



# Diabetes and Diabetes Prevention Services FY20 Implementation

December 18, 2018



# Agenda

- HB 203 Overview
- Current Diabetes and Pre-Diabetes Programs
- New Diabetes Program- Livongo
- Decision points/recommendations for January 14<sup>th</sup> SEBC meeting

# HB 203 Overview

Directs DMMA, DPH and DHR to submit by June 30, 2019 and every two years thereafter, a comprehensive joint diabetes report to the General Assembly that includes:

- Data reflecting the prevalence and burden;
- Activities related to programs and initiatives;
- An estimate of the financial impact;
- A description of the agencies' implemented programs and activities aimed at improving care and prevention;
- The number of persons served by existing initiatives;
- Current funding level for programs and activities; and
- Plan and recommendations to address prevention and control

# HB 203 Report Findings (FY18)

## Total GHIP Population

Top three clinical conditions in terms of cost:

1. Diabetes: \$64.9 million
2. Osteoarthritis: \$41.7 million
3. Hypertension: \$30.9 million

Prevalence of Diabetes (12,007 or 9.4% of members):

- Actives: 4,979 (5.2%)
- Early Retirees: 1,225 (11.2%)
- Medicare Retirees: 5,803 (22.9%)

Prevalence of Prediabetes (11,061 or 8.3% of members):

- Actives: 8,374 (8.7%)
- Early Retirees: 970 (8.9%)
- Medicare Retirees: 1,753 (6.9%)

# HB 203 Report Findings (FY18)

## Actives and Early Retirees\*

Top three comorbidities for both Actives and Early Retirees with diabetes:

1. Hypertension
2. Infections
3. Arthropathies/ Joint Disorders

Members with diabetes have higher rates of utilization than their respective cohort for admissions, avoidable admissions, readmissions, ER Visits, prescriptions, PCP visits, urgent care visits, outpatient lab and imaging visits, etc. As a direct result, members with diabetes have significantly higher medical and prescription costs.

This has implications for future communication and educational opportunities.

*\*For the majority of our report, Medicare Retirees are excluded due to incomplete medical and prescription costs captured through the available claims.*

# HB 203 Report Findings (FY18)

## Actives and Early Retirees\*

Risk scores for members with diabetes are **one to two times** of that in the overall population. This implies that members with diabetes are more likely to have high future costs and utilization.

The highest risk observed is among Participating Groups when compared to State Agencies and Educational Organizations; however, there is opportunity for further intervention among all groups.

	Members with a Diabetes Episode of Care	All Members **
Actives	385.4	156.0
Early Retirees	481.6	296.8
Actives & Early Retirees	403.4	169.1
State Agencies	393.8	168.9
Education	375.8	145.2
Participating Groups (includes UD)	527.5	209.4

*\*For the majority of our report, Medicare Retirees are excluded due to incomplete medical and prescription costs captured through the available claims.*

*\*\*All members in the respective cohort with and without a diabetes episode.*

# HB 203 Report Findings (FY18)

## Actives and Early Retirees\*

For members in the Active and Early Retiree population:

- Rates of prediabetes by age groups are generally higher among females, and more pronounced in the 18 and above population
- Rates of diabetes (any, primary or diabetes episode) by age groups are higher among males, generally, and more pronounced for the population 40 years and older
- Prediabetes rate is highest in Kent County
- Rates of diabetes (any, primary or diabetes episode) are highest in Sussex County
- Prediabetes rate is highest in the Aetna HMO Plan
- Rates of diabetes (any, primary or diabetes episode) are highest in the Highmark PPO Plan

*\*For the majority of our report, Medicare Retirees are excluded due to incomplete medical and prescription costs captured through the available claims.*

# HB 203 Report – DHR/SBO Logic Model (Plan and Recommendations)

Inputs →	Activities →	Outputs →	Results-Based Outcomes →			Impact		
			Short-Term (1-3 yrs.)	Intermediate (4-6 yrs.)	Long-Term (7-10 yrs.)			
<b>State Employee Benefits Committee (SEBC) and Sub-committees</b>  <b>Third-Party Administrators (TPAs) and sub-contractors</b>  <b>Programs and initiatives</b>  <b>Providers</b>  <b>Partnerships</b>	On-going data analysis/tracking of diabetes prevalence, cost and utilization	# of programs and tools offered	Raise awareness	Reduce risk through behavior change (i.e., exam and medication compliance) and modification of risk factors (i.e., weight, nutrition, physical activity, diabetes)	Reduce diabetes and associated co-morbidities in terms of overall cost and utilization	Improved health status		
	Continue to promote wise consumerism, wellness and condition management through targeted communications and events	# of members participating in and completing the prediabetes programs and diabetes management programs	Increase knowledge				Reduced prevalence of diabetes	
	Explore and implement ways to further promote quality and cost transparency tools	# of communications provided	Change attitudes					Reduced costs associated with managing diabetes
	Explore opportunities to expand access to primary care	# of website page views	Build skills					
	Explore ways to further reduce barriers to accessing care for diabetes	# of onsite and online trainings offered	Increase access					
	Continue to hold medical TPAs accountable for expanding their value-based contracts with providers							
	Explore additional vendor solutions							
	Leverage community-based programs and classes							



# Programs Currently In Place For Diabetes and Pre-Diabetes

- *Resources available to State of Delaware non-Medicare members who are enrolled in a Highmark Delaware health plan:*
  - Diabetes Prevention Program (DPP)
  - Customer Care Advocacy Team (CCMU)
  - Blues on Call (24/7 Nurse Line)
  - Highmark Delaware member website
  - Diabetic Education
  - Nutritional Counseling
  - Diabetic Program (as part of the Express Scripts Prescription Plan)
  - Diabetes Care Value Program (DCV) (as part of the Express Scripts Prescription Plan)
- *Resources available to State of Delaware non-Medicare members who are enrolled in the Aetna HMO health plan:*
  - Diabetes Prevention Program (DPP)
  - Carelink CareNow
  - Informed Health Line (24/7 Nurse Line):
  - Simple Steps To A Healthier Life
  - Aetna member website
  - Diabetes Education
  - Nutritional Counseling
  - Diabetic Program (as part of the Express Scripts Prescription Plan)
  - Diabetes Care Value Program (DCV) (as part of the Express Scripts Prescription Plan)
  - AbleTo, Inc

# Programs Currently In Place For Diabetes and Pre-Diabetes

- *Resources available to State of Delaware non-Medicare members who are enrolled in the Aetna CDH Gold health plan:*
  - Diabetes Prevention Program (DPP)
  - Aetna Health Connections Disease Management Program
  - Informed Health Line (24/7 Nurse Line)
  - Healthy Lifestyle Coaching Program
  - Simple Steps To A Healthier Life
  - Aetna member website
  - Diabetes Education
  - Nutritional Counseling
  - Diabetic Program (as part of the Express Scripts Prescription Plan)
  - Diabetes Care Value Program (DCV) (as part of the Express Scripts Prescription Plan)
  - AbleTo, Inc
- *Resources available to State of Delaware members who are enrolled in the EyeMed vision plan:*
  - Diabetic Eye Care Benefit

# Livongo Program Overview

- Remote monitoring program that includes Livongo meter, unlimited testing supplies and 24/7/365 personalized support and coaching
- Serves diabetic population- types 1 and 2
- Non-Medicare and Medicare members
- Eligible members identified through claims
- 60 day implementation period, assigned Livongo implementation lead, “recruit” potential members through claims, provide communications through mail and email
- Client reporting package includes executive summary, metrics, dashboards and various reports (member satisfaction, member engagement and clinical outcomes)

# Livongo Member Experience

- **NO out-of-pocket costs**
- Cellular meter connects directly to Livongo cloud
- **Real-time (within 3 minutes) outreach** driven by dangerous readings
- Coaching by Livongo Certified Diabetes Educators
- Outreaches provided by phone, text and email

# Diabetes Remote Monitoring with Livongo

Express Scripts and Livongo provide members with the tools and coaching they need to successfully manage diabetes.



## A Welcome Kit,

including Livongo's connected glucose meter, a lancing device, 300 test strips, 300 lancets, and a carrying case

## Unlimited test strips

and lancets shipped to each member's front door

## Coaching

by phone, by text message, and through the Livongo CDEs and Express Scripts

## Online access

to blood glucose readings, along with graphs and insights



# Livongo Costs/Savings- Commercial Population

	Client Data	Explanation of Calculation
Total Membership		
Members with Diabetes	6,415	Identified through claims
Estimated Enrollment	1,925	Assumes 30% of diabetes members enroll
Potential Annual Savings	\$453,931	Gross annual savings adjusted for net annual cost of program

PPPM Cost	\$67
PPPM Savings	\$80
Net PPPM ROI	\$13

# Livongo Costs/Savings- EGWP Population

	Client Data	Explanation of Calculation
Total Membership		
Members with Diabetes	5,693	Identified through claims
Estimated Enrollment	1,708	Assumes 30% of diabetes members enroll
Potential Annual Savings	\$266,432	Gross annual savings adjusted for net annual cost of program

PPPM Cost	\$67
PPPM Savings	\$80
Net PPPM ROI	\$13

# Decision Points

- Does the subcommittee recommend the SEBC implement Livongo for the FY20 plan year?
- Does the subcommittee recommend Livongo:
  - For the active and non-Medicare population?
  - For the Medicare population?



# Decision Points

- What site of care copay changes does the subcommittee recommend the SEBC consider implementing for the FY20 plan year?
- Does the subcommittee recommend the SEBC consider the Highmark Infusion Therapy for Highmark members for the FY20 plan year?

# Potential Recommendations & Cost Avoidance Ranges for FY20

Recommendation	Projected Savings
Implement Livongo through Highmark and Aetna	\$720.0
Telemedicine Copay Changes	\$0
Lab Copay Changes	\$1.6m-\$2.6m
Basic and High Tech Imaging Copay Changes	\$0.8m-\$1.7m
Implement Infusion Therapy for Highmark members	\$2.0m

# Questions & Discussion



# Appendix

# HB203 Timeline

- November 15, 2018: Draft reports submitted to consultant
- January, February, March 2019: Circulate draft compiled report between DMMA, DPH and DHR for review
- April 1, 2019: Consultant will submit complete draft of report to DMMA, DPH and DHR for review
- April 15, 2019: DMMA, DPH and DHR will submit any requested changes or additions to the report
- April 22, 2019 - June 7, 2019: Follow-up review of draft report by DMMA, DPH and DHR
- June 30, 2019: Final report due to General Assembly

# HB203 Report Findings (FY18)

## Actives and Early Retirees\*

Diabetes Prevention Program (DPP) enrollment during FY18 was relatively minimal with respect to the number of members who may have prediabetes or may be at risk for prediabetes. The table below reports the total number of participants by program for FY18. Due to low enrollment, no further information on these participants is presented.

Program	Participants
RETROFIT (Highmark Only)	19
YMCA (Highmark and Aetna)	38

*\*For the majority of our report, Medicare Retirees are excluded due to incomplete medical and prescription costs captured through the available claims.*

# HB203 Report Findings (FY18)

## Actives and Early Retirees\*

Baseline Disease Management Snapshot of Identified Engaged Members with Diabetes:

- 1,128 Highmark members
- 98 Aetna HMO members
- 6 Aetna CDH Gold Member (excluded from report due to low enrollment)

On all utilization metrics, except preventive visits, the rates of utilization per 1,000 members for those engaged in a diabetes management program were higher than those with diabetes not engaged in a diabetes management program.

On almost all cost metrics, engaged members incurred more cost per patient than non-engaged members.

Members participating in Highmark's CCMU had a higher average risk score (1019) compared to members participating in Carelink CareNow (555); however, non-participating members with diabetes in both Highmark's plans and Aetna's HMO plan had relatively high risk scores suggesting additional opportunity for outreach and engagement.

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# Thank You



Phone: 1-800-489-8933

Email: [benefits@state.de.us](mailto:benefits@state.de.us)

Website: [de.gov/statewidebenefits](http://de.gov/statewidebenefits)