“Set For Success”
A Multifaceted Approach to Managing Diabetes in the Workplace

Presented by:
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Dallas-Fort Worth Business Group on Health

DFW Business Group on Health

- Coalition of 115 employers (50 Corporate & 65 Allied)
- Represents 327,000 DFW-based employees
- Members spend $2.6 billion/year on employee health care in DFW area
- Mission:
  - Promote health care quality and cost effectiveness
  - Empower employers to make informed health care purchase decisions
Managing chronic conditions is becoming the “new frontier” for employers seeking to control health care costs and improve employee productivity.
Sobering Statistics about Diabetes

- 5th leading cause of death in U.S.
- Approximately 2,700 Americans are diagnosed with diabetes each day
- Leading cause of adult blindness, end-stage kidney disease and lower extremity amputations
- 60%-70% of people with diabetes have mild to severe forms of nervous system damage
- $1 of every $10 of health care spending is spent on diabetes

Source: American Diabetes Association

Burden on Employers

Estimated Cost: $132 billion per year
- Direct costs: $92.2 billion
  (Hospital, physician, Rx, diabetic supplies, etc.)
- Indirect costs: $39.8 billion
  (Lost work days, restricted activity, permanent disability, mortality)

Lost Work Days:
- Diabetics: 8.3 days
- Non-diabetics: 1.7 days
How/why a diabetes worksite management program is a solution

Captured audience for more than ½ of waking hours

S-E-T for Success

Project Goals

1. Develop a multi-faceted worksite diabetes education and management program model

2. Test and refine what works best:
   - Program components
   - Implementation process
   - Participation
   - Measures of success

Project underwritten by GlaxoSmithKline with in-kind support from Bayer Corp. and Roche Diagnostics
Project Phases

1. Employer Selection and Education
2. Employer Resource Audit
3. Participant Selection
4. Worksite Education and Interventions
5. Program Evaluation
6. Report Results

Project Components

- Repeat Blood Tests
- Targeted Interventions
- Baseline Blood Tests
- Risk Screenings
- Employer Audit

- Project Report
- Cost-Benefit Analysis
- Incentives & Awards
- Repeat HbA1c
- Repeat HbA1c Tests
- Repeat Lipid Profiles
- Weekly Glucose Tracking
- Monthly CDE Sessions
- Weekly E-mail Reminders
- Glucometers
- HbA1c Tests
- Lipid Profiles
- Diabetes Risk Assessments
- Glucose Screening

- Employee Demographics
- Formulary Evaluation
- Med.Pham. Claims Analysis
- In-network Endocrinologists

Reporting
Rewards
Employer Selection

- Federal Reserve Bank of Dallas - 1000 DFW employees
- TXU - 13,000 DFW employees

Employer Audit

- Employee demographics
- Diabetes prevalence
- Financial burden of illness
- Internal resources
### Employee Demographics

<table>
<thead>
<tr>
<th>Sex</th>
<th>20-39</th>
<th>40-49</th>
<th>50-59</th>
<th>60-74</th>
<th>Total EEs</th>
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<td>218</td>
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<tr>
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<td>285</td>
<td>281</td>
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### Estimated FRBD Diabetics

*Based on NHANES III Data*

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<tr>
<th>Sex</th>
<th>20-39</th>
<th>40-49</th>
<th>50-59</th>
<th>60-74</th>
<th>Total EEs</th>
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<tr>
<td>Female</td>
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FrBD Cost Estimates

*based on ADA estimates*

Est. medical costs per employee:
- Without diabetes or chronic condition: $2,560
- With Diabetes: $13,240

More per diabetic employee: $10,680

FrBD est. medical costs per employee in 2002:
- Non-diabetic employees: 2,030 x $2,560 = $5,196,800
- Est. diabetic employees: 120 x $10,680 = $1,281,600

Total medical costs: 1,880 $6,478,400

FrBD Annual Diabetes Medical Costs

FrBD est. medical costs per employee in 2002:
- Non-diabetic employees: 2,030 x $2,560 = $5,196,800
- Covered EEs purchasing diabetic supplies in 2002: 150 x $10,680 = $1,602,000

Total medical costs: 1,880 $6,789,800
Implementation

- Glucose Screenings identified employees at high risk or diagnosed with diabetes
- External and internal promotions of program
- Voluntary enrollment process
- Baseline glucose & HbA1C blood tests
- Interventions
  (Monthly CDE “Lunch & Learns”; weekly email reminders with health tips; self-management logs; health educational materials)
- Incentives
  (Free lunches, T-shirts & glucometers)

Screening Results

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<th>1st Shift</th>
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<td>Diabetes diagnosis and a negative screen:</td>
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<tr>
<td>No diabetes diagnosis and negative screen:</td>
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<tr>
<td><strong>Total Number screened</strong></td>
<td><strong>262</strong></td>
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<tr>
<td><strong>Percent diagnosed diabetics &amp; non-diagnosed with positive screen</strong></td>
<td><strong>6.49%</strong></td>
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Screening Results

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<table>
<thead>
<tr>
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<tr>
<td>2nd &amp; 3rd Shift</td>
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<td>Screening date: Oct. 3, 2002</td>
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<td>Diabetes diagnosis and positive screen:</td>
<td>3 5.66%</td>
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<tr>
<td>Diabetes diagnosis and a negative screen:</td>
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<tr>
<td>No diabetes diagnosis and negative screen:</td>
<td>41 77.36%</td>
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<tr>
<td>Total Number screened</td>
<td>53 100.00%</td>
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<tr>
<td>Percent diagnosed diabetics &amp; non-diagnosed with positive screen</td>
<td>22.64%</td>
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Program Promotion

- Invitations mailed by Liberty Direct Services (LDS) to employees currently purchasing diabetic supplies
- Nurse contacted employees identified through glucose screening or self identification
- Solicited participation via e-mail and posters throughout the building

Result: 35 FRBD employees joined up
Participation

- Voluntary enrollment
  - Waiver and PHI Release Form required
  - Agreement to attend sessions and track progress
- Baseline HbA1C blood tests
- Free glucometers for daily testing
- No co-pay for diabetic supplies from Liberty Direct Services

S-E-T for Success

Initial Meeting

Held in the executive dining room
Initial Meeting

- Free glucometer & supplies distributed
- Participants instructed in proper use of glucometer
- LDS Schedule of Benefits distributed: No Copay

CDE Educational Sessions
Monthly: January – July 2003

1. Orientation and glucometer training
2. Nutrition and Therapy
3. Benefits of Increasing Activity Level
4. Medical Management of Diabetes
5. Prevention of Complications
6. Long Term Goal Setting
Monthly Maintenance

Email meeting notices to participants

FRBD Nurse:
- Downloaded glucometer readings
- Printed charts for each participant
- Distributed at each meeting
- Monitored and encouraged compliance
Monthly Maintenance

- Eligibility report sent monthly to LDS
- Audit and pay monthly LDS invoices
- FRBD paid participants’ co-pays

FRBD diabetic supply costs dropped 44% from Jan. 2003 to June 2003 ($1,328.13 to $742.55)

Monthly Maintenance

Participant Tracking Form
Monthly Maintenance

Diabetes Log

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S-E-T for Success

Special Services

Communications/Interpreting
Special Services

Videotaped meetings for presentation to 2nd & 3rd Shift employees

S-E-T for Success

Special Services

Assisted employees without e-mail and PC skills to access computer based resources
Project Results

- 262 employees initially screened for diabetes
- 9.2% (29 employees) were at high risk or diagnosed with diabetes *(higher than average)*
- 35 employees participated in program
- 60% had a lower HbA1c level at end of the 6 month program
- Expenditures on diabetic supplies dropped 44% from Jan. 2003 ($1,328.13) to June 2003 ($742.55)
- 14 participants completed a feedback survey

Lessons Learned

- **Corporate culture** of wellness and **senior management support** is essential for success
- **6 months is not long enough** to generate behavior changes: 12 - 18 month program is better
- Educators should include CDE, nutritionist, exercise physiologist, endocrinologist, psychologist, pharmacist, podiatrist
- Sensitivity to cultural diversity and health disparity
Lessons Learned

- Other components that should be included:
  - Health Risk Assessments
  - “Readiness to change” Survey
  - Weight management program