



The Eastern Washington Diabetes Network (EWDN) is pleased to provide you a copy of the Spokane Chronic Disease Report 2010. We would like to recognize our partner and sponsor of this project, sanofi-aventis. EWDN is a community-based organization comprising more than 100 individuals and organizations working as researchers, clinicians, disease managers, health administrators, educators and public health workers. Our mission is to raise awareness of diabetes prevention and control in Eastern Washington to reduce morbidity and mortality from this devastating disease.

Our project sought to answer some basic questions related to Type 2 Diabetes in our community. How many persons in our community have this disease? Is the medical complexity of patients with Type 2 Diabetes changing? And, are persons with Type 2 Diabetes receiving the necessary screening and support services in order for them to manage their disease?

How many persons in our community have Type 2 Diabetes? We have defined our community to be the Spokane metropolitan area defined by Spokane County. The Washington State Department of Health, estimates just over 25,000 persons had Type 2 Diabetes in Spokane County in 2009. In our project we used data from the Managed Care Digest Series which includes health care professional and prescription claims. We are uncertain as to what percentage of patients in Spokane County is represented in this database. Further, we cannot determine if this sample is representative of all patients with Type 2 Diabetes in our community. We can report the Managed Care Digest Series recorded professional claims activity on 32,366 unique patients in Spokane County with a diagnosis of Type 2 Diabetes in 2009. This represents an increase of almost 2,000 new patients with this disease in just the last 2 years.

- For Spokane County the Managed Care Digest Series database has been populated with a higher than expected percentage of persons with insurance (HMOs, PPO, point of service plans, Medicare and Medicaid managed care). Fewer than 10% of all patients in this database have payers identified as fee-for-service Medicaid or fee-for-service Medicare. What does this mean? It is possible the prevalence of diabetes in our community is much higher than previously reported. (Reference page 3)

Is the medical complexity of patients with Type 2 Diabetes changing? Our project supports observations many of us see in our work with patients with this disease.

- The medical complexity of patients with Type 2 Diabetes appears to be on the rise. In Spokane County we have observed a 6.5% decrease from 2007 to 2009 in the percentage of patients with Type 2 Diabetes with zero complications. A complication is defined as a

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patient condition caused by Type 2 Diabetes including coronary artery disease, hypoglycemia, nephropathy, neuropathy and retinopathy. Nearly 15% of patients treated for Type 2 Diabetes in Spokane County in 2009 had at least 2 complications. We have also observed a 2% decrease from 2007 to 2009 in the percentage of patients with zero comorbidities. A comorbidity is defined as a condition present in the patient not directly caused by Type 2 Diabetes including congestive heart failure, dysmetabolic syndrome, hyperlipidemia, hypertension and obesity. Nearly half of patients treated for Type 2 Diabetes in Spokane County in 2009 had at least 2 comorbidities. What does this mean? Patients treated with Type 2 Diabetes in Spokane County are becoming increasingly medically complex, in terms of both increases in complications and comorbidities. (Reference page 4)

Are persons with Type 2 Diabetes receiving the necessary screening and support services in order for them to manage their disease?

- According to data in the Managed Care Digest Series, Spokane is outperforming the Nation in the percentage of patients screened for A1c, serum cholesterol and urine microalbumin. No statistical difference exists between Spokane and the Nation for ophthalmologic exams. It is important to screen patients with Type 2 Diabetes. However, our own community-based research has demonstrated the need for follow-up services after screening. While our community screens at higher than expected rates, we are unable to determine from this dataset how well patients are followed as a result of delivering screening services. (Reference page 4)

Many of us in our community are working very hard to increase awareness of prevention and control service to reduce mortality and morbidity from Type 2 Diabetes. The Spokane Chronic Disease Report 2010 represents one very important source of evidence to guide our efforts in preventing and controlling Type 2 Diabetes in our community. It is our hope we will repeat this community assessment annually to monitor our progress in preventing and controlling this disease in our community.