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**Coming Soon!
NCDP Best
Initiatives Site**

A Message from the Director Diabetes: The Healthcare System's Katrina

It is hard to believe that we will soon be acknowledging the one-year anniversary of Hurricane Katrina, when Americans watched the devastation unfold as the storm surge made landfall and the levees were breached. With each new tragic news report, public questions and anger grew over why more measures were not taken – in advance, throughout the crisis and afterward – to lessen the destruction in Hurricane Katrina's forecasted path.

Just as we watched Katrina's course and heard the projections of danger, America faces signs of another deadly storm—diabetes. Like seasoned meteorologists charting a hurricane, health experts have been tracking the evolving dimensions of diabetes for years. And like a hurricane preparing to make landfall, the diabetes epidemic has grown in strength and size.

The diabetes crisis differs from a hurricane in one important way. We have the power to change the course and magnitude of the diabetes storm in America.

Weaknesses in the Infrastructure

Preparation for a potential diabetes crisis is a matter of national preparedness—our health and wellness preparedness. As early as 1974, Congress foresaw that diabetes could be a major national health problem and passed the Diabetes Mellitus Research Education Act, which established the National Diabetes Commission and charged it with creating a long-term plan to combat the disease.

Now in the 21st century, as a society, we must develop defensive solutions to turn the tide against diabetes. We must recognize the limitations in a healthcare infrastructure poorly equipped to provide long-term care for the chronically ill. We see the impact in many different ways. For example, proper nutrition and portion control have not been priorities in this country and reversing the societal norms will be a daunting effort. We must recognize that behavior modification is hard, but it is not impossible. We must acknowledge that the pool of economic resources is not likely to expand, and we must therefore be creative with the resources we have. We must realize that patients are evolving into healthcare consumers who need and want to understand their options so we can respond on their terms with interventions that work best for them.

On the Radar

In 1975, The U.S. National Commission on Diabetes delivered its report, Long-Range Plan to Combat Diabetes, recommending the expansion and coordination of diabetes and related research programs, the creation of a diabetes research and training center program, the acceleration of efforts in diabetes health care, education and control programs, and the establishment of a National Diabetes Advisory Board.

More than 30 years after that warning, we are still not effectively combating diabetes. We knew it was coming; the projections had been made. Even the word 'combat' was used in 1975 to describe the implications, which were so clear even then.

Unfortunately, our situation today is far worse than any prediction made in 1975, another sign that we have failed to modify the infrastructure and build a response system to meet the growing dimensions of the diabetes crisis.

Despite committed efforts of many well-intentioned people, we still have a Category 3 dam with a Category 5 storm stirring—it's time for change.

The Path of Devastation

On a personal level, diabetes is devastating to hundreds of thousands of individuals and families in America. Diabetes results in more than 220,000 American deaths annually and impacts the quality of life of millions of others. Diabetes creates complications in the health and wellness of everyone who has it. What is more, many patients who have diabetes also suffer from complications of other chronic diseases, which put their health in an elevated state of risk and make the simplest everyday task that much more difficult. Better understanding and control of the disease are required for better living.

On a national level, diabetes is placing an unbearable burden on an already fragile and antiquated healthcare system. Most physicians do not have enough training or time to sufficiently counsel patients on maintaining control of their diabetes. Diabetes cost America \$132 billion in 2002, representing a substantial burden to the individuals with the disease, the federal and state governments, taxpayers, health plans and employers alike.

The Path Forward

Considering the loss of life that diabetes causes, coupled with its economic and societal consequences, it is essential that we develop a plan to address the crisis. The plan has to have solutions that will create a change in the status quo as well as have the sustainability for the long haul. There is an urgent need to change diabetes – on a personal, local and national level – to reverse the deadly course of this disease.

In designing a better approach to diabetes in America, there are two types of responses. First, there is the response that requires accepting the status quo and then incorporating small buffers to lessen the blow. These types of interventions normally yield short-term solutions with limited results. The second possible response illuminates entirely new realities, allowing us to shift our paradigm, revamp the systems holding us back and create long-term, sustainable solutions with results that are recognized universally.

The status quo is unsustainable and continues to yield underwhelming results. It is time to identify the systemic gaps and create actionable solutions. We must reinvent a healthcare system that can successfully combat diabetes. Admittedly, there are no silver bullets, quick fixes, or one-person solutions. We have to join together. We must draw on our collective intelligence and resources to set the course of minimizing, and eventually eliminating, the effects of this disease. We need a revolution in attitudes and reaction to diabetes care—the storm has hit, the time is now.

Dana Haza



Senior Director of the National *Changing Diabetes* Program

Chicago Action Committee Update

Taking Steps to Change Diabetes



Dr. Arcot Dwarakanathan
Action Committee Chair
Medical Director,
St. James Diabetes Center

The Chicago Action Committee is walking toward a victory in the effort to change diabetes locally. The group is hard at work on a program titled "Steps to Change Diabetes," which will be launched this fall.

The goal is to create and document the impact of a realistic lifestyle modification program for Type 2 diabetes patients, focused on sustainable, permanently adoptable changes supported by education, group meetings and coaching. We will be tracking measures including A1C, blood pressure and weight.

According to Action Committee Chair Arcot Dwarakanathan, MD, FACE, Medical Director of the St. James Diabetes Center, "I did not want this to be just a fly-by-night program. In order to achieve success, we must foster an on-going lifestyle change—adoptable for the entire population."

The group is therefore trying to mirror the Chicago demographic in recruiting patients for the program. Currently, four Chicago-area medical institutions are slated to participate, each recruiting patients who will be led by a physician and Certified Diabetes Educator (CDE) throughout the three-month program.

- **Upcoming Events:** Action Committee Planning Meeting: Thursday, August 24, 2006 at 6:00 pm
- **Contact:** If you are interested in participating or would like more information, please contact Karen Jordan at kjor@novonordisk.com

Atlanta Action Committee Update

Diabetes in Control: An Imperative for Employers as Well as Patients



Jonathan G. Marquess
Action Committee Co-Chair
President, The Institute for
Wellness and Education, Inc.

As part of the National *Changing Diabetes* Program's efforts to engage employers in controlling diabetes nationwide, I co-chaired employer workshops with The Institute for Wellness and Education, Inc., President Jonathan G. Marquess (PharmD., CDE, CDM) in Atlanta on July 24th and July 27th. Our goal was to help educate employers on the severity of the diabetes crisis and how it affects the quality of life and overall productivity of their employees.

We designed the meetings to help employers better understand how diabetes impacts the entire body plus the clinical and financial implications of diabetes when it is not well managed. Another goal of the program was to provide the employers with some additional "no cost" consulting resources so that they can determine the number of their employees living with diabetes that are covered for healthcare benefits and the total healthcare cost for that group. In addition to the costs of treating people with diabetes, the no cost consulting also is designed to help employers determine the health status of their employees with diabetes by asking their health plan or disease management plan to provide measurement on levels of A1C control. Currently, some cost data on treating diabetes is reported to the employers by the health plans/disease management vendors, but little or no data is reported on the extent to which the illness is being managed and controlled.

Paul Quigley, Manager of Health & Welfare Benefits for Unisource, Inc., said this was exactly the kind of information he needs to properly evaluate this complex disease and determine how well it is being managed by his

health plan/disease management vendor, Aetna. Once he has this information, he can formulate a plan to help better manage it. Peter Cullen, Vice President of Population Health for ProCare Rx remarked, "It was the best and most informative healthcare meeting I have ever attended!"

I am happy to report that based on the success of the first two meetings in Atlanta, additional meetings are planned for Savannah, Georgia in late August and Birmingham, Alabama in early October.

- **Jim Astuto**, *Consultant, Institute for Wellness and Education*

WIRED Work Group: Connecting People with Diabetes

In a 2005 survey conducted by the Markle Foundation, nearly 7 out of 10 consumers said they would use an ePHR (electronic personal health record). However, despite the substantial array of ePHR's available on the Internet, most Americans do not currently use these potentially valuable tools to help them manage their own or their families' health.

As stated by Stephen Downs, Deputy Director of the Robert Wood Johnson Foundation Health Group, "It's critical that people have access to their medical information, but they also need tools that help them manage and apply that information to improve their health and health care." In other words, to be truly useful, ePHR's should not act only as repositories for static information; they should be interactive and provide people with strategies and tools that will help them manage their overall health.

WIRED (Wellness, Information, Rewards, and ePHR's for people with Diabetes) is an initiative designed to fulfill this need. WIRED connects ePHR users who have diabetes to a personally relevant, best-in-class online resource they can use to improve their quality of life.

The goal of the WIRED workgroup is to help people with diabetes feel a greater sense of empowerment and accomplishment by providing them with a Web site that links their collected health information (imported from their online ePHR) to diabetes-specific tools, and gives them a chance to earn rewards for taking an active role in the management of their disease.

The WIRED web site will allow participants and their designated caregivers to: (1) track lab measurements, such as HbA1C and glucose level; (2) complete interactive assessments that test and challenge their level of knowledge about diabetes; and (3) earn immediate, tangible rewards from merchants participating in the program.

As part of the National *Changing Diabetes* Program, WIRED will also improve ePHR functionality and increase adoption among people with diabetes by providing users with practical tools and attainable rewards they will earn from becoming more proactive, better-informed health consumers.

If you are interested in participating in WIRED or would like more information, please contact Amy Sargent ams@novonordisk.com.

- **David Medvedeff**, *President, Informed Decisions*

Coming Soon! NCDP Best Initiatives Site: **An Interactive Community to Highlight Success in Diabetes Care**

We all know that there are a lot of great programs and efforts underway to improve the lives of people living with diabetes. As more and more people are diagnosed with diabetes in this country each year, it is more imperative than ever to share the most successful and innovative efforts in diabetes with the broader community. NCDP is therefore developing a portal that will house information on what is working across the country to improve lives of people with diabetes and to drive better outcomes.

We are excited by the potential power of this online community—after all, people with diabetes win when we celebrate success and advocate the widespread adoption and enhancement of what is really working.

- **Contact:** For more information or to share suggestions for programs or initiatives to highlight, please contact Karen Jordan at kjor@novonordisk.com

