

# Diabetes is significant economic burden for US health-care system

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Excess medical expenses and reduced productivity due to diabetes costs the U.S. economy more than \$174 billion annually, a figure that could be reduced by lifestyle modifications and preventive care and by pay-for-performance incentives that reward improved disease management, as supported by three articles in the recent issue of *Population Health Management*, a peer-reviewed journal published by Mary Ann Liebert, Inc.

Three timely articles examine the challenges presented by the rising number of Americans with diabetes. The reports estimate the national medical costs associated with caring for adults with prediabetes or gestational diabetes and present a critical analysis of a pay-for-performance incentive to improve the care of patients with diabetes.

"This research adds significant new information to our understanding of the total burden diabetes mellitus puts on our society," says Journal Editor-in-Chief David B. Nash, MD, MBA, Dean, and Dr. Raymond C. and Doris N. Grandon Professor, Jefferson School of Population Health (Philadelphia, PA).

The article entitled "Medical Cost Associated with Prediabetes" showed that in 2007, care for these patients was more than \$25 billion, or an additional \$443 for each adult compared to individuals with normal blood sugar levels, according to a study by Yiduo Zhang, PhD, and colleagues from the Lewin Group (Falls Church, VA) and Ingenix/i3research (Basking Ridge, NJ and Nanterre, France). The

authors conclude that these findings "strengthen the business case for lifestyle interventions to prevent diabetes by adding additional economic benefits that potentially can be achieved by preventing or delaying PD."

Excessive use of medical services by adults with diabetes could be reduced by better adherence by physicians to evidence-based clinical guidelines intended to improve diabetes care. Thomas Foels, MD, and Sharon Hewner, RN, PhD, from Independent Health Association (Buffalo, NY), report on a study targeting adult primary care physicians and encouraging consistent adherence to guidelines, a critical review of practice patterns related to care of diabetic patients, and changes in office systems to improve care. In "Integrating Pay for Performance with Educational Strategies to Improve Diabetes Care," the authors demonstrate that participation- and performance-based economic incentives can yield significant improvements in adherence to [diabetes](#) clinical guidelines, office-based education, and overall disease management.

These diabetes-related reports are available free online at [www.liebertpub.com/pop](http://www.liebertpub.com/pop).

Source: Mary Ann Liebert, Inc.

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