

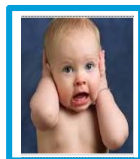
Improving Diabetes Screening

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Why we need to address diabetes

- 26 million Americans have diabetes—7 million are undiagnosed
- 1 in 3 children born after the year 2000 will develop diabetes in his or her lifetime

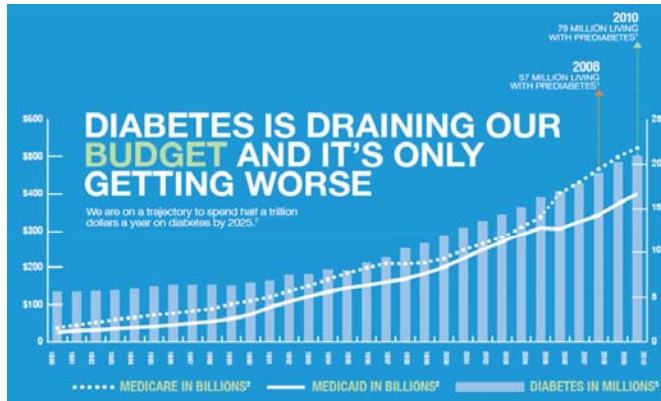


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Why we need to address diabetes

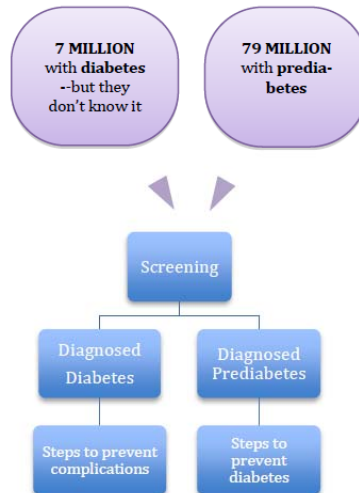
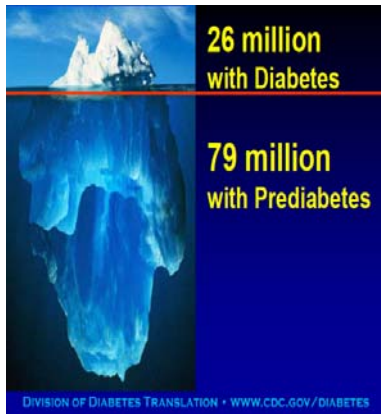
- Diabetes costs the US \$245 billion annually.
- 1 in 3 Medicare dollars is spent on people with diabetes.
- Healthcare costs are 2.3 times higher for people with diabetes.



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Screening: The Entry Point to Prevention



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Narrow screening guidelines miss millions with undiagnosed diabetes



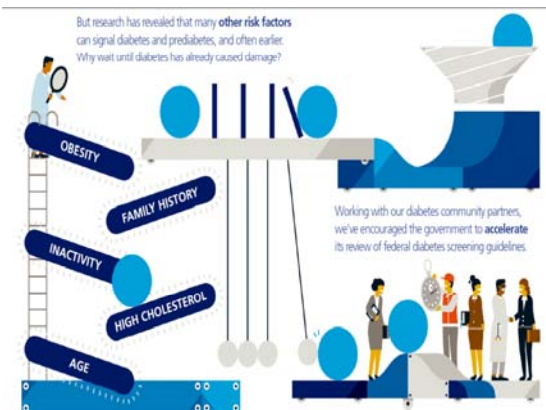
U.S. Preventive Services Task Force

- Under the ACA, health plans must cover preventive services with A or B rating from USPSTF with no co-pay.
- But USPSTF recommends screening **only** asymptomatic people with high blood pressure, which means *millions of people with diabetes and prediabetes go undetected.*

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The evidence supports a guideline based on multiple risk factors...



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- USPSTF guidelines miss over half of people with undiagnosed diabetes and 1/3 of people with prediabetes
- ADA guidelines detect 1/3 more cases of diabetes
- Screening initiated at age 30 or 45 is cost effective and results in earlier diagnosis

Using ADA guidelines instead of USPSTF would detect:

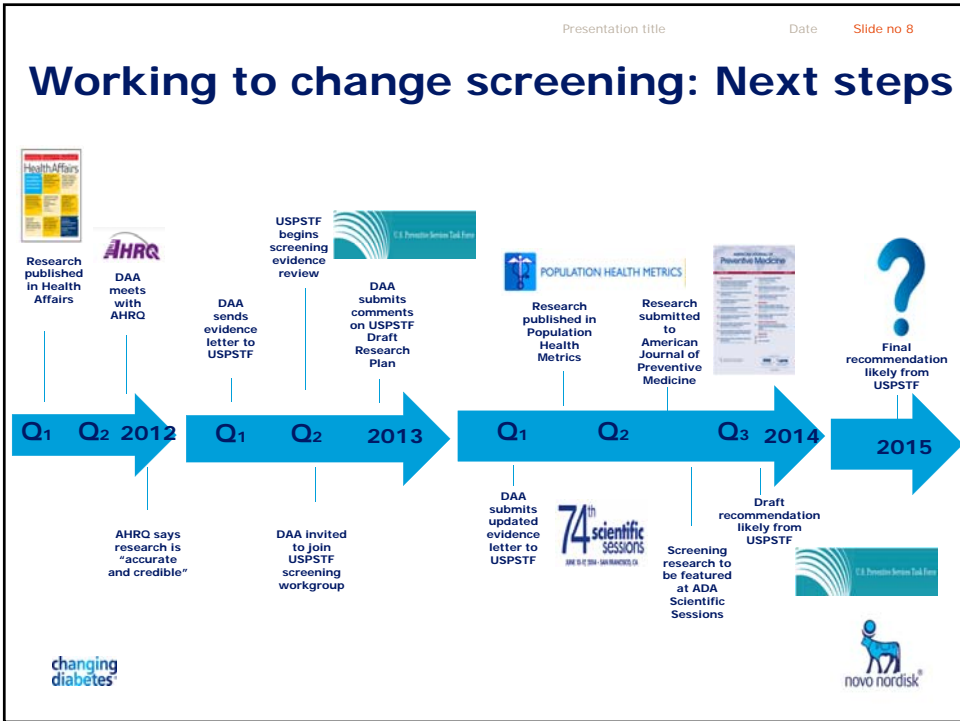
- 78% more cases of diabetes among adults 54 and younger
- 100% more cases of diabetes in Latinos
- 40% more cases of diabetes in African Americans

Partnering to Address Diabetes

Vision: To influence change in the US health care system to improve diabetes prevention, detection and care, and to speed the development of pathways to cures for diabetes.

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We need your voice!

USPSTF will likely open a public comment opportunity on a draft screening guideline in Q3 2014.

- Diabetes Caucus Co-Chairs Rep. Whitfield and Rep. DeGette, as well as Sen. Shaheen and Sen. Collins, are monitoring the issue and will likely reach out with a Diabetes Caucus letter.
- **Please consider having your boss sign on.**



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