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Study of Federal Spending on Diabetes Shows Need for Prevention, Coordination

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Diabetes cost the government \$80 billion in the fiscal year 2005, and government programs like Medicare are missing huge opportunities to reduce the number of people afflicted by the disease, according to a study presented June 19 by a diabetes prevention advocacy group.

The study, *An Opportunity for Federal Leadership: A Study of Federal Spending on Diabetes*, conducted by Mathematica Research and released by the National Changing Diabetes Program (a service mark of Danish insulin manufacturer Novo Nordisk), said the amount of money spent by the federal government treating diabetes and ailments resulting from the disease could be mitigated by a larger focus on prevention, early detection, and early treatment, as well as better cooperation between federal programs.

The study found only three federal departments — Department of State, the Department of Energy, and the General Services Administration — did not spend any money on diabetes.

In FY 2005, one out of every \$8 the United States government spent on health care went toward diabetes-related treatment, researchers said, and it is primed to get worse: “without strong federal leadership, the human and economic costs of diabetes and its complications — at least some of which are avoidable or controllable — will continue to mount.”

Focus on Prevention

Thus, the Centers for Medicare & Medicaid Services and other agencies must change their priorities to put a stronger emphasis on early detection, treatment, and prevention, the study said. “The government should make appropriate screening and early detection of diabetes and its antecedent risk factors a priority in all federal programs, particularly Medicare and Medicaid.”

Researchers also found that programs already in place meant to promote these goals are underused. A new Medicare diabetes screening program that could increase the number of early detection, and a 10-year-old self management program that helps diabetes patients to better monitor their glucose levels are both meant to increase early prevention and early detection, according to the researchers.

But neither of them is being used to the extent researchers believe they should be used, the study said.

The study recommended CMS should boost efforts to promote use of screening and self-monitoring programs more widely and develop new programs with the same goals.

Coordinated Federal Efforts

The group recommended the HHS work closely and more efficiently with other federal agencies to determine the best way to fight diabetes, and that federal leaders create a “Changing Diabetes Coordinator” to oversee all federal spending on the disease.

“Coordinating America’s response to diabetes should be mandatory,” American Association of Diabetes Educators Chief Executive Office Lana Vukovljak said in response to the study. “Over the next 30 years, diabetes is expected to claim the lives of 62 million American. Surely this health crisis warrants the appointment of a manager charged with aligning budgets and programs for diabetes at the federal level.”

The national Changing Diabetes Program is a group devoted to encouraging early detection and prevention of diabetes.

This report is available online at <http://www.ncdp.com/projects/federalSpending.aspx>.