



AMA Academic Physicians Section

Improving Health Outcomes

Karen Kmetik, PhD
June 7, 2019

We are committed to improving health outcomes

No new
preventable cases
of type 2 diabetes

1

2

Everyone with
hypertension has their
blood pressure at goal

The big picture: prediabetes

~84M adults have prediabetes

9 out of 10 don't know they have it

Center for Disease Control and Prevention (CDC). National Diabetes Statistics Report: Estimate of Diabetes and Its Burden in the United States. 2017. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Dept. of Health and Human Services, 2017.

<https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>.

The big picture: hypertension



72.3M

Adults

(140/90)

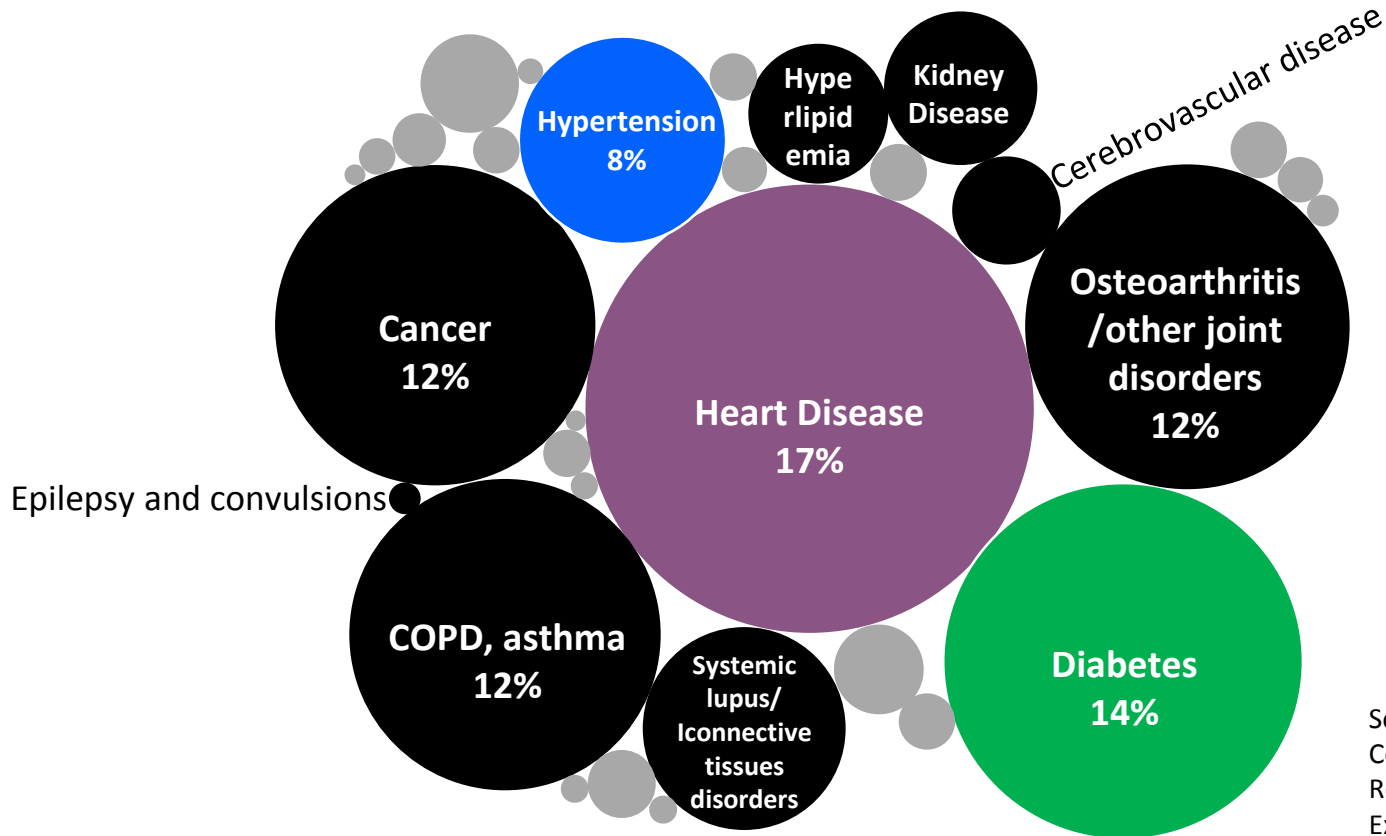
30.7% of pop.

67M in care

35-50% not controlled

Ritchey MD, Gillespie C, **Wozniak G.** et al. J Clin Hypertension, 2018 (=>18yrs, 2011-2014 data)

75% of US Health Care spending is on chronic disease



Source: Center for Financing, Access and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2015

A photograph of three healthcare professionals, two women and one man, all wearing white lab coats and stethoscopes. They are gathered around a tablet computer, looking at the screen with focused expressions. The woman in the center is speaking. The background is a blurred clinical setting. The entire image has a purple color overlay.

So what are we doing about it?

We work with premier partners and health care organizations (HCOs)



We help HCOs identify and manage patients at risk for type 2 diabetes

TARGET: BP™



We help HCOs achieve BP control rates of 70% and higher

CDC–recognized Diabetes Prevention Program (DPP)



58% risk reduction

DPP

Intensive Lifestyle Change Program
(71% reduction for patients over age 60)



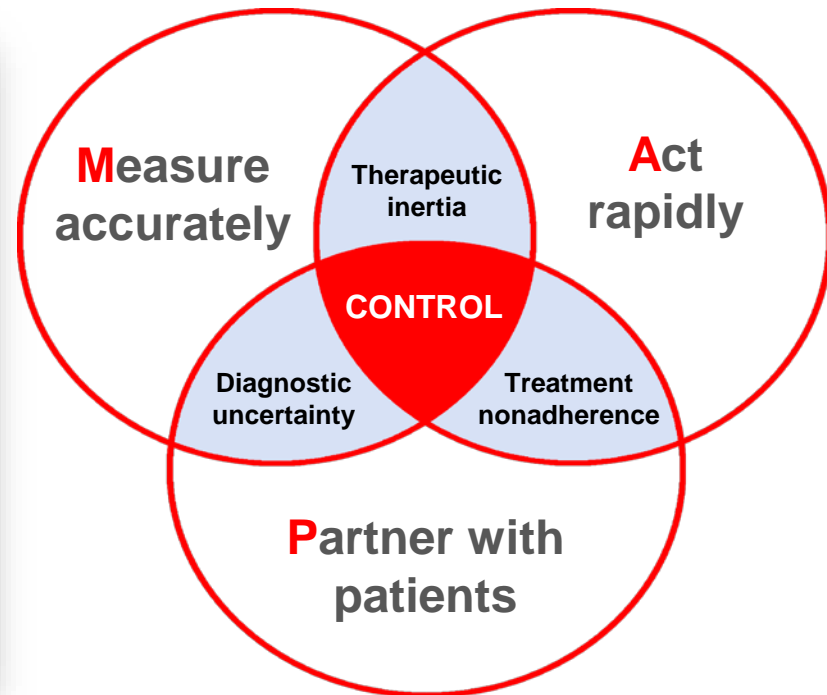
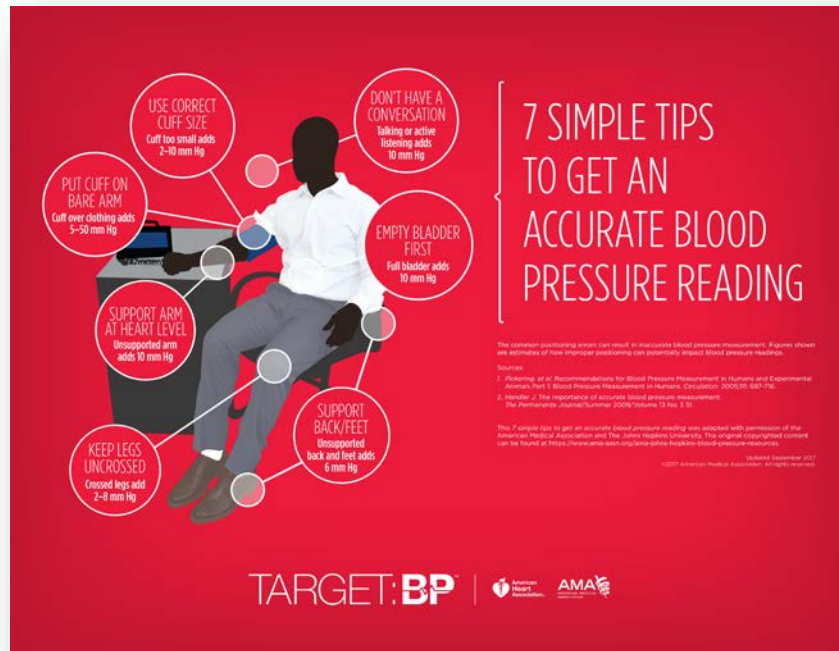
31% risk reduction

METFORMIN

Glucose Lowering Drug
(Currently, there is no FDA approval for metformin
for the indication of diabetes prevention)

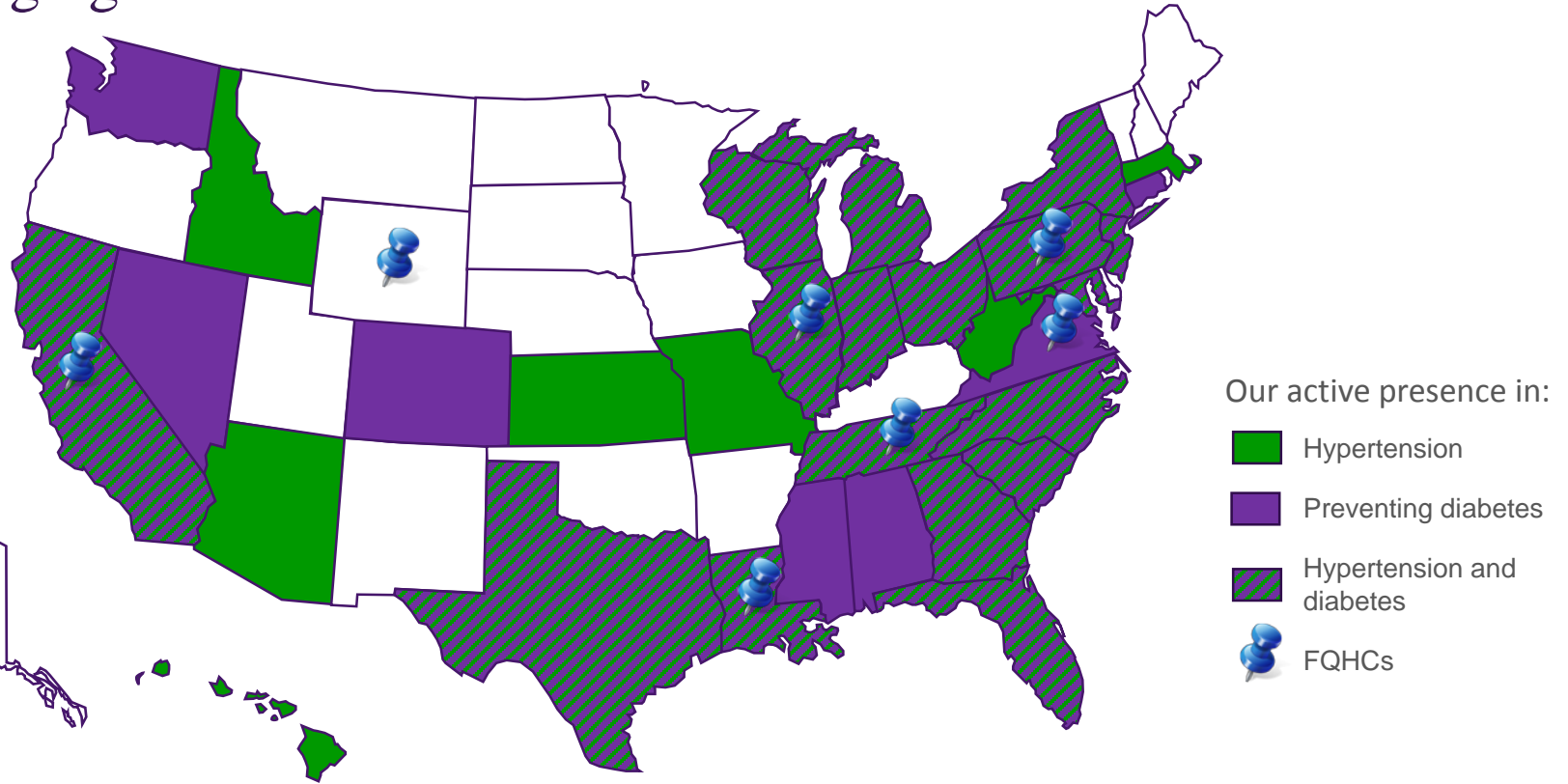
Knowler WC, Barret-Connor E, Fowler SE, et al. Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med*. 2002;346:393-403. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1370926/>

The Target: BP™ M.A.P. Improvement Program for Blood Pressure Control



<https://www.ahajournals.org/doi/pdf/10.1161/HYPERTENSIONAHA.118.11558>

Engaging HCOs across the United States



04/04/19

Loyola University Medical Center



“Follow the recommended process and try to devote as many dedicated resources to the program as possible – it will allow you to achieve the goal quicker. The Target: BP team really steps you through the program.”

Beatrice D. Probst, MD, FACEP,
associate chief medical officer for
Ambulatory Quality and Safety

UCLA – studying methods of referrals to DPPs & use of Metformin

Tannaz Moin, MD, MBA, MSHS
Assistant Professor of Medicine, UCLA
VA Greater Los Angeles Healthcare
System

Kenrick Duru, MD, MSHS
Professor, David Geffen School of
Medicine at UCLA

ORIGINAL RESEARCH

Annals of Internal Medicine

Metformin Prescription for Insured Adults With Prediabetes From 2010 to 2012

A Retrospective Cohort Study

Tannaz Moin, MD, MBA, MSHS; Jinnan Li, MPH; O. Kenrick Duru, MD, MSHS; Susan Ettner, PhD; Norman Turk, MS; Abigail Keckhafer, MBA, MPH; Sam Ho, MD; and Carol M. Mangione, MD, MSPH

Background: Prediabetes affects 1 in 3 Americans. Both intensive lifestyle intervention and metformin can prevent or delay progression to diabetes. Over the past decade, lifestyle interventions have been translated across various settings, but little is known about the translation of evidence surrounding metformin use.

Objective: To examine metformin prescription for diabetes prevention and patient characteristics that may affect metformin prescription.

Design: Retrospective cohort analysis over a 3-year period.

Setting: Employer groups that purchased health plans from the nation's largest private insurer.

Participants: A national sample of 17 352 working-age adults with prediabetes insured for 3 continuous years between 2010 and 2012.

Measurements: Percentage of health plan enrollees with prediabetes who were prescribed metformin.

Results: Only 3.7% of patients with prediabetes were prescribed metformin over the 3-year study window. After adjust-

ment for age, income, and education, the predicted probability of metformin prescription was almost 2 times higher among women and obese patients and more than 1.5 times higher among patients with 2 or more comorbid conditions.

Limitation: Missing data on lifestyle interventions, possible misclassification of prediabetes and metformin use, and inability to define eligible patients exactly as defined in the American Diabetes Association guidelines.

Conclusion: Evidence shows that metformin is rarely prescribed for diabetes prevention in working-age adults. Future studies are needed to understand potential barriers to wider adoption of this safe, tolerable, evidence-based, and cost-effective prediabetes therapy.

Primary Funding Source: Centers for Disease Control and Prevention (Division of Diabetes Translation) and the National Institute of Diabetes and Digestive and Kidney Diseases.

Ann Intern Med. 2015;162:542-548. doi:10.7326/M14-1773 www.annals.org
For author affiliations, see end of text.

Diabetes Free NC – diabetes prevention



**BlueCross BlueShield
of North Carolina**

***...\$5M investment
in the DPP***

- With NC State University and the NC Division of Public Health
- Supports 5,000 people to enroll in DPP at no cost, and even more into a virtual DPP
- 26 DPPs funded, of which 4 are health care organizations:
 - Cone Health
 - Catawba Valley Health System
 - Hertford Health Maintenance Alliance (an FQHC)
 - East Carolina University Physicians, Brody School of Medicine
Department of Family Medicine

Diabetes Free NC - Collaborators

Collaborators, not limited to:

- American Medical Association
- NC Medical Society
- NC Academy of Family Physicians
- NC Alliance of YMCAs
- NC Diabetes Advisory Council
- NC Office of Rural Health

AMA committed to:

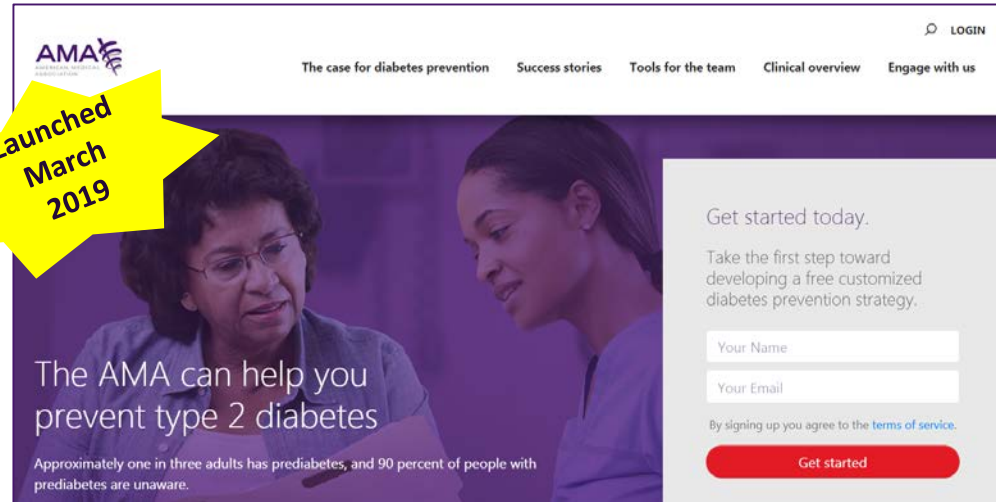
- Raise awareness and support ~9,000 primary care physicians in NC to identify patients at risk and refer them to a nearby or online DPP

Testing digital programming

“We came out of it feeling really good and having a much broader idea of how we will be using these resources to launch our patient-focused DPP here at UMMC.

I can’t say enough about how impressed I was with what is available...”

Launched
March
2019

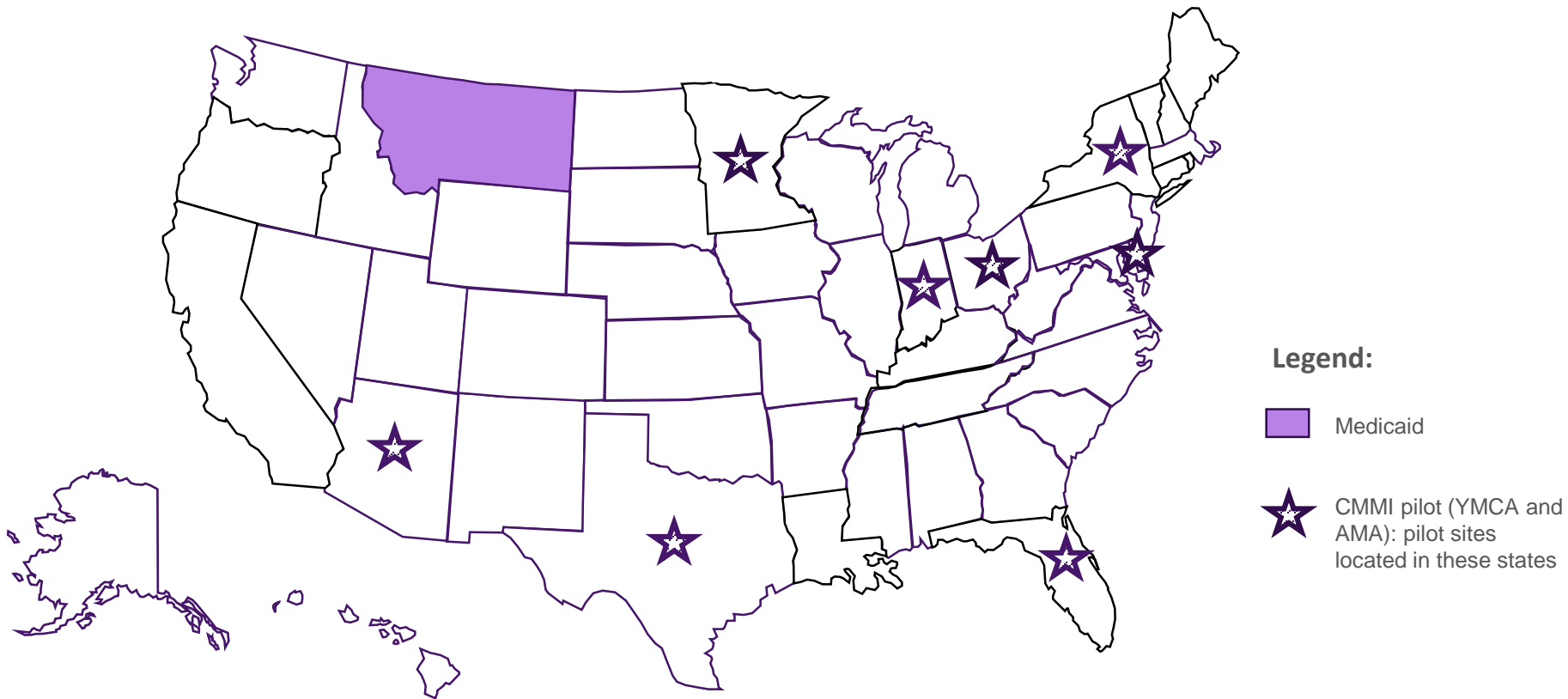


University of Mississippi Medical Center

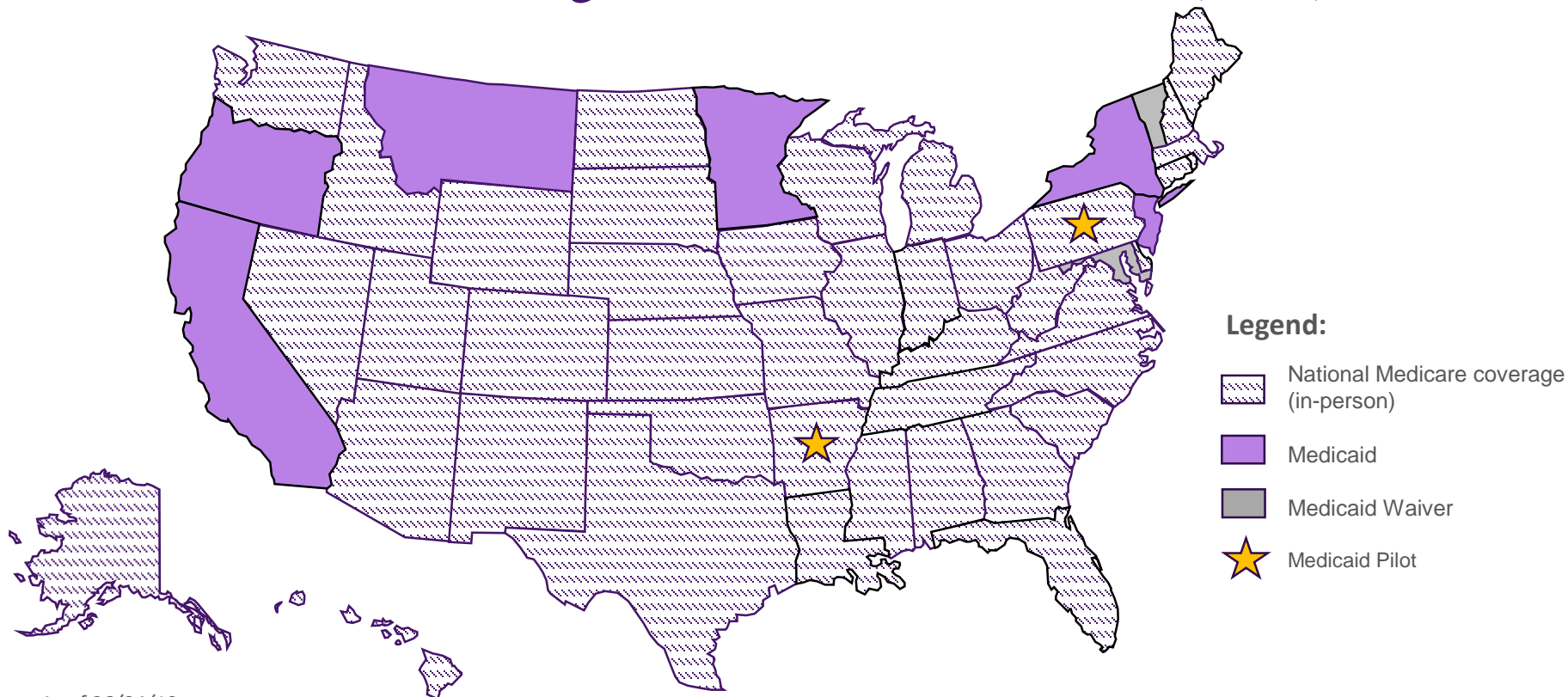
Josh Mann, MD, MPH; Department Chair, Preventive Medicine

Mary Manuel, MHA; Director of Operations, Preventive Medicine

National DPP coverage: Medicare and Medicaid (2014)

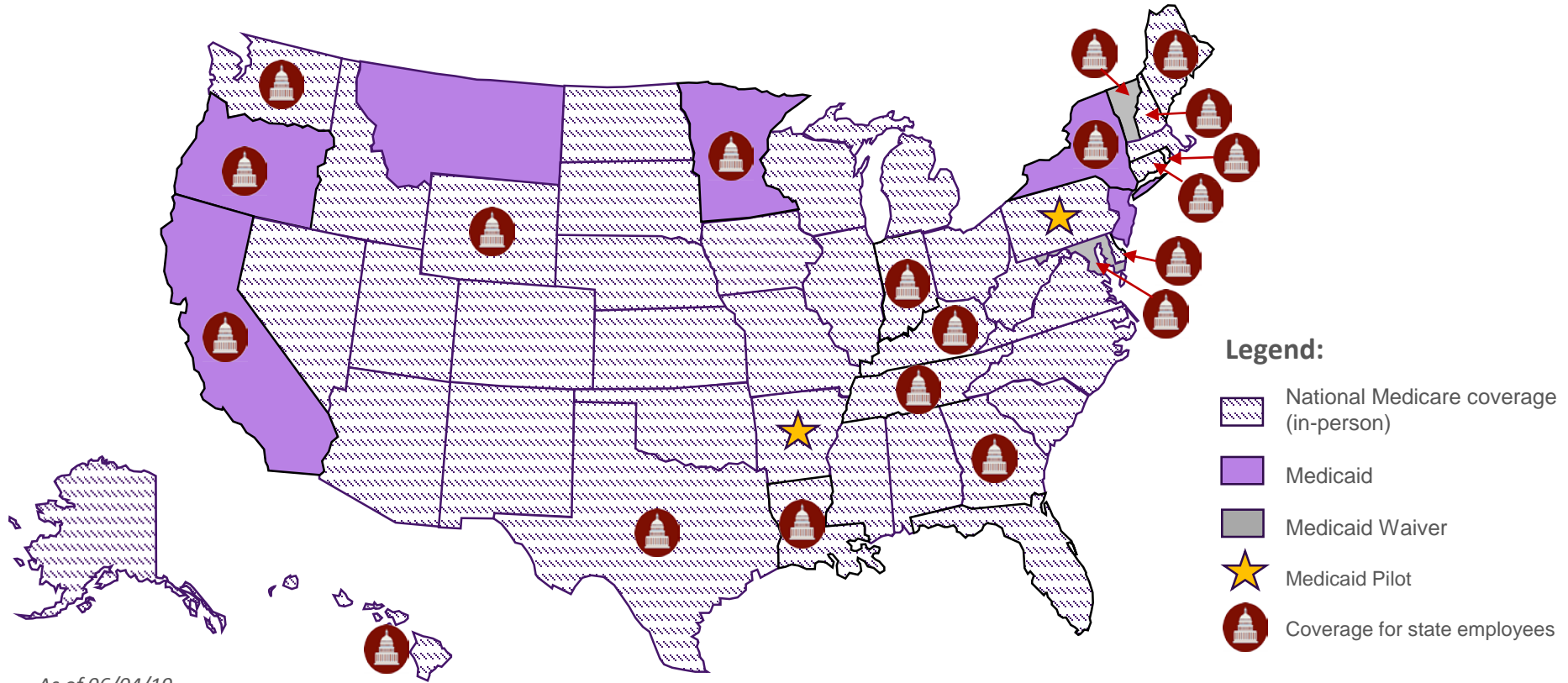


National DPP coverage: Medicare and Medicaid (2019)



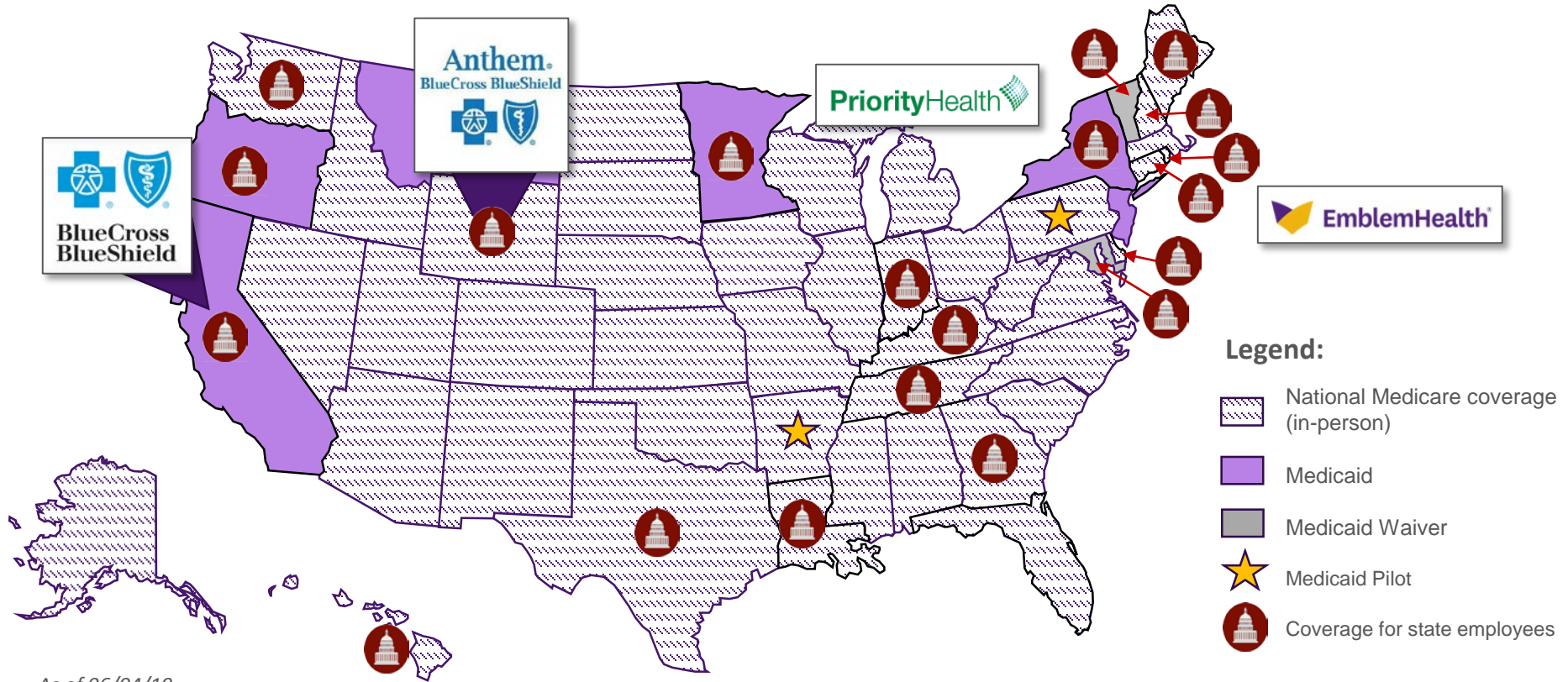
As of 06/04/19

National DPP coverage: including state employees (2019)



As of 06/04/19

National DPP coverage: private plans (2019)



As of 06/04/19

**We would like to assist you in
preventing diabetes and controlling
blood pressure for your patients**

**Karen Kmetik, PhD
Group Vice President, Improving Health Outcomes**

Karen.Kmetik@ama-assn.org

Prioritizing America's Risking Risk Population

How Trinity Health and AMA are Working to Prevent Chronic Disease

Monday, June 10, 2019: 10:00am – 11:00am
Hyatt Regency, Regency D – Chicago, IL