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

- Conflict of Interest (COI) and Financial Relationship Disclosures:
  - 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

Evolving Healthcare Environment

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

Digital Health Space

- 200 new apps each day
- 324 Wearables available worldwide
- 318,000 Apps on the market

Confusion

- 81 apps account for half of all downloads
- 50% of apps are just general wellness
**Regulatory View**

Software as Medicine: Digital Therapeutics

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

**Criteria:**

- Solution, data analysis and coaching is evidence and theory based and tailored to the individual’s clinical needs, goals, and lifestyle.
- Has demonstrated safety and efficacy in randomized clinical trials.
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- Ensures the security of the patient-generated health data.
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**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.

**A Digital Therapeutic Ecosystem Approach**

For Patients:
- Patented Real-time Feedback Engine
- Guided Journeys
- 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

This screenshot is provided for informational purposes only.
Data analysis and feedback is evidence and theory based and tailored to the individual's clinical needs, goals, and lifestyle.

Daily Interventions:
- Real Time Feedback (RTFB)
- Med Reminders
- Med Support
- Activity Tracking

Interventions Built On:
- Clinical Evidence
- Behavioral Science
- User Experience

Connects the patients to their own care team (integrate into practice).
Digital Health in Primary Care

Kathy Schwab  
MPH, RDN  
Director, Diabetes and Health Education  
Providence Health & Services  
Portland, OR

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

Background + Intervention Model

1st App Pilot
Bluestar 2.0

- RD/CDEs
- Recruit via MyChart message
- In-person visit required to onboard
- Involved PCPs in digital prescribing via Xealth
- Phone visit with RD
- Included pharmaDs
- Two-way chat added

58 pts
Helped reduce A1c by 1 point
Low patient satisfaction with app
Key Performance Indicators

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide an engaging patient experience</td>
<td>Patient satisfaction</td>
<td>NPS &gt; 60%</td>
</tr>
<tr>
<td>Demonstrate same or better outcomes</td>
<td>A1c</td>
<td>Reduce aggregate A1c by 0.5 (for eg. 8.5 to 8.0)</td>
</tr>
<tr>
<td></td>
<td>Time spent on encounter</td>
<td>Reduce time spent with patients by 5 minutes</td>
</tr>
<tr>
<td>Increase pharmacist productivity</td>
<td>Number of patients added to panel</td>
<td>Increase panel by 25</td>
</tr>
</tbody>
</table>

Enrollment Workflow

Enrollment Funnel

*Qualified: age > 21, T2 Diabetes, completed PCP appt.*
### Patient Engagement

- **Not Engaged:** 20%
- **Low Engaged:** 40%
- **Moderate Engaged:** 11%
- **High Engaged:** 29%

**Engagement Measure (EM):** Total # Unique Days on App / # Days Enrolled

- **Highly Engaged (EM > 70%):** TBD
- **Moderately Engaged (EM: 20% - 69%):** TBD
- **Lightly Engaged (EM: 1% - 19%):** TBD
- **Not Engaged (0 days active):** TBD

### Pilot Results: Value Prop

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Target</th>
<th>Result</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide an engaging patient experience</td>
<td>Patient satisfaction</td>
<td>Net Promoter Score &gt; 60%</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>Demonstrate same or better outcomes as current model</td>
<td>A1c</td>
<td>Reduce aggregate A1c by 0.5</td>
<td>1.0 reduction in A1c for enrolled 10.6 in non-enrolled</td>
<td>Green</td>
</tr>
<tr>
<td>Increase pharmacist productivity</td>
<td>Time spent on encounter</td>
<td>Reduce time spent with patient by 5 minutes</td>
<td>Spent 81 minutes on initial visits; 75 standard</td>
<td>Red</td>
</tr>
<tr>
<td>Increase RD patient panel</td>
<td>Number of patients added to panel</td>
<td>Increase patient panel by 25%</td>
<td>Effect too small to measure</td>
<td>Yellow</td>
</tr>
</tbody>
</table>

### 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
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”

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

USING A QUALITY IMPROVEMENT APPROACH TO TRANSFORM CARE TEAMS
Stephan H. Lynch
Director, Innovation Learning Program
Ambulatory Practice of the Future / Mass General Hospital
Evolving value-based practices
(in a Level 3 patient-centered medical home ecosystem)

Workflow to support top of license for all staff

The “DNA” of organizational change / learning management…

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THANK YOU!

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