

KDBH Podcast 7 – Evolving Care with COVID-19 for Patients with T2D

Jay Shubrook: 00:04

Welcome, and thank you for joining this podcast on evolving care with COVID-19 for patients with type two diabetes. Today, we will be discussing diabetes management, telemedicine, and lessons learned in the time of COVID. The purpose of this ongoing series is to reduce cardiovascular deaths, heart attacks, strokes, and heart failure in people living with type two diabetes. And it's based on the collaborative initiative between the American Heart Association and the American Diabetes Association. Know Diabetes by Heart.™

Jay Shubrook: 00:35

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Jay Shubrook: 00:47

I am Jay Schubert, DO, a family physician and diabetologist. And joining me today is Dr. Bhatt, an adult endocrinologist and board certified in internal medicine, endocrinology and metabolism. Dr. Bhatt, thanks for joining us today.

Bankim Bhatt: 01:04

Thank you.

Jay Shubrook: 01:05

Tell me a little bit about your practice and where it's at and who do you see?

Bankim Bhatt: 01:09

My practice is part of a multispecialty group and we're located in the Lehigh Valley near Allentown, Pennsylvania to a network I work for, the St. Luke's University Health Network. We have 12 hospitals and multiple outpatient facilities. The majority of the patients we see in the office either have diabetes or have thyroid disorders. We serve a population about a million people in the Lehigh Valley. The practice that we're located in is actually a full-service practice. We actually have an optometrist who resides in our practice along with a podiatrist, as well as a pediatric endocrinologist who sees pediatric patients with endocrine disorders.

Bankim Bhatt: 01:49

We also have an education department that is right next to our office, where we have certified diabetes educators and dietician who work in collaboration with us to take care of patients with diabetes.

Jay Shubrook: 02:02

Our practice is in Northern California, near Napa, and we have two practice sites. One is a series of FQHCs, so we're actually embedded in the primary care setting, seeing people of all ages with all different kinds of problems, but our

focus is on diabetes consultations. And the other is at a diabetes center in Vacaville, California, and NorthBay Medical Center where there's specific diabetes and endocrine center.

Jay Shubrook: 02:27

And we service much of the Solano County in Northern California with about a half million people, and certainly an area that clamped down very early because of COVID because we had one of the first COVID cases in the country. Wow. What an amazing time. We've had so much go on in 2020 with COVID affecting all of our practices and all of our lives. One thing I think we hear a lot about is the impact of COVID on type two diabetes and vice versa.

Jay Shubrook: 02:54

Recently, there was a report that people with diabetes, particularly type two, have a higher death rate, but maybe it's not everybody. Maybe it's just people who have worse metabolic control. What's been your experience in your population with COVID and diabetes?

Bankim Bhatt: 03:10

We've noticed that people with type two diabetes are at increased risk of infection in general, just not viral infections, but bacteria infections as well. People who have poorly controlled diabetes are at higher risk than people who have controlled diabetes or well-managed diabetes.

Bankim Bhatt: 03:28

In terms of COVID, we've noticed that people with uncontrolled diabetes are at increased risk of developing infection, but once they get the infection, they also have increased risk of death and poor outcomes as well. So many more people who have uncontrolled diabetes seem to be hospitalized more frequently. They also have higher occurrence of ARDS, acute heart injury, acute kidney injury, septic shock, and DIC as well. It's important that we notice people who are controlled tend to do better in terms of outcomes from COVID infection compared to people who have poor outcomes when their diabetes is not controlled.

Jay Shubrook: 04:12

Yeah. I think that's such an important message that yes, you're at higher risk from diabetes, but you can modify that risk by the metabolic control. My experience has been that so many of my patients are afraid to come in to get care, and they're actually not getting their kind of routine care that helps them to stay in control, which in some respects puts them at higher risk. Have you had that experience?

Bankim Bhatt: 04:34

We have had that experience. Although some of my patients, we were still able to take care of, even though we had a stay at home order in place in the state of Pennsylvania, at least. The way we were able to do that was that Medicare actually helped us with that piece by relaxing telemedicine requirements that they had come up with, and so that was quite helpful. And there was a waiver that CMS put out, so people who are at risk of getting COVID could still get their care, and the waiver was 1135 CMS waiver. And they were saying that, Hey, we know people need to get their care during this time of a pandemic and that it should be easier to have them get the care that they need.

Jay Shubrook: 05:21

Yeah. I think it's wonderful to allow the supporters to let our patients get care. Telemedicine is new for a lot of us. What have been some of your best practices for telemedicine in this time of COVID?

Bankim Bhatt: 05:34

It's interesting in our health network, I have actually been doing telemedicine for about 10 to 11 years now. And the rest of the practice and the people in the group have been doing telemedicine in an underserved area where we would see patients remotely. The patient would present to a healthcare facility about an hour and a half away from our central location, and we would be in our office and seeing patients at that other facility by our video conferencing, essentially.

Bankim Bhatt: 06:05

So, for us, it really didn't change very much except the fact that the format and the way we did things change. So that was some of the challenges that we sort of encountered is that the format changed, the programs we were using changed, so we had to have a learning curve with all of that.

Bankim Bhatt: 06:24

In terms of taking care of patients, that really didn't change much because we were doing some of that already. I suspect that people who have not been doing telemedicine, it was a big change on both the patients' side as well as on the provider side. And the challenges, some are small, but really noticeable, and some are insurmountable. Some of the small challenges is having the capability to actually do the telemedicine on the patient side, where do they have the appropriate equipment? Do they have a computer that has video capability? Do they even have a computer that sort of effectively connects to Wi-Fi?

Bankim Bhatt: 07:04

On the physician side, it was similar challenges. Do you have the hardware and the software that you need to do the telemedicine? How are you going to sort of do the operations of how the visits work? Do you allow extra time to get people sort of acclimated to logging on and getting onto the platform? Do you

allow extra time for questions? How do you do a physical exam with some of these folks? I think on the physician side, those are some of the challenges. And I mentioned earlier some of the challenges that the patients had.

Jay Shubrook: 07:37

Yeah. I think it's wonderful that you have been doing that already. I know for many of my patients, this idea of either video or telephone visits is quite foreign. And I think in some respects, they love the convenience, but boy, they really miss the touchpoints. And I often have said, well, why can't I come in? And some patients have started to come in at this point, but from a protection standpoint, there is a lot that we could do by telemedicine. But to your point, I also think it's a real challenge to do things like physical exam. How much of your visits are video versus telephone and live at this point, as we end the month of June of 2020?

Bankim Bhatt: 08:15

For myself particularly, about two weeks ago, I went 100% back to seeing patients in-person. Prior to that, we slowly phased in in person visits. We started with seeing patients one day a week in the office in person with various mitigation strategies. The strategies that we had in place was the patient would wait in their vehicle. Once they got here, they would call up to the office and we would sort of say, it's safe for you to come up, or it's your appointment time, come all up. Somebody would meet them at the door, do a temperature check and go through questions appropriate for COVID screening. And then they would be brought back to the room.

Bankim Bhatt: 09:01

Everybody who walked into the office had a face mask on or facial covering. If they didn't have one, we would provide them one. And then the staff as well as the providers would have facial covering in the office. One of the things that I've noticed that has changed is the dress code in the office as well, particularly for the providers, where we're now sort of saying, Hey, let's be a little bit more lenient and not as formal with our dress code. So we've gone back to scrubs or not wearing ties and that sort of thing in the office versus prior to COVID where it was much more formal.

Jay Shubrook: 09:35

Yeah, I agree. I think we found that if we're trying to keep work at work and home separate, some of these practical things like wearing scrubs can be very helpful that way. One of the things we were trying to decide is what's the criteria for those that could be seen live, and I know you're largely live. Who should be seen live, who should be seen by video. With the spectrum of diabetes, we have young people, we have older people, we have people with type one, people with type two. Many people have complications, and those are the people that need the most care, but they're also at the highest risk. How do you sort that out?

Bankim Bhatt: 10:09

The risk is developing COVID or picking up COVID in some of these folks who have comorbidities. The most common comorbidities that have been sort of looked at that put people at high risk is diabetes, chronic lung disease and cardiovascular disease. And in these folks, hospitalizations were six times higher, and deaths were 12 times higher than people who did not have these conditions. So pretty significant amount in terms of deaths and hospitalizations. These are the folks who need really intensive care.

Bankim Bhatt: 10:48

But in terms of diabetes, for many patients, it's about what their blood sugars are and what they're learning. Many a times, I find that knowing what the blood sugars are and understanding why they're the way they are is more important than physically seeing the patient in person and putting my hands on them, because I can certainly make adjustments to their medications based on their values in terms of blood sugars, as well as make adjustments and give them guidance in terms of what to do while they're at home in terms of diet and exercise. And I think those are the key components of managing diabetes, diet, exercise, and medication compliance, which we can certainly do remotely without having a person in the office.

Jay Shubrook: 11:35

Sure. Yeah. And I think it's going back to that metabolic control. Many of my patients struggle with technology sharing data with me. I guess I have two things I really want to know. One is we have some download stations in our office, so it's easy to handle data in our office, but when they're sending from home, not everyone has the capacity to send us data. How do you review data, would be my first question. We'll do the second one in a minute.

Bankim Bhatt: 12:00

There's a couple of different technologies available that allow patients to check their blood sugar. The first is the one that we all know very well, which is self-monitoring using finger sticks. The others are more device related and are available to patients where they're scanning a device on their arm with their phone and getting a number, or they have a continuous monitor that gives them their blood sugar every five minutes. Those are the three different ways that most of my patients are sort of checking their blood sugars.

Bankim Bhatt: 12:31

When they're using self-monitoring or finger stick glucose, they're essentially telling me what their sugars are while I'm talking to them. And we go through the time of the day and what they were doing, what they had for their meals around that time.

Bankim Bhatt: 12:46

For the other two, we're able to actually have the patient connect with our office, and we're able to go into the system and pull the data ourselves even prior to the appointment. Many of my patients are connected to the office. We have actually set them up when they got their devices with our office and said, look, share the data with us. We'll be able to go in whenever you want us to, to look at their numbers and help you sort of manage your diabetes better. And many of my patients actually like that because they can just call us and say, "Hey, my data's in there. Can you go in and get it?" And then the staff gives me the data and I have it for the visit.

Jay Shubrook: 13:25

So, using a cloud-based platform. You said something that was actually quite important, when people have the ability to upload data from home, what you said is we'll look at it when you want us to, and I think that's so important because I don't want patients to assume I can see their data at all times. Many of us have thousands of patients and to be able to see all that data would be overwhelming, but it is a great tool if patients can alert us to say, "Hey, I've uploaded to the cloud. Please take a look, I'm having some trouble.

Bankim Bhatt: 13:55

That's exactly right. I sort of put the responsibility and ownership on the patient to let us know when they need help.

Jay Shubrook: 14:02

Yeah. And I think that's so important because again, it is a tool, but it can be overwhelming both for patients, but also for providers in some respects. The other thing that I've been struggling with is many of our patients are older, they have type two, and lifestyle is such an important part of their diabetes management and their cardiovascular disease management. Yet in these times of being fearful of going out, being trapped in their homes, I would say about three quarters of my patients are doing less than they were doing before. Only about a quarter have taken this opportunity to do more physical activity. Maybe can make some changes in terms of health behaviors. How do we motivate and keep our patients heart healthy during these times where they have new challenges to fight?

Bankim Bhatt: 14:48

That's a fantastic question. One of the things that I've been sort of encouraging my patients is look, it's probably safe if you're by yourself to go out for a walk at a minimum. The other things that I've been encouraging my patients to do is to go onto our network's website because we have a fitness component in our network and the trainers have actually made fitness videos for stay at home physical activity where you don't require any equipment. All you require is yourself and the video. And you can sort of go along with the trainer to do some of the activities and exercises.

Bankim Bhatt: 15:27

And the beauty of the way they've done that is they have three different people doing the same activity, but it's three different sorts of grades of activity. So you have an expert person doing it at the highest fitness level, you have another person who is doing it at the lowest fitness level, and then you have somebody in between. I think that's been really helpful in talking to my patients about in terms of motivating them to do some more activity.

Bankim Bhatt: 15:55

The other places I've asked them to sort of look at is many of these gyms and recreational facilities have done very similar videos as well. And then I have asked them to look at YouTube videos where they have these sort of exercises posted and they show them how to do it, and you can go along with that. My family actually started doing that while we were on the stay at home order.

Jay Shubrook: 16:17

Wow. And so that's good. That's a wonderful resource for the patients in your panel, because I do think having the appropriate intensity for the right person is really important. Too many people try to do too much, they get hurt and they kind of lose motivation. If they have those levels, hopefully, they find a level that's comfortable for them. We have an uncharted future. What are some things you've learned during the time of COVID in managing type two diabetes that you think we should continue? And what are some things maybe you'd like to go back to after this pandemic passes, we hope?

Bankim Bhatt: 16:52

From the things that we've learned is we know mitigation strategies have worked well. The mitigation strategies include frequent hand washing and facial covering. The hand washing is a component that we've all learned about for many, many years since we were medical students, because that's essentially infection control or prevention. And then the face covering work as well because they decrease the risk of spreading the virus into the open air. I think those mitigation strategies are here for a little while until we have a vaccine that's available, that's effective.

Bankim Bhatt: 17:28

One of the things that I think many of my patients miss is coming into the office and having that social interaction. I think that's what I like to get back to is that social interaction, but with mitigation strategies in place, because without that social interaction, we know that isolation is one of the biggest components of health in terms of deterioration of health occurs quicker when there's isolation. So I think that social aspect of practicing medicine is really important to have better health in our patients.

Jay Shubrook: 18:03

Yeah, for sure. Yeah. And I think if I was trying to give a message to our audience is we know that our patients have heard the message that they are high risk for COVID complications and COVID infection. I think that message has been communicated very clearly. I think it is time for us to share that these simple techniques thorough, good hand washing, wearing masks, doing social distancing regularly will allow you to do more things like go outside for a walk.

Jay Shubrook: 18:32

I always try to share with my patients that the air outside is not inherently dangerous. It's only when we get around other people. This is summertime where you're at in Pennsylvania, and it's good weather here in Northern California. I want my patients to get outside when they can do it in social distance and do it safely because it is part of their health. And as we help to work together, it's going to get us back together. Thank you so much today for spending some time talking about this and sharing your experience with management of type two diabetes, COVID, telemedicine and lessons learned.

Bankim Bhatt: 19:03

Thanks for having me.