North Dakota Agenda

- North Dakota Overview
- Fundamental learning from years of Advocacy
- Special Populations with high risk, high-cost examples
- Evidenced based planning

Fundamental Learning

Physicians do not treat disease; they treat patients who have multiple conditions

Patient engagement is the fundamental foundation for outcomes and reduced costs. If they are not engaged outcome improvements will only marginal

TRUST- Communities are all different, cultures, beliefs, and languages. If you don't look like me then that is a barrier

Defining patients with a single disease doesn't work. They are very few with this definition

healthy interactions®

Co-Morbid Conditions Associated with Diabetes

Variable	TEST		NON-TEST	
	Full/Full	Full/Partial	Full/Full	Full/Partial
	(n = 14,179)	(n = 17,411)	(n =130,298)	(n = 200,511)
Age, y	75.0 ± 7.0	76.5 ± 7.7	74.3 ± 6.6	76.3 ± 7.7
Sex, n (%)				
Male	4,969 (35.0)	6,278 (36.1)	47,173 (36.2)	72,640 (36.2)
Female	9,210 (65.0)	11,133 (63.9)	83,125 (63.8)	127,871 (63.8)
Race or ethnicity, n (%)				
White	9,077 (64.0)	11,462 (65.8)	106,089 (81.4)	153,914 (76.8)
Black	1,685 (11.9)	2,879 (16.5)	15,471 (11.9)	28,229 (14.1)
Hispanic	2,997 (21.1)	2,485 (14.3)	4,108 (3.2)	7,303 (3.6)
Other	401 (2.8)	562 (3.2)	4,491 (3.4)	10,807 (5.4)
Unknown	19 (0.1)	23 (0.1)	139 (0.1)	258 (0.1)
Medical conditions, n (%)				
Acute myocardial infarction	398 (2.8)	463 (2.7)	3,801 (2.9)	5,199 (2.6)
Atrial Fibrillation	1,661 (11.7)	2,149 (12.3)	17,499 (13.4)	25,730 (12.8)
Chronic Kidney Disease	6,032 (42.5)	7,405 (42.5)	58,407 (44.8)	83,911 (41.9)
Chronic Obstructive **Pulmonary**	4,717 (33.3)	4,802 (27.6)	27,248 (20.9)	37,152 (18.5)
Disease				
Heart Failure	6,823 (48.1)	8,648 (49.7)	59,623 (45.8)	94,659 (47.2)
Ischemic Heart Disease	10,186 (71.8)	11,347 (65.2)	83,378 (64.0)	118,554 (59.1)
Stroke or Transient Ischemic	1,292 (9.1)	2,322 (13.3)	9,776 (7.5)	21,815 (10.9)
Attack				
Any Cancer	1,022 (7.2)	1,139 (6.5)	9,455 (7.3)	12,327 (6.2)

Source: HTTPs://doi.org/10.2337/dc17-0960

MEDICARE FEE-FOR-SERVICE · REFERENCE YEAR 2022CCW CHRONIC CONDITIONS · MBSF COST & USE SOURCE: NMQF US DIABETES INDEX

Diabetes in North Dakota

Medicare

One in four North Dakota Medicare beneficiaries with full fee-for-service coverage met CMS claims criteria for diabetes in 2022 — but the burden is not spread evenly. It concentrates on four counties that contain tribal nations, and it carries roughly twice the cost of care.

24.7%

of qualifying ND beneficiaries have diabetes National Prevalence 12%

20,523 of 83,094

49.3%

Sioux County — highest in the state, 2.0× the ND rate

1.9×

Medicare spend per beneficiary with diabetes vs. without

$205M

unadjusted excess annual Medicare spend attributable to diabetes

45.8%

prevalence among American Indian / Alaska Native beneficiaries

All 53 counties, ranked

n = beneficiaries with diabetes

COUNTY	PREV.	N	COVERED
Sioux	49.3%	111	225
Rolette	37.4%	580	1,550
Benson	33.6%	255	758
Mountrail	29.9%	328	1,096
Ward	28.5%	1,874	6,575
Sheridan	27.7%	65	235
Ramsey	27.6%	553	2,005
Ransom	27.5%	220	799
Billings	27.3%	18	66
Towner	27.1%	103	380
Pembina	26.5%	335	1,262

GDM High Risk Profile

- Heart Disease
- High Blood Pressure
- Obesity or overweight before pregnancy
- Previous Gestational pregnancy
- Family history of Type 2 diabetes
- Polycystic Ovary Syndrome (PCOS)
- Advanced Maternal Age (35 and older which represents approximately 19% of all births)
- Prediabetes (history of higher-than-normal glucose)
- People over the age of 25 who are of South and East Asian, Hispanic, Black, Native American or Pacific Island descent are also at s higher risk

Source: March of Dimes

Medicaid and Pregnancy Percentage of Births supported by state (2023)

North Dakota 23%

Montana 35%

Washington 35%

Oregon 44%

Minnesota 34%

Iowa 38%

Source: Kaiser Family Foundation

Evidence

1

Follow the Data

2

Engage the patient

3

Respect the community