CARDI·OH

Ohio Cardiovascular and Diabetes Health Collaborative

In partnership with:

Cardi-OH ECHO Tackling Type 2 Diabetes

Thursday, October 29, 2020

Disclosure Statements

- The following planners, speakers, moderators, and/or panelists of the CME activity have financial relationships with commercial interests to disclose:
  - Kathleen Dungan, MD, MPH receives consulting fees from Eli Lilly and Tolerion, institutional research fees from Eli Lilly, Novo Nordisk, and Sanofi Aventis, and presentation honoraria from Nova Biomedical, Integritas, and Uptodate.
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  - 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 research support from the NIH and Ohio Department of Medicaid and consulting with NIH, AHA, and ACC.
  - These financial relationships are outside the presented work.
- All other planners, speakers, moderators, and/or panelists of the CME activity have no financial relationships with commercial interests to disclose.

Advanced Diabetes Care Models

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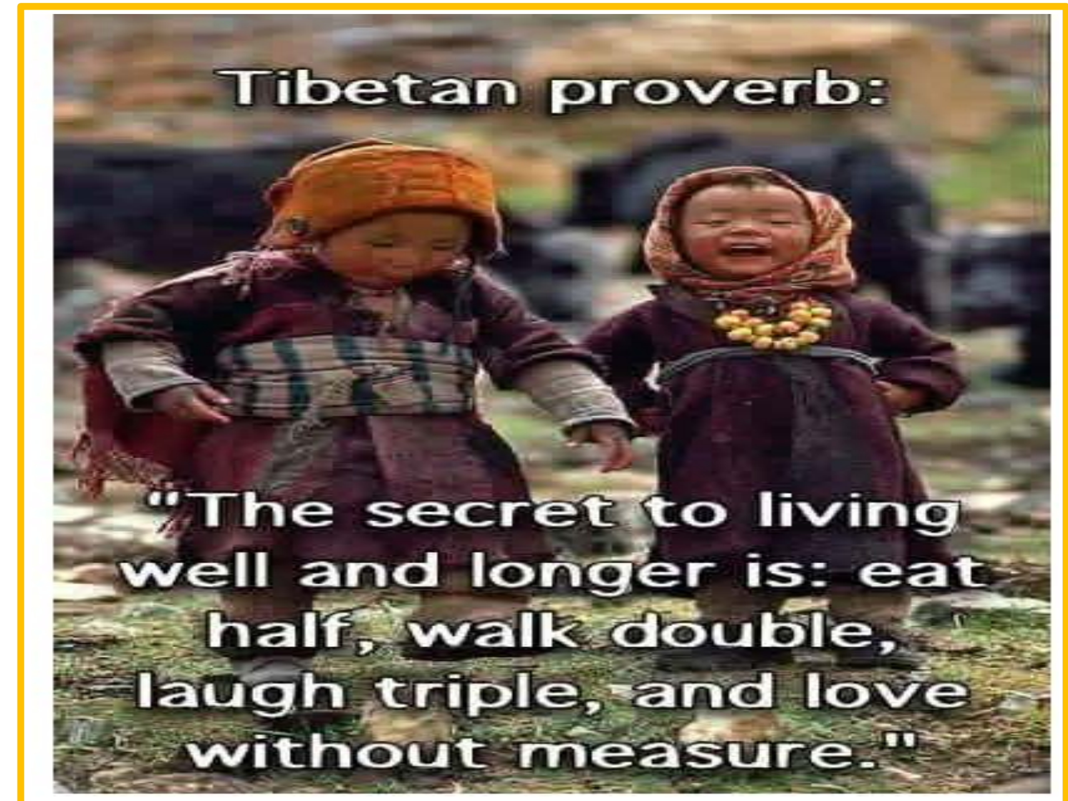

Objectives

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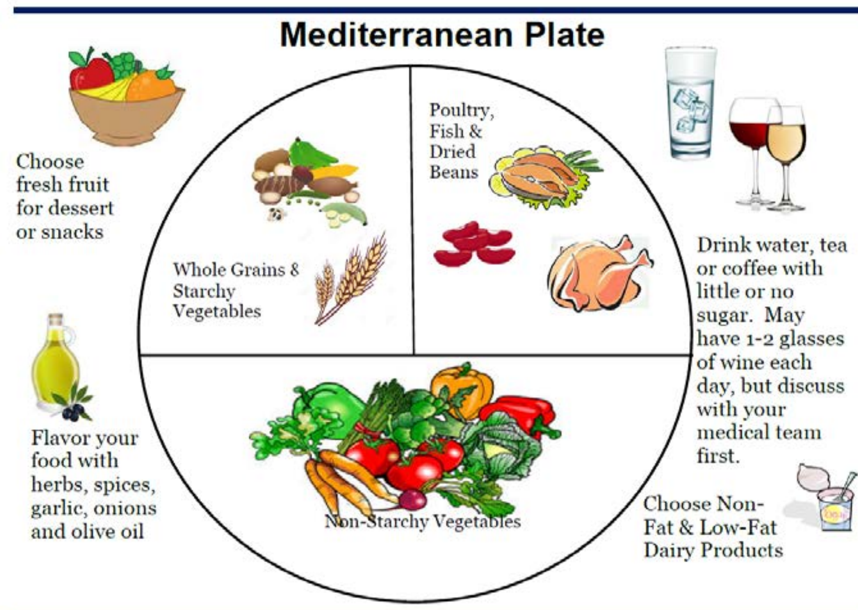
- Describe the structure and function of teams caring for patients with type 2 diabetes.
- Describe the benefits and format of group visits for type 2 diabetes.
- Define shared decision making and its application to caring for patients with type 2 diabetes.
- Describe best practices for caring for patients with diabetes while also enhancing the joy of work for those providing care.

Involve Nutrition!

- Mediterranean-style dietary pattern has been shown to be:
  - effective in improving glycemic control
  - delaying the time to first pharmacological intervention
  - reducing cardiovascular risk factors
  - reducing weight



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- Medical Nutrition Therapy can lower A1c by **1-2%**

- Consistent Carb Diets
- Mediterranean Diet
- Food Insecurity
- Assist with Hypoglycemia

https://www.healthquality.va.gov/guidelines/CD/diabetes/

MacLeod J, Franz MJ, Handu D, et al. Academy of Nutrition and Dietetics nutrition practice guideline for type 1 and type 2 diabetes in adults: nutrition intervention evidence reviews and recommendations. *J Acad Nutr Diet* 2017;117:1637–1658 OpenUrlGoogle Scholar

DSME Class-Win-Win!

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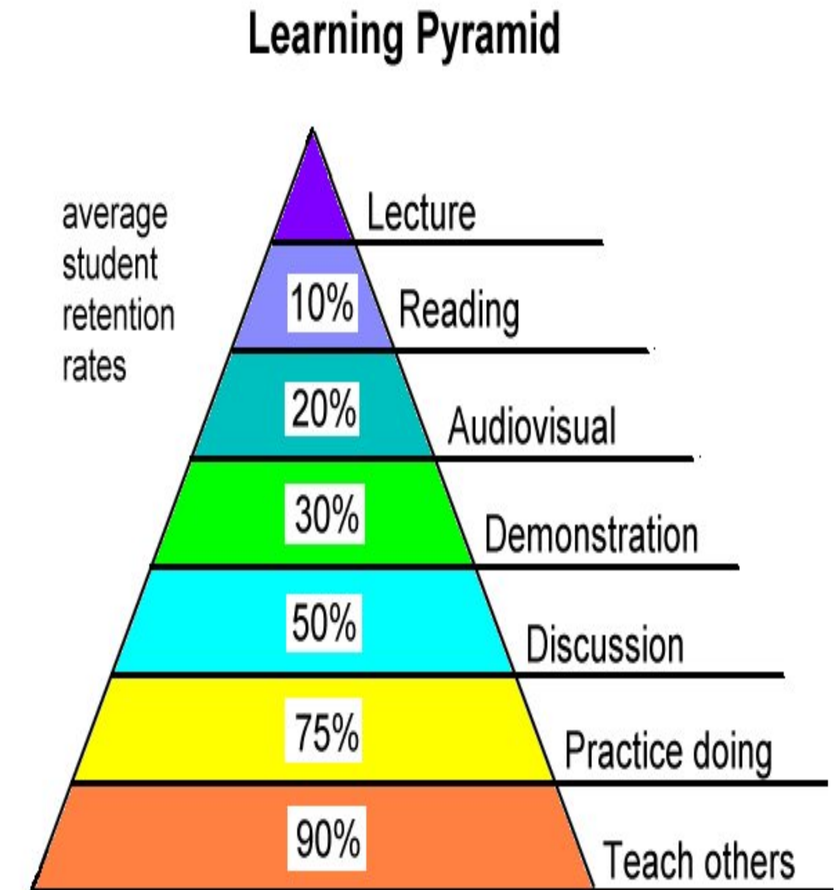
- 0.5-1% lowering A1c
- Self-management strategies
- Third party reimbursement $$$
- Grow multiple RN/RD/PharmD CDE's



Powers MA, Bardsley JK, Cypress M, et al. Diabetes Self-management Education and Support in Adults With Type 2 Diabetes: A Consensus Report of the American Diabetes Association, the Association of Diabetes Care & Education Specialists, the Academy of Nutrition and Dietetics, the American Academy of Family Physicians, the American Academy of PAs, the American Association of Nurse Practitioners, and the American Pharmacists Association. Diabetes Educ. 2020;46(4):350-369. doi:10.1177/0145721720930959
Evert AB, Dennison M, Gardner CD, et al. Nutrition Therapy for Adults with Diabetes or Prediabetes: A Consensus Report. Diabetes Care. 2019, 42 (5) 731-754; DOI: 10.2337/dci19-0014
Briggs Early K, Stanley, K. Position of the Academy of Nutrition and Dietetics: The Role of Medical Nutrition Therapy and Registered Dietitian Nutritionists in the Prevention and Treatment of Prediabetes and Type 2 Diabetes. J Acad Nutr Diet. 2018;118 (2):343-353.
Franz MJ, MacLeod J, Evert A, et al. Academy of Nutrition and Dietetics Nutrition Practice Guideline for Type 1 and Type 2 Diabetes in Adults: Systematic Review of Evidence for Medical Nutrition Therapy Effectiveness and Recommendations for Integration into the Nutrition Care Process. J Acad Nutr Diet. 2017;117 (10):1659–1679.

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Benefits of DSME

Benefits of DSME
Improve Hemoglobin A1c by about 0.5%
Improve quality of life
Provide critical support and education for diabetes treatment plans
Increase healthy coping
Reduce ED visits
Reduce hospital admission and readmission
Reduce depressive symptoms
Reduce hypoglycemia
Reduce all-cause mortality
Decrease diabetes related distress

Benefits MNT

Benefits MNT
Decrease in A1C up to 2% in type 2 DM and 1.9% in type 1 DM at 3-6 months
Decrease in doses and/or number of meds for type 2 DM
Decrease in low density lipoproteins, triglycerides, and blood pressure
Decrease in calorie intake, weight, and BMI
Decrease in risk of progression from pre-diabetes to diabetes
Treats/delays/prevents complications such as hypertension, cardiovascular disease, chronic kidney disease, celiac disease, and gastroparesis
Improvement in quality of life measures and decrease in diabetes distress
Cost savings-decreased provider time, medication use, and hospital admissions
Diabetes MNT is a Medicare-covered benefit

Intervention Example (N=182)

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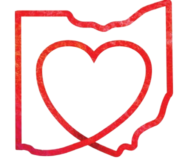
- 12-week study of oral med adherence (measured by MEMS)
  - 37% of sample adherent (72% adherent at baseline, up to 100% with intervention)
  - 29% showed significantly increased adherence from low to high with intervention (30% at baseline to 80% by end of study)
  - 34% were non-adherent with no change from intervention
- Intervention was supplement to usual primary care, patients received three 30 minute in-person sessions (baseline, 6 weeks, 12 weeks) by integrated care managers and two 15-minute phone contacts
- MEMS-medical event monitoring system

de Vries McClintock et al., 2016

DM-SMA Manual: https://www.vavmc.com/



VA | VMC
VIRTUAL MEDICAL CENTER
Diabetes

Diabetes Shared Medical Appointments
Course Handbook

Watts SA, Strauss G, Pascuzzi K et al. Shared Medical Appointments for Patients with Diabetes: Glycemic Reduction in High Risk Patients Journal of the American Academy of Nurse Practitioner 2015 Jan 27. doi: 10.1002/2327-6924.12200. [Epub ahead of print]

Why Group Visits?

VHA Mandate

- Improve clinic efficiency and quality of care
- Increase access
- Decrease wait times
- Improve patient outcome measures
- Minimize costs
- Utilize all health care team members to their maximum capacity

DRAFT

Benefits for Staff?

PCP: Feel a sense of additional support when working with the many challenges and complexities in the daily management of patients with Diabetes

- Teamwork
- Camaraderie
- Supportive Environment
- High quality care
- Dissemination of Expertise
- Rewarding

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Benefits for Patients?

- Access to multiple disciplines
- Peer Support
- Gain a Sense of Control
- Experience Improved Health

High patient satisfaction among participants

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Differences between SMA, Primary Care Visits, Group Education & Peer Support Group

	SMA	Traditional Provider/Patient Visit	Education Class	Support Group
Education	Minimal	Minimal	Maximum	Minimal
Peer Support*	Minimal or Moderate (depending on model)	Non-existent	Minimal	Maximum
Medication Change	Maximum	Maximum	Non-existent	Non-existent
Exploring Barriers to Change	Maximum	Minimal or Moderate (depending on time)	Minimal	Moderate
Interprofessional	Maximum	Minimal	Minimal	Minimal
Length of Visits: Provider's perspective	Minimal	Maximum-ongoing	Minimal	Maximum-ongoing
Length of Visits: Patient's perspective	Moderate	Minimal	Maximum	Moderate to maximum
Stop Codes	348-Primary Care Provider Visit		Often Non-Provider	Mixed
Veteran Talks more than Health Care Staff	Maximum	Minimal	Minimal	Maximum
Veteran Centric	Maximum	Minimal	Minimal	Maximum

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AHRQ SHARE Approach

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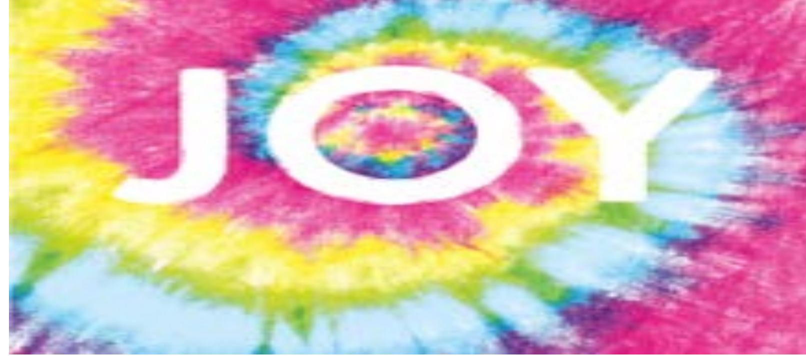
Shared decisionmaking occurs when a health care provider and a patient work together to make a health care decision that is best for the patient. The optimal decision takes into account evidence-based information about available options, the provider's knowledge and experience, and the patient's values and preferences.

AHRQ Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

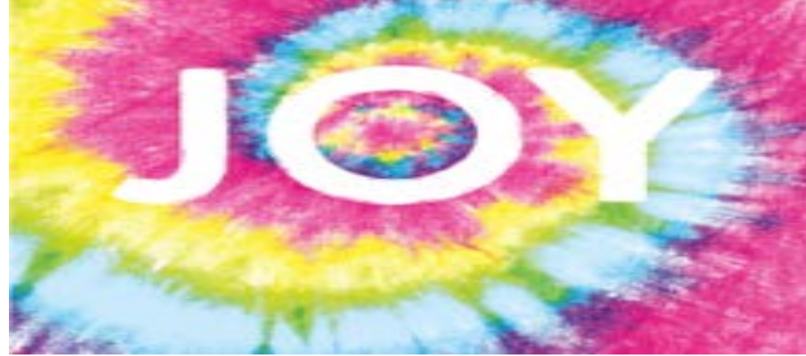
Joy At Work



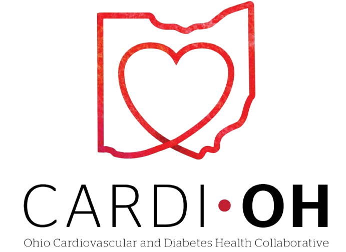
- Work satisfaction affects patient safety, care, and organizational performance.
- Joy at work includes safety, purpose, choice and autonomy, and camaraderie (QI projects) and teamwork.
- Diabetes health care providers experience diabetes distress due to frustrations with lack of treatment adherence, worry about poor outcomes, feeling overwhelmed by the social needs of people w/dm and limited time/resources to provide them.

Watts, SA, Advance Your Practice to Include Joy and Reduce Burnout. The Journal for Nurse Practitioners. Volume 15, Issue 5, May 2019, Pages 389-390.
Watts, SA, & Rousch, L. Self-care and Resilience Techniques to Combat Diabetes Educator Burnout. 2020. AADE in Practice January p 24-27.
Craven M, Simons Z, de Groot M. Diabetes distress among healthcare providers: A qualitative study. Diabetes Research and Clinical Practice. 2019;150: 211-218.

Joy At Work



- Interventions (e.g., appreciative inquiry, organizational change, meaning of work).
- Limit work hours
- Offer flexible work arrangements
- Provide leadership training
- Provide communication skills training
- Prioritize teamwork and relationships
- Encourage providers to seek help if they need it
- Use wellness surveys



Thank you!

Questions/Discussion