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American Academy of Family Physicians Foundation Releases Behavioral Economics Roundtable on Diabetes Summary Report
Local Demonstration Program to Implement Community-Based Diabetes Management Announced

LEAWOOD, Kan. — Today, the American Academy of Family Physicians Foundation released a new report that examines how behavioral economics can address the social and environmental nature of diabetes. The Behavioral Economics Roundtable on Diabetes Summary Report is an outcome of the AAFP Foundation's Behavioral Economics Roundtable on Diabetes, which took place June 2, 2011, and was supported by Sanofi US. More than 30 primary care professionals, diabetologists, behavioral economists, public health and behavioral scientists, government officials and diabetes stakeholders contributed to and shaped the findings of the report.

The findings of the report urge communities to develop comprehensive programs for better management of diabetes. Nearly 26 million Americans live with diabetes, and current efforts to control the disease are failing.ⁱ And, if effective methods for controlling diabetes are not found and the current growth of diabetes continues without concerted interventions from entire communities, the Centers for Disease Control and Prevention estimates that one in three adults in the United States will have diabetes in 2050.ⁱⁱ Unchecked, the growing problem of diabetes will cost the country an estimated \$340 billion by the end of 2011, consuming 10 percent of the nation's share of health expenditures.ⁱⁱⁱ

"Based on the findings in our report, the AAFP Foundation will develop and implement a community-based program in Birmingham, Ala. to bring together a coalition of patients and caregivers to curb the rise of diabetes," said Richard Roberts, MD, JD, president of AAFP Foundation. "We believe that behavioral economics is a starting point for finding a solution to better managing diabetes care at the grassroots level."

In the report, Roundtable attendees concur that new, creative and collaborative thinking from all members involved in the continuum of care must be developed if the United States is to overcome the myriad challenges posed by diabetes.

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Discussions focused on:

- **We must focus on keeping people healthy:** The most fundamental challenge for diabetes care is shifting a system focused on caring for the sick to one focused on keeping people healthy. Today, success is usually defined as meeting clinical measures of A1C, blood pressure and LDL cholesterol levels. Yet, health care professionals and organizations should consider a whole set of factors — including behavioral, social, economic and clinical — to define success in diabetes management.
- **We need to adopt a systems approach:** A systems approach would incorporate health care and chronic disease management into policy decisions involving food, environment and other issues. The goal of public health policy ultimately should be to create environments that will make healthy choices easier.
- **We need to change behavior across all touch points in diabetes care:** A holistic approach to diabetes management requires changing the behavior of multiple actors, including individuals with diabetes, their families, primary care professionals, organizations like hospitals and employers, and policymakers. Primary care must do a better job of linking people with diabetes to community and social supports to help them better manage their disease.
- **We must tailor care to the individual:** We must account for disparities in location and culture when managing diabetes. The areas in southern California, for example, where diabetes care is the poorest are those with fewer health care professionals and hospitals, less parks and poorer access to quality foods.
- **We need to minimize cost and barriers to care:** Reducing financial and psychological costs can help shape patient behavior. Co-pays can prevent patients from taking their medications, for example. Psychological and temporal costs also affect chronic disease management: appointment delays can decrease patients' utilization of available resources.
- **We must maximize rewards for behavior change:** Immediate rewards or consequences are powerful motivators. Simply being aware that an action will have future benefits is not a powerful motivator to stop present-day unhealthy habits. Health behaviors can be more successfully shaped by setting smaller, achievable goals.
- **We must use the power of substitutes:** Simply asking people to give up foods they eat or to change behaviors they highly value will not likely lead to success. Replacing these behaviors with healthier but acceptable alternatives can again result in incremental progress.
- **We must incentivize health care professionals and patients:** In order for physicians to implement new tactics in an already overcrowded schedule, however promising, these tactics will often need to be incentivized. Health care payers' payments to physicians also need to be reexamined to better account for the social and environmental contexts of diabetes management. Paying patients has proven effective, to varying levels, for smoking cessation and medication adherence. People are more likely to revert to old habits when the incentives are taken away.

The AAFP Foundation will launch a grassroots pilot program in Birmingham, Ala. to demonstrate the short- and long-term value of implementing best practices. Behavioral economics principles will be put to the test in people living with diabetes and those at risk for diabetes, with the support of key health care decision makers, such as lawmakers, health care professionals, payers and other members of the community.

For the full text of the Behavioral Economics Roundtable on Diabetes Summary Report and more information on the pilot program, please visit www.aafpfoundation.org/citiesforlife.

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About the American Academy of Family Physicians Foundation

The AAFP Foundation serves as the philanthropic arm of the American Academy of Family Physicians. Its mission is to advance the values of Family Medicine by promoting humanitarian, educational and scientific initiatives that improve the health of all people. For more information, please visit www.aafpfoundation.org.

ⁱ Centers for Disease Control and Prevention. National Diabetes Fact Sheet, 2011. Atlanta, GA: U.S. Department of Health and Human Services; 2011. http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf. Accessed June 17, 2011. p.1,l.2-3.

ⁱⁱ Centers for Disease Control and Prevention. Diabetes Success and Opportunities for Population-based Prevention and Control, At A Glance, 2011. Atlanta, GA: U.S. Department of Health and Human Services; 2011. <http://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2011/Diabetes-AAG-2011-508.pdf> Accessed August 30, 2011. p.2,l.B7-B8; p.2,l A38-B26.

ⁱⁱⁱ Fitch K, Iwasaki K, Pyenson B. Improved Management Can Help Reduce the Economic Burden of Type 2 Diabetes: A 20-Year Actuarial Projection. New York, NY: Milliman, Inc.; April 28, 2010. p.2,l.90-2.