New Technologies Help Streamline Diabetes Self-Care

**BY JACOBE FREIDEN**

WASHINGTON — It’s tough being diabetic. Life is filled with lots of extra responsibilities: the finger sticks, the hemoglobin A1c testing, the foot and eye exams. So how can things be made easier for diabetic patients and their physicians?

One answer is technology, according to several speakers at a diabetes meeting sponsored by Avalere Health and Novo Nordisk. And Amod Iyer, president and COO of WellDoc Inc., a Baltimore-based software company, that often means the cell phone.

Cell phone use can help to overcome one of the biggest barriers to the adoption of new technology: cost, said Mr. Iyer, who is a type 2 diabetes patient. With this in mind, his company is marketing a program that diabetics can load into their phones and use as a “virtual care and coaching system.” The software has blood glucose target ranges, high and low alerts, and [information on] what to do for hypoglycemia, and it can be modified for patients with multiple comorbidities such as diabetes and heart failure, he said.

It also includes a learning library with information on diabetes self-care, and a mobile log book that users can access on a computer to see how well they’re meeting their targets. The cell phone even acts as a “nerve center” that communicates with the patient and whomever else he or she chooses, such as a physician, caregiver, or diabetes educator.

Physicians can choose and configure which interven- tion in whatever way suits them best, Mr. Iyer said. One doctor may say, “I don’t have a computer; send it to me in a fax the day before [the patient] comes in,” Mr. Iyer said.

“Someone with a tight diabetes regimen has said, ‘Hey, can I actually get the software on my phone? Because I just made this medication change for this brittle patient and I want to see how he is tracking.’”

Mr. Iyer’s company also is working with a glucose monitor firm on getting a wireless chip installed right on the meter. “Patients will pull their strips as they do normally, get the feedback on the meter, and get all their alerts and reminders right there on their phone,” he said.

Mr. Iyer explained. “The employee can call in and type in their blood pressure, last cholesterol-screening results, their symptoms, and their stress levels, and it gets rolled into a system that our nurse case managers are able to see. That airtime, the phone closest to the patient will inform the case manager to give the member a call,” she said.

The patient is informed about recognizing abnormal values, accessing care, and checking their medications. More than 1,000 people participating in a Telewatch, a telephone monitoring program, said Dr. Ines Vigil, associate medical director at Johns Hopkins HealthCare, a health plan that includes 47,000 university employees.

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A team approach to diabetes care can effectively help people cope with the vast array of complications that can arise from diabetes. People with diabetes can lower their risk for microvascular complications, such as eye disease and kidney disease; macrovascular complications, such as heart disease and stroke; and other diabetes complications, such as nerve damage, by... This in turn can lead to increased patient satisfaction with care, better quality of life, improved health outcomes, and ultimately, lower health care costs. The challenge is to broaden delivery of care by expanding the health care team to include several types of health care professionals. Improving the delivery of diabetes care through integration - Sharing experience and learning. Dec 2018. 13. U K Diabetes. Diabetes UK. Program to enhance diabetes education resources in primary care setting improves measures of care. June 2006. 13. Diabetes UK. The challenges of caring for diabetics in primary care are many, and may become worse if complications such as retinopathy, nephropathy, microvascular and cardiovascular disease begin to develop. At the Diabetes in Primary Care conference last month specialists from Secondary care lent their expertise to helping an audience of GPs and practice nurses understand some of the more intractable and complex problems. Read more. Article. Pharmacy, Education Outreach, Diabetes Education, Health Literacy. 1. Introduction. The Millennium Poll was a survey related to health, poverty, and economic growth. A goal of the National Action Plan to Improve Health Literacy is for children to graduate with health literacy skills developed from early childhood through higher education [4]. Health literacy education disseminated throughout the spectrum of a person’s education can help to cement a solid foundation of health-related knowledge as an adult [5]. The 2003 National Assessment of Adult Literacy (NAAL) recommends that policymakers, health care administrators, educators, and health care and public health professionals can take advantage of the many options at their disposal to create a society.