Intervention category *Characteristics of category*	No. of studies	No. of studies (%) with significant results
High intensity *Patient data automatically uploaded to the cloud in regular intervals. The coaching includes personalized motivational and goal-setting components based the most recent data and delivered by dedicated staff. The communication can be either in-person or remote, however the communication happens regularly, at least once a week. Education includes specific modules explaining the disease, behavioral strategies, and psychological coping.*	8	7 (87.5)
Medium intensity *Patient data are manually uploaded. Coaching includes personalized advice based on patient data but not a behavioral advice in terms of motivational and goal-setting component. The communication is ad-hoc, initiated by the HCPs. Education includes general information about the disease and technical information about the use of the device(s).*	16	12 (75)
Low intensity *Limited data sharing. Generic feedback using pre-existing templates. The communication is asynchronous or delayed (e-mail or follow-up phone call). Limited or no education.*	4	2 (50)

the quality and intensity of the coaching component (high, medium, and low intensity). Overall, 19 out of the 28 studies reported significant improvement in HbA1c levels and two out of three studies targeting patient engagement achieved significant improvement as well. When separated into the three intervention categories, success of the intervention was proportional to the intensity of coaching (see table).

Conclusions: Our findings suggest that higher intensity of coaching in digital interventions for the self-management of T2DM, defined by availability and level of personalization, is more likely to produce significant results in HbA1c improvement.

LB022 / #957

Topic: ***AS07 Informatics in the Service of Medicine; Telemedicine, Software and other Technologies***

EFFECTIVENESS OF THE NOVEL GLUCARE.HEALTH CARE MODEL IN TYPE 2 DIABETES MEDICATION REDUCTION AND MANAGEMENT OVER A YEAR

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Background and Aims: Implementation by health care providers (HCPs) of remote monitoring programs combined with digital health solutions suggests a promising direction in medication regimen simplification and adherence in improving chronic diseases such as type 2 Diabetes Mellitus (T2D) and complications. The primary goal of this study is to assess the effectiveness and safety of a novel continuous GluCare.Health care model for the management of T2D over one year. The study assesses the model's association with medication reduction, increased medication adherence, and improved clinical biomarkers related to T2D and glycated hemoglobin reduction over one year.

Methods: A retrospective study including 71 T2D patients was conducted. Medication records were analyzed and statistically compared between the baseline and 3, 6, 9, and 12 months after the intervention. T-tests and nonparametric Wilcoxon were applied. Statistically significant results were set at 5% and 10% levels. We used a two-tailed p-value as a more conservative approach than a one-tailed one. Additionally, an effect size analysis was conducted to make judgments about the magnitude of medication reduction.

Results: The results suggest that the effect of the GluCare intervention in medication reduction is already significant at 3 months follow-up ($p = 0.002$) and are also relevant after one year ($p = 0.02$).

Conclusions: Among T2D patients, the strategy of medication reduction guided by continuous monitoring and engagement via the hyper-personalized, technology-enabled GluCare.Health model of care had a positive impact within a 3-month period. The intervention improved medication adherence and it may be a cost-effective and cost-saving solution for the management of T2D.

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REAL WORLD EFFECTIVENESS OF FITTERFLY DIABETES CGM DIGITAL THERAPEUTICS PROGRAM FOR IMPROVEMENT IN GLYCEMIC CONTROL AND METABOLIC PARAMETERS

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Background and Aims: The study aims at analyzing the effectiveness of the Fitterfly Diabetes CGM digital therapeutics program for improving glycemic control and metabolic parameters among people with T2DM.

Methods: De-identified data of 145 participants with T2DM and BMI ≥25.0 kg/m^2 (Mean age: 47.45 ± 12.71 years, Females: 56.97 % (94/145)) was analyzed. The participants had access to continuous glucose monitoring (CGM) in the first 14 days of the program. Based on usual lifestyle in week-1, a modified lifestyle plan was introduced from week 2 till program completion (day 90). HbA1c, weight, and BMI was analyzed pre and post the