

# Diabetes and COVID-19: Communication with Patients

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# Objectives

At the end of this four-part session, attendees will be able to:

1. Discuss COVID-19-related current events in health care
2. Identify best practices for diabetes identification and management during the pandemic
3. Implement quality improvement project(s) designed to improve diabetes diagnosis and management during the COVID-19 pandemic
4. Engage and empower patients to foster continued health team participation



**Quality Improvement Organizations**  
Sharing Knowledge. Improving Health Care.  
CENTERS FOR MEDICARE & MEDICAID SERVICES



**Mountain-Pacific**  
*Quality Health*

# COVID-19 Regional Updates



# COVID-19 Updates

## Alaska (11/30)

515 new cases (↓ 41)  
active cases

144 Hospitalizations

121 deaths (+23)

5.4% 7-day + test average (↑ 1.52)

<https://coronavirus-response-alaska-dhss.hub.arcgis.com/>

## Guam (11/30)

37 new cases (↓ 22)

1,135 active cases (↓ 755)

46 Hospitalizations (↓ 32)

112 deaths (+20)

10% 7-day + test average (11/25,  
↓7%)

<http://dphss.guam.gov/covid-19/>

# COVID-19 Updates

## Hawaii (11/30)

85 new cases (↓ 10)

1,243 cases in past 14 days

60 Hospitalizations (↓ 3)

244 deaths (+22)

1.7% 7-day + test average (↓ 0.5)

<https://health.hawaii.gov/coronavirusdisease2019/>

## Montana (11/30)

1,015 new cases (↓ 485)

16,157 active cases (↓ 3,593)

495 Hospitalizations (↓ 39)

698 deaths (+155)

15.29% 7-day + test ave (↓ 9.31)

<https://montana.maps.arcgis.com/apps/MapSeries/index.html?appid=7c34f3412536439491adcc2103421d4b>

# COVID-19 Updates

## Northern Mariana Islands (11/29)

1 new case

Hospitalizations 4 (cumulative)

2 deaths (+0)

<https://cnmichcc.maps.arcgis.com/apps/opsdashboard/index.html#/4061b674fc964efe84f7774b7979d2b5>

## Wyoming (11/30)

816 new cases (↑194)

8,612 active cases (↓ 1,535)

235 Hospitalizations (↑ 31)

215 deaths (+71)

9.49% 7-day + test ave(↓ 53.39)

<https://health.wyo.gov/publichealth/infectious-disease-epidemiology-unit/disease/novel-coronavirus/covid-19-map-and-statistics/>

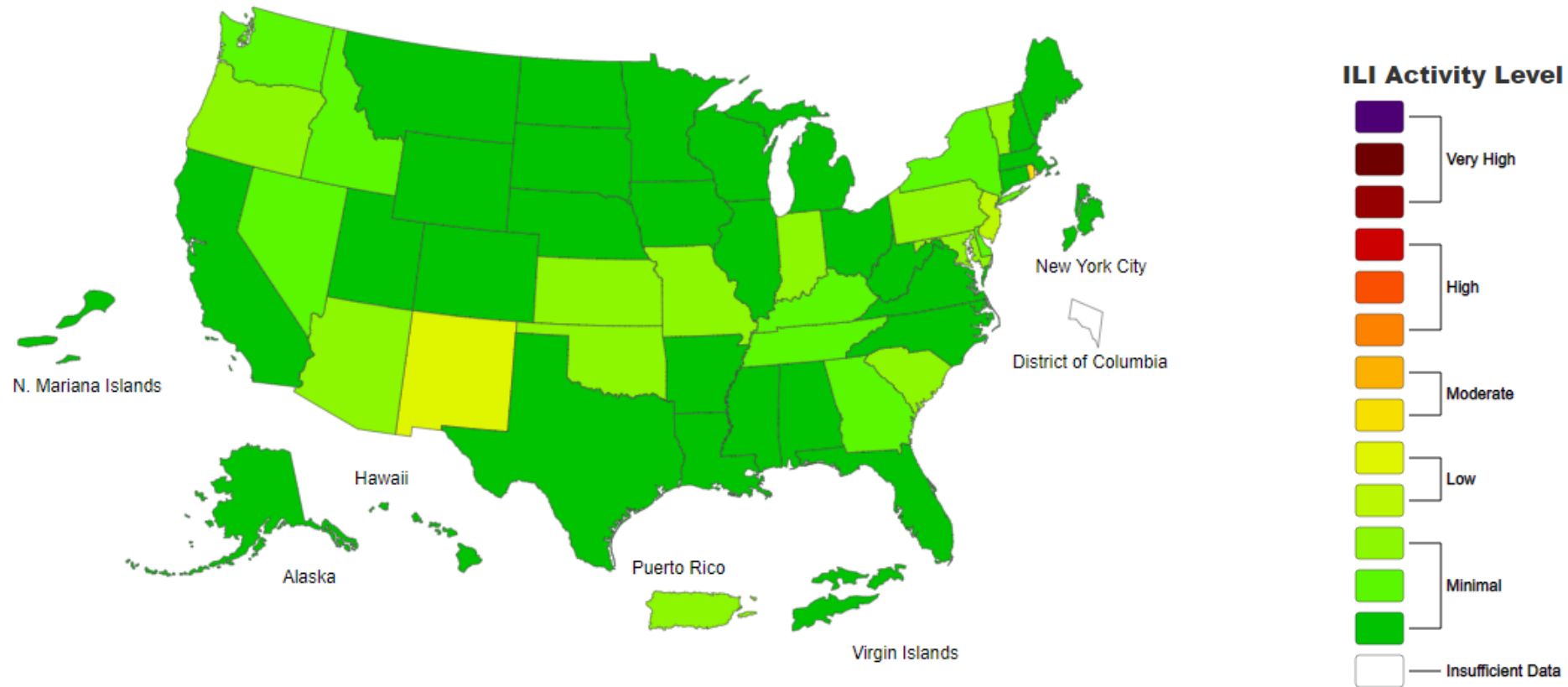
# COVID-19 Updates

	Alaska	Guam	Hawaii	Montana	Northern Mariana Islands	Wyoming	National
<b>Daily Case*</b>	70.4 ↓	21.92 ↓	6.00 ↓	94.97 ↓	-	140.99 ↑	45.98 =
<b>Active Cases*</b>	-	672.49 ↓	87.79	1,511.73 ↓	-	1,488.01 ↓	-
<b>Deaths*</b>	16.54	66.36	17.23	65.31	3.52	37.15	80.86
<b>7-Days Positive Rate</b>	5.4% ↑	10% ↓	1.7% ↓	15.29% ↓	-	9.49% ↓	9.7% ↓

\*Per 100,000 residents

# Influenza Season 2020-2021

2020-21 Influenza Season Week 47 ending Nov 21, 2020



Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINET. FLUVIEW interactive. Centers for Disease Control and Prevention. Reviewed Nov 30, 2020. Available from: <https://gis.cdc.gov/grasp/fluview/main.html>



# Chronic Disease Diagnosis

It's a process, not an event.



# How much do patients remember?

In a study to assess factors associated with patient recall of key information in ambulatory specialty care visits, recall was strongly associated with patients' level of formal education.

## **Results**

Overall, 49% of resolutions were recalled freely and accurately, and an additional 36% were recalled accurately with a prompt.

# Four Guiding Principles for Communication About Diabetes

Diabetes is a complex and challenging disease involving many factors and variables.

1

A stigma that has been attached to a diagnosis of diabetes can contribute to stress and feelings of shame and judgment.

2

Every member of the health care team can serve people with diabetes more effectively through a respectful, inclusive, and person-centered approach.

3

Person-first, strengths-based, empowering language can improve communication and enhance the motivation, health, and well-being of people with diabetes.

4

# Speaking the Language of Diabetes

Neutral, non-judgmental and based on facts, actions or physiology/biology

Free from stigma

Strengths-based, respectful, inclusive and imparts hope

Fosters collaboration between patients and providers

Person-centered

# Patient Education – Speaking the Language of Diabetes

Problematic	Preferred	Rationale
<p>Diabetic (<i>as an adjective</i>)                      diabetic foot                      diabetic education                      diabetic person</p> <p><i>"How long have you been diabetic?"</i></p>	<p>Foot ulcer; infection on the foot                      Diabetes education                      Person with diabetes</p> <p><i>"How long have you had diabetes?"</i></p>	<ul style="list-style-type: none"> <li>• Focus on the physiology or pathophysiology.</li> <li>• "Diabetic education" is incorrect (education doesn't have diabetes).</li> <li>• Put the person first.</li> <li>• Avoid using a disease to describe a person.</li> </ul>
<p>Diabetic (<i>as a noun</i>)</p> <p><i>"Are you a diabetic?"</i></p>	<p>Person living with diabetes                      Person with diabetes                      Person who has diabetes</p> <p><i>"Do you have diabetes?"</i></p>	<ul style="list-style-type: none"> <li>• Person-first language puts the person first.</li> <li>• Avoid labeling someone as a disease. There is much more to a person than diabetes.</li> </ul>
<p>Non-diabetic; normal</p>	<p>Person who doesn't have diabetes                      Person without diabetes</p>	<ul style="list-style-type: none"> <li>• See above.</li> <li>• The opposite of "normal" is "abnormal"; people with diabetes are not abnormal.</li> </ul>
<p>Compliant/compliance/                      non-compliant/                      non-compliance</p> <p>Adherent/non-adherent/                      adherence/non-adherence</p>	<p>Engagement                      Participation                      Involvement                      Medication taking</p> <p><i>"She takes insulin whenever she can afford it."</i></p>	<ul style="list-style-type: none"> <li>• Compliance and adherence imply doing what someone else wants, i.e., taking orders about personal care as if a child. In diabetes care and education, people make choices and perform self-care/self-management.</li> <li>• Focus on people's strengths – what are they doing or doing well and how can we build on that?</li> <li>• Focus on facts rather than judgments.</li> </ul>

# Diabetes Key Elements for Patient Education

A1c  
Goals

Prevention

Weight  
loss

Exercise

Nutrition

Glycemic  
Control

Cardiovascular  
Risk  
Reduction

Foot  
care

Insulin  
administration

Pain  
Management

# Best Practices

**Multi-  
disciplinary  
team-based  
care**



**Standardized  
Treatment  
Protocols**



**Provider  
Champion**



**Use Data  
to Drive  
Improvement**



# Patient Scenario

**What do you think went well in the conversation?**

**What do you think could have been improved?**



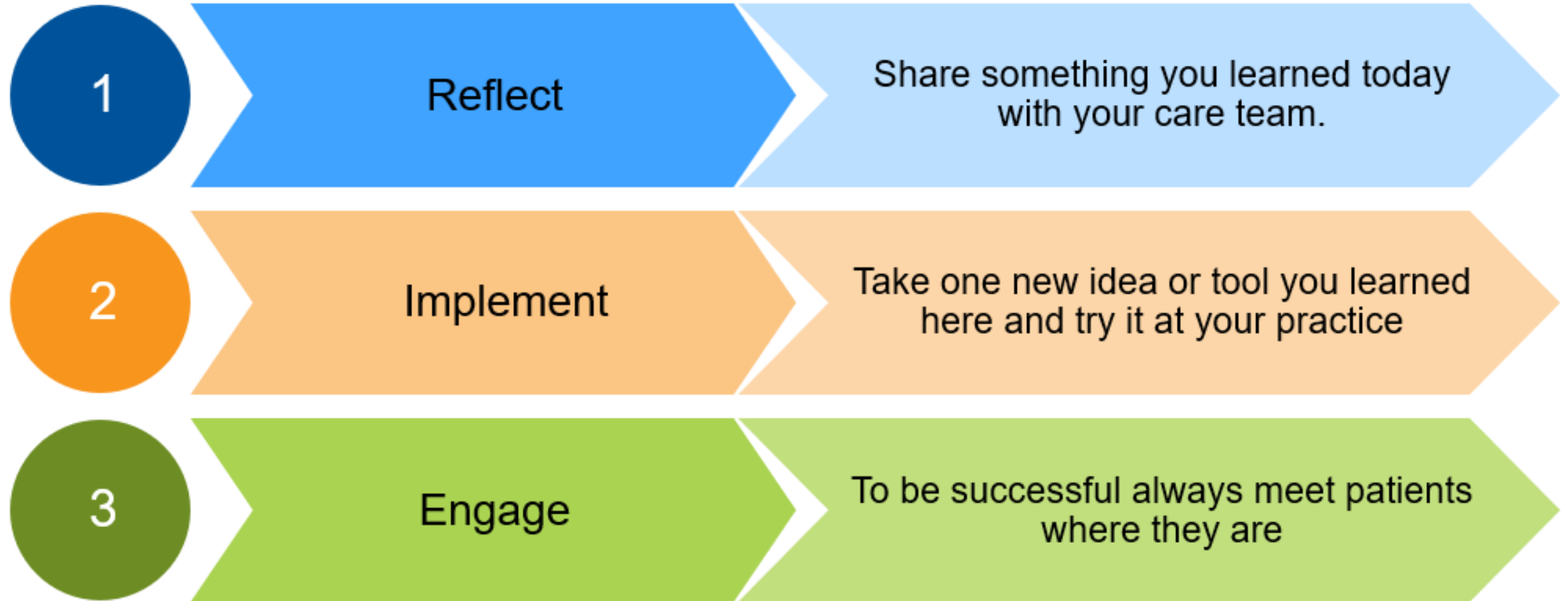
# Let's Take a Poll

Go to [www.menti.com](http://www.menti.com) and Use Code **55 03 76**



- What misconceptions have you heard from patients with diabetes?
- What strategies/resources do you use to help clarify and dispel these misconceptions?

# Leaving in Action



# Commitment to Quality

What can you commit to doing in your practice as a result of these learning sessions? (Select all that apply)

- Implement or incorporate an app in diabetes care
- Assess available data to identify quality improvement opportunities
- Start a quality improvement project
- Implement or incorporate remote patient monitoring
- Continue more education
- Reach out to Mountain-Pacific for more information on diabetes quality improvement affinity groups

# Gathering Feedback

Mountain-Pacific is here to help! On which topic(s) would you like more information, targeted quality improvement assistance, or facilitated peer sharing? (Select all that apply)

- Multidisciplinary diabetes team-based care
- Diabetic standardized treatment protocols
- Using data to drive diabetes outcomes improvement
- Diabetes prevention
- Cardiovascular risk reduction
- Other (Please explain in chat)

# Gathering Feedback

Which format did you prefer for these session? (Choose one)

- Webinar
- Interactive with plenty of time for Question and Answer
- Breakout rooms for small group discussion

Which length of time do you prefer? (Choose one)

- 30 minutes
- 60 minutes

# Gathering Feedback

How often do you like to meet? (Choose one)

- Weekly
- Biweekly (every two weeks)
- Monthly
- Quarterly (once every three months)
- Some other amount (Please explain in chat)

# Gathering Feedback

What topics are you interested in hearing more about? (Select all that apply)

- Infection Control
- Emergency Preparedness
- Immunizations
- Remote Patient Monitoring
- Telehealth Updates

# Next steps

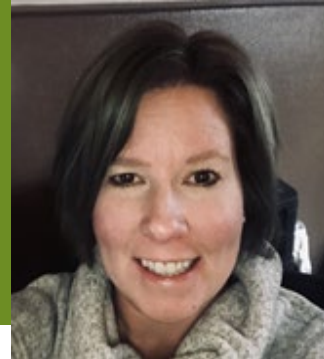
- Mountain-Pacific and Partners creating a Regional Collaborative Chronic Disease Learning and Action Network (LAN)
- Leveraging the combined resources and expertise of organizations, workgroups and participating members
- Resulting in group education, peer to peer sharing and spin off affinity groups to focus on specific quality improvement activities to improve outcomes
- 1<sup>st</sup> - 2<sup>nd</sup> quarter of 2021



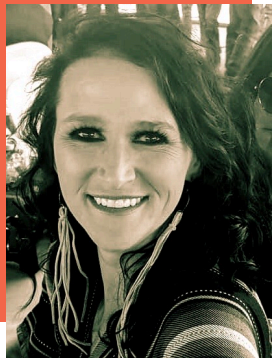
# Questions?



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Thank you!