

Virtual Endocrinology Session

With Dr. Jeremy Gilbert and Lori Sutton

April 30, 2020 – Supporting People with Diabetes during the COVID-19 Pandemic

Facilitator Information

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- Endocrinology Lead - Toronto Diabetes Care Connect/South Riverdale CHC;
- Staff Endocrinologist - Sunnybrook Health Sciences Centre; and
- Associate Professor of Medicine – U of T
- 2018 Clinical Practice Guidelines Steering Committee Member - Diabetes Canada
- **Disclosures:** Previous honoraria received from: Abbott, Amgen, Astra Zeneca, Boehringer, Dexcom, Eli Lilly, Insulet, Janssen, Merck, Novo Nordisk, Sanofi

Lori Sutton, RD, CDE

- Regional Facilitator - Toronto Diabetes Care Connect/South Riverdale CHC
- **Disclosures:** None

Objectives

During this virtual endocrinology session for healthcare providers we will :

1. Discuss special considerations for diabetes management during the pandemic
2. Discuss adapting an in person diabetes clinic to a virtual diabetes clinic
3. Evaluate the advantages and disadvantages of this model of care
4. Review how to coordinate virtual care amongst the health care team players effectively

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Diabetes Management - special considerations

1. COVID-19 risk

- No increased risk of infection BUT if they become infected there is an increased risk of developing severe symptoms and of dying

2. Sick Day Management

- SAD MANS
- Testing for ketones

3. Supplies on Hand

- Diabetes Canada recommends having enough medication (including insulin) as well as device, monitoring and hypoglycemia treatment supplies on hand for 1-2 weeks

Links to resources can be found on [COVID-19 page of the TDCC website](#).

Diabetes Management - special considerations

4. Diabetes Medications

- Canadian Cardiovascular Society and the Canadian Heart Failure Society joint recommendations for patients with confirmed or suspected COVID-19 infection:
 - **ACEi/ARB/ARNi** - should not stop taking unless there is a compelling reason to do so (such as symptomatic hypotension or shock, acute kidney injury, or hyperkalemia).
 - **NSAID** - no clinical evidence regarding use in patients with or at risk of COVID-19 infection; however, patients with heart failure or hypertension should preferentially choose acetaminophen over NSAIDs for fever or pain to avoid decompensation of these cardiovascular conditions.
 - **Low-dose ASA** – all patients (children, adolescents and adults) taking this for heart disease should continue taking it unless otherwise advised by their physician.

Links to resources can be found on [COVID-19 page of the TDCC website](#).

Diabetes Management - special considerations

5. Food Security

- Usage of food banks has increased by about 50%
- Connection to supports such as food banks, Canadian Food Centers
 - The 519 has created a resource handout

6. Mental Health

- Increased risk of depression and anxiety at this time. Some options for support include:
 - Connection to on site social work, help lines, BounceBack, Big White Wall etc.
 - Supporting patient/client to focus on what they can control during the pandemic
 - Diabetes Australia has produced a resource to help people with diabetes (Diabetes Australia)

Clients needs may have changed significantly. Wellness checks are being done by many organization.

Links to resources can be found on [COVID-19 page of the TDCC website](#).

Chat time...



For those of you providing care and doing wellness checks, what needs are being identified?

What resources are you using to support your clients around food security, mental health and other needs?

Virtual Care – supporting clients during the pandemic

- The Canadian Medical Protective Association (CMPA) supports the appropriate use of virtual care tools that enable physicians to more efficiently and safely provide care to their patients during these extenuating circumstances.
- Many regulatory colleges are also encouraging healthcare providers to use virtual care as an effective means of providing treatment to clients/patients, especially for those who are:
 - Exhibiting symptoms of COVID-19, or
 - At higher risk if exposed to COVID-19 (e.g. pre-existing medical conditions).
- Healthcare providers need to use their professional judgment in assessing their ability to use virtual care, with regard to guidance from Colleges on how to provide care in the current context.

Virtual Care - OTN

Old Version of OTN	New / Current Version of OTN
Physicians/healthcare providers and clients/patients: <ul style="list-style-type: none">had to go to OTN centres to have a virtual visit	Physicians/healthcare providers: <ul style="list-style-type: none">can initiate an Direct-to-Patient Video Visit from their computer Clients/patients: <ul style="list-style-type: none">can join from anywhere using their cell phones, tablets, etc.

- OTN usage has increased significantly during the pandemic
 - 16, 000 new account requests since March 1, 2020 (9 x the daily average)
 - 10 x the average number of Direct-to-Patient Video Visits (through OTNinvite)
- Billing codes for physicians are the same as for in-person visits (effective April 1, 2020) .
 - There are virtual visit codes but they pay nothing and are used by MOH to track frequency of use:
 - B103A for patient attending at a patient host site & B203A for direct to patient video

Keep in mind if OTN is not an option at the moment virtual care may be as basic as a telephone call or may involve other video conferencing and internet-based tools.

Virtual Care – considerations

- **Privacy & Consent**

- CMPA stresses that a physician's duty of confidentiality and privacy obligations continue despite the COVID-19 outbreak.
 - This is true for all healthcare providers who need to take all necessary precautions to protect the personal information, including the personal health information of our clients.
 - Some ways that this can be done include: blocking phone numbers, participating in virtual care encounters in a private setting, using one's own electronic device, etc.
- Prior to any virtual care being delivered, the client must provide their informed consent to participate in virtual care.
 - They must be aware of the increased privacy risks associated with electronic communications.
 - Signed consent may not be possible in which case verbal consent will be obtained
 - Consent must be documented in the client's/patient's chart

- **Documentation**

- CMPA reminds physicians that it continues to be important to document all virtual care encounters with reference to the technology that was used. Again this is true for all providers.

OMA has scripts for both obtaining and documenting informed verbal consent – see link on [COVID-19 page of the TDCC website](#).

Virtual Care – advantages

- Allows clients/patients to be supported while limiting exposure to COVID-19
 - Sharing glucose results digitally using available technology
 - During this pandemic especially important to communicate with people who may be isolated, more vulnerable and a virtual care appt is a great opportunity
- May be more convenient for client/patient even once physical distancing recommendations change.
 - No commute
 - Less time missed from work
 - Don't have to pay for parking
- May support more effective care:
 - Less no shows
 - Allows brief appointments to address quick questions
 - Gives you a chance to do more than just have a conversation....You can SEE the client/patient
 - How do they look?
 - What is their home looking like?
 - Could explore use of recording visit to allow playback by client

Virtual Care – challenges

- Not all clients have:
 - Access to required devices and/or data
 - Tip: could consider organizing a device drive
 - Adequate technological and/or medical literacy (may be especially hard for seniors or newcomers)
- Takes time to learn new system in the office and for patients to adapt to new system especially if using technology
 - Can do phone visit, try to arrange to have support person to assist
- If appointment time is delayed (i.e. provider is running late) there is no feedback with a virtual system
 - Tip: Let patients know they can expect a virtual visit phone call/OTN visit around this time (not exact) and how long to expect the appointment will last
- More challenging to teach and/or provide resources
 - PDF handouts and videos may be helpful

Virtual Care – challenges

- Not all healthcare providers:
 - Are set up for or adept to OTN
 - other virtual platforms may not be secure
 - set-up and training take time and resources
 - Have scheduling support
- Provide access to data can be limited or challenging (e.g. lab work, glucometer readings etc.)
 - Tip: If possible have patients send in data in advance or use software that had data in the office
- Maintaining human element in virtual care can be challenging
 - Using video and focusing on client/patients needs can help
- Remuneration for fee for service providers may be impacted

Chat time...



For those of you who are providing virtual care, what experiences, tips and/or resources would you like to share with the group?

Sharing some other experiences...



Experiences of a endocrinologist



What have your experiences been providing diabetes care during the pandemic?

Virtual Care – visit infrastructure

- **Leveraging technology:**
 - EMR & patient portals- e.g. my chart, sharing data platforms
- **Leveraging other forms of virtual care:**
 - E-consults from specialist to specialist
- **Administrative support:**
 - Excellent administrative assistant who is comfortable with technology and willing to learn about new devices/techniques
 - Able to explain to patients what to do
- **Communication:**
 - Clear communication system is required between physician, patient and other health care professionals
 - Consent for virtual visit
 - Helpful to have email consent

Tips for converting your practice

1. Can use automatic reminders sent by EMR (if available) to instruct patients that appointments will be by phone
2. Use automatic reply message to communicate to client to let them know that:
 - Their appointment will be switched to a phone/virtual visit (i.e. they don't need to cancel their appointment)
 - The appointment will still happen even if blood work cannot be done
3. Change focus of visit as needed based on need/access to bloodwork

Aim is to keep client safe, preventing a potentially avoidable ED visit/hospital admission

Checklist for health care provider

- Ensure consent is done and documented
- Ideally have glucose monitoring information available ahead of appointment time
- Be a good listener and try to understand any concerns of the patient (no different than in person visit!)
- Review meds, changes in health/wellness
- Ask them about their weight, BP, feet, access to food, mental health, housing, income
- Arrange to send in for repeat prescriptions if necessary
- Discuss plan for follow up visits and future blood work (how urgent is it?)
- Coordinate with other health care providers/diabetes management team members before and/or after the appointment to include their perspective in planning
- Connect to additional support as required
- Include in health care provider perspective

Coordinated communication amongst health care professionals

- Step 1: Dietitian and diabetes nurse call patients in advance of their appointment with me
- Step 2: They email me or call me about important aspects of their phone call
 - Change in meds, insulin (doses, timing)
 - Sugar values, TIR, TAB, hypoglycemia
 - Diet, exercise
 - Other issues with their health (recent surgeries, infections)
 - The Plan and Follow up
- Step 3: I call the patient and review the discussion that they just had and confirm the plan, follow up
- Step 4: I send my note to the relevant physicians and copy the DEC team

IMPORTANT to have consensus among all regarding coordinated communication

Sharing Glucose Values

- Options for patient/client include:
 - Verbally sharing results
 - Downloading meter information and sharing with provider
 - Taking picture of logbooks and sharing with provider
- Sharing platforms for pumps/CGM or FGM
 - Clarity, Diasend, Carelink, Libreview, others
- Challenges
 - Not all clients know how to download their meter information
 - Not all providers know how to help them and/or to use the results optimally
 - Need to work with your institution in using these platforms given privacy constraints

Diabetes Canada has a recorded webinar on this – see link on [COVID-19 page of the TDCC website](#)

Physical Exam

- **Weight Monitoring**
 - Have them weigh themselves at home (if appropriate/possible)
- **Blood Pressure (BP)**
 - Have them measure it at home (if possible)
 - Option to order a BP monitor on line
 - Have them check their BP when they go to the pharmacy to pick up meds
 - Accept it may not be possible to obtain the BP at this virtual visit
- **Foot Exam**
 - OTN is a great option to allow visual assessment of feet (circulation and sensation assessment is limited)
 - Teach about self-assessment of foot
 - If phone visit, ask about the feet

Special Considerations / In-person visits

- Rare cases where in-person visits are necessary (e.g. insulin starts)
 - I work closely with DEC team to support client/patient
 - We can use pre-existing videos for teaching (eg insulin starts, glucose monitoring, using GLP1 RAs)

Links to education videos can be found on the [COVID-19 page of the TDCC website](#)

Wellness

- My own burnout/wellness needs to be considered
 - Not used to sitting so long
 - Not used to being on the phone so much
 - Important to take breaks- stretch, brief walks, get outdoors
 - Speak to someone if you are having wellness issues
- Everyone deserves to be valued and you team members needs to HEAR IT!
 - Thank the client/patient, their supports
 - Thank your admin assistant
 - Thank the nurse, dietitian, pharmacist

Experiences of an administrative assistant



What have your experiences been running a diabetes clinic during the pandemic?

Checklist for administrative assistant

- Contact patient to change previously scheduled in-person appointment to virtual appointment
 - Many patients call the office before this can happen
- Ensure correct email address, valid health care number, correct pharmacy information
- Monitor email and respond accordingly
- Ensure staff working from home,=have access to computer, private email, EMR, ability to check voice messages, ability to communicate with physician regularly

Experiences of a person living with diabetes



What have your experiences been managing your diabetes and accessing/receiving diabetes support during the pandemic?

Chat time...



Questions?

Comments?

Other things you would like to discuss?

