An overview of current developments and results of the dt-report

The present and future of diabetes technology care

In this article, we briefly present technological approaches to diabetes care and categorise them in terms of their effectiveness. This article follows on from the diatec-forum 2024, at which representatives from politics, industry and health insurance companies as well as research and healthcare discussed the future of diabetes technology care. The current edition of the Diabetes and Technology Report (dt-report for short, https://dt-report.de/), which has been surveying diabetes teams and people with diabetes in Germany on the use of diabetes technology, their assessments and future forecasts every year since 2018, was also presented here. The dt-report is the most important source of data on the use of diabetes technology in Germany and is also widely used by healthcare policymakers and health insurance companies. 3,544 people with diabetes took part in the dt-report 2024 survey, 76.2% of whom were from Germany, 17.4% from Austria and 6.5% from Switzerland. A total of 512 diabetologists and diabetes consultants responded, 67.1% of whom were from Germany, 27.1% from Austria and 5.8% from Switzerland..

>> As PD Dr Dominic Ehrmann explained in his presentation at the diatec-forum, the use of diabetes technology for people with type 1 diabetes is now standard in diabetes care in Germany, and is also on the increase for people with type 2 diabetes. According to figures from the dt-report 2024, around 96% of people with type 1 diabetes use a CGM system, 64% use an insulin pump, with 42% using a system for automatic insulin dosing, and 14% use a smartpen. Digital pens for insulin dosing are only used relatively rarely in the treatment of type 1 diabetes.

In Austria and Switzerland, the figures for diabetes technology are similar, although the use of AID systems is higher. A special DiGA for type 1 diabetes has not yet been authorised. The decision of the Federal Joint Committee (G-BA) to cover the costs of (real-time) CGM systems also includes people with type 2 diabetes and intensified insulin therapy (ICT) under certain conditions. Currently, around one in four people with diabetes and ICT use a CGM system, which is similar to the frequency in the DACH region. On the other hand, it is noticeable that the number of prescriptions in Switzerland and Austria is higher for patients with simple insulin therapy with only basal insulin and oral antidiabetics (BOT) or only oral antidiabetics. However, insulin pumps and intelligent systems for injecting insulin (smart pens) are currently only used in exceptional cases. Despite several approved digital health applications (DiGAs) for type 2 diabetes and obesity, the proportion of prescriptions is still very low at around 1%.

Background

Our healthcare system is facing immense challenges in the care of people with diabetes: Both the number of people with type 1 diabetes and, above all, the number of people with type 2 diabetes continues to rise unabated. Billing data from statutory health insurers (GKV) show that around 11% to 12% of adults in Germany have been diagnosed with diabetes (E10 - E14).1 However, there are fewer and fewer specialists available to care for people with diabetes. Especially in rural areas or for vulnerable groups such as children and the elderly, access to high-quality diabetes care is becoming increasingly difficult. Inadequate care entails considerable follow-up costs, both directly in the healthcare system due to the costs of disease-related complications (acute and concomitant illnesses) and economically in terms of the ability of those affected to work and earn a living. At the same time, technological progress offers a wide range of options for closing this gap in care and optimising the need for medical care. These include systems for continuous glucose monitoring (CGM), automated insulin delivery (AID), telemedicine, video consultations and integrated care solutions.

CGM-Systems

CGM systems represent a significant advance in diabetes management. They continuously measure the glucose concentration in the tissue fluid and provide real-time data to the wearer. A CGM system typically consists of a small sensor that is inserted under the skin, a transmitter that sends the data wirelessly to a receiving device or smartphone app, and the receiving device or app that displays the glucose values both as a number and as a progression curve - with the latest devices even providing a prediction of the glucose progression for up to 2 hours.

Compared to blood glucose monitoring, CGMs offer several advantages in daily glucose management as well as in analysing the data and assessing the risk of secondary diseases: The progression curves show glucose trends and thus allow for anticipatory action. Alarms for rising, falling, high or low values as well as predictive alarms before low values also help to prevent hypo- and hyperglycaemia instead of having to treat them reactively. Most CGM systems transfer the data to smartphone apps, which offer additional functions for analysing and sharing data. This makes it easy to share CGM data with the treating medical team, for example, and people with diabetes can share their glucose values live with trusted people who can support them in their management. Thisoffers great potential, for example for virtual consultations, online training or for the care of people with diabetes in hospital, as PD Dr Torben Biester and Prof. Dr Susanne Reger-Tan emphasised in their presentations at diatec-

forum 2024. Meta-analyses show that the use of CGM systems in people with type 1 diabetes leads to an improvement in metabolic control (HbA1c value, time in target range), a reduction in severe hypo- and hyperglycaemia and diabetes-related stress as well as an improvement in quality of life (2,3). This also applies to people with type 2 diabetes, especially when treated with insulin (4,5). Health economic analyses suggest that the use of CGM systems is also efficient for people with type 2 diabetes (6,7).

Insulin pumps and AID systems

Insulin pumps are external devices that continuously infuse insulin under the skin. They mimic the body's natural insulin secretion by delivering both a continuous basal rate to cover basic insulin needs and bolus doses at the touch of a button for each meal. This allows a much more flexible and convenient insulin supply than multiple daily injections with a syringe or insulin pen, and a more precise control of blood glucose levels, especially for people with highly fluctuating insulin requirements. With AID systems, the glucose information from a CGM system is linked to an insulin pump and an algorithm automatically adjusts the insulin supply to the current requirement. The advantages of this combination of diagnostic and therapeutic options with regard to safe diabetes therapy are the extensive avoidance of acute fluctuations in glycaemia, i.e. no or only a few hypo- or hyperglycaemias occur, with simultaneously improved HbA1c values and a longer time in the target range (70 to 180 mg/dl)8-16. AID systems not only lead to an improved metabolic situation, but also to a better quality of life for the people with diabetes who use them: Diabetes distress and hypoglycaemia anxiety decrease, and quality of life increases in both adults and children/adolescents (17). Health economic studies rate AID systems as cost-effective (18,19), although the costs and savings vary depending on the study and patient group (20).

Die Vorteile dieser Kombinationen von diagnostischen und therapeutischen Optionen hinsichtlich einer sicheren Diabetestherapie sind eine weitgehende Vermeidung akuter Schwankungen in der Glykämie, d. h. es treten keine oder nur noch wenige Hypo- bzw. Hyperglykämien mehr auf, bei gleichzeitig verbesserten HbA1c-Werten und einer höheren Zeit im Zielbereich (70 bis 180 mg/dl)[8–16].

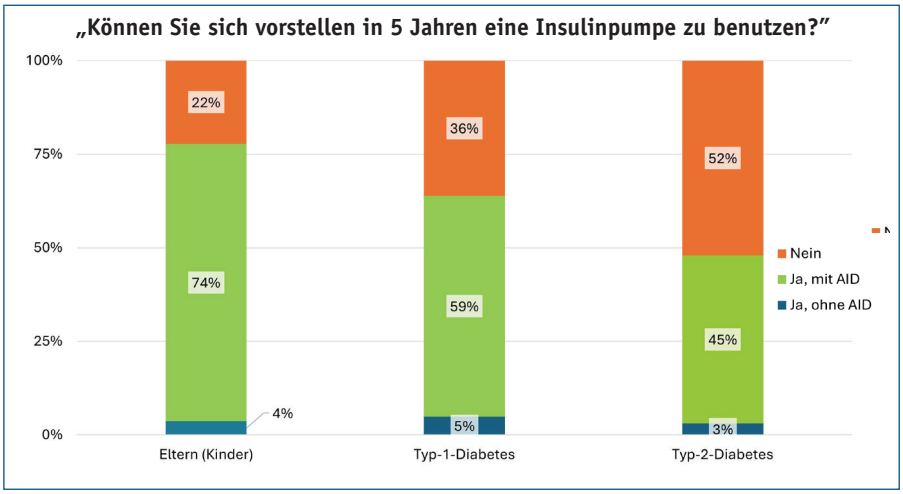


Fig. 1: Response of people with diabetes surveyed to the question "Can you imagine using an insulin pump in 5 years?"

AID-Systeme führen nicht nur zu einer verbesserten Stoffwechsellage, sondern auch zu mehr Lebensqualität für die Menschen mit Diabetes, die sie nutzen: Diabetes-Distress und Hypoglykämieangst gehen zurück, und die Lebensqualität sowohl bei Erwachsenen als auch bei Kindern bzw. Adoleszenten steigt[17]. Gesundheitsökonomische Studien bewerten AID-Systeme als kosteneffizient[18,19], wobei die Kosten und Einsparungen je nach Studie und Patientengruppe variieren[20].

AID-systems currently represent the most advanced technology in the field of diabetology, but still require the active co-operation of the patient during meals and physical activity. The further development of these systems is aimed at fully closed-loop systems, which make active intervention by a person superfluous. Even if the AID systems are considered cost-effective in the medium and long term, there are potentially higher costs to be financed in the short term. We want to continue the discussion on this at the diatec-forum 2025.

AID-Systems in the dt-report 2024

The dt-report regularly asks respondents for their views on AID systems. The answers show a clear trend: AID is already seen as the future "standard of care" for people with type 1 diabetes, especially in paediatrics. People with type 2 diabetes are also increasingly expressing interest in AID systems as a treatment option. This is shown by the answers to the question "Can you imagine using an insulin pump in 5 years' time?" among people with diabetes who do not currently use an insulin pump or AID system. It can be assumed that - according to the unanimous assessment of the HCPs in the DACH region - more than 70% of all people with type 1 diabetes and more than 20% with type 2 diabetes and intensified insulin therapy will be using an AID system in 5 years' time. However, there are a number of hurdles that need to be overcome when using AID systems.

This starts with the attitude of the diabetes practice towards diabetes technology - only those who are trained themselves and know the current AID systems can pass them on to their patients appropriately - and continues with the bureaucratic effort involved in obtaining authorisation from the payers and the initial training effort. In addition, there is currently no central software application in which the data from all AID systems can be imported and analysed according to the same standard - at present, each AID system has its own software and practitioners have to adapt to the presentation of information on glucose values and insulin administration each time.

Overall, the dt-report shows that AID systems are the new standard in the treatment of type 1 diabetes - and their use can relieve the burden on practices, because after the initial higher training effort, the support effort per user is subsequently lower.

However, a country comparison shows that Germany is clearly behind Austria and Switzerland in two areas: on the administrative side and in terms of training. From the practices' perspective, the following four

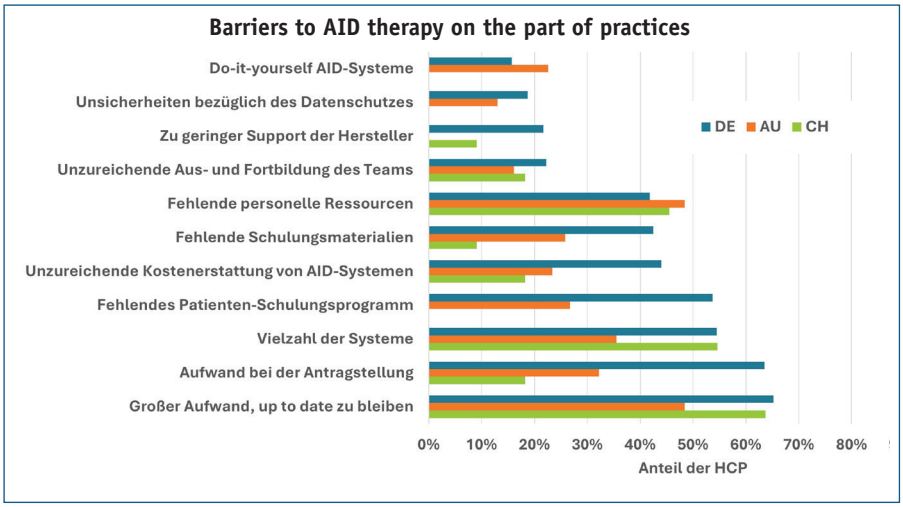


Fig. 2: Country comparison - barriers to AID therapy on the part of practices (response from HCPs).

points are emphasised as barriers to AID therapy:

- the effort involved in making an application,
- the inadequate reimbursement of costs,
- the lack of a patient training programme and
- lack of training materials.

The approval rate of initial applications for reimbursement of an AID system in a country comparison shows that these are not just sensitivities. This data was surveyed for the first time in the dt-report 2025, which will be presented at the diatecforum in September 2025: This is 15-25% lower in Germany for people with type 1 diabetes than in our two neighbouring countries and still 3-8% lower even for pregnant women with type 1 diabetes. This data is therefore an important basis for the discussion with payers and healthcare providers at the diatec-forum (1).

Smartpens

There is still a large group of people with diabetes - especially those with insulin-dependent type 2 diabetes - who do not use an insulin pump, but apply insulin subcutaneously with pens. 12% of the participants in the survey for the dt-report with type 2 diabetes use a smart pen, 12% of children with type 1 diabetes and 15% of adults with type 1 diabetes. This modern variant of insulin pens can provide technological support on several levels: They are connected to a smartphone app and help to calculate and log insulin doses and remind the user of injections. Information from blood glucose meters or CGM systems can also be integrated here. In particular, the support in calculating the insulin dose, but also the linking of the insulin data with the glucose values, is a major advantage of smartpens for many users (21). Randomised controlled trials show that the use of a smartpen leads to improvements in glucose control in people with both type 1 and type 2 diabetes (22,23,24).

The increasing availability and cost-effectiveness (25) make smart insulin pens an attractive option for many people with type 2 diabetes who are dependent on insulin. The data from the dt-report also shows that While smart pens are only categorised as important for around a third of respondents with type 1 diabetes, half of people with type 2 diabetes currently use them, and almost two thirds in five years' time

Video consultations and training

In order for technical systems to achieve the best possible benefit, people with diabetes also need to be well trained. As Dr Torben Biester (Hanover) presented at the diatec-forum 2024 based on the results of pilot projects, telemedicine applications can also be a very useful addition for diabetes.

Telemedicine

Especially in the field of paediatric and adolescent diabetology, telemedicine care is an attractive option, both for those affected and for medical professionals. Biester gave a detailed presentation on the "Diabeter" project from the Netherlands, which was founded in 2006 and currently provides telemedical care to over 3,000 children and adolescents with type 1 diabetes in the regions of Rotterdam, Deventer, Groningen and Eindhoven*. This saves families long journeys and enables the diabetes team to provide care for the children and their relatives from their home office. Corresponding studies show a significant improvement in glucose control and increased satisfaction among families, as they feel more confident in dealing with diabetes, have less fear of hypoglycaemia and can organise their everyday lives more independently (26-30).

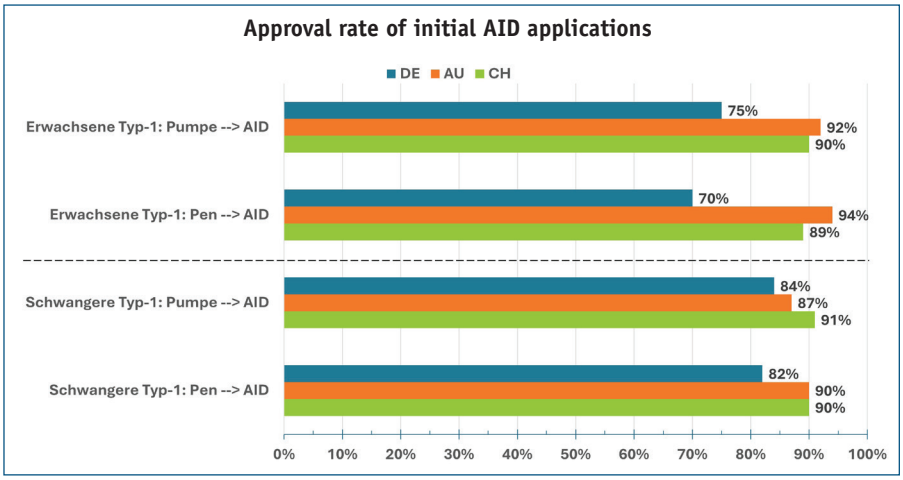


Abb. 3: Country comparison - approval rate of initial AID applications.

Links

****:*** https://t1p.de/hilx3

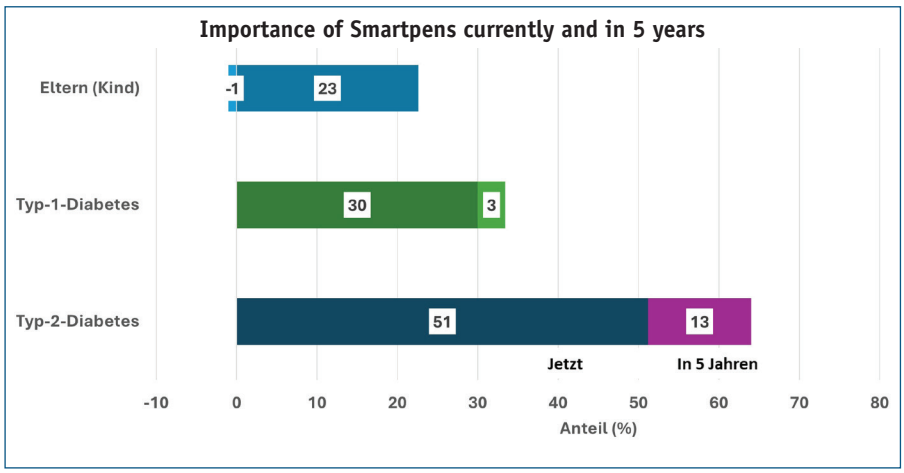


Fig. 4: Response of people with diabetes to the question "How important do you consider the following topics to be currently or in 5 years?"

Digital consultations therefore bring improvements on three levels: better access, including greater adherence to appointments and better care with more attractive working conditions for healthcare professionals.

Video training

Just as virtual consultations have their advantages, video training can bring diabetes education into the patient's own four walls, regardless of location. Since March 2024, virtual training formats have been covered by the G-BA decision, with the central note that the patient's wishes must be taken into account. The data from the dt report shows that video training is attractive for people with diabetes - especially for parents of children with diabetes: 35% of adults with type 1 diabetes and 37% of people with type 2 diabetes would prefer video training to face-to-face training if offered. There appears to be a need for video training among people with diabetes.

Virtual clinics

If the idea of digital consultations and digital training is developed further, the virtual clinic is an obvious vision for the future: Against the background of a continuing increase in the number of people with diabetes and ever fewer specialist staff, it is important to develop other care models and establish them on a broad scale. In such virtual diabetes clinics, people with diabetes can not only be cared for regardless of their location, but multi-professional care can also be provided more easily. This also solves the problem of long journey times, both in acute cases and for standard care. The ECHO project in the USA shows that a so-called "hub and spoke" model can improve the quality of diabetological care: Specialist staff in highly specialised diabetes centres train and support specialist staff in peripheral clinics or practices, who in turn can thus provide better care for people with diabetes. This leads to both an improvement in HbA1c values and greater satisfaction for all those involved and is emerging as a cost-effective solution.31-33 Algorithms and AI systems can also be integrated into virtual clinics to prioritise care and indicate at an early stage which patients need support, for example based on changes in time in target range or HbA1c value. What this could look like in Germany was discussed at the diatec-forum 2024 following Dr Torben Biester's presentation.

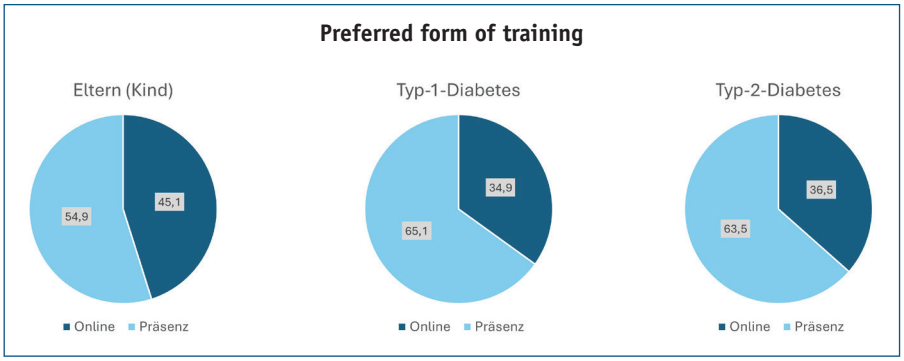


Fig. 5: Preferred form of training of the people with diabetes surveyed.

Modern diabetes management in outpatient and inpatient care

The use of digitalisation and diabetes technology also has considerable potential in hospitals as well as in retirement and nursing homes: The use of CGM systems in people with (pre-)diabetes under these conditions can reduce complications, lower mortality and reduce the amount of care required.34 The use of CGM systems saves nursing staff time and effort and, thanks to warning systems, enables a rapid therapeutic response if glucose levels rise or fall too sharply. Such approaches also represent an option for the outpatient and inpatient care of people with diabetes in retirement and nursing homes, as they relieve the burden on nursing staff and at the same time improve the quality of treatment. However, in order to utilise this opportunity, technical solutions and clarity in the approval of sensors for outpatient and inpatient care as well as in the remuneration for this type of care are still lacking. Prof Dr Susanne Reger-Tan presented an innovative example project from the University Hospital in Essen at diatec-forum 2024.

Summary/conclusion

The data from the dt-report shows that diabetes technologies and digital applications are already very important today and will become even more important in the coming years. The options presented here for the use of diabetes technologies, telemedicine and virtual clinics have great potential for the diabetes therapy of the future. The annual survey of use, attitudes, barriers and future options by both people with diabetes and HCPs in Germany and other countries (e.g. DACH region) provides important data for estimating the need for and future use of diabetes technologies and digital appli-

cations. However, technological and digital progress in diabetology is associated with increased costs for the healthcare system. Therefore, the topic of health economic analysis in relation to short and long-term cost developments and improved somatic, psychological and social consequences will be the focus of the next diatec forum, which will take place on 25 September 2025 at the Berlin-Brandenburg Academy at Gendarmenmarkt in Berlin (www.diatec-forum.de). The forum will also discuss whether modern diabetes technologies can reduce the burden of care and achieve concrete cost savings, particularly in the field of geriatrics and nursing. <<

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