

Editorial

Limitations of Individualized Health Management Services for Diabetic Patients in China

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Editorial

The core of individualized health management services for chronic diseases is to provide accurate and differentiated health management services according to the different characteristics of patients, so as to maximize the efficiency of health management services. In China there are detailed health profile and health management program for diabetes and prediabetes screening, but compared with United States, the diabetes prevention measures are comprehensive but not sophisticated and the scientific and precise interventions for high-risk factors are still blank [1,2]. For example, the diabetic management guideline cover the patient's intake of nutrients and alcohol, and daily exercise intensity, but there are no differentiated recommendations for patients with different Body Mass Index (BMI) and the disease severity grad. Moreover, the management guideline lack quantitative standards and are replaced by qualitative descriptions such as "reduction" and "control", which makes the guideline lack of detailed standards to follow [3]. Therefore, China's health management services for diabetic patients are still lagging behind. Because the lack of comprehensive cohort evidence and detailed individualized health management service guidelines, and the relevant information technology management platform is not dissemination.

Individualized health management service for diabetic patients is based on population health big data and individualized and refined health status. After collecting and analyzing personal health status and personality health needs, compared with same-condition group's health data and operation methods, then obtained the intervention strategy in line with the patients situation. Effective information is an important "propeller" of individualized and refined health management services for diabetic patients [4]. In developed countries the health management services carried out by medical staff has been supported by evidence-based management system. The evidence-based system is based on the construction of detailed health database

and feasible operation guidelines, through integrated analysis improve the scientific and preciseness of management for diabetic patients. The system information platform includes input port and output port, by comparing and analyzing the patient's age, gender, basic status, personal preferences, disease progress and other information with the population health big data in the platform, the platform can output a refined health management service plan according with the patient situation, then the doctor can review and modify the individualized intervention for the patient; At the same time, the platform will continue to collect the patient follow-up, prognosis and other information, and revise the patient's health management service plan at any time, while the patient's disease information will be further integrated into the information platform for more accurate clinical research [5]. At present, there is still a technical bottleneck in the integration and utilization of electronic health records and other big data systems in China, which is an important obstacle to the popularization and application of personalized and detailed decision-making system. At present, in china some hospitals constructed health management platforms for different specialized diseases. For example, the national Metabolic Management Center (MMC) project led by Ruijin Hospital enables patients with metabolic diseases complete examination, diagnosis and treatment in the center, establish unified disease monitoring, treatment, follow-up and management standards, combined with doctors' diagnosis and treatment suggestions, then obtain high-quality and individualized health management plan, and patients can be educated in the platform and achieve better self-health management. Research shows that compared with routine health education, the health education in MMC project can significantly improve the self-management behavior of patients with type-2 diabetes and improve the patient's condition [6,7]. Therefore, through integration of disease occurrence, treatment and prognosis to promote health management platform maturity and perfection, so patients can get accurate health management services.

At the present stage, the primary task of the implementation of individualized health management services in China is to gradually collect detailed clinical database, improve the precision guidelines and construct the accurate information service platform. At the same time, based on sufficient population health data and individualized guidelines, we should further build an accurate decision-making system to provide community doctors with optimized training and guidance for chronic disease management, and finally obtain individualized health management solutions from big data and these management solutions can further improve big data, which helps the individualized health management system a self-improving loop.

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References

1. Papamichou D, Panagiotakos DB, Itsiopoulos C. Dietary patterns and management of type 2 diabetes: A systematic review of randomised clinical trials. *Nutr Metab Cardiovasc Dis.* 2019;29(6):531-43.
2. van Smoorenburg AN, Hertroijs DFL, Dekkers T, Elissen AMJ, Melles M. Patients' perspective on self-management: type 2 diabetes in daily life. *BMC Health Serv Res.* 2019;19(1):605.
3. Mao W, Yip CW, Chen W. Complications of diabetes in China: health system and economic implications. *BMC Public Health.* 2019;19(1):269.
4. Forouhi NG, Misra A, Mohan V, Taylor R, Yancy W. Dietary and nutritional approaches for prevention and management of type 2 diabetes. *BMJ.* 2018;361:k2234.
5. Fields RW, Gandhi N. Tools for Population Health Management. *Prim Care.* 2019;46(4):529-38.
6. Yin T, Yin DL, Xiao F, Xin QQ, Li RL, Zheng XG, et al. Socioeconomic status moderates the association between patient satisfaction with community health service and self-management behaviors in patients with type 2 diabetes: A cross-sectional survey in China. *Medicine (Baltimore).* 2019;98(22):e15849.
7. Zhou X, Ni Y, Xie G, Zhu W, Chen C, Wang T, et al. Analysis of the Health Information Needs of Diabetics in China. *Stud Health Technol Inform.* 2019;264:487-91.