

OUTSIDE THE LINES

WAKING HEALTHCARE'S SLEEPING GIANT

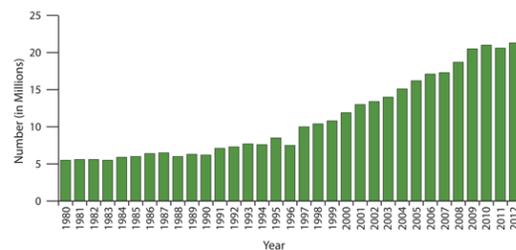
More than 10 years ago, from 2003 through most of 2005, I helped to develop a series of clinical care improvement programs for VHA Inc., a national health network with 2,000+ hospitals that, in 2015, merged with University HealthSystem Consortium (UHC) to form [Vizient](#), an even larger (“the largest”) member-owned health care services company. Through this process, I was asked to write a VHA white paper on Diabetes. We called it “The Healthcare Industry’s Sleeping Giant,” referring (back then) to diabetes affecting 17 million Americans, or 6.2% of the U.S. population, and costing \$132 billion annually in medical expenditures and lost productivity.

Fast forward about a decade and we have made no progress toward arresting this giant. In fact, according to the Centers for Disease Control and Prevention’s (CDC’s) *Diabetes 2014 Report Card*, diabetes is now affecting more than 29 million people, or 9.3% of the U.S. population, and cost \$245 billion in 2012 including both direct medical costs and indirect lost productivity and other



Kim Athmann King, MBA, FACHE
Founder & President
Strategy Advantage
kking@strategyadvantage.com
www.strategyadvantage.com
www.zigzaghealthcare.com

Figure 1. Number of US Adults Aged 18 or Older with Diagnosed Diabetes, 1980-2012



Source: National Diabetes Surveillance System, National Health Interview Survey data.

costs. Even more, the CDC is spotlighting “pre-diabetes” as a bigger giant, affecting 86 million Americans (or 1 of 3 adults), which increases the risk for developing type 2 diabetes, heart disease, and stroke.

Last month, at the June 2016 meeting of the American Diabetes Association’s 76th Annual Scientific Sessions, [Desmond Schatz, MD \(ADA President, Medicine & Science\)](#) called diabetes the “epidemic of the 21st century” and “a wildfire raging through this country.” He called for accelerated research into the causes and treatment of diabetes, better reimbursement for diabetes care, more support for self-management education, and greater collaboration and data-sharing among researchers.

While Type 1 and 2 diabetes is complicated and requires expert medical attention, there is much we can do to address pre-diabetes especially from a population health perspective. [The National Diabetes Prevention Program \(NDPP\)](#) is a CDC-recognized lifestyle change program available in many forms, including in-class educational sessions and tech-based, mobile or online apps. It has [proven](#) that millions of high-risk people can delay or avoid developing type 2 diabetes by losing weight through regular physical activity and a diet low in fat and calories. Participants in NDPP programs have reduced their risk of developing diabetes by 58%. While, for participants aged 60 and older, lifestyle changes worked particularly well therefore reducing their risk by an even higher 71%.

So one year from now, five years from now, ten years from now, what could we do to change the picture to reduce the diabetes numbers, reduce the risk, reduce the costs? What will happen if we strongly advocate and hardwire NDPP into our communities, our care practices, our community-based programs, and our population health programs and goals?

“Few will have the greatness to bend history itself,” said Robert F. Kennedy, “but each of us can work to change a small portion of events, and in the total; of all those acts will be written the history of this generation.”

Always looking ahead,

A handwritten signature in black ink that reads "Kim King". The signature is stylized and cursive.

Kim Athmann King, MBA, FACHE

NEWS ALERT! WHAT'S HAPPENED THIS WEEK

On July 7, [CMS announced](#) the possibility of expanding coverage – effective on January 1, 2018 – to include payment for Medicare participants in the CDC-approved National Diabetes Prevention Program (NDPP). If approved, this would make NDPP the first-ever preventive service model certified for expansion from the CMS Innovation Center. With this in mind, CMS is currently seeking comment whether to expand nationally in the first year of the program or to phase it in (i.e. to first offer it for a period of time in certain geographic markets or for certain sub-populations of providers / suppliers).

WHO WE'RE WATCHING

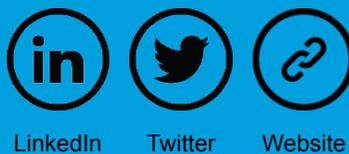
There are many approved providers of the National Diabetes Prevention Program (NDPP). [The national registry](#) of recognized diabetes prevention programs lists contact information

for all CDC-recognized organizations that deliver evidence-based type 2 diabetes prevention programs in communities across the United States. Among the list are several online and mobile app programs including programs from Omada Health, Canary Health, and Noom Health. All of these programs are featured as new ideas and disruptive innovators that we have written about and are tracking in our [ZIGZAG Healthcare](#) market intelligence tool. To receive a complimentary copy of any of these three innovation packets, or to hear more about ZIGZAG Healthcare, contact our ZIGZAG Healthcare Director, [Kala Kascht](#).

WHAT'S TRENDING

Strategy Advantage – specifically an article that I co-authored – is being featured as the cover story in the Summer 2016 issue of *Healthcare Strategy Alert*, produced by the Forum for Healthcare Strategists. There, you can read more about our point of view on the “three Cs of change” and the “health consumer as the ultimate disruptive innovator.” We hope you enjoy this.

Please note that for a limited time, the Healthcare Strategy Alert Summer 2016 Issue is [available for download on the Forum website](#)– as long as you provide your name and email address.



*Copyright © 2016 Strategy Advantage, All rights reserved.
You are receiving this e-mail from Kim Athmann King*

Our mailing address is:

Strategy Advantage
1601 N. Sepulveda Blvd.
#790
Manhattan Beach, CA 90266

[Add us to your address book](#)

[unsubscribe from this list](#) [update subscription preferences](#)

MailChimp

