

MORE THAN 30 MILLION Americans have diabetes, according to the Centers for Disease Control and Prevention. Left uncontrolled, it can raise blood sugar to dangerously high levels and cause life-threatening complications.

Notably, people who have the chronic condition are at risk for what's called macrovascular disease, which includes heart disease and is responsible for the lion's share of deaths in individuals with diabetes. Unchecked, it can lead to complications ranging from heart attack to stroke, along with the need for amputation, like of a foot or lower leg, due to inadequate circulation.

Of course, properly managing diabetes takes vigilance and working closely with health professionals, keeping an eye on blood sugar levels, making diet and other lifestyle changes, and for many, taking medication or insulin. It's not easy, but besides the effort and inconvenience, there's another reason some people's diabetes may not be well-controlled: cost.

Difficulty affording things like pricey medications and care has long been shown to keep people not only from getting ongoing medical attention but even life-saving treatment for conditions like cancer; and diabetes is especially costly. Certainly a lack of insurance coverage, too, can affect a person's access to care, as can, of course, having limited income to draw from. What's more, research indicates that, among those

who are insured, differences between plans – like if one has a low deductible and another a high deductible – can have an impact.

Research published in the *Annals of Internal Medicine* in December finds that people with diabetes who started in employer-sponsored low-deductible plans (paying \$500 or less out of pocket to reach their deductible) and were switched to high-deductible plans (which the study defined as \$1,000 or more) tended to delay diabetes care, compared to those who were able to hang onto their low-deductible plans. Ultimately, this research was done “to understand whether people who were switched to high-deductible health plans delay potentially life-saving care,” says Frank Wharam, an associate professor and a general internist at Harvard Medical School and Harvard Pilgrim Health Care Institute who led the research.

The study followed nearly 34,000 people with diabetes through an employer-mandated transition from low- to high-deductible insurance. Compared with those who remained on low-deductible plans, those who were switched to high-deductible plans waited, on average, 1.5 months longer to seek care for the first major symptom of atherosclerosis – narrowing and hardening of the arteries – like chest pain. They also delayed by nearly two months, the first major diagnostic test for the problem, such as cardiac catheterization. And they waited just over three months longer for the first procedure-based treatment for atherosclerosis, like stenting of the coronary arteries.

The study evaluated insurance data from 2003 to 2012; in 2005-2006 the IRS defined a high-deductible plan as one with a \$1,050 deductible, notes Wharam, who directs the Division of Health Policy and Insurance Research in the Department of Population Medicine at Harvard. Today the IRS defines a high deductible plan as any with an annual deductible of at least \$1,350 for an individual.

The observational research didn't evaluate health outcomes – or how delays in care may have affected the well-being of those studied with diabetes. But experts say that it's worth employers, as well as individuals, looking beyond things like premium savings and considering the impact high-deductible plans – some with deductibles of \$2,000 or well in excess of that – may have on care decisions and timing.

As employers increasingly share more of the nation's rising health tab with employees, one unintended consequence, experts say, maybe that employees wait to get needed care – sometimes until the situation becomes dire. In that way, being on a high-deductible plan could be a serious burden for some employees with diabetes, which make up a significant proportion of the workforce; and it may possibly lead to more catastrophic health costs, like emergency room bills, though more research is still needed to determine that.

“We think somewhere between 8 and 10 percent of every company – of their employees – might have diabetes,” says Dr. Louis Philipson, the American Diabetes Association’s 2019 President of Medicine and Science.

While some employees may be able to pass on a less-than-optimal employer-sponsored health plan (for example, getting insurance through a spouse's plan or purchasing an individual plan through an insurance exchange), for many others it may be the most – or only – affordable option. Nor is it so easy to change companies, if a person with diabetes has skimpy employer-based insurance. “Sometimes with a preexisting illness, it’s not so easy to find a new job,” says Philipson, who is also the director of the Kovler Diabetes Center at the University of Chicago.

But to the extent a person has a choice of insurance – through one’s company or insurance exchanges, for example – experts say it’s important to carefully consider how a plan might cover diabetes care, and not just what it costs for the insurance, before making a decision. And people with other ongoing health issues should consider the same. “I think there’s good reason to believe that this is likely a problem that’s not just limited to people with diabetes,” says Dr. Jeffrey Kullgren, a research scientist in the Center for Clinical Management Research at the VA Ann Arbor Healthcare System. “But it’s likely that people with other kinds of chronic conditions face similar challenges.”

For those with diabetes who are on a high-deductible plan, here's what else experts recommend to get the care you need:

Talk to your doctor about the treatment cost. Whether it's expensive medications or pricey procedures or tests, as patients are increasingly paying a greater share out of pocket, it's imperative cost concerns are raised. When such conversations don't happen and cost is a barrier, clinicians say, it can lead to delays in care, or not getting necessary treatment at all.

"It's very important for patients upfront to let their clinicians know that they have a high deductible," says Kullgren, who is also an assistant professor of internal medicine at the University of Michigan Medical School and Institute for Healthcare Policy and Innovation, "so that their clinician can be particularly sensitive to costly services that they may be recommending to that patient."

See if your employer will contribute in other ways. If you're on an employer-sponsored high-deductible plan, check if your employer will contribute money toward a health savings account, or provides reimbursement for health expenditures in any way. Also, aim to save tax-exempt money as well to pay for health care.

Take advantage of free or low-cost preventive care, including screening services. "It's important to distinguish high out-of-pocket costs from high-deductible plans," Wharam says. "Because they're not

actually synonymous in the sense that high-deductible health plans exempt a decent amount of services from cost-sharing.” Check if you’re not sure on copays and coinsurance for things like doctor’s visits, and take advantage of preventive care, such as blood pressure and cholesterol checks, that typically require no payment. (Sick or not sure what you’ll be charged for and what’s considered 100 percent-covered preventive care? Make sure to ask while in your doctor’s office to avoid surprises.)

Shop around for diabetes medication and supplies. Talk with your doctor about generic meds, whether appropriate and available and take advantage of pharmacy coupons and rebates. Compare price and quality for different devices to track blood sugar, and check with your physician on what’s needed – and not – for proper diabetes management.

Experts emphasize it’s critical employers consider the impact of coverage decisions on people with chronic diseases like diabetes, and reiterate that, in addition to raising any coverage questions with the insurer, individuals should share costs concerns their health providers.

“We realize that if people cannot afford the diabetes care plan that they’ve been following, they will certainly struggle to manage their blood sugar,” Philipson says. But it extends beyond that as well, for example, to affect one’s ability to keep cholesterol under control, have an exercise program in place and do “all the other things that we feel are

necessary for someone with diabetes to live well and to live long,” he says.