

Improving Medicare Enrollee Utilization of Diabetes Prevention and Treatment Services

Tribal Leaders Diabetes Committee
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The Challenge: The Prevalence and Cost of Diabetes

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 year⁵

\$104B Annual Medicare cost of care for Americans 65+ with diabetes⁴



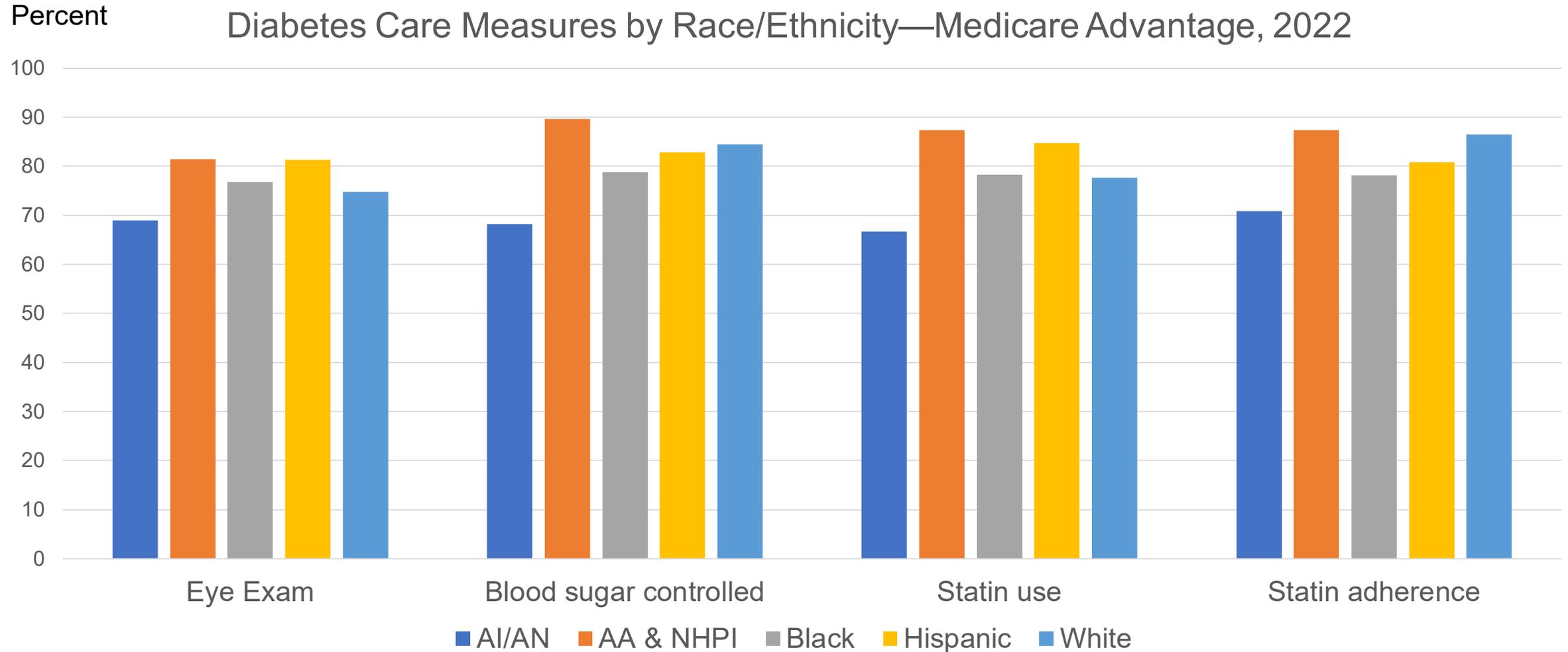
Adults with diabetes have twice the hospitalizations and ED visits, and take a larger number of prescription drugs²

Source: 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) James Boyle, et al., "Projection of the Year 2050 Burden of Diabetes in the US Adult Population: Dynamic Modeling of Incidence, Mortality, and Pre-Diabetes Prevalence," Population Health Metrics 8, no. 29 (2010): 1–12; 5) <http://www.diabetes.org/advocacy/news-events/cost-of-diabetes.html>.

Diabetes Prevention and Control Services Covered but Underutilized

- Prevention
 - Intensive Behavioral Therapy for Obesity (IBTO): <1% utilization
 - Diabetes Screening Tests: <4% utilization
 - Medicare Diabetes Prevention Program (MDPP): <1% utilization
- Treatment
 - Diabetes Self-Management Training (DSMT): 5% utilization
 - Comprehensive Diabetes Care: 36% met all goals for A1C, blood pressure, cholesterol, and non-smoking

Diabetes Care Measures Among AI/AN



Source: Disparities in Health Care in Medicare Advantage by Race, Ethnicity, and Sex. CMS Office Of Minority Health in Collaboration with The Rand Corporation. April 2023.

Prevention Example: Medicare Diabetes Prevention Program (MDPP) Expanded Model

- **Description of service:**

- MDPP is a 12-month health behavior change program for people with prediabetes
- Weekly group sessions for 6 months, followed by 6 monthly maintenance sessions
- Sessions focus on strategies, training and tips for changes in diet and exercise
- MDPP may be delivered by non-clinical providers (“coaches”) in non-clinical settings

- **Effectiveness:**

- Diabetes Prevention Program (DPP) test demonstrated 5% weight loss by 44% of participants attending at least 4 core sessions
- DPP prevented or delayed diabetes by 70% among people ages ≥ 60 with overweight or obesity

- **Utilization:**

- 26.4 million or 49% of Americans ages ≥ 65 have pre-diabetes
- <1% of eligible Medicare enrollees have received MDPP services since 4/1/2018

Prevention Example: MDPP (continued)

- Conditions of Coverage:
 - Hemoglobin A1c 5.7-6.4% (screening test not covered), FPG 110-125mg/dL, or OGTT 2-hour plasma glucose 140-199 mg/dL
 - BMI ≥ 25 or ≥ 23 with Asian ancestry
 - No history of type 1 or type 2 diabetes
 - No history of End-Stage Renal Disease (ESRD)
 - Never participated in MDPP
 - Coinsurance and deductible do not apply

Treatment Example: Comprehensive Diabetes Care

- **Description of Services:**
 - Annual primary care visit: assessing and managing blood glucose, blood pressure, feet, ankles, footwear, atherosclerotic heart disease, and chronic kidney disease
 - Annual eye examination
- **Effectiveness of care:**
 - Glucose control can reduce eye, kidney, and nerve complications 40%
 - Blood pressure, lipid management can reduce heart disease, stroke 20-50%
 - Eye exams and treatment can prevent up to 90% of diabetic blindness
 - Foot exams, patient education can prevent up to 85% of diabetic amputations
 - Certain blood pressure medicines can reduce kidney function decline 33-37%
- **Utilization:**
 - 36% of Americans aged 18 years and older with diabetes met all goals for A1C, blood pressure, cholesterol, and non-smoking

Treatment Example: Comprehensive Diabetes Care (continued)

- Conditions of Coverage

- Part B covers Initial Physician Physical Examination (IPPE) and Annual Wellness Visits (AWV) with primary care practitioner—including assessment and counseling for BMI, blood pressure, smoking, and atherosclerotic heart disease—with no cost-sharing
- Assessment of foot, footwear and ankle, dilated eye examination, and testing for hemoglobin A1C, lipids, and kidney function are not part of the IPPE or AWV and are covered subject to Part B deductibles and coinsurance
- Referrals to subspecialists for care of diabetes complications, as well as diabetes testing supplies are covered subject to Part B deductibles and coinsurance
- Part D covers diabetes-related medications; the Inflation Reduction Act limits enrollee cost sharing for insulin and total out-of-pocket medication expenses, limits price increases, and includes price negotiations

Medicare Programs Addressing Health-Related Social Needs (HRSN)

- Current programs addressing HRSNs include:
 - Dual eligibility for Medicare and Medicaid
 - Special Supplemental Benefits for the Chronically Ill (SSBCI) in Medicare Advantage Organizations (MAOs)
 - Advance Investment Payments available for two years to some new Medicare Shared Savings Program (MSSP) Accountable Care Organizations
 - Innovation Center Value-Based Insurance Design Model enables MAOs to offer broader HRSN benefits
 - Health Risk Assessment HRSN screening required of all Medicare Advantage (MA) Special Needs Plans
 - Voluntary HRSN screening measure offered for Medicare Quality Payment Program
- Current program limitations include:
 - No coverage for Community Health Worker services
 - Lack of data on prevalence of HRSN, receipt of HRSN benefits, race/ethnicity

Rewards/Incentives: Merit-Based Incentive Payment System (MIPS), MSSP, Stars, Beneficiary Rewards

- MIPS for Family Medicine includes 11 of 65 measures that are diabetes-related; each of six measures chosen can impact reimbursement +/-0.45%
- MSSP ACO quality scores include option of 6 or 13 measures, of which 2 or 3 measures, respectively, are diabetes-related
- MA plan Star ratings include 4 of 26 measures that are diabetes-related, impacting plan reimbursement and enrollment
- Part D Star ratings include 4 of 10 measures that are diabetes-related, impacting plan reimbursement and enrollment
- MA plans and MSSP ACOs can offer beneficiary rewards

Medicare Awareness and Education Programs

- Office of Communications awareness and education tactics include:
 - Stakeholder engagement—enrollees, practitioners, suppliers, health plans, states
 - Medicare Learning Network
 - Social media
 - Earned media
 - 1-800-MEDICARE
 - Medicare & You
 - Email – Medicare and Marketplace
 - Website content - Medicare.gov, Healthcare.gov, CMS.gov
- Quality Improvement Organization/Network Statements Of Work
- Regional Offices

Questions for you...

- What are the opportunities for improving receipt of effective diabetes prevention and treatment services among AI/AN Medicare enrollees?
- What are the barriers for improving receipt of effective diabetes prevention and treatment services among AI/AN Medicare enrollees?
- What additional considerations do you think are important to address diabetes equity, prevention and treatment among AI/AN Medicare enrollees?