CONVERSATIONS *in MOTION*

CONNECTED DIABETES CARE

Important Information

- This presentation is provided by Eli Lilly and Company.
- Continuing education (CE) credits are not provided as part of this presentation by Eli Lilly and Company.
- Because this presentation offers general disease information, it is ultimately your decision as to whether it needs to be altered to fit the practices, settings, and unique circumstances related to people living with diabetes. Lilly USA, LLC, assumes no responsibility for:
  - Any modification made to this material.
  - Any practices you may or may not enact based on this material.
- This material is derived from and based on the references cited herein. Those references and/or guidelines are representative but may not reflect all available information/guidelines that may exist on this topic. You may wish to consult other references or guidelines in considering what best fits the needs of people living with diabetes.

Connected Diabetes Care

PRODUCTIVE CONVERSATIONS ABOUT TECHNOLOGY

Module Outline

Connected care in clinical practice

What Is Connected Care?

Getting Started With a Device

Educating on Use

Reinforcement and Follow-up

What Is Connected Care?

What Is Connected Care?

- An approach to diabetes management that uses digital tools and devices to inform patient and HCP decision-making
- Offers the potential to improve clinical outcomes through robust data collection and/or sharing[1]
- Can empower the patient and HCP to work together and create a customized plan and goals[2]

HCP = healthcare provider.

1. Adolfsson P, et al. *Eur Endocrinol*. 2018;14(1):24-29. 2. IQVIA Institute for Human Data Science. November 7, 2019. Accessed June 24, 2020. https://www.iqvia.com/insights/the-iqvia-institute/reports/advancing-glycemic-management-in- people-with-diabetes

Examples of Connected Care Technology for Diabetes Management

Currently available digital health technologies can help people with diabetes and their HCPs work together to design healthy lifestyle interventions.[1]

Patient and HCP support[1]
- Social media
- Online communities
- Telemedicine

Enhanced information sharing[1]
- Electronic healthcare records (EHRs)
- Mobile apps

Diabetes management devices[1-3]
- Glucose monitors
- Smart insulin pens and caps
- Insulin pumps and patches
- Artificial pancreases

EHR = electronic health record; HCP = healthcare provider.

1. Fagherazzi G, Ravaud P. *Diabetes Metab*. 2019;45:322-329. 2. Shah RB, et al. *Int J Pharm Investig*. 2016;6(1):1-9. 3. American Diabetes Association. *Diabetes Care*. 2020:43(suppl 1):S1-S212.

Expanding Diabetes Technology

Technology has expanded to include devices, apps, and software that provide diabetes self-management support.[1,2]

- These systems incorporate data and information[3]
- They facilitate communication to promote positive health outcomes[3]
- When applied appropriately, these technologies may improve insulin therapy and the lives and health of people with diabetes[1,4]

DEVICES

Smart pumps, sensors, and glucose meters[1]

Smart caps and pens[1]

APPS AND SOFTWARE

Apps and software[1,2] (eg, electronic logbook)

NFC = near-field communication.

1. American Diabetes Association. *Diabetes Care*. 2020:43(suppl 1):S1-S212. . 2. Fagherazzi G, Ravaud P. *Diabetes Metab*. 2019;45:322-329 3. Gee PM, et al. *J Med Internet Res.* 2015;17(4):e86. 4. Klonoff DC, et al. *J Diabetes Sci Technol*. 2018;12(3):551-553.

CGM and FGM Devices Are Examples of Connected Care

Continuous glucose monitoring (CGM) and flash glucose monitoring (FGM) devices are wearable devices that track and record glucose levels periodically throughout the day.[1] Both are available as professional or personal devices.[2,3]

CGM devices

- Also known as real-time CGM (rtCGM) devices[4]
- Display data continuously[5]
- Provide alerts and alarms for current or predicted excursions[5]
- Many can be integrated with an insulin pump[5]

FGM devices

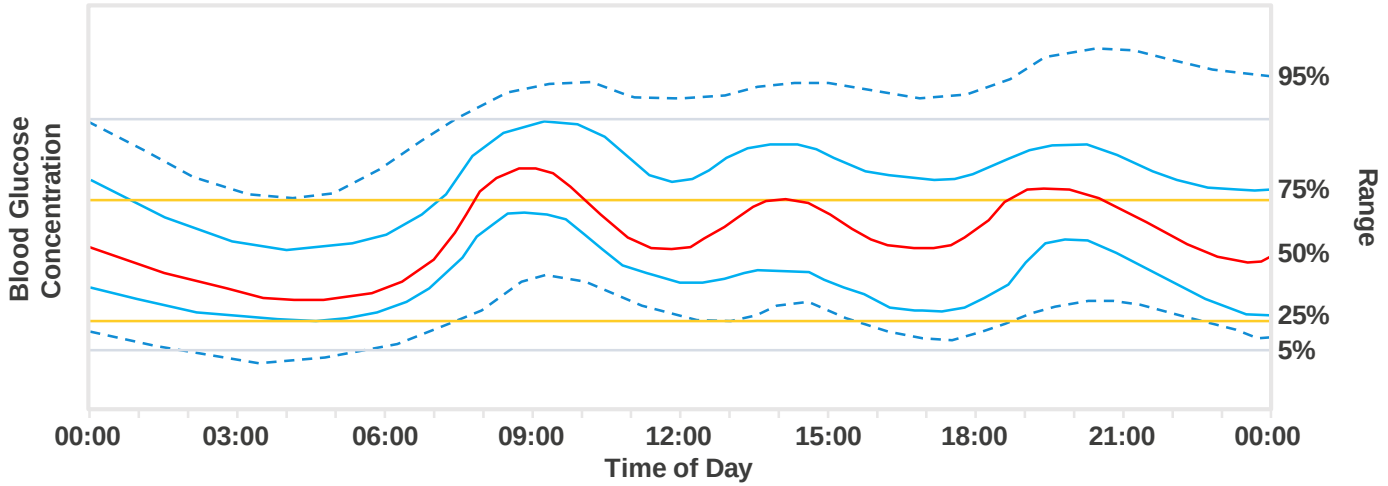
- Also known as intermittently viewed CGM (iCGM) devices[4]
- Glucose data is displayed only when a scanner is passed over the sensor[1,5]
- Does not provide alarms and doesn't integrate with insulin pumps[1,5]

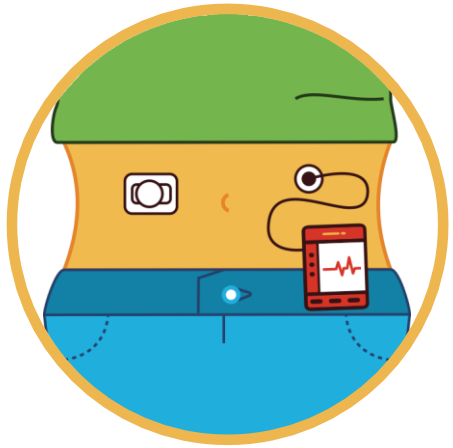
CGM = continuous glucose monitoring; FGM = flash glucose monitoring; iCGM = intermittently viewed continuous glucose monitoring; rtCGM = real-time continuous glucose monitoring.

1. Adolfsson P, et al. *Eur Endocrinol*. 2018;14(1): 24-29. 2. Abbott FreeStyle. Updated November 2019. Accessed June 24, 2020. https://www.freestyle.abbott/ca/en/products/libre.html?gclid=EAIaIQobChMI6pn53_ia6gIVB5yzCh0Q_AZKEAAYASAAEgKJCfD_BwE. 3. Dexcom. Accessed June 24, 2020. https://provider.dexcom.com/products/professional-cgm. 4. Danne T, et al. *Diabetes Care*. 2017;40(12): 1631-1640. 5. Hirsch IB, et al. American Diabetes Association. 2018.

Attributes of CGM Devices

- Provide continuous measurements over 24 hours[1]
- Can be useful for guiding nutrition therapy and physical activity, preventing hypoglycemia, and adjusting medications (particularly mealtime and corrective insulin doses)[2]
- Allow patients to evaluate their individual response to therapy and assess whether glycemic targets are being safely achieved[1]





CGM = continuous glucose monitoring; HbA1c = glycated hemoglobin; T1D = type 1 diabetes.

1.Danne T, et al. *Diabetes Care.* 2017;40:1631-1640. 2. American Diabetes Association. *Diabetes Care*. 2019:42(suppl 1):S1-S183. Image adapted from Battelino T, et al. *Diabetes Care*. 2019;42(8):1593-1603.

Attributes of FGM Devices

- Patients must scan or “flash” their sensor with a reader to read glucose level and trend data[1]
- Does not require finger-stick calibrations like most real-time CGM devices[2]
- Example: Abbott FreeStyle Libre[3]

Recommended for patients:

- With newly diagnosed T2D for episodic use as an educational tool[2]
- Who have T1D or T2D who find the alarms and alerts on real-time CGM devices bothersome[3]

CGM = continuous glucose monitoring; FGM = flash glucose monitoring; T1D = type 1 diabetes; T2D = type 2 diabetes.

1. Hirsch IB, et al. American Diabetes Association. 2018. 2. Adolfsson P, et al. *Eur Endocrinol.* 2018;14(1): 24-29. 3. Heinemann L, Freckmann G. *J Diabetes Sci Technol.* 2015;9(5):947-950.

Why Use CGM and FGM?

- Self monitoring of blood glucose by finger stick, CGM, and/or FGM are important parts of effective therapy for individuals being treated with insulin[1,2]
- Blood glucose levels vary over the course of a day
  - CGM and FGM devices allow observation of daily profiles and glycemic excursions[3]
  - Over time, patterns of hypo- and hyperglycemia can be deduced[3]
  - This information can be used to inform immediate diabetes management decisions and/or lifestyle modifications[3]
- Could reduce the risk of diabetes-related complications[4]

CGM = continuous glucose monitoring; FGM = flash glucose monitoring.

1. American Diabetes Association [web annotation]. *Diabetes Care*. 2020;43(suppl 1):S1-S212. 2. Danne T, et al. *Diabetes Care*. 2017;40(12):1631-1640. 3. Battelino T, et al. *Diabetes Care*. 2019;42(8):1593-1603. 4. NIDDK. NIH. Updated 2017. Accessed February 19, 2020. https://www.niddk.nih.gov/health-information/diabetes/overview/managing-diabetes/continuous-glucose-monitoring.

Connected Care in Clinical Practice

Integrating CGM- and FGM-derived metrics into diabetes management can be a useful tool to help guide treatment.[1]

Adjust timing of insulin administration

Adjust insulin dose

Adjust diet and carb counting

CGM = continuous glucose monitoring; FGM = flash glucose monitoring.

1. American Diabetes Association [web annotation]. *Diabetes Care*. 2020;43(suppl 1):S1-S212.

Reflection Questions

What are your experiences with CGM and FGM technology?

What percentage of your patients with diabetes use CGM or FGM technology?

CGM = continuous glucose monitoring; FGM = flash glucose monitoring.

Getting Started With a Device

Patient Identification

Identifying appropriate patients for CGM/FGM is critical to patient success with the device.[1]

Potential candidates[1]:

- Many people with type 1 diabetes
- People with type 2 diabetes, particularly those using insulin
- Pregnant women with diabetes
- Women with gestational diabetes
- Those with hypoglycemia unawareness or a significant fear of hypoglycemia

CGM = continuous glucose monitoring; FGM = flash glucose monitoring.

1. Hirsch IB, et al. American Diabetes Association. 2018.

Patient Identification

Patients who are appropriately selected and educated stand the best chance of success.[1]

Patient and HCP discussion points[1]:

- Hypoglycemia unawareness
- Patient willingness to check or scan their device
- Interstitial fluid versus capillary blood glucose (CGM device accuracy)
- Calibration
- Setting alerts and alarms
- Sharing data

CGM = continuous glucose monitoring; HCP = healthcare provider.

1. Hirsch IB, et al. American Diabetes Association. 2018.

Discussing Technology Example

Managing glucose levels isn’t easy, and you’re not alone in finding it challenging. I have an option for you to consider. Research has shown that CGM devices can greatly benefit people in your situation.

Would you be interested in discussing this option?

Here, the HCP is getting permission from their patient to offer information.

Disclaimer: This scenario is based on a hypothetical provider.
CGM = continuous glucose monitoring; HCP = healthcare provider

Discussing Benefits

Explain that with a CGM or FGM device, your patient may experience:

- Improved understanding and control over their blood sugar levels[1]
- Reduced highs and lows[1,2]
- Improved self-management, including greater insight regarding food choices, portions, physical activity, stress, and medication[1,2]
- Improved quality of life due to fewer finger-stick tests, less manual record keeping, and increased reassurance[2]
- Connected care through data that they can monitor themselves and share with others[2,3]

CGM = continuous glucose monitoring; FGM = flash glucose monitoring.

1. Battelino T, et al. *Diabetes Care.* 2019;42(8):1593-1603. 2. Diabetes Educators Calgary. Accessed April 24, 2020. https://diabeteseducatorscalgary.ca/devices/continuous-glucose-monitors/continuous-glucose-monitoring-cgm-benefits-and-challenges.html. 3. Adolfsson P, et al. *Eur Endocrinol.* 2018;14(1): 24-29.

Discussing Benefits Example

You mentioned last time that it’s difficult to adjust your mealtime insulin dose based on what you’re eating. With a CGM device, you would be able to see that you may not have injected enough insulin to prevent the high after a meal. With this knowledge you can make corrections quickly. The device could therefore help you stabilize your daytime highs.

What do you think about this option?

Disclaimer: This scenario is based on a hypothetical patient.
CGM = continuous glucose monitoring.

Discussing Challenges

CGM and FGM devices also come with some potential challenges that your patients should be prepared for.

Some examples are[1,2]:

- Frustrations from missed data or sensor failures
- Body image concerns
- Skin reactions
- Data overload and alert fatigue
- Cost burden
- Necessity to still use finger-stick tests for calibration and lows with some devices (excluding Dexcom G6 and FreeStyle Libre)[2,3]

CGM = continuous glucose monitoring; FGM = flash glucose monitoring.

1. Diabetes Educators Calgary. Accessed April 24, 2020. https://diabeteseducatorscalgary.ca/devices/continuous-glucose-monitors/continuous-glucose-monitoring-cgm-benefits-and-challenges.html. 2. Adolfsson P, et al. *Eur Endocrinol*. 2018;14(1):24-29. 3. Abbott FreeStyle. Updated November 2019. Accessed June 24, 2020. https://provider.myfreestyle.com/freestyle-libre-pro-product.html

Discussing Challenges: Adherence to Technology

- Patients who are fully committed to CGM benefit more than those who lack adherence to the technology[1]
- CGM devices can impose both physical and nonphysical burdens on patients; this can affect adherence[2]
- Problems associated with CGM adherence may be reduced when HCPs educate patients and help them set expectations[2,3]

CGM = continuous glucose monitoring; HCP = healthcare provider

1. NIDDK. NIH. Updated 2017. Accessed February 19, 2020. https://www.niddk.nih.gov/health-information/diabetes/overview/managing-diabetes/continuous-glucose-monitoring. 2. Messer LH, et al. *Diabet Med.* 2017;35(4):409-418.
3. American Diabetes Association [web annotation]. *Diabetes Care*. 2020;43(suppl 1):S1-S212

Discussing Challenges Example

I think you are an excellent candidate for a CGM device. Sometimes, my patients misunderstand what the device does, so I want to be clear that there are limitations to these devices, and sometimes there are challenges.

For example, you'll still need to check your monitor multiple times a day and respond to alerts and trend data. Some people like this level of information, while other people sometimes feel overwhelmed. How do you think you'd feel about it?

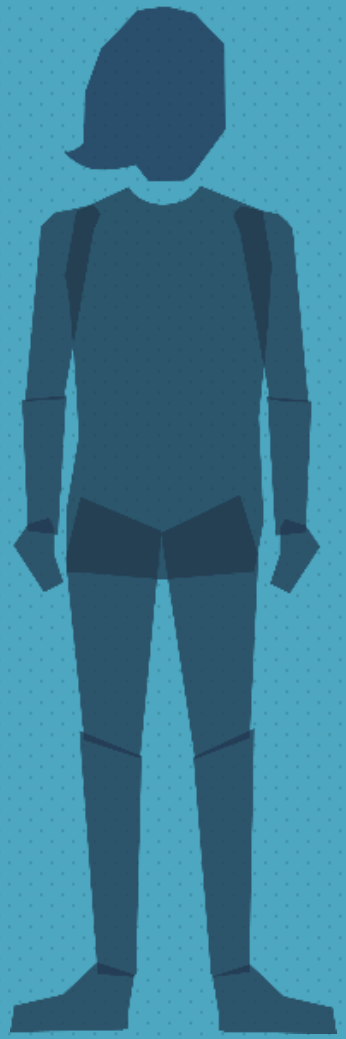
Disclaimer: This scenario is based on a hypothetical patient.
CGM = continuous glucose monitoring.

Reflection Question

What are some pros and cons you share with your patients when discussing CGM and FGM devices?

CGM = continuous glucose monitoring; FGM = flash glucose monitoring.

Meet Nicole



Medical History

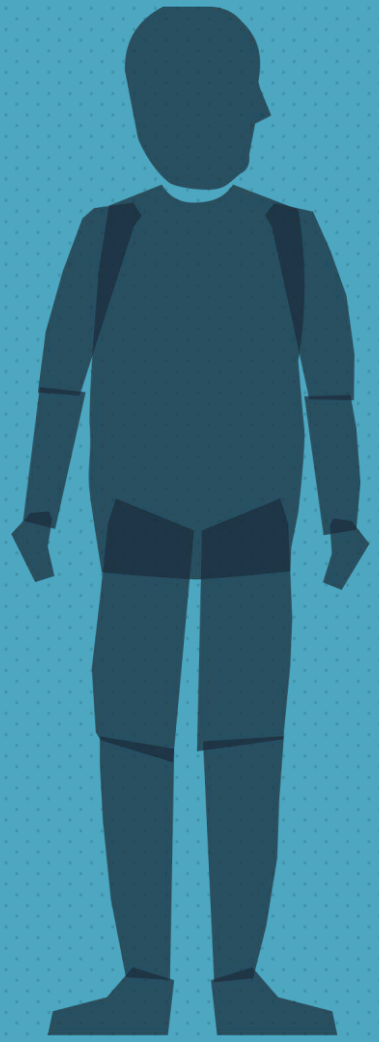
- 24-year-old woman
- Type 1 diabetes (T1D)
- On multiple daily injections of insulin

Lifestyle Factors

- Full-time student with a busy school life, studying engineering
- Exercises regularly
- Tracks her meals, exercise, and insulin in a diabetes app

Disclaimer: This scenario is based on a hypothetical patient.
T1D = type 1 diabetes.

Meet George



Medical History

- 56-year-old man
- Type 2 diabetes (T2D)
- Has been on multiple daily injections of insulin for 1 year
- Three months ago, he was given a temporary professional FGM device

Lifestyle Factors

- Lives with his wife
- Sees family and friends on the weekends, usually for big meals
- Doesn’t often exercise

Disclaimer: This scenario is based on a hypothetical patient.
FGM = flash glucose monitoring;T2D = type 2 diabetes.

Introducing a Device for Nicole

Now that we've gone over ways you can reduce the potential for lows during exercise, do you have anything else you'd like to discuss?

Actually, yes. I saw a commercial for a flash device that can track my data. I'm already using a phone app to track my insulin, food, and exercise, so I'm thinking of getting this device, so I don't have to track everything myself.

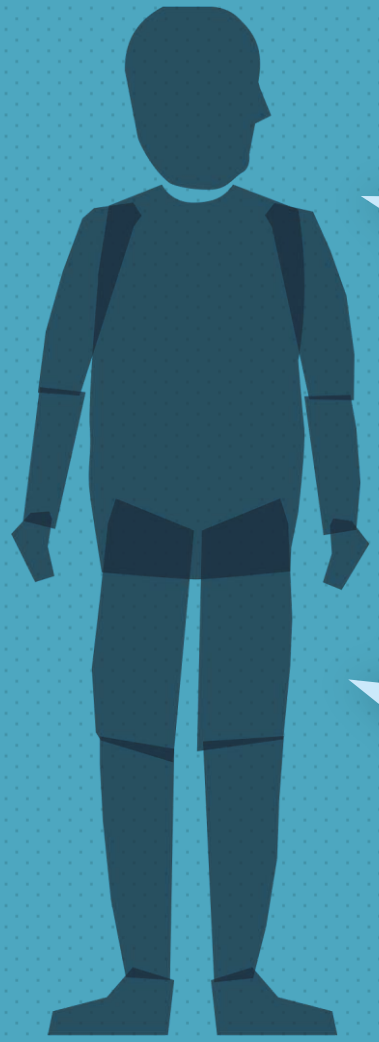
It's great that you're tracking your data! You sound very dedicated to your health. What in particular did you like about this flash device?

Often, I get dizzy and shaky during my workouts and soccer games. I want something that can help me fix problems like that immediately.

That's understandable. It sounds like you could be experiencing some serious lows. A flash device can help track your glucose trends, but it doesn't offer useful features like alarms that let you know when you are too high or too low. We could look into a real-time CGM device instead. Many of them can be integrated with an insulin pump, which can deliver insulin exactly when you need it. Are you interested in learning more about this?

Disclaimer: This scenario is based on a hypothetical patient.
CGM = continuous glucose monitoring.

Introducing a Device for George



The results from your professional FGM device have given us some valuable insights into your glucose levels.

Remembering to scan the device was easier than I expected. Much easier than all the finger sticks—I'm supposed to do those six times a day.

That's excellent to hear. I'm glad the device is convenient and is working for you. Based on your results, your glucose levels were a little high after lunch, especially on the weekends. Do you have any insight into that?

That's when I visit my kids. We always have barbecues, and sometimes I overindulge on the desserts. These results are a good reminder to be more mindful of my eating around lunchtime.

There's also an option for you to have a longer-term personal FGM device. It's simple to use, with fewer finger-stick tests than you're used to. I think you'd be an excellent candidate for the device. Would you want to know more?

Disclaimer: This scenario is based on a hypothetical patient.
FGM = flash glucose monitoring.

Reflection Questions

Think about your best practices:

- Think about a situation where you have experienced or heard about a CGM or FGM device implementation with a patient that went well. Why was it successful?
- Have you experienced or heard about a CGM or FGM device implementation with a patient that did not go well? What happened? How could you have changed the patient's experience?

CGM = continuous glucose monitoring; FGM = flash glucose monitoring.

Educating on Use

Educating on Use: Supportive Approaches

- Set expectations for your patients to help them realize that using a CGM or FGM device is an adjustment and will take time
- Reinforce that you will be a continued support during their adjustment to a CGM or FGM device
- Reassure patients that follow-up visits can address any difficulties they might face
- Expect some patients to feel frustrated or overwhelmed
- Use clear and simple language
- Don’t overwhelm your patients with jargon or too much information

CGM = continuous glucose monitoring; FGM = flash glucose monitoring.

Educating on Use: CGM and FGM Information

In simple terms with your patient, you will need to cover:

- How the device works[1]
- How the device and data impact insulin dosing[1]
- When and how to respond to highs and lows[1]
- What patients are required to do
- What patients should not be doing
- What to do with their reports

CGM = continuous glucose monitoring; FGM = flash glucose monitoring.

1. Hirsch IB, et al. American Diabetes Association. 2018.

Expect Misunderstandings

"I cannot tell you how many people mistakenly thought that the sensor, every time it tested their blood sugar, was poking them every 15 minutes.

They were thinking, 'This doctor is crazy, he wants me to wear this on my arm? How am I going to sleep?'

I've had people who come to get their pump started and they fasted beforehand, thinking they were getting some sort of surgical procedure."[1]

Joseph Aloi, MD

Section Chief for Endocrinology and Metabolism, Wake Forest Baptist Health, North Carolina

1. Schaffer R. Endocrine Today. Updated November 2019. Accessed April 24, 2020. https://www.healio.com/endocrinology/diabetes/news/print/endocrine-today/%7B3efc474d-0138-4f4b-a4cf-62225fa42d2b%7D/as-diabetes-technologies-advance-matching-patients-to-the-right-device-challenges-providers.

Educating on Use: Using Plain Language

A CGM device has a tiny sensor that stays in your skin and measures your glucose every few minutes.

So it measures my blood glucose?

That's an important question. The sensor doesn't measure blood glucose; it measures glucose in the fluid under your skin, also known as interstitial glucose. Since glucose appears first in the blood and then in the fluid under your skin, CGM device numbers lag a little behind numbers from a blood glucose meter.

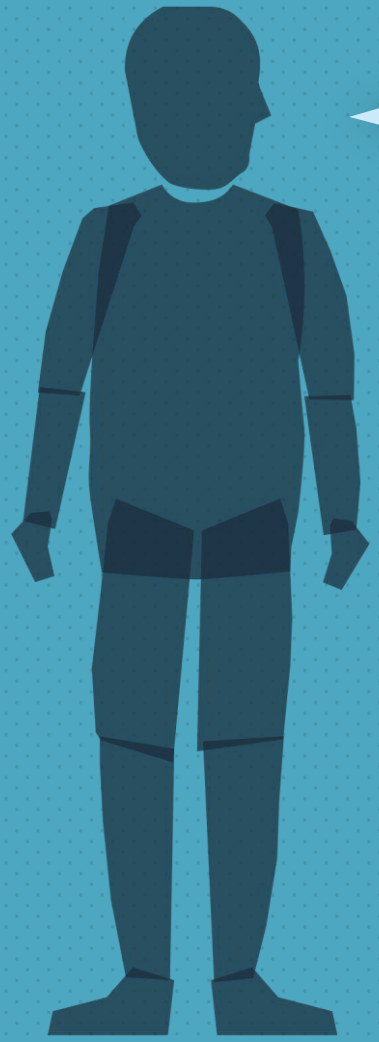
So my device isn’t malfunctioning if I see that the two numbers are a little bit different?

That’s right. If you are unsure about a number from your CGM device, you can always confirm it with a glucose meter test. But don’t worry if the values are slightly different. In fact, with a CGM device, you don't need to worry too much about individual numbers. What's more important are trends and patterns of your glucose levels throughout the day.

Disclaimer: This scenario is based on a hypothetical patient.
CGM = continuous glucose monitoring.

VV-MED-90857 © 2020 Lilly USA, LLC. ALL RIGHTS RESERVED.

Educating on Use: Correcting Misunderstandings



An FGM device sounds wonderful! I'd love to not have to do finger-stick tests anymore!

I'm glad you're open to hearing about the device. My patients have seen great success with them. But it's important to understand that it's not a solution that will manage everything for you.

It's true that the device doesn't need daily finger sticks for calibration, but you still might need to confirm your blood glucose levels every so often using finger-stick testing—like when hypoglycemia is detected. But the good news is that this is fewer than you're used to.

Disclaimer: This scenario is based on a hypothetical patient.
FGM = flash glucose monitoring.

Avoid Overcorrections

- Trend arrows from CGM devices support patients by making it easy to identify their glucose trends.
- Patients should be conscious of the following times when overcorrection is more likely to occur[1]:
  - For 4 hours after a meal, patients should avoid adjusting insulin based on trend arrows
  - When trend arrows show rapidly rising sensor glucose at pre-meal, patients should consider administering insulin 15-30 minutes before eating
  - When trend arrows show rapidly falling sensor glucose, patients should consider administering insulin closer to mealtime or when glucose trends have stabilized
  - Older adults should be conservative when adjusting insulin doses to avoid hypoglycemia
- Trend arrows can be helpful, but standard calculations using insulin-to-carbohydrate ratios (ICRs) and correction factors (CFs) for insulin adjustments are the most effective way to avoid incidences of hypo- and hyperglycemia.[1]

CF = correction factor; CGM = continuous glucose monitoring; ICR = insulin-to-carbohydrate ratio.

1. Aleppo G, et al. *J Endocr Soc*. 2017;1(12):1445-1460.

Educating on Use: What recommendations would you give based on the CGM data?

Name: Nicole

Age: 24 years old

Medical history: Type 1 diabetes

Correction factor: 60

Nicole exercises regularly and administers multiple daily insulin injections. She is prone to lows when exercising, so after her soccer game, she has a large snack and a sports drink. Four hours later, she checks her CGM device and notices this high reading.

Dexcom G5/G6 Trend Arrows			Change in Glucose	Correction Factor* (CF)	Insulin Dose Adjustment (U)
Receiver	App	Glucose Direction			
↑↑	189	**Increasing**	**Glucose is rapidly rising** Increasing >3 mg/dL/min or >90 mg/dL in 30 minutes	<25 25-<50 50-<75 ≥75	+4.5 +3.5 +2.5 +1.5

Disclaimer: This scenario is based on a hypothetical patient.

1. Aleppo G, et al. *J Endocr Soc*. 2017;1(12):1445-1460.

*Correction factor (CF) is in mg/dL and indicates glucose lowering per unit of rapid-acting insulin.

Educating on Use Activity: Example

Name: Nicole
Age: 24 years old
Medical history: Type 1 diabetes
Correction factor: 60

This means that in 30 minutes, Nicole could have a glucose reading of 279 mg/dL.

Based on Nicole's correction factor of 60, her insulin dose adjustment is +2.5 U.

Dexcom G5/G6 Trend Arrows			Change in Glucose
Receiver	App	Glucose Direction	
↑↑	189	Increasing	**Glucose is rapidly rising** Increasing >3 mg/dL/min or >90 mg/dL in 30 minutes

Correction Factor* (CF)	Insulin Dose Adjustment (U)
<25	+4.5
25-<50	+3.5
50-<75	+2.5
≥75	+1.5

Disclaimer: This scenario is based on a hypothetical patient.

1. Aleppo G, et al. *J Endocr Soc*. 2017;1(12):1445-1460.

*Correction factor (CF) is in mg/dL and indicates glucose lowering per unit of rapid-acting insulin.

Reinforcement and Follow-up

Reinforcement and Follow-up

How to help patients get off to a good start

Identify knowledge gaps[1]

Make sure patients have a support network[2]

Follow up sooner than normal[2]

Reinforce positive habits[1,2]

1. Dickenson JK, et al. *Diabetes Care*. 2017;40(12):1790-1799. 2. American Diabetes Association [web annotation]. *Diabetes Care*. 2020;43(suppl 1):S1-S212.

Identify Knowledge Gaps

- Patients may forget what they are told during a clinical encounter. After you've shared knowledge, ask your patient to repeat it back to you[1]
- If it's clear they don't fully understand, explain the information again in a nonjudgmental tone, using plain language[1,2]
- Encourage your patient to ask questions during this process

I want to make sure I've explained everything clearly. Would you mind repeating how the device works back to me so I can make sure I haven't missed anything?

1. AADE. 2019. 2. Dickinson JK, et al. *Diabetes Care*. 2017;40(12):1790-1799.

Make Sure Patients Have a Support Network

- Explain that support networks are important
- Ask if they have a support network
- Suggest concrete ways that their support system can help them

Managing diabetes on your own can be stressful. Many of my patients improve when they include family and friends in their care.

They have exercise buddies, and some check in with friends about target glucose levels. Others even have online communities they are a part of that keep them accountable when managing their diabetes. Who is in your support circle? How do they support you?

Follow Up Sooner Than Normal

- To limit the possibility of negative side effects due to misuse of the device, schedule a follow-up sooner than normal

I know we usually see each other every few months, but I'd like to know early on how the device is working for you.

I'd like to follow-up with you in a week. Would you prefer a physical appointment or a phone call?
If you have any questions in the meantime, please call the office.

Reinforce Positive Habits

- Goals should be revisited at each visit
- Remember that habit change happens slowly
- Offer encouragement for achievements even if they're modest
- Avoid making assumptions or being judgmental of a patient who is having difficulty with self-management[1]

Let's see what has changed since last time. It looks like you've been managing your daytime highs well.

Did the CGM device help?

What was easy for you? What is working well?

What questions do you have?

Is anything bothering you?

CGM = continuous glucose monitoring.

1. American Diabetes Association [web annotation]. *Diabetes Care*. 2020;43(suppl 1):S1-S212.

Expanding Diabetes Technology

Technology has expanded to include devices, apps, and software that provide diabetes self-management support.[1,2]

- These systems incorporate data and information[3]
- They facilitate communication to promote positive health outcomes[3]
- When applied appropriately, these technologies may improve insulin therapy and the lives and health of people with diabetes[1,4]

DEVICES

Smart pumps, sensors, and glucose meters[1]

Smart caps and pens[1]

APPS AND SOFTWARE

Apps and software[1,2] (eg, electronic logbook)

NFC = near-field communication.

1. American Diabetes Association. *Diabetes Care*. 2020:43(suppl 1):S1-S212. 2. Fagherazzi G, Ravaud P. *Diabetes Metab*. 2019;45:322-329. 3. Gee PM, et al. *J Med Internet Res.* 2015;17(4):e86. 4. Klonoff DC, et al. *J Diabetes Sci Technol*. 2018;12(3):551-553.

Reflection Questions

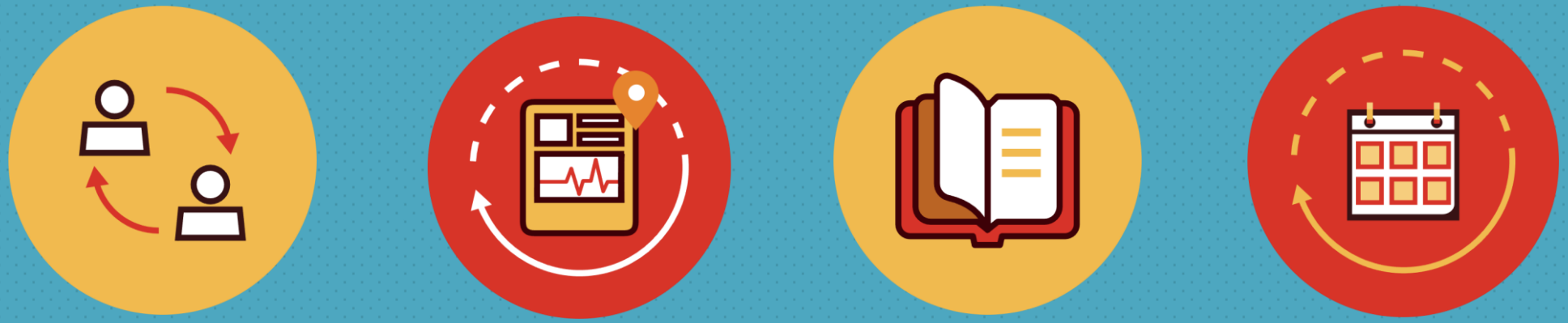
How can you help ensure that a new device helps manage insulin therapy better?

How do you support positive habits?

Conclusion

You Have Now Completed the Following:

Connected care in clinical practice



What is Connected Care?

Getting Started With a Device

Educating on Use

Reinforcement and Follow-up

Key Takeaways

- Connected care is an approach to diabetes management that uses digital tools and devices to inform patient and HCP decision-making
- Apps, smart insulin pens, and CGM and FGM devices are some examples of connected care technology[1]
- CGM and FGM devices provide patients and HCPs with more personalized and actionable information through the ability to target percentages of time in ranges[2]
- Identifying appropriate patients for connected care technology is critical to patient success with the device[3]
- Though there are many benefits, there are also challenges with the devices that should be discussed with patients to reduce the possibility of device abandonment
- Follow up sooner than normal with your patients, and use empathetic statements of encouragement[1]

CGM = continuous glucose monitoring; FGM = flash glucose monitoring; HCP = healthcare provider.

1. American Diabetes Association [web annotation]. *Diabetes Care*. 2020;43(suppl 1):S1-S212. 2. Battelino T, et al. *Diabetes Care.* 2019;42(8):1593-1603. 3. Hirsch IB, et al. American Diabetes Association. 2018.

CONVERSATIONS *in MOTION*

CONNECTED DIABETES CARE