

Cash sought to prevent diabetes

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Left unchecked, diabetes is a ticking time bomb of a disease in an individual's life. It's also a \$3.4 trillion-a-decade threat to the nation's fiscal health and a huge driver of Medicare costs.

The health reform law authorized the National Diabetes Prevention Program — but didn't actually provide any funds for it. Another piece of the massive law, the Prevention and Public Health Fund, provides mandated dollars that could be a funding source for the diabetes program, but that fund is likely to be slashed in half in the debt ceiling negotiations.

And though the week before the Aug. 2 debt ceiling deadline may seem like a bad time to ask for funding, a group of industry experts and policymakers is planning to do just that Tuesday on Capitol Hill: briefing members of Congress and arguing that now is the time to fund diabetes prevention in order to save lives and money later.

"Diabetes is insidious," said Mike Mawby, chief government affairs officer for Novo Nordisk, a pharmaceutical company focused on diabetes. "It is not an acute illness, like cancer. You go for years without realizing there's a problem. But you lose a toe, a foot, maybe a kidney, maybe your eyesight. You have a stroke or a heart attack."

A third of Medicare dollars is spent on people with diabetes, according to a 2007 Mathematica Policy Research study.

"It's a gateway disease," Mawby said. "People don't start paying attention until the complications set in."

United Health Group and the YMCA have partnered to get the National Diabetes Prevention Program up and running but are looking for more public investment to scale it up throughout the country. So far, the 16-week behavior modification program for pre-diabetics is running at 500 sites in 23 states, plus the District of Columbia.

"Here's the good news: This works," said Deneen Vojta, United Health Group's senior vice president of health reform and modernization.

Based on a very successful clinical trial conducted by the National Institutes of Health, the prevention program had a 58 percent success rate among all adults and did even better among seniors: Seventy-one percent of those older than 65 managed to prevent or significantly delay the onset of diabetes.

But the study sat on a shelf for about a decade before it finally began to be implemented.

Vojta gives credit to the Centers for Disease Control and Prevention for dusting off the study, and to Sens. Dick Lugar (R-Ind.) and Al Franken (D-Minn.) for writing it into the Affordable Care Act. The funding situation remains a problem, though.

“Obviously, this is a top priority for the Diabetes Caucus,” said Rep. Diana DeGette (D-Colo.), who co-chairs the bipartisan Diabetes Caucus with Rep. Ed Whitfield (R-Ky.). “But we haven’t identified a funding source yet.”

DeGette’s daughter was diagnosed with Type 1 diabetes at age 4; she’s now 17. Type 1 diabetes cannot be prevented, but Type 2 diabetes, also known as adult-onset diabetes, can.

Mawby points out that there are 1.9 million new cases of diabetes diagnosed each year in the United States; a decade ago, the number was 800,000. The dramatic increase is driven by Type 2 diabetes — the kind that is completely preventable.

“It’s more than doubled in 10 years, but the CDC commitment has been static,” Mawby said. “The public health response not kept pace with this problem.”

United Health Group — a for-profit, publicly traded company — clearly sees the value of investing in prevention, in terms of both the human toll and the long-term bottom line.

“The cost of the program is \$500 per participant,” said Vojta. “If it were \$3,000 per participant, it would still be worth doing.”

The company has made a significant investment in technology to run the program. “We needed a national scheduling system. We needed real-time data collection,” said Vojta. “You can’t do this with a binder.”

Now that the technology exists, United Heath Group is ready to share it. “We created these rails, but now they are open to all payers,” said Vojta. She said she expects the YMCA to be just one of the community partners running the program, and she hopes other insurers will soon adopt it as well.

United Health Group has structured its payments to the Y to reward accountability. The Y doesn’t get its first “enrollment” payment until a participant has been to four sessions. The Y gets an attendance payment if the participant comes to at least 12 of the 16 sessions. But the biggest payment comes only if the participant loses 5 percent of his or her body weight — the most significant factor in preventing conversion to diabetes.

On the corporate side, the company has seen 120 of its large employers that self-insure — meaning they pay the premiums and the ultimate costs of all their employees in plans — implement the prevention program.

Businesses that pay for the costs of diabetes and its complications clearly see the value in stopping it before it starts. But it’s been a tougher sell to the government, which bears the health care costs of almost every senior citizen in the country. Lawmakers who care about the issue say it is hard to get dollars upfront for prevention because the savings on the back end can be hard to prove.

“I’ve been fighting with the [Congressional Budget Office] for years,” said DeGette. “They score it as a cost increase because people live longer.”

For doctors and researchers, there’s less ambiguity. “Pre-diabetes is still reversible. We can stop that conversion. If we don’t, it’s a missed opportunity,” said Vojta. “Once you are diabetic, you are diabetic forever. Then the name of the game becomes control.”

Another neglected public health problem is diagnosis of diabetes and pre-diabetes. Advocates scored a victory in the Medicare Modernization Act of 2003, under which Medicare covers diabetes screening for anyone who had two risk factors.

Being older than 65 is a risk factor in itself, so anyone in Medicare with one other factor — obesity, high blood pressure or a family history of diabetes — can be screened. But as of 2008, only 11 percent of Medicare patients had used the benefit.

Vojta speculated that doctors haven't jumped at the opportunity to screen seniors because, up until now, pre-diabetes has been a diagnosis without a treatment. "OK, you're pre-diabetic. Now what do I, the doctor, do with you? There's no drug, there's no treatment," said Vojta.

Behavior modification — eat better, exercise, lose weight — is a time-intensive process that physicians aren't well suited to oversee. But a group of peers at the Y with a health educator works surprisingly well.

"The truth is," Mawby said, "hundreds of things have been authorized in the [law], and they are going to have to pick winners and losers. This ought to be a winner."