

The diabetes pandemic and the promise of connected care

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Digital diabetes management systems ("connected diabetes care") have the potential to become part of a new diabetes care model, augmenting the traditional practice of diabetes care by providing continuous and on-

demand assistance that aligns with the 24/7 demands of diabetes as a chronic disease. While using modern technology, these connected systems can be seen as an extension of the team-based approach to diabetes care that was begun more than 100 years ago by Dr. Elliott P. Joslin. However, the actual awareness of these connected systems remains low.

That was the assessment of a study published today in *Diabetes Technology and Therapeutics*. The article, titled *Reviewing U.S. Connected Diabetes Care: The Newest Member of the Team*, offers the first comprehensive review of connected [diabetes](#) care products. The study was led by Robert A. Gabbay, MD, Ph.D., chief medical officer at Joslin Diabetes Center, and included Brian J. Levine and Kelly L. Close, founder of The diaTribe Foundation and president of Close Concerns.

"Despite the potential of these programs to improve the outcomes and well-being of people with diabetes and reduce the burdens on [healthcare providers](#) and systems, awareness and use of these programs and approaches remain low in the [medical community](#)," according to the researchers.

The team set out to compile usable information for [healthcare professionals](#), patients, and payers to navigate connected diabetes care, by evaluating the various products available today to employers, [health plans](#), [health systems](#), and people with diabetes in the United States. In addition to a comprehensive overview of the product marketplace, the study looked in detail at offerings from twelve companies: Canary Health, Cecelia Health, Lark Health, Livongo Health, MySugr Bundle (Roche), Noom, Omada Health, Onduo, One Drop, Vida Health, Virta Health, and Welldoc (BlueStar; also powers LifeScan's OneTouch Reveal Plus).

Products were evaluated on the basis of meaningful distinctions that are

described in detail in the report. These included: (1) health conditions managed, (2) the level of peer support interactions, (3) whether prescribing providers were present on the care team, (4) the manner in which connected [medical devices](#) and/or continuous glucose monitors were provided to patients, (5) degree of treatment personalization, and (6) the availability of clinical and real-world evidence.

"Unsurprisingly, the study found that connected care is not a panacea; how connected care can work in tandem with the existing healthcare system as best as possible remains unclear."

For example, the health care community is cautioned to keep in mind that "these players' relationships with the traditional healthcare milieu will evolve overtime—arguably, the worst-case scenario from the rise of connected diabetes care would be for remote coaching to exist entirely outside of the person with diabetes' endocrinologist/primary care provider (PCP) relationship. Such a 'carve-out' model could actually exacerbate fragmentation in healthcare delivery, rather than remedying it."

However, the study found that existing technology and the research supporting connected diabetes care approaches are sufficient to support further exploration and deployment. Future research should (1) parse the benefits of the numerous components of a connected care intervention; (2) investigate head-to-head efficacy of these offerings for various populations, or strive for more transparency and unanimity in study design to allow for comparisons; and (3) study the degree to which connected care can augment the effects of existing medications and devices.

In the end, it is clear that, given the diabetes pandemic, the current treatment model cannot cope adequately with [diabetes care](#) or prevention, and technology will be an important piece of the puzzle

globally.

Provided by Joslin Diabetes Center

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