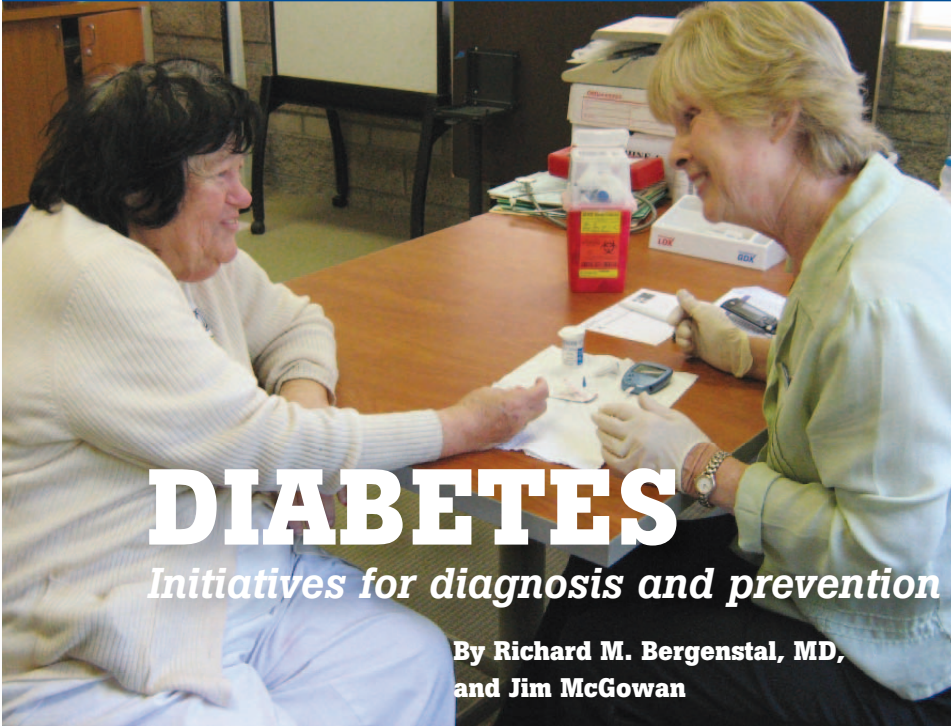


# MINNESOTA Health Care News

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## DIABETES

*Initiatives for diagnosis and prevention*

By Richard M. Bergenstal, MD,  
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Our society is in the midst of an epidemic. Those words are alarming, yet the fact is that diabetes has become so common that nearly everyone knows someone with the disease. Unchecked, this epidemic will worsen, taking a terrible toll not only on our health, but also on our economic well-being. Fortunately, there are two recent initiatives that offer promising opportunities to prevent or minimize the consequences of diabetes: the Medicare Diabetes Screening Project and the Diabetes Prevention Act.

### Medicare Diabetes Screening Project

At the June 2003 annual scientific meeting of the American Diabetes Association, researchers from the Centers for Disease Control and Prevention presented data that predicted one of every three children born in the United States in the year 2000 would develop diabetes sometime in his or her lifetime.

That sad statistic is already a reality for our senior population. According to a study in the February 2009 issue of *Diabetes Care*, 32 percent of adults age 65 and older already have diabetes—right here, right now. What's more, almost half (46 percent) of these seniors with diabetes don't know they have it—they have not been diagnosed. Another 40 percent of adults 65 and older have pre-diabetes, putting them at very high risk of developing diabetes

and heart disease. The vast majority of older adults with pre-diabetes are unaware of their status.

Of the 625,000 Minnesotans who are 65 and older, 380,000 have either diabetes or pre-diabetes: That is 61 percent of our seniors. Even more alarming is the fact that 284,000 of them are undiagnosed.

There is something that can be done to increase diabetes screening and detection among this population. Medicare has offered benefits for diabetes screening since 2005, but these benefits have been drastically under-used—to the point that less than 10 percent of Medicare beneficiaries were screened for diabetes in 2006, according to the most recent data available from the Centers for Medicare & Medicaid Services.

To raise awareness of this important benefit, the Medicare Diabetes Screening Project has been created to spread the news, to seniors and their providers, that seniors are eligible for a free screening by Medicare. Co-chaired nationally by the American Diabetes Association, the Healthcare Leadership Council (a coalition of chief executives from all disciplines within American health care), and Novo Nordisk health care company, this initiative represents a good opportunity not only to find people with diabetes who have not been diagnosed, but also to help assure that they get appropriate care.

Once an individual and his or her medical team are aware of the diagnosis of pre-diabetes, they can implement strategies to prevent progression from pre-diabetes to diabetes. If diabetes is diagnosed during the screening process, medical evidence shows that

early medical attention is vital to preventing complications and maintaining a good quality of life.

Briefly, here is what Medicare allows: Patients 65 or older who have any of the following—family history of diabetes, high blood pressure, high cholesterol, overweight, diabetes during pregnancy (women)—are eligible for a free—no copay, no deductible—annual screening. If they learn they have pre-diabetes, they are eligible for a second test in six months.

For individuals who are diagnosed with diabetes, the Medicare benefit provides for:

- Diabetes equipment and supplies
- Diabetes self-management training
- Medical nutrition therapy
- A1C tests to check blood glucose control
- Dilated eye exam to check for diabetic eye disease and glaucoma screenings
- Foot care and exams to determine if there is nerve damage to the feet due to diabetes

People who are 65 and older and covered by Medicare need to ask their health care provider to check them for diabetes. Then they need to take appropriate actions based on what they learn from the screening test.

Ask your doctor to check you for diabetes. It's pretty simple to say, isn't it? But we all know it's harder to do. There are many reasons older adults might not ask to get screened for diabetes. For example:

- They might not think about it when they visit their health care provider for a check-up, or when they are in the office for some other reason.
- They might not have any symptoms of diabetes, so they don't give their doctors any hints of anything diabetes-related.
- Or, unfortunately, they may not feel confident enough to bring up the topic with their doctors. After all,



#### **For more information**

Medicare Diabetes Screening Project

- To learn more about the program: [www.screenfordiabetes.org](http://www.screenfordiabetes.org)
- For speakers, patient materials, and Medicare diabetes screening reimbursement information: e-mail Jim McGowan at [jim@mcgowan.mn](mailto:jim@mcgowan.mn)

#### **Diabetes Prevention Act**

- To learn more about the bill: [http://franken.senate.gov/press/?page=release&release\\_item=Sen\\_Franken\\_Sen\\_Lugar\\_Introduce\\_Diabetes\\_Prevention\\_Act\\_of\\_2009](http://franken.senate.gov/press/?page=release&release_item=Sen_Franken_Sen_Lugar_Introduce_Diabetes_Prevention_Act_of_2009)

#### **American Diabetes Association**

- For more information on diabetes and prevention: [www.diabetes.org](http://www.diabetes.org)

“If screening for diabetes were so important, my doctor would do it without me asking—right?” Well, perhaps not, as the statistics cited above show us.

If you have any of the risk factors mentioned above, be sure to ask your doctor to screen you for diabetes. If you have senior relatives or friends who may be at risk, urge them to use this benefit. Remember, if you are on Medicare, it is free, each year, with no copay and no deductible.

#### **Diabetes Prevention Act**

While Medicare coverage for diabetes is quite good, there is concern over the lack of reimbursement for care related to pre-diabetes and diabetes prevention. To help meet this need, the new U.S. health reform law contains a significant piece of legislation, the Diabetes Prevention Act. This bipartisan bill, sponsored by Sens. Al Franken, D-Minn., and Richard Lugar, R-Ind., was patterned after recommendations from a landmark study known as the Diabetes Prevention Program

(DPP). It funds the national expansion of community-based diabetes prevention (CDP) model sites working with the health care delivery system to identify, refer, and provide individuals at high risk for diabetes with cost-effective, group-based lifestyle intervention programs. Results of the study, which were reported in 2002, showed an overall reduction of 58 percent in the progression to type 2 diabetes and, for those over 60, 71 percent—yet another reason for seniors to get screened. A supportive team encouraging moderate weight loss (5 percent to 7 percent of total body weight, which is often 10–14 pounds)

and regular activity (30 minutes of walking, five days a week) achieved these amazing results as part of a 16-session structured curriculum.

Community-based pilot programs, including one in Minnesota (with training facilitated by the Minnesota Department of Health), have shown that they can deliver the DPP curriculum and achieve comparable results for less than \$300 per participant.

It is important to remember that you do not have to achieve a perfect body weight or train for a marathon to prevent or delay diabetes. Again, the results of the DPP were achieved through moderate changes in diet and exercise equivalent to walking 30 minutes a day, five days a week.

The Medicare Diabetes Screening Project and the Diabetes Prevention Act are great examples of reasonable steps we can take to slow and, we hope, stop the diabetes epidemic. ■

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**A National Drive to  
Find the Undiagnosed**

**MedicareDiabetes**  
**Screening Project**