Diabetes & Healthcare: Diabetes-Related Primary Care Visits Among Insured Vermonters

Vermont Health Care Uniform Reporting and Evaluation System (VHCURES)

Background

Diabetes, a chronic condition affecting multiple body systems, is known to impact at least eight percent of Vermonters (BRFSS, 2017). Difficulty managing diabetes can lead to numerous health consequences and increased burden on healthcare systems. Management and control of diabetes, which is typically initiated in a primary care setting, are important because people with diabetes are living longer and diabetes risk increases with age. Vermont's above average-aged population stands to gain by investing in primary care, using it promote lifestyle change and mitigate the burden of diabetes.

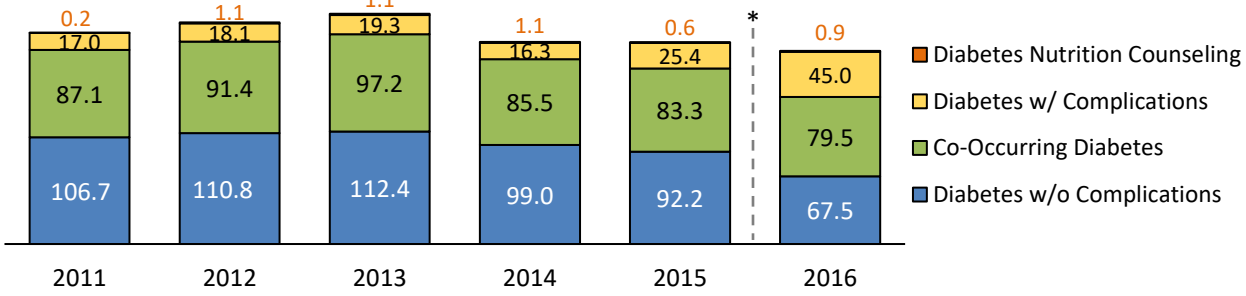
Number of Primary Care Visits

In 2016, the average number of diabetes-related primary care visits was three per person. This accounted for 124,420 total visits. The average number of visits for diabetes without complications and co-occurring diabetes were also three per person while those for diabetes with complications had an average of four (data not shown).

Trend of Primary Care Visits for Diagnosed Diabetes

As of 2016, the overall rate of primary care visits for diabetes decreased from 2011 to 2016, from 211.0 to 192.8 visits per 1,000 insured. The rate of primary care visits for diabetes peaked with 230.0 visits per 1,000 insured in 2013. Visits for co-occurring diabetes decreased from 2011 to 2016 from 87.1 to 79.5 visits per 1,000 insured. The trend for the rate of visits for diabetes with complications more than doubled 2011 to 2016 from 17.0 to 45.0 visits per 1,000 insured.

Rate of Primary Care Visits for Diagnosed Diabetes, VHCURES 2011-2016
(Rate per 1,000 Insured)



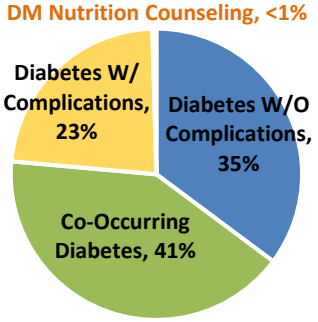
(*) Comparisons 2015 and earlier to post-2015 should be made with caution due to changes in the number of private payers submitting to VHCURES in 2016.

Co-Occurring Disease

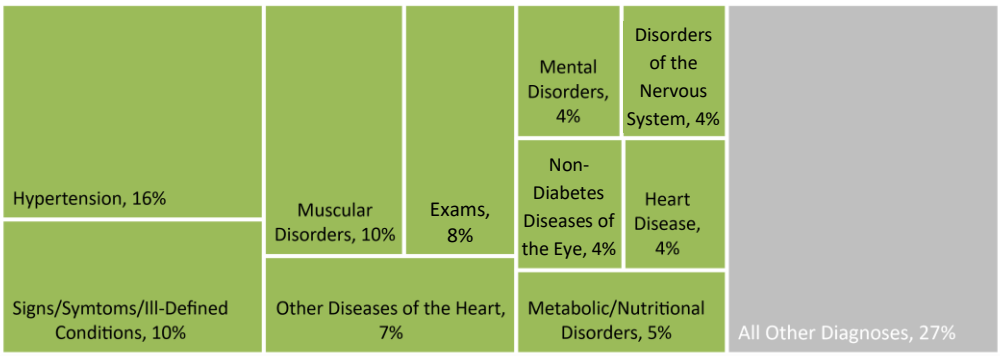
In 2016, 41% of diabetes-related primary care visits were for co-occurring diabetes, 35% were for diabetes without complications, 23% for diabetes with complications, and less than a percent for diabetes nutritional counseling.

Hypertension was the most common single primary diagnosis for visits with co-occurring diabetes (16%). Ten percent or fewer visits were for ill-defined conditions and muscular disorders (10%), for examinations (8%), other diseases of the heart (7%), and metabolic/nutrition disorders other than diabetes (5%).

Type of Diabetes Primary Care Visits, VHCURES 2016



Primary Diagnosis for Visits with Co-Occurring Diabetes, VHCURES 2016

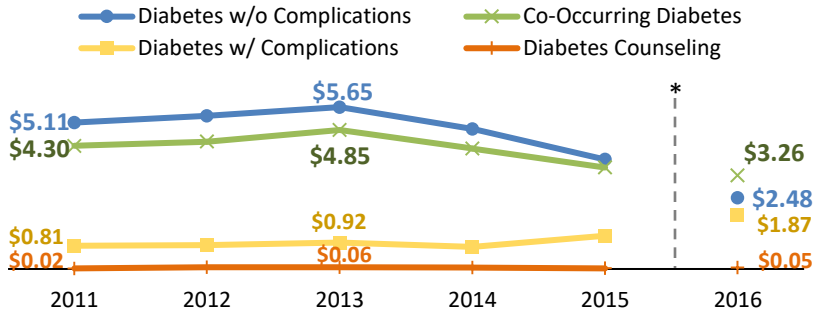


VERMONT DEPARTMENT OF HEALTH

Amount Paid for Primary Care Visits

The total amount paid to providers for primary care visits for diabetes without complications and co-occurring diabetes decreased from 2011 to 2016. During the same time frame, the total amount paid for diabetes with complications increased consistently. The overall average payment for diabetes primary care visits increased 2011 to 2013 from $71 to $76 per visit and then fell to $62 per visit in 2016. A similar pattern was seen for the various visit types, though payments for diabetes without complications were consistently lower than other visit types (data not shown). The average payment per visit changed negligibly over time, indicating that the drop in total amount paid for diabetes primary care visits over the same time period is likely connected to the drop in the total number of visits diabetes-related primary care visits. Medicare was the primary payer for the majority of diabetes-related primary care visits (61%), followed by private insurers (25%), and Medicaid (14%).

Total Paid for Diabetes-Related Primary Care Visits (in millions), VHCURES 2011-2016



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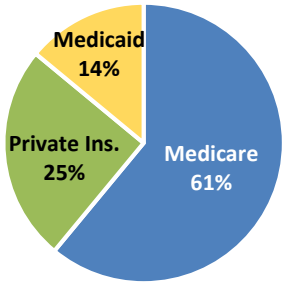
Primary Payer of Diabetes-Related Primary Care Visits (Any Visit Type), VHCURES 2016



Summary

- Given the stable trend in diabetes prevalence (BRFSS, 2017), it is noteworthy that primary care visits for diabetes are decreasing and visits for diabetes with complications are increasing.
- This shift in the trend of diabetes visit types makes clear the importance of primary care management & referral to lifestyle change programs, essential components of controlling and managing diabetes.
- Decreases in the amount paid for diabetes care in more recent years is likely the result of the decreased number of private insurance claims being reported to VHCURES and the lower reimbursement rates from public insurers.
- Leveraging quality improvement (QI) processes to identify poorly managed diabetes can help address the rising rate of diabetes with complications and the decrease in the total amounts being paid for primary care.

Resources to Reduce the Burden of Diabetes in Vermont

① Vermont Diabetes Prevention: http://www.healthvermont.gov/wellness/diabetes

② Refer Patients to Self-Management Programs: http://myhealthyVT.org

③ Help Patients Learn to Live Well With Diabetes: https://bit.ly/2QEX4fr

④ CDC Prediabetes Screening Test: https://www.cdc.gov/diabetes/prevention/pdf/prediabetestest.pdf

For more information contact Paul Meddaugh, MS; VDH; Email: paul.meddaugh@vermont.gov.
Information on diabetes-related hospitalizations/ED visits can be found in the data brief on *Hospital Use for Diabetes and Co-Occurring Disease*: https://bit.ly/2T3mNLs.

Data Notes

Data source: Green Mountain Care Board (GMCB) VHCURES. All analyses, conclusions, and recommendations provided here are solely those of the VDH and not necessarily those of the GMCB. Common Procedural Terminology (CPT) codes were used to identify primary care visits. Visit types were classified as 1) Diabetes Without Complications (claims with a corresponding diagnosis code as diagnosis code 1, without the use of a second diabetes code), 2) Diabetes with Complications (claims using a corresponding diagnosis code as diagnosis code 1), 3) Co-Occurring Diabetes (claims where any diabetes diagnosis code was used in any diagnosis field other than field 1), and 4) Diabetes Nutrition Counseling (claims where any diabetes diagnosis code was used as the diagnosis code 1 and the nutrition counseling code was in a subsequent diagnosis field. Diabetes nutrition counseling visits do not include visits with a Registered Dietician (RD) for Medical Nutrition Therapy (MNT). Reported payments do not account for inflation. DM is an abbreviation for diabetes mellitus. Medical care that did not generate a claim (e.g. uninsured, paid out of pocket) are not captured in VHCURES and thus are not included in this analysis.