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Collaborative Goal Setting in Type 2 Diabetes: Tailoring Treatment Plans for Patients

Announcer:
You're listening to *Diabetes Discourse* on ReachMD, and this episode is sponsored by Lilly. Here's your host, Dr. Charles Turck.

Dr. Turck:
Welcome to *Diabetes Discourse* on ReachMD. I'm Dr. Charles Turck, and here with me today to discuss collaborative goalsetting in type 2 diabetes care is Dr. Alexis McKee. Dr. McKee is an Assistant Professor of Medicine in the Division of Endocrinology, Metabolism, and Lipid Research at the Washington University School of Medicine in St. Louis. Dr. McKee, welcome to the program.

Dr. McKee:
Oh, thank you so much. It's a pleasure to be here.

Dr. Turck:
So let's just dive right in, Dr. McKee. Can you tell us what you prioritize when considering treatment plans for your patients with type 2 diabetes?

Dr. McKee:
Absolutely. It's a great question. When I see patients with type 2 diabetes, the very first thing I'm thinking about is what micro or macrovascular complications do they have. And I'm immediately trying to think about medicines, in the GLP-1 receptor agonist class or the SGLT2 receptor class, to put patients on those types of medicines to decrease their risk. And we have a lot of data now that we've accrued which show that somewhere in the vicinity of less than 10% of patients with type 2 diabetes who would benefit from these therapies are actually on them. And that's a big concern for me. So that's one of the very first things I take a look at.

Dr. Turck:
And when it comes to your patient's goals and preferences, what communication strategies do you use to find out what matters most to them?

Dr. McKee:
I was fortunate to do my residency training at Rush University and Cook County Hospital in Chicago, and one of the many important things I was taught was the strategy of motivational interviewing. And so this focuses on asking open-ended questions and really engaging the patient in their own care. You kind of ask patients what one or two things is going well and use positive reinforcement to boost that patient in that respect. And then ask them, 'What's one thing that you find really, really challenging?' And then ask them, if they can think of anything to maybe get around that one really, really challenging thing with 'What can we substitute for that evening snack?' When you're feeling really snacky, you go for the popcorn, what substitution? And patients will find their own kind of answers to that question, and you applaud them for that.

And I try to give my patients, and really everybody, the benefit of the doubt that diabetes is a really complex disease, and they will make decisions all day long around it, they cannot put it down. It's a huge burden. And I try to approach it with the idea that people are doing their best. And we just need to respect that and applaud what they're doing well and support them in the places where they need some help. So that's kind of been my approach when dealing with things and it's worked out really well.

Dr. Turck:
So once you find out your patient's unique goals, how do you go about balancing them with your own priorities to create a tailored treatment approach for each specific patient?

Dr. McKee:
That's where I've been really, really fortunate. Because if you had to choose a time in history to be a diabetologist, this is the most exciting time. We have classes of medicines that we've never had before. We have more coming. We're able to really, you know, get on top of macrovascular complications and do more to protect the kidney.

And in addition to that, a lot of times patients come to me and one of their main frustrations is weight. They're overweight, they're obese, and that's a huge hurdle for them. Luckily, the two classes of medicines that I am always deploying, the GLP-1 receptor agonists and the SGLT2 inhibitors, decrease weight. So in fact, my priority is to help patients align with what their priorities are, and so for me, that's actually a huge win all around.

Dr. Turck:
For those just tuning in, you're listening to *Diabetes Discourse* on ReachMD. I'm Dr. Charles Turck. And I'm speaking with Dr. Alexis McKee about how we can tailor treatment plans for our patients with type 2 diabetes.

Dr. McKee, let's switch gears a bit and focus on a common concern many of us have: poor adherence to treatment. What factors might lead to non-adherence in our patients with type 2 diabetes?

Dr. McKee:
I have to say I really like that you chose the words like non-adherence. A lot of times my trainees will say non-compliance. And we've really gotten rid of that sort of paternalistic term. And the major two things are, things are too complex. The regimens are too complex and/or cost non-adherence. And so the way I get around non-adherence, which is related to complex regimens, is I can't tell you the number of patients I see on a week-to-week basis who have type 2 diabetes. And the most creative management we have is putting them on basal bolus therapy. And so I asked my trainees to take a vial of saline and give themselves four injections a day and see how they feel. And that's a lot of work. And so I think when you realize you can replace that bolus insulin with a once-a-week medicine that will actually decrease their weight and protect their heart, that's sort of a game changer. And if you simplify things for patients, so I'll ask them, 'How often do you miss your basal insulin in a week?' And they'll tell me, 'Well, two or three times.' I say, 'Well, you take it at night. What if we took it in the morning? Would that make any difference?' 'Yeah, yeah, I think if I took it in the morning, that way I get up, and I'm on my schedule, that may help.' So I'll try to align their medicines with times of days that they won't forget it. And if they're on metformin intermediate release, I'll change it to extended release, then they could take all their metformin tablets together. You know, I just try to really, really simplify things.

And then when it comes to cost, because that's often what I hear from providers and also patients is cost. And we're lucky because there are all kinds of patient assistance programs. So I often rely heavily on pharma to help with paperwork and the copay cards and things like that so that there's no reason why these patients can't get the appropriate classes of medicines due to cost.

Dr. Turck:
Have you found that continuous glucose monitoring has any impact on adherence or non-adherence?

Dr. McKee:
Absolutely. I really think we're well past fingerstick glucoses, just like we're not doing urine glucose monitoring circa 1950. Fingerstick glucoses are like the CliffsNotes version of reading the full novel. The amount of information you can get from CGM is so much more helpful.

The other thing is because patients can see everything in real time, I call this like the Santa Claus effect; they feel like someone's watching them, I'm watching them, or they're a little bit more responsible for the choices they're making. And they can see that sugar spike after the donut that they chose instead of something healthier. And I think that has been a huge game changer. And we've seen studies that show an A1c reduction similar to giving a GLP-1 receptor agonist just by putting patients on CGM, which is huge.

Dr. Turck:
You had mentioned motivational interviewing just a little bit earlier. Are there any other communication strategies we might use to improve treatment adherence?

Dr. McKee:
That's pretty much my major one. But I mean, I have to tell you, I really sit with patients, and we have 20 minutes together, maybe less, if it took a long time for them to be put in a room and all their vital signs taken. I just kind of sit with them, and I really try to give patients some positive reinforcement. I tell patients, 'I'm really proud of you. What you have achieved is major.' And to see their faces light up is a huge thing. So many times they go to providers, and they sort of are beaten down, you know, 'We need to do this, we need to do that.' And just hearing a little bit of positivity can change the whole situation. So I really, really focus on positive reinforcement.

Dr. Turck:
Now, we're almost out of time for today, Dr. McKee. But before we close, would you share some final thoughts on how we can empower our patients with type 2 diabetes throughout their healthcare journey?

Dr. McKee:
I think that's what it is. It's a partnership. The patient knowing that you are there for them as a support system and that it's a complex disease goes a long way. That's something I do as both a diabetologist and a diabetes educator is know that I'm there to support them through this. It's going to be a lifelong journey. And we're going to hit some high points and some low points, and we're going to push through them. And in the end, my patients are doing really well. And we're going to keep using scientific-based therapies and newer agents as they come out to try to be on the cutting edge of helping them through this disease.

Dr. Turck:
Well, what those final and inspiring thoughts in mind, I want to thank my guest, Dr. Alexis McKee, for sharing her perspectives on how we can tailor treatment plans and improve adherence in our patients with type 2 diabetes. Dr. McKee, was great speaking with you today.

Dr. McKee:
It was wonderful to be here. Thank you so much.

Announcer:
This episode of *Diabetes Discourse* was sponsored by Lilly. To access this and other episodes in this series, visit ReachMD.com/Diabetes Discourse where you can Be Part of the Knowledge. Thanks for listening!