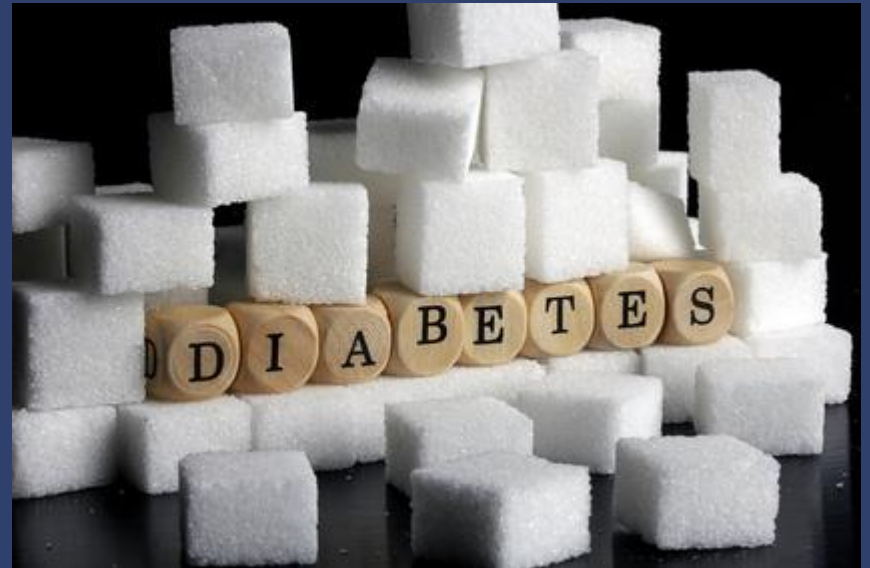


MyGlycMon



26 maart 2018

Prof. Bruno Lapauw - Endocrinologie

Dr. Sara Van Aken – Pediatrische Endocrinologie

Dr. Tom Fiers

Quid?

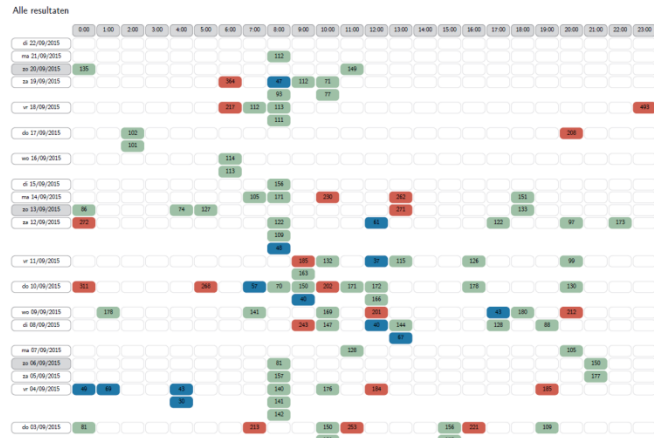
- Integrate at home Glycemia results
- Involve all stakeholders
- Generic and uniform ehealth integration for all stakeholders
 - Endocrinologist, GP, educator, homecare for kindergarten, patiënt, parents
- Alerting , feedback, teleconsultation
- Intermittent care -> pro-active care and guided self management

- Outcome Objectives:
 - Better overview, communication and involvement
 - Lower acute complications
 - Improve / delay chronic complications through better longer term regulation



Follow-up by patient / HC parties

parameter	4/06/2015 10:00:00	11/06/2015 8:00:00	12/06/2015 8:00:00
Koorts	36	35	36
Pijn	2	1	1
	2	1	1
	0	0	0
	geen last	geen last	een beetje last
	geen last	geen last	geen last
	geen last	geen last	geen last
	een beetje last	veel last	veel last
	geen last	geen last	geen last
	geen last	geen last	geen last
	geen last	geen last	geen last
ler/vingers	geen last	geen last	geen last



Bij meerdere glucosewaarden in 1 uur worden de verschillende waarden onder elkaar weergegeven. De recentste waarde staat bovenaan, de oudste onderaan.

	28/10/2013	ja	ja	Rx I					
	23/09/2013	ja	ja	Brie BEH					
	02/09/2013	ja	ja	AGF					
	19/08/2013	ja	ja	AGF					
	30/07/2013	ja	ja	Brie BEH					
	18/03/2013	ja	ja	Brie BEH					
	05/02/2013	ja	ja	Brief: KINDERNEFROLOGIE - BEHANDELING	Ontslagbrief		Ped.: Nefrologie	UZ Gent	
	30/01/2013	ja	ja	Labo	Labo		LABO	UZ Gent	

GMD-arts Beëindigen

Patiënttoegang resultaten

Resultaten

Contacten

Afspraken

**Patiënttoegang
resultaten**

Dossierlogging

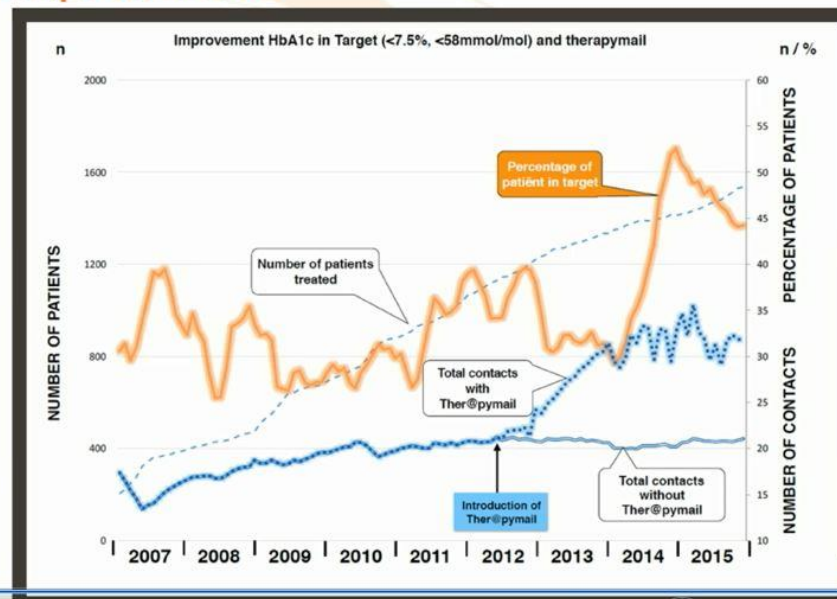
Volmachten

- Lagere incidentie opnames bij pro-actieve monitoring (*Ziegler*)
 - Potentiële besparing in België bij -10% = 1,5 M€/j (400 DM1, 1500 DM2)
- Monitoring + teleconsult: -0,5% A1c. (*Miller, Graham*)
- Bij continu monitoring tot 1% haalbaar (*Graham*)
- -1% A1c = -40% complicaties. (*DCCT*) (Zweden: **40.000D1M = 41M€ besparing per jaar** bij gemiddeld -1%.)

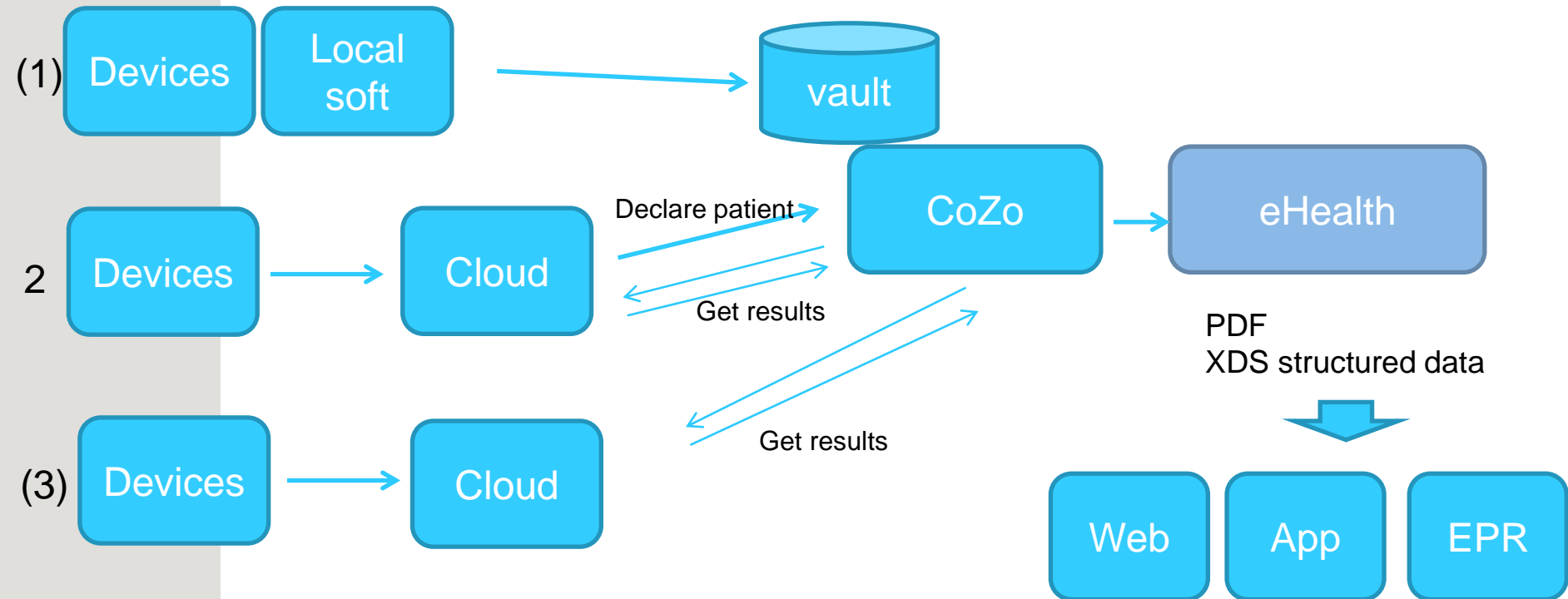
- KCE: connectie, uitwisselbaarheid en betere monitoring nodig

- Diabeter :

Long-term improvement and sustainability of HbA1c outcome: increased use of e-health results in improved A1c



Connection scenarios



During the course of the project only (1) was possible with only Roche

MyGlycMon – Project overview

- **52 adult controls , 10 children**
- **only Roche, only some meters**
- **39 included , 106 excluded**
 - Contacts & Interventions
 - Consultations / admissions
 - A1c before and after
 - Questionnaire

- Cost: 6 m ½ time study coordinator & parttime diabetes nurse for intensified contact, patient recruiting/questioning , EMR datamining and reporting

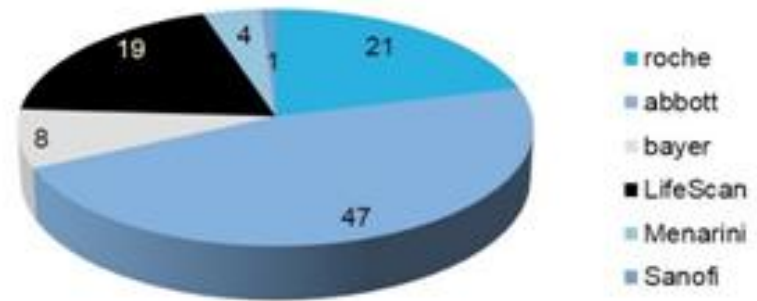
Results – Patient distribution

verdeling firma's cfr. controlegroep

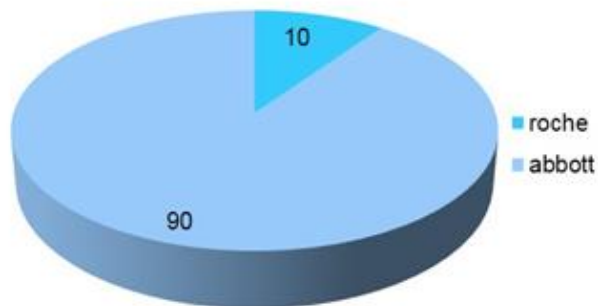
52 volwassenen

10 kindere

% adults



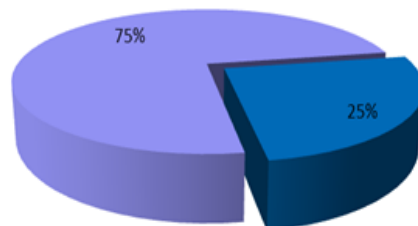
% children



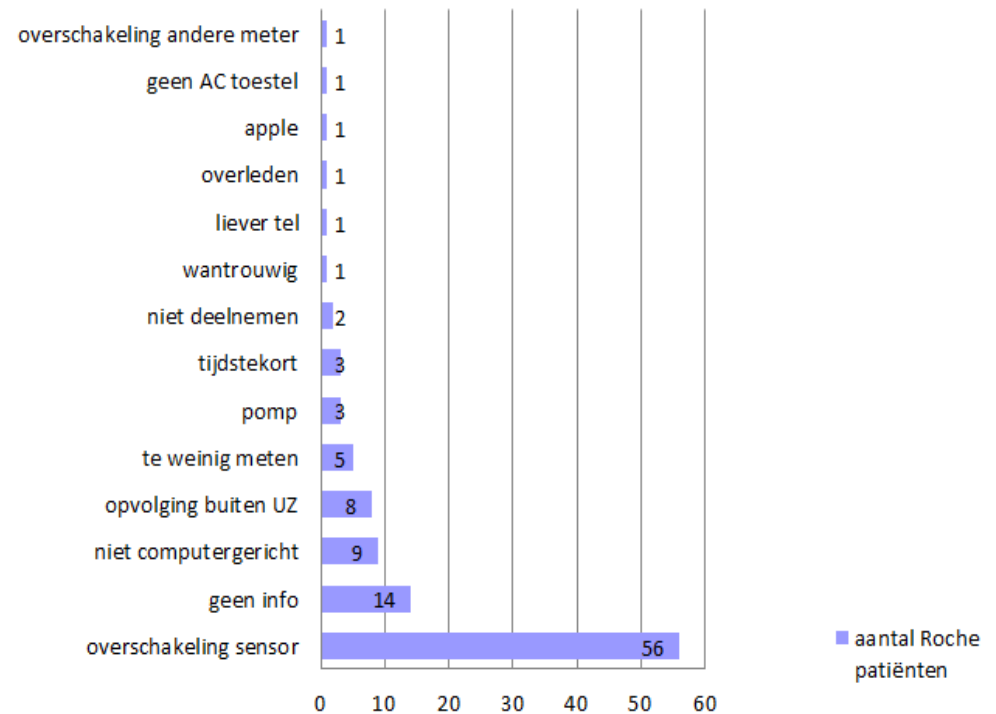
Patient exclusions

bevraagde pa met roche meter

■ inclusie
■ exclusie

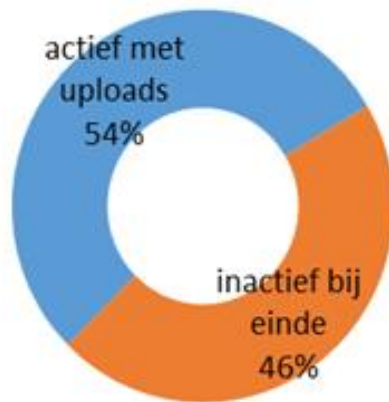


redenen exclusie MyGlycMon

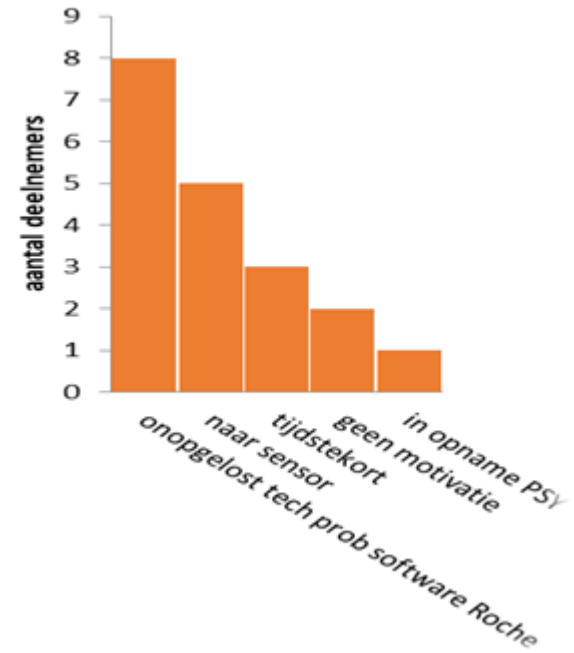


Upload history

uploadactiviteit op 39 deelnemers

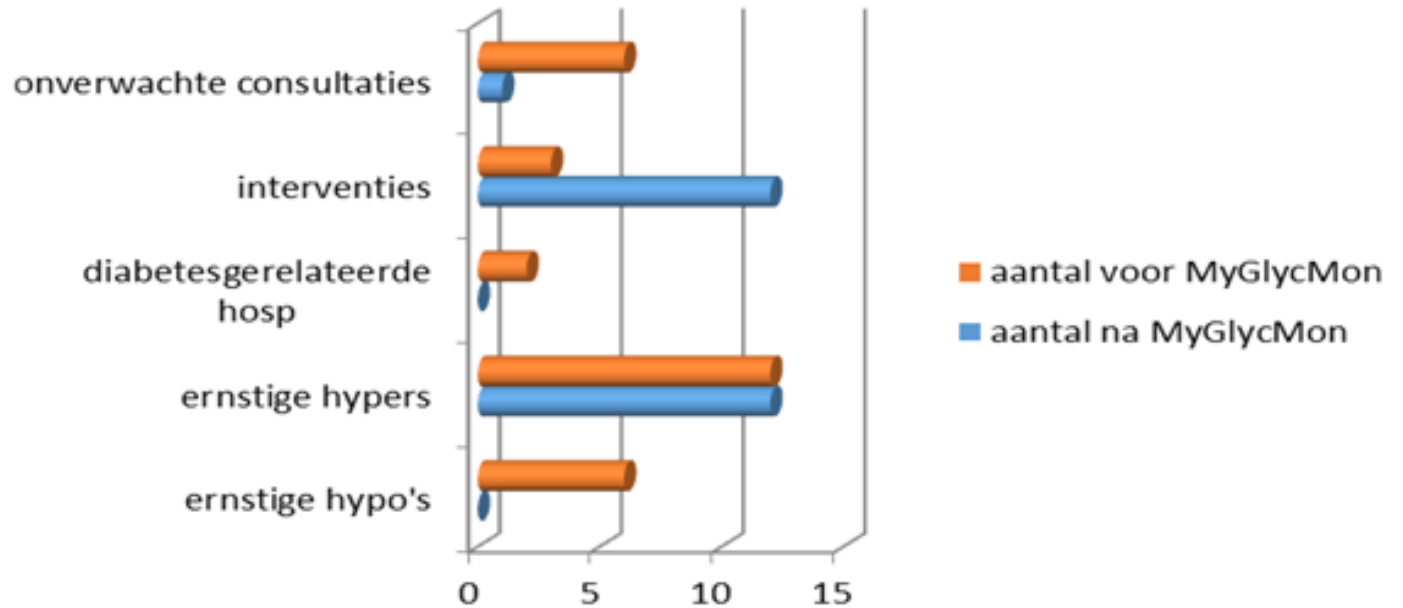


redenen inactiviteit



Interventions & complications

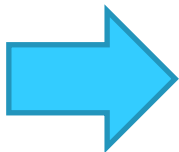
Intervention= (pro-)active adjustment of therapy



Hgb A1c

GEM HbA1C bij start **7,51**
(bij 21 actieve deelnemers)

GEM HbA1C bij afloop **7,28** **-0,23**
(bij 21 actieve deelnemers)



Surprisingly, given the small sample size (statistically weak) and technical difficulties & limitations enabling just part of Roche patients to participate during the course, both primary (acute) and secondary (chronic) objectives emerged

Status Suppliers dd 01/2018

- Sanofi: not interested at the time, received all info again oct after kabinet meeting, no news since.
- Ascensia: promises but no concrete solutions nor timing for cloud access
- Menarini: no cloud, no secure upload solution
- Roche: only upload for older devices, no news for cloud integration which was promised by 12/17.
- Medtronic: contacted several times but no response (to be seen if cloud integration exists besides simple single point hospital uploads)
- Abbott: currently impossible to get a reasonable NDA and cloud access.
- J&J: signed NDA was lost, now good progress since 01/18 for J&J specific cloud access (technical POC succesful, estimation 1-2month dev time needed for their solution to be integrated in existing eHealth arch.)

Overall:

- except for J&J promises but no progress, despite kabinet meeting and multiple mails & contacts & explicit meetings...

Conclusions

➤ Strengths

- Both primary and secondary objectives seem achievable
- Scalable & economic model for complete Belgian eHealth landscape

➤ Weaknesses

- Small sample size in pilot
- Dependency on suppliers (and their international dependency)

➤ Opportunities

- Added evidence for improved communication & pro-active alerting equals health benefits equals huge cost saving potential
- 1 set-up = scalable for the whole country, no separate implementation costs

➤ Threats

- **Better supplier participation is crucial.**
- **Link financial incentives – ehealth sharing necessary**