

Real World Evidence from a Telephonic Diabetes Patient Support Program.

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Background

Type 2 diabetes is a progressive condition requiring insulin initiation at some point to meet glycaemic targets. Insulin initiation is often delayed and complicated by poor adherence and persistence such that real-world benefits of insulin therapy fall short of those expected from clinical trial data. Improving real-world self management behaviours through a process of diabetes self-management education (DSME) and support (DSMS) is recommended by SEMDSA and EASD/ADA.

Methods

A retrospective review of a telephonic coaching DSME and DSMS patient support program (PSP) was carried out. Patients initiating on insulin or struggling on insulin are referred by their physician for enrollment onto a 6 month data-driven telephonic coaching program which includes dose optimization, supported by an EHR and software patient management platform. The service is delivered in the patient's first language where possible and covers all regions of the South Africa.

Results

Of 1805 patients who had at least the initial diabetes consultation, 1357 patients completed the 6 month program between Feb 2016 and Feb 2018. 923 patients had A_{1c} data available for analysis. Of these 240 patients had paired A_{1c} data from between three months prior to the program start date to one month after the program ended. In this cohort the starting A_{1c} was 10.6% (92.4 mmol/mol) which dropped to 9.0% (74.9 mmol/mol), a mean fall of 1.6%. The exit A_{1c} for patients including paired and unpaired data was 8.1% (65 mmol/mol). While on the program the percentage of readings in target blood glucose ranges improved, while those above the target range declined. The improvement in A_{1c} was not associated with an increase in hypoglycaemia.

Conclusions

Real-world data from the PSP confirms that patients benefit from DSME and DSMS, which can be effectively delivered via the Guidepost telemedicine program resulting in an A_{1c} reduction, good adherence and persistence to insulin therapy and high patient satisfaction.

Average HbA_{1c} by month for 1805 patients of the Guidepost program.
(Data collected from up to 6 months prior to starting Guidepost)

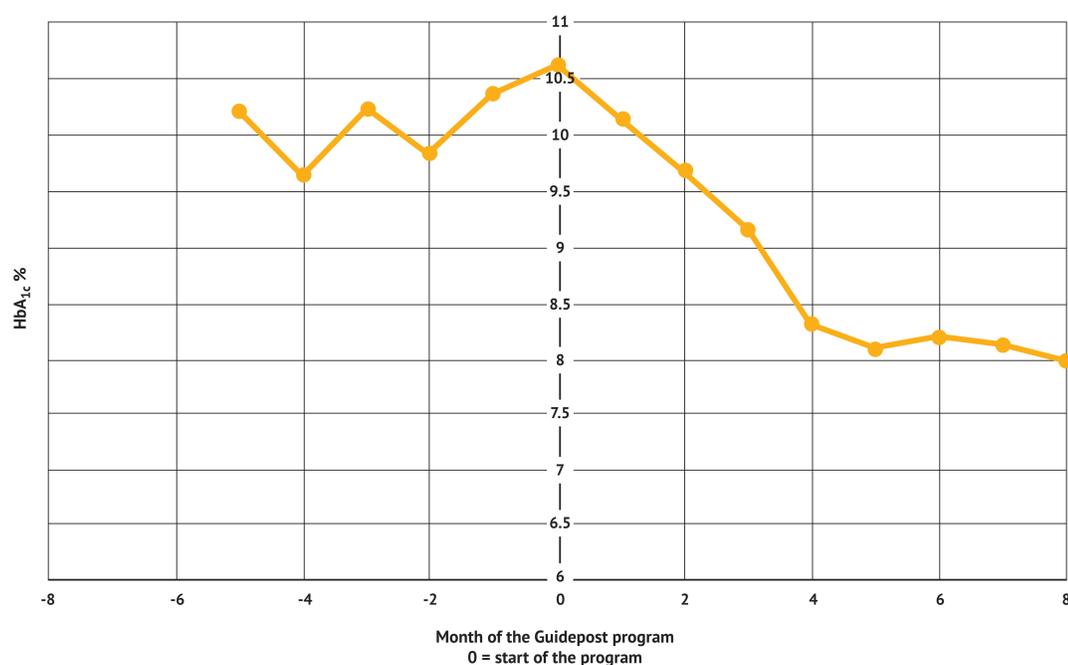


Figure 1. Average HbA_{1c} by month for 1805 patients of the Guidepost program.