

# Together 2 Goal<sup>®</sup>

AMGA Foundation  
National Diabetes Campaign

Monthly Campaign Webinar

*June 15, 2017*

# TODAY'S WEBINAR

- **Together 2 Goal® Updates**
  - Webinar Reminders
  - July 2017 Monthly Webinar
  - Save the Date! September 12-13
  - Goal Post June Newsletter Highlights
- **Integrating the Patient Voice into Diabetes Management**
  - Kelly Close, M.B.A.
  - Dominick Frosch, Ph.D.
- **Q&A**
  - Use Q&A or chat feature



# WEBINAR REMINDERS

- Webinar will be recorded today and available the week of June 19<sup>th</sup>
  - Together2Goal.org Website (Improve Patient Outcomes → Webinars)
  - Email distribution
- Participants are encouraged to ask questions using the “Chat” and “Q&A” functions on the right side of your screen



# JULY 2017 MONTHLY WEBINAR

- **Date/Time:** Thursday, July 20, 2-3pm Eastern
- **Topic:** Innovative Technology in Diabetes Care
- **Presenter:** Philip Oravetz, M.D.



# SAVE THE DATE!

## TOGETHER 2 GOAL<sup>®</sup> DIABETES SYMPOSIUM

**September 12-13**

**Indianapolis, IN**

- **Audience:** Together 2 Goal<sup>®</sup> Primary and Quality Contacts, Quality Department members, Chief Medical Officers, diabetes leaders, and others
- **In conjunction with:**
  - **AMGA Joint Council Meeting:** Quality Directors/Officers, Chief Medical Officers/Medical Directors, Chief Nursing Officers)
  - **AMGA Analytics for Improvement (A4i) Meeting**



in collaboration with:



**Register at** <http://indy.amga.org/>

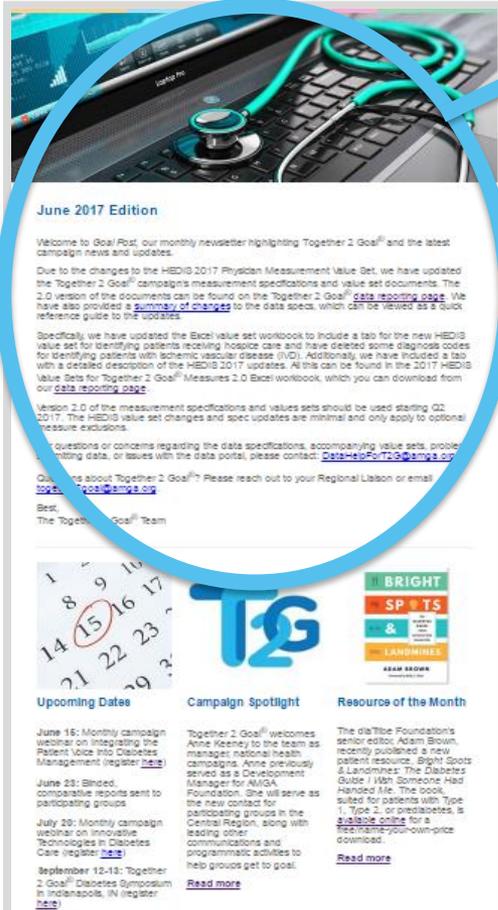
# TOGETHER 2 GOAL<sup>®</sup> DIABETES SYMPOSIUM SPEAKERS

- **Adopting a Treatment Algorithm**
  - Paris Roach, MD, Indiana University School of Medicine; Editor-in-Chief, *Diabetes Forecast*, American Diabetes Association
  - John Kennedy, MD, Geisinger Health System
- **Assessing and Addressing Risk of CVD**
  - R. James Dudl, MD, Kaiser Permanente; Member, American Diabetes Association Professional Practice Committee
  - Frank Colangelo, MD, FACP, Premier Medical Associates, PC
- **Integrating Emotional & Behavioral Support**
  - David G. Marrero, PhD, University of Arizona Health Sciences; Past President, Health Care & Education, American Diabetes Association
  - Deloris Berrien-Jones, MD, FACP, Henry Ford Health System

**Learn More & Register at <http://indy.amga.org/>**

# GOAL POST NEWSLETTER: JUNE HIGHLIGHTS

**TG GOAL POST**  
A monthly newsletter of the national Together 2 Goal® campaign.



## HEDIS 2017 Physician Measurement Value Set



For updated measurement specifications  
and value set documents, visit:  
[http://www.together2goal.org/Improve/data  
Reporting\\_improve.html](http://www.together2goal.org/Improve/data<br/>Reporting_improve.html)

# GOAL POST NEWSLETTER: JUNE UPCOMING DATES

**T2G GOAL POST**  
A monthly newsletter of the national Together 2 Goal® campaign.



## June 2017 Edition

Welcome to Goal Post, our monthly newsletter highlighting Together 2 Goal® and the latest campaign news and updates.

Due to the changes to the HEDIS 2017 Physician Measurement Value Set, we have updated the Together 2 Goal® campaign's measurement specifications and value set documents. The 2.0 version of the documents can be found on the Together 2 Goal® [data reporting page](#). We have also provided a [summary of changes](#) to the data specs, which can be viewed as a quick reference guide to the updates.

Specifically, we have updated the Excel value set workbook to include a table for the new HEDIS value set for identifying patients receiving hospice care and have deleted the diagnosis codes for identifying patients with ischemic vascular disease (IVD). Additionally, we have included a tab with a detailed description of the HEDIS 2017 updates. All this can be found in the 2017 HEDIS Value Sets for Together 2 Goal® Measures 2.0 Excel workbook, which you can download from our [data reporting page](#).

Version 2.0 of the measurement specifications and values sets will be used starting Q2 2017. The HEDIS value set changes and spec updates are optional and only apply to optional measure exclusions.

For questions or concerns regarding the data specifications, accompanying value sets, problems submitting data, or issues with the data portal, please reach out to [DataHelpForT2G@amga.org](mailto:DataHelpForT2G@amga.org).

Questions about Together 2 Goal®? Please reach out to your Regional Liaison or email [help@t2g.org](mailto:help@t2g.org).

Best,  
The Together 2 Goal® Team



## Upcoming Dates

June 16: Monthly campaign webinar on Integrating the Patient Voice into Diabetes Management ([register here](#))

June 23: Blinded, comparative reports sent to participating groups

July 20: Monthly campaign webinar on Innovative Technologies in Diabetes Care ([register here](#))

September 12-13: Together 2 Goal® Diabetes Symposium in Indianapolis, IN ([register here](#))

## Campaign Spotlight

Together 2 Goal® welcomes the Keeney to the team as manager, national health programs. Anne previously served as a Development Manager for AMGA. In addition, she will serve as a new contact for participating groups in the Central Region, along with leading other communications and programmatic activities to help groups get to goal.

[Read more](#)

## Resource of the Month

The diabetes Foundation's senior editor, Adam Brown, recently published a new patient resource, *Bright Spots & Landmines: The Diabetes Guide I Wish Someone Had Handed Me*. The book, suited for patients with Type 1, Type 2, or prediabetes, is [available online](#) for a free name-your-own-price download.

[Read more](#)

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# GOAL POST NEWSLETTER: JUNE CAMPAIGN SPOTLIGHT



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The Together 2 Goal<sup>®</sup> Team

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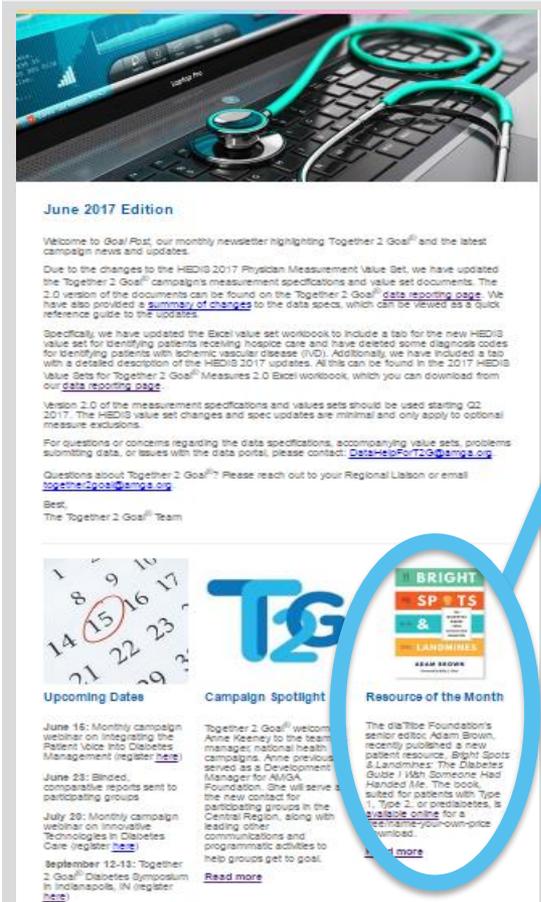
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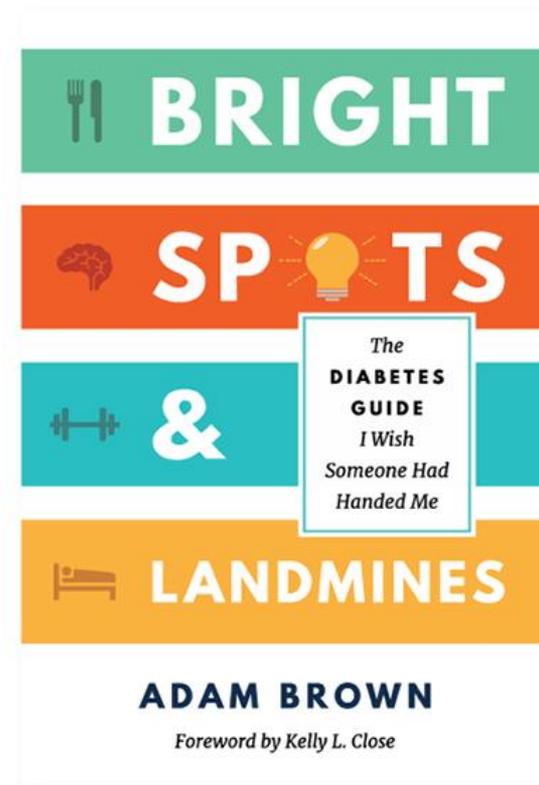
[Read more](#)



# GOAL POST NEWSLETTER: JUNE RESOURCE OF THE MONTH



## Resource of the Month



# TODAY'S SPEAKERS

**Kelly Close, M.B.A.**



President and Founder, Close Concerns  
Founder, The diaTribe Foundation

**Dominick Frosch, Ph.D.**



Senior Scientist, Palo Alto  
Medical Foundation Research  
Institute  
Chief Care Delivery Evaluation  
Officer, Palo Alto Medical  
Foundation



# **Integrating Patients' Voices in Direct Care and Organizational Improvement**

**Dominick L. Frosch, PhD**

Chief Care Delivery Evaluation Officer, Palo Alto Medical Foundation  
Senior Scientist, Palo Alto Medical Foundation Research Institute

[froschd@pamfri.org](mailto:froschd@pamfri.org)

# ANALYSIS

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## SPOTLIGHT: PATIENT CENTRED CARE

# The patient is the most important member of the team

Twenty five years after he had type 1 diabetes diagnosed, **Dominick Frosch** finds health professionals still fail to treat him as an equal in managing his disease

Dominick L Frosch *fellow and associate professor*

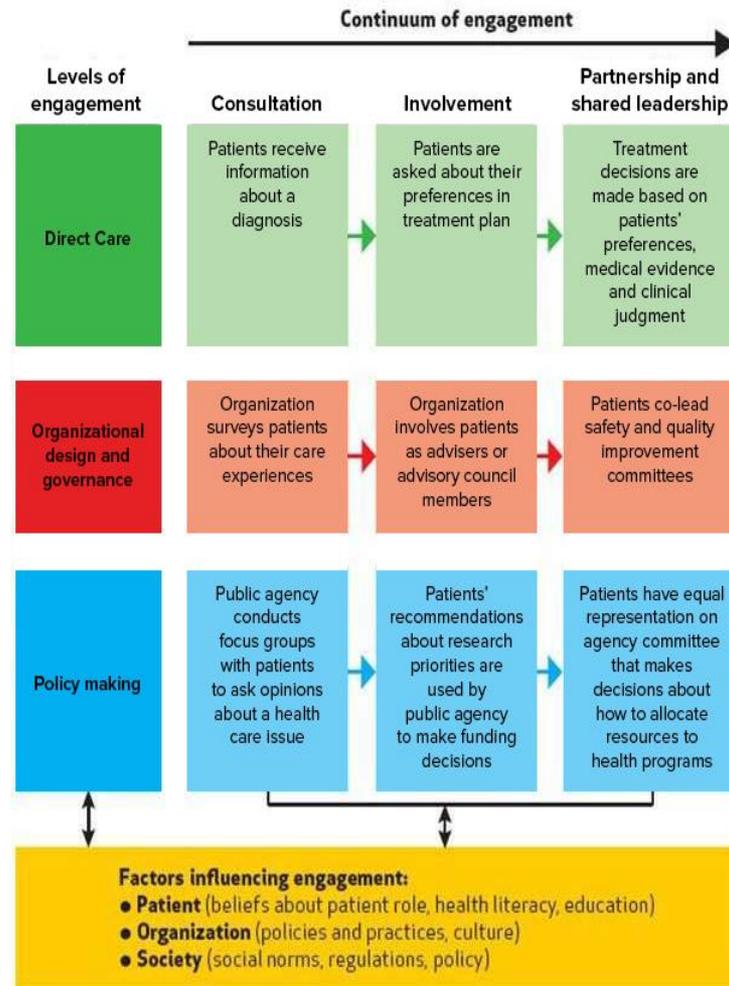
<sup>1</sup>Gordon and Betty Moore Foundation, Page Mill Road, Palo Alto, CA 94304, USA; <sup>2</sup>Department of Medicine, University of California, Los Angeles, USA

In January 1988, just before I turned 17, I was told I had type 1 diabetes. I had to learn to live with and take responsibility for monitoring and managing a chronic disease 24/7, 365 days of the year to prevent complications.<sup>1 2</sup> There is no day off.

anxious time, as I fear the detection of the first signs of diabetic retinopathy.

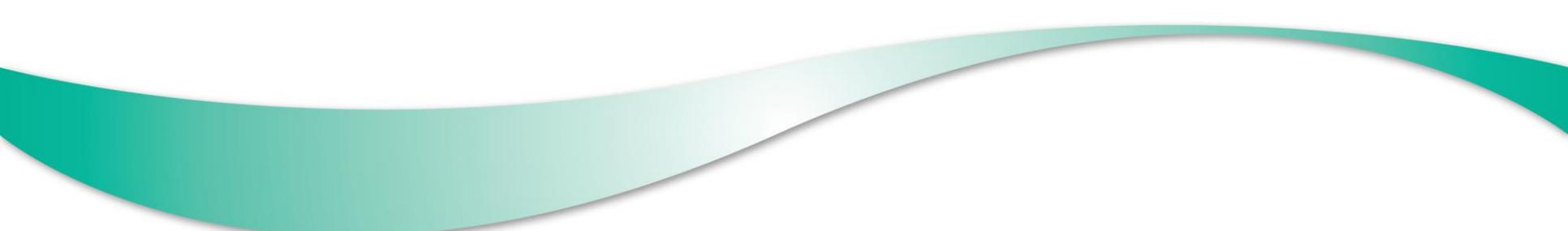
Three years ago, I saw a new ophthalmologist. After a technician had done the initial examinations, I sat in the room waiting for

# Defining patient and family engagement



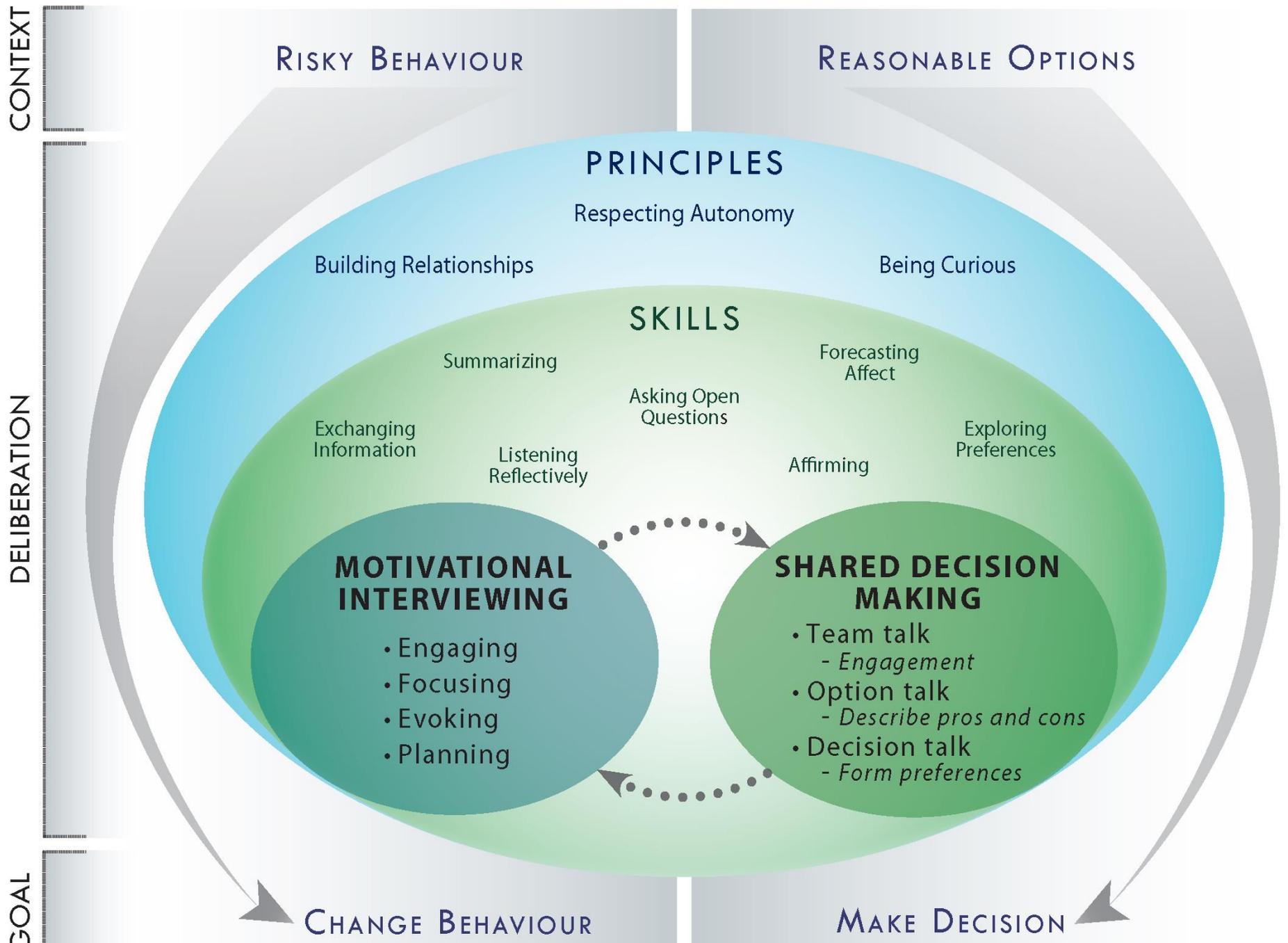
“Patient and family engagement [is defined] as patients, families, their representatives, and health professionals **working in active partnership at various levels across the health care system – direct care, organizational design and governance, and policy making – to improve health and health care.**”

**SOURCE** Kristin L. Carman, Pam Dardess, Maureen Maurer, Shoshanna Sofaer, Karen Adams, Christine Bechtel, and Jennifer Sweeney, “Patient and Family Engagement: A Framework for Understanding the Elements and Developing Interventions and Policies,” *Health Affairs* 32, no. 2 (2013): 223-31. **NOTE** Movement to the right on the continuum of engagement denotes increasing patient participation and collaboration.



“When I hear my colleagues talk, it’s the same sort of thing—I’m being punished for things I can’t control. Patient behavior. You can’t make people come in. You can’t make them eat healthy, stop smoking, take their medication. But you can be punished as a physician if your numbers don’t look good. I think that has had a very negative impact on how people view what they do on a day-to-day basis.”

Hibbard, Greene, Sacks & Overton, 2015



**Table 2. Behavior Change Strategies Reported by Top- and Bottom-Performing Clinicians**

| Strategy  | Clinicians Reporting Strategy, No. |                                       |
|---|------------------------------------|---------------------------------------|
|   | Top-Performing Clinicians (n = 10) | Bottom-Performing Clinicians (n = 10) |
| Used mainly by top-performing group             |                                    |                                       |
| Emphasizing patient ownership                   | 8                                  | 3                                     |
| Partnering with patients                        | 9                                  | 3                                     |
| Identifying small steps                         | 10                                 | 3                                     |
| Scheduling frequent follow-up visits            | 7                                  | 3                                     |
| Showing caring                                  | 5                                  | 1                                     |
| Used by both groups                             |                                    |                                       |
| Reliance on team supports                       | 10                                 | 7                                     |
| Used mainly by bottom-performing group          |                                    |                                       |
| Describing consequences of bad health behaviors | 2                                  | 8                                     |

Greene, Hibbard, Alvarez & Overton, 2016



A common sentiment about  
Shared Decision Making:  
“We already do that all the time”

# Reality Check

AT THE INTERSECTION OF HEALTH, HEALTH CARE, AND POLICY

## Health Affairs

SHARED DECISION MAKING

By Dominick L. Frosch, Suepattra G. May, Katharine A.S. Rendle, Caroline Tietbohl, and Glyn Elwyn

DOI: 10.1377/hlthaff.2011.0576  
HEALTH AFFAIRS 31,  
NO. 5 (2012): 1030-1038  
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The People-to-People Health  
Foundation, Inc.

### Authoritarian Physicians And Patients' Fear Of Being Labeled 'Difficult' Among Key Obstacles To Shared Decision Making

Forbes

Real Time  
+5 posts this hour

Most Popular  
Celebrity 100 Homes

Lists  
The World's Billionaires

V

70

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Gergana Koleva, Contributor

I write about the intersection of consumer fraud, bioethics and health

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Tweet

PHARMA & HEALTHCARE | 5/29/2012 @ 5:44PM | 1,096 views

### Authoritarian Doctors, Timid Patients, and a Health Care Gridlock

2

+1

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VOICES  
Life, Interrupted:  
Keeping Cancer at  
Bay

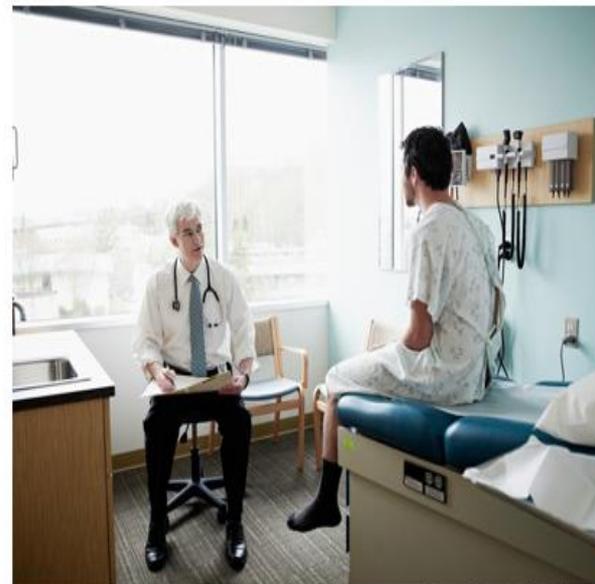


DOCTOR AND  
PATIENT  
Afraid to Speak Up  
at the Doctor's  
Office

Search Well

### Afraid to Speak Up at the Doctor's Office

DOCTOR AND PATIENT | By PAULINE W. CHEN, M.D. | May 31, 2012, 12:01 AM | 178 Comments



Thomas Barwick/Getty Images

- FACEBOOK
- TWITTER
- LINKEDIN
- SHARE
- E-MAIL

A friend of mine, a brilliant and accomplished academic in her 70s who once specialized in history and literature, recently phoned to ask for medical advice after being discharged from the hospital for what sounded like a mini-stroke. Ever eager to learn something new, she pressed me on "the latest research" and asked what doctors around the country were

# Conforming to Socially Sanctioned Roles

“If I were to do that I would think...is the guy going to be pissed at me for not doing what he wanted? ...is it going to come out in some other way that’s going to lower the quality of my treatment? ...will he do what I want but....resent it and therefore not be quite as good...or in some way...detrimental to my quality of care.”

(Male, Age 64)

Frosch, May, Rendle, Tietbohl & Elwyn, 2012; [Health Affairs](#)

By Ming Tai-Seale, Glyn Elwyn, Caroline J. Wilson, Cheryl Stults, Ellis C. Dillon, Martina Li, Judith Chuang, Amy Meehan, and Dominick L. Frosch

# Enhancing Shared Decision Making Through Carefully Designed Interventions That Target Patient And Provider Behavior

**ABSTRACT** Patient-provider communication and shared decision making are essential for primary care delivery and are vital contributors to patient experience and health outcomes. To alleviate communication shortfalls, we designed a novel, multidimensional intervention aimed at nudging both patients and primary care providers to communicate more openly. The intervention was tested against an existing intervention, which focused mainly on changing patients' behaviors, in four primary care clinics involving 26 primary care providers and 300 patients. Study results suggest that compared to usual care, both the novel and existing interventions were associated with better patient reports of how well primary care providers engaged them in shared decision making. Future research should build on the work in this pilot to rigorously examine the comparative effectiveness and scalability of these interventions to improve shared decision making at the point of care.

DOI: 10.1377/hlthaff.2015.1398  
HEALTH AFFAIRS 35,  
NO. 4 (2016): 605–612  
©2016 Project HOPE—  
The People-to-People Health  
Foundation, Inc.

**Ming Tai-Seale** (tai-sealem@pamfri.org) is a senior scientist in health policy research at the Palo Alto Medical Foundation Research Institute, in Mountain View, California.

**Glyn Elwyn** is a professor at the Dartmouth Center for Health Care Delivery Science, in Hanover, New Hampshire.

**Caroline J. Wilson** is a consulting quantitative research analyst at the Palo Alto Medical Foundation Research Institute.

**Cheryl Stults** is a research sociologist at the Palo Alto Medical Foundation Research Institute.

# What can a Health System do?



Thinking about the appointment you have just had ...

## 1. How much effort was made to help you understand your health issues?

0      1      2      3      4      5      6      7      8      9  
No effort at all      Every effort was made

## 2. How much effort was made to listen to the things that matter most to you about your health issues?

0      1      2      3      4      5      6      7      8      9  
No effort at all      Every effort was made

## 3. How much effort was made to include what matters most to you in choosing what to do next?

0      1      2      3      4      5      6      7      8      9  
No effort at all      Every effort was made

Elwyn et al. *Patient Education & Counseling*. 2013 Oct;93(1):102-7.

Barr et al. *J Med Internet Res*. 2014 Jan 3;16(1):e2.

# How does PAMF integrate the patient voice in organizational improvement?

- Patient Advisory Council established in 2009.
- Monthly meetings; advisors also serve on Quality Improvement Steering Committee.
- Advisors support wide variety of projects to help PAMF improve operations, research, training, and community outreach.



**Variation  
Reduction**

**Outcomes  
Information Program  
PROMs**



# A Roadmap for Patient + Family Engagement in Healthcare Practice and Research

Creating partnerships to change healthcare

---



<http://www.patientfamilyengagement.org>

# 8 change strategies



PATIENT AND  
FAMILY PREPARATION



CLINICIAN  
AND LEADERSHIP  
PREPARATION



CARE AND  
SYSTEM REDESIGN



ORGANIZATIONAL  
PARTNERSHIP



MEASUREMENT  
AND RESEARCH



TRANSPARENCY  
AND ACCOUNTABILITY



LEGISLATION  
AND REGULATION



PARTNERSHIP IN  
PUBLIC POLICY

# Preparing clinicians and healthcare leaders



Key



Direct Care



Organizational Level



Policy Level

## Tactics to Drive Action for This Change Strategy

- DC** Educate and train practicing clinicians about patient and family engagement
- Develop and deliver training programs that bring together different healthcare professionals—such as nurses, physicians, dentists, and pharmacists—to learn from each other in multidisciplinary settings.
  - Develop and deliver training on specific engagement-related issues based on patient and family priorities, including shared decision making, communicating difficult information, and demonstrating empathy and respect.
  - Provide opportunities for ongoing experiential learning, observation, and hands-on practice related to patient and family engagement.
  - Educate clinicians about community resources, such as social workers and community-based organizations, to facilitate partnerships outside of the care delivery system.

- OL** Prepare clinicians and staff to partner with patients and families at the healthcare organization and system level
- Develop and implement training programs to help clinicians and staff understand how patients and families can participate in and help improve organizational design and governance, including serving as faculty, participating in hiring decisions, serving as organizational transformation leaders, and working as patient and family advisors.
  - Develop and implement training programs that outline partnership expectations at the organizational level and that prepare clinicians and staff for partnering with patients and families in this capacity.

# Engaging Patients in Organizational Partnership



## Organizational Partnership

Key



Direct Care



Organizational Level



Policy Level

## Tactics to Drive Action for This Change Strategy

### OL Implement organizational structures that facilitate communication between leadership and patients and families

- Create clear lines of reporting and opportunities for direct contact between patient and family advisors and leadership.
- Dedicate staff and create departments to oversee work with patient and family advisors.

### OL Prepare patients and families to partner with healthcare organizations and systems through the implementation of support mechanisms

- Develop materials and consistent messaging to increase awareness of and explain opportunities for patients and families to participate in organizational design and governance, for example, serving as faculty, participating in hiring decisions, serving as organizational transformation leaders, and working as patient and family advisors.

- Develop recruitment and interview processes that enable the ongoing identification and selection of effective patient and family advisors.
- Develop and implement standardized training programs that explain roles, outline expectations, and prepare patients and families for partnering with healthcare organizations, including help understanding organizational structures, unfamiliar terms, quality improvement processes, and how to effectively share their stories and input.
- Implement processes to match patients and families with opportunities that are interesting to them and that make effective use of their skills.
- Develop mentorship programs for new patient and family advisors to assist advisors with orientation and problem solving.

# Engaging Patients in Organizational Partnership



## Organizational Partnership

Key



Direct Care



Organizational Level



Policy Level

## Tactics to Drive Action for This Change Strategy

**OL** Create organizational opportunities and roles for patients and families that permeate every aspect of the organization

- Establish patient and family advisory councils in hospitals, primary care settings, nursing homes, and other healthcare organizations.
- Include patients and families as members of organizational quality and safety committees, including root cause analysis teams and quality improvement teams.
- Work with patient and family advisors to improve organizational administration and efficiency, for example, billing and workflow issues.
- Partner with patients and families on hiring and staffing issues, for example, by having them interview candidates for leadership positions and participate in other hiring decisions and performance evaluations.
- Partner with patients and families to determine organizational research priorities and design organizational research projects.
- Include patients and families as full members of the organization's board.

**OL** Prepare clinicians, staff, and healthcare leaders to partner with patients and families at the organization and system level

- Develop and implement training programs to help clinicians, staff, and healthcare leaders understand ways in which patients and families can participate in organizational design and governance, for example, serving as faculty, participating in hiring decisions, serving as organizational transformation leaders, and working as patient and family advisors.
- Develop and implement training programs that prepare clinicians, staff, and healthcare leaders for partnering with patients and families and that outline partnership expectations.

# 5 Simple Actions You Can Do Today

Simple Actions

PATIENTS

CLINICIANS

ORGANIZATIONS

LEADERS

INSURERS

EMPLOYERS

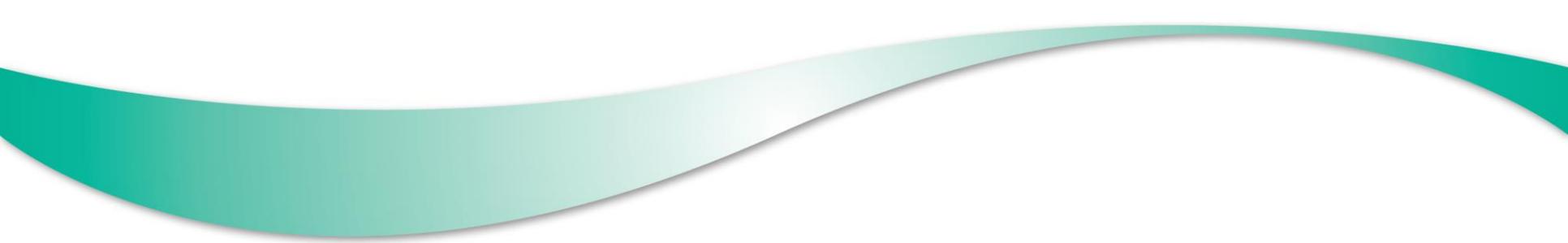
RESEARCHERS

## What Can Provider or Delivery Organizations Do?

- 1. Give patients real-time access to their medical records** so they can be informed and engaged in their care and partners in helping to catch and prevent potential mistakes.
- 2. Establish family presence policies** that welcome family members to be with patients at all times. Encourage families to attend appointments and be part of the healthcare team. Identify and address any barriers to family presence, such as making space for families in exam or hospital rooms.
- 3. Get patient and family input.** Invite patients and families to provide input and feedback about how you can improve the care you deliver to patients. If you've never worked with advisors before, start by asking for input on informational materials, help interpreting results of patient experience surveys, and input on policies and care processes. Create feedback loops to let patients and families who have provided input know how this input was used. Work toward co-creating materials, policies, and processes and partnering with patients and families on quality and safety committees.
- 4. Organize a staff education session or grand rounds on patient and family engagement.** Educate clinicians and staff about what engagement is, the benefits of patient and family partnership, and ways they can promote and support patient and family engagement. Invite patients and families to share their stories with staff during this session.
- 5. Make sure that patients and families know who to contact if they have questions or concerns about the quality or safety of care they have received.** Include the patient advocate's contact information on your organization's website. Provide patients with simple navigational tools, such as a chart of who is who in your practice or organization and who to call for different concerns.

What Can Healthcare Leaders and Policymakers Do?





**“There is no such thing as  
freedom of choice  
unless there is  
freedom to refuse”**

David Hume

1711-1776

# Improving outcomes: New Tools, Resources, Insights, + Patient Voices

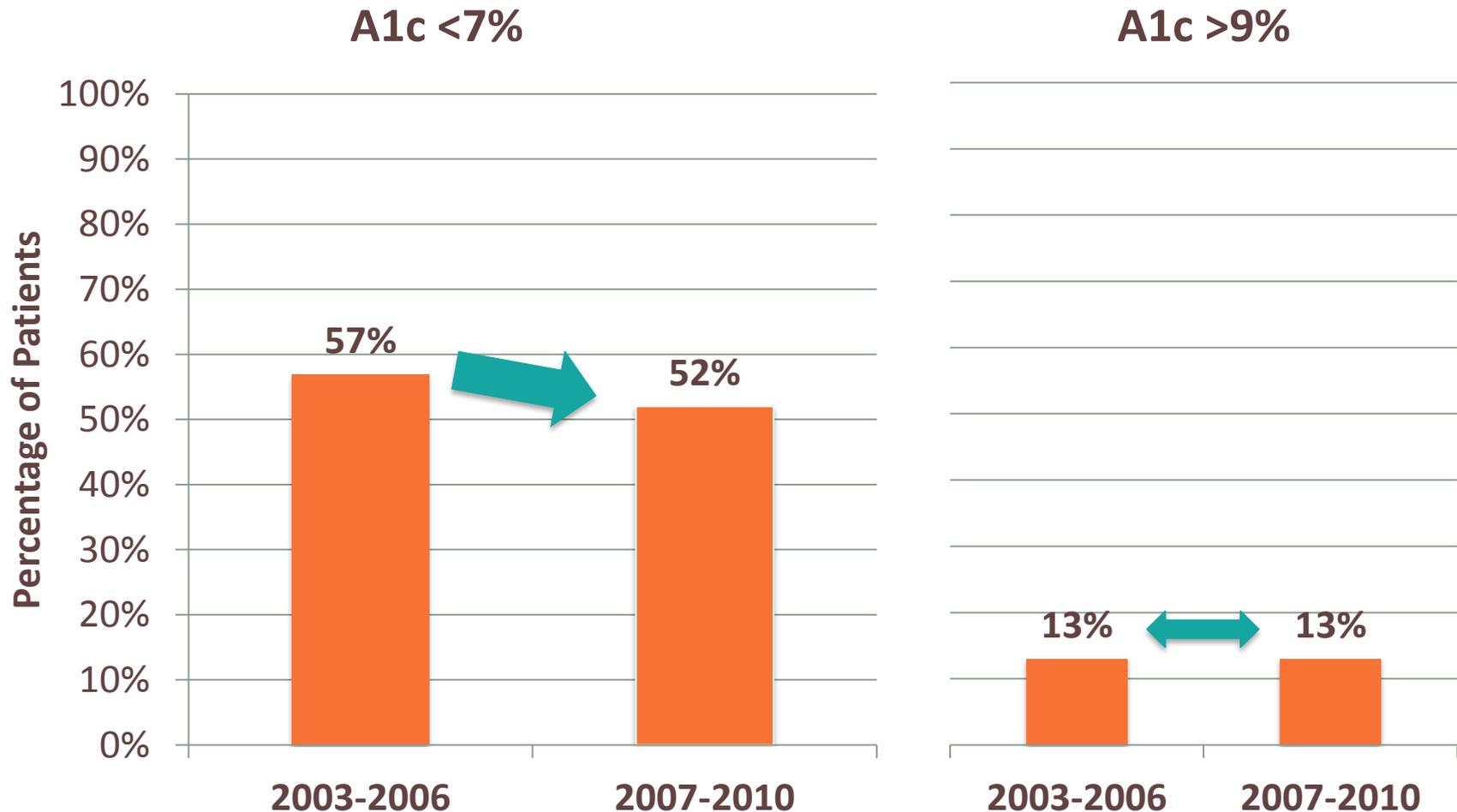
**Kelly L. Close**

Founder and Chair, The diaTribe Foundation  
President, Close Concerns

Together 2 Goal Webinar, June 15, 2017

diaTribe®

~50% of patients overall are at their A1c goal, and one in seven patients has *terrible* control.



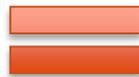
**“If I stand with one foot in a bucket of ice water and one foot in a bucket of boiling water, on average, I am comfortable.”**

# Severe hypoglycemia is a SERIOUS and costly problem in diabetes – and it doesn't have to be!

20,839 annual hypoglycemia hospitalizations in T1D in 2009



\$17,654 per hospitalization



~\$368 million  
annually in T1D

248,422 annual hypoglycemia hospitalizations in T2D in 2009



\$17,654 per hospitalization



~\$4.4 billion  
annually in T2D

# Heart Disease Prospects are Scary – Consider a Multi-factorial Way to Address

90M people in the US have prediabetes...

**...90% don't know it**

For every 1% increase in A1c...

**...CVD risk increases by 10%-30%**

For each decade with diabetes...

**...risk of death from coronary heart disease increases by 86%**

# The evolution on how we think about diabetes!

---

1

**New and refined outcomes. What do patients care about that will impact *their* outcomes?**

2

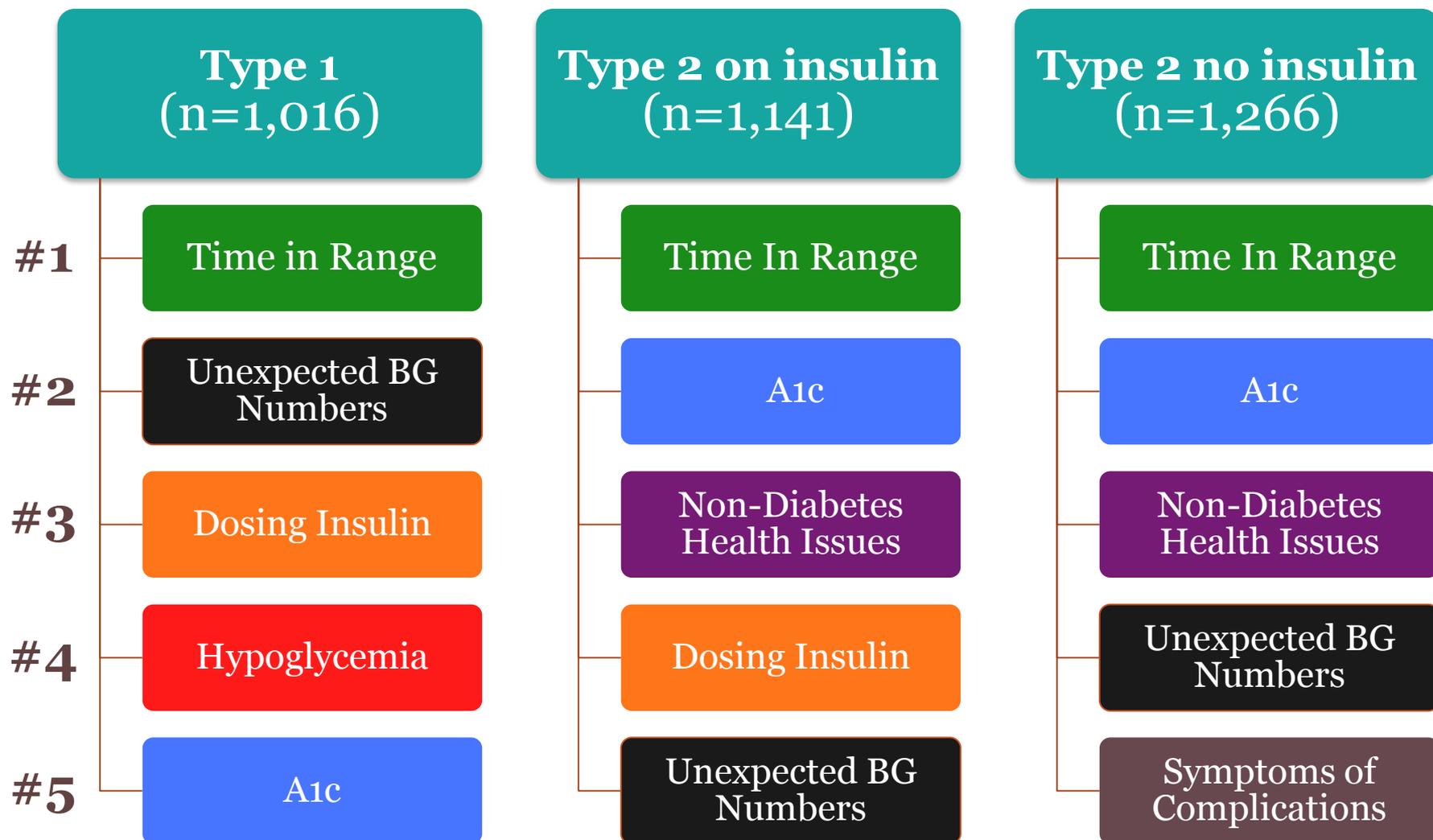
**Improved tools and care models: use technology to *reduce* the burden on patients and HCPs**

3

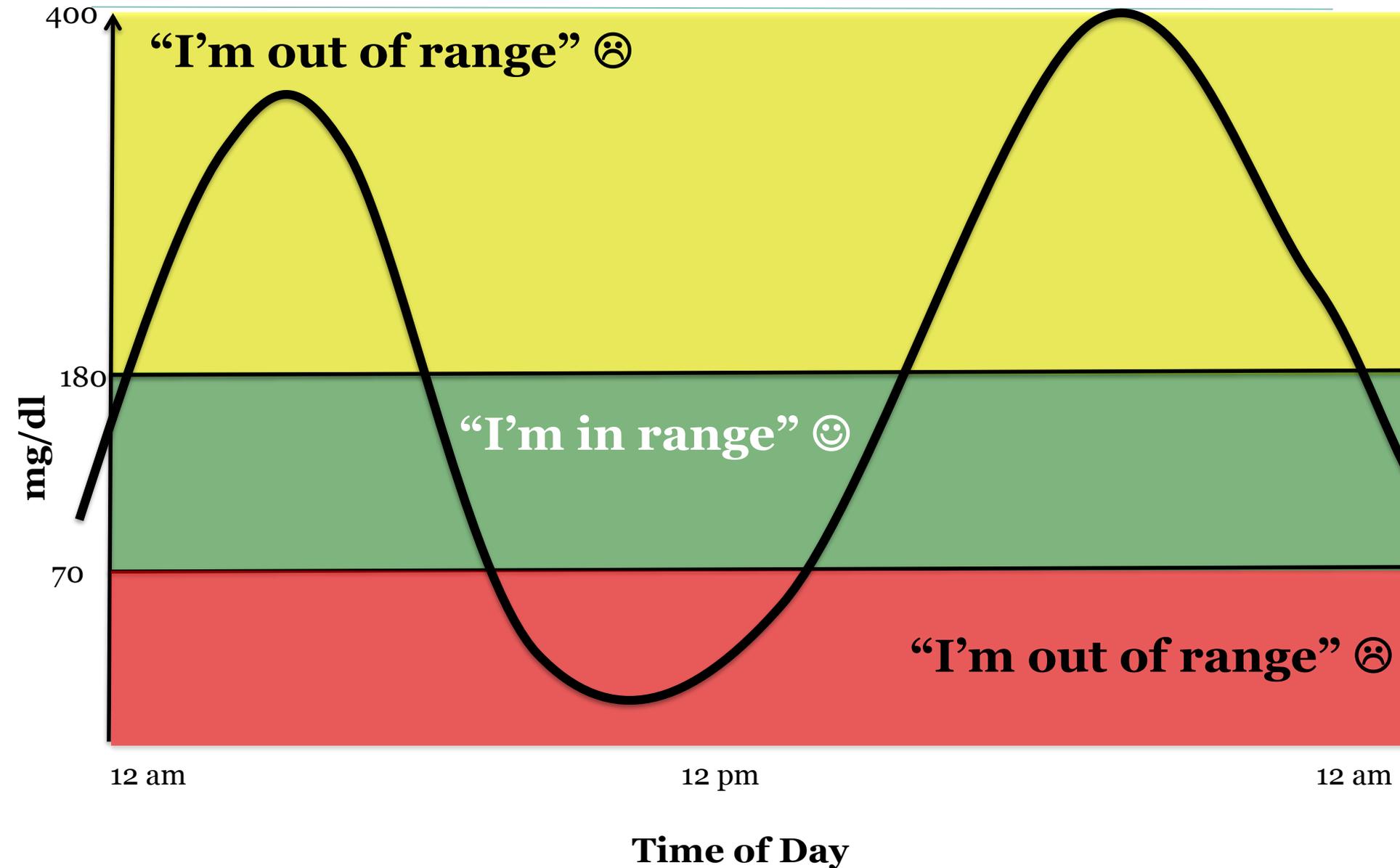
**New resources: based in the true patient experience, filled with useful tips, and low cost!**

diaTribe®

# “A Big Impact” on Daily Life, Rank Order: Many differences, but time-in-range is #1 for all



Time-in-range *defines* the traditional daily experience of living with diabetes. A physical & psychological battle between extremes



# The Many Faces of a 7% A1c – One Metric Cannot Tell the Full Story

| <b>Range</b>           | <b>Example 1</b> |
|------------------------|------------------|
| <b>Average Glucose</b> | 154 mg/dl        |
| < 70 mg/dl             | <b>8%</b>        |
| 70-180 mg/dl           | <b>63%</b>       |
| > 180 mg/dl            | <b>29%</b>       |
| <b>Approximate A1c</b> | <b>7.0%</b>      |

# The Many Faces of a 7% A1c – One Metric Cannot Tell the Full Story

| Range                  | Example 1   | Example 2   |
|------------------------|-------------|-------------|
| <b>Average Glucose</b> | 154 mg/dl   | 154 mg/dl   |
| < 70 mg/dl             | <b>8%</b>   | <b>24%</b>  |
| 70-180 mg/dl           | <b>63%</b>  | <b>18%</b>  |
| > 180 mg/dl            | <b>29%</b>  | <b>58%</b>  |
| <b>Approximate A1c</b> | <b>7.0%</b> | <b>7.0%</b> |

# The Many Faces of a 7% A1c – One Traditional Metric Cannot Tell the Full Story Anymore

| Range                  | Example 1   | Example 2   | Example 3   |
|------------------------|-------------|-------------|-------------|
| <b>Average Glucose</b> | 154 mg/dl   | 154 mg/dl   | 154 mg/dl   |
| < 70 mg/dl             | <b>8%</b>   | <b>24%</b>  | -           |
| 70-180 mg/dl           | <b>63%</b>  | <b>18%</b>  | <b>100%</b> |
| > 180 mg/dl            | <b>29%</b>  | <b>58%</b>  | -           |
| <b>Approximate A1c</b> | <b>7.0%</b> | <b>7.0%</b> | <b>7.0%</b> |

**Time in range, and thus ‘Quality of A1c,’ can be dramatically different! Now, this can be measured.**

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## **Stress, frustration, anxiety**

“Regardless if it's something I've eaten 100 times, my blood sugars a few hours later are unpredictable.....My A1C is 7.0, yet I can't for the life of me have a day where I'm in range all day.”

“I need a break from the constant checking, adjusting, checking, correcting, worrying...”

## **The ‘roller-coaster’ is a big burden**

“The day-to-day fluctuations in blood glucose and the time/energy required to manage the disease have a huge impact!”

“Seems like I spend all my time planning, preparing and taking shots and pills. Sometimes I am depressed by that. I just want to be normal.”

“I am getting tired. I hope that I don't give up one day, but who knows.”

# Toxic Food Environment (#ConferenceFoodFail)



# We need a new paradigm in diabetes!

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1

New and refined outcomes! What do patients care about that affects *their* outcomes? What affects daily life?

2

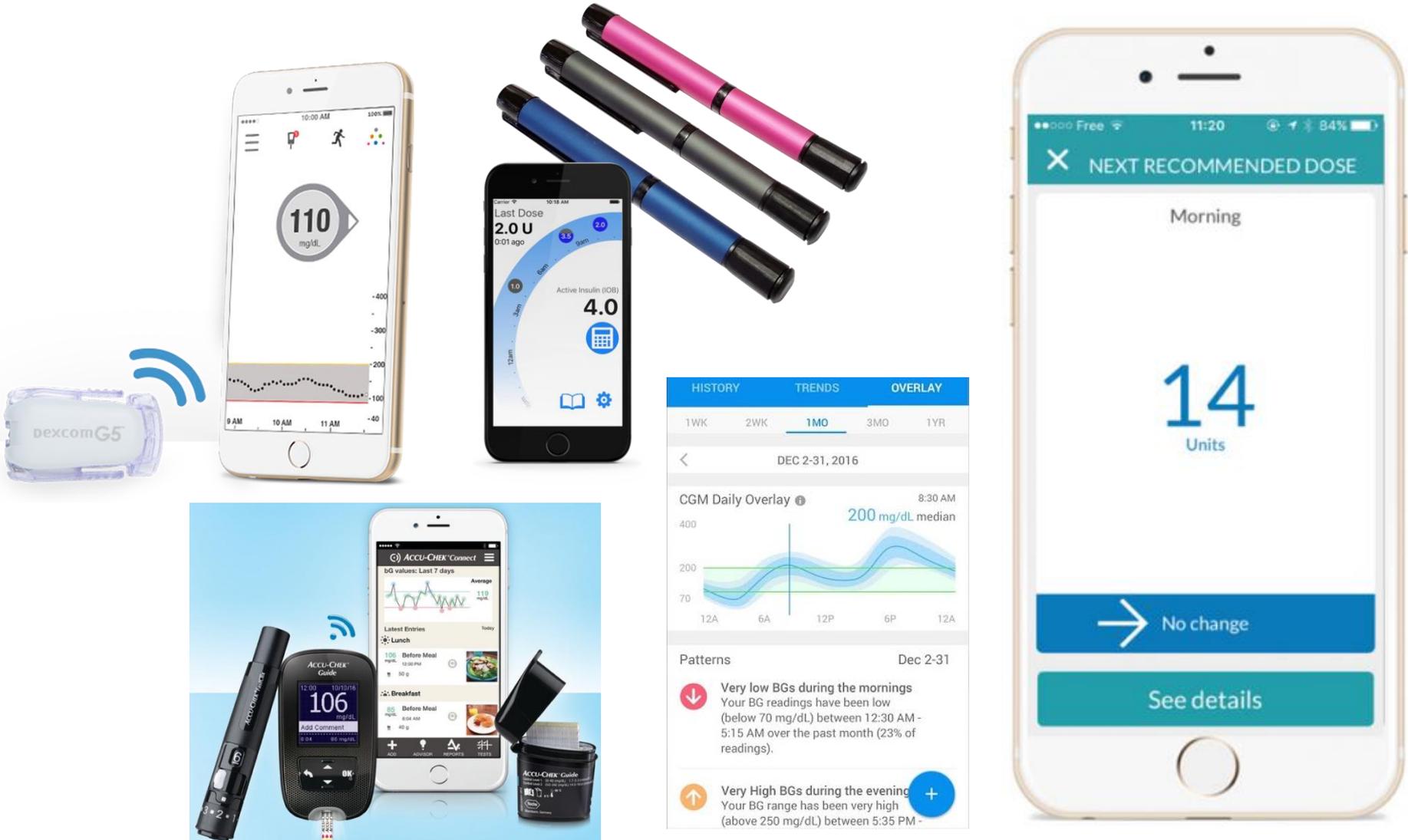
**Improved tools + care models: use technology to *reduce* the burden on patients and HCPs**

3

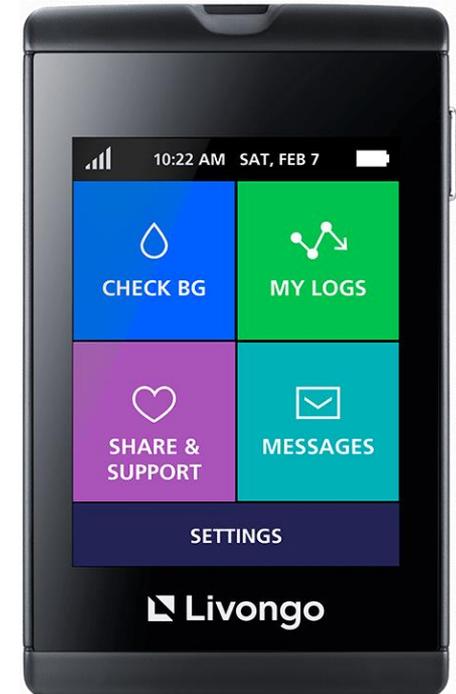
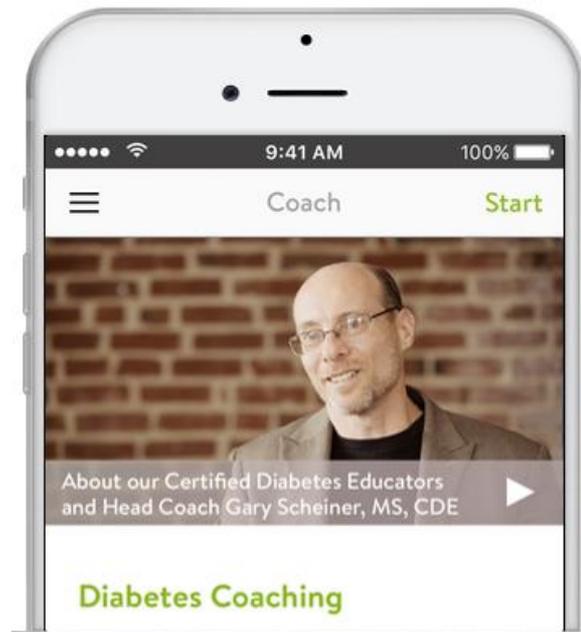
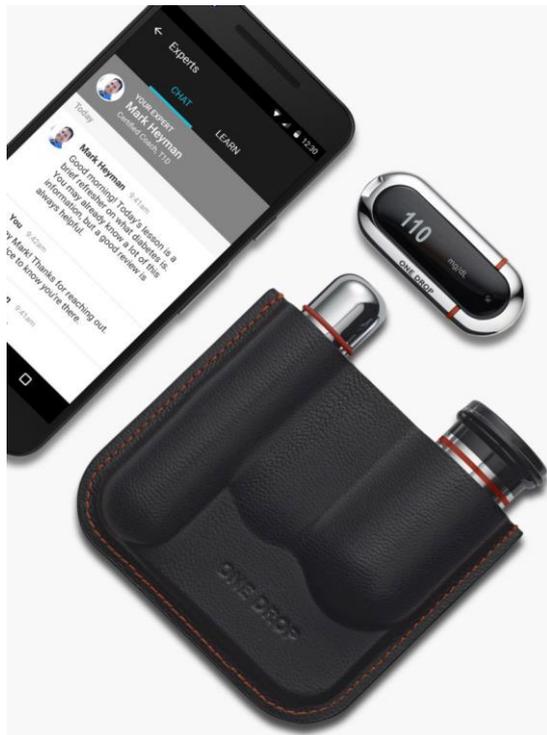
New resources: based in the true patient experience, filled with useful tips, and low cost!

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# Increasingly, data will be *passively* collected & streamed to the cloud, driving novel remote care models

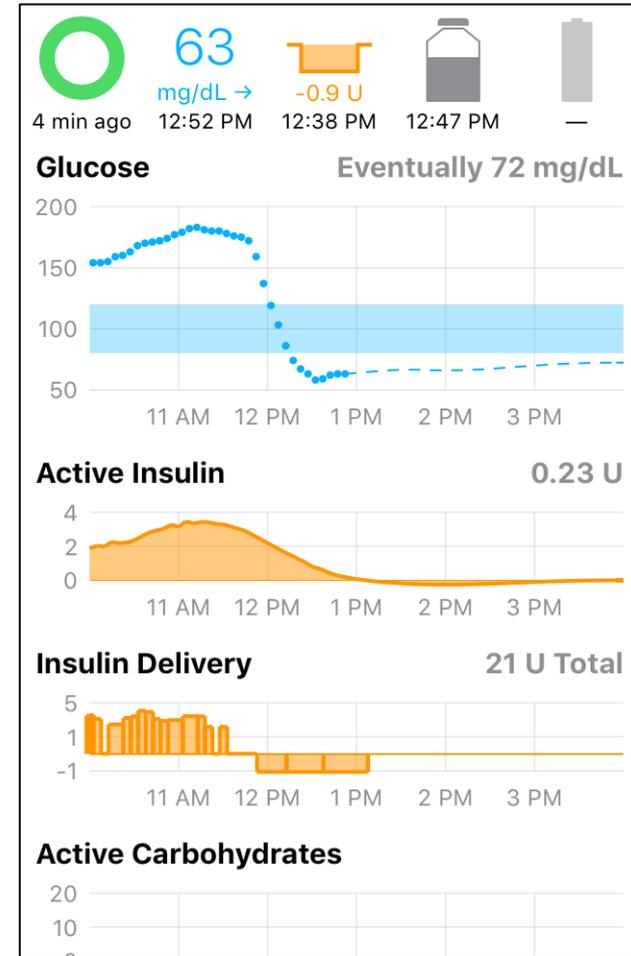
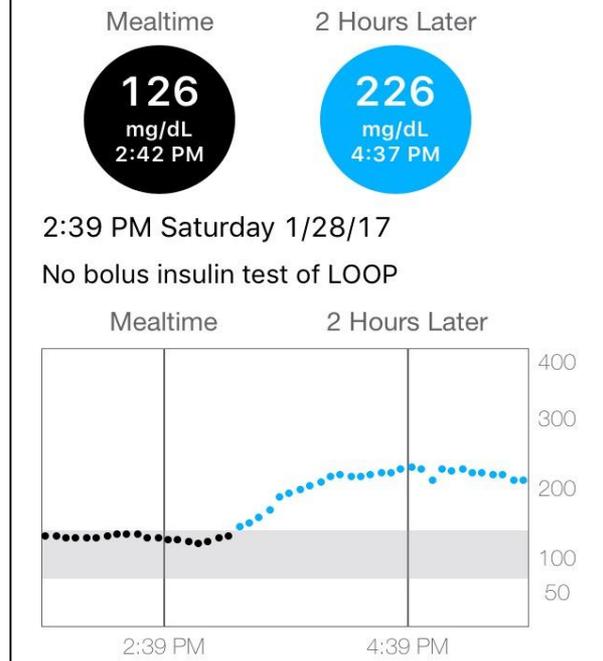
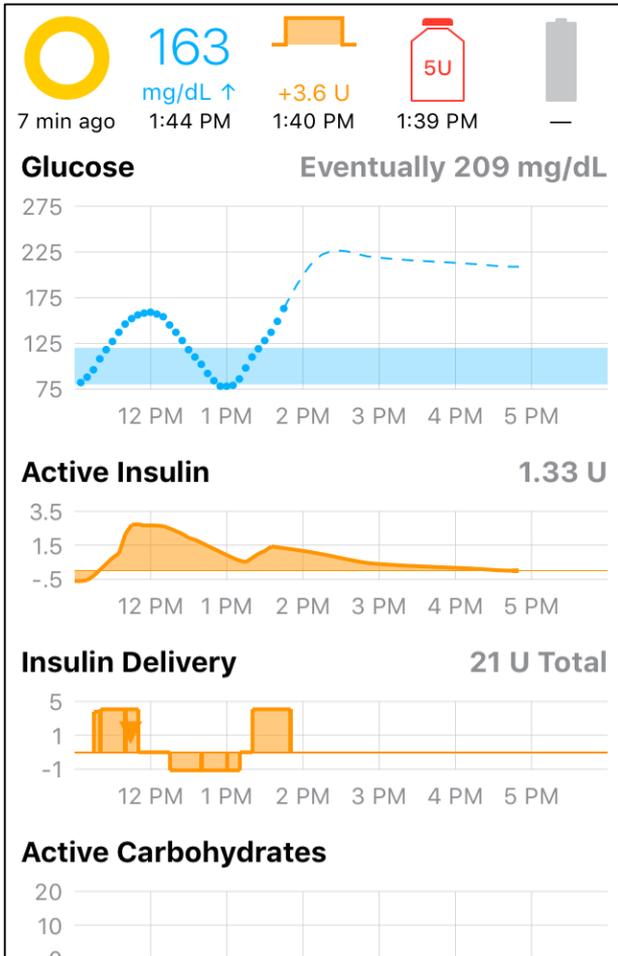


# Increasingly, diabetes data will be *passively* collected & streamed to the cloud, driving novel remote care models



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# Using data to change patient behavior in real-time + personalize: “what works for ME” vs. “what works on average?”



# We need a new paradigm in diabetes!

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1

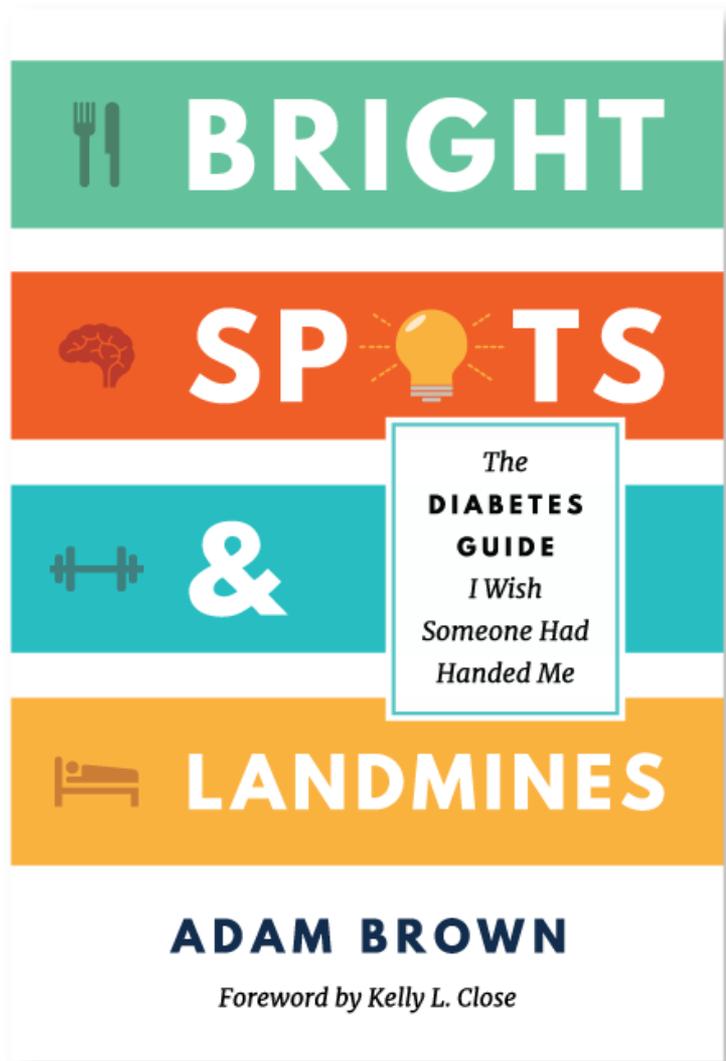
New and refined outcomes! What do patients care about that affects *their* outcomes? What affects daily life?

2

Improved tools+care models: use technology to *reduce* the burden on patients and HCPs

3

**New resources: based in the true patient experience, filled with useful tips, and low cost!**



## Adam Brown's Bright Spots and And Landmines - [diaTribe.org/BrightSpots](http://diaTribe.org/BrightSpots)

“When I picked up this book, my A1c was 9.3%. After just a month, I’m down to 8.3% and still falling!”

– Steve Mallison, 24 years living with T2D

“Our son dropped his A1c from 11.1% to 4.9% in three months!”

– Sarita Lisa, mother of Aden (diagnosed w/T1D 2016)

### **Bright Spots & Landmines: The Diabetes Guide I Wish Someone Had Handed Me** Paperback – May 9, 2017

by [Adam Brown](#) (Author), [Kelly L. Close](#) (Foreword)

★★★★★ 61 customer reviews

▶ [See all 3 formats and editions](#)

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# diaTribe<sup>®</sup> Making Sense of Diabetes

BEYOND TYPE 1



A banner for "CGM IN THE CLOUD" with a background of a blue sky and clouds. The text "CGM" is large and bold, with "IN THE CLOUD" below it. To the right, it says "Open Source Open Data Open Hearts". Below the banner is a Facebook-style interface with a "Write Post" box, "Add Photo/Video", "Add File", and "More" options. On the right, there is an "ADD MEMBERS" section with a search bar and a "MEMBERS" list showing 23,538 members (65 new).

A video player interface showing a woman speaking. The video title is "Journeys with Diabetes: Starting Insulin + Afraid of Shots" by "Diabetes-- What To Know". The video duration is 0:52. The video has 43 views and was posted 1 day ago.

A screenshot of a tweet from DiabetesSocMedAdvoca (@DiabetesSocMed) posted 39 minutes ago. The tweet text is: "Do you love to talk about #diabetes? join us today at 9PM eastern for #DSMA when we talk about our diabetes flag and how we let it fly." The tweet has 1 retweet and 2 likes.

# Closing Thoughts

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- Talk to people with diabetes and ask them what they need. What's going well and what could improve?
- Embrace technology and catch up with it or even stay ahead of it. Connected devices + algorithms can dramatically change care delivery!
- Patient-driven resources get better by the day, offering low-cost education and support that drives glucose and quality of life improvements.

# THANK YOU!

**diaTribe.org**

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