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“...We as a nation are falling massively short of the mark in diabetes prevention, treatment, and even diabetes-related research. We need an all-out assault on the condition...”

Susan Dentzer, Editor-in-Chief, *Health Affairs*<sup>1</sup>

## Gestational diabetes screening guidelines could help lower future type 2 diabetes incidence

The risk for developing full blown type 2 diabetes among women who have had gestational diabetes is as high as 50%.<sup>2</sup> Under new guidelines recommended by the International Association of Diabetes and Pregnancy Study Group that are supported by the American Diabetes Association, the predicted prevalence of gestational diabetes would increase from a range of 2-to-5% to more than 16% based on an abnormal glucose test.<sup>3</sup> However, a modeling study published in *Diabetes Care* online on January 21 shows that these new guidelines could be cost-effective if pregnant women were offered lifestyle counseling and behavior modification interventions after delivery.<sup>4</sup> **Under this scenario, the authors estimate that the new guidelines could prevent 688 future cases of type 2 diabetes for every 100,000 women screened.** In addition, because babies that are born following a pregnancy marked by hyperglycemia may be more likely to develop obesity and cardiovascular disease, **the authors suggest that the new guidelines could “prevent long-term morbidity in the next generation.”**<sup>5</sup>

The United States Preventive Services Task Force (USPSTF) guideline for gestational diabetes—which says that “current evidence is insufficient to assess the balance of benefits and harms of screening for gestational diabetes mellitus, either before or after 24 weeks gestation”<sup>6</sup>—is currently under review.

Access the study abstract [here](#).

<sup>1</sup> Dentzer S. It’s time to stop the unacceptable toll of diabetes. *Health Affairs*. 31(1):6-7.

<sup>2</sup> American Collage of Obstetricians and Gynecologists Committee on Practice Bulletins- Obstetrics. ACOG Practice Bulletin. Clinical Management Guidelines for Obstetricians-Gynecologists. Number 30, September 2001. Gestational Diabetes. *Obstetrics Gynecology* 2001;98:525-538. Werner EF, Pettker CM, Zuckerwise L et al. Screening for Gestational Diabetes Mellitus: Are the Criteria Proposed by the International Association of Diabetes and Pregnancy Study Group Cost-effective? *Diabetes Care Ahead of Print Online*, January 21, 2012 at <http://care.diabetesjournals.org/content/early/2012/01/13/dc11-1643.full.pdf>

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> USPSTF screening for gestational diabetes, Recommendation statement at <http://www.uspreventiveservicestaskforce.org/uspstf08/gestdiab/gdrs.htm#recommendations>. Accessed January 22, 2012.



**“...In the face of declines in global blood pressure and cholesterol levels, and in US cardiovascular diseases and cancer mortality, diabetes and blood sugar levels have followed a reverse trend by continually increasing over the past three decades, in the United States and globally.”<sup>7</sup>**

Narayan et al in “Global prevention and control of type 2 diabetes will require paradigm shifts in policies within and among countries,” in January 2012 *Health Affairs*

## Diabetes has short- and long-term impact on education and employment

A recent study in *Health Affairs* examined the impact of having diabetes on education levels and wages. Using data from the National Longitudinal Study of Adolescent Health, the researchers found that among people with diabetes, high school dropout rates are higher, and likelihood of employment and average earnings are lower than for people without diabetes. In fact, “By age 30, a person with diabetes can expect a ten percentage-point reduction in the likelihood of being employed and annual earnings penalties of up to \$6,000 when employed.”<sup>8</sup>

**In addition, the ripple effects of diabetes extend out to the next generation.** The study showed that having a parent who has diabetes reduced the likelihood that a child would attend college by 4 to 6 percentage points. Having a father with diabetes, reduced the likelihood of a child being employed at age 30 by about 7 percentage points.<sup>9</sup>

The authors conclude: **“...if the intergenerational consequences are real and sustained, prior estimates of the true costs of diabetes to society are too low.”<sup>10</sup>**

Access the abstract [here](#).

**“Culture will eat strategy for lunch every day of the week.”<sup>11</sup>**

Deneen Vojta, MD, Senior Vice President of UnitedHealth Center for Health Reform and Modernization and United Health International speaking at the January 10<sup>th</sup> *Health Affairs* briefing, highlighting that even as we strategically plan how to address the growing type 2 diabetes epidemic in the U.S., the obesogenic culture that we live in has a far greater hand.

<sup>7</sup> Narayan KMV, Echouffo-Tcheugui GR, Mohan V and Ali M. Global prevention and control of type 2 diabetes will require paradigm shifts in policies within and among countries. *Health Affairs*. 31(1):84-92.

<sup>8</sup> Fletcher JM, Richards MR. Diabetes’ health shock to schooling and earnings: Increased drops out rates and lower wages and employment in young adults. *Health Affairs* 31 (1): 27-34, 2012.

<sup>9</sup> Ibid.

<sup>10</sup> Ibid.

<sup>11</sup> Deneen Vojta. Speaking at Health Affairs briefing on “Effective interventions for stemming the growing crisis of diabetes and prediabetes: A national payer’s perspective.” January 10, 2012. Hyatt Regency, Washington, DC.



## Medicaid will cover more people with diabetes under health care reform

With new expansions that are part of the Patient Protection and Affordable Care Act (PPACA), Medicaid will cover an additional 16 million people by 2019—or about 76 million beneficiaries.<sup>12</sup> In 2003, Medicaid covered 15% of people diagnosed with diabetes in the US.

Using the 2007-2008 Medical Expenditure Panel Survey, the authors of a study published in the January 2012 *Health Affairs* special diabetes issue found that Medicaid's annual health care costs for an adult with diabetes were more than three times as high as for an adult without diabetes (\$14,229 vs. \$4,568).<sup>13</sup> In addition, nearly 82% of adult Medicaid enrollees with diabetes had another chronic condition.

The research team looked at uninsured adults with diabetes during the same time period, the population that will be covered by Medicaid beginning in 2014. They found that uninsured adults with diabetes were just as likely as their Medicaid counterparts to report being in fair or poor health, but were less likely to report receiving recommended diabetes care and were using fewer health care resources, including prescription drugs and office visits. The authors conclude: **"Uninsured adults with diabetes who gain Medicaid coverage under health reform are likely to enter the program with unmet needs, and coverage is likely to result in both improved access and increased use of health care."**<sup>14</sup> Access the study abstract [here](#).

The overall number of adults with diabetes who reported visual impairment increased from 2.7 to 3.9 million from 1997 to 2010 according to the CDC's November 18, 2011 *Morbidity and Mortality Weekly*. However, the age-adjusted percentage of adults with diabetes who reported visual impairment dropped significantly from 23.7% in 1997 to 16.7% in 2010.<sup>15</sup>

## Regular dental visits could reduce hospital visits among people with diabetes

People with diabetes who received regular dental care were one-third less likely to need hospital care for complications of the disease according to a recent study published in the *Journal of the American Dental Association*. The researchers, who used a Kaiser Permanente database, compared 493 patients with diabetes who received regular dental care from 2005 through 2007 to 493 patients with diabetes who received no dental care over this period.<sup>16</sup> They found that the patients who saw a dentist regularly had fewer diabetes-related visits to the emergency room and hospital admissions.

Access the abstract [here](#).

<sup>12</sup> Kaiser Family Foundation. Focus on Health Reform. Medicaid and Children's Health Insurance Program Provisions in the New Health Reform Law. Accessed January 22, 2012 at <http://www.kff.org/healthreform/upload/7952-03.pdf>.

<sup>13</sup> Garfield RA and Damico A. Medicaid expansion under health reform may increase service use and improve access for low-income adults with diabetes. *Health Affairs* 31(1): 159-167, 2012.

<sup>14</sup> Ibid.

<sup>15</sup> Centers for Disease Control and Prevention Morbidity and Mortality Weekly. "Self-reported visual impairment among adults with diagnosed diabetes-United States, 1997-2012. November 18, 2011.

<sup>16</sup> Mosen DM, Pihlstrom DJ, Snyder JJ, Shuster E. Assessing the association between dental care, diabetes control measures and health care utilization. *Journal of the American Dental Association*. 143(1):20-30, 2012.