

IT'S ALL HAPPENING HERE.



Leveraging Digital Health to Expand Diabetes Health Services for Value-Based Care



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- Notice of Requirements For Successful Completion
 - Please refer to learning goals and objectives
 - Learners must attend the full activity and complete the evaluation in order to claim continuing education credit/hours
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 - Presenter: Peeples, MS, RN, CDE Employee WellDoc
 - Presenter: Lynch-- No COI/Financial Relationship to disclose
 - Presenter: Schwab, MPH, RDN -- No COI/Financial Relationship to disclose
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Learning Objectives

- Describe the digital health landscape
- Outline opportunities for educators in the expanding value-based payment models
- Identify the benefits of technology-enabled diabetes health services

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Evolving Healthcare Environment

-
- Value-based payment
 - Payer-provider consolidation
 - Consumerism
 - Engage clinicians
 - Team-based care
 - "Top of License"
 - Quality & accountability
 - "Health" instead of "sick care"
 - E-patient & Virtual Visits
 - Behavior strategies
 - Service convenience
 - Shared decision-making

Lee, et. Al. Leading the transformation of health care delivery – The Launch of NEJM Catalyst 2015 catalyst.nejm.org #AADE19

Digital Health Space

200 new apps each day 314 Wearables available worldwide

318,000 Apps on the market

20% of large health systems have full-scale digital health programs

41 apps account for half of all downloads

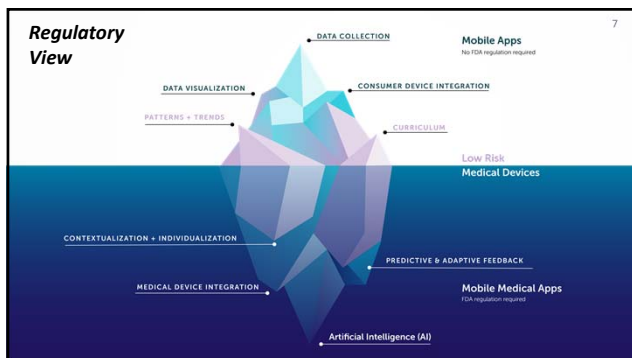
60% of apps are just general wellness

Confusion

Lack of differentiation

Patient Churn


Source: ©2014, 2017, Research: "The Growing Value of Digital Health"



Industry View **Software as Medicine: Digital Therapeutics**

These clinically validated **Software as a Medical Device (SaMD)** solutions may be used as **standalone** interventions or in **association with** other treatments to engage patients and improve the overall **quality, cohesion, outcomes and value** of healthcare delivery.

Criteria:
 Solution, data analysis and coaching is **evidence and theory based** and tailored to the individuals clinical needs, goals, and lifestyle
 Has demonstrated safety and efficacy in **randomized clinical trials**
 Connects the patient with their **own health care team** (integrate into practice)
 Ensures the **security** of the patient-generated health data
 Obtained **regulatory clearance** when used as medical device and are developed in accordance with appropriate QA/RA standards
 Designed to be user **friendly and engaging**

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A Digital Therapeutic Ecosystem Approach

For Patients

- Patented Real-time Feedback Engine
- Guided Journey
- Insights
- Care Team Connection
- Device & Data Integration


For Care Teams

- Clinical Decision Support through
- In-App generated Smart Visit Report

For Health Systems & Health Plans

- Real-time engagement tracking
- Opportunity to leverage data to support attainment of quality ratings

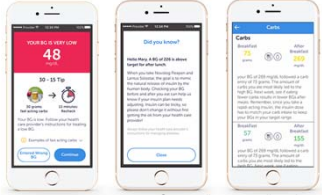
The diagram shows a central 'Automated Decision Support System (DSS)' connected to 'Regulation Management Portal', 'In-App Diabetes Coach', and 'Care Team Clinical Decision Support'. It also shows 'Google Play' and 'App Store' logos at the top.

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CRITERION

Data analysis and feedback is evidence and theory based and tailored to the individuals clinical needs, goals, and lifestyle



Daily Interventions

- Real Time Feedback (RTFB)
- Med Reminders
- Meal Support
- Activity Tracking

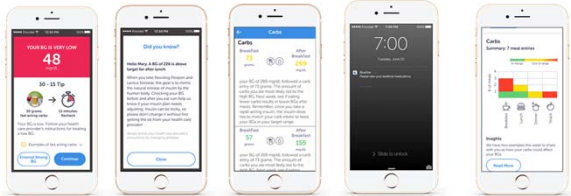
Interventions Built On:

- Clinical Evidence
- Behavioral Science
- User Experience

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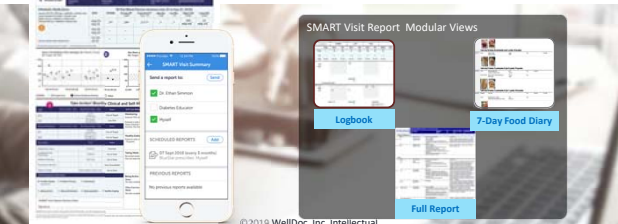
Data analysis and feedback is evidence and theory based and tailored to the individuals clinical needs, goals, and lifestyle



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Connects the patients to their own care team (integrate into practice)



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Digital Health in Primary Care



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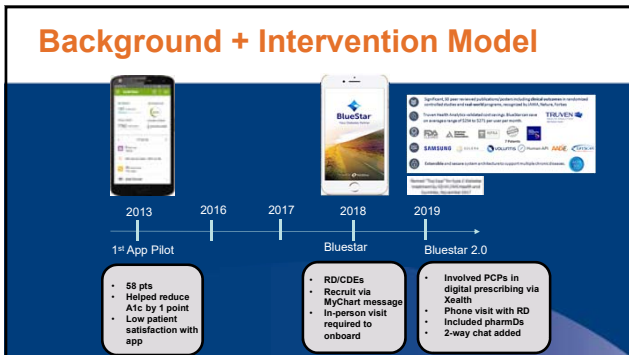
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Value Proposition

- 41 primary care clinics
- 48% of patients in value-based contracts
- Diabetes registry > 40,000 people
- Triple aim strategy
- 14 FTE diabetes educators

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Background + Intervention Model



Key Performance Indicators

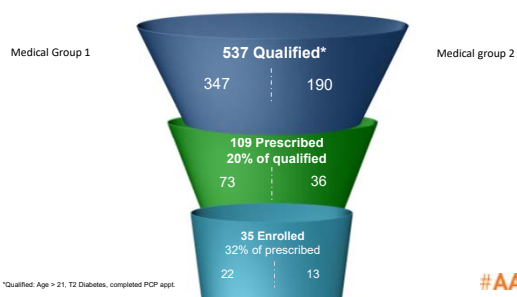
Objective	Measure	Target
Provide an engaging patient experience	Patient satisfaction	NPS > 60%
Demonstrate same or better outcomes as current model	A1c	Reduce aggregate A1c by 0.5 (for eg. 8.5 to 8.0)
Increase pharmacist productivity	Time spent on encounter	Reduce time spent with patients by 5 minutes
Increase RD patient panel	Number of patients added to panel	Increase patient panel by 25

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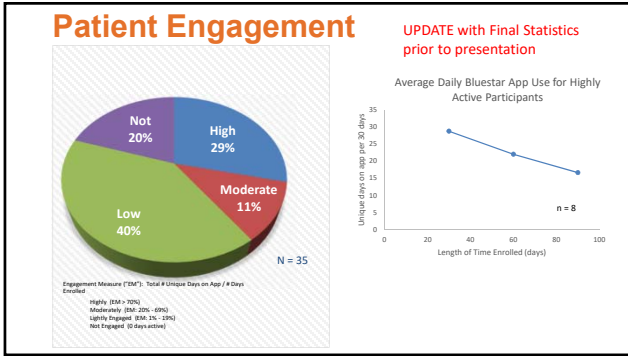
Enrollment Workflow



Enrollment Funnel



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Pilot Results: Value Prop

UPDATE with Final Statistics prior to presentation

Objective	Measure	Target	Result	Status
Provide an engaging patient experience	Patient satisfaction	Net Promoter Score > 60%	TBD	
Demonstrate same or better outcomes as current model	A1c	Reduce aggregate A1c by 0.5	1.0 reduction in A1c for enrolled 0.6 in non-enrolled	
Increase pharmacist productivity	Time spent on encounter	Reduce time spent with patient by 5 minutes	Spent 81 minutes on initial visit vs 75 standard	
Increase RD patient panel	Number of patients added to panel	Increase patient panel by 25%	Effect too small to measure	

Pilot Learnings: Diabetes Technology

- Multiple technologies involved (Epic, Xealth, BlueStar); challenge to integrate them
- Underestimated the challenge to established clinic workflows/culture
- Transformation is a process; “unexpected learnings” provide value for next iteration

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Pilot Learnings: Role of Educators

- Educators are experts; understand patient needs/burdens/barriers
- Organizations will listen to good ideas (must learn to speak triple aim)
- Transformation is a process; expect "unexpected learnings"

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Overview of Digital Health Landscape

Using a quality improvement approach to transform care teams (Lynch 10 min)

- A. Evolving value-based practices
- B. Workflow to support top of license
- C. Developing a knowledgebase for best practices

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USING A QUALITY IMPROVEMENT APPROACH TO TRANSFORM CARE TEAMS

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