

Digital solutions for personalised proactive care for patients with Type 2 Diabetes in primary care

A randomised control study to explore the impact and efficacy of the Healum Collaborative Care planning Software and App on condition management in the Type 2 Diabetes Mellitus Population in NHS Primary Care.

2021-2022



Type 2 Diabetes in Primary Care

The increasing number of people living with long-term conditions (LTCs) is one of the biggest challenges facing our health and social care systems. In 2019, 463 million adults globally were living with diabetes, and this number is predicted to increase to 700 million by 2045, with Type 2 Diabetes (T2D) making up 90% of this population. This high prevalence results in Type T2D costing the NHS over £14bn per year.

The Opportunity

Healum previously identified challenges faced in primary care of high T2D prevalence, yet poor self-management due to a gap in self-management support provided by healthcare professionals (HCPs). To address this, a need was identified for a scalable way for multidisciplinary teams within primary care to provide relevant plans of care and support to patients. Healum worked with Vernova Healthcare to evaluate the Care Planning software and accompanying patient-facing app in a real-world randomised control trial to determine the impact on lifestyle, behavioural and health outcomes for patients living with T2D.

The Solution

The Healum solution has been designed to provide patients with co-created care and support plans to help them manage their LTC better, to ultimately improve health outcomes, access to care, and the efficiency of HCPs delivering care to patients with one or multiple LTCs. The software enables teams of HCPs within the NHS to provide personalised care as well as motivate, monitor and support patients in managing their health in a way that is personal to them at all the moments that matter in determining their health outcomes, whatever their cultural or socioeconomic background. Through a seamless integrated with EMIS Web, HCPs are able to quickly open a patient profile in Care Planning Healum, whilst extracting the necessary patient information and feeding information back into the patient record, as well as sharing information directly to the patient.

Diabetes nurses and doctors involved in the trial were able to:

- set goals and actions as part of a shared decision making process with each patient
- monitor patient progress and outcomes around the goals and intentions they had set
- share relevant resources and services that support patients to adopt healthy lifestyle choices
- automatically update patients with their most recent test results from EMIS



The Key Outcomes

Patients that used the Healum app reduced their HbA1c and BMI

The average percentage change in HbA1c for the treatment group over 6 months was -7.37% (\pm se 1.40%), but +1.75% (\pm se 2.05%) for the control group, and for BMI was -0.66% (\pm se 0.42%) for active treatment and -0.23% (\pm se 0.52%) for the control group. 72.41% of the active treatment group reduced their HbA1c, compared to just 41.54% of the control group. For BMI, 55.41% of the active treatment group had a reduction, compared to 50% for the control group.

72%



Reduced
HbA1c

Patients that used the Healum app saw an improvement in quality of life (QoL)

Patients with app access had improvements in both EQ5D5L and EQ VAS, two measures of self-rated QoL. Patients with a care plan and app had an average change in their pre- to post-trial EQ5D5L score of 0.0464, compared to -0.0086 for patients' without the app, and an average change in their pre- to post-trial EQ VAS score of 8.2%, compared to -2.8% for those without the app.

8.2%



Average
increase in
EQVAS

Patients had a better care experience from additional support through the app

The popularity and value of the app in providing support is shown by users completing 2,078 sessions, with 30% of users using the app at least 10 times and 84% at least twice in the first 30 days.

1,021



Actions
completed

Multidisciplinary teams were able to better motivate and educate patients

Across the 103 app users, 280 useful goals were agreed and shared in care plans, with a further 343 goals then joined in the app, such as "To be healthy enough to have a safe pregnancy". Resources were shared 5,396 times and viewed over 2,200 times, including "1-minute omelette".

2,284



Resource
views

Primary care staff were able to understand their patients' needs better

Actionable insights were generated from patient monitoring, involving 6,279 healthy choices and actions undertaken by app users (average of 61 per user), a combination of over 1,000 actions completed, 343 goals joined, over 2,400 trackers used and over 2,200 resource views.

280



Goals shared

Health inequalities were addressed through providing personalised care

The solution helps to address health inequalities by allowing staff to tailor the resources, goals and plans they share to each individual based on their socioeconomic or cultural backgrounds.

[Click here to book a demo of the system and find out how you can use it](#)

"I was never really told about the things I could do myself to help my diabetes management. However, during the care plan appointment and having the app I was informed about other things I could do. I feel that having the app there is a helpful reminder to do things myself to help my health." This has made me feel more motivated and supported.
(Patient with app access)

