



EMPOWER

**TWO PROGRAMS FOR TAKING ACTION
AND TELLING DIABETES, “NOT ME.”**

Diabetes Prevention and Control Alliance
An innovative way to help people live healthier lives.

**NOT
ME®**

REVERSING THE COURSE OF DIABETES IN AMERICA

NOT ME® was created by the Diabetes Prevention and Control AllianceSM (DPCA) and launched in 2010 by UnitedHealth Group and a core group of national partners. It is a national movement aimed at tipping the scales against the epidemics of type 2 diabetes, prediabetes and obesity.

The DPCA brings together insurance carriers, physicians and employer payers to ensure the greatest number of employees and patients have access to managing diabetes and reversing prediabetes. The DPCA focuses on two evidence-based, community programs that help people reduce the risk of developing type 2 diabetes and help people with diabetes take charge of their health:

- **The Diabetes Control Program (DCP)** connects people already diagnosed with diabetes with specially trained pharmacists who offer private, personal support to help with medications, nutrition, blood glucose monitoring and more.
- **The Diabetes Prevention Program (DPP)*** helps prevent or delay type 2 diabetes. It's based on a study led by the National Institutes of Health and has been proven to prevent the onset of type 2 diabetes by nearly 60 percent. Meeting as a small group, participants follow a 16-week curriculum to learn practical, everyday steps that help them avoid type 2 diabetes.

* The DPCA Diabetes Prevention Program is an active participant in the National Diabetes Prevention Program.



“It is through innovative partnerships like the Diabetes Prevention Program that we can improve progress against an epidemic that threatens both the nation’s health and its resources. This proven intervention provides an outstanding opportunity for community-based, health care and public health communities to substantively work together to prevent type 2 diabetes in people at risk.”

- **Ann Albright, PhD, RD, Director of CDC’s Division of Diabetes Translation**

A NATIONAL EPIDEMIC

PREDIABETES



AMERICAN ADULTS HAVE PREDIABETES¹



- **Definition:** Blood glucose levels are higher than normal, but not so high they can't be reversed
- **Prevalence:** More than 1 in 3 U.S. adults (age 20+), or 79 million people, have prediabetes
- **Major Cost Driver:** Obesity and inactivity
- **NOT ME Goals:** Modify participant behavior and affect lifestyle change; help participants lose weight

OUTCOME

Reduce the rate of conversion to full-blown diabetes by 58 percent

TYPE 2 DIABETES



AMERICAN ADULTS HAVE DIABETES¹



- **Definition:** The body can't process glucose (a type of blood sugar) normally
- **Prevalence:** More than 1 in 10 U.S. adults (age 20+), or 26 million people, have diabetes
- **Major Cost Driver:** Lack of control of blood pressure, cholesterol and glucose
- **NOT ME Goals:** Increase employee compliance with accepted clinical guidelines for diabetes management and monitoring; help control blood pressure, cholesterol and glucose

OUTCOME

Avoid debilitating complications and costs resulting from non-compliance

A NEW PROACTIVE APPROACH

HOW IT WORKS

Collaborating with the YMCA, other community programs and national retail pharmacies, the DPCA is building an adjunct network of providers dedicated to helping reduce the clinical and financial severity of the diabetes epidemic.

REVERSING PREDIABETES

For people with prediabetes, the goal is to prevent or delay the onset of type 2 diabetes by making lifestyle changes and losing weight (obesity is a leading factor behind the national diabetes epidemic).

CONTROLLING DIABETES

For people already living with diabetes, the goal is to reduce health complications, such as heart attack or stroke, by managing medications more effectively and tracking key physical indicators (blood pressure, cholesterol, etc.).

DIABETES PREVENTION PROGRAM Prediabetes

People diagnosed with prediabetes can enroll in small group classes. Through weight loss and lifestyle management, the program helps slow and even prevent the onset of type 2 diabetes. Participants are guided by specially-trained coaches.

Overview

- 16 core sessions, one-hour each, small group classes, then monthly follow-up for up to a year
- Program recognized by Centers for Disease Control and Prevention (CDC)
- No additional charge for program participants
- Sustained weight loss for 40 percent of participants at 10 year follow-up
- Risk of developing type 2 diabetes reduced by nearly 60 percent²
- 70 percent risk reduction for participants over the age of 60³
- Lifestyle changes taught in the program are proven to be more effective than medication⁴
- Regular communication on patient achievement provided to physicians

DPCA



the



DIABETES CONTROL PROGRAM Diabetes

People diagnosed with diabetes can access specially-trained local pharmacists. These pharmacists work 1-on-1 to provide medication management, lab results analysis, behavioral coaching and ongoing monitoring for possible complications.

Overview

- National network of pharmacies with brand name recognition
- Pre-scheduled private meetings with pharmacists
- Monitoring of medications, blood pressure, weight, labs (HbA1c, cholesterol)
- Documented success in delivering routine care
- Improved control of blood glucose, cholesterol and blood pressure, which lowers medical costs
- Care is coordinated with participant's primary care physician including regular communication on patient achievement
- Self-management education to help manage diabetes

DPCA



Retail
Pharmacies

OUTCOME

Reducing diabetes conversion through weight loss

OUTCOME

Avoiding debilitating and costly diabetes complications through better control

TWO POTENTIAL OUTCOMES

WE BEGIN BY ANALYZING AN EMPLOYER'S OR INSURER'S POPULATION OR PHYSICIAN'S PATIENT BASE

A large percentage of individuals have no idea they have prediabetes or diabetes. The DPCA looks at precursors frequently associated with the future risk of diabetes to pinpoint individuals at risk. Once identified, the DPCA team refers at-risk individuals through engagement and outreach to either the Diabetes Prevention Program or Diabetes Control Program.

For John*, enrolling in the Diabetes Prevention Program means the difference between converting to and avoiding diabetes. For Olivia*, enrolling in the Diabetes Control Program means the difference between developing cardiovascular disease and avoiding long-term complications. Both feel better on a daily basis.

DIABETES PREVENTION PROGRAM



John*

Prediabetes for 3 years

- Age 45
- African-American
- Single parent
- Sedentary lifestyle
- Overweight

Goal

Reduce or eliminate the possibility of converting to full-blown diabetes. In other words, reverse this dangerous condition

Outcome **WITHOUT** Diabetes Prevention Program

- **Prediabetes knowledge:** Never heard the term; doesn't know the risks
- **Health care habits:** Seeks little medical care because he experiences no symptoms. Will convert to diabetes without knowing
- **Clinical statistics:** Blood pressure and blood lipids are high (his lifestyle and weight are suboptimal)
- **Medication:** Atorvastatin

Final outcome: DIABETES

VS

Outcome **WITH** Diabetes Prevention Program

- **Prediabetes knowledge:** Understands what drives better health care outcomes; eats healthier and knows diabetes risks
- **Health care habits:** Identified a primary care physician whom he sees regularly
- **Clinical statistics:** Blood pressure and lipids improved as he modified lifestyle; reduction in weight by 5 percent
- **Medication:** Off all medications

Final outcome: AVOIDS DEVELOPING DIABETES

DIABETES CONTROL PROGRAM



Olivia*

Diabetes for 7 years

- Age 57
- Caucasian
- Widow
- Sedentary lifestyle
- Visited ER twice this year

Goal

Avoid long-term complications by managing medications, increasing compliance and modifying lifestyle

Outcome **WITHOUT** Diabetes Control Program

- **Diabetes knowledge:** Little or no education
- **Health care habits:** Sees doctor for acute illness. Rarely monitors, but has required labs or medications adjusted
- **Clinical statistics:** Blood pressure and blood lipids are high (her lifestyle and weight are sub-optimal)
- **Medication:** Atorvastatin, Nebivolol, Metformin

Final outcome: CARDIOVASCULAR DISEASE

VS

Outcome **WITH** Diabetes Control Program

- **Diabetes knowledge:** Understands what drives better health care outcomes
- **Health care habits:** Has current labs, knows her blood sugar and is active in self-management
- **Clinical statistics:** Blood pressure, lipids and blood sugar improved as she modified lifestyle
- **Medication:** Generics and therapeutic

Final outcome: AVOIDS LONG-TERM COMPLICATIONS

A PURE PERFORMANCE-BASED PAYMENT MODEL THAT SAVES

Both DPCA programs have been tested through controlled trials or pilot projects with the National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC), YMCA of the USA, Indiana University, clinical centers, employers and retail pharmacies. These tests delivered substantial evidence that supports early and aggressive intervention to help people avoid the health and financial tolls of diabetes.

DPCA requires no administrative or per-member-per-month fees. Payments for the program and DPCA are performance-based only and can be funded just as any other preventive claims. Because payment is tied directly to enrollment, participation and positive clinical outcomes (weight loss and reduction in critical biometrics), there is no payment for failure to engage participants. Aggregate results for both DPCA programs are expected to reduce an employer's or physician's health care trends.

DPCA: THE RESULTS SPEAK FOR THEMSELVES

The Diabetes Prevention and Control Alliance is a powerful program designed to have a positive impact on the health of a targeted population, helping people live healthier lives and reining in the high costs associated with the diabetes epidemic.

1

Reduction in cost

- Fewer people converting to diabetes
- Fewer clinical complications
- Less brand name drug utilization
- Fewer physician/ER visits

2

Better Health

- Better clinical outcomes
- Compliance with treatment regimens
- Diabetes and prediabetes education

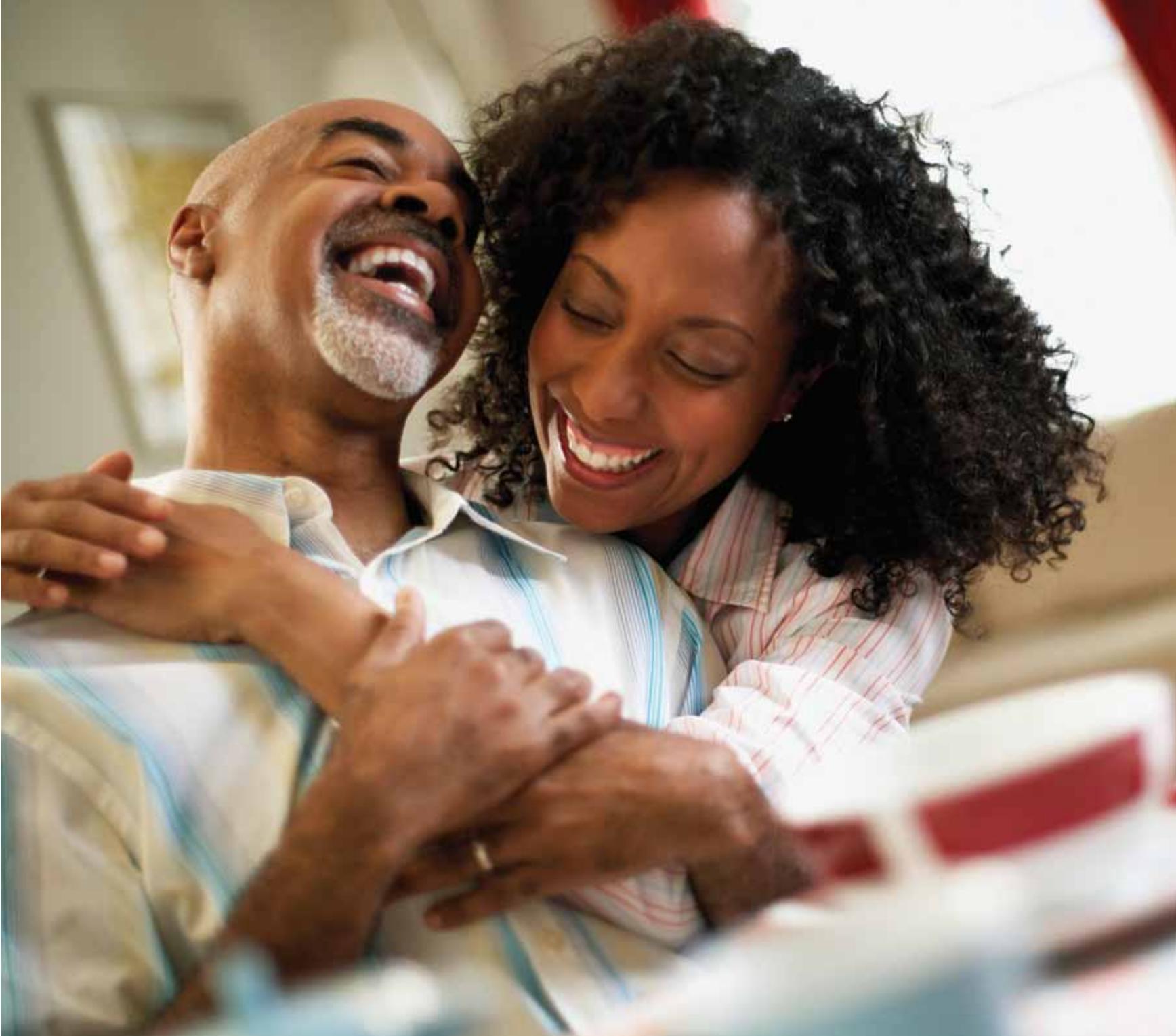
3

Increased Support

- Chronic care support (more options)
- Access to providers (the Y and pharmacies)
- Empowered to take control of condition management



For more information about the **Diabetes Prevention and Control Alliance**, please contact your local UnitedHealthcare representative or visit **NOTME.COM**.



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