TIM 65

New to MDI

Widowed, two grown children, four grandchildren

Tim lives in a rural area. After losing his wife unexpectedly 5 years ago, he's become somewhat isolated from friends, but leans on his son and daughter and their families for support and interaction.

DIABETES JOURNEY Type 2 Diabetes

Tim was diagnosed 3 years ago. He has previously taken a number of oral medications, and once-daily basal injections, which were titrated through a lot of calls and conversations with his doctor. He has just started on multiple daily injection (MDI) therapy.

HEALTH Obesity, Hypertension

Tim struggles with his weight, predominantly due to his dietary choices and not getting a lot of exercise. He has also been diagnosed with hypertension (high blood pressure).

SEGMENT Segment 3 – Successful Follower

Tim has mature coping strategies, but he lacks the confidence to seek his own information, or to make decisions or adjustments for himself. He needs continual direction, reinforcement and support.

COMFORT WITH TECH Comfortable, But Not a Pro

Tim is comfortable with a smartphone, but far from expert. He uses Skype to stay in touch with his grandkidsand support.

HEALTHCARE PROFESSIONAL Primary Care Physician

Tim works solely with his primary care physician (PCP) in a nearby small town to manage his diabetes. He generally sees Dr. Bancroft twice a year, but has seen him more during therapy transitions.

KEY CHALLENGE Dosing Support

Tim needs help trying to figure out how much insulin he needs to take at each meal – he and his doctor are working to set the right fixed amount for each mealtime.

low financial threshold high

denial psych adjustment acceptance

TIM 45

New to MDI

Hardware Store Manager

Tim lives in a rural area. After losing his wife unexpectedly 5 years ago, he's become somewhat isolated from friends, but leans on his son and daughter and their families for support and interaction.

Medications

glipizide 20mg QD / pioglitazone 30mg QD / Januvia 100mg QD / Lantus 50 units QD / lisinopril 10mg QD / simvastatin 40mg QD / hydrochlorothiazide 25mg QD

GOALS

Day-to-Day Therapy

Tim needs to remember to take his dose, confirmation that he's doing it right, and a reminder that he's already taken it. He would also like to know how his diabetes management will affect his schedule and what he has to do in the future.

He would like to make this change in therapy as effortless as possible. He knows that it will be a big adjustment, but he doesn't want more to think about. He wants to be able to handle his therapy and get back to life as efficiently as possible.

Tim would like an easy way to log his doses so that he can report it to his HCP.

TASKS

Routine

Tim needs to understand his expectations. He needs to log his doses to make sure he is doing it correctly, to keep track, and to remember his future doses. Hopefully this new routine will help him to check his BG more often. As a participant in his Insurance's (payer) diabetes program, Tim will be using an insulin pen to send data to an app on his smartphone.

Communication

Since Tim is not an expert with technology, his tasks need to be simple, yet provide enough information to his payer and hcp so that they can intervene in his therapy if needed.

Education/Understanding

Tim just needs to understand what he needs to do in order to stay compliant with his doctor's diabetes management plan.

PAIN POINTS

Tim has a fear of being judged by his HCP and family. This causes him to keep his diabetes management private and he rarely doses or checks his BG in public.

The physical pain and tedium of checking BG and dosing makes it harder for him to stay on regimen. Also, the fear of going hypo makes him wary every time he doses.

Tim's budget is very limited and he is concerned about the costs of insulin and supplies. He hopes that with his payer reimbursement and small income, he will be able to afford his diabetes management.

Tim has a very busy life and sometimes has trouble remembering what to do with his diabetes regimen. He has to remember to log every dose and gets worried when he forgets to take a dose.

Tim has little experience with technology, and the poor UI/UX that he's experienced on some apps have made him frustrated and wary of trying new tech. He also lives in a rural area and connectivity is an issue. With new tech comes new equipment. He has to manage keeping up with all of these new devices.

THOUGHTS AND FEELINGS

I love spending time with my grandkids.

I feel conspicuous having to do all these things for my diabetes.

Overwhelmed

Frustrated

Powerless

I wish I know whether I am getting better.

I don't know how long I can keep this up.

Burdened

I don't know what else to do.

It doesn't matter what I do – it always gets worse.

When will I know that I'm improving?

When can I not feel guilty for having cake?

I hate having to keep track of all this stuff.

I hate that diabetes gets in the way of living my life.

I don't like having to take so many more injections and BG readings.

They don't understand how irritating and painful this is.

I feel embarrassed and like a failure now that I'm on MDI.

These BG values don't mean anything – why would I waste money testing?

Diabetes management takes too much time already – is ths going to be more?

How is this helping me?

Will this regimen help me?

How do I use this thing?

Does the insulin really help?

I hope I don't accidently throw away my Squire.

Why can't you just tell me what to do?

I feel like my HCP doesn't listen to my money concerns.

Hopeless

Anxious

I wish I had information to give to my doctor to help with my dosing.

I feel like everyone is monitoroing me like some child.

Have I done the needed things to get the payer incentive?

BETH 45

New to Basal Insulin

Married, Two Children at Home

Beth is a Kindergarten teacher, is married and has 2 children. Busy work and family life. Sporadic attempts at lifestyle management. Intermittent dietary and exercise regimens. Continued counseling and recommendations in this area.

DIABETES JOURNEY Type 2 Diabetes

Diagnosed in her early 40s, Beth has been managing her own therapy for a few years using diet and exercise. Recent life changes are affecting her control, which is discouraging her. Her doctor has decided to start her on intensive insulin therapy and basal-only dosing.

HEALTH Obesity, Hyptertension, Dyslipidemia

Beth struggles with balancing fitness, career and family. She has successfully lost weight before... and gained it back. She eats mostly healthy, but her increasingly unpredictable family schedule and frequent job travel has disrupted her routine – sleep, diet and regular exercise.

SEGMENT Segment 1 – Well-Intentioned But Life Gets in the Way

Beth has intermediate coping strategies. She is able to manage her diabetes, but she cannot always “get it together” to make changes, which results in conflict and guilt. She blames herself for any problems.

COMFORT WITH TECH Expert

Beth is an expert with consumer technologies – she uses a smartphone, laptop, smart watch and fitness tracker and Facetime to connect with her family when she travels. She’s private about her health data.

HEALTHCARE PROFESSIONAL Internist

Beth predominantly manages her diabetes with her internist. She is supposed to see Dr. Ramos four times a year, but her schedule normally means she only really makes it about every 6 months.

KEY CHALLENGE Learning a New Diabetes Management Routine

Tracey is new to Basal Insulin – she has to learn new habits and overcome the frustrations of injections and logging.

low financial threshold high

denial psych adjustment acceptance

BETH 45

New to Basal Insulin

Kindergarten Teacher

Busy work and family life. Sporadic attempts at lifestyle management. Intermittent dietary and exercise regimens. Continued counseling and recommendations in this area.

Medications

Metformin 1000mg BID / glimepiride 8mg qAM / Invokana 300mg QD / carvedilol 25mg qAM / losartan 50mg QD HS / atorvastatin 40mg QD HS

GOALS

Managing Life/Relationships

Beth does not want her family to worry about her, and she wants to keep it a secret. To her, diabetes is a burden she must bear on her own. When she sees her doctor, her goal is to get a good report.

Day-to-Day

She realizes that transitioning to Basal Insulin means learning a new routine, learning to inject, and learning how to take BG readings. She understands the importance of remembering to take her basal injection as prescribed, but she does not want this new routine to disrupt her life. She wants to maximize the benefit and minimize the time and effort.

Health

Her overall goal in managing her diabetes is to stop the progression towards MDI. She is hopeful that she might be able to reverse the progression of her disease. The ability to see her progression and whether her efforts are paying off (meds, diet, exercise, etc.) may encourage her.

TASKS

Routine

Beth has to remember to stick to her daily regimen of injection(s) and BG readings. She needs to be assured that she is taking the right dose and to log the dose. She knows that this routine is disruptive, so she wants to be able to effectively and efficiently plan around it.

Communication

As a participant in her Health Network's diabetes management program, she needs to share her therapy data to her insurance provider. She would also like to show to her doctor that she has been doing everything she needs to so that the doctor knows everything they need to provide the best care possible. Beth would also like to keep her data private.

Education/Understanding

Beth needs to understand what is expected of her.

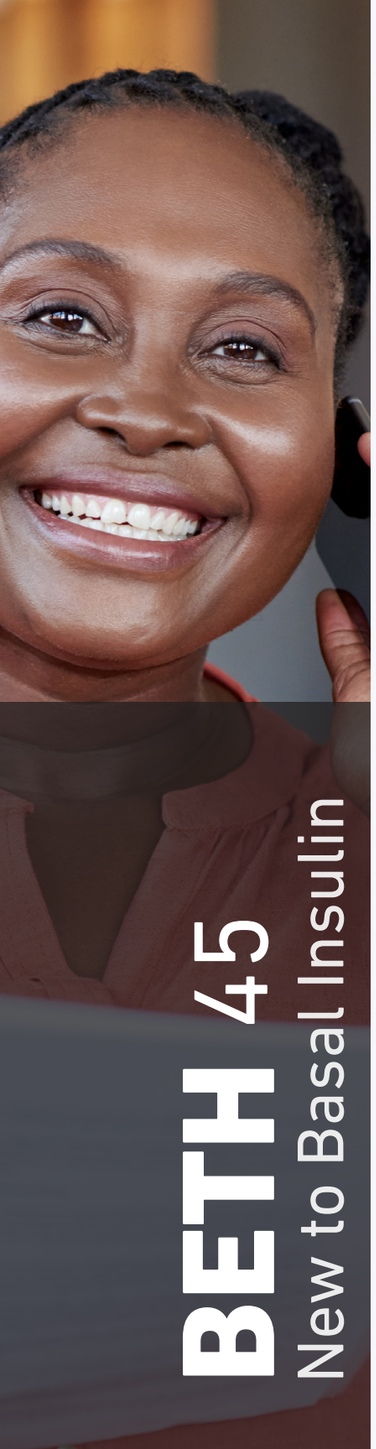
PAIN POINTS

One of Beth's biggest challenges will be getting used to her new routine. She is concerned that her busy life will get in the way of her successful diabetes management.

Beth is afraid of the pain involved with daily injections and finger pricks. She is also unsure about how this new routine will affect her other medications and therapies

As a teacher, her budget is tight and her health benefits are average. She is concerned that her diabetes management is too expensive and she'll have to make choices between her health and her family responsibilities.

Her daily regimen is hard and the constant adjustments are tedious, but the most frustrating thing is the months and months of waiting to see if her efforts are even paying off.



BETH 45
New to Basal Insulin

THOUGHTS AND FEELINGS

I'm overwhelmed!

This is just one more thing to manage.

Can I take time off for appointments?

I need more tools to understand my condition.

Will my insurance cover this?

I want to be around as long as possible for my children.

How do my kids feel about my diabetes?

My family doesn't understand.

How does having diabetes affect my marriage?

I feel guilty when I take time away from work and family for self-care.

What else can I do to stay away from MDI?

I have to get better so I can get back off insulin.

I can do this!

Maybe one injection a day isn't so bad–I'm already doing one a week.

Taking insulin means I'm going to die.

Is the insulin really going to make a difference?

I don't want to be stuck on injections forever–is this forever?

I hope this works! I'm frustrated.

I'm uncertain about my future.

Failure.

It's my fault I have to take injections since I failed at diet and exercise.

I feel like a burden.

I feel like this is my fault.

DR THOMPSON

General Practitioner

Affiliated with a large IDN

Dr. Thompson works in a group practice in a large clinic in an urban city in Louisiana. She is a general practitioner in a family medicine group in a suburb. Her practice is affiliated with the Ochsner Health System, which mandates use of the Epic EHR system. Any new IT systems would need to be approved by Ochsner IT.

PATIENT TYPES Varied

Dr. Thompson sees a wide-range of patients, from children to adolescents to adults. As a general practitioner, each day varies from the last, with many physical examinations, immunizations, assessments for infections from strep to influenza, and chronic disease management, such as for patients with diabetes.

DIABETES PATIENTS Many, most with additional comorbidites

A number of Dr. Thompson patients, especially among her older patients, has type 2 diabetes. Many of these patients are also dealing with other health conditions, such as heart disease, hypertension, obesity, and dyslipidemia.

DIABETES TRAINING Limited

Dr. Thompson had diabetes training during medical school, but it was relatively limited and spread out. She has never received formal training on starting insulin therapy, for example, but has some tools available to her from Ochsner for standards of care in starting insulin, choosing oral medications, and other topics.

COMFORT WITH TECH Comfortable

Dr. Thompson uses a smartphone for both personal and work uses, and a tablet in her office to connect to her electronic health record. But she is hesistant to try now solutions.

KEY CHALLENGE Workflow and Confidence

Because her office handles so many unique cases, and relatively few diabetes follow-ups, each appointment is out of her routine and workflow. But, her diabetes patient load continues to grow each year. Her key goals are to increase her diabetes confidence, and better integrate her diabetes patients into her standard workflow.

DR. THOMPSON

General Practitioner

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Dr. Thompson had diabetes training during medical school, but it was relatively limited and spread out. She has never received formal training on starting insulin therapy, for example, but has some tools available to her.

GOALS

Patients

Dr. Thompson wants to help her patients change their lifestyle habits and lower their A1C. She wants to provide her patients with the knowledge and tools they need and to adhere to their medical schedule.

She wants her patients to see her as the diabetes expert and to reassure them that they can improve.

She wants as few hospitalizations as possible for her patients.

Workflow

Dr. Thompson sees many patients a week. She wants to have better influence over her patients' outcomes without increasing her workload or responsibility. She is looking toward the future, an outcome-based pay structure.

Diabetes Knowledge

She would like to learn more about diabetes so that she can be more confident in prescribing her patients medications and treatments.

TASKS

Treatment

Dr. thompson needs to give her patients the best possible advice so that they can improve their health and avoid diabetes incidents or intervention. She needs to educate her patients on their diabetes and their treatment.

Patient Monitoring

She needs something that facilitates a more fruitful conversation with her patients. She also needs to notice spikes and anomolies in her patients' health and understand their obstacles to adherence. She needs to efficiently monitor their progress.

Workflow Management

She needs to get through her workflow efficiently so that she can spend time on what counts and listen to her patients' concerns. She knows that any new tool she uses needs to add value and efficiency, not time to her schedule.

PAIN POINTS

Dr. Thompson sees so many patients throughout the week, she has no time to interact with her PwDs outside of their appointment time. And her time with PwDs is limited during appointments, it is hard to have a meaningful conversation about their health and treatment.

She has a limited knowledge of diabetes and has trouble finding an effective alternative course of action if her "text-book" treatment fails.

Dr. Thompson is frustrated over her patients that are apathetic or in denial about their diabetes. She knows that she has no control over their behavior and is limited in her influence. She has no way of knowing for sure if her patients are adhering to her treatment plan.

DR. THOMPSON
General Practitioner

THOUGHTS AND FEELINGS

I'm not really the insulin expert, but I hope my patient doesn't know that.

Did my patient understand?

I want the patient to see me as the expert.

I want the patient to feel like they can do this.

How can I help my patients?

I don't want the patient to leave my practice.

I want you to listen. How can I get you to listen?

Why will you not help yourself?

The patient isn't willing to do what's needed.

Patients are so frustrating.

I can't believe that my fate as a doctor is in this person's hands. I've said all I can say.

What's the f--king point?

Your poor adherence costs me money.

NEXT!

There needs to be a better way to treat this. I'd rather deal with heart disease.

I wish I had a tool to assist in prescribing insulin.

I don't know enough about MDI – I'd have to refer to a specialist.

I wish I knew more about diabetes management.

I wish my patients would tell me the truth.

I wish patients would just follow through on what I tell them to.

I wish I had more time with my patients.

The Truth

Frustration

Useless

Stressed

A lot of tech promises have been made in the past, but they never deliver.

My older patients can't handle tech.

I hope this works for them.

I've seen this movie before – the outcomes will be what they'll be.

Patients are just going to do whatever they want anyway.

This patient is as difficult as all the others.

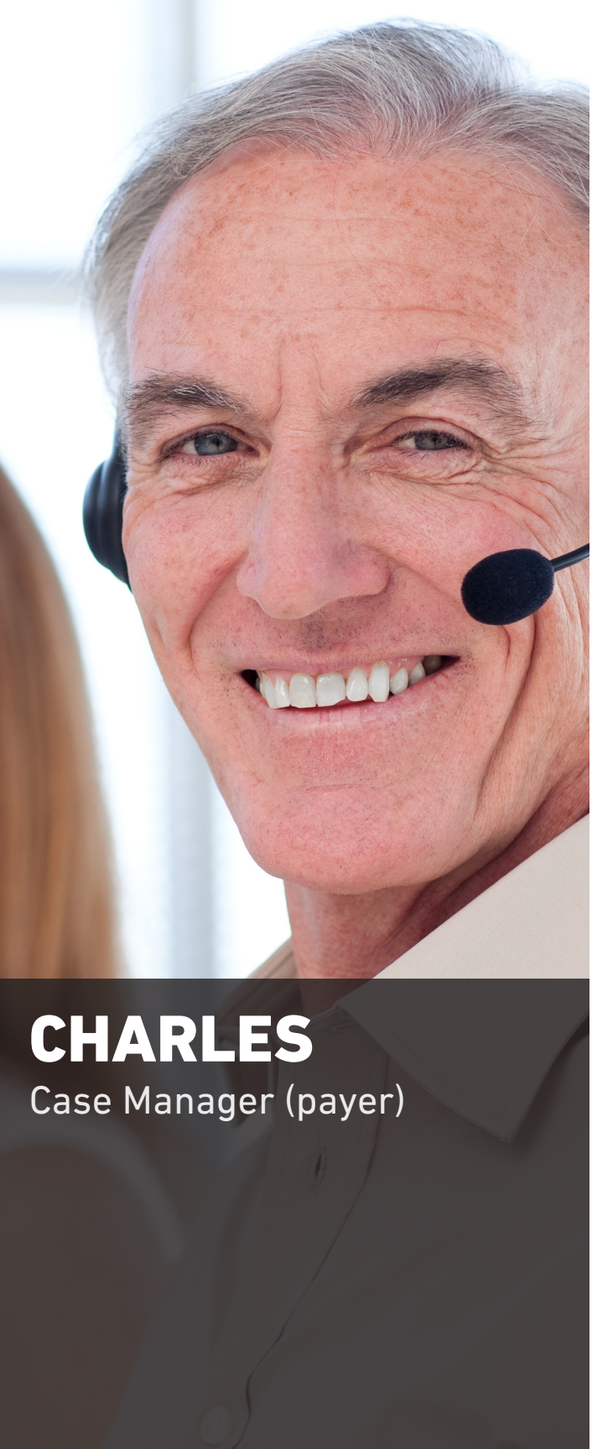
I don't have time for this.

What I'm doing is working well enough. (clinical inertia)

I don't get paid for this.

Powerless

Ineffective



CHARLES

Case Manager (payer)

GOALS

Primary

When Charles intervenes with a patient, his goal is to move that patient out of the high-risk category. The goal is to reduce short-term expenses. He wants the patience to increase adherence and compliance.

Secondary

He would like to reduce the cost of non-used or extempraneous items and medications.

Other

In some cases the payer may want to drive foot traffic to their brick-and-mortar stores by increasing compliance to medication dosing.

PAIN POINTS

Charles cannot help patients if he cannot see their data. If patients are non-compliant in there treatment, they provide little or unreliable data.

Charles is limited in his ability to persuade the patient to engage in their treatment and in the program.

His biggest hurdle will be gaining the trust of patients that are wary of faceless representatives from large organizations.

TASKS

Counseling

Charles wants to help the patient remove barriers to adherence by offering advice (not medical) and adjusting costs for the patient.

Access

He can help the patient gain access to medications and other resources.