

Tips for Diabetes Telephone Visits

We are all learning how to do telephone visits. The **priority** is first on patient safety, access to medications and refills, food/housing/financial security, coping with the anxiety about covid-19 and the new reality of sheltering-in-place.

Things we've learned in Diabetes Clinic:

- Ask about what has changed with their **schedule**--sleep, activity, eating. If your patient is reporting **hypoglycemic** symptoms or episodes, consider adjusting their sulfonylurea or insulin as appropriate.
- Ask about **hyperglycemia**, often a consequence of changes to schedule, reduced activity while sheltering in place, stress eating.
- For folks who are already or newly food insecure: **SF-Marin Foodbank** is still in operation. Patients with diabetes and A1C > 8.5% may also qualify for **Project Open Hand** (see Nutrition Resources)
- Now is the time when **home glucose monitoring** can help. If your patient is on an agent that could potentially cause hypoglycemia, or their blood glucoses are not in control, consider prescribing a glucometer to allow for more timely adjustment of medication and diet. For patients on SFHP medi-cal, pharmacies can do meter set up and teaching to reduce in-person visits in your clinic. Encourage your patients to write down their BGs, but if they can't, see section below on coaching patients to give you the information by phone.

One potential **silver lining** of sheltering in place--meals may be more routinized and patients may be better able to adhere to their medications. Those on intensive insulin regimens may be more able to check their blood glucose and appropriately time their prandial insulin before meals and see the effects of different foods.