetes:** usually diagnosed in children and young adults (previously called juvenile diabetes). In type 1 diabetes, the body does not produce insulin, the hormone needed to convert sugar, starches and other food into energy needed for daily life. Between 5-10% of people with diabetes have this form of the disease.

**Type 2 diabetes:** often associated with older age, obesity, family history of diabetes, history of gestational diabetes, impaired glucose metabolism, physical inactivity and race/ethnicity; accounts for nearly 95 percent of all U.S. diabetes cases.

**Who is at risk?** Older individuals and people of certain race/ethnicity are at higher risk for type 2 diabetes. Diabetes prevalence increases with age; 23 percent of Americans 60 years and older have the disease. \(^1\) (p.5.l.119) African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans and Native Hawaiians or other Pacific Islanders are at higher risk for type 2 diabetes and its complications. \(^1\) (p.1.l.26)

The Challenge
For healthcare professionals and policymakers, the challenge remains to identify how diabetes can be best prevented and managed to improve overall quality of care. Nearly half of those currently diagnosed have glucose levels above the recommended level\(^5\) and many more have elevated blood pressure and cholesterol levels. This means these individuals have a greater risk of developing diabetes-related complications, including cardiovascular disease, renal failure, retinopathy and amputation.
Throughout the U.S., however, examples of successful programs are demonstrating that we can turn the tide on diabetes management by supporting local healthcare professionals and empowering individuals and communities. But to do this, more resources are needed, including federal funding for diabetes research and wider access to care. The benefits of diabetes intervention are well established. Better blood glucose control can help reduce eye, kidney and nerve complications, while blood pressure and cholesterol management helps to reduce heart disease, leading to fewer diabetes-related complications.\(^4\) Fewer complications can improve quality of life and reduce healthcare costs.

Improvements in diabetes management and prevention can have an immediate and significant impact. Modeling by Milliman, an actuarial firm, indicates that a 50 percent improvement in diabetes control over the next 20 years could annually reduce: \(^4\) (p.1 l.39-41)

- Incidence of diabetes-related complications by 239,000 occurrences; and
- Annual medical costs for people with diabetes by $196 billion (in 2031 dollars).

However, significant effort is required to bring about such results. While efforts to maximize resources can positively impact the diabetes epidemic, there is a great need for society to invest more in diabetes prevention and management. More investment is needed to improve diabetes awareness, prevention, diagnosis, treatment and management, and to improve federally funded research initiatives. This includes allocating additional funding to prevent, manage and control the disease, while enhancing clinical practice patterns, care coordination, consumer education, outreach and other patient support.

**Figure 1: Projected cost of care for people with type 2 diabetes by type of insurance at current rates of control**

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Breakout of Projected Costs in 2031
- Long Term Care: $302,349
- Uninsured: $19,402
- Other: $14,610
- Medicaid: $60,619
- Medicare: $802,997
- Commercial: $409,584

Source: Milliman 2010. Note: LTC stands for “Long-Term Care.”
The Solution
The Task Force for the National Conference on Diabetes has issued a set of recommendations to identify a path forward to confront the nation’s diabetes epidemic. The recommendations came out of the National Conference on Diabetes, held in Washington, D.C., on April 28, 2010.

The Conference brought together private and public stakeholders to re-invigorate the discussion on diabetes and address the burden of the epidemic.

The Task Force, which hosted the National Conference on Diabetes, includes officials from the following organizations: Taking Control of Your Diabetes, National Minority Quality Forum, America’s Health Insurance Plans, American Diabetes Association, American Academy of Family Physicians Foundation, American Association of Diabetes Educators, National Black Nurses Association, National Business Group on Health, National Council on Aging and The Endocrine Society.

The National Conference on Diabetes was the culmination of a multi-city listening tour, Diabetes Nation: America at Risk, launched in 2009 by Taking Control of Your Diabetes and the National Minority Quality Forum. The initiative visited different communities affected by diabetes, including Kansas City, MO, Houston, TX, Dover, DE and Denver, CO. Participants stressed the need for improved, more localized support around diabetes, and the importance of the primary healthcare provider being the hub for diabetes patient care. These points were validated at the National Conference on Diabetes, as was the need for increased federal resources for diabetes research and prevention programs, including new opportunities created by the recent healthcare reform law (e.g., the Affordable Care Act).

Recognizing the need for a comprehensive approach, the group recommends three important goals for advancing diabetes prevention and treatment, leading to improved health outcomes and quality of life for people with diabetes:

— Empower and enable people with, or at risk for, diabetes and their communities to do their part in preventing and managing diabetes for better quality of life and health outcomes.

— Support and promote tools and resources for healthcare professionals to prevent, detect earlier and more effectively treat diabetes.

— Support effective implementation, education and awareness of healthcare reform provisions focusing on diabetes care and prevention.
Call to Action: Improving Diabetes Prevention, Diagnosis and Treatment

Empower and enable people with, or at risk for, diabetes and their communities to do their part in preventing and managing diabetes for better quality of life and health outcomes.

**Strategy:** Engage consumers and communities to support diabetes prevention, early detection and treatment by providing clear messages and tools that help people with diabetes manage their disease by expanding evidence-based resources to support disease prevention and self-management.

**Activities:**
- Identify or develop information for people with diabetes that is accurate, accessible and actionable, including information that is culturally sensitive and takes into account individuals’ literacy levels and language preferences.
- Identify challenges to better inform the public about gaps in diabetes care.
- Review existing surveys of people with diabetes to:
  - Identify and help remove barriers to disease management; and
  - Define and promote disease management messages that will better resonate with people with diabetes.
- Support existing—and the creation of new—clinical and community-based diabetes prevention, self-management and education programs and support groups, and other initiatives. Encourage public and private collaboration to support communities and schools to build healthier environments, including healthy diet and exercise.
- Assess communities to determine what is and isn’t working within local markets.

**Desired Outcome:** Realize improvements in patient self-management and achieving disease management goals for those with diabetes, and preventing onset of the disease for people at risk for diabetes.

Support and promote tools and resources for healthcare professionals to prevent, detect earlier and more effectively treat diabetes.

**Strategy:** Encourage effective and evolving models of care—such as care teams, including primary care physicians, nurses, pharmacists, diabetes educators, specialists, etc., —to identify people at risk for diabetes and provide continuity of care for people diagnosed with diabetes.

**Activities:**
- Leverage best practices to improve screening for all people at risk for diabetes.
- Support care coordination activities and new models of care to improve performance in key measures related to diabetes.
- Encourage plain language tools for healthcare professionals working with people with or at risk for diabetes, taking into account cultural beliefs, attitudes around diabetes and appropriate literacy levels to increase understanding.
- Identify and create awareness of the promising practices of community organizations across the diabetes care spectrum for clinicians to share as appropriate.

**Desired Outcome:** Improve rates of timely screenings and adherence to treatment regimens, resulting in healthier weight and better control of blood glucose, blood pressure and cholesterol levels.
**Support effective implementation, education and awareness of healthcare reform provisions focusing on diabetes prevention and care.**

**Strategy:** Support regulatory provisions during implementation of the Affordable Care Act that best serve the needs of people with or at risk for diabetes, and educate people with diabetes and their healthcare providers, and communities about the resources available to them under the law.

**Activities:**

- Communicate to key stakeholders opportunities arising from healthcare reform for improved diabetes prevention and disease management.
- Work with local stakeholders and community leaders in diverse communities to:
  - Inform consumers, caregivers and healthcare providers about how the provisions of the Affordable Care Act impact people with diabetes and how to navigate the healthcare system to obtain optimum coverage; and
  - Support community infrastructures and programs that promote healthy lifestyles.
- Support the need for screening to cover all those at risk for diabetes.
- Ensure people with diabetes have access to the tools and services they need to effectively manage their disease.
- Support primary prevention of diabetes through bringing to scale evidence-based community programs (e.g., National Diabetes Prevention Program).

**Desired Outcome:** Ensure diabetes prevention and care is included in the regulations and provisions emerging from the healthcare reform implementation process at the federal and state levels, supporting comprehensive approaches to diabetes prevention, treatment and management, supported by evidence-based research.
REFERENCES


