Roche Diabetes | Roche

Integrated Personalised Diabetes Management

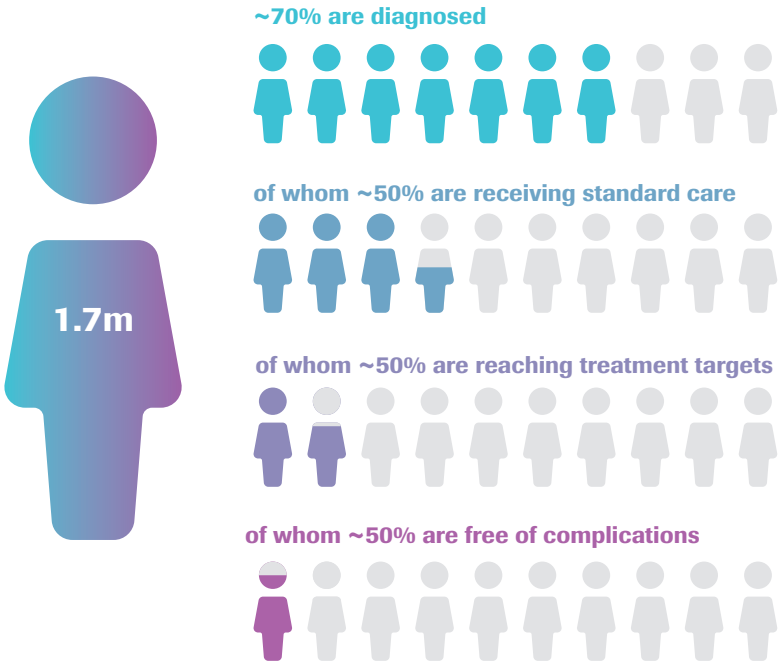
A holistic, therapeutic approach

The diabetes epidemic

Diabetes is the epidemic of the 21st century, impacting over 463 million people worldwide. According to the International Diabetes Federation, the number is expected to escalate to 700 million by 2045.[1] Estimates reveal that fewer than 50% of adults with diabetes achieve the HbA1c goal of <7.0%.[2,3]

There are significant gaps in the management of diabetes in Australia[4]

Of the estimated 1.7m people with diabetes in Australia...



insulin-treated patients in Australia reach an HbA1c <7.0%*

Urgent need to prevent and better manage diabetes[6]

1.7 million

› Australians have diabetes.

>280 Australians

› develop diabetes every day.

Number 1

› Diabetes is the leading cause of preventable blindness in Australia.

>4,400

› there are more than 4,400 amputations every year in Australia as a result of diabetes.

Heart disease

› people with diabetes are between two and four times more likely to develop heart disease.

Kidney disease

› an estimated 360,000 people with diabetes are living with kidney disease.

* Retrospective analysis of patients with T2D in Australia.

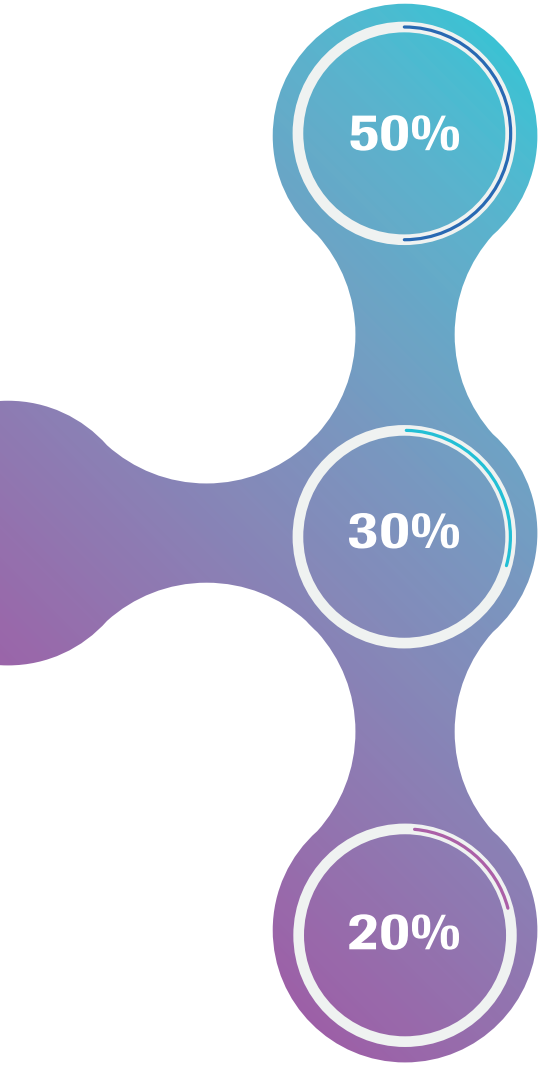
Therapeutic inertia

The primary barrier to achieving optimal glycaemic control is therapeutic inertia, a combination of both patient and clinician behaviors.[7]

- Treatment changes are delayed or not initiated[7-9]
- Individuals fail to meet therapy goals[10-13]

International clinical guidelines advise escalating treatment if individualised glycaemic targets are not met within 3 to 6 months of treatment start.[14,15] However, treatment changes even when clinically indicated often do not occur,[14-16] and many individuals with diabetes do not achieve treatment goals in spite of treatment recommendations, new and emerging medications and advancements in medical devices.[10-13]

Reasons for therapeutic inertia[7]



Clinicians

- Insufficient time
- Lack of treatment initiation

People with diabetes

- Low health literacy
- Lack of acceptance
- Medication: number, cost, side effects

Payers and health system

- Lack of decision support
- No disease registry
- Communication gaps

Our ambition is to change the way to treat diabetes and overcome therapeutic inertia.

Integrated Personalised Diabetes Management (iPDM)

A holistic, therapeutic approach

Our approach strengthens the patient care process by integrating digital solutions that quickly turn data into meaningful insights. And, we do this to facilitate stronger communication and collaboration between HCP and patient for more timely treatment decisions.

1. An initial examination of the patient's condition is performed, followed by an individualised education prescription.
2. The blood glucose data are collected in a structured way that is adapted to the therapy.
3. Glucose and other diabetes-related data are documented.
4. Healthcare professionals collaborate with patients to interpret results.
5. Patients and professionals decide on the treatment and objectives based on abilities and circumstances.
6. The treatment is redefined or adjusted if necessary. The cycle repeats to help patients reach therapy goals.

The iPDM process steps[14]

STEP 1
Assess Needs

STEP 2
Structured and Therapy Adapted SMBG*

Examples include Accu-Chek 360 View Tool and mySugr app.

STEP 3
Structured Documentation

Examples include Accu-Chek 360 Diabetes Managament System, Accu-Chek Connect Online, Accu-Chek Smart Pix and mySugr app.

STEP 4
Collaborative Review

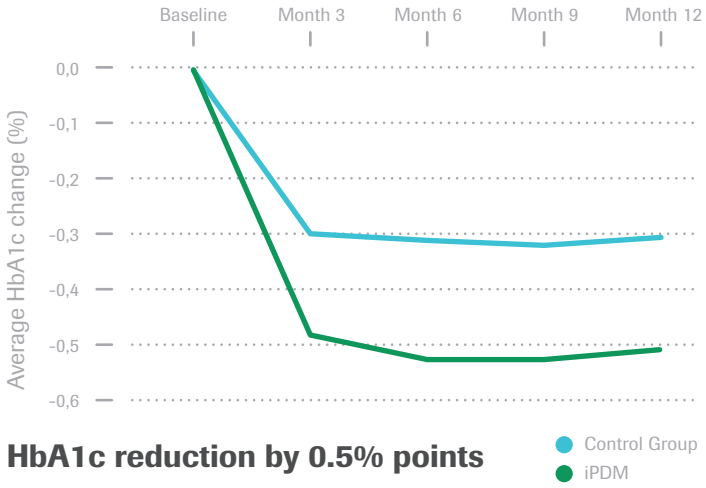
STEP 5
Personalise Treatment

STEP 6
Assess Effectiveness

* Self-monitoring of blood glucose (SMBG).

Proven results — through a more personalised approach.

Significantly improved therapy results[14]



HbA1c reduction by 0.5% points

- **HbA1c decreases by 0.5% points** over 12 month in patients treated with the iPDM circle.
- Significantly higher HbA1c decrease with iPDM despite significant effect in the control group.
- Scale of HbA1c reduction **comparable to efficacy of drug therapy.**
- iPDM improved glycemic control without increasing risk of hypoglycaemia.

iPDM – an approach that works[14]

Earlier and personalised **therapy adjustments**

Improved **HbA_{1c} values**

Greater **satisfaction** amongst patients and HCPs

Building on a legacy of digital solutions to enable iPDM, our commitment is to strengthen the patient care process by offering tools and support.

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