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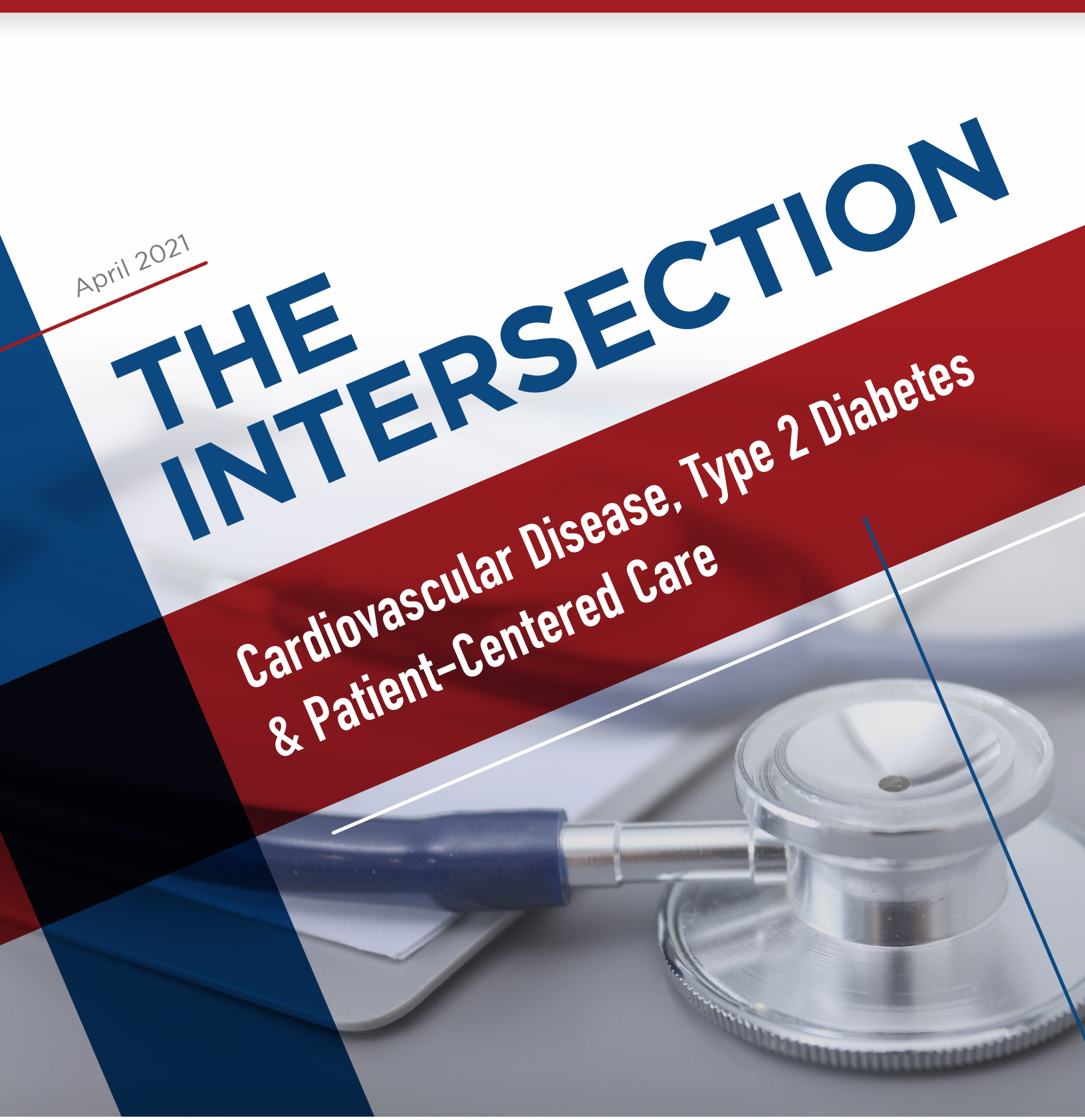
# THE INTERSECTION

## Cardiovascular Disease, Type 2 Diabetes & Patient-Centered Care



PARTNERSHIP TO ADVANCE Cardiovascular Health

Diabetes Policy Collaborative

# INTRODUCTION

Cardiovascular disease and Type 2 diabetes are two of the most common chronic illnesses in America. Together, they exact a serious and growing toll on public health.

Yet, while health policy should be strategic and aggressive in addressing the intertwined challenges, it often falls short. Patients and health care providers instead fight one disease at a time, yielding limited progress for public health – and individual patients.

**Better health care and better health outcomes demand a new mindset.**

Policies and practices must acknowledge cardiovascular disease and Type 2 diabetes as the comorbidities they so often are. By treating whole patients rather than individual symptoms, the health care system can operate more efficiently and effectively, improving millions of lives.

# CARDIOVASCULAR DISEASE & TYPE 2 DIABETES

Cardiovascular disease is the leading cause of death in the United Sates for both men and women. It kills approximately 655,000 people a year – one person every 36 seconds. And it accounts for one in every four U.S. deaths.[1] Nearly half of all Americans have some form of heart disease.[2]

The statistics on Type 2 diabetes are equally unsettling. It is by far the most common form of the disease, affecting more than one out of 10 Americans over the age of 20. About 1.4 million new cases of diabetes are diagnosed in the United States each year.

Both diseases impose a dramatic cost. Heart disease costs the economy more than $200 billion a year in health care services, medicines and lost productivity.[3] Meanwhile, the total cost of diagnosed diabetes in the United States reached $327 billion in 2017.[4]

The impact of cardiovascular disease and diabetes often falls disproportionately on communities of color. Type 2 diabetes is more common among Native Americans, Blacks, Hispanics and Asians. Similarly, African Americans are 30% more likely to die from heart disease than non-Hispanic whites.

Meanwhile, the incidence of these two diseases continues to rise. By 2030, diabetes is poised to increase 54%;[6] heart failure by 46%.[7]

**Each disease is staggering in its own right. But combined, they pose a formidable challenge for individual patients and the health care system.**

Half of people with diabetes die of cardiovascular disease, according to the World Health Organization.[8] In the United States, the American Heart Association reports that adults with diabetes are at two to four times greater risk of dying from a heart ailment.[9]

# DISEASE-CENTERED CARE

Treating individual symptoms and individual diseases in isolation can lead to fractured, inefficient care. It can create challenges for patients, waste medical resources and deliver suboptimal health outcomes.

This is a disease-centered approach.

Patients with both Type 2 diabetes and cardiovascular disease bounce from clinician to clinician trying to address their individual symptoms. They may see a general practitioner, an endocrinologist, a cardiologist, a lipidologist and others. Patients shoulder the burden of managing multiple appointments.

They also face the challenge of synthesizing dietary advice and lifestyle recommendations from multiple providers. They may receive medication instructions for individual conditions that vary or even conflict with one another.

For diseases as intertwined as cardiovascular disease and Type 2 diabetes, a disease-centered approach can fall flat. Instead of receiving a cohesive strategy for comprehensive treatment, patients may face a hodgepodge of one-size-fits-all solutions.

The approach fails to consider the whole picture – and the whole patient. Meanwhile, costs can rise as ineffective treatments leads to more office visits, new or recurring symptoms, and even expensive emergency room visits and hospitalizations.

Disease-centered care may be the way the health care system has always done things. But the increasingly apparent connection between diabetes and cardiovascular disease requires an integrated approach to treatment. That demands a significant pivot from the status quo.

# PATIENT-CENTERED CARE

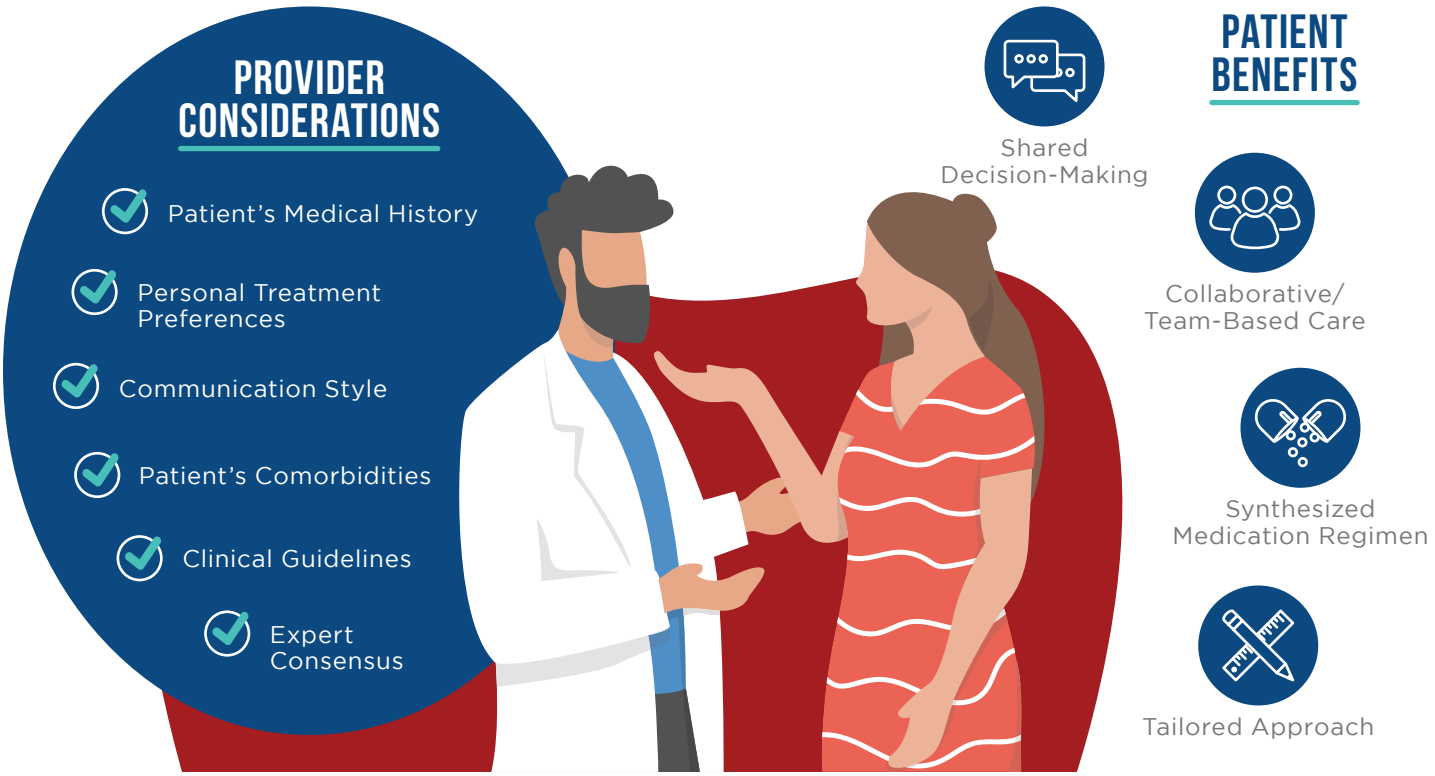
The alternative is patient-centered care.

The approach tailors treatment to each individual patient. It involves coordinating care among different providers and synthesizing treatments for multiple diseases and symptoms into a single, personalized approach.

The approach incorporates patients' lifestyles, personal preferences about treatment, work and home-life demands, and individual health goals. It means using patients' individual medical histories and treatment goals to guide treatment plans. Patient-centered care is rooted in shared decision-making, with the patient and provider working side by side to chart a treatment path. Health care providers use a communications style that reflects the patient's literacy and lifestyle and takes into account any cultural barriers that could affect care.[10]

A patient-centered approach could have dramatic implications for people living with Type 2 diabetes and cardiovascular disease. It would integrate considerations for treating both diseases. It would also address comorbidities and lifestyle issues such as obesity, physical inactivity, nutrition and smoking. The approach also would entail a comprehensive plan to address blood pressure and cholesterol.[11]

At each step along the way, health care providers would consider what works best for the individual patient.



# GUIDELINES & INFORMED TREATMENT DECISIONS

A key component of patient-centered care for people living with Type 2 diabetes and cardiovascular disease is informed treatment decisions.

In addition to considering patients' own health factors, health care providers consider current medical guidelines. Guidelines outline best practices and contain strategies for optimal care.

For example, current guidelines developed by the American Diabetes Association highlight the value of medications that offer patients a dual benefit. That is, they simultaneously address both Type 2 diabetes and cardiovascular disease. These are medications such as GLP-1 agonists and sodium-glucose cotransporter 2, or SGLT2, inhibitors.[12]

When appropriate, using medications that treat both diseases can streamline care. The simplified approach can reduce the disjointedness that comes with trying to treat the two diseases independently.

# EXPERT CONSENSUS

Given the rapid pace of medical research, expert consensus can also play a role in informing patient-centered care. Where guidelines lag behind research, for example, health care providers may weave expert consensus and evidence-based medicine into treatment recommendations.

The American College of Cardiology has a long history of using expert consensus to develop guidance documents on cardiovascular care. These can entail expert consensus decision pathways, where experts address questions facing cardiovascular specialists on high-value clinical topics. The pathways encourage clinicians to ask questions and consider important factors for their patients with both cardiovascular disease and Type 2 diabetes.[13]

# OVERCOMING BARRIERS

While the elements of patient-centered care exist, several barriers stand in the way.

Some obstacles to patient-centered care are inherent in the health care system. The siloed structure of health insurance, for example, can present challenges. Even the very nature of specialty care can pose problems, as patients often see clinicians who are trained to look for specific symptoms and disease states.

The lag time in translating breakthroughs from the lab to the clinic also poses a lingering challenge. Data show it takes an average of 17 years for medical research to yield benefits to patients. For people living with cardiovascular disease and Type 2 diabetes, that's too long to wait.[14]

Making patient-centered care available for the growing number of people with both cardiovascular disease and Type 2 diabetes requires certain changes.

## IMPROVED AWARENESS.

Patients and health care providers alike are not always aware of treatment options that would help them simultaneously address both diseases. Ongoing provider education and increased public awareness efforts can help. Better understanding the link between diabetes and heart disease can also empower patients to manage their health.

Educational initiatives such as Know Diabetes by Heart can help. This is a collaboration of the American Heart Association, the American Diabetes Association and health care industry leaders. It provides patient-centered tools and information to improve understanding of the link between diabetes and cardiovascular disease.

## INTERDISCIPLINARY COLLABORATION.

Patients with Type 2 diabetes and heart disease may see multiple doctors to treat both their conditions, along with other comorbid conditions. Sometimes these caregivers work in collaborative teams that can include diabetologists, internal medicine specialists, interventional cardiologists, dietitians and other health care professionals.[15]

But even if patients see different doctors independently, it is still essential that all of them communicate. A team-based approach is pivotal for patient-centered care. Patients can take a proactive role by telling their clinicians about the care they receive from other providers.

### COMPREHENSIVE COVERAGE.

Health plans must provide coverage that facilitates patient-centered care. This includes reasonable co-pays for treatments. Patients also need coverage for ancillary services such as nutrition counseling, weight control and other supports for effective health management.

Meanwhile, commonsense policy must prevent utilization management techniques such as prior authorization and step therapy from blocking optimal care. The delay tactics can cause unnecessary administrative burdens and even drive up overall, long-term costs.

Health plans can complicate the process through non-medical switching, where stable patients are pushed to a lower-cost medication. Disruptions to patient's health can follow. So can an increase in lab tests, hospitalizations and clinician visits, as well as a higher change of experiencing life-threatening diabetic ketoacidosis.[16]

# CONCLUSIONS

**Meeting the growing public health threat of Type 2 diabetes and cardiovascular disease requires a mindset shift and policy actions that increase access to patient-centered care. That includes greater awareness, collaborative care and comprehensive health plan coverage.**

**With these elements in place, patients and their clinicians can develop and implement personalized treatment regimens that allow people living with Type 2 diabetes and cardiovascular disease to lead longer, healthier lives.**

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