APPENDICES

Appendix 1. Stakeholder and Patient Social Media Engagement Websites

Appendix 1: Stakeholder and Patient Social Media Engagement Websites

Appendix 1 -Example of Social Media Dissemination Strategies via You Tube Video, 2/25/2015 Go to <u>https://youtu.be/XIL6Cbgidk4</u> to watch full video.







Personalizing Diabetes Treatment

Identify individual patient characteristics from our database of 20 randomized clinical trials with almost 7,000 patients to determine which treatment is <u>likely to work best in this specific patient</u>

Demographic and Clinical Characteristics	Patient Example		Treatment	Probability of Achieving
Age (yrs.)	64			110120 \$ 7.070
Sex	Male		Diet and	0.05
Race / Ethnicity	Caucasian	Logistic Regression	Exercise	
BMI (kg/m²)	32	Model	Drug A	0.60
Fasting Glucose (mg/dl)	175		Drug B	0.58
HbA1c (%)	8.2		Drug C	0.67
Diabetes Duration (yrs.)	2		Drug D	0.33
Previous Treatment	No	HSPH – Marcia A. Testa, MPH, P	bD	
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Published on Feb 25, 2015

Diabetes is an increasingly common disease. Overall, approximately nine percent of all Americans have diabetes. Over the age of 65, the prevalence of diabetes is even higher, affecting as many as one-fourth of adults.

Diabetes is a disease that affects many organ systems over time. As a result, it's important that patients adhere to their medications; however, this can be challenging because of the side effects that many patients experience with their diabetes medications.

Dr. Marie E. McDonnell, Director of the Diabetes Program at Brigham and Women's Hospital, describes research aimed at developing more precise, targeted diabetes care to improve patient outcomes while minimizing side effects. She also describes new diabetes treatments including beta cell restoration and islet cell transplants.

Learn more about diabetes care at Brigham and Women's Hospital: https://www.brighamandwomens.org/medi...

Read the Next Generation Approach to Diabetes Diagnosis and Treatment video transcript:

https://www.brighamandwomens.org/medi...

- Category
- Nonprofits & Activism

Appendix 1 - Diabetes Stakeholder and Partners Forum and Social Media Learning Collaborative Go to <u>https://phasevtechnologies.com/pcori/</u>

Diabetes Stakeholders and Partners Forum Communication Portal

Home Communications Engagements News & Updates

Connect with others

Our Goals:

- Build a diabetes social network of patients, clinicians, caregivers, advocates and stakeholders
- Improve quality of life through targeted patient-centered diabetes research
- Make your voice heard



Contact Us

Logout

Diabetes Stakeholders and Partners Forum Communication Portal



- Take surveys and polls
- Write comments and feedback



Diabetes Stakeholders and Partners Forum Communication Portal



Diabetes Stakeholders and Partners Forum Communication Portal



Appendix 1: Harvard T. Chan School of Public Health Project Web portal – sample pages

Go to https://www.hsph.harvard.edu/comparative-effectiveness-of-diabetes-treatments/

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ents Using Patient-Report	ed Outcomes and Socio-Demograph-	
Factors		
> Benchmarking the Comparative Effectiveness of Diabetes	Treatments Using Patient-Reported Outcomes and Socio-Demographic Factors	
CHMARKING THE COMPARATIVE EFFECTIVENESS	14/-1	
DIABETES TREATMENTS USING PATIENT- ORTED OUTCOMES AND SOCIO-DEMOGRAPHIC	weicome	Diabetes e-Stakeholders and
TORS	Our Mission	Partners Forum
arch this section	Our mission is to promote the public's health and well being by improving the quality relevance and understanding of scientific evidence	Register to join the online Diabetes
	available to help patients, clinicians, caregivers and insurers make better and more informed healthcare decisions.	Stakeholders and Partners Forum (DS&PF) as
me		part of the Patient Centered Outcomes Research Institute (PCORI) sponsored study,
out our Project	This website was originally supported through funding from the Patient Centered Outcomes Research Institute (PCORI) www.pcori.org	"Benchmarking the Comparative Effectiveness
out our Research Team	awarded to the Harvard T. H. Chan School of Public Health, Harvard University www.hsph.harvard.edu. The purpose of this website is to	Reported Outcomes and Socio-Demographic
search News and Updates	engage patients, stakenoiders and partners involved in the providing care, treatment and support to individuals with diabetes.	Factors."
takeholders and Partner Forum	We would like to invite anyone who has been affected by diabetes (e.g., patient, clinician, care-giver, health care provider, family	[Register Online]
ient and Stakeholder Engagement	member, researcher, device and pharmaceutical company professionals and healthcare and patients advocates) to become part of our	
r Advisory Committee	broad-based, patient-centered, evaluation team. Through our e-Stakeholder and Partner forum we would like to collect your thoughts	
	and suggestions regarding what is important for improving the quality of life for persons with diabetes. Please feel free to browse this site, or if you are interested in joining our estakeholder and Partner Forum click on the link below. You will be asked to register as a	Scientific Presentations
	member to view the entire website and to interact as a contributor.	Presented at American Diabetes Association
		Scientific Sessions. Go to Diabetes
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Case Study: Diet and Exercise versus Sulfonylurea Monotherapy in Type 2 Diabetes Patients: High Benchmark Calculator after Three Months of Treatment

The following diabetes treatment effectiveness benchmarking calculator demonstrates how individuals treated previously with only diet and exercise (or after re-challenge of diet and exercise after sulfonylurea monotherapy) might respond to sulfonylurea monotherapy after three months of treatment. Consider the patient described below.

Case 1 Description: In your clinical practice, a 50-year old woman is newly diagnosed with type 2 diabetes and she has never been treated. She is Black/African, has a BMI of 36 kg/M², a fasting blood glucose of 170 mg/dl (9.4 mmol/l) and an HbA1c of 9.5%. Even though she is in poor control, she wants to try diet and exercise for at least three months before going on an oral medication. Assume that she is a "typical patient" with these characteristics with average motivation for dieting and exercise and without any serious comorbid conditions. She visits with the nutritionist, and she also receives exercise counseling twice a month on her diet and exercise regimen. She returns to have her HbA1c checked after three months.

As described in the case, no specific diet and exercise program was offered or recommended. To determine the probability of the achieving a glycemic target, you would enter the patient's seven demographic and clinical predictor values and the planned diabetes treatment into the calculator. Note, we have already done this for you for the patient referenced above. The variables and codes are as follows: *Age (yrs); Sex (0 = Female, 1 = Male); BMI (kg/M2); FPG (mg/dL); HbA1c (%), Duration Diabetes (yrs); Race - Enter 1 if other than White, Black = 1,Hispanic = 1,Asian = 1,Other, Non-White = 1; Previous Diab Treatment – Naïve = 0, Planned Diabetes Treatment, 0 = Diet/Exercise, 1 = Sulfonylurea*

As shown in the last two rows of the calculator, after continuing with diet and exercise only, her probability of achieving an HbA1c of < 8% after 3 months is only 0.15, and her probability of achieving an HbA1c of < 7%, practically 0, only 0.03.