Ohio Type 2 Diabetes Learning Collaborative

Check her risk. Protect her health.

Primary Care Provider Toolkit

2020

The Ohio Type 2 Diabetes Learning Collaborative

This Collaborative is comprised of providers across Ohio dedicated to improving health outcomes for pregnant women diagnosed with GDM. This Learning Collaborative seeks to improve postpartum care visits and postpartum type 2 diabetes (T2DM) testing rates for women diagnosed with GDM during pregnancy. This clinical toolkit has been developed in conjunction with national clinical experts ensure providers have necessary resources to work towards the Collaborative's goals. Specifically, this toolkit includes a workflow to identify at-risk women, T2DM testing guidelines for women of child-bearing age at high risk for T2DM, general health and wellness information, and resources specific to T2DM management.

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Collaborative's Goal:
To improve T2DM testing rate among women diagnosed with GDM.

This Collaborative is funded by the Ohio Department of Health and the Medicaid Technical Assistance and Policy Program (MEDTAPP), and administered by the Ohio Colleges of Medicine Government Resource Center. Clinical experts include:

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- Dr. Steven Gabbe, Emeritus Chief Executive Officer, Professor of Obstetrics and Gynecology at OSUWMC
- Dr. Mark Landon, Chair and Professor of the Department of Obstetrics and Gynecology at OSUWMC
- Dr. Stephen Thung, Professor - Maternal Fetal Medicine, Clinical Chief of Obstetrics, Medical Director of Patient Flow Management, OSUWMC

With contributions by

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- Mary Applegate, MD, FAAP, FACP

The rates for T2DM among women of reproductive age in the U.S. continue to increase and affect almost 15 million women age 18-44.[1] By identifying risk factors and performing regular tests, you can help stay ahead of T2DM.

Check her risk. Protect her health.

Who is responsible?

Every healthcare professional has the responsibility to ensure that a T2DM test has been ordered, administered, and reviewed with the patient.

Who to test?

The American Diabetes Association recommends testing in asymptomatic adults that are overweight or obese and have one of the following risk factors:[2]

- First degree relative with diabetes
- High-risk race/ethnicity
- History of GDM, or a baby weighing more than 9 lbs
- History of cardiovascular disease, hypertensions, hyperlipidemia, polycystic ovary syndrome or acanthosis nigricans
- Physical inactivity

When to test?

Initial Results	Recommended Testing Frequency
Prediabetes	Annually
At risk for T2DM	Minimum every 3 years, with more frequent considerations based on results and risk status
History of GDM	Within 4-12 weeks of delivering **AND** lifelong testing every 3 years minimum

Why is T2DM testing so important for this at-risk group?

Identifying women with prediabetes or at risk for T2DM allows for targeted lifestyle interventions to prevent or delay the onset of T2DM. Timely diagnosis and treatment can prevent poor outcomes.

If you don't complete T2DM tests on-site, **identify a lab partner and ensure your patient can get a referral there for T2DM testing**. Work with her to schedule the test and have your office send a reminder 24 hours in advance.

1. Classification and Diagnosis of Diabetes Care Volume 42, Supplement 1, January 2019
2. Centers for Disease Control and Prevention, National Diabetes Statistics Report, (2017) https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf

Staying Ahead of Type 2 Diabetes after a History of GDM

- The strongest known predictor of T2DM is a history of GDM, regardless of family history.
- Because GDM often subsides shortly after delivery, patients are unaware of the link between GDM and T2DM.

T2DM testing after GDM

- Women with GDM should be tested for T2DM within 4-12 weeks of delivery, as recommended by The American College of Obstetricians and Gynecologists (ACOG).
- This testing ensures there is no sustained glucose intolerance.
- Lifelong testing requirements align with the American Diabetes Association and are recommended every 1 to 3 years depending on results.

More than 50% of women with a history of GDM will develop T2DM within 5-10 years following pregnancy.

Despite these recommendations, research has shown the assessment for a history of GDM and rates of T2DM testing to be consistently low.[1] In an effort to improve low T2DM testing rates among women with a history of GDM, this project previously engaged OB-GYN and Maternal Fetal Medicine (MFMs) providers across Ohio. While testing rates improved, feedback also stressed the need to engage primary care providers who treat and care for these women throughout their lives.

Increased risks after a GDM pregnancy

- In addition to T2DM, women with a history of GDM are at increased risk for:[2]
  - Metabolic syndrome
  - Cardiovascular morbidity
  - Renal disease
- GDM recurs in approximately 50% of subsequent pregnancies
- Children from a GDM pregnancy are also at increased risk for T2DM and childhood obesity

1. Rodgers L, Conrey EJ, Wapner A, Ko JY, Dietz PM, Oza-Frank R. Ohio primary health care providers' practices and attitudes regarding screening women with prior gestational diabetes for type 2 diabetes mellitus--2010. Prev Chronic Dis. 2014 Dec 4;11:E21. doi:10.5888/pcd11.140308.
2. Expert Rev Endocrinol Metab. 2019 Jan;14(1):63-74. doi: 10.1080/17446651.2018.1476135. Epub 2018 Jun 5.

This list will serve to identify main content areas for this collaborative, and initial steps to get your team started on the right foot.

Who needs to know about this QI project?

- Teams can vary, but a project champion is crucial.
- Notify those involved in the process to complete the patient assessment.
  - May include front desk, residents, nurses, MAs and/or rooming staff
- Don't forget about the data!
  - Identify someone for data collection and/or EHR extract.

Key components for doing the project?

- Ask patients to complete a questionnaire or answer some simple questions to identify risk factors
- Identify if or when a T2DM testing was last completed
- Discuss need for T2DM test
- Provide education materials on T2DM risks
- Complete a T2DM test, as needed

How to prepare for QI data?

- Data will be collected and submitted on a bi-weekly basis
- Recommend identifying a data lead at your site responsible for data submission
- Collect data on every patient who meets eligibility criteria

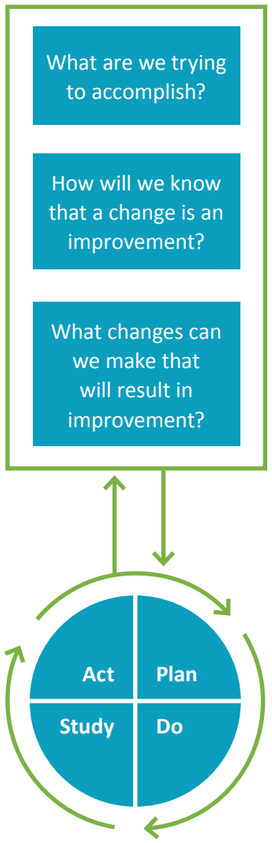
Quality Improvement model

- Sites will do small tests of change utilizing the Model for Improvement by the Institute for Healthcare Improvement
  - PDSA cycles of your choosing will be completed
- QI coaching is available for assistance
- Aggregate and site-specific data will be reviewed to demonstrate if changes are resulting in improvement

Lessons Learned

- Posters and room cards help serve as visual reminders for a new process
- Use of dotphrases
  - Considering creating phrases for risk factors and education

Model for Improvement



Source: Adapted from the IHI Model for Improvement. http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementHowtoImprove.aspx

Women's History

Assess both new and existing patients for T2DM risk:

Questions to Identify History of GDM.

1. Have you ever been told that you had diabetes?
   a. If yes, stop and review standard diabetes management protocol.
   b. If no, continue.
2. Have you been pregnant before?
   a. If yes, when was your most recent delivery? (e.g. Birthdate of youngest child) _____
   b. If no, stop.
3. Have you ever had gestational diabetes?
   a. If yes, when was your last blood sugar testing? _____
   b. If no, review other high-risk criteria below*

*If your patient is overweight or obese, review the questions below for other T2DM risk factors.

Questions to Identify Other T2DM Risk Factors

If your patient with bmi >25 answers yes to any of the following questions, please proceed to the T2DM Office workflow.[1]

- Do you have a parent or sibling with T2DM?
- Did you give birth to a baby weighing more than 9 lbs?
- Have a history of cardiovascular disease, hypertension, hyperlipidemia, polycystic ovary syndrome, or acanthosis nigricans?
- Are you physically active less than 3 times per week?
- Do you have prediabetes?
- Do you belong to any of these high-risk racial or ethnic groups?
  - Black or African American
  - American Indian
  - Hispanic / Latino
  - Pacific Islander or Asian American

For women at risk for T2DM:

1. Provide patient toolkit which includes resources and information to minimize risk
2. Follow up with lifestyle recommendations or medication if necessary
3. Discuss need for ongoing T2DM testing, depending upon results
4. Refer patients for additional treatment to diabetes educator, dietitian, and/or diabetes prevention programs.
   a. Additional information can be found at https://www.cdc.gov/diabetes/prevention/index.html

1. Classification and Diagnosis of Diabetes Care Volume 42, Supplement 1, January 2019

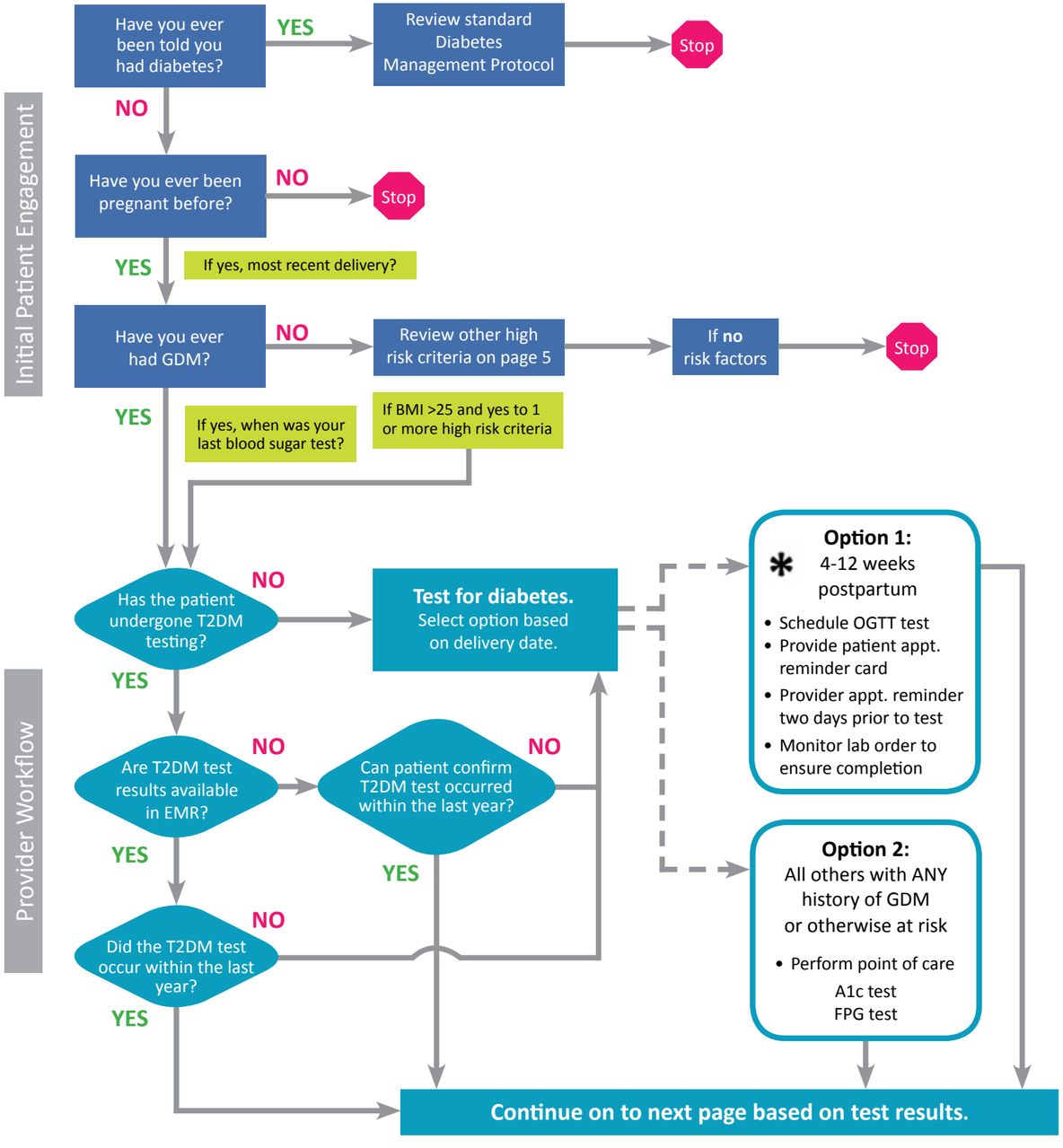
Ask your patients:

Have you been tested to see if you have type 2 diabetes before?

Do you understand the importance of getting tested every 1-3 years for type 2 diabetes? How long has it been since your last test for type 2 diabetes?

Would you like to get tested today?

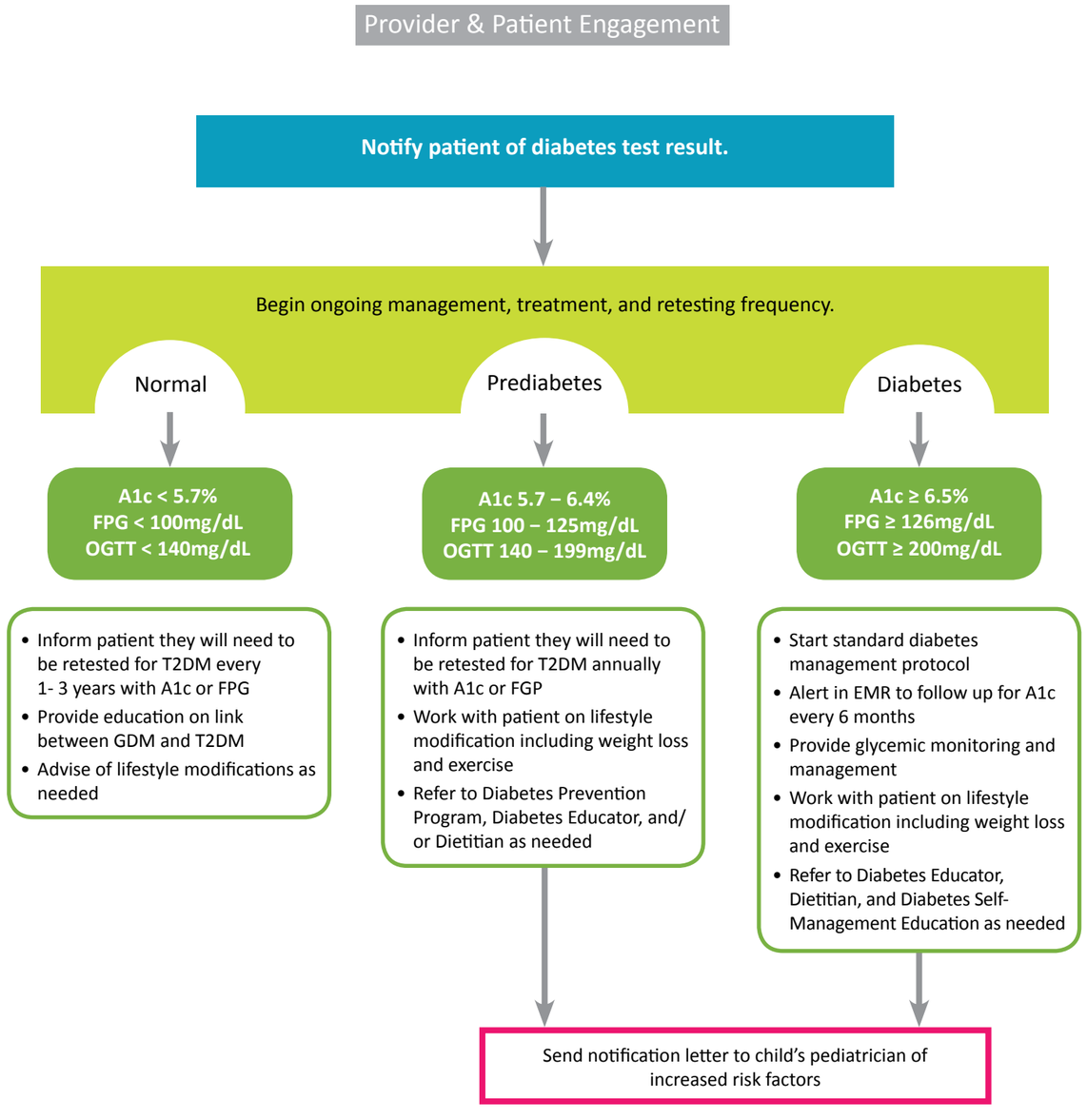
T2DM Office Workflow

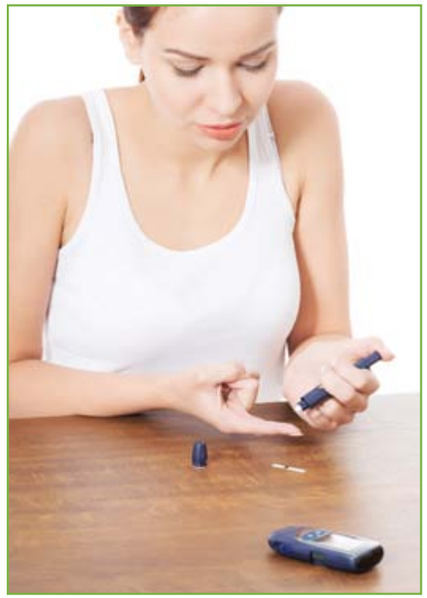


Abbreviations:

A1c: Hemoglobin A1c test
FPG: Fasting Plasma Glucose
GDM: Gestational Diabetes Mellitus
OGTT: Oral Glucose Tolerance Test
T2DM: Type 2 diabetes mellitus

* The **gold standard** is the 75-g OGTT; the standard for PCPs tends to be the A1C, even for women who are 4-12 weeks postpartum.





Help your patients understand their diagnosis of T2DM.

- Be sure to give your patients clear and simple directions on how to use their glucometer
- Review blood glucose recommendations, including target, before meals and 1-2 hours after eating
- Education on high and low blood glucose symptoms
  - Include tips on how to quickly deal with low blood glucose
- Encourage a healthy diet and exercise
- Make sure your patients demonstrate understanding

	ADA Recommendations
Before meals	80 - 130 mg/dL
1-2 hours after eating	Less than 180 mg/dL

Measured in milligrams per deciliter (mg/dL)

Review with your patients the symptoms they may experience when they have:

High Blood Sugar

Thirst
Headaches
Frequent urination
Difficulty paying attention
Blurred vision
Weakness or lethargy
Yeast infection

Low Blood Sugar

Hunger
Headaches
Dizziness
Confusion
Paleness
Increased heart beat
Sweating
Weakness
Anxiety

Ask your patients:

Have you experienced any symptoms of high or low blood sugar?

What did you do?

Do you know what to do now?

T2DM and Pregnancy

Review what your patient should do if she is newly diagnosed with T2DM and becomes pregnant. Consider the following:

- Complete a preconception risk assessment and counseling to maximize pregnancy outcomes
- Discuss family planning such as reproductive life planning to help the patient realize her reproductive plans and maximize her health
- Implement interventions that include health promotion activities or referrals to specialists, as needed

Make decisions with your patients!

It's often easy to give your patients the same health recommendations. But not all patients will comply with prescriptive recommendations. To manage their health more successfully, patients must be able to make self-management decisions that fit their priorities, goals, resources, culture, and lifestyle.

Elements to consider during Shared Decision Making:

- Moms are more focused on their children than their own healthcare needs.
- Emphasize lifestyle modifications, healthy meals and activities that will benefit the whole family.

1

Ask

Ask your patients to explore their most pressing issue.

- What is your understanding of GDM, prediabetes or T2DM?
- What specific concerns do you have about managing your health?
- What do you think is the biggest challenge to managing your health?
- Do you understand that you and your child are at higher risk for developing T2DM later?
- Do you know that it is important to get tested for T2DM after you deliver your baby **and** every 1-3 years?

2

Listen

Listen to your patients' responses. For five minutes, allow your patients to complete responses. Do not interrupt or offer any advice during that time. **Just listen.** Then, if your patients have a difficult time answering, offer some questions to encourage them to add to their responses:

- What about nutrition?
- What do you need to prepare for a blood glucose test?
- How about your exercise plan?

3

Respond

Respond to your patients ***after*** they tell you their answers. Make sure your responses are relevant to your patients' situations and benefit them the most.

If your at-risk patient is diagnosed with prediabetes or T2DM, lifestyle changes may be necessary. It's not easy to incorporate these changes, but motivate your patients to do it for their family.

Wellness: Strategies for Success

- Stress to moms that eating healthy meals and increasing activity will benefit the whole family.
- Share the importance of being physically active in lowering chances of having T2DM and its complications in the future.
- Encourage working up to 2 ½ hours of regular, moderate-intensity exercise per week
  - Start slow
  - Consider 10 minute activities, 3 times per day.
  - Aim for 30 minutes per day, 5 days a week
- Refer to the National Diabetes Prevention Program where the program has shown that losing 5-7% of your bodyweight can reduce the progression to T2DM by as much as 58%.
  - For a 200-pound person, this is just 10-14 pounds

Nutrition: 4 key messages

1. Use portion control. Try using smaller plates
2. Limit fast foods, instead eat fresh fruits and veggies or other high fiber foods for healthy calories
3. Do not skip meals
4. Avoid foods/drinks sweetened with sugar or honey

Lifestyle Changes: Wellness, Nutrition & Physical Activity

Available at Choose**MyPlate**.gov, "MyPlate Checklist" is an easy tool to use in your office, and creates a personalized meal plan while taking various factors into account, including a woman's pregnancy or breastfeeding status. If needed, remind patients about free Internet access at their local library. Consider referring patients for help with lifestyle change.

Review your patients' history to determine if it is safe for them to exercise.

If newly postpartum, patients with the following conditions require specific medical recommendations before they pursue any physical activity.

Following a pregnancy

- Cesarean delivery
- Healing of episiotomy
- Rectus Diastasis
- Anemia
- Contact your OBGYN or MFM physician with questions.

Others at risk for T2DM

- Existing health problems (arthritis, heart disease, asthma, etc.)
- Unsteady on your feet/dizzy spells

Ask your patients:

What activities do you do now?

Do you exercise?

How?

In 2017, more than 20% of women in Ohio smoked.[1] This percentage is considerably higher, almost 40%, for those with an income less than $25,000.[1] In addition, more than 1 in 3 nonsmokers who live in rental housing are exposed to secondhand smoke.[2]

It is important to discuss with women who quit smoking during pregnancy that they should not relapse after giving birth.

Secondhand smoke can hurt children before and after birth. Smoking around children increases the risk of:

- SIDS (Sudden Infant Death Syndrome)
- Slower lung growth
- Asthma
- Bronchitis
- Pneumonia
- Respiratory infections
- Ear infections

Ohio Tobacco Quit Line

A **free** tobacco quit line counseling service for uninsured Ohioans, Medicaid recipients, pregnant women, and members of the Ohio Tobacco Collaborative.

To learn more, or to enroll in the program:

1-800-QUIT-NOW
1-800-784-8669
http://ohio.quitlogix.org

1. CDC, Behavioral Risk Factor Surveillance System, 2016/2017
2. National Center for Chronic Disease Prevention and Health Promotion, Tobacco, 2017

Tobacco Cessation

Use the 5 A's!

The 5 A's is an evidence-based smoking cessation program designed to help you hold that conversation with patients encouraging them to quit.

Ask your patient about her smoking status at the first visit and follow up with her at subsequent visits.

Advise your patient who smokes to stop by providing advice to quit. Provide her with information about the risks of continued smoking to her family and herself.

Assess your patient's willingness to attempt to quit smoking at each visit. Quitting advice, assessment, and motivational assistance should be offered at subsequent care visits.

Assist your patient who is interested in quitting by providing specific, self-help smoking cessation materials. Offer direct referral to the Quit Line to provide ongoing counseling and support.

Arrange follow-up visits to track the progress of your patient's attempt to quit smoking. For current and former smokers, smoking status should be monitored and recorded, providing opportunities to congratulate and support success, reinforce steps taken toward quitting, and advise those still considering a cessation attempt.

The Smoke Free Families Learning Collaborative provides resources designed to support healthcare professionals in implementing or improving tobacco cessation services within their organization. Provider and consumer resources can be found at: **http://ohiosmokefreefamilies.org/**

The American Academy of Family Physicians' "Ask and Act" tobacco cessation program encourages family physicians to ASK all patients about tobacco use, and then to ACT to help them quit. More details on this tobacco cessation program can be found at **http://www.aafp.org/patient-care/public-health/tobacco-nicotine/ask-act.html**

Contraceptive Counseling Model: A 5-Step Client-Centered Approach

1. **Identify** the mother's pregnancy intentions.
2. **Explore** pregnancy intentions & birth control experiences and preferences.
3. **Assist** with selection of a birth control method and awareness of CDC MEC.
4. **Review** method use and understanding.
5. **Provide** birth control that same day.

Reversible Methods of Birth Control

Not all birth control options are right for every mother. Explain all options in detail, listen to her preferences and help to ensure she is making the safest decision for her health.

Method Options	Typical Use Effectiveness	How Long Does It Last	Administration	Possible Bleeding Changes	Common Side Effects	When Pregnancy Can Occur if Discontinued
IUD (non-homonal)	99% effective	Up to 10 years	Inserted by provider	Heavier periods that may return to normal after 3-6 months	Cramping that usually improves after 3-6 months, spotting	Immediately (Provider can remove implant at any time.)
IUD (hormonal)	99% effective	Up to 5 years, varies by product	Inserted by provider	Irregular, lighter, or no period at all	Cramping after insertion, spotting, nausea, breast tenderness	Immediately (Provider can remove implant at any time.)
Implant	99% effective	Up to 3 years	Inserted by provider	Infrequent, irregular, prolonged, or no period at all	Insertion site pain, nausea, breast tenderness	Immediately (Provider can remove implant at any time.)
Shot	94% effective	Up to 3 months	Shot given by provider	Irregular or no period at all	Weight changes, nausea, breast tenderness	Immediately, but may have 6-12 month delay
Vaginal Ring	91% effective	Up to 1 month	Prescription and inserted by patient	Shorter, lighter, more predictable periods	Nausea or breast tenderness	Immediately
Patch	91% effective	Up to 1 week	Prescription and applied by patient once a week	Shorter, lighter, more predictable periods	Nausea, breast tenderness, application site reaction	Immediately
Pill (Estrogen & Progestin)	91% effective	For 1 day	Prescription and taken by patient once a day	Shorter, lighter, more predictable periods	Nausea or breast tenderness	Immediately
Pill (Progestin only)	91% effective	For 1 day	Prescription and taken by patient once a day	Shorter, lighter, more irregular periods, spotting	Breast tenderness, changes in mood, headaches	Immediately
Condom	82% effective	For 1 sex act	Buy over the counter & used with each sex act	None	Allergic reaction to latex	Immediately

National Diabetes Prevention Program:

- Diabetes Prevention Program
  https://www.cdc.gov/diabetes/prevention/index.html
- Recognized Lifestyle Change Program locations
  https://nccd.cdc.gov/DDT_DPRP/Programs.aspx

Coverage for the National Diabetes Prevention Program is increasing day by day, so it is best to check with your patient's insurance company for the most up-to-date coverage. Current insurance providers that cover the National DPP include:

- Medicare - Part B
- The Ohio Public Employees Retirement System (OPERS)
- School Employees Retirement System of Ohio (SERS) (Aetna)
- The Ohio State University Health Plan
- Commercial/Private insurers (may vary by health plan selected). In Ohio this may include UnitedHealthcare, Anthem and Cigna.

Local employers such as Costco, Lowes, Ohio University, and The Ohio State University may offer coverage as a health or wellness benefit. (https://coveragetoolkit.org/participating-payers/)

Community-based programs and resources

- Accredited Diabetes Education Programs
  https://www.diabeteseducator.org/living-with-diabetes/find-an-education-program
- Diabetes Self-Management Education and Support (DSMES) Toolkit
  https://www.cdc.gov/diabetes/dsmes-toolkit/index.html
- American Diabetes Association: Education Recognition Program locations
  https://professional.diabetes.org/erp_list_zip
- Registered Dietitian: Find an expert
  https://www.eatright.org/find-an-expert
- Certified Diabetes Educator: Find a CDE
  https://www.ncbde.org/find-a-cde/
- OSU Extension: Locate an Office
  https://extension.osu.edu/lao#county

2-1-1: Connect to a community resource in your area

More than 75% of Ohio's population has access to 2-1-1 services. 2-1-1 connects you to resources throughout the state including: heating assistance, car seat checks, and community training opportunities.
For more information, check out:

- http://ohioairs.org/
- http://ouw.org/211-map/

Reproductive Health

US Medical Eligibility Criteria (US MEC) for Contraceptive Use, 2016
https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html
2016 US Selected Practice Recommendations (SPR) for Contraceptive Use
https://www.cdc.gov/mmwr/volumes/65/rr/rr6504a1.htm

Notes

Ohio Department of Health

MedTAPP
Medicaid Technical Assistance and Policy Program

Ohio | Department of Medicaid

OHIO COLLEGES OF MEDICINE
GOVERNMENT RESOURCE CENTER

THE OHIO STATE UNIVERSITY
COLLEGE OF MEDICINE