

**NOT**  
**ME**<sup>SM</sup>

# Diabetes Prevention and Control Alliance

*presentation to*

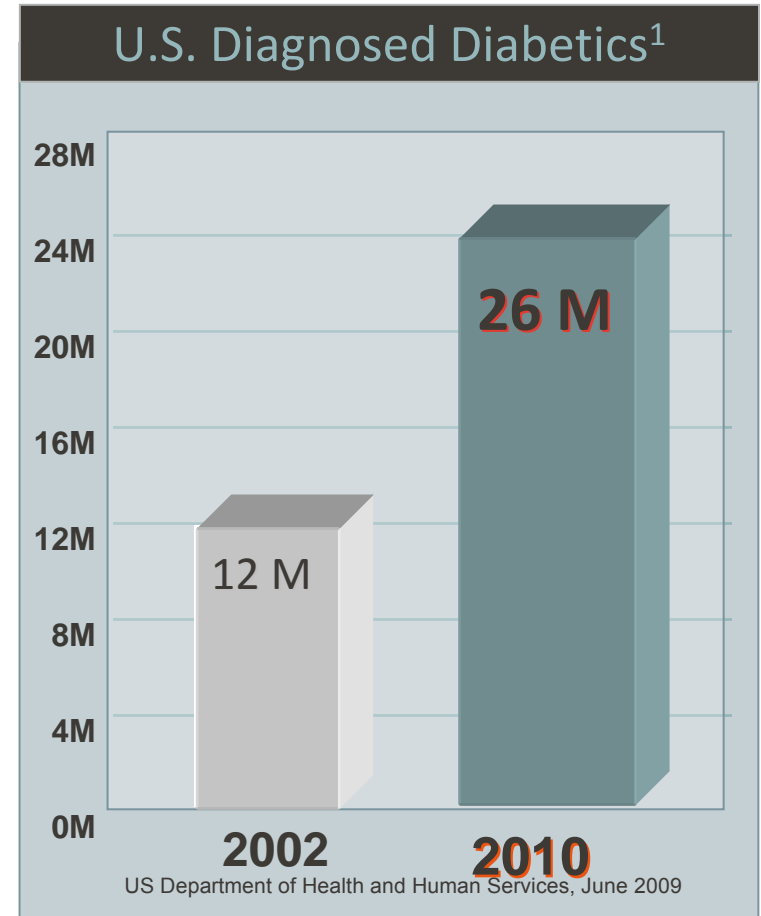


*September 28, 2011*

# The Toll of Diabetes

## A Correlating Prediabetic and Diabetic Trend

- The diagnosed diabetic population is growing on average by 1.5 million annually; **that number has doubled in 6 years<sup>1</sup>**
- **26 million** people (11.5% of U.S. adults) are **diabetic<sup>2</sup>**
  - **19 million** (73%) are **diagnosed**
  - **7 million** (27%) are **undiagnosed**
- **79 million** people, (35% of U.S. adults) are **prediabetic<sup>3</sup>**
- In the next 25 yrs, the prevalence is expected to **double again<sup>4</sup>**
- CDC estimates that for people born in the year 2000, **1 in 3 will develop diabetes**



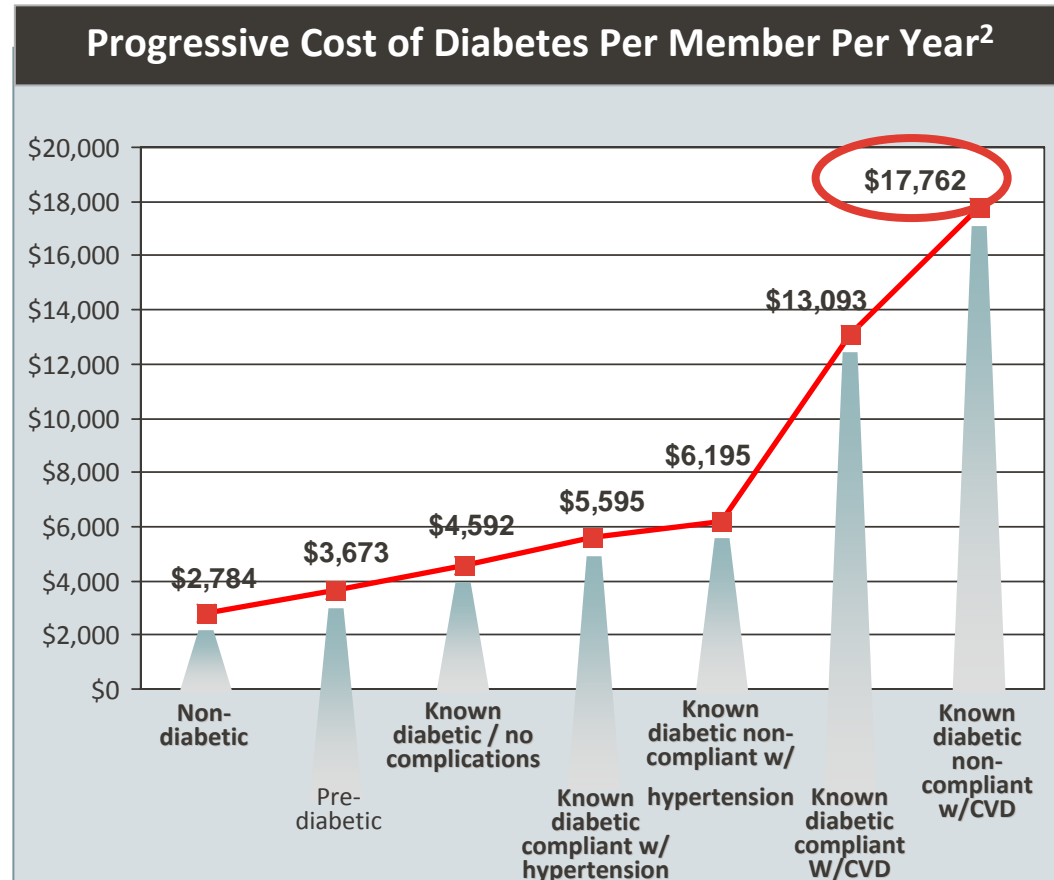
***Diabetics lose 10-15 years of life, on average***

# The Toll of Diabetes

## Treatment Costs Spiral Out of Control



- Treatment cost for a prediabetic or diabetic person is **significantly more expensive** than the cost to treat a non-diabetic
- Treatment **cost is directly related to the progression** in severity
- Compliance is key; a **non-compliant diabetic with complications may cost almost 9 times** more than a person without diabetes<sup>1</sup>
- 10 year NPV of avoiding diabetic conversion - \$55K



*Diabetes could bankrupt the healthcare system*

## The Onset of Type 2 Diabetes

- Follows natural progression with individuals first developing prediabetes (obesity and age)
- Type 1 is caused by acute health problems (B-cell destruction leading to insulin deficiency); Type 2 is a silent problem and may remain undetected for many years
- In our current system the average diabetic goes 4 to 7 years without diagnosis and over 90% of prediabetics and 27% of diabetics have no diagnosis
- Undiagnosed individuals are at high risk for heart disease, stroke, kidney damage, blindness and other complications

## Why the Current System Isn't Optimized

- The primary focus of the current medical system is medical management of the complications of diabetes.
- Because this disease has a distinct clinical progression, the late stage focus misses significant opportunities to both prevent the disease and its complications through well established guidelines.
- Effective early intervention in the disease life-cycle can have a material effect on costs and outcomes

# Diabetes Prevention and Control Alliance

A Unique Approach to Tell Diabetes: NOT ME



## *Mission*

Help members with prediabetes and diabetes live healthier lives via successful evidence-based programs that improve outcomes and reduce cost

## *Primary Goals*

- Reduce diabetes conversion among people with prediabetes
- Reduce heart attacks, strokes, kidney disease, amputations, and blindness among people with diabetes
- Support primary care physicians in comprehensive patient care programs

## *Innovative Partnerships*

- Partner with other local trusted health and wellbeing organizations in a non-traditional manner to broaden the care delivery opportunities to members at risk:
- Diabetes *Prevention* Program with health coaches to reach prediabetic members
- Diabetes *Control* Program with local pharmacists to reach diabetic members

## *Ground-Breaking Payment Model*

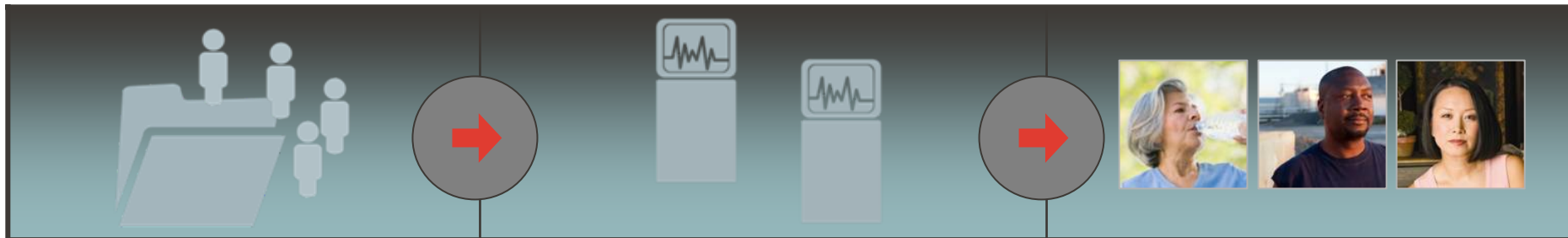
- Pure performance-based payment model; no administrative fees, PMPM charges
- No payment for failure; the more favorable participant results (enrollment, program completion and clinical outcomes) the greater the reimbursement
- Targeted member identification, engagement and participant outreach, call center support, member materials, and reporting solutions are all included

# Ingenix HealthImpact Process

It All Starts with Information



Ingenix “HealthImpact” uses the industry’s largest database of medical facts and demographics to identify diabetes risk



## Employer Claims File

## HealthImpact Service

## Employees at Risk for Diabetes & Prediabetes

Employer provides employee claims, HRA, screening and other pertinent information to DPCA

HealthImpact sifts through diagnoses, labs, and Rx, HRA, consumer data, screenings, etc. to identify employees who are at risk for becoming diabetic

Engage and screen those most at risk – employer choice in screening options and cut off on risk scores

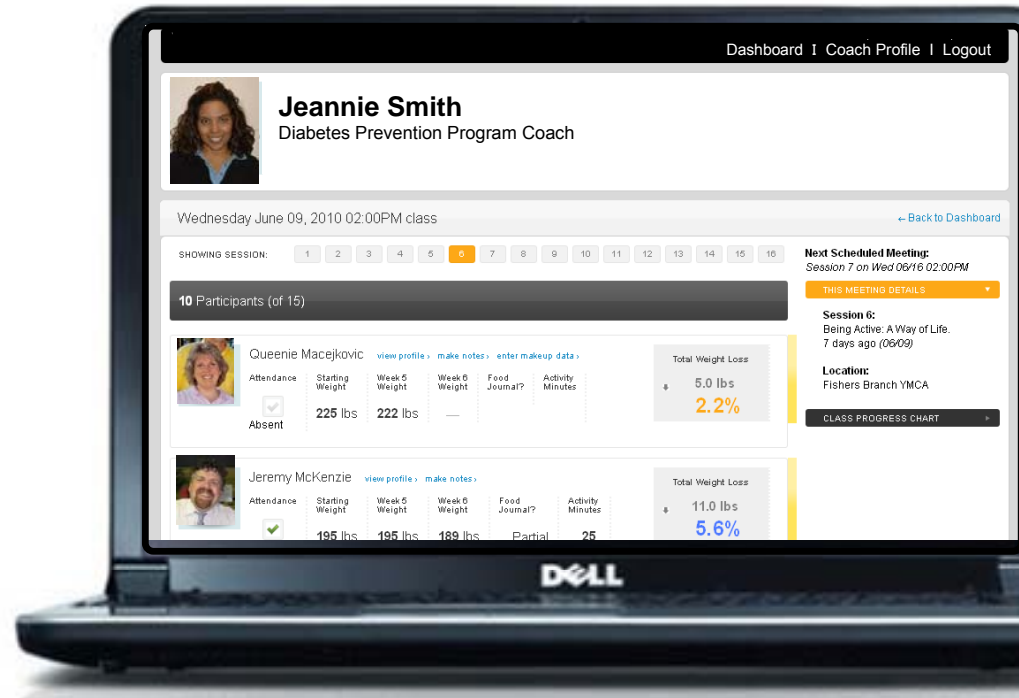
200 precursors, or “indicators,” were culled from a database of six million diabetics and their matched twins; the precursors appeared prior to diagnosis

The model determines which employees have the precursors most often associated with future risk of diabetes and assigns each person a risk score

Finding precursors prior to diagnosis, allows us to identify employees who have similar profiles to those eventually diagnosed as diabetic and help improve their clinical outcomes through DPCA

*A proprietary – and unique – model for diabetes identification*

- Proven wellness member tracking application
- Delivered via an integrated, user-friendly management system
- Captures all participant eligibility and encounter information
- Facilitates program administration and outreach
- Provides reporting on every program aspect and participant metric
- Serves as basis for health coach program compensation claims



### U.S. Prediabetes Overview & The Diabetes Prevention Program Challenge

<b>Prevalence:</b>	<b>79 million individuals / 1 in 4 adults</b>
<b>Definition:</b>	<b>Blood glucose levels are higher than normal, but not high enough to be irreversible</b>
<b>Major Culprit:</b>	<b>Obesity and Inactivity</b>
<b>Partner/Program:</b>	<b>Local Y coaches delivering a 16 session group lifestyle management and weight loss program</b>
<b>Program Goals:</b>	<b>Modify participant behavior, affect lifestyle change, help participants lose weight</b>
<b>Ideal Outcome:</b>	<b>Reduce diabetes conversion</b>
<b>Proven Outcomes:</b>	<b>Prediabetics who lose 5-7% of their weight may reduce conversion to full-blown diabetes by 58%. The reduction is 70% for people age 60+</b>

# Diabetes Prevention and Control Alliance

Diabetes *Prevention* Program (DPP)

for Members with Prediabetes

# DPP at a Glance: It's All about Engagement



1

## Participant Identification

We synthesize employer's medical claims, demographics and other indicators to identify individuals who match prediabetic profiles



2

## Participant Outreach

We schedule and host testing events to screen those at risk; contact eligible participants via multiple channels – telephonically, direct marketing, and e-campaigns.



3

## Participant Enrollment

Participants are enrolled in the 16 session lifestyle intervention program, which is delivered over 20 weeks



4

## Participant Engagement

The comprehensive, 16-session program, which covers weight loss, prediabetes reduction, healthy eating habits and risk-factor reduction



5

## Participant Maintenance

Participants have option for 12 months of "monthly maintenance" to sustain results

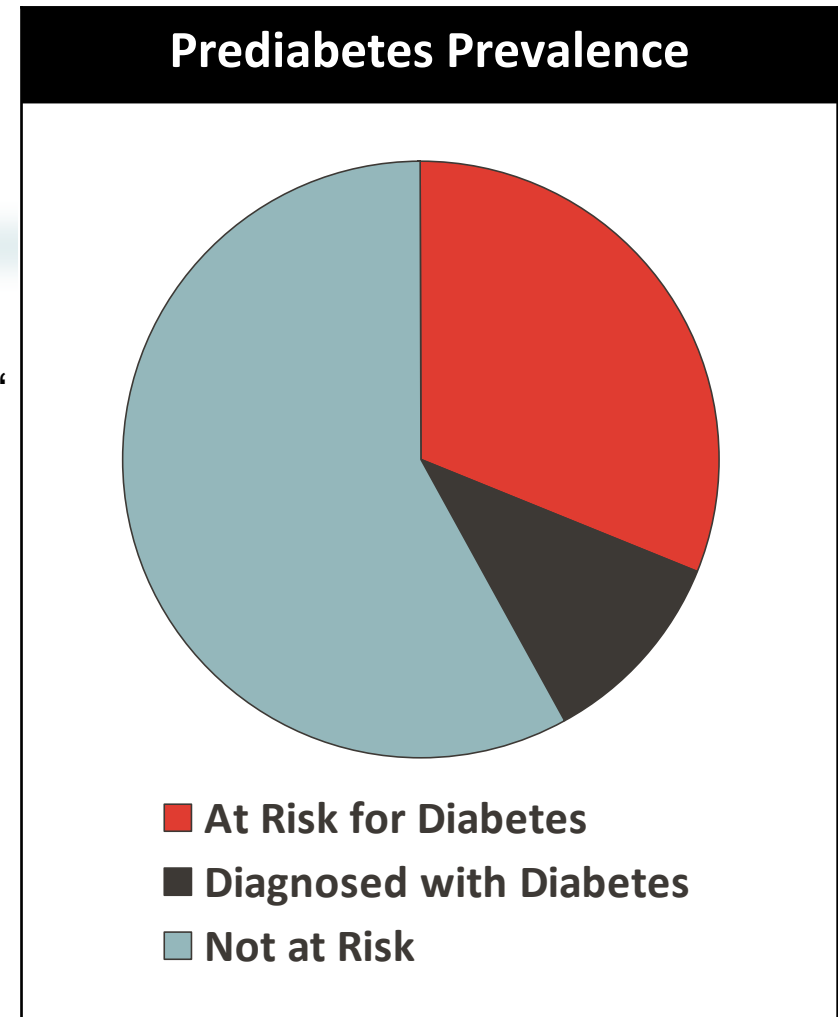


## OUTCOME:

### Better Clinical and Financial Results

- 5% weight loss reduces diabetes conversion rate by 58%
- Increased physical activity
- Healthier eating habits
- Improved nutrition

- Total risk-scored population: All members 18 years or older
- Total at risk for diabetes:
  - Includes those with a diagnosis that categorize them as "known prediabetic"
  - Include diagnosis codes for:
    - Elevated blood glucose
    - Metabolic syndrome
    - High risk includes elevated blood glucose, fasting blood glucose and/or impaired glucose tolerance



<b>COMPANY</b>				
<b>Illustrative Financial Statement - Diabetes Prevention Program</b>				
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Total</b>
<b>Program Projections Overall</b>				
<b>Total Number of Adults</b>	<b>20,567</b>	<b>NA</b>	<b>NA</b>	<b>20,567</b>
<b>Estimated Eligibles</b>	<b>4,113</b>	<b>NA</b>	<b>NA</b>	<b>4,113</b>
<b>Enrollment in YMCA Plan</b>	<b>852</b>	<b>682</b>	<b>545</b>	<b>852</b>
<b>Expected Savings</b>	<b>\$274,843</b>	<b>\$478,293</b>	<b>\$551,586</b>	<b>\$1,304,722</b>
<b>— Total Costs</b>	<b>\$434,094</b>	<b>\$0</b>	<b>\$0</b>	<b>\$434,094</b>
<b><i>Net Savings</i></b>	<b>-\$159,251</b>	<b>\$478,293</b>	<b>\$551,586</b>	<b>\$870,628</b>
<b>Program Projections Per Enrolled Member</b>				
<b>Total Savings</b>	<b>323</b>	<b>702</b>	<b>1,012</b>	<b>1,531</b>
<b>— Total Costs</b>	<b>510</b>	<b>0</b>	<b>0</b>	<b>510</b>
<b><i>Net Savings</i></b>	<b>-\$187</b>	<b>\$702</b>	<b>\$1,012</b>	<b>\$1,021</b>
<b>Cumulative ROI Ratio 3.0 : 1</b>				

<sup>1</sup> Estimated number of Adults located in DPCA rollout markets through 12 / 31 / 2013

<sup>2</sup> Estimated Eligibles for each program (% of Adults ~ 20.0% Prediabetics) Source: Center for Disease Control and Prevention

<sup>3</sup> Estimated Enrollment for each program (% of Eligibles ~ 20.7% Prediabetics) Source: DPCA Consumer Research: Intent to Enroll with conservative adjustment

# Market Rollout Schedule through 2013\*



DPCA ACTIVE MARKETS			
Albuquerque NM	DCP	Marshalltown IA	DPP
Atlanta GA	BOTH	New York City NY + surrounding boroughs + Northern NJ + Fairfield County CT	BOTH
Birmingham AL	DPP		
Bloomington IN	DPP	Mid-Atlantic market	DPP
Boise ID	DPP	Minneapolis & St Paul MN	BOTH
Buffalo NY	DPP	Natrona Heights PA	DPP
Cincinnati OH & No KY	BOTH	Northern NJ	BOTH
Columbus OH	BOTH	Oklahoma City OK	DCP
Dallas/Ft Worth/Arlington TX	BOTH	Phoenix AZ	BOTH
Dayton OH	DPP	Providence RI (entire state)	DPP
Eugene OR	DPP	Rochester NY	DPP
Fort Wayne IN	DPP	Savannah GA	DPP
Houston TX	BOTH	Seattle WA	DPP
Indianapolis IN	BOTH	Spokane WA	DPP
LaCrosse WI	DPP	Tucson AZ	BOTH
Lawrence MA	DPP	Venice FL	DPP
Lexington KY	DPP	Wilmington DE (entire state)	DPP
Louisville KY	DPP		

DPCA SCHEDULED MARKETS	
Elizabeth NJ ( <i>DPP only</i> )	Sep 2011
Annandale NJ ( <i>DPP only</i> )	Sep 2011
Jacksonville FL ( <i>add DCP</i> )	Oct 2011
Orlando FL ( <i>add DCP</i> )	Oct 2011
Tampa FL ( <i>add DCP</i> )	Oct 2011
Milwaukee WI	Oct 2011
St. Louis MO	Jan 2012
Las Vegas NV	Jan 2012
Long Island NY	Mar 2012
St. Petersburg FL	May 2012
Clearwater FL	May 2012

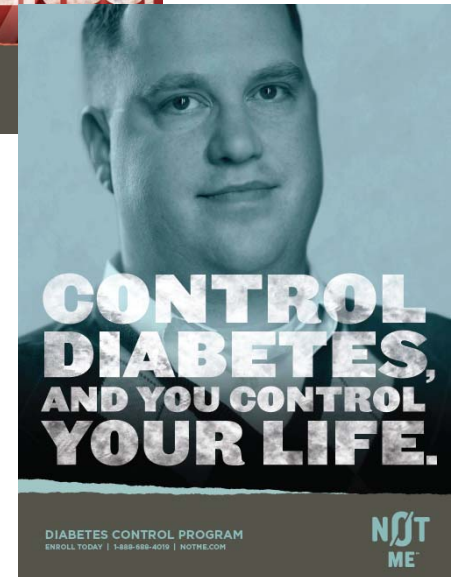
DPCA PENDING MARKETS	
San Antonio TX	TBD 2012
Austin TX	TBD 2012
Denver CO	TBD 2012-13
Philadelphia PA	TBD 2012-13
State of RI ( <i>add DCP</i> )	TBD 2013
San Diego CA	TBD 2013
Greensboro NC	TBD 2013
Orange/Ventura Counties CA	TBD 2013
New Orleans LA	TBD 2013
Chicago IL	TBD 2013
Cleveland OH	TBD 2013

\* Markets & timing subject to change

# DPCA Consumer Brand



- Bold and engaging with a strong call-to-action
- Creates mindset that transitions from “It **can’t** happen to me” to “I **won’t let it** happen to me”
- Relevant across full concern / hope / pride spectrum; meets people where they are



NOT  
ME™

Diabetes Prevention and  
Control Alliance

# Diabetes in the News

## UnitedHealth Group is There



UHG's Dr. Reed Tuckson, First Lady Michelle Obama Speak Out on Childhood Obesity at Washington, D.C.,



16 weeks later, diabetes class is leaner, more fit  
*Insurer, YMCA offer healthy-living tips*



The Odd Couple, Fighting Diabetes



Insurer's partner in diabetes fight: YMCA



Programs Help At-risk Patients Hold Off Diabetes



Diabetes prevention outside doctor's office



UnitedHealth teams with YMCA, Walgreens to fight diabetes



An ounce of prevention in battle against diabetes  
*UnitedHealth will begin paying for classes to educate those at risk for diabetes.*

**TELL DIABETES**

**NOT**

**ME™**