

November 15, 1999

Marc P. Volavka Executive Director Pennsylvania Health Care Cost Containment Council 225 Market St., Suite 400 Harrisburg, PA 17101

Dear Mr. Volavka:

Thank you to the Pennsylvania Health Care Cost Containment Council for the opportunity to reply to this report and highlight the many positive aspects of our award-winning diabetes disease management program.

Penn State Geisinger Health Plan's disease management program for diabetes is the only HMO-sponsored disease management program in the United States that has been recognized by the American Diabetes Association Provider Recognition Program with Distinction. Our health plan was the first in the Commonwealth to cover glucose meters and strips to more than 90 percent of patients with diabetes in our disease management program – prior to the passage of Act 98, which mandated coverage of these items. At follow-up, approximately 98 percent of the program's nearly 6,000 participants have had measures of hemoglobin A1Cs drawn on a quarterly basis; 76 percent have had lipid analyses; 84 percent have had urine tests for the presence of protein. In addition our program includes eye exam care, foot care, measurement of satisfaction among doctors and patients, medication monitoring, weight control, measurement of the incidence of hypoglycemia, blood pressure control and quality of life measures.

We mention these facts at the beginning because many of these strategies for treating diabetes go unrecognized by PHC4 in this study. The PHC4 survey recorded information regarding *all* patients with diabetes. But we do not measure these rates for all members. We only measure these rates for the members enrolled in our disease management program. We have nearly 6,000 members in our diabetes disease management program. And while this represents 75 percent of all our members with diabetes, we did not feel it was appropriate to respond as if we were presenting data for *all* our members.

Penn State Geisinger Health Plan's first goal after diagnosis is to enroll the member in our diabetes disease management program. This allows us to track their progress in dealing with the disease much more effectively and accurately. We not only know what those 6,000 members are doing to treat their condition, we can measure their improvements.

We commend PHC4 for its efforts to highlight the diagnosis and care of diabetes in managed care settings. But we recognize that our program may be significantly ahead of this particular measurement curve in terms of measuring outcomes. We look forward to the time when significant attention is paid not only to the process but also to clinical improvements.

Respectfully,

Duane E. Davis, M.D.

Senior Vice President and Medical Director

PHC-4 Response