

# Type 2 diabetes and COVID-19

Webinar recorded on 8 April 2020; information on COVID-19 at this time is changing rapidly and some information may be outdated

# How to provide the best clinical care remotely

Alice YY Cheng

Presented on 8 April 2020; information on COVID-19 at this time is changing rapidly and some information may be outdated if viewing at a later date

# Speaker disclosures

## Alice Cheng

### Relationships with commercial interests:

- **Clinical Trials:** Sanofi, Boehringer Ingelheim, Eli Lilly, Applied Therapeutics
- **Speakers Bureau/Honoraria:** Abbott, AstraZeneca, Boehringer Ingelheim, Janssen, HLS Therapeutics, Merck, Medtronic, Novo Nordisk, Sanofi
- **Consulting Fees:** Abbott, AstraZeneca, Boehringer Ingelheim, Janssen, HLS Therapeutics, Merck, Novartis, Novo Nordisk, Sanofi, Medtronic

# Remote visits allow clinicians to provide best clinical care whilst maintaining social distancing<sup>1,2</sup>

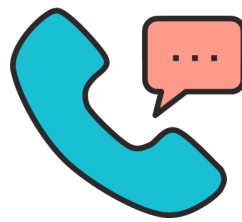


- Applies to **new consultations and follow-up** of diabetes care
- Includes giving **clinical advice and treatment planning**
- Clinicians should **treat the remote consultation like any face-to-face appointment**

1. EASD e-learning. Tips: Diabetes and COVID-19; New ways of providing care. <https://easd-elearning.org/covid-19/> (accessed Apr 2020);

2. Bhatt AB *et al.* <https://www.acc.org/latest-in-cardiology/articles/2020/03/01/08/42/feature-telehealth-rapid-implementation-for-your-cardiology-clinic-coronavirus-disease-2019-covid-19> (accessed Apr 2020)

# Planning for PHONE visits



**Inform the patient of the timing** of the phone visit (approximate start and finish) and **obtain consent** to do so

Ask that they have a **private location** to take the call

Remind the patient to have the following ready:

**Medications** (may be able to email in advance)

**Reading glasses**

**Pen/paper**

**Pharmacy information** for sending prescriptions

**Glucose readings** (may be able to email in advance)

**Weight, blood pressure readings** (if possible)

# Setting up virtual visits



## 1. Planning

Determine **appropriate patients** for virtual consultation

Decide technology to be used ensuring **privacy**

Develop links with a **technical support team**

## 2. Technology

Ensure good **internet** connection

Ensure access to **clinical records** if working remotely

## 3. Workflows

Ensure **prescriptions** can be remotely sent to pharmacy

Make **contingency** plans, e.g. if video fails, use a phone number

## 4. Training/piloting

**Test technology** with all staff and a layperson

Produce **guidance** for patients

# Preparing patients for virtual visits



Ensure the patient has **appropriate technology** for the visit, including **private space** to conduct the visit

Ensure they are **comfortable using technology** for the visit

Remind patients to have the following ready:

**Medications** (may be able to email in advance)

**Reading glasses**

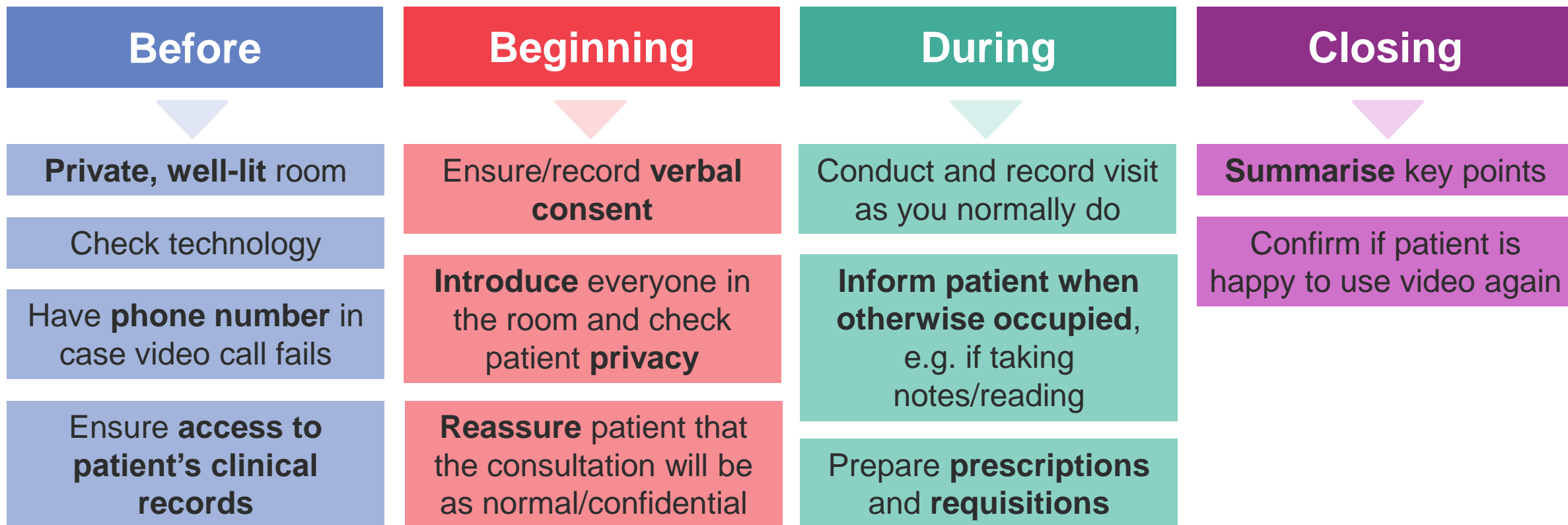
**Pen/paper**

**Pharmacy information for sending prescriptions**

**Glucose readings** (may be able to email in advance)

**Weight, blood pressure** (if possible)

# Conducting the virtual visit





# Proactively ask if they have questions about COVID-19



# Continue to optimise diabetes care whilst carrying out remote consultations



## Patient education

Continue to educate patients on the **importance of self-management** and **monitoring** of their condition



## Try new regimens

**Patients may be more willing to try changes in regimens** that they were previously unable to implement owing to a lack of time

**THIS MAY BE AN OPPORTUNITY**

# When might a remote consultation not be appropriate?



Patients may be **unable** to use the technology/remote call (e.g. confusion)<sup>2</sup>

For some **deaf or hard-of-hearing** patients, **video may be better** than telephone if they can lip-read or use the chat function<sup>2</sup>



If the patient is **too ill, breathless** while speaking or unstable<sup>1</sup>

If **serious, high-risk conditions** needing physical examination or hospital admission, e.g. query DKA<sup>2,3</sup>

If the patient has a **foot wound**<sup>4</sup>

If the patient has **chest pain or another worrisome symptom**<sup>4</sup>

DKA, diabetic ketoacidosis

1. Bhatt AB *et al.* <https://www.acc.org/latest-in-cardiology/articles/2020/03/01/08/42/feature-telehealth-rapid-implementation-for-your-cardiology-clinic-coronavirus-disease-2019-covid-19> (accessed Apr 2020); 2. Greenhalgh T. Video consultations: information for GPs. [https://bjgp.org/sites/default/files/advanced-pages/20Mar\\_COVID\\_VideoConsultations.pdf](https://bjgp.org/sites/default/files/advanced-pages/20Mar_COVID_VideoConsultations.pdf) (accessed Apr 2020); 3. Down S. *Diabetes & Primary Care* 2018;20:1; 4. Expert advice from Alice YY Cheng

# Delay in testing of biochemical parameters due to COVID-19: What is appropriate?



- **Limit laboratory testing** to patients with kidney impairment or other medical issues requiring close lab follow-up<sup>1</sup>
- Ask yourself, **‘Are the results likely to change management?’**<sup>2</sup>
- **Make arrangements for blood testing** rather than assuming that the patient can attend their GP for routine testing<sup>2</sup>

GP, general practitioner

1. EASD e-learning. Tips: Diabetes and COVID-19; New ways of providing care. <https://easd-elearning.org/covid-19/> (accessed Apr 2020);

2. NHS England. Clinical guide for the management of people with diabetes during the coronavirus pandemic.

<https://www.england.nhs.uk/coronavirus/publication/specialty-guides/> (accessed Apr 2020)

# Summary



During these challenging times, **continue to provide the best diabetes care possible** using virtual platforms or over the telephone



**Be well prepared** for virtual/telephone consultations



**Consider which patients/appointments are appropriate** for remote consultations



**Continue to educate** your patients on the importance of self-management and monitoring