Case Scenario #2 and Discussion Questions

Scenario: No Provider, Team Members Only

- Participants
  - Small group (varied between 3-6) of RN care coordinators from local health system (the participant group was known ahead of time)
  - Nurses who requested evidence-based information about prediabetes and diabetes
  - Located at different primary care sites
- Care Coordinator Role
  - To coordinate care and manage chronic care for primary care patients
- AD Setting
  - Virtual
- Goals of the Academic Detailing
  - Demonstrate burden of diabetes in U.S., Delaware, and specifically Sussex County, DE
  - Highlight opportunity to decrease prevalence of Type 2 DM by referring prediabetic patients to National Diabetes Prevention Program (National DPP)
  - Develop practice-based referral process for National DPP
  - Present evidence to support referring people with diabetes into the health system's Diabetes Self-Management Education and Support (DSMES)
  - Generate system-based referral process in which Care Coordinators recommend DSMES referrals to providers (DSMES requires provider referral)
  - Promote the use of the Prediabetes Risk Assessment to determine if patient qualifies for National DPP without additional testing
- Information Presented and Evidence Base
  - The 2021 Standards of Medical Care for Diabetes includes a discussion of the effect of SDOH on diabetes risk. Food insecurity has been shown to increase development of T2DM by up to twofold. American Diabetes Association (ADA) recommends screening for SDOH and having referral resources.
  - COVID-19 Impact on people with diabetes (https://care.diabetesjournals.org/content/diacare/43/8/1695.full.pdf)
    - People with diabetes (PWD) at increased risk of serious symptoms and complications of COVID-19
    - Increased risk of mortality due to COVID-19
    - Risk mitigation
      - Promote tight glucose control with self-monitoring
      - Utilize telehealth for care when appropriate
      - Refer to virtual self-management programs
  - Screening, early detection and treatment are integral to improved outcomes.

    - Behavioral interventions, such as the Centers for Disease Control and Prevention (CDC)-led National DPP, have been proven to help people make the lifestyle changes needed to prevent or delay type 2 diabetes
    - National DPP
        - Evidence-based
        - Cost effective
        - Reduces risk of progression to type 2 diabetes from 58-71 percent
    - Recognizing the longer-term cost savings associated with DSMES, many private payers also reimburse for these services
- Barriers Encountered
    - Care Coordinators in general felt that they did not encounter many people with prediabetes since most of their patients were more complex
    - Care Coordinators unconvinced by evidence of clinical improvements for people participating in DSMES
        - Felt that their patients would not be interested in education outside of the practice
        - Expressed that their individual education was sufficient
        - Not sure all providers would welcome their recommendations
    - Virtual delivery during COVID pandemic - technology variability
    - Group setting was by their request; however, large group and disparate locations led to one or two individuals actively participating in conversations while others less involved
    - Different practice sites had varying communication and experiences with referring providers
    - General pushback of "the evidence is interesting, but my patients are different"
- Successes
    - Although they had fewer encounters with prediabetic patients, the Care Coordinators found the evidence compelling and the goal of prevention to be worthwhile
    - Some of the Care Coordinators agreed to place National DPP brochures in patient rooms and waiting areas, and one discussed the program with providers who indicated interest and support
    - Care Coordinators indicated willingness to share info with appropriate patients
    - One Care Coordinator is a Diabetes Care and Education Specialist and supportive of DSMES, although she was not familiar with all the evidence presented - because of her DCES credential she felt that the education she provided on site was equivalent but did agree that "a few" of her patients might benefit from DSMES and stated she would consider making more recommendations for DSMES referrals. - she located the existing referral process within the EHR and shared with the others and a provider
- For follow-up
    - There was not sufficient time to discuss the prediabetes CDC risk test, and there will be a follow-up meeting to discuss the CDC risk test

Discussion Questions:

- What are some differences in the detailer's approach to this scenario, as opposed to a detailing session that is 1:1 with a provider?

- Would the same approach to introductions that we discussed apply to a scenario in which you arrive and only other members of the clinical team are present? Would there be other initial considerations?
- How would you utilize evidence-based literature differently? Or, would you use the same literature?

- Would the UNAD and other supporting materials have a more or less supporting role? Or, no change?

- Language and medical terminology may need to be considered, depending on your audience. What is the impact in this scenario?

- How would you change the "asks" for this audience?

- Are there any portions of the detailing that perhaps would not be applicable to this audience? (Review the UNAD)

- Scenario Specific Question: When Care Coordinators described their patient population as "different", what open-ended questions would you elicit to draw more details from the Care Coordinators that may help you guide your conversation?

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