The YMCA Ventures Into Diabetes Prevention

BY MITCHEL L. ZOLER

FROM THE AMERICAN DIABETES ASSOCIATION ADVANCED POSTGRADUATE COURSE

NEW YORK – Taking an "if we build it, they will come" approach, the YMCA is rolling out a diabetes-prevention program at a Y near you. And they need primary care physicians to refer patients to these programs.

The building started last year, when the YMCA of the USA began offering lifestyle training to people with prediabetes, and by February the program had taken root at 116 sites in more than 30 U.S. communities, David G. Marrero, Ph.D., said at the annual course.

The program puts into practice lessons learned nearly a decade ago in the landmark Diabetes Prevention Program, which recruited more than 3,000 Americans who did not have diabetes but who did have elevated fasting blood glucose levels.

The findings showed that in a controlled, randomized study setting, teaching people on a one-on-one basis to exercise more and change their diet to achieve significant weight loss led to a 58% cut in the rate of new diabetes cases during 3 years of follow-up, compared with control participants (N. Engl. J. Med. 2002;346:393-403).

"The DPP showed the efficacy of lifestyle modification, but the issue remained of how to translate this powerful finding to the public," said Dr. Marrero, professor of medicine and director of the Diabetes Translational Research Center at Indiana University in Indianapolis. "The DPP was expensive."

By Dr. Marrero's calculations, the original DPP lifestyle intervention cost nearly $1,500 per person. With about 70 million Americans estimated to have prediabetes, it was clear that adapting the one-on-one program for a group-based program for use at YMCAs was key.

His group reported on the success of a pilot group–based version in 2008 (Am. J. Prev. Med. 2008;35:357-63). Based on this evidence – and with the backing of the Centers for Disease Control and Prevention – the YMCA moved to expand the program nationally.

By the end of this year, the program is expected to be available at 150 sites operated by about 50 different YMCAs, said Dr. Matt Longjohn, who is the senior director of chronic disease prevention at the YMCA of the USA.

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The next step is to screen people for prediabetes who would benefit from the program, says David G. Marrero, Ph.D.

The premise of the program is that people who lose 7% of their body weight and gradually increase their weekly exercise to 150 minutes can significantly lower their risk for developing frank type 2 diabetes. Candidates for the program must be overweight and either at high risk for diabetes or with a diagnosis of prediabetes.

The course that is offered at YMCAs involves an hour-long session once a week for 16 weeks. Session topics include:

- ▶ Being Active: A Way of Life.
- ▶ Four Keys to Healthy Eating Out.
- ▶ Talk Back to Negative Thoughts.
- ▶ The Slippery Slope of Lifestyle Change.
- ▶ Ways to Stay Motivated.
- ▶ Ways to Eat Less Fat and Fewer Calories.

In an effort to stay motivated, enrollees will attend monthly refresher courses for 8 months to discuss areas in which they are having trouble maintaining their new healthful habits, and reviewing the basic strategies from the original sessions.

The CDC is supporting the rollout of the program, as was mandated by the National Diabetes Prevention Program of the Patient Protection and Affordable Care Act.

For people without coverage, the year-long program costs about $300 per participant, noted Dr. Longjohn, but many Ys offer it at a reduced rate because they also receive support from the CDC. For example, YMCA of Delaware charges Y members $149 for the prevention-training course; nonmembers pay $199.

UnitedHealthcare has also signed on to cover the cost of participation for its beneficiaries who are at risk for diabetes.

Dr. Marrero said that the next step is encouraging primary care physicians to broadly screen and identify people who would benefit from a diabetes-prevention intervention. He and his associates recently began a pilot study to assess the benefits of conducting routine diabetes screening in primary care practices.

Dr. Marrero said that he had been an advisor to Eli Lilly, a consultant to Sanofi-Aventis and to YMCA of the USA, and a speaker for Taking Control of Your Diabetes. Dr. Longjohn reported having no disclosures. ■

Home Care Cuts Readmissions for Chronic Diseases

BY MITCHEL L. ZOLER

FROM A MEETING SPONSORED BY THE AMERICAN DIABETES ASSOCIATION

VITALS

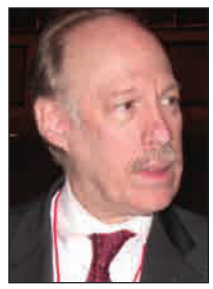
Major Finding: Patients aged 65 years or older with diabetes and multiple other chronic conditions had a 21% rehospitalization rate during the first 30 days following discharge from their index hospitalization when receiving home-management care, compared with a 33% rate in similar, historic control patients who did not receive such care.

Data Source: Eighty-eight patients aged 65 years or older with diabetes and multiple other chronic conditions treated during 2008-2010.

Disclosures: Dr. Rackow is an employee, stockholder, and board member of Senior Bridge.

NEW YORK – A patient-centered, medical-home approach to care for patients with multiple chronic diseases when they are discharged from the hospital and back in their own residences substantially cut their rate of hospital readmissions, suggesting that this new model of home-based medical care pays for itself by avoiding hospitalization costs.

"We think it's very important for the U.S. health care system to move its focus from hospital to home, with care management that prevents unnecessary emergency department visits and hospital admissions," Dr. Eric C. Rackow said.



"You can alter the outcomes at home [of patients with diabetes and other chronic diseases] if you keep patients healthier and more functional at home and out of the hospital," said Dr. Rackow, professor of medicine at New York University, and president and CEO of SeniorBridge, a company that provides medical services to patients when they are in their homes.

"We have health plan contracts where we have shown a 50% reduction in hospitalization and readmissions rates, producing a 50% drop in the cost per member per month," Dr. Rackow said in an interview.

'We have health plan contracts where we have shown ... a 50% drop in the cost per member per month.'

DR. RACKOW

Although SeniorBridge is relatively unique in offering in-home services from a variety of health care professionals to patients, the model is amenable to scale up, he said. "Doctors are the captains, but it's the nurses, social workers, nutritionists, and pharmacists who actually are in the patients' homes. Physicians can manage a large number of patients. It's a cost-effective way to extend the physician's reach."

To document the impact of home-based intervention, he presented data collected by SeniorBridge from 503 patients aged 65 years or older who the company managed during 2008-2010. Eighty-eight of these patients who had diabetes and multiple other chronic conditions had a hospital readmission rate of 21% in their first 30 days at home following discharge from their index hospitalization.

The other 415 patients managed by SeniorBridge had multiple chronic conditions but no diabetes, and they had an 11% rehospitalization rate in their first 30 days at home. In contrast, a historic control of similar elderly Americans with multiple chronic conditions who did not receive comprehensive care at home following their hospital discharge had a 33% readmission rate, Dr. Rackow said.

Another data analysis showed that 230 elderly SeniorBridge–treated patients with diabetes and multiple chronic diseases averaged 0.37 hospitalizations/year, and 1,486 elderly SeniorBridge-treated patients with multiple chronic diseases but no diabetes averaged 0.28 hospitalizations/year. By comparison, Medicare data showed a rate of 1.3 hospitalizations/year among similar patients receiving conventional care following a hospital discharge.

Multiple chronic illnesses are a hallmark of elderly patients with diabetes, affecting three-quarters of Americans 65 years or older with diabetes, Dr. Rackow said. The combination of diabetes, chronic obstructive pulmonary disease, and heart failure forms a common comorbidity constellation among elderly patients with diabetes, he noted.

Patients with several simultaneous chronic illnesses face special physical and cognitive challenges that pose problems for their self-directed care, he said. "The functional limitations [triggered by multiple chronic diseases] and the inability to self-manage tips patients and causes frequent hospitalizations." That's why home medical services that aid a patient's self management can have such a significant impact on rehospitalization rates.

Payment for SeniorBridge's services has come from Medicaid, private insurers, and from long-term insurance policies. Medicare does not currently pay for these services, Dr. Rackow said. ■