



# **Approach to the Patient Newly Diagnosed with Type 2 Diabetes and In Need of Insulin**

**An Integrated Care Pathway of the Collaborative Care Network**

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## ***First, a Friendly Reminder. . .***

This CME program is designed to introduce and complement a CCN Integrated Care Pathway.

If you are not a CCN member, you will not have access to CCN-provided resources described in this program.

We would like you and your patients to have these resources.

***If you would like to join the CCN (membership is free), contact Renee Kilroy at : [rkilroy@aaahs.org](mailto:rkilroy@aaahs.org)***

# Learning Objectives

- Use free CCN resources that help you and your patients navigate the early days of a diabetes diagnosis
- Help your patients avoid unnecessary diabetes-related ED visits
- Ensure your patients receive everything they need to self-manage diabetes

# You Know This Stuff

- You are a busy primary care clinician who takes care of diabetes every day
- Yet the prevalence of diabetes is increasing
- It's not unusual for you to encounter a symptomatic patient during the course of your day who you discover – right then – has Type 2 diabetes, and who needs more than a metformin Rx and a follow up visit.

# No Big Deal?

- For you, diabetes is bread and butter.
- For your newly diagnosed patient, it's a crisis.

# Crisis

The patient may not know what diabetes is, or worse, may have dangerous misperceptions about diabetes

He will not be able to absorb everything you need him to hear today about:

- What is diabetes? Glucose? Insulin?
- What's going to happen now?
- How does he take care of himself?

**And the “advice” he hears from family and friends may run counter to yours**

# How This Integrated Pathway Helps

- You have an easy-to-use toolkit, provided by the CCN.
- You will be able to determine whether this patient can be managed safely outside the hospital
- You will have easy access to people, processes and tools to keep him safe
- You do NOT have to do all the work yourself, and your patient won't feel overwhelmed

# Of course, not every newly diagnosed Type 2 Diabetic needs insulin

**This Pathway is for the newly diagnosed patient who presents with a finger stick glucose  $\geq 300$  and/or an A1C  $\geq 10$ .**

- These patients require intense coaching regarding nutrition, physical activity, and medication, not to mention other self-management skills.
- **Expert consensus** (ADA Standards of Medicare Care in Diabetes , 2017) **supports starting these patients on basal insulin**, with or without other agents



# First, Determine Whether Your Patient is Safe to Treat As An Outpatient

## Patient Scenario:

Lou is a 36 y.o. man with a BMI of 35 who comes to see you at the practice because he is worried, he has cancer. You ask him why. He tells you that he has been losing weight, urinating constantly, and can't quench his thirst.

# Lou has diabetes

On a hunch, you do a finger stick glucose. It is 460. Then you do a finger stick A1C. It is 11.

Using this calculation:  **$28.7 \times \text{A1C} - 46.7$**

...you determine his average glucose over the past 3 months has been 269.

# Type 1 or 2?

Lou doesn't have cancer. He has diabetes, pretty sure it's type 2, but just in case, you perform a dip urinalysis to check for ketones. Result: no ketones.

Yep. Type 2. Is he clinically stable? Well, is he febrile, acutely ill, confused? He is likely a bit dehydrated, but can that be managed orally? And does he have stable social supports? Is he literate?

# ED Visit?

**Some people SHOULD go to the ED with newly diagnosed Type 2 diabetes\*:**

Patients who are confused, acutely ill, febrile, or very dehydrated (they may be hyperosmolar).

Patients who are unable to take care of themselves because of cognitive disability, homelessness, lack of caregiver, language barriers, etc.

Go ahead and send these folks to the ED because they likely need to be admitted.

\*It goes without saying that everyone with newly diagnosed **Type 1** DM should be admitted.

# Lou is Okay for Outpatient Treatment

Aside from being very worried and confused, Lou is clinically stable.

**Reach for your toolkit, which you will have gotten from CCN Field Support.**

It contains a folder, a quick guide for you, some patient education materials, a self-contained video, a practice pen, and a starter kit for glargine insulin.

# But Wait: Does Lou Really Need Insulin?

**Yes, he does. Right now.**

He might not always need insulin. We all have patients who eventually, after some nutritional and physical activity interventions, just need metformin.

But right now, Lou does need insulin.

**What's the science behind that?**

# Why Starting Insulin Early Helps Our Patients

- Starting insulin lets the pancreas “rest” – allowing it to regain function.
- Patients feel better more quickly, and can engage in self-management more confidently.
- Using insulin may seem intimidating at first but, in truth, it empowers patients. They see with their own eyes how their glucose is affected by what they eat and the insulin they administer.
- And nowadays we have **generic glargine insulin PENS** that are easy to use. We made them **part of your toolkit**.

# Why glargine insulin?

- Long-acting, basal insulin is the easiest and most convenient type of insulin to start and administer.
- It can be dosed safely and reliably using a simple calculation.
- It can be administered without regard to mealtimes.
- It will keep your patient safe and out of the ED until he sees the certified diabetic educator (CDE) in a day or two.



# Back to Lou. . .

# Pull Out the Clinician Materials in the Left Hand Side of the Folder

These are intended for YOU and are your quick guide and reminders about the Pathway. The REST of the folder is for your patient Lou.

You will find in **Clinician Materials** (starting at page 3) some suggested scripts to walk Lou through the diagnosis of diabetes.

These scripts are written at an 8<sup>th</sup> grade level. Lou may have a PhD, but remember: he is in a crisis. It's hard for anyone in a crisis to absorb anything beyond a few bullet points of information.

# Insulin

The scripts will introduce the concept of insulin. This is where another part of the CCN toolkit comes in handy: **the handheld video**. You will see there are two SHORT movies in the device (each in English and in Spanish):

- A description of what it's like (and NOT like) to be a type 2 diabetic on insulin
- A description of how to use the glargine insulin pen

**Don't forget to give the patient the video to take home, too!**

Lou and family may want to view it a few times more.

# What Now?

## Follow the directions in Clinician Materials

- Start the video device for the patient
- Call One Call Care Management (number is in Clinician Materials) so that they will get the patient an urgent appointment with The Diabetes Center
- Make referral to PCP, if needed
- Calculate dose of glargine insulin: 0.2 units/kg body weight, or 10 units (use clinical judgment)
- Have patient use practice pen (provided by CCN) on an orange or other object

cont'd. . . .

# What Now, Cont'd

- **Have patient self-administer** his calculated dose of real glargine insulin
- Tell the patient to give himself the insulin dose you prescribe at the same time of day, every day, beginning tomorrow, and to expect the dose to be adjusted\* by the Diabetes Center
- **Enter the number of units the patient is to administer (\*until adjusted) on the patient handout located in the right-hand pocket of the CCN-provided folder.**

# Wrapping Up

- Next, go over with your patient the one-page, patient instruction sheet on the **right hand** side of the folder.
- Emphasize the safety points there – particularly the one about NOT SKIPPING MEALS.
- Reinforce that he will be getting a call with an appointment date and time with the Diabetes Center, and that he will be coming back to see you, too.
- Hand the entire folder (patient instruction sheet, video, wallet card) back to the patient. Discard or recycle Clinician Materials.

# Quiz

- Take this quiz so that you get CME credit.
- Some quiz questions are about the CCN-provided Toolkit, so familiarize yourself with that (takes about 3 minutes).

# Question 1

You see a patient in the office and suspect diabetes. Her finger stick A1C is 10.7.

What is her calculated, estimated average glucose over the past 3 months?

- A) 400
- B) 360
- C) 260



# Answer 1

C) 260

Use the formula:

$$28.7 \times A1C - 46.7$$

## Question 2

Which of these patients newly diagnosed with type 2 diabetes should be admitted:

- A) Febrile 80 year old with mental status changes and finger stick glucose of 800
- B) Thirsty yet otherwise asymptomatic 40 year old man with finger stick glucose of 500
- C) Homeless gentleman with uncontrolled schizophrenia and finger stick glucose of 350.
- D) All of the above
- E) A and C

# Answer 2

E) A and C

## Question 3

The Diabetes Center will provide your patient with rapid access to an appointment with a certified diabetic educator **and an endocrinologist, if you desire**. Your patient will be provided with a detailed review of nutrition, age-appropriate exercise recommendations, blood sugar monitoring techniques and equipment, individualized glucose and A1C targets, and adjustment of medications.

Using this Pathway, what is the mechanism to connect your patient to these resources?

- A) Just call or text One Call Care Management
- B) Call the Diabetes Center
- C) Call the patient's insurance company

# Answer 3

A) Just call One Call Care Management.

Or your staff can call. They'll need the patient's name, DOB, and preferred phone number. Advise OCCM that the patient is a new diabetic in need of intensive education and/or endocrinology referral (your choice), and that you started insulin today. OCCM will circle back to you to let you know the patient has been advised of appointment time and date.

If a paper referral is needed, they'll let you know.

The Diabetes Center keeps appointments open for this type of referral, and will be certain the patient is seen within 3 business days, if not sooner.

# Question 4

This CCN Pathway has a folder that is supplied to practices by the CCN. It is meant to be given by you to the patient at the time of the visit, along with

- A) The one-page instruction sheet
- B) The video device
- C) The wallet card
- D) Clinician Materials (left hand side of folder)
- E) All of the above
- F) A, B, C

# Answer 4

F) A, B, C

You also can give the glargine insulin starter kit provided by the CCN, or the glargine insulin starter kit of your choice.

# Question 5

Your patient weighs 360 lbs (164 kg). A reasonable initial daily dose of glargine insulin would be:

- A) 10 units
- B) 32 units
- C) 42 units
- D) 52 units
- E) A and B



# Answer 5

E) A and B

Use the formula: 0.2 units/kg body weight, or give 10 units. Use clinical judgment.

# Question 6

How well did this CME activity prepare you to:

*Use free CCN resources that help you and your patients navigate the early days of a diabetes diagnosis*

- A) Well
- B) Somewhat well
- C) Not at all

# Question 7

How well did this CME program prepare you to

*Help your patients avoid unnecessary diabetes-related ED visits*

- A) Well
- B) Somewhat well
- C) Not at all

# Question 8

How well did this CME activity prepare you to

*Ensure your patients receive everything they need to self-manage diabetes*

- A) Well
- B) Somewhat well
- C) Not at all