Welcome & Introductions

William T. Cefalu, MD
Chief Science, Medicine and Mission Officer
What’s wrong with this picture?

- Decline in % of patients at HbA1c <7%
- At best, only about 50% of patients at Goal
- Increase in % of patients with very poor control
- Unacceptable level of morbidity and mortality
- Diabetes-related costs to society are tremendous

ALL THIS DESPITE MORE THAN 40 NEW T2D TREATMENT OPTIONS APPROVED SINCE 2005


Why are we here?
Why are we here?

As a medical community our goal is to improve patient outcomes.

How are we going to do it?
How are we going to do it?

Disrupt Therapeutic Inertia.

Welcome & Introductions

Tracey D. Brown, MBA, BChE
CEO
American Diabetes Association
1 in 11 Americans has diabetes

84 million people have prediabetes and 90% don’t know it
Diabetes is one of the costliest diseases in the United States

Economic Costs of Diabetes in the U.S. in 2017

https://doi.org/10.2337/dc18-0007

$327B
The total cost of diagnosed diabetes in the US in 2017
Economic Costs of Diabetes in the US in 2017

- **327 billion were spent in 2017 on diagnosed diabetes.**
  - $237 billion in direct medical costs and $90 billion in reduced productivity

- **Direct medical costs represent a 26% increase (adj for inflation) since 2012** (increased prevalence and the increased cost per person affected)

- More than 300 million work days are lost to the economy due to diabetes

- Diabetes resulted in 277,000 premature deaths.


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Economic Costs of Diabetes in the US in 2017

- Medications directly used to treat diabetes = $31 billion, $15 billion of which is for insulin.
  - Increased by 45% over 5 years after adjusting for inflation

- **1 in every 4 health care dollars** spent (24 percent) was for the care of people with diabetes

- **1 of every 7 health care dollars** (14 percent) can be attributed directly to care for diabetes.

Therapeutic Advances Over Past 20 Years

ADA Standards of Care 1989

Decision Cycle for Patient Centered Glycemic Management

ASSESS KEY PATIENT CHARACTERISTICS
- Current lifestyle
- Comorbidities i.e. ASCVD, CKD, HF
- Clinical characteristics i.e. age, HbA1c, weight
- Issues such as motivation and depression
- Cultural and socio-economic context
Despite increasing number of new diabetes medications and technologies …

- Achievement of individualized targets declined from 69.8% to 63.8%

![Graph showing percent of patients achieving individualized HbA1c targets and HbA1c <7.0%](image)


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Despite increasing number of new diabetes medications and technologies …

- The percentage with HbA1c > 9.0% increased from 12.6% to 15.5%

![Graph showing percent of adults with HbA1c > 8.0% and HbA1c > 9.0%](image)

Disruption is Needed to Improve Care Quality in Diabetes Type 2 Diabetes Trends in the U.S. 2006-2013

Advances in health technology, drug therapies and policy have NOT translated to improvements in diabetes care quality

The root of the problem ...

Therapeutic Inertia
Therapeutic Inertia: Rational and Clinical Relevance

- The failure to establish appropriate targets and escalate treatment to achieve treatment goals
- Responsible for substantial, preventable complications of diabetes with the associated excess in direct and indirect health care costs

Fu et al. Diabetes, Obesity and Metabolism; 2011;13: 765–769
Treatment Intensification In Patients With Type 2 Diabetes Who Failed Metformin Monotherapy

Time To Treatment Intensification For All Patients (A), By Index HbA₁c Level (B), By Metformin Daily Dose (C)

Fu et al. Diabetes, Obesity and Metabolism; 2011;13: 765–769
Our view ...

• Although therapeutic inertia impacts all populations, targeting individuals with type 2 diabetes should be the first priority

• The causes of clinical inertia are multifactorial, with contributory elements from five stakeholder groups:
  • People with diabetes
  • Clinicians and other healthcare providers
  • Healthcare systems
  • Payors
  • Industry

What do you think?

Please indicate the stakeholder group with which you most closely identify.

Note to audience: Please type in one word in all lower case
What do you think?

List the one word that best describes the top contributor to therapeutic inertia.

Note to audience: Please type in one word in all lower case.

What do you think?

List the top three words that describe the impact of therapeutic inertia on your practice/organization.

Note to audience: Please type in one word in all lower case. Separate each word with one space and no comma.
What do you think?

List the top three words that describe potential solutions to therapeutic inertia.

Note to audience: Please type in one word in all lower case. Separate each word with one space and no comma.

Today’s purpose...

• Review the scope and impact of Therapeutic Inertia as it relates to type 2 diabetes.
• Obtain input from all stakeholder groups regarding their barriers and potential solutions for overcoming those barriers.
• Document Summit proceedings in a white paper that:
  • Defines the concept, scope and impact of therapeutic inertia
  • Summarizes the input and recommendations from Summit participants
  • Lists/describes the methods and metrics for assessing progress/success
  • Identify stakeholder thought leaders and strategic alliances for campaign implementation
  • Outlines the goals, objectives, strategies and tactics for a 3-5-year ADA campaign to address Therapeutic Inertia.
**Campaign: Overcoming Therapeutic Inertia**

→ **PHASE I**: Today's Summit brings together opinion experts to provide solution-based recommendations to overcome Therapeutic Inertia. A white-paper will be authored.

→ **PHASE II**: ADVOCATE for impact with highlights on the science, determining priorities and building the campaign.

→ **PHASE III**: Deliver campaign, measure results and **ACCELERATE** diabetes management globally through the practice of ADA Standards of Care.

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**Why is ADA convening this campaign?**

- An expansion of our efforts to reduce Therapeutic Inertia is **aligned with our mission** to improve the lives of people with diabetes
- The ADA is positioned with the **tools** necessary to enable execution of meaningful and sustained practice change
- The ADA has **established collaborations** with stakeholders, industry partners and health care delivery systems
- The ADA already has **platforms and channels** to reach critical audiences relative to this issue
Steering Committee Members

Christine A. Beebe, MS, RD, CDE, LD
QuantuMed, PEP Network

Rachele Berria, MD, PhD
Sanofi

John Cuddeback, M.D., Ph.D.
American Medical Group Association

Sumit Dutta, MD, MBA
OptumRx

John W. Kennedy, MD
American Medical Group Association
Foundation

Kamlesh Khunti, FRCGP, FRCP, MD, PhD,
Leicester General Hospital

Sandra Leal, PharmD, MPH
SinfoniaRx

Luigi Meneghini, MD, MBA
Parkland Health and Hospital System

Swapnil N. Rajpathak, MD, MPH, DrPH
Merck

Geralyn Spollett, MSN, ANP, CDE
Yale Diabetes Center

Naunihal Virdi, MD, MBA, FACP
Abbott Diabetes Care

Phase 1: Today’s Summit

• Goal: gather the experts in various stakeholder groups to **discuss and strategize SOLUTIONS** to overcome therapeutic inertia.

• Stakeholder groups represented are:
  • Patients
  • Health Care Professionals- Endocrinologists, Primary Care Providers, Educators
  • Health Care Systems
  • Payors
  • Industry

• *This summit was by invitation only and is closed to ~125 experts in various stakeholder groups*
Today is about…

- Collaboration
- Discussion
- Vision
- Respect of various stakeholders
- Solutions
- Patient

It is not about…

- Finger-pointing
- Case studies
- Blame
- Ego
- Self-interest

Phase 1: Today’s Summit

- Short presentations from each stakeholder group to address the following questions:
  - How is therapeutic inertia impacting the practice/organization/group?
  - What is the practice/organization/group doing to address therapeutic inertia?
  - What are the barriers?
  - What has been successful? What was done, why did it work?
  - What has not been successful? What was done, why did it not work?
  - What does the practice/organization need from other stakeholder groups to address therapeutic inertia?
Phase 1: Today’s Summit

- **Each participant** is integral to the success of discussing the solution
- The goal is to collect the thoughts, ideas and solutions from the expert participants to develop a white paper and develop a large multi-year campaign

Phase 1: Today’s Summit

**Increase interactivity**

- Use of iPads
  - Questions/comments to the moderator are crucial
  - All questions/comments are anonymous to the moderator
  - All questions/comments will be anonymous, compiled and provided to the writing group
- Microphones are available; however, please keep the comments short and solution-based.
Moderators

Robert H. Eckel, MD

**Professor of Medicine**
- Division of Endocrinology, Metabolism and Diabetes
- Division of Cardiology

**Professor of Physiology and Biophysics**
**Charles A. Boettcher II Chair in Atherosclerosis**
**Vice Chancellor for Research (VCR), Interim**
*University of Colorado Denver, Anschutz Medical Campus*

**Director Lipid Clinic**
*University of Colorado Hospital*

John W. Kennedy, MD

**President**
American Medical Group Association Foundation
Alexandria, Virginia

**Chief Medical Officer**
American Medical Group Association
Alexandria, Virginia

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Thank you to the sponsors of this campaign!
We Value Your Partnership!

Together, we can do so much toward our unified goals to improve the lives of those with diabetes!

Words to live by!

➢ “Coming together is a beginning. Keeping together is progress. Working together is success.” --Henry Ford

➢ “The strength of the team is each individual member. The strength of each member is the team.” --Phil Jackson

What we’ve learned so far ...
(REVIEW CLOUD MAPS)