

# Patients engagement from a Physician's perspective



This material was prepared by *HealthInsight* as part of our work as the Beacon Community, under Cooperative Agreement #90BC00006 from the Office of the National Coordinator, Department of Health and Human Services.

# Patient's Engagement Objective

- Factors that affect engagement:
  - The patient
  - The disease
  - The Physician
  - The care involved
  - The follow up
  - The support
  - The outcome

# The Patient

- He / she is
  - Type 1 Diabetes Mellitus (T1DM).....child
  - Type 2 Diabetes Mellitus (T2DM).....adult
  - May have a family Hx of DM
  - Could be overweight
  - Poor eating habits
  - May not be highly motivated
  - Sedentary life style
  - Emotionally fragile

# The Patient

- May/may not have some knowledge of DM
- Anxious to know why he/she isn't feeling well
- May have experience vision changes
- Do not understand why he/she is drinking and urinating so much lately.
- Is generally afraid on the unknown
- Seeking for answers
- May not be ready for some lifestyle changes
- Is willing to do whatever it takes to fix the problem
- Is sitting in the exam room across from you.

# The Disease

- Diabetes is the condition in which the body does not properly process food for use as energy. Most of the food we eat is turned into glucose, or sugar, for our bodies to use for energy. The pancreas, an organ that lies near the stomach, makes a hormone called insulin to help glucose get into the cells of our bodies. When you have diabetes, your body either doesn't make enough insulin or can't use its own insulin as well as it should. This causes sugars to build up in your blood. This is why many people refer to diabetes as “sugar

# Diabetes

- Total prevalence of diabetes
- Total: 25.8 million children and adults in the United States—8.3% of the population—have diabetes.
- Diagnosed: 18.8 million people
- Undiagnosed: 7.0 million people
- Prediabetes: 79 million people
- New Cases: 1.9 million new cases of diabetes are diagnosed in people aged 20 years and older in 2010

# Types of Diabetes

- Type 1: General info
  - Type 1 diabetes was formerly called "juvenile diabetes" or "insulin-dependent diabetes," because 70 percent of diagnoses occur before a person reaches the age of 30
  - 5 – 10 % have this form
  - Acute, pancreas produce little or no insulin
  - Sometimes need intensive treatment
  - We know when these patients become ill
  - Should have retina evaluation soon, not urgent.

# Types of Diabetes

- Type 2 : General info
  - This type of diabetes was previously called "adult onset diabetes."
  - CDC reports type 2 diabetes has been reported among U.S. children and adolescents with increasing frequency over the past 20 years.
  - Ninety percent of those with diabetes have type 2 diabetes.
  - Approximately 80 percent of people with type 2 diabetes are overweight.



# Types of Diabetes

- Type 2:
  - With type 2 diabetes, your body either resists the effects of insulin or doesn't produce enough insulin to maintain a normal blood sugar level.
  - Symptoms of type 2 diabetes, which are generally the same as symptoms of type 1, may come on gradually or not be noticed at all.
  - Chronic, dysfunction could have been 4-7 years before
  - Type 2 diabetes is increasingly being diagnosed in children and adolescents, especially among African American, Mexican American, and Pacific Islander youth

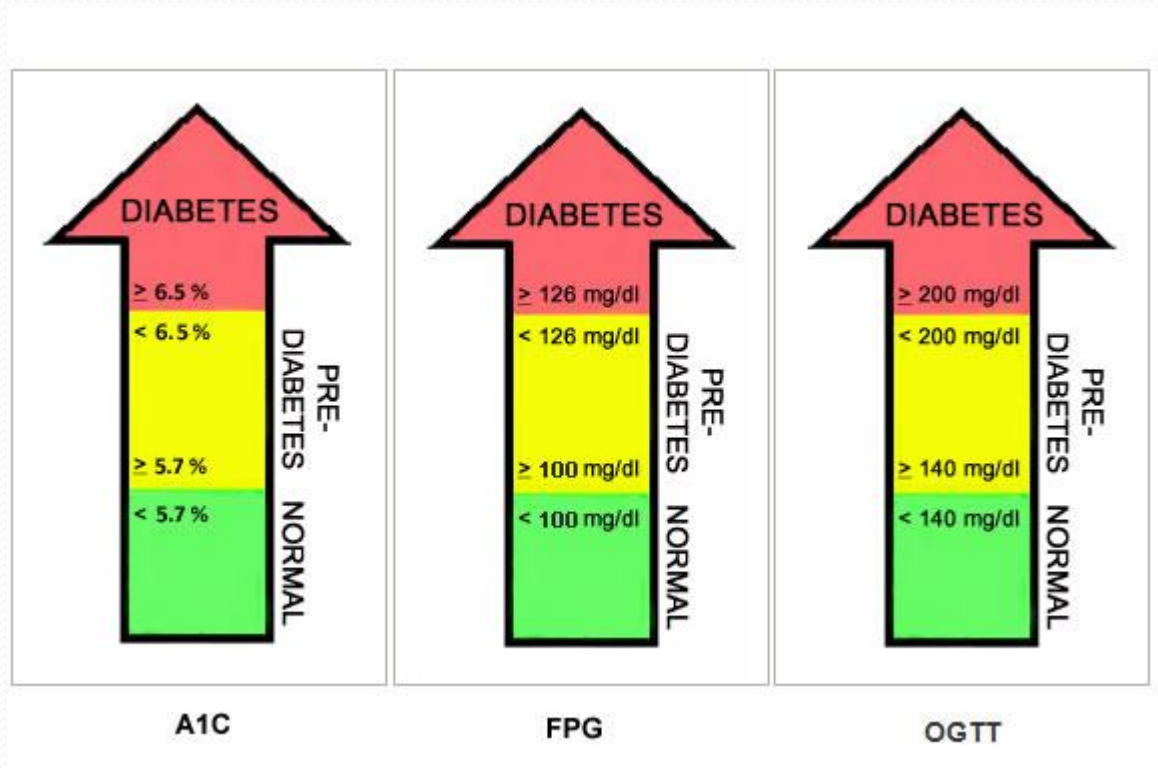
# Types of Diabetes

- Other Types:
  - Gestational
  - Surgically induced diabetes...surgery on pancreas
  - Chemically induced diabetes..steroids
  - Latent autoimmune diabetes in adults (LADA) or type 1.5 diabetes...most common in those age 35 and older

# Types of Diabetes

- Pre-Diabetes: There are three different tests your doctor can use to determine whether you have prediabetes or diabetes:
  - The A<sub>1</sub>C test
  - The fasting plasma glucose test (FPG)
  - Or the oral glucose tolerance test (OGTT)

# Types of Diabetes



# The Physician

- What to do:
  - Conduct a very thorough interview
  - Assess the level of knowledge of the patient
  - Assess the level of patient's involvement
  - Assess the level of support of the patient has
  - Assess the ability of patient to follow instructions
  - Explain the seriousness of the condition and the long term effects
  - Provide access for the patient to call with questions

# The Physician

- What to do :
  - Arrange for patient to visit with a dietitian
  - Explain the importance of an exercise plan
  - Schedule the follow-up visit and outline the treatment
  - Offer written instructions where possible
  - Provide translation services where possible
  - Let the patient know you care

# Why control Diabetes

## Good Glycemic Control (Lower HbA<sub>1c</sub>) Reduces Incidence of Complications

HbA <sub>1c</sub>	DCCT <sup>1,2</sup> 9→7%	Kumamoto <sup>3</sup> 9→7%	UKPDS <sup>4</sup> 8→7%
Retinopathy	63%	69%	17–21%
Nephropathy	54%	70%	24–33%
Neuropathy	60%	—	—
Macrovascular Disease	41%*	—	16%*

\*Not statistically significant.

<sup>1</sup>DCCT Research Group. *N Engl J Med.* 1993;329:977–986.

<sup>2</sup>DCCT Research Group. *Diabetes.* 1995;44:968–983.

<sup>3</sup>Ohkubo Y, et al. *Diabetes Res Clin Pract.* 1995;28:103–117.

<sup>4</sup>UK Prospective Diabetes Study Group (UKPDS) 33. *Lancet.* 1998;352:837–853.

# Eye Care for Diabetics

- Frequency:
  - Type 1 - annually if no retinopathy
    - more frequently if there is retinopathy
  - Type 2 – annually
    - more frequently based on severity of retinopathy.
- As a general rule the longer duration and/or elevated A1c will result in more severe retinopathy



# The Care Involved

- The triad :
  - Medications
  - Exercise
  - Diet

# Follow up care

- Why :
  - It establishes the need for monitoring
  - It checks how compliant the patients is
  - It monitors if the patient understand what is expected of them
  - PCP can modify treatment plans if they are getting the results expected.
  - You can re-engage the patient

# The support

- We are all involved:
  - PCP needs to a source of information for the patient.
  - Diabetic educators need to do their part.
  - Eyecare, dental and footcare providers need to review the treatment plan with the patient.
  - Dietitians need to help the patient achieve the dietary goals.
  - Social workers may need to counsel these patients.

# What is the Outcome

- What can we expect:
  - A patient who will recognize their condition and take care of it.
  - A team that will help the patient to achieve this goal.
  - A patient who will not have to worry about losing the eyesight or limb.
  - We can get patient to engage in their total care which will all of us.

# Questions



# Thank You



Dr. David Masihdas  
The Diabetic Eye Center  
150 S. 1000 E.  
Salt Lake City, UT 84102  
(801) 363-2851  
[uea@xmission.com](mailto:uea@xmission.com)