

CGM IMPACT

on \$100 Billion Medi-Cal Budget

Medi-Cal challenges

Projected caseload growth * Large percentage of minority enrollees *
Higher diabetes prevalence * Disproportionate COVID-19 impacts *
Health care inequity

CGM benefits

Diabetes management * Prevention * COVID-19 mitigation * Reduced
intervention * Fewer hospitalizations * System-wide cost reductions *
Improved minority health equity and access

Healthy patients

equals

Healthy budget

Diabetes Management

Transition from fingersticks to CGM technologies for improved patient outcomes requires investment.



Investment:

\$300,000 GF
(\$1.2 million TF)

Incremental per patient cost of \$8 GF/\$30 TF to cover 40,000 enrollees

Reduced Intervention

Decreased clinical and emergency treatment for diabetes and correlated disease management (i.e., heart disease, kidney failure, dialysis, etc.).



Cost reduction:

-\$30 million

Based on published research for 40,000 enrollees

Fewer Hospitalizations

Seventy percent (70%) fewer incidences of non-COVID hospitalization for unstable blood glucose and diabetes-induced diseases.



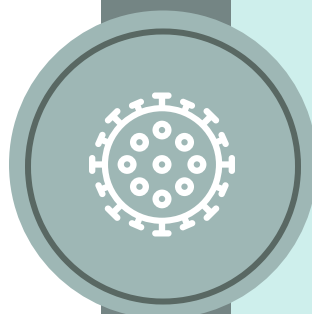
Cost reduction:

-\$25 million

Based on published research for 40,000 enrollees

COVID-19 & Prevention

Fewer complications, emergency care and hospitalization (30 percent attributable to uncontrolled diabetes). Also, lower infection risk due to remote monitoring capabilities.



Cost reduction:

-\$??

Potentially significant due to large Medi-Cal minority enrollment, combined with higher diabetes prevalence