

# When it comes to diabetes, no two paths are the same because no two individuals are the same

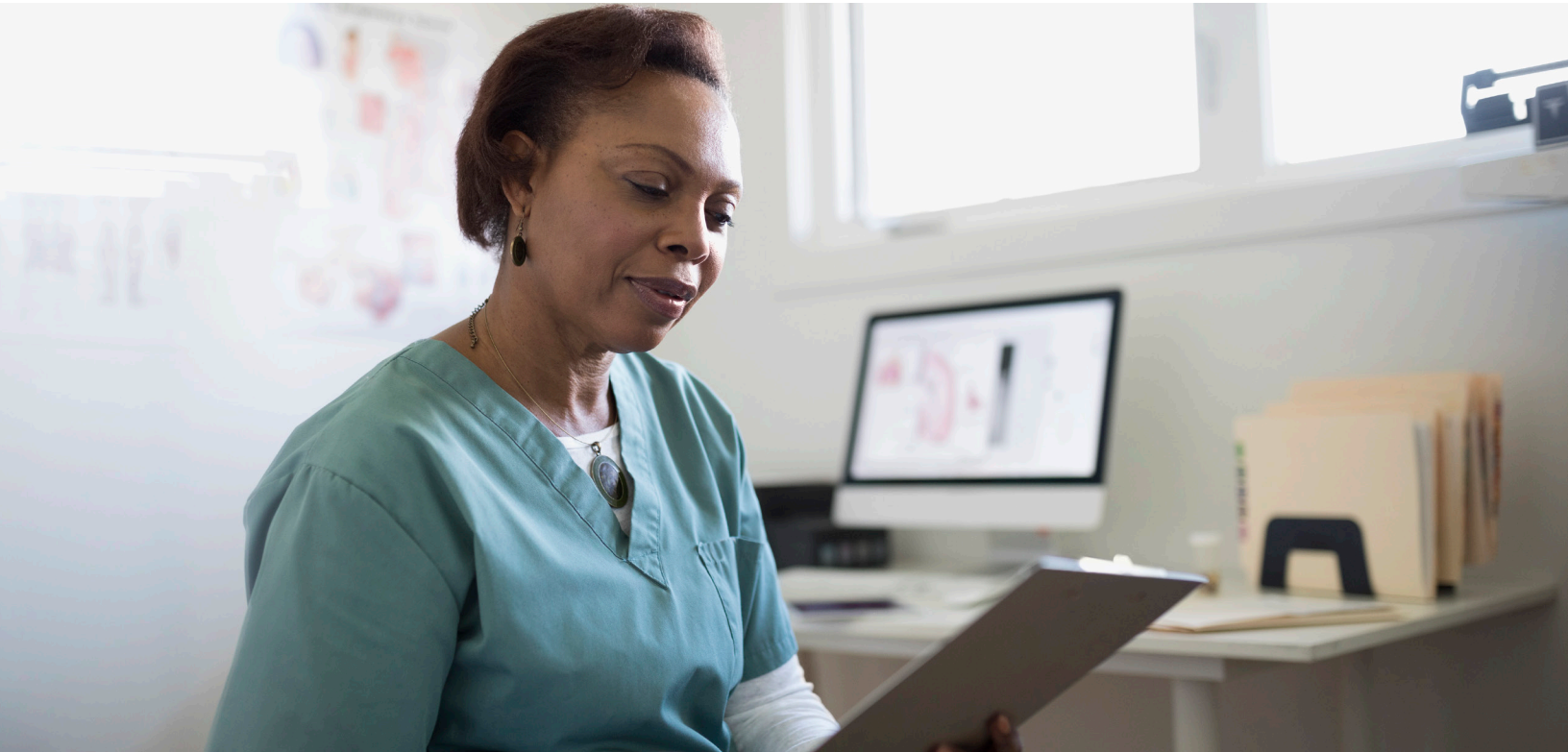
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As healthcare providers we must strive to be the GPS for every individual on their health journey.

When you're on a journey, quality tools matter. My kids will never know what it's like to get lost on a road trip and fumble through a cluttered glove compartment in search of a tattered paper map. Today, the GPS function living in our phones has made getting lost virtually impossible. Not only does my GPS know me and my personal preferences, such as defaulting to take the most fuel-efficient route or avoid tolls, but it also leverages an impossibly large amount of data, from traffic patterns to street closures, to get me to my chosen destination.

As healthcare providers we must strive to be the GPS for every individual on their health journey – combining insights gleaned from health data with personal preferences so that all individuals feel seen, heard, and empowered to address their healthcare needs.



Unfortunately, the one size fits all approach that has been popularized by many digital health point solutions, particularly in diabetes care, exaggerates outcomes and downplays the difficulty that patients face in sticking to unrealistic lifestyle changes making long-term outcomes elusive. Some programs misleadingly tout their ability to “reverse” diabetes, even though some patients may still be on a diabetes medication like metformin. According to a [joint consensus statement](#) from the ADA, Endocrine Society, European Association for Study of Diabetes and others, remission in T2D is defined as A1c < 6.5 for at least three months without any diabetes medications (including metformin).

These monolithic programs are also concerning because they seemingly neglect the multifactorial drivers of an individual’s health and variation in clinical condition. For example, the type, quantity, timing and combinations of foods we eat directly influence insulin levels in the body. Medications and insulin used to treat diabetes can also negatively affect insulin sensitivity. Therefore, medication management without dietary changes is not credible.

Given the reality of how diet and medications address diabetes differently, I believe in data-driven personalized solutions to manage an individual’s risk factors and chronic conditions. This is important as chronic conditions do not exist in isolation. More than 40% of adults in the U.S. have two or more chronic conditions, [according](#) to the CDC. It’s imperative that we spend time and effort to create wholistic and realistic solutions that are easy to use and stick to.

A study<sup>1</sup> by Teladoc Health, found people with both diabetes and elevated blood pressure hypertension who used the company's chronic care integrated platform saw sustained clinically significant blood pressure reduction after only four weeks and experienced further improvements after using the program for twelve weeks. They were also better able to lower their HbA1c, a clinical metric that reflects blood glucose control. As a provider, I've also seen first-hand the direct linkage between an individual's physical and mental health. Mental health conditions including depression and anxiety are often associated with chronic conditions such as diabetes, hypertension, heart disease and cancer. It's why I believe so strongly that whole-person care is uniquely positioned to address these issues and support patients when and where they need it the most.

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Social and environmental factors account for 50-60% of health<sup>2</sup>, and we strive to address these when relevant. I find that there are key attributes of a whole-person care model that target more inclusive, equitable and sustainable outcomes. These include providing cellular-connected devices, real-time digital and human wellness coaching and support, and easy to understand health content. Last month, a [Teladoc health study](#) showed that all members were able to engage with their remote monitoring diabetes program utilization and benefit from targeted education and coaching, regardless of socioeconomic and educational status. These tools have helped us expand access where it's needed most with approximately 55% of Teladoc Health's active chronic care solution users living in vulnerable or underserved communities.

Every day, we get to enable better outcomes and create greater value as we turn the data gathered across millions of health journeys into actionable insights for consumers, clinicians and clients with a whole person approach, customized to meet individuals wherever they are in their health journey.

They don't need one-size-fits-all approaches to care. They need a GPS, a model that is dynamic and unravels as the journey continues and makes the destination attainable.

<sup>1</sup>Dzubur E, Yu J, James R, Hoffman J, Shah B. Effects of Program Enrollment in a Digital Multiple Health Behavior Change Intervention on Clinical Outcomes: A 12-month Study. *Annals of Behavioral Medicine*, Volume 56, Issue Supplement\_1, April 2022, Page S481. <sup>2</sup><https://pubmed.ncbi.nlm.nih.gov/33139407/>

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