



# CARDI•OH

Ohio Cardiovascular and Diabetes Health Collaborative



*In partnership with:*



# Cardi-OH ECHO Tackling Type 2 Diabetes

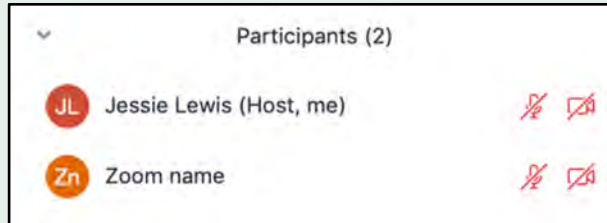
Thursday, February 25, 2021

# Reminders

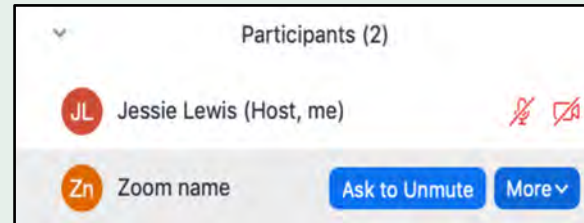


- Enter your name and practice name into the Chat to record your attendance
- Rename yourself in the Participant List with your full name and practice name

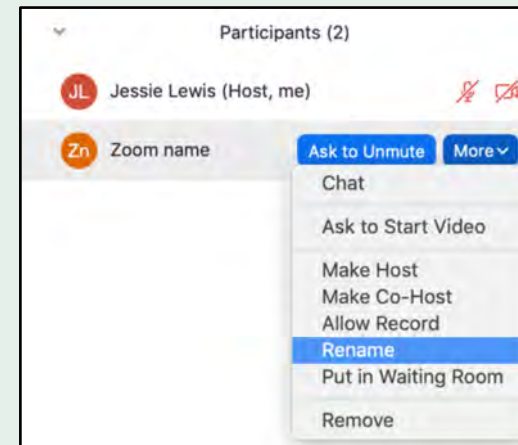
## 1. Hover over your name



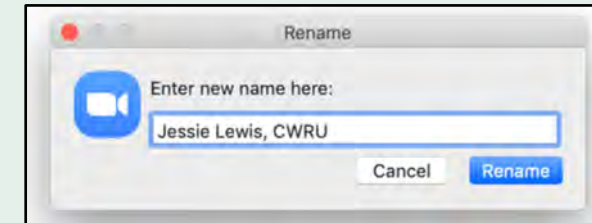
## 2. Select More



## 3. Select Rename



## 4. Type name and practice



- Mute your microphone unless speaking
- Comment or ask questions in the Chat at any time

# Cardi-OH ECHO Hub Team



## LEAD

Goutham Rao, MD  
*Case Western Reserve University*

## FACILITATOR

Kathleen Dungan, MD, MPH  
*The Ohio State University*

## DIDACTIC PRESENTERS

Sharon Watts, DNP, FNP-BC,  
CDCES  
*Case Western Reserve University*

Liz Beverly, PhD  
*Ohio University*

## CASE PRESENTER

Mary Weatherington, MD  
*The Health Care Connection*

# Structure of ECHO Clinics



Duration	Item
5 minutes	Announcements and introductions
25 minutes	Didactic presentation, followed by Q&A
25 minutes	Case study presentation and discussion
5 minutes	Wrap-up/Post-Clinic Survey completion

# 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.
  - 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.
  - Christopher A. Taylor, PhD, RDN, LD, FAND reports grant funding for his role as a researcher and presenter for Abbott Nutrition and grant funding for research studies with both the National Cattleman's Beef Association and the American Dairy Association.
  - 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



Sharon A. Watts DNP, FNP-BC, CDCES

Office of Nursing Services VHA Metabolic Syndrome &  
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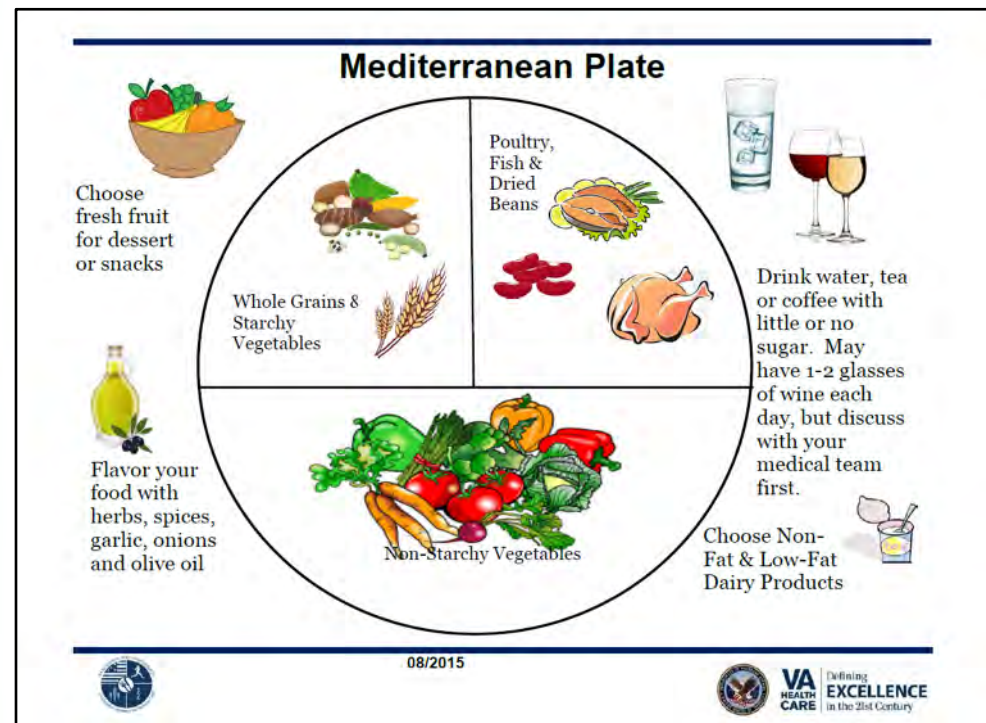
# Objectives

- 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
- Delay the time to first pharmacological intervention
- Reduce cardiovascular risk factors
- Reduce weight



Medical Nutrition Therapy can lower A1C by **1-2%**

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

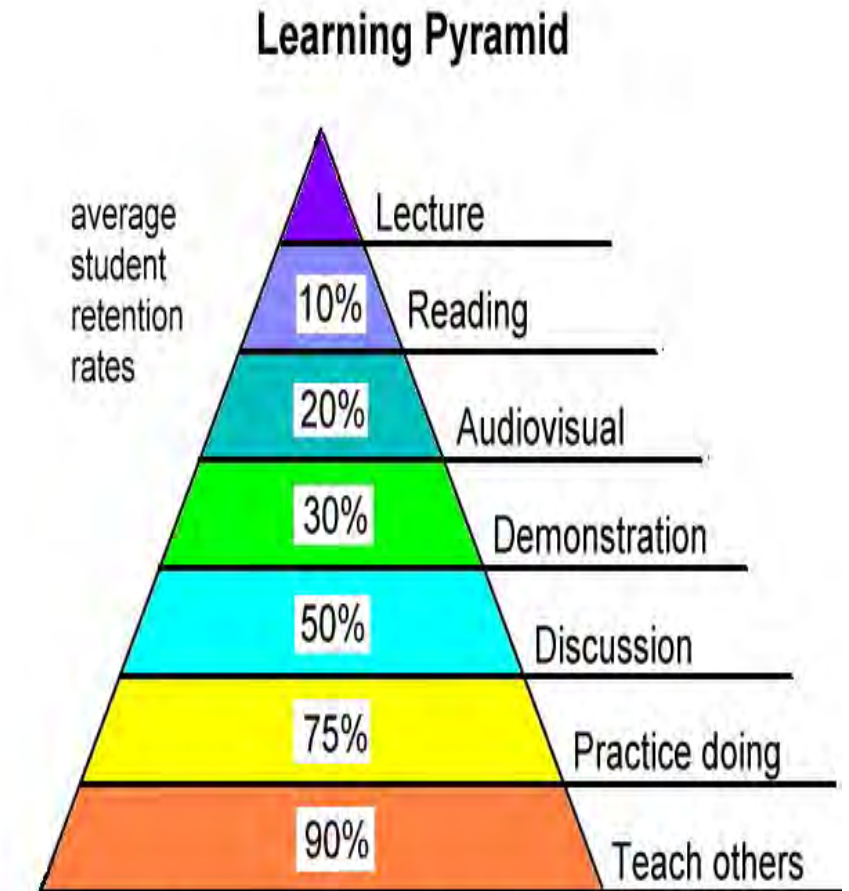
<https://www.healthquality.va.gov/guidelines/CD/diabetes/>

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!

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



Source: National Training Laboratories, Bethel, Maine



## 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

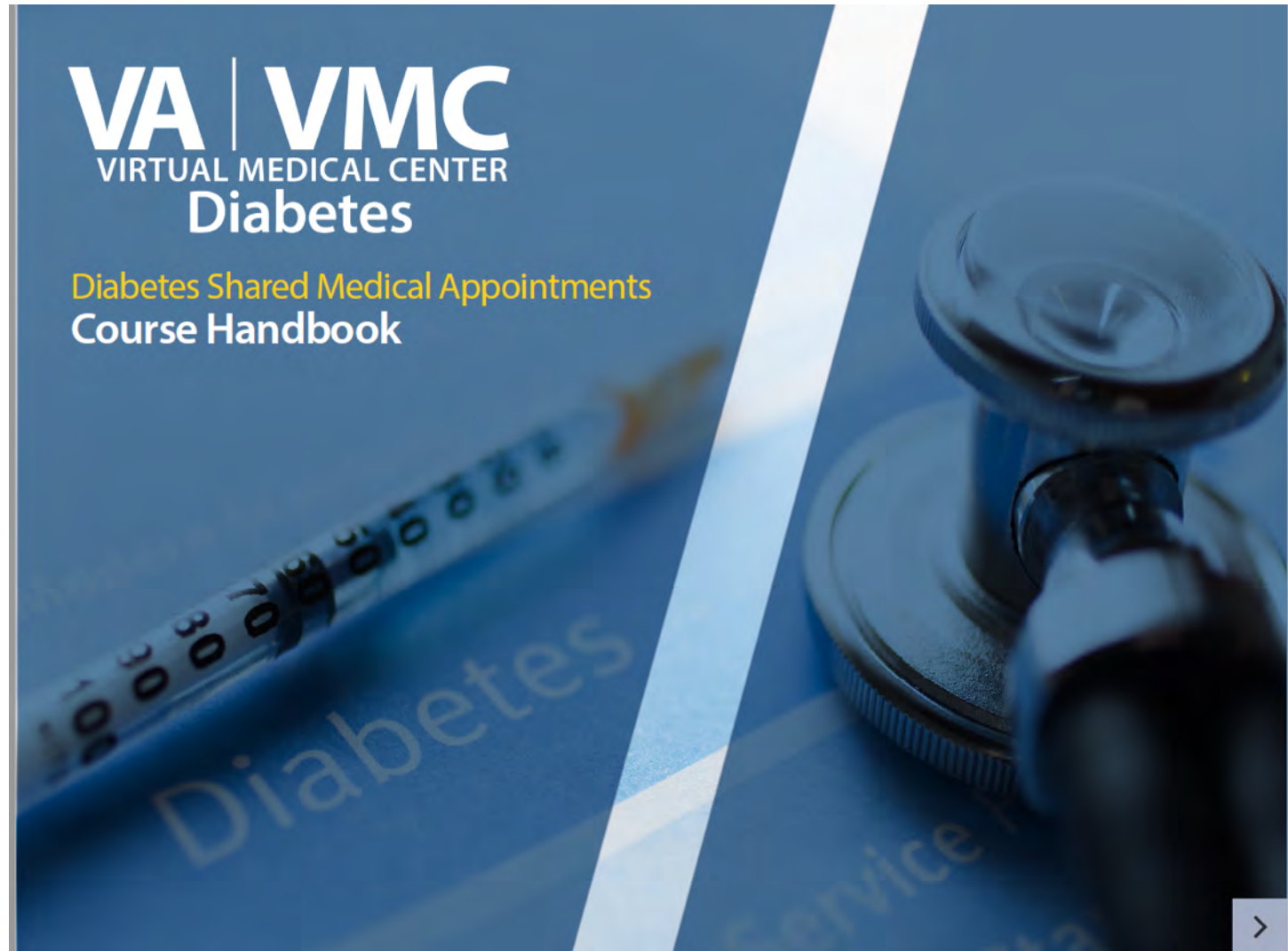
## Benefits MNT

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)

- 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

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



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]



# Shared Medical Appointments For Diabetes

## Introduction

### Why Group Visits?

- 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

### VHA Mandate





# Shared Medical Appointments For Diabetes

## Introduction

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

### Benefits for Staff?

- Teamwork
- Camaraderie
- Supportive environment
- High quality care
- Dissemination of expertise
- Rewarding



### Benefits for patients?

- Access to multiple disciplines
- Peer support
- Gain a sense of control
- Experience improved health

High patient satisfaction  
among participants



Patients: Get support  
and strategies from  
other patients and  
can feel a high  
degree of care from a  
team approach



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

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

# AHRQ SHARE Approach



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.



# 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.



# 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!

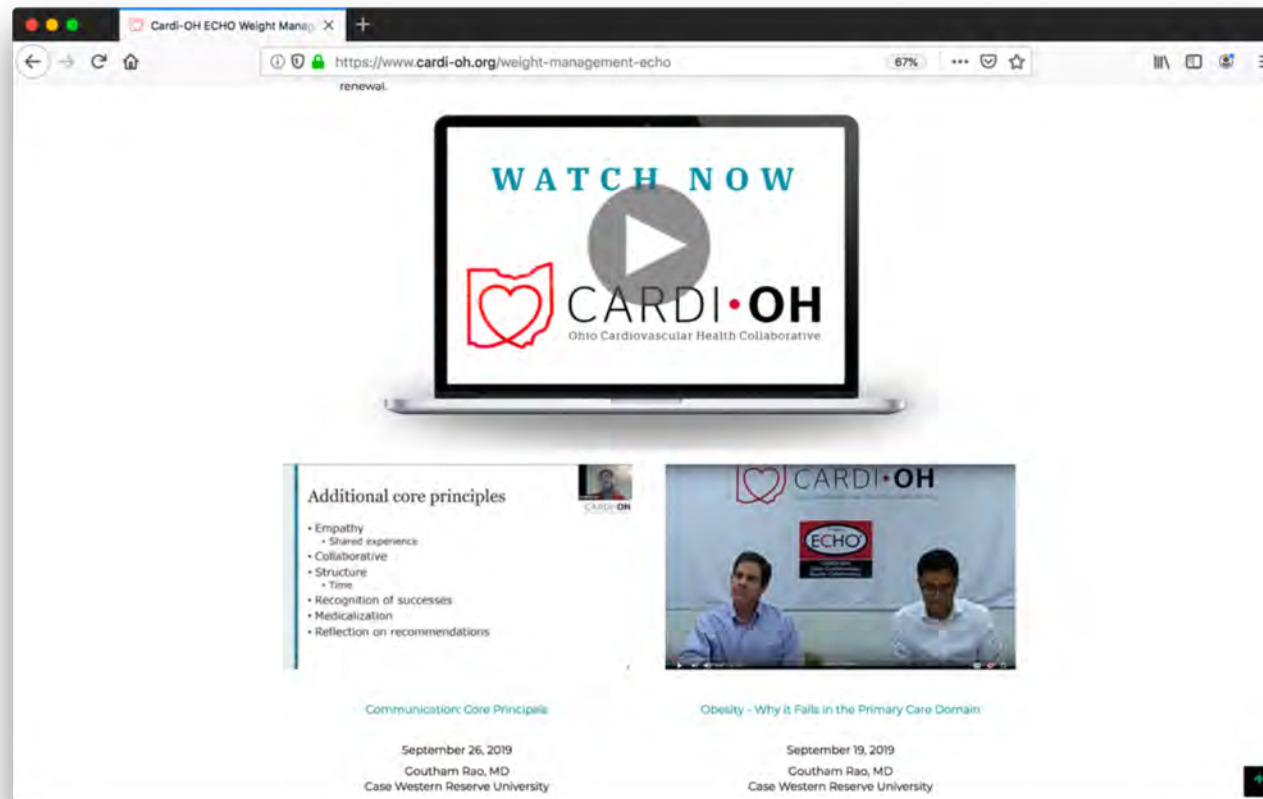
## Questions/Discussion

# Watch Previous Cardi-OH TeleECHO Clinics



Register on Cardi-OH.org to watch all Tackling Type 2 Diabetes TeleECHO Clinics:

<https://www.cardi-oh.org/user/register>  
<https://www.cardi-oh.org/echo/diabetes-spring-2021>





# Reminders



- A Post-Clinic Survey has been emailed to you.  
Please complete this survey **by Friday at 5:00 PM.**

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*The MetroHealth System designates this educational activity for a maximum of 1 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.*