**OUTREACH TO OUTCOMES: DIGITAL PATIENT ACTIVATION** TO LOWER COSTS OF DIABETES CARE

# Presented by: Medtronic & CANARY

October 12<sup>th</sup>, 2017

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# OUTLINE

This webinar will focus on...

- Techniques to increase program awareness and enrollment
- The key elements that activate patients
- The fundamentals of driving patient engagement
- How to ensure successful outcomes by instilling long-term behavior change





### **INTERACT WITH US...**



# Use the chat feature to submit your questions







# TODAY'S PANELISTS & MODERATOR...



# Panelists



### Robert A. Vigersky, M.D. Medical Director, Medtronic Diabetes

Neal Kaufman, MD, MPH Chief Medical Officer, Canary Health



### Louis Dias VP, Chief Patient Officer Medtronic Diabetes Group

### Moderator



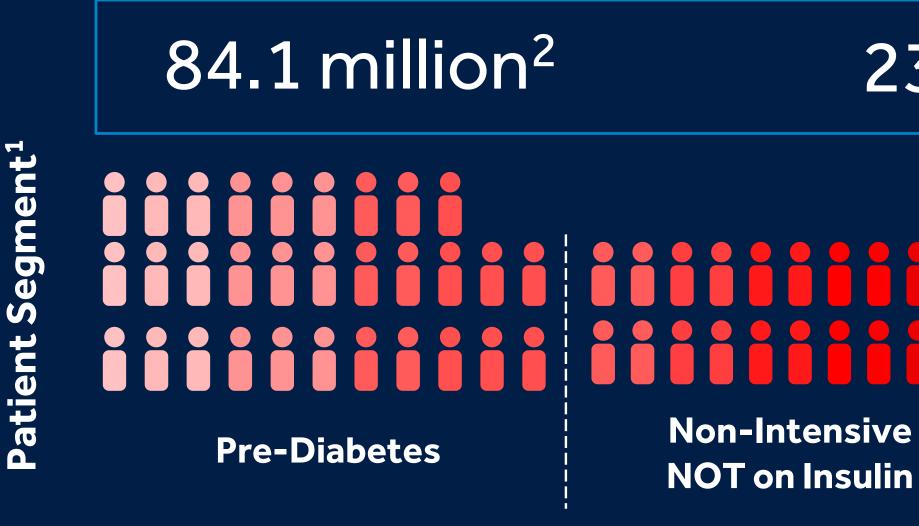
### **Jim Seles**

Director | Market & Business Development, Integrated Care Solutions (ICS)





### SEGMENTS OF DYSGLYCEMIC STATES, THERAPY TYPES AND ADHERENCE TO THERAPY



**Primary Care** 

69% adherence<sup>3</sup>

- 1) Illustrative representation of sample population
- 2) CDC, National Diabetes Statistics Report 2017, cdc.gov
- 3) Kirkman S et al. Diab Care 2015; 38:604-609
- 4) Peyrot M et al. Diab Care 2010; 33: 240-245

## 23.0 million<sup>2</sup>

**Non-Intensive** on Insulin

Intensive Insulin

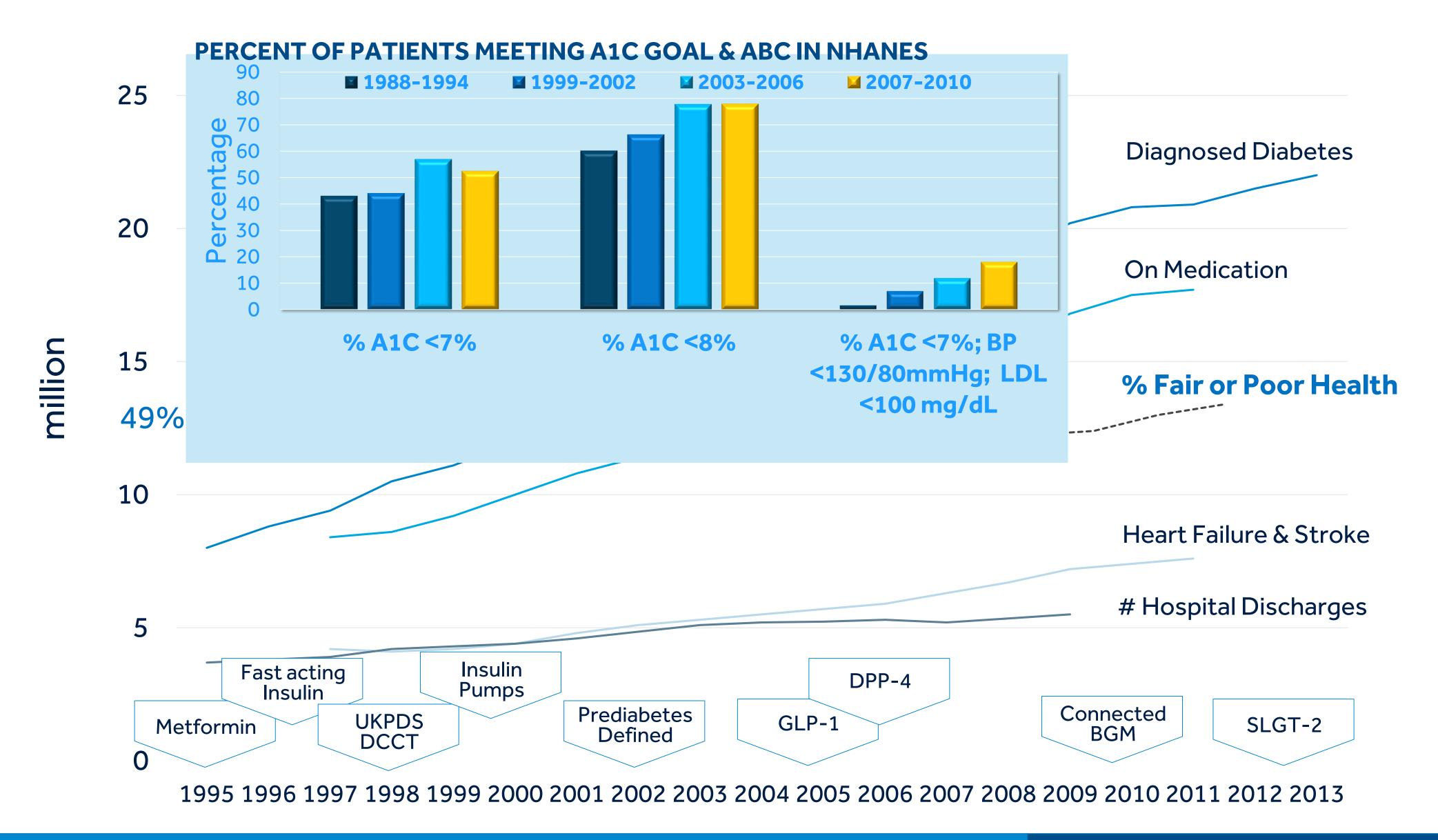
Primary Care Endo

50% adherence<sup>4</sup>





### **DESPITE DRUG AND DEVICE INNOVATION, MORE IS NEEDED...**



Casagrande SS et al., Diabetes Care 2013 Aug; 36 (8): 2271-2279 1.Source: Centers for Disease Control & Prevention







### **CARING FOR THE UNENGAGED CHRONIC WITH T2DM** THE PATIENT DILEMMA: PRIORITIZING + MANAGING

UNENGAGED CHRONIC (Type 2 Diabetic)

**PATIENTS** NEED A PERSONALIZED PROGRAM THAT WORKS WITHIN THEIR COMORBIDITIES

Most patients have at least one comorbidity<sup>1</sup>

77% hyperlipidemia

65% hypertension

11% coronary artery disease

7% arthritis

1. Lin PJ, Kent DM, Winn AN, et al. Multiple chronic conditions in type 2 diabetes mellitus: prevalence and consequences. The American Journal of Managed Care. 2015;21(1):e23-e34.

As a patient's condition worsens, he loses the ability to self-manage

PRIORITIZATION of condition management

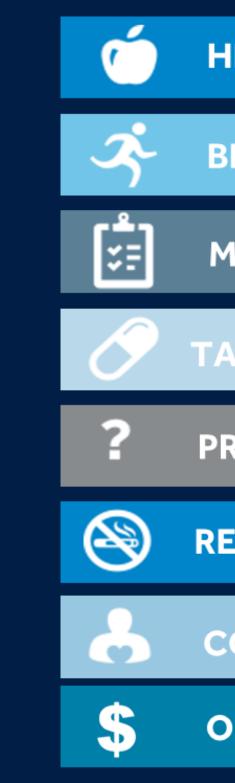
### SELF-MANAGEMENT of multiple conditions





### THE DOCTOR/PATIENT DILEMMA PATIENTS MANAGE MOST OF THEIR OWN CARE

# >90% of diabetes care is left up to the patient<sup>1</sup>





### **DOCTOR VISIT:** ~10 min every 90 days<sup>2</sup>

1. Azaid, A. There is a Missing Ingredient in Diabetes Care Today. Diabetes Technology & Therapeutics. 2014:16.

2. Medscape Physician Compensation report, 2011

### HEALTHY EATING

**BE ACTIVE** 

MONITOR

**TAKE MEDICATION** 

**PROBLEM SOLVE** 

**REDUCE RISK** 

**COPE WELL** 

**OUT OF POCKET** 



### **DOCTOR VISIT:** ~10 min every 90 days<sup>2</sup>



# PATIENT CENTERED-DESIGN

Louis Dias Medtronic Chief Patient Officer

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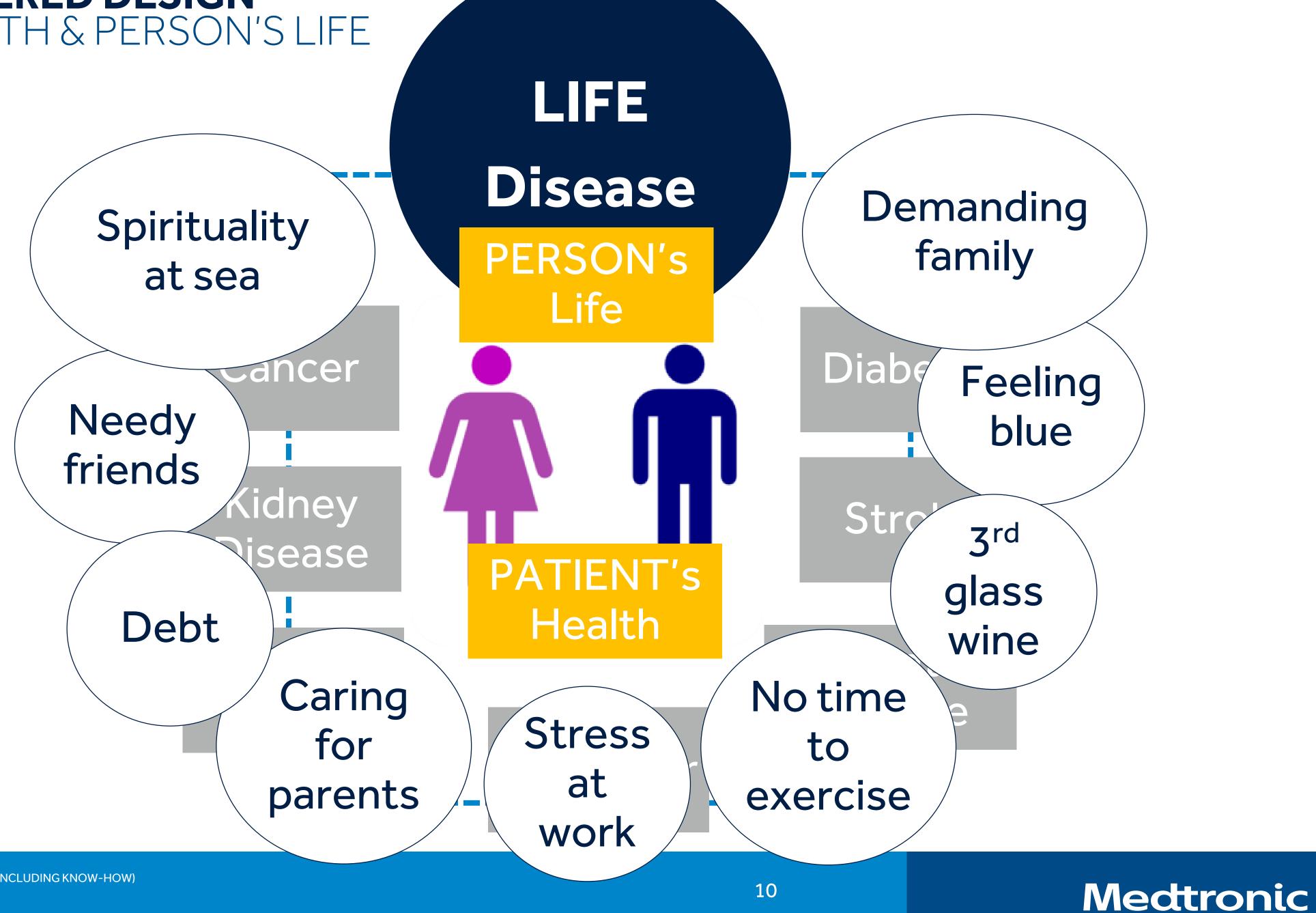




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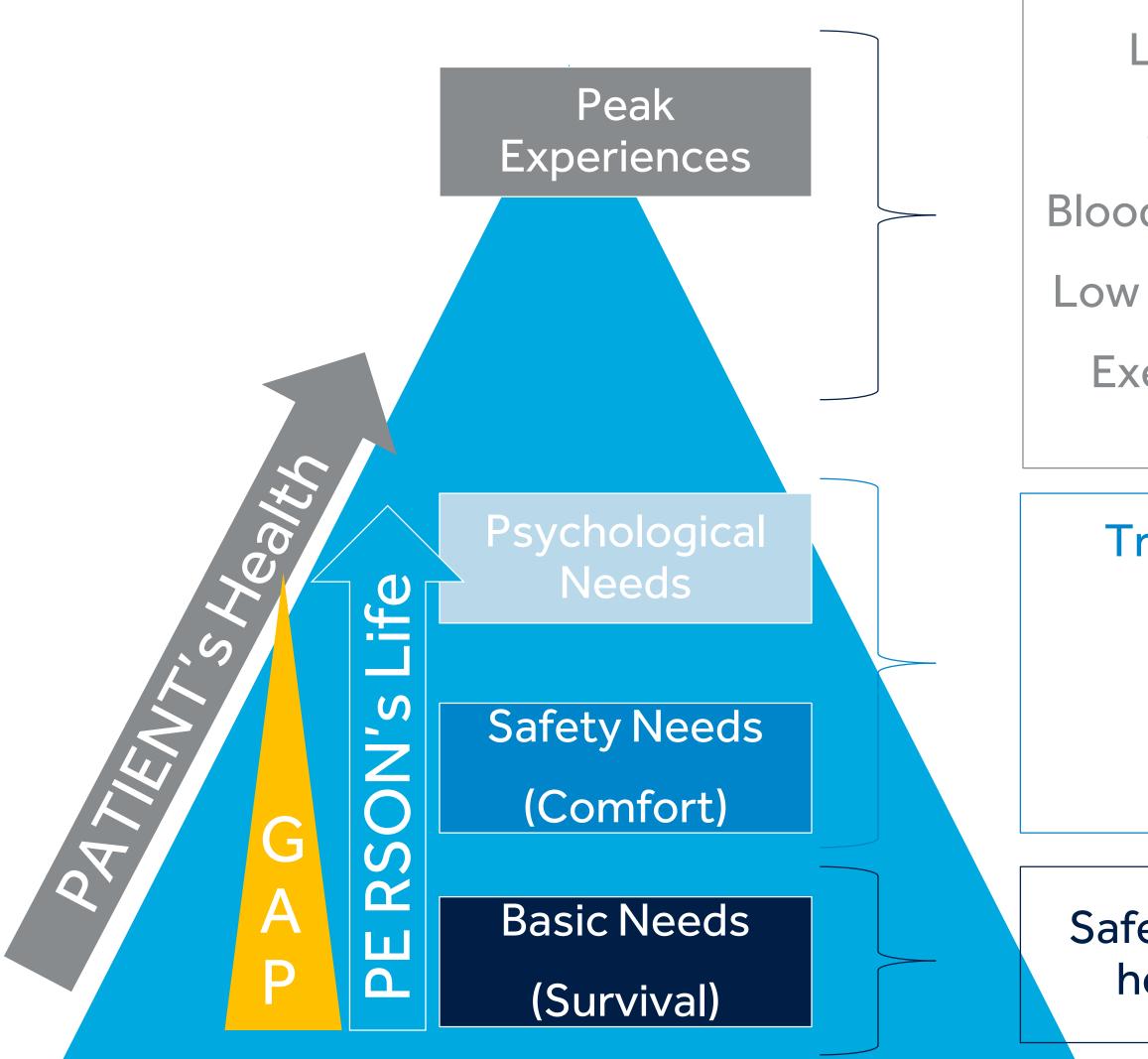
### **PATIENT-CENTERED DESIGN** PATIENT'S HEALTH & PERSON'S LIFE



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### **PATIENT-CENTERED DESIGN** HEALTH REDEFINED



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- Low Cholesterol
- 8hrs sleep/day
- Blood Pressure < 140/90
- Low Fat, High Fiber Diet
  - Exercise 30 min/day
  - Troubled marriage
    - Uncaring boss
    - Sleeplessness
      - Money ...

Safety, food, clothing, heat, electricity...

Gap in HUMAN BEHAVIOR

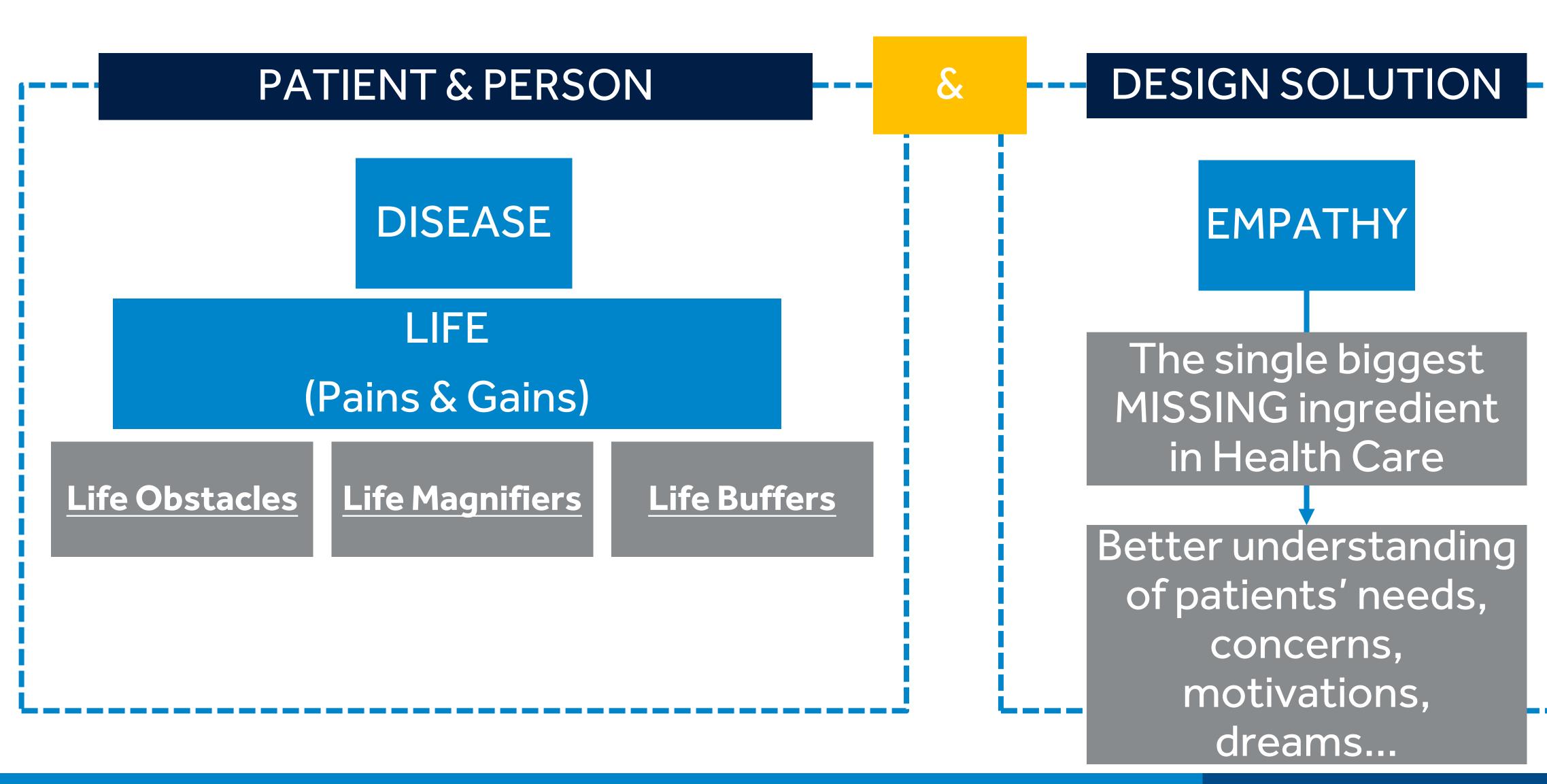
HEALTHY Redefined...

When LIFE goes wrong, HEALTH goes wrong





### **PATIENT-CENTERED DESIGN** DEFINITION



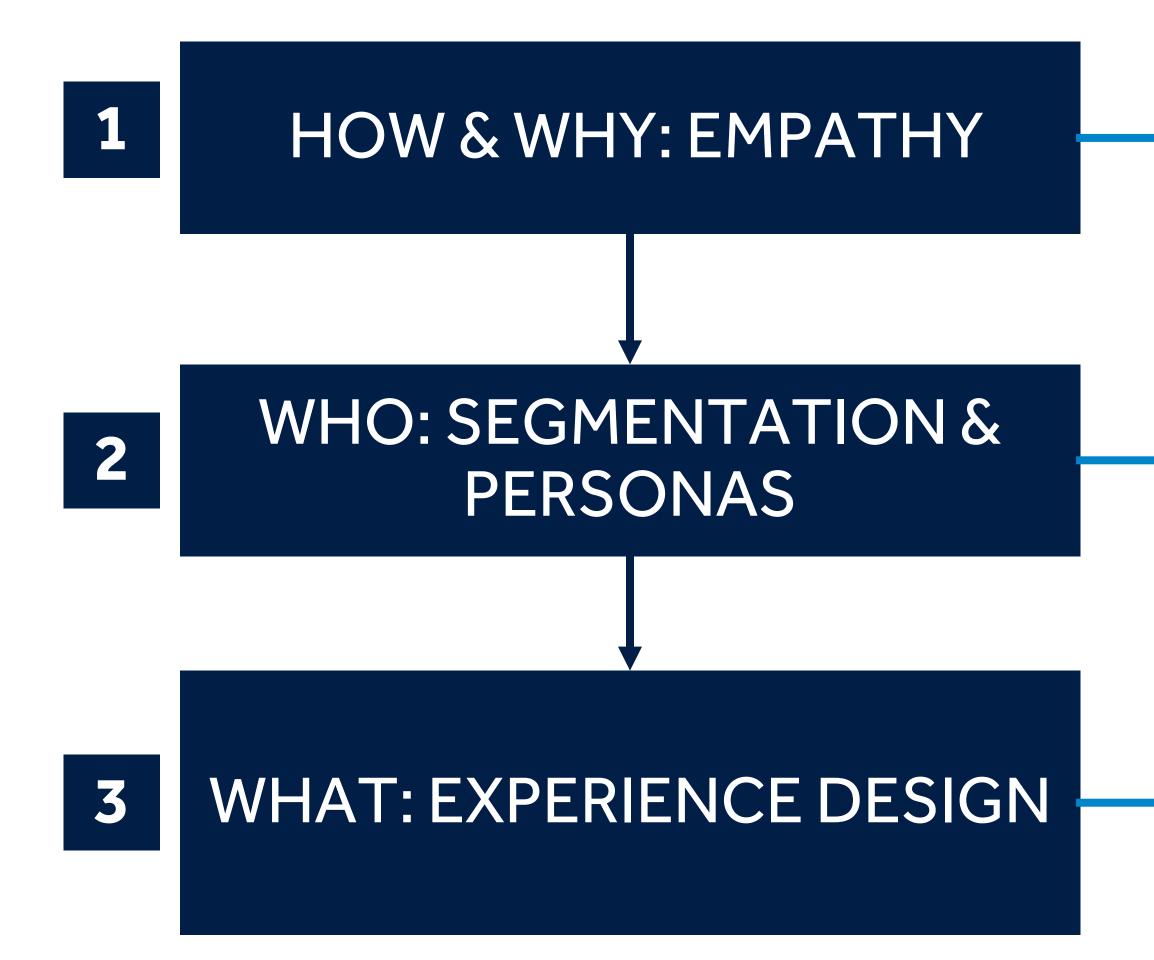
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### **PATIENT-CENTERED DESIGN** PROCESS: SOLUTION DESIGN



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# PATIENT & PERSON (& other stakeholders: family, HCPs) WIDEN THE PERSPECTIVE Talk, ask Why, Observe, find Need... **PERSONALIZE** the customer Design: BROADLY IDEATE & TEST Brainstorm, Create a touchpoint Framework, Concept, Test, Iterate...Iterate











### **PATIENT-CENTERED DESIGN** HOW & WHY: EMPATHY

### Getting to know the PATIENT & PERSON

### QUALITATIVE Research (Hypothesis)

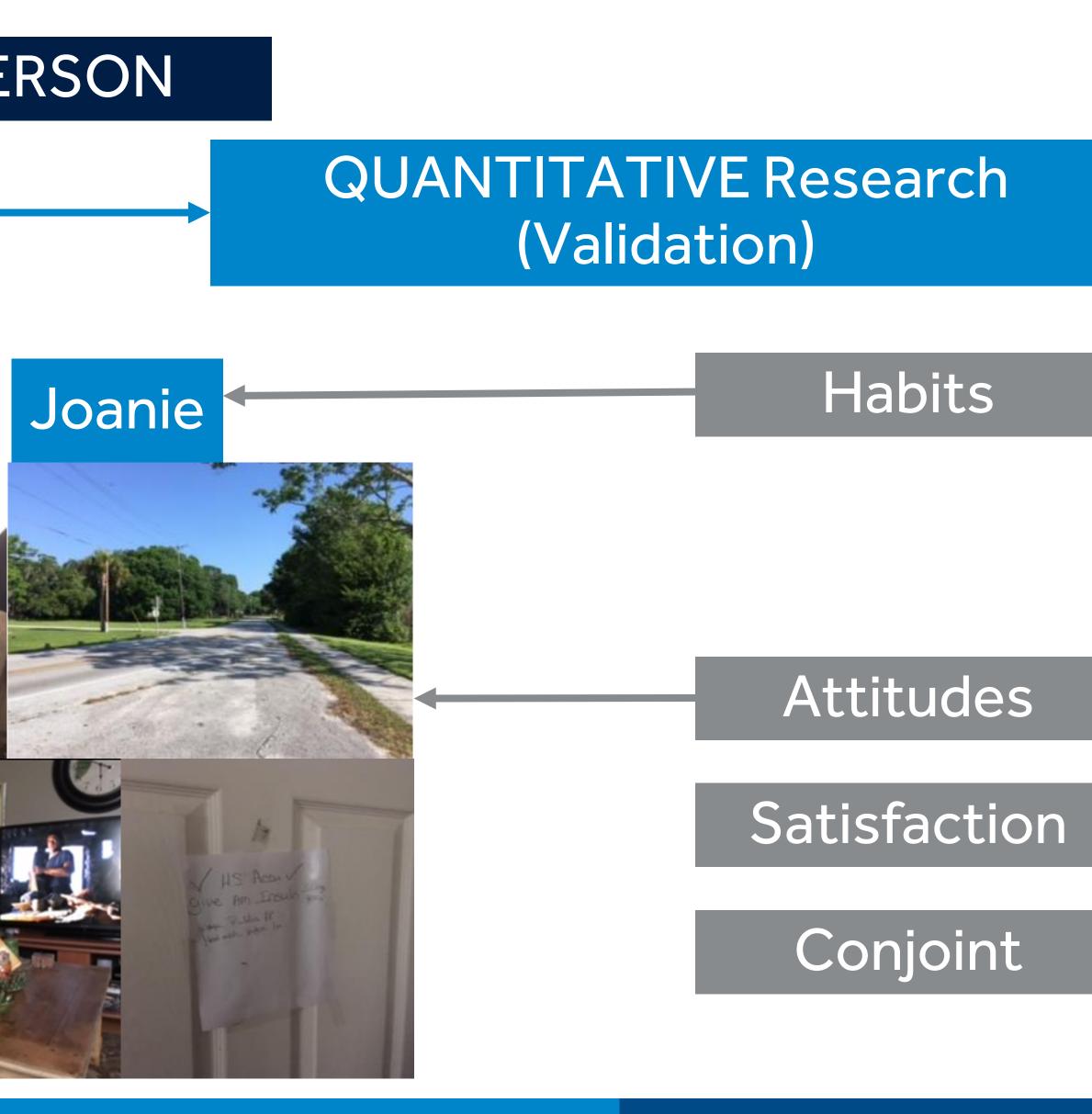
### Ethnography

Story Telling

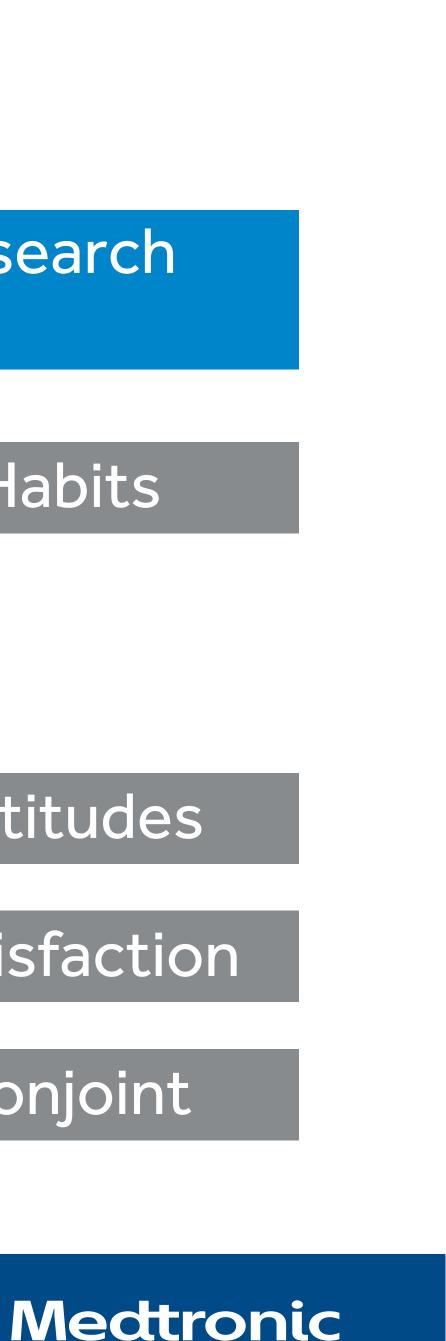
### Focus Groups

### Video Diaries

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### **PATIENT-CENTERED DESIGN** WHO: SEGMENTATION & PERSONAS

# Clustering the PATIENT & PERSON SEGMENTATION

# (Cohorts)

### **Segment Vectors:**

Disease Stage

Therapy

Lifestage

Motivation

Engagement

Self/HCP

#### Segment:

Size, Stable, Reachable

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"I don't know if I have T1 or T2? I take insulin, isn't that type 1?"

- Type 2
- A1C: 7.3



#### I Eat First, Then Cover

### JOANIE, 55

#### Illustrative Quote

#### Living with diabetes 10 years

In Good Control, BG TPD: 2 Occupation: Not employed (Nurse 10 years) Auburndale, Florida

#### Circumstances

- Lives in her home with her two sons, one daughter and their families (in her PJs, napping on the couch, low energy)
- Modest home/her son Randall has paralyzed foot, kidney issues
- Nice family, good support system
- Joanie fell asleep while driving and was in a terrible accident, discovered she had diabetes (has cadaver bones)
- Had 6 surgeries over the years, takes pain meds (seemed a bit confused, lethargic)
- Joanie was a nurse before her accident, 10 years
- I eat, test 30 min 1 hr later, then cover (insulin dose)

#### Pain Points

- Poor diet I don't really eat meals, like to snack on junk food
- Has a hard time remembering to take her meds or if she already took them (memory problems)
- Injects insulin after eating instead of before, so she knows exactly how much insulin to use
- Diabetes is expensive disease/cost
- Has a hard time sleeping, stays up late and sleeps late (likes to have ice cream at 2 AM)
- Car accident and 6 surgeries, suffers from intense pain

#### Feel/Behaviors

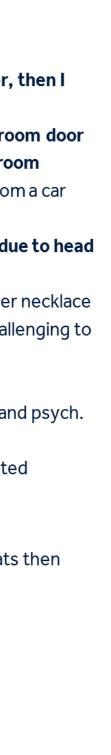
- DOING GREAT: I eat whatever I want, test after, then I cover-"Works Great for Me"
- MEMORY PROBLEMS: Keeps a post on her bedroom door to reminder to take her meds if she leaves her room
- CONFUSED: Believes she developed diabetes from a car accident, went to ER "A1C 450".
- FORGETFUL: Suffers from memory problems due to head & neck injuries from car accident
- LETHARGIC: Heavily medicated, Keeps key on her necklace to medications she keeps in a locked cabinet. challenging to keep her on topic

\* Mentions difficulty obtaining pain management and psych. referral from Dr.

\* Challenging to keep her on topic, heavily medicated

#### **Goals/Motivation**

- Manages her diabetes by testing BG after she eats then covering
- Not motivated to leave her house, stays home

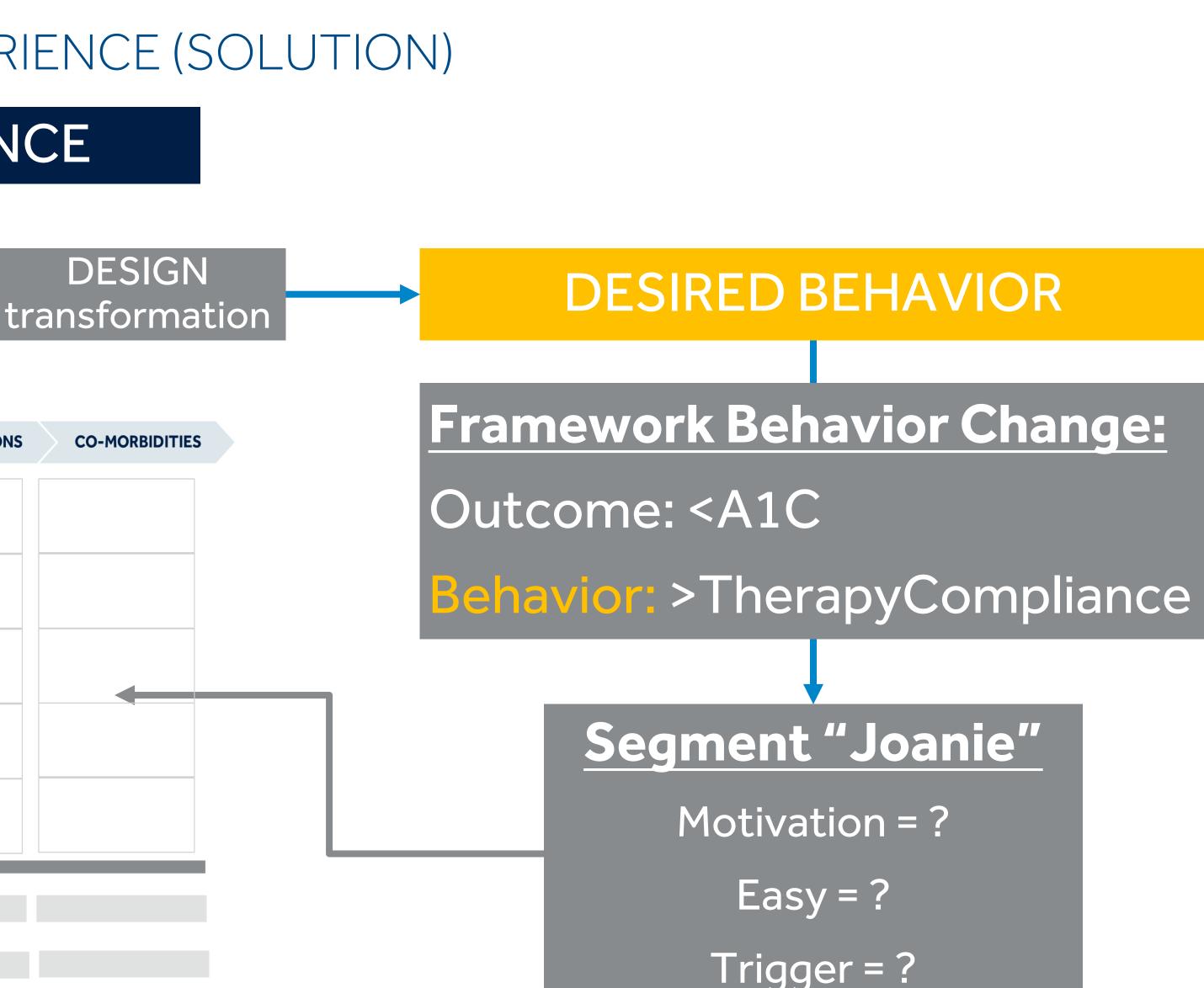




### **PATIENT-CENTERED DESIGN** WHAT: DESIGN THE PATIENT EXPERIENCE (SOLUTION)

# Designing a holistic EXPERIENCE

### **Current Behavior**



Joanie - Diagnosis Journey

STAGE	PRE DIAGNOSIS	DIAGNOSIS	ONGOING	COMPLICATIONS	со-ма
SAY	No indication of diabetes, no symptoms, works as a nurse	Unaware			
THINKING		l don't have diabetes			
DOING		Had car accident, truck flipped, landed on her. Fell asleep while driving			
FEELING		Doesn't remember			
HEARING					
Opportunities					
GAINS					
PAINS		Confused about why she has diabetes			

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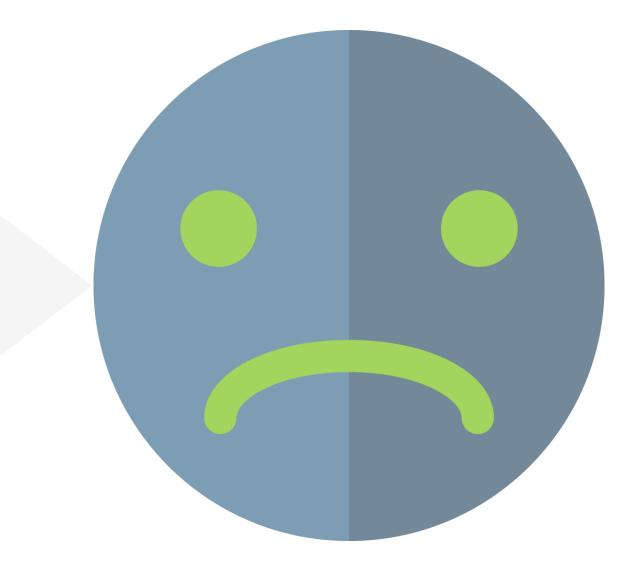


# THE CHALLENGE...



# Your population with chronic conditions is becoming sicker, because they are not engaged and empowered to direct their health.

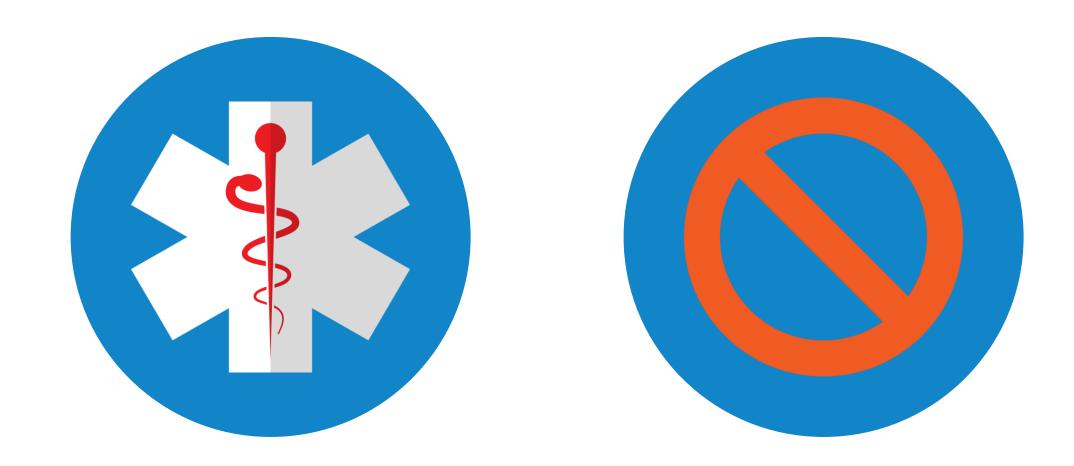






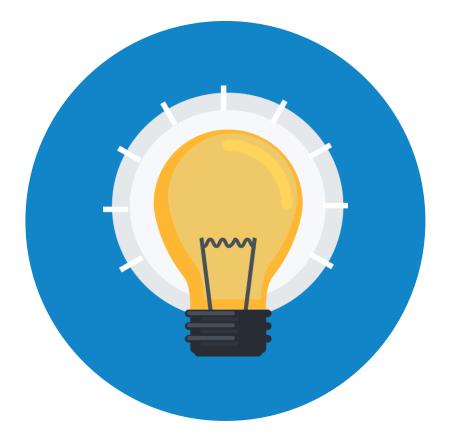


### **CANARY HEALTH INSIGHTS...**



Directing health in one's life story is critical to health improvement

Most with chronic conditions don't direct their health



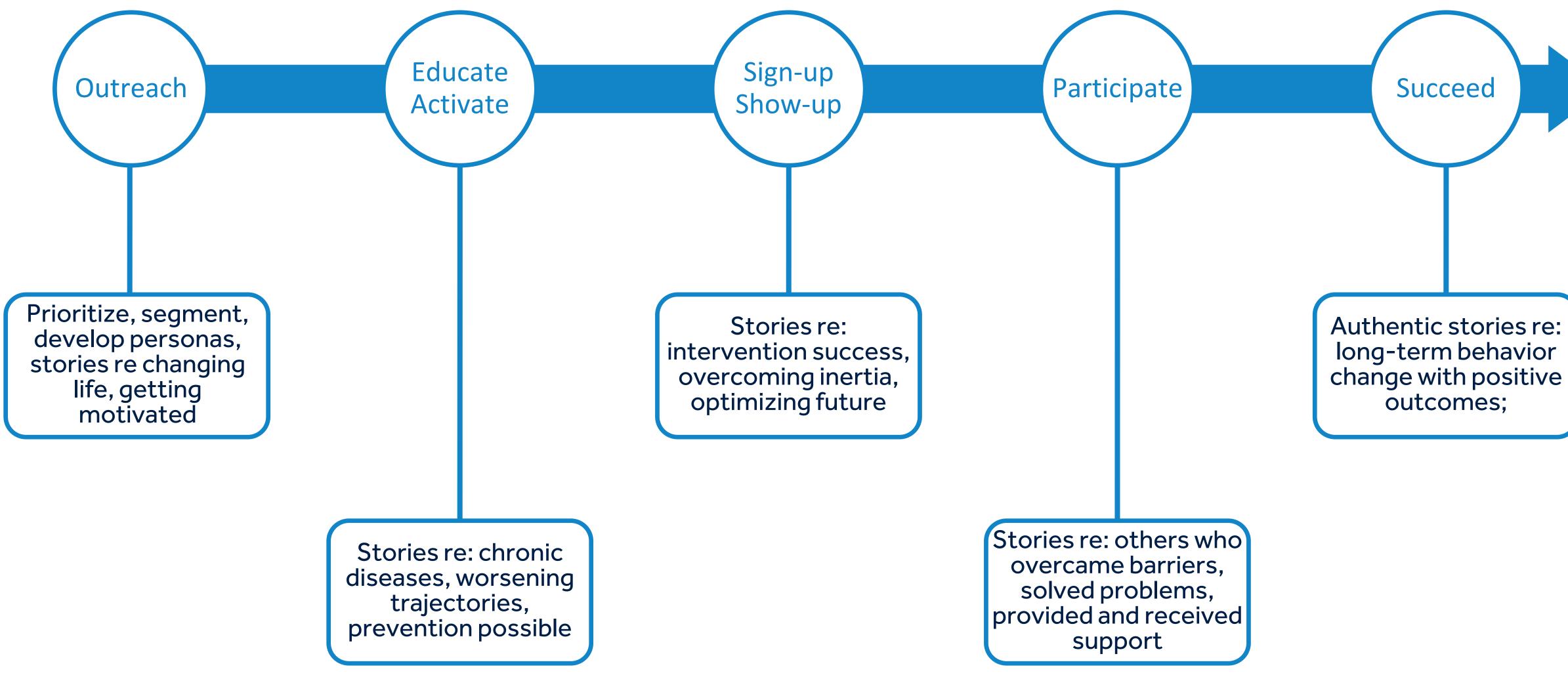


Stories of others who changed their narrative arc resonate and are powerful

Successful selfmanagement leads to owning the direction of one's health and life



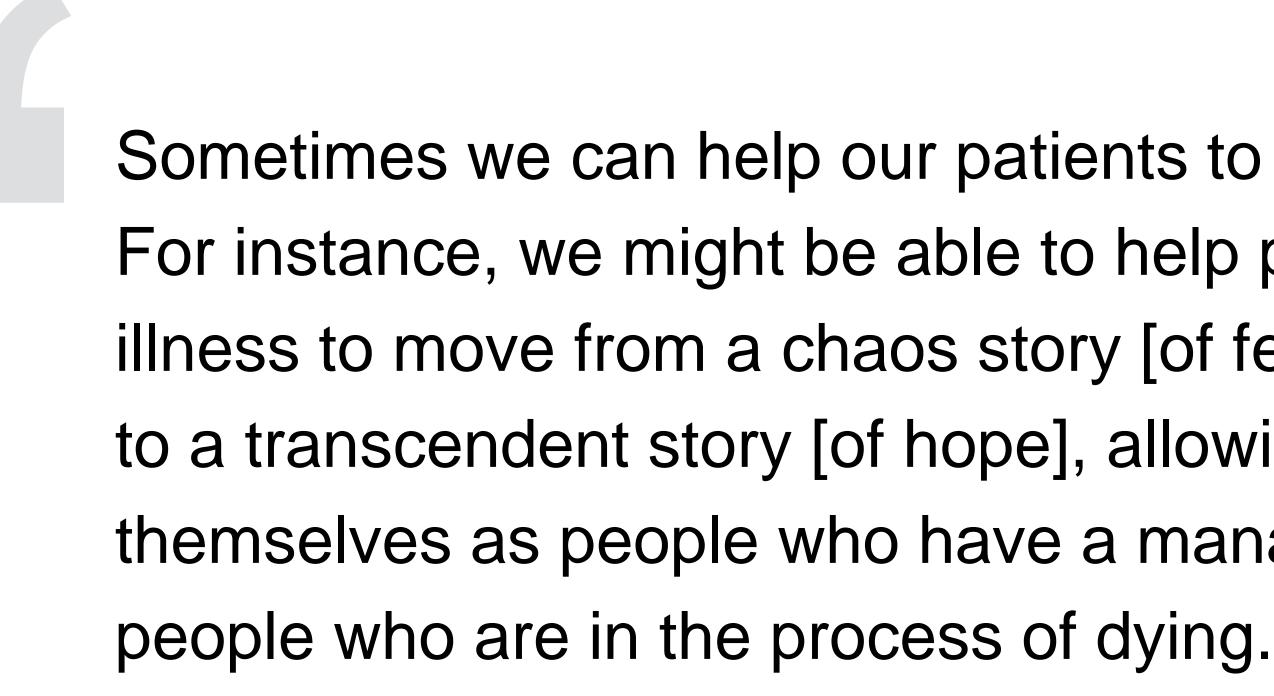
### **ENGAGEMENT THROUGH STORY-TELLING: OUTREACH TO OUTCOMES**











Jeffrey Borkan



- Sometimes we can help our patients to re-write their stories.
- For instance, we might be able to help people with chronic
- illness to move from a chaos story [of fear and powerlessness]
- to a transcendent story [of hope], allowing them to see
- themselves as people who have a manageable disease, not as



### **STORYTELLING HELPS CANARY HEALTH...**

# Impact participants

- Outreach and recruitment
- Discussion board
- Notes to participants
- Encouragement and motivation

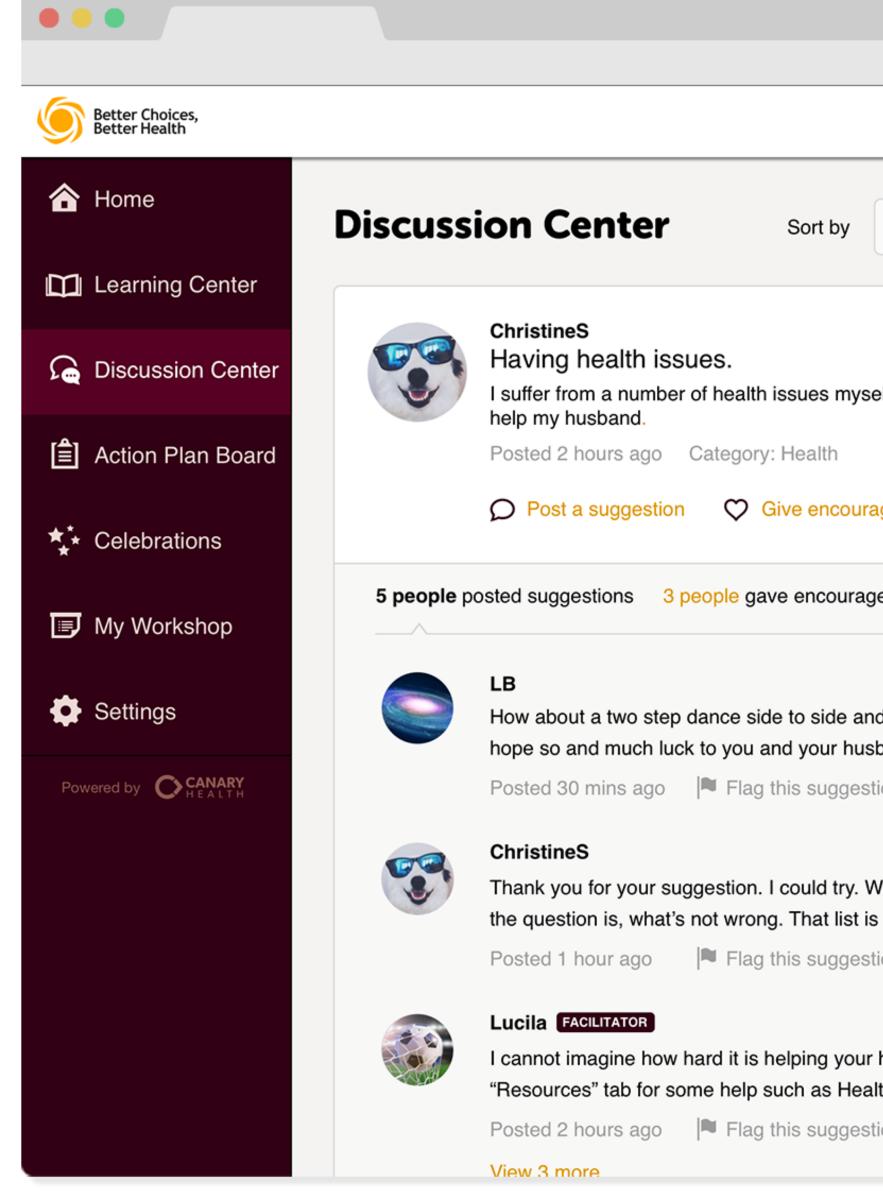
# Support and educate Canary Health staff Market and Sell services and supports











JD .	Jane D.		₽
Most recent	ST A DISCUSS	ION	
self. First being Fibromyalgia. Still trying to find exercises I can do and	d still be able to	D	
gement	🍽 Flag p	ost	
nd then front to back a few at a time? I am not sure if this will help but sband. stion	t but I		
Would have to be small steps as I also have bursitis. When I go to the is shorter. stion	e doctor		
r husband with the pain of fibromyalgia, ChristineS. You can check in alth and Nutrition or the National Fibromyalgia and Chronic Pain Asso stion			





### Hazel Husband not supportive of my trying to lose weight read more Created: about a month ago Category: Communication

**3 people made suggestions 0 people gave encouragement** 



### Susan says

I hear you! I have similar problem with my mother who doesn't seem to realize that I have to be careful about what I eat and she gets offended when I won't eat her muffins. Posted: about a month ago



### June says

Maybe by you wanting to change, your husband might feel like you want him to change as well. He may also worry that if you change, will you still want him. I don't know if that is what is going on, but you never know. A strategy my husband and I use is, when one of us has something to talk about we start off with.. I really need to talk to you about something and I don't want it to turn into an argument, I am going to talk about my feelings and you just need to listen until I am done, is this a good time to do this? We have been together a number of years and it has taken lots of practice. Edit Comment X Delete Comment Posted: about a month ago

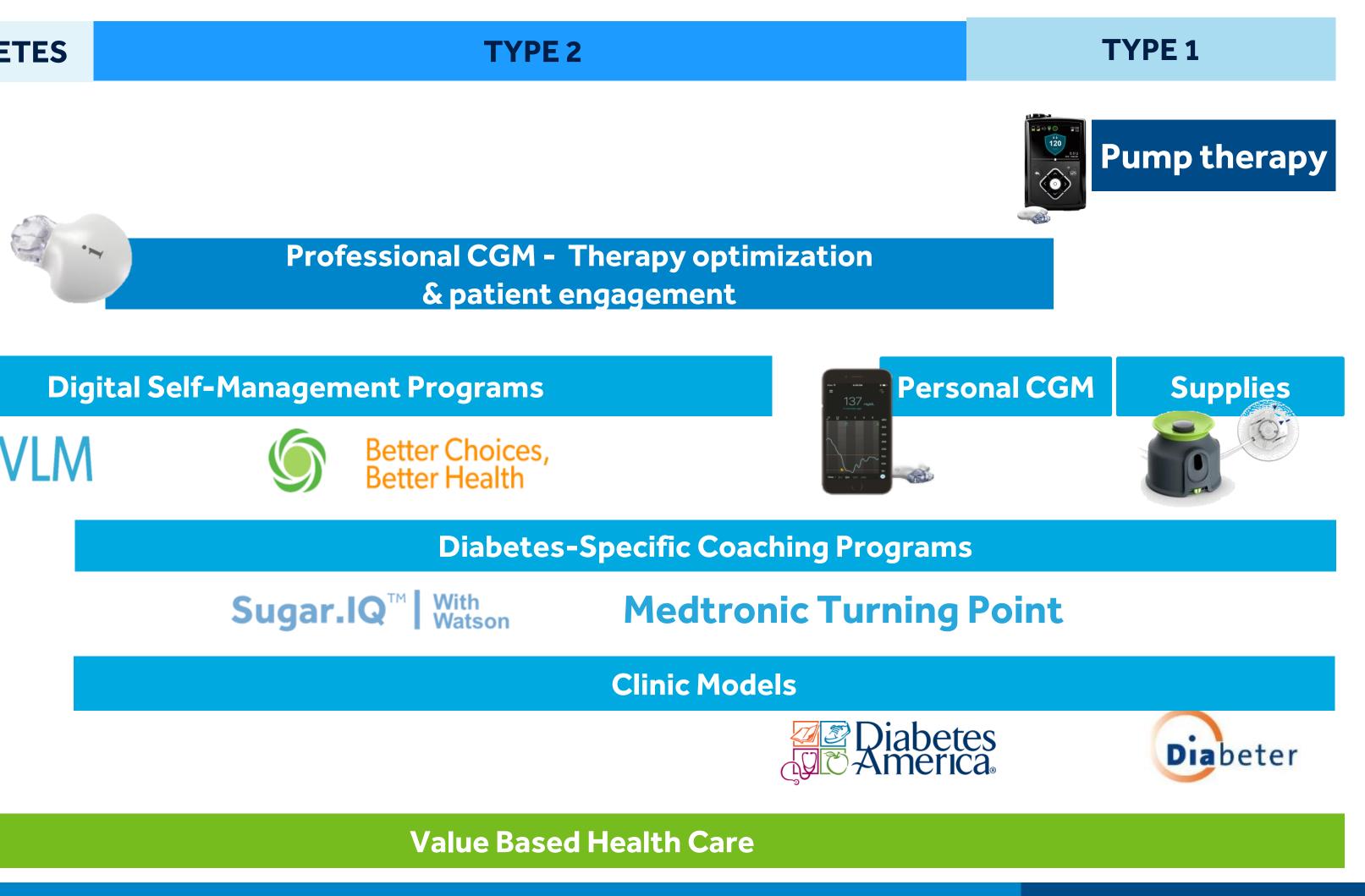


### **MURIEL'S STORY** A PATIENT WITH TYPE 2 DIABETES

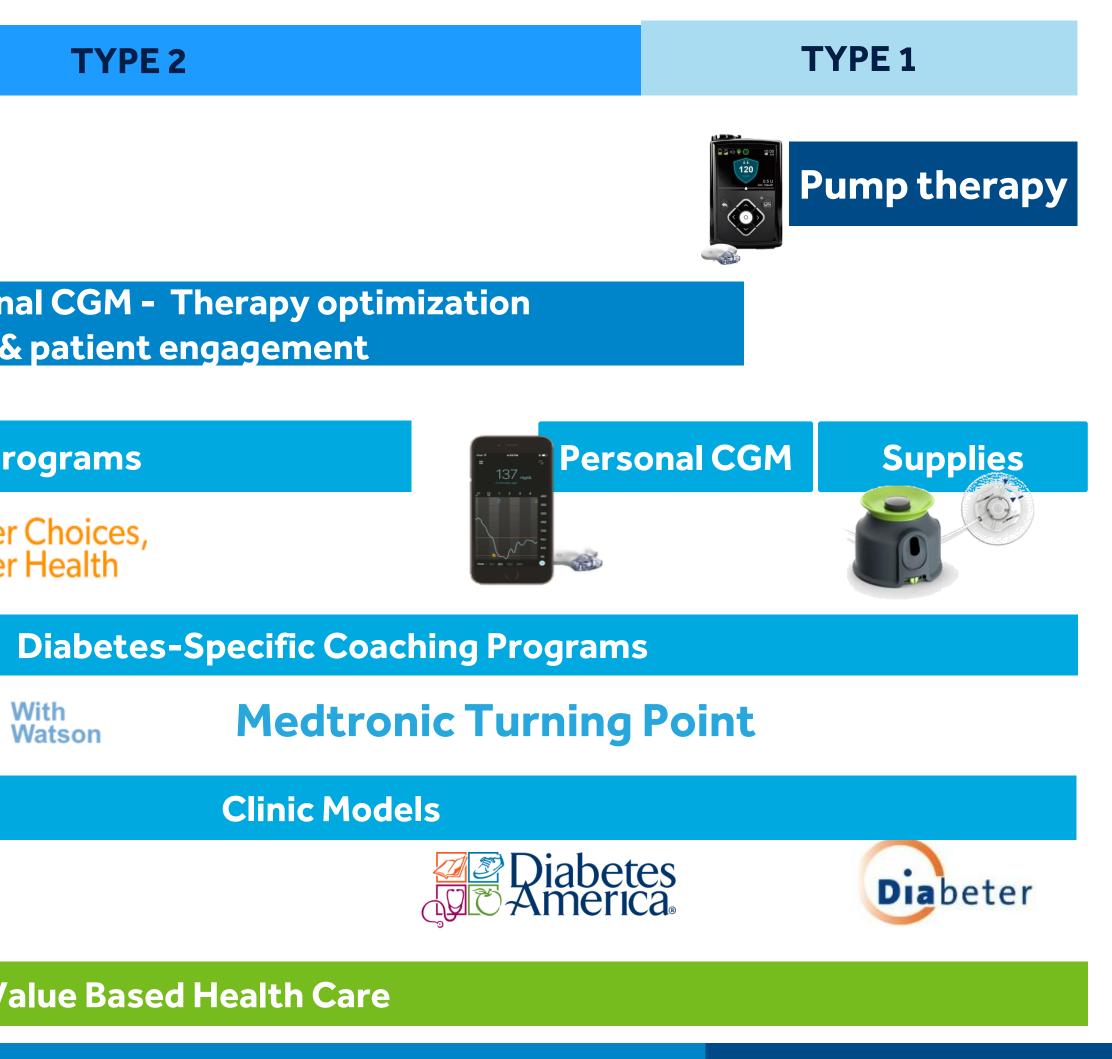


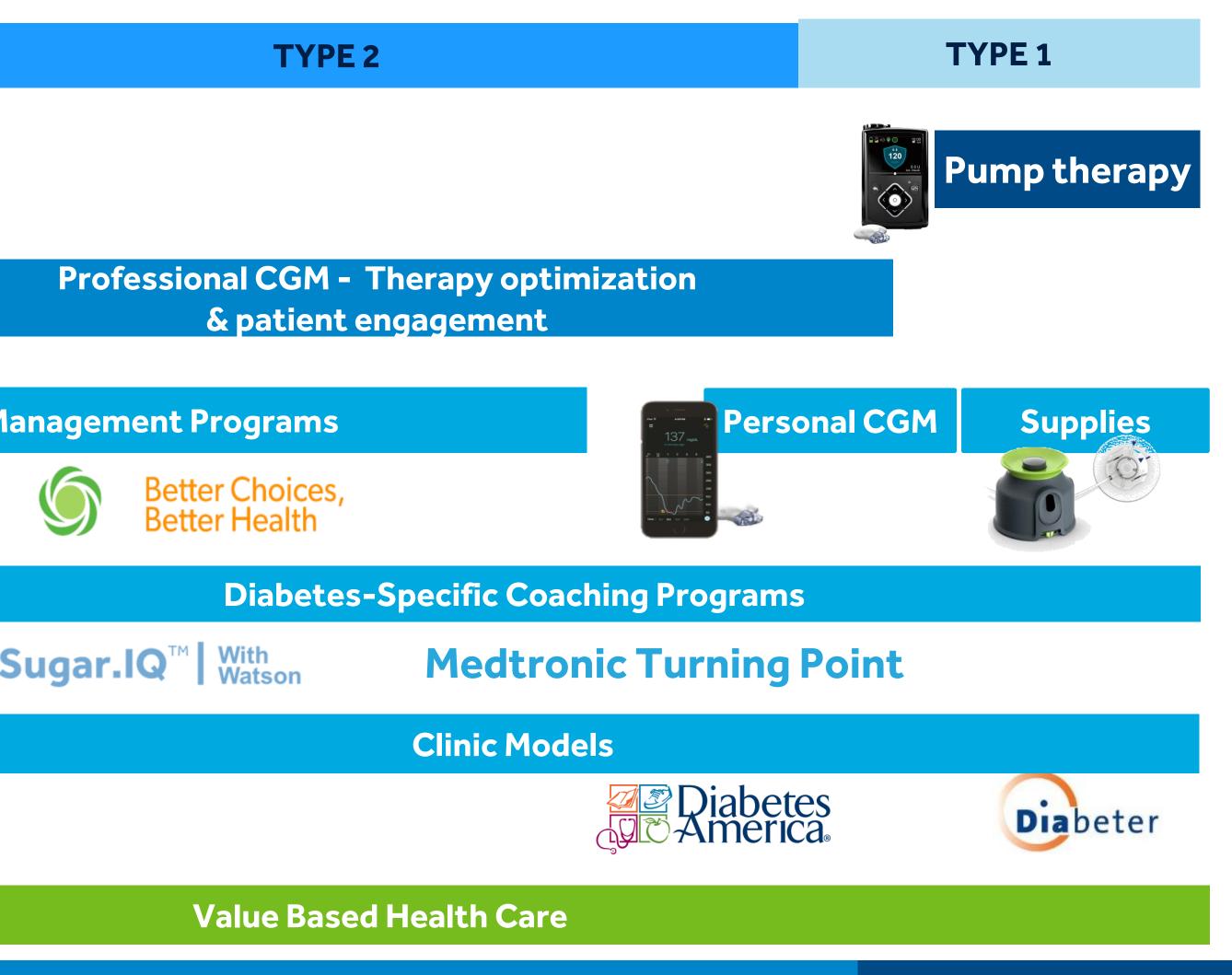
### MEDTRONIC SOLUTIONS ACROSS THE CARE CONTINUUM PATIENT AND PROVIDER SOLUTIONS TO IMPROVE OUTCOMES AND LOWER COST

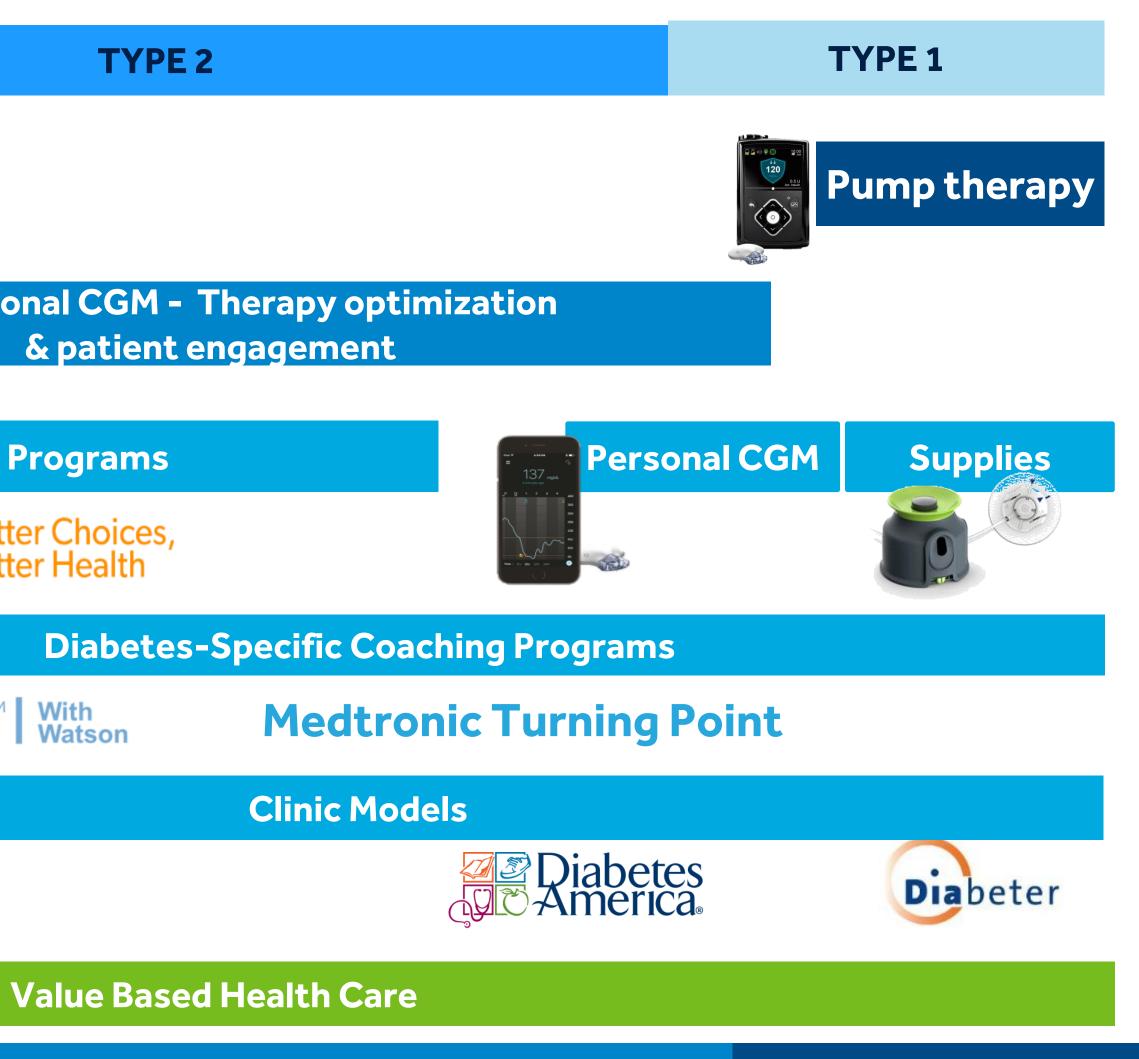
#### **PRE-DIABETES**











1) Pre-diabetes population number includes undiagnosed patients

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# TRANSFORMING DIABETES CARE TOGETHER, FOR GREATER FREEDOM AND BETTER HEALTH



# Medtronic

"WE'RE DEVELOPING MEDICAL TECHNOLOGY AND SOLUTIONS THAT NOT ONLY IMPROVE HEALTHCARE, BUT DO SO WHILE DELIVERING BETTER ECONOMIC VALUE."

# **Omar Ishrak**

**Chief Executive** Officer







# INTERACT WITH US...



## Use the chat feature to submit your questions





# **CONTACT US VIA E-MAIL...**





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### **Moderator**



### Jim Seles

Director | Market & Business Development, Integrated Care Solutions (ICS)

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# MANAGING DIABETES ACROSS THE CARE CONTINUUM: **DIGITAL SELF-MANAGEMENT** SOLUTIONS

# Presented by: Mectronic & CANARY

August 8<sup>th</sup>, 2017

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