Adherence to Metformin, Statins, and ACE/ARBs Within the Diabetes Health Plan (DHP)

Type 2 diabetes is highly prevalent in the United States and leads to a major decline in health status for many patients. The economic toll of diabetes is substantial because of decreased productivity, absenteeism, reduced work performance, and lower labor force participation. Given these issues, employers have a strong interest in trying alternative approaches to providing medical care for their employees with diabetes.

The Diabetes Health Plan (DHP) is an example of a novel health benefit design that became available to public and private employers in 2009. The DHP is the first disease-specific health plan in the United States for patients with diabetes, and offers features such as reduced cost-sharing for medications and office visits, and free or low-cost resources for disease management. The DHP was actuarially designed to provide an estimated annual out-of-pocket savings of $150-$500 per participant. To continue receiving these benefits, DHP enrollees are expected to participate in their own care with regular health risk assessments, following through with diabetes-related screenings, etc.

This study examined the effect of the DHP on adherence over 12 months to the most prescribed diabetes medications: metformin, statins, and angiotensin-converting

enzyme inhibitors or angiotensin-receptor blockers ACE/ARBs. Our study compared the medication adherence of members within employer groups that offered the DHP versus members of employer groups that did not. The results showed a higher rate of adherence for all three medications (~6.5%-7% higher adherence) for patients in DHP employer groups compared with patients in other employer groups.

Linking the incentive of decreased cost-sharing to a requirement that enrollees demonstrate engagement in their own health care, as implemented in the Diabetes Health Plan, is an intriguing option for employers and health plans to consider. Although, the long-term cost outcomes have not yet been evaluated, this increase in medication adherence has the potential to demonstrate a return on investment to both the member and the employer.

Duru OK, Turk N, Ettner SL, Neugebauer R, Moin T, Li J, et al. Adherence to Metformin, statins, and ACE/ARBs within the Diabetes Health Plan (DHP). *J Gen Intern Med.* 2015;EPub May6.

This document is intended to summarize the findings of a scientific publication and is written for policy-makers, including health plan directors, public health professionals, and public policy leaders.