How do you integrate this into your healthcare setting in a multidisciplinary way?

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Outline

• Identification of key team members: finding common goals
• Successful communication across the care team: how, when and who
• Education is key for successful collaboration across the care team continuum
Inter-disciplinary care:
avoiding patients falling through cracks
CV risk reduction ≠ antiglycemic

- Obesity
  - Dietary choices
  - Physical activity
- Glycemic control
- Dyslipidemia
- Hypertension
- Smoking cessation
- Thrombo-prevention
  - Devices, intervention

? SGLT-2i
? GLP-1RA
Frameshifting

What’s in a name?
- ‘Outcome drugs’
- ‘pleiotropic’
- CV risk reduction
Frameshifting

Patient complexity

Patient 1
Single OHG
A1c 7.5%
GFR 91

Patient 2
Two OHGs
A1c 9%
GFR 70

Patient 3
Glargine + OHG
A1c 8.1%
GFR 55
Neuropathic pain

Patient 4
Basal/bolus + OHG
A1c 11%
GFR 35
Neuropathic pain
Recent amputation

Patient 5
Basal/bolus
A1c 10%
On dialysis
Complex neuropathy
Laser eye therapy

Endocrinologist

PCP

Cardiologist
Elephant in the room

- cardiologists: endocrinology visits = 3:1, but: <5% SGLT-2i prescribed
Support in the office

• Prior-authorization.
  – Engage mid levels, APPs, nurse navigators
  – Utilize in-house experience from DOAC/PCSK-9 experience

• Establish channels of communication
  – Within EMR if possible
    • Develop templates and dot phrases
  – Develop referral pathways and patterns: PCP/endocrinology