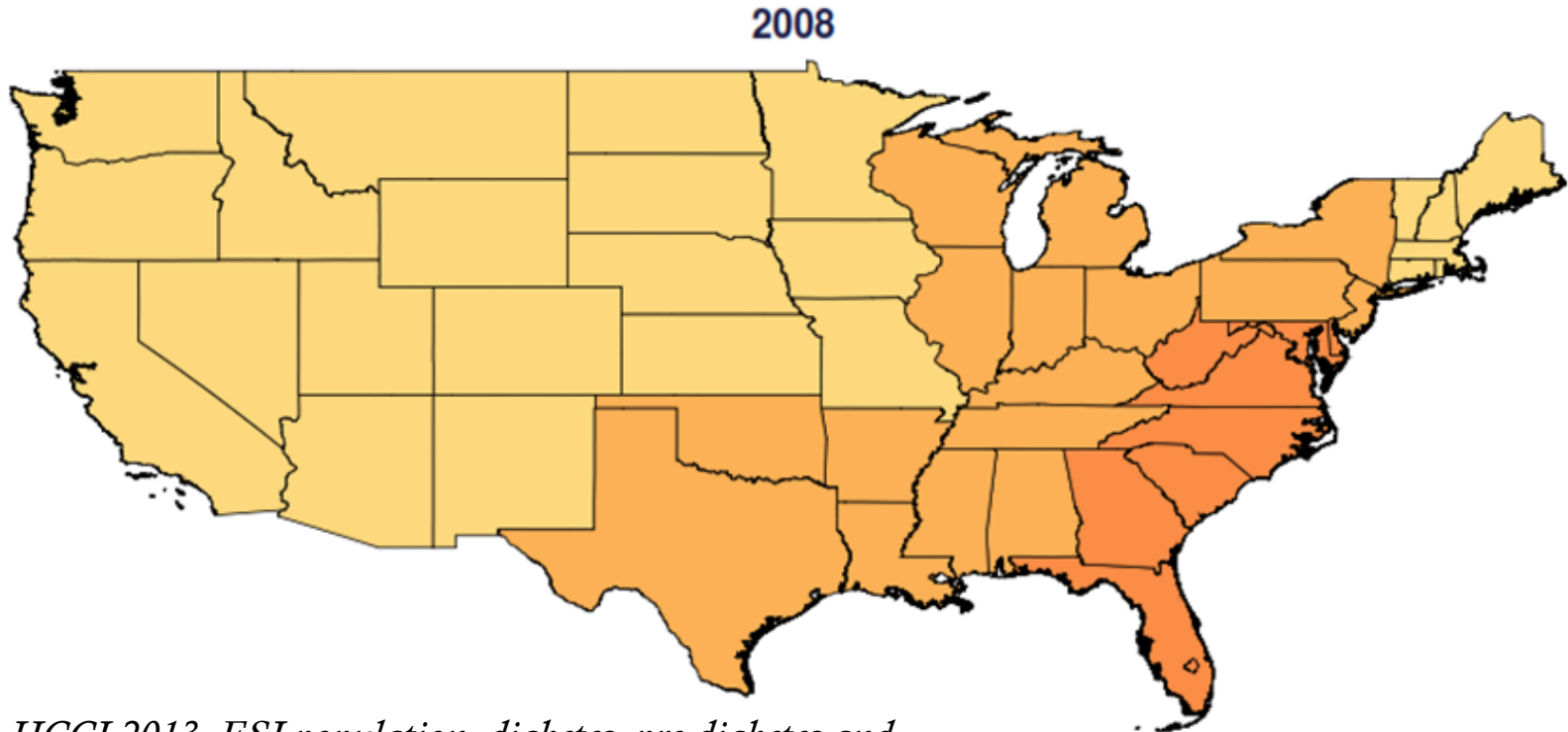# Employers' Forum

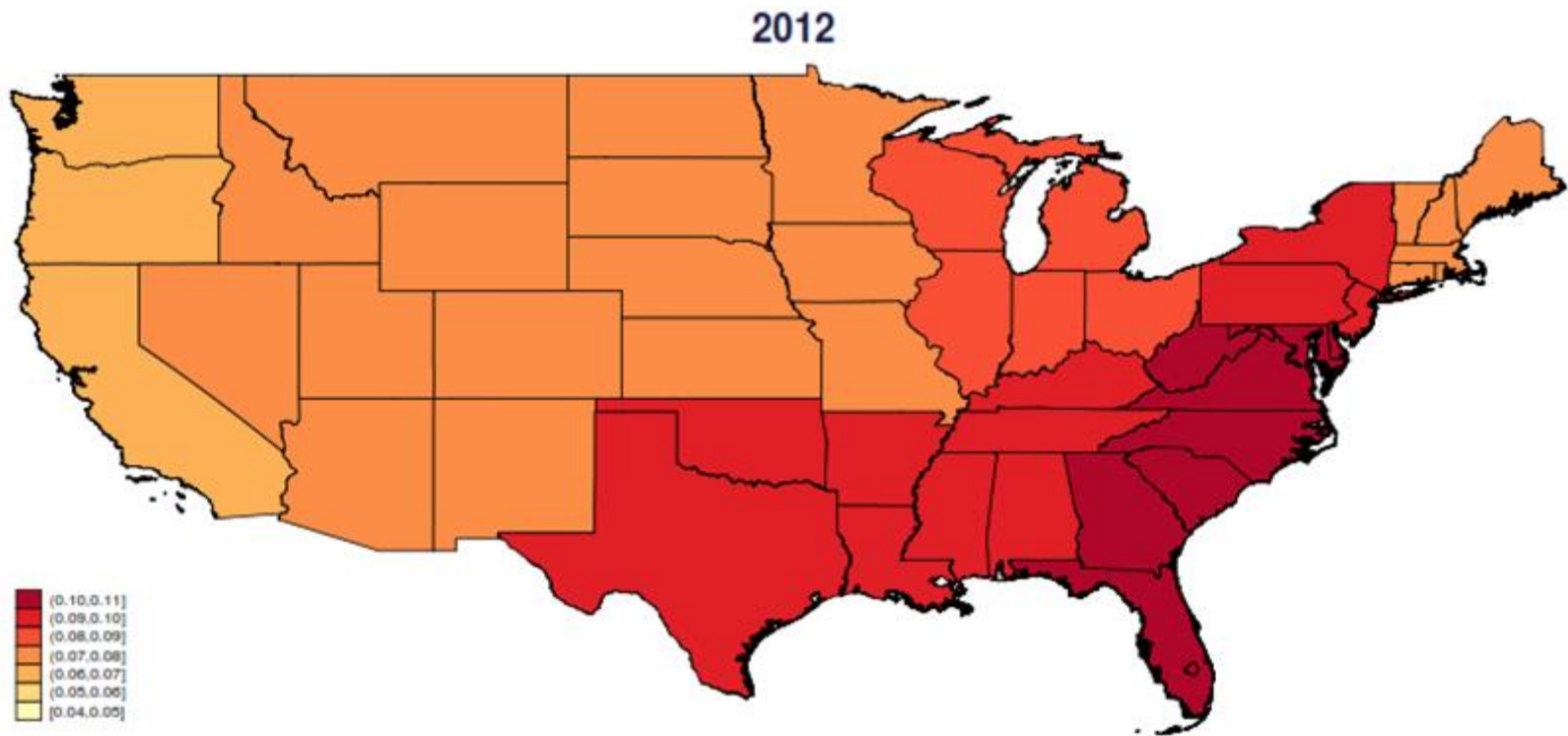Discussion of Diabetes
March 11, 2014

Gloria Sachdev, Pharm.D
Dave Kelleher

Prevalence of Diabetes and Pre-Diabetes 2008

HCCI 2013, ESI population, diabetes, pre-diabetes and gestational diabetes

Prevalence 2012

2012

■	(0.10,0.11]
■	(0.09,0.10]
■	(0.08,0.09]
■	(0.07,0.08]
■	(0.06,0.07]
■	(0.05,0.06]
□	[0.04,0.05]

HCCI 2013, ESI population, diabetes, pre-diabetes and gestational diabetes

Prevalence by Region
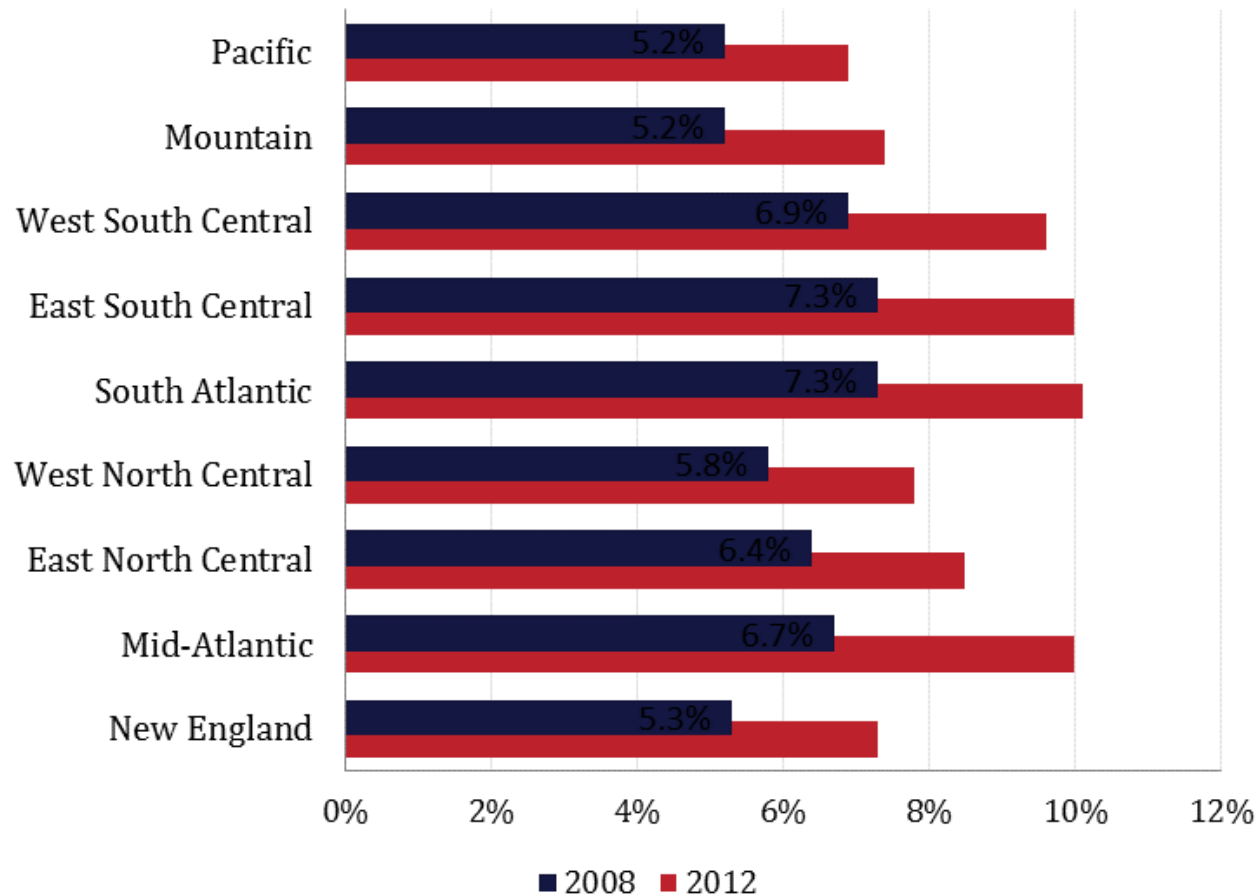
Source: HCCI, 2013

Prevalence of Diabetes and Pre-diabetes Among ESI Under age 65

Age Group	2008	2009	2010	2011	2012
% of ESI Population	6.4%	7.1%	7.8%	8.3%	8.8%
Per 1,000 Insured Months	64	71	78	83	88
Change from prior year	n/a	12.0%	9.2%	7.2%	5.4%

Adults by age	2008	2009	2010	2011	2012
26-44	4.1%	4.8%	5.3%	5.8%	6.1%
45-54	10.1%	11.4%	12.4%	13.5%	14.3%
55-64	18.5%	20.4%	21.8%	23.1%	24.0%

Source: HCCI, 2013

ESI = Employer Sponsored Health Insurance

The Population Value of Quality Indicator Reporting: A Framework for Prioritizing Health Care Performance Measures

David O. Meltzer, University of Chicago
Jeannette W. Chung, Northwestern University

Abstract

The Agency for Healthcare Research and Quality (AHRQ) National Healthcare Quality and Disparities Reports contain more than 250 quality indicators, such as whether a patient with a suspected heart attack received an aspirin. The Department of Health and Human Services National Quality Measures Clearinghouse identifies more than 2,100 such indicators. Because resources for making quality improvements are limited, there is a need to prioritize among these indicators. We propose an approach to assess how reporting specific quality indicators would change care to improve the length and quality of life of the US population. Using thirteen AHRQ quality indicators with readily available data on the benefits of indicator reporting, we found that seven of them account for 93 percent of total benefits, while the remaining six account for only 7 percent of total benefits. Use of a framework such as this could focus resources on indicators having the greatest expected impact on population health.

Exhibit 1
Expected Population Value Of Quality Indicator Reporting Calculations For Thirteen National Healthcare Quality Report (NHQR) Measures

NHQR measure	Denominator population	Population value of perfect implementation (PVPI)		Population value of current implementation (PVCI)		Population maximum value of quality improvement	
		QALYs	Percent of total QALYs	QALYs	Percent of total QALYs	QALYs	Percent of total QALYs
Percent of adults with diagnosed diabetes with most recent blood pressure $< 140/80$ mmHg	17,268,973	7,021,537	39	4,107,599	35	2,913,938	47
Percent of adults age 40+ with diagnosed diabetes with total cholesterol < 200 mg/dL	17,268,973	1,828,056	10	1,003,602	9	824,453	13
Percent of adults age 40+ with diagnosed diabetes with feet checked for sores in past year	17,268,973	2,326,165	13	1,644,599	14	681,566	11
Percent of adults with diabetes with HbA1c >9.5% (poor control); <7.0% (optimal); <9.0% (minimum acceptable)	17,268,973	1,474,394	8	805,019	7	669,375	11
Percent of people ages 15–44 who ever received an HIV test outside of blood donation	126,006,034	529,704	3	241,545	2	288,159	5
Percent of women (age 18+) who report they had a Pap smear in past 3 years	15,272,448	2,120,558	12	1,903,757	16	216,801	3
Percent of adults age 40+ with diabetes who received dilated eye exam in past year	17,268,973	414,132	2	247,237	2	166,895	3
Percent of adults age 50+ who ever received a colonoscopy, sigmoidoscopy, or proctoscopy	14,992,188	366,829	2	219,454	2	147,375	2
Percent of women (age 40+) who report they had a mammogram in past 2 years	60,428,554	1,167,474	7	1,046,640	9	120,833	2
Percent adults age 50+ who received a fecal occult blood test in past 2 years	6,895,908	253,938	1	152,497	1.3	101,441	2
Percent of individuals age 65+ who ever received a pneumococcal vaccination	38,869,716	161,291	0.9	92,420	0.8	68,871	1
Percent of AMI patients administered beta blockers prescribed at discharge	682,699	123,172	0.7	109,623	0.9	13,549	0.2
Percent of hospitalized CHF patients with LV systolic dysfunction prescribed ACE-I/ARB at discharge	295,101	64,976	0.4	55,359	0.5	9,616	0.2
Total value	—	17,852,226	100	11,629,351	100	6,222,872	100

Beacon study: HgbA1c Results By Care Model
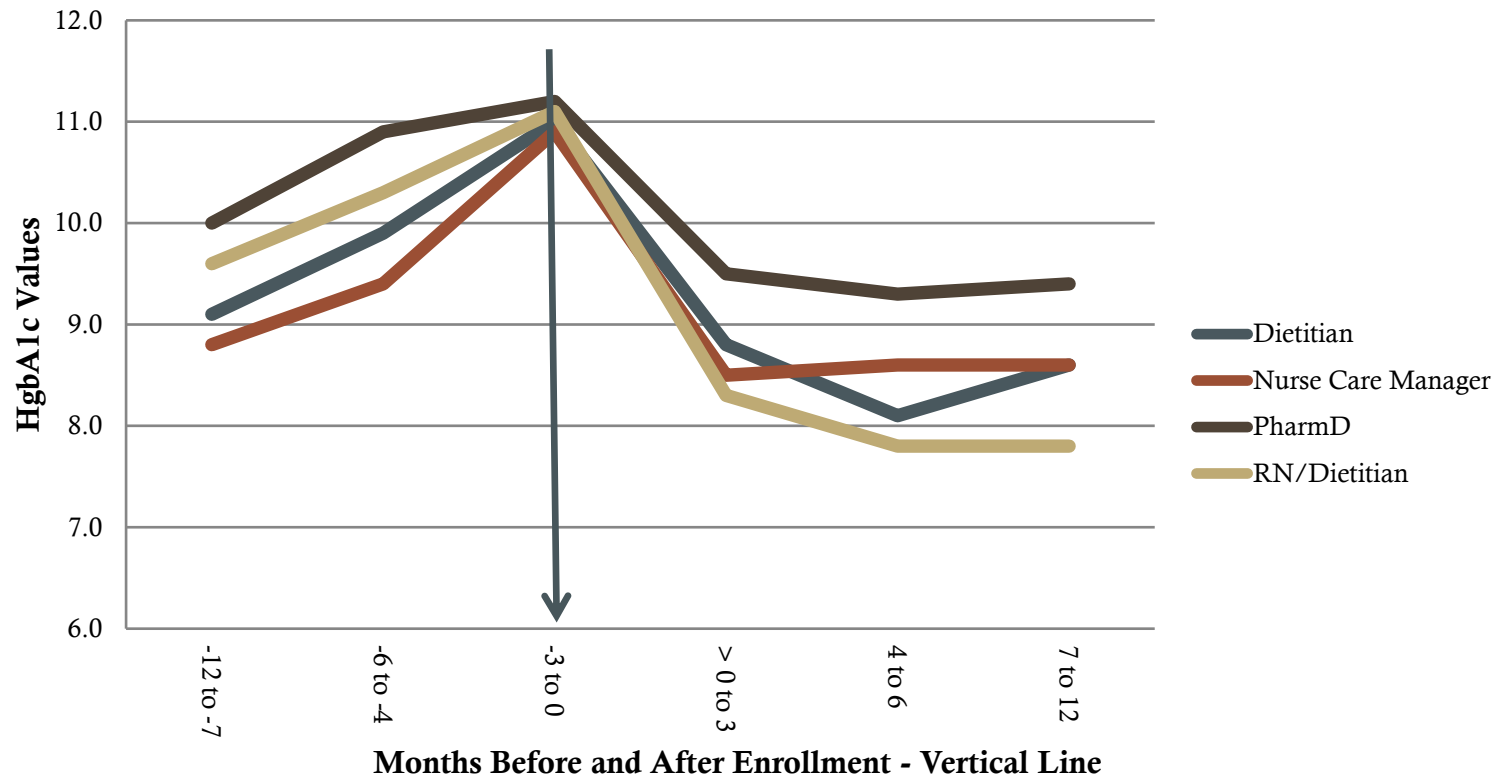
Most Conservative ROI Estimate to account for potential Regression to the Mean

Comparing HgbA1c at -12 to -7 months prior to enrollment
to +7 to +12 months post-enrollment

Table 7. ROI by Program. Comparison is -12 to -7 months.

Program	Patients	Months > 0 to 3	Months 4 to 6	Months 7 to 12	Months [1/] > 0 to 12
Dietitians	124	-2.5	2.5	6.1	1.4
Nurse Care Manager	191	-2.0	-3.8	-1.3	-1.3
Pharm D	237	2.1	1.8	7.0	2.1
RN/ Dietitian	161	2.8	4.7	2.6	3.0
Total	**713**	**2.0**	**2.8**	**5.2**	**2.5**

ROI expressed as number of times.

1/ Savings considering the last HbA1c assessment within 0 to 12 months.

Intervention Costs

Assumptions	
Patients attributed	80%
Commercial Rate of Diabetes	8%
Rate for attributed patients	10.0%
Patients with diabetes w/ HgbA1c>9%	15%
Willing to enter a diabetes program	50%
Total Patients engaged	0.75%
Cost/year for each patient	$500
Cost per attributed patient per year	$3.75
Cost per attributed patient per month	$0.31

Discussion

- Anthem's Enhanced Personal Health Care program (formerly PC2): estimated management capitation of $3.50 pm/pm, risk adjusted (i.e., higher for patients with diabetes)

- Other carriers also have primary care programs

- Proposition: it's worthwhile for <u>providers</u> to invest in this high cost population