

## November 23, 2008 - Diabetes: Regional Program Focuses on Prevention

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Diabetes: Regional program focuses on prevention

By RANDY GRIFFITH

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A diabetes program introduced four years ago in Pittsburgh and Johnstown has helped pave the way for the state's new chronic care program that is being rolled out this year and next.

The idea is to be proactive, taking steps to prevent and control long-term illnesses, spokesman Phil Magistro said from the Governor's Office for Health Care Reform in Harrisburg.

Last year, diabetes and three other chronic illnesses were responsible for \$4 billion in potentially avoidable charges in Pennsylvania alone, Magistro said.

"We mainly looked at how primary care is delivered," he said.

"Most people tend to treat their bodies like they do their cars. They don't go to the doctor until something squeaks or is broken."

Through electronic medical records and other means, primary care doctors are able to remind diabetes patients to continue follow-up care recommendations. The new state program includes incentives to help pay physicians for the additional service.

Pennsylvania's new program is based on the Wagner chronic care model, developed by Dr. Edward Wagner, director of the MacColl Institute for Healthcare Innovations in Seattle.

It is the same model that was introduced in Johnstown in 2004 with the founding of Pittsburgh Diabetes Institute at the former UPMC Lee Regional.

Today, the Conemaugh Diabetes Institute continues Johnstown's participation in the Pittsburgh initiative.

Pittsburgh's regional approach has helped add to the Wagner model's 10-year track record of success, said Dr. Linda Siminerio, director of Pittsburgh Diabetes Institute.

"We work under the umbrella of the Wagner model," Siminerio said. "I work with the state (chronic care management) commission. Our communities will get a jump start on the state program."

Described as the largest and most comprehensive initiative aimed at transforming how medicine is practiced and reimbursed by rewarding primary care doctors for keeping patients healthy, the state's effort was launched in southeastern Pennsylvania in May.

Physician practices receive training during the first year as they implement the new program, which includes more emphasis on nurse educators, dietitians, case managers and other health-care workers.

"It permits the doctor to see the patients who really need to be seen," Magistro said.

The initial rollout included cooperation with Independent Blue Cross and Aetna.

Prevention was first and foremost on Rep. John Murtha's mind when the Johnstown Democrat first proposed funding for diabetes work in his 12th Congressional District.

"Going around the country, I noticed how many obese people we had," Murtha said. "Then a friend of mine lost both feet to diabetes."

As the ranking member of the House Defense Appropriations Committee, Murtha contacted an Air Force leader to see if there was need for diabetes programs in the military.

"I asked him, 'How many people do you think you have with diabetes?'" Murtha said. "He estimated he had 50,000. Then he called back an hour later and said there are 140,000, including family members. It was much more widespread than he thought."

Murtha then contacted University of Pittsburgh leaders to see if they could establish a demonstration project in western Pennsylvania, in cooperation with the Air Force.

Since 2004, the Pittsburgh Diabetes Institute and related programs have received \$135 million in federal funding through Murtha's office. If it succeeds in reducing diabetes, it will be worth it, Murtha stressed, citing a 2006 American Diabetes Association study that showed 40,500 diabetes patients in the 12th district accounted for \$366 million that year in medical and indirect costs.

"I got involved because I saw health-care costs are out of control," Murtha said. "This is one way we can reduce health-care costs, if we can get diabetes under control."

Investing in prevention is good business sense, Highmark Blue Cross Blue Shield representatives said, citing a company study that showed the Pittsburgh-based insurance company can return \$1.65 in treatment savings for every dollar spent on effective prevention programs.

Not only will paying doctors for preventive work save money on future treatments, it helps small primary care practices function better, Magistro said.

Traditionally, the only way those doctors can increase revenue is to see more patients, overworking the physician and staff. The situation has reduced the number of doctors who choose family medicine or other primary care specialties.

"Primary care doctors are suffering," Magistro said. "We believe we can improve how the patients are treated, and improve the primary care practice so it's something people will want to do."  
insurance providers. Their participation is essential for the program to succeed over the long term, Magistro said, noting the plan calls for insurance companies to pay doctors for some prevention programs.