**Implementing a Value-Based Diabetes Initiative in a Commercially Insured Population**

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**Background**: In 2019, Blue Cross Blue Shield of North Carolina (BCNC) launched an innovative value-based program, Blue Premier, that helps facilitate the shift from fee-for-service to value-based care. As of 2022, Blue Premier has value-based contracts with over 14 health systems and accountable care organizations (ACOs). Blue Premier promotes collaboration between insurers and provider groups by working on initiatives to improve quality while also decreasing the total cost of care. One of the largest spend categories in the United States is diabetes with an estimated $327 billion in medical costs and lost work and wages in 2017. Recently, the ADA guidelines for Standards of Medical Care in Diabetes updated its recommendations, recognizing that some individuals may benefit from switching or discontinuing certain diabetes agents rather than prior recommendations of sequentially adding therapies.

**Objective**: The primary objective of this study was to improve quality of care and reduce cost through identification of deprescribing opportunities for select oral diabetes agents once an individual progresses to insulin therapy.

**Methods**: This was an observational study conducted at BCNC. The study utilizes pharmacy claims for all diabetes medications from BCNC that were attributed to Blue Premier partners. Members were included in the study if they had one or more insulin claims from August 10, 2021 to March 25, 2022 as well as at least one claim for the following: 1) sulfonylureas, 2) meglitinide analogues, 3) DPP4 inhibitors, or 4) thiazolidinediones. Once members were identified and grouped based on their attribution, reports were created for 14 Blue Premier partners. The first report included members with claims from August 10, 2021 to December 10, 2021, while the second report included members with claims from November 25, 2021 to March 25, 2022. Between January 2022 and April 2022, reports were introduced and discussed with each of the 14 Blue Premier partners during their Pharmacy Workstream meetings.

**Preliminary Results**: In the first set of reports sent to the Blue Premier partners, 2,004 members were identified as potential candidates for deprescribing oral diabetes agents, creating a potential cumulative estimated annualized savings opportunity of $715,147. Following the second report, 1,826 members were identified with an estimated annualizing savings of $576,122 across the 14 Blue Premier partners. 810 members were found to have discontinued the oral diabetes agents, resulting in actualized savings of $318,396.

**Conclusion**: Overall, 810 members discontinued oral diabetes agents (sulfonylurea, meglitinide analog, DPP4 inhibitor, or thiazolidinediones), resulting in actualized savings of $318,396. Actualized savings varied depending on the Blue Premier partner attribution size and utilization of the report. Blue Premier will continue identifying savings opportunities for its partners, sending quarterly reports, and engaging in follow-up discussions and evaluations at monthly Pharmacy Workstream meetings. Finally, Blue Premier will be monitoring literature and guideline updates for future quality-based initiatives.