



Trina Health Midwest's Patient-Driven Healthcare Aims to Disrupt Traditional Diabetes Treatment

Walk into a typical clinic and what do you see? A large waiting room filled with quiet people ignoring each other. A nurse escorts you to a small room, takes your vitals and leaves. The doctor arrives, spends a few minutes with you and leaves.

Their emphasis is on healthcare delivery, not the patient.

Compare that with the Trina Health Midwest clinic where patients are no longer bystanders. They're active participants. The clinic fosters a relentless focus on the patient experience, creating a special place for patients to get better.

The clinic is centered around a large, communal room with eight reclining chairs, each filled with a patient wearing a Bionica Microdose Pump on their arm via an IV —the Artificial Pancreas Treatment® that slows, stops and/or, in most cases, reverses the chronic complications associated with Type 1 and Type 2 diabetes.

The Microdose pumps, about the size of a large smartphone, are extremely portable, allowing patients to wander around the room and interact with other patients and staff. Unlike the disengaged atmosphere of a typical clinic, the community oriented room is abuzz with chatter and laughter.

You might see a grandfather talking to his grandkids or a woman talking to her sister. A couple of patients may be comparing their neuropathy symptoms or discussing a recent vacation. Off to the side a CEO is on her smartphone discussing business with a client. In one chair a man is engrossed in a novel. A mother and daughter are undergoing treatment together: The mom drives four hours to be here so the two can spend the weekend together afterwards. One day seven patients brought friends and relatives to sit with them, smiling and joking, having fun together.

Artificial Pancreas Treatment

“Diabetes causes more annual deaths than breast cancer and AIDS combined,” says Mark Pound, CEO and president of Trina Health Midwest. “It has been scientifically known for a long time that the core

problem of diabetes is improper carbohydrate metabolism, a result of the pancreas no longer communicating with the liver. The Artificial Pancreas Treatment reestablishes that communication.”

The heart of the treatment is the patented, FDA-approved Bionica Microdose Pump that uses an IV infusion to mimic the pulses of a healthy pancreas. It stimulates the liver to produce enzymes necessary for carbohydrate metabolism. This in turn, through DNA encoding, re-engages the cells to a healthy body, resulting in slowing, stopping, and/or reversing diabetic complications such as neuropathy, retinopathy, nephropathy, cardiovascular disease, fatigue, and erectile dysfunction among others.

Patient-driven health care

“Our purpose is to foster and grow an experience-centric patient-driven healthcare ecosystem comprised of an innovative treatment, actionable and accurate education, and a vibrant community that not only enables patients to regain their lives but also, collectively, empowers their voice to be heard,” exclaims nurse practitioner Sarah Mayer.

“Our treatments are driven by each patient’s desire to improve their health rather than by a doctor ordering them to follow a specific regimen. Most of our patients have looked into other options for treating their diabetes. They want to be more involved in their own care, and that is why they come here.”

Patient health care begins with the initial visit where patients are prescreened to see if the Artificial Pancreas Treatment® is right for them. Tests determine their level of diabetic illness and whether they have conditions that prohibit treatment, such as active cancer.

“A lot of patients ask about insurance,” says clinic coordinator Joseph Lopez. “I become the patient’s advocate, making sure they get insurance reimbursement if they’re covered. If they don’t have coverage, I provide them with various options. It’s all part of our patient-driven health care.”

When the patient arrives for a three and a half to four-hour treatment, a licensed practical nurse attaches the small Bionic Microdose Pump to their arm via an IV. During the course of treatment the clinic staff has ample opportunity to get to know each patient and to provide personal care and attention. Nurses check each patient’s metabolism at the beginning, middle and end of the treatment. Patients look forward to the second and third readings to monitor how they’re doing.

When patients maintain elevated carbohydrate metabolism week after week coupled with improved symptoms, treatments are expanded from once a week to every two weeks or longer. The ultimate goal is every four weeks.

“I reassure patients they’re in a safe environment,” says Beth Conaway, a licensed practical nurse. “For example, many people are nervous about needles. I tell them we use pediatric needles designed for babies, so there’s little, if any, pain.

“If they’re new, I encourage them to join in conversations going on in the room among other patients so they feel they’re with friends. We created our environment to foster relationships and to help people find their happy.”

Each patient is constantly evaluated throughout the day. Clinic staff discusses how patients are managing their blood sugars during the week, making sure the numbers don’t get too low. They check blood pressure and recommend patients see a doctor or endocrinologist if the BP gets too low.

“I love coming to work,” Mayer says. “This is such an upbeat place. I spend all day interacting with great people—both patients and coworkers. We laugh, tell jokes and kid around.

“However, we never forget there’s serious work to be done. This is direct, one-on-one patient care. We counsel patients on nutrition. Many engage in little physical activity, so we help them take baby steps to a more active life.”

Even a simple exercise like walking is almost impossible for patients suffering from neuropathy. After a few treatments, however, it’s not uncommon for a patient to exclaim, “I can feel my feet!” This allows them to begin mild exercise, which becomes more rigorous as their condition improves.

“We’re as involved as patients want us to be,” Conaway notes. “They still need a primary care doctor. We can coordinate with their doctor and make phone or email recommendations, depending on how patients react to treatment. We encourage patients to reach out to their doctors and keep them in the loop.”

The Artificial Pancreas Treatment is not a cure

“There is no cure for diabetes at this time,” Pound asserts. “Type 1 diabetics, that undergo our treatment, must still take insulin, which will taper down over time. Type 2 diabetics often reduce the number of their meds. Part of our joy is watching patients transform into the happy, healthy individuals they were before diabetes began to grind them down.”

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