IMPROVING ACCESS TO
DIABETES MEDICATIONS, SUPPLIES, AND SERVICES

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LEARNING OBJECTIVES

At the conclusion, participants will be able to:

- Identify ways to improve access to medications and supplies
- Assist patients with connecting to community resources
- Advocate for affordable medications and services
## DIABETES COSTS OF CARE

*COSTS IN $BILLIONS

<table>
<thead>
<tr>
<th></th>
<th>USA</th>
<th>Missouri</th>
<th>Kansas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number (Prevalence)</td>
<td>27.7 million (7.6%)</td>
<td>535 thousand (8.7%)</td>
<td>194 thousand (6.6%)</td>
</tr>
<tr>
<td>Direct Cost*</td>
<td>$237</td>
<td>$4.9</td>
<td>$1.7</td>
</tr>
<tr>
<td>Indirect Cost*</td>
<td>$90</td>
<td>$1.8</td>
<td>$0.7</td>
</tr>
<tr>
<td>Total Cost*</td>
<td>$327</td>
<td>$6.7</td>
<td>$2.4</td>
</tr>
</tbody>
</table>

## COST CATEGORIES OF DIABETES MEDICAL CARE

<table>
<thead>
<tr>
<th>Category</th>
<th>% of Total</th>
<th>% of Outpatient Medications &amp; Supplies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospital</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>Outpatient Physician</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Emergency Dept.</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Outpatient Medications &amp; Supplies</td>
<td><strong>45</strong></td>
<td></td>
</tr>
<tr>
<td>Insulin</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>Diabetes Supplies</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Other Diabetes Medications</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>Prescription Medications</td>
<td>*30</td>
<td>67</td>
</tr>
</tbody>
</table>

*Not all attributed to diabetes

**Total attributed to diabetes = 38%
## COSTS BY INSURANCE CATEGORY

<table>
<thead>
<tr>
<th>Category</th>
<th>% Private (N = 8.8 M/35%)</th>
<th>% Government (N = 14.6 M/58%)</th>
<th>% Uninsured (N = 1.4 M/6%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospital</td>
<td>27</td>
<td>74</td>
<td>3</td>
</tr>
<tr>
<td>Outpatient Physician</td>
<td>39</td>
<td>60</td>
<td>1</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>45</td>
<td>53</td>
<td>2</td>
</tr>
<tr>
<td>Outpatient Emergency Dept</td>
<td>42</td>
<td>51</td>
<td>7</td>
</tr>
<tr>
<td>Outpatient Medication &amp; Supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insulin</td>
<td>23</td>
<td>75</td>
<td>2</td>
</tr>
<tr>
<td>Diabetes Supplies</td>
<td>37</td>
<td>58</td>
<td>5</td>
</tr>
<tr>
<td>Other Diabetes Medications</td>
<td>30</td>
<td>68</td>
<td>2</td>
</tr>
<tr>
<td>Prescription Medications</td>
<td>35</td>
<td>64</td>
<td>&lt;1</td>
</tr>
</tbody>
</table>
INDIRECT COSTS OF DIABETES

Indirect Health Costs

➢ Work Productivity
  ➢ Approximately 10% decrease; largest effect in young adults*

➢ Absenteeism

➢ “Presenteeism”

➢ Inability to Work/Disability

➢ Not in Workforce

➢ Premature Mortality

*Magliano et al. Diab Care 2018;41:979-84
IMPACT ON PATIENTS WITH DIABETES

• Health Outcomes
  • 25% of patients ration insulin
  • Avoidable hospitalizations for DKA, hypoglycemia (especially young adults)

• Financial
  • Increased out-of-pocket costs
  • Illegal secondary markets (e.g. Craig’s List)

• Quality of Life

Riddle & Herman. The Cost of Diabetes Care--n Elephant in the Room. Diabetes Care 2018;41:929–932
12-day period in 2019

Craig’s List ads for albuterol, insulin, Epi-pens

“The unregulated sale and purchase of prescription medication is prohibited by law and Craigslist policy.”

Table Title:
Frequency of Advertisements for Albuterol and Insulin on Craigslist and Difference in Advertised and Retail Price From Drugs.com

William T. Cefalu et al. Dia Care 2018;41:1299-1311
Medicare market share of four insulin product categories, 2006–2013.
WHY IS INSULIN SO EXPENSIVE

- Three manufacturers in the US - Eli Lily, Sanofi, Novo Nordisk
- Increased list prices – doubled or tripled in last decade
- Complex insulin supply chain
  - Difference between list and net prices
  - Rebates generally not passed to the patient
  - List prices have more impact on out-of-pocket costs
- Increased use of higher priced insulins
- High deductible insurance plans/variability of benefits
- Regulatory burden of approval for biosimilars

Report of changes in list and net prices for Lantus.

Sources: Truven Health Analytics (list prices) and Bernstein (net price estimates)

William T. Cefalu et al. Dia Care 2018;41:1299-1311
Schematic of insulin supply chain.
Standard Medicare prescription drug benefit, 2018 (50).

William T. Cefalu et al. Dia Care 2018;41:1299-1311

©2018 by American Diabetes Association
HOW TO ADDRESS HIGH INSULIN COSTS

- Discuss costs, advantages, disadvantages of insulins with patients; provide information on medication assistance programs
- Include insulin formulary and cost information in the EHR
- Eliminate “gag” rules for pharmacists to discuss lower cost insulins
- Eliminate co-pay savings cards
- Prescribe the lowest-priced insulin that is effective and safe
- List prices should more closely reflect net prices; reduce rebates on list prices
- Limit cost sharing to co-pays; No co-pay for regular and NPH
- Pass rebates to patients
- Transparency in the insulin supply chain
- Reduce regulatory burden of new biosimilars
- Update clinical guidelines to include evidence-based use of all insulins

Adapted from: ADA Insulin access and affordability working group Diab Care 2018 41:1299-1311 and The Endocrine Society Position Statement on Increasing Insulin Affordability www.endocrine.org
Help with Your Diabetes Prescription and Insulin Costs

All people with T1D should have affordable access to insulin. While sharing the resources below that can help with costs, JDRF is also fighting for changes from manufacturers, health plans, employers, and the government to make insulin more affordable. Learn more here.

Prescription costs for drugs to treat type 1 diabetes (T1D) can make up a large percentage of what you pay each year for healthcare. There are a few ways you
DIABETES SUPPLIES

- Glucose testing supplies
  - Meters
  - Strips
  - Lancets

- Continuous glucose monitors
  - Commercial insurance
  - Medicare
  - Missouri Medicaid
The tiny break in the blue circle represents <0.03% of the time a patient with diabetes actually spends with a medical professional in a year

Desmond Schatz Dia Care 2016;39:1657-1663
DIABETES SELF MANAGEMENT EDUCATION

• Medicare Part B
  • Up to 10 hours of initial training—1 hour of individual training and 9 hours of group training.
  • Up to 2 hours of follow-up training each year if it takes place in a calendar year after the initial year
  • 20% co-pay
• Missouri Medicaid
  • Children under age 21 and women with diabetes in pregnancy
ONLINE DIABETES EDUCATION RESOURCES

- JDRF
  - www.JDRF.org
- American Diabetes Association
  - www.diabetes.org
- Association of Diabetes Care and Education Specialists
  - www.diabeteseducator.org
- National Institutes of Health
  - www.niddk.nih.gov/health-information/diabetes
COMMUNITY DIABETES SELF-MANAGEMENT PROGRAM (DSMP)

www.moarthritis.org/
SOCIAL DETERMINANTS AND DIABETES

- **Food insecurity**
  - Worse glucose control -- hyperglycemia and hypoglycemia.
- **Unstable housing**
  - Five-fold increase in emergency department visits
- **Access to care**
  - ACA reduced out of pocket medical expenses for low-income families
  - High deductible plans associated with increased high-severity emergency department visits and hospitalizations
- **Poor neighborhoods**
  - Higher prevalence of diabetes


Berkowitz et al. Unstable Housing and Diabetes Related Emergency Department Visits and Hospitalization: A Nationally Representative Study of Safety-Net Clinic Patients. *Diab Care* 2018;41:933–939
SOCIAL REFERRAL NETWORK PLATFORMS

Aunt Bertha
First Call Technology
Healthify
IRIS
Signify Community
United Way 211

[Images of website screenshots]
COMMUNITY HEALTH WORKERS

- Frontline public health workers
- Close, trusted relationship with the community
- Serve as a liaison between clinical care and community resources
- Improve cultural competency of care
- Improve health outcomes
OTHER COMMUNITY SOURCES OF SUPPORT

• Faith Communities/Churches
• Employers
• Community Centers
• Commercial Weight Loss Programs
LEGAL ADVOCACY

- Work place
- School
- Housing
- Driving
- Correctional Facilities

American Diabetes Association (handles about 30 cases/year in MO)
JDRF
POLICY ADVOCACY

- Access to adequate, affordable health care
- Affordable insulin
  - 8 states have caps on insulin costs
  - 16 states have legislation proposed in 2020 to cap insulin costs
  - MSMA has policy to advocate for capping insulin costs
  - Companies and drug manufacturers have started capping costs
- Protections for people with diabetes
SHOW ME ECHO (EXTENSION FOR COMMUNITY HEALTH OUTCOMES)
SHOWMEECHO.ORG

Extending Specialty Care into Primary Care

Show-Me ECHO (Extension for Community Healthcare Outcomes) uses videoconferencing technology to connect a team of interdisciplinary experts with primary care providers. The discussions with and mentoring from specialists help equip primary care providers to give their patients the right care, in the right place, at the right time.
• Riddle MC, Herman WH. The Cost of Diabetes Care--an Elephant in the Room. *Diabetes Care* 2018;41:929–932


• Herkert D, Pavithra V, Jing L, Schwartz JI, Rabin TL, DeFilippo E, Lipska KJ. Cost-Related Insulin Underuse Among Patients with Diabetes. *JAMA Internal Medicine* 2019;179(1):112-3


• Casagrande SS, McEwen LN, Herman WH. Changes in Health Insurance Coverage under the Affordable Care Act: a National Sample of U.S. Adults with Diabetes, 2009 and 2016. *Diabetes Care* 2018;41:956–962

• Magliano DJ, Martin VJ, Owen AJ, Zomer E, Liew D. The productivity burden of diabetes at a population level. *Diabetes Care* 2018;41:979–984


• Berkowitz SA, Kalkhoran S, Edwards ST, Essien UR, Baggett TP. Unstable Housing and Diabetes Related Emergency Department Visits and Hospitalization: A Nationally Representative Study of Safety-Net Clinic Patients. *Diabetes Care* 2018;41:933–939