

Beyond the Meter

Providing a modern approach to diabetes care management and support





It's time to rethink diabetes management

Blood glucose meters were revolutionary in the 1970s and '80s. However, advancements in medications and technology and a deeper understanding of diabetes have made it possible to rethink its management and move beyond the meter.

A new approach may be as groundbreaking as meters were in the late 20th century because it helps individuals manage diabetes care on more than one front. And it does so in a way that reduces costs while providing a two-to-one return on investment (ROI).



Why we must move beyond the meter

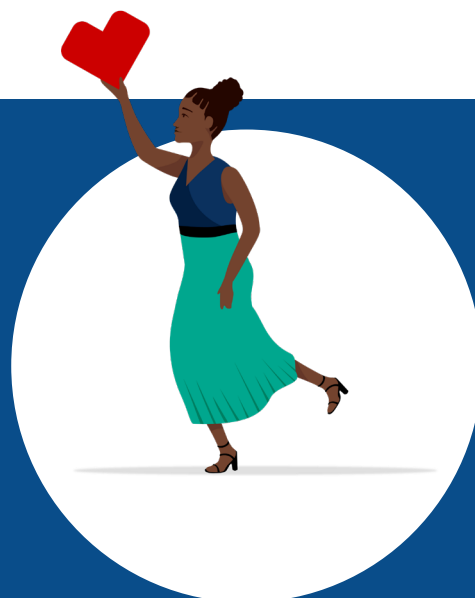
When they came out half a century ago, meters that allowed for self-monitoring of blood glucose (SMBG) levels represented the latest in technology. They were game changers then and continue to play an essential part in diabetes care.

However, thanks to advancements in diabetes medications that reduce the risk of hypoglycemia, some people with diabetes no longer need meters. In fact, studies show limited benefit to SMBG for people not on insulin.¹ And for those who don't need it, self-testing can add unnecessary stress and costs.

So, while meters remain medically indicated for some, they can be redundant for others. Those findings led the American Diabetes Association (ADA) to change its standards in 2020, stating that some people not on insulin may not benefit from SMBG.²

Time has also brought about a change in mindset thanks to new technologies and a better understanding of the disease. Additional gaps in care for people with diabetes have been identified. Thanks to data and an ability to provide more personalized care, those gaps can be addressed, and people can be put on a better path — one that lowers their A1C and improves overall health.

The meter was the beginning of diabetes management. Now, emerging tools allow us to expand on that personalization.



¹Kleefstra N, Hortensius J, van Hateren KJ, et al. Self-monitoring of blood glucose in noninsulin-treated type 2 diabetes: an overview. *Diabetes Metab Syndr Obes.* 2009;2:155-163. Published 2009 Sep 9.

²American Diabetes Association. Summary of Revisions: Standards of Medical Care In Diabetes - 2020. Dec. 16, 2019. Available at: https://diabetesjournals.org/care/article/43/Supplement_1/S4/30784/Summary-of-Revisions-Standards-of-Medical-Care-in. Accessed Jan. 3, 2022.

Issues beyond the meter

CVS Health understands there are those who need SMBG and those who may not. And we also recognize there are clinically effective interventions that go beyond simply using or not using a meter that can help individuals manage their diabetes and ultimately lower their A1C. When we address these high-value opportunities, members can put themselves on a path to better health. So, what are these opportunities?





Lifestyle management

A healthy diet and adequate exercise have long been identified as ways to manage diabetes. Yet people have not always been advised about the importance of these factors or gotten the information and help they need to implement changes. These behaviors are rooted in both personal experiences and external influences, including social determinants of health, and can be hard to change. Social determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. For example, obesity, which is a significant factor in type 2 diabetes, can be influenced by genetics, race, ethnicity, income, culture, food environment, stress and more.

All of these issues represent particular types of care gaps. CVS Health calculates that the average member with diabetes experiences **3.3 gaps**.⁶



Guideline-driven screenings

People with diabetes are at risk of developing complications, including damage to the eyes, nerves and kidneys. Those conditions can result in blindness, amputations and kidney failure. The last is a particular threat, as 37 percent of people with diabetes suffer from kidney disease.⁴ In addition, 73 percent of people with diabetes have hypertension,⁵ which can result in heart disease. Screening for these complications can catch conditions early, with treatment preventing further damage.



Medication optimization and adherence

These are two key care gaps that have long been recognized as a problem in diabetes care management. Patients often aren't taking the appropriate medication, aren't getting enough medication or aren't taking it at all. Medication does not have to be a life-long solution, either. It is possible to reduce or eliminate the use of drugs for diabetes through diet and exercise changes in conjunction with a diabetes remission program.

⁴cdc.gov.

⁵ncbi.nlm.nih.gov.

⁶CVS Health Analytics, 2021. Data through 7/31/21. All data sharing complies with applicable law, our information firewall and any applicable contractual limitations. Actual results may vary depending on benefit plan design, member demographics, programs implemented by the plan and other factors.

How we move beyond the meter



While these care gaps are serious issues, they also represent opportunities to improve diabetes management. CVS Health uses advanced analytics and clinical guidelines to determine individual interventions and close gaps in care.

Our comprehensive diabetes care management solution uses the latest in technology, modern behavioral science and the extensive footprint of CVS Health. Artificial intelligence (AI) and machine learning can spot clinical care gaps, inform personalized care solutions, upgrade and expand monitoring capabilities, consolidate records and provide helpful educational information. The program uses a patient's preferred communication channel (phone, text, email, etc.) and also learns how often members are interacting with their primary care providers, what screenings are taking place, and whether they are monitoring their blood glucose. If a member is not getting the care or screenings they need, that gap is identified and additional efforts are made to close it.

By using an omnichannel approach to outreach, CVS Health is able to provide a more personalized level of engagement. Engaging with an individual in the manner most effective for them, whether that is via telephone, text, email or even in person, makes it more likely they will play an active role in managing their diabetes. And because CVS Health is present in communities across the United States through CVS Pharmacy, CVS HealthHUB and MinuteClinic locations, our teams provide opportunities for face-to-face engagement. In fact, our pharmacists can play a unique and important role as part of the omnichannel approach, serving as trusted contacts who are able to address concerns about the proper medication usage, side effects and costs.



Our diabetes care management solution helps address clinical care gaps in specific ways.

Although the ADA says individuals who are not on insulin may not need SMBG, meters are made available to those who need or want them.

Depending on the severity of the disease and coaching offered, care management support is stepped up in the type of meter needed (cellular, Bluetooth, CGM) and the amount of coaching. All members, wherever they are in the course of their care, are provided with meters if they request one. Only 7 percent of members were identified as people who could benefit from testing.⁷ Of the care gaps identified by the program, SMBG, though important, affected the lowest percentage of members when compared to the others.



⁷CVS Health Analytics, 2021. Data through 7/31/21.

Lifestyle behavior and comorbidity management are handled with education and digital help via certified diabetes care and education specialists and personalized apps.

Diabetes and its comorbidities are addressed through weight management education, while other risk factors are addressed with tobacco cessation counseling, sleep apnea assessment and more. Almost 40 percent of members needed help in modifying habits, underlining the importance of lifestyle and comorbidity in dealing with diabetes.⁸

Guideline-driven screenings are essential for members to maintain optimum health, as well as prevent and mitigate any further damage exacerbated by diabetes.

The program is designed to help identify and inform members and providers about possible gaps in care related to important screenings members may need. In addition to other providers participating under their health plan, members can go to a convenient MinuteClinic location to obtain ADA-recommended screenings — including A1C and blood tests, blood pressure readings, and foot and digital retinal exams (DREs) — and send the results to the member's primary care physician. A vast majority of members, 88 percent, are not getting their guideline-driven screenings,⁹ meaning this care gap represents an important opportunity to improve health outcomes.

Medication optimization is an approach to medication management that focuses on all aspects of the patient's journey from initiation of treatment (or decisions to forego treatment), to follow-up and ongoing review and support of a medication treatment plan. Taking the appropriate dose of medication, or taking too much of it, is a concern that the pharmacist is able to address once they have a more comprehensive view of the member.

If a particular prescribed medication is contraindicated due to another condition, then the pharmacist can work with the member to find a solution. This problem is rather common, as 40 percent of members report not getting the most out of their medications.¹⁰

For members who want to eliminate anti-diabetes medications such as insulin and achieve diabetes remission, clients can add another layer of support. Members progress at their own pace in setting and reaching goals working with an experienced support team including patient success manager, registered dietitian, and nurse practitioner.

Medication adherence issues affect almost the same percentage of members, meaning 41 percent are not taking their medication regularly or at all.¹¹

Advanced analytics using AI can also be leveraged to help identify members about possible medication adherence gaps. Using benchmark and pharmacy refill data, members are identified and outreach can be done by a support team member or via mail, text, etc. The member might have had no idea that they had fallen behind on their medication.

⁸CVS Health Analytics, 2021. Data through 7/31/21.

⁹⁻¹¹Ibid.

Diabetes care gaps

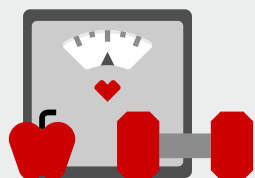
Here are five ways to help improve diabetes care today



1

Provide SMBG support for those who need it

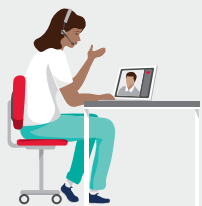
For many people who are not taking insulin, SMBG may not be needed. SMBG adds unnecessary stress and extra costs to their treatment.



2

Help change lifestyle behaviors

Genetics, environment and a host of other factors are associated with diabetes. People with diabetes need support and guidance to enable behavior change.



3

Encourage guideline-driven screenings

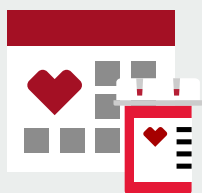
Educate people with diabetes on the importance of getting regular recommended screenings to help control and mitigate diabetes complications. They can also control comorbidities such as hypertension.



4

Get the right medication

There are people not getting the right medications for their condition.



5

Address medication optimization or reduction

Taking the prescribed amount of medication, or taking steps to reduce the amount of medication with a professional, are key.

Helping members live their best lives



55-year-old member had her A1C lowered to 7.7%

One member, a 55-year-old woman who didn't have time to exercise and who frequently drank soda and fruit juices, was empowered by a CVS Health Coach who educated her about nutrition and exercise — and called her every other week to check in. She started avoiding sweetened drinks and incorporating more exercise into her life. Not only did she start feeling better, but she also dropped her A1C level from 9.8 to 7.7 percent and now understands how small steps matter. She's also wearing her CPAP every night to address her sleep apnea.

63-year-old member had his A1C lowered to 5.9%

A 63-year-old member was uncomfortable using a new cellular meter and, after back surgery, found his A1C levels increasing, leaving him frustrated. A CVS Health Coach helped him become more comfortable with the new meter and educated him on how surgery stresses the body, which can elevate blood glucose levels. She then provided him with stress-coping mechanisms. Within two months of starting the program, he lowered his A1C to 5.9 percent — the lowest it's ever been.

63-year-old member had his A1C lowered to 7.6%

Another member, a 63-year-old man with an A1C of 9.4 percent who was awaiting a kidney transplant as a result of his chronic kidney disease, lowered his A1C to 7.6 percent after a CVS health coach helped him feel supported. He's checking his blood glucose levels more often and trying to prevent further complications related to his condition.

The past, present and future of diabetes care

It's been more than 40 years since self-monitoring blood glucose technology became a routine part of diabetes care management. The more we learn and collect data about outcomes, the more we can help members optimize their medication and use technology to improve their health outcomes.

Our diabetes care solution embraces new tools, combining innovative therapies and technology with 1:1 connections to deliver a ROI for payors. And while today's program represents great progress, the commitment of CVS Health to forward thinking and whole-person care means it will continue to evolve as we incorporate emerging technology and capabilities into the future of diabetes care management.

“At the end of the day, it’s that goal of being healthy. And so when we ask folks to do things, we want to make sure that what we’re doing meets that goal and not just simply checks off a box on the list, but rather it plays toward that ultimate outcome goal.”

Kenneth Snow, MD, Medical Director,
CVS Health Chronic Condition Team





Focused outreach increases engagement

Closing gaps in care and lowering costs



Outcomes:

Members experienced a 1.9 percent average A1C reduction¹² and a 15mm/Hg reduction in systolic blood pressure.¹³

They also achieved a 27 percent incremental gap closure.¹⁴

ROI:

Results showed a significant 2-to-1 guaranteed ROI.*

¹²Commercial member, uncontrolled A1C (A1C ≥ 7.1) and has high-value diabetic care gap. Fully compliant means that the member closes all open care gaps. CVS Health Analytics, 2020.

¹³For commercial members not achieving good blood pressure control with hypertension (Grade 1 or 2) requiring medical therapy - SBP > 140 or DBP > 90. Client-specific modeling available upon request.

¹⁴CVS Health Analytics, 2022. Data from Commercial group members using TDC since 2021 January program expansion.

*Conditions for ROI guarantee apply, and full guarantee requires final sign-off by CVS Caremark Actuarial and Underwriting.

For more information, please reach out to your CVS Health team, or contact us by visiting payorsolutions.cvshealth.com/contact-us.

The source for data in this document is CVS Health Enterprise Analytics, unless otherwise noted.

The diabetes care program is designed to combine customized diabetes support and clinical care for members with cost management strategies to reduce trend for diabetic drugs; projected savings and guarantee will vary by client, plan population's demographics, other programs implemented by the client, current spending on diabetic drugs, and other factors.

CVS Health uses and shares data as allowed by applicable law, and by our agreements and our information firewall. All data sharing complies with applicable law, our information firewall and any applicable contractual limitations. Actual results may vary depending on benefit plan design, member demographics, programs implemented by the plan and other factors.

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