

Is the patient at risk for diabetes? It's a \$100 billion question

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A recent study of U.S. spending on more than 150 medical conditions found diabetes to be the top expense, far and away. Diabetes is preventable, and prediabetes is reversible, so there is a tremendous opportunity to cut costs by improving care. According to data on awareness of the risk of diabetes, one problem might be how little patients and physicians are talking with each other about this costly, dreadful disease. The overwhelming majority of people with prediabetes are unaware of it.

The *JAMA* study featured an analysis of data from more than 180 sources and found an estimated \$101.4 billion in spending on diabetes in 2013—15 percent more than the next costliest condition, ischemic heart disease.

But that heavy toll on patients and payers could be avoided. All the chronic diseases in the list of the 20 costliest conditions “have an underlying health burden nearly exclusively attributable to modifiable risk factors,” the *JAMA* study’s authors noted. “For example, diabetes was 100 percent attributed to behavioral or metabolic risk factors that included diet, obesity, high fasting plasma glucose, tobacco use and low physical activity.”

A conversation waiting to happen

While some 29 million Americans have diabetes, another 86 million have prediabetes, including half of those 65 and older, according to the Centers for Disease Control and Prevention (CDC). But nine in 10 who have prediabetes don't know it, suggesting there is a great opportunity for physicians and health systems to identify patients at risk for diabetes and help them get evidence-based prevention.

Since time in the exam room is so limited, the AMA and the CDC have developed a toolkit, Prevent Diabetes STAT, that features step-by-step instructions to help health care teams screen patients for prediabetes, test for prediabetes using one of three blood tests, and refer patients with prediabetes into CDC-recognized diabetes prevention programs (DPP).

The toolkit includes a one-page self-assessment for patients, a link to the CDC’s registry of diabetes prevention programs, CPT codes for diabetes screening and a video case study of a clinic that has succeeded in referring patients with prediabetes into community-based DPPs.

“All primary care providers see patients day after day who ... have prediabetes,” Steven Reed, MD, of Park Nicollet Clinic in Brooklyn Park, Minn., said in the video. “It’s not something that you can address in a five-minute, end-of-visit discussion or with a pamphlet. To have the diabetes prevention program available is something bigger that you can give them that’s clinically proven and available nationwide.”

Reasons to respond now

Without intervention, 15 to 30 percent of people with prediabetes—in other words, another 13 to 26 million Americans—will develop diabetes within five years. And if the spending figures cited in the *JAMA* study aren’t jarring enough, research also shows people with diabetes are:

- 100 percent more likely to develop hypertension
- 80 percent more likely to be hospitalized for a heart attack
- 50 percent more likely to be hospitalized for a stroke
- 70 percent more likely to die from heart disease or a stroke

But people with prediabetes who took part in an intensive lifestyle change program reduced their risk of developing type 2 diabetes by 58 percent—nearly twice the risk reduction from taking metformin. Patients 60 and older who took part in the program saw their risk of developing type 2 diabetes fall by 71 percent.

With its final rule on the Medicare Physician Fee Schedule, the Centers for Medicare and Medicaid Services has expanded coverage of CDC-recognized DPPs to Medicare patients who are at risk of developing type 2 diabetes.

A module from the AMA’s STEPS Forward™ collection of practice improvement strategies includes more complete instructions for incorporating prediabetes screening into your practice. The module may also be completed for continuing medical education credit. There are seven new modules now available from the AMA’s STEPS Forward collection, bringing the total number of practice improvement strategies to 42; several thanks to a grant from, and collaboration with, the Transforming Clinical Practices Initiative.