



IDC Symposium for Advanced Diabetes Educators 2019

April 16-17, 2019; Minneapolis, MN; Day #1 Highlights - Draft

Executive Highlights

- **The 2019 Symposium for Advanced Diabetes Educators began today, packed with notable presentations on trends in diabetes care and ways to implement new practices.** We were especially excited to hear from the IDC's Dr. Rich Bergenstal on trends in diabetes care in 2019 including a focus on new CGM metrics and patient-centric language.
- **We also heard more about the need for patient and physician education on continuous glucose monitoring.** Dr. Anders Carlson and Nancy Waldbillig provided compelling reasons on how CGM could better guide lifestyle and medication changes in type 1 and type 2 diabetes. Beyond just getting people on CGMs, Dr. Carlson emphasized the importance of empowering people to use the data on their own to develop strategies to manage their blood glucose during the 99%+ of time they are not in the clinic. We're very impressed at the advances in AGP over the last year and think this will be very helpful toward this end.

Greetings from Minneapolis where the 2019 Symposium for Advanced Diabetes Educators hosted by the International Diabetes Center kicked off today. The symposium will focus on critical topics in diabetes ranging from the ketogenic diet, to continuous glucose monitoring, to the gut microbiome. Our very own Kelly Close will be giving the esteemed Etwiler Memorial Lecture on Tuesday! Stay tuned for a full report coming soon!

1. Dr. Rich Bergenstal on the "Three P's" of Diabetes Care in 2019: Precision, Personalized and Patient-Centered

IDC's very own Dr. Richard Bergenstal kicked off the IDC conference by summing up the state of diabetes care in 2019 with three P's: Precision, Personalized, and Patient-centered.

According to Dr. Bergenstal, in order to prevent complications and optimize quality of life, we need to focus on patient-centered glycemic management using genomics, big data, AI, and most importantly, individualized targets. Using A1c alone is not working to guide glycemic control, as recent data has shown that 52% of people with diabetes were unsuccessful at meeting an A1c of <7% - recent data from the T1D Exchange was even more troubling. The IDC's Dr. Anders Carlson echoed the need to move away from A1c as the sole measurement in diabetes management, noting that A1c has not budged at all, and in fact, in adolescents has actually gone up. Assigning a single number to a patient to quantify if they are doing well or poorly at controlling their glucose levels fails to motivate patients; rather than set actionable steps, A1c too often sets a distant goal. To treat the patient rather than the number, Dr. Bergenstal advocated for the adoption of the Ambulatory Glucose Report (AGP) to translate CGM results into a graph and stack bar for easy interpretation and empowering of patients to take control of their blood glucose. The AGP report is organized and easy to understand and nicely combines the three P's. Of course, a picture is worth a hundred words and the report allows for easy and quick interpretation by providers and patients alike, leaving more time for shared decision making. By starting a dialogue with their providers, patients are far more likely to succeed at managing their blood glucose levels and increasing their time in range.

- **Dr. Bergenstal criticized the "fallacy of average" and said "I think we should treat the blood sugar and not the average."** A major hurdle in the path of patient-centered care is A1c which has several limitations: (i) it fails to guide improvement; (ii) there is no broad agreement on A1c targets (look no further than ongoing guideline debates between various organizations); and (iii) A1c only tells part of the story of glucose management. Far too often (81% of the time to be specific),

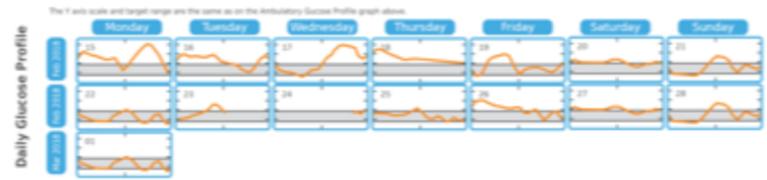
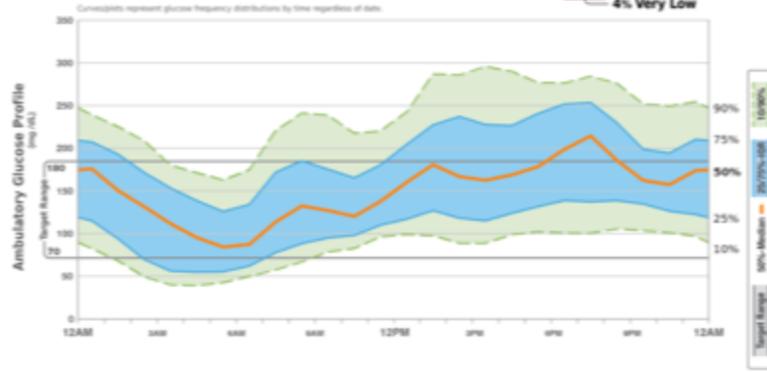
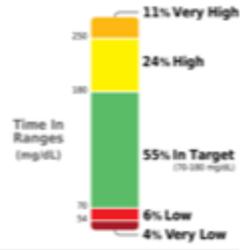
A1c and blood glucose levels do not match due to real biological differences between people such as variations in glycosylation patterns and red blood cell turnover rates.

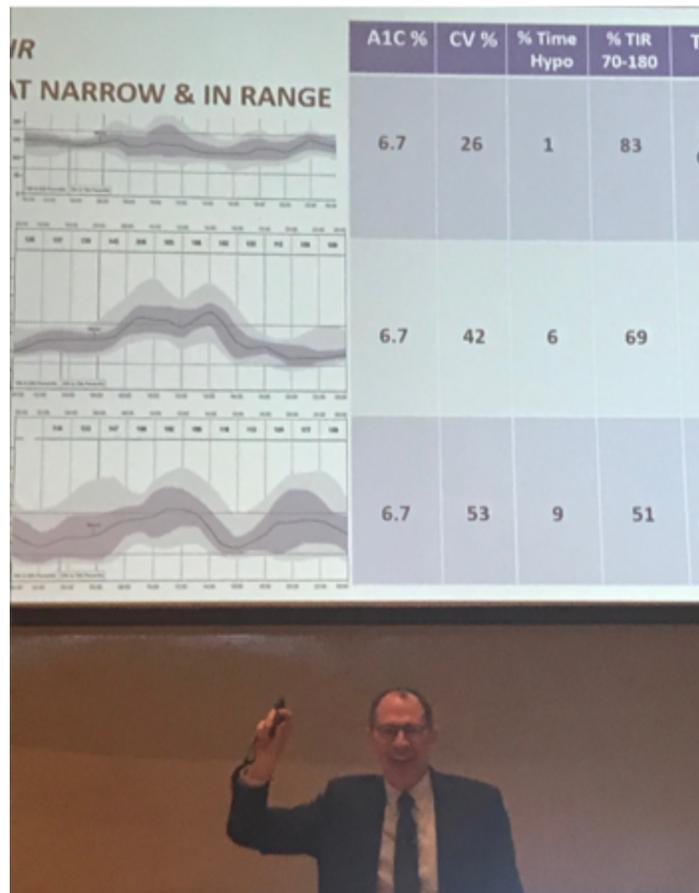
- **The Ambulatory Glucose Report (AGP) provides a picture for easy, quick interpretation and eliminates searching for numbers.** The provides a standardized, single page glucose and insulin report that is consistent regardless of device. Looking at the stack bar, patients can see the percent of the time in range and identify step-wise targets to get "MGLR: more green, less red." For the graph, the goal is "FNIR - flat, narrow, in range" and patients can determine patterns of when they were high or low and identify themselves what changes they can make in their lifestyle.

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Glucose Statistics

15 Feb 2018 - 01 Mar 2018	14.5 days
% Time CGM is Active	70.6%
Average Glucose	156 mg/dL
Glucose Management Indicator (GMI)	7.0%
Coefficient of Variation (CV)	46%
Standard Deviation (SD)	72 mg/dL





--by Meghna Ray, Martin Kurian, and Kelly Close