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An Insurer's New Approach to Diabetes

By **REED ABELSON**

This could be one glimpse of the future of [health insurance](#).

The [UnitedHealth Group](#), one of the nation's largest health insurers, is teaming up with the [Y.M.C.A.](#) and retail pharmacies to try a new approach to one of the nation's most serious and expensive medical problems: [Type 2 diabetes](#).

Rather than simply continuing to pay ever-higher medical claims to care for its diabetic customers, UnitedHealth is paying the Y.M.C.A. and pharmacists to keep people healthier. The result, they hope, will be lower costs and lower premiums for everyone.

The insurer will announce on Wednesday that it will work with Y "lifestyle coaches" in seven cities to help people who are at risk for [diabetes](#) lower their odds of developing the disease by losing just a modest amount of weight. The Y already offers a program that has had success in clinical tests of such efforts, in 16-week programs that help people learn to eat better and [exercise](#).

The announcement is planned for a conference on diabetes being held this week in Kansas City, Mo., by the federal [Centers for Disease Control and Prevention](#), which will also discuss a complementary effort by the C.D.C. to finance the Y programs in 10 additional locations around the country. The C.D.C. locations have not yet been chosen.

The UnitedHealth effort is an example of the new role health insurers may take on after enactment of the federal health care law, as insurance companies are forced to cover people regardless of their medical condition. It is also a response to a growing demand by employers that insurers do more to manage health costs, beyond collecting premiums and paying doctors.

An estimated 25 million people in this country have Type 2 diabetes, the most common form of the disease, which generally develops in adults as a result of [obesity](#) and poor diet. An additional 60 million people — one in four adults — are considered pre-diabetic and at high risk for developing the disease.

By one estimate, the cost of treating both diabetes and pre-diabetes exceeds \$200 billion a year.

“This is an enormous problem,” said Dr. Ann Albright, who is overseeing the C.D.C.’s diabetes efforts. “Our data tells us it’s getting worse.”

In a related effort aimed at people who are already diabetic, UnitedHealth plans to pay [Walgreens](#) pharmacists in the same seven cities to help teach people to better manage their conditions. The insurer says it hopes to expand the program to other pharmacy chains interested in providing education and counseling to diabetic individuals.

UnitedHealth plans to introduce the program in Cincinnati, Columbus and Dayton, Ohio, and in Indianapolis, Minneapolis, Phoenix and Tucson. It will be available at no cost to participants, and will be open to adults who are enrolled in health plans the company offers through employers.

People eligible for the program in several of those cities could include some employees of [General Electric](#), which has 304,000 workers worldwide. The company praised the program for looking beyond the 15 minutes that a patient typically spends with a doctor during an office visit, discussing a drug or treatment.

Instead of focusing on paying for health care, said Dr. Robert Galvin, G.E.’s chief medical officer, “this is very emblematic of thinking about health.”

UnitedHealth expects eventually to offer the program through other insurers and to people enrolled in its private [Medicare](#) and [Medicaid](#) plans. One insurer, Medica, a large Minneapolis health plan, has already signed on for its 600,000 members in Minnesota.

UnitedHealth said it was investing tens of millions of dollars in this initiative, helping the Y develop an online curriculum and collect the data necessary to track the progress of the people enrolled in the program. The company says it will use its own data about the health of its members to identify people who are pre-diabetic and may not know it — and then tell them about the program.

“This will absolutely pay for itself,” said Dr. Deneen Vojta, a senior executive at UnitedHealth.

Both UnitedHealth and the C.D.C. want to expand on the success of a clinically proved program that has been offered by the Y. Based on evidence drawn from that program, people who are pre-diabetic and lose just 5 percent of their body weight can reduce their chances of developing the disease by almost 60 percent. The C.D.C. is also considering ways to encourage organizations beside the Y to develop similar programs.

In the Y programs, UnitedHealth will pay on the basis of how many people participate as well as how much weight the people in the programs lose. After undergoing a more intensive 16-week course, individuals will participate in a yearlong maintenance course.

“We have the experience,” said Neil Nicoll, the chief executive of the Y.M.C.A. of the USA, a federation of 2,700 Ys across the country whose goal is to develop more programs related to chronic disease like diabetes. “We’ve proven the model. We’ve proven that we can do it at substantially less cost.”

For Marilyn Schenetzke, a retired 67-year-old who lives in Carmel, a suburb of Indianapolis, the Y course succeeded where other weight-loss programs had failed. At 5-foot-6, Ms. Schenetzke weighed 227 pounds. She had developed [gestational diabetes](#), a temporary condition, when she was pregnant. And her grandfather was diabetic. In reading about diabetes, she realized she was at risk for developing the Type 2 version.

And yet, she said, “my doctors had never said one word about it.”

Last November, she began attending the weekly one-hour classes at the Y. The coach focused on helping the class learn to make better choices about what they ate and to devote at least two-and-a-half hours a week to exercise.

“I lost 49 pounds,” said Ms. Schenetzke. As she attended the classes, she found herself changing her diet and incorporating a walk or a workout on a stationary bike into her routine. She has stuck with those habits.

Unlike other programs, where she quickly regained whatever weight she had lost, this represented a permanent change, she said. “I thought from the beginning that it would work.”

The Y’s involvement will be helpful in persuading employees of the potential value of this

program, said David Parmly, who oversees health benefits for Pilot Travel Centers, a Knoxville, Tenn., company that operates rest stops across the country.

“Unlike conventional gyms, the Y has and always has had a message of health,” he said. “They don’t push personal trainers on you. They don’t seem to be hawking products.”

Some policy experts say the UnitedHealth program is an example of the steps that health insurance companies must take to demonstrate their relevance under the new health care law and as employers pay more attention to holding down medical costs.

“Their business is going to be managing care in a highly effective and cost-effective way,” said Helen Darling, the president of the National Business Group on Health, an association of employers that provide health benefits to their workers. “You’re not just paying claims.”

Ms. Darling cautioned that UnitedHealth’s model must still be shown to work on a national scale. But given the diabetes program’s broad scope, she predicted that UnitedHealth would be able to see fairly quickly what worked and what did not, and to fine-tune any differences in the approaches that may be necessary in places as varied as Tucson and Minneapolis.

And unlike some of the federally mandated experiments called for in the new health care law, Ms. Darling said, the results will be quickly apparent. “We don’t have to wait five years.”