Missouri State Medical Association
House of Delegates

Resolution # 12
(A-24)

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Subject: Diabetes Telehealth Initiatives

Referred to:

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1   **WHEREAS**, the rising prevalence of type 2 diabetes mellitus (T2DM) poses a significant public health
2   challenge, underscoring the urgent need for proactive measures to prevent and manage this condition,
3   including its impact on individuals, families, healthcare systems, and society as large[1,2]; and,
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5   **WHEREAS**, it is to be noted that access to state-of-the-art facilities in urban and rural areas and
6   utilization of healthcare services represent obstacles in diabetes healthcare with lack of access to
7   telehealth care services that contribute to the deterioration of T2DM through poor glycemic
8   control[3,4,9,10]; and,
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10   **WHEREAS**, a randomized clinical trial assessing the phone call and text message-based telemedicine
11   platform EpxDiabetes through a primary care clinic in St. Louis resulted in a reduction of HbA1c levels by
12   1.17% in patients with uncontrolled T2DM having a baseline HbA1c > 8% highlighting the significance of
13   telehealth services in diabetes care within Missouri communities[5], in addition to similar interventions
14   and reduction findings in other studies[6]; and,
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16   **WHEREAS**, the economic burden of T2DM is profound, presenting an increase in healthcare costs,
17   depletion of resources within healthcare practices, heightened absenteeism, diminished work efficiency,
18   and potential disability, showing the imperative to address T2DM to preserve both individual and
19   collective productivity[7]; and,
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21   **WHEREAS**, the widespread use of technology including smartphones, tablets, and computers has eased
22   communication barriers and offered solutions for increased outreach, education, and intervention in
23   diabetes care but presents with drawbacks including but not limited to lack of technological education
24   and understanding and training[8]; and,
25
26   **WHEREAS**, a user-friendly interface in healthcare technology is vital for optimizing communication and
27   collaboration among healthcare providers and patients, fostering better adherence to treatment plans,
28   and enhancing the overall healthcare experience with a patient-centered approach[11]; therefore, be it,
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30   **RESOLVED**, that our MSMA expand on prior telehealth policy in reference to increased home broadband
31   internet access and support efforts to expand telehealth services to underserved populations in the
32   treatment of type II diabetes mellitus not only through internet coverage but also engaging with device
33   recycling programs and similar nonprofit initiatives to promote preventative healthcare and ease of
34   access for patients[12]; and, be it further,

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36 **RESOLVED**, that our MSMA encourage healthcare providers who treat type II diabetes mellitus to
37 identify untreated patients or patients lost-to-follow-up and engage in a "dialing for dollars" approach to
38 provide coverage and improve healthcare productivity; and, be it further,
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40 **RESOLVED**, that our MSMA prioritizes ongoing services such as CoxHealth at Home telemonitoring and
41 promotes new initiatives to encourage healthcare facilities to create or utilize platforms or technological
42 advancements in diabetes care, such as for recording and monitoring blood glucose levels, with a user-
43 friendly interface along with guidance on the utilization of such systems to optimize prompt healthcare
44 delivery with a patient-centered approach.

Fiscal Note: None

Current Policy:

References:

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8. Sharma V et al. Telehealth Technologies in Diabetes Self-management and Education. SageJournals,
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RELEVANT AMA AND MSMA POLICY

9. **AMA Principles of and Actions to Address Primary Care Workforce H-200.949**

21. Our AMA will encourage the Centers for Medicare & Medicaid Services to explore the use of telemedicine to improve access to and support for urban primary care practices in underserved settings.

10. AMA Telemedicine H-480.968

The AMA: (1) encourages all national specialty societies to work with their state societies to develop comprehensive practice standards and guidelines to address both the clinical and technological aspects of telemedicine; (2) will assist the national specialty societies in their efforts to develop these guidelines and standards; and urges national private accreditation organizations (e.g., URAC and JCAHO) to require that medical care organizations which establish ongoing arrangements for medical care delivery from remote sites require practitioners at those sites to meet no less stringent credentialing standards and participate in quality review procedures that are at least equivalent to those at the site of care delivery.

11. AMA Telemedicine Services and Health Equity H-480.936 (2023)

Our AMA will encourage policymakers to recognize the scope and circumstances for underserved populations including seniors and patients with complex health conditions with the aim to ensure that these patients have the technology-use training needed to maximize the benefits of telehealth and its potential to improve health outcomes.

12. MSMA Telehealth (2021)

The MSMA supports increased access to home broadband internet.