



# Care Coordinators: Bridging Care for Diabetes Management

Bridget Ideker | Diabetes Planner

# Learning Objectives

1. Participants will be able to state 2 ways to use the PAID scale for patients with diabetes
2. Participants will be able to define diabetes distress.
3. Participants will be able to state how to refer patients with diabetes to Diabetes Self-Management and Education Support (DSMES)



# Case Study #1



## Patient: RJ

- Male, 62 years old
- Lives alone, never married but has a 'friend' who checks in on him on occasion
- BMI: 42
- Smoker – 1 ppd
- Very limited physical activity
- Works part-time as an auto parts delivery driver
- Meal pattern – snacks throughout the day, one large meal in the evening

## Significant medical history includes:

Type 2 DM

HTN

Hypercholesterolemia

“Mild Renal Insufficiency”

DJD recurrent

gout

### Labs:

- Hgb A1c – 9.8%
- eGFR and uACR shows Stage 3a CKD
- Significantly elevated triglycerides
- Suboptimal blood pressures

### Medications for Type 2 Diabetes:

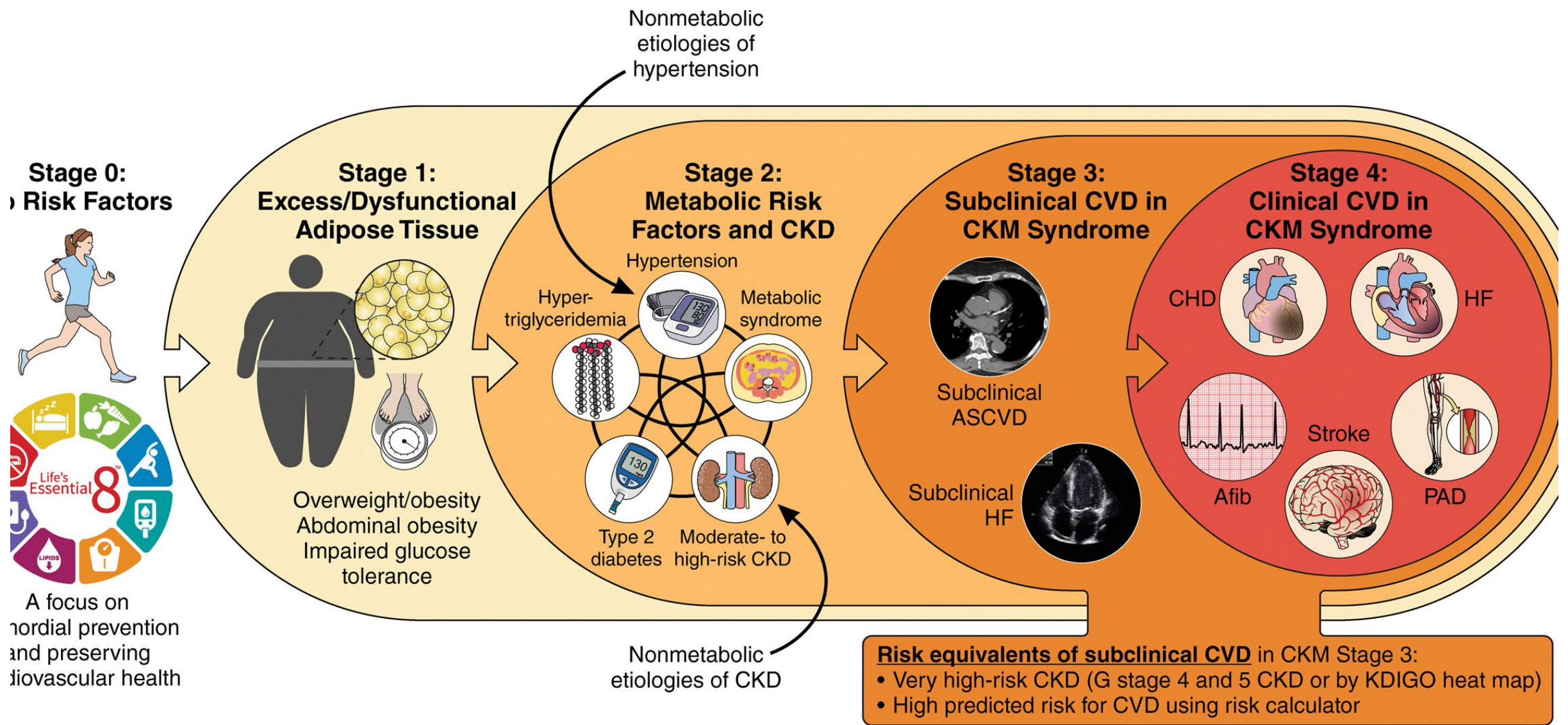


Metformin

Lantus

Novolog with meals

Not testing blood sugars very often



# Cardiovascular-Kidney-Metabolic Health

Chronic health conditions have been managed by patient's primary care provider.

Referred to Care Coordination by PCP. Last clinic note stated patient needed more one on one help.

# Care Coordinator Actions

- Patient initially denied referral to care coordination
- Care Coordinator sent written information about Care Coordination.
- Followed up with phone call 2 weeks later and patient accepted referral.
- Chart review



# Care Coordinator Actions

- **Motivational Interviewing** Techniques
- “What concerns you most about your health?”
- “There are many different pieces of managing blood sugars. Which one do you want to talk about today?”

# Care Coordinator Actions

## Referrals placed for patient:

- ✓ Medical Nutrition Therapy
- ✓ Diabetes Self-Management and Education Support (DSMES)
  
- ✓ Care Coordinator used plate method to discuss basics of meal planning

**Diabetes Self-Management and Educational Support (DSMES)** is an evidenced based program designed to educate persons with diabetes and provide the skills necessary for self-management of diabetes.

[DSMES Services | Diabetes | CDC](#)

### **Medical Nutrition Therapy (MNT)**

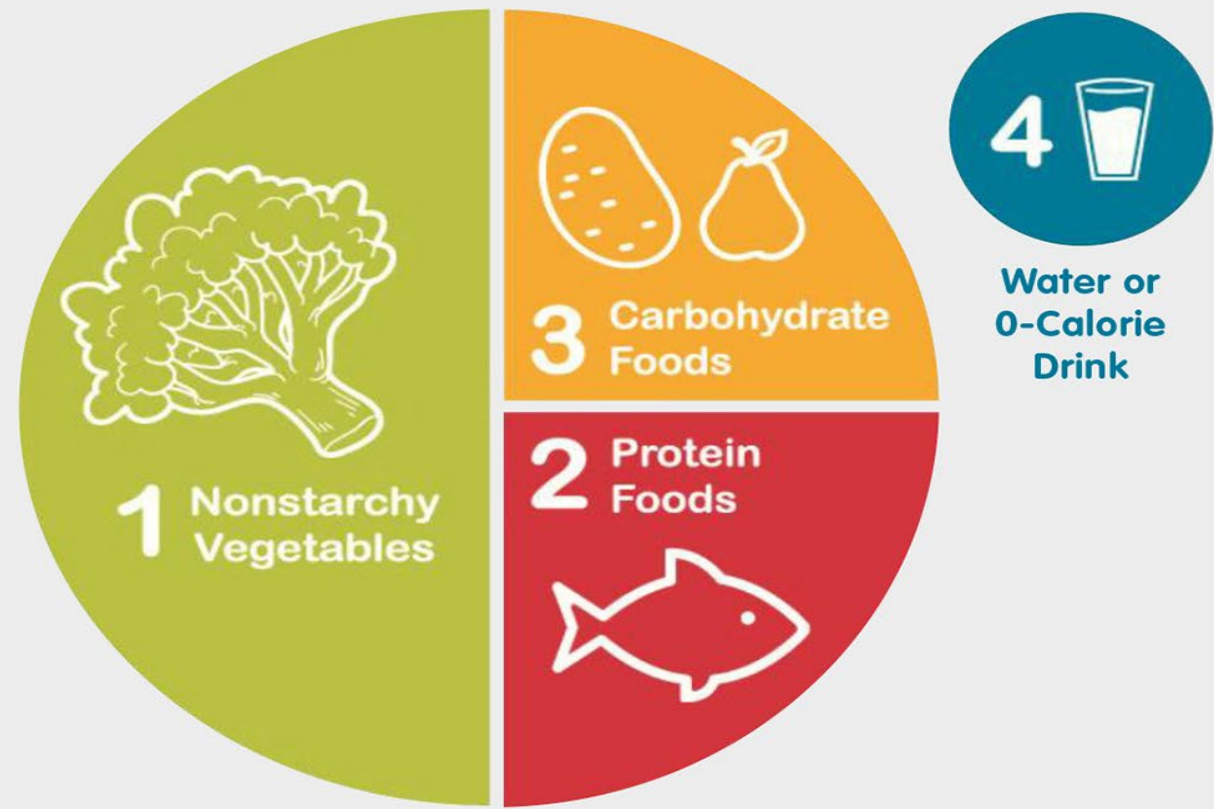
Provided by a Registered Dietitian, MNT provides the patient with diabetes with knowledge to make food choices to improve blood sugars and overall health.

[Medical Nutrition Therapy | Reimbursement and Sustainability | DSMES Toolkit | Diabetes | CDC](#)

# Diabetes Plate Method

## DIABETES PLATE METHOD

The Diabetes Plate Method is a simple tool that can be used to create perfectly portioned meals that balance non-starchy vegetables, proteins, and carbohydrates. Imagine organizing your plate – 9 inches across is recommended - into three sections. Then fill your plate using the following 4 steps and the information you have learned so far:



# Care Coordinator Actions

- Used the Problem Areas in Diabetes (PAID) questions and discovered a fear of **hypoglycemia**
  - **Couldn't feel low blood sugars as well**
  - **Lives alone – 'What if I don't wake up'**
  - **Job concerns – low blood sugars while driving**
  - **Wasn't testing blood sugars**
  - **Overtreating perceived lows**

## The Hypoglycemia Fear Survey-II (HFS-II W)

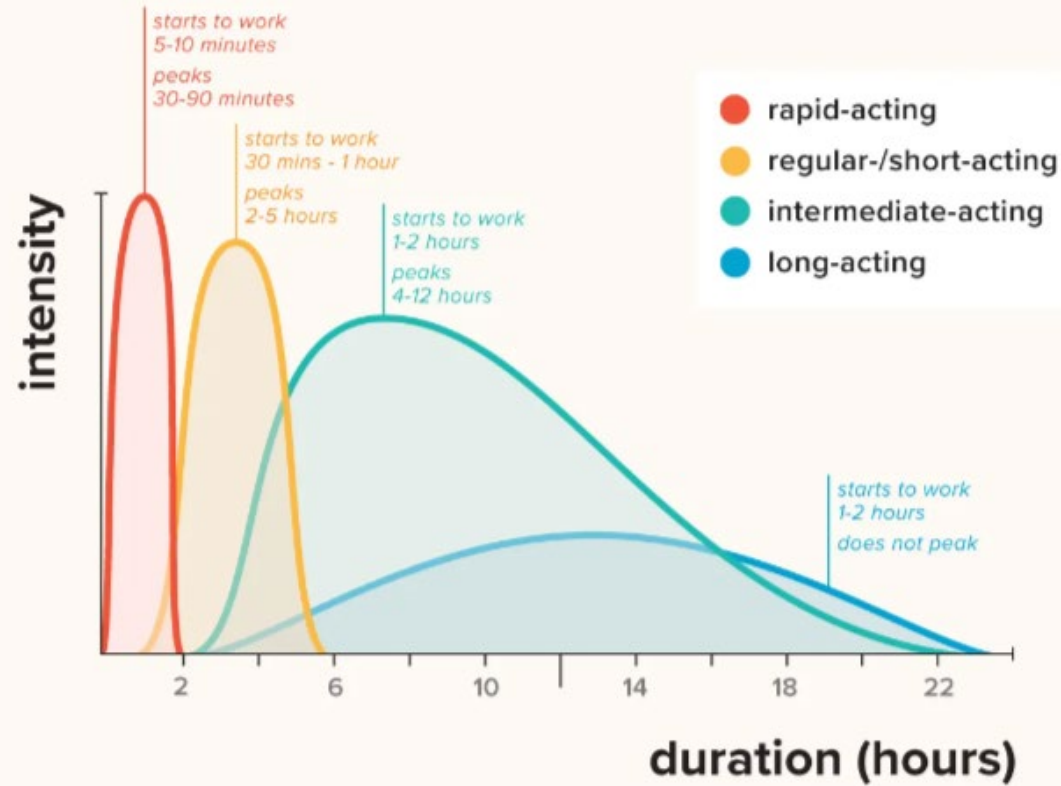
**I. Behavior Instructions:** Below is a list of things people with diabetes sometimes do in order to avoid low blood sugar and its consequences. Circle one of the numbers to the right that best describes what you have done during the last 6 months in your daily routine to AVOID low blood sugar and its consequences. (Please do not skip any!)

To avoid low blood sugar and how it affects me, I...	Never	Rarely	Sometimes	Often	Almost always
1 Ate large snacks.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2 Tried to keep my blood sugar above 150.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3 Reduced my insulin when my blood sugar was low.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4 Measured my blood sugar six or more times a day.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5 Made sure I had someone with me when I went out.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6 Limited my out of town travel.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7 Limited my driving (car, truck, or bicycle).	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8 Avoided visiting friends.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9 Stayed at home more than I liked.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10 Limited my exercise/physical activity.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
11 Made sure there were other people around.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
12 Avoided sex.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13 Kept my blood sugar higher than usual in social situations.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
14 Kept my blood sugar higher than usual when doing important tasks.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

[ada mental health toolkit questionnaires.pdf \(diabetes.org\)](https://www.diabetes.org/ada-mental-health-toolkit-questionnaires.pdf)

# Re-education on insulin types

## types of insulin



## 15/15 Rule

1. If able, patient should check blood sugar to confirm low
2. Treat with 15 grams of carbohydrate
3. Recheck blood sugar in 15 minutes
4. Repeat until blood sugar is in acceptable range



# 15 grams of carbohydrate



½ cup (4 oz ) juice



4 glucose tablets



4-5 lifesaver hard candies

# Case Study #1



Patient: RJ

## 6 Month Follow-Up

Decrease in A1c and triglycerides

More frequent testing of blood sugars

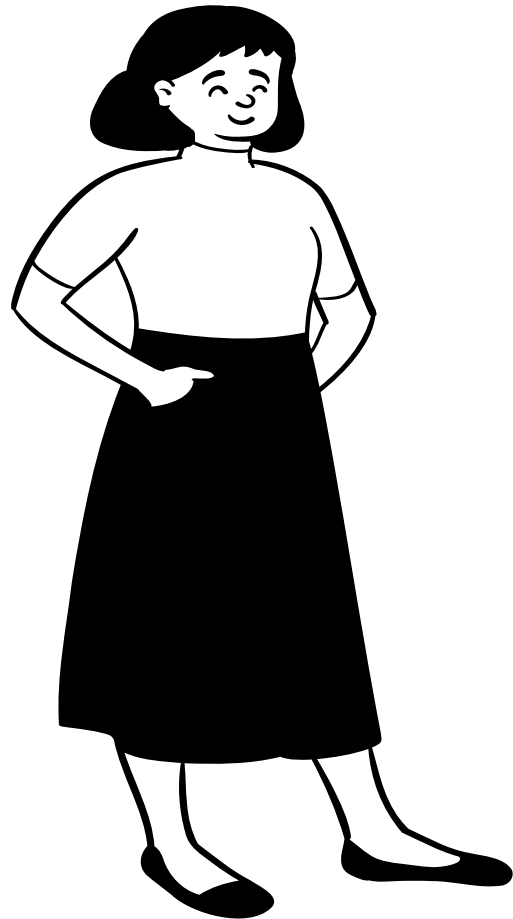
Very few hypoglycemic reactions (delayed meals)

RJ was very thankful for his 'phone nurse'

# Questions



# Case Study #2



Patient: MD

- 52-Year-old Female
  - Lives Alone
- Works as a teaching assistant
- Local family support, although her sister is 'bossy'
- Diagnosed with bipolar disease several years ago

Patient: MD

- Hb A1c 8.8%
- Metabolic Syndrome
- Recent significant weight gain
  - Medications for Diabetes:
- Metformin and recently started Ozempic
- Referred by a member of her diabetes care team to care coordination

# During the Initial Conversation

Patient: MD

“My doctor wrote in my chart I was ‘non-compliant’. I try, I really do. At this point I am just giving up trying to lose the weight and improve my blood sugars”

“The use of empowering language can help to educate and motivate people with diabetes, yet language that shames and judges may be undermining this effort, contributing to diabetes distress, and ultimately slowing progress in diabetes outcomes.”

Diabetes Care 2017

[tab 11- use of language.pdf \(diabetes.org\)](#)

# Care Coordinator Actions

## Diabetes Distress Scale (DDS-17)

**Instructions:** Living with diabetes can sometimes be tough. There may be many problems and hassles concerning diabetes and they can vary greatly in severity. Problems may range from minor hassles to major life difficulties. Listed below are 17 potential problem areas that people with diabetes may experience. Consider the degree to which each of the 17 items may have distressed or bothered you DURING THE PAST MONTH and circle the appropriate number.

Please note that we are asking you to indicate the degree to which each item may be bothering you in your life, NOT whether the item is merely true for you. If you feel that a particular item is not a bother or a problem for you, you would circle 1. If it is very bothersome to you, you might circle 6.

		Not a problem	Slight problem	Moderate problem	Somewhat serious problem	Serious problem	Very serious problem
1	Feeling that diabetes is taking up too much of my mental and physical energy every day.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
2	Feeling that my doctor doesn't know enough about diabetes and diabetes care.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
3	Not feeling confident in my day-to-day ability to manage diabetes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
4	Feeling angry, scared, and/or depressed when I think about living with diabetes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
5	Feeling that my doctor doesn't give me clear enough directions on how to manage my diabetes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
6	Feeling that I am not testing my blood sugars frequently enough.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
7	Feeling that I will end up with serious long-term complications, no matter what I do.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
8	Feeling that I am often failing with my diabetes routine.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
9	Feeling that friends or family are not supportive enough of self-care efforts (e.g., planning activities that conflict with my schedule, encouraging me to	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6



# Diabetes Distress

- Emotional response to living with diabetes
- Burden of extensive daily self-management
- Implication of long-term complications
- Social stigma
- Financial implications
- [ada mental health workbook chapter 3.pdf \(diabetes.org\)](#)

# Care Coordinator Actions

- Know when to assist and when to arrange visits with psychological professional
- Care Coordinator talked with patient's mental health provider.
- Led to the mental health provider enrolling in Mental Health Provider Diabetes Education Program
- [Mental Health Provider Diabetes Education Program \(apa.org\)](https://www.apa.org/mental-health-provider-diabetes-education-program)

# Care Coordinator Actions

- Took the time to explain what the new medication being prescribed – Ozempic – could do for her blood sugars and her weight.
- “No one has explained the medication to me”

# Medications for Diabetes AND Obesity

Professional version





Learn more about Incretins and Weight Management for Type 2 Diabetes

## Pharmacologic Agents for Diabetes & Obesity



**There is strong and consistent evidence that obesity management:**

- 1 Can delay the progression from prediabetes to type 2 diabetes
- 2 Is highly beneficial in treating type 2 diabetes
- 3 Improves glycemia and reduces the need for glucose-lowering medications
- 4 Substantially reduces A1C and fasting glucose and has been shown to promote sustained diabetes remission through at least 2 years
- 5 Can aid in achieving and maintaining meaningful weight loss and reducing obesity-associated health risks

**TREATMENT OPTIONS FOR OVERWEIGHT AND OBESITY IN TYPE 2 DIABETES**

Treatment	BMI category (kg/m <sup>2</sup> )		
	25.0–26.9 (or 23.0–24.9*)	27.0–29.9 (or 25.0–27.4*)	≥30.0 (or ≥27.5*)
Intensive behavioral counseling	†	†	†
Obesity pharmacotherapy		†	†
Bariatric surgery			†

\*Recommended cut points for Asian American individuals (expert opinion).  
† Treatment may be indicated for select motivated individuals.

**WEIGHT LOSS EFFICACY OF GLUCOSE-LOWERING MEDICATIONS:**

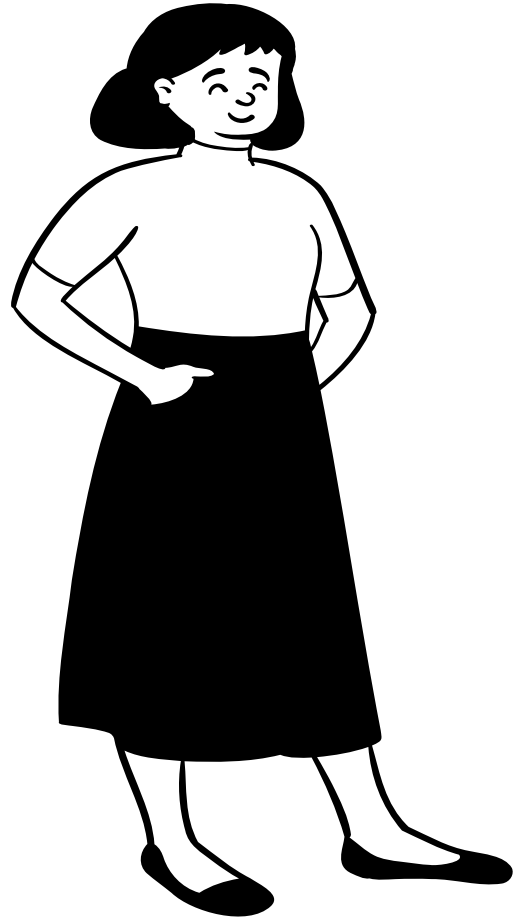
<b>VERY HIGH</b>	• Semaglutide (SC or PO) • Tirzepatide
<b>HIGH</b>	• Dulaglutide • Liraglutide
<b>INTERMEDIATE</b>	• Exenatide • Lixisenatide • SGLT2i
<b>NEUTRAL</b>	• DPP-4i • Metformin

**GLUCOSE-LOWERING MEDICATIONS**

# Care Coordinator Actions

- Created an Action Plan with the patient
- [your diabetescareandmanagementplan final 3 29 22.pdf](#)

# Case Study #3



Patient: MD

6 month follow up

Patient is working with her mental health provider

Active part of her care plan for diabetes

15# weight loss (5% of total body weight)

A1c 8.2%

Patient felt she as part of the team and had

better communication with her PCP

# Questions



- [Cardiometabolic Health \(adces.org\)](https://adces.org)
- [Cardiovascular-Kidney-Metabolic Health: A Presidential Advisory From the American Heart Association | Circulation \(ahajournals.org\)](https://ahajournals.org)
- [Diabetes Basics | CDC](https://www.cdc.gov/diabetes/basics)
- [Table of Medications - Diabetes Education Online \(ucsf.edu\)](https://www.ucsf.edu)
- [Motivational Interviewing and Diabetes: What Is It, How Is It Used, and Does It Work? | Diabetes Spectrum | American Diabetes Association \(diabetesjournals.org\)](https://diabetesjournals.org)
- [Diabetes Self-Management Education and Support \(DSMES\) Toolkit | Diabetes | CDC](https://www.cdc.gov/diabetes/dsmes)
- [Medical Nutrition Therapy | Reimbursement and Sustainability | DSMES Toolkit | Diabetes | CDC](https://www.cdc.gov/diabetes/dsmes)



- [Behavioral Health Toolkit | American Diabetes Association](#)
- [plan\\_your\\_plate.pdf \(diabetes.org\)](#)
- [ada\\_mental\\_health\\_workbook\\_chapter\\_3.pdf \(diabetes.org\)](#)
- [Mental Health Provider Diabetes Education Program \(apa.org\)](#)
- [your\\_diabetescareandmanagementplan\\_final\\_3\\_29\\_22.pdf](#)
- [Summary of Revisions: Standards of Care in Diabetes—2024 | Diabetes Care | American Diabetes Association \(diabetesjournals.org\)](#)
- [Pharmacologic Agents For Diabetes And Obesity](#)

# Thank You!

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