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# BETTER USE OF MEDICINES FOR DIABETES PATIENTS

## 5 CRITICAL WAYS TO IMPROVE CARE

**T**ype 2 Diabetes has reached historically high levels in the United States and poses a major challenge to public health and health policy. Treatment of diabetes and related conditions is estimated to cost the U.S. health care system as much as \$322 billion per year and affect nearly 30 million people.<sup>1</sup> Diabetes also poses a special fiscal challenge to the nation, in that millions with diabetes are now, or will eventually be, covered by Medicare, Medicaid, or federally subsidized private coverage under the Affordable Care Act.

Some diabetes patients can manage their condition through proper diet and adequate physical activity, but many will end up on multiple medications and complex drug regimens that can test even the most capable patients. More than 4 in 5 of those actively treated for Type 2 diabetes use either oral medications, injected insulin, or both.

Patients face multiple obstacles in using these medications correctly, ranging from inadequate education and training to high out-of-pocket costs. Poor adherence often leads to worsening disease and avoidable costs. Estimates suggest that ensuring better use of medications among patients with diabetes could save \$4 billion annually in Medicare spending.

This paper describes five sets of challenges involving medications in diabetes care, and offers recommendations that could drive change. If providers, payers, and policy makers adopted these recommendations, the nation could take another major step toward achieving the goals of Triple Aim: better health for Americans, better care, and more sustainable health spending trends.

# THE PROBLEMS

## 1 DISEASE COMPLEXITY

Diabetes is a complex condition that often leads to complex medication regimens. Underlying factors that can trigger Type 2 diabetes, such as obesity, may also lead to other conditions such as hypertension, heart disease, and depression. Patients' multiple medications can include two different forms of insulin, which they may have to inject themselves, as well as drugs to lower blood pressure and cholesterol. Doses may have to be adjusted frequently by clinicians and patients often self-adjust insulin based on their blood sugar levels. In addition, there is an overall trend toward "intensification" of treatment to tighten blood sugar control that is leading higher doses of medication for more patients. .

## 2 FRAGMENTATION AND LACK OF CONTINUITY OF CARE

Achieving the best results with medications for diabetes patients requires thousands of steps every year, not only from patients, but also from clinicians, pharmacists, and payers. Success requires a high degree of coordination and support, but many patients experience fragmented and uncoordinated care. Many factors common to the U.S. health system foster poor results: multiple and uncoordinated prescribers, gaps in communication of patients' data, and failure to track patient adherence.

## 3 UNEVEN ACCOUNTABILITY FOR QUALITY

Pharmacy quality goals, or measures, applied to programs like Medicare have helped to spur better follow-up with patients and have raised patients' adherence. But gaps in these quality goals remain, such as the lack of an accepted measure of patient adherence to the use of insulin products.

## 4 CHALLENGES IN PATIENT SELF-MANAGEMENT

Patients with diabetes must invest substantial personal time and effort every day to maintain optimal control of their condition. Challenges include understanding how to properly administer insulin products, recognizing and acting on episodes of low blood sugar, and coping with other risks. Support for patients' self-management education and training has been shown to help, but only about 2 in 5 patients on average say they have ever received such support.

## 5 COST BURDEN ON PATIENTS AND PAYERS

For many patients with diabetes, the high cost of medications is a major contributor to poor adherence. Spending on diabetes-related drugs has risen for both patients and payers due to the trend toward intensified treatment, a decade-long trend in higher prices for insulin products, and to date, a lack of a generic insulin equivalent. The trend towards health insurance plans with higher patient deductibles and other cost-sharing feature also reduces patient adherence to medications.

# THE SOLUTIONS

## 1 TAILOR MEDICATION MANAGEMENT STRATEGIES TO PATIENT NEEDS

Medication-related services including so-called Medication Therapy Management (MTM) – special care provided by pharmacists to optimize drug therapy – should be customized to meet the complex needs of individual patients. The Medicare program’s “Enhanced MTM” pilot program, scheduled for launch in 2017, is a promising strategy that should be rapidly evaluated for best practices that can be scaled up throughout the health care system.

## 2 REDUCE FRAGMENTATION IN MEDICATION CARE

Advances such as the rapid uptake of electronic prescribing are improving continuity of medication care for all patients, but much more needs to be done for those with diabetes. Medicare as well as private payers and health systems need to transfer adherence data into the hands of prescribers to facilitate quick problem resolution. Medicare should take the lead in allowing pharmacists to bill for identifying and resolving patients’ specific drug therapy problems and adopt new billing codes to make that possible. States and others need to expand the use of so-called collaborative practice agreements, which allow physicians, nurse practitioners and other prescribers to delegate authority for medication-related care to pharmacists and other qualified professionals.

## 3 CLOSE GAPS IN PHARMACY QUALITY IMPROVEMENT

Medicare, Medicaid, and private health plans should adopt a more comprehensive set of improvement goals aimed at diabetes and medication use. The targets should include driving down “primary” medication non-adherence -- which is when patients fail to fill their first dose of a prescription – and creating a measure to capture adherence to insulin.

## 4 OPTIMIZE PATIENT SELF MANAGEMENT

Medicare, Medicaid, and commercial health plans should reduce cost barriers that may prevent patients from enrolling in diabetes self-management education and training. They should also encourage innovative delivery of patient support, such as diabetes education and training delivered through patient visits at retail pharmacies.

## 5 CUT COSTS TO PATIENTS AND PAYERS

After a decade-long runup, prices of some insulin products have decreased recently, and the introduction of biosimilar insulins in coming years may moderate costs further. Patients have also benefited from relatively low prices on oral diabetes drugs, many of which are generics. All stakeholders – the Executive Branch, Congress, regulatory agencies, payers, pharmacy benefit managers and manufacturers – should consider further steps to foster a strong competitive market that will help keep diabetes medications affordable. Meanwhile, health insurance and prescription drug benefits should be designed to lower copayments and other cost barriers faced by patients, as these depress adherence and lead to avoidable costs. Payers should experiment with broader adoption of value-based insurance designs (VBID) that support optimal use of medications and lead to lower health costs.

# OPTIMIZING MEDICATION USE FOR DIABETES PATIENTS

## 5 CHALLENGES, 5 SOLUTIONS



### THE PROBLEMS

the disease is  
**COMPLEX**

Managing diabetes is complex as is the disease and the medication use. This complexity can lead to poor outcomes and avoidable costs.

medication care is  
**FRAGMENTED**

From primary care provider, to specialist, to pharmacist information is often either not shared or able to be shared. This fragmentation can lead to poor adherence.

accountability uneven for  
**QUALITY**

Medication adherence rates in diabetes are low. Payers and providers are not incentivized to address the problem, especially in the use of injectable insulin.

patient  
**MANAGEMENT**

Patients must be involved in the every day process of managing of their diabetes and blood sugar with medication, diet and exercise.

patients carry  
**COST BURDENS**

Out of pocket costs for patients can be high due to the design of their benefit plans and because of rising costs of insulin. These costs alone can result in poor adherence.

### THE SOLUTIONS

tailor  
**MEDICATION INTERVENTIONS**

Enhanced medication services (such as medication therapy management), should target the patients that need them most.

create continuity in  
**MEDICATION CARE**

Better coordination among patients, providers, payers and pharmacy should include sharing data on prescriptions and resolving problems across care teams.

close gaps in  
**QUALITY IMPROVEMENT**

For oral medications, performance on existing quality metrics (e.g. Medicare Star Ratings) must be improved upon. An effective, operational metric for insulin must be developed and validated.

optimize  
**PATIENT SELF-MANAGEMENT**

Cost barriers facing patients should be lowered for Diabetes Self-Management Education and Training or DSME/T. Training should also be expanded to sites such as retail pharmacies.

cut costs to  
**PAYERS and PATIENTS**

The design of benefits should be diabetes-friendly, reducing out-of-pocket costs that impede patient medication adherence. All stakeholders should consider steps to foster a strong competitive market for diabetes medication.

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