

Healthways, Inc.

Diabetes Product

Product Need:

There are 23.6 million people in the United States, or 7.8% of the population, who have diabetes; 17.9 million who have been diagnosed and an estimated 5.7 million who have not been diagnosed. An additional 57 million people have “pre – diabetes”.¹ Diabetes carries an increased risk for heart attack and stroke due to poor circulation, and two-thirds of the people with diabetes die of heart disease or stroke.⁵

Product Goal:

To educate diabetes program participants about how they can 1) better control their blood glucose levels, 2) modify their lifestyle to prevent or slow the progression of cardiac complications, and diabetes-related eye, kidney, and nerve diseases and 3) implement the trans-theoretical model of behavior change to reduce risk factors for complications arising from diabetes.

Target Population:

Any member with a diagnosis of diabetes (with the exception of gestational or short term steroid induced diabetes).

Participant Identification:

Program participants of any age may join the diabetes program through:

- Healthways’ claims identification process (claims and NDC codes)
- **Provider/Customer referral**

Value of the Program:

Promote Clinical Improvement

- Educating members about Standards of care including: A1C, daily blood sugar monitoring, LDL screening, dilated retinal eye exam, screening for microalbumin and monitoring for nerve damage
- Increasing compliance with medical therapies (aspirin, statins, and ace inhibitors) and promoting healthy lifestyle behaviors.
- Reducing the incidence of long term complications of diabetes Screening for depression assuring appropriate follow-up

Foster Risk Mitigation:

- Educating members about modifiable cardiovascular risk factors
- Encouraging smoking cessation
- Obtaining an annual Flu vaccine, and Pneumonia vaccine as indicated
- By educating and empowering members toward self-management to control blood sugar, minimize medication side effects and maximize quality of life.

:

Program Features for Members:

- Introduction Letter and Diabetes Workbook
- Engagement Calls
- Care Calls Based on Member Delivery Segment
- Flu and Pneumonia Vaccine Reminders
- Lifestyle Management Survey
- Diabetes Specific Assessment/Intervention
- Depression Screening
- Quarterly Newsletter
- Educational Topic Sheets
- Customized Goal Development
- Toll-Free Telephone Service Website Access

**Product
Clinical
Cornerstone:**

Over 90 journal articles, research studies, clinical practice guidelines, and other relevant publications were reviewed and evaluated during the enhancement process. The clinical cornerstones of the product design are based on the following:

- American Diabetes Association's Clinical Practice Recommendations for Persons with Diabetes.
- American College of Cardiology/American Heart Association Guidelines for Preventing Heart Attack and Death in Patients with Atherosclerotic Cardiovascular Disease.
- Joint National Committee for the Treatment of Hypertension.
- National Cholesterol Education Program (NCEP) Guidelines.
- National Kidney Foundation Kidney Disease Outcomes Quality Initiative.

**Clinical
and Risk
Mitigation**

Clinical Improvement:

- Appropriate medication use
- Standards of Care met
- Flu and pneumonia vaccinations

Risk Mitigation:

- Reduction in total health care costs
- Reduction in hospital admissions; emergency room visits

Case Study:

Cindy³, a 58-year old member was recently diagnosed with diabetes and coronary artery disease and her health plan case manager referred the member to Healthways for enrollment in the Diabetes Program.

Intervention: Jessica⁴, a Healthways Care Manager, contacted Cindy once she received the health plan referral. Cindy stated she had been diagnosed with diabetes 2 weeks ago. Her PCP had prescribed an 1800-calorie diet, but Cindy mentioned that he did not provide any instructions on how to follow it. Her blood sugar levels were in the 200 range, and her Body Mass Index was 32. Cindy also smoked 2 packs of cigarettes each day.

She had occasional chest pain but had not been restarted on all of her cardiac medication post a cardiac procedure and wasn't sure which medication she should be taking. Jessica encouraged Cindy to follow up with her physicians to confirm her medications as well as obtain her latest A1c test results. Jessica also provided education regarding the importance of diabetes control especially after surgery. She discussed diet compliance, foods to avoid and portion sizes as well as the impact that Cindy's weight had on her diabetes. Additional educational materials about weight management and diabetes control were sent to Cindy to reinforce the teaching she had received from Jessica.

After Cindy confirmed her medications, Jessica provided information about their importance and use. Cindy also admitted she was having trouble following her diet. She frequently ate sugary foods and binged when she felt her blood sugar was low. Jessica reinforced the importance of dietary compliance and discussed the proper way to treat hypoglycemia. She encouraged Cindy to obtain glucose tablets and adhere to her diet. During follow up calls with Cindy, Jessica also provided education about cardiac warning symptoms and the benefits of smoking cessation.

Outcome: Cindy has reduced her smoking to 7-8 cigarettes a day. Her blood sugar levels are now stabilized and she obtained her A1c result of 6.5. Cindy is now carrying glucose tablets with her at all times and has had no hospitalizations or emergency room visits since enrolling in the program. Jessica continues to work with Cindy to monitor her compliance and offer support in her attempts to stop smoking and lose weight.

Source: All names are fictitious for confidentiality.