CLINICAL WORKFLOW FOR VIRTUAL DIABETES CARE

Physician
Patient
Healthcare Team
Admin Staff

THE PROBLEM

Inefficient Use of Phsysician Time Leading to Fatigue

GUIDING THROUGH VIRTUAL PLATFORM

TROUBLESHOOTING CONNECTION

REVIEWING PROGRESS & TREATMENT

1

PATIENT SEEN BY PHYSICIAN

20-30 minutes

VS.

THE SOLUTION

Time-Based Approach to Avoid Physician Fatigue/ Burnout

VIRTUAL TECHNICAL ASSESMENT — 15 MINUTES

Guiding patients & healthcare providers through user-friendly and veritifed virtual care platform.

VIRTUAL CARE ASSESSMENT — 10-15 MINUTES

Reviewing pt. records & glucose monitoring technologies such as FreeStyle Libre 2 and tools like LibreView

VIRTUAL CONSULT — 7 MINUTES

Progress review/treatment plan based on HC team collecting data from systems such as Freestyle Libre 2.

3 OR MORE

PATIENTS SEEN BY PHYSICIAN

21 minutes

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CLINICAL WORKFLOW FOR VIRTUAL DIABETES CARE

Admin Staff
Healthcare Team
Physician

INEFFICIENT CLINICAL WORKFLOW

Results in Physician Fatigue

GUIDING THROUGH VIRTUAL PLATFORM

TROUBLESHOOTING CONNECTION

VIRTUAL CONSULT

20-30 MINUTES

PER PATIENT

EFFICIENT CLINICAL WORKFLOW

Incoporates a team-based approach

GUIDING THROUGH VIRTUAL PLATFORM — 10-15 MINUTES

Guiding patients & healthcare providers through user-friendly and verified virtual care platform.

VIRTUAL CARE ASSESSMENT — 10-15 MINUTES

Reviewing patient records & glucose history (e.g. TIR & AGP), enabled by technology such as flash glucose monitoring systems.*

VIRTUAL CONSULT — 7 MINUTES

Progress review/treatment plan based on HC Team's Assessment of Pt's monitoring data.

7 MINUTES

PER PATIENT

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The LibreView website is only compatible with certain operating systems and browsers. Please check www.libreview.com for additional information.

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INEFFICIENT CLINICAL WORKFLOW

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PATIENT SEEN BY PHYSICIAN

20 - 30 minutes

EFFICIENT CLINICAL WORKFLOW

Incorporates a team-based approach

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Guiding patients & healthcare providers through user-friendly and verified virtual care platform.
https://www-origin.otn.ca/providers/verified-solutions/

VIRTUAL CARE ASSESSMENT — 10-15 MINUTES

Reviewing patient records & glucose glucose monitoring data (e.g., flash glucose monitoring system)

VIRTUAL CONSULT — 7 MINUTES

Progress review/treatment plan based on HC Team's Assessment of patient's glucose monitoring data, e.g., flash glcose monitoring system

3 OR MORE

PATIENTS SEEN BY PHYSICIAN

20 - 30 minutes

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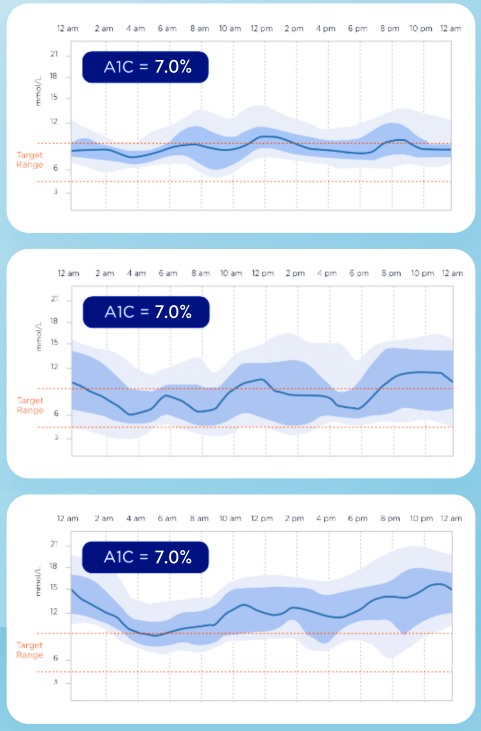
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IS A PERFECT A1C GOOD ENOUGH?

G.V. IN PATIENTS WITH 7.0% A1C



G.V CORRELATIONS

- DIABETIC RETINOPATHY[3] & NEPHROPATHY[4]
- HYPOGLYCEMIA[1-2]
- CARDIOVASCULAR OUTCOMES[5-6]

The case studies below illustrate the tale of two patients. One fitted with FreeStyle Libre* for over a year, changing meds using its data, the other fit with FreeStyle Libre for around 3 months,making only food decisions with its assistance.

CASE STUDY KEY POINT COMPARISON

	C: MALE, 57	K: FEMALE, 57
Pre-Pandemic A1C (Jan 2020)	7.0%	7.0%
Flash Glucose Monitoring (eg: FreeStyle Libre)	ESTABLISHED/ THERAPEUTIC	RECENT/ OBSERVATORY
Blood Glucose Testing	NO	YES
Med Changes	YES	NO
Glucose Time in Range	39% INITIAL VIRTUAL CONSULT 1 MONTH AFTER FLASH GLUCOSE MONITORING. 70% FOLLOW UP VIRTUAL CONSULT 1 YEAR+ AFTER FLASH GLUCOSE MONITORING	38% INITIAL VIRTUAL CONSULT 1 MONTH AFTER FLASH GLUCOSE MONITORING. 57% FOLLOW UP VIRTUAL CONSULT 3 MONTHS AFTER FLASH GLUCOSE MONITORING
Glycemic Variability (TIR)	LOWER	HIGHER

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1. Monnier L, et al. Diabetes Technol Ther 2011;13(8):813-8.2.Qu Y, et al. Diabetes Technol Ther 2012;14:1008-12.
2. Gorst C, et al. Diabetes Care 2015:38:2354-69.
3. Lu J, et al. Diabetes Care 2018;41(11):2370-6.
4. Lachin JM, et al. Diabetes Care 2017; Jun;40(6):777-83. dol: 10.2337/dc16-2426. Epub April 12, 2017.
5. Zinman B, et al. Diabetologia 2018;61(1):48-57.
6. Zinman B, et al Diabetes Care 2018:41(8):1783-91

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