A ZSFG Diabetes e-Newsletter

The Point

July 2021

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

IN THIS ISSUE:

DPP RECRUITING NOW

Diabetes Prevention Program is accepting referrals now!

Refer overweight patients with high risk for developing diabetes (A1c 5.7-6.4%, history of gestational diabetes or high score on the CDC diabetes risk assessment) for a year-long behavioral change program aimed at losing weight and increasing physical activity in an effort to reduce their risk for developing diabetes by half. **Please eConsult to Diabetes Prevention Services.**

Patients who are actively engaged in DPP will be offered a YMCA gym membership at no cost for up to one year as long as they continue to use it. Both DPP options utilize the CDC-approved curriculum:

YDPP in Cantonese, English and Spanish (new classes launching in August 2021)

- Typically in person; meeting by group video calls at this time
- Discussions facilitated by trained lifestyle coach for 16 weekly core sessions then monthly maintenance sessions

OMADA on-line/mobile in English and Spanish (ongoing enrollment)

- Weekly lessons to be completed at your preferred timing
- Access to messaging with health coach, group discussions for guidance and support
- Patients receive a scale that transmits weight data wirelessly

For further questions, please contact 628-206-6381.

SO YOUR PATIENT WANTS A CONTINUOUS GLUCOSE MONITOR...

Your patient asks for the Freestyle Libre. Is it covered by **insurance**? Are **they** ready? Are ***you*** ready? Is your ***clinic*** ready?

If you're new to continuous glucose monitors like Freestyle Libre or Dexcom G6, read our Sept 2019 issue of "The Point" here. If you're already familiar with CGM and are ready for the next steps, read on!

What insurances cover CGM and how?

Click here for a table of CGM coverage by insurances commonly seen at ZSFG.

Not all insurances cover all types of CGM. Not all DME suppliers are contracted for CGM. Not all patients are appropriate for CGM. Generally, there should be a documented need for fingerstick checks at least 4-5x/day, or barriers to doing so. Traditionally, insurances have also required 3-4 insulin injections/day though this has been relaxed somewhat during the pandemic. It's important to set realistic expectations for patients, and not disappoint. If their insurance doesn't cover CGM, it is possible to pay out of pocket for the Freestyle Libre but it can be pricy, and still requires a prescription. The OOP cost quoted by Walmart, CostCo, and CVS in Target is about $65-70 per sensor, and $80-84 for the reader. For smartphones that support the free LibreLink app, there is no OOP cost for the reader, just the sensor.

Is your patient ready?

- They have risks for hypoglycemia
- Blood sugars are not at goal and fingersticks aren't enough to figure out patterns
- They have the ability and motivation to adjust insulin or diet choices in response to sugar patterns
- In the case of the Freestyle Libre or Freestyle Libre 2, they are willing to scan their sugar multiple times a day (e.g, before/after each meal, bedtime and overnight as needed). This is especially needed to save all data. Insufficient scanning = insufficient data

Are you ready to:

- Interpret day-to-day trends and aggregate trends to adjust basal insulin dosing, prandial insulin dosing, correction for high BGs
- Be a detective in sleuthing the wealth of CGM data--common findings include mistiming of prandial insulin, omissions of insulin, stacking of insulin causing hypoglycemia, etc.
- Manage the PA process and supply chart notes documenting ongoing need for CGM every 3-6 months (for DME suppliers)

Is your clinic ready to:

- Identify a computer in clinic on which IT can install a driver for downloading the CGM. This requires a real computer, not a tap-n-go, and will require periodic upgrades (e.g., clinic administrator/clinician/pharmacist)
- Create a free clinic account on a secure, cloud-based website for uploading patient CGM data (e.g., clinic administrator/clinician/pharmacist)
- Train staff and adapt clinic flow for downloading devices and printing reports

for visits (eg, MEA)
- Train staff to support patients to set-up/start CGM and troubleshoot sensor problems (eg, RN, pharmacist)

In short, CGM may not necessary or appropriate for all patients. On the other hand, for the appropriate patient, it can be a game changer and open up a whole world of information that empowers people with diabetes to engage with their blood sugars, insulin and self-management to achieve better control of their diabetes.

We've been managing CGMs in Diabetes Clinic for several years and are happy to provide staff/clinic trainings and guidance. There are very good online resources for learning more about CGM interpretation. **You can also use eConsult if you're not sure if your patient is an appropriate candidate. Please reach out to us in Diabetes Clinic if you have more questions or would like more support for your clinic.**

DON'T OVERLOOK THE MAM / MAYA COMMUNITY

Did you know that San Francisco is home to one of the largest Yucateco-Maya communities in the US? That Mam speakers are the largest ethnic group in Oakland? That over 30 Mayan languages and 60 dialects are spoken in Mexico and Central America but Pacific Interpreters has no Maya or Mam speakers?

These indigenous languages are different from Spanish. Maya and Mam speakers commonly experience discrimination in Mexico, and may be reluctant to disclose they speak Maya and Mam. We've all had patients with common Maya and Mam last names like Bak, Balam, Caamal, Can, Cauich, Chable, Chan, Dzul, Ek, May, Poot, Tuc, Uc, Xool, Yam or Zak. Maya or Mam is their first language but Epic may list them as "Spanish" speakers (another oversight!).

Crystal Loucel, RN/CDCES of Diabetes Clinic, has put together a great powerpoint here on recognizing the unique needs of Maya and Mam speakers with practical tips on supporting diabetes self-management. Thank you, Crystal!