

Expert Q&A

A one-on-one discussion with Alan Moses, M.D., Chief Medical Officer for Novo Nordisk, on the importance of education in successful long-term diabetes management.

Managing Chronic Disease: Psychology 101

Addressing the real-life emotional aspects of diabetes is critical for long-term success, but managing diabetes and other chronic diseases requires proper medical care and ongoing education and intervention.

It Takes a Village: Raising Awareness for Medication Adherence

Healthy lifestyle choices and proper medication can substantially improve the long-term outcomes for those living with diabetes, yet nearly 50% of diabetes patients don't adhere to a prescribed therapeutic plan within a year.

Educating the Medicare Generation

Making seniors aware of diabetes risk factors and the importance of screening and preventive services are a top priority for diabetes patient education programs like Medicare Diabetes Screening Project and *Ask.Screen.Know*.

Government Update

An overview on Novo Nordisk's advocacy efforts in increasing diabetes prevention, detection, treatment and care funding and resources in the U.S.

PUBLIC EDUCATION

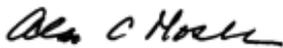
Coping with a chronic disease like diabetes requires knowledge, skill and support. Educational and community-based programs, patient support and intervention, and professional training each play an integral role in the attainment of successful long-term outcomes in diabetes management. The third issue of the Novo Nordisk BlueSheet examines the impact of education and awareness on the treatment and care of diabetes today.

Letter from Alan Moses, M.D.

Welcome to the third issue of the *Novo Nordisk BlueSheet*, a resource for information on diabetes and chronic disease. Novo Nordisk is a focused healthcare company and world leader with an 87-year history of innovation and achievement in diabetes care. Each quarter, the *Novo Nordisk BlueSheet* highlights key issues in diabetes prevention, detection, treatment and care and related topics such as health reform, innovation, education and access to care.

Today, there are 24 million Americans living with diabetes, and while there is no cure, patients can continue to live a full, active life with proper management and care; however, this success is dependent upon how well a patient copes with his/her disease. From diagnosis to initiation of treatment and then to further change in treatment, diabetes management creates a number of significant challenges in daily living. This is why patient education and disease awareness are such important factors in managing a chronic disease.

Novo Nordisk understands that coping with diabetes requires knowledge, skill and support – that is why we are so committed to the education of patients and health care professionals. At Novo Nordisk, we have a vision for our role in 21st century diabetes management – helping to reduce the economic and social impact of diabetes beginning at the level of the individual affected by diabetes by providing an effective combination of products, programs and services. Simply put, none of this can be accomplished without education. It is one of the most powerful tools we have in the fight against diabetes today.



Alan C. Moses, M.D.
Chief Medical Officer



Expert Q&A: An Interview with Dr. Alan Moses, Novo Nordisk Chief Medical Officer

Diabetes is a lifelong journey. Following the right course and staying within the speed limit can help those living with diabetes get to their destination safely – if they follow the road signs. While health care practitioners can offer guidance along the way, the patient is always in the driver's seat. Patients with diabetes need information, tools and resources, but knowledge alone does not guarantee compliance or adherence to a prescribed treatment regimen.

The best route to proper treatment and care includes an individualized approach based on education, communication and collaboration and, of course, the right medications. By understanding patient lifestyles, behavior patterns and challenges, health care practitioners can empower individuals to successfully manage their chronic disease and keep them on the right track.

Q Why is patient education such an integral part of a long-term diabetes management?

A Diabetes is a very individual disease. People affected by diabetes have to fit treatment and care into their lifestyle. But lifestyle intersects with diabetes at multiple levels every day. This is why education is so important. The more knowledge a patient has regarding the disease, the greater control they will have over their own life. Patients need to understand what they should do on a daily basis to assure that they can feel good and be safe. They should be educated about the potential complications related to diabetes – a motivating factor for medication adherence over the long-term. Further, physicians, diabetes educators and other touch points should continuously engage patients to ensure they, as individuals with diabetes, are playing an active role in their own treatment. Whether it is committing to a nutrition or exercise regimen or choosing the right insulin delivery device, health care practitioners can enable greater treatment compliance when they provide patients with the tools and resources they need to succeed.

Q How can health care practitioners help those living with diabetes successfully manage this complex disease?

A Diabetes impacts individuals of all ages, races, and cultures. For every diabetes patient, there is a unique solution to best cope with and treat the diabetes. Throughout treatment, patients often encounter multiple different health care practitioners from physicians and diabetes educators to pharmacists and nurse practitioners. Each of these encounters offers an opportunity to engage a patient in the diabetes management process through

ongoing education and intervention. In doing so, the health care professionals need to tailor their knowledge to the patient's circumstance by recognizing influential factors like what the patient is equipped to handle, what resources are available to the patient, and how the patient interacts with family and friends. Ultimately, the goal is to find out what will help patients live successfully with diabetes and assure that this knowledge is successfully transferred.

Q How important is the psychological state of the diabetes patient?

A Living with diabetes certainly has its challenges and it takes an emotional toll on patients and their families. The psychological well-being of patients is absolutely critical to successful long-term diabetes treatment and care. If a patient denies or ignores the disease, it can be very difficult to get and receive effective treatment. But if a patient can accept and manage diabetes, there is no reason that life cannot be lived to the fullest. This is often the difference in patients who achieve successful self-management and those who do not.

Psychological and emotional support is crucial to this process. Education can help patients control their diabetes, but building a strong support system is what will help patients overcome the daily obstacles of living with diabetes. Patients need to do what works for them from finding the right physician, engaging a diabetes educator or counselor and relying on family and friends.

Q How can the health care industry improve efforts to educate and ultimately increase positive outcomes in diabetes treatment and care?

A There are a number of ways the industry can influence successful long-term outcomes in diabetes management:

- » Advocate for greater knowledge about diabetes awareness, including increased efforts around prevention and detection.
- » Develop and distribute more educational materials and resources that provide patients with access to information that is pertinent to their daily lives – nutrition, exercise programs, and medication adherence.
- » Work with other organizations like the American College of Physicians to develop educational materials like the Diabetes Patient Care Guide – a guide that provides relatable, meaningful information that helps internists, primary care physicians and other practitioners better handle diabetes management with patients.

Q What is Novo Nordisk doing to enhance public education efforts around diabetes for physicians and patients today?

A Collaboration, communication, and advocacy are intrinsic to our prevention, detection, and treatment education efforts at Novo Nordisk. We work with the American College of Physicians and American Association Clinical Endocrinology (AACE) to educate individuals of all ages on diabetes prevention and the risks of diabetes. Novo Nordisk supported the production of *Living with Diabetes: An Everyday Guide for You and Your Family*, a self-management guide for diabetes patients developed by the American College of Physicians Foundation. This spring, Novo Nordisk funded the *Power of Prevention® Magazine*, a patient-friendly quarterly publication published by the American College of Endocrinology (ACE), the scientific arm of AACE. The issue addressed a variety of topics, including weight management; technologies that can help manage diabetes; ways to volunteer for diabetes studies; and how a patient can get the most out of their diabetes care. Novo Nordisk also develops educational materials and distributes these materials through our patient and physician websites.

Lobbying is one of our strongest allies in this public education effort. The Novo Nordisk Government Affairs team works constantly at the federal and state levels to increase awareness about diabetes and educate policy makers about the need to increase funding for diabetes prevention, detection, treatment and care. Recently, the team helped form the Diabetes Action Alliance (DAA), a coalition of diverse health care professional membership and patient advocacy organizations committed to changing how the nation perceives and approaches the diabetes epidemic. At Novo Nordisk, we believe that influencing legislative policy and building advocacy for prevention, detection, treatment and care are two of our most powerful resources for working to defeat diabetes. Educating the public about diabetes and educating the patient to live successfully with diabetes are central to our overall mission.

MANAGING CHRONIC DISEASE: PSYCHOLOGY 101

Living with a chronic disease is not easy - just ask the nearly 24 million Americans who have diabetes. Managing diabetes and other chronic diseases requires persistence, commitment and support, but with the proper medical care and ongoing education and intervention, patients can learn how to effectively control their disease and lead a full and active life. While consistent health care support is crucial, self-management is one of the most important – and one of the most challenging – factors in this lifelong journey.

There are two key components to self-managing diabetes. The first is to get information about the disease to enable good choices; the second is to develop the skills to put that knowledge to use on a day-to-day basis. Making the right lifestyle and nutrition choices on a daily basis can often delay or prevent the long-term complications of diabetes. Patients are aware of this, but such constant vigilance can easily become frustrating and overwhelming. Too often, people living with diabetes face a variety of psychological, emotional and social obstacles along the road to self-management that can often interfere with their ability to follow their treatment plan.

According to Dr. William H. Polonsky, PhD, CDE, “addressing these real-life emotional aspects of diabetes is critical for long-term success, yet often they are given little attention in common medical practice.” Dr. Polonsky’s *Diabetes Burnout: What To Do When You Can’t Take It Anymore* identifies some of the most common psychosocial barriers to effective diabetes self-management as fear, depression, denial and guilt.¹ “Many patients experience fear, depression and denial in the long-term management of diabetes. People with diabetes are more likely to develop depression than others and when diabetes is out of control, this can make it even harder to escape depression. It becomes a vicious cycle,” states Polonsky. “Fear and denial are also to be expected from time to time, but when these emotions become a patient’s only way of coping with diabetes, their health may ultimately be endangered.”

Ultimately, such psychosocial issues can lead to poor outcomes for those living with diabetes and, according to research, more than half of people with diabetes do not achieve good health and quality of life despite the availability of effective medical treatments. The cross-national DAWN (Diabetes Attitudes, Wishes and Needs) survey published in the October 2005 issue of *Diabetic Medicine*, examined the perceptions and attitudes of more than 5,000 people with diabetes and 3,000 healthcare professionals who treat diabetes in a total of thirteen countries. The survey focused on the person behind the disease and aimed to uncover the psychosocial aspects of diabetes. It was initiated by Novo Nordisk in 2001 and conducted in collaboration with the International Diabetes Federation and an expert advisory board. The qualitative survey was designed to help healthcare professionals and policy makers

set priorities for further research.

The DAWN survey provided a blueprint of what it means to live with diabetes and what challenges healthcare providers are facing in their efforts to help their patients manage their condition effectively. With these conclusive insights about critical needs and gaps, the DAWN survey remains an important platform for dialogue and partnerships and as a decision making tool to improve outcomes of diabetes care.

More than 40% of patients with diabetes worldwide reported poor psychological well-being. A majority reported a host of diabetes-related worries, including fears about the disease getting worse, feeling alone with diabetes, feeling concerned that diabetes will make it difficult for them to care for their families in the future, and feeling worried about hypoglycemia. Providers agreed that psychological concerns were common in their patients and that these problems contributed to poor diabetes self-management. Unfortunately, less than half of the providers felt able to identify and address the psychological needs of their patients.²

Psychological well-being plays a significant role in the successful management of diabetes and the prevention of disease complications. Overcoming these psychosocial barriers are challenging, but not impossible. With the right support, patients can learn how to better adapt their lifestyle to manage diabetes. “I tell patients one thing: don’t do diabetes alone. Get a support system. This is the first – and most important step – in self-management,” states Dr. Polonsky. “Patients need to realize they are not alone, that their own day-to-day efforts can have a huge positive impact on their health, and that they can overcome the varied emotional and psychological obstacles that diabetes presents.”

Patient education at the community level is an excellent way to help patients manage their diabetes more effectively. The American Diabetes Association hosts EXPO tradeshows for patients around the country to provide them with the latest information on preventing and managing diabetes. The EXPO events, which are supported and sponsored by Novo Nordisk, include health screenings, cooking demonstrations, product and service exhibitors as well as leading experts talking about diabetes management and prevention.

Behavioral research programs and specialty behavioral training can also help both patients and health care professionals manage diabetes more effectively. The Behavior Diabetes Institute (BDI) and Taking Control of Your Diabetes (TCOYD) both offer support and educational resources for patients and health care professionals that focus on the psychological, emotional and social challenges of living with diabetes. BDI’s patient programs are designed to help people with diabetes overcome the emotional and behavioral obstacles to living well with the disease and develop an improved outlook on life as well as greater confidence and control over

Key findings from the DAWN survey include:

- » Many patients experience emotional stress related to their diabetes.
- » Many patients think their diabetes is demanding and prevent them from doing what they want.
- » More than a third of healthcare providers do not feel equipped to adequately address patients’ psychological needs.
- » Physicians recognize that psychosocial issues strongly influence how well patients manage their diabetes.

diabetes. Professional training programs in behavioral diabetes interventions are available for physicians, dietitians, nurses, diabetes educators, mental health professionals, and other health care providers. Furthermore, BDI is actively involved in ongoing research projects aimed at evaluating the efficacy of behavioral interventions as a crucial component of diabetes care. TCOYD holds conferences and health fairs across the U.S. for thousands of people living with diabetes and connects them with national and local health care professionals and diabetes experts for informative and motivational programs. Novo Nordisk serves as a corporate sponsor of the patient education program.

There is no cure for diabetes and living with this chronic disease creates daily challenges for patients who struggle with many emotional obstacles to optimal treatment and care. Whether it is adhering to a medication regimen, committing to an exercise routine or making healthy meal choices, patients need intervention, support and education to succeed in the fight against diabetes.

Footnotes

- 1 Polonsky WH (1999). Diabetes Burnout: What To Do When You Can’t Take It Anymore. Alexandria, VA: American Diabetes Association.
- 2 Peyrot M, Rubin RR, Lauritzen T, Snoek FJ, Matthews DR, Skovlund SE (2005). Psychosocial problems and barriers to improved diabetes management: results of the cross-national Diabetes Attitudes, Wishes and Needs (DAWN) study. *Diabetic Medicine*, 22: 1379-1385.

IT TAKES A VILLAGE: RAISING AWARENESS FOR MEDICATION ADHERENCE

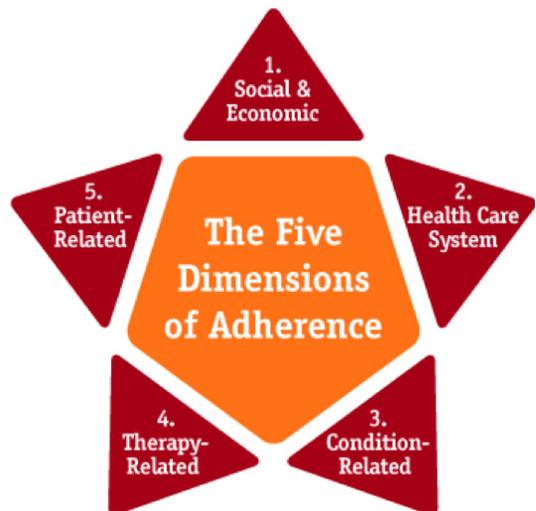
Doing what is good for you isn't always easy, particularly when it comes to chronic disease management. While healthy lifestyle choices and the right treatment plan can go a long way in improving long-term outcomes for those living with diabetes, many patients still fail to adhere to a prescribed medication regimen. In fact, according to a recent survey, Global Attitudes of Patients and Physicians in Insulin Therapy (GAPPTM)¹, more than one in three diabetes patients skip doses or fail to take their insulin as prescribed. The results of the global survey, released by Novo Nordisk in September, are in line with previous research, which has shown that globally less than half of people with diabetes reach an optimal level of health and quality of life.

From taking the correct dosage of medication to committing to a medication regimen for a prescribed period of time, patients can have more control over diabetes and avoid or at least delay the onset of complications related to diabetes. These consequences not only pose a significant health risk to the patient, but also create an enormous financial burden on the entire health care system.

Although the challenge of poor medication adherence has been discussed and debated for at least three decades, this problem has generally been overlooked as a serious public health issue and, as a result, has received little direct, systematic, or sustained intervention. As a consequence, Americans have inadequate knowledge about the significance of medication adherence as a critical element of their improved health.²

The Path of Non-Adherence

Non-adherence is a significant barrier in optimized patient care today. Physicians prescribe a regimen of care for diabetes patients, but for a myriad of reasons many do not follow this course of care. Whether it is lack of patient education, apathy, or costs, there can be a number of factors leading to non-adherence. According to the World Health Organization, medication adherence is related to social and economic factors, the health care team and system, the characteristics of the disease, therapy-related factors, and patient-related factors.³



Source: World Health Organization, 2003.

http://www.adultmedication.com/OverviewofMedicationAdherence_4.html

Managing a chronic disease is complex and many factors can impact successful treatment from lack of education and patient apathy to medication costs and environment. In "Reducing Cost-Related Medication Non-adherence in Patients with Diabetes," Miriam Chan cites that research on adherence has typically focused on barriers such as complex treatment regimens, frequent medication dosing, forgetfulness, adverse drug effects, lack of information, and depression.⁴

In an AARP survey of Americans aged 50 years and older, 25% said that they did not fill a prescription written by their doctor in the past two years. Cost was cited as the primary reason (40%). Some respondents wished to avoid drug adverse effects (11%); others responded that the drug would not help much (11%), they did not think they needed it (8%), and the drug did not help (6%).⁵

The Doctor is Ready to See You

Together, physicians and patients face the ups and downs of diabetes management. Medication adherence is a particular challenge along this lifelong journey. According to Dr. Alan Delamater, author of "Improving Patient Adherence," the quality of this relationship is a very important determinant of medication adherence.⁶ Research has demonstrated that patients who are satisfied with their relationship with their health care providers have better adherence to diabetes regimens.⁶

According to Dr. Travis Fisher, Senior Director, Medical Strategy, Novo Nordisk, "Ongoing patient intervention is vital to optimal disease management and care; yet this level of outreach poses a challenge to an already strained health care system. As such, many physicians rely on additional patient touch points such as nurses, diabetes educators, counselors, and pharmacists to support patients with diabetes." He continues, "Each represents a key point of care in the diabetes treatment process. Their interactions with patients

provide an opportunity to educate patients on the importance of medication adherence and to ensure that patients understand: 1) why they need to take their prescribed medication; 2) what benefits the medication will have on their long-term quality of life; and 3) what complications may arise if they do not commit to their prescribed medication regimen. Through continuous motivation and education, patients have a much greater chance for success in managing the complexities of chronic disease.”

The 2009 Medication Adherence Program (MAP) study identified some of the self-care challenges and adherence barriers for those with diabetes. The study was funded by a grant from the American Association of Diabetes Educators’ Education and Research Foundation. During the study, a personalized phone call from a retail chain store pharmacist to patients who missed diabetes prescription refills significantly improved medication adherence at 1 year in a study of 265 patients with type 2 diabetes.⁷ Among 119 patients who reported problems with taking their medications, 27% cited “difficulty with taking medication,” 26% said they simply “forgot to order refills,” and 8% “forgot to pick up refills.” Of those with “difficulty taking medication,” the most common difficulty listed was “remembering dose.”⁷

Diabetes 101

According to a 2006 national medication adherence survey by the National Community Pharmacists Association (NCPA) and Pharmacists for the Protection of Patient Care (P3C), nearly three out of four Americans admit they do not always take their medications as directed – further proof that patient awareness and public education go hand in hand with successful long-term diabetes management.

The National Consumers League (NCL), with planning funds from the Agency for Healthcare Research and Quality, is developing and leading a groundbreaking national education campaign to raise awareness of the importance of good medication adherence. NCL has brought together more than 100 private and public stakeholder organizations to develop and implement the campaign. Set to publicly launch in 2011, the campaign will target consumers and their caregivers, as well as health care practitioners. NCL commissioned a study with health care practitioners to identify ways to help patients improve and better understand the importance of medication adherence. According to the National Consumers League, study findings indicate that practitioners believe the issue of medication adherence can best be solved by:⁸

- » Educating patients on their medication choice and explaining fully the importance of the medication and why the treatment is prescribed as indicated
- » Collaborating with patient as well as other health care practitioners

- » Communicating with patients
- » Raising awareness to the importance of medication adherence

“We must raise awareness of this issue in order to elevate the public conversation about medication adherence,” said Rebecca Burkholder, Vice President of Health Policy at NCL. “By making the public aware of the role individuals plays in managing their health, our goal is to empower health care consumers to understand their treatment regimens, become engaged with their health care practitioners, and become active partners in pursuing their good health.”

The Cost of Non-Adherence

Currently, diabetes affects more than 24 million Americans each year. Over the next 25 years that number is expected to nearly double. Not surprisingly, diabetes is also one of the most costly diseases in America, with total direct and indirect costs for diabetes and pre-diabetes estimated at \$218 billion in 2007.⁹

Poor medication adherence presents a serious roadblock to efforts to improve health care efficiency and affordability. In addition to compromising care quality, the New England Healthcare Institute (NEHI) now estimates the current cost of drug-related morbidity, including poor adherence, to be as much as \$290 billion annually – or 13 percent of total health care expenditures.¹⁰ Increased health care costs become a natural extension of treating such complications creating potentially unnecessary costs for the strained health care system.

Medication adherence is first and foremost a patient issue, but the long-term effects of non-adherence create a significant barrier for the entire system – family and friends, physicians, diabetes educators, counselors, pharmacists, and insurance providers. Through ongoing health care intervention, public education and continued research, the message of medication adherence will hopefully resonate more among those living with diabetes today. Committing to long-term diabetes treatment and care isn’t easy, but the benefits may last a lifetime.

Footnotes

- 1 Novo Nordisk (Sept. 21, 2010). “New Global Survey Reveals Over One in Three Patients Fail to Take Insulin as Prescribed.” Press release. <http://press.novonordisk-us.com/index.php?s=43&item=267>.
- 2 National Council on Patient Information and Education. Enhancing Prescription Medicine Adherence: A National Action Plan. August 2007.
- 3 World Health Organization. Adherence to Long-Term Therapies: Evidence for Action. Accessed August 23, 2009.

- 4 Chan, Miriam, PharmD, CDE. Reducing Cost-Related Medication Nonadherence in Patients With Diabetes. *Drug Benefit Trends*. Vol. 22 No. 3. April 15, 2010.
- 5 Barrett LL. Prescription Drug Use Among Midlife and Older Americans. *AARP*. January 2005.
- 6 Alan M. Delamater, PhD, ABPP. Improving Patient Adherence. *Clinical Diabetes*. April 2006. Vol. 24 no. 2 71-77.
- 7 Tucker, Miriam. Pharmacist's Phone Call Improves Diabetes Medication Adherence. *Elsevier Global Medical News*. August 27, 2010
- 8 National Consumer League: www.nclnet.org, September 2010.
- 9 Dall, T., et al. The Economic Burden Of Diabetes. *Health Affairs*. 29, NO. 2 (2010)
- 10 New England Healthcare Institute. Thinking Outside the Pillbox: A System-wide Approach to Improving Patient Medication Adherence for Chronic Disease. August 2009.

EDUCATING THE MEDICARE GENERATION

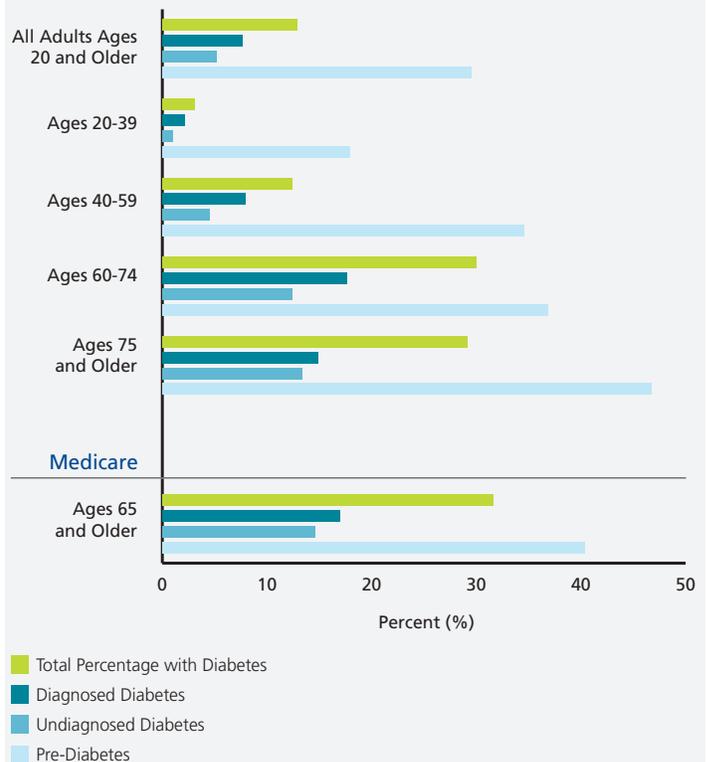
Approximately seven out of 10 adults age 65 and older have diabetes or pre-diabetes; and of those people with diabetes, almost half don't know it.¹ Diabetes can lead to serious health consequences when left undetected or untreated, including blindness, kidney disease, heart disease, amputations and stroke. Fortunately, diagnosis and treatment can help prevent or delay these occurrences in those living with diabetes.² And among those who have pre-diabetes, relatively modest lifestyle changes have been shown to prevent or delay the onset of diabetes by as much as 71 percent in adults over the age of 60.³

Since 2005, Medicare has offered free diabetes screening to those at risk for diabetes; however, according to the most recently available Centers for Medicare & Medicaid Services (CMS) claims data (2008)⁴, there has been relatively low utilization of this benefit, at just 11.7%. Older adults who may be at risk are not taking advantage of the benefit and many are undiagnosed.

Medicare offers free diabetes screening for enrolled adults 65 and older, who have at least one-risk factor for diabetes, including: family history of diabetes, high blood pressure, high cholesterol, obesity or overweight, and history of diabetes during pregnancy. There is no co-payment or deductible for those age 65 and older in Medicare who are eligible.

Making seniors aware of diabetes risk factors and the importance of screening and preventive services are a top priority for diabetes patient education programs, including the Medicare Diabetes Screening Project and *Ask.Screen.Know*.

Statistics Related to Prevalence of Diabetes and Pre-Diabetes in America¹



¹Cowie, PhD, Catherine C. et al, "Full Accounting of Diabetes and Pre-Diabetes in the US Population in 1988-1994 and 2005-2006," *Diabetes Care*, 32: 287-294, 2009.

Medicare Diabetes Screening Project

Medicare Diabetes Screening Project (MDSP) is a coalition of more than 20 national partners, co-chaired by Novo Nordisk, the American Diabetes Association, and the Healthcare Leadership Council. The project was developed to promote screening awareness and utilization among patients and to improve the dialogue between physician and patient. Through community-based efforts, the Medicare Diabetes Screening Project informs and motivates seniors at churches, health fairs, senior centers, and other venues where seniors gather. To date, the project has launched city-wide initiatives throughout the state of Georgia in Columbus, Augusta, Macon, Savannah, and Atlanta. In addition the Medicare Diabetes Screening Project has been active state-wide in New Hampshire, Minnesota, and Mississippi and has given small local organizing grants to more than 25 community-based agencies around the country.

Results have been impressive. The MDSP launched a pilot program in Columbus, Georgia in 2007. According to CMS claims data, the utilization of the diabetes screening benefit in Columbus (Muscogee County) rose from 9.9% at the end of 2006 to 14.4% at the end of 2008. This change in utilization represents a 45% increase. During the same time period, the increase in screening rates in the entire state of Georgia was 30% and the increase in the United States as a whole was 19%.⁵

Ask.Screen.Know.

Novo Nordisk's commitment to the issue of diabetes screening in Medicare goes well beyond its support for the Medicare Diabetes Screening Project. *Ask.Screen.Know.*, created and sponsored by Novo Nordisk, is a national educational program that builds upon the foundation of the Medicare Diabetes Screening Project. Like that project, *Ask.Screen.Know.* is designed to increase awareness and utilization of the Medicare diabetes screening benefit among both adults 65 and older and physicians.

The campaign encourages people enrolled in Medicare to ask their healthcare provider for a free diabetes screening and to know their blood sugar numbers and what actions to take. As part of the campaign, Novo Nordisk also encourages physicians to actively order diabetes screenings for their at-risk patients and to speak with their patients about their blood sugar numbers and as needed, make healthy lifestyle changes. The program also provides physicians and other health care professionals with educational resources, including office posters and patient brochures. Through *AskScreenKnow.com*, individuals can obtain important information about the Medicare diabetes screening benefit, learn more about diabetes and pre-diabetes, access a health recording tool to keep track of blood sugar numbers and other resources.

Footnotes

- 1 Cowie, PhD, Catherine C. et al, "Full Accounting of Diabetes and Pre-Diabetes in the US Population in 1988-1994 and 2005-2006," *Diabetes Care*, 32: 287-294, 2009.
- 2 Holman, Rury R., et al, "10-Year Follow-Up of Intensive Glucose Control in Type 2 Diabetes," *New England Journal of Medicine*, 359: 15, 1577-1589, October 9, 2008 and DCCT and EDIC. "The Diabetes control and Complication Trial and Follow-up Study." National Institute of Health Publication. No. 08-3874. May 2008.
- 3 Knowler, MD, William C., et al, Diabetes Prevention Program Research Group, "Reduction in the Incidence of Type 2 Diabetes with Lifestyle Intervention or Metformin," *New England Journal of Medicine*, 346: 6, 393-403, February 7, 2002.
- 4 http://www.cms.hhs.gov/PrevntionGenInfo/20_prevserv.asp
- 5 http://www.cms.hhs.gov/PrevntionGenInfo/20_prevserv.asp

GOVERNMENT UPDATE

Novo Nordisk is playing a leading role in advocating for funding for diabetes proportional to the burden of the disease, targeted diabetes screening for at-risk adults, and generally working to elevate diabetes on the national agenda.

As part of this broad advocacy effort, Novo Nordisk Government Affairs helped form the Diabetes Advocacy Alliance (DAA), a coalition that is committed to helping improve diabetes prevention, detection, and care by aligning key diabetes stakeholders around diabetes-related policy and legislative efforts. The DAA is working on several fronts to improve diabetes prevention, detection and care by uniting and aligning key diabetes stakeholders and the larger diabetes community around diabetes-related policy and legislative efforts. Current members of the DAA include the American Association of Clinical Endocrinologists, American Association of Diabetes Educators, American Clinical Laboratory Association, American Diabetes Association, American Optometric Association, Medicare Diabetes Screening Project, Results for Life- Lab Testing: Better Health, Improved Outcomes, The Endocrine Society, and Vision Service Plan.

By advocating with the Obama Administration and Congress through policy papers, letters, phone calls and in-person meetings, the DAA is actively pursuing the following objectives:

- » Secure funds for diabetes from the Prevention and Public Health Fund under health care reform.
- » Support Healthy People 2020 on one or two diabetes-specific objectives, and work toward the inclusion of a diabetes screening objective.

In addition, the DAA has submitted comments to a number of government agencies advocating for targeted diabetes screening for adults at risk for diabetes following the guidelines currently recommended by the American Diabetes Association. Through the remainder of 2010 and into 2011, the DAA will work to grow its membership base and continue to educate policymakers and the public about the diabetes epidemic and policy measures that are critical to addressing it.

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