

national
changing diabetes[®]
program



charter and project overview

2008

The National *Changing Diabetes*[®] Program Charter and Project Overview

The Novo Nordisk Commitment to *Changing Diabetes*[®]

Novo Nordisk is a health care company with a unique vision – to defeat diabetes. Our company was started over 80 years ago with a passion for helping people with diabetes, their families and societies that are affected by this disease. Novo Nordisk is dedicated to changing how diabetes is treated, how it is viewed and how the disease evolves in the future. We work in partnership with other diabetes stakeholders to affect change at every level.

Our business model is one of a **triple bottom line** – we are equally committed to environmental, social and financial responsibility. It is under the heading of social responsibility that we have initiated an integrated effort to truly change diabetes. This multi-faceted effort we call our ***Changing Diabetes*[®] Leadership Initiative**.

The *Changing Diabetes*[®] Leadership Initiative is a framework for translating our bold ambition to defeat diabetes into action. Truly “*changing diabetes*[®]” requires moving our nation’s experience with diabetes from the current state (an escalating epidemic with poor outcomes for patients and society), towards a desired state. We characterize this desired state of diabetes as one in which there is:

- A cure for type 1 diabetes
- Much of type 2 diabetes is avoided through effective prevention
- All people with type 2 diabetes are diagnosed and in good glycemic control
- A drastic reduction in complications from diabetes
- A significant cost savings is realized for diabetes treatment and care

Changing Diabetes[®] is an expression of our aspiration and demonstrates how, through action and leadership, we are driving change through science and research; humanitarian outreach efforts; education and patient services, diabetes awareness and efforts to reform the health care system. To this end, Novo Nordisk has a number of corporate initiatives focused on *Changing Diabetes*[®]. These include:

- Research for a Cure
- Improving Awareness and Patient Engagement
- **Transforming the Health Care System**
- Implementing Prevention Programs
- Improving Quality/Value of Care
- Addressing Psychosocial Aspects of Diabetes
- Patient Education and Empowerment
- Addressing Diabetes Health Disparities
- Driving Best Government Policies
- Better Medical Education

- Addressing the Global Epidemic

The National *Changing Diabetes*[®] Program: Transforming the Health Care System

Diabetes, along with other chronic diseases, is cared for in a health care system designed for acute care, not for chronic care needs. Many good diabetes initiatives exist, yet they can only effect so much change because they try to improve outcomes within an imperfect system. To help transform the U.S. health care system to better meet the needs of people living with diabetes, Novo Nordisk created the National *Changing Diabetes*[®] Program (NCDP), a signature company initiative, focused on bringing about fundamental health care system change. NCDP embraces a broad definition of the health care system that stretches beyond the clinical setting to anywhere that health and healthy living plays a role – including communities, the workplace, government spending and policy and insurance providers.

The National *Changing Diabetes*[®] Program

1. NCDP Vision

The vision of the National *Changing Diabetes*[®] Program is *changing diabetes*[®] and improving the lives of people affected by this disease by creating change in the U.S. system of health care and moving it toward an ideal diabetes environment that fully supports all aspects of diabetes prevention, treatment and care.

As a part of the Novo Nordisk Triple Bottom Line philosophy, NCDP serves as a catalyst for changing the status quo regarding diabetes in our health care system; a convener of leaders in the diabetes community in support of *changing diabetes*[®]; and a facilitator of alignment on a variety of priorities for spending, policy and diabetes care outcomes across all stakeholders.

2. NCDP History

The National *Changing Diabetes*[®] Program in the U.S. evolved from a global Novo Nordisk initiative to address the diabetes epidemic in many countries by working in partnership with national health authorities to create a dialogue and then implement specific national diabetes plans. The goal of this global series of National Diabetes Programs is to promote collaboration between all parties in the health care system in order to elevate diabetes on national health agendas and improve the lives of people with diabetes.

NCDP in the U.S. was officially launched in November 2005 in partnership with leaders in the diabetes community, comprising many of the key associations of diabetes patients and care providers.

3. NCDP Member Associations and Partners

NCDP is a partnership, where Novo Nordisk plays a key catalyzing, convening and alignment role. Novo Nordisk encourages leading patient and medical associations who share the desire to improve diabetes outcomes to join as partners in the Program. The partners play an important role, helping to establish the strategic agenda for transforming the health care system, serving in advisory capacities on specific initiatives, providing support and counsel, and working in collaboration to disseminate information and achieve positive change.

Several of NCDP's partners are member associations representing patients, physicians and other health care providers. Inspired by their own vision and desire to change diabetes, the following member associations have joined the NCDP:

American Academy of Family Physicians (AAFP)
American Association of Clinical Endocrinologists (AACE)
American Association of Diabetes Educators (AADE)
American College of Physicians (ACP)
American Diabetes Association (ADA)
American Optometric Association (AOA)
Juvenile Diabetes Research Foundation (JDRF)

Transforming the health care system cannot be done by NCDP alone. NCDP will continue to seek and develop relationships with new organizations to advance our mission. NCDP is open to partnering with organizations that are committed to driving change in the health care system and to *changing diabetes*[®]. Partner participation in NCDP takes many forms, including providing strategic counsel on programs and initiatives and helping to promote our combined change efforts.

4. Understanding the Current Health Care Environment

To change how the U.S. health care system approaches diabetes, we need to first understand the current health care environment and the specific system challenges that exist for diabetes so that we can develop the most effective strategies to create lasting and positive change.

Today, spiraling health care costs impact everyone from payers to practitioners to patients.^{1,2,3} There is a wide range of patient knowledge and

¹ Heffler S, Smith S, Keehan S, Borger C, Clemens MK, and Truffer C. U.S. health spending projections for 2004-2014. *Health Affairs*. 2005; W5: 74-85.

² The USA Today/Kaiser Family Foundation/Harvard School of Public Health. Health Care Costs Survey. Available at: <http://www.kff.org/newsmedia/7371.cfm>. Accessed March 11, 2008.

engagement in self-care making coordinated patient care a logistical problem;⁴ the lack of interoperability of technology continues to present challenges;⁵ and rising obesity rates bring more health challenges and new costs.⁶ For diabetes, the environment is equally challenging.

More than 20 million Americans suffer from diabetes, and another 54 million Americans have pre-diabetes.⁷ Mortality from diabetes is on the rise while mortality from some other chronic diseases is falling.⁸ It is estimated that one in three boys and two in five girls born in 2000 will develop diabetes in his or her lifetime.⁹ Two-thirds of adults in the United States diagnosed with type 2 diabetes have a BMI of 27 kg/m² or greater.¹⁰ As obesity rates continue to increase, the number of individuals with type 2 diabetes will likely rise. Diabetes costs the nation \$174 billion annually in direct and indirect health care costs.¹¹

NCDP is strategically focusing its resources in four critical areas where system change is needed and will have a significant impact on diabetes:

- **Federal Policy Change.** Address federal health policies and spending priorities that provide insufficient funds for prevention and research, that often work at cross-purposes for decreasing the impact of diabetes, and that fail to recognize the cost-avoidance opportunities presented by effective diabetes interventions.
- **Unified Diabetes Benchmarks and Measures.** Stimulate the development of systems for the measurement of diabetes care outcomes and costs. Current outcomes data are fragmented, incomplete and cannot provide the accurate picture of diabetes in the U.S. that is necessary to target improvement efforts and track progress.
- **Reforming System Financing.** Address inappropriate systems of financing for health care and health education in the U.S. that discourage preventive care and self-care, and emphasize payment for

³ Stanton MW, Rutherford MK. The high concentration of U.S. health care expenditures. Rockville (MD): Agency for Healthcare Research and Quality; 2005. Research in Action Issue 19. AHRQ Pub. No. 06-0060.

⁴ Forkner-Dunn J. Internet-based patient self-care: the next generation of health care delivery. *J Med Internet Res.* 2003; 5(2): 1-5.

⁵ Craft RL. Toward technical interoperability in telemedicine. *Telemedicine J E-Health.* 2005; 11(3): 384-404.

⁶ Centers for Disease Control and Prevention. Overweight and Obesity. Available at: <http://www.cdc.gov/nccdphp/dnpa/obesity/index.htm>. Accessed March 12, 2008.

⁷ American Diabetes Association. Diabetes Statistics. Available at: <http://www.diabetes.org/diabetes-statistics.jsp>. Accessed February 19, 2008.

⁸ Narayan KMV, et al. Lifetime risks for Diabetes Mellitus in the United States. *JAMA.* 2003;290:1884-1890.

⁹ Ibid.

¹⁰ The Obesity Society. Obesity Statistics. 2008. Available at: http://www.naaso.org/statistics/obesity_trends.asp. Accessed February 19, 2008.

¹¹ American Diabetes Association. Diabetes Statistics. Available at: <http://www.diabetes.org/diabetes-statistics.jsp>. Accessed February 19, 2008.

- treatment of complications, thereby creating disincentives for prevention.
- **Raising Diabetes on the National Agenda.** Fill gaps in awareness and understanding about diabetes that prevent the elevation of diabetes on the nation's agenda by influencing public attitudes and policies while engaging policymakers, employers, health care professionals, individuals, the media and other stakeholders to take substantive and productive action.

5. Key Strategies

1. Federal Policy Change

Approach: Implement and execute policy and strategic recommendations based on analysis of the current level and allocation of federal spending on diabetes-related programs. Leverage research and advocacy to catalyze federal policy change that addresses deficiencies in federal budget scoring systems that fail to appropriately recognize the economic returns from prevention and other care improvement investments.

Projects:

- Federal Spending for Diabetes Study
- Federal Budget Scoring Project

2. Unified Diabetes Benchmarks and Measurement

Approach: Implement and execute comprehensive, authoritative national benchmarks and measurements based on analysis of current societal, economic and clinical measures of diabetes in the U.S. Leverage and disseminate research results to deepen understanding and create behavior change, drive policy change and catalyze momentum for further strategic system improvements.

Projects:

- Societal Barometer
- Economic Barometer
- Clinical Barometer

3. Reforming System Financing

Approach: Build a comprehensive knowledge base of current diabetes-related reimbursements to serve as a foundation for future strategic recommendations for improved reimbursement policies that ensure that good diabetes care is valued and rewarded.

Projects:

- Abt Reimbursement Study

4. Raising Diabetes on the National Agenda

Approach: Implement and execute strategic policy recommendations, programs and tools based on analysis of current gaps in understanding among people with, or at risk for, diabetes. Leverage and disseminate research findings in order to catalyze public demand for health care system changes that move toward an ideal diabetes environment in the U.S.

Projects:

- National Engagement Campaign
- Health Information Technology/WIRED*diabetes*

6. Projects

Federal Policy Change

Federal Spending On Diabetes Study

In 2007, NCDP commissioned the nationally respected health care policy research firm Mathematica Policy Research, Inc. to identify the range and kinds of federal programs, authority and funding that may influence the incidence, prevalence, treatment and progression of diabetes. In contrast to many prior efforts, this study went beyond the traditional public health and health program focus to consider the totality of federal government efforts that may have intended or unintended effects on risk factors for and the prevalence and complications of diabetes.

Key findings from the report indicate that there is a lack of effective, coordinated federal leadership and spending in diabetes prevention, detection and control. The federal government spends nearly \$80 billion annually to treat people with diabetes and care for its complications, accounting for 12 percent of total federal health care spending, while only about \$4 billion is spent on disease prevention and health promotion activities likely to affect diabetes. Despite programmatic efforts that span 18 out of 21 federal government agencies, there is a lack of alignment and coordination for federal diabetes efforts.¹²

In response to these conclusions, NCDP seeks to contribute to and act as a catalyst for effective and coordinated leadership and spending in diabetes prevention, detection and control at the federal level by leveraging partners and research to support policy and legislative change.

¹² Mathematica Policy Research, Inc. An Opportunity for Federal Leadership in Changing Diabetes: A Study of Federal Spending on Diabetes. June 2007. Available at http://www.ncdp.com/downloads/fedSpendRpt/FederalSpendingReport_6-6-07.pdf. Accessed March 11, 2008.

Stemming from the study results, NCDP and its partners have made a series of recommendations to Congress to improve federal leadership and alignment of diabetes resources:

- A National Diabetes Coordinator should be appointed to manage the alignment of federal diabetes programs.
- Diabetes should be raised on the national agenda through a Congressional resolution recognizing World Diabetes Day
- Congress should evaluate its federal scoring system to ensure that preventive health care measures are reflected as costs savings.
- As the nation's largest purchaser of health care, the federal government should create a model for health plan benefits that reflects attention to diabetes care and prevention.
- Members of Congress should provide information and resources about existing Medicare diabetes benefits to their constituents.
- Funding for prevention, early treatment and research should be at a level proportionate to the national burden of diabetes.

Acting on these recommendations, NCDP has made strides in improving federal leadership for diabetes and raising it on the national agenda. Since the Congressional Briefing in June when NCDP announced the results of the Federal Spending on Diabetes Study and the consensus recommendations, NCDP has met with key Congressional leaders, senior staff at the Department of Health and Human Services and the White House. In the months following the release of the recommendations, concurrent bills in the House and Senate have passed showing Congressional support for recognizing World Diabetes Day. Legislation to create the position of National Diabetes Coordinator is gaining support in the House. In addition, NCDP has initiated the federal scoring project and developed a communications plan to conduct outreach to 2008 presidential candidates.

2008 promises to bring exciting new developments in this area, including:

- Plans to introduce legislation in the Senate appointing a National Diabetes Coordinator.
- Mobilization of NCDP partners to support the implementation of this recommendation and disseminate the results to targeted audiences.
- A Congressional vote on the Coordinator legislation in both the House and the Senate.
- Ongoing dialogue with key agencies and the White House on this position.
- Ongoing collaboration with presidential candidates.

Federal Scoring Project

One of the recommendations stemming from the Federal Spending Study addresses the lack of consideration for return on investment when Congress scores legislation promoting proven preventive health measures. In response, NCDP will conduct new research that assesses the current federal

legislative scoring process and use findings to guide and support new approaches and the value of dynamic scoring. NCDP will present its findings for consideration among policymakers by engaging them in discussion about the need for new approaches to federal scoring that take prevention into consideration.

Preventive health care measures, while important to the proper care of diabetes and prevention of costly complications, are often difficult to measure in terms of return on investment. If disease prevention measures are not seen as valuable investments in the health of the nation, the availability of screening and preventive health care available in federally funded health care programs may be limited.

In furtherance of this goal, Members of Congress approached NCDP to discuss evaluating the Congressional Budget Office scoring practice on diabetes and researching possible alternatives. To identify a research partner for this undertaking, NCDP issued a Request for Proposal (RFP) and conducted a rigorous RFP process to award the contract. Research will begin in 2008 for a three-part report that will outline current scoring methods, missed opportunities and recommendations for new scoring methods. NCDP will coordinate with its partners to communicate the results to targeted audiences, including:

- Outreach to presidential candidates
- Leveraging findings to generate awareness and media
- Working with Congressional Diabetes Caucus leadership

Unified Diabetes Benchmarks and Measures

National Diabetes Barometer

Another key strategy NCDP has identified is the need for national benchmarking and ongoing measurement of factors affecting diabetes prevention and management. The National Diabetes Barometer is a multi-phase initiative designed to evaluate the current state of diabetes in the United States in three critical indicators: societal, economic and clinical. NCDP will assess and communicate the current state of diabetes with the engagement of stakeholders, NCDP partners and credible, independent researchers. The results will serve as a benchmark measure for NCDP and the larger diabetes community.

- *Societal Barometer*
The Societal Barometer is based on a national public opinion poll conducted by The Gallup Organization for NCDP. It measures public perceptions and attitudes surrounding diabetes in the United States. NCDP will implement a dissemination plan for the Societal Barometer findings in 2008.

- *Economic Barometer*
The Economic Barometer will explore how the cost burden of diabetes is distributed in the U.S. across health care providers, public and private insurers and individuals. The research will take two parts. The first part, conducted by the Lewin Group, will include three analyses:
 1. Cost of diagnosed diabetes
 2. Cost of undiagnosed diabetes
 3. Cost of pre-diabetes
 The second part of the research, conducted by Abt Associates, will survey health care providers to focus on gaps in diabetes-related reimbursements and identify areas for improved reimbursement policies.
- *Clinical Barometer*
The Clinical Barometer will assess current diabetes care measurement efforts in the U.S., identify any existing gaps in these efforts and recommend improvements. NCDP will disseminate the Clinical Barometer findings in 2008.

In 2009, NCDP will package the three individual barometers into a collected National Triple Barometer. When the results are compiled, NCDP will create a visual identity for the barometer series, and develop and execute a media strategy to communicate findings to targeted audiences. This strategy will increase Novo Nordisk and NCDP visibility to further align with corporate branding, and complement the Novo Nordisk corporate barometer.

Raising Diabetes on the National Agenda

National Engagement Campaign

Diabetes exacts an enormous – and growing – human and economic toll on the United States. While messaging initiated by the diabetes community has helped to successfully raise general awareness about the disease, there is a lack of knowledge among people with or at risk for diabetes and a general lack of urgency or a demand for action on diabetes. In response, NCDP is researching messages and audience segments for a national engagement campaign aimed at raising diabetes on the national agenda in order to make changing diabetes a national health priority. The campaign will be a multi-year effort, grounded in research and supported by partners.

Health Information Technology/WIREDDiabetes

WIREDDiabetes is an NCDP initiative that seeks to improve health outcomes in people with or at risk for diabetes by rewarding improvements in diabetes health literacy. The work group has developed an electronic program that will be presented in kiosks in H-E-B stores, the largest pharmacy chain in Texas. The program will be targeted specifically for diabetes with a few unique features including a rewards program for users. A pilot series of kiosks should be available in select H-E-B in 2008.

Conclusion

As NCDP further establishes its position as an important and credible player in and beyond the diabetes community, our efforts must find the right balance between generating interest and engagement, celebrating progress and building momentum that will propel us toward our vision. We will do this by:

1. Driving federal policy change, NCDP will encourage system change at the legislative level.
2. Creating unified benchmarks for societal, clinical and economic success, NCDP will provide the measurements for future progress.
3. Creating change in the financing system, NCDP will help ensure that good diabetes care is valued and rewarded.
4. Raising diabetes on the national agenda, NCDP will increase diabetes awareness, understanding and action.

Each of our key strategies and projects will help move us closer to an ideal diabetes environment that fully supports all aspects of diabetes prevention, treatment and care for diabetes. With that goal in sight, we are *changing diabetes*[®] in the United States.

