



The Point

January 2019

Making diabetes care better, less frustrating and more fun since 2008



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Diabetes Resources in SharePoint

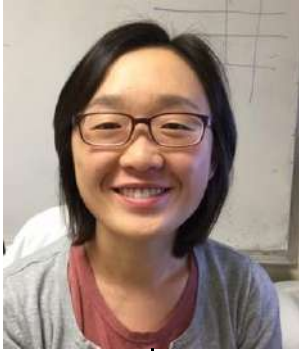
GIVING THANKS AND WELCOME

We hugely appreciate and thank **Kathryn Guta**, RN, CDE (far right) who has retired after 18 years of service to RFPC and Diabetes Clinic, where she anchored our English and Spanish diabetes education groups, provided support to patients, facilitated our hectic clinics, and strengthened nursing capacity for diabetes education within RFPC. We will miss you!!!

We also give thanks to **Amalia Fyles**, RN, CNS, CDE (second from left), who has been volunteering to facilitate our monthly diabetes support group, and who provided another bountiful Thanksgiving spread and celebration, even after retiring from ZSFG.



Welcome to **Julie Kim**, MD, our newest endocrinologist to



join ZSFG in seeing patients in the Diabetes Clinic, Endocrine Clinic and Weight Management Clinic. She completed her medicine residency at UCSF and fellowship at UCLA. Outside of caring for patients, she keeps busy with her one year old baby. She is excited to be back at the General!

Welcome also to **Crystal Loucel**, RN, MS, MPH, who joins the Diabetes Clinic from Kaiser Oakland's Chronic Conditions Management team, and the County Juvenile Hall. She graduated from UCSF's Public Health Nursing Program and is currently pursuing board certification as a Health Nurse Coach and Diabetes Educator. She is bilingual/bicultural in Spanish, a vegetarian, and dislikes chocolate.



COMMERCIAL DRIVERS AND INSULIN

For nearly five decades, people with diabetes who use insulin have been excluded from driving commercial vehicles unless they went through an onerous process to request exemption. As of **November 19, 2018**, the Federal Motor Carrier Safety Administration (FMCSA) has finally updated its rules for medical certification of interstate commercial drivers with diabetes who use insulin.

Katie Hathaway, VP of Legal Advocacy at the ADA, writes: *"The new rule is modern, fair, and flexible. It provides for – no, demands – individual assessment of people with insulin-treated diabetes seeking interstate commercial driving medical certification. It recognizes the advances in diabetes science, medicine, and technology that today allow people with diabetes to manage their diabetes in ways not possible when the old rule was written in 1970."*

What's new?

- An assessment is done by the **treating clinician**--a healthcare provider who manages, prescribes insulin and treats the applicant's diabetes. The treating clinician has discretion to evaluate whether the applicant is on a "stable insulin regimen" and has "properly controlled insulin-treated diabetes"
- The treating clinician completes **form MCSA-5870** and the **FMCSA medical examiner** completes the medical certification process. Click [here](#) for link to form
- The applicant must provide **3 months of blood glucose records that are electronically downloaded**. Handwritten logs are not acceptable. The frequency of blood sugar checks is individualized by the treating clinician. If your clinic needs help in setting up a way to **download** patient glucometers, please contact: charlotte.kuo@sfdph.org
- **Severe non-proliferative diabetic retinopathy** or **proliferative diabetic retinopathy** are permanently disqualifying conditions

- **Severe hypoglycemia** which requires someone's assistance or results in loss of consciousness, seizure or coma, is a disqualifying condition
- **Other diabetes complications** should be individually assessed and are only disqualifying if the applicant's ability to safely drive a commercial vehicle is impaired
- **There is no requirement for a specific A1C level**, though A1C may be a factor in the treating clinician's assessment. The most recent A1C should be included in the MCSA-5870 form.
- If approved, medical certification is for **12 months**

For more information, see [FAQs](#) on this new ruling.

UPDATES ON T2DM MEDICATION ALGORITHM

Fresh off the press, the 2019 ADA Standards of Medical Care are out. A summary of the recommendations for treatment of hyperglycemia in type 2 diabetes is [here](#).

In our last issue of "The Point," we provided general guidelines for how different classes of diabetes medications can be used. Within our safety net constraints, we want to thoughtfully consider how best to individualize treatment for factors such as risk of hypoglycemia, presence of established cardiovascular disease, effectiveness of treatment options, and degree of hyperglycemia, while also recognizing our patients' psychosocial challenges, cost concerns and formulary restrictions.

This is a rapidly shifting landscape with almost monthly updates on CV benefit of some drugs and new and concerning side effects of others. We hope to have an updated version of a ZSFG type 2 oral algorithm very soon--by the next **Quarterly Providers Meeting in April**--but please be aware that this will be more of a living document as new data becomes available.

In the meantime, you can always send **eConsult** to Diabetes Services if you're unsure how to intensify a patient's medication regimen. We're happy to review the patient's history and offer some suggestions.