

Successful management of diabetes requires an empowered patient/family, that is well-educated about their condition and feels confident to self-manage with the support of their medical team. Patients and families face two significant challenges to achieve this. Firstly, acquiring the skill to assess their current control, and then make safe, effective adjustments. Secondly, the linchpin to assessment and effective change is the quality of available information. Most patients/families use three or four different devices; blood glucose meter, insulin pump, ketone meter, continuous glucose monitor. They have no way of pulling all the information together efficiently, and consequently often feel helpless and do not take charge of making their therapy adjustments. Downloading to cloud-based technology has the potential to resolve a lot of these issues.

From January 2017 to December 2017 the Diabetes Team at Birmingham Women's and Children's Hospital undertook a project that enabled 65% of their 300 plus patient cohort to download at home to Diasend, CareLink, and other platforms.

Unfortunately, this did not lead to an overall improvement in diabetes control. The average clinic HbA1c remained at 8.4%.

Why?

We disempowered a significant portion of our cohort by downloading patients devices in the clinic, and reviewing patients remotely and telling them what changes to make, without discussion and empowerment.

The Diabetes Team identified this issue after the 1-year audit and put into place a host of measure to give the power back to the patients. Strategies such as setting expectations and putting in place penalties for not downloading or keeping a diary and reviewing before the clinic. Also, only reviewing remote downloads when the patients were looking at their downloads and participating in the decisions. All alongside a new high HbA1c policy which included a significant element of downloading and reviewing by teaching not telling.

These strategy changes lead to an overall drop in HbA1c from 8.4% to 7.8% in nine months in 2018.

In short, this project taught the Diabetes Team three things. Firstly, expectations need to be clear. Secondly, the focus must be on empowerment. Finally, we must educate not tell.