

Transcript Details

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Investigating the Emerging Role of the Nurse Practitioner in CVD Risk Management for Patients with Type 2 Diabetes

Announcer:

You're listening to ReachMD, and this episode of Heart Matters is sponsored by Novo Nordisk. Here's your host, Dr. Matthew Sorrentino.

Dr. Sorrentino:

Welcome to Heart Matters on ReachMD. I'm Dr. Matthew Sorrentino, and here with me today, to discuss the role of nurse practitioners and other advanced practice practitioners in the management of cardiovascular risk in patients with Type 2 diabetes is Elizabeth Kay Bolton-Harris, who's the Chief Advanced Practice Provider in the Division of Cardiology at the Center for Heart Failure at Emory Healthcare. Ms. Bolton-Harris, welcome to the program.

Ms. Bolton-Harris:

Thank you very much for having me. Glad to be here.

Dr. Sorrentino:

To start us off, can you tell us about your role as an advanced practice provider at Emory? How do your responsibilities differ from other specialists when it comes to managing the risk of cardiovascular disease in patients with Type 2 diabetes.

Ms. Bolton-Harris:

Sure. So here at Emory, I'm an acute care nurse practitioner, and so I work on the inpatient heart failure service. And so, we deal with a lot of patients who have a advanced heart failure. So, as far as me working as a nurse practitioner along with my physician assistant colleagues, we all work together on a team, and this team is primarily with physicians cardiology fellows, and medical residents. And so, what we do is we go in and we assess our patients who have heart failure, whether these be consultations that we are getting patients for new diagnoses, and/or having our patients that we manage. As far as helping them manage the cardiovascular disease and their risk factors one of the things that we do is we take a deeper dive because we're trying to figure out what typically caused their cardiovascular event that translates to their heart failure. So, you know, we go through and do an in-depth analysis of their family history, their social history, anything that we can ascertain to see exactly what's going on with their particular diagnosis.

And then work with those patients to educate them on their current disease process and how to manage their disease, and help them reduce any further hospitalizations. So that's how we work with our teams here and work to help them manage their cardiovascular risk factors.

Dr. Sorrentino:

And what are some of the challenges you encounter when managing that cardiovascular risk, and what strategies do you use to try to overcome them?

Ms. Bolton-Harris:

So, some of the challenges that we experience with these patients are just buying into the fact that they have a particular diagnosis, whether it be heart failure, coronary disease, or diabetes. For some reason sometimes patients hearing those diagnosis it's a lot to take in. We work really hard to try to help them understand their diagnosis and just understand that, you know, it can be managed, and in some cases, it can be reversed. And so, I think if we provide them enough information to be able to help, mitigate those risks any further after coming into the hospital. And even on the clinic side, we have patients that come in – they're coming in as a referral, um, to us, and so taking that responsibility to make sure that we provide good education for them, to help them understand exactly where they

are and how we can help them maintain their current state of health and improve it as well.

Dr. Sorrentino:

Let's shift gears just a bit, and focus on the 2020 Expert Consensus Decision Pathway on novel therapies for cardiovascular risk reduction in patients with Type 2 diabetes. What are some of the biggest updates that have influenced you from your vantage point?

Ms. Bolton-Harris:

So the consensus report to me is a very promising report because it has shown that we have two medications now that can help us combat the management and treatment of reducing risk factors for cardiovascular diseases, especially in those patients who have diabetes. And we also know that diabetes once it starts, it increases mortality and morbidity for those patients to have an acute cardiac event. So it's definitely, we wanted a jump in earlier, to try to help mitigate those risks overall. But the fact that we have now two medications and a diabetic management arm –that actually have been shown to improve cardiovascular risk is impressive. So we have the SGLT 2 inhibitors in addition to the GLP-1 inhibitors as well. And so using either one of those drug classes to help manage cardiovascular disease is huge, as they're shown decrease – risk – decrease overall cardiovascular risk.

And even with the SGL2 inhibitor working to improve heart failure that we're having better outcomes with patients who have the heart failure diagnosis, reducing hospitalizations, improving systems. So the fact that we have some really good evidence-based studies with a lot of patients enrolled, that are showing the same improvements, and even some of them showing that it improves diabetic kidneys. It goes a long way, and the key for us is going to be making sure that we see these people earlier on in these diagnosis of diabetes, to get them implemented into these drug therapies so that looking forward, we can reduce their overall cardiovascular risk in – and the ultimate goal, to improving patient outcomes.

Dr. Sorrentino:

Absolutely. For those just tuning in, you're listening to Heart Matters on ReachMD. I'm Dr. Matthew Sorrentino, and today I'm speaking with Ms. Elizabeth Bolton-Harris about the emerging role of nurse practitioners and other advanced practice practitioners in managing cardiovascular risk in patients with Type 2 diabetes. So, now that we've, uh, briefly reviewed the 2020 Expert Consensus Decision Pathway recommendations, let's consider their impact your role as a nurse practitioner. How do you see your roll and other APP roles changing?

Ms. Bolton-Harris:

So, I think the way our roles not necessarily change, but just further expand by ensuring that we are creating collaborations their, team approaches, based to help these patients out. Soon of the things is that we have two new diabetic drugs that are on the market well, they've been on the market for some time, but that can improve cardiovascular risk. And typically, you know nurse practitioners or PA's working with cardiologists may not be the ones that initiate this therapy. But actually working with our primary care colleagues and endocrinology colleagues, that actually work to manage diabetes, getting them onboard to helping us work to try to improve these outcomes with these particular patients. Requesting that we get referrals earlier to evaluate these patients and this population so that we can work to reduce these cardiovascular risks when you have data that we have and that's been shown in the consensus model. So I think and then going through and doing the mainstays – educating our patients, just to not even become in this classification as far as with weight management dietary intake and overall health that they do in their daily basis. But also making sure that you know, when we do see these patients that would benefit from these drug therapies, ensuring that we educate them and work to help them get on these therapies and understanding that these therapies typically newer agents are not cheaper agents so, therefore, that making sure that before you even put a patient on these therapies that you take time to work with their insurance companies by sending those prescriptions early, to make sure that it's affordable for them,

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to have this therapy and work to get them the medication if they have to do some type of prescription drug program. So I think those things combine together, so just good collaboration with other, um, health care partners. Also collaborating with dietitians, collaborating with nutritionists, to make sure that these patients are doing the right things to have overall, good quality health. In the long run, they're gonna make the difference if we take this team-based collaborative approach.

Dr. Sorrentino:

So keeping all that in mind, can you give us some insights into your touchpoints that you use with your colleagues when mitigating cardiovascular risk, and tell us a little bit more about how we can really install this collaborative approach on patient care?

Ms. Bolton-Harris:

Sure. Some of the things that I like to do – not only educating the patient but getting their families involved, to make sure that they are aware of the particular cardiovascular risk and the current disease management strategies for their disease process. Likely they may

have some of these same issues coming along, so doing that education and having them partnering with the patient to improve their outcomes will also be helpful and then also in an effort, we are also teaching them how to maintain their good health as well. Also, as far as like I said, making sure that when we are instituting these newer medications, that we take time to explain to these patients exactly what we're giving it to them, why we're giving it to them, making sure that we've reached out to insurance companies to make sure that these medications can be covered so that the patient doesn't feel dejected and can be successful in their treatments strategies and their management. And then also, just continuing to like I said, partner with our other colleagues in other specialties and discipline, to make sure that we all have a team-based, focused approach on the patient care. If we keep the patient at true north like I said, we'll all work well together, and it's very important that we work together as teams as well, because each team may be aware of some other type of research study that may be going on, that may benefit the patients that we care for, and just keeping them in the loop as far as the management strategies, so we're not on an island managing our individual disease processes, but it – technically we're working together for the good of the patient to make sure that we're addressing all the patient's needs to – in order to have better outcomes.

Dr. Sorrentino:

And any final key takeaways you'd like to leave with our listeners, uh, particularly involving the role of nurse practitioners in managing cardiovascular risk in patients with Type 2 diabetes?

Ms. Bolton-Harris:

Sure. I think one of the things for us is continuing that continuing education process. Like I said, you know, I'm in cardiology. There's some new drugs that are out there, so taking that time to make that you understand the mechanism of action of the drug, making sure you understand, how to prescribe it – best prescribing practices for the patient making sure that you understand all the side effects that a patient may experience, so you can go ahead and communicate that information upfront, when you initiate these types of therapies, in order to keep them in the loop about what they may be experiencing. And also, like I said, just continuing to focus in on those collaborative relationships that we have with our physician colleagues. The work that physician assistant and nurse practitioners do, it helps expand the scope of care that patients receive, and we want to continue to make sure that they receive good, high-quality care and – by continuing to educating ourselves, educating our patients, making sure that we are implementing translational therapies that our patients are getting the very best of what they need and desire. It makes all the difference in the world, and as we can see by the studies or reports, it will also help improve overall outcomes and improve quality care for the patient.

Dr. Sorrentino:

With those final thoughts in mind, I want to thank Ms. Elizabeth Bolton-Harris for providing new insights on Type 2 diabetes and managing cardiovascular risk from a nurse practitioner's and advanced practice provider's perspective. It was great speaking with you today.

Ms. Bolton-Harris:

It was great speaking with you as well. Thank you for the opportunity.

Announcer:

This episode of Heart Matters was sponsored by Novo Nordisk. To revisit any part of this discussion and to access other episodes in this series, visit reachmd.com/heartmatters, where you can Be Part of the Knowledge. Thank you for listening.