

Transcript Details

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Caring for Diabetic Patients During the COVID-19 Pandemic

Dr. Anderson:

Welcome to *Diabetes Discourse* on ReachMD. I'm Dr. John Anderson. And today I'm going to share some of my experiences caring for patients with diabetes since the outbreak of the COVID-19 pandemic.

It certainly is different in 2020 how we have gone about approaching not only the patients with diabetes, but all patients with chronic disease. And certainly for the first part of early 2020 in March and April, we really shut it down for routine visits and physicals and we tried then to merge into more telehealth visits.

It was interesting with the telehealth visits because people said it was cold and impersonal. I actually found it to be exactly the opposite. I got to see everybody's dog. I got to see their backyards and their gardens. I got to see Civil War paintings that this one person had collected. I got to see the family members with the person who is on the visit. And so it really wasn't as cold and impersonal as someone might have thought.

But unfortunately, diabetes is a data-driven business, so at some point in time, you have to have lipids. You have to look and examine patient's feet. You need to have an A1c, you need to have a BMP and look at their renal function.

So fast forward to today. What we're seeing is that we've pretty much, at least in the Nashville, Tennessee area, opened it up pretty much full time. And patients are more comfortable. We have altered the way we welcome them off of the elevators into our clinic. We have distancing guidelines. We have the mandatory use of masks. We are limiting foot traffic for significant others unless they're a caregiver or really someone's going to help negotiate and navigate that visit with you. And patients, I think, are feeling safer coming back.

And we've talked to our patients about common sense things. I had one patient whose son was so concerned about her catching the virus that he wouldn't let her exit the house. And so we've had to sort of combat some of the myths and the fears that really are unreasonable because it's important for our patients with diabetes to get their exercise. It's important for their mental health to get out of their apartments and to get out of the house.

So I think my message to other providers is, yes, we need to be careful, but we can't ignore the realities of cardiovascular disease, diabetes and pressing urgent needs for patients. And there's a nice balance to be had between being cautious and being sure you're not ignoring symptoms that occur.

That's all the time I have for today. I'm Dr. John Anderson. Thanks for listening.

Dr. Wysham:

I'm Dr. Carol Wysham, and today I'm gonna share some of my experiences in caring for patients with diabetes during the COVID-19 pandemic.

As I'm sure those of you who are in practice remember, in the early days of the lockdown, many of our patients were afraid to come in to clinic and we were probably just seeing maybe five or six patients a day. But we quickly pivoted and began to allow video visits, and in doing so, we were able to bring our volumes of patients back up to the pre-pandemic levels.

Now, there was a lot of concern about how to get this all set up, but in our situation, the main thing that we did is to make sure that the patients sent us their glucose records. So we asked them to actually take their meter, write down their blood sugars, and then attach it to a Mychart message or to fax it, or send it in, so that we could actually have something to review.

In addition, we took opportunities to help our patients figure out how to upload their meters, their sensors, their pumps, whatever technology they were using for their diabetes management. We taught them how to upload it into the computer so that we could actually go to the website, pick up their glucose records, their sensor readings, their pump settings, and I set up two screens. So I had the chart on one and the patient's video and any of their other information on the other screen. And I have to tell you that I truly enjoy video visits.

I, like others, have really appreciated the opportunity to see people in their homes and get a little better idea about their personalities and talk to them about some of the things we see on the videos. But in addition, I really think that it is helpful. I have lots of patients drive three hours for their visits, and now they can pop on and we can get their visit done, and I think we get them done more efficiently. My average visit, when I see patients in the office face to face, is probably 15-20 minutes. On video visits, it's more like ten minutes. And what that's allowed me to do is to allow more frequent follow-up for my patients who are struggling.

So before, I really would have a hard time getting somebody squeezed in before that three-month follow-up, but now I can see them in a couple of weeks. I tell 'em, "This is gonna be just focused on your blood sugar control – probably just five or ten minutes," and that allows me to set the stage. So I hope that we can continue to provide these video visits as the end of the pandemic, which of course we all hope comes sooner than later.

I'm Dr. Wysham; thanks for listening.

Dr. Buse:

I'm Dr. John Buse, and I'm gonna share some of my experiences caring for patients with diabetes since the outbreak of the COVID-19 pandemic.

This has really created some remarkable opportunities as a result of, you know, better ability to conduct video visits. That was basically not an option for us in diabetes care, previously. And the things that have made an absolute difference in my patient care – at least on several occasions – is the ability to do the house tour.

There were a couple of patients where there was some concerns about the foods that they were eating, and I asked them to take their phone and show me what was in their refrigerator and have a bit of a discussion of some of the food choices they had, similarly with their pantry. And I think it really made a difference in the way that people connected the sort of generic advice that we give about carbohydrates and fatty foods, with respect to weight, and really make it much more pointed about the individual choices that they were making in the grocery store.

The second thing is for patients where there often have these very complicated medication regimens, I have asked them to show me their pile of medications. How do they organize their care? Do they use pill boxes? That sort of thing. Basically, take me through the drill that you use to take your medications on a daily basis. And was able to point out that, in fact, they were setting themselves up for a potential confusion, because they had all these bottles that weren't very well organized, and I suggested that we take their medication list, number the medicines on their medication list, number the top of the bottles, so they make sure that they get the right pills at the right times, and also to talk to them about using pill boxes, and sometimes the need for multiple pill boxes, because they had so much stuff to take. It wouldn't all fit in one pill box. So, personally, COVID times has been good for diabetes care, in many cases. I do hope it's over soon, and then we can continue the video visits in the future.

I hope this has been helpful. To access this and other episodes from the series, visit ReachMD.com/DiabetesDiscourse. I'm Dr. Buse. Thanks for listening.