



Interactive Table Discussion Questions

The following questions have been developed to guide the interactive discussion at the individual tables. Each session will begin with brief introductory presentations followed by a 60-minute discussion using the questions below. Individual tables will then report back to the full group with a topline summary of the key issues discussed.

Please select a representative from your table for each session to take notes and report back to the full group at the end of discussion.

SESSION 1: TRANSFORMING THE PARADIGM OF DIABETES MANAGEMENT FROM GLYCEMIC CONTROL TO COMPREHENSIVE CV DISEASE RISK REDUCTION

Presentations:

- Setting the Stage: The Coming Paradigm Shift in T2DM Management from HbA1c to CV Disease Risk Reduction
- The Evolution of CV Outcomes Trials in T2DM Over the Years
- Recent Breakthroughs in CV Outcomes Trials in T2DM

Discussion Questions:

1. What are current best practices for comprehensive CV risk reduction in cardiology practice?
 2. How familiar are your colleagues with the CV outcomes trial data in patients with T2DM?
 3. How can the ACC help to build better awareness around the trial results and implications for clinical management of ASCVD patients with T2DM?
 4. Leveraging the trial data, what tools and resources are needed to improve CV disease risk reduction in T2DM patients?
 5. Is it necessary to have an understanding of the mechanisms of the beneficial CV effects of GLP-1 receptor and SGLT-2 inhibitors in order to implement these in therapy (e.g., off-target effects on weight, blood pressure, lipids, and/or renal disease)? Please explain.
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SESSION 2: DEFINING THE ROLE OF THE CV CLINICIAN IN COMANAGING CV DISEASE RISK IN THE T2DM PATIENT POPULATION

Presentations:

- The Evolving Role of the CV Clinician in Managing CV Disease Risk in Patients with T2DM
- Utilizing Antidiabetic Agents to Reduce CV Disease Risk in Patients with T2DM
- Barriers to Implementation of Preventive Therapies in CV Disease Risk Reduction in Patients with T2DM



Discussion Questions:

1. In your practice, what is the current approach for a CV clinician in managing blood glucose and CV disease risk associated with T2DM?
2. What should be best practices for the CV clinician in the management of blood glucose and CV disease risk associated with T2DM (i.e., lifestyle modifications, checking hbA1c levels, prescribing medications for diabetes, patient instruction on medications)?
3. How will the emergence of the new antidiabetic drugs impact clinical practice for CV clinicians? (e.g., baseline evaluation, follow-up, managing side effects, lab tests)? Have you seen an impact on prescribing behavior or improved clinical outcomes?
4. What tools and resources are needed to help CV clinicians overcome barriers to prescribing medications to lower blood glucose and comprehensive CV risk reduction in patients with T2DM (e.g. prior authorizations, lab test follow-up, long-term management)?

SESSION 3: HARMONIZING CARE FOR CV DISEASE RISK REDUCTION IN PATIENTS WITH T2DM

Presentations:

- Adapting the “Heart Team” Approach for the Care of High-Risk Patients with T2DM
- Leveraging Registry Data: Uncovering Gaps and Discovering Opportunities to Improve How We Manage CV Disease Risk in Patients with T2DM
- Redefining Quality of Care in T2DM Patients with CV Disease

Discussion Questions:

1. How can coordination of care be improved for patients with T2DM who are at high risk or have established cardiovascular disease? How can CV clinicians “coprescribe and comanage” antidiabetic agents with PCPs and endocrinologists?
2. What do you consider best practices for operationalizing better CV risk reduction for patients with T2DM?
3. How can we leverage existing data from the Diabetes Collaborative Registry to improve patient outcomes? What additional data is needed to support these efforts?
4. Should quality and performance metrics for diabetes be reevaluated to emphasize CV disease risk reduction in conjunction with optimal glycemic control and risk factor modification?
5. Is there synergy between the ACC and ADA/AACE guidelines in the specific area of CV disease risk factor modification? How do we ensure alignment to avoid provider confusion?