

The Cost and Benefits of Treating Type 2 Diabetes Mellitus as a Chronic Condition

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Abstract

Diabetes mellitus type 2 is an excellent model for assessing the setup of medical coverage in the U.S. health care system. It is a chronic disease that has genetic, behavioral and other medical causes, and causes many complications over the long term. While it is widespread in the U.S. population, it tends to affect certain demographic groups at an above-average rate. Given these factors that assist in identifying potential sufferers, as well as its long latency period, it is a prime candidate for targeted preventive treatment as a chronic disease with a combination of medication and lifestyle changes. However, the nature of the onset of symptoms is such that treatment under a chronic model is expensive and time-consuming in the short term to patients, providers and others in the health care system, while the long-term benefits accrue almost entirely to the patient. Thus, patients would benefit from the shift to a chronic care model where they could choose to bear the costs of preventive care under consumer-directed health care (CDHC) coverage. Payers, providers and patients would all benefit from the customer satisfaction associated with consumer choice. The most important benefits to the patient would be lower morbidity and mortality. The most important benefits to employers would be better alignment between the benefits they pay for and the return they receive in enhanced employee productivity. The most important benefit to insurance companies would be the ability to focus on insurance—paying out for a relatively small number of catastrophic claims.