CARDI·OH

Ohio Cardiovascular and Diabetes Health Collaborative

SCHOOL OF MEDICINE
CASE WESTERN RESERVE UNIVERSITY

In partnership with:

THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER

COLLEGE OF MEDICINE AND LIFE SCIENCES THE UNIVERSITY OF TOLEDO

OHIO UNIVERSITY Heritage College of Osteopathic Medicine

Northeast Ohio MEDICAL UNIVERSITY

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Ohio Department of Medicaid

Project ECHO®

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Cardi-OH ECHO

Your Patient with Diabetes at Risk for Heart Disease: A Series of Case Discussions

November 4, 2021

Cardi-OH ECHO Team and Presenters

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Disclosure Statements

- The following planners, speakers, and/or content experts of the CME activity have financial relationships with commercial interests to disclose:
  - Marilee Clemons reports receiving consulting fees from Novo Nordisk.
  - Kathleen Dungan, MD, MPH reports receiving consulting fees from Eli Lilly, Novo Nordisk and Boehringer, research support from Sanofi, , Viacyte, and Abbott and presentation honoraria from UpToDate, Elsevier, ACHL, and CMHC.
  - Adam T. Perzynski, PhD reports being co-owner of Global Health Metrics LLC, a Cleveland-based software company and royalty agreements for book authorship with Springer Nature publishing and Taylor Francis publishing.
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  - Jackson T. Wright, Jr., MD, PhD reports receiving fees for serving as an advisor to Medtronic.
  - These financial relationships are outside the presented work.
- All other planners, speakers, and/or content experts of the CME activity have no financial relationships with commercial interests to disclose.

Person-Centered Language Recommendations

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The ADA and the APA recommend language that emphasizes inclusivity and respect:

- **Gender**: Gender is a social construct and social identity; use term “gender” when referring to people as a social group. Sex refers to biological sex assignment; use term “sex” when referring to the biological distinction.
- **Race**: Race is a social construct that is broadly used to categorize people based on physical characteristics, behavioral patterns, and geographic location. Race is not a proxy for biology or genetics. Examining health access, quality, and outcome data by race and ethnicity allows the healthcare system to assist in addressing the factors contributing to inequity and ensure that the health system serves the needs of all individuals.
- **Sexual Orientation**: Use the term “sexual orientation” rather than “sexual preference” or “sexual identity.” People choose partners regardless of their sexual orientation; however, sexual orientation is not a choice.
- **Disability**: The nature of a disability should be indicated when it is relevant. Disability language should maintain the integrity of the individual. Language should convey the expressed preference of the person with the disability.
- **Socioeconomic Status**: When reporting SES, provide detailed information about a person’s income, education, and occupation/employment. Avoid using pejorative and generalizing terms, such as “the homeless” or “inner-city.”

Flanagin A et al., 2021, JAMA; Dickinson JK et al., Diabetes Care, 2017; American Psychological Association, 2021; ODM, 2021.

Advanced Care Models

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Objectives

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1. Describe the structure and function of teams caring for patients with type 2 diabetes.
2. Describe the benefits and format of group visits for type 2 diabetes.
3. Define shared decision making and its application to caring for patients with type 2 diabetes.

Advanced Care Model

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- Advanced Care Models deliver comprehensive, person-centered care for people with advancing chronic conditions.
- Use alternative-value-based payment models.
- Key features include:
  - Care coordination across provider settings
  - Shared decision-making with patient, family, and providers
  - Access to clinical support
  - Concurrent curative and palliative treatment
  - Comprehensive advance care planning

U.S. Department of Health and Human Services, 2017; Coalition to Transform Advanced Care, 2017.

Advanced Care Model

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- Providers expected to conduct advance care planning with patients.
- Advance care model extends primary- and specialty-care providers into the home through help of interdisciplinary team.
- Goal: patient document their preferences → communicate preferences to providers → oversee preferred medical care plan.
- Enhances quality and lowers costs because patient receiving preferred medical care.

Harvard Business Review, 2017.

Diabetes Care Team

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- Team members include:
  - Primary healthcare provider
  - Endocrinologist
  - Diabetologist
  - Eye doctor
  - Podiatrist
  - Dentist
  - Nurses
  - Nurse educator
  - Registered dietitian (RD)
  - Exercise physiologist
  - Occupational therapist (OT)
  - Physical therapist (PT)
  - Pharmacist
  - Mental healthcare provider
  - Certified diabetes care and education specialist (CDCES)
  - Provider with palliative or hospice care expertise

Shared Medical Appointments

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- Planned visits coordinated for a group of people with diabetes with interdisciplinary team.
  - Increases access to diabetes education in primary care.
  - Integrates peer support to reinforce self-care
- Two meta-analyses reported:
  - Improved A1C by 0.6%
    - Translates to a decrease of 10.5% of deaths due to diabetes, 7% myocardial infarctions, 19% microvascular complications.

Coleman et al., 2009; Wagner et al., 2001; Cohen et al., 2011; Edelman et al.., 2015; Housden, 2013; Stevens et al., 2001.

Shared Medical Appointments

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- Goal is to build engagement and inspire behavior change with patients sharing personal experiences.
- Two components:
  - Brief, individualized visit to assess patient's condition
  - Group discussion facilitated by provider
- Model uses provider, medical assistant, documenter, diabetes educator/dietitian/behaviorist.

American Academy of Family Physicians, 2021

Shared Decision-Making (SDM)

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- Joint consideration of clinical factors and individual preferences to arrive at a decision based on mutual agreement.
- In type 2 diabetes, SDM interventions showed:
  - increased knowledge
  - patient satisfaction
  - improved communication
  - congruence with values and decisions
  - less patient indecision
  - improved risk perception
  - improved decision quality

IOM, 2001; Frosch & Kaplan, Am J Prev Med, 1999; Charles & Whelan, Soc Sci Med, 1997; Stacey et al. Cochrane Library, 2014.

Thank you!

Questions/Discussion