



CASE STUDY MANAGING DIABETES IN THE WORKPLACE



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ABOUT CU



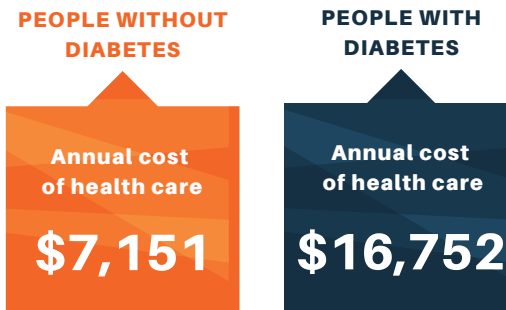
The University of Colorado (CU) is one of the premier higher education systems in North America. With over 20,000 employees, it is also one of Colorado's largest employers. CU employees serve in various roles from administration, instruction, research, facilities management, and security and represent a wide range of health conditions and needs from their health plan. The CU Health Plan (offered to all CU employees working over 20 hours per week) covers roughly 27,000 lives.

THE PROBLEM

A Centers for Disease Control and Prevention (CDC) study recently showed that numerous preventive strategies are available for many chronic diseases.¹ However, such services are highly underutilized, despite the human and economic burden of chronic diseases.² Over 37.3 million people in the U.S. have diabetes (11.3% of the population). An additional 96 million people aged 18 years or older have prediabetes (38.0% of the adult population).³ Along with the severe health effects that the disease poses to individuals, diabetes also presents a significant financial burden on employers due to rising health care costs. The estimated 2017 cost of diagnosed diabetes is \$327 billion, \$237 billion in direct medical expenses, and \$90 billion in reduced productivity. This estimate does not account for the medical cost of the approximately one in four individuals who go undiagnosed.

To support employees with diabetes and reduce health care costs, CU began offering no-cost diabetes medication to members with diabetes in 2013. CU had an impressive uptake of the no-cost diabetes medication offering, inspiring it to explore the root cause of diabetes in its workforce. The University believed that employees most in need were not managing their diabetes through lifestyle interventions.

To date, CU provides the no-cost share program for diabetes supplies and medications at an estimated cost of \$1 million per year.



"Diabetes affects such a large percentage of our population — CU Health Plan members are no different," said Tony DeCrosta, Chief Plan Administrator for the CU Health Plan.

"Complications and comorbidities not only affect the health of our members but contribute to the overall cost of the Plan. These costs not only take resources away from CU but increase the costs to employees as well. Several anti-diabetes medications are consistently in the Plan's top 25 drug spend."

In 2014, CU decided it was time to engage employees with a preventative approach. The Colorado Department for Public Health and Environment (CDPHE) introduced CU to the National Diabetes Prevention Program (National DPP). CU Health Plan staff were trained about the program to increase their understanding of the member experience.

Once CU Health Plan staff were trained, they worked with providers to implement the program as an effective solution to prevent plan members from developing type 2 diabetes. **The goal was to save CU money when plan members no longer needed the no-cost diabetes supplies and medication program.**



Investing in marketing and communication for this program was highly successful. We would encourage any employer that offers the National DPP to communicate this resource and tool to their employees in a targeted effort.



Erin Tilbury
Assistant Vice President, CU Health Plan



THE STRATEGY

CU hosted 50 biometric screening events throughout its various locations, offered to all employees and their families, and included an A1c test (a standard biometric marker for prediabetes). Following the biometric screenings, members received their results in the mail. If they or their family members had an A1c reading within the prediabetes range, the mailer included a flyer prompting them to enroll in the National DPP.

CU's first National DPP cohort began in 2014 in-person at multiple locations. The program is now solely offered online due to employee preference for schedule flexibility.

To continue marketing the benefit of the National DPP, CU began tailored communication to its employees, working with a marketing firm to develop numerous personas that represented various employees. Communication about the program was tailored to a particular persona and sent in employee-wide emails. The CU Health Plan team circulated through the different personas in each quarterly email.

"Investing in marketing and communication for this program was highly successful," said Erin Tilbury, Assistant Vice President of Health Plan Compliance for the CU Health Plan. "We would encourage any employer that offers the National DPP to communicate this resource and tool to their employees in a targeted effort."

“ Until now, I have had a defeatist attitude and been mean to myself emotionally, thinking that it's hopeless. However, the program has helped me become more hopeful that I can successfully make lifestyle changes and stick with them. ”

Lauren

CU employee enrolled in Omada, CU's National DPP provider

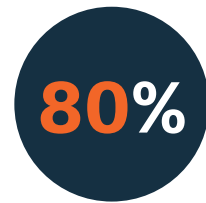
THE IMPACT

To date, CU has offered the National DPP to 2,110 members, with an average retention rate of 81% and weight loss average of 6.73 lbs., resulting in an estimated health care savings of over \$16 million annually.

"Our members were happy with the no-cost medical benefit we were offering, but we thought, is there a way for us to help people that are not yet in need of this? That's when we found the DPP," said DeCrosta. "We've offered the DPP through a few different vendors over the past several years. With our current vendor, our weekly lesson completion rate is 76%, and our members have lost over 14,000 pounds. Most importantly, our program satisfaction rate is at 80%."



**\$16 MILLION IN
HEALTH CARE
SAVINGS**



**PROGRAM
SATISFACTION
RATE**

Investing in the National DPP reduces the likelihood of employees developing type 2 diabetes. It can also reduce the risk of having a heart attack or stroke. By investing in the National DPP, CU demonstrates to its employees that they care about their overall health and well-being.

SOURCES

¹ <https://www.cdc.gov/diabetes/data/statistics-report/index.html>

² Levine S, Malone E, Lekichvili A, Briss P. Health Care Industry Insights: Why the Use of Preventive Services Is Still Low. *Prev Chronic Dis* 2019;16:180625. DOI: <http://dx.doi.org/10.5888/pcd16.180625>

³ <https://www.cdc.gov/diabetes/data/statistics-report/index.html>

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