# What is Getting in Your Way?

Diabetes Evidence-based Care July 26, 2018





#### **Polling Questions**

Your participation in today's webinar is welcomed and encouraged!

We will be using polling questions throughout today's webinar to:

- Encourage participation
- Share thoughts
- Identify learning opportunities and discussion topics





Today's date is July 26, 2017?



#### Discussion Topics & Objectives

#### Social Determinants of Health

- Identify strategies to assess for adverse social determinants of health
- Discuss referral options for individuals with adverse social determinants of health

#### Barriers to Engaging in Recommended Care

- Discuss strategies to assess for barriers to care
- Explore validated tools to screen for barriers to care

#### Medication-Taking Behavior

- Discuss evidence-based medication recommendations for individuals with food insecurity
- □ Discuss validated tools to assess for numeracy and diabetes distress

#### Diabetes Evidence Guidelines

 Review select updates to the 2018 American Diabetes Association's Standards of Care

#### Coding

 Understand documentation and appropriate codes related to social determinants of health

#### Terms & Acronyms

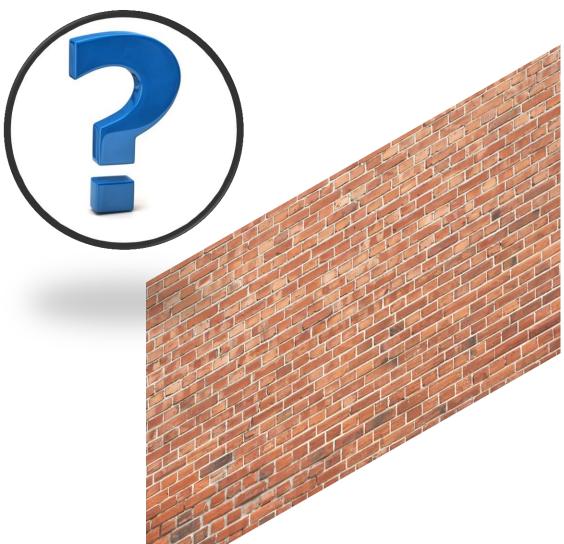
- Diabetes Mellitus
- Person with diabetes
  - PWD
- Social Determinants of Health
  - □ SDOH
- Motivational Interviewing
  - □ MI
- American Diabetes Association
  - □ ADA
- American Association of Diabetes Educators
  - AADE



What gets in your way when caring for a patient who is not reaching their glycemic targets?



# What Gets in Your Way



Not Enough Time

**Patient Nonadherence** 

Not Enough Resources

**Appointment No-Shows** 

Patient's Lack of Motivation



# Finding the Reason





How often do you routinely ask your patients about what is getting in their way of taking care of themselves?



# What Gets in Your Way



**Food Insecurity** 

**Housing Instability** 

**Competing Demands** 

Overwhelmed

Not Enough Time

**Patient Nonadherence** 

Not Enough Resources

**Appointment No-Shows** 

Feels as if nothing helps

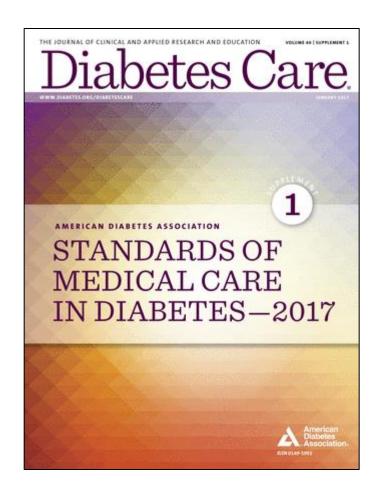
Patient's Lack of Motivation



# Recognizing Barriers and Facilitators

**Guidelines and Strategies** 

#### Diabetes Guidelines





#### References and Permissions

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# Social Determinants of Health

**Guidelines and Strategies** 

# Strategies: Finding the Why

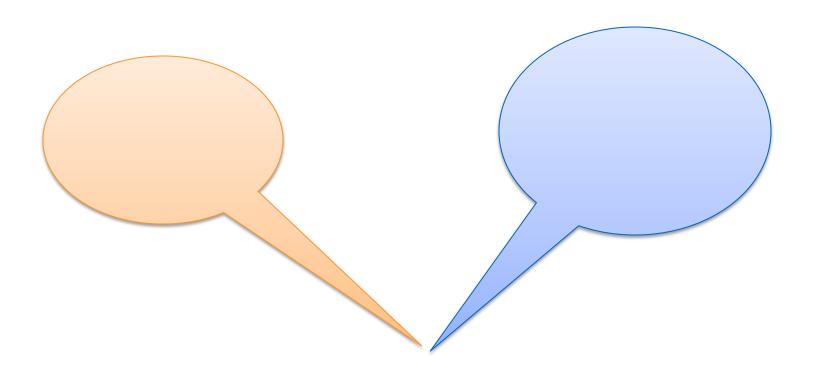
#### The 2018 ADA guidelines suggest some possible barriers:

- □ Social determinants of health (SDOH) are not always recognized and often not assessed or discussed in the clinical encounter
- Health related to diabetes and its complications are very documented and are heavily influenced by SDOH

#### The ADA evidence-based guidelines recommend:

- Providers should routinely assess social context, including:
  - □ Food security
  - Housing stability
  - Financial barriers

## **Screening Questions & Tools**



We will not know until we ask!

# Food Security & Housing Stability

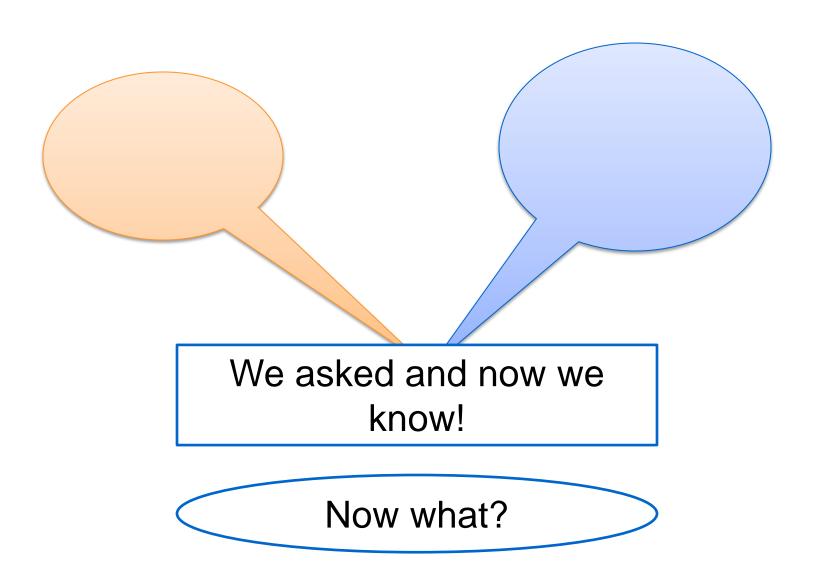
#### **Food Security**

- In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?
  - Yes
  - No
- Source: USDA Household Food Survey

#### Housing

- Are you worried or concerned that in the next two months you may not have stable housing that you own, rent, or stay in as a part of a household?
  - Yes
  - No
- Source: Health Leads, Social Needs Screening Toolkit

# **Screening Questions & Tools**



## Acting on What We Know





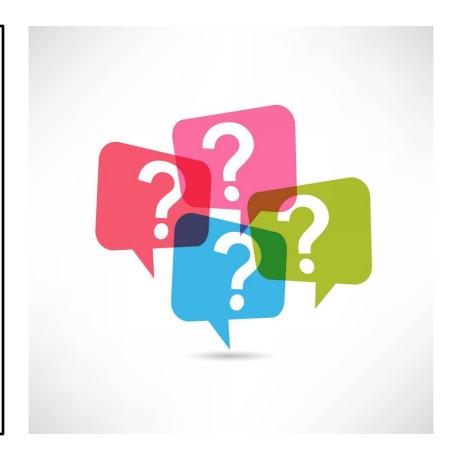
# Case Scenario: Adjust Treatment

PWD1, a 28 year old female with Type 1 diabetes. During her visit she screened positive for food insecurity.



# Polling Question #3

What insulin regimen would you recommend for her?



#### **Guideline Recommendation**

- Impact and Risk
  - One of the biggest impacts is around food availability and covering consumed carbs
  - □ The biggest risk is when a treatment plan is not matched to the unique needs of the PWD

- Food Insecurity Treatment Plan
  - Rapid-acting insulin analogs, preferably delivered by a pen, may be used *immediately* after meal consumption, whenever food becomes available

In Type 2 DM:

Glipizide may be considered due to its relatively short half-life



#### Intervene & Refer

 Referrals to viable resources can facilitate access to needed services and supports:

#### United Way 2-1-1

- 2-1-1 connects callers, at no cost, to critical health and human services in their community
- HUSKY Health Intensive Care Management (ICM)
  - □ Community Health Workers (CHWs) are available to empower families to stabilize their living situations by helping them access available community resources

#### Code with Appropriate ICD-10 Codes



#### **ICD-10 Codes**

- □ Food Security
  - **Z**594

- □ Housing and Shelter
  - **Z**590



#### Case Scenario: Adjust Treatment

- Something else to consider!
  - Cultural and religious preferences.
    - Can individuals with diabetes engage in fasting according to their faith?





Can individuals with diabetes engage in fasting according to their faith?



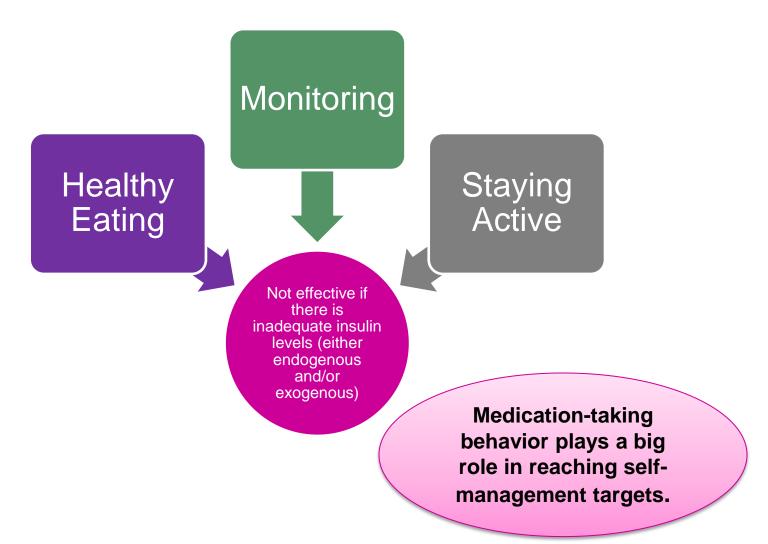
#### Consider Cultural Influences



# Medication-Taking Behaviors

**Guidelines and Strategies** 

#### Insulin: Injected, Inhaled, & Secreted



#### **Medications**

It is not just about if a PWD is not taking their medications

We need to know the

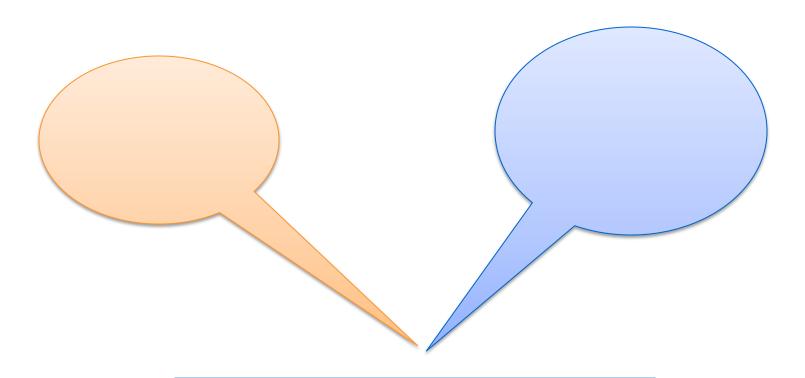
WHY?

# Strategies: Finding the Why

#### The 2018 ADA guidelines suggest:

- The care team, which includes the patient, should prioritize timely and appropriate intensification of lifestyle and/or pharmacologic therapy for patients who have not achieved the recommended metabolic targets
  - □ Strategies shown to improve care team behavior and thereby catalyze reductions in A1c, blood pressure, and lipids are:
    - Identifying and addressing:
      - □ Language, numeracy, or cultural barriers to care
      - Include engaging in explicit and collaborative goal setting with patients

# **Screening Questions & Tools**



We will not know until we ask!

## Approaches to Asking & Screening

# Ask: What Gets in Your Way of Taking Your Medication?

General foundational screening

Assess Ability and Skills

Provides a more detailed screening of an individual's self-care ability

Screen to understand the PWD's experience

Identifies barriers such as diabetes distress



## Polling Question #5

Your target blood sugar is between 80 and 140. Which values are in the target range?



# Polling Question #6

You use the following guide to determine your insulin dosage. How much insulin should you take for a blood sugar of 194?



# Assess Ability & Skills

# Numeracy

Numeracy can be defined as the ability to understand and use numbers and math skills in daily life

 Low diabetes-related numeracy presents a widereaching barrier to attaining and maintaining glycemic control. When patients struggle with this, they may make mistakes with dosing or even abandon treatment plans altogether

# Screening Tool

Diabetes Numeracy Test (DNT5)

- The DNT 5 scale can be used to assess numeracy skills essential for diabetes self-management
- Performance on the DNT correlates with diabetes knowledge, self-efficacy, behaviors, and glycemic control



#### Code with Appropriate ICD-10 Codes



#### **ICD-10 Codes**

- Mathematics disorder
  - F81.2

- □ Illiteracy and Low Literacy
  - **Z**590

#### Screen to Understand

What has living with diabetes been like for you?



#### **Screening Tools**

# **Diabetes Distress**

Negative psychological reactions related to the burdens of managing a demanding chronic condition

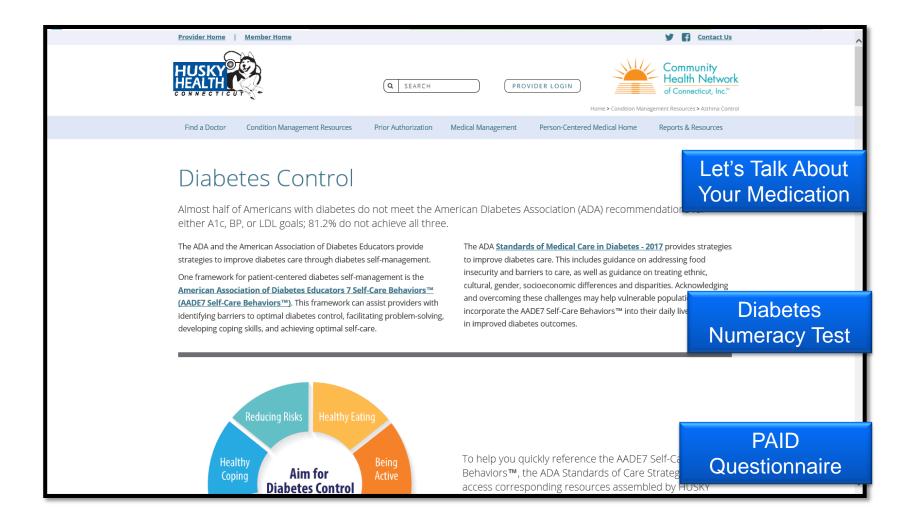
- It is very common
- The ADA recommends:
  - Routine monitoring
  - When treatment targets are not met

## Screening Tool

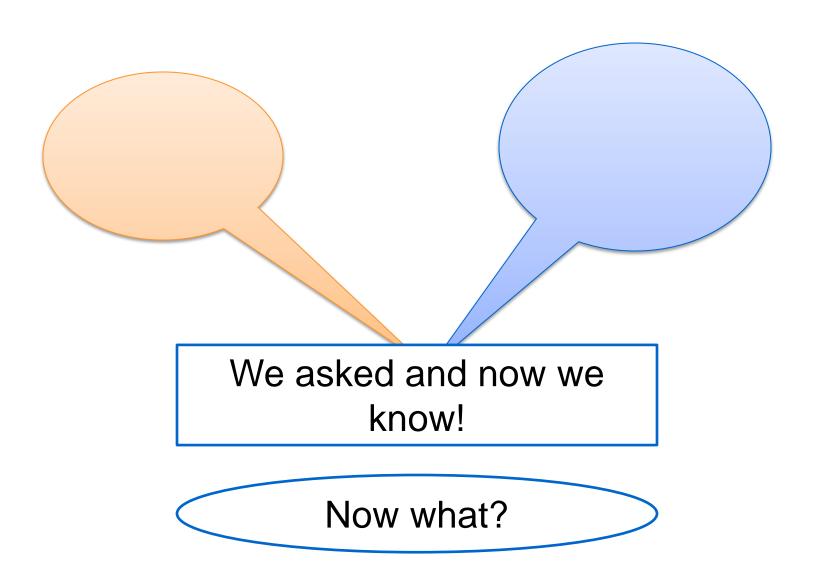
Problem Areas in Diabetes (PAID)

The PAID questionnaire can help you assess patients with diabetes for related emotional distress. This tool can predict future glucose control of the patient

#### Resources & Tools



#### **Screening Questions & Tools**





#### Intervene & Refer

Referrals to care management and behavioral health can assist in minimizing barriers to successful medication-taking behaviors:

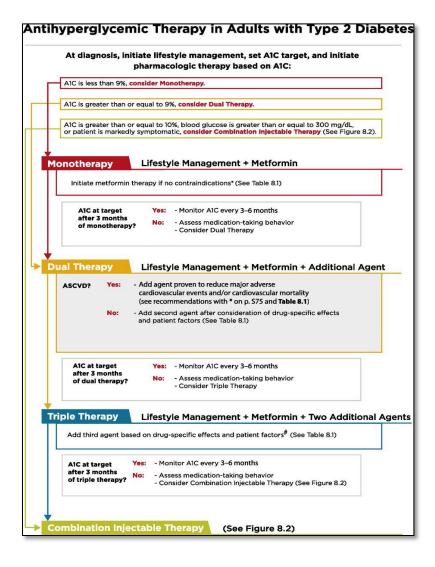
#### Diabetes Distress

- Connecticut Behavioral Health Partnership
  - To make a referral call:
    - 1.877.552.8247
- Self-Care Barriers
  - □ HUSKY Health ICM
    - ICM provides comprehensive care coordination services for members aimed to improve their self-care between provider visits.
    - To make a referral call:
      - □ 1.800.440.5071 x2024

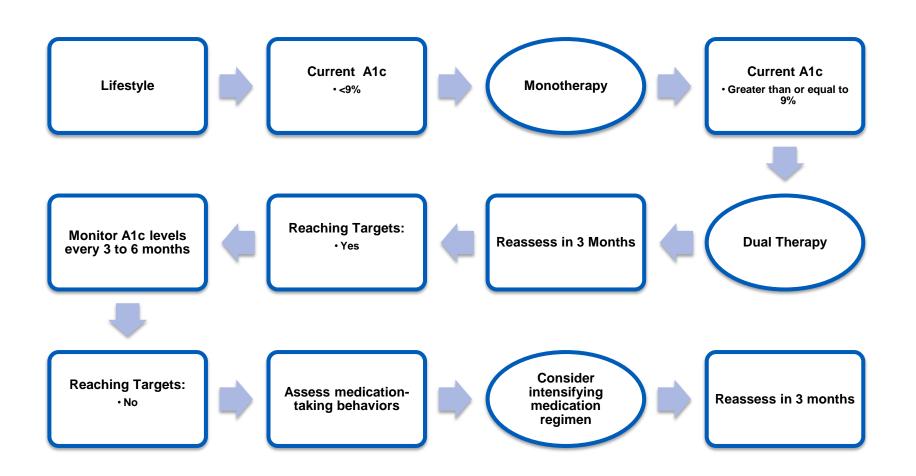
#### After Screening & Asking

- If your patient is taking their medication as recommended and is not reaching their targets:
  - □ Consider using the following algorithms from the American Diabetes Association/European Association for the study of diabetes to assist with intensifying treatment

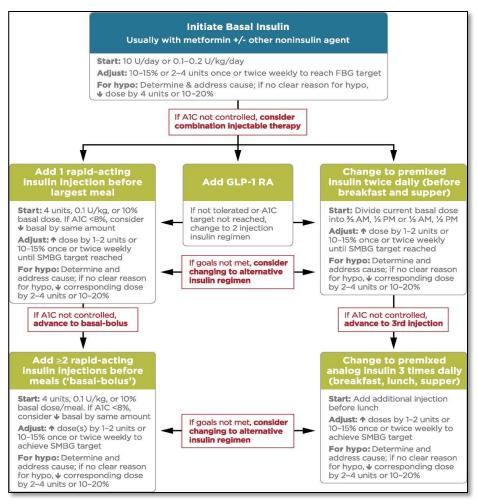
#### Antihyperglycemic Therapy in Type 2 DM



#### Antihyperglycemic Therapy in Type 2 DM



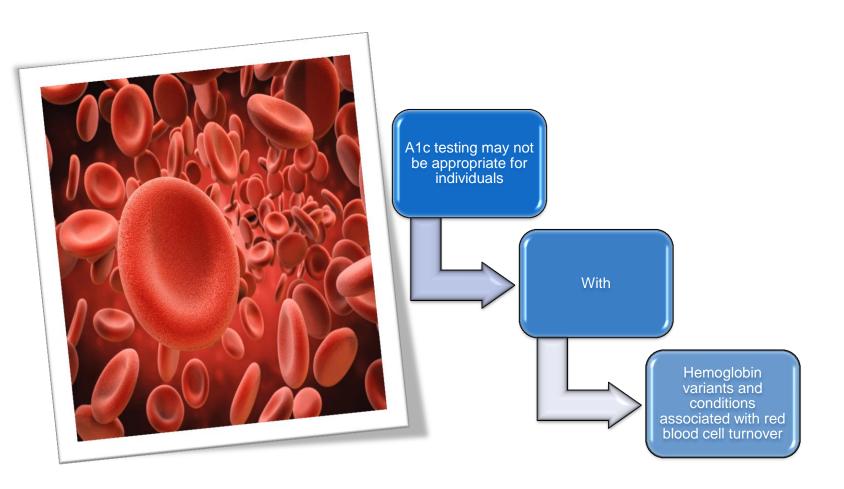
### Combination Injectable Therapy for Type 2 DM



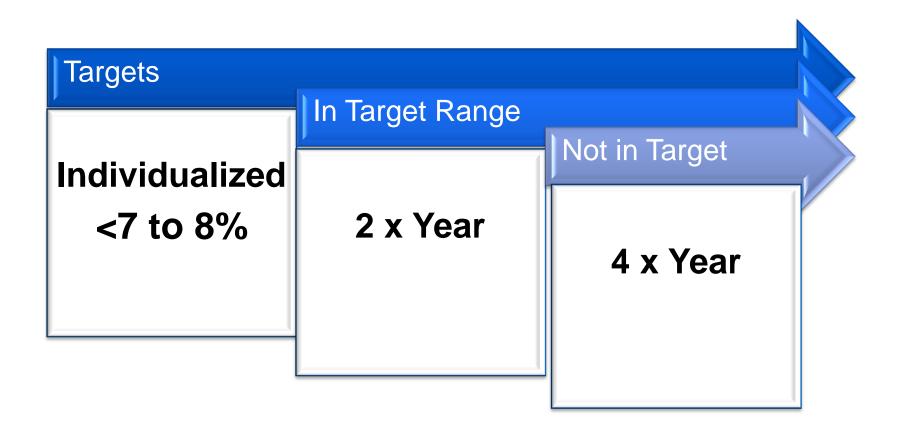
#### **Monitoring**

**Evidence-based Guidelines** 

#### **A1c Monitoring**



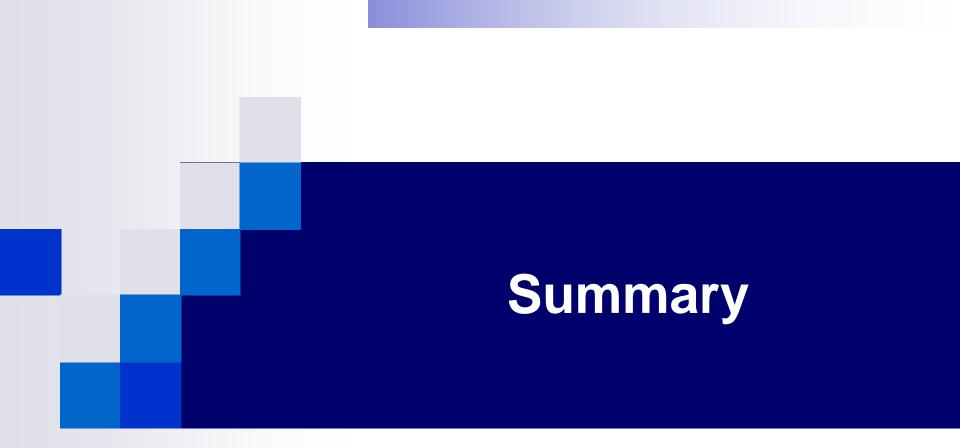




#### **Blood Pressure Monitoring**



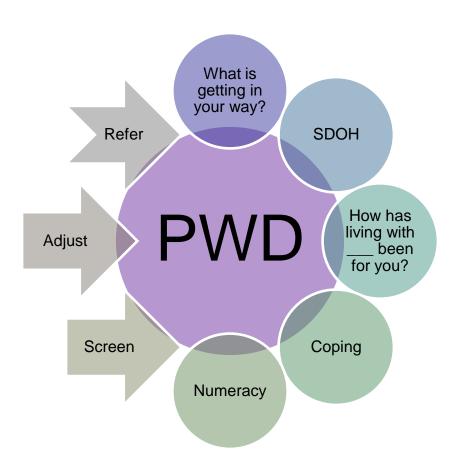
- All individuals with diabetes & hypertension should monitor their blood pressure at home in order to:
  - Help identify potential discrepancies between office vs. home blood pressure
  - Improve medicationtaking behavior



#### Changing the Conversation



#### **Conversation Topics**



#### The Ultimate Goal



#### **Questions/Comments**

#### **PCMH Contact Information**

By email: pathwaytopcmh@chnct.org





All PCMH webinars located on the HUSKY Health website page "<u>Webinars</u>" under the "Person-Centered Medical Home" menu item

