

## Question & Answer (Q&A): Diabetes Care Assessment, Planning, and Management during COVID-19

*Webinar participants asked these questions during the May 2021 Diabetes Care Assessment, Planning, and Management webinar. We have edited speakers' responses for clarity. The webinar recording, slides, and transcript can be found on the Resources for Integrated Care website:*

### [Diabetes Care Assessment, Planning, and Management during COVID-19](#)

#### **Featured Speakers:**

- Vivian Cheng, PharmD, BCPS, Primary Care Clinical Pharmacy Specialist; Bowdoin Street Health Center
- Nicole Kohler, MS, CDCES, Clinical Design Specialist; Gateway Health
- Katie Sheridan, MSW, LSW, Case Management; Gateway Health
- Vivian Nnacho Ayuk, PharmD, CDCES, Chief Executive Officer; Sorogi
- Fontella Young, Consumer

#### **Diabetes Clinical Management and Self-Management Education During COVID-19**

##### **Q1: How can providers and health plans support someone newly diagnosed with diabetes, especially during the COVID-19 pandemic?**

**Dr. Vivian Nnacho Ayuk:** Primary care providers should be aware of the available support programs in the community, and can provide both education about diabetes in the clinic and a referral for the individual to see a Certified Diabetes Care and Education Specialist (CDCES) in a community-based program. People with diabetes may be confused or emotional after receiving their diagnosis and may not remember all of the information provided by their primary care provider during the initial conversation. The referral to a diabetes program ensures that the individual receives support in between visits with their primary care provider.

**Fontella Young:** As someone newly diagnosed with diabetes during the COVID-19 pandemic, Sorogi showed me how to test my blood glucose and helped me access peer support groups. I did not know anything about diabetes before being diagnosed, and I did not know any other individuals with diabetes, so Sorogi provided resources and made sure I understood what I needed to do to manage my diabetes.

**Dr. Vivian Cheng:** Being newly diagnosed with diabetes can be very overwhelming, so the first few months after diagnosis are critical. Regular, frequent follow-up (every three to four weeks) is critical to allow both the space and time for patients to ask questions to better understand their diagnosis. When working with individuals newly diagnosed with diabetes, providers and clinicians should ask open-ended questions to continuously assess understanding of diabetes,

nutrition, diabetes-related medications, and how to use blood glucose testing supplies. Using a multidisciplinary approach to diabetes care is also important to address the various components of diabetes management (e.g., referrals to nutrition and access to healthy food, behavioral health support, and medication management) and help the individual feel more supported. Providers and clinicians should be empathetic and have shared decision-making discussions with all individuals, but especially with those newly diagnosed with diabetes.

**Q2: Many individuals with diabetes, including older adults, have family or friends who provide important care, including assistance with blood glucose monitoring or administering insulin or other medications. How do you work with family caregivers to support people with diabetes?**

**Katie Sheridan:** Provided we receive consent from the individual with diabetes to involve a caregiver, we can provide the same level of support and education to both the individual and the caregiver. These supports include encouraging blood glucose monitoring, providing education on a diabetic diet, and supporting the individual's diabetes plan. Prior to the COVID-19 pandemic, we provided supports both telephonically and in-person. If there is a special request and the individual with diabetes agrees, case managers will also check in with the caregiver to determine if additional support is needed.

**Dr. Vivian Nnacho Ayuk:** With proper consent from the person with diabetes, we open up our diabetes care management program so the caregiver can participate as well. Part of the process is for the caregiver to learn how the person with diabetes wants to be supported. Several caregivers have taken advantage of peer support group sessions for caregivers where they can learn more about diabetes and how to best support their family member. We have learned that behavior changes work well when they are adopted by the whole family, so when we talk about healthy eating, we note that this is not just for the person with diabetes; it is more successful when the whole family is involved. The caregivers who have joined our peer support group sessions feel more comfortable and have a better understanding of what they need to do to support the person they care for. Sorogi has also learned it is important for caregivers to manage their own stress and anxiety and seek help if needed.

**Q3: What lessons learned or changes in diabetes management implemented in response to the COVID-19 pandemic do you want to see continue in your program?**

**Dr. Vivian Cheng:** Clinical pharmacists are generally numbers-oriented, so prior to the pandemic we were mostly focused on reducing patients' blood glucose and blood pressure values, and calling them every three to four weeks for updates. However, the COVID-19 pandemic made everyone shift their approach, slow down, and take their time to establish trusting relationships with patients and work with them to achieve their A1C or blood pressure goals. Clinicians can establish these trusting relationships with individuals by connecting them

to needed resources (e.g., engaging a nutritionist, looking for prescription cost savings like manufacturer coupons, and providing counsel about differences in Medicare Part D plans), employing active listening skills, and having shared decision-making discussions about goal-setting and reasonable medication adjustments. For example, for individuals with limited income during the COVID-19 pandemic, it would be prudent to be very cost-conscious about diabetes-related testing and medications. This may look like decreasing the frequency of finger stick glucose checks to help individuals reduce spending on test strips, or utilizing lower-cost or fewer medications.

**Katie Sheridan:** We noticed that people with diabetes were eager to embrace and use telehealth technology for their diabetes management during the COVID-19 pandemic. We hope to continue using telehealth technology in different ways as we move forward, including implementing telehealth visits or phone calls in our case management department.

**Dr. Vivian Nnacho Ayuk:** We have seen benefits from incorporating technology in our approach. If we had not switched our program to use telehealth technology, we may not have had an active program during the pandemic. With that in mind, telehealth technology may not be for everyone; it has to be the right technology at the right time for the right person. A helpful [tool](#) from the CDC provides an overview for using telehealth technology in diabetes self-management and prevention programs. We plan to build on these lessons learned as we move forward post-pandemic.

**Q4: Dr. Ayuk, can you describe how the Certified Lifestyle Coach for the Diabetes Prevention Program supports the CDCES role in Sorogi’s overall care management team approach?**

**Dr. Vivian Nnacho Ayuk:** Sorogi provides weekly check-in appointments to participants enrolled in the Diabetes Self-Management Education and Support (DSMES) program. The inclusion of the Certified Lifestyle coach offers additional personnel to follow up on goals set by participants during their appointment with the CDCES. Additional information about the National Diabetes Prevention Program may be found [here](#).

### **Connecting Members to Resources and Supports**

**Q5: In what ways have you focused on supporting people with diabetes who also have depression during COVID-19?**

**Dr. Vivian Cheng:** I work closely with our clinic psychiatrists and behavioral health workers to triage these individuals and connect them with any needed resources. I consider an individual’s mental health when I am co-managing their diabetes, and I may adjust the pace of the treatment plan for lowering A1C or offer them an opportunity to discuss their mental health instead of focusing on their diabetes during a particular appointment. Offering this flexibility and validating an individual’s experience is important. Depression and diabetes management

are closely associated (e.g., depression can impact medication adherence, ability or willingness to engage in care, energy levels for exercise, and dietary changes) and together present a greater challenge, so my role aims to support individuals' mental health in the context of diabetes management.

**Q6: Dr. Cheng, you mentioned Bowdoin Street Health Center's Healthy at Home Virtual Wellness Fair to support participants during the COVID-19 pandemic. How was the fair received by participants, and what supports did Bowdoin Street Health Center provide that may be helpful for other organizations looking to implement a virtual wellness event for individuals with diabetes?**

**Dr. Vivian Cheng:** The Healthy at Home Virtual Wellness Fair was well-received and the participants appreciated the information provided about the broad range of topics covered, which included COVID-19, home blood pressure monitoring/interpretation, home blood sugar monitoring/interpretation, home stretches/yoga activities, and the risks of uncontrolled diabetes. When hosting a virtual wellness event, it is important to consider the audience and community. For example, our virtual wellness event was hosted in two languages - Cape Verdean Creole and English - in an effort to be more inclusive of our surrounding community. Another way to engage participants may be to request and incorporate topic idea submissions from people interested in attending.

### Telehealth Recommendations

**Q7: Ms. Young, do you have any recommendations for how providers can support individuals with diabetes and make telehealth more approachable or accessible?**

**Fontella Young:** Ask individuals with diabetes about their comfort level with the use of technology, and demonstrate how to use the technology or telehealth platform. It is also helpful to connect individuals to programs that help with internet services. In short, practice patience.

**Q8: What would you recommend to providers or plans to address potential privacy concerns during telephonic and telehealth communication, such as when a person does not have a private space away from family members at home?**

**Dr. Vivian Nnacho Ayuk:** Privacy concerns continue to be a challenge we are navigating. Having an initial pre-appointment conversation with an individual regarding what to expect during their telehealth visit is important and having flexibility with appointment times allows our participants to make the decision about whether or not telehealth is the best option for them.

**Dr. Vivian Cheng:** At Bowdoin Street Health Center, we always start a telehealth interaction by introducing ourselves and the purpose of the call (e.g., a virtual follow-up visit or a telephone visit). We confirm that it is a good time for the individual to have their telehealth visit. In this

manner, if the individual does not have a private space away from family members or coworkers, they have the opportunity to either reschedule or to grant us permission to continue with the visit. We also state that the telephone visit is confidential and private between the individual and the provider, just as if they were in the clinic for an in-person visit.

**Nicole Kohler:** Having family members involved and aware of the individual's treatment plan is important, however there are topics that some individuals may want to avoid discussing in front of family members. It is important to determine if there are any topics an individual does not feel comfortable talking about in front of others; the provider may need to ask the individual prompting questions to make this determination. We also may set a dedicated appointment time when a family member is not present to talk about sensitive topics. This could be during an office visit or a meeting outside the home.