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Highlighting a Hero in Endocrinology: Dr. Jason Sloane

Dr. Anderson:
Welcome to a special edition of *Diabetes Discourse* on ReachMD. I'm Dr. John Anderson, and joining me today to share his experiences and approach to diabetes care is Dr. Jason Sloane, a practicing endocrinologist with the Slocum Dickson Medical Group in Utica, New York. Dr. Sloane was recently nominated for ReachMD's Heroes in Healthcare initiative honoring those recognized by their peers for outstanding contributions to medical care throughout the COVID-19 pandemic. Dr. Sloane, welcome to you, and congratulations on this nomination!

Dr. Sloane:
Thank you very much. I appreciate the nomination.

Dr. Anderson:
Before we get started, can you just tell us a little bit about yourself and your practice?

Dr. Sloane:
Sure. So, I actually finished fellowship about a year-and-a-half ago. I'm from upstate New York, so I decided to come back to try to give back to this community. I thought there was a real need for specialists here in the relatively under-served area, so, drove me back here from Boston. The practice is pretty much all endocrine, so diabetes takes the cake in terms of frequency of patients. I run a clinic every day all week and one week out of the month I'll do rotation through both hospitals here for endocrine consults, inpatient.

Dr. Anderson:
Well, before we dive into some of the positive impacts you've made for your patients, tell us about the last year for you and your colleagues. How did you respond to this pandemic?

Dr. Sloane:
Sure. So, I did not expect to have to deal with this coming out of fellowship. This is not something medical school or fellowship prepares you for, so we, as a physician-owned physician-run practice, kind of came together at the beginning of the pandemic to make changes to our practice that have enhanced how we have been able to continue patient care throughout the pandemic. Granted everything was scary in the beginning, a lot of misinformation floating around just like everybody else, but the biggest thing that we did was very quickly establish a telehealth initiative. We quickly mobilized to make most of our cases telehealth, which I think patients appreciate it and we still were able to provide adequate if not superior level of care that way. But, you do what you gotta do in these difficult times.

Dr. Anderson:
In your area, are patients coming back to the office now, or are you still doing a substantial amount of telehealth?

Dr. Sloane:
They were until we became the hotspot of New York state within the last month, unfortunately. So, we were back to almost normal hours, normal patient visits, and then in the last couple of weeks we've taken more telehealths to make people more comfortable, and to stop the spread up here.

Dr. Anderson:
Well, so let's turn to some of the comments that led to your nomination for this Honoring Heroes in Health Care initiative. Here's just a short snippet of what one of your peers had to say: "Dr. Sloane is dedicated to his patients, working tirelessly to make sure they have the best possible care. He set up one of the first support groups for patients with diabetes in Utica, New York, and attends all of those sessions - sessions himself to inspire and educate. Patients instantly feel connected to him, not just because of his warmth, but because

he too has diabetes. The fact that some of his patients were exposed to COVID-19 as was he at times, does not slow this doctor down." Now, when I hear those words Dr. Sloane, it's pretty clear to me that you've made a lasting impression among both your peers and your patients. So, help me understand some of your guiding principles you use to provide that kind of best-possible care?

Dr. Sloane:
So, I know it sounds trite, but coming up through med school and all the training, we were taught to respect our patients and realize that it's an honor to treat patients. I think ever more so in medicine these days it's easy to get into a factory-style approach to medicine and that's not how endocrine works, and that's really not how medicine works. So, I think we as a physician community need to start pushing back against insurance companies, against larger hospitals, to say that you can't have a thorough, complete, or anywhere-near-adequate exam within 10 minutes. I can barely do a physical exam in 10 minutes. So, my approach is to go back to the good pillars of old-school medicine - physical exam, asking questions, trying to handle the whole patient instead of just one problem at a time. So, often physicians I've seen will tackle one problem per visit, because that's all they have time for, but these people are suffering, so if they come in with more than one endocrine problem, I won't say no to handling more than one at a time just because it seems rational and the right thing to do. So, I really try to take the approach that it's my honor to treat people and it's frustrating, and tiring, and it's difficult sometimes, but it's really gotten me through tough times and it's hopefully led to some people thinking that I provide a higher level of care, which is what I strive for. I try to do the best by everyone.

Dr. Anderson:
Well, it's refreshing to hear because it rarely is just a diabetes visit as you said. Usually, there's other things and even if you may not be particularly in charge of that, or you're gonna have to give that back to primary care physician or other physician, you know, just the ability to sit down for five minutes and actually listen makes a huge difference, doesn't it?

Dr. Sloane:
Amen to that. I shockingly have been thanked by my patients, and it's disturbing that that has not been commonplace, that they are so overwhelmed with being grateful for someone taking the time to listen, that it's not commonplace anymore.

Dr. Anderson:
That's true. So, having been a patient yourself, does that affect how you care for and communicate with your patients?

Dr. Sloane:
Absolutely. I've seen the good and the bad of endocrine care all over the United States. So, I sort of know what I would want, and I guess selfishly I try to give patients what I would want in a provider - someone who's listening, someone who is caring, someone who is going the extra mile for them, so if their insulin isn't covered they'll push the insurance company to get it covered, if their CGM for whatever reason doesn't get covered they'll push for something that'll make your life easier to reduce a burden. So, what I take from my own diabetes is that diabetes is a lifelong, very burdensome, very tiring disease, and I think the first thing I tell patients that I meet with any kind of diabetes is that it's okay to admit diabetes management is hard. It's sort of been downplayed in the general society, but I think there's an emotional aspect, there is a physical aspect, so you have to think of the patient as a whole and my approach is to think of every patient individually which is very tiring, but I think the right way to do things, and honestly sort of the way the ADA guidelines have gone in the last, you know, five years or so is towards that individualized approach.

Dr. Anderson:
For those just joining us, this is *Diabetes Discourse* on ReachMD. I'm Dr. John Anderson. Here with me today is Dr. Jason Sloane from Utica, New York, who is a recent nominee of ReachMD's Honoring Heroes in Health Care initiative. So, Dr. Sloane, let's focus again on the COVID-19 pandemic. How has this pandemic changed or even updated your approach to helping patients with diabetes, and do you envision any of those changes continuing on past the pandemic itself, assuming of course that we're going to have an end to this nightmare?

Dr. Sloane:
So, it has really completely revolutionized things and if there is anything positive that can be taken from this nightmare, it has evolved medicine to the point where it should have been. We have technology for everything. Medicine has really been behind the times with that evolution. A lot of practices had telehealth, but we were reluctant to use it because malpractice was higher, the billing was not as good, there were a lot of barriers to that kind of care, and I think now you see that more patients are compliant with their visits first off. I have really no no-shows anymore. Very difficult to no-show from your house. There's another thing where I think patients have difficulty with ice and snow and have a tough time commuting, and they miss their appointments sometimes, honestly, because they can't get out of their driveway. So, I hope in the future we keep telehealth to keep communication lines open and to keep good patient care open to those that can't always physically be in the clinic.

Dr. Anderson:

Well looking beyond the pandemic, what are some of the ongoing challenges that you see in diabetes care that need to be prioritized in the months and years to come?

Dr. Sloane:
So, I think fully appreciating that diabetes is a team effort, so getting better teams together for diabetes care whether it be primary care and endocrine, or endocrine and diabetes education, like a certified diabetes educator, one person is going to be very hard pressed to take care of all of it and do the proper job. So, rushing through any kind of diabetes visit is not my preference. I don't think it really should be anyone's even though we're sort of being pushed more and more towards that. I think we need to remember that these are people, that there are guidelines, but there's also, you know, your own expert judgments, clinical judgment on what should be the best approach for each patient. So, if a patient can't afford something, you need to pivot and find something they can afford and that takes time. Teaching patients how to do things takes time. So, having more of a net in place, so people don't fall through the cracks I think is important. It's not just on one single provider, not to mention endocrinologists are not exactly, you know, being created at a rapid pace these days. So, it's gonna be a lot on primary care to help, unfortunately, and they're already, as you know, overwhelmed with everything else. So, I think getting practices to work together and I think better communication between practices will help unload some of the burden for all of us so it's teamwork. And I think that's the biggest thing I learned through all this is teams are important. You can't be all alone anymore in the medical community, but you sort of can't forget where physicians and medical practice came from in terms of respect, and trust, and honor and, you know, all those ideals that were once foundational points of practice are sort of brushed by the wayside for documentation, and billing, and also sorts of things that are a little bit trivial, I think.

Dr. Anderson:
I agree with you completely. So, as I wrap this up, are there any additional rules of thumb or ways of looking at diabetes care that guide your approach to practice or that we should keep in mind when we we're caring for our patients?

Dr. Sloane:
Sure. The personalized approach is so crucial to proper diabetes management. So remembering everyone is different and remembering that comorbidities with diabetes management do make a big difference. So, not everybody reads the guidelines all the time, but just understand that there are certain red flags that you should have in the back of your head that if a person with diabetes has coronary artery disease, for example, you should strongly think about starting them on a GLP-1 agonist or SGLT-2 inhibitor, it should just become sort of routine at this point. There are far too many people here that are not on these medications and they could be potentially lifesaving. So, understanding that comorbidities matter, understanding that obesity is a disease and should be treated along with diabetes also is important. So, jumping right to insulin, skipping over medications that could potentially lead to reduced insulin-resistance and weight loss, I think is a huge mistake. So, insulin's pro weight gain, and if you start somebody on insulin, you're sort of running yourself around in a hamster wheel and the patient's suffering. So, try to do right by the patient, try to give the most bang for the buck, so to speak, for medications that you provide, give thorough understanding to the patients of the side effects, and the most important thing I think that gets overlooked, probably not by primary care but I think specialists sometimes, is there is an emotional aspect of diabetes. So, really understanding what their motivation is to either comply with medications or not comply with medications, so, just flat out asking them "Why haven't you taken medications in the past? What's been the barrier?" And trying to see if they have depression in the background, as we know depression and diabetes unfortunately go hand in hand as does anxiety, and that was before COVID. So, I think we're all a little anxious during this time and treating that has become quite the extravaganza unfortunately because there's few psychologists and psychiatrists, but we can do our part to also weigh in on the emotional aspect, which I think is important to getting proper diabetes management.

Dr. Anderson:
Well, those are all great things to take with us and I want to thank you Dr. Sloane, not only for taking the time to speak with me, but for sharing your story and your inspiring approach to diabetes management. It was great having you on the program.

Dr. Sloane:
Well thank you for having me, and stay safe out there.

Dr. Anderson:
For ReachMD, I'm Dr. John Anderson. To access this episode and others from Diabetes Discourse, visit reachmd.com/diabetes-discourse where you can Be Part of the Knowledge. Thanks for listening.