



# Conference Summary

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Avalere Health Forum on Diabetes /

## Broaden Your View

Washington, DC | March 12-13, 2008 | Mandarin Oriental

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## Overview /

Avalere Health created the 2008 *Forum on Diabetes: Broaden Your View* to bring together policymakers, commercial leaders, patient advocates, payers, researchers, providers, and diabetes educators to share their diverse perspectives on health reform priorities with respect to diabetes and highlight innovative efforts to improve the quality and effectiveness of diabetes care. The need for this type of event is profound. Both the number of people diagnosed with diabetes and the cost of treating the disease are quickly escalating. In 2007, \$174 billion was spent on providing diabetes care to the approximately 21 million people in the U.S. diagnosed with diabetes.

With the support of partners the American Association of Diabetes Educators, the American Diabetes Association, and the Juvenile Diabetes Research Foundation, as well as sponsors Abbott Pharmaceuticals, *CQ HealthBeat*, *FDC Reports*, Health Management Corporation, Novo Nordisk, Stanford Washington Research Group, and Takeda Pharmaceuticals, the *Forum on Diabetes* allowed the range of participants to explore critical policy choices, business opportunities, and patient perspectives in this important therapeutic area.

The complete agenda, speaker biographies, and audio recordings of the keynote sessions are available at <http://www.avalerehealth.net/conferences/2008-forum-on-diabetes/>.

Using diabetes as a case study for examining healthcare reform, several imperatives came into sharp focus:

- **Leadership at all levels will drive change.** Efforts underway at the national and local level address key issues affecting diabetes care in the United States. Despite the breadth and presence of these initiatives, strong leadership to sustain and advance existing programs must be multi-pronged and active at the national, local, community, and patient level.
- **Collaboration among all stakeholders will advance progress.** Eighteen federal agencies and dozens of private and nonprofit groups influence how patients with diabetes experience the healthcare system. With programs housed in numerous agencies, departments, and organizations, intensive coordination and a team approach are essential to maximize results and avoid disjointed progress.
- **Realigning incentives will help shift the focus to education and prevention.** Effective diabetes care demands focus on prevention, wellness, and consistent monitoring of glucose levels. The current U.S. healthcare system, however, does not provide adequate incentives for patients and physicians to embrace these methods of care. Innovative programs to streamline patient access to healthcare services and initiatives to reform physician reimbursement are working to alleviate current barriers to effective diabetes care.
- **Health information technology will promote effective information management.** Providers and patients alike need effective tools to enable the availability and exchange of healthcare information on disease prevention and treatment. Health information technology can improve diabetes care by connecting providers to facilitate better care coordination, empowering patients to make informed, collaborative decisions with their providers, and enabling real-time, continuous monitoring of vital signs and disease conditions.

Avalere Health is actively engaged in these issues and we look forward to future collaboration. Please feel free to contact Jennifer Bowman, [jbowman@avalerehealth.net](mailto:jbowman@avalerehealth.net), with any questions.

## Conference Summary /

Avalere Health created the 2008 *Forum on Diabetes: Broaden Your View* to bring together policymakers, commercial leaders, patient advocates, payers, researchers, providers, and diabetes educators to share their diverse perspectives on health reform priorities with respect to diabetes and highlight innovative efforts to improve the quality and effectiveness of diabetes care.

This summary of key themes includes highlights from the conference. The complete agenda, speaker biographies, and audio recordings of the keynote sessions are available at [www.avalerehealth.net/conferences/2008-forum-on-diabetes](http://www.avalerehealth.net/conferences/2008-forum-on-diabetes). Avalere Health appreciates the participation of each of the speakers at the *Forum on Diabetes: Broaden Your View*; a complete list of speakers and their affiliations can be found at the end of this summary.

The need for this type of event is profound. The number of people with diabetes in the U.S. has increased dramatically over the past 25 years. Approximately 21 million people have been diagnosed, but perhaps even more alarming is that 54 million people have pre-diabetes. According to the American Diabetes Association, the cost of providing diabetes care in the U.S. was \$174 billion in 2007, and Mathematica Policy Research found that \$1 of every \$8 dollars in federal health spending goes to diabetes. Without change, the CDC estimates that the number of people in the U.S. living with diabetes will double by 2050.

Using diabetes as a case study for examining healthcare reform, several imperatives came into sharp focus:

### Leadership at All Levels Will Drive Change

A number of efforts at the national and local level are underway to address key issues affecting diabetes care in the United States. Speakers discussed comprehensive efforts to bolster diabetes education, increase patient access to care, augment screening efforts, and align incentives. Despite the breadth and presence of these initiatives, many stakeholders underscored the need for strong leadership to sustain and advance existing programs. Speakers indicated that the leadership needed to manage the diabetes crisis must be multi-pronged and present at the national, local, community, *and* patient level. Reps. DeGette (D-CO) and Castle (R-DE), co-chairs of the Congressional Diabetes Caucus, discussed the caucus's legislative agenda on diabetes prevention and education. Rep. DeGette noted the need to look at the structure of the reimbursement system related to diabetes care and to chronic diseases, generally.

A reoccurring topic throughout the conference involved reforming the healthcare system concerning diabetes and other chronic conditions. John McDonough, executive director of Health Care for All, when discussing Massachusetts's state health reform, indicated that "what has been most important is the determined political will and leadership from key governmental leaders." McDonough hopes that Massachusetts's efforts will help inform efforts of other states, as well as national health reforms. Treating diabetes requires many layers of support and preventing it requires changes in lifestyle and environment. As such, effective leadership is also necessary at the local level. Joe Quinn, senior director of state healthcare policy at Wal-Mart Stores, Inc., highlighted how Wal-Mart has taken a leadership role at the local level, facilitating patient education, access, screening, and employer and payer outreach through its Healthy Delta public-private partnership with the Delta Regional Authority.

In large part, the responsibility of managing diabetes care falls on the patient, especially for such a complex disease. Several panelists discussed ways to enable patients to own their disease treatment, such as education, support, goal setting, and care contracts, among

other efforts. Amparo Gonzalez, president of the American Association of Diabetes Educators, also highlighted technologies that support self-care, including online support groups and automated medication reminders. Carolyn Clancy of the Agency for Healthcare Research and Quality stated that her professional experience treating diabetes patients is that “what really makes a difference is self-efficacy—the belief that what [you, the patient] does makes a difference.”

### Collaboration Among All Stakeholders Will Advance Progress

Eighteen federal agencies and dozens of private and nonprofit groups influence how patients with diabetes experience the healthcare system. With programs housed in numerous agencies, departments, and organizations, intensive coordination and a team approach are essential to maximize results and avoid disjointed progress.

Many programs are already meaningfully engaged in improving diabetes prevention and treatment. The Diabetes Mellitus Interagency Coordinating Committee works to coordinate activities at the federal level as well as to direct research at the National Institutes of Health. The Medicare program has recently embarked on a screening initiative, outlined by speaker Jay Hedlund, Novo Nordisk. Ann Albright, CDC, noted that in addition to monitoring disease prevalence and incidence, CDC collaborates with the National Institutes of Health on patient education programs and supports a variety of state-based projects to translate research into practice.

Organizations outside of the government also play important roles in the diabetes space. In relation to the Artificial Pancreas Project, Larry Soler of the Juvenile Diabetes Research Foundation highlighted the need for collaboration among researchers, regulators, payers, and patients to ensure the availability of emerging technologies. However, Beth Koller, Centers for Medicare & Medicaid Services, and Sean Tunis, Health Technology Center, pointed to the spiraling cost of diabetes treatment and stressed that payers are increasingly demanding evidence of clinical effectiveness to justify coverage and payment decisions.

To optimize their efforts, diverse entities—public, private, national, and local—must work together to ensure coordinated, focused progress. “We have hundreds of programs that are operating right now...each of which has a different vision, a different culture, a different way of operating,” noted Avalere Health President Dan Mendelson. Corraling diverse and self-sufficient programs will be a difficult task, but one that will magnify results by aligning funding priorities, enabling greater communication among stakeholders, and ensuring that all programs benefit from improvements or best practices established by others. For example, an Avalere Health study released at the conference explored access to, and utilization of, prescription drugs in Medicare Part D for beneficiaries with diabetes. Sharing this and similar information will allow stakeholders designing and overseeing federal programs, counseling beneficiaries, or providing care to patients to provide the best care and support possible to individuals with diabetes. Judith Fradkin of the National Institute of Diabetes and Digestive and Kidney Diseases reinforced this point, commenting that research can be meaningful only if it is translated into practical and clinical settings.

Achieving optimal diabetes treatment will also require collaboration with non-traditional stakeholders. Many programs impact diabetes care by influencing risk factors; Marsha Gold, senior fellow at Mathematica Policy Research, noted that the titles of these programs “may not have the word ‘diabetes’ in them,” but organizations such as the Department of Agriculture, public schools, and large employers will be instrumental in achieving comprehensive diabetes prevention and treatment. The best patient care for diabetes requires extensive collaboration among clinical staff, patients, educators, and communities. So too will diabetes care be improved on a national level by identifying and

engaging all stakeholders whose teamwork can shape the way we learn about, live with, and care for diabetes.

### **Realigning Incentives Will Help Shift the Focus to Education and Prevention**

Effective diabetes care demands focus on prevention, wellness, and consistent monitoring of glucose levels. However, the current U.S. healthcare system does not provide adequate incentives for patients and physicians to embrace these methods of care. Further exacerbating this problem, the complex health insurance market can create barriers to effective care for people with diabetes, as outlined by Jim Schlicht, American Diabetes Association.

Several presenters discussed innovative ways to realign incentives to improve the quality of diabetes care and stem the overall cost of the disease. Jan Berger, senior vice president and chief clinical officer of CVS Caremark, shared several of the company's initiatives aimed at realigning patients' financial incentives for diabetes self-care. For example, CVS Caremark created a new prescription drug benefit that drastically reduced patient coinsurance for diabetes drugs. The new benefit design increased patient adherence to medication therapy and resulted in a 65 percent decrease in diabetes-related hospitalizations among participating patient populations.

Several speakers also emphasized how misaligned incentives prevent physician from focusing on preventive care and patient education. Physicians are currently rewarded for traditional procedure-based care and underpaid for the educational and cognitive service-based care that is vital to treating diabetes patients. A number of speakers highlighted the need for physician reimbursement reform. John Anderson of the Frist Clinic and the American Diabetes Association spoke out about the lack of adequate payment for physicians treating diabetes, and the pending physician shortage in endocrinology and primary care. In a similar vein, Claudia Graham of Medtronic proposed creating a new 30-day global code for continuous glucose monitoring to capture the totality of caring for diabetes patients with continuous glucose monitors (CGM). Endocrinologist Eric Orzeck, Baylor College of Medicine and the American Association of Clinical Endocrinologists (AACE), praised the global code concept and also highlighted AACE's recent efforts to achieve improved coding for CGM. As Orzeck pointed out, improved coding is a necessary step to ensuring appropriate physician payment for diabetes care, and attracting future physicians to endocrinology and primary care.

### **Health Information Technology Will Promote Effective Information Management**

A resounding theme throughout the conference was the need to better connect providers and patients through the use of health information technology. Plenary speaker Francine Kaufman, distinguished professor of pediatrics and communications, Keck School of Medicine and Annenberg School of Communications of the University of Southern California, highlighted numerous accounts of poor care coordination, where providers treat patients based on incomplete medical histories and limited information from other primary or specialty care providers. Former Speaker of the House Newt Gingrich, who also founded the Center for Health Transformation, emphasized the lack of technology in healthcare providers' offices, noting that "when a UPS delivery person walks in the average doctor's office, they double the amount of computing power in the office."

Information is equally important for patients; however, Joshua Seidman, Center for Information Therapy, noted it is critical to ensure that patients have the right amount of information at the right time. Employers promoting health and wellness are striving to make information on effective disease prevention and healthy living strategies available to employees. For patients already diagnosed with diabetes, innovative technologies can assist patients with self-management. Continuous glucose monitors can record data

around the clock, and emerging wireless technologies can transmit that data to providers' electronic medical records and patients' personal health records.

In addition, new information about diabetes is being generated at a rapid pace. Dr. Francis Collins, director of the National Human Genome Research Institute, highlighted his ongoing research on how genetic characteristics impact individual risk of developing diabetes and response to pharmaceutical therapies.

Providers and patients alike need effective tools to enable the availability and exchange of healthcare information on diabetes prevention and treatment. Health information technology can improve diabetes care by connecting providers to facilitate better care coordination, empowering patients to make informed, collaborative decisions with their providers, and enabling real-time, continuous monitoring of vital signs and disease conditions. As noted by staff from key congressional offices and committees, federal policymakers are focused on health information technology issues and have legislation to promote adoption in their sights.

## Speakers /

**Ann Albright, R.D., Ph.D.** / Director, Division of Diabetes Translation, Centers for Disease Control and Prevention

**John Anderson, M.D.** / The Frist Clinic and American Diabetes Association

**Bob Atlas** / Senior Vice President, Avalere Health

**Jan Berger, M.D., M.J.** / Senior Vice President and Chief Clinical Officer, CVS Caremark

**Jonathan Blum** / Vice President, Avalere Health

**Jennifer Bowman** / Director, Avalere Health

**Perry Bridger** / Vice President, Avalere Health

**Mitchell Burken, M.D.** / Vice President, TrailBlazer Health Enterprises, LLC

**The Honorable Mike Castle** / U.S. House of Representatives, Co-Chair, Congressional Diabetes Caucus

**Carolyn Clancy, M.D.** / Director, Agency for Healthcare Research and Quality

**Chuck Clapton** / Chief Republican Health Counsel, House Ways & Means Committee

**Francis Collins, M.D.** / Director, National Human Genome Research Institute

**The Honorable Diana DeGette** / U.S. House of Representatives, Co-Chair, Congressional Diabetes Caucus

**Keith Fontenot** / Assistant Director for Health and Human Resources, Budget Analysis Division, Congressional Budget Office

**Judith E. Fradkin, M.D.** / Director, Division of Diabetes, National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health

**Newt Gingrich** / Former Speaker of the House and Founder, Center for Health Transformation

**Jon Glaudemans** / Senior Vice President, Avalere Health

**Marsha Gold, ScD.** / Senior Fellow, Mathematica Policy Research

**Amparo Gonzalez, RN, BSN, CDE** / President-elect, American Association of Diabetes Educators

**Claudia Graham, Ph.D., MPH** / Vice President, Global Therapy Access, Medtronic MiniMed

**Jay Hedlund** / Medicare Diabetes Screening Project, Novo Nordisk, Inc.

**Jennifer Hersh, RN, BSN, M.P.P.** / Director, Policy & Strategic Alliances, American Diabetes Association

**Zeynal Karaca** / Manager, Avalere Health

**Francine R. Kaufman, M.D.** / Distinguished Professor of Pediatrics and Communications, Keck School of Medicine and Annenberg School of Communications of USC

**Beth Koller, M.D.** / Centers for Medicare & Medicaid Services

**Shannah Koss** / Vice President, Avalere Health

**John McDonough, Dr.P.H.** / Executive Director, Health Care for All

**Dan Mendelson** / President, Avalere Health

**Eric Orzeck, M.D., FACE, CDE** / Clinical Associate Professor, Section of Endocrinology, Baylor College of Medicine

**Kavita Patel, M.D.** / Deputy Staff Director, Health Subcommittee Staff of Senator Edward M. Kennedy

**Wendell Primus, Ph.D.** / Senior Policy Advisor, Office of Speaker Nancy Pelosi, U.S. House of Representatives

**Joe Quinn** / Senior Director, State Health Care Policy, Wal-Mart Stores, Inc.

**Tom Reilly** / Principal Deputy Assistant Secretary for Resources and Technology, Department of Health and Human Services

**Jim Schlicht** / Executive Vice President of Government Affairs and Advocacy, American Diabetes Association

**Joshua Seidman, Ph.D.** / President, Center for Information Therapy

**Jaan Sidorov, M.D.** / Sidorov Health Solutions and former Medical Director, Geisinger Health Plan

**Linda Siminerio, RN, Ph.D., CDE** / Executive Director, University of Pittsburgh Diabetes Institute

**Larry Soler** / Vice President, Government Relations, Juvenile Diabetes Research Foundation

**Joseph Ternullo, J.D., CPA** / Associate Director, Partners Healthcare

**Sean Tunis, M.D.** / Health Technology Center

**Mark Yarchoan** / Associate, CloseConcerns