

Why do we need the JADE Program ?

In line with the recommendations by the International Diabetes Federation, the JADE Portal provides:

- + **A virtual platform to facilitate structured comprehensive risk assessment and the implementation of evidence-based clinical protocols.**
- + **A tool for on-going data collection, management, analysis and reporting.**
- + **Validated risk equations integrating multiple risk factors to stratify individual risk.**
- + **Recommendations on individualized care protocols based on their risks, augmented by decision support and treatment goals.**
- + **Easy-to-understand charts and time trend print-outs to facilitate shared decision-making between people with diabetes and care providers.**
- + **Individual guidance to motivate behavioural changes and encourage collaborative goal setting and attainment.**

The JADE Research Project

ADF is collaborating with Key Opinion Leaders from the Asia-Pacific Region to conduct pragmatic research exploring the possibility and logistics of delivering structured care in their practice.

- + **Collect clinical data systematically.**
- + **Compare effects of usual versus proactive and collaborative care on:**
 - All-diabetes related clinical endpoints.
 - Treatment goals and control of risk factors.
 - Behavioural changes and psychological well-being.

The JADE Program recommends that people with diabetes, and those at high risk, are monitored and assessed at regular intervals depending on their individual risk profiles.

A comprehensive assessment is recommended at diagnosis and every 12-18 months, thereafter.

What are the components of a diabetes comprehensive assessment?

- + **Demographic details**
- + **Family history**
- + **Medical and medication history**
- + **Physical measurements**
- + **Blood tests**
 - Full lipid profile and glucose
 - Renal and liver function tests
 - Uric acid
 - Complete blood picture
- + **Urine test**
- + **Foot and eye examinations**
- + **Cardiac assessment**

References:

- i. IDF Clinical Guidelines Task Force. International Diabetes Federation, 2005
- ii. Yang X et al. Diabetes Care. 30:65-70, 2007
- iii. Yang X et al. Diabetologia, 50:1348-1350, 2007
- iv. Yang X et al. Am J Cardiol. 101:596-601, 2008
- v. Yang X et al. Arch Intern Med. 168:451-457, 2008
- vi. Chan J et al. Diabet Med. 26:693-699, 2009
- vii. Chan JC et al. JAMA. 301:2129-2140, 2009
- viii. Ko GT et al. BMC Med Inform Decis Mak. 10:26, 2010
- ix. Chan JC et al. Curr Cardiovasc Risk Rep. 5:230-239, 2011
- x. So WY et al. J Diabetes. 3:109-118, 2011
- xi. Chan JC et al. JAMA Internal Medicine. 174:972-981, 2014
- xii. Tutino G et al. Diabetic Med, 34:440-450, 2017



亞洲糖尿病基金會
Asia Diabetes Foundation



COLLABORATIVE CARE MODEL

The Asia Diabetes Foundation (ADF) is a charitable organisation developed to initiate and implement medical, scientific and academic research activities to collect and translate current evidence into prevention and control strategies for diabetes and other chronic diseases.

In 2007, supported by an educational grant, ADF was established under the Chinese University of Hong Kong Foundation. The primary mandate of ADF is to develop and implement the Joint Asia Diabetes Evaluation (JADE) Program.

For further information on the works of ADF including the JADE Program, please visit:

www.adf.org.hk

ADF Mission

- + Through raising awareness, people with diabetes and those at high risk shall be empowered to be proactive in managing their own health needs.
- + Using state-of-art information technology and evidence-based protocols, professionals shall be supported to use a team approach to act swiftly to detect risk and prevent complications.

What is the JADE Program?

- + A web-based disease management program designed and implemented by ADF.
- + Provides a tool to empower healthcare professionals to manage people with diabetes in an integrated manner.
- + Facilitates the set-up of a diabetes registry for quality assurance purposes with on-going evaluation.
- + Advocates a change in practice environment to enable a doctor-nurse team, supported by data management, to deliver holistic care, augmented by protocol and decision support.

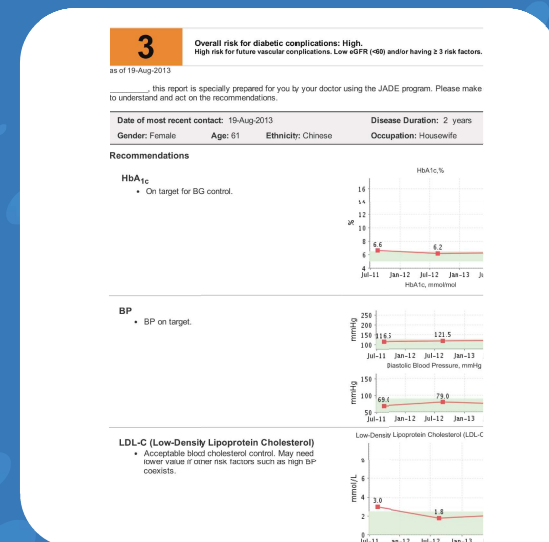
Why is the JADE Program different from an electronic health record?

- + **An interactive diabetes disease registry**
 - Provides quality assurance and on-going improvement.
 - Benchmarks key performance indexes.
 - Promotes positive health behaviour.
 - Encourages treatment compliance.
 - Tracks default rates.
 - Reports on attainment of treatment targets.

- + **An integrated disease management system**
 - Provides individualized risk predictions.
 - Recommends care protocols and treatment plans.
 - Empowers shared decision-making between people with diabetes and care providers to proactively manage diabetes.

What are the key components of the JADE Program ?

- + Validated risk stratification engine.
- + Individualized risk prediction for diabetes complications.
- + Protocol guided periodic assessments.
- + Trends and charts of risk factor control.
- + Decision support for healthcare professionals.
- + Recommendations on individualized treatment plan.
- + Reminders for self-care and compliance.
- + Assessment of quality of life.
- + Personalized and easy-to-read reports.
- + Documentation of clinical outcomes.
- + Matrix reporting of target attainment rates.
- + A database to track performance and defaults.



Sample of individualized patient report by the JADE Portal

ASIA DIABETES FOUNDATION

Flat 4B, South Entrance, Block B, Staff Quarters,
Prince of Wales Hospital, Shatin, New Territories, Hong Kong

 (852) 2637 6624

www.adf.org.hk

Disclaimer: The information in this publication is for reference only and is indicative of the key features of ADF and the JADE Program. ADF does not warrant or represent that such information is complete, accurate or up to date. All rights of this publication belong to ADF. No part of this publication may be modified, reproduced, copied, distributed or transmitted in any form without prior written permission of ADF. If there is any inconsistency or ambiguity between the English version and the Chinese version, the English version shall prevail.