



Managing Diabetes in the Workplace: **How CareATC Improved Employee Health Outcomes in Just 90 Days**



Executive Summary



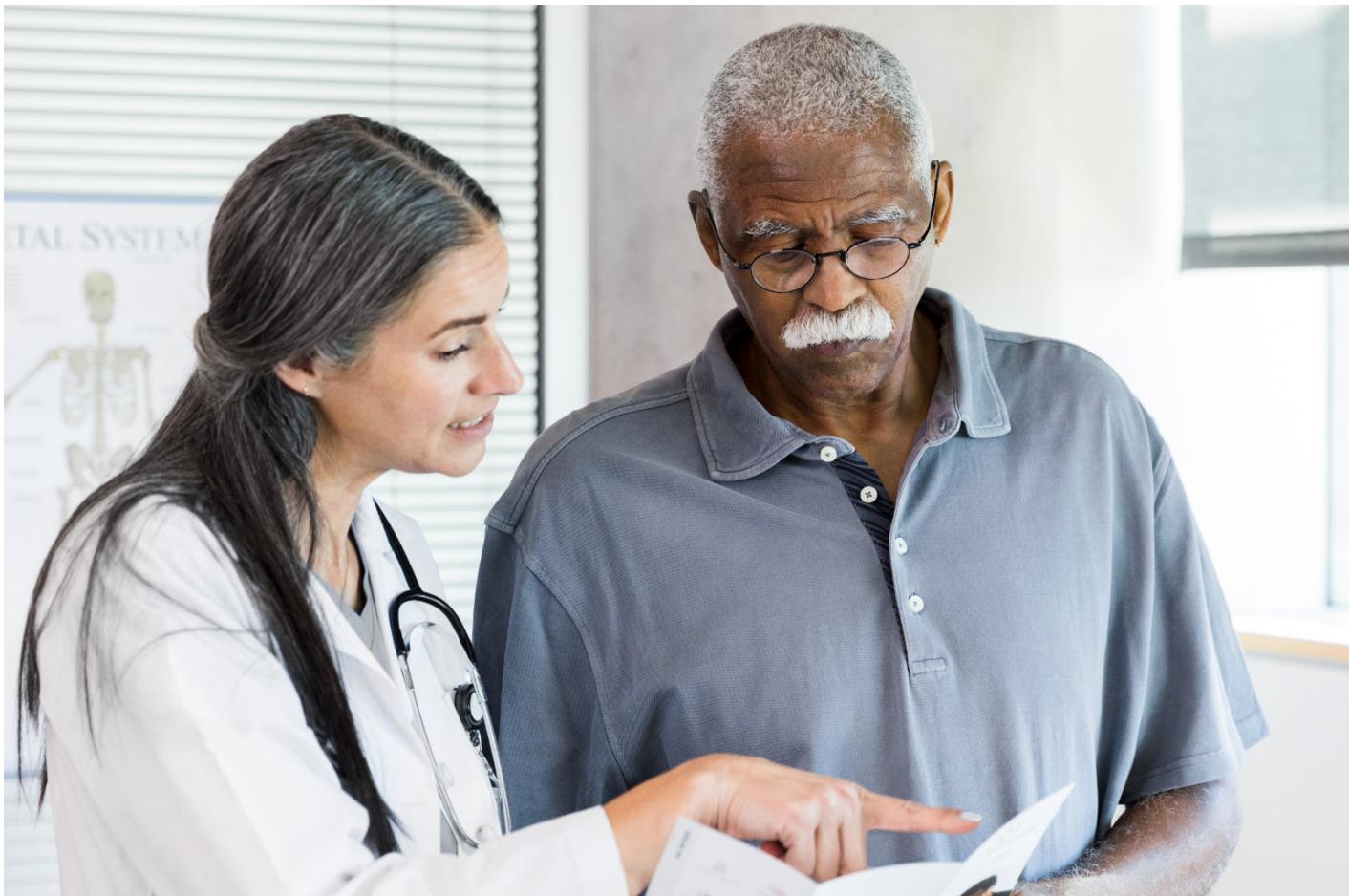
Worksite Health Study Finds Improvement in Diabetic Control in Employee Population by Over 6% and Reduction in Uncontrolled Diabetes by Nearly 5%

Diabetes is a chronic condition that affects millions of individuals worldwide and can significantly impact an employee's health and productivity. In fact, **expenses related to reduced productivity are 13.3% higher**, amounting to \$680 more per employee according to a study featured in the American Diabetes Association journal, *Diabetes Care: Productivity Loss and Medical Costs Associated With Type 2 Diabetes Among Employees Aged 18-64 Years With Large Employer-Sponsored Insurance*¹.

The same study found that when looking at specific medical costs, employees with T2D have **higher outpatient expenses**, averaging \$4,558 compared to \$2,687 for employees without diabetes. They also have **higher inpatient costs**, which refers to hospital stays, totaling \$3,085 compared to \$1,349 for those without diabetes. The expenses for **prescription drugs are also significantly higher** for employees with T2D, with an average of \$4,182 compared to \$1,189 for employees without diabetes.

According to public health agencies and organizations, the problem will only get worse. Today, nearly **half of U.S. adults have diabetes or prediabetes**, and someone new is diagnosed every 21 seconds according to the American Diabetes Association. If current growth patterns continue, the Centers for Disease Control and Prevention warns as many as 1 in 3 American adults could have diabetes by 2050.

¹Park J, Bigman E, Zhang P. Productivity Loss and Medical Costs Associated With Type 2 Diabetes Among Employees Aged 18-64 Years With Large Employer-Sponsored Insurance. *Diabetes Care*. 2022 Nov 1;45(11):2553-2560. doi: 10.2337/dc22-0445. PMID: 36048852; PMCID: PMC9633402.



For employers seeking to control healthcare costs and create an engaged and productive workforce, there is still hope. **Worksite health partners can provide solutions** that can achieve both goals.

For example, HgbA1C reduction has significant healthcare cost implications. Just a 1% reduction in HgbA1C was associated with a 1.7% reduction in all-cause total healthcare costs and a 6.9% reduction in diabetes-related healthcare costs with an associated annual cost savings of \$545 and \$555 respectively.

In this case study, we examine the effectiveness of CareATC's unique diabetes management program among an employee population group. The results yielded a significant improvement in increasing the percentage of controlled diabetes and decreasing the number of uncontrolled diabetics. CareATC improved the diabetic control by 6.28% and decreased uncontrolled diabetes by 4.67% in the employee group. Further, CareATC is performing better than main street medicine by 14% in diabetic control and 16% in uncontrolled diabetics in the employee group.

Abstract

Objective

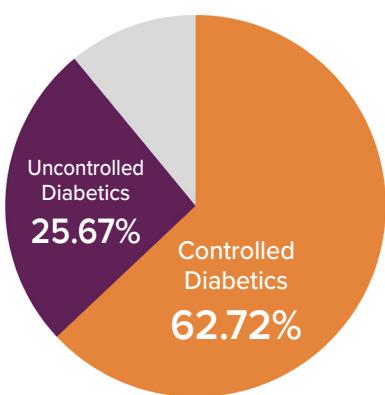
To examine the effectiveness of the CareATC Diabetes Management program by using HEDIS (Healthcare Effectiveness Data and Information Set) measures as controls, hemoglobin A1c (HgbA1C) in patients with controlled diabetes (HgbA1C < 8%) or uncontrolled diabetes (HgbA1C > 9%).

Research Design and Methods

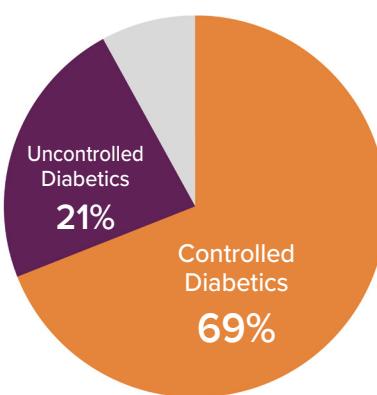


CareATC identified 688 employees with diabetes utilizing hemoglobin A1c (HgbA1C) to determine whether patients had controlled diabetes (HgbA1C < 8%, as defined by HEDIS) or uncontrolled diabetes (HgbA1C > 9%). A comparison was made between baseline data before program implementation and after 90-day program implementation. After program implementation data was then compared to the performance of main street medicine, providing insight as to the effectiveness of CareATC's unique approach to diabetes management.

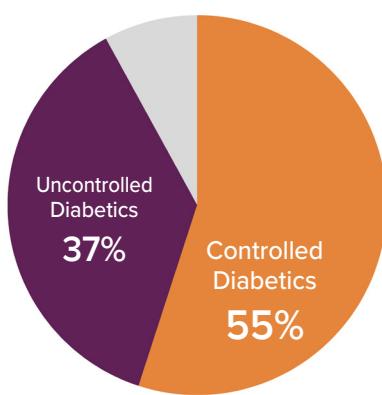
Before Program Implementation (Baseline²):



After 90 days of program implementation, CareATC yielded the following results:



Main Street Medicine Data:



²Lage MJ, Boye KS. The relationship between HbA1C reduction and healthcare costs among patients with type 2 diabetes: evidence from a U.S. claims database. *Curr Med Res Opin.* 2020 Sep;36(9):1441-1447. doi: 10.1080/03007995.2020.1787971. Epub 2020 Jul 17. PMID: 32643451.

Results



After 90 days of program implementation, CareATC yielded the following results:



CareATC improved the diabetic control by 6.28% in the employee group



CareATC decreased uncontrolled diabetes by 4.67% in the employee group



CareATC

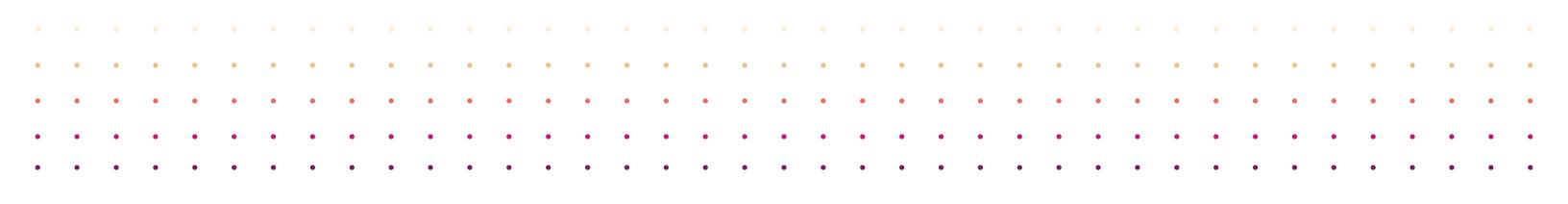


Main Street Medicine

CareATC is performing better than main street medicine by 14% in diabetic control and 16% in uncontrolled diabetics in the employee group

Conclusion

Overall, employees with T2D experienced more days off from work and incurred higher medical and productivity costs compared to their colleagues without diabetes. Understanding these challenges can help employers develop strategies to support employees with diabetes and reduce the impact on both their well-being and the company's finances. As employers seek to reduce healthcare costs and enhance employee well-being, understanding and effectively managing diabetes in the workplace has become crucial. By implementing targeted strategies, employers can create a supportive environment for employees with diabetes while mitigating healthcare expenses.



About CareATC, Inc.

CareATC, Inc., offers customized healthcare benefit solutions for employers. CareATC's advanced transformational care model drives engagement, improves health outcomes, lowers healthcare costs and provides transparency into the total cost of care. CareATC manages more than 158 clients in 30 states, cares for more than 434,000+ members and is Accredited by the Accreditation Association for Ambulatory Health Care Inc.

Learn more by visiting www.careatc.com.



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