

Ambulatory Care Clinician Materials

For Your Reference



Outpatient Management of the Newly Diagnosed patient with Type 2 Diabetes Who Requires Insulin Therapy

An Integrated Care Pathway of the Collaborative Care Network

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This is your practice Toolkit
Need more? Contact Renee Kilroy, CCN Director
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Scope

Outpatient management of the newly diagnosed patient with diabetes type 2 who **needs** insulin therapy

This Pathway is **NOT MEANT** to cover

- transitioning known type 2 diabetes patients from solely oral to injectable therapies or
- the newly diagnosed type 2 patient who does not need insulin therapy

START HERE: Patient without active diagnosis of diabetes presents in outpatient setting with glucose ≥ 300 mg/dL and/or A1C $\geq 10\%$



Can this patient be managed safely in outpatient setting?

Are the following true:

No DKA (check urine for ketones) and NOT Type 1?

Not severely ill? (e.g., mental status change, significant fever and/or dehydration)

Can self-manage or be managed by someone at home? (stable living situation, literacy, numeracy skills)

NO



Patient is symptomatic and not stable

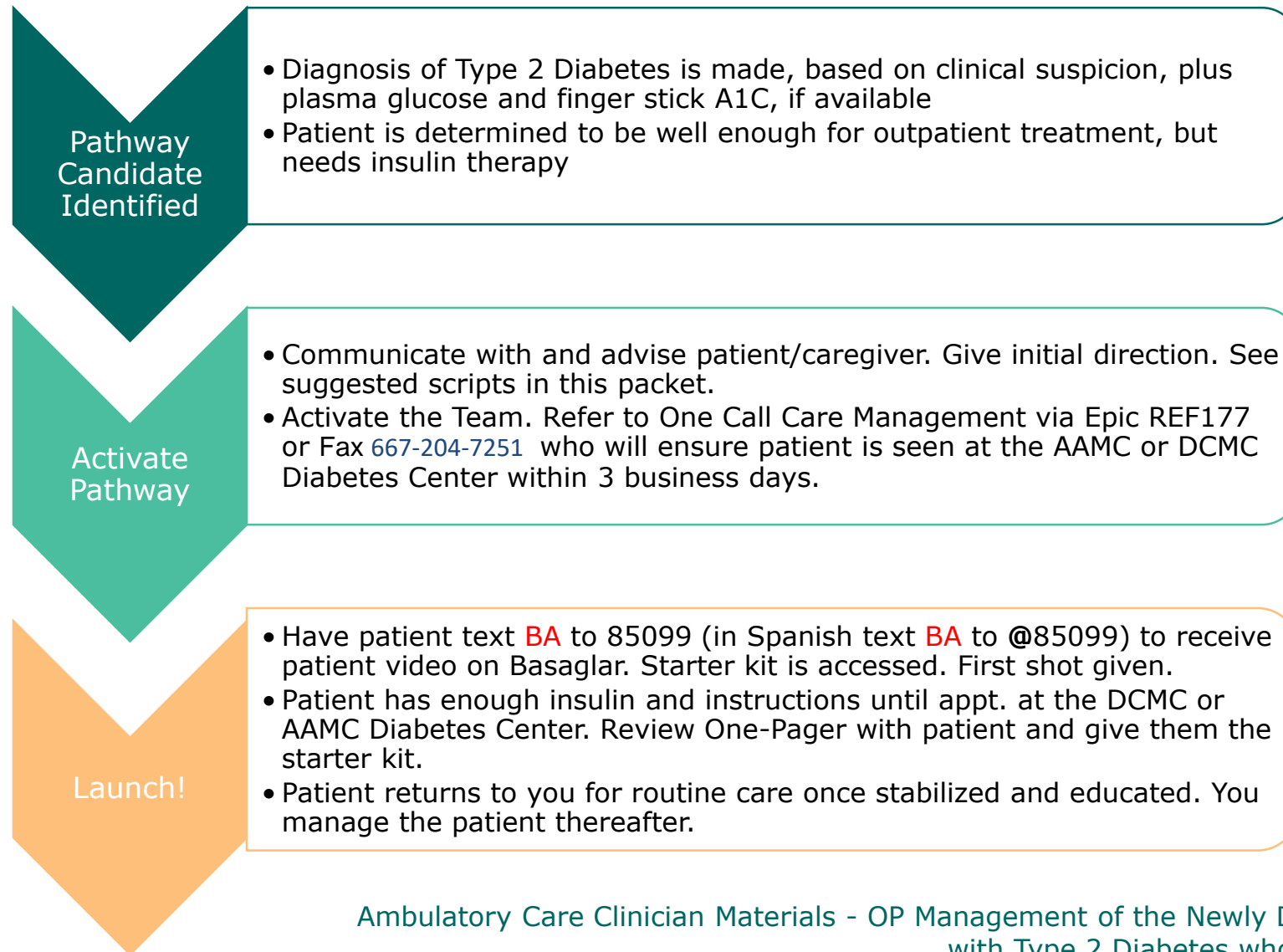
- 1. Send to ED**
2. Securely text on-call endo to inform about patient so that outpatient transition set up can begin
3. Contact One Call Care Management if appropriate

YES



YES, patient stable and safe:
Continue with Pathway

Overview of Pathway



Communicate and Advise

Offer a simple description of what is happening, and assess awareness and knowledge:

“Your blood sugar is very high today. Normally our blood sugar should be no higher than about 100. Right now, yours is _____, and the other test we just did (called A1C) tells me that over the past several months it’s been averaging _____. This means that you have diabetes. Are you familiar with diabetes, or do you know anyone who has diabetes?”

To determine estimated average glucose, use this formula: $28.7 \times \text{A1C} - 46.7$

Example: A1C of 10 = average glucose of 240.

Communicate and Advise

What is Diabetes?

“ When we eat, our food is converted to blood sugar, also known as glucose, a fuel used by the body’s cells. When we have diabetes, the body’s cells cannot consume the glucose, and it stays in the blood stream. High blood glucose, over time, causes harm to the body’s organs. We need to get the glucose down to normal. The best way to do that is to use insulin.”

Communicate and Advise

What is Insulin?

“An organ called the pancreas normally produces insulin, a hormone that pulls the glucose into the cells, where it belongs. When the pancreas isn’t functioning, or our cells don’t respond to our own insulin, we need to supply extra insulin by giving injections. This extra insulin will do two things: 1) get the glucose safely under control and 2) allow the pancreas to rest and perhaps recover some functioning. *It’s possible you won’t always need insulin, but we won’t know that for awhile.*”

Give Direction

What needs to happen now?

“Diabetes is a very manageable condition, even though it can feel overwhelming at first. We are going to work together with a team to help you manage this. You won’t be alone. Let’s talk about what’s going to happen today and what will happen over the next few days.”

Activate the Team:

Contact One-Call Care Management to Arrange for Expedited Appointment for Diabetes Education

Epic REF177 or Fax 667-204-7251

Provide patient name, DOB, and preferred phone number. Advise that patient is a new diabetic in need of intensive education. Let the social worker know you are starting insulin therapy today. Specify if you want the patient to see the endocrinologist at DCMC or AAMC in addition to the certified diabetes educator.

Social worker will work with the DCMC or AAMC Diabetes Center to get patient an appointment within 3 business days. They will let you know when this happens.

Patient will watch Insulin video guide

- ask patient to text BA to 85099, or**
- in Spanish, text BA to @85099**

Give Insulin

“I’ve let the team know what’s going on with you. You’re going to get a call from a social worker who is working right now to get you an appointment with a certified diabetes educator who will be telling you a lot about diabetes and who will help with nutritional advice and medication advice.

Now let’s talk about what we need to do until you see the diabetes educator.”

Give Insulin

1. Access the toolkit, and the insulin glargine (Basaglar) trainer pen.
2. Show the patient how to administer 10 units or a calculated dose of 0.2units/Kg body weight into a training cushion or other object.
3. Then with a “real” sample pen, have the patient give herself 10 units or a calculated dose of 0.2units/kG body weight of basal insulin (insulin glargine/Basaglar)
4. Tell the patient to give herself the insulin dose you prescribe at the same time of day, and to expect the dose to be adjusted during their appointment at the diabetes center
5. **Enter the number of units the patient is to take on the patient handout located in the right-hand pocket of this folder.**

Setting Expectations

“You’ll be fine for now, and very soon you will be seen at the diabetes center. They’ll work with you to do all these things*, and then you’ll be coming back to see me. Let’s go over this sheet for some quick advice for today.”

Show the One Pager to the patient and point out the highlights, as appropriate.

Give patient The Lilly Digital Starter Kit flier so they can access the video, key information on Basaglar, and patient financial assistance programs.

*See next slide.

Resources at Diabetes Center

Detailed review of nutrition with diabetes educator and nutritionist

Blood sugar monitoring techniques

Individualized Blood sugar and A1c Targets

Age-appropriate exercise recommendations

Adjustment of medications and insulin dose

Diabetes self management education classes

Diabetes support programs

Endocrinology consultation, if requested

Patient Materials

- **Have office staff print several of these in color, or**
- **Ask them to work with the LH Print Shop to have them printed**

Today Is Your First Step Toward Feeling Better!

Being told you have diabetes can feel overwhelming at first. That's why we're going to handle this together, one step at a time, giving you the time and attention, you deserve.

You're Not Alone

The Diabetes Center and I are working together with you as we manage your diabetes.

Until you are seen by the Diabetes Educator, give yourself ____ units of insulin a day, at the same time of day, starting tomorrow.

Some Things You Need to Know and Do TODAY

- You had your first dose of insulin today. When you take insulin, it's important NOT to skip meals. Make sure you have three nutritious meals a day. If you get hungry, have a snack. If you don't eat, your glucose will go too LOW, and that is dangerous. Put the "Medical Alert" card in your wallet today.
- You will get a call today or the next business day regarding your appointment with The Diabetes Center. KEEP THE APPOINTMENT, and feel free to bring a family member or close friend with you.
- Nutrition, physical activity, and medication are all needed to get diabetes under control. You will learn more about all 3. It's important to work with the Diabetes Educator so that your plan matches your own choices and preferences.
- Measuring your blood sugar is important. The Diabetes Educator will show you how to do this, using a glucometer (device that measures blood sugar).
- The Diabetes Educator will review what to eat and drink. Until then, you can start with beverages. Avoid sugary drinks (regular soda, fruit juice, sweetened tea). Instead, drink water, milk, unsweetened tea and coffee, and diet sodas. Instead of drinking fruit juice, eat the whole fruit.
- You will be coming back to see me soon after you see The Diabetes Center. We treat diabetes here every day. For our patients with a new diagnosis of diabetes, we like to involve The Diabetes Center because they are the "one stop shop" for the coaching and information you need.

¡Hoy es su primer paso para sentirse mejor!

Al principio, puede ser abrumador escuchar que tiene diabetes. Por eso, nos encargaremos juntos, un paso a la vez, dándole el tiempo y la atención que merece.

No está solo

Estoy trabajando con el Centro de diabetes junto a usted mientras controlamos su diabetes.

Hasta que lo vea el educador en diabetes, administre ____ unidades de insulina al día, a la misma hora, a partir de mañana.

Algunas cosas que necesita saber y hacer HOY

- Hoy recibió su primera dosis de insulina. Cuando aplica la insulina, es importante NO saltarse comidas. Asegúrese de tener tres comidas nutritivas al día. Si tiene hambre, coma un bocadillo. Si no come, su glucosa BAJARÁ demasiado y es peligroso. Ponga hoy la tarjeta de “Alerta médica” en su billetera.
- Recibirá una llamada hoy o el próximo día laborable sobre su cita con el Centro de diabetes. CONSERVE LA CITA y no dude en traer a un familiar o amigo cercano.
- La nutrición, la actividad física y los medicamentos son necesarios para controlar la diabetes. Aprenderá más sobre los 3. Es importante trabajar con el educador en diabetes para que su plan coincida con sus propias elecciones y preferencias.
- Es importante medir su nivel de azúcar en la sangre. El educador en diabetes le demostrará cómo hacerlo, usando un glucómetro (dispositivo que mide el azúcar en la sangre).
- El educador en diabetes repasará qué comer y beber. Hasta entonces, puede comenzar con las bebidas. Evite las bebidas azucaradas (refrescos regulares, jugos de frutas, té endulzado). En su lugar, beba agua, leche, té y café sin azúcar y refrescos de dieta. En lugar de beber jugo de frutas, coma la fruta entera.
- Volverá para verme poco después de que vaya al centro de diabetes. Aquí tratamos la diabetes todos los días. Para nuestros pacientes con diagnóstico nuevo de diabetes, nos gusta involucrar al centro de diabetes porque son la “ventanilla única” para la instrucción y la información que necesita.

The Lilly Digital Starter Kit

Key info on medicine | What to expect | Savings opportunities

Simply ask your patients to text
the appropriate short code to **85099**

Text **TR** to 85099 when starting Trulicity® (dulaglutide injection)

Text **JA** to 85099 when starting Jardiance® (empagliflozin) tablets

Text **BA** to 85099 when starting Basaglar® (insulin glargine injection)

Text **LM** to 85099 when starting Lyumjev™ U-100 (insulin lispro-aabc injection)

Text **HU** to 85099 when starting Humalog® U-100 (insulin lispro injection)

Text **U5** to 85099 when starting Humulin® R U-500 (insulin human injection)

Please see full [Prescribing Information](#) for Trulicity®, including **Boxed Warning**, [Medication Guide](#) and [Instructions for Use](#).

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Including “@”
before text
number will
provide a Spanish
video.

