Patient-centered outcomes for GoStrong: A self-management diabetes program in Savannah, GA

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**Background:** To advance the goal of health improvement for diverse populations with diabetes, a patient-centered approach is foundational.

**Methods:** Innovative methods were used to initiate and advance an approach to diabetes engagement and self-management. We began with a strategy to understand how patients with diabetes view and interact with the disease via the medical community and moved to program development through patient-centered design and to the development of strategic partnerships and continuous learning from patients, stakeholders, and academic research partners.

**Results:** The mean age of the participants in the GoStrong™ program (n=106) was 51 ±9.2 (SD) years. There were significant differences in the HbA1c levels over time compared to the Control group (n=100). The mean HbA1c level from baseline to 36 months decreased from 7.49% to 6.89%, with the largest decline (to 6.28%, p<0.01) at 12 months. The mean HbA1c level for the control group increased from 8.38% to 8.49% from baseline to 36 months, with the largest increase (to 8.89%, p<0.01) at 18 months. There were significant differences for total medical costs at 12 months prior to and 12 months after starting the GoStrong program, a difference in total prescription drug costs at 12 months, and differences within the total group in number of emergency room (ER) visits. Claims information showed that GoStrong produced significantly lower total medical costs and ER visits. There was also an increase in total prescription drug costs that may be due to better medication adherence.

**Conclusions:** For diabetics, the GoStrong program results in reduced HbA1c levels, reduced costs, and reduced ER visits.