

ONE-STOP DIABETES MANAGEMENT CONCENTRATED CARE



Photos by RASHAUN RUCKER/Detroit Free Press

Laurence Thibodeau of Lenox Township and his wife, Teddy, talk with a registered nurse about his type 2 diabetes last month at the Anchor Bay Clinic in New Baltimore. The Chronic Care Travel Team is believed to be the only such program in Michigan.

The cost of adult-onset diabetes, 2007 figures

- The nation spent \$174 billion a year on diabetes care, a 32% increase since 2002.
- The average annual bill for a diabetic was \$11,744.
- People diagnosed with the disease have medical costs that are at least two times higher than those without diabetes. That's \$4,174 more on medical care a year.
- The average cost of a hospital stay related to diabetes was \$1,853, and \$2,281 for diabetes-related complications, such as kidney, eye and foot problems.
- An estimated 23.6 million Americans had diabetes, a third of whom were undiagnosed. That was a 13.5% increase from 2005. In Michigan, an estimated 927,200 adults had diabetes in 2007, about 12% of the state.

- PATRICIA ANSTETT

Sources: American Diabetes Association; Michigan Diabetes Prevention and Control Program

Managing diabetes

As the economy causes cut-backs in health care, disease management programs are vulnerable.

Michigan's Department of Community Health is weighing whether to cut diabetes outreach programs in fiscal 2010 because of continued budget problems. A spokesman for the health department said no decision has been made about the future of the programs, which offer classes and counseling by diabetes educators.

In the interim, the programs continue. For information, visit the Southeast Michigan Diabetes Outreach Network at www.diabetesinmichigan.org.

Other helpful Web sites for people with diabetes:

- American Diabetes Association, www.diabetes.org
- Diabetes and vision: Lions Clubs International, www.lionsclubs.org

■ Medicare pays for many diabetes-related expenses and, if your doctor puts in a request, may pay for education to understand how to manage the disease. Details are at www.medicare.gov/health/diabetes.asp.

Team approach offers a glimpse of health reforms

By PATRICIA ANSTETT
FREE PRESS MEDICAL WRITER

Laurence Thibodeau was "kind of floored" to discover last September that he had diabetes.

He doesn't smoke or drink, walks five times a week and is active in retirement tending a farm in Lenox Township.

The 72-year-old onetime tool and die maker for General Motors turned amateur woodworker improved his health and had best-care practices for diabetics with help from a unique team that brings advice and expertise to his doctor's office.

The team also gives a glimpse of the kind of one-stop programs health reform would introduce and services that physician businesses and health systems need to create to earn enhanced insurance reimbursement.

Dr. Polly Schmidt was one of the first doctors in Michigan to use the Chronic Care Travel Team created in 2006 by Medical Network One, a large physicians organization in Rochester.

The team offers free one-on-one counseling from dietitians, diabetes educators, exercise physiologists, lifestyle coaches and nurses at 56 Michigan doctors offices. It serves patients



Dr. Polly Schmidt

with diabetes, congestive heart failure, heart disease, asthma, chronic obstructive pulmonary disease and chronic pain.

"Coming here, nothing is overwhelming, and I think they get more out of the education," Schmidt said in late July. "I'm not sending them to a hospital dietitian and finding out a month later it didn't work or they didn't go. They understand everything better, and they have more control over their own care," Schmidt said.

The program is believed to be the first and largest multidisciplinary travel team in Michigan that works out of doctors offices. It has been a model for other physician groups, according to Mark Casmer, manager of provider partnerships for Blue Cross.

"This is a steamroller coming," said Ewa Matuszewski, CEO of Medical Network One. "Physicians need to develop these programs" to receive enhanced reimbursement for programs that include prevention and wellness efforts with primary



A typical dinner for type 2 diabetes patients. Experts include dietitians, exercise physiologists and nurses at 56 Michigan doctors offices.

care, she said.

The concept already is paying off by improving the health of the patients in the program, Matuszewski said. Eventually, it should bring savings as more people live longer without the costly complications of diabetes, such as leg amputations and kidney failure, she said.

Advocates of the systems are building a case that the programs improve care and are cost-effective for all patients, not just high-risk ones, for whom evidence shows the programs pay off most.

The programs are costly to set up and typically not covered

by insurance. Salaries for the team can be more than \$200,000 a year, with another \$10,000 a year for computer technology, Matuszewski said.

Blue Cross gave Medical Network One \$1 million over three years for the program.

The average cost of a team visit is \$215; Blue Cross pays Medical Network One an average of \$138 for each visit.

Since he began the program last November, Thibodeau has lost 5 pounds, improved his glucose readings and stopped eating an occasional ice cream cone or his favorite plate of spaghetti, bread and butter.