

Facing Type 2 Diabetes in the Healthcare Reform Era

This supplement to *The American Journal of Managed Care* explores the current status of diabetes management, clinical challenges and barriers faced by patients, physicians, and the healthcare system, and potential strategies and initiatives to improve diabetes care. The content is based on presentations and discussion at a roundtable meeting held October 15-16, 2010, in Chicago, Illinois.

The contents of this supplement may include information regarding the use of products that may be inconsistent with or outside the approved labeling for these products in the United States. Physicians should note that the use of these products outside current approved labeling is considered experimental and are advised to consult prescribing information for these products.

■ Faculty

Moderator and Presenter

A. Mark Fendrick, MD

University of Michigan Center for Value-Based Insurance Design
Ann Arbor, Michigan

Presenters

Michael A. Bush, MD

Past Clinical Chief, Division of Endocrinology, Cedars-Sinai Medical Center
Clinical Associate Professor of Medicine, David Geffen School of Medicine, UCLA
Los Angeles, California

Bruce Niebylski, MD

Associate Vice President
Priority Health
Bloomfield Hills, Michigan

Participants

Louis L. Brunetti, MD, JD

Senior Vice President and Chief Medical Officer
MedImpact Healthcare Systems, Inc
San Diego, California

R. Keith Campbell, RPh, MBA

Distinguished Professor in Diabetes Care/
Pharmacotherapy
Washington State University College of Pharmacy
Pullman, Washington

■ Faculty Disclosures

These faculty disclosed the following relevant commercial financial relationships or affiliations in the past 12 months:

Louis L. Brunetti, MD, JD

Honoraria: Amylin; Pfizer; sanofi-aventis; Takeda

Michael A. Bush, MD

Speakers' Bureau: AstraZeneca; Bristol-Myers Squibb; Lilly; Merck; Novo Nordisk
Meeting/Conference Attendance: Novo Nordisk; Merck

R. Keith Campbell, RPh, MBA

Honoraria: Lilly

A. Mark Fendrick, MD

Consultant: Abbott Laboratories; ActiveHealth Management, Inc; AstraZeneca; Avalere Health LLC; Blue Cross and Blue Shield Association; GlaxoSmithKline; Hewitt Associates LLC; MedImpact HealthCare Systems, Inc; Perrigo; Pfizer; The Regence Group; sanofi-aventis U.S. LLC; WebMD, LLC; UCB, Inc.
Lectureship: Merck; Pfizer; sanofi-aventis U.S. LLC.
Grants: Abbott Laboratories; AstraZeneca;

Signed disclosures are on file at the office of *The American Journal of Managed Care*, Plainsboro, New Jersey.

Andrea Dunaif, MD

Division of Endocrinology, Metabolism, and Molecular Medicine
Northwestern University
Feinberg School of Medicine
Chicago, Illinois

Hugh Fatodu, RPh, MBA

Director of Pharmacy
Johns Hopkins HealthCare
Glen Burnie, Maryland

Michael Miller, MD, FACC, FAHA

Professor of Medicine, Epidemiology & Public Health
University of Maryland School of Medicine
Director, Center for Preventive Cardiology
University of Maryland Hospital
Baltimore, Maryland

James L. Rosenzweig, MD

Director of Diabetes Services
Boston Medical Center
Associate Professor of Medicine
Boston University School of Medicine
Boston, Massachusetts

Curtis Triplitt, PharmD, CDE

Assistant Professor
Department of Medicine
Division of Diabetes
UTHSCSA Texas Diabetes Institute
San Antonio, Texas

Medical Writer

William James Yarnall, RPh, CCP

DoctorLearns, LLC
Merchantville, New Jersey

Lilly; GlaxoSmithKline; Merck; Novartis Corporation; Pfizer; sanofi-aventis U.S. LLC.

James L. Rosenzweig, MD

Scientific Advisory Board: Alere, LLC

Curtis Triplitt, PharmD, CDE

Consultant: Roche; Takeda
Honoraria: Amylin; Lilly; Roche

The following faculty members have nothing to disclose relevant to the content of this supplement:

Andrea Dunaif, MD; Hugh Fatodu, RPh, MBA; Michael Miller, MD, FACC, FAHA; Bruce Niebylski, MD; and William James Yarnall, RPh, CCP.

The planning staff from the University of Cincinnati, *The American Journal of Managed Care*, and the Pharmacy Times Office of Continuing Professional Education have no relevant financial relationships to disclose.

Facing Type 2 Diabetes in the Healthcare Reform Era

Release date: December 20, 2010

Expiration date: December 20, 2011

Estimated time to complete activity: 2.5 hours

This activity is supported by an educational grant from Amylin Pharmaceuticals, Inc and Lilly USA, LLC.

Intended Audience

The audience for this supplement is medical directors, pharmacy directors, pharmacy and therapeutic committee members, and health-care providers who see patients with type 2 diabetes mellitus (T2DM) in various clinical settings.

Statement of Educational Need/Program Overview

T2DM is widespread and increasing in prevalence. In 2007, 23.6 million Americans, or 7.8% of the US population, had diabetes; 57 million more had prediabetes. Patients with T2DM often have comorbidities, and they are at double the risk of death compared with those without diabetes. Because of its chronic nature and prevalence, diabetes comes at an exorbitant cost.

The increasing prevalence of T2DM is directly related to the steadily rising rate of obesity in the United States. Life expectancy in the United States has increased over the last 200 years; however, the impact of the obesity epidemic and its relation to diabetes is threatening to reverse that trend in the 21st century.

There are many pharmacologic agents currently on the market to combat T2DM and its various comorbidities, but efforts to reduce rampant cardiovascular disease risk in patients with diabetes have proved insufficient. An intensified, multifactorial approach has shown to be effective, but incorporating multiple therapies and differing dosing regimens often leads to nonadherence and therapeutic failure. Several new healthcare practices could potentially provide a solution for the growing diabetes problem. Although not implemented or widely known, value-based insurance design, the Asheville Project, and comparative effectiveness research are just a few of the models that could provide patients with diabetes a successful alternative to battling their disease.

Educational Objectives

After completing this activity, the participant should be able to:

- Evaluate and assess T2DM risk factors and categorize their potential impact on morbidity and mortality
- Summarize the progression from prediabetes to T2DM and discuss the interrelationship between weight gain and diabetes
- Analyze and discuss the interrelationship between diabetes and cardiometabolic disease
- Assess the impact of comparative effectiveness research on T2DM management
- Outline how new value-based insurance design can improve outcomes while encouraging participants to select high-value services

Disclosure Policy

According to the disclosure policies of the University of Cincinnati and Pharmacy Times Office of Continuing Professional Education, faculty, editors, managers, and other individuals who are in a position to control content are required to disclose any relevant financial relationships with relevant commercial companies related to this activity. All relevant conflicts of interest that are identified are reviewed for potential conflicts of interest. If a conflict is identified, it is the responsibility of the University of Cincinnati and Pharmacy Times Office of Continuing Professional Education to initiate a mechanism to resolve the conflict(s). The existence of these interests or relationships is not viewed as implying bias or decreasing the value of the presentation.

All educational materials are reviewed for fair balance, scientific objectivity of studies reported, and levels of evidence.

Physician Continuing Medical Education

Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the University of Cincinnati. The University of Cincinnati is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation

The University of Cincinnati designates this educational activity for a maximum of 2.5 AMA PRA Category 1 Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Pharmacist Continuing Education

Accreditation Statement

 Pharmacy Times Office of Continuing Professional Education is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. This program is approved for 2.5 contact hours (0.25 CEUs) under the ACPE universal program number of 0290-9999-10-027-H01-P. This program is available for CE credit through December 20, 2011.