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Diabetes is the most demanding chronic illness. It challenges every fiber of a patient's body and spirit- and demands a system of care that addresses the multiple biological, social and psychological barriers of the disease. Identifying and confronting these barriers is the challenge for every clinician, patient, and family member involved in diabetes care. Highest among these challenges is the "feeling that I cannot do anything about the progression of the disease" and "I am not in control". This feeling that present in the many patients is known as "diabetes distress" and it impacts all caregivers and family members.

One of the major reasons for this feeling is the lack of immediate feedback. Visits to the physician every three or six months to measure A1C and blood pressure are of value, but they only provide us a limited scope of the past and present. This information is only a grade for past behavior and tells the clinician and the patient little about the cause or how fix it. We need a system that is more informative and returns a sense of "being in control". The key to diabetes distress is being in control.

In the past frequent blood sugar monitoring was considered standard for Type I but not Type 2 diabetes. A recent randomized controlled study of blood glucose monitoring (Diabetes Care Feb 2011) demonstrated significant reductions in A1C over 12 months in Type 2 patients.

Monitoring blood sugar and blood pressure at home and transmitting that information electronically will return control to the patient, family, and health care team. In addition to the numbers, patients will enter information about activities, illness, and food ingested. Diabetes is all about choices and consequences. Being aware of the consequences or results of a choice (food activity etc) leads to control. Every day is an experiment for a patient with diabetes. Feedback every three months is not as effective as immediate feedback. With the Eocene System for remote home patient monitoring, test results are transmitted over a phone line to a secure web portal. Both the patient and their health care team have access to the portal. The clinician and their team now have the ability to provide care between visits. The reports from Infopia America's system facilitate teaching self-management for the patient and health care team.

Telemonitoring, as provided by the technology of Infopia America, is the future in diabetes care. I encourage you to consider learning what the Eocene System Device Family will do for the quality of care you provide.

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