

Veterans with type 2 diabetes improve blood sugar control using telehealth

March 17 2018

A telehealth program for diabetes self-management not only shortens the wait to talk to a physician specialist versus an in-person visit but also results in patients with type 2 diabetes having comparable improvements in blood glucose (sugar) control to patients receiving traditional care, a study conducted in veterans finds. Results of the late-breaking abstract will be presented Saturday at ENDO 2018, the Endocrine Society's 100th annual meeting in Chicago, Ill.

The "telediabetes" program at the Veterans Affairs (VA) Pittsburgh Healthcare System, where the study took place, merges an electronic consultation, or e-consult, from an endocrinologist specializing in diabetes with ongoing telephone-based care, said Archana Bandi, M.D., the study's senior investigator and the clinical director of Telehealth Services for VA Pittsburgh Healthcare System. Unlike a typical e-consult meant to be a one-time recommendation, this program provides team-based care with follow-up, she noted.

"Without incurring any travel, our electronic consultation program provides equally efficacious diabetes care with significantly expedited access," Bandi said. "This type of e-consult is a viable alternative to traditional face-to-face care delivery, especially in remote areas with a shortage of endocrinologists."

For the e-consult, Bandi said an endocrine provider reviews the patient's medical record and conducts a 20- to 30-minute phone interview with the patient and family, before electronically sending the referring

physician recommendations to share with the patient on lowering his or her blood sugar levels. A nurse on the diabetes care team monitors the patient's progress via phone calls over the next three to six months. The primary care provider obtains all needed laboratory tests and makes recommended changes in therapeutic regimen. Patients are also offered ancillary services such as nutrition counselling and diabetes education services close to home.

In this study, Bandi and her research team compared results for 442 [patients](#) who participated in the e-consult program and another 407 patients who had a traditional face-to-face visit and follow-up care. All patients were veterans with type 2 diabetes who were referred from remote VA facilities between 2010 and 2015 for a consultation about improving their blood sugar control.

Veterans in the e-consult group, compared with the face-to-face group, were several years younger on average (64 versus 68 years), slightly more likely to be male (98 versus 95 percent) and more often lived in a rural area (16 versus 4 percent), the investigators found. At the initial consult, both groups reportedly had a hemoglobin A1c—a measure of average [blood glucose](#) level over the past few months—of 10 percent.

The time to obtain a face-to-face consultation took 37 days, compared with only 10 days for an e-consult, according to the study abstract. Within three to six months of the consultation, patients in both groups significantly improved their A1c, which was just under 9 percent for the e-consult group and 8.75 percent for the face-to-face group. One year after the consult, A1c improved further in each group, to 8.8 percent in the e-consult group and 8.6 percent in the face-to-face group. In the e-consult group, the decline in A1c differed by the level of the veterans' engagement in self-care of their diabetes, with the patients who fully engaged in adhering to the recommended treatment having the lowest A1c at one year (8.6 percent), Bandi said.

"Given the obesity and diabetes epidemic along with the current shortage of endocrinologists in the U.S., the care delivery for patients with [diabetes](#) needs a complete change in its paradigm," she said. "An example is our innovative model of care delivery that brings quality care to the patient's doorstep in an expedient fashion."

Provided by The Endocrine Society

Citation: Veterans with type 2 diabetes improve blood sugar control using telehealth (2018, March 17) retrieved 26 April 2024 from <https://medicalxpress.com/news/2018-03-veterans-diabetes-blood-sugar-telehealth.html>

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