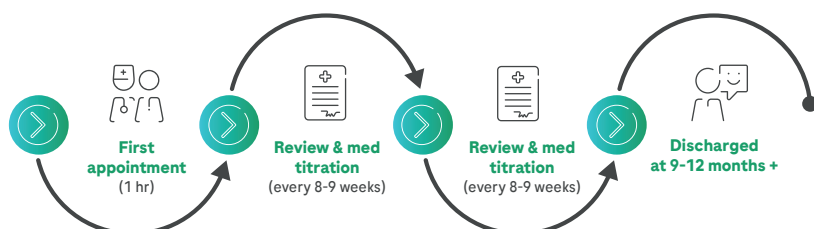


RocheDiabetes Care Platform Case Study:

Improving a patient pathway and outcomes with digital solutions

A Community Specialist Diabetes Service in the Lancashire and South Cumbria Foundation Trust

Challenge: prioritise and manage high-risk patients remotely in between appointments



- › No scheduled review for medication titration/clinical intervention within the 8-9 weeks between appointments
- › Challenging to monitor patients remotely in between appointments without access to their real-time blood glucose results
- › Delays in achieving optimal diabetes management can lead to patients staying in the service longer than necessary
- › Lack of timely and accurate blood glucose data makes clinical interventions sub optimal and creates inefficiencies in remote care
- › Approximately 744* face-to-face appointments were missed per year equating to an estimated cost of £22,320** per year¹

“The 9-week wait between appointments is too long. We rely on patients to self manage during this time. Patients don’t often feel confident, and want our support” Diabetes Specialist Service Team Lead

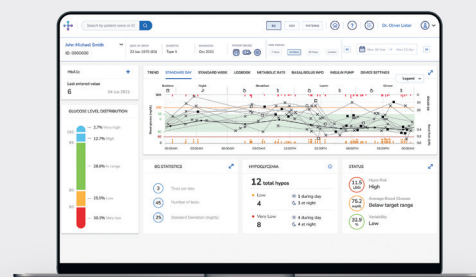
Profile



- › Runs clinic appointments for patients who are above their target blood glucose range and who need additional, specialist support
- › Runs 15 clinics per week with a caseload of over 1,000 patients with diabetes
- › Offers home visits and supports district nurses

In Lancashire and South Cumbria, approximately 110,000 people have been diagnosed with diabetes,² and over 75,000 people are estimated to be at high risk of developing type 2 diabetes in this area.³

What is the RocheDiabetes Care Platform?



- › A cloud-based interactive diabetes management platform
- › Brings together diabetes relevant information including blood glucose and insulin data from various devices within a single solution
- › Compatible with 150+ diabetes management devices

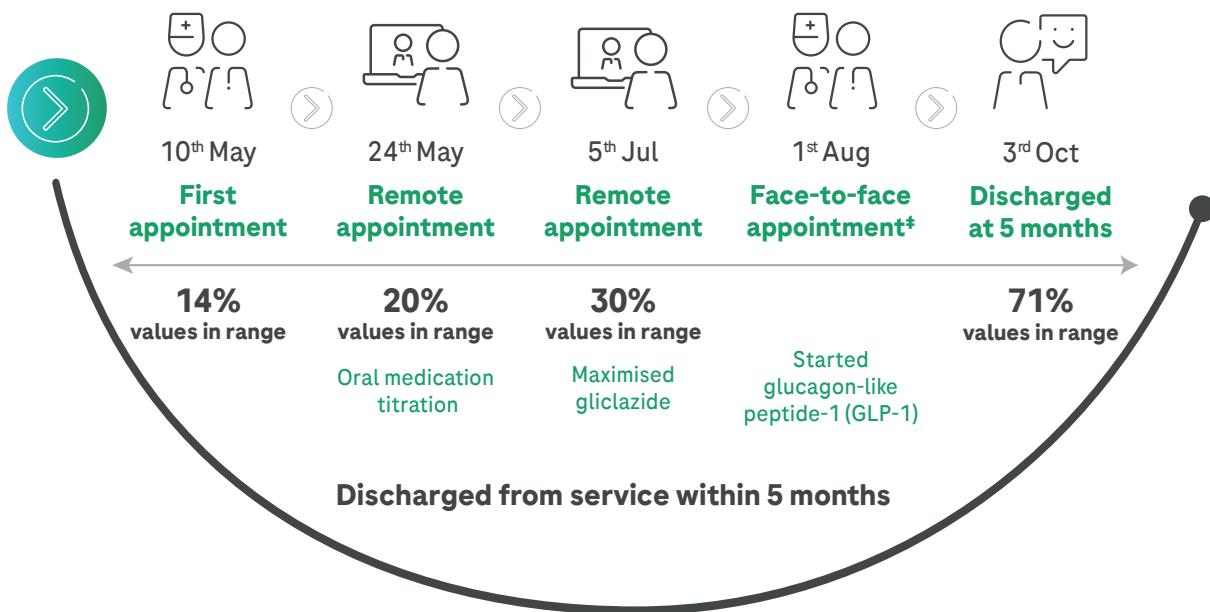
Results: improvements after using the RocheDiabetes Care Platform

Patient example:

A patient increased their blood glucose values in range (from 14% to 71%), as a result of HCP's access to accurate real-time diabetes data, increased interventions and patient engagement.

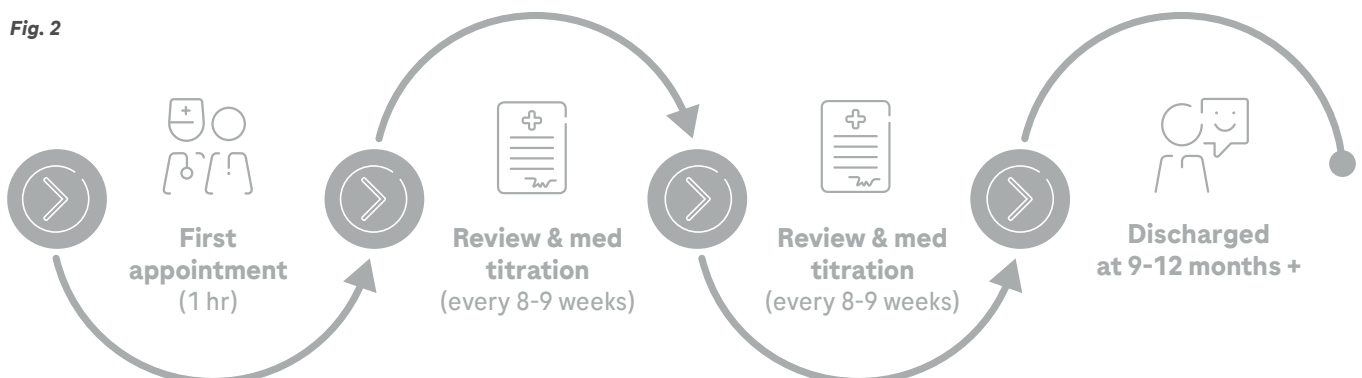
The patient pathway below (fig. 1) illustrates how the HCP intensively managed this high-risk patient, using the RocheDiabetes Care Platform, with four appointments / interventions within an 11-week period.

Fig. 1

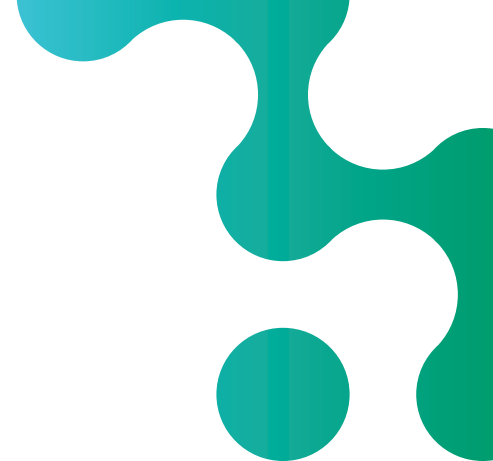


The typical patient pathway below (fig. 2) illustrates how the average discharge from service is 9-12 months.

Fig. 2



* Face-to-face appointment as HCP needed to educate this patient on injection of GLP-1



Key highlights

- › A patient whose blood glucose values were only in range 14% of the time was identified through the use of RocheDiabetes Care Platform
- › Patient's HbA1c had risen from 69 to 80 mmol/mol
- › After two weeks there was an increase to 20% of the patient's blood glucose values in range
- › Following medication adjustments, 30% of patient's blood glucose values were in range and HbA1c levels decreased from 80 to 69mmol/mol
- › Usually in this 9-week period, the patient would not have been seen
- › 5 months later 71% of patient's blood glucose values are now in range
- › Data sharing has allowed for timely appropriate intervention and increased patient engagement

“Having access to the patient's blood glucose data was key to being able to identify his needs and intervene to make a positive change to his health between appointments”

Diabetes Specialist Service Team Lead

The patient's experience

Despite not having used technology to manage their health before, since using the Accu-Chek® Instant meter with mySugr®† app, the patient feels more mindful in managing his diabetes. **“[prior to using Accu-Chek Instant with the mySugr app] I didn't care a lot about my blood glucose. I am now more mindful of what I eat because I can see my results.”**

The patient's wife also finds the ability to see his data helpful, and likes the fact that the HCP is able to view it. **“We now feel we have an extra sense of security, along with the support we need from the healthcare professional team, and we no longer feel alone in managing his diabetes.”**

The couple feel that the connectivity between the Accu-Chek Instant meter and the mySugr app has helped to decrease the time it has taken to get his diabetes under control. **“The healthcare professional has been able to review my data more frequently behind the scenes, she has made more changes to medication more often. I have had three medication changes within 6 weeks, previously I would have had to wait about three months between each medication increase.”**

The option to have remote appointments is also useful for the couple. **“The healthcare professional can now phone me to make a medication change, because the data is flowing. We really appreciate this option so that we don't have to travel.”**

For the patient, communication with his healthcare professional has improved dramatically. **“I now have evidence of all my results, which gives me a better stand point for a conversation with my healthcare professional around my diabetes.”**

Results: improvements after using the RocheDiabetes Care Platform

Person-Centered Care



Timely and effective clinical interventions remotely

Real-time accurate data allows the healthcare professional to make timely and effective clinical interventions remotely



Patients are empowered and engaged in their care

With access to their own data, patients at this clinic are becoming more engaged in their own management and are testing more frequently

Person-Centered Care



Fewer missed appointments in a year

Remote healthcare appointments reduced the number of missed appointments in a year by approximately 108*, a potential estimated cost saving of £3,240**¹



Data sharing allows for risk stratification

Risk stratification highlights patients with the highest need, enabling early remote intervention

Capacity and Efficiency



Patients were discharged sooner

With increased opportunity for clinical interventions, the service has observed that patients in their care can achieve optimal diabetes management and be discharged sooner



More clinical interventions within the same period

Patients with the highest needs within the clinic received four clinical interventions within the same 9-week time frame rather than one

For more information
Diabetes.Roche.com/hcp-gb/CarePlatform

Quotations sourced from recorded interviews with a Diabetes Specialist Service Team Lead and a patient and his wife as part of consultancy agreements with Roche Diabetes Care in 2022.

*The mySugr logbook is licensed for people with diabetes over the age of 16 years. The mySugr Bolus Calculator is licensed for people with diabetes over the age of 18 years.

** Data provided to Roche by nurse from service. ** Based upon the average missed appointment cost in primary care of £30
References: 1. NHS England: Missed GP appointments costing NHS millions. Available at: <https://www.england.nhs.uk/2019/01/missed-gp-appointments-costing-nhs-millions/>. Last accessed February 2023. 2. National Diabetes Audit (NDA) 2021-22 quarterly report for England, Clinical Commissioning Groups and GP practices. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/national-diabetes-audit>. Last accessed February 2023. 3. Lancashire and South Cumbria Health and Care Partnership. Available at: <https://www.healthierlsc.co.uk/diabetes>. Last accessed February 2023.

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