

NEWS RELEASE

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The logo for Eli Lilly and Company, featuring the word "Lilly" in a cursive script font.

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June 11, 2005

Aggressive diabetes education program makes positive impact on health of Medicaid patients *Helps state manage costs associated with the disease*

LITTLE ROCK, Ark. – The **Arkansas Diabetes Disease Management Program** demonstrates how healthcare systems around the country can manage the costs associated with diabetes, while, more importantly, improving the health care of Americans, according to Arkansas **Governor Mike Huckabee**.

Data from the state's diabetes disease management program was presented Saturday, June 11, during the **American Diabetes Association's 65th Scientific Sessions** in San Diego. The program was developed through a public/private partnership with Eli Lilly and Company, the Arkansas Department of Human Services and the Arkansas Department of Health's Diabetes Prevention and Control Program.

"Diabetes is a devastating disease affecting more than 18 million Americans," Huckabee said. "Someone in this country is diagnosed with diabetes every 25 seconds. We must find ways to help people reduce the complications that result from diabetes. At the same time, we must help states control the escalating costs caused by the diabetes epidemic."

The total direct and indirect cost of diabetes in the U.S. is over \$132 billion annually, according to the American Diabetes Association. (Direct costs are medical and pharmacy costs; indirect are productivity costs.)

The objective of the study of the program was to evaluate the cost effectiveness of the state's diabetes education program for Medicaid recipients with diabetes. The program, part of the governor's Healthy Arkansas initiative, began with the selection of 212 Arkansas Medicaid recipients with diabetes to undergo one-hour initial assessments of individual training needs followed by a year-long program with 12 hours of group or individual sessions on nutrition and self-management. These individuals were referred to diabetes education centers established by the program all over the state. The ultimate goal was to teach them how to control their diabetes – instead of being controlled by it.

“This program was an innovative, data-driven approach to looking for solutions for our diabetes epidemic,” said **Kurt Knickrehm, Arkansas Department of Human Services director**. Medicaid insures almost 25 percent of the state’s population, and it costs the state over \$3 billion a year to cover the health expenses of the program’s patients, he said.

“Initiatives like Lilly’s disease management program can potentially have an impact on our Medicaid expenditures in the millions of dollars. This project has helped us understand better how to begin to create some long-term solutions for the diabetes problem,” he said. Knickrehm pointed to the example of a 55-year-old patient who, after completing the yearlong program, was able to reduce her doctor visits from every other week to every three months.

To get an idea of the severity of the lack of patient education, Knickrehm points to the discovery by program managers that many Medicaid patients with diabetes are not even aware of how to monitor their own blood glucose levels. In the disease management program, patients were walked step-by-step through the blood glucose monitoring process, taught how to self-examine eyes, feet and skin for diabetes-related circulatory problems, shown the importance of exercise and taught how to make healthy food choices and adopt better cooking habits.

Diabetes educators took patients on a “field trip” to the local grocery store to teach patients the importance of understanding food labeling. Diabetes Control Center directors involved in the program said the one-on-one and group support components of the program were critical to the patients’ success.

The 212 Arkansans in the Arkansas Diabetes Disease Management Program were studied along with individuals in a comparison group who met the study’s criteria but did not participate in the program. The researchers used changes from baseline clinical values for the 157 patients who completed the yearlong program to project the effect on diabetes costs and clinical events.

A key clinical finding from the study showed over one year, mean HbA1c (a standard clinical criteria for monitoring changes in patients with diabetes) declined by 0.4 among the 157 program participants who completed their final visit.

“Studies show that tight blood glucose control, sustained over time (as measured by HbA1c) slows the development of diabetes-related complications, such as eye, kidney and nerve diseases that can lead to amputations,” said Carol Hendrickson, Certified Diabetes Educator and member of the American Diabetes Association’s Leadership Council. “In fact, research has shown that for every 1 percentage point drop in A1C (e.g. from 9 percent to 8 percent), there is a 35 percent reduction in the risk for diabetes-related complications.”

The researchers reported the estimated savings in diabetes-related costs projected from observed pre/post HbA1c levels are \$415 per program completer (n = 157) over three years. This largely offsets program costs of \$335 per initial program participant (n = 212), resulting in a net cost per program participant of \$28 over three years. If reductions in diabetes-related costs persist beyond three years, the program may be cost saving, according to the researchers. Further, over 10 years, from a clinical perspective the program is projected to reduce diabetes-related mortality by 9 percent and microvascular disease events by 15 percent among those who completed the program.

The researchers concluded that a diabetes self-management and nutrition education program can reduce resource utilization among Medicaid recipients with diabetes within one year, and is likely to improve diabetes outcomes over time at little or no incremental cost.

Hendrickson said that as a volunteer for the American Diabetes Association, she sees constant reminders of the devastating effects of diabetes. Heart disease, stroke, kidney disease, blindness and amputation are serious complications that can affect people with diabetes. “The good news is that today, people with diabetes have more information and tools available to help them manage their disease and live healthier, more productive lives,” she said.

“The study shows how this program has the potential to make a difference in the life of the patients and also to our state’s economy and to our Medicaid program,” said Knickrehm. “In addition to the Medicaid patients in the study, hundreds of others who have taken the education classes at our diabetes centers have learned how to make better lifestyle choices to keep their diabetes in control. We wish them all continued success in the future,” he said.

The program’s success prompted the Department of Health’s Diabetes Prevention and Control Program (ADH-DPCP) to further support the partnership by establishing 18 additional ADA-certified disease management sites. Site locations were selected in counties with the highest number of diabetes patients where centers had not existed. These regional sites and the ADH-DPCP work with adjoining counties to continue to develop similar programs.

Governor Huckabee said that his personal experience with diabetes made him acutely aware of how it felt to be controlled by diabetes rather than being in control of it. Huckabee was diagnosed with Type 2 diabetes in 2003. The governor lost 110 pounds, began exercising daily and completely revamped his eating habits. “My doctor told me at my last physical that I had the blood- sugar levels of a healthy 21-year-old,” said the governor. “One reason the Lilly/DHS program succeeded was the strong support and encouragement patients received. It’s not easy. Constant encouragement is needed,” he said.

“We fully support programs that improve the quality of care for patients while giving them open access to the medications and treatments they need,” said Jack Bailey, Lilly vice president, Business to Business. “The Arkansas Diabetes Disease Management Program is an excellent example of that. Not only does the program improve the health care of Arkansans but it also is helping control health care costs for the state. It’s a win-win situation. We are elated over the program’s success.”

For More Information

The Arkansas Diabetes Disease Management Program offers consultation to any Arkansan wanting to learn more about controlling diabetes. For more information about diabetes programs in Arkansas call 1-800-235-0002. Patients who need help understanding and controlling their diabetes are encouraged to talk with a physician.

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