Diabetes Employer Learning Collaborative

May 24, 2022

1:00 PM – 2:30 PM Eastern

Many thanks to the **National Association of Chronic Disease Directors**

for their support!

Learning Objectives for Today's ELC

- Learn about national and state demographics and prediabetes/diabetes statistics

- Understand the State of Florida's goals and objectives for reducing the prevalence of diabetes

- Learn about the National Diabetes Prevention Program (NDPP)

Future ELC Session Topics

- Employer Case Study

- Achieving Health Equity

- Benefit Design Recommendations and The Business Case for Employers Covering the NDPP

- CDC Recognized NDPP Providers/Vendors

- How to Promote the NDPP Successfully

- The Tie to Weight Management Initiatives

FLORIDA ALLIANCE
FOR HEALTHCARE VALUE
LED BY FLORIDA'S TOP EMPLOYERS SINCE 1984

AGENDA

- **The National Diabetes Prevention Program** -- Miriam T. Bell, CDC
- Florida Department of Health **Diabetes Prevention and Management Program** – Jennifer Wahby, FLDOH
- Florida and National Markets – **Commercial Type 2 Diabetes Data** – Miranda Walden and Brandon Jerome, Sanofi

Today's Presenters

Miriam Bell, CDC   Jennifer Wahby, FLDOH   Miranda Walden, Sanofi   Brandon Jerome, Sanofi
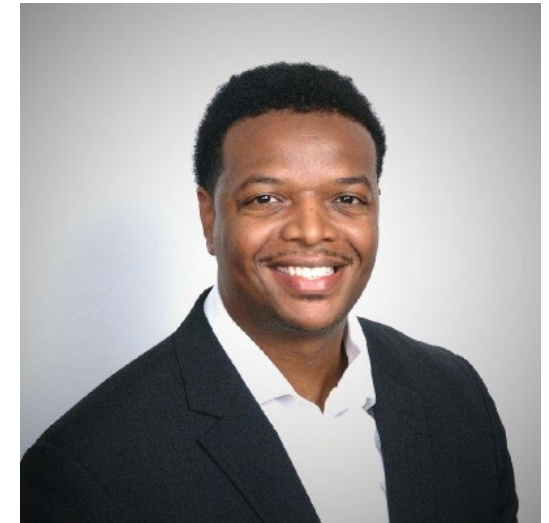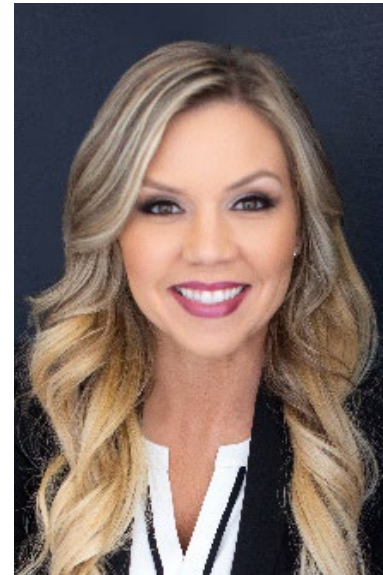
Employer Market Assessment

Following today's ELC, we will send you an email with a link to a brief survey – about 10 minutes – to gauge your interest and activities related to the NDPP.

The Florida Alliance, the National Association of Chronic Disease Directors, and the Florida Department of Health would greatly appreciate your time in completing the survey! **Thank you in advance!**

SURVEY

THE NATIONAL DIABETES PREVENTION PROGRAM

Florida Alliance for Healthcare Value

May 24, 2022

Miriam T. Bell, MPH | Team Lead, National DPP
Division of Diabetes Translation
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention

**Diabetes Prevention
Recognition Program**

NATIONAL
**DIABETES
PREVENTION
PROGRAM**

PREDIABETES COULD IT BE YOU?

88 MILLION

88 million American adults – more than 1 in 3 – have prediabetes

1 IN 3
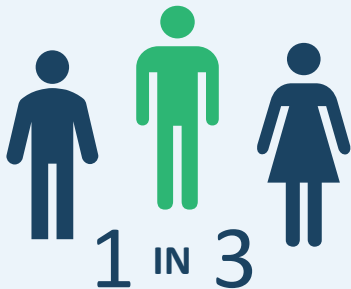
MORE THAN

8 IN 10

adults with prediabetes don't know they have it

Prediabetes increases your risk of:

TYPE 2 DIABETES

HEART DISEASE

STROKE

TYPE 2 DIABETES

PREDIABETES
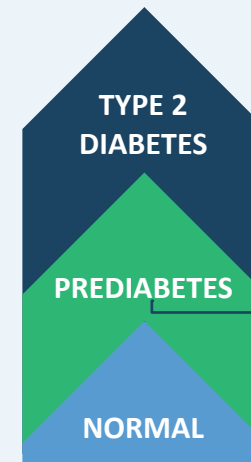
NORMAL

With prediabetes, your blood sugar levels are higher than normal. However, they are not high enough to be diagnosed as type 2 diabetes.

8

COST OF DIABETES IN THE US, 2017

$237 billion
a year in
medical costs

+

$90 billion
a year in
lost productivity

=

$327 billion

TRANSLATIONAL RESEARCH

Evidence- based interventions to prevent diabetes have been intensively studied and proven to be effective across multiple populations, both in the US and abroad.

NATIONAL DIABETES PREVENTION PROGRAM

The Division of Diabetes Translation's (DDT) National Diabetes Prevention Program (National DPP) is the largest national effort to mobilize and bring an evidence-based lifestyle change program to communities across the country!
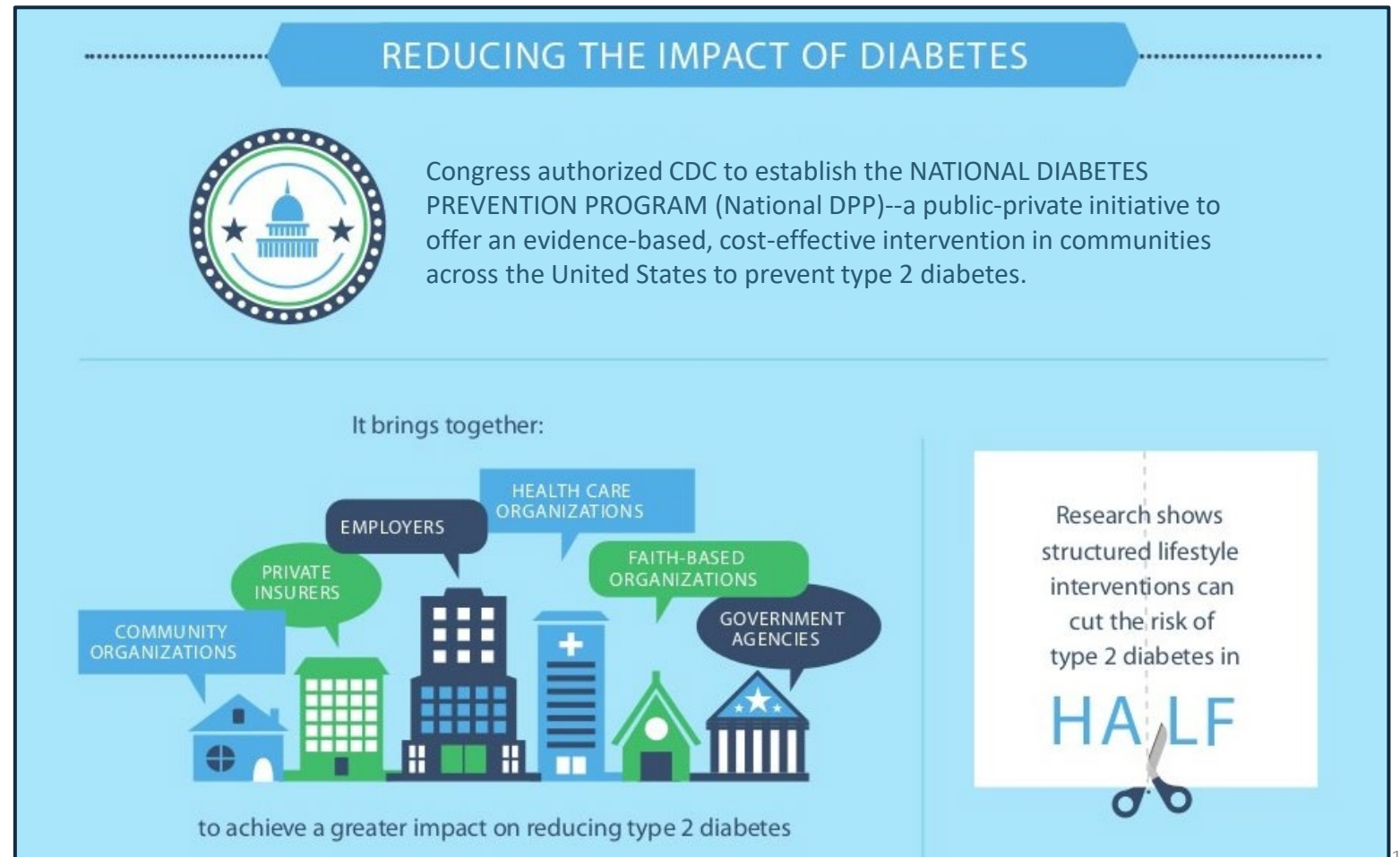
NATIONAL DIABETES PREVENTION PROGRAM

The National DPP relies upon a variety of public-private partnerships with community organizations, private and public insurers, employers, health care organizations, faith-based organizations, government agencies, and others working together to:

Build a workforce that can implement the lifestyle change program effectively

Ensure quality and standardized reporting

Deliver the lifestyle change program through organizations nationwide

Increase referrals to and participation in the lifestyle change program

NEW PREVENTT2 CURRICULUM

The PreventT2 curriculum is based on the original 2002 DPP trial and follow-up studies. It promotes modest weight loss (5%), increased physical activity, and reduction in HbA1C through a 12-month lifestyle change program. This curriculum includes cultural representations of people and foods while also reflecting new literature on self-efficacy, physical activity, and diet.

» **Updates to PreventT2 Curriculum:**

- Virtual Delivery
- Nutrition and Weight Loss Themes
- Personal Success Tool (PST) Modules
- Session Checklists
- Participant Profiles

- Action Planning
- Activity Log
- Food Tracking
- Nutritional Content
- Participant Guides
- Participant Guide Stories

PREVENTT2
A PROVEN PROGRAM TO PREVENT OR DELAY TYPE 2 DIABETES

Module 1: Introduction to the Program
Lifestyle Coach Guide

Enjoy Foods in Healthy Ways

Recipe Makeover Activity (10 minutes)

SAY:
Please look at "Recipe Makeover Activity" on page 10 in the Participant Guide.

For a virtual session, use the screen share feature to display the "Recipe Makeover Activity" group activity in the Participant Guide for all participants to view.

SAY:
For this activity, you will work with your partner again to make over a recipe. Use any of the recipe makeover ideas on the previous page or use your own ideas to create a healthier version of this dish.

If dividing participants into partners is not possible for a virtual session, have participants conduct the activity by themselves.

DO:
Share group assignments and begin small group meetings. Give participants an exact time to meet back as a whole group.

When participants return, conduct a short debrief. Ask for volunteers to share the ingredients they swapped and any ideas they used to create a healthier version.

For a virtual session, encourage participants to type their responses in the chat window or "raise their hand" in the web conferencing tool.

16 | Eating To Support Your Health Goals | Lifestyle Coach Guide
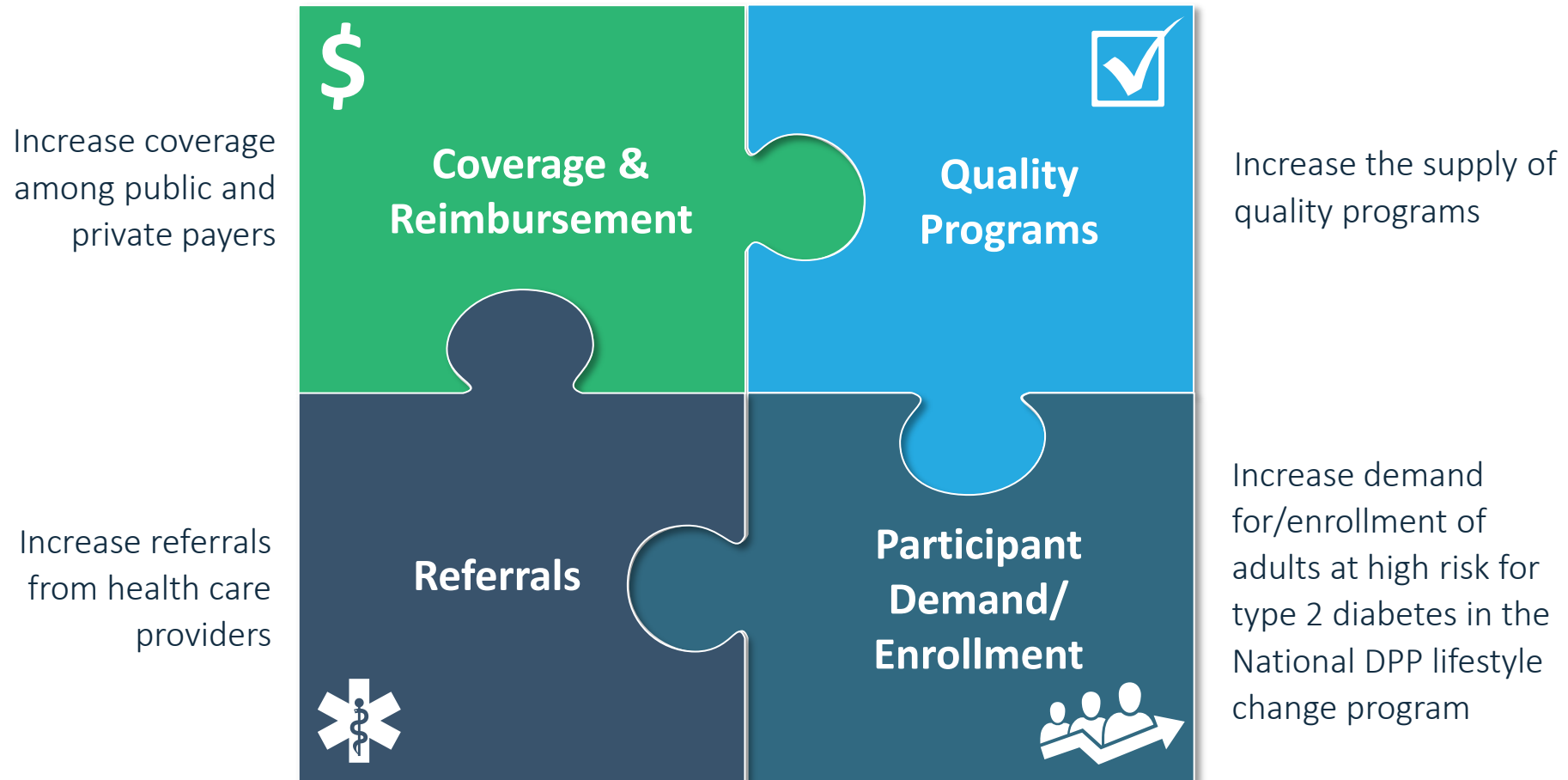
NATIONAL DPP STRATEGIC GOALS

Increase coverage among public and private payers

$
Coverage & Reimbursement

Quality Programs

Increase the supply of quality programs

Increase referrals from health care providers

Referrals

Participant Demand/ Enrollment

Increase demand for/enrollment of adults at high risk for type 2 diabetes in the National DPP lifestyle change program

NATIONAL DPP STRATEGIC GOALS

Quality Programs

Increase the supply of quality programs

SUPPLY OF QUALITY NATIONAL DPP PROGRAMS

CDC-recognized Organizations Across the US

Line chart of CDC-recognized organizations across the US:
- DEC 2012: 202
- DEC 2013: 485
- DEC 2014: 528
- DEC 2015: 748
- DEC 2016: 1,237
- DEC 2017: 1,627
- DEC 2018: 1,647
- DEC 2019: 1,526
- DEC 2020: 1,799
- MAY 2022: 2,190

CDC Diabetes Prevention Recognition Program: March 3, 2022
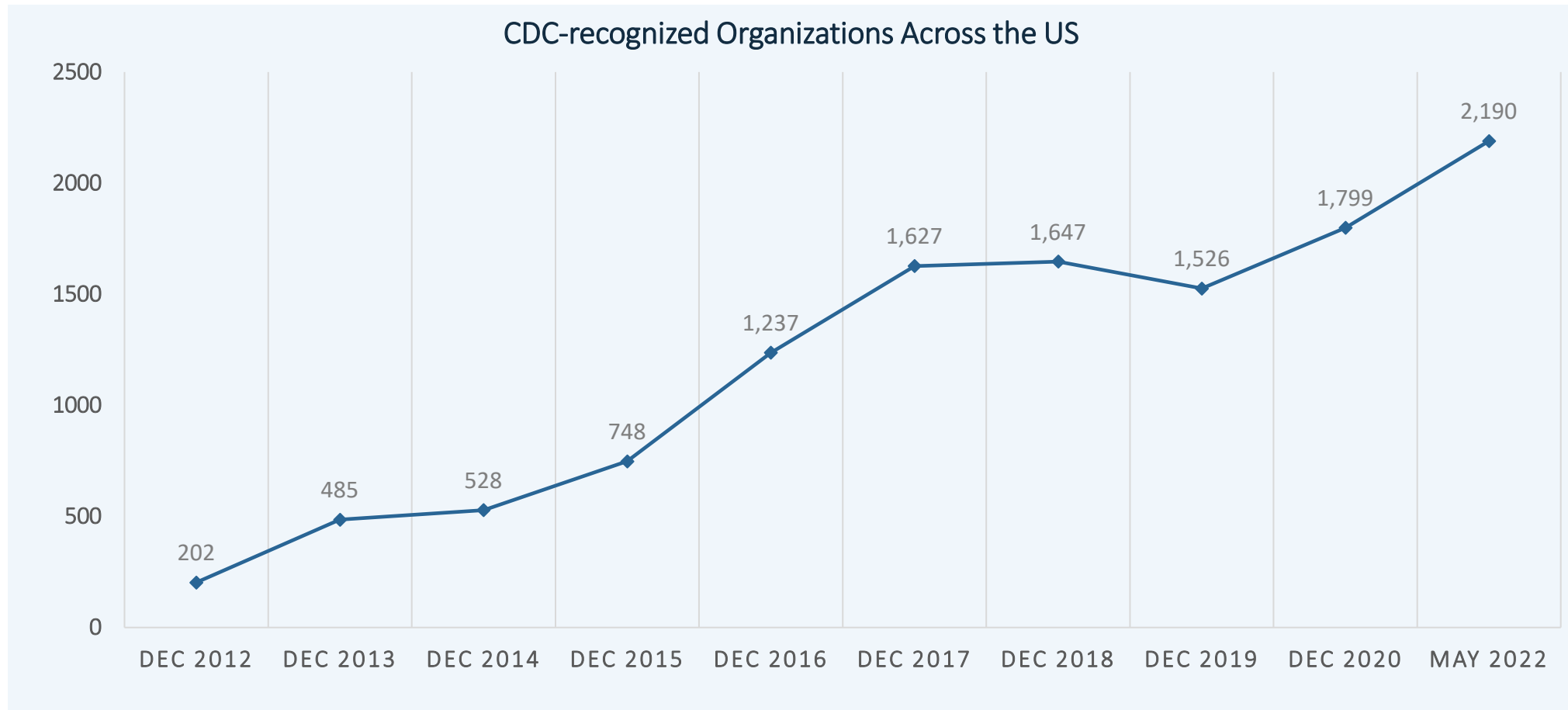
CDC RECOGNITION OVERVIEW

Recognition involves assuring quality by developing and maintaining a registry of organizations that are recognized by CDC's **Diabetes Prevention Recognition Program (DPRP)** for their ability to achieve outcomes proven to prevent or delay onset of type 2 diabetes.

Key Activities

Quality Standards

- DPRP Standards and Operating Procedures (updated every 3 years)

Registry of Organizations

- Online registry and program locator map
- Includes organizations with pending, preliminary, and full recognition

Data Systems

- Data analysis and reporting
- Feedback/technical assistance for CDC-recognized organizations

2021 DPRP STANDARDS KEY REQUIREMENT UPDATES

New Attendance Requirement

» **Requirement 5:** Organizations must retain at least 5 completers in the evaluation cohort (eligible participants in the evaluation cohort who attended at least 8 sessions in months 1- 6 and whose time from the first session held by the cohort to the last session attended by the participant is at least 9 months).

New Risk Reduction Requirement

» **Requirement 6:** Organizations must show that there has been a reduction in risk of developing type 2 diabetes among completers in the evaluation cohort by showing that at least 60% of all completers achieved **at least one** of the following outcomes:

- At least 5% weight loss 12 months after the cohort began OR

- At least 4% weight loss and at least 150 minutes/week on average of physical activity 12 months after the cohort began OR

- At least a 0.2% reduction in HbA1C

For more information on 2021 DPRP Standards, visit the National DPP Customer Service Center

BENEFITS OF CDC RECOGNITION

There are many benefits to having CDC recognition for your program, including:

» **Quality**—linked to national quality standards and outcomes proven to prevent/delay onset of type 2 diabetes

» **Data**—enables CDC to monitor progress individually by program and across the nation

» **Sustainability/Reimbursement**—private and public payers reimbursing for the program are requiring CDC recognition

» **Support**—recognized programs have access to technical assistance, training, and resources

» **Marketing**—effective marketing tool to encourage referrals ("Our program meets CDC national quality standards.")
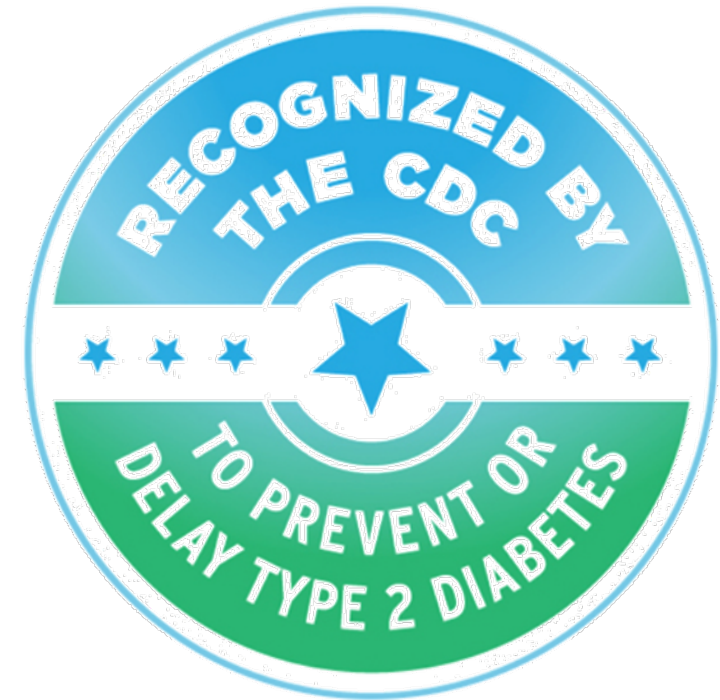
NATIONAL DPP STRATEGIC GOALS

Participant Demand/ Enrollment

Increase demand for/enrollment of adults at high risk for type 2 diabetes in the National DPP lifestyle change program

ENROLLMENT IN THE NATIONAL DPP LIFESTYLE CHANGE PROGRAM

Cumulative Number of Individuals Enrolled in the National DPP Lifestyle Change Program

Data points:
- DEC 2012: 923
- DEC 2013: 10,089
- DEC 2014: 26,874
- DEC 2015: 69,776
- DEC 2016: 129,485
- DEC 2017: 217,278
- DEC 2018: 346,936
- DEC 2019: 470,860
- DEC 2020: 537,500
- MAY 2022: 629,900

CDC Diabetes Prevention Recognition Program: March 3, 2022
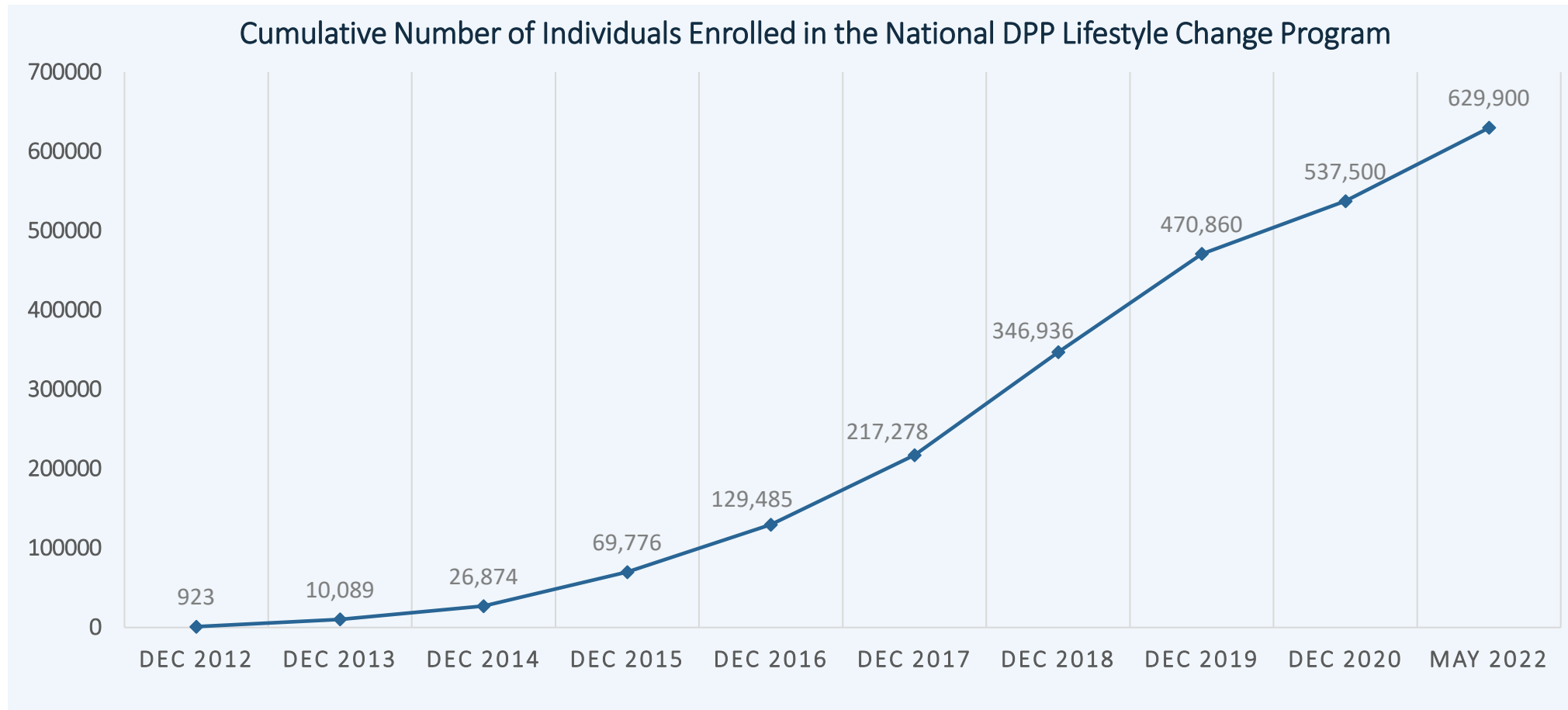
DO I HAVE PREDIABETES?

Award winning national prediabetes awareness campaign, in partnership with the American Medical Association (AMA) and the Ad Council

» **Primary Goal:**

- Increase awareness of prediabetes among adults aged 40+ years in US

» **Sub-goals:**

- Increase the number of individuals completing the prediabetes risk test

- Increase the number of unique campaign website visitors

- Increase the number of individuals searching for CDC-recognized organizations offering the National DPP lifestyle change program–by zip code/city

**RISK OF SHARK ATTACK:
1 IN 11.5 MILLION**

**RISK OF PREDIABETES:
1 IN 3 ADULTS**

DoIHavePrediabetes.org

NATIONAL DPP STRATEGIC GOALS

Referrals

Increase referrals from health care providers
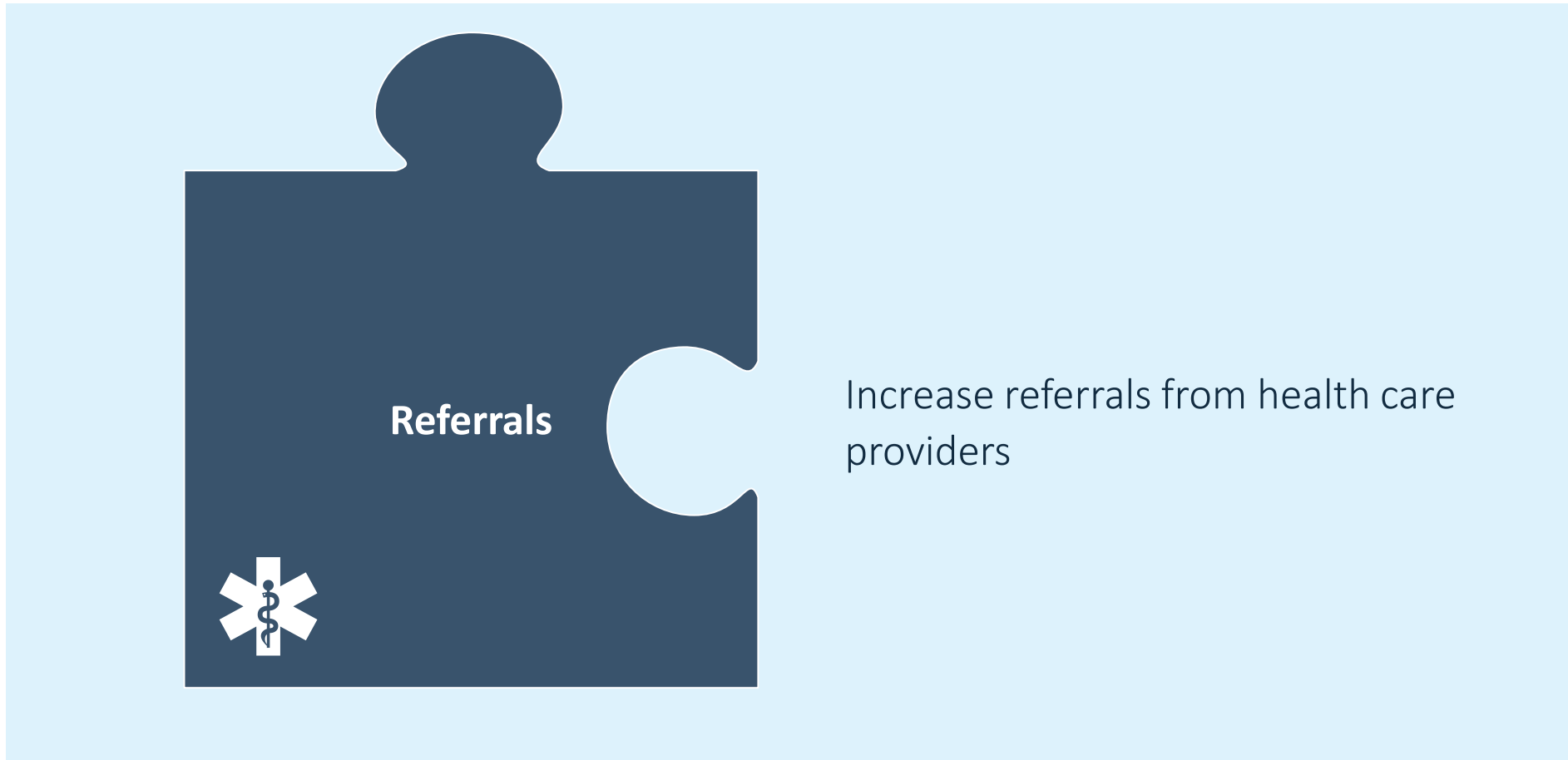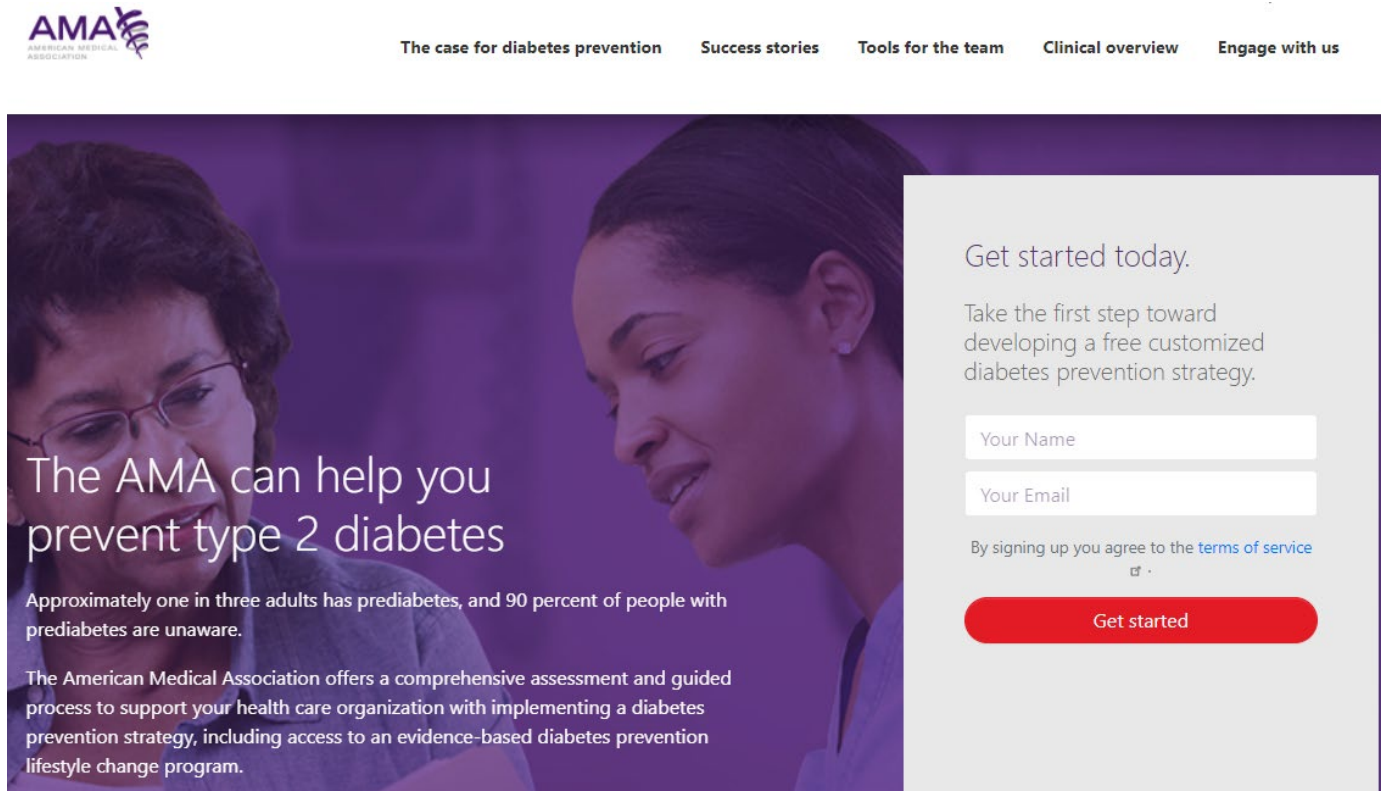
INCREASE REFERRALS FROM HEALTH CARE PROVIDERS

» CDC works with numerous partners to help identify and refer at-risk individuals to CDC-recognized organizations.
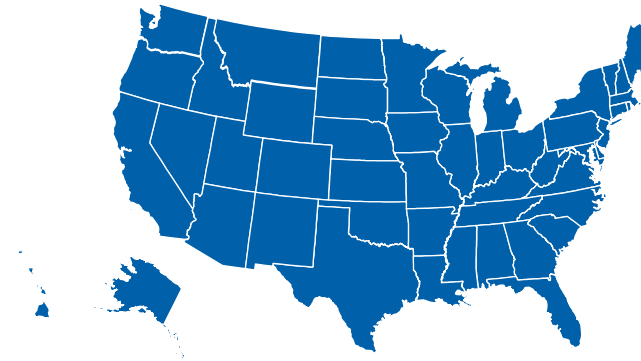
AMA PREVENT DIABETES

» AMA offers an interactive, guided process to support health care organizations in implementing a type 2 diabetes prevention strategy.

NATIONAL DPP STRATEGIC GOALS

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Coverage & Reimbursement
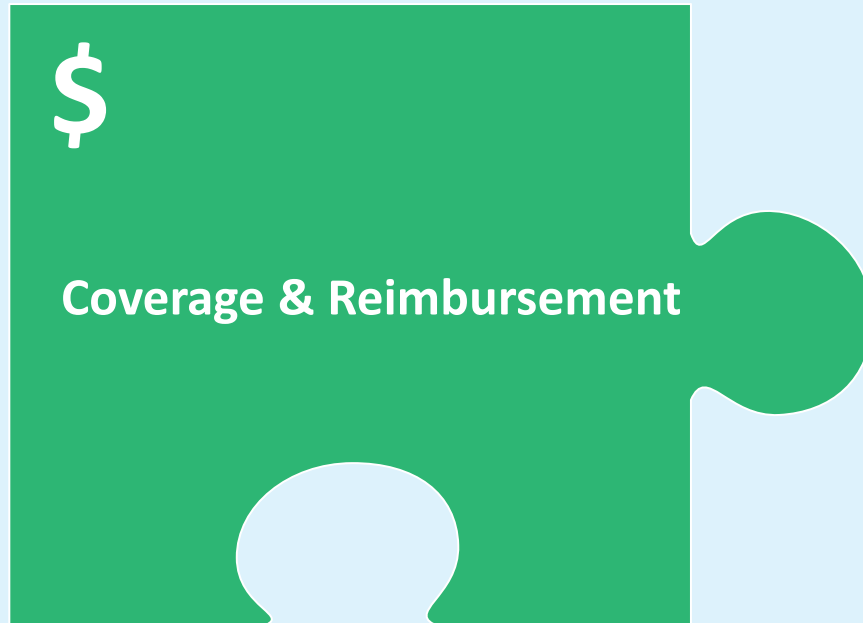
Increase coverage among public and private payers

ALL-PAYER COVERAGE

» Goal: Work with all public and private insurers and employers to eliminate cost barriers for participants in the National DPP lifestyle change program and sustain program delivery organizations long-term

Private Sector	Public Sector: State/Local	Public Sector: Federal
• Self Insured Employers • Health Plans	• State/Public Employee Benefit Plans	• Centers for Medicare & Medicaid Services (CMS)
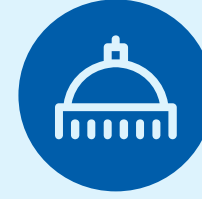
NATIONAL DPP COVERAGE FOR PUBLIC EMPLOYEES

» Over 5 million public employees and dependents in 29 states have the National DPP lifestyle change program as a covered benefit.

States with Coverage for State/Public Employees
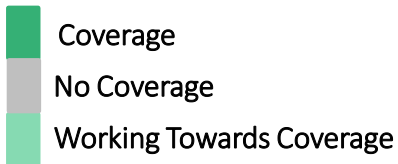
- California
- Colorado
- Connecticut (DoT workers)
- Delaware
- Georgia (Kaiser members)
- Hawaii
- Indiana
- Kentucky
- Louisiana
- Maine
- Maryland (partial payment)
- Minnesota
- Montana
- Nebraska
- New Hampshire
- New York
- North Dakota
- Oklahoma
- Oregon (educators/local government)
- Pennsylvania
- Rhode Island
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Washington
- Wisconsin
- Wyoming

Coverage
No Coverage
Working Towards Coverage

TOOLS AND RESOURCES

NATIONAL DPP CUSTOMER SERVICE CENTER

The National DPP Customer Service Center (CSC) provides a hub for resources, training, and technical assistance for CDC-recognized organizations and other National DPP stakeholder groups.

Find Resources and Info

- Quickly and easily find resources and events relevant to your needs (FAQs, toolkits, training videos, webinars, etc.)

- Discuss opportunities and challenges with the National DPP community

Receive Technical Assistance

- Engage with technical assistance coordinators and subject matter experts via the web-based platform or email

- View the status of and update existing technical assistance requests

Provide Feedback and Input

- Submit feedback on your satisfaction with the technical assistance, resources, and web-based platform

- Share success stories and suggest additional resources

https://nationaldppcsc.cdc.gov/s/

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NATIONAL DPP COVERAGE TOOLKIT

National Diabetes Prevention Program
Coverage Toolkit

This online toolkit was developed to provide information about the mechanics of covering the National Diabetes Prevention Program (National DPP) lifestyle change program.

Medicaid Agencies

Learn More

Medicaid MCOs

Learn More

Commercial Payers

Learn More

Medicare

Learn More

https://coveragetoolkit.org/

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WHAT YOU CAN DO...

1   RAISE AWARENESS of prediabetes and the National DPP
- *www.cdc.gov/diabetes/prevention/prediabetes-type2*

2   REFER PEOPLE at risk to a CDC-recognized organization
- *https://www.cdc.gov/diabetes/prevention/people-at-risk.html*

3   OFFER THE PROGRAM by becoming a CDC-recognized organization
- *https://www.cdc.gov/diabetes/prevention/program-providers.htm*

4   INCLUDE THE PROGRAM AS A COVERED BENEFIT for your employees, plan members, or beneficiaries
- *https://coveragetoolkit.org/*

Diabetes Prevention Recognition Program

NATIONAL DIABETES PREVENTION PROGRAM

THANK YOU!

Questions?

Email: mbell5@cdc.gov

**Diabetes Prevention
Recognition Program**

NATIONAL
**DIABETES
PREVENTION**
PROGRAM

Florida Department of Health

Mission

To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts

Vision

To be the Healthiest State in the Nation

Strategic Goals and Objectives

State Health Improvement Plan (SHIP)

Agency Strategic Plan

Division Strategic Plan

CDC 1815 Strategies

Diabetes Prevention and Management Program

Purpose:

To increase awareness of prediabetes risk factors and modes of prevention and to provide an evidence-based foundation to empower people with diabetes to navigate self-management decisions and activities.

Diabetes Prevention and Management Program

- 1815 Category A Grant: Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke

- 1705 Grant: Scaling the National Diabetes Prevention Program (National DPP) in Underserved Areas

- Insulin Distribution Program

What is Diabetes?

- Diabetes is a chronic (long-lasting) health condition that affects how your body turns food into energy.

- If you have diabetes, your body either doesn't make enough insulin or can't use the insulin it makes as well as it should.

Different Types of Diabetes

- Type 1 diabetes
- Type 2 diabetes
- Gestational diabetes
- Prediabetes (preliminary disease stage of type 2 diabetes)

THE ROAD TO TYPE 2 DIABETES

	A1C TEST	FASTING BLOOD SUGAR TEST	GLUCOSE TOLERANCE TEST
DIABETES	6.5% or above	126 mg/dL or above	200 mg/dL or above
PREDIABETES	5.7 – 6.4%	100-125 mg/dL	140-199 mg/dL
NORMAL	Below 5.7%	99 mg/dL or below	140 mg/dL or below

Source: American Diabetes Association

CDC

Type 1 Diabetes

- When the body does not make insulin.
- Thought to be caused by an autoimmune reaction that destroys the cells that make insulin in the pancreas.
- Previously called insulin-dependent or juvenile diabetes.
- Usually diagnosed in children, teens, and young adults, but it can develop at any age.
- Risk factors include family history and age.

Centers for Disease Control and Prevention. (2020). Type 1 Diabetes. Retrieved from https://www.cdc.gov/diabetes/basics/type1.html

Type 2 Diabetes

Risk Factors of Diabetes

- Overweight
- Parent(s) With Diabetes
- 45 Years +
- Sister or Brother with Diabetes
- Physically active less than 3 times a week.
- Family Background: African American, Hispanic/Latino, American Indian, Asian American, or Pacific Islander
- Gestational Diabetes Or gave birth to a baby weighing 9 + pounds.

IF YOU HAVE TWO OR MORE OF THESE RISK FACTORS, you should consider getting a blood test for diabetes from a health care provider.

- Occurs when the body does not respond normally to insulin, causing an increase in blood sugar.

- Most often develops in people over the age 45, but more and more children, teens, and young adults are developing it.

Centers for Disease Control and Prevention. (2020). Type 2 Diabetes. Retrieved from https://www.cdc.gov/diabetes/basics/type2.html

Gestational Diabetes

Occurs when the body cannot make enough insulin during pregnancy.

- Develops in pregnant women who have never had diabetes before

- Typically no symptoms

Risk factors include:

- Overweight and obesity

- A lack of physical activity

- Previous gestational diabetes or prediabetes

- Diabetes in an immediate family member

- Previously delivering a baby weighing more than 9 pounds

Centers for Disease Control and Prevention. (2020). Gestational Diabetes. Retrieved from
https://www.cdc.gov/diabetes/basics/gestational.html

Prediabetes

- A serious health condition where blood sugar levels are higher than normal, but not high enough to be diagnosed as type 2 diabetes.

- A normal A1C level is below 5.7%
  - A level of 5.7% to 6.4% indicates prediabetes
  - A level of 6.5% or more indicates diabetes

- Within the 5.7% to 6.4% prediabetes range, the higher your A1C, the greater your risk is for developing type 2 diabetes.

THE ROAD TO TYPE 2 DIABETES

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DIABETES	6.5% or above	126 mg/dL or above	200 mg/dL or above
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NORMAL	Below 5.7%	99 mg/dL or below	140 mg/dL or below

Source: American Diabetes Association

Centers for Disease Control and Prevention. (2020). Prediabetes. Retrieved from https://www.cdc.gov/diabetes/basics/prediabetes.html

Florida HEALTH

Diabetes Complications

Diabetes can increase the risk of heart disease and stroke and can lead to other serious complications such as:

- Blindness
- Kidney Failure
- Amputation (of a toe, foot or leg)
- Hearing Loss
- Disorientation (due to high or low blood sugar)
- Skin and digestive issues
- Ketoacidosis (DKA)

Diabetes by the Numbers

34.2 million Americans have diabetes

7th Leading cause of death in the U.S. and Florida

88 million Americans have pre-diabetes

2.4 Million Floridians, or **13.1%** of the adult population, have diabetes

Diabetes Burden

- In Florida, annual costs of diabetes are estimated to be $25 billion.

- The economic burden for a person with diabetes averages $10,970 per year.

- Preventing diabetes is critical for the health and wealth of our state and health systems.

Florida Diabetes Report. (2021) Retrieved from https://www.floridahealth.gov/provider-and-partner-resources/dac/reports-and-publications.html

Ways to Prevent Diabetes

1. Get regular exercise

2. Follow a healthy eating plan

3. Drink water as your primary beverage

4. Quit smoking

5. Watch portion sizes

6. If you are pre-diabetic, enroll in the National Diabetes Prevention Program (NDPP)

   May be available online, live-virtual classes or in-person.

Lifestyle Change Programs

- National Diabetes Prevention Program (National DPP), also referred to as the Lifestyle Change Program (LCP)
  - National DPP services help people with prediabetes prevent or delay type 2 diabetes.

- Diabetes Self-Management Education and Support (DSMES)
  - DSMES program empowers people with diabetes to learn how to manage their diabetes, reduce their A1c levels, management of medication and live healthier lifestyles.

Diabetes Education Underutilized

- Few people with diabetes receive diabetes education.
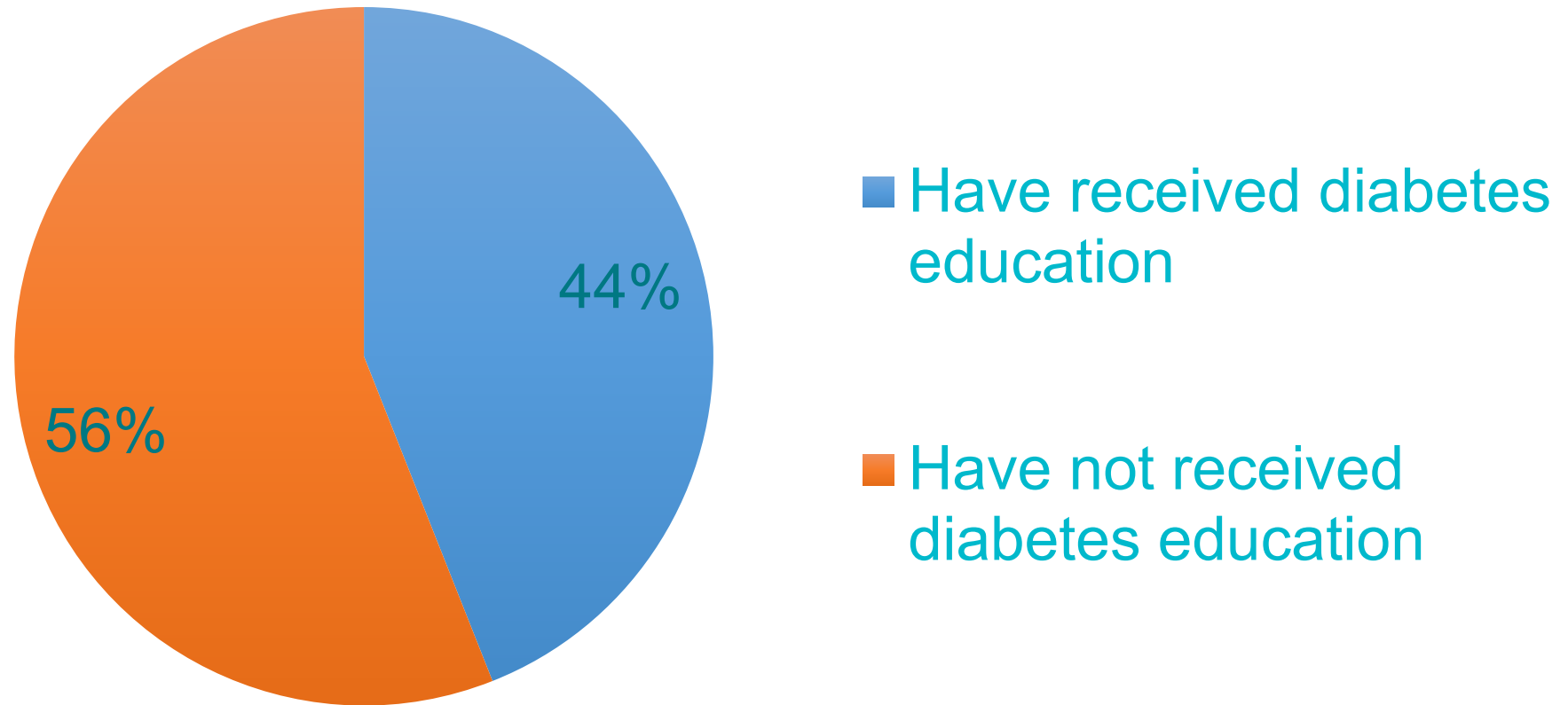
44%

56%

■ Have received diabetes education

■ Have not received diabetes education

Florida Lifestyle Change Program Successes

- Over 40,000 enrolled participants statewide as of January 2021.

- Over 31,000 DSMES encounters in 2019.

- About 40 trained lifestyle coaches statewide.

- 130 Recognized Lifestyle Change Programs statewide.

- Over 100 DSMES programs.

- 14 Medicare Diabetes Prevention Program (MDPP) provider organizations.

National DPP Partnerships

The following programs have partnership with the Diabetes Prevention and Management Program to help expand the reach of the National DPP or provide direct services to patients.

- County Health Departments in Alachua, Bay, Escambia, Gadsden, Flagler, Hillsborough, Palm Beach, Jackson, Lake, Santa Rosa, St. Lucie and Union.
- Dynamic Therapy and Wellness Inc.

DSMES Partnerships

The following programs have partnership with the Diabetes Prevention and Management Program to help expand the reach of DSMES or provide direct services to individuals.

- County Health Departments in Alachua, Bay and Flagler
- University of Florida
- Big Bend Area Health Education Center
- Health Planning Council of Southeast Florida
- Holy Cross Hospital

Insulin Distribution Program

- The Insulin Distribution Program is a safety-net program and is only to be used when there is no other resource available for insulin.

- Central Pharmacy and CHDs with a licensed pharmacy are authorized to fill client-specific insulin prescriptions. CHDs without a licensed pharmacy must forward insulin prescriptions to the Central Pharmacy.

Access to the Insulin Distribution Program

The County Health Department (CHD) will determine the eligibility of each patient.

Additional documentation may be required for income, Florida residency, insurance status and assets.

If the CHD has an on-site pharmacy, the CHD retains the original application form.

If the CHD does not have an on-site pharmacy, they will mail the original application and prescription to: **Central Pharmacy; 104-2 Hamilton Park Drive; Tallahassee, FL 32304**

CHDs with on-site Pharmacy

County	
Duval County	
Hillsborough County	
Sarasota County	
Broward County	Pompano Beach
	Ft. Lauderdale
Miami Dade County	

DO YOU HAVE PREDIABETES?

Prediabetes Risk Test

1 How old are you?

Less than 40 years (0 points)
40—49 years (1 point)
50—59 years (2 points)
60 years or older (3 points)

2 Are you a man or a woman?

Man (1 point)   Woman (0 points)

3 If you are a woman, have you ever been diagnosed with gestational diabetes?

Yes (1 point)   No (0 points)

4 Do you have a mother, father, sister, or brother with diabetes?

Yes (1 point)   No (0 points)

5 Have you ever been diagnosed with high blood pressure?

Yes (1 point)   No (0 points)

6 Are you physically active?

Yes (0 points)   No (1 point)

7 What is your weight status? (see chart at right)

Write your score in the box.

Height	Weight (lbs.)		
4' 10"	119-142	143-190	191+
4' 11"	124-147	148-197	198+
5' 0"	128-152	153-203	204+
5' 1"	132-157	158-210	211+
5' 2"	136-163	164-217	218+
5' 3"	141-168	169-224	225+
5' 4"	145-173	174-231	232+
5' 5"	150-179	180-239	240+
5' 6"	155-185	186-246	247+
5' 7"	159-190	191-254	255+
5' 8"	164-196	197-261	262+
5' 9"	169-202	203-269	270+
5' 10"	174-208	209-277	278+
5' 11"	179-214	215-285	286+
6' 0"	184-220	221-293	294+
6' 1"	189-226	227-301	302+
6' 2"	194-232	233-310	311+
6' 3"	200-239	240-318	319+
6' 4"	205-245	246-327	328+
	(1 Point)	(2 Points)	(3 Points)
	You weigh less than the amount in the left column (0 points)		

Florida HEALTH

Resources

American Diabetes Association
https://www.diabetes.org/diabetes

Association of Diabetes Care & Education Specialists
https://www.diabeteseducator.org/

Centers for Disease Control and Prevention
https://www.cdc.gov/diabetes/index.html

National Institutes of Health, National Institute on Aging
https://www.nia.nih.gov/health/diabetes-older-people

Department of Health and Human Services, Office on Women's Health
https://www.womenshealth.gov/a-z-topics/diabetes

National Institutes of Health, National Diabetes Education Program
https://www.niddk.nih.gov/health-information/communication-programs/ndep/about-national-diabetes-education-program

References

- Centers for Disease Control and Prevention. (2021). Diabetes. https://www.cdc.gov/diabetes/index.html

- Florida Charts. (2019) http://www.flhealthcharts.com/charts/ChronicDiseases/default.aspx

- 2021 Florida Diabetes Report of the Florida Diabetes Advisory Council

Questions or Comments

Program Contact

Central Office: Jennifer Wahby, MPH

Diabetes Prevention and Management Program Manager

Bureau of Chronic Disease Prevention

Division of Community Health Promotion

Office: (850) 558-9565

Jennifer.Wahby@flhealth.gov

Florida and National Markets
Commercial Type 2 Diabetes Data

MAT-US-2203113-v1.0-05/2022

Percentage of Adults Self-Reporting Diabetes, 2019–2020

	Pre-Diabetes		Diabetes	
MARKET	2019	2020	2019	2020
Florida	2.0%	2.2%	11.7%	11.8%
NATION	**1.9%**	**1.8%**	**10.7%**	**10.6%**

Data source: Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System © 2022

NOTE: Behavioral Risk Factor Surveillance System (BRFSS) data on diabetes and prediabetes are based on responses to the survey question, "Have you ever been told by a doctor that you have diabetes?"

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Percentage of Type 2 Diabetes Patients, by Payer, 2020–2021

MARKET	Commercial Insurance[1]		Medicare		Medicaid[2]	
	2020	2021	2020	2021	2020	2021
Lakeland	37.9%	37.7%	52.7%	51.8%	9.4%	10.6%
Miami	42.7%	43.5%	48.3%	47.5%	9.0%	9.0%
Orlando	42.3%	39.1%	49.5%	47.5%	8.2%	13.4%
Palm Bay	39.0%	39.0%	56.4%	54.7%	4.6%	6.4%
Tampa	29.3%	30.1%	65.5%	63.9%	5.2%	6.1%
Florida	39.4%	39.2%	53.6%	52.2%	7.0%	8.6%
NATION	**41.6%**	**41.5%**	**45.8%**	**45.6%**	**12.6%**	**13.0%**

Data source: IQVIA © 2022

[1] Includes HMOs, PPOs, point-of-service plans, and exclusive provider organizations.
[2] Medicaid includes fee-for-service and managed care.

NOTE: Throughout this presentation, an n/a indicates that data were not available. The Lakeland market includes Winter Haven, the Miami market includes Fort Lauderdale and West Palm Beach, the Orlando market includes Kissimmee and Sanford, the Palm Bay market includes Melbourne and Titusville, and the Tampa market includes St. Petersburg and Clearwater.

Percentage of Commercial Type 2 Diabetes Patients, by Age, 2021

	0–17	18–35	36–64	65–79	80+
MARKET					
Lakeland	0.2%	2.0%	47.9%	38.1%	11.7%
Miami	0.2%	1.8%	43.5%	39.3%	15.2%
Orlando	0.3%	2.0%	47.5%	38.9%	11.3%
Palm Bay	0.2%	1.5%	43.7%	40.1%	14.5%
Tampa	0.2%	2.1%	46.2%	39.1%	12.5%
Florida	0.2%	1.8%	44.4%	40.1%	13.5%
NATION COMMERCIAL	**0.3%**	**2.5%**	**52.0%**	**34.8%**	**10.4%**

Data source: IQVIA © 2022

NOTE: Throughout this presentation, **"NATION COMMERCIAL"** refers to all diabetes patients nationally identified on their claims form as having commercial coverage.

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Percentage of Type 2 Diabetes Patients With an A1c Level >9.0%, by Payer, 2020–2021[1]

MARKET	Commercial Insurance[2]		Medicare		Medicaid[3]	
	2020	2021	2020	2021	2020	2021
Lakeland	15.2%	15.9%	11.0%	11.5%	24.2%	18.7%
Miami	12.0%	12.8%	9.4%	9.9%	16.4%	17.0%
Orlando	12.7%	13.6%	10.6%	11.2%	18.0%	14.9%
Palm Bay	11.5%	10.0%	9.9%	8.8%	17.0%	12.1%
Tampa	11.0%	12.8%	8.6%	9.4%	17.9%	18.9%
Florida	12.0%	13.0%	9.4%	10.0%	17.8%	16.1%
NATION	**14.0%**	**14.4%**	**10.5%**	**10.9%**	**20.7%**	**20.6%**

Data source: IQVIA © 2022

1   The A1c test measures the average blood glucose over the past 3 months. Figures reflect the percentage of diabetes patients who have had at least one A1c test in a given year.
2   Includes HMOs, PPOs, point-of-service plans, and exclusive provider organizations.
3   Medicaid includes fee-for-service and managed care.

Percentage of Commercial Type 2 Diabetes Patients With Various Comorbidities, 2020–2021[1]

MARKET	COVID-19		Depression		Hyperlipidemia		Hypertension		Obesity	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
Lakeland	6.3%	11.8%	17.2%	18.1%	66.6%	72.1%	77.9%	80.1%	44.4%	47.2%
Miami	7.3%	11.3%	13.1%	13.8%	65.7%	66.7%	79.5%	80.2%	29.6%	31.0%
Orlando	5.2%	10.6%	15.1%	16.3%	71.1%	71.7%	81.3%	81.5%	35.0%	35.2%
Palm Bay	4.3%	10.1%	12.6%	13.7%	66.4%	66.2%	79.2%	79.4%	33.7%	33.6%
Tampa	4.9%	10.2%	17.4%	17.4%	71.0%	68.4%	82.0%	81.0%	33.4%	33.6%
Florida	5.9%	10.7%	14.1%	14.8%	67.9%	67.9%	81.3%	81.2%	33.2%	33.8%
NATION COMMERCIAL	**7.0%**	**10.5%**	**12.1%**	**12.5%**	**66.3%**	**66.4%**	**79.6%**	**79.2%**	**28.0%**	**28.7%**

Data source: IQVIA © 2022

1   A comorbidity is a condition a patient with diabetes may also have, which may not be directly related to the diabetes. Comorbidities were narrowed down to a subset of conditions which are typically present in patients with diabetes. Comorbidities of diabetes include, but are not limited to, depression, hyperlipidemia, hypertension, knee osteoarthritis, obesity, pneumonia, and rheumatoid arthritis.

Percentage of Commercial Type 2 Diabetes Patients With Various Complications, 2021[1]

	CV Disease	CKD	Hypo-glycemia	Nephropathy	Neuropathy	PAD	Retinopathy	Stroke
MARKET								
Lakeland	37.7%	29.1%	3.4%	42.1%	41.5%	25.9%	20.1%	4.5%
Miami	36.8%	19.5%	2.4%	33.2%	37.3%	23.4%	20.5%	4.2%
Orlando	39.5%	26.8%	3.4%	38.3%	40.0%	28.9%	15.4%	4.8%
Palm Bay	39.5%	22.5%	2.7%	35.4%	39.7%	17.1%	14.9%	5.0%
Tampa	41.4%	22.9%	3.0%	37.1%	38.2%	24.8%	15.6%	3.9%
Florida	39.7%	23.7%	3.0%	36.7%	37.6%	23.6%	17.2%	4.5%
NATION COMMERCIAL	**34.6%**	**18.5%**	**2.9%**	**31.9%**	**32.9%**	**16.0%**	**16.4%**	**4.0%**

Data source: IQVIA © 2022

1   A complication is defined as a patient condition caused by diabetes. Complications of diabetes include, but are not limited to, atherosclerotic cardiovascular disease (ASCVD), cardiovascular (CV) disease, chronic kidney disease, congestive heart failure, diabetic ketoacidosis, end-stage renal disease, hyperglycemia, hypoglycemia, long-term antidiabetic drug use, myocardial infarction (MI), nephropathy, neuropathy, peripheral artery disease (PAD), retinopathy, and stroke. ASCVD includes patients with acute coronary syndromes (ACS), MI, stroke, and other cardiovascular diseases.

Professional Charges for Commercial Type 2 Diabetes Patients, by Setting, 2020–2021[1]

MARKET	Emergency Department		Hospital Inpatient		Hospital Outpatient		Office/Clinic	
	2020	2021	2020	2021	2020	2021	2020	2021
Lakeland	$3,031	$3,172	$3,490	$3,874	$1,709	$1,981	$1,796	$1,594
Miami	$2,763	$2,850	$4,878	$4,962	$2,023	$2,183	$2,147	$2,430
Orlando	$2,616	$2,798	$4,477	$4,588	$1,950	$1,957	$1,796	$1,604
Palm Bay	$2,149	$2,015	$3,826	$3,829	$1,513	$1,560	$2,996	$2,904
Tampa	$2,136	$2,216	$4,183	$4,474	$2,092	$2,209	$1,696	$1,777
Florida	$2,538	$2,622	$4,466	$4,556	$2,005	$2,116	$2,129	$2,231
NATION COMMERCIAL	**$1,896**	**$1,928**	**$4,621**	**$4,735**	**$1,733**	**$1,855**	**$2,290**	**$2,470**

Data source: IQVIA © 2022

[1] Professional charges are those generated by the providers delivering care to patients with diabetes in various settings.

Professional Emergency Department Charges per Year for Commercial Type 2 Diabetes Patients, Overall vs. With Various Co-Occurring Conditions, 2021[1,2]

	Overall	w/ CV Disease	w/ Depression	w/ Hypoglycemia	w/ Neuropathy	w/ Obesity
MARKET						
Lakeland	$3,102	$3,581	$3,994	$4,981	$3,606	$3,194
Miami	$2,806	$3,229	$3,550	$4,455	$3,171	$2,973
Orlando	$2,707	$3,040	$3,208	$4,115	$2,979	$2,827
Palm Bay	$2,082	$2,358	$2,512	$3,075	$2,227	$2,010
Tampa	$2,176	$2,439	$2,750	$2,994	$2,468	$2,504
Florida	$2,580	$2,891	$3,123	$3,816	$2,892	$2,747
NATION COMMERCIAL	**$1,912**	**$2,223**	**$2,314**	**$2,838**	**$2,198**	**$2,026**

Data source: IQVIA © 2022

[1] Professional charges are those generated by the providers delivering care to patients with diabetes in various settings.

[2] A co-occurring condition is a condition a patient with diabetes may also have, which may or may not be directly related to the diabetes. Co-occurring conditions were narrowed down to a subset of conditions, including, but not limited to, atherosclerotic cardiovascular disease (ASCVD; includes patients with acute coronary syndromes, myocardial infarction, stroke, and other cardiovascular conditions), chronic kidney disease (CKD), gastrointestinal (GI) symptoms, congestive heart failure, hypoglycemia, obesity, peripheral artery disease (PAD), and stroke.

Percentage of Commercial Type 2 Diabetes Patients Receiving Various Insulin and Combination Therapies, 2020–2021

MARKET	Long-Acting Basal Insulin Category 1		Long-Acting Basal Insulin Category 2		Rapid-/Short-Acting Insulin		Fixed Ratio (Long-Acting Insulin/ GLP-1 RA)		Free Ratio (Variable Long-Acting Insulin + GLP-1 RA)	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
Lakeland	26.9%	25.0%	8.8%	8.7%	20.8%	18.7%	0.9%	0.7%	9.8%	9.6%
Miami	25.1%	23.4%	9.1%	8.1%	21.5%	20.2%	1.4%	1.2%	7.6%	8.6%
Orlando	24.3%	22.8%	9.4%	8.5%	20.7%	18.4%	1.0%	0.9%	8.3%	8.9%
Palm Bay	15.4%	15.8%	16.1%	14.6%	20.2%	20.3%	1.6%	1.2%	8.4%	10.7%
Tampa	23.8%	25.1%	9.8%	9.2%	20.2%	21.7%	0.9%	0.8%	7.9%	9.5%
Florida	24.0%	22.9%	10.0%	9.3%	21.1%	20.4%	1.0%	0.9%	8.2%	9.2%
NATION COMMERCIAL	**26.4%**	**25.3%**	**10.4%**	**9.9%**	**22.6%**	**22.0%**	**1.1%**	**0.9%**	**10.2%**	**11.3%**

Data source: IQVIA © 2022

NOTE: Throughout this presentation, "Category 1" refers to long-acting basal insulins approved through 2014 and follow-on long-acting insulins approved after 2014. "Category 2" refers to non-follow-on long-acting insulins approved in or after 2015. GLP-1 RA is GLP-1 receptor agonist. "Fixed ratio (long-acting insulin/GLP-1 RA)" refers to the two therapies combined in a single product. "Free ratio (variable long-acting insulin + GLP-1 RA)" refers to the two therapies taken separately and concurrently.

Percentage of Commercial Type 2 Diabetes Patients Receiving Various Non-Insulin Antidiabetic Therapies, 2020–2021

MARKET	Biguanides		DPP-4 Inhibitors		GLP-1 Ras		Insulin Sensitizing Agents		SGLT-2 Inhibitors	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
Lakeland	54.9%	53.7%	9.8%	10.0%	19.6%	23.0%	7.6%	8.8%	16.4%	19.2%
Miami	55.9%	56.7%	13.1%	11.3%	14.6%	19.0%	5.3%	5.3%	13.9%	17.0%
Orlando	52.9%	55.8%	10.2%	9.9%	18.5%	21.5%	8.6%	8.7%	14.9%	17.0%
Palm Bay	54.6%	52.1%	12.3%	9.2%	16.9%	23.4%	5.9%	7.4%	20.8%	23.0%
Tampa	53.5%	53.7%	10.7%	8.7%	17.3%	21.8%	6.4%	7.0%	15.1%	18.7%
Florida	51.8%	52.3%	11.8%	10.6%	17.1%	20.9%	6.4%	6.7%	14.2%	16.7%
NATION COMMERCIAL	**54.3%**	**54.1%**	**11.8%**	**10.6%**	**20.6%**	**24.7%**	**6.4%**	**6.6%**	**15.7%**	**19.2%**

Data source: IQVIA © 2022
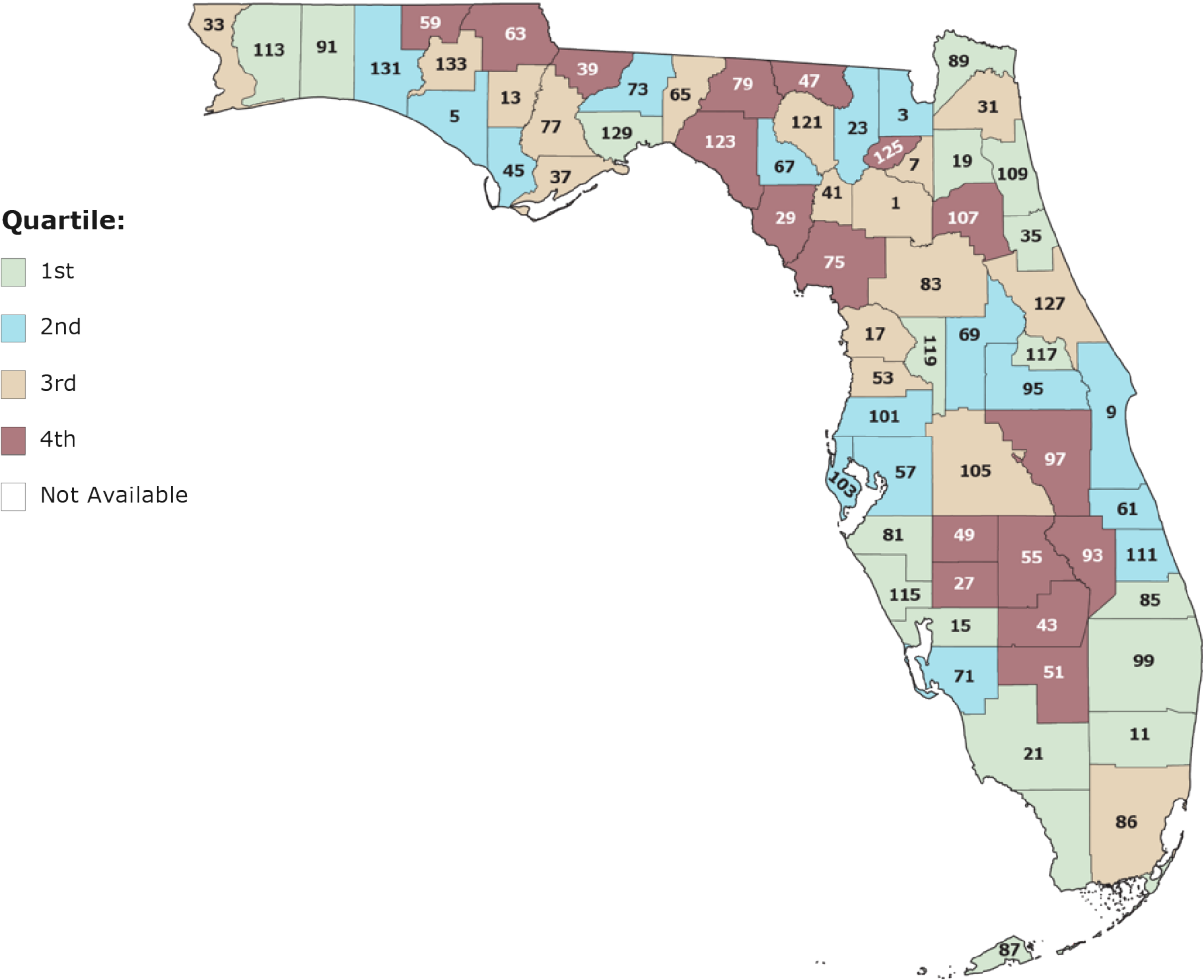
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Annual Payments per Commercial Type 2 Diabetes Patient for Various Insulin and Non-Insulin Antidiabetic Therapies, 2020[1]

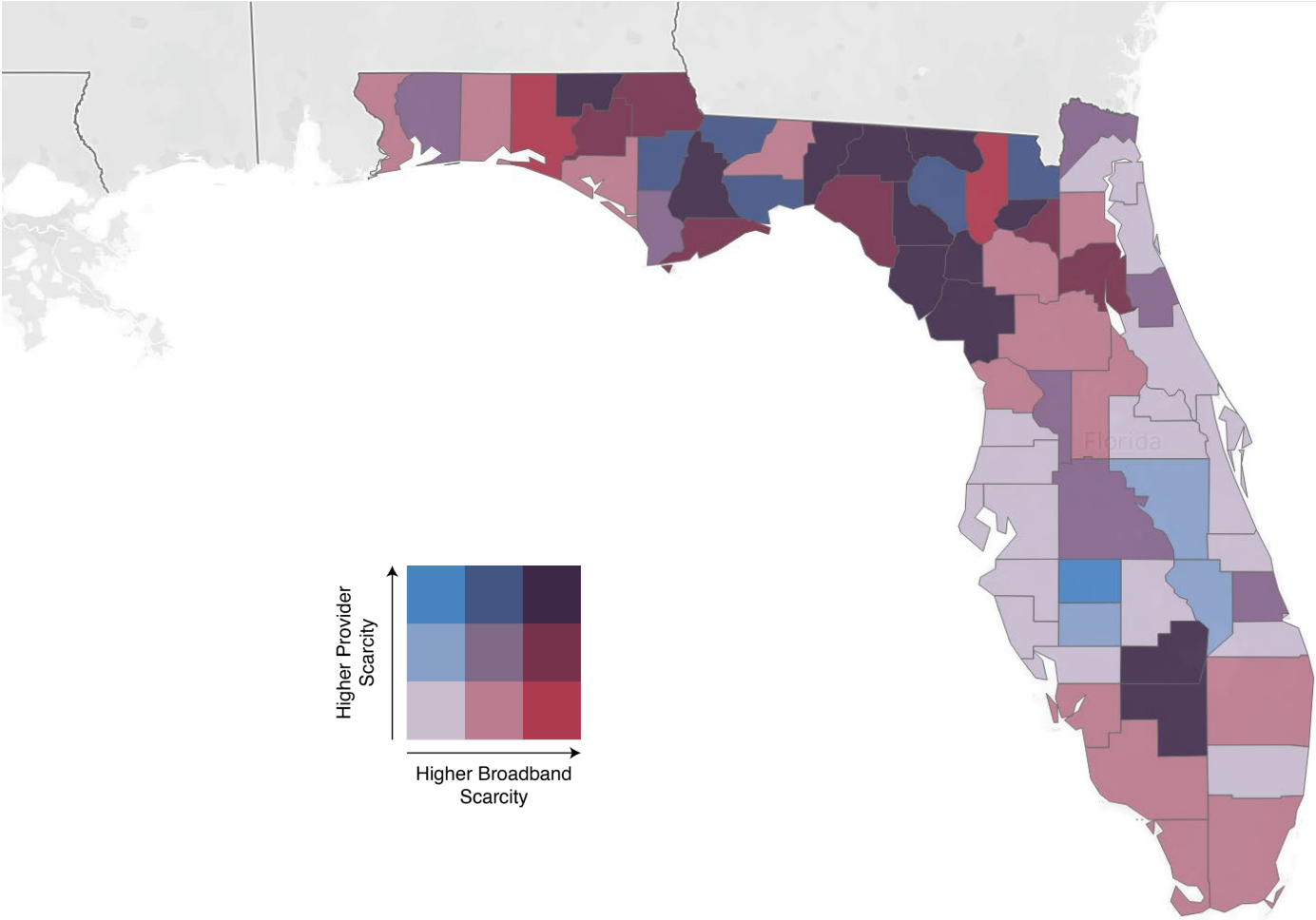| MARKET	Long-Acting Insulin	Rapid-/Short-Acting Insulin	Mixed Insulin	Fixed Ratio (Long-Acting Insulin/ GLP-1 RA)	Free Ratio (Variable Long-Acting Insulin + GLP-1 RA)	DPP-4 Inhibitors	GLP-1 RAs	SGLT-2 Inhibitors
Lakeland	$2,708	$2,712	$1,985	$3,576	$6,655	$3,299	$5,340	$3,481
Miami	$2,258	$3,016	$2,232	$3,767	$6,118	$3,093	$5,421	$3,246
Orlando	$2,497	$2,825	$2,254	$3,705	$6,778	$3,201	$5,452	$3,550
Palm Bay	$2,744	$3,638	$4,195	$4,787	$6,995	$3,083	$5,353	$3,601
Tampa	$2,821	$2,753	$2,769	$4,554	$6,618	$3,339	$5,505	$3,528
Florida	$2,565	$2,852	$2,507	$3,978	$6,702	$3,234	$5,579	$3,397
NATION COMMERCIAL	**$2,771**	**$3,303**	**$2,940**	**$4,448**	**$7,186**	**$3,409**	**$5,959**	**$3,636**

Data source: IQVIA © 2022

[1] Figures reflect the per-patient yearly payments for diabetes patients receiving a particular type of therapy. These are the actual amounts paid by the insurer and patient for such prescriptions. Costs mainly include copayments, but can also include tax, deductibles, and cost differentials where applicable.

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Combined Social Determinants of Health (SDoH) Stress in Florida, by County, 2019

Quartile:

- 1st
- 2nd
- 3rd
- 4th
- Not Available

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Combined Social Determinants of Health (SDoH) Stress in Florida, by County, 2019

Higher Provider Scarcity

Higher Broadband Scarcity

Data source: Centers for Disease Control and Prevention © 2022

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Methodology

IQVIA generated the Type 2 diabetes data for this presentation out of health care professional (837p) and institutional (837i) insurance claims, representing nearly 12.9 million unique patients nationally in 2021 with a diagnosis of Type 2 diabetes (E08, E09, E11, and E13). Data from physicians of all specialties and from all hospital types are included. Substate markets represent core-based statistical areas (CBSAs).

IQVIA also gathers data on prescription activity from the National Council for Prescription Drug Programs (NCPDP). These data account for some 4 billion prescription claims annually, or more than 92% of the retail prescription universe and 72% of the traditional and specialty mail order universe. These prescription data represent the sampling of prescription activity from a variety of sources, including retail chains, mass merchandisers, and pharmacy benefit managers. Cash, Medicaid, and third-party transactions are tracked. Data arriving into IQVIA are put through a rigorous process to ensure that data elements match to valid references, such as product codes, ICD-10 (diagnosis) and CPT-4 (procedure) codes, and provider and facility data.

Proprietary lab data derive from one of the largest independent commercial lab companies in the U.S. Patient information is de-identified, matched, and linked with other patient data assets (e.g., medical claims data). The most common attributes used are the de-identified patient ID, observation date, diagnosis, test name, test code, and test result.

Claims undergo a careful de-duplication process to ensure that when multiple, voided, or adjusted claims are assigned to a patient encounter, they are applied to the database, but only for a single, unique patient.

Through its patient encryption methods, IQVIA creates a unique, random numerical identifier for every patient, and then strips away all patient-specific health information that is protected under the Health Insurance Portability and Accountability Act (HIPAA). The identifier allows IQVIA to track disease-specific diagnosis and procedure activity across the various settings where patient care is provided (hospital inpatient, hospital outpatient, emergency rooms, clinics, doctors' offices, and pharmacies), while protecting the privacy of each patient.

Limitations

This is an administrative-claims-based data set, with potential biases secondary to coding variation and missing data. Administrative claims data have been used successfully in many published studies to examine patterns, effectiveness, and gaps in quality of care, and to assess outcomes in care. Although this data set focuses on patients with Type 1 or Type 2 diabetes, there are limitations in the granularity of ICD-10 codes used for billing. There were unmeasured factors that predict hospital readmission (e.g., quality of inpatient care and discharge planning, race, education, smoking, wellness program utilization) that were not controlled for in the multivariate analyses.

Employer Market Assessment

Following today's ELC, we will send you an email with a link to a brief survey – about 10 minutes – to gauge your interest and activities related to the NDPP.

The Florida Alliance, the National Association of Chronic Disease Directors, and the Florida Department of Health would greatly appreciate your time in completing the survey! **Thank you in advance!**