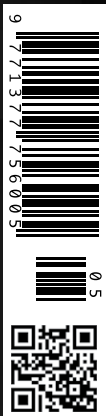




Show Me the Money



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Digital Solutions Are the Now and the Future of Diabetes Management

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Diabetes is a chronic disease that requires daily management including lifestyle and behavioural modifications, compliance with medications, blood glucose control and close patient monitoring, all of which can be efficiently supported by digital solutions.

Diabetes is a global health crisis. Recent estimates suggest the incidence of diabetes will increase to 1 in 10 adults by 2040 (Bommer et al. 2018). It is a chronic disease accompanied by co-morbid conditions that together require daily management including lifestyle and behavioural modifications, compliance with medications, blood glucose control and close patient monitoring. Interestingly, and quite optimistically, from my perspective, we've seen over the last 18 months or so that all of these needs can be efficiently supported by digital solutions.

What's more, integration of digital technology including telehealth and mobile health into everyday diabetes care may actually improve diabetes management and increase its efficiency. The economic benefits follow.

These are exciting developments in many ways. While COVID-19 has been especially difficult for people with diabetes because of the increased risk, innovation in digital technology and the enthusiasm with which it has been embraced represents important progress. Among the myriad benefits, digital solutions enable personalised care, which is so critical for this disease. If there's anything we know about diabetes care, it doesn't quit, and one size doesn't fit all. With telehealth services such as remote coaching, people with diabetes can get what they need when they need it. It follows then that this level of access and convenience should lead to better control, more productivity at work, and reduced costs. And it does.

One example is mySugr, a personalised diabetes management app with an accredited coaching programme available in 82 countries and 24 languages. The benefits of mySugr have been analysed through a retrospective real world data analysis where the anonymised data of 440 active type 1 diabetes users was observed. After one month, the estimated HbA1c

dropped from an average of 9% to 7.8%. After six months, estimated HbA1c decreased further to 7.7% (Dehong et al. 2019).

From the cost perspective, one group for whom the economic benefits of improved and more efficient diabetes care can be realised is employers, given the working-age group is mostly affected by diabetes and its complications, which subsequently affects quality of life and work productivity (Alsalem et al. 2021). Diabetes now accounts for 1 in every 4 healthcare dollars spent in the U.S (American Diabetes Association 2017). Digital solutions are now available in comprehensive diabetes support programmes employers can offer to employees with diabetes. Our own programme, Roche Diabetes Health Connection, which includes the mySugr app, an Accu-Chek® Guide Me meter and unlimited test strips delivered to employees' homes, provides improved glycaemic control among users and up to \$2,500 in savings per participant in the first year following improvement (Bonsai et al. 2018; Mayer et al. 2019).

There's been much discussion about when things will return to "normal" after the pandemic. People are eager to gather with their loved ones, employers are hoping to reconvene in office spaces with fewer health risks, and the world at large is yearning to put social distancing and isolation in the rearview mirror. But telehealth, use of which rose dramatically during the pandemic, is here to stay — and for people with diabetes, that could spell a very significant victory for their health. Endocrinology was one of the top specialties to take advantage of remote care early in the pandemic (Doximity 2020), and to great effect.

With the global economic burden of diabetes and its complications on track to grow to \$2.1 trillion by 2030 (Bommer et al. 2018), digital solutions are the present of improved diabetes care – and its future. ■

REFERENCES

For full references, please email edito@healthmanagement.org or visit <https://iii.hm/1cmm>