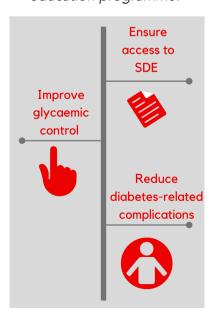
Make Health Easy

Empowering Patients with Type 2
Diabetes to better understand and manage their condition



Objective

The National Institute for Health and Care Excellence recommends that people with type 2 diabetes should have access to structured diabetes education (SDE), with SDE able to deliver improved glycaemic control and help to prevent diabetes-related complications. However, the extent and duration of the benefits may vary according to factors such as the support methods, providers and duration of the programme. This case study evaluates the outcomes and the impact of the EMPOWER T2n structured diabetes education programme.



THE SITUATION...

People with type 2 diabetes have a higher risk of adverse health outcomes than the general population, which has substantial resource implicationsⁱⁱⁱ. In the UK, expenditure on diabetes in 2010–2011 was 10% of all NHS costs, which was broadly comparable to the estimated global costs of diabetes care (11%)^{iv}.

The management of diabetes complications accounts for around 80% of the overall costs of diabetes healthcare^v. Reducing the rate of type 2 diabetes complications would reduce its human and financial costs. This not only includes improving blood glucose control, but also blood pressure, lipids, and rates of smoking, all of which can reduce the long-term complications of diabetes^{vi}.

In the UK, the National Institute for Health and Care Excellence's (NICE) 2016 quality statement recommended that people with type 2 diabetes should receive structured diabetes education at the time of diagnosis and that this programme must be evidence-based, have specific learning objectives, a structured curriculum and be delivered by trained educators.

"Our aim is to give patients the knowledge and confidence they need to manage their condition at home. Where it has been delivered, patients have given great feedback about the course. It's a friendly, relaxed atmosphere and has helped patients make positive changes to their lifestyle."

- Gill Peck, EMPOWER Clinical Lead at Spirit Healthcare

SPIRIT'S RESPONSE...

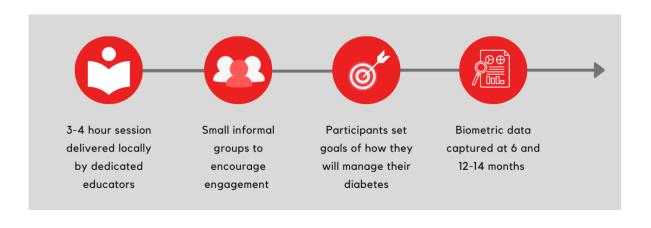
EMPOWER T2n was designed specifically for people with newly diagnosed type 2 diabetes. It consists of a structured curriculum delivered to 10-12 participants in a single session lasting 3-4 hours. The lesson plan encourages active and practical involvement of participants, along with the use of problem-solving models, aids identification, and planning of individualised strategies and interventions to facilitate diabetes self-management. Participants set goals, and clinical and biometric data are captured at 6 and 12-to-14 months, EMPOWER T2n has been externally validated against the criteria from the National Institute for Health and Care Excellence for structured diabetes education and is also certified according to the Quality Institute for Self-Management Education and Training (QISMET) Diabetes Self-Management Education quality standard.

Given the considerable benefits for patients and the wider health economy, policy makers may wish to consider how they can enhance access to structured diabetes education for people with type 2 diabetes.

EMPOWER is a fully managed programme that enables a high level of consistency and responsiveness. The entire process is managed end-to-end and employs dedicated educators and administrators, who are able to offer support and expertise to patients.

The program achieves results through:

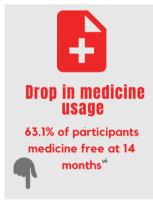
- Producing courses when people are more likely to be available; including at weekends and evenings.
- Making courses available in a range of languages to suit the patient population who will be attending.
- Making courses available to suit people with special learning needs, including one to one sessions, and by providing a sign language interpreter for people with hearing difficulties.
- Making courses available in locations where people are more likely to seek and/or be able to access them. For example, community centres and faith centres.
- Ensuring that the access team is specialized in just that: getting people to attend.
- Using dedicated, specialist staff to deliver structured diabetes education (SDE) and deliver it consistently to the same standard every time.
- Extending SDE to an online diabetes education service for patients who prefer to receive it digitally, and extending the service to enable patients to self-refer.



THE RESULTS...











- Participants recorded a reduction in mean body weight of 1.9kg and 2.1kg at six and 14 months after the completion of EMPOWER SDE^{vii}
- Data entered into the UK Prospective
 Diabetes Study Risk Engine showed
 participants had a reduced risk of both
 coronary heart disease and strokevii
- A reduction in prescribing costs, with 63.% of EMPOWER participants medicine free at 14 months^{vii}
- Modelled overall gross savings over the 3-year timeframe of £193.89 per patient, compared to the mean cost per attendee of £96.17^{vii}
- 99.2% Friends & Family Score
- Very positive rating for the programme, with mean scores for the programme, materials and educators consistently scoring more than 9 out of 10^{viii}

THE OUTCOMES...

A study recently published in the <u>British Journal of Healthcare Management</u>vii, collected data, subsequently aggregated and anonymized, from 443 consenting participants with type 2 diabetes from four Clinical Commissioning Groups (Leicester City; East Lancashire; East Leicestershire and Rutland; West Leicestershire) who accessed the EMPOWER T2n SDE between April 2015 and March 2018. These were also the first four Clinical Commissioning Groups to adopt the EMPOWER T2n structure.

For each participant, relevant clinical (baseline) parameters were recorded before their access to EMPOWER T2n then, if possible, at 6 and 14 months via their general practice. These clinical parameters were bodyweight, blood glucose levels, glycated haemoglobin levels, systolic blood pressure, total cholesterol, high-density lipoprotein cholesterol and smoking status.

As indicated, the clinical and economic results of this study demonstrate that EMPOWER T2n is associated with improvements in participants' clinical parameters at 6 and 14 months. Furthermore, based on modelling of these data, it provides cost savings over a 3-year time period, which if extrapolated against recorded attendance rates for SDE in England compared to EMPOWER, could have delivered an additional saving of over £7.7 million and 366 additional life-years over the same 3-year period.

PAITIFNT IMPACT

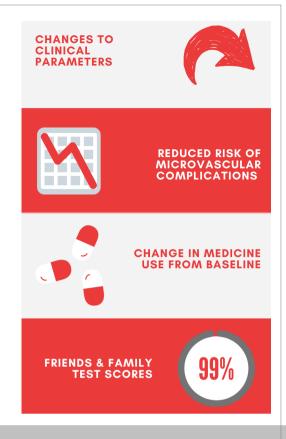
In addition, attendee feedback indicates how receptive people with diabetes are to the EMPOWER programme and how the course is helping them better understand and manage their condition.

"The course has been a real plus to my diabetes. After five years of living with diabetes this is the first time I have had good knowledge of how to live appropriately with diabetes.

Don't let diabetes control you."

- Ashit, EMPOWER T2 Participant, Leicestershire and Rutland





<u>References</u>

[i] Wong CKH, Wong WCW, Wan EYF et al. Macrovascular and microvascular disease in obese patients with type 2 diabetes attending structured diabetes education program: a population-based propensity- matched cohort analysis of Patient Empowerment Programme (PEP). Endocrine. 2016;53(2):412–422. https://doi.org/10.1007/s12020-015-0843-z

[ii] Chrvala CA, Sherr D, Lipman RD. Diabetes self-management education for adults with type 2 diabetes mellitus: a systematic review of the effect on glycemic control. Patient Educ Couns. 2016;99(6):926–943. https://doi.org/10.1016/j.pec.2015.11.003

[iii] Hex N, Bartlett C, Wright D, Taylor M, Varley D. Estimating the current and future costs of type 1 and type 2 diabetes in the UK, including direct health costs and indirect societal and productivity costs. Diabet Med. 2012;29(7):855–862. https://doi.org/10.1111/j.1464-5491.2012.03698.

[iv] Weber C. Challenges in funding diabetes care: a health economic perspective. Expert Rev Pharmacoecon Outcomes Res. 2010;10 (5):517–524. https://doi.org/10.1586/erp.10.48

[v] Hex N, Bartlett C, Wright D, Taylor M, Varley D. Estimating the current and future costs of type 1 and type 2 diabetes in the UK, including direct health costs and indirect societal and productivity costs. Diabet Med. 2012;29(7):855–862. https://doi.org/10.1111/j.1464-5491.2012.03698.x

[vi] Turner RC, Millns H, Neil HAW et al. Risk factors for coronary artery disease in non-insulin dependent diabetes mellitus: United Kingdom Prospective Diabetes Study (UKPDS: 23) RMJ 1998:316(7134):823—828, https://doi.org/10.1136/hmi.316.7134.823

[vii] Swift J, Barker C, Palin R, Peck G. Investigating the cost-effectiveness of structured diabetes education. British Journal of Healthcare Management 2019;25(10):1–15 https://doi.org/10.12968/bjhc.2019.0004 https://www.magonlinelibrary.com/doi/abs/10.12968/bjhc.2019.0004

[viii] EMPOWER feedback analysis. Data on file Spirit Healthcare, Dec 2019

[ix] The Healthcare Quality Improvement Partnership (HQIP). National Diabetes Audit, 2016-17 report 1: care processes and treatment targets England and Wales. 2018. https://www.hqip.org.uk/wp-content/uploads/2018/03/National-Diabetes-Audit-2016-17-Report-1-Care-Processes-and-Treatment-T...pdf (accessesed 17 September 2019)



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