Report

Prevention of diabetes: insured health care?

Summary

Diabetes is one of the most prevalent chronic diseases in the Netherlands. The most important risk factors for developing DM 2 include a disturbed glucose metabolism (‘pre-diabetes’), obesity, physical inactivity and an unhealthy diet. These factors, alone or combined, lead to an increased risk of developing diabetes.

High-risk groups

We can define two groups with an increased risk of DM 2. The first group includes persons with a score of ≥10 on the Dutch Diabetes Risk Test: these persons have a ±20% chance of having DM2 or developing it within the next 5 years.
The second group includespersons with pre-diabetes, which is defined as having a disturbed fasting glucose value and/or a disturbed glucose tolerance. This group has a ≥30% chance of developing DM 2 within the next 5 years

The Dutch Diabetes Risk Test has not been validated for children and adolescents. For these groups, the very existence of overweight and obesity increase the risk of developing DM 2 when they are older dramatically.

Goal of prevention

Life-style appears to have a large impact on the onset of DM2 or the development of complications. It is becoming increasingly clear that overweight/obesity and lack of physical exercise are the most important factors for the increasing incidence of DM 2. In order to prevent or delay the onset of

DM 2, the aim of preventive interventions must be to combat overweight and obesity and to increase physical exercise. This means that DM 2 can be avoided or delayed by the same interventions that are used to combat overweight and obesity.

Clarification of combined life-style intervention

The report *Prevention of overweight and obesity: the combined life-style intervention*[1] describes and clarifies the combined life-style intervention. In that report we concluded that the combined life-style intervention is more effective than using the individual components and that it is therefore in accordance with established medical science and medical practice. This assessment is based on the combined intervention.

Furthermore, we have established that the various components of the intervention are regarded as medical care. Advice and guidance on diet, exercise and behavioural change are regarded as care that is normally provided by G.P.s, obstetricians, medical specialists, physical therapists and dieticians (art. 2.4 of the *Besluit zorgverzekering, B*zv, Decree on Health Care Insurance).

As the paramedical provision is still subject to a statutory condition, i.e., the so-called chronic list (art. 2.6 Bzv), the combined life-style intervention is not, as such, regarded as an insurable provision. Overweight, obesity and DM 2 do not appear on that list.

'Separate provision'

As this is a form of care that is in accordance with established medical science and medical practice, and because the intervention is regarded as medical care, CVZ sees two possibilities for removing this barrier:

- Including overweight, obesity and DM 2 on the 'chronic list';
- Including the combined life-style intervention in art. 2.4 Bzv as a separate insurable provision.

[1] Diemen: CVZ, 2009.

Significance for the groups with a high risk for DM2

With regard to the high-risk groups mentioned, the clarification means that the combined life-style intervention is in accordance with established medical science and medical practice for the pre-diabetic group. The RIVM describes the optimum intervention for this group as “moderately intensive”. The combined life-style intervention is also in accordance with established medical science and medical practice for children and adolescents. Another condition that applies to this group, in addition to that regarding the intensity of the intervention, is that the family (“the system”) must be actively involved in the intervention. For people who score ≥10 on the Dutch Diabetes Risk Test, the combined life-style intervention is only in accordance with established medical science and medical practice in the event that they also suffer from overweight/obesity.

The intervention also fulfils the criterion ‘care normally provided’, but as overweight, obesity and DM2 do not appear on the “chronic physiotherapy list”, the combined life-style intervention is not currently regarded as an insurable intervention for persons aged 18 years and older.

This does not mean that groups with a high risk for DM 2 are excluded from preventive care under the basic healthcare insurance. Naturally, every insured client with health problems or symptoms has a right to the normal care provided by a G.P. (and possibly by a dietician). According to the stepped-care principle, this is actually the first intervention indicated, and one which will actually be sufficient in most cases.

Manifest DM 2

For the rest, the combined life-style intervention is also in accordance with established medical science and medical practice for persons with manifest DM 2. However, it is as yet unclear which variety will suit them best.

Life-style intervention in the policy

As soon as the combined life-style intervention is included in the insured package, health insurers are advised to include a reference to the combined life-style intervention in their health care policy. In this way, we can ensure that the life-style

intervention is embedded in the integral care path followed by patients. The care policy can also include other conditions for guaranteeing the quality of the intervention and the suitability of standards and treatment protocols. These protocols and standards are important for developing a good relationship between the actual design of the intervention and the specific situations of patients.

Investigation into the costs

Indicated and care-related prevention in relation to overweight, obesity and DM2 involves large groups of insured clients. Costs relating to use of the combined life-style intervention will therefore be high. CVZ did not carry out any cost estimates in this report. This will require greater clarity regarding the size of the groups who will actually receive the intervention. There will also be substitution benefits, for example, due to the decreased use of medication as a result of the intervention (insulin, cholesterol-reducing medication, etc.). CVZ is currently carrying out research into the size of these benefits. CVZ will report on cost consequences as soon as we have more insight into these and other cost parameters.