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GluCare.Health by meta[bolic]

Long-term improvements in type 2 diabetes outcomes using the GluCare hybrid care model : Follow-up analysis using ICHOM standards

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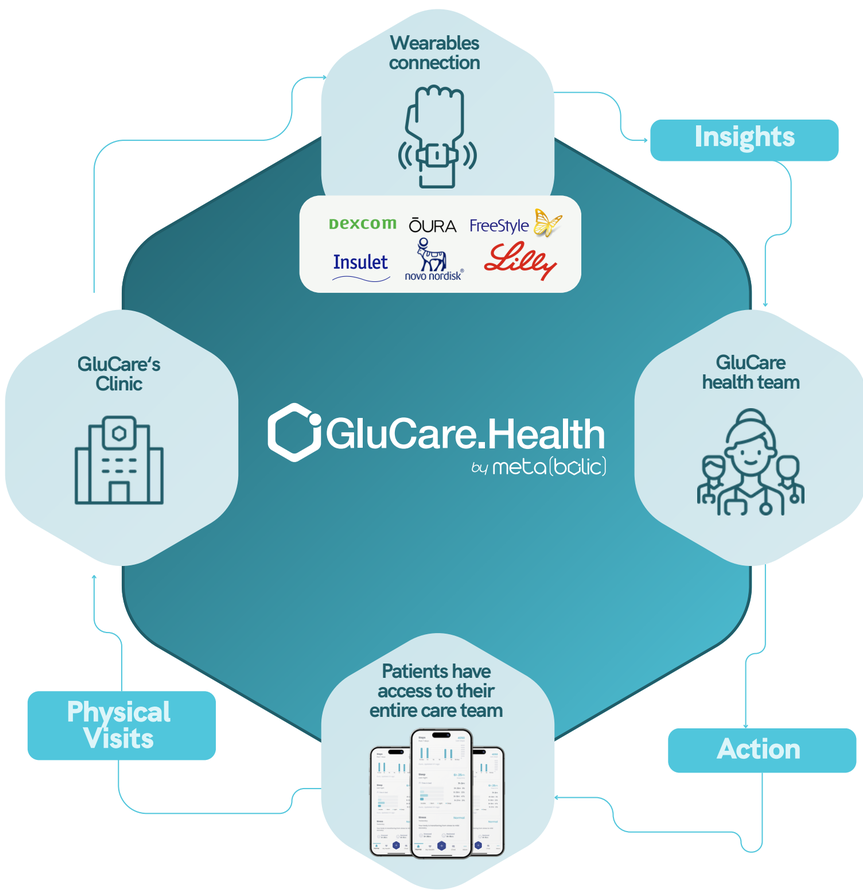
1 Introduction

Traditional episodic care models often fall short in achieving long-term control of Type 2 Diabetes (T2D). The GluCare hybrid model integrates in-clinic multidisciplinary care with continuous remote monitoring and patient engagement strategies, anchored on the International Consortium for Health Outcomes Measurement (ICHOM) standard set.



2 Objective

Building on previously published 12-month outcomes, this study presents extended follow-up data, highlighting sustained clinical, behavioral, and economic benefits in adults with T2D using a hybrid, personalized care approach.

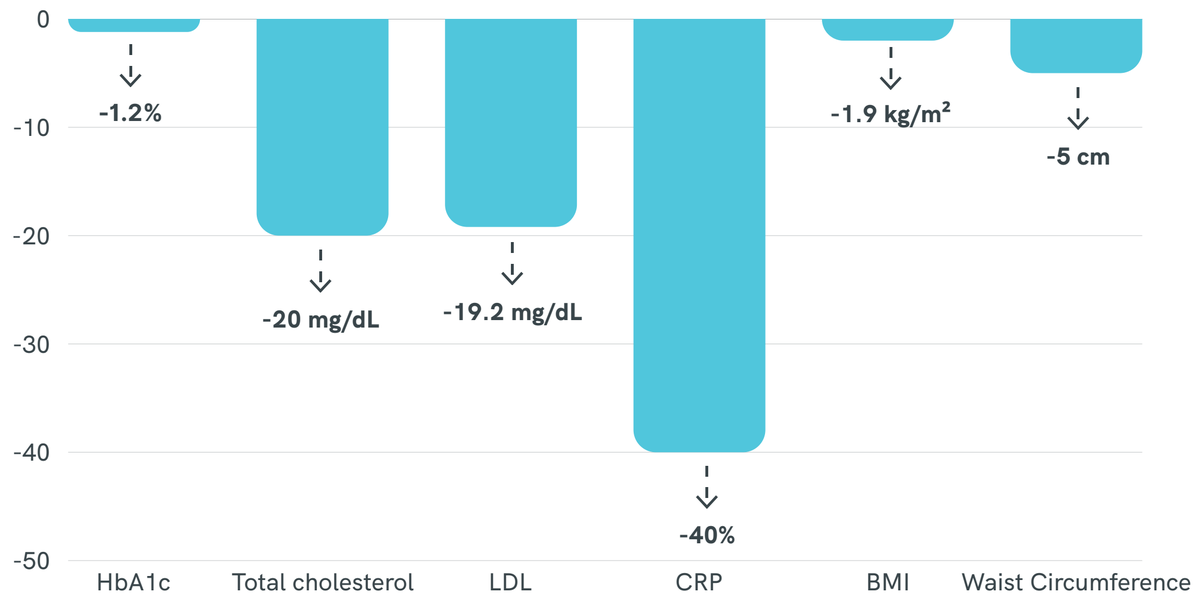
3 Methodology

A retrospective cohort study of 208 patients with T2D that are managed under the GluCare model (a meta[bolic] program) for over 12 months, coaches and a wider healthcare team (physicians, educators, dietitians) provided continuous engagement and support, both in-clinic and remotely (via an app).

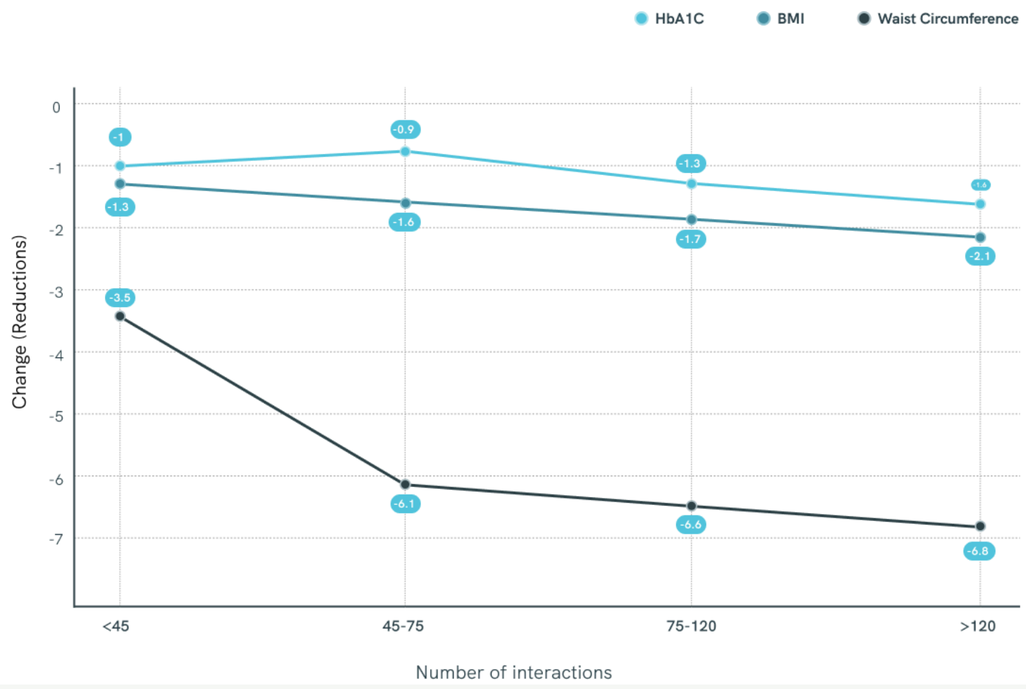
4 Results

Baseline characteristics showed a mean age of 48.3 years, mean BMI of 30.1 kg/m², and 79.8% male distribution. Patients with baseline HbA1c >7.5% were more likely to be on insulin (16.1% vs. 4.3%, p=0.001) and GIP/GLP-1 therapies (44.1% vs. 26.1%, p=0.006). At their follow-up session, significant improvements were observed across all clinical parameters.

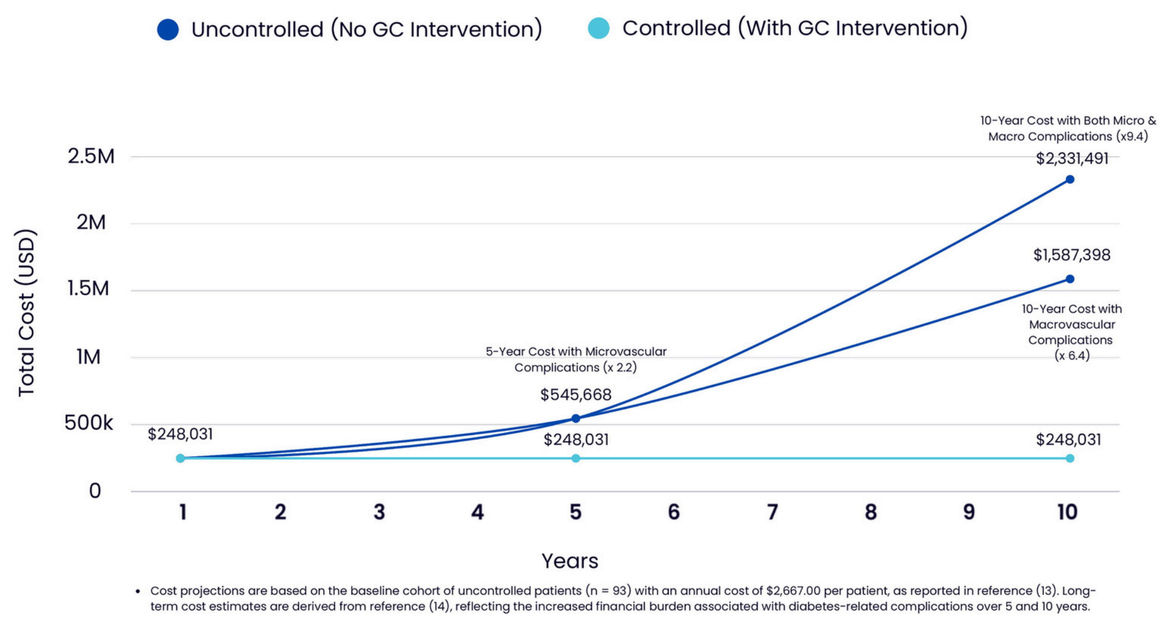
Change in clinical parameters



Interactions and clinical outcomes



Projected healthcare costs



- Cost projections are based on the baseline cohort of uncontrolled patients (n = 93) with an annual cost of $2,667.00 per patient, as reported in reference (13). Long-term cost estimates are derived from reference (14), reflecting the increased financial burden associated with diabetes-related complications over 5 and 10 years.

5 Conclusion

The GluCare Hybrid Model delivers sustained, long-term improvements in glycemic control, cardiovascular risk factors, weight management, and healthcare costs among patients with T2D. Applying ICHOM standards within new care models allows for the evaluation of such care models and future-proofs them to engage in outcomes-based reimbursement models with payors.

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