

CMS Diabetes Strategy Development

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HEALTH

EQUITY

CONFERENCE



Agenda

- Impact of diabetes
- Strategic pillars
- Biggest opportunities
- Logic model
- Intervention examples
- Next steps and timeline

Impact of Diabetes: Prevalence and cost

Diabetes affects many individuals, negatively impacts health outcomes, and carries high costs. Effective behavior change can reduce the risk and complications of type 2 diabetes

While Many are At-Risk for Diabetes, Few are Aware

1 in 2 Adults over age 65 have prediabetes¹

however...



Only 1 in 7 adults aged 65 and older with prediabetes are aware of their condition¹

Diabetes is Highly Prevalent and Growing



One in four adults over age 65 have diabetes²

and...



Prevalence of diabetes is expected to double by 2050 among adults³

Diabetes Burdens the System with High Costs

2.3x Diabetes causes individuals to spend 2.3 times more on health care per year⁴



Adults with diabetes have twice the hospitalizations and ED visits, and take a larger number of prescription drugs²

Sources: 1) <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>; 2) <http://www.diabetes.org/diabetes-basics/statistics/>; 3) <https://www.cdc.gov/media/pressrel/2010/r101022.html>; 4) <http://www.diabetes.org/advocacy/news-events/cost-of-diabetes.html>.

Impact of Diabetes: Inequities

- 18 million enrollees report ever-diagnosis with diabetes in 2020¹
- Among enrollees, Hispanics (46%), Other/Mixed Race (44%), and Non-Hispanic Blacks (43%) report ever-diagnosis with diabetes more than Non-Hispanic Whites (27%)¹
- <5% of enrollees at risk for diabetes received diabetes prevention or screening^{2,3}
- 5% of Medicare enrollees with diabetes received DSMT,⁴ 36% met all goals for HbA1C, blood pressure, cholesterol, and non-smoking⁵

Source: (1) Medicare Current Beneficiary Survey (MCBS) 2020 Survey, (2) Center for Medicare Medicaid Innovation, CMS, Data and Reports website. <https://innovation.cms.gov/data-and-reports/2022/mdpp-2ndannualrpt>. Accessed January 28, 2023, (3) Office of Minority Health. CMS. Diabetes Disparities in Medicare Fee-For-Service Beneficiaries. Data Snapshot. Baltimore, MD. November 2021, (4) Strawbridge LM, Lloyd JT, Meadow A, Riley GF, Howell BL. Use of Medicare's diabetes self-management training benefit. Health Educ Behav. 2015;42(4):530-538, (5) CDC. National Diabetes Statistics Report Website. <https://www.cdc.gov/diabetes/data/statistics-report/preventing-complications.html>. Accessed 5/9/23



Strategic Pillars

Build upon the commitment of the Biden-Harris Administration at the White House Conference on Hunger, Nutrition, and Health to reduce diet-related diseases like diabetes, obesity, and hypertension by 2030

Reduce burden of illness from diabetes among all enrollees in CMS programs

Address continuum of care including prevention, screening, treatment, and reductions in complications

Advance health equity

Strategy starts with Medicare enrollees due to high prevalence and available levers, will then address Medicaid and Marketplace enrollees

Biggest Opportunities: Leverage current services

Services	Description	Impact
Diabetes Screening	Fasting Plasma Glucose, oral glucose tolerance tests for people with overweight or obesity	Dependency for all other services
Intensive Behavioral Therapy for Obesity (IBTO)	Counseling and behavioral therapy to promote sustained weight loss through diet and exercise; clinical practice locations and in-person only	Moderate weight reduction (USPSTF)
Medicare Diabetes Prevention Program (MDPP)	Structured intervention to prevent diabetes in people with overweight/obesity and prediabetes	70% reduction in diabetes among participants ages ≥ 60
Diabetes Self-Management Training (DSMT)	Training to cope with and manage diabetes—healthy eating, being active, monitoring blood glucose, taking medication(s), reducing risks	25% reduction in all-cause mortality among participants
Comprehensive Diabetes Care	Blood pressure and glucose control, foot and footwear exam; heart disease risk assessment and management; chronic kidney disease testing and management; annual eye exam	33%-90% reduction in complications, varying by service

Logic Model

Policy inputs can increase use of effective services to advance health equity and improve outcomes.

Policy Inputs:

- Coverage
- Out-of-pocket costs
- HRSN benefits
- Administration
- Marketing
- QIO/QIN Support
- Measures
- Rewards

Services Uptake:

- Diabetes screening
- Intensive Behavioral Therapy for Obesity
- Medicare Diabetes Prevention Program
- Diabetes Self-Management Training
- Comprehensive Diabetes Care

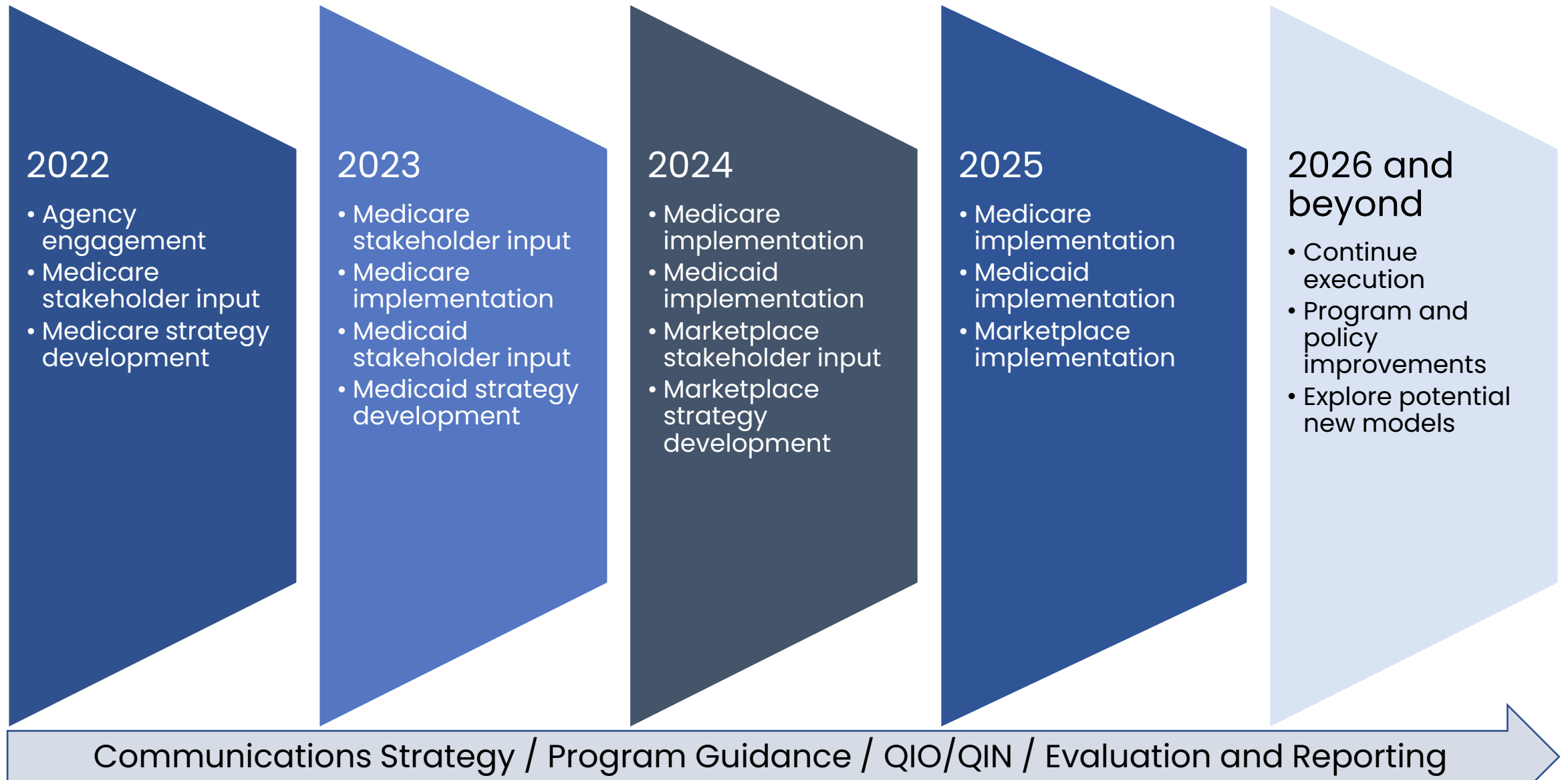
Outcomes:

- Hypertension
- Eye disease
- Chronic Kidney Disease
- Atherosclerotic Heart Disease
- Peripheral Artery Disease/Amputations
- Death
- Total Cost

Intervention Examples

1. Increase diabetes screening
2. Improve accessibility of Intensive Behavioral Treatment for Obesity (IBTO)
3. Potential enhancements to the Medicare Diabetes Prevention Program (MDPP)
4. Enable receipt of Diabetes Self-Management Training (DSMT)
5. Control out-of-pocket costs for diabetes-related medications
6. Expand community outreach to underserved people at risk for, and with, diabetes
7. Enhance support for health-related social needs
8. Enhance data collection, analysis and reporting on race, ethnicity, Health-Related Social Needs
9. Streamline access to Medicare Savings Program and Part D Low Income Subsidy
10. Measure, promote, and reward receipt of IBTO, diabetes screening, MDPP, DSMT, and comprehensive diabetes care in total and for underserved populations

Next Steps and Timeline





Closing remarks

Questions and comments?

Follow up?

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THANK YOU