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

University of CINCINNATI FAMILY AND COMMUNITY MEDICINE

Boonshoft School of Medicine WRIGHT STATE UNIVERSITY

MedTAPP

OHIO COLLEGES OF MEDICINE GOVERNMENT RESOURCE CENTER

Ohio Department of Medicaid

Project ECHO®

CARDI-OH
Ohio Cardiovascular & Diabetes Health Collaborative

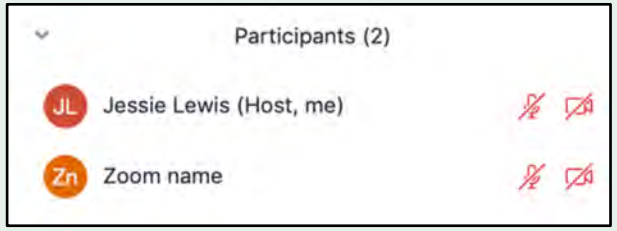
Cardi-OH ECHO Tackling Type 2 Diabetes

Thursday, February 11, 2020

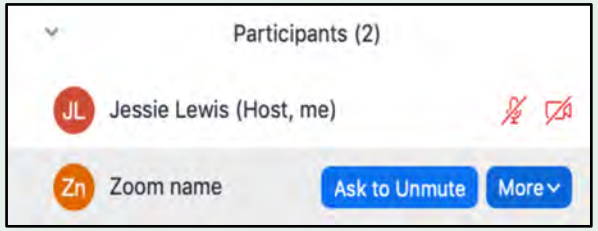
Reminders

- 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

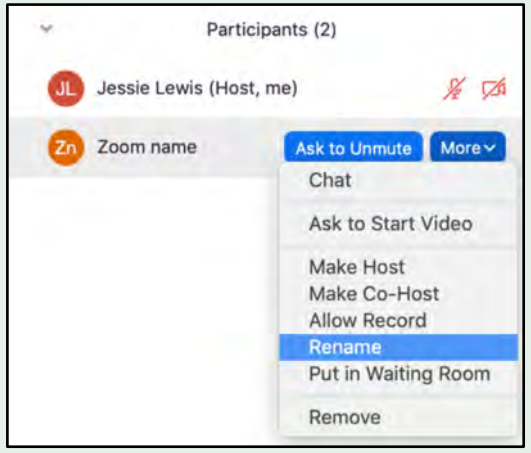
1. Hover over your name



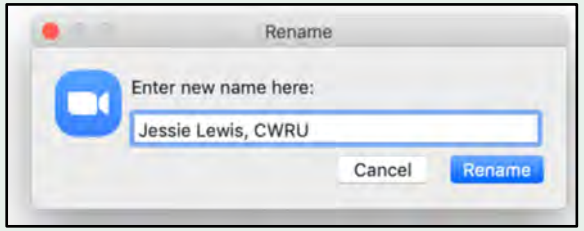
2. Select More



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

Joshua Joseph, MD, MPH, FAHA
The Ohio State University

Adam Perzynski, PhD
Case Western Reserve University

CASE PRESENTER

Terri Brody, MD
Hoxworth General Internal Medicine

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.

Impact of Type 2 Diabetes on Minority Populations

Joshua Joseph, MD, MPH, FAHA

Assistant Professor of Medicine

Division of Endocrinology, Diabetes and Metabolism

Investigator, Diabetes & Metabolism Research Center

Affiliated Faculty, Translational Data Analytics Institute

The Ohio State University Wexner Medical Center

Adam Perzynski, PhD

Associate Professor of Medicine and Sociology

Center for Health Care Research and Policy
The MetroHealth System

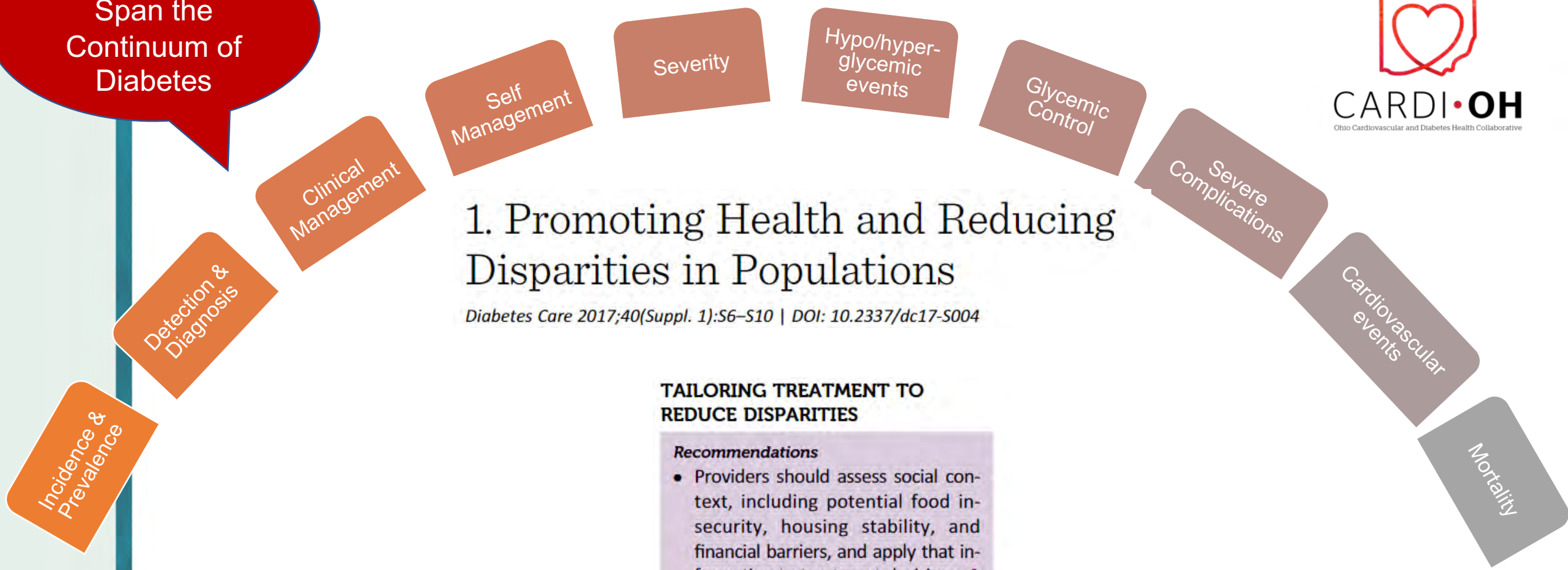
Case Western Reserve University

Learning Objectives

CARDI·OH
Ohio Cardiovascular and Diabetes Health Collaborative

- List and describe which subpopulations are at especially high risk for type 2 diabetes.
- Describe the role of culture, health beliefs, and socioeconomic factors upon the role of type 2 diabetes in minority populations.
- Describe a culturally sensitive approach to communication about diabetes management in minority populations.

Disparities Span the Continuum of Diabetes



CARDI·OH
Ohio Cardiovascular and Diabetes Health Collaborative

1. Promoting Health and Reducing Disparities in Populations

Diabetes Care 2017;40(Suppl. 1):S6–S10 | DOI: 10.2337/dc17-S004

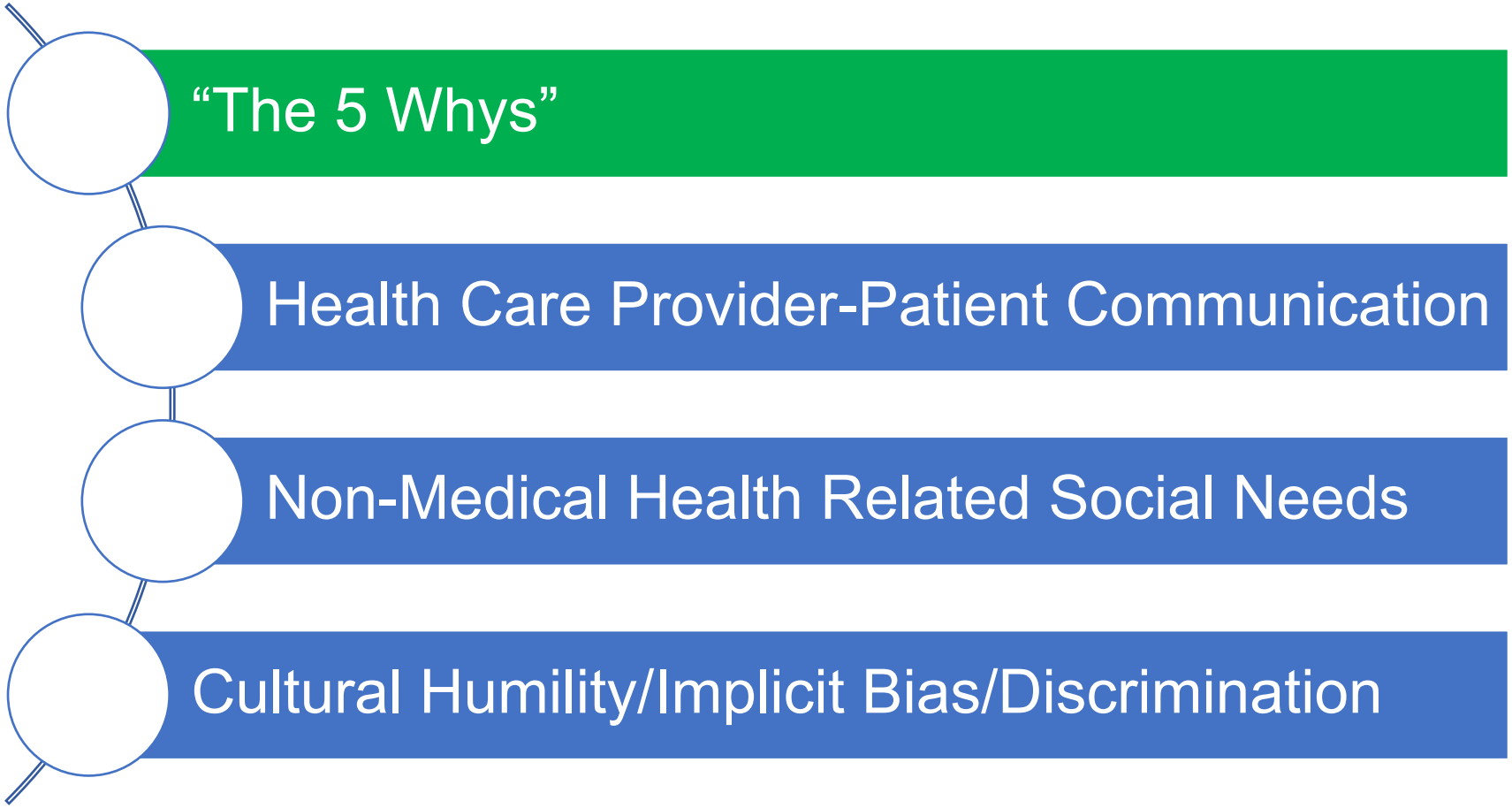
TAILORING TREATMENT TO REDUCE DISPARITIES

Recommendations

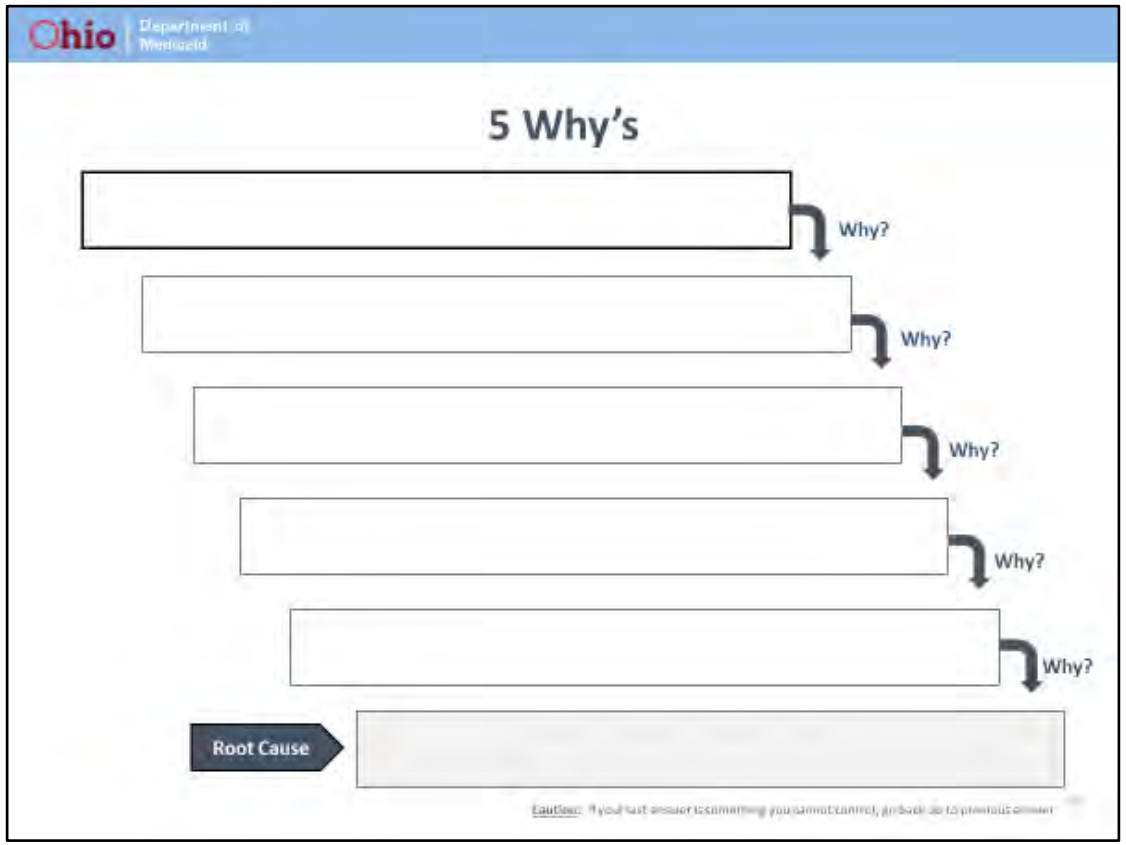
- Providers should assess social context, including potential food insecurity, housing stability, and financial barriers, and apply that information to treatment decisions. **A**
- Patients should be referred to local community resources when available. **B**
- Patients should be provided with self-management support from lay health coaches, navigators, or community health workers when available. **A**

Root Causes of Health Disparities

Root Causes


"The 5 Whys"
Health Care Provider-Patient Communication
Non-Medical Health Related Social Needs
Cultural Humility/Implicit Bias/Discrimination

The 5 Whys



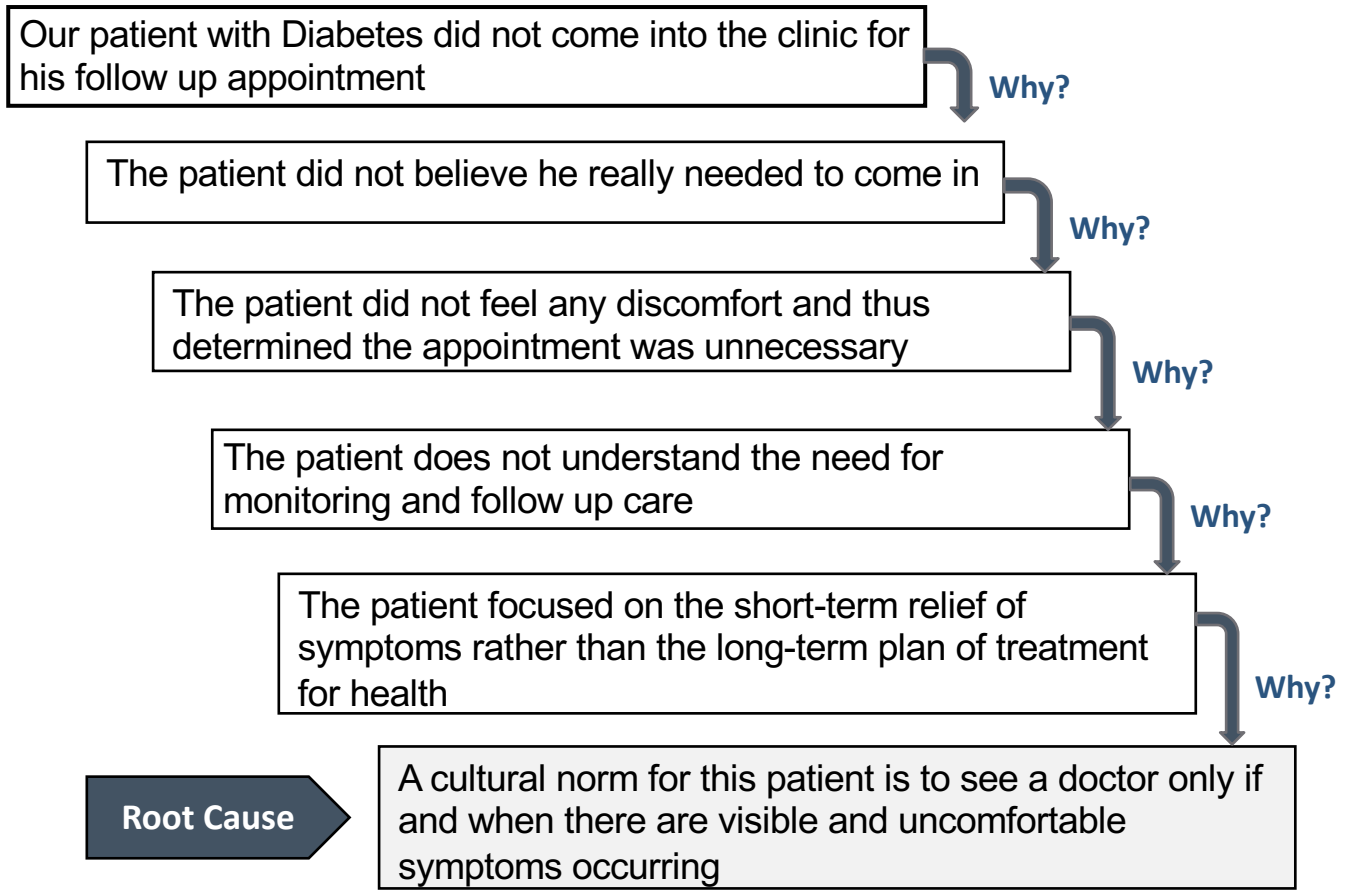
The “Five Whys” is a method of determining the underlying reasons or root causes of an event or occurrence

PRO: Quick, and leads to thinking well below the surface

CON: Largely conjecture until tested, can be subject to bias when conducted with very homogenous teams

Credit: Chris Jordan

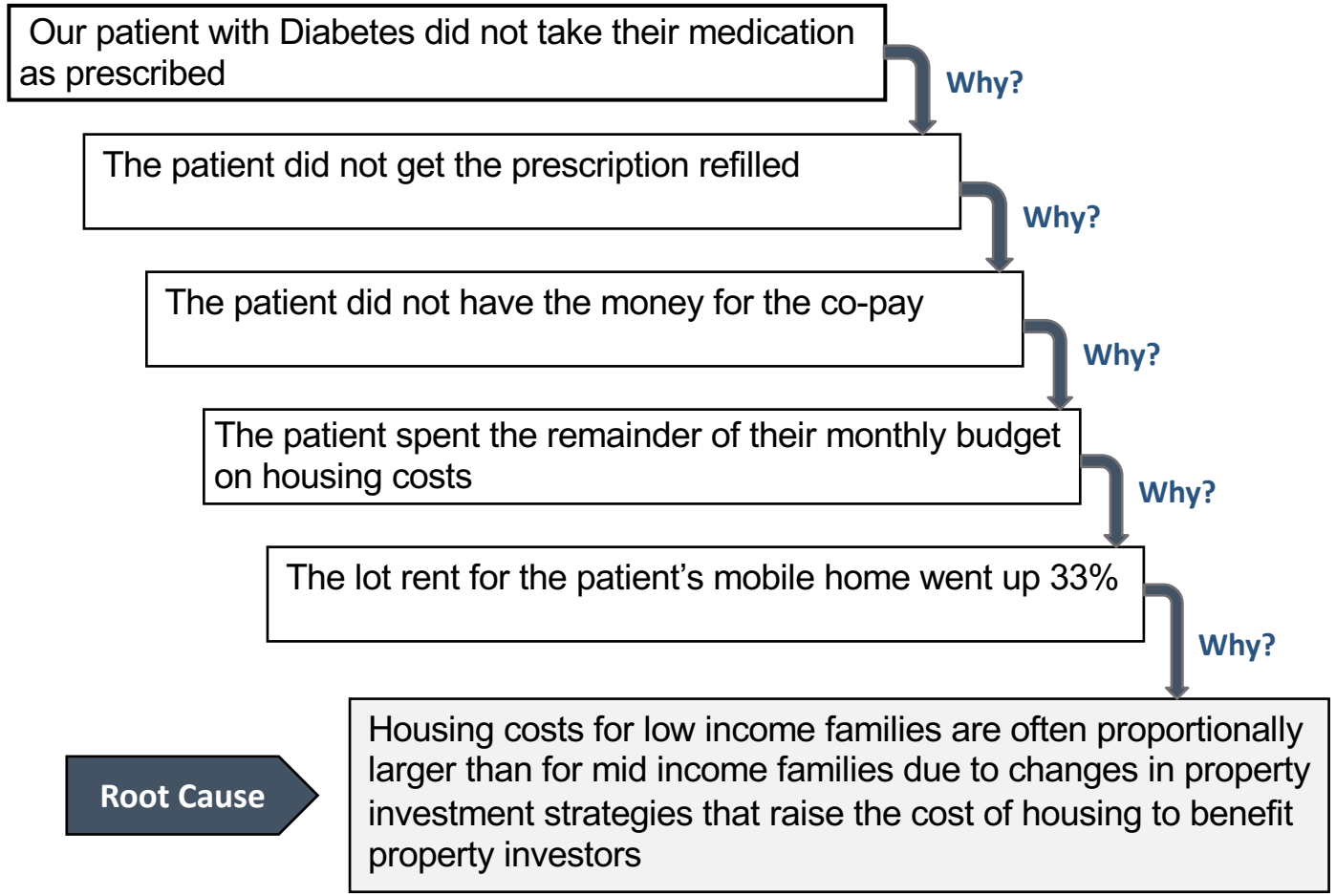
5 Whys (example 1)



Caution: If your last answer is something you cannot control, go back up to previous answer

Credit: Chris Jordan

5 Whys (example 2)



Caution: If your last answer is something you cannot control, go back up to previous answer

Credit: Chris Jordan

Identifying Root Causes

CARDI·OH
Ohio Cardiovascular and Diabetes Health Collaborative

- Avoid fixing “symptoms” - get to the **“root cause”**
- Ask **“Why”** at least **5 times**
- Think carefully about how social factors are often fundamental causes of disease and disparities.

"If you don't ask the right questions, you don't get the right answers. A question asked in the right way often points to its own answer. Asking questions is the ABC of diagnosis. Only the inquiring mind solves problems." -- Edward Hodnett

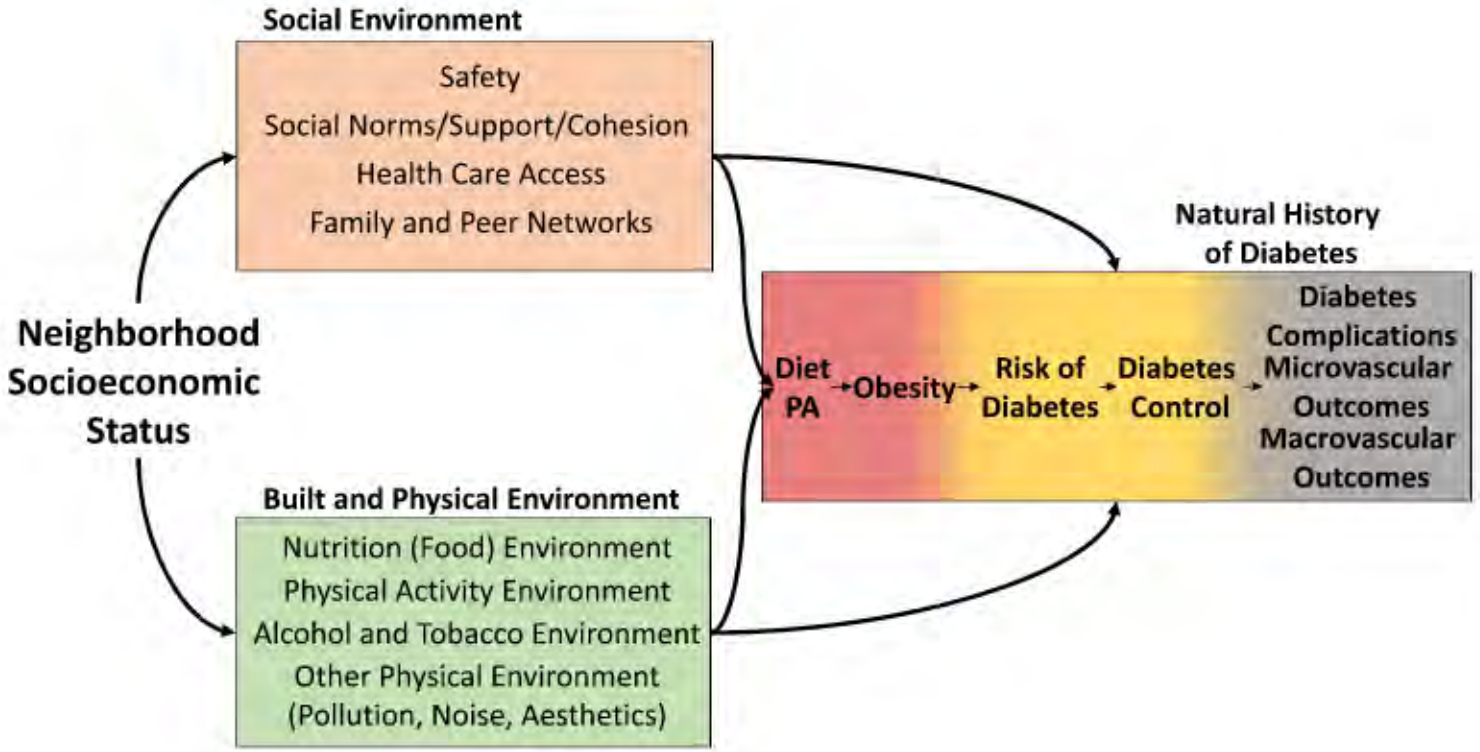
Current Diabetes Reports (2018) 18: 62
https://doi.org/10.1007/s11892-018-1032-2

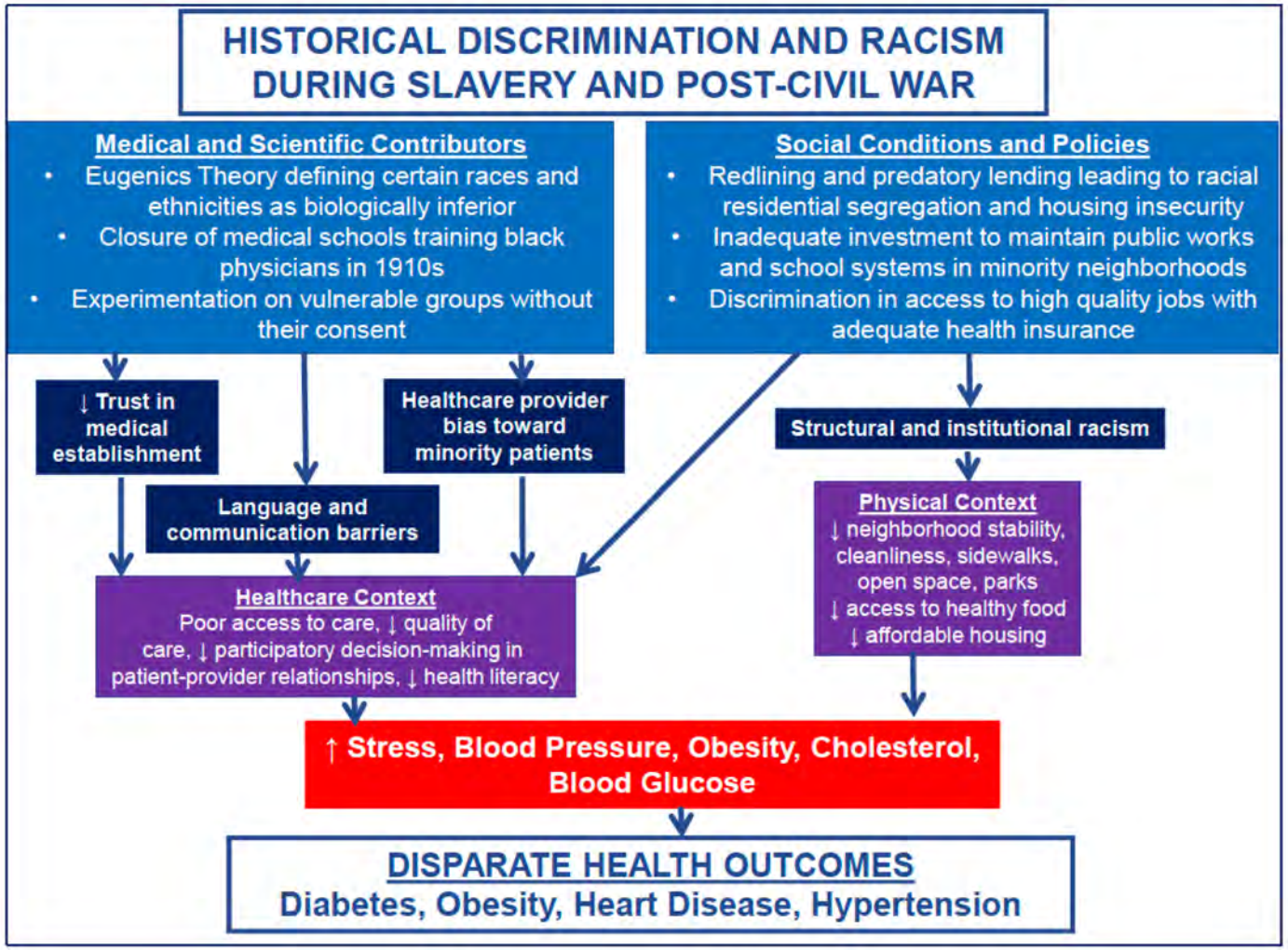
DIABETES EPIDEMIOLOGY (E SELVIN AND K FOTI, SECTION EDITORS)

CARDI·OH
Ohio Cardiovascular and Diabetes Health Collaborative

Neighborhood Environments and Diabetes Risk and Control

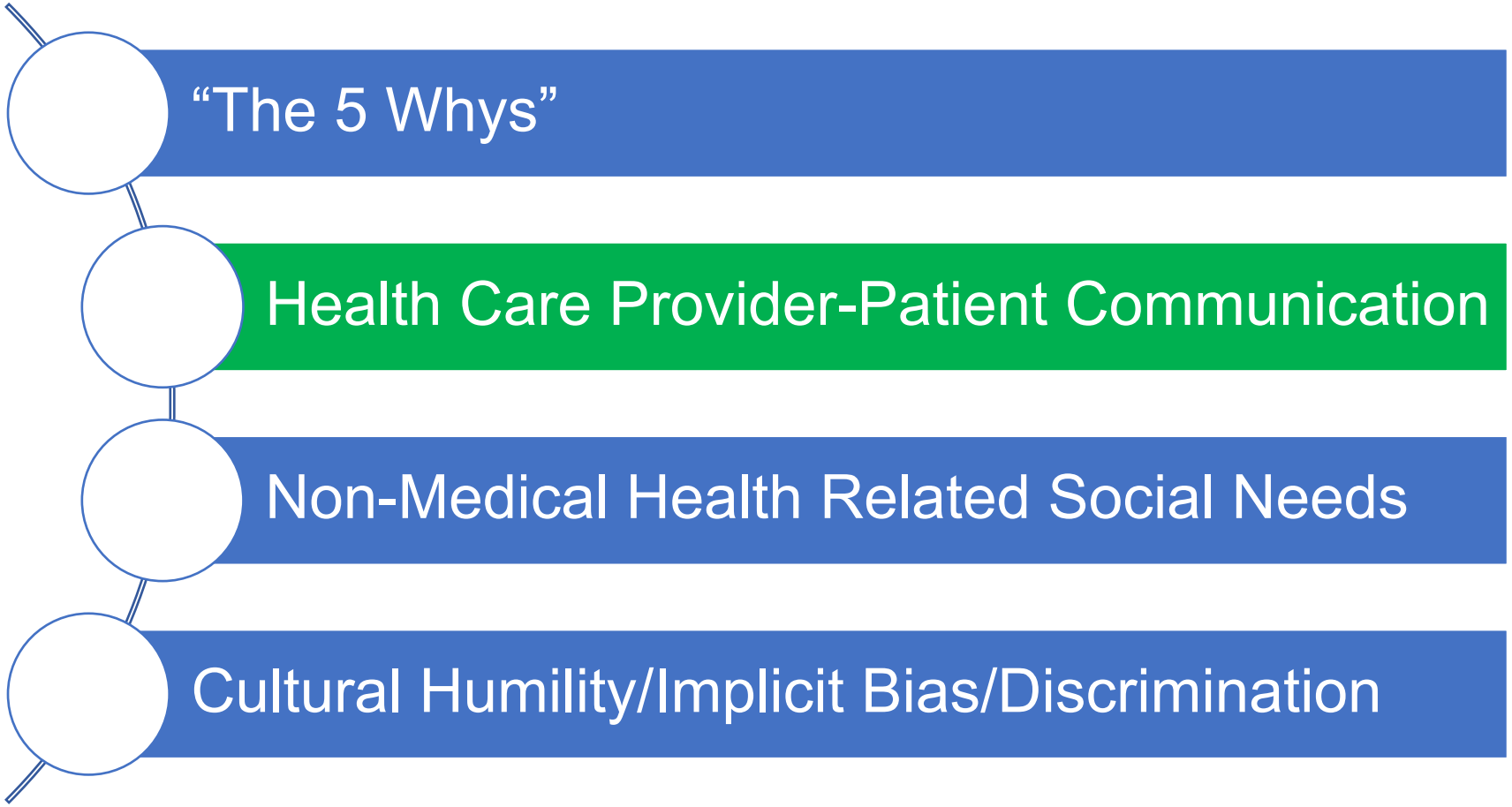
Usama Bilal [1,2] · Amy H. Auchincloss [1,2] · Ana V. Diez-Roux [1,2]





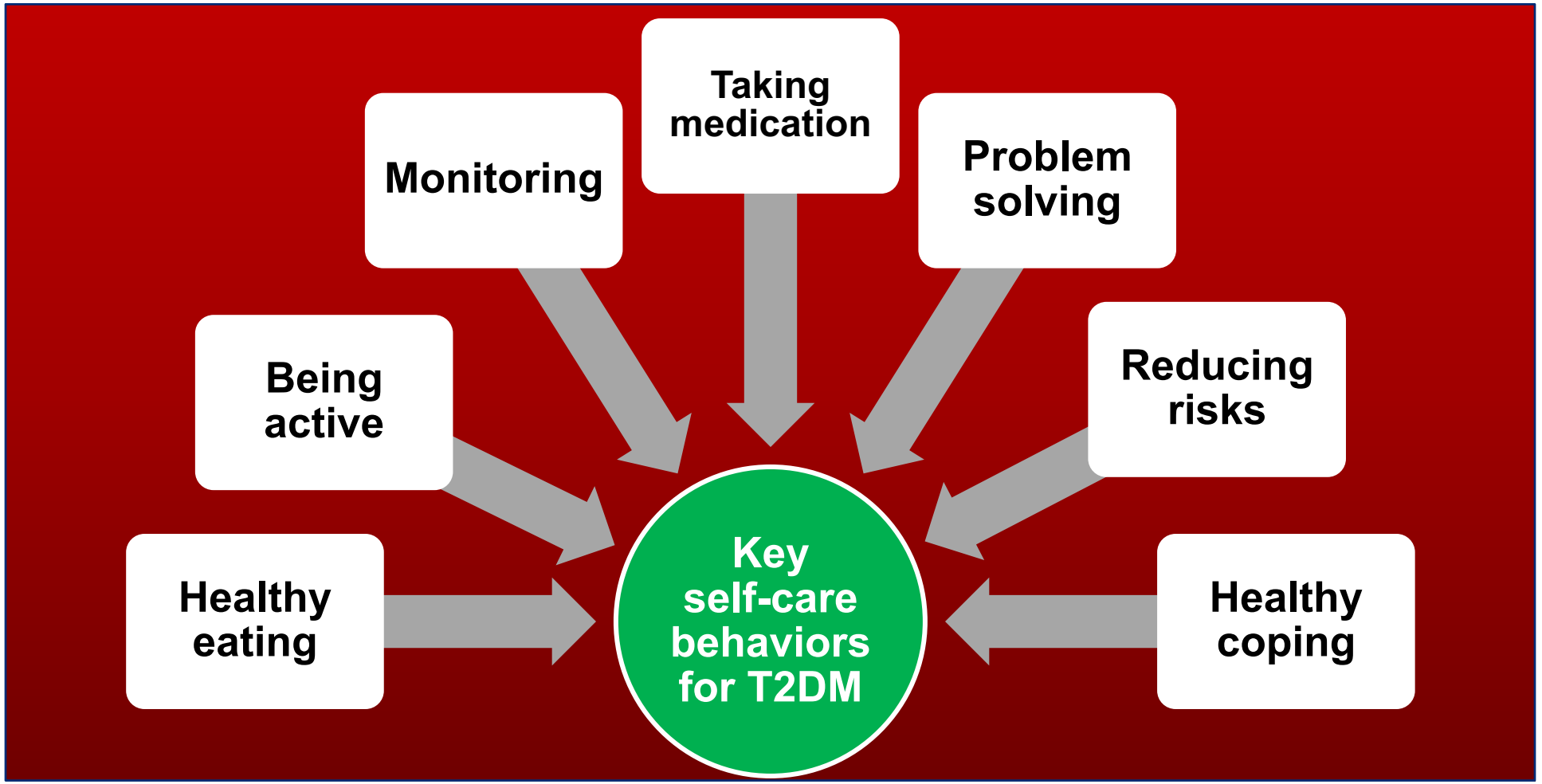
Golden, Joseph, Briggs, JCEM, Under Review

Root Causes


"The 5 Whys"
Health Care Provider-Patient Communication
Non-Medical Health Related Social Needs
Cultural Humility/Implicit Bias/Discrimination

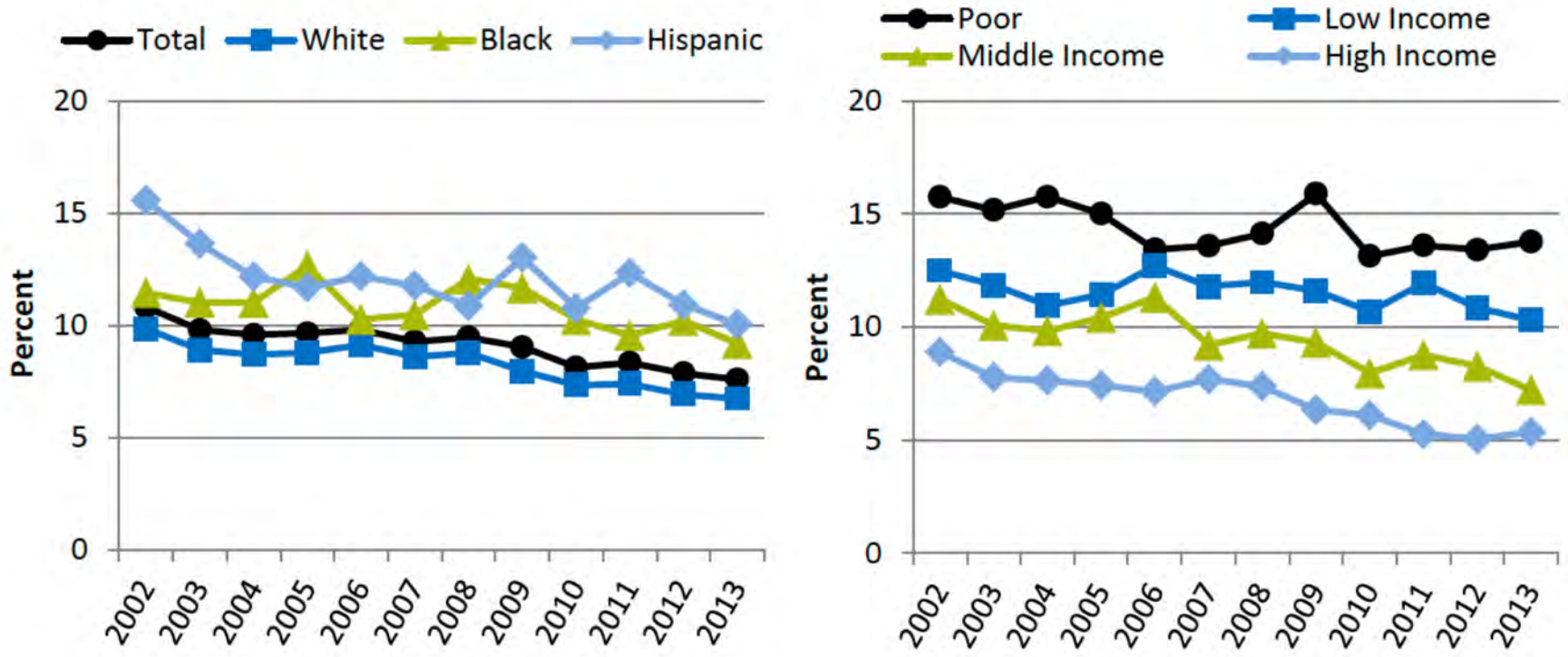
Self-Management Is Essential to Optimizing Health for Individuals With Chronic Conditions

CARDI·OH
Ohio Cardiovascular and Diabetes Health Collaborative



AADE. 7 self-care behaviors (www.diabeteseducator.org/patient-resources/aade7-self-care-behaviors).

Person-Centered Care: Adults who had a doctor's office or clinic visit in the last 12 months who reported poor communication with health providers, by race/ethnicity and income, 2002-2013



Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2002-2013.
Note: Adults who reported that their health providers *sometimes or never* listened carefully, explained things clearly, showed respect for what they had to say, or spent enough time with them are considered to have poor communication.

CARDI·OH
Ohio Cardiovascular and Diabetes Health Collaborative

CARDI·OH
ovascular and Diabetes Health Collaborative

Adherence to Cardiovascular Disease Medications: Does Patient-Provider Race/Ethnicity and Language Concordance Matter?

Table 2. Adjusted Adherence to CVD Medications by Patient Race

	Black Patients % (p-value)	Hispanic Patients % (p-value)	Asian Patients % (p-value)	White Patients % (p-value)	Spanish-speaking Patients % (p-value)
Glucose lowering medications	74.2 (<.001)	75 (<0.001)	77.1 (<0.001)	82 (reference)	76 (<0.001)
Lipid Lowering Medications	75 (<0.001)	75.2 (<0.001)	77 (<0.001)	81.3 (reference)	77.3 (<0.001)
BP lowering Medications	74.4 (<0.001)	77.4 (<0.001)	78.5 (<0.001)	81.7 (reference)	78.7 (<0.001)
All CVD Medications	46 (<0.001)	49.4 (<0.001)	52.2 (<0.001)	57.8 (reference)	50.7 (<0.001)

CARDI·OH
Ohio Cardiovascular and Diabetes Health Collaborative

Adherence to Cardiovascular Disease Medications: Does Patient-Provider Race/Ethnicity and Language Concordance Matter?

Table 3. Adjusted Adherence to CVD Medications by Patient Race/Ethnicity and Language Concordance

	Black Patients % (p-value)		Hispanic Patients % (p-value)		Asian Patients % (p-value)		White Patients % (p-value)		Spanish-Speaking Patients % (p-value)	
	Black PCP	Non-black PCP	Hispanic PCP	Non-Hispanic PCP	Asian PCP	Non-Asian PCP	White PCP	Non-white PCP	Spanish Proficient PCP	Non-Spanish PCP
Glucose Controlling Medications	79.8 (0.166)	77.6	76.1 (0.655)	76.6	82.7 (0.131)	81.6	85.3 (0.550)	85.1	77.5 (0.430)	76.6
Lipid Lowering Medications	79.6 (0.331)	78	78 (0.492)	77.3	80.1 (0.947)	80.1	84.1 (0.301)	83.7	80.5 (0.157)	77.5
BP lowering Medications	76.6 (0.98)	76.6	77 (0.262)	78.8	82 (0.570)	81.7	83.6 (0.081)	82.9	81 (0.423)	79.3
All CVD Medications	53.2 (0.044)	49.8	50.7 (0.262)	52.5	59.9 (0.092)	58.4	61.8 (.428)	61.4	50.6 (0.026)	44.8

The Evidence on Concordance is Nuanced

CARDI·OH
Ohio Cardiovascular and Diabetes Health Collaborative

- "There is inconclusive evidence to support that patient–provider race-concordance is associated with positive health outcomes for minorities."

- "Communication rated as more collaborative in race-discordant relationships was associated with better adherence, while communication rated as less collaborative was associated with poor adherence. There was no significant association between adherence and communication in race-concordant relationships ($p = 0.24$)."

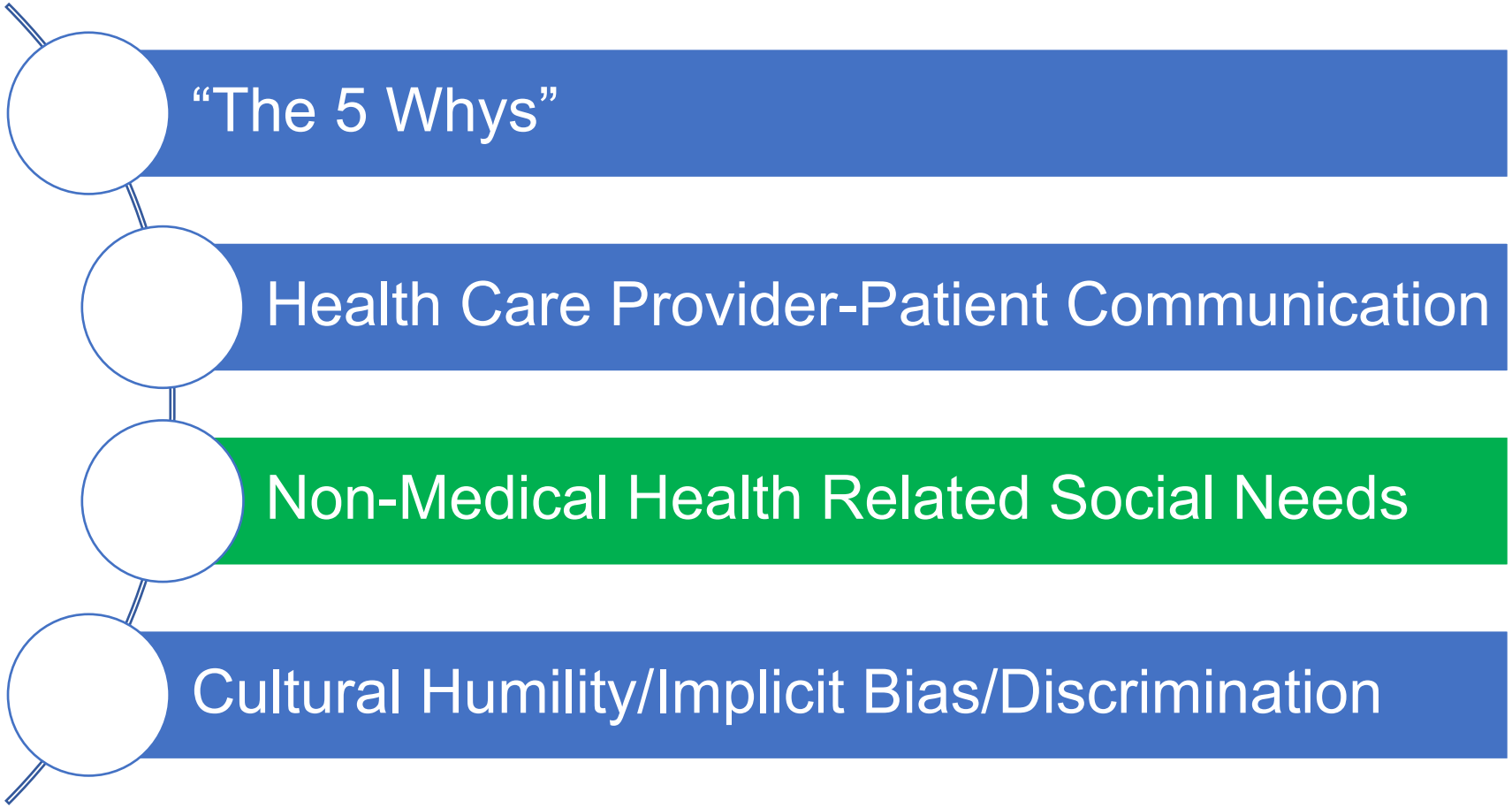
- Experimental studies suggest that race/sex *discordant* providers practicing empathy, collaborative communication and self-disclosure can build similar levels of trust as *concordant* providers

Diamond L, Izquierdo K, Canfield D, Matsoukas K, Gany F. A systematic review of the impact of Patient–Physician non-English language concordance on quality of care and outcomes. Journal of general internal medicine. 2019 Aug 1:1-6.

Schoenthaler A, Allegrante JP, Chaplin W, Ogedegbe G. The effect of patient–provider communication on medication adherence in hypertensive black patients: does race concordance matter?. Annals of Behavioral Medicine. 2012 Jun 1;43(3):372-82.

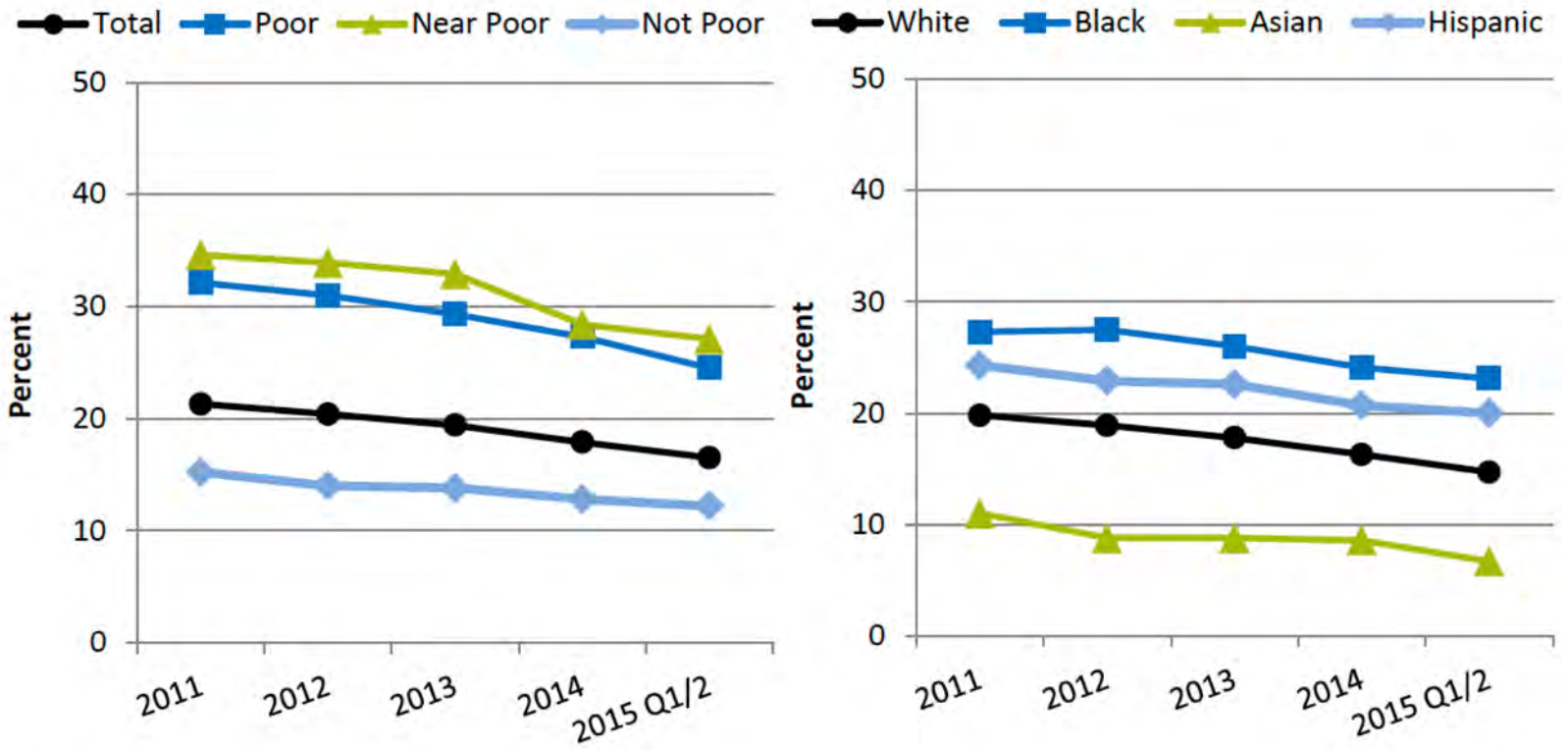
Nazione S, Perrault EK, Keating DM. Finding Common Ground: Can Provider-Patient Race Concordance and Self-disclosure Bolster Patient Trust, Perceptions, and Intentions?. Journal of racial and ethnic health disparities. 2019 Oct 1;6(5):962-72.

Root Causes


"The 5 Whys"
Health Care Provider-Patient Communication
Non-Medical Health Related Social Needs
Cultural Humility/Implicit Bias/Discrimination

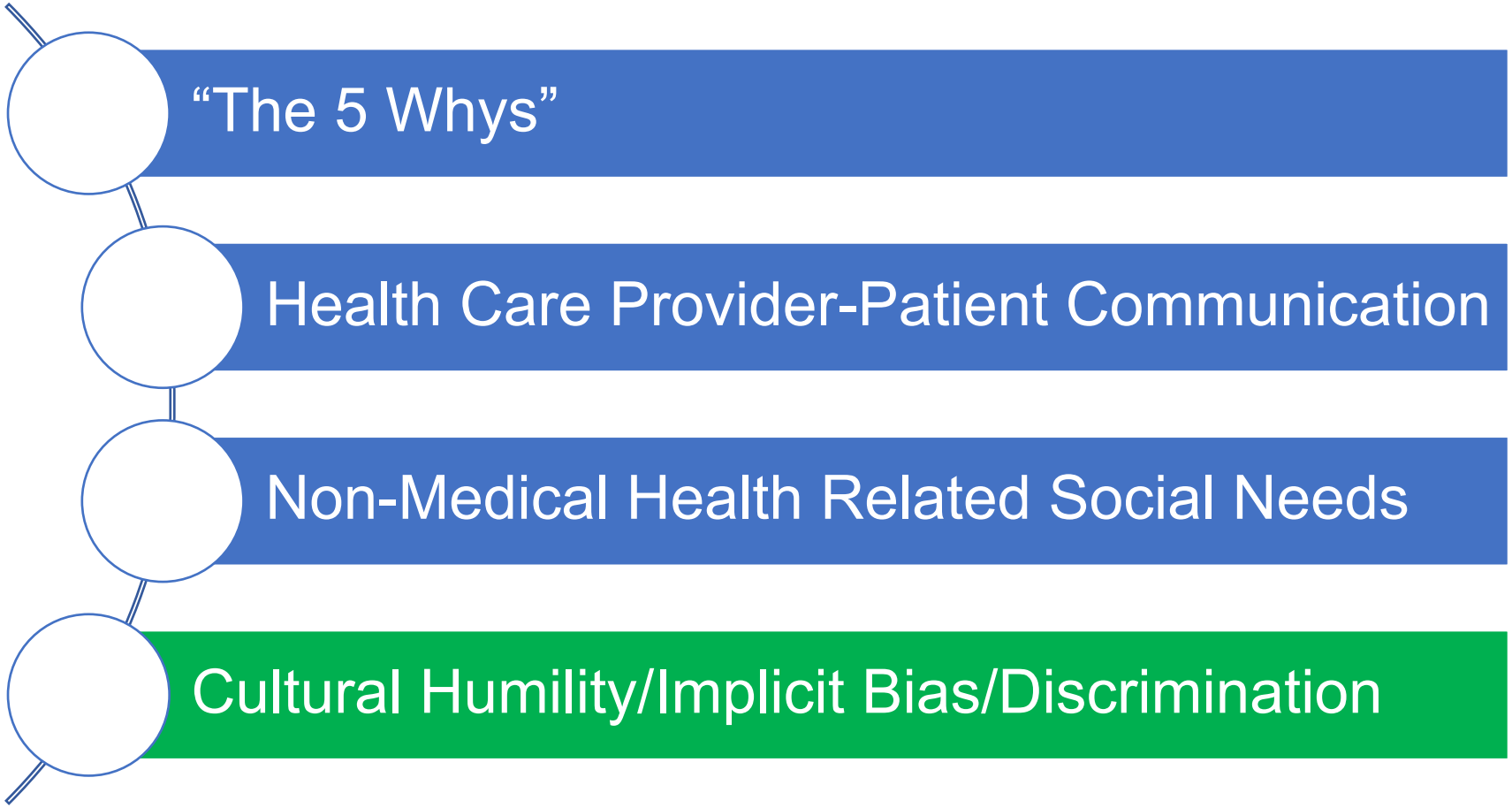
CARDI·OH
Ohio Cardiovascular and Diabetes Health Collaborative

Care Affordability: People under age 65 who were in families having problems paying medical bills in the past year, by poverty status and race/ethnicity, 2011-2015 Q2



Key: Q = quarter.
Source: Cohen RA, Schiller JS. Problems paying medical bills among persons under age 65: early release of estimates from the National Health Interview Survey, 2011-June 2015. Hyattsville, MD: National Center for Health Statistics; 2015. http://www.cdc.gov/nchs/nhis/releases.htm..

Root Causes


"The 5 Whys"
Health Care Provider-Patient Communication
Non-Medical Health Related Social Needs
Cultural Humility/Implicit Bias/Discrimination

Pursue Cultural Humility – Not Cultural Competency

CARDI·OH
Ohio Cardiovascular and Diabetes Health Collaborative

- "Cultural humility is the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the person"

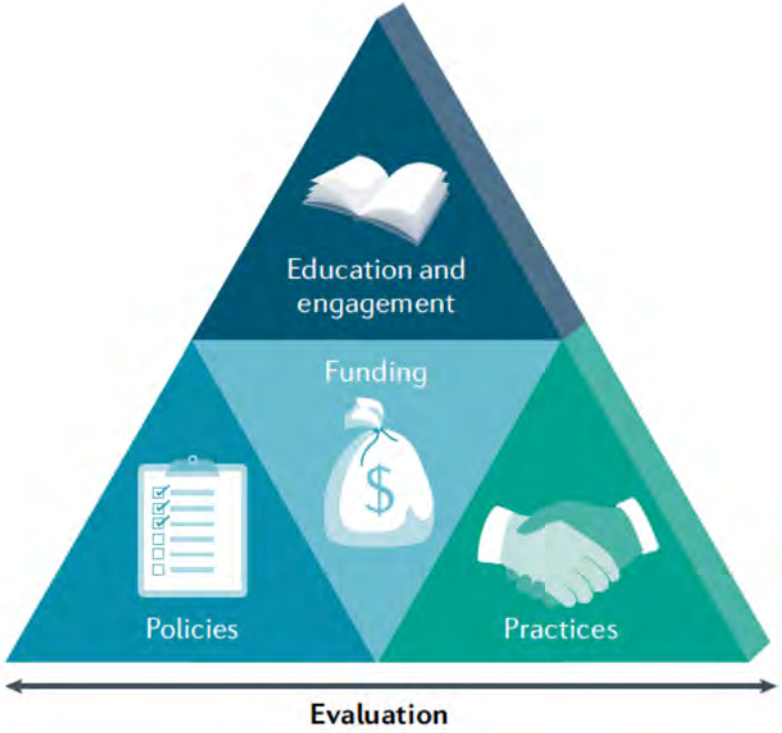
Sherri-Ann Burnett-Bowie, MD, MPH, sburnett-bowie@mgh.harvard.edu

Hook et al (2013)

Potential Solutions

Potential Solutions

Making Anti-Racism A Core Value



- Elevate the cause
- Engage stakeholders
- Equip communities, employees, and learners
- Empower those who are marginalized or oppressed
- Evaluation and accountability are key

Gray II, D., **Joseph, J.,** Glover, A., Olayiwola, J. (2020.) How academia should respond to racism. *Nature Reviews Gastroenterology & Hepatology.* https://doi.org/10.1038/s41575-020-0349-x

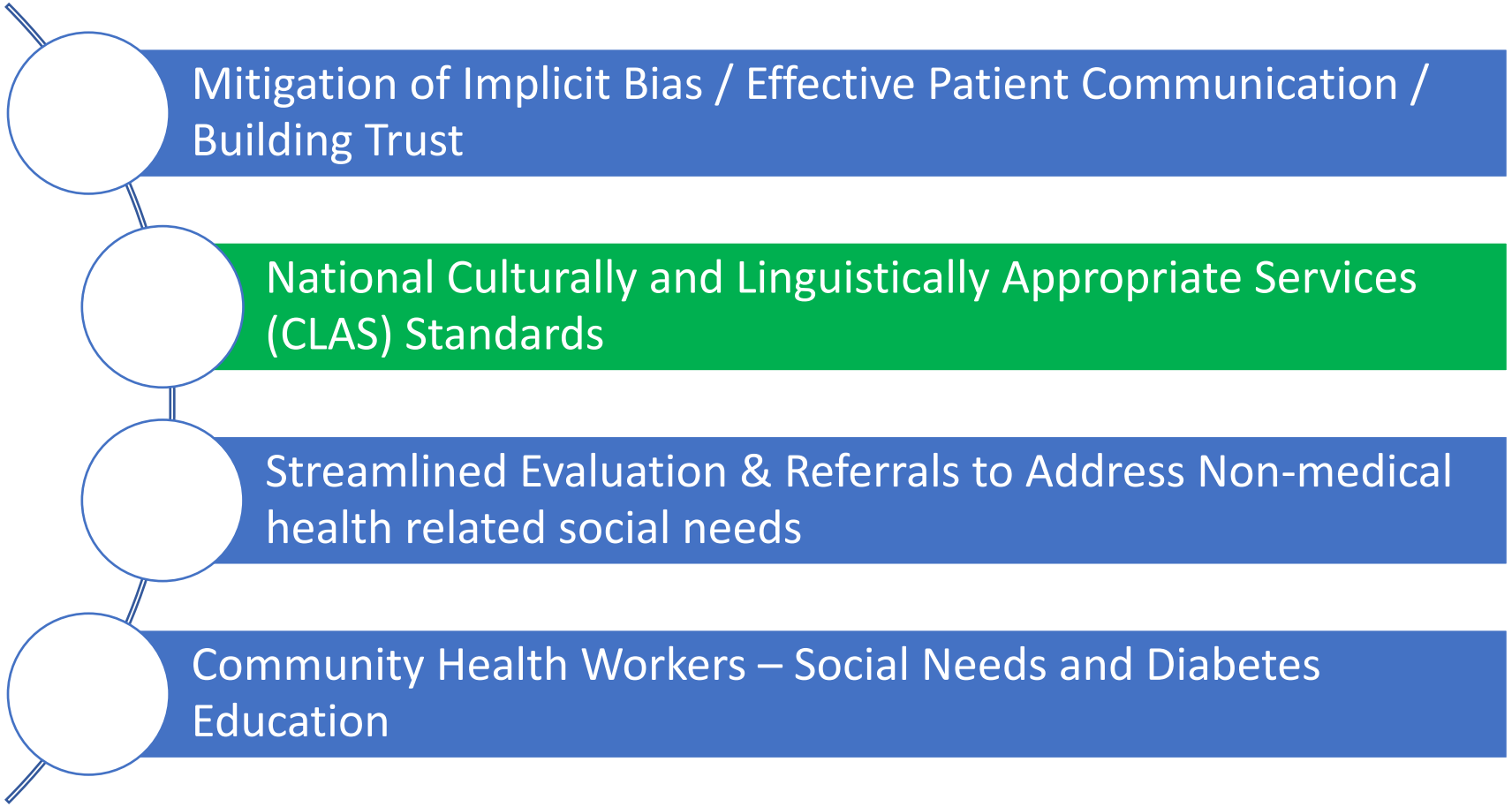
J. Nwando Olayiwola, **Joshua J. Joseph**, Autumn R. Glover, Harold L. Paz, Darrell M. Gray, II "Making Anti-Racism A Core Value In Academic Medicine, " *Health Affairs* Blog, August 25, 2020. DOI: 10.1377/hblog20200820.931674

CARDI·OH
Ohio Cardiovascular and Diabetes Health Collaborative

- Establish a **collaborative relationship** and to assess and address self-management barriers **without blaming patients** for "noncompliance" or "nonadherence" when the outcomes of self-management are not optimal.
- **"noncompliance"** and **"nonadherence"** denote a passive, **obedient role** for a person with diabetes in "following doctor's orders" that is at odds with the active role people with diabetes take in directing the day-to-day decision making, planning, monitoring, evaluation, and problem-solving involved in diabetes self-management.
- Using a **nonjudgmental approach** that normalizes periodic lapses in self-management may help minimize patients' resistance to reporting problems with self-management.
- Use evidenced-based approaches like Motivational Interviewing

ADA Standards of Medical Care, 2018

Potential Solutions



CARDI·OH
Ohio Cardiovascular and Diabetes Health Collaborative

- The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) aim to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities.

- Advancing Health Equity At Every Point of Contact

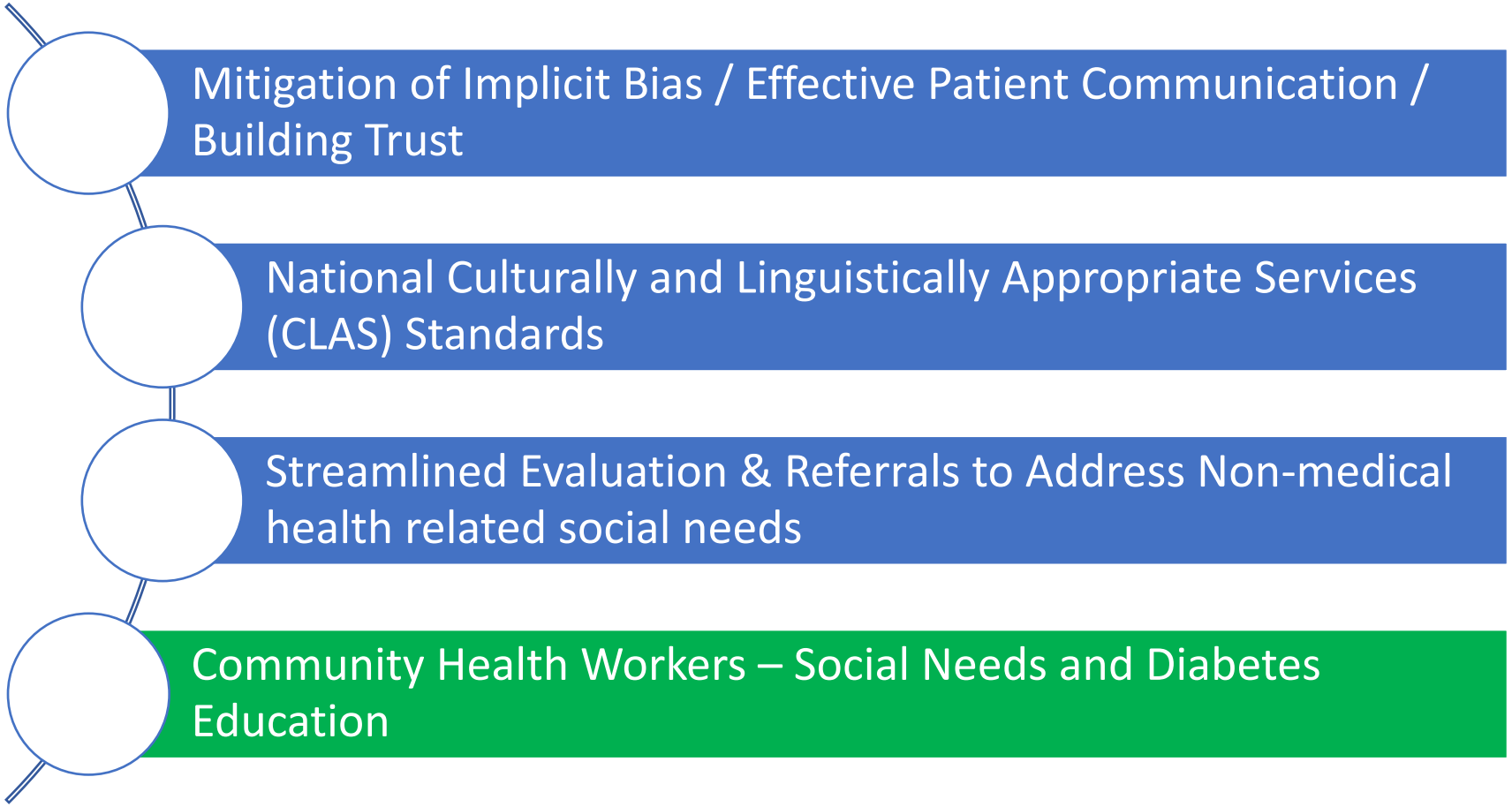
Potential Solutions

Screen and Refer models of caring for social needs show potential for improving outcomes

CARDI·OH
Ohio Cardiovascular and Diabetes Health Collaborative

- Vendor-based systems (pathways community hub)
- Simple EHR-based screening protocols (EPIC, PRAPARE, Health Leads)
- **Think about existing processes (esp. forms) where you are already providing social care!**

Potential Solutions



Community Health Workers

CARDI·OH
Ohio Cardiovascular and Diabetes Health Collaborative

- Community health workers (CHWs) are frontline public health workers who typically are trusted community members and who possess a deep understanding of the communities they serve. The American Association of Diabetes Educators defines CHWs, as complementary healthcare workers who interact with people with diabetes or those at risk of diabetes.[1]

Community Health Worker – High Intensity Interventions Improve A1C

CARDI·OH
Ohio Cardiovascular and Diabetes Health Collaborative

- *Spencer et al, 2011* - diabetes self-management education and regular home visits, and accompanied them to a clinic visit during the 6-month intervention period
- *Rothschild et al, 2015* - delivering self-management training through 36 home visits over 2 years
- *Perez-Escamilla et al, 2017* - The CHW intervention comprised 17 individual sessions delivered at home by CHWs over a 12-month period. Sessions addressed T2D complications, healthy lifestyles, nutrition, healthy food choices and diet for diabetes, blood glucose self-monitoring, and medication adherence.

Pérez-Escamilla R, Damio G, Chhabra J, Fernandez ML, Segura-Pérez S, et al impact of a community health workers–led structured program on blood glucose control among Latinos with type 2 diabetes: the DIALBEST trial. *Diabetes Care* 2015;38(2):197-205. https://pubmed.ncbi.nlm.nih.gov/25125508/

Rothschild SK, Martin MA, Swider SM, Tumialán Lynas CM, Janssen I, et al. Mexican American trial of community health workers: a randomized controlled trial of a community health worker intervention for Mexican Americans with type 2 diabetes mellitus. *American Journal of Public Health* 2014;104(8):1540-8. https://pubmed.ncbi.nlm.nih.gov/23947316/

Spencer MS, Rosland AM, Kieffer EC, Sinco BR, Valerio M, et al. Effectiveness of a community health worker intervention among African American and Latino adults with type 2 diabetes: a randomized controlled trial. *American Journal of Public Health* 2011;101(12):2253-60. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222418/

Potential Solutions

CARDI·OH
Ohio Cardiovascular and Diabetes Health Collaborative

- There are many other possible solutions.

- Critical to think through those aspects of social needs, community factors and health disparities that are most relevant in the hyper-local circumstances of your clinic and the neighborhoods that it serves.

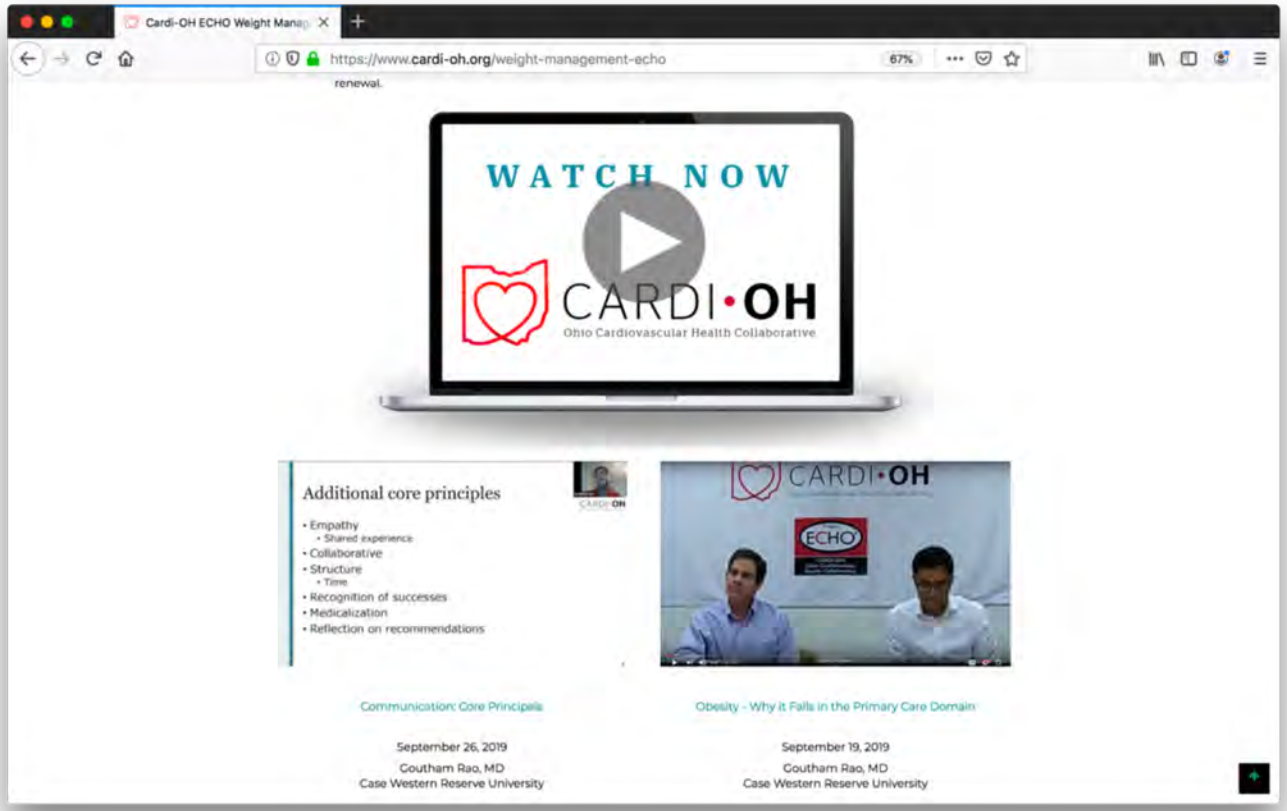
Thank you!

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**.
- The Contact/Demographic Form has been emailed to you. Please complete **by 2/18/21.**

The MetroHealth System is accredited by the Ohio State Medical Association to provide continuing medical education for physicians.

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