

UCLA study: One in three California hospital patients has diabetes, leading to \$1.6 billion in extra medical costs

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About a third of California hospital patients have diabetes, with only a slightly smaller rate in Shasta County, a UCLA study has found, leading to an estimated \$1.6 billion in extra healthcare costs statewide.

The study released Thursday from the UCLA Center for Health Policy Research found that, of hospitalized adults 35 and older, 31 percent statewide had diabetes, while 26.1 percent of hospital patients in Shasta County had diabetes. While the patients may not have been admitted because of their diabetes, the findings are still troubling because the disease often complicates the recovery process for whatever ailment may be getting treated, adding to the extra healthcare costs regardless of the reason for hospitalization, said study co-author and UCLA senior research scientist Susan Babey.

“Even if you end up in the hospital for a car accident, having diabetes can make your recovery more complicated,” Babey said.

The state total for the estimated added costs from diabetes patients is \$1.6 billion, while in Shasta County, treating those patients is estimated to add another \$9.83 million to the county’s healthcare tab.

“It’s likely that it’s because treating a patient with diabetes, regardless of why they came into the hospital, can be more complicated,” Babey said.

The study found that, on average, hospital stays cost \$2,200 more for patients with diabetes than those without the disease.

The results brought study authors and independent health officials alike to urge people to adopt lifestyle changes that prevent diabetes, since 95 percent of cases are estimated to be preventable with a low-sugar, more physically active daily life.

“What we’re hoping is that communities and policy makers will see these results as incentive to work on prevention of Type 2 Diabetes,” Babey said.

But Beverly Thomassian, an associate clinical professor at UCSF and president and CEO of Diabetes Education Services, said that’s been a hard fight to win so far.

Thomassian said a diabetes prevention program for people who show signs of pre-diabetes has been proven to divert 58 percent of participants from developing full-blown diabetes, but the government only funds treatment for existing cases, not prevention efforts.

“We can’t get the legislators to sign onto it, unfortunately,” she said. “We’re waiting so long, people get sick.”

Besides the health implications for would-be diabetes patients, Thomassian said prevention also is badly needed because 30 percent of Medicare dollars go to the treatment of diabetes complications.

“It’s shocking, and so there’s a huge campaign from the Diabetes Coalition (of California) to say, ‘Let’s focus on prevention,’” she said of the coalition whose board she sits on.

What’s more troubling, Thomassian said, is that the Centers for Disease Control and Prevention estimates one in three people will have diabetes by 2050.

“And that’s a conservative estimate,” she said. “So it’s an epidemic that really needs to be noticed.”

To see the full study, go to publichealthadvocacy.org/diabeteshospitalization.html.

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