Diabetes ECHO

November 2, 2023





Welcome





Agenda

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- 2. Case Presentation
- 3. Clarifying Questions
- 4. Recommendations
- 5. Didactic Presentation
- 6. Wrap Up & Announcements

(5 minutes)

(10 minutes)

(10 minutes)

(10 minutes)

(20 minutes)

(5 minutes)





ECHO is All Teach, All Learn



Interactive



Co-management of cases



Peer-to-peer learning



Collaborative problem solving





Introductions





Case Presentation





Demographics

WELL-AHEAD

Presenter Name: Vy Anh Mai, MD		Clinic/Facility Name:	Tulane Uptown Clini	ic
Case Type: New	Patient Age: 7	3	Designa	ated Sex: Male
Primary Insurance: Humana Medicare	e Gold Plus HMO	Secondary Insura	ance:	
Race: Black/African American	If Other, please specify:			
Ethnicity: Not Hispanic/Latinx	If Other, please specify:			
Preferred Language: English	If Other, please specify:		Interp	preter Required? Select One
		Patient Goals		_
	Address weight loss Improve glucose control			

Medical History

Diabetes Type? Type 2	If Other, please sp	ecify:	Year of Diagnosis:
Family History of Diabetes?	Unknown	Family History of CAD? Unknown	Years on Insulin:

Patient Medical History:

To add to the patient medical history, select a condition from the drop-down below and click "Add Condition." To clear all conditions, click on "Clear Conditions."

Congestive Heart Failure

ADD CONDITION

CLEAR CONDITIONS

Hypertension
Coronary Artery Disease s/p CABG
Coronary Artery Disease - HFrEF with AICD
Left CVA
Bilateral carotid stenosis s/p stenting
Chronic Kidney Disease stage 3a
Parkinson's Disease

If Other, please specify:



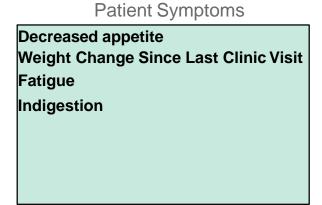


Medical History

Symptoms:

To add patient symptoms, select a symptom from the drop-down below and click "Add Symptom." To clear all patient symptoms, click on "Clear Patient Symptoms."





If "Weight Change": Decrease	▼ by 7.0	lbs.
Please describe other symptoms	:	
weight loss of approximately 27 poo	unds in one ye	ear

Recent Hospitalizations?	No	_	
If yes, please describe:			





Medications and Technology

Medication Allergies:

Current Medications/Vitamins/Herbs/Supplements: Please list generic medication rather than brand name.

	Medication (generic) Name	Dosage & Frequency	Medication (generic) Name	Dosage & Frequency	Medication (generic) Name	Dosage & Frequency
1.	Empagliflozin	10 mg PO daily	6. Carvedilol	12.5 mg PO BID	11.	
2.	Atorvastatin	80 mg PO daily	7. Aspirin	81 mg PO daily	12.	
3.	Clopidogrel	75 mg PO daily	8.		13.	
4.	Digoxin	0.125 mg PO daily	9.		14 .	
5.	Benazepril	0 mg PO daily	10.		15.	

Insulin Pump: No If yes, Type: (attach pump readings if available)

Continuous Glucose Monitor: No If yes, Type: Select One

Blood Glucose Monitoring: Yes Average Blood Glucose: 200 Times Checked/Day: once daily

Hypoglycemic episodes/week since last encounter: 0 Self-Reported Data? Yes





Vitals, Screenings & Labs

HDL:

LDL:

43

74

Diastolic BP: 65 Systolic BP: 99 Pulse: 56 10/18/20 138 **|** | 20.98 BMI: Height: 68 inches Weight: lbs. Microvascular Screening Results **ASCVD (Atherosclerotic** Date Cardiovascular Disease)Risk: Dilated Eye Exam/Retinal Scan: lacksquare11/2/21 **Abnormal** 8/2/22 Other If Other, please describe: Pressure callus Comprehensive Foot Exam: 7/5/22 **UACR:** Normal Urine Albumin to Creatinine Ratio: **Select One** Sexual Dysfunction Screening: **Current Labs** Date: 3/31/21 Date: 12/1/21 Date: Date: 10/18/23 10/5/22 Other Relevant Labs: ALT: HbA1c: Current: 8.9 Total Chol.: 134 Glucose: 139 AST: Triglycerides: 84

Proteinuria: 30 mg/dL Lab

Creatinine: 1.25

Potassium: 4

10

BUN:

TSH: 0.62

GFR: 57



Previous: 6.5



Social History

Marital Status: Partnered/Mar	Other, please describe:		
Literacy Level of Patient or Caregi	ver: Adequate Education: Selec	et One	
Housing: Secure ✓ If Other, p	olease describe:		
Household Members: Wife			
Primary Source of Income: SSI/Soc	cial Security If Other, please desc	cribe:	
Social Support/Support System	Health Beliefs/Cultural Considerations	Patient Strengths	Barriers to Treatment
Wife	Didn't inquire	Pt is medically compliant	Has missed multiple appts with other specialists (but not with primary care) Undergoing stress because his wife had an aneurysm





Substance Use

tance Use History: Does the patient have any history of substance misuse? No
Describe:
Does Patient Use Tobacco Products? Yes
Does Patient Drink Alcohol? No If Yes, Number of Drinks/Week?

Psychiatric History

Depression : PHQ9 Done?:	No	If yes, attach and provide score:	Date:	

Suicidality? Unknown

Diagnostic and Treatment History:

Pt was previously taking NPH 10 units twice daily and Lantus but had hypoglycemic episodes with sugars in the 40s-50s in 4/2023 - most prominent in the morning. Despite decreasing NPH - continued to have hypoglycemica so this was eventually discontinued which improved his morning sugars. Now complaining of more weight loss and indigestion from use of empagliflozin. Has failed





Lifestyle

Does Patient Count Carbs? No Frequency of dining out/week: 0 Nutrition: Number of meals per day: 2 **Dining out:** What types of dining establishments does the patient frequent? (Select all that apply from the drop-down below) Fast Food Fast food **ADD DINING OPTION** If Other, please list: **CLEAR ALL DINING OPTIONS Groceries:** Who shops for groceries? Patient If Other, please name: **Barriers:** Are there any barriers to healthy eating for the patient? (Select all that apply from the drop-down below) Social/Family Wife had aneurysm If Other, please describe: **ADD BARRIER CLEAR ALL BARRIERS**





Lifestyle

Physical Activity:

Frequency (# of times/week):0	Average Duratio	n (minutes):	Average Intensity: Select One
Inconvenience •	exercise for the patient? (Select all ck of Motivation me	that apply from the drop-dow	,
ADD BARRIER	convenience		
CLEAR ALL BARRIERS			

What is your team's plan for the patient?

We plan on having depression screening as one of our focus at next visit - we suspect this is a major component to his weight loss and glucose control We plan on further reviewing all cancer screening given his tobacco abuse (colonoscopoy, lung cancer screening, PSA, etc)

Advised increased supplementation - has failed Mirtazipine in the past secondary to grogginess and somnolence

Possibility of considering restarting insulin but at lower dose at next visit





General

Primary Question/Concern:
How else would you try to approach pt's elevated A1c?
How else would you help to him gain weight?
Other Comments:





Clarifying Questions





Recommendations





Didactic Presentation





Diabetes Self-Care Management and The Holiday Season

Christine Castille FNP-C, BC-ADM, CDCES







Holiday Survival = Problem Solving Skills

- Problem Solving
 - Skill
 - Learned
 - Confidence / Self-Efficacy
 - Discussion start before holidays
 - Continues after ****
 - Solidify build trust
 - For the patient and relationship

Here are some common situations where problem-solving may be needed:

Situation 1: Flu

You get the flu and notice your blood glucose levels are higher than normal.

What do you do?

Situation 2: Vacation

While on vacation, you don't have easy access to a gym or time for exercise. How will you handle this?

Situation 3: Traditional Foods

You have a hard time finding healthy food choices within your family's cultural or taste preferences. What steps can you take?

Improve Your Problem-Solving Skills

When you succeed in solving problems you have identified, you gain confidence. You can better handle future challenging situations. Because things change over time, you will always need to do some problem solving to keep making progress. Learning from your previous choices and then revising your plans based on that information greatly enhances your ability for successful self-care.

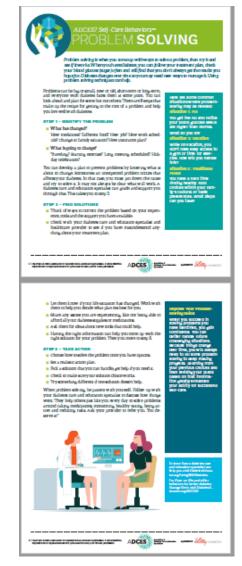
aade7_problem_solving.pdf (diabeteseducator.org)





Holiday Survival = Problem Solving Skills

- Health Maintenance
 - Vaccinations
 - Medication Adherence
- Managing Social and Emotional Situations
- Resources for SDOH





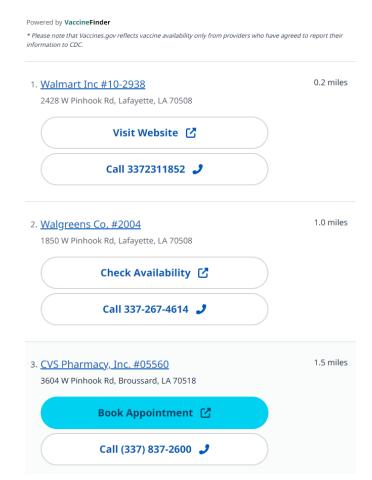


Health Maintenance

Vaccinations and Immunizations



Vaccines.gov - Find COVID-19 vaccine locations near you







Health Maintenance

Medication Adherence – Why?

Mistrust
Mental Illness
Dementia / Cognitive
Decline
Fear of S/E
Anxiety / Depression

Forgetting
Cost
Shift Work
Work restrictions
Health Literacy

Medication Adherence

- Alarms smart phones, flip
- Pill box, pill packs, blister packs
- Creativity





Health Maintenance – Problem Solving

- ETOH
- Medication
 - SGLT2s
 - Sulfonylureas
 - Insulin
- Hydration
- Risk of hypoglycemia
 - CGM = Safety







ETOH = Risk for Hypoglycemia 15/15 Rule

If your blood glucose drops below 70 mg/dL, remember the 15/15 rule and treat your hypoglycemia right away.

- 1. Check your blood glucose. If it is lower than 70 mg/dL, eat or drink 15 grams of carbohydrates. If you can't check your blood glucose right away, eat or drink 15 grams of carbohydrates just to be safe.
- **2.** Wait 15 minutes. That's how long it takes for sugar to get into the blood.
- 3. Check your blood glucose again.
- 4. Repeat steps 1, 2, and 3 if:
 - · Your blood glucose level is still lower than 70 mg/dL

OR

· You still have symptoms of hypoglycemia

If your blood glucose is lower than 70 mg/dL after you check it three times, call 911.

- 5 or 6 pieces of hard candy
- 3 glucose tablets
- 1 serving of glucose gel (read the label for the right amount)
- 2 tablespoons of raisins
- 4 ounces (1/2 cup) of juice or regular soda (not diet soda)
- 1 tablespoon of sugar or honey
- 8 ounces of skim milk or 1% milk





Emotional Stress – Food Everywhere Give yourself "5"

- Put off eating for 5 minutes
- Wait. Take 5 deep breaths and check in with yourself.
 - Are you thirsty?
 - How are you feeling?
 - Even if you eat you now have a better understanding of why.
 - (You are now prepared for the next time.)
- Learn to accept your feelings
 - Takes practice
- Allow your self to feel the uncomfortable emotion.
 - Takes practice



E-motion
Walking – dancing – games that involve motion



Managing Social and Emotional Situations

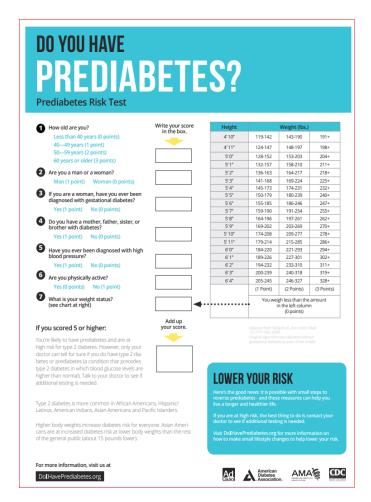
- "I am the only one with diabetes in the family"
 - "We don't have diabetes like you do"
 - Empower your patient







Empower your patient



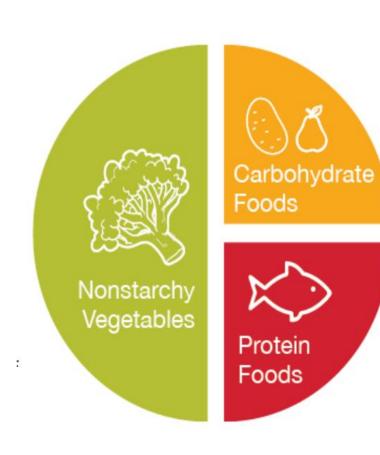
Place in lobby and patient rooms

DPP Pre diabetes Risk Test.pdf





Managing Social Situation Serving your plate.



- Non-starchy Vegetables
 - Green beans
 - Salad greens
- Carbohydrates
 - Rice / Corn bread dressing
 - Yam
 - Potatoes
 - Macaroni
 - Rolls
 - Pumpkin Pie
- Proteins
 - Turkey
 - Beef
 - Pork
 - Ham





- Who is your office Diabetes Champion?
- Refer to Diabetes Self-Care Management Training
 - Certified Diabetes Care and Education Specialist (CDCES) formerly (CDE)
 - ADA -
 - Find a Diabetes Education Program | ADA
 - ADCES Association of Diabetes Care and Education Specialist
 - Association of Diabetes Care & Education Specialists (diabeteseducator.org)
- Links SDOH
 - https://diabetes.findhelp.com
 - https://navigator.aafp.org





Questions?





Thank you, Christine!





Wrap-Up & Announcements





Wrap-Up & Announcements

- Please complete the two-question poll
- Enter your information for attendance
- Complete survey for CEUs
- Next Session: November 16 from 12:00 p.m. to 1:00 p.m.
- Next Didactic Presentation: Type 1 vs Type 2 Refresher
- Send questions to <u>wellahead.projectecho@la.gov</u>





Thank you!



Next Session: November 16th from 12:00 p.m. to 1:00 p.m.

Next Didactic Presentation: Type 1 vs Type 2 Refresher

Presented by: Shaveta Gupta, MD



