

Employers and workers can join forces to keep diabetes under control

Disease-specific employee-based health plan helps people manage their treatment better

People with diabetes who enroll in a health plan tailored to their medical condition are more likely to stick to their medication and actively take charge of their own health care. These are among the findings¹ of a study into the effectiveness of the Diabetes Health Plan, the first disease-specific health plan in the United States for patients with diabetes and pre-diabetes.

The health plan also helps reduce medication costs and ultimately may provide value for money to employers who provide this option to their employees, writes lead author O. Kenrik Duru of the University of California, Los Angeles, in the *Journal of General Internal Medicine*², published by Springer.

People who regularly take their diabetes-related medications are less likely to be hospitalized or need emergency treatment. Their good habits also reduce their costs of care in the long run. Given these issues, employers have a strong interest in trying alternative approaches to providing better medical care for their employees with diabetes.

One such option is the Diabetes Health Plan that has been available to many public and private employers since 2009. It stipulates that enrollees be actively involved in their own health care. Its benefits package includes features such as reduced cost-sharing for medications and office visits, and free or low-cost resources to manage the disease. The plan was designed to provide an estimated annual out-of-pocket savings of between 150 and 500 dollars per participant.

Duru's team wanted to ascertain whether the Diabetes Health Plan provides value for money to ten employers who purchased this health care option for their employees. In one of the tests, they analyzed how diligently participants, over the course of 12 months, took three types of drugs discounted by the plan, and two that are not.

These results were weighed against those of 190 employers who did not offer the plan to their workers. It was found that the Diabetes Health Plan ensures a modest improvement of almost five percent in patients' medication adherence for at least the first year, for only the medications discounted by the plan. According to Duru, this can be translated to about a one percent reduction in health care spending and 0.6 percent fewer visits to hospitals and emergency treatment centers.

"Linking the incentive of decreased cost-sharing to a requirement that those who enroll demonstrate engagement in their own health care is an intriguing option for employers and health plans to consider," concludes Duru. "The ultimate benefit of the Diabetes Health Plan will depend greatly on the baseline health status of the employees with diabetes, and how they use health care."

References:

1. Duru, O.K. *et al* (2015). Adherence to Metformin, Statins, and ACE/ARBs Within the Diabetes Health Plan (DHP). *Journal of General Internal Medicine*. DOI 10.1007/s11606-015-3284-8
2. The *Journal of General Internal Medicine* is the official journal of the Society for General Internal Medicine.

The full-text article is available to journalists on request.

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<http://www.springer.com/journal/11606>

Journal of General Internal Medicine
Editor-in-Chief: Kravitz, R.; Feldman, M.
ISSN: 0884-8734 (print version)
ISSN: 1525-1497 (electronic version)
Journal no. 11606