

DIABETES

THE RIGHT THING



Understanding the problem:

While diabetes cannot be cured, there are many monitoring and screening activities, combined with healthy lifestyle choices, that can keep members with diabetes healthier longer and help them minimize or avoid altogether the disease's most serious complications.

More than 560,000 Kaiser Permanente members have diabetes, and prevalence is increasing rapidly, both within KP and in the general population. Adults with diabetes face a two-to-four times increased risk of death due to heart disease, and are also at increased risk of kidney disease, amputation, and blindness.

Defining a strategy:

In the last few years, Kaiser Permanente has revolutionized its approach to reducing the risk of cardiovascular disease (CVD) for members with diabetes. Based on recent studies showing the life-saving impact of using a combination of three groups of medications, KP CMI launched the Aspirin, Lisinopril, Lovastatin (ALL) initiative with a goal of increasing the use of these three cardiovascular medications in all patients with coronary artery disease (CAD) and all patients with diabetes age 55 and older.

The potential impact of these three medications on health care costs and outcomes has been projected using Archimedes, a KP computer simulation model. According to Archimedes modeling, appropriate pharmacotherapy over 10 years for just 10,000 KP



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members with coronary artery disease would result in 4,063 avoided heart attacks, 893 avoided deaths, and more than \$44 million saved.

Medication usage rates are up. In the fourth quarter of 2004, 55% of members with diabetes over the age of 18 were taking a statin drug such as Lovastatin, compared to fewer than 38% in 2001. Fifty-nine percent were taking an angiotension-converting enzyme (ACE inhibitor) such as Lisinopril, up from 51% in 2001.

Tools for enhancing diabetes care

Primary care physicians provide the first line of defense for members with diabetes, and it's crucial they have multiple resources for support and education, especially from their peers. KP CMI tools for enhancing diabetes care include:

- ongoing maintenance of evidence-based guidelines that outline the most appropriate and successful approaches to diabetes management
- leading and participating in interregional teleconferences on a variety of diabetes-related topics, to share information on successful models of care
- developing tools for primary care clinicians, such as reference pocket cards and KP HealthConnect tools, to help them more efficiently assess and manage patients with diabetes
- supporting member lifestyle changes. Health education programs, as well as online weight loss and nutrition programs, help members with diabetes make improvements in their own health

Tracking results:

1

Kaiser Permanente members with diabetes have had great success in controlling their cholesterol levels — an improvement of 144% between 1998 and 2004. This is critically important since both diabetes and elevated cholesterol levels translate into a two to four times increased risk for heart attack and stroke. If these improvements are sustained over just five to six years, this improvement means the prevention of 5,800 heart attacks or strokes.

2

How does Kaiser Permanente's performance compare to other health plans nationally? According to the National Committee for Quality Assurance (NCQA) Commercial HEDIS results for 2004 (2003 performance):

- Six of eight KP Regions meet or exceed the HEDIS 90th percentile for renal screening. An additional region meets or exceeds the HEDIS 75th percentile for this measure.
- In eye exams, five of eight regions meet or exceed the HEDIS 90th percentile nationally.
- When it comes to controlling the "bad" LDL cholesterol (LDL-C less than 130), KP's performance meets or exceeds the 75th percentile in five of eight regions for this HEDIS measure.

3

Over three-quarters of our members with diabetes received a blood sugar test during 2004. Blood sugar monitoring is crucial to catch problems early, so Permanente physicians and patients can work together to reduce risk of the debilitating complications that so often accompany diabetes. Control of blood sugar among members with diabetes has increased steadily since 1996.

4

Between 1998 and 2004, 50,000 more members with diabetes achieved a good level of control. This will translate into decreased complications for these members with diabetes. For example, if these same 50,000 members maintain a good blood sugar level control over the next 10 years, at least 1,100 people would greatly reduce their risk of blindness due to severe retinopathy.

5

On some measures of effective diabetes care, the average performance of all Kaiser Permanente Regions now equals or exceeds that of the best-performing region a few years earlier (see figure at left). This illustrates how rapidly Kaiser Permanente's integrated care delivery system identifies and disseminates successful practices, resulting in better care and health outcomes for members throughout the Program.

Known Good LDL-C Control

