Diabetes Self-Management Support: Finding the Right Balance

June 30, 2016
Objectives

- Review and discuss the intent of the 2016 American Diabetes Association (ADA) Standards of Care
- Discuss how the Standards of Care can be applied by the home care community:
  - Person-Centeredness
  - Numeracy and its impact on:
    1. A1c Monitoring
    2. Medication Management
    3. Monitoring
  - Caring for individuals with food insecurity (FI)
Each year, the American Diabetes Association reviews and updates the Standards of Medical Care in Diabetes. This publication is the go-to source for health care providers who serve patients with diabetes:

- They are designed to guide, not dictate care
- Patients and their health care providers can seek a balance between the general guidelines and tailor therapy to situation and needs
Person-Centeredness

- No longer using the term “diabetic”
- Diabetes does not define an individual
- Individuals with diabetes are individuals, not "diabetics"
Key Recommendation - Communication

- Use an individual-centered communication style that incorporates:
  - Individual preferences
  - Assesses literacy and numeracy
  - Addresses cultural barriers to care
Numeracy

- The ability to reason and to apply simple numerical concepts
- Use and understand numbers in everyday life
Diabetes Numeracy

- 4 ounces
- 7%
- 2-3 Carb Choices
- 100 mg/dl
- Rule of 15
- 15 grams
- 1 unit: 60 mg
Impact of Numeracy

- Diabetes care involves a significant amount of numeracy skills including:
  - Insulin administration
  - Blood glucose monitoring
  - Healthy eating
  - Recognizing and managing hypoglycemia
Assessing Numeracy

Useful strategies:

- “Show and Tell”
- Open ended questions

“Tell me....”
“Show me...”

https://labnodes.vanderbilt.edu/resource/view/id/10654/community_id/1136
Assessing Numeracy - Monitoring

Tell me/show me some examples of what you would use to treat a low blood sugar

Example:

- Your target blood sugar is between 80-140, please circle the number below that means your blood sugar is in target:
  - 50
  - 118
  - 160
Many meters have the option of using designated colors to indicate where a blood glucose reading falls:

- **Red** = High
- **Green** = Target
- **Yellow** = Low

Voice augmented meters may be helpful by using both auditory and visual cueing.

Bluetooth-enabled meters may be helpful by automatically sending blood glucose results to a caregiver (CG)

- The CG can remind the member of any needed treatment
Key Recommendation - Care Approach

Diabetes care has shifted to an approach that places the individual with diabetes and his or her circle of support at the center of the care model, working in collaboration with health care professionals

- This approach is respectful of and responsive to:
  - Individual patient preferences
  - Capabilities
  - Needs
  - Values
Being Responsive

- Focuses on moving from “doing for” to “doing with”
- Involves individuals in as much of their diabetes care as possible
- Even the smallest involvement can have a significant impact
Strategies - Monitoring

- Individualize involvement based on an individual's capacity and preferences
- Keep in mind that any involvement at any capacity is beneficial

- Always allow the individual to actually “see & hear” their results and if capable tell you the result
- Optimize “involved skills”:
  - Meter set up
  - Site prep
  - Ordering supplies
  - Logging results
  - Identify the result as
    - “In target”
    - “Out of target”
Individualized & Responsive

Individual A
- Has developmental barriers and limited numeracy. His “involved skills” are:
  - Sets up his meter and inserts the test strip
  - Chooses which finger will be used to obtain a drop of blood
  - Tells his CG if his results are in the red, green or yellow range
  - Records his blood glucose in a written log book

Individual B
- Has behavioral health barriers and is inconsistent with diabetes care. Her “involved skills” are:
  - Independent with testing
  - Audible/visual test reminders via her cell phone
  - Uses a Bluetooth-enabled meter which wirelessly transmits reading to her CG
  - CG calls to remind her if a scheduled test result was not received
Beyond Self-Monitoring

A1c Monitoring Frequency

Not Meeting Treatment Goals
Quarterly A1c Testing

With Therapy Changes
Quarterly A1c Testing

Achieving Treatment Goals
2 Times Per Year

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Assessing Numeracy - Healthy Eating

- Tell me/show me a package of food you normally eat:
  - If you ate 1 cup, how many total carbohydrates would you have eaten?
- ½ cup of beans counts as 1 carbohydrate choice
  - How many choices does 2 cups of beans count as?
- You should treat a low blood sugar with 15 grams of carbohydrates
  - Can you show me what you would use to treat a low blood sugar?
Strategies - Healthy Eating

- Use designated *serving utensils* for specific portions of foods:
  - A designated cup = lunch or dinner serving of beans/potatoes/pasta
  - A designated small glass = low blood sugar treatment
  - A designated serving spoon = dinner serving of carbohydrates

- Use *designated plates and bowls/containers* for specific portions of foods:
  - Designated portion sized bowls for:
    - Cereals
    - Soups
    - Fruits
  - Plate method works well for most individuals with Type 2
  - Small, appropriate sized containers/bags for snack foods
Beyond Healthy Eating

Food Insecurity (FI)
I in every 7 people in the US are food insecure

The ADA offers two key recommendations for dealing with FI

First, evaluate both hyper and hypoglycemia in the context of food insecurity

Second, propose solutions accordingly
Often involves a tradeoff between purchasing nutritious food or purchasing inexpensive and more energy/carbohydrate-dense processed foods:

- Food access variability equates to glycemic variability
- Consumption of carbohydrate-rich processed foods in the absence of adequate medication dosing can result in hyperglycemia
- Hypoglycemia can result when medication dosing is not adjusted for times when food is not available
Food Insecurity and Insulin Strategies

- Shorter-acting insulin may peak when food is not available

- Longer acting insulin may lower the risk for hypoglycemia when used with:
  - Short-acting insulin analogs given immediately after consumption of a meal, whenever food becomes available
Food Insecurity Strategies

Caring for individuals with diabetes in the setting of FI may mirror “sick day” management action plans

Consider including:

- How to access local food sources
- A food budget/shopping plan
- Medication guidelines for when food has little or no availability
Your insulin dose is 22 units. Can you show me the line of the syringe that is equal to 22 units?

Using this insulin dosing guide, how much insulin would you take for a blood sugar of 230?

<table>
<thead>
<tr>
<th>If blood sugar is:</th>
<th>Unit of Insulin:</th>
</tr>
</thead>
<tbody>
<tr>
<td>150-200</td>
<td>10 units</td>
</tr>
<tr>
<td>201-250</td>
<td>14 units</td>
</tr>
<tr>
<td>251-300</td>
<td>16 units</td>
</tr>
</tbody>
</table>
Strategies - Medications

- If pre-drawn syringes are used, color code them to provide a non-number visual reminder:
  - **Red** = Morning dose
  - **Green** = Lunch dose
  - **Yellow** = Bedtime

- Carefully assess an individual's ability to count **before** recommending an insulin pen

- Provide medication lists with actual “pictures” of their medications and dosages

- Consider using free medication apps if the member has a smartphone
Questions?
Contact Us

- Questions, feedback and agenda topics for future webinars can be sent to:

  Home Care Provider Forum - HCPprovForum@chnct.org