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## **New Policy Considerations Pose Options for Newly Elected and Re-elected Leaders to Overcome Barriers to Reducing Costly Disparities in Diabetes**

*Alliance to Reduce Disparities in Diabetes calls for national decision makers to consider local experience in reducing disparities in diabetes as health reform implementation advances*

ANN ARBOR, Michigan (November 13, 2012) – As newly elected or re-elected national leaders consider paths forward for continued implementation of the Affordable Care Act, an innovative, locally-implemented program focused on reducing disparities in diabetes is releasing a new set of policy considerations to help inform decisions on national health policy.

The Alliance to Reduce Disparities in Diabetes, a national program launched and supported by The Merck Foundation, released “Policy Considerations That Make the Link,” that offers policymakers options for ways to advance changes to overcome the systemic and structural barriers that have blocked the ability to deliver and sustain effective diabetes care to those most in need.

“The document connects the on-the-ground experiences of the Alliance grantees with the issues facing national decision makers as they consider ways to get more value, quality, efficiency and innovation into our health care system,” Noreen Clark, PhD, Director of the Alliance’s National Program Office said.

The considerations pose a series of questions surrounding the identified need to realign financial incentives affecting health systems, providers and patients as a mechanism for reducing disparities in diabetes.

“The release is particularly timely,” Clark said, “given that newly elected and re-elected leaders in Washington will be thinking about how to move forward with health reform implementation. The policy considerations document addresses directly the structural barriers Alliance grantees have encountered in the health care delivery and financing systems,” she said.

The structural barriers include:

- The health care system’s focus on payments based on units of care, on specialty care and high-cost, high-tech interventions;
- State credentialing standards that present barriers to payments for vital health workers;
- Technologies, costs and policies that can obstruct timely, comprehensive and robust exchange of patient information;
- A lack of designated, adequate and consistent payment for community health workers that can provide people with diabetes needed links to community resources and education; and
- Inadequate integration between health care systems and public health departments that limit care coordination and optimal use of resources in assisting diabetes patients.

The considerations pose a series of questions surrounding the identified need to realign financial incentives affecting health systems, providers and patients as a mechanism for reducing disparities in diabetes. The considerations were developed based on in-depth interviews with the Alliance sites, a review of the literature, and consultation with a group of experts from a range of academic, government, consumer and provider organizations.

Concepts offered to address health system needs include ways to:

- Encourage greater integration of public health and health care systems
- Share and report community-wide health data
- Eliminate incentives that encourage underinvestment in low-income, high-risk patients

Concepts offered to address provider needs include ways to:

- Optimize Accountable Care Organizations' (ACOs) abilities to reduce disparities
- Support deployment of Community Health Workers (CHWs)

Concepts offered to address patient needs include ways to:

- Enhance diabetes self-management supports

“We are at an exciting juncture in the country’s path to health reform,” Clark said. “As our nation’s leaders consider how best to move forward with implementation, I hope they will consider the valuable knowledge that those working tirelessly at the local level can contribute. Connecting local experience with national policy is crucial if we are to begin to make strides in reducing disparities in diabetes,” she said.

#### **About the Alliance to Reduce Disparities in Diabetes**

The Alliance to Reduce Disparities in Diabetes is a national program launched and supported by The Merck Foundation. Alliance sites, located in five communities across the country, have been working since 2009 to improve health care delivery and outcomes among those Americans most at risk for diabetes – African-American, Hispanic/Latino and Native American adults. Each site, with teams based in Camden, NJ; Southside of Chicago, IL; Dallas, TX; Wind River Indian Reservation, WY; and Memphis, TN, has implemented multi-faceted, evidence-based programs designed to reduce disparities and improve diabetes care and outcomes for those who are most burdened by or at risk for the disease. For more information, visit [www.alliancefordiabetes.org](http://www.alliancefordiabetes.org).

#### **About The Merck Foundation**

The Merck Foundation is a U.S.-based, private charitable foundation. Established in 1957 by Merck, a global healthcare leader, the Foundation is funded entirely by the company and is Merck's chief source of funding support to qualified non-profit, charitable organizations. Since its inception, The Merck Foundation has contributed more than \$700 million to support important initiatives that address societal needs and are consistent with Merck's overall mission to help the world be well. For more information, visit [www.merckgiving.com](http://www.merckgiving.com).

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