CloudCare: telemonitoring for more care capacity and more efficient, cost-effective care

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Freeing up care capacity for those who need it most

An internal analysis of Diabeter's 2025 claims data shows that with CloudCare, the number of billed care trajectories (DBCs) per patient (person under our treatment) falls by more than 22%, while health outcomes remain the same. This means that care capacity is freed up, which the treatment team can redeploy for people who need this care most.

About Diabeter
As a specialised type 1 diabetes clinic, Diabeter has had more than 20 years of intensive experience in supporting people with type 1 diabetes.
In type 1 diabetes, treatment is aimed at keeping blood glucose levels as stable as possible. 24/7, 7 days a week, 52 weeks a year. This demands an enormous effort from people with type 1 diabetes and from their treatment teams.

Within Diabeter, we are convinced that the transition we have started with CloudCare is necessary to make diabetes care future-proof. The number of people who need care is growing, while the availability of healthcare professionals will come under further pressure in the coming years.

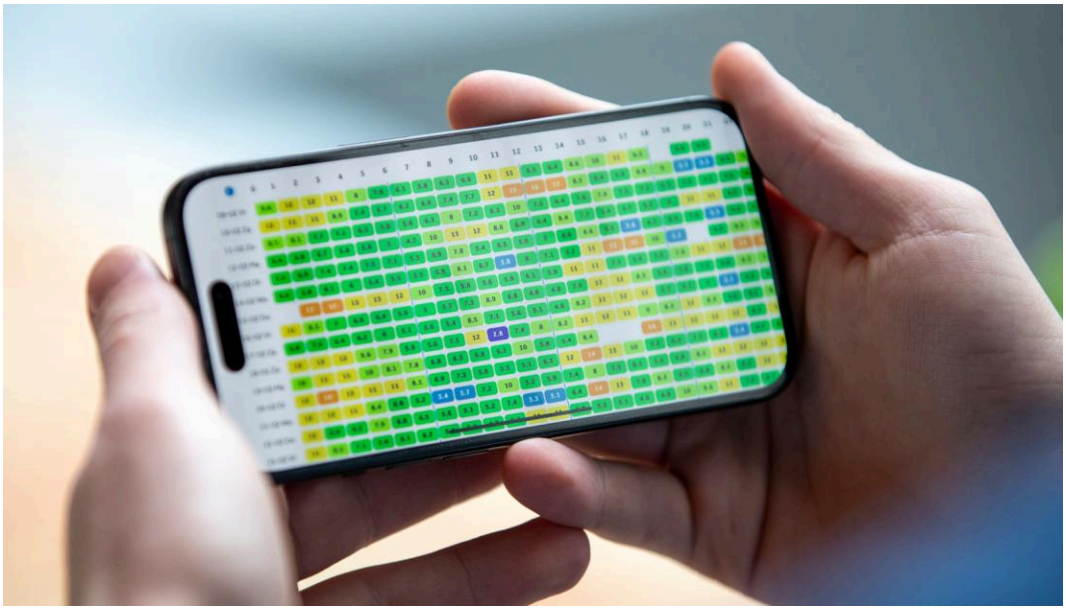


Figure 1: Glucose levels over time made visible thanks to glucose sensors

With CloudCare, we are taking the step towards population management: an approach in which we tailor care even better to the needs of people with diabetes. In this way we strive for maximum health gains and can deploy our available care capacity as purposefully and efficiently as possible.

From fixed consultations to continuous, personalised remote care

CloudCare shifts the focus from fixed consultations to continuous monitoring, enabling the treatment team to provide targeted care at the moments it is needed. In type 1 diabetes, treatment is aimed at keeping blood glucose levels as stable as possible. That is a daily challenge, because as many as 42 different factors can influence blood glucose levels.

Thanks to the arrival of glucose sensors, both people with diabetes and their healthcare providers have increasingly better insight into how glucose values develop over the course of the day. Modern insulin pumps are also getting better at responding to changing insulin needs. Using smart algorithms, CloudCare monitors glucose values remotely. When deviating trends are detected, the person concerned appears on the diabetes nurse's worklist for further assessment. This allows the treatment team to intervene in time when needed and to tailor support better to individual care needs.

Care is therefore no longer solely dependent on scheduled consultations, but is supported by continuous remote monitoring. This allows us to organise our care in a more personal and cost-effective way: intensive support where needed and more independence where possible. By detecting trends earlier and intervening in a more targeted way, we can deploy our available care capacity for the people who need it most.

CloudCare offers added value for different groups of people with type 1 diabetes

The added value of CloudCare differs per person and/or group. Depending on the personal situation and care needs, CloudCare offers different benefits:

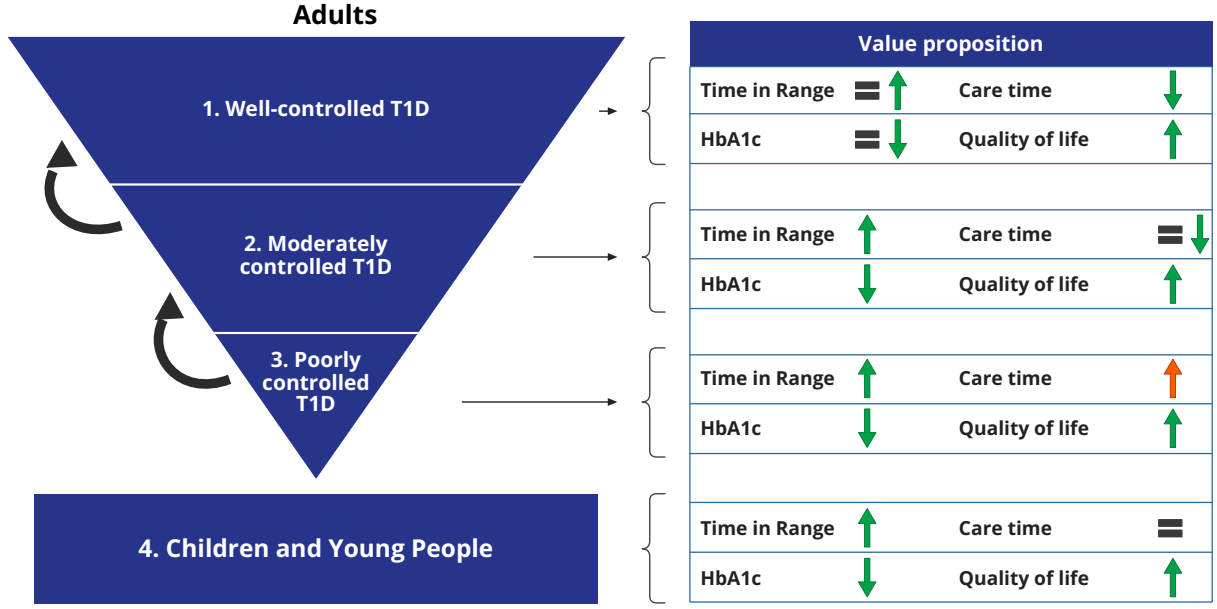


Figure 2: Value propositions CloudCare

1. Adults with well-controlled glucose values: more cost-effective care

For adults whose glucose values are well controlled, we use telemonitoring to organise care more efficiently, while maintaining good health outcomes and paying attention to quality of life. In this group we expect the largest reduction in in-person consultations, meaning that less regular DBC care is needed and care capacity is freed up for people who need more intensive support.

2. Adults with less well-controlled glucose values: improving health outcomes

For adults whose glucose values are not yet optimally controlled, the emphasis is on early detection, education and strengthening self-management. The main goal is to improve health outcomes and quality of life. For this group, we expect care input to remain the same for the time being. The added value of CloudCare lies mainly in guiding people in a targeted way towards more stable glucose values, so that they ultimately need less intensive care. In this way we can reduce the risk of complications and, in the longer term, organise care more cost-effectively.

3. Adults with insufficiently controlled glucose values: intensive support for better health outcomes

For adults whose glucose values are insufficiently controlled, temporarily more intensive support is precisely what is needed. The care capacity that is freed up thanks to CloudCare can be used to offer this group extra time and attention. For this group, the emphasis is on intensive, personal support within regular care, supplemented with CloudCare where desired. The goal is to improve glucose values and health outcomes and thereby reduce the risk of acute hospital admissions and complications.

4. Children and young people: early detection and support in daily life

For children and young people with type 1 diabetes, the added value of CloudCare lies mainly in the early detection of deviating glucose trends and in supporting parents, carers and, as children get older, the young people themselves. By monitoring glucose data remotely, the treatment team can detect deviating developments earlier and, where necessary, adjust in good time. This can contribute to better health outcomes and a lower burden in daily life. Moreover, knowing that the treatment team is keeping an eye on things remotely can give parents and young people more confidence and peace of mind.

Because children are still developing, intensive and personal support from the treatment team remains important. CloudCare does not replace this support, but strengthens it. It enables healthcare professionals to act more proactively and to offer support at the moments it is needed.

Results: more care capacity with unchanged health outcomes

Over the past three years, we have taken important steps in the implementation and scale-up of CloudCare. We started with adults whose glucose values are well controlled (group 1). Enough time has now passed for this group to analyse the first effects of CloudCare.

To gain insight into the influence of CloudCare on care utilisation, we carried out two analyses.

Analysis 1: comparison between regular care and CloudCare

In the first analysis, we compare people who received regular Diabeter care throughout 2025 with people who were supported entirely via the CloudCare care pathway in that same year. Here we examine the differences in care utilisation between the two groups over the period from 1 January through 31 December 2025.

Analysis 2: care utilisation before and after the start of CloudCare

In the second analysis, we compare the care utilisation of people who switched to CloudCare. Here we look at the period before and after the start of the CloudCare care pathway. This comparison provides insight into how care utilisation changes after the switch to CloudCare.

Study period and starting points

To be able to assess the effects reliably, we use a minimum period of 16 months from the start of CloudCare (see Figure 3). Treatment at Diabeter follows a fixed annual cycle. During the extended annual consultation, diabetes control and possible complications are assessed and the treatment policy for the coming year is determined. During the year, additional contact moments take place.

Because CloudCare is usually started shortly after the annual consultation, a period of at least 12 months is needed to be able to assess a full care cycle. The first months after the start of CloudCare are left out of the analysis. In this start-up phase, extra contact is often needed to set up the data exchange and answer questions. Moreover, this period is generally too short to properly assess any changes in health outcomes.

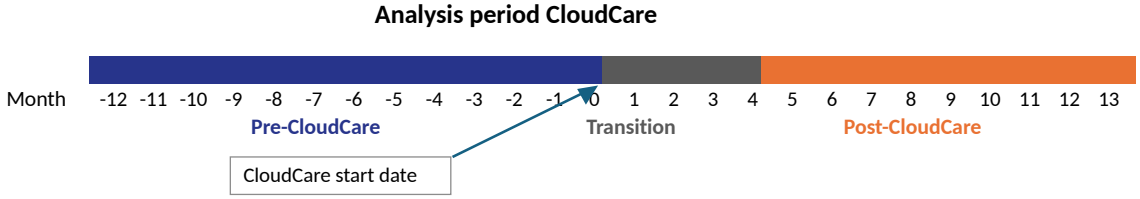


Figure 3: Schematic representation of the period on which this analysis is based

What insights do we gain?

Analysis 1

Looking at the first analysis (Table 1), we see that the group on regular care (n=838) bills an average of 2.71 care trajectories per person per year. The CloudCare group (n=234) bills an average of 2.12 per person. This is a difference of −22% for the group on CloudCare compared with the group still on regular care, without CloudCare (Table 1).

Analysis 1	Avg. number of claims without CloudCare	Avg. number of claims with CloudCare	Difference
CloudCare vs. non-CloudCare patients (n=1,072)	n=838: 2.71	n=234: 2.12	−22%

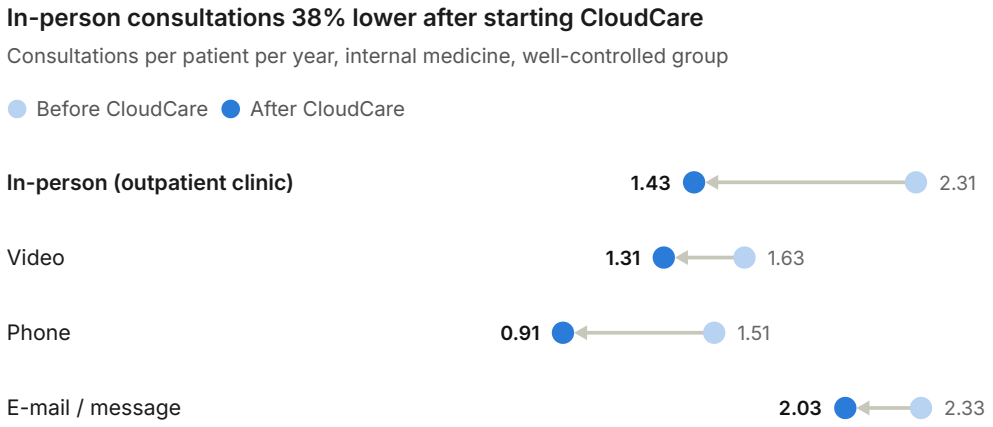
Analysis 2	Avg. claims pre-CloudCare	Avg. claims post-CloudCare	Difference
CloudCare patients before and after the start (n=87)	2.64	2.13	−19%

Table 1: Analysis 1 & 2

Analysis 2

In this second analysis, in the table above, we see that the group that is now on CloudCare also shows a decrease in billed care trajectories compared with the period before they were on CloudCare. The decrease in this initial group of well-controlled people on CloudCare is still −19%.

In addition, we looked at consultation types and the shift in consultation types in this group of people (note: one or more consultation types within a period of 120 days constitute one claim). Here we see that among well-controlled adults, the total average number of consultations falls from 7.78 to 5.68 per patient per year (−27%), and the average number of in-person visits in this group falls by 38% (Figure 4).



Source: Diabeter, CloudCare evaluation September 2026 (Figure 4)

Besides fewer consultations, we see a shift towards more remote care in analysis 2. By way of illustration: per 1,000 people in this group, approximately 2,080 consultations are freed up annually; the capacity that is freed up can be deployed for people who really need this attention.

Equal or better outcomes. The average HbA1c of 87 people in analysis 2 falls from 6.7% to 6.5%, in line with the target for group 1 (Figure 2). In paediatrics, where CloudCare was likewise initially deployed in the well-controlled group, HbA1c improves from 6.90% to 6.6%. **(**Disclaimer: based on real-world data from our clinic, not scientific research with accompanying statistical tests.)

Quality of life and treatment satisfaction

Fewer consultations do not come at the expense of satisfaction with care. On the contrary: an earlier published clinical study shows that treatment satisfaction increases by 25%, as measured with the DTSQc.[1] In addition, there are indications that people with type 1 diabetes experience less diabetes-related distress after starting CloudCare. Not-yet-published research data show a decrease in this distress after twelve months, as measured with the PAID-5, while the high treatment satisfaction is maintained.

Outlook

In the coming years, we are focusing on further expanding the number of participants, optimising care processes and integrating CloudCare into our care pathways. To investigate the effects of CloudCare further, a randomised controlled trial is currently under way. This study focuses on the cost-effectiveness of care, treatment outcomes and psychological effects. Completion is expected at the end of 2028.

From development to further scale-up

The results so far show that CloudCare is promising for making diabetes care future-proof. The past three years were all about developing, learning and scaling up. The organisational foundation is now in place and the number of participants is growing. As more people participate and care processes are further improved, we expect the benefits for health outcomes, treatment satisfaction and cost-effectiveness to increase further. The current results are therefore an important interim step in the further development of CloudCare.

National opportunities for telemonitoring

Attention to telemonitoring is also growing nationally. Within the Aanvullend Zorg- en Welzijnsakkoord (Supplementary Healthcare and Wellbeing Agreement, AZWA), tele- and home monitoring has been included as one of the hybrid care pathways for which hospitals can apply for breakthrough funding. Type 1 diabetes also falls under this.

These one-off funds for the period 2027–2029 give hospitals the opportunity, together with a frontrunner, to accelerate the implementation and scale-up of telemonitoring. CloudCare aligns with this development. The breakthrough funding can support implementation, while the structural deployment of CloudCare is funded through reimbursement as an other care product (OZP, *overig zorgproduct*). This creates a basis for further scale-up and the transition to population management.

Working together on future-proof diabetes care

With CloudCare, we are taking a next step towards appropriate, personal and cost-effective diabetes care. Digital where possible, in person where necessary. This way, we can deploy the available care capacity in a more targeted way for people who need it most.

1 van Beers, C.A.J., Last, S., Dekker, P. *et al.* Evaluating cloudcare, a population health management system, in persons with type 1 diabetes: an observational study. *BMC Endocr Disord* **25**, 88 (2025). https://doi.org/10.1186/s12902-025-01905-4