Diabetes ProTips:
Managing Glucose Remotely Using “Tele” Technologies

During the COVID-19 pandemic, the majority of diabetes care across the globe is being delivered using telehealth or telephone. Healthcare professionals (HCPs) and people with diabetes (patients) seem pleased to use these “tele” technologies,[1] the term includes telephone, electronic health record (EHR) portals, email, text messaging and asynchronous data review,[1] to conduct visits. The use of “tele” technologies to deliver diabetes care is anticipated to continue into the future. Implementation of diabetes care will become even easier as technologies evolve and policies for coverage and reimbursement of remote monitoring improve.[1] We’ve curated these Diabetes ProTips to help HCPs optimize glucose monitoring remotely.

1. Optimize Your Setup

- Consider your setup based on your needs and budget. Think about computer screen size, number of screens, type of video camera, headphones, microphone and more. Crossen et al., offer in-depth details.[1]
- Create your visual setup and then look at what patients will see. Optimize eye contact. A few tips:
  - Don’t have light or sun from a window shining in your face
  - Avoid distracting backgrounds
  - Turn off distracting sounds you might have set on your smartphone or computer
  - Place yourself in a quiet location and/or use noise-reducing headphones
- Do a screen check with a colleague, family member or person in your office. See for yourself and get feedback on your setting. What do you need to change to improve it?
- Assemble all the teaching “tools” you’ll need and have them within arm’s reach.

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2. Optimize Data Sharing Between HCP and Patient

- Think about how you and your patients will share their diabetes data. Ideally, they will have a Bluetooth® connection or hardware cable and will have uploaded their most recent data and shared it with you prior to the visit.
- Check out the OneTouch® Bluetooth®-enabled blood glucose meters and OneTouch Reveal® diabetes data integration app and virtual clinic.
- Assure that the software you use is compatible with the array of devices you use in practice.
- Make sure the meter is paired to the app to enable passive data sharing.
- Using glucose data integration apps allow the technology to work in the background. This decreases cognitive burden, saves time, and is more efficient for everyone. Plus, these apps make data analysis significantly easier and clearer.[2]

3. Optimize Your Patient's Set Up for Each Visit

- Set expectations for "tele" technology visits including:
  - Timing for sharing data prior to each visit
  - Number of days of most recent data to share (ex: 2 weeks)
  - Share option from the app or virtual clinic
  - Identification of topics to discuss/questions to answer during visit
  - Allotted time for visits
- Set the tone, expectations and parameters for "tele" technology visits from the start. Remind at each visit until they are routine.
- Ask the patient to make sure that any device they use that operates on battery charge is fully charged for visits.
- Make sure your patient can see and hear you well. Ask this question as you begin visits.

4. Apply Effective Teaching and Coaching Techniques

- Implementing "tele" technologies offers HCP the opportunity to change the dynamics of patient interactions and therefore the dynamics of our relationship.[2]
- Gather information effectively. Leave a pause after your questions. Ask open-ended questions that start with: I'm really interested in…? Can you share with me…? Then summarize what you heard them say.[2]
- Use "tele" technologies to transition to being an effective coach. Use data patterns and trends to ask reflective questions to elicit patient's interpretation of what is occurring. Serving as a coach can help patients develop greater problem-solving skills.
- Implement the Diabetes Self-Management Education and Support (DSMES) feedback loop referred to as the Technology-Enabled Self-Management Feedback Loop (TES). The four components are:
  1. person generated healthcare data (PGHD)
  2. education
  3. two-way communication for feedback
  4. feedback to the person with diabetes.[3]
- Help patients with diabetes create personal and unique experiments that implement the TES Feedback Loop. Tailor personal experiments that are directed by the person with diabetes. Use shared decision making to engage the person with diabetes to set goals and direct their care.[3,4]

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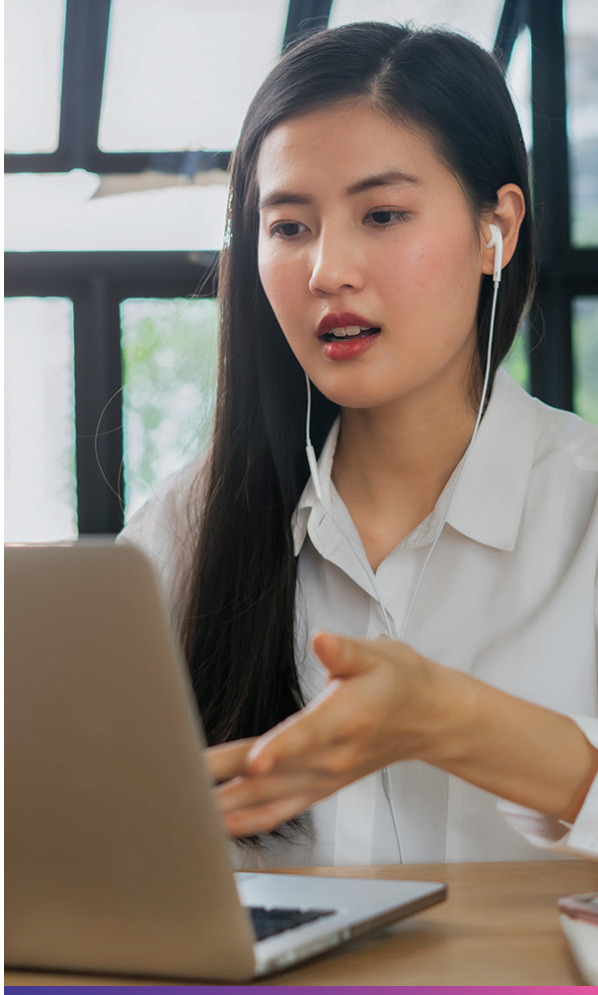
5. Use Techniques that Engage and Encourage

- Reframe glucose monitoring data from pass/fail or good/bad to data with which to make management decisions the patient can put into action. Don't use the words test/testing, use check or checking. Don't use the word control, use the word manage.[5]
- Use shared decision making to help patients set reasonable goals. Have the patient come up with their plan and goals. Prioritize! Help them get their biggest bang for their self-care efforts.
- Make monitoring meaningful. Find the report in the software that works best for you and the patient to analyze patterns, track trends and understand the impact of food, physical activity and medications on glycemia. Help patients experience "light bulb moments." [2,6]
- Focus on patient's successes. Focus on their in-target glucose numbers first and offer compliments. Build on positive actions.
- Reconfigure the patient's app as needed to enable successes and slowly improve management overtime, e.g., time in range targets, points for high and low alarms.
- Offer guidance, insights from your expertise and plenty of encouragement.



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References:

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