

# New Frontiers in Diabetes Care



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To the Editors:

I read with great interest the article by Tanumihardjo et al., “*New Frontiers in Diabetes Care: Quality Improvement Study of a Population Health Team in Rural Critical Access Hospitals*” published online in this journal<sup>1</sup>. The study attempts to determine if an innovative population health program that integrates medical and social care models improves clinical outcomes for patients with type 2 diabetes in a resource-constrained, frontier area. During the study, mean HbA1c of fully intervened patients significantly decreased from baseline to 12 months (7.9 to 7.6%,  $p < 0.01$ ) and sustained reductions at 18 months, 24 months, 30 months, and 36 months. The authors concluded that the health program was associated with improved hemoglobin A1c among less well-controlled patients with diabetes.

The study team should be congratulated for their effort and results and I do not have any critical remarks about the study. Nevertheless, I would like to ask two questions and suggest a data sub-analysis related to the treatment of the study group.

In our observational study, focused on metabolic control of type 1 and type 2 diabetes patients treated with insulin in the Czech Republic and the Slovak Republic, we found a high level of clinical inertia resulting in a very small and clinically insignificant difference in mean HbA1c within three years<sup>2</sup>. Thus, we believe that any new intervention targeting long-term stabilised balance between the physician’s therapeutic approach and the corresponding patient response is important and might make positive results<sup>3</sup>.

What were in the study authors’ opinions the most effective interventions influencing HbA1c in their program? Were medication dosage adjustments part of the intervention?

As the insulin-treated type 2 diabetes patients usually reach the worst level of metabolic control<sup>4,5</sup>, it would be interesting to see the HbA1c analysis for insulin- and non-insulin-treated patients separately if such data are available.

We respectfully suggest taking this suggestion into account, especially if a study continuation is planned.

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### Declarations

This article does not contain any studies with human participants or animals performed by any of the authors.

**Conflict of Interest** The author declares that he does not have a conflict of interest.

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