

FOR INSURERS

Prediabetes Is Affecting Your Workforce: How You Can Help



Prediabetes Is a Growing Workforce Issue with Serious Health and Cost Consequences

- Care for people with diabetes was responsible for **1 in every 4 U.S. health care dollars spent**, and annual medical expenditures were \$16,750 per person with diagnosed diabetes—2.3 times as much as for those without diabetes.⁴
- An estimated **84 million Americans**—and likely a growing number of your members—**have prediabetes**, putting them at risk for type 2 diabetes, which can lead to kidney failure; blindness; heart attack; stroke; and loss of toes, feet, or legs. Only 1 in 10 know they have it.¹
- Diabetes in adults has tripled in the past two decades; it is estimated that **1 in 3 adults in the United States could have diabetes by 2050**.²
- Diabetes **doubles the risk of physical disability**; adults with diabetes who are 50 years or older lose independence 6–7 years before their peers without diabetes.³
- Diabetes is the **costliest** of the 155 most common diseases in the country, at \$327 billion in 2017, including \$237 billion in direct medical costs and \$90 billion in indirect costs. That's an **increase of 60 percent** from 2007.^{4,5}

1 Centers for Disease Control and Prevention. National Diabetes Statistics Report, 2017. Atlanta, Ga., Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2017.

2 Boyle JP, Thompson JT, Gregg EW, et al. Projections of the year 2050 burden of diabetes in the US adult population: dynamic modeling of incidence, mortality, and prediabetes prevalence. Popul Health Metr 2010;8:1-29.

3 Bardenheier BH, Lin J, Zhuo X, et al. Disability-free life-years lost among adults aged ≥50 years, with and without diabetes. Diabetes Care. 2016;39:1222-1229.

4 Economic Costs of Diabetes in the U.S. in 2017. American Diabetes Association. Diabetes Care, Mar 2018, dci180007; DOI: 10.2337/dci18-0007.

5 American Diabetes Association. Economic costs of diabetes in the U.S. in 2017. Diabetes Care. 2018;41:917-928.


A SOLUTION: **RAMC's Health 4 U**

 **Can prevent or delay type 2 diabetes by 58%**

 **A full year of support**

 **Easy-to-access**

 **CDC-approved curriculum**

 **Quality and adherence to scientific standards monitored by CDC**

 **Cost-effective and cost-saving**

 **Reimbursement is connected to results**

WHAT EMPLOYERS ARE SAYING:

“As the largest employer in Minnesota, we are committed both to providing our members with quality health care programs and to controlling cost. Chronic diseases like diabetes impact our employees, our health plan, and our bottom line. Prevention is the key to helping our members remain healthy and lead productive lives, and the DPP is standard-of-care for individuals with prediabetes.”

— Beth Lundholm, Manager,
State Employees Group Insurance Program (SEGIP),
Minnesota Management & Budget



Be a leader
and offer

RAMC's Health 4 U

as a covered
health benefit!

Is Proven to Reduce Risk of Developing Type 2 Diabetes and Is Cost-effective

Health 4 U is part of the National Diabetes Prevention Program, led by the Centers for Disease Control and Prevention.

- It can help people at risk for type 2 diabetes make lifestyle changes and **cut their risk of developing type 2 diabetes by 58 percent**. For people over 60 years of age, the program reduced risk by 71 percent.⁶
- Even after 10 years, those who participated in the program had a 34 percent lower rate of type 2 diabetes.⁷
- The one-year program is **cost-effective** and **cost-saving** through reductions in health care spending.⁸
- The **cost of preventing diabetes is typically much lower than the cost of managing the complications** of type 2 diabetes.⁹
- It can help you **lower health care costs, keeping premiums down** for your members and improving their quality of life.

6 Knowler, WC, Barrett-Connor, E, et al. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med.* 2002;346(6):393-403.

7 Diabetes Prevention Program Research Group. 10-year follow-up of diabetes incidence and weight loss in the Diabetes Prevention Program Outcomes Study. *Lancet.* 2009;374:1677-86.

8 Diabetes Prevention Programs: Effectiveness and Value Final Evidence Report and Meeting Summary July 25, 2016, Institute for Clinical and Economic Review. Retrieved from https://icer-review.org/wp-content/uploads/2016/07/CTAF_DPP_Final_Evidence_Report_072516.pdf

9 Centers for Disease Control and Prevention. Diabetes Prevention Recognition Program WORKING WITH EMPLOYERS AND INSURERS GUIDE for CDC-Recognized Organizations. 2017.

What You Can Do

- **Offer this program** at the next review of benefits and disease management programs.
- Third-party administrators can help you **determine potential ROI** and help implement the program, process claims, recruit participants, and collect data. Or use CDC's cost calculator to estimate ROI: <https://nccd.cdc.gov/Toolkit/DiabetesImpact>.
- Work with us to **promote the program** being offered at



- Include information in **emails**, and on your **newsletter** and **website**. You can find more information at www.cdc.gov/diabetes/prevention/employers-insurers.htm.

CONTACT US
TO DISCUSS
NEXT STEPS

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This program is covered by Medicare part B and Advantage Plans. Other insurances may cover the program as well. Self-pay is only \$240 for this 12-month program if paid in full prior to first day of class.

ramchealth.com