

# The Future of Diabetes

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New Business Consultant  
Blue Cross NC

# The Future of Diabetes

- Drivers of Health
- Lifestyle Change
- Provider Partnerships



# Today's presenters

## Dr. John Lumpkin

MD, MPH, FACEP, FACME, FAAN

VP, Drivers of Health Strategy  
Blue Cross NC



## Dr. Larry Wu

MD

Medical Director  
Blue Cross NC



## Dr. Robert Waterhouse

MD, MBA, HSM

Lead Medical Director, Employer Market  
Blue Cross NC

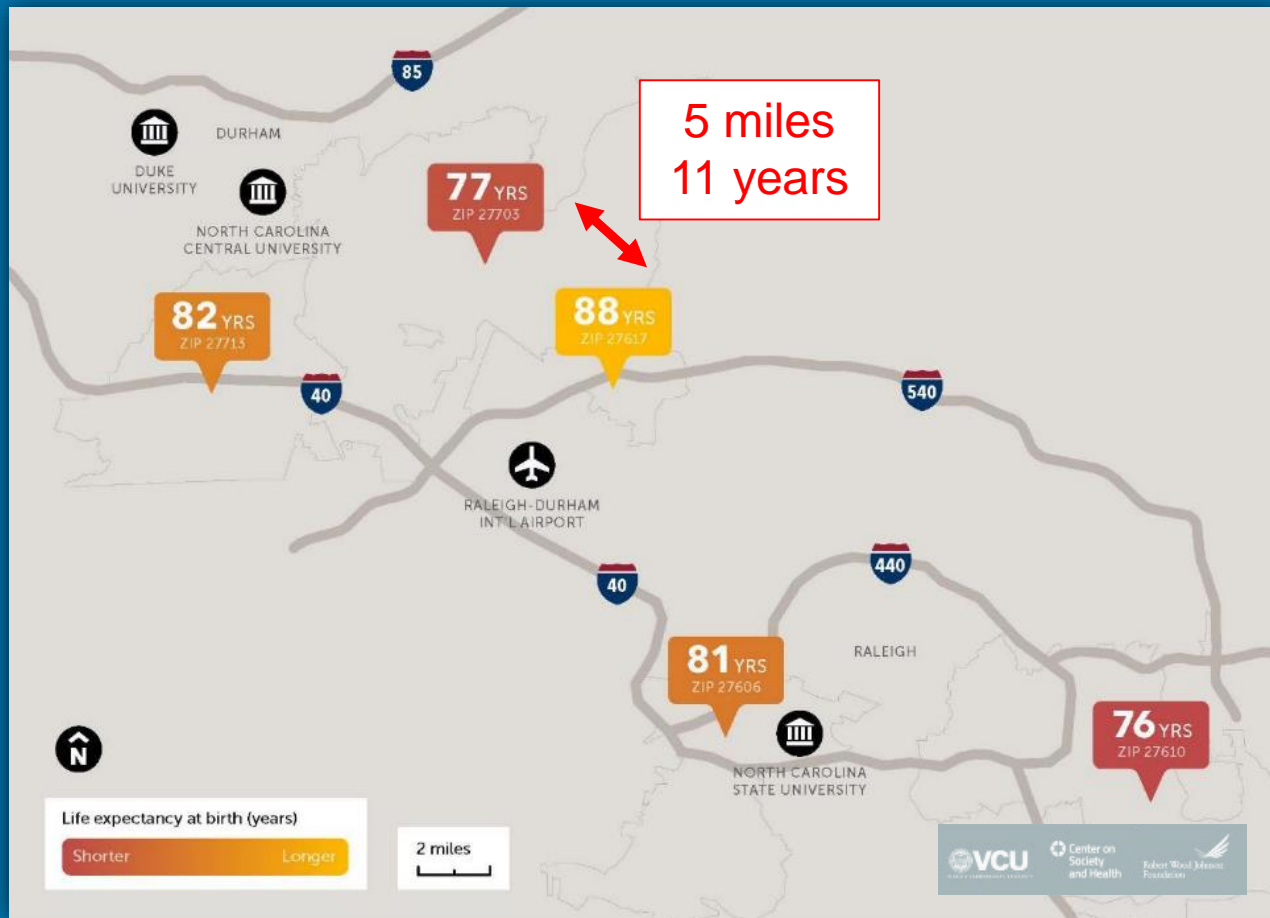




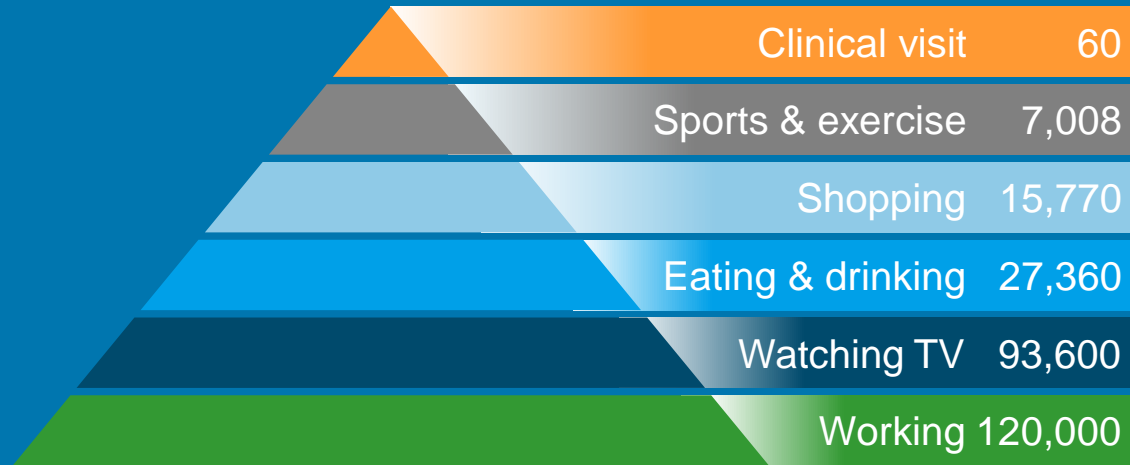
# Drivers of Health

Dr. John Lumpkin  
VP, Drivers of Health Strategy  
Blue Cross NC

# Life Expectancy by Zip Code



# How people spend their time



# Health happens where we live, learn, work, play





Nearly **one-fifth** of Americans live in neighborhoods that make it hard to be healthy



# Insights from the McKinsey 2019 Consumer Social Determinants of Health Survey

Social determinants of health (SDoH) are the conditions in which people are born, grow, work, live, and age<sup>1</sup>



Food  
environment



Community  
safety



Housing



Social  
support



Transportation

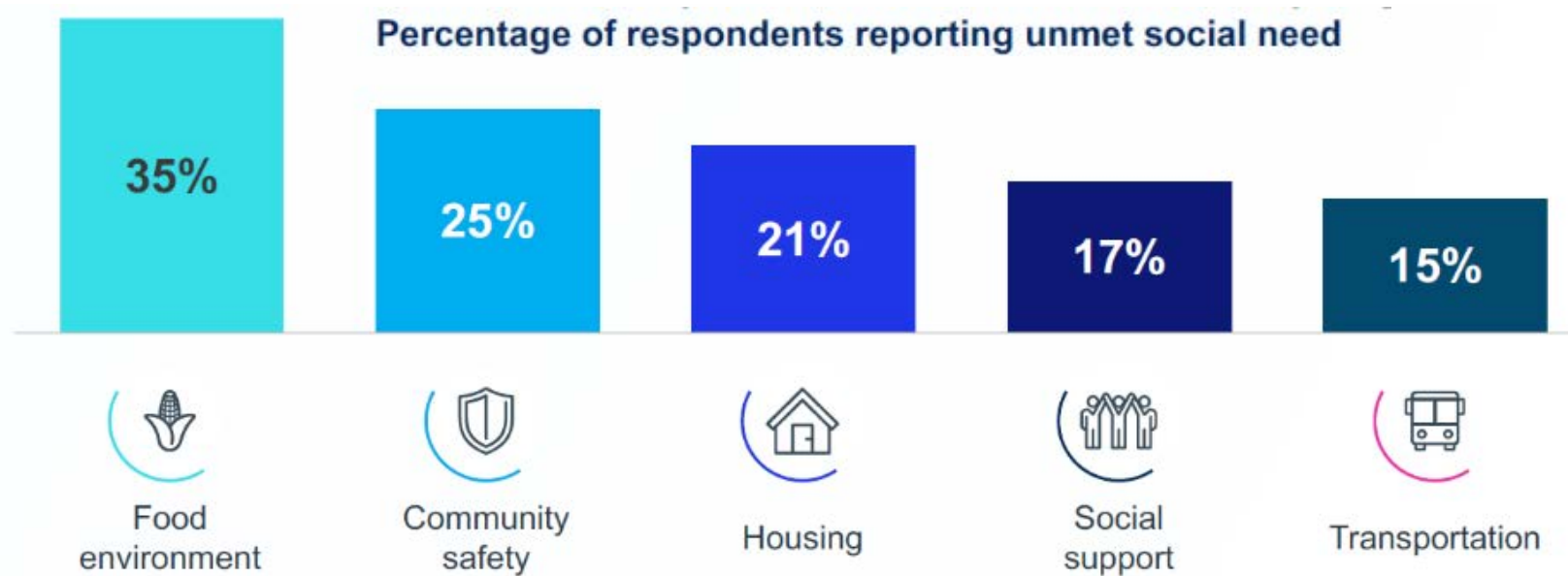
53%

of surveyed respondents are adversely impacted by at least 1 of these SDoH, meaning they have an unmet social need<sup>2</sup>

<sup>1</sup> As defined by the World Health Organization

<sup>2</sup> Survey also included questions regarding income, employment, and education as these are often underlying factors of the social needs highlighted in these analyses. See methodology for how unmet social needs are defined for these analyses

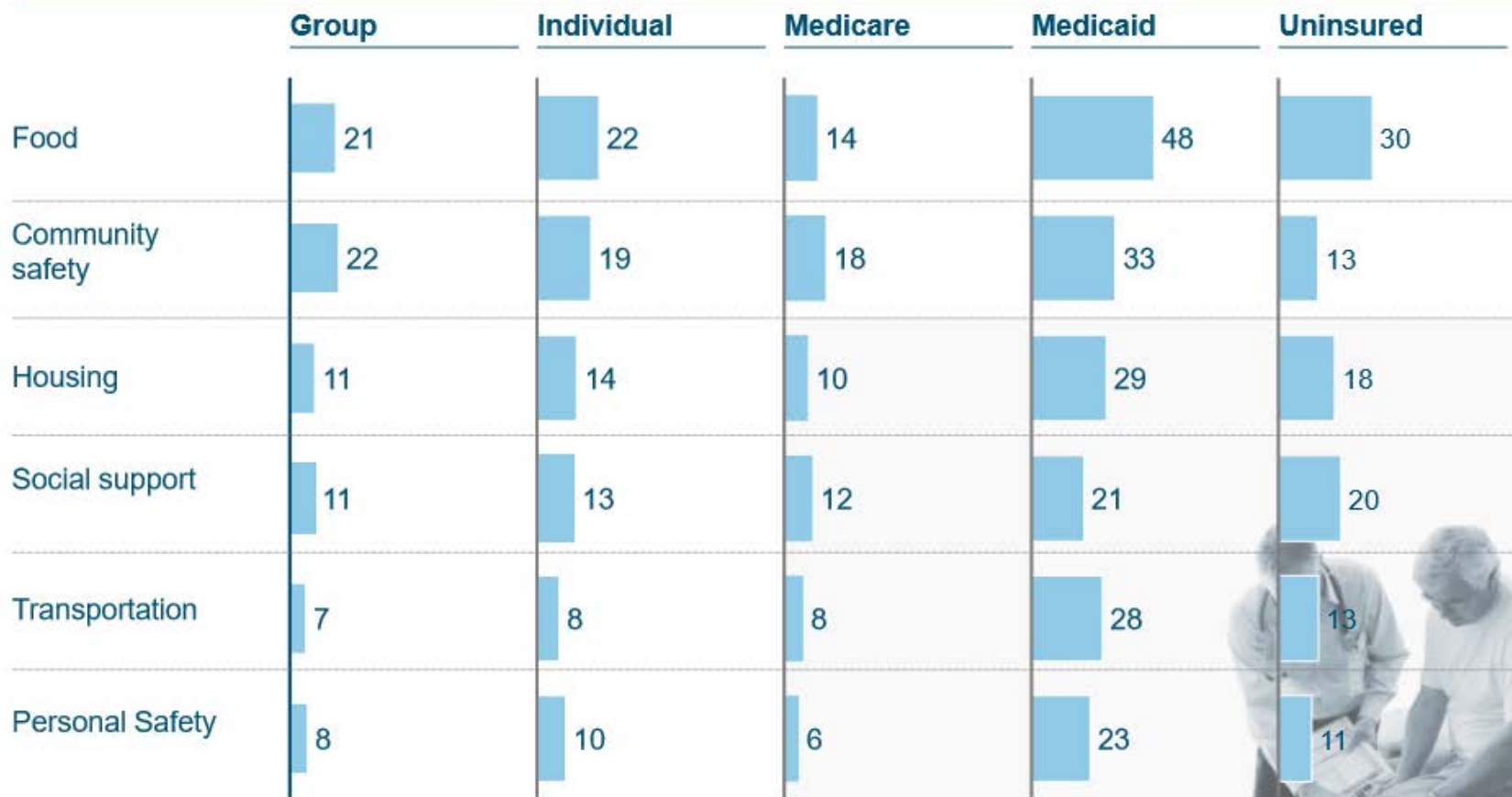
## The most commonly reported unmet social need



# Unmet social needs by line of business

PRELIMINARY

% of respondents



1 | McKinsey conducted a national survey to understand how DOH impact health outcomes, utilization, and preferences. All survey respondents were US residents.

SOURCE: 2019 McKinsey Consumer Health Insights Survey





**Roughly 30%  
of employees  
with employer  
insurance earn  
less than  
\$30,000**

Source: McKinsey (August 2019)

# 50% of households making \$30,000 or less are food insecure

*Source: Wright et al - J Child Poverty*





“The choices  
people make  
are determined  
by the choices  
they have”

*Risa Lavizzo-Mourey  
Former President and CEO  
Robert Wood Johnson Foundation*

# Life-Altering Decisions



OR



OR

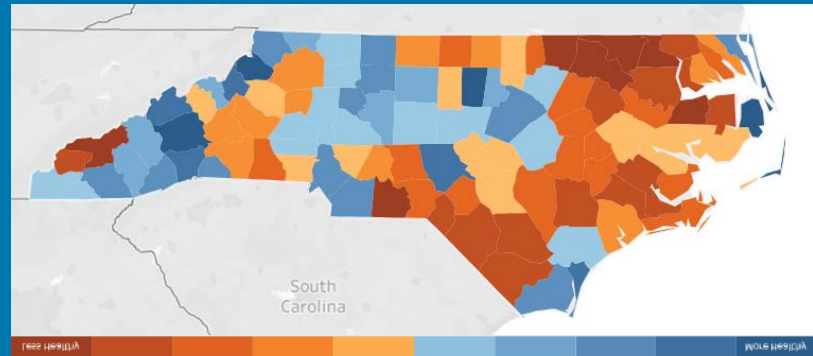


OR



# Food Insecurity and Diabetes

- More care visits
- More ER visits
- More hospitalization





## More Impacts

### Productivity Loss & Costs

- 4% Absenteeism
- 44% Presenteeism
- **\$327B** Economic Cost

# Our Mission

To improve the health and well-being of our members and communities

We must do more than simply pay people's medical bills

It's time to invest more **outside**  
the health care system

Addressing Drivers of Health  
to improve the health and well-being  
of our customers and communities

# Blue Cross NC Community Health Strategy

We've identified four drivers of health where we believe we can make the most impact, beginning with a focus on food security for 2020



**Food Security**



**Transportation**



**Housing**



**Social Isolation**

# Current Food Pilots & Interventions



- Produce Prescription Program
- Food Delivery/Health Coaching
- FNS/SNAP Enrollment Support



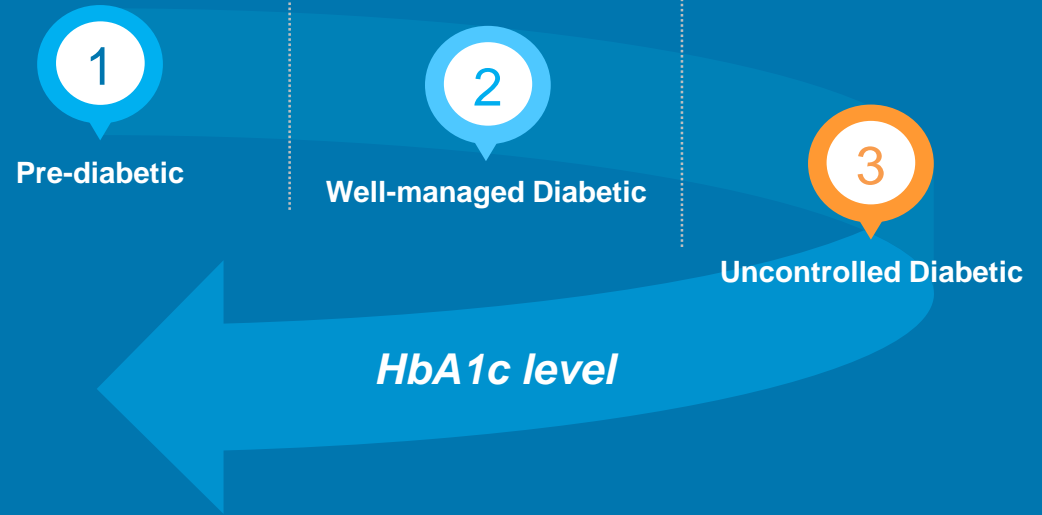
# Lifestyle Approach

- Prevent
- Reverse
- Manage

Dr. Larry Wu  
Medical Director  
Blue Cross NC



1  
in  
3



Source: U.S. Diabetes Prevention Program research trial (DPP), March 1, 2018  
<https://www.cdc.gov/diabetes/prevention/pdf/dpp-standards.pdf>



5 to 7%

# Diabetes Prevention Program (DPP)

- Innovative
- Bringing attention to NC
- Producing results

## DIABETESFREE NC



NC STATE  
UNIVERSITY



“Aims to put an end to type 2 diabetes in North Carolina”

“Having virtual options allows programs to continue connecting with participants about healthy lifestyles”

“As physicians, we help our patients avoid bad outcomes and maximize their health. The diabetes prevention program has been proven to do that.”

“We need to improve upon patient empowerment ...in the home, which this can do.”

## Results:

- 1,400 participants
- 81% completed phase 1
- 76% completed phase 2
- 10 lbs. average weight loss
- 42% lost at least 5% body weight

# 95%

**OVERALL SATISFACTION**

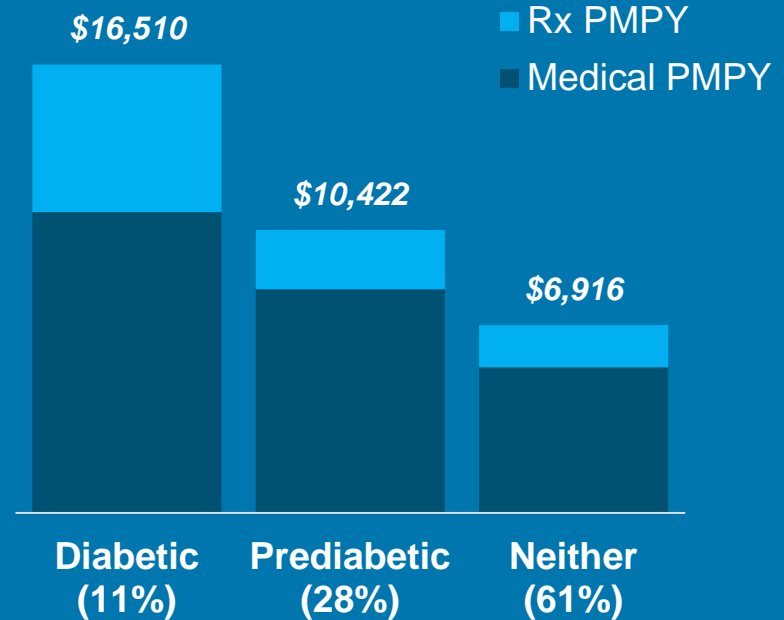
# Diabetes Reversal Program

A century of Science

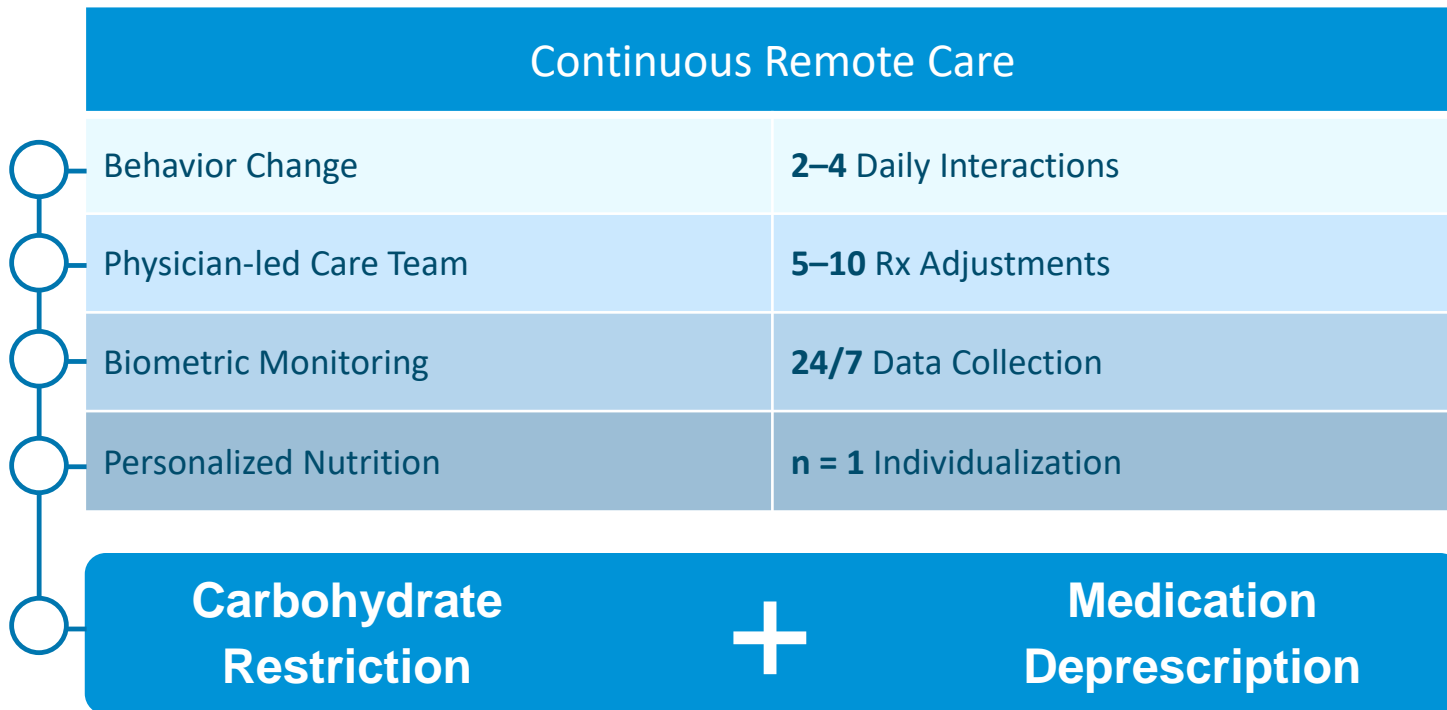
Achieving normal blood sugar levels without medication



## The cost of diabetes is profound



# Diabetes Reversal – How it Works



# Virta Diabetes Reversal Program



**60%**

Diabetes Reversal<sup>1</sup>


**\$4,800**

Medical Spend<sup>1</sup>

**94%**

Insulin Reduction<sup>1</sup>

# Virta's one-year results

	Traditional Care	Digital Technologies	 virta
<b>A1c (Point Change)</b>	<b>-0.2</b>	<b>-0.6</b>	<b>-1.3</b>
<b>Rx Cost (Percent Change)</b>	<b>-6%</b>	<b>-3%</b>	<b>-71%</b>
<b>Weight Loss (Pound Change)</b>	<b>-0 lbs</b>	<b>1 lbs</b>	<b>-30 lbs</b>

Source: Virta Health Registry for Remote Care of Chronic Conditions; Hallberg SJ et al. *Diabetes Therapy*. 2018;9(2):583-612; Livongo Health, *Empowering People with Chronic Conditions*, September 2018.

# Diabetes Management

## COMMUNITY

Diabetes Free NC Diabetes Prevention Program

## MEMBER

Virta for diabetes reversal (Launching October 2020!)

Nutrition Counseling through RD Network (free)

Diabetes Deductible Waiver

Member-facing diabetes care gap alerts

Nurse Outreach Support for high risk members

Free Glucose Meters via Edgepark

Web tools and online resources

Blue 365 gym discounts

Clearly defined preferred medications across formularies

Diabetes DME moving to retail pharmacies

Preventive care medications for members with diabetes

Eat Smart, Move More, Weigh Less / Prevent Diabetes

## PROVIDER

Quality reports

Blue Premier quality metrics

Patient Care Summary (*identifies care gaps at member level*)





# Provider Partnerships

Dr. Robert Waterhouse  
Lead Medical Director  
Employer Markets  
Blue Cross NC



# Value-Based Care Roadmap



PROVIDER NETWORK STRATEGY

A

**Primary Care**  
Major Health  
Systems  
ACOs

B

**Primary Care**  
Independent  
PCPs  
Rural  
Providers

C

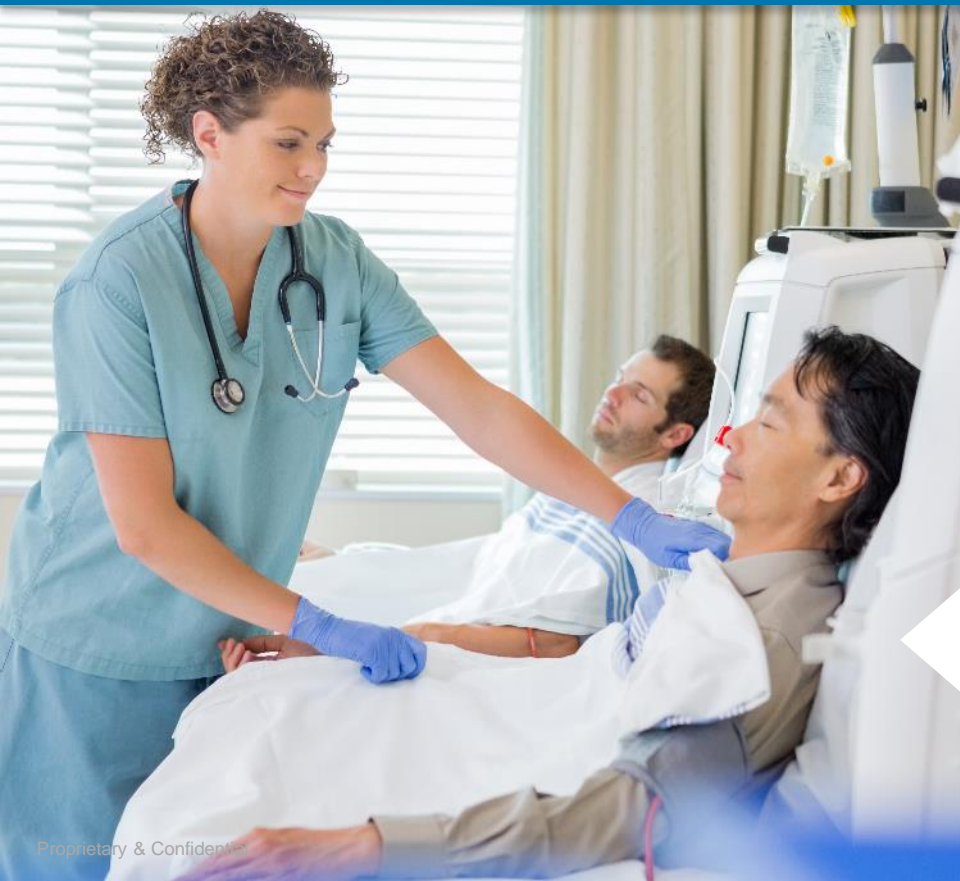
**Advanced  
Primary Care  
Providers**

D

**Specialty Care  
Providers**  
Behavioral Health  
**Kidney Disease**  
Oncology...



# Why focus on kidney disease?



**~10x**

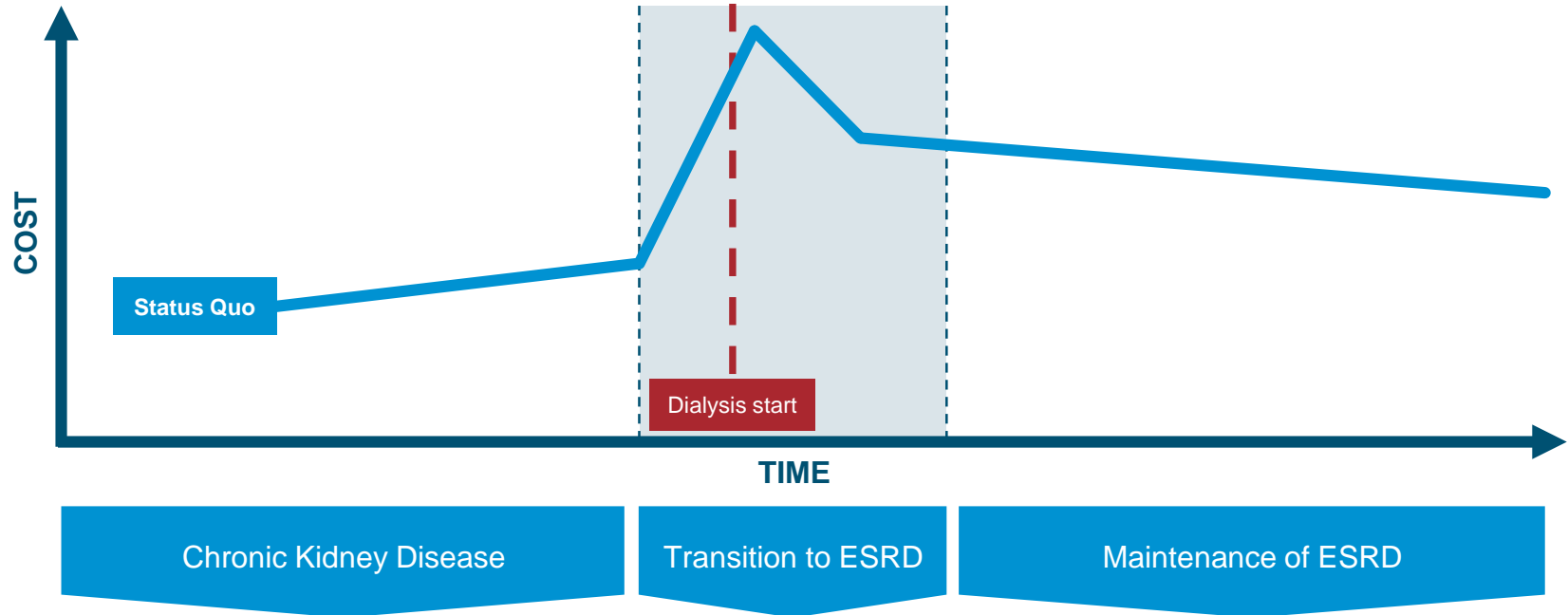
**40%**

**35%**

**65%**

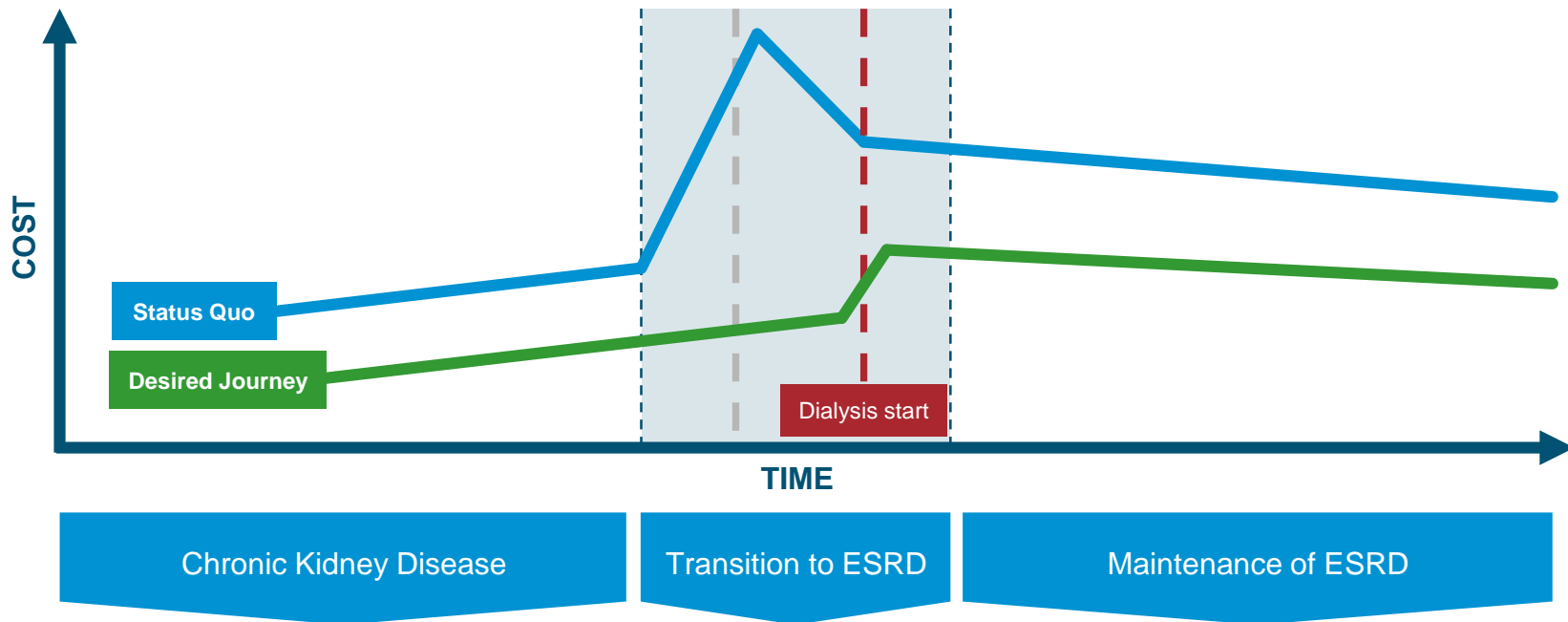
# Value Opportunities with Status Quo

## Clinical care continuum of chronic kidney disease through end stage renal disease



# High Value, Advanced Kidney Care

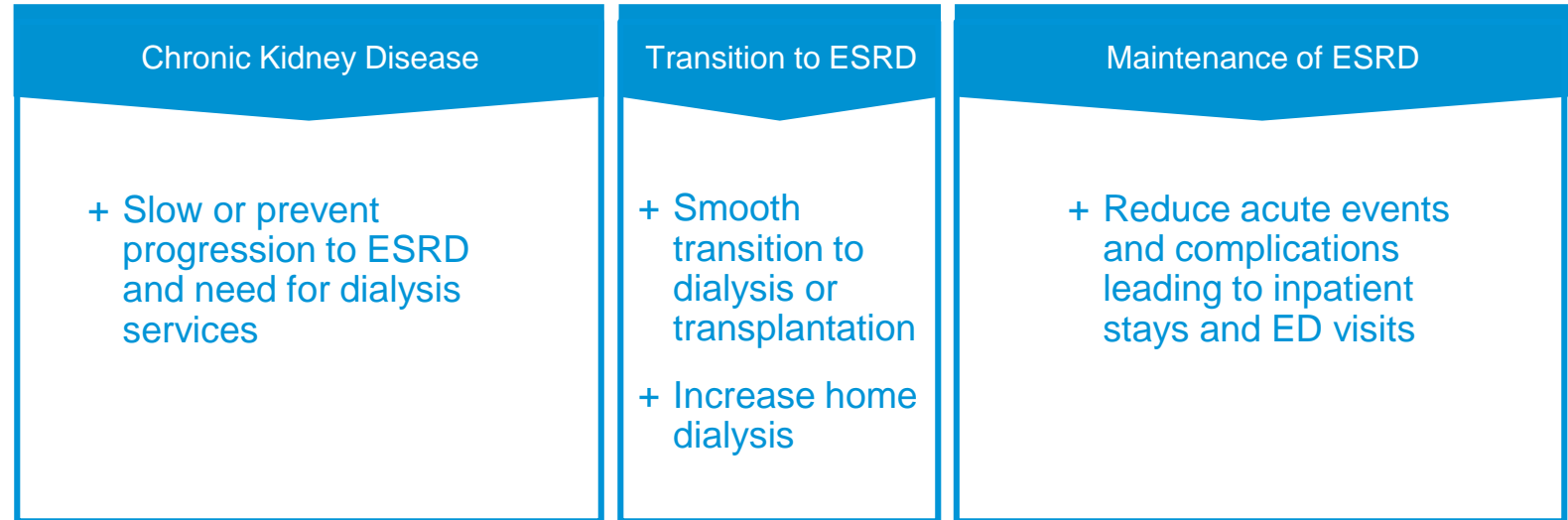
## Clinical care continuum of chronic kidney disease through end stage renal disease



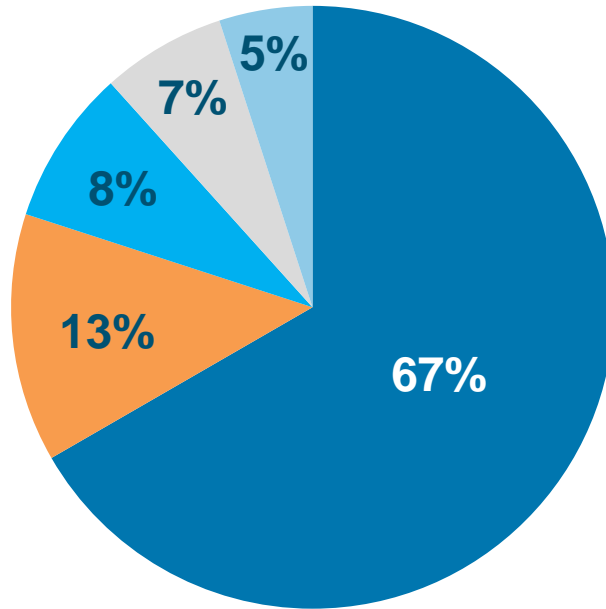
# High Value, Advanced Kidney Care



**GOAL: Achieve high-value advanced kidney care through value-based payments**



# Savings Drivers



- Delay CKD Progression
- Inpatient Admissions
- Increase Kidney Transplantation
- Increase Planned Dialysis Starts
- Other

# Strategic Goals



- Total cost of care accountability, including pharmacy costs
- Disease-specific and whole person care
- Increase dialysis competition, drive down dialysis fees
- Increase engagement of independent nephrologists with value-based care
- Incentivize kidney transplantation



Questions?

Thank You!