Preparedness for Diabetes Management During COVID-19 Learning Series

Session 2: Diabetes Management and COVID-19

June 10 2020 (US)
June 11, 2020 (USAPI)

Moderator: Jen Lee, Director of Community Services and Partnerships, AAPCHO
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  • The names of any colleagues who may be attending today’s session with you.
About AAPCHO

AAPCHO is dedicated to promoting **advocacy, collaboration,** and **leadership** that improves the health status and access of Asian Americans (AAs) and Native Hawaiian and Pacific Islanders (NHPIs) within the United States, the U.S. territories, and the Freely Associated States.
Acknowledgements
Pacific Islander Center of Excellence in Primary Care

OUR MISSION

The Pacific Islander Center of Primary Care Excellence (PI-CoPCE) was established to improve the health of Pacific Islanders (PIs) in the United States and U.S. Pacific through primary care support, research, workforce development, and community initiatives.

PI-CoPCE is unique in such a way that the Center focuses on all Pacific Islanders in the United States, Hawaii, and the U.S. Pacific; is focused only on primary care services; and collaborates not only with community health centers (CHCs) but also with community-based organizations (CBOs).

For more information visit: pi-copce.org
Preparedness for Diabetes Management During COVID-19 Learning Series

Learning Objectives

1. Increase awareness of the National Pacific Islander COVID-19 Community Mobilization Response Plan.

2. Provide health centers with key considerations to support medication management during the time of COVID-19 for Pacific Islander patients with diabetes.

3. Provide customized community health center response plans for COVID-19 that incorporate the needs of patients with diabetes.
Session 1: Recap

Objective

1. Increase awareness of the National Pacific Islander COVID-19 Community Mobilization Response Plan.

2. Review of National PI COVID-19 Response Team Strategies
   1. Slow and Stop the Spread
   2. Increase Testing and Contact Tracing
   3. Provide Isolation and Quarantine Support
### Session 1: Recap

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<thead>
<tr>
<th>NATIONAL PI STRATEGIES</th>
<th>EXAMPLES OF ACTIVITIES</th>
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<tbody>
<tr>
<td><strong>A. SLOW AND STOP THE SPREAD</strong></td>
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| 1. Promote and support the use of personal protective measures or PPMs (e.g., handwashing, cough etiquette, and face coverings). | a. Translate and use materials and information that are culturally and linguistically appropriate/respectful from trusted sources (like CDC, CHCs and WHO)  
b. Use NHPI data from trusted sources (contact your local health department or the PI COVID-19 Response Team’s Data Workgroup)  
c. Use trusted messengers (e.g. PI health care providers, faith leaders, etc.)  
d. Partner with churches, cultural clubs, CBOs, coalitions, etc. to promote and support the use of personal protective measures.  
e. Utilize all communication channels (including social media) to promote the use of personal protective measures. |
| 2. Promote and support Social distancing (e.g., maintaining physical distance between persons in community settings and staying at home). | a. Translate and use materials and information that are culturally and linguistically appropriate/respectful materials from trusted sources (like CDC and CHCs)  
b. Use NHPI data from trusted sources (contact your local health department or the PI COVID-19 Response Team’s Data Workgroup)  
c. Use trusted messengers (e.g. PI health care providers, faith leaders, etc.)  
d. Partner with churches, cultural clubs, CBOs, coalitions, etc. to promote and support social distancing.  
e. Utilize all communication channels (including social media) to promote social distancing |
Guest Speaker

Raynald Samoa, MD
Endocrinologist, City of Hope
National Lead, Pacific Islander COVID-19 Response Team
Diabetes Management Preparedness During COVID-19 for Pacific Islander Populations

June 10, 2020
AAPCHO Training

Raynald Samoa M.D.
Risk

Mortality

Infection
“the risk of a fatal outcome from COVID-19 is up to 50% higher in patients with diabetes than in those who do not have diabetes”

Infection

ACE2

DPP-4
Drugs

- Metformin
- SGLPT-2 Inhibitors
- DPP-4 Inhibitors
- GLP-1
- Insulin
## Consensus recommendations for COVID-19 and metabolic disease

### Out-patient care
- **Prevention of infection in diabetes**
  - Sensitisation of patients with diabetes for the importance of optimal metabolic control
  - Optimisation of current therapy if appropriate
  - Caution with premature discontinuation of established therapy
  - Utilisation of Telemedicine and Connected Health models if possible to maintain maximal self containment

### In-patient or intensive care unit
- **Monitor for new onset diabetes in infected patients (in-patient care)**
- **Management of infected patients with diabetes (intensive care unit)**
  - Plasma glucose monitoring, electrolytes, pH, blood ketones, or β-hydroxybutyrate
  - Liberal indication for early intravenous insulin therapy in severe courses (ARDS, hyperinflammation) for exact titration, avoiding variable subcutaneous resorption, and management of commonly seen very high insulin consumption

### Therapeutic aims
- **Plasma glucose concentration:** 4–8 mmol/L (72–144 mg/dL)*
- **Hba_1c:** less than 53 mmol/mol (7%)
- **CGM/FGM targets**
  - TIR (3.9–10 mmol/L): more than 70% (>50% in frail and older people)
  - Hypoglycaemia (<3.9 mmol/L): less than 4% (<1% in frail and older people)
- **Plasma glucose concentration:** 4–10 mmol/L (72–180 mg/dL)*
Dehydration and lactic acidosis will probably occur if patients are dehydrated, so patients should stop taking the drug and follow sick day rules.

During illness, renal function should be carefully monitored because of the high risk of chronic kidney disease or acute kidney injury.
SGLPT-2 Inhibitors

These include canagliflozin, dapagliflozin, and empagliflozin.

Risk of dehydration and diabetic ketoacidosis during illness, so patients should stop taking the drugs and follow sick day rules.

Patients should avoid initiating therapy during respiratory illness.

Renal function should be carefully monitored for acute kidney injury.
DPP-4 Inhibitors

These include alogliptin, linagliptin, saxagliptin, and sitagliptin.

These drugs are generally well tolerated and can be continued.
These include albiglutide, dulaglutide, exenatide-extended release, liraglutide, lixisenatide, and semaglutide.

Dehydration is likely to lead to a serious illness so patients should be closely monitored.

Adequate fluid intake and regular meals should be encouraged.
Insulin therapy should not be stopped

Regular self-monitoring of blood-glucose every 2–4 hours should be encouraged, or continuous glucose monitoring

Carefully adjust regular therapy if appropriate to reach therapeutic goals according to diabetes type, comorbidities, and health status

Connected Health models and Telemedicine should be used to continue regular reviews and self-management education programs virtually and ensure patients are adherent to therapy.
https://pi-copce.org/covid19response/
PROGRAM

- Contact Tracing Course
- HIPAA Training
- Needs Assessment Course
- Social Services Referral Training
- Data Collection Training

COVID-19+

PI-CHW

FAMILY SAFETY PLAN
- Isolation Capacity
- Testing Household
- Food Security
- Financial Assistance
- Testing Contacts
- Emotional Support
- Legal Assistance
Q & A
Homework Reminder:
Developing Your Health Center COVID-19 and Diabetes Response Plan
Session 2: Evaluation
Session 3: Developing Your Health Center Response Plan - Lessons from the Field

Guest Speakers:
Nia Aitaoto, PhD,
Richard Trinidad, MD
Risa Yarborough, Program Manager, Malama I Ke Ola Health Center
Malia Purdy, Programs Director, Malama I Ke Ola Health Center

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<tr>
<th>Continental U.S. &amp; Hawaii</th>
<th>USAPI</th>
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<tr>
<td><strong>Date:</strong> Wednesday, June 17, 2020</td>
<td><strong>Date:</strong> Thursday, June 18, 2020</td>
</tr>
<tr>
<td>2:00 pm Hawaii Standard Time</td>
<td>9:00 am Republic of Palau</td>
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<tr>
<td>5:00 pm Pacific Standard Time</td>
<td>10:00 am Chuuk, FSM; CNMI, Guam</td>
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<td>7:00 pm Central Standard Time</td>
<td>11:00 am Kosrae, FSM</td>
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<tr>
<td>8:00 pm Eastern Standard Time</td>
<td>12:00 pm Republic of the Marshall Islands</td>
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