

# Main Findings: we've identified several recommendations to improve telemedicine for specialty diabetes care, including:

- Designating a staff person for CGM device data upload
- Creating guidelines for patient expectations during telemedicine visits
- Improving workflows to ensure consistent and timely scheduling of follow-up visits

## RESULTS

### Operations/ Workflows

1. The most effective workflow method included having a designated staff member, such as "diabetes navigator," who contacts patients prior to the visit, ensures that they can upload device data, and helps troubleshoot.
2. Scheduling follow-ups is currently more difficult following telemedicine visits compared with in-person visits.

### Provider Preferences

1. Providers who have successfully adopted the screen-sharing function have a more positive experience with the process of reviewing data with patients.
2. There is consensus that new patients should be seen in-person before having the option of future telemedicine visits.
3. The majority of providers reported that patients should be seen in-person at least once per year, with the option of telemedicine visits if the patient can successfully upload device data.
4. Telemedicine offers an opportunity for providers to see patients in their home environment, which has the potential to improve the quality of the visit.

### Visit Quality

1. Video visits attempted in the car, stores, restaurants, etc. are more likely to be unsuccessful and converted to telephone visits.
2. Preparing patients for visits could result in better quality visits.

## Telemedicine implementation across academic medical centers: How can we improve virtual diabetes care?

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### INTRODUCTION

- For patients with diabetes mellitus requiring specialty care, access to routine care is essential for maintaining a high quality of life and avoiding adverse health outcomes.
- Telemedicine improves access to diabetes specialists and was rapidly adopted during the COVID-19 pandemic.

### OBJECTIVES

- To understand how delivery of telemedicine can be optimized to improve patient access and quality of specialty diabetes care.
- To describe the implementation of telemedicine for diabetes care across four of the University of California health systems.

### METHODS

- 26 diabetes care providers were interviewed from 4 different academic medical centers: UC Davis, UCSF, UCLA, and UC San Diego.
- Interviewees included pediatric endocrinologists, adult endocrinologists, medical assistants, diabetes educators, registered dietitians, and clinical pharmacists
- Interviews were transcribed and coded by 2 individual coders using line-by-line coding via the software Dedoose to identify common themes and subthemes.
- Themes were discussed and refined with the larger research team

### DISCUSSION

- A structured care model and corresponding workflows should be developed to optimize both patient and provider experience with telemedicine and promote a higher quality of care.
- Our findings suggest ways in which telemedicine care models can be improved for specialty diabetes care moving forward.
- Developing telemedicine-specific operations and workflows, rather than attempting to duplicate in-person care models, may have the potential to make virtual care more efficient and effective.

