

An Interview with TCOYD Supporter Terry Gregg

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Terrance H. Gregg is TCOYD's newest board member. Terry serves as CEO and President of DexCom, Inc., the company that first brought continuous glucose monitoring (CGM) to people with diabetes. Before DexCom, he was President and Chief Operating Officer of Medtronic Minimed for seven years. Terry and his wife Louise are big supporters of Taking Control of Your Diabetes. In this interview, we talk to Terry about his commitment to diabetes education, research, and the people living with this disease.

Why are you interested in diabetes?

I'm on a mission to help patients with diabetes. I think that we all, as human beings, receive gifts of one sort or another. It is part of my social human responsibility to give back and I've chosen to give back to diabetes.

What made you arrive and flourish at a career in the diabetes industry?

Dr. Alfred E. Mann recruited me to go to work at Minimed in 1994. He taught me that patients matter most. The patient-centric focus of

the business of diabetes resonated and set off an emotional trigger in me. Dr. Mann gave me the leeway to run the company with one

mantra: Take care of the patient and everything else will take care of itself.

Why are TCOYD and diabetes education important to you?

It is important because this is a condition that affects people 24/7/365. We need to empower patients with information so that they can better take care of themselves. They can't have the support of physicians and diabetes educators every day. The more education they

have, the more tools, and the more empowered they are to use those tools, the better they can take care of themselves.

My first introduction to TCOYD was 1997-ish. I can remember one particular conference with 900 or so attendees, and Steve [Edelman] was talking about the patient contract (TCOYD's Patient Consensus Statement; see tcoyd.org). It was so powerful. TCOYD was changing the relationship between patients and physicians. Historically, we've always put physicians up on pedestals; doctors were the law as it relates to our medical care. So here was an endocrinologist telling patients they have the right to demand a standard of care from their physicians. I remember thinking, he's not going to be very popular with physicians, but he certainly will be popular with patients.

Of course, Steve spoke both as a patient and as a leading endocrinologist.

What are some of the biggest challenges to CGM development?

First, research and development—creating a sensor that can last, impervious to the body's immune response to a foreign body. Second, understanding of the tool. Now we have an exquisite behavior modification tool that is transitioning 35 years of history with smbg (self

monitoring blood glucose) to a new paradigm. This information is useable at any moment in time. Continuous (CGM) is in real time, allowing patients to make decisions about their behavior that impacts their glycemic variability. Food, insulin,

exercise, emotional stress—all of these play into glucose control. We need a tool that we can rely on that can advise us in all of those categories—CGM

is that tool. There is a growing educational shift at the physician level, the patient level, and payer level.

What do you enjoy most about your work?

I enjoy the mentoring part. As CEO, I remind our employees to take care of the patient first, and remind them of our obligation to the

community. I take it very seriously when a patient uses our product. We have a moral responsibility to take care of our patients. This is

more than a business. Use any device. Use any tool that you feel will help you. My responsibility on the business side is to produce the best product for you. But use what will work for you. I don't care whose it is. Just use it to manage your diabetes. That's what's important.

What do you bring to TCOYD's board?

I bring passion for the patient. I bring drive, technology, my relationship with industry, my relationship with professional societies, my philanthropy.

What can be done to make the most impact on the daily lives of people with type 1 diabetes?

Cure it. Will it happen? Yes. I don't know when. As we get smarter—we get closer. I don't think we adequately understand the mechanism that causes diabetes. We can't cure the disease without knowing that. My focus is making products that allow patients to live as normally as

possible.

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