

ATTD8-0215-FEASIBILITY AND PRELIMINARY RESULTS OF AN AMBULATORY EDUCATIONAL PROGRAM FOR THE USE OF FSL IN 359 INSULIN-TREATED PATIENTS

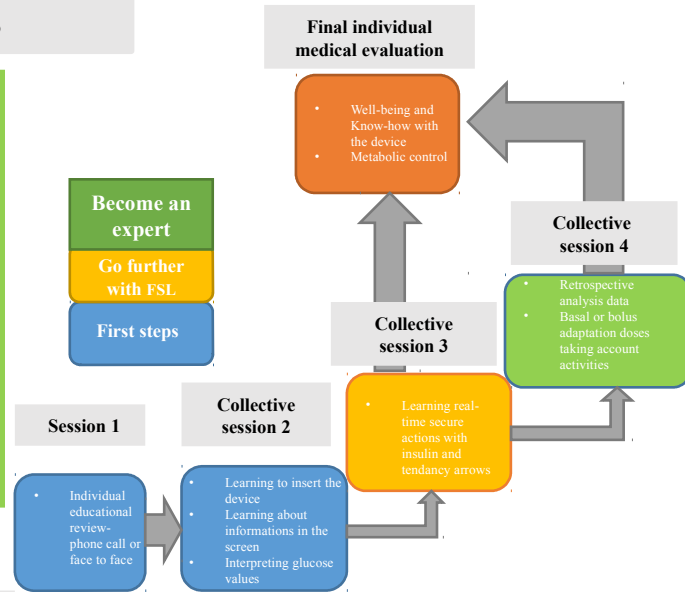
S. Baillot-Rudoni¹, D. Capelle¹, E. Crevisy¹, G. Vaillant¹, B. Bouillet¹, B. Vergès¹, JM. Petit¹.
¹:Endocrinology and Diabetology Department, University Hospital, Dijon France.

Background

In France, reimbursement for the FreeStyle Libre (FSL) system was implemented on 1st June 2017. In order to respect the legislation, only in diabetic patients who minimally practice third blood glucose capillary tests, diabetologists had to set up an educational program quickly with precise endpoints to reach for patients; if not, these diabetic patients could not continue with FSL.

Methods

We first built an ambulatory educational program based on the French position statement concerning the practical implementation, educational and interpretation guidelines. We developed a five-individual or collective session (10/12 subjects) program over a maximal duration of 9 months with dual teaching: Nurses and Doctors. We asked our Finance Department for authorization to employ an additional nurse, given the excess activity due to this new legislation and taking account the increased takings for the hospital.



Results

We rapidly obtained authorization to employ an additional nurse, who started effective work at the end of June 2017. We enrolled 359 insulin-treated patients at the 30th of September. Only 5 subjects didn't reach criteria for reimbursement or indication. Above figure describes the construction of the ambulatory program with the content. The next table describes the results at the end of January 2018 with the number, type of sessions and patients who had already participated, almost the 359 initial participants. Two diabetic patients dropped out the program : one unknown reason and one severe cutaneous allergic reaction. Diabetic cohort of patients is still growing because of continuous increasing number of implicated subjects.

Type of session	Individual Educational review	Collective 1 First steps	Collective 2 Go further with FSL	Collective 3 Become an expert	Individual evaluation
Caregivers	Nurse	2 nurses	Nurse/Doctor	Nurse	Doctor
N=359	252	195	177	107	54

Conclusion

We demonstrated that the ambulatory educational program for FSL is feasible in trained teams used to such developments and with the involvement of diabetology units. The number of patients taking part illustrates the major impact of this new, useful technology and the ongoing need to evaluate and educate diabetic patients.