Rising Cost of Diabetes Care

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The rate of rise in cost of diabetes care has been exponential in the last several years. The American Diabetes Association has estimated in 2013 an increase of 41% over a five year period. The study Economic Costs of Diabetes in the US in 2012 addresses increased financial burden, health resources used and lost productivity associated with diabetes in 2012. The largest components of medical expenditure are hospital inpatient care (43% of the total medical cost), prescription medications to treat the complications of diabetes (18%), anti-diabetes drugs and diabetes supplies (12%), physician office visits, and nursing/residential facility stays (8%). People with diagnosed diabetes incur nearly 13,700 dollars/year of which 7,900 dollars is directly for diabetes. People with diagnosed diabetes spend about 2.3 times more for health than nondiabetics. Indirect costs include increased absenteeism, reduced productivity while at work, reduced productivity for those not working, inability to work due to disease related disability, and lost productivity due to early mortality. A notable finding was that patients with no insurance had 79% less physician visits,68% less prescription drugs and 55% more emergency room visits than patients with insurance cover. The study could not assess the impact of pain and suffering, the cost of services provided by non-paid caregivers and the cost impact of undiagnosed diabetes. Similar data in the Indian national level is not so comprehensive.

With data showing that nearly 20% of the health spends are for diabetes care and that diabetic patients spend nearly 2.5 times more money for health than nondiabetics, more thought is being given to prevention of diabetes and hence reduction in long term medical costs. The excess life time costs were lesser for people diagnosed at older ages. With increasing number of newly diagnosed patients each year and the huge number of prediabetes at risk for developing diabetes, diabetes prevention strategies need to be in place. Risk reduction with patient education, structured life style modification programmes is proving cost effective. These programs prevent/delay the clinical onset and delay the disease progression.

Added to this scenario is the finding that when diabetic patients develop microvascular and macrovascular complications they end up with organ damages in the eye, kidney, heart, blood vessels with resultant increase in morbidity and mortality. These complications are hastened by poor antidiabetic care, irregular care, delay in the initiation of insulin in Type II diabetes and lack of facilities in diagnosing end organ damage.[3]Ultimately with the development of these complications patients end up with exponential rise in expenditure. Hence prompt and appropriate care plays an important role in containing health expenditure in diabetic patients. Good health education plays a major role in disseminating this message to patients and their families.

END NOTE

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