



Improving Complex Diabetes Management in Primary Care

Leverage Supplemental Tools to Achieve Better Outcomes & Reduce Stress



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Introduction: The Current State of Diabetes



In 1994, the Centers for Disease Control and Prevention (CDC) classified diabetes as an epidemic, and disease incidence and morbidity rates have continued to rise ever since. As of 2022, [37.3 million Americans](#) are living with diabetes, with an estimated 8.5 million (23% of that population) undiagnosed. A further 96 million adults are considered pre-diabetic, at risk of developing Type 2.

Advances in therapeutics have reduced mortality in the past two decades – [102,188 U.S. deaths](#) were attributed to diabetes in 2020, compared to [231,404 deaths in 2007](#). However, overall [disease incidence and other outcomes](#) (such as blood pressure, glucose levels, and medication adherence) have not changed or improved significantly in that time. This is partially due to the complexity of diabetes care, wherein patients need access to multiple, unaffiliated specialists who each address a different facet of the disease, including nephrology, podiatry, or ophthalmology.

Accessing the full range of recommended care is no small undertaking, and many people with diabetes become overwhelmed and may lapse in their pursuit of (or adherence to) treatment.

To achieve successful treatment outcomes, both patients and clinical care teams need enhanced support. Innovative, supplemental, expert-driven solutions like [Stability Health](#) provide necessary support for clinicians while empowering patients with education and guidance. A partnership with Stability Health is designed to help clinicians maximize face-to-face time with the patients who need them most, leading to more positive treatment outcomes, better [health system outcome metrics](#), lower overall costs, and lower stress levels in practitioners. Even patients with the most clinically complex diabetes experience progress when they are empowered, supported, and heard inside and outside the exam room.

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Stability Health addresses one of the most critical health care needs in the U.S.

The Tech Tribune, 2021



What Is Complex Diabetes?

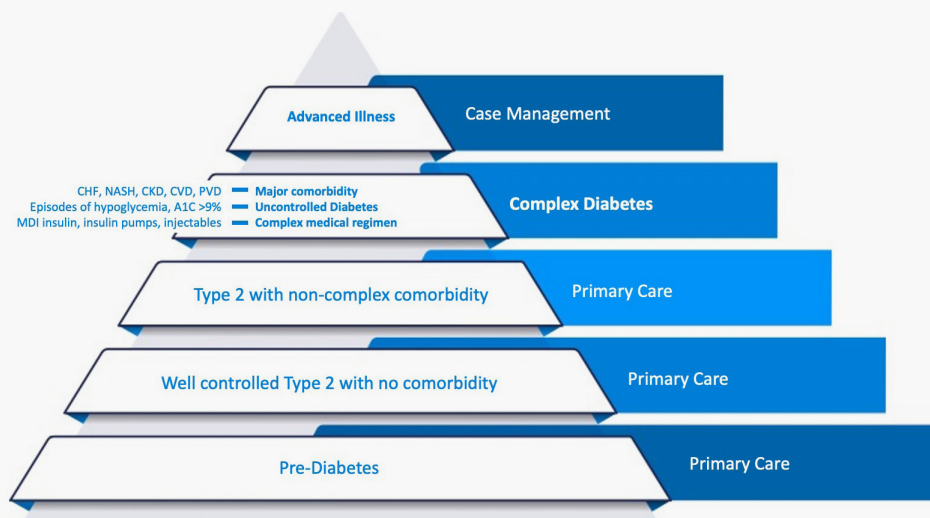
Symptoms and treatment regimens for Type 1 and Type 2 diabetes can be complicated by the additional presence of renal, cardiovascular, ophthalmological, or neurological comorbidities. Individuals with multiple related conditions are considered to have complex diabetes.

Patients with complex diabetes may require numerous treatments, each prescribed and delivered by various medical and behavioral specialists. Endocrinologists, when available, provide the most comprehensive care, potentially supplemented by cardiologists, ophthalmologists, nephrologists, certified diabetes care and education specialists, and nutritionists who address a range of accompanying conditions. Since complex diabetes can be exacerbated by lifestyle factors such as smoking, a poor diet, and a lack of physical activity, patients typically require additional behavioral coaching to address ingrained habits.

Individuals with diabetes can be classified as low-risk, rising-risk, and high-risk, wherein those with complex diabetes can fall into either of the latter two categories, and require the most resources and highest level of care. Today, patients with complex diabetes represent one of the greatest clinical and financial opportunities in our healthcare system. Of the [\\$3.8 trillion spent annually on healthcare](#) in the U.S., 50% is used to treat high-risk patients with complex, chronic illnesses like diabetes – who make up only 5% of the patient population.

This spending pattern is partially attributed to a short-term, fragmented approach to diabetes treatment. Individuals with complex diabetes require intensive, longitudinal care, but clinicians who treat them can only address so many facets of their care at once. Many clinicians lack the support and ability to view their patients' "big picture," which results in a triage mindset during appointments.

Defining High Need Patients with Complex Diabetes



While the above [risk stratification model](#) may help hospitals and healthcare systems allocate resources in the short-term, homogeneous patient categorization does not account for longer-term or developing patient needs. Furthermore, when patients with complex diabetes are mis-prioritized at the primary care level, the implications extend far beyond the patient's health. Clinicians, their practices, and entire health systems experience challenges due to a lack of data and a limited view of their patients.

For many Americans with complex diabetes, building and fostering a holistic relationship with healthcare starts with their most accessible provider: the primary care clinician.

Successful treatment of complex diabetes is rarely simple or straightforward. To best serve their patients, primary care clinicians need tools that support them both in the exam room and after the patient leaves their care. The most positive treatment outcomes result from a holistic assessment of patient characteristics, including social determinants of health and a long-term patient-clinician relationship built on trust – in short, an approach that extends beyond the exam room or the yearly physical.

Combining technology with expert clinical guidance, Stability Health fills the current gaps between clinicians and their most complex patients, empowering both with tailored recommendations and personalized support.

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With diabetes, you feel like you're in it all alone.

**Now I always feel like there's somebody
looking over me."**

Stability Health Patient since 2019

Why Current Care Models are Insufficient for Complex Diabetes

Due to the decentralized nature of diabetes care, patient services are inherently siloed. Patients' difficulty in accessing appropriate care is further exacerbated by an [increasing demand for primary care physicians](#), as well as the ongoing [national shortage of Endocrinologists](#).

A lack of clinicians and diabetes specialists can cause delays in patient care plan modifications, which are frequently necessitated by the (sometimes unpredictable) nature of complex diabetes. Delayed care plan adjustments result in lapses in disease progression monitoring and a decline in the patient's condition. Furthermore, most American healthcare systems lack the infrastructure to proactively support patients between the standard two to four appointments per year; and since [roughly 85%](#) of Americans with diabetes rely on a general practitioner for their care, this can be vastly insufficient for those with complex diabetes.

Primary care clinicians typically receive little training in complex diabetes care, and therefore are not always familiar with the [latest diabetes technologies and treatments available](#). While most clinicians know enough to recommend that their patients lose weight or exercise, they typically have neither the time nor resources to offer personalized guidance for achieving and maintaining these goals. The current primary care model does not leave space for clinicians to build longitudinal, holistic relationships with their patients that may lead to more comprehensive care recommendations and [better treatment adherence](#).

There is little chance that the American healthcare system will experience a significant overhaul in the near future, but small-scale changes in primary care delivery have demonstrated improvements in both the quality and experience of care.

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I didn't have any support. It would just be me going to a doctor every six months, and if anything happened within that time before my check-up, it would result in me going to the hospital.

Person with Type 1 Diabetes on multiple daily injections of insulin;
Stability Health Patient since 2019

How to Support & Improve Primary Care for Chronic Diseases



Overall, primary care needs to shift toward a model that enables increased support for patients with chronic disease and their clinicians. A report by the National Academy of Sciences proposes updating the definition of primary care – “integrated, accessible health care services” delivered by clinicians who address “a large majority of personal health care needs” – to include:

- An increased emphasis on integrated, whole-person health, as opposed to a transactional provision of healthcare services
- Sustained relationships at the core of high-quality primary care
- The importance of a patient’s community and its critical role in the success of primary care
- Increased equity in primary care
- Expanded patient and clinical access to interprofessional care teams
- The diversity of modalities and settings in which primary care occurs.



A lack of one or more of these aspirational elements in primary care may put a patient with complex diabetes at risk for negative health outcomes. To ensure patients with complex diabetes receive effective primary care, each of the above elements should be present in the primary care model in the following ways:

Whole-person health

When making treatment recommendations for complex diabetes, clinicians and care team members need to account for all patient characteristics, including socioeconomic status, home environment, cognitive abilities, and physical or financial access to specialists.

Sustained relationships

The primary diabetes care relationship should not be limited to a patient and their clinician, but should expand to include the patient's family, community, and other stakeholders with the goal of building a network of patient support.

Community role

Primary care practices should collaborate with and lean on community health workers and centers. These services can act as informal liaisons between clinicians and patients who need more robust assistance with transportation, medication reminders, or appointment scheduling.

Equitable healthcare

Each patient, regardless of circumstance, should be supported with the services they need to achieve positive health outcomes. The goal of primary care should not merely be the maintenance of disease, but the improvement of overall patient physical and mental well-being.

Interprofessional teams

Comprehensive diabetes care needs to incorporate a combination of clinical and nonclinical team members who perform a variety of services for the patient, from nutritional coaching, to medication assistance, to transportation.

Diversity of care delivery

Most people with diabetes today access primary care through a variety of means, including in-person appointments, telehealth, retail clinics, community or school health services, or smartphone apps. [Virtual tools](#) are especially important for people who need multifaceted, asynchronous care from multiple specialists, or those who live in Health Professional Shortage Areas (HPSA). Primary care services that integrate virtual tools into their practice increase their ability to deliver the right care, at the right time, to the right patients.

Current healthcare reimbursement models exist on a spectrum, from volume to value. Therefore, not all primary care practices can support innovative care models that possess every quality listed above, since an overhaul of infrastructure is expensive to implement and maintain. However, innovative organizations that integrate solutions like Stability Health into their workflows can take small, incremental steps toward this aspirational model.

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I've struggled with diabetes since I was nine years old, and I can honestly say that the **quality of support that my Stability Health coach gives me is the best care I've ever received.**

Person with Type 1 diabetes using insulin pump therapy;
Stability Health Patient since 2020

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Stability Health is teaching me to provide better diabetes care through the care plans they generate and interactions I have with their team.

Patients appreciate not having to physically go to another appointment when they have the option for virtual visits with Stability Health.

Participating clinician and leader at a Stability Health client

What Is Advanced Diabetes Care?

The levels of diabetes care can be classified as typical, enhanced, or advanced. To be effective, advanced diabetes care should incorporate the following elements:

- A comprehensive patient assessment and care plan that supports the primary care clinician
- Clinical guidance from an expert diabetologist
- Multi-factor patient monitoring and analysis
- Personalized patient coaching informed by the full care plan and integrated with the patient's clinical care team

Advanced diabetes care shares many characteristics with advanced primary care, which means that it is compromised by the issues present in current care models. However, if clinicians can leverage the right scalable, tech-informed solutions, they will achieve more positive treatment outcomes and keep costs down for both their patients and practices.

For Clinicians

- Supplemental care services supported by healthcare standards
- Access to clinical resources and Endocrinology colleagues
- Expert clinical review and oversight for care recommendations
- An appropriate, holistic risk stratification model
- Predictive analytics
- Technology and communication agility to serve patients across a spectrum of literacy

For Patients

- Personalized coaching supported by healthcare standards
- Connection to appropriate digital diabetes tools
- Connection to their clinician between appointments, as well as a team of clinical experts
- Technical support as needed
- Accessible, disease-specific resources and education
- Behavioral, emotional, and habitual support between appointments
- The ability to set goals and track their own progress
- Accountability checks founded in respect and empathy

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Stability Health has changed me

from a person who didn't like to take their [blood glucose] scores to someone who does it quite regularly.

Person with Type 2 diabetes, Stability Health Patient since 2019



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What has benefitted me the most as a clinician are **the education and counseling that is provided to patients;** the actual time spent completing these coaching sessions is not typically allotted during [an office] visit.

Participating clinician of a Stability Health client

Stability Health: A Care Solution for Complex Diabetes

While diabetes experts and other medical professionals understand the complexity of diabetes treatment, healthcare models have not kept pace with evolving treatment options or patient needs. However, [recent innovations in digital healthcare](#) have the capacity to vastly improve the care experience for people with complex diabetes. Apps, telehealth services, remote monitoring devices, and patient portals can supplement in-person appointments, which is especially critical for those with advanced chronic disease.

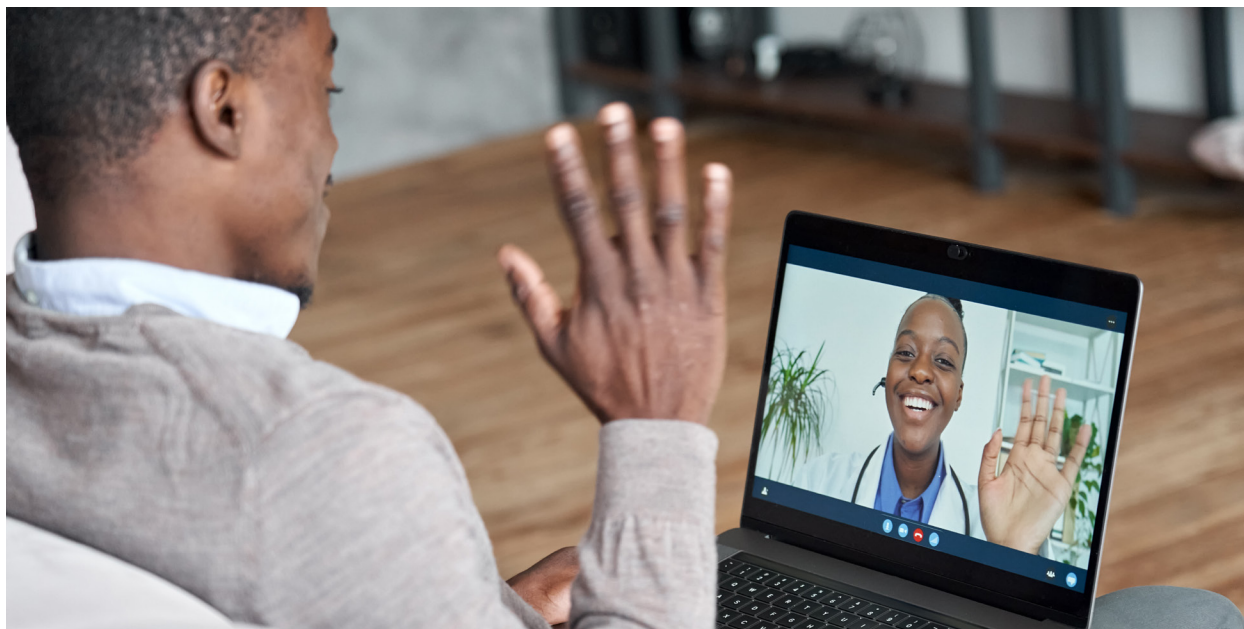
According to the National Academy of Sciences, effective digital healthcare tools should accomplish the following:

- Improve patient access to healthcare and supplemental care services
- Shift diagnostic and therapeutic agency away from specialists and back to the primary care clinician
- Make appropriate, disease-specific educational materials available at the patient's convenience
- Provide a user-friendly, adaptable interface for users with a range of tech literacy
- Provide insight into the patient experience for family or community members
- Offer compatibility with existing electronic health records (EHR) and enable integration with clinical workflow
- Enable proactive over reactive care

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[My Stability Health coach] double **checks on me to make sure I'm doing well** – you don't always get that from a doctor.

Stability Health Patient since 2019



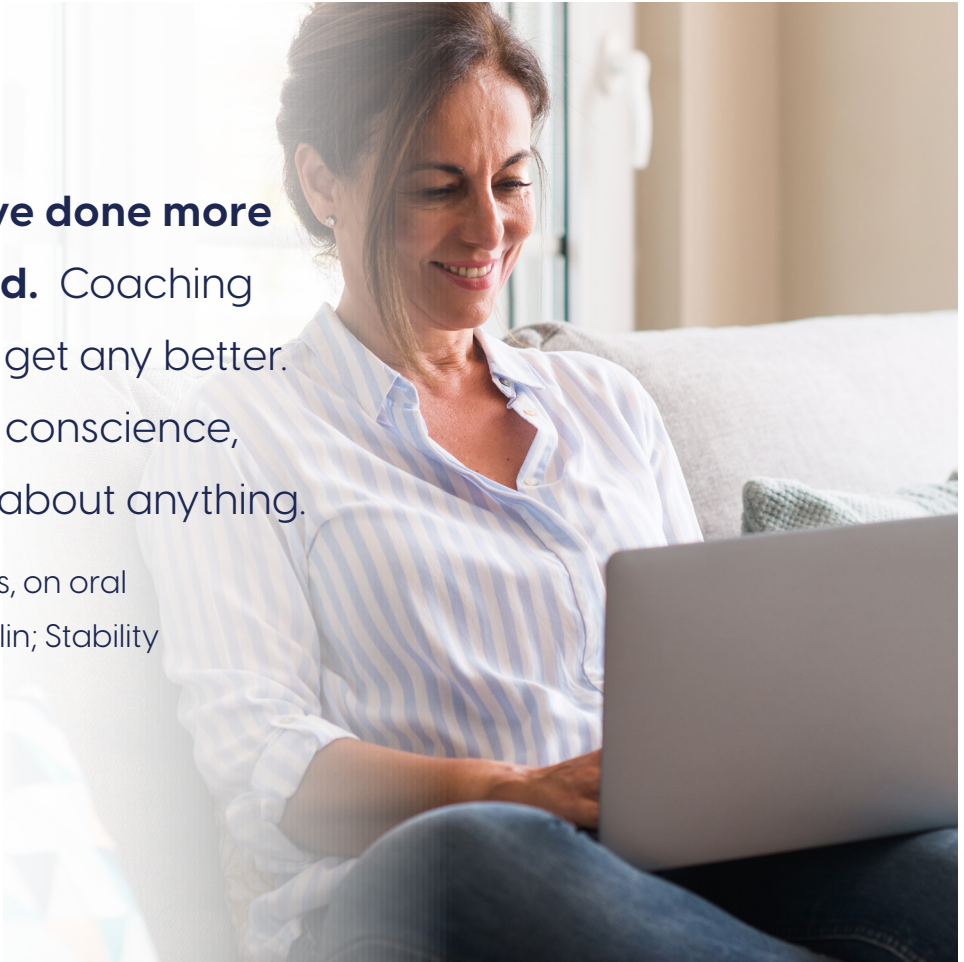
Powered by [clinical expertise](#), Stability Health is a tech-enabled care model that facilitates high-value, virtual diabetes care and decision making between a patient and their clinician. Through personalized coaching and goal setting, [patient-focused educational tools](#), and clinical guidance informed by ADA Standards of Care, Stability Health fosters a holistic patient-clinician relationship that improves care outcomes and the overall patient experience. Rather than a replacement for or siloed accessory to clinical care, Stability Health was designed to become a component of a patient's advanced diabetes care team.

How it Works

1. As part of their advanced diabetes care solution, a clinician connects their patient directly to the virtual Stability Health care team.
2. Every Stability Health participant receives a dedicated health coach, access to remote physiologic monitoring, and a personalized care plan, which is based on their data and personal health goals.
3. Clinicians receive therapeutic recommendations driven by Stability Health's digital operating system and team of clinical specialists, including routine patient status updates and intervention alerts.
4. Stability Health offers medication or treatment recommendations to the clinician as needed, based on the patient's evolving condition or developments in diabetes care.
5. By improving patient-clinicians communications, as well as the patient's understanding of their own condition, Stability Health supports all care team members and patients to achieve positive results.

Learn more about Stability Health's process here

How It Works



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Stability Health have done more than I ever expected. Coaching and consulting can't get any better. [My coach] is like my conscience, and I can talk to her about anything.

Person with Type 2 diabetes, on oral medications and basal insulin; Stability Health Patient since 2019

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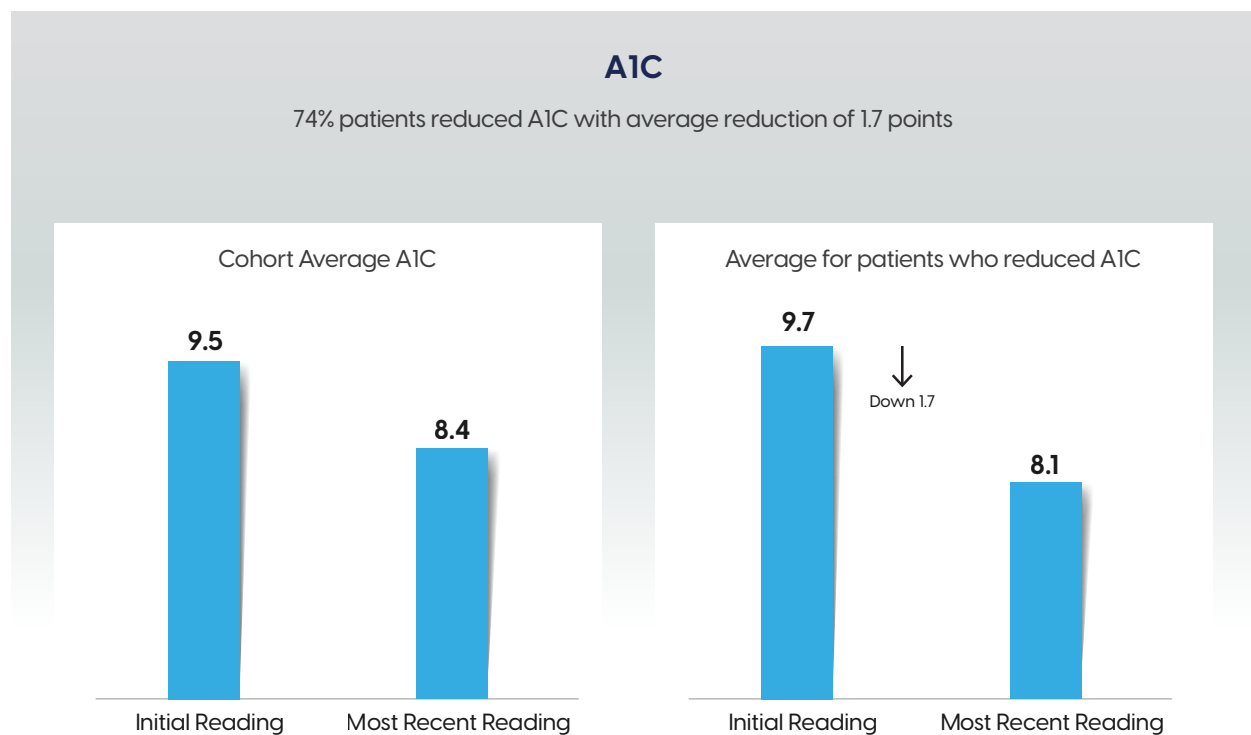
Stability Health helps us support patients who are struggling with their diabetes. They serve as a natural extension of our clinic. It's like having another pair of eyes and ears on a patient, mentioning other things that might help, improving adherence and catching details we might miss. **There's an incredible need for companies like Stability Health to get into this space to better support these patients.**

Dr. Mark Schutta, Medical Director, Penn Rodebaugh Diabetes Center

Stability Health was created to adapt to a range of technological capabilities (both those of the practice and the patient), and can even augment existing supplemental solutions by providing more robust care for complex diabetes:

- Each patient is supported by a **dedicated one-on-one health coach relationship** and receives guidance tailored to their unique needs.
- Patients have the option to log their progress in a **secure, virtual portal**, where predictive analytics can identify opportunities for intervention.
- The care recommendations driven by the digital operating system are reviewed by **a team of clinical experts**, so clinicians can feel confident that the recommendations are based on the most up-to-date standards of care.

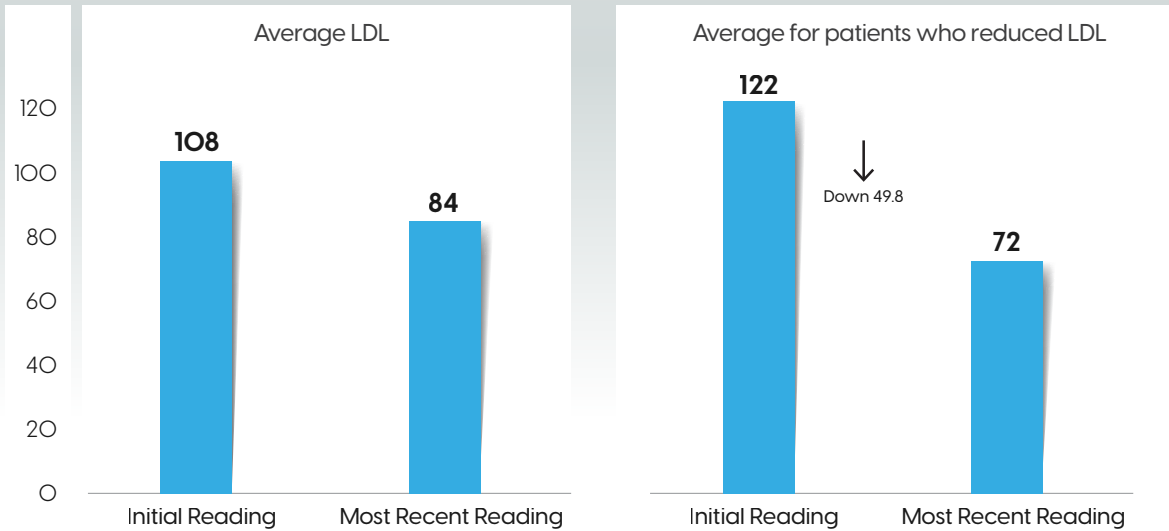
The following shows consolidated clinical results at 4 months of 154 patients who were enrolled with Stability Health (Note: Not all patients were eligible for all metrics)



LDL Cholesterol

67% patients reduced LDL, with average reduction of nearly 50 points

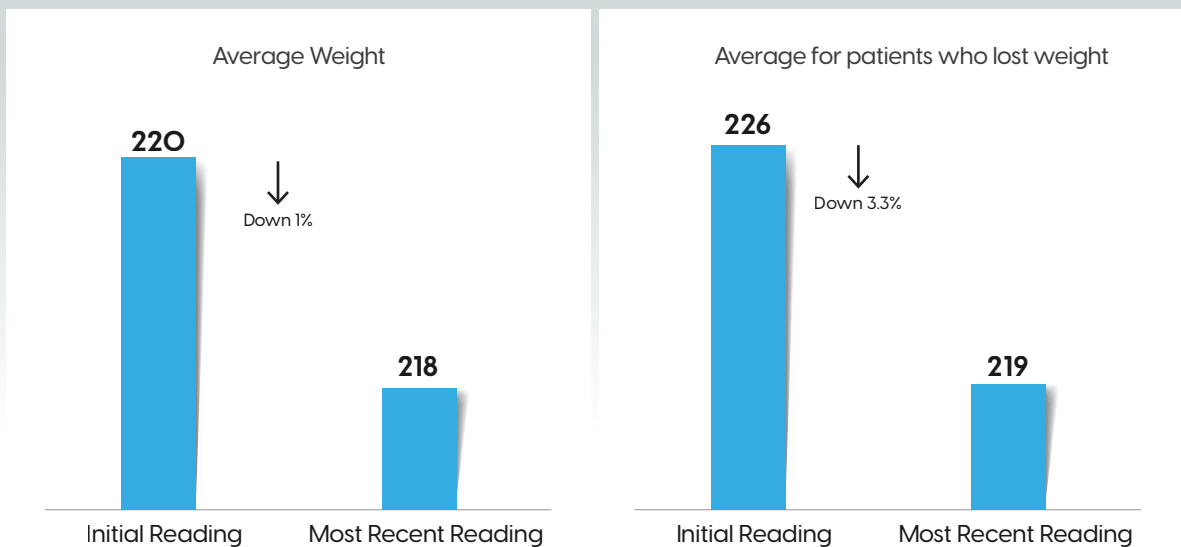
Of patients whose initial LDL was >100, 58% reduced to <100



Weight Loss

61% of the cohort lost weight with average weight reduction of 3.3%.

18% of patients had 5% or greater weight loss, a predictor of medication reduction.



Metrics aside, Stability Health affords patients and clinicians a greater opportunity to form authentic, long-term relationships, which reflects the original intention of primary care. Not only does this resource strengthen the trust between both parties, but clinicians experience more satisfaction and fulfillment in their practice knowing they can rely on an expert-driven support system between their patient's appointments.

[Stability Health](#) supports the full spectrum of healthcare system infrastructure with a collaborative, virtual service that improves clinical outcomes, costs, and the clinical and patient experience. Through a combination of technology, personalized coaching, and medical and behavioral expertise, Stability Health meets the needs of both [patients with complex diabetes](#) and the [clinical teams](#) who care for them.

