

Adoption of Digital Health Technologies in the Practice of Behavioural Health: Qualitative Method of Glucose Monitoring Technology

Dissertation submitted to



The IIHMR University, Jaipur

For the partial fulfilment for the award of the degree of
Master of Business Administration (MBA)

In

Pharmaceutical Management

By

MUSTAFA

Under the supervision and guidance of

Dr. Saurabh Kumar Banerjee

Dean & Associate Professor

School of Pharmaceutical Management

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled **Adoption of Digital Health Technologies in the Practice of Behavioural Health: Qualitative Method of Glucose Monitoring Technology** is the Bonafede record of my original research work. I declare no other university or institution has accepted information that was obtained from someone else for the purpose of awarding a degree or diploma been properly cited in the text.

Mustafa

Name of student

Date:

CERTIFICATE

This is to certify that the dissertation entitled “**Adoption of Digital Health Technologies in the Practice of Behavioural Health: Qualitative Method of Glucose Monitoring Technology**” is a record for research work undertaken by **Mustafa** for the award of the degree of **Master Of Business Administration (MBA)** from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific and analytical.

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IIHMR University, Jaipur

Date:

Date:

Abstract

This research paper explores digital health is being adopted technologies, specifically glucose measurement technology, in the practice of behavioural health. Qualitative interviews and focus group discussions were conducted to capture insights and perspectives from healthcare professionals, patients, and caregivers. Factors such as ease of use, data accuracy, patient engagement, privacy and security concerns, and healthcare provider attitudes were explored to identify key determinants of successful implementation. The findings can potentially guide future research, policy development, and clinical practice in the field of behavioural health.

Acknowledgement

A task becomes easier when you get moral support and encouragement, and the project would remain incomplete if these names are not listed.

Firstly, I would want to express my gratitude and thanks to **Dr. Saurabh Kumar, Dean & Associate Professor**, at **IIHMR University, Jaipur** who spent his time helping me at various levels and guiding me on the right path to complete my dissertation project. without his assistance and help, my dissertation topic related to healthcare policies would not be completed efficiently. My sincere gratitude towards him. and wish to receive the same in the future as well.

Last, but not least I am thankful to my family for motivating me during this dissertation project. Their strong and continuous support was my strength at all stages.

Mustafa

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INTRODUCTION

Digital health technologies introducing new tools for evaluation, intervention, and monitoring, digital health technology has revolutionised the field of behavioural health practice. It is being investigated for potential uses in behavioural health of glucose monitoring technology, which was initially developed for the management of diabetes. It makes use of wearable technology to check blood sugar levels in real-time, giving patients and healthcare professionals useful data. Its potential use in behavioural health is becoming acknowledged by academics and doctors.

The implementation of glucose monitoring technologies in behavioural health is investigated using qualitative research techniques. They want to learn more about the views, struggles, and experiences people and healthcare professionals have while using this technology in therapeutic methods. This enables researchers to learn a great deal about the participants' varying viewpoints and experiences. The application of glucose monitoring technologies in the area of behavioural health is examined in this qualitative research. It explores the viewpoints of both patients and healthcare professionals in order to pinpoint the enablers and impediments to the use of this technology as well as any possible effects it may have on the practise of behavioural health.

The knowledge base on the use of digital health technologies in behavioural health will develop as a result of this project. Guidelines, best practises, and strategies for successfully incorporating this technology into behavioural health practise may be developed by taking into account the experiences and viewpoints of people utilising glucose monitoring equipment as well as healthcare professionals. endocrinologists' use of digital glucometers in the treatment of those with severe mental illness (SMI). To more accurately assess longitudinal symptomology and simplify illness care, digital technologies are being created. Nevertheless, psychiatrists can be unsure about how to incorporate them into routine practise. A study of endocrinologists' use of digital glucometers is explored in order to better understand how the use of technological devices may be used to the care of SMI patients.

The goal of these qualitative studies is to offer insightful information about the acceptance and use of glucose monitoring technologies in behavioural health. In order to make the most use of this technology and raise the standard of treatment, it will investigate the individualised experiences and viewpoints of patients and healthcare professionals.



Smartphone apps and other wearable technologies are examples of digital health interventions that have the potential to enhance care by giving patients, carers, and healthcare professionals better access to and knowledge of outcomes for a range of conditions, including SMI.

The management of SMI patients' conditions and results has considerable potential for improvement using digital health technologies. However, it is necessary to comprehend the adoption's possible obstacles and facilitators. The adoption (or lack thereof) of particular digital health technologies in other treatment domains might act as instructional situations from where ideas for additional digital health adoption in SMI can be gleaned. For instance, a recent evaluation of technology used in digital health to treat hypertension found that both the people engaged and the settings and environments in which interventions are provided have an influence on adoption.

A study looking at the use of smartphone apps for patients to support postsurgical physiotherapy in orthopaedics showed that it was crucial to take into account digital literacy and the impact of the intervention on results and workflow. Another study that examined digital health interventions to encourage medication adherence in diabetes and hypertension did not find any conclusive proof of improved adherence when employing technology that had elements like interactive voice response or telemonitoring.

Additional issues in the field of mental illness include stigma privacy, and a lack of assurance about the consent of the patient. In many respects, using modern digital technology as clinical examinations may benefit mental illness the greatest of patients are frequently dependent mostly on symptom self-reports from patients or carers . Additionally, real-time tracking of aspects including sleep, exercise, social contacts, and drug intake can be extremely beneficial for patients, physicians, and carers.

Diabetes mellitus

Diabetes mellitus (DM) is the oldest know disease which can be found reported in the Egyptian manuscript.' It is caused due to hyperglycaemic conditions and categorised by different metabolic disorders. It leads to the complications in the fat and carbohydrates metabolism in the body and which leads to different types of comorbid conditions which include both micro and macro vascular disorder.

Diabetes possess a great matter of concern in different ages due to its morbidity and mortality across several age groups and emerged as a public health concern.

Types

It is characterised by the impairment of the secretion of insulin or the resistance towards and it is classified into Type 1, Type 2 and Gestational diabetes.

Both subtypes have different physiology, evaluation, and management but lead to the same outcome, i.e., hyperglycaemia. Other than that, it is classified based on Maturity-onset Diabetes of the Young (MODY) by:

- o Gestational,
- o Neonatal
- o Steroid-induced Diabetes

Diabetes 1 & 2 mainly results from insulin secretion (type 1) and/or insulin action (type 2). Type 1 diabetes is more common in children and adolescents, while type 2 diabetes is more prevalent in middle-aged and older people due to hyperglycaemia caused by sedentary lifestyles and dietary choices. Now, Due to the destruction of B-cells of the pancreas, insulin secretion is low or absent in type 1 diabetes, but type 2 diabetes involves variation in insulin levels and sensitivity causing deficiency in insulin secretion in the body resulting in type 2 diabetes, but type 2 diabetes occurs due to many other factors such as obesity. Type 2 diabetes has genetic factors also. The pathophysiology of diabetes is unclear as there are many factors associated with it but a blood glucose level greater than 180 mg/ dL is considered hyperglycaemic.

Generally, type 2 diabetes is treated with lifestyle and diet modification (type 1 diabetes occurs due to insulin resistance and no lifestyle change can overcome that) but for severe cases, medications are preferred, Now, for type 1 diabetes, insulin is the only treatment option. Diabetes type 1 patients are required to take insulin every day.

For type 2 diabetes there are treatment options such as:

- Insulin: Some the patients have to take insulin in severe cases of type 2 diabetes.
- Oral Medications: It is used as a single dose or combinational therapy i.e.,
 - o Metformin
 - o Thiazolidinediones
 - o Sulfonylureas
 - o Meglitinide
 - o DPP-4 Inhibitors

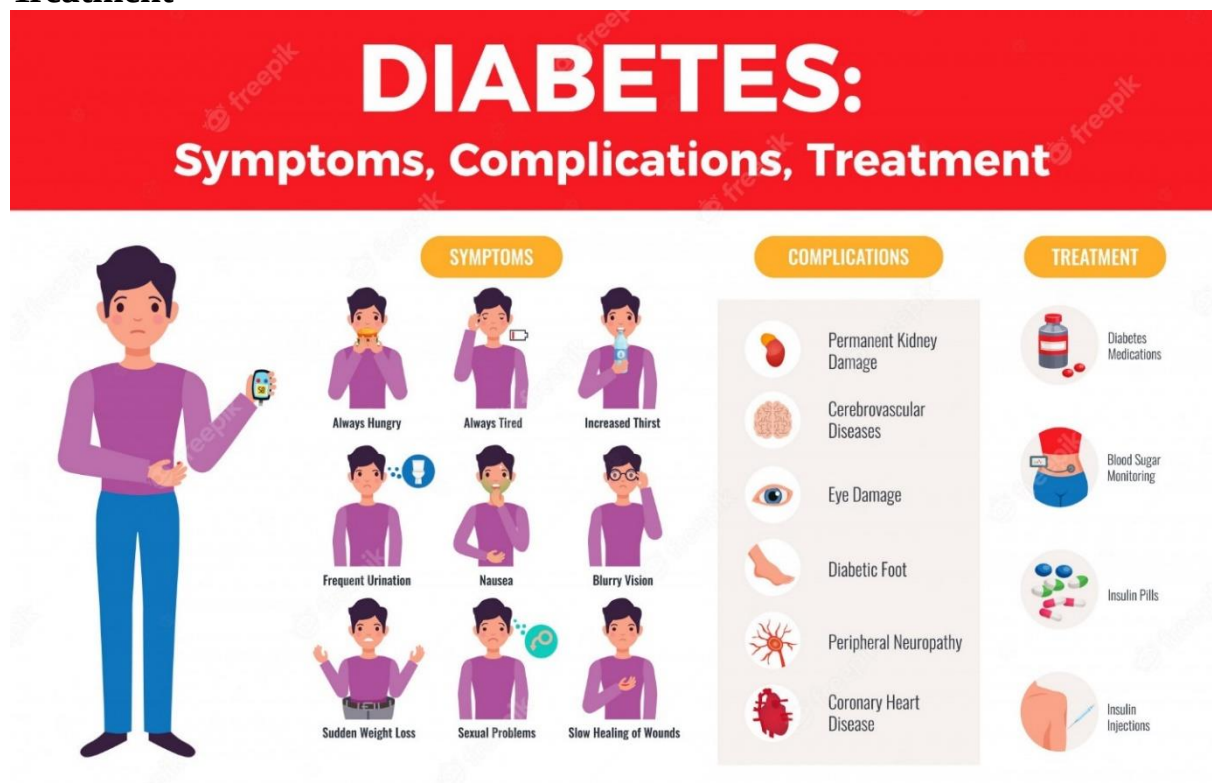
- o SGLT2 Inhibitors
- o Alpha-glucosidase inhibitors
- o GLP-1 receptor agonists

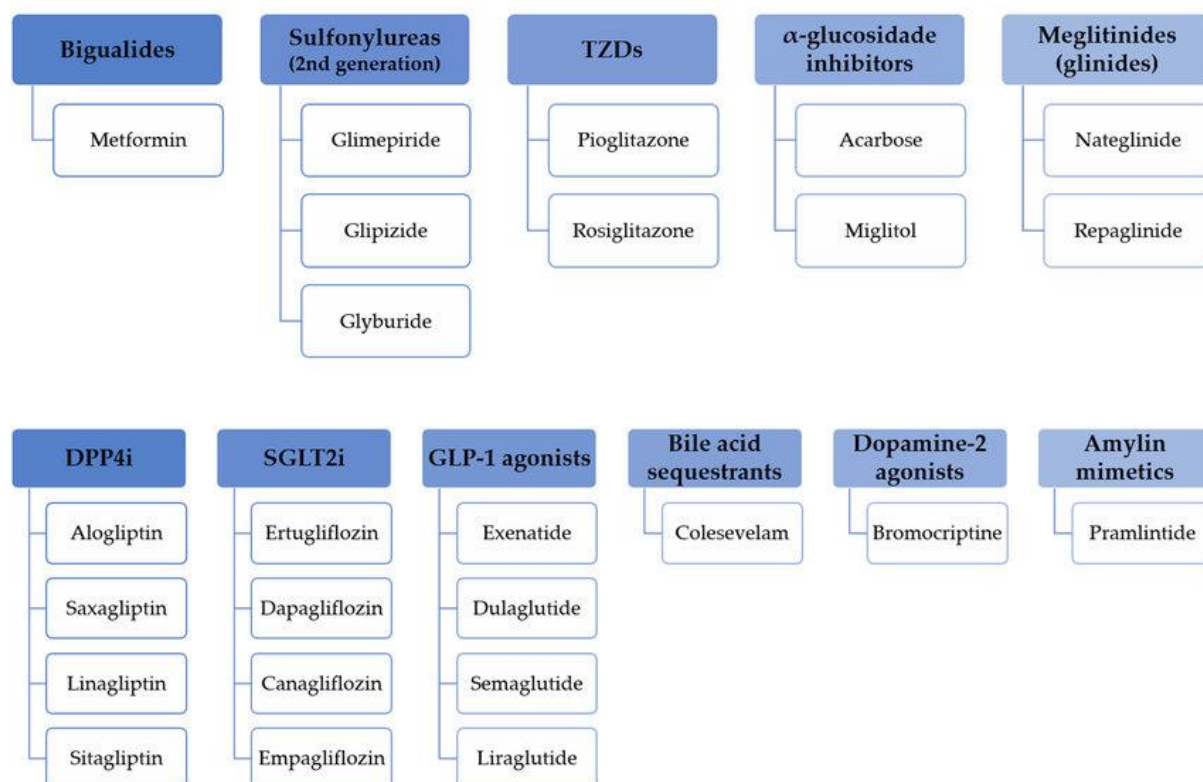
• Diet & Exercise: Both type 1 and type 2 diabetes sufferers might benefit from this in order to maintain their blood sugar levels.

Causes:-

90% of diabetes cases are type 2 diabetes, which is the most common form of the disease and is mostly brought on by either impaired insulin production or insulin resistance. Insulin is caused due to increase in lipolysis and excessive production of fatty acids. It is also caused due to the hepatic glucose production and due to the low intake of glucose in the skeletal muscle. It is worsened by the b cell dysfunction. Type 2 diabetes is caused due to lifestyle modifications (excessive calories, inadequate exercise, and obesity) and is also contributed by the genetic factor and family history.

Treatment





Fig; Injectable & Oral non-insulin glucose lowering drugs approved by the American Diabetes Association.

Statistics about Diabetics: -

Globally around 0.422 billion people are suffering from diabetes middle income country shows the highest prevalence of diabetic with Asia as an epicentre. India is a diabetic capital in the world will the diabetic population of 77 million It is expected 28 by over 134 million cases by 2045 which 57% will remain undiagnosed.

Parameters	Statistics (2022)
People with diabetic new cases	92127
Prevalence of diabetic	10.2
Undiagnosed people	45768
Probability of death due to diabetic	647831
Diabetic related Death under 60 years %	3.8%

BLOOD GLUCOSE METERS MARKET

Global Blood Glucose Meters
Market (US\$ Mn),
2018 to 2026

7,419.0Mn

2018

15,415.6Mn

2026

Global Blood Glucose Meters
Market Share, By Product, 2018



Continuous Glucose
Monitoring Systems



Self-Monitoring Blood
Glucose Systems

North America Blood Glucose Meters Market, 2018



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LITERATURE REVIEW

The literature describes how digital health technology treatments have been implemented across the therapeutic spectrum, with a focus on how they could be utilised to manage persistent diseases outside of the clinic. We use the example of how providers have gathered information on patients' glycaemic marker haemoglobin A1c (HbA1c) amounts over time in the delivery of diabetes treatment in order to better understand the use of medical technology therapies over a longer period. Digital health technologies that broadcast glucose readings to patients and physicians and offer real-time insulin dose suggestions that such as continuous blood sugar monitors (CGMs) and smartphone monitoring of glucose, enhance HbA1c control.

Over time, the accuracy, usefulness, and frequency of measurement glucose levels have increased with each new generation of digital glucose monitoring technologies. Digital glucometers give data that may be utilised in clinical decision-making; therefore endocrinologists are prominent users of this equipment and play a significant role in encouraging its use and adherence. The examination of the literature uncovered a number of significant themes that are connected to the use of glucose monitoring technologies in behavioural health. The ability to identify possible physiological triggers and connections between glucose levels and behavioural symptoms, for starters, can help with the development of individualised treatment plans and enhance therapeutic efforts. Second, by providing real-time feedback, it helps people with behavioural health issues improve their self-awareness, self-management abilities, and ability to self-regulate their behaviour. Last but not least, it offers difficulties that must be overcome for implementation to be effective, including privacy issues, data management, and technological problems.

A qualitative study of literature may involve interviewing & survey individuals with diabetes using digital glucose monitoring devices or wearable sensors to explore topics such as user experience.

- **User Experience:** Patient experiences with glucose monitoring technology are important for understanding their perceptions of usability, convenience, and satisfaction.
- **Emotional impact:** People with diabetes may have emotional and psychological effects from glucose monitoring technologies, such as reduced stress and anxiety as well as feelings of empowerment.

- **Behavioural change:** Examining the effects of glucose monitoring technologies on people's dietary, physical activity, adherence to treatment plans, and overall self-management of diabetes.
- **Social support:** Investigating how social support systems—including those of family, friends, and medical professionals—affect the adoption of glucose monitoring technologies.
- **Barrier& facilitators:** Identifying the factors including cost, accessibility, device usability, and individual motivation that either impede or facilitate the adoption and continued use of glucose monitoring equipment.
- Insights into the experiences and perceptions of people utilising digital health technology in the practise of behavioural health may be gained through qualitative research in a rich, nuanced way. Findings from this research can help improve the design, implementation, and integration of these technologies into the delivery of behavioural health care, which will eventually improve patient outcomes and experiences.

Methods: -

➤ Digital Glucose Monitoring Technology: -

The delivery of diabetes care has changed as a result of digital monitoring technologies. Prior to the development of digital glucose monitoring technology, endocrinologists tended to manage diabetes clinically reactively and mostly relied on the findings of laboratory tests, clinical symptoms, and patient self-reporting. Patients were discouraged from routinely checking their blood sugar levels because of the waiting time associated with glucose tests, either the procedure was for blood finger pricks (a few seconds) or urine strips (60 seconds).

Lab Tests: -

Patient outcomes have improved because to digital monitoring, which has also made more effective at interacting patients and delivering treatment. Prior to the invention of digital glucose monitoring, it was difficult for patients and endocrinologists to lower the risk of hypoglycemia. In contrast to the more comprehensive picture of HbA1c levels that are supplied Diabetes specialists only had the ability to obtain views of the individual's glucose level at different

points in time before the development of continuous glucose monitoring equipment, particularly data on whether the sugar level is falling or rising.

Survey Based on Delhi Metro City: -

A research-specific questionnaire was used to screen endocrinologists who satisfied the basic trial eligibility conditions, confirm eligibility, and collect demographic information. For finishing the trial, participants received compensation.

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1. <https://journals.sagepub.com/doi/10.1177/160940690600500107>.
[CrossRef] [Google Scholar]
 2. <https://pubmed.ncbi.nlm.nih.gov/28891661/> [PubMed]
[CrossRef] [Google Scholar]
 3. https://docs.google.com/forms/d/e/1FAIpQLSe67iI49eI5MdKIQEbIDMp5bFVvYfd7f1uk_f5c21uqq45BQA/viewform?usp=sf_link
 4. <https://www.grandviewresearch.com/static/img/research/germany-continuous-glucose-monitoring-devices-market.webp>.

5. <https://care.diabetesjournals.org/content/38/4/544>. [PubMed]
[CrossRef] [Google Scholar].

METHODOLOGY

➤ Study Design –

- **Study type:** - Descriptive study and Analytical
- **Data source:-** Primary and secondary search
- **Data collection :** Techniques/tools
- **Primary search:** Interviewing
- **Secondary research:-** Survey
- **Data analysing tool:** - Research data analysis using excel

➤ Sample Design :-

- **Research Type:-** Primary & secondary
- **Study Design:-** Analytical & Descriptive study
- **Sampling Method:** Convenient random sampling
- **Study Area :** Delhi
- **Sampling Size :** 90
- **Sample Selection :** The sample is selected from the part of Delhi on the basis of prevalence of diabetes.
- **Data collection :** Quantitative data
- **Study duration :** 3 months

Method and Materials :

A cross-sectional investigation was carried out in the Delhi these studies conducted by collecting interviewing from 90 participants and the samples are selected based on sampling from one part of Delhi. Permission from the guardian worst taken prior to this study. The sample size of the study is 90 after collecting the data the drug used in the treatment along with the life modification are being studied.

The following Parameters are taken in consideration of the study.

- Categorisation of type of diabetic
- Digital Monitoring Has Improved Patient Outcomes and Facilitated More Effective Care Delivery and Patient Engagement.
- Recommendations and Opportunities for Increasing Uptake of Digital Health Technologies.
- Digital Monitoring Technologies Have Introduced New Challenges for Clinical Care Delivery
- Prescription is written in either generic or branded form.
- To study the prescription, share of different brands

➤ **Challenges:**

- **User Acceptance:** It might be difficult to get patients and behavioural health professionals to accept and use glucose monitoring technologies. Some people can be averse to change or might worry about the accuracy and dependability of the technology. For adoption to be effective, opposition must be overcome and user acceptability must be guaranteed.
- **Technical Accuracy and Reliability:** For efficient healthcare management, the accuracy and reliability of glucose monitoring equipment are essential. Accurate readings or technical issues might reduce adoption by undermining consumer confidence in the device. It is crucial to guarantee that the technology continually delivers correct readings and performs as expected.
- **Data security and privacy:** Glucose monitoring equipment produces a lot of private health information. It is crucial to guarantee the confidentiality and security of patient data. Concerns about data breaches, unauthorised access, and potential misuse of Personal health information must be addressed by behavioural health practitioners. To build confidence in the technology, effective data privacy and security procedures must be put in place.

- **Training and Education:** In order to use glucose monitoring equipment properly, behavioural health professionals and patients need to get sufficient training and education. Technical elements, data interpretation, troubleshooting, and efficient technology use should all be covered in training programmes in order to improve patient care. Adoption rates may increase if thorough training materials are accessible.
- **Cost and Reimbursement:** Adoption of glucose monitoring technology may be hampered by the expense of the associated hardware, software, and maintenance. Receiving payment from insurance companies or other financing sources for the usage of such technologies may be difficult for behavioural health experts. To get beyond these obstacles, it could be required to show how valuable and economical the technology .
- **Limited Evidence Base:** There may not be enough research to justify the use of glucose monitoring technologies in behavioural health care. Convincing patients and healthcare professionals of the advantages and effectiveness of the technology may be difficult as a result. It is essential for greater adoption to conduct research studies and produce solid data to justify the use of glucose monitoring technologies in behavioural health.

➤ **Opportunities:**

- **Enhanced self-management:** Digital glucose monitoring devices can give patients real-time information about their blood glucose levels, enabling them to decide for themselves what to eat, how much exercise they should do, and how to manage their medications. This gives people the power to actively participate in their own treatment and make the necessary changes to maintain appropriate glucose levels.
- **Behavioural tracking and analysis:** Digital glucose monitoring technologies frequently include companion apps or software that allow patients to track their blood sugar levels over time. By analysing this data to identify patterns, triggers, and trends in

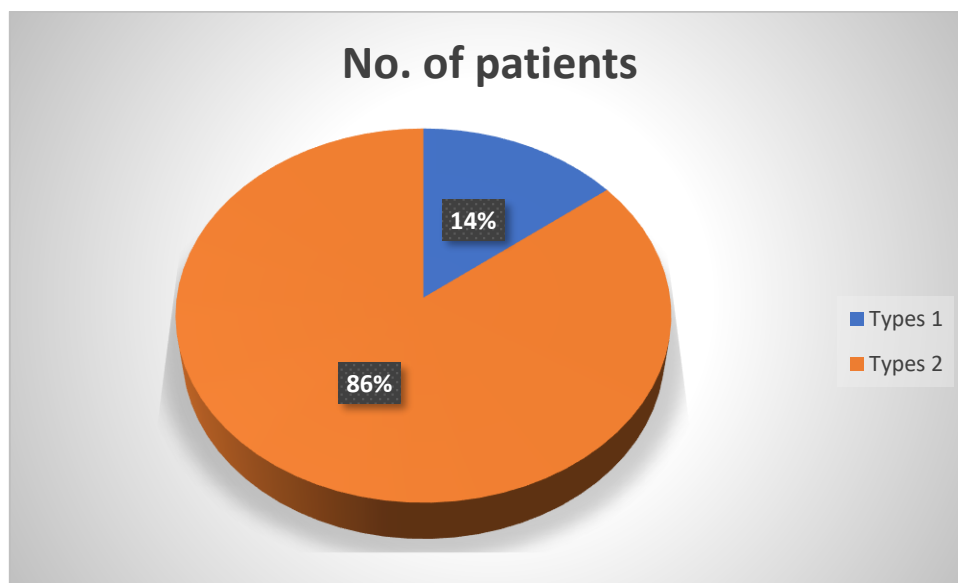
glucose fluctuations, behavioural health practitioners can create tailored treatment plans and interventions that target particular behavioural factors influencing glucose control.

- Digital glucose monitoring devices may easily interface with electronic health records (EHRs), facilitating improved care coordination and information exchange among healthcare professionals. Through this connectivity, behavioural health professionals may be given access to precise and current glycemic data, enabling more informed choices and thorough treatment planning.
- **Data-driven research and insights:** A lot of data that can be pooled and removed for study may be produced through the use of digital health technology in glucose monitoring. This information can help us gain a better understanding of the behavioural variables that affect glucose management and guide the creation of evidence-based therapies. Researchers can learn more about the effectiveness of various behavioural health therapies and spot care gaps.
- **Ethical consideration**
The study will adhere to ethical principles such as confidentiality, and integrity in data collection, analysis, and dissemination.

RESULT

1. Categorisation of Diabetes.

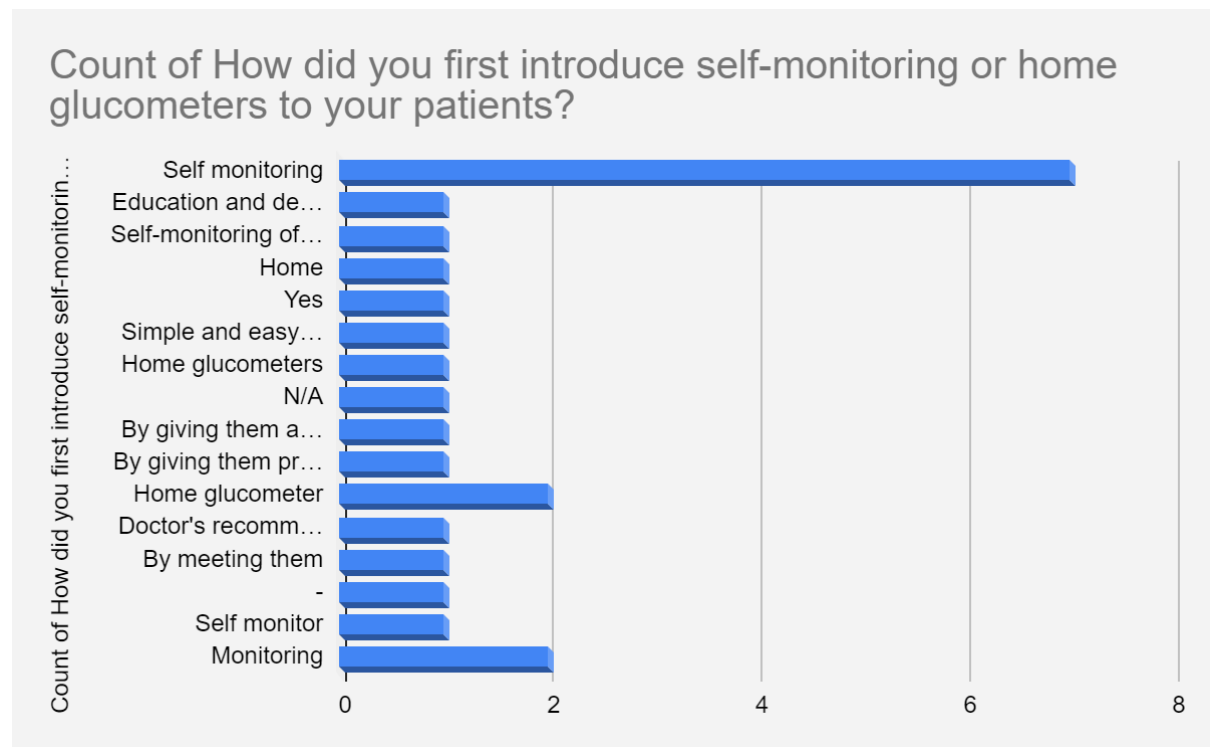
Types	No. of patients	Percentage
Types 1	13	14
Types 2	77	86



Among 90 patients that participate in the study. As the graph suggested type 2 diabetes the common form off diabetic and accounts for 86% and there is the less significant off type 2 diabetic which account for 14%.

Qualitative research in this field can be conducted through surveys or focus groups with medical professionals, mental health specialists, and patients who have employed glucose monitoring equipment. The study could look at the advantages and difficulties of adopting glucose monitoring technology, how it

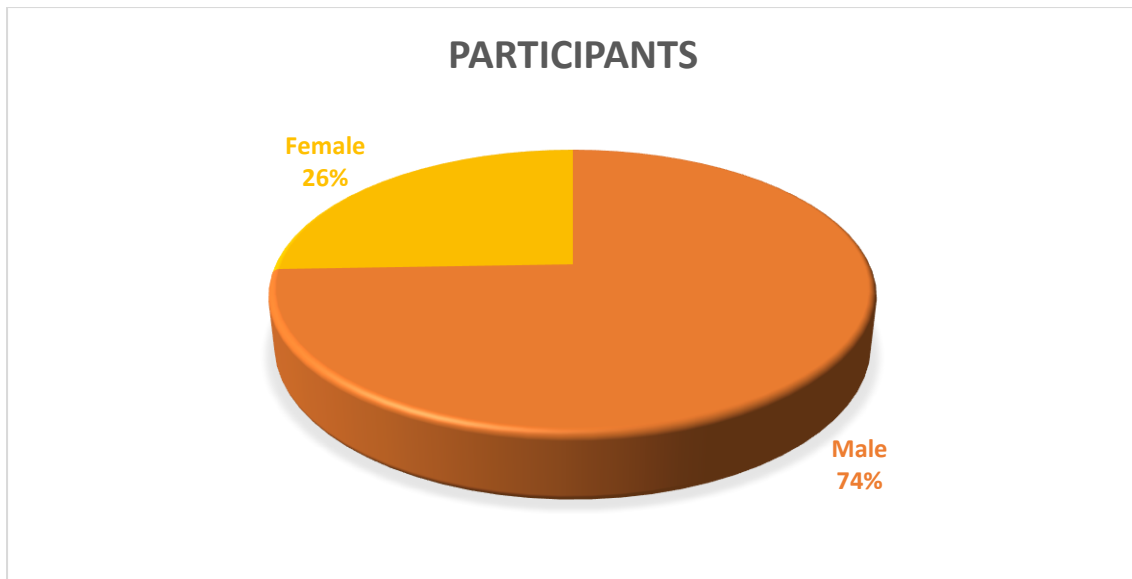
affects patient involvement and self-management, and how digital data is incorporated into treatment planning.



In the study out of responses, 7 patients (28%) have self-monitoring of blood once in their life. 8 patients by meeting of doctor, roughly 20% Home glucometer to our patients in digital glucose monitoring technology.

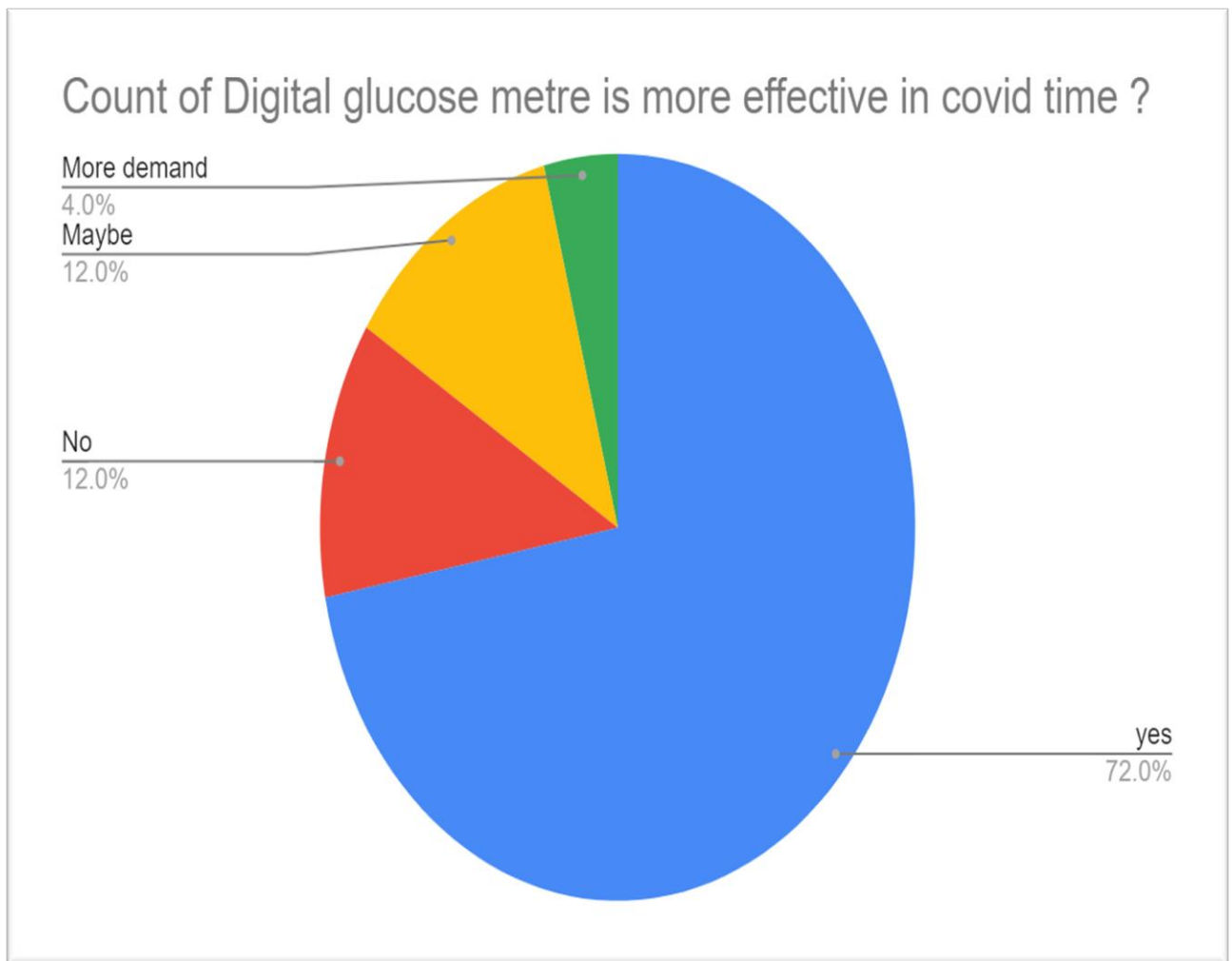
Distribution based on gender.

Gender	Participants	Percentage
Female	23	26
Male	67	74



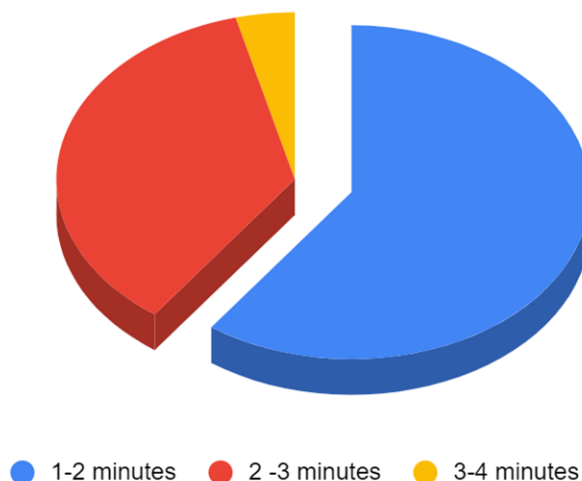
Among 90 participants 74% male have diabetic condition and 26% female. 23 have diabetic condition in the study sample which significance the prevalence is more in male as compared to female population.

Digital glucose monitoring has enhanced patient outcomes and increased the effectiveness of care delivery and participation. It was challenging for patients and endocrinologists to reduce the danger of hypoglycemia before the advent of digital monitoring. Technology for continuously measuring blood sugar gives a more complete view of HbA1c values, including data on whether blood sugar is falling or rising. Only brief peaks of a patient's glucose level were available to endocrinologists at various intervals.



This graph shows that the digital glucose metre is more effective in COVID time. The survey shows that 72% of people agree that the digital glucose metre is more effective, 12% do not agree, and 12% have not confirmed that the digital glucose metre is effective in COVID time.

How much time taken a glucose metre

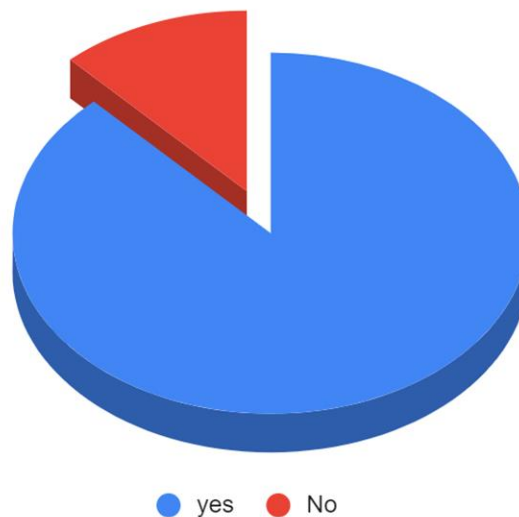


In this pie chart, we obtained responses. 60% of people agree that it takes only 1-2 minutes, but 36% agree with 2-3 minutes, and lastly, 4% agree with 3-4 minutes.

The digital health technology should be adjusted to the needs of the patient: Participants emphasised the need for care management to avoid using digital health technology as a generalised strategy. It's also important to determine how tech-savvy individuals are and adapt the recommendation for digital health solutions accordingly. Participants talked about how certain Compared to other innovations, such as devices that sync information to a smartphone app or, in the case of glucose monitors, produce if a patient's blood sugar readings fall outside of a certain range, an alert sounds. Participants emphasised that some people gain more from technological advancements, while others are better suited for basic gadgets. Reluctance on the part of patients to utilise fresh or atypical digital technology can occasionally be dispelled by the offer of free

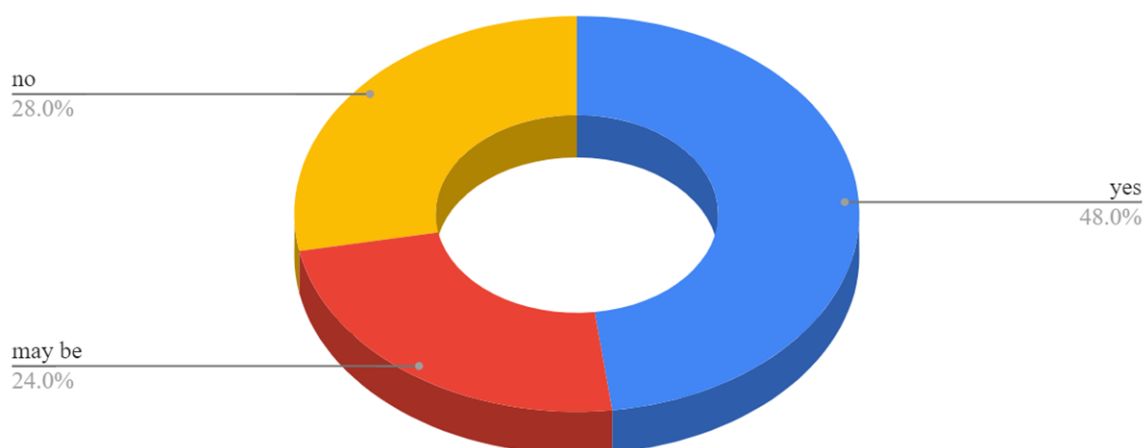
trials.

Count of Glucose Monitoring metre easily available in the markets ?



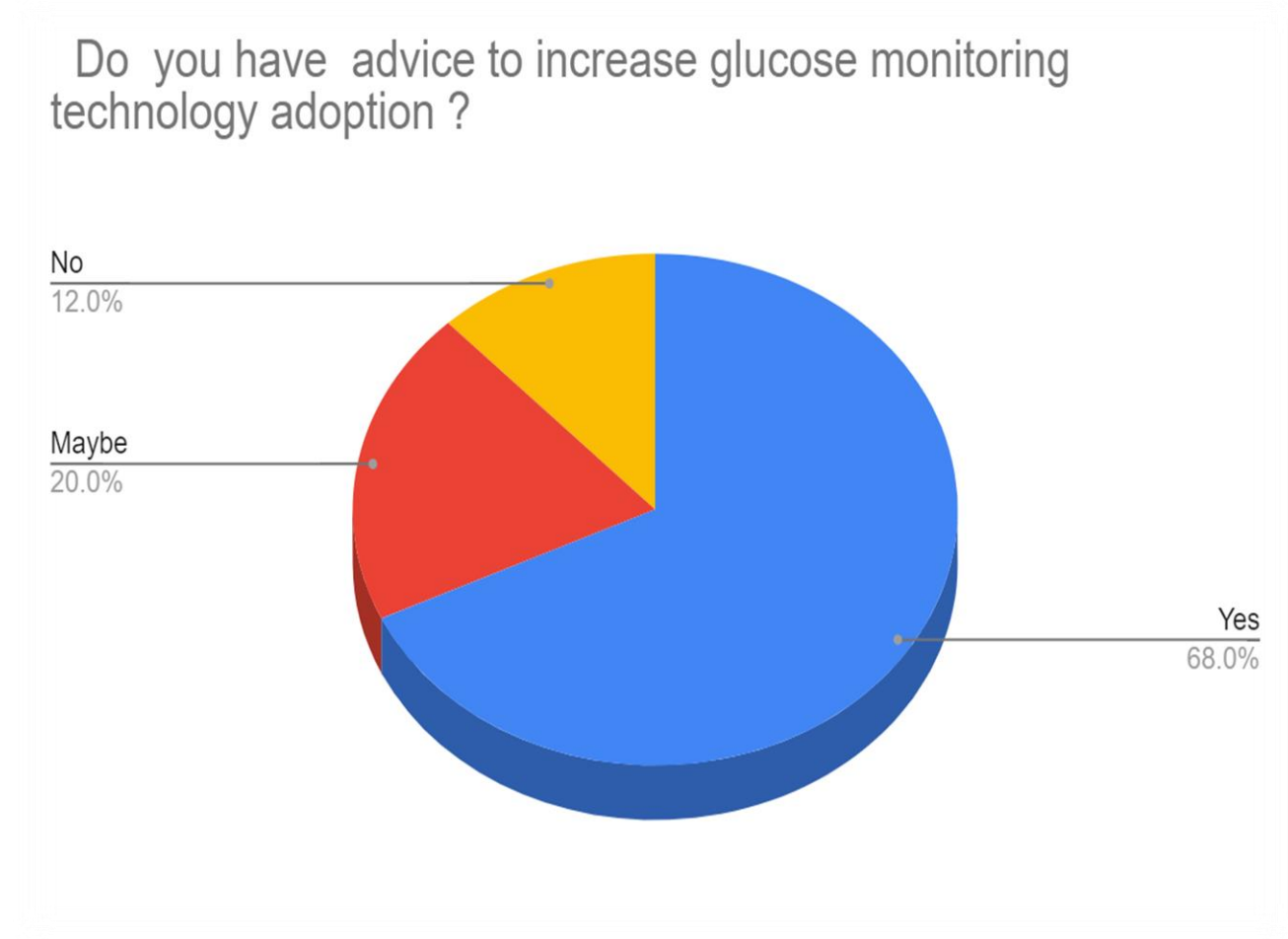
In this pie graph, 88% of people agree that glucose monitoring metres are easily available in the market, and 12% do not agree that glucose monitoring is easily available in the market.

Count of Before covid have purchased digital glucose monitoring metre ?



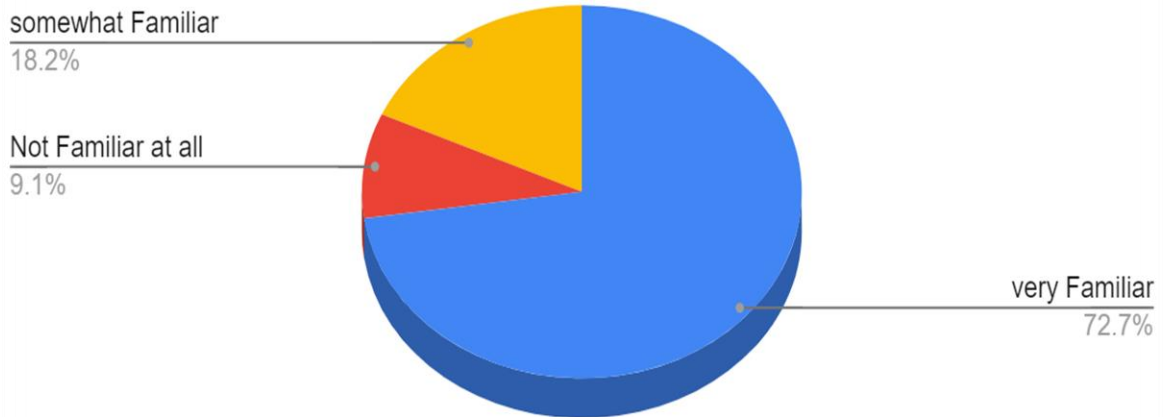
In this pie graph, people who are concerned about their health have purchased glucose metre machines, but demand is expected to rise soon. 48% of those

polled have purchased glucose monitoring devices, 28% have not, and 24% are undecided.



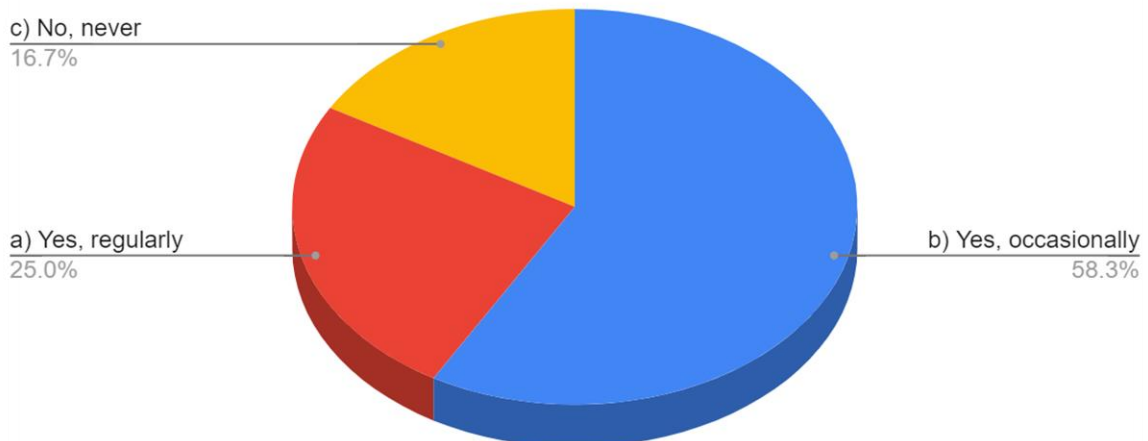
In this pie chart, they show that 68% of people increase glucose monitoring technology adoption because, in post-COVID, digitalization increases, and everybody wants all things to be available in quick and effective manners. So, 20% of people are not aware that the adoption of technology will increase, and the rest of the people are not aware of the technology of glucose monitoring technology.

How familiar are you with digital health technologies in the context of behavioral health?



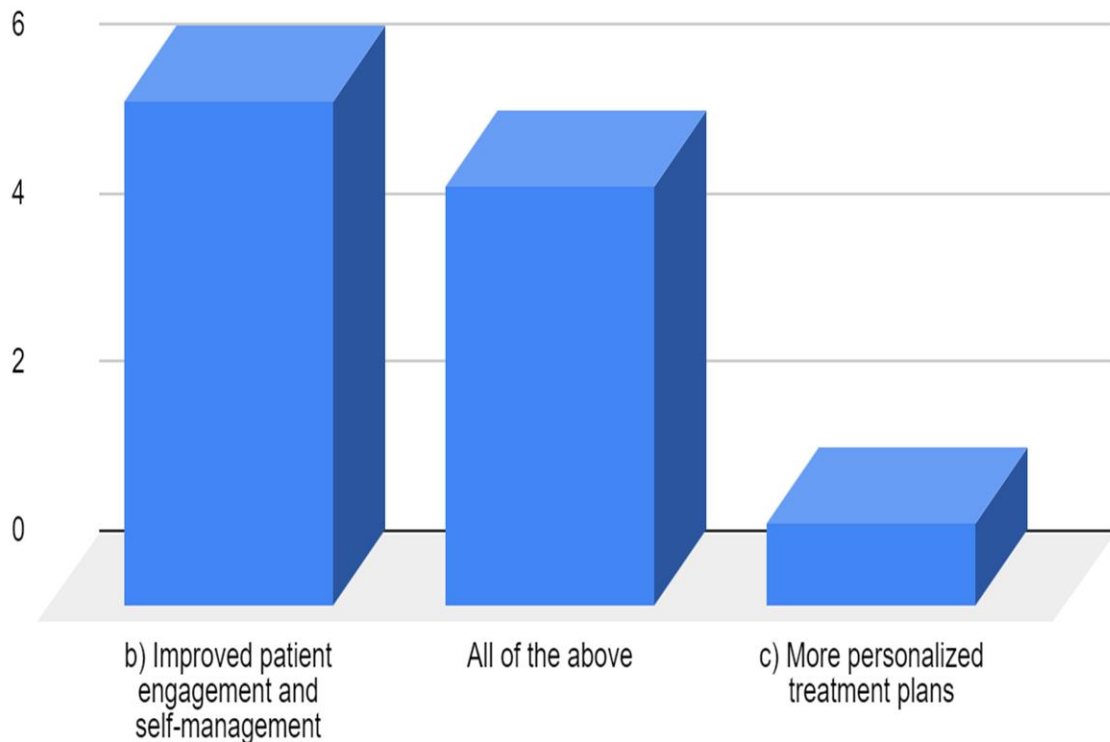
Among the majority of participants, 72 percent are very familiar with digital health technology in the context of behavioural health, 18.2 percent are somewhat familiar, and 9.1 percent are not familiar with digital health technology in the context of behavioural health.

Have you utilized digital health technologies in your practice of behavioral health?



In this pie chart, 58.3% occasionally agree to use digital health technology in your practise of behaviour health, 25% regularly, and 16.7% never use digital health technology in your practise of behaviour health.

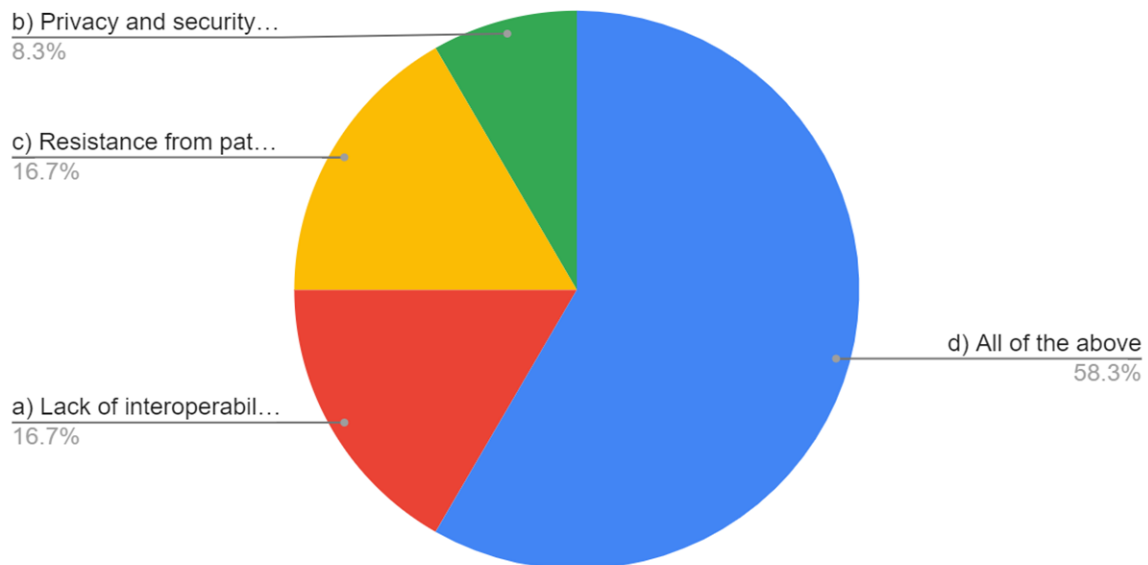
What benefits do you perceive in using glucose monitoring technology in the practice of behavioral health?



Count of 4. What benefits do you perceive in using glucose monitoring technology in the practice of...

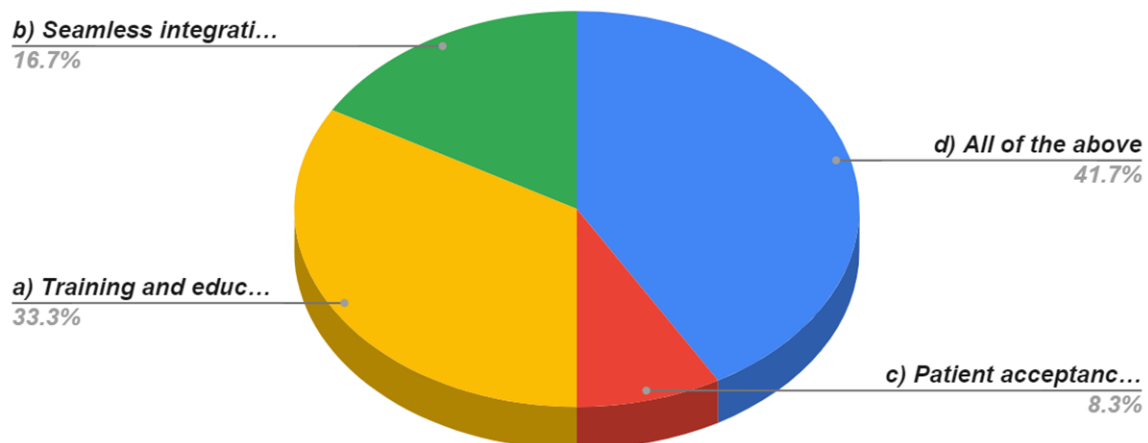
In these studies, the survey conducted by me to analyse the maximum number of patients has patient engagement and self-management, some patients have more personalised treatment plans, and the majority of them follow all the glucose monitoring technology in the practise of behavioural health.

What challenges or limitations do you associate with the adoption of digital health technologies in behavioral health?



In this pie chart, 58.3% of participants agree with the lack of interoperability, privacy, privacy and security of the patients, and resistance from the patients is followed by the adoption of digital health technologies in behavioural health, where both the lack of interoperability and security of the patients are equal (16.7%), and lastly, 8.3% agree with the security and privacy of the patients.

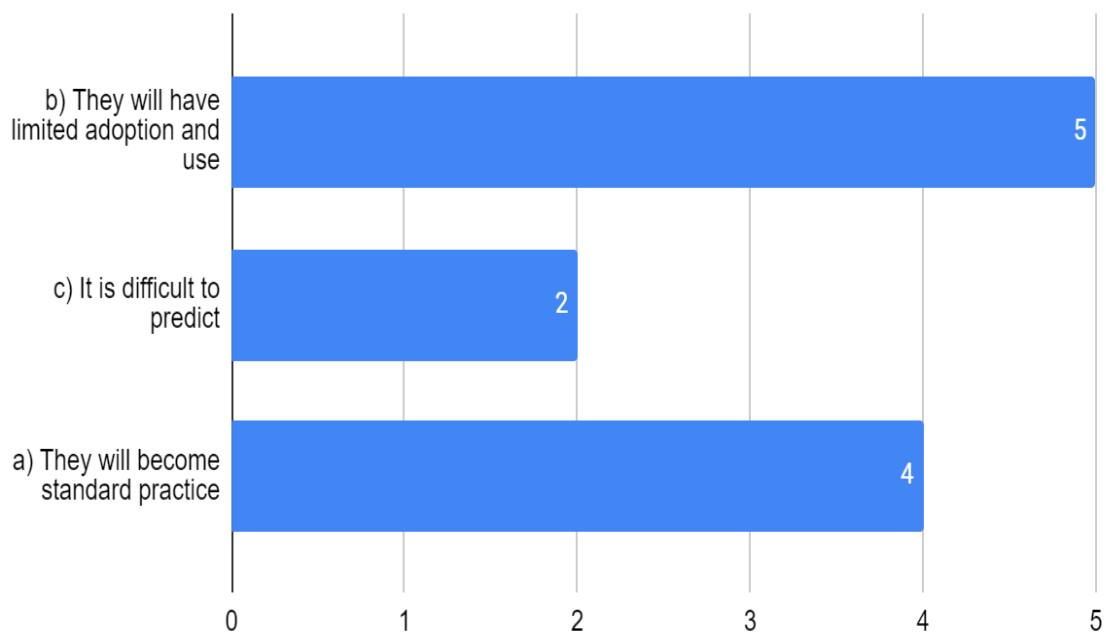
What factors do you consider critical for the successful integration of glucose monitoring technology into behavioral...



In this pie chart, 41.7% of participants agree with the lack of interoperability, privacy, privacy and security of the patients, and resistance from the patients is followed by the adoption of digital health technologies in behavioural health,

where both the lack of interoperability and security of the patients are equal (16.7%), and the last 8.3% agree with the security and privacy of the patients.

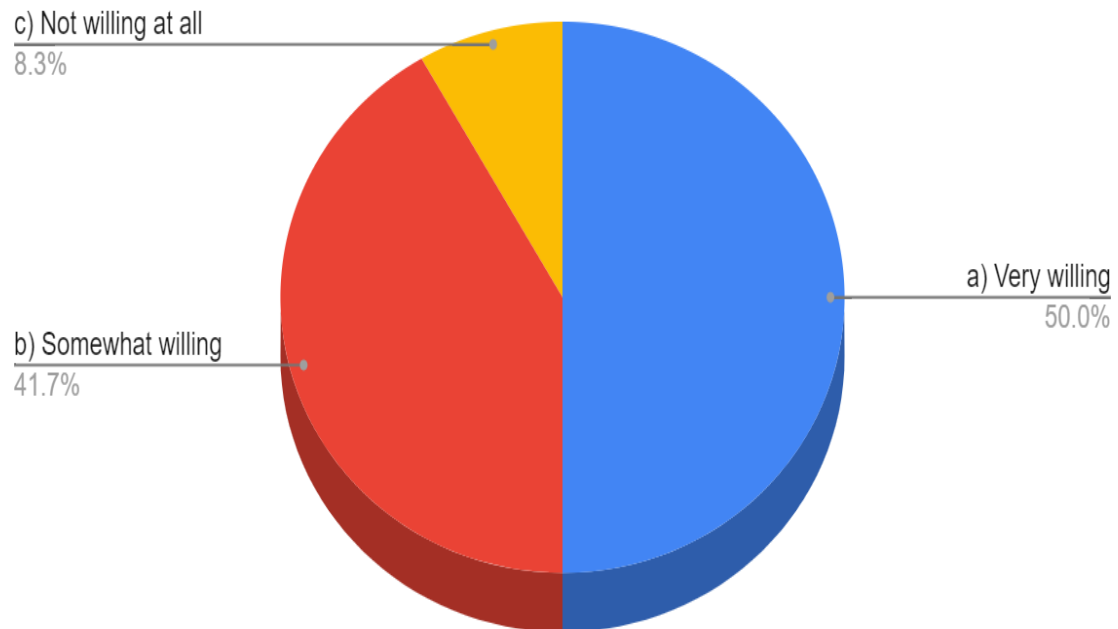
In your opinion, what is the future potential of digital health technologies, particularly glucose monitoring, in the field of b...



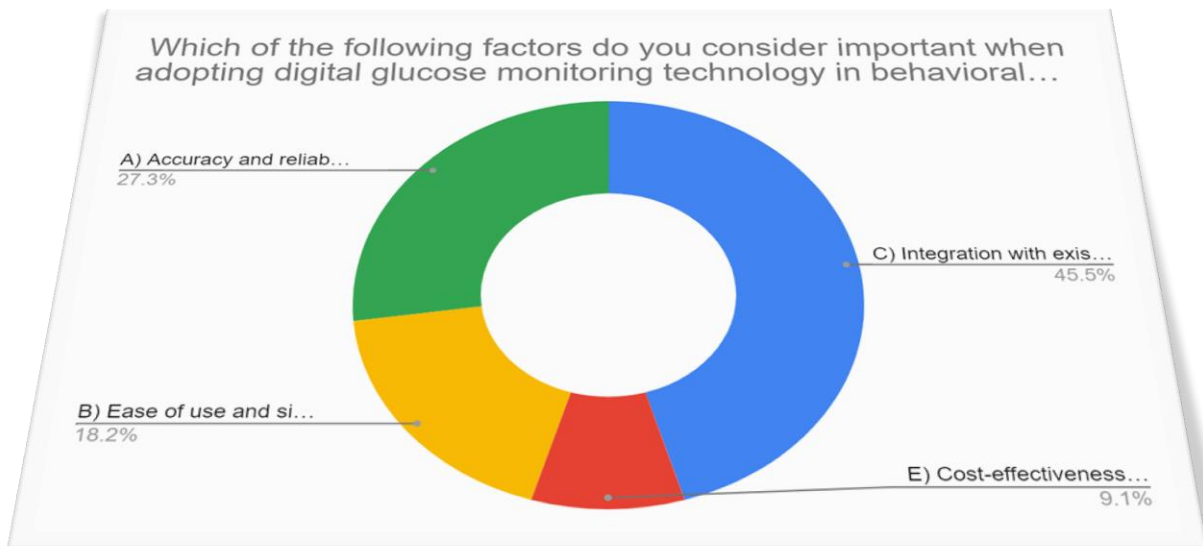
In your opinion, what is the future potential of digital health technologies, particula...

In these graphs, the future potential of digital health technology will be adopted, and some patients want standard practise in digital health technology. It is very difficult to predict the future potential of digital health technology in the field of behavioural practises.

Overall, how willing are you to adopt glucose monitoring technology in your practice of behavioral health?

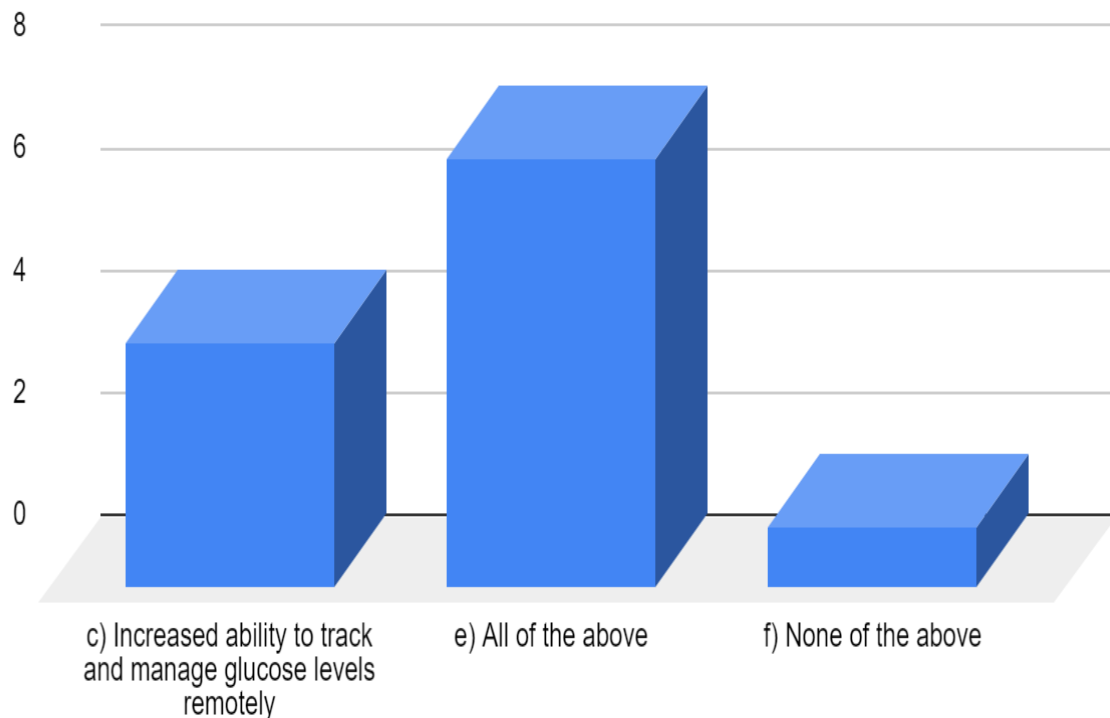


In the above-mentioned pie chart, 50% are willing to adopt glucose monitoring technology in your practise of behavioural health, 41.7% are a little bit willing to adopt the technology, and 8.3% are not willing to adopt glucose monitoring technology in your practise of behavioural health.



In this pie graph, 45% of people have integration with existing electronic health record systems, 27.3% have accuracy and reliability of the glucose monitoring technology, 18.2% have ease of use and simplicity of the device, and last but not least, 9.1% have cost-effective technology adoption of digital glucose monitoring technology in behavioural health practises.

Which of the following factors do you believe contributes to the adoption of digital glucose monitoring technology in the field...



Which of the following factors do you believe contributes to the adoption of digital glucose monitoring...

In this graph, the majority of the patients follow all the accepts, like enhanced convenience and accessibility for patients, improved accuracy and reliability of glucose reading, increased ability to track and manage glucose levels remotely, greater integration with the electronic health record system, and some patients with some patience also believe in increasing the ability to track and manage glucose levels remotely.

Overall, how willing are you to adopt glucose monitoring technology in your practice of behavioral health?



In this pie chart, 50% of patients are very willing to adopt glucose monitoring technology in your practise of behavioural health, and 42% are maybe willing or not willing. 8% of patients are not willing to include hypoglycemia monitoring technologies into your behavioural health practises.

Discussion

According to the result obtained It is feasible using technology for digital health to encourage better treatment choices and analyse and track patient results in real-time. In order to draw conclusions that may be extended to the acceptance of technological innovations in the field of cognitive health, the study's goal was to assess the acceptance of digital glucose surveillance as a real-life instance of digital medical penetration. The medical professionals who took part in our study provided comprehensive accounts of the various advantages and difficulties they faced as well as particular suggestions for how electronic health monitoring equipment might be used to improve the therapeutic treatment of other chronic illnesses, including behavioural health. By providing patient data that may help better monitor, monitoring has improved the way in which therapy is delivered. Treatment should be customised and concentrated on the patient's adherence and response to medicine in order to enhance patient outcomes.

Participants in this survey also voiced worries about the enormous amount of data that electronic medical records have produced and the pressing need to develop solutions that would decrease the burden on doctors without interfering with the care they give. These alternatives include lowering restrictions on insurance acceptance, broadening the acceptable forms of payment, and developing computer programmes or analytics that can aid medical professionals and patients in navigating and understanding data .The participants recommended putting the information together into succinct, individualised summaries that may be used to guide clinical management choices made on a trip to the workplace. Additionally, clinicians are not yet appropriately compensated by insurance for the time spent prescribing and administering digital technology, which decreases the probability that these doctors would use these technologies.

Limitation of the study

It is a pilot study that is conducted in Delhi by taking an interview-end survey about their digital glucose monitoring technology. It is conducted for a duration of 3 months in 90 diabetic patients.

Conclusion

The present study analysis digital glucose monitoring technology is adopted by the patients which represent 86% of the 90 individuals with type 2 diabetes in this article and 14% of less significant type 2 diabetics, are the most crucial information. Self-blood monitoring occurs in 7 patients (28%), 8 patients during medical visits, and 20% of our patients use a home glucometer for digital glucose monitoring. The survey revealed that 88% of respondents agreed that glucose monitoring metres are readily available on the market, 72% of respondents agreed that a digital glucose metre is more effective in Covid time, 60% of respondents said it takes only 1-2 minutes, 36% said it takes 2-3 minutes, and 4% said it takes 3-4 minutes. those that are worried People currently use glucose-monitoring gadgets for their health, but the demand is anticipated to increase shortly. Due to increased digitization, glucose monitoring technology use increased by 68% among individuals, whereas only 20% of people were aware of it.

These research article show the promise for digital health technology in the future, and some patients want it to become routine care. The future potential of digital health technology in the area of behavioural practises is extremely difficult to forecast and accuracy of glucose readings, improved remote monitoring and management of blood glucose levels, deeper connection with the electronic health record system, and some patient advocates are also in favour of improving remote monitoring and management of blood glucose levels.

Future studies should study how these findings might be used to apply digital health technologies in other therapeutic fields. Future studies ought to investigate all of the difficulties mentioned in this one, employing a bigger sample of doctors. The outcomes provide tactics and regions for stakeholders to focus on removing barriers and filling up gaps in the usage of digital monitoring technology.

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Abbreviations

MODY	Maturity onset diabetes of the young.
DPP4	Di peptidyl peptidase 4
SGLT2	Sodium- glucose co transporter 2
GLP1	Glycogen like peptide
SMI	Significant mental illness