SUPPORTING DATA

ABOUT CHRONIC DISEASE

Chronic diseases, such as diabetes, are driving the cost of healthcare in this country.

- 45% of Americans, about 133 million people, have one or more chronic diseases.[1]
- $3 out of every $4 (75%) of the total amount we spend on healthcare in this country is spent on chronic diseases.[2]

The financial costs are staggering, but even more so are the human costs of chronic diseases.

- 7 out of 10 deaths in the U.S. are caused by chronic diseases.[3]
- Chronic, disabling conditions cause major limitations in activity for more than one of every 10 Americans, or 25 million people.[4]

ABOUT DIABETES

Diabetes affects nearly 24 million people in the United States – or 7.8% of the population – but only 17.9 million have been diagnosed[5]. The economic burden is growing:

- Diabetes cost the U.S. an estimated $174 billion in 2007, including $116 billion in excess medical expenditures and $58 billion in lost productivity.[6]
  - An estimated 15 million workdays were lost because of diabetes in 2007, at a national cost of $2.6 billion.[7]
  - At the national level an estimated equivalent of 120 million workdays were lost due to presenteeism associated with diabetes, at an estimated national cost of $20 billion.[8]

- People with diagnosed diabetes, on average, have medical expenditures that are approximately 2.3 times higher than the expenditures would be in the absence of diabetes. Approximately 1 in 10 health care dollars is attributed to diabetes.[9]

The sixth leading cause of death in the United States, diabetes doubles a person's risk of death and leads to a range of devastating complications and health care problems:[10]

- Adults with diabetes have heart disease death rates about 2 to 4 times higher than adults without diabetes.[11]
- There are 225 amputations every day as a result of diabetes.[12]
- The risk for stroke is 2 to 4 times higher and the risk of death from stroke is 2.8 times higher among people with diabetes.[13]
- Diabetic retinopathy causes 12,000 to 24,000 new cases of blindness each year, making diabetes the leading cause of new cases of blindness in adults 20-74 years of age.[14]
- Diabetes is the leading cause of kidney failure, accounting for 44% of new cases in 2002.[15]

(more)

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ABOUT RELATED PROJECTS

The Diabetes Ten City Challenge is modeled after other highly successful programs, including the **Asheville Project** in North Carolina, a diabetes management program started in 1997 that has proven to improve overall health, reduce absenteeism, shorten hospital stays and reduce health care costs.

The Asheville Project

The Asheville Project was implemented by the City of Asheville and Mission Hospitals in Asheville, NC as a pilot community-pharmacy care program with 46 diabetes patients covered by two self-insured employers' health plans. The employers offered an employee benefit waiving drug co-pays for diabetes patients who worked with a pharmacist coach. The program continues today, with more than 1,000 patients from five employers enrolled for diabetes, asthma, hypertension and lipid therapy management.

Five-year results of the Asheville Project[16]:

- Mean A1c levels (blood sugar) decreased at all follow-up appointments and more than 50 percent of patients improved each time.
- Number of patients with optimal A1c values (less than 7) increased at each follow up.
- Payers realized decreases in total direct medical costs compared to baseline in each of the five years of the program – these decreases ranged from $1,622 to $3,356 per patient per year.
- The City of Asheville saw the number of sick leave days decrease every year between 1997-2001. Starting with a baseline mean of 12.6 days per patient per year (PPPY), decreases ranged from 4.1 days to 6.6 days PPPY compared to baseline.

Patient Self-Management Program for Diabetes℠ Pilot

A total of 256 participants with diabetes participating in the Patient Self-Management Program for Diabetes pilot program from 4 to 18 months at the Healthcare Coalition Cooperative, Manitowoc County, Wis.; Mohawk Industries, Inc., Dublin, Ga.; the Kroger Company, Columbus, Ohio; Ohio State University, Columbus, Ohio; and VF Corporation, Greensboro, N.C. Results of the pilot showed:

- Diabetes control improved remarkably, with average A1C values reduced from 7.9 to 7.1 for the entire enrolled population in the first year of the pilot program. This is significant since the American Diabetes Association goal for A1C is 7.0.

- Dramatic improvement in key indicators of diabetes care in the first year of the pilot program:
    - Influenza vaccination rate increased from 52 percent to 77 percent
    - Eye examination rate increased from 46 percent to 82 percent
    - Foot examination rate increased from 38 percent to 80 percent
    - 92 percent of patients current with recorded blood pressure (vs. 73 percent baseline)
    - 94 percent have current lipid profiles (vs. 49 percent baseline)
    - 80 percent of patients current with foot exams (vs. 28 percent baseline)
    - 80 percent current with eye exams (vs. 34 percent baseline)

- Total average cost per patient in the pilot program decreased by $918 for the initial year compared with projected costs based on the year prior to the first year of the pilot.

- For one employer, baseline health care cost distributions were 69 percent inpatient and outpatient medical services versus 31 percent medication and medication management services. After the first year of the pilot program, cost distributions shifted to 56 percent and 44 percent, respectively.[17]

(more)

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