



Addressing Disparities in Diabetes With Project ECHO: A Focus on Diabetes-Related CKD

An Initiative Addressing Complex Diabetes Management in the Primary Care Setting

Developed in collaboration



Today's Webinar Agenda

Time	Title	Speaker
00:00 – 00:10	Introductions and Announcements	Nicolas Cuttriss, MD, MPH, FAAP
00:10 – 00:25	Looking Beyond Glucose Control: Best Practices to Address Diabetes-Related CKD	Robert Gabbay, MD, PhD, FACP
00:25 – 00:30	Presentation Q & A	Questions submitted via Q & A by attendees
00:30 – 00:35	Case presentation	Pablo Fragoso, RPh
00:35 – 00:55	Case questions and recommendations	Hub team faculty & attendees Please provide your clarifying questions and recommendations via the Q&A
00:55 – 01:00	Wrap-up and announcements	Nicolas Cuttriss, MD, MPH, FAAP

Learning Objectives

Participants should be able to:

- Use the American Diabetes Association's guidelines to identify evidence-based treatment for patients with type 2 diabetes regardless of HbA1C level
- Identify appropriate pharmacotherapy for patients with type 2 diabetes based on indicators for those who are at high risk of or who have atherosclerotic cardiovascular disease, CKD, or heart failure
- Prepare to use SGLT2 inhibitors to reduce CKD progression in patients with type 2 diabetes, independent of glycemic control

Presenting Faculty

Robert Gabbay, MD, PhD, FACP
Chief Science & Medical Officer
American Diabetes Association
Arlington, VA



Disclosure Information

Boston University School of Medicine asks all individuals involved in the development and presentation of Accredited Continuing Education activities to disclose all financial relationships with ineligible companies. This information is disclosed to all activity participants prior to the start of the educational activity. Boston University School of Medicine has procedures to mitigate all relevant financial relationships with ineligible companies. In addition, faculty members are asked to disclose when any unapproved use of pharmaceuticals and devices is being discussed.

In accordance with the Standards for Integrity and Independence in Accredited Continuing Education, all relevant financial relationships with ineligible companies that faculty, planners, authors and anyone who may be in control of content have been mitigated. Faculty members do not plan on discussing unlabeled/investigational uses of a commercial product.

Faculty Presenters		
Robert Gabbay, MD, PhD	Presenting Faculty	Consulting fees/advisory boards: Lark, Health Reveal, Vida Health, Onduo
Crystal Gadegbeku, MD, FASN	Presenting Faculty	Consulting fees/advisory boards: Fresenius Kidney Care. Research Study Advisory Board: Bristol Myers Squibb
George Thomas, MD	Presenting Faculty	Consulting fees: Up to Date Contracted research: Boehringer Ingelheim
Katherine R. Tuttle, MD, FASN, FACP, FNKF	Presenting Faculty	Consulting fees/advisory boards: AstraZeneca, Bayer HealthCare Pharmaceuticals, Boehringer Ingelheim, Eli Lilly and Company, Gilead Sciences, Inc., Goldfinch Bio, Inc., Novo Nordisk Contracted research: Bayer HealthCare Pharmaceuticals, Goldfinch Bio, Inc., Traver Therapeutics, Inc.
Joseph Vassalotti, MD	Presenting Faculty	Consulting fees/advisory boards: Boehringer Ingelheim, Eli Lilly and Company, Renalytix

Disclosure Information, *cont.*

Curriculum Development		
Nicolas Cuttriss, MD, MPH, FAAP	Course Director, Core Faculty	Nothing to disclose
Nayan Arora, MD	Core Faculty	Consulting fees/advisory boards: George Clinical
Matthew Bouchonville, MD, CDCES	Core Faculty	Nothing to disclose
Kelly Close, MBA	Patient Advocate, Core Faculty	Founder: DiaTribe and Close Concerns, education, advocacy and news service organizations
Phyllisa Deroze, PhD	Patient Advocate, Core Faculty	Nothing to disclose
Korey Hood, PhD	Core Faculty	Consulting fees/advisory boards: Cecelia Health, Insulet Corporation, LifeScan Diabetes Institute
Sean Oser, MD	Core Faculty	Consulting fees/advisory boards: Dexcom, Inc.
Daniel Saltman, MD	Core Faculty	Nothing to disclose
Jay H. Shubrook, DO	Core Faculty	Consulting fees/advisory boards: Abbott, AstraZeneca, Bayer HealthCare Pharmaceuticals Inc., Eli Lilly and Company, Novo Nordisk
Lisa Taylor, DNP, FNP-BC, BC-ADM, CDCES	CNE Nurse Advisor, Core Faculty	Nothing to disclose
Julie Valdes, PharmD	Core Faculty	Nothing to disclose
Planning Committee		
Linda G. Baer, MSPH, CHCP	Planning Committee Member	Nothing to disclose
Michael Burk, BS	BU, Senior Program Manager	Nothing to disclose
Samantha Gordon, MS	Manager, Accreditation	Nothing to disclose
Ilana Hardesty, MLA	BU, Assistant Director	Nothing to disclose
Catherine Sullivan, MD	BU, CME Accreditation Reviewer	Nothing to disclose
Sara C. Miller, MS, CPHQ	Planning Committee Member	Nothing to disclose
Julie White, MS, CHCP	Director, CME	Nothing to disclose

Accreditation



Physicians:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Boston University School of Medicine and the ECHO Diabetes Action Network. Boston University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Boston University School of Medicine designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nurses:

This educational activity has been provided by Boston University School of Medicine Continuing Nursing Education and jointly-provided by the ECHO Diabetes Action Network.

Boston University School of Medicine Continuing Nursing Education is accredited with distinction as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

Contact Hours: 1.0

Project ECHO[®] collects registration and participation data for some teleECHO[®] programs. Your individual data will be kept confidential. These data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to inform new initiatives.

Assessment, Evaluation and How to Claim CME/CE Credit

In order to successfully complete this activity, you are required to attend the entire live virtual presentation and complete a posttest assessment and evaluation. A link to the assessment will be provided at the end of the presentation and in a follow-up email you will receive after the program. Upon completing the assessment, you will be provided with a link to complete the evaluation and claim your credit on Boston University School of Medicine's website.

Presentation Slides

A link to today's slides can be found in the Chat and in the Announcement email sent yesterday.

Case Presentations

Sign up to present a case!
<https://redcap.link/caseform>



Thank you for joining us. The program will begin shortly.

During the Webinar

Q&A Feature

For questions directed to the faculty related to the content of the session

Chat Feature

For Technical Questions or to Share Resources

Language Matters: Help Facilitate System Change With Language in Your Workplace

We are working hard to change the language around diabetes by adopting person-centered, strengths-based, and empowering words and messages. In accordance with updated standards, **please note:**

- **We no longer use the word "diabetic" in any context.** Instead, we use "person with diabetes," "person living with diabetes," or "diabetes-related."
- Please refrain from using the words "**compliant**," "**adherent**," or "**control**," regarding people with diabetes, because these can be judgmental terms.
- Please refer to <https://tinyurl.com/SpeakingtheLanguageofDiabetes> and <https://tinyurl.com/UseofLanguageDiabetes> for more information
Thank you for helping us to reduce stigma and change the language of diabetes!

American Diabetes Association (ADA) and Association of Diabetes Care & Education

Our ECHO is a safe space for everyone.

We have a **zero-tolerance policy** for language that is discriminatory, disrespectful, racist, sexist, bullying, or offensive. As such, any participant will be removed from the webinar if you engage in any such behavior.

Thank you for keeping our ECHO a safe space for all.

Thank you for joining us. The program will begin shortly.



Getty image:

Join us for the Next Session:
Wednesday, March 16, 2022

Crystal Gadegbeku, MD, FASN



Chair of Nephrology,
Glickman Urological and
Kidney Institute
Cleveland Clinic
Cleveland, OH
American Society of
Nephrology Councilor

George Thomas, MD



Nephrologist
Glickman Urological and
Kidney Institute
Cleveland Clinic
Cleveland, OH

*Present: Addressing CKD Disparities and Social Determinants of
Health to Achieve Diabetes Management Goals*

Registration Required
<https://cvent.me/qvDxg3>



Thank you for joining us. The program will begin shortly.

Questions?

Looking for resources or more information?

Visit our website: <https://cvent.me/qvDxg3>

Acknowledgment of Commercial Support

This activity is supported by an educational grant from Bayer HealthCare
Pharmaceuticals.

Complimentary CME/CNE



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Addressing Disparities in Diabetes With Project ECHO:
A Focus on Diabetes-Related CKD
SESSIONS ON THE THIRD WEDNESDAY OF THE MONTH

Welcome! Thank you for joining!

Acknowledgment

This activity is supported by an educational grant from Bayer HealthCare Pharmaceuticals

Our Goal

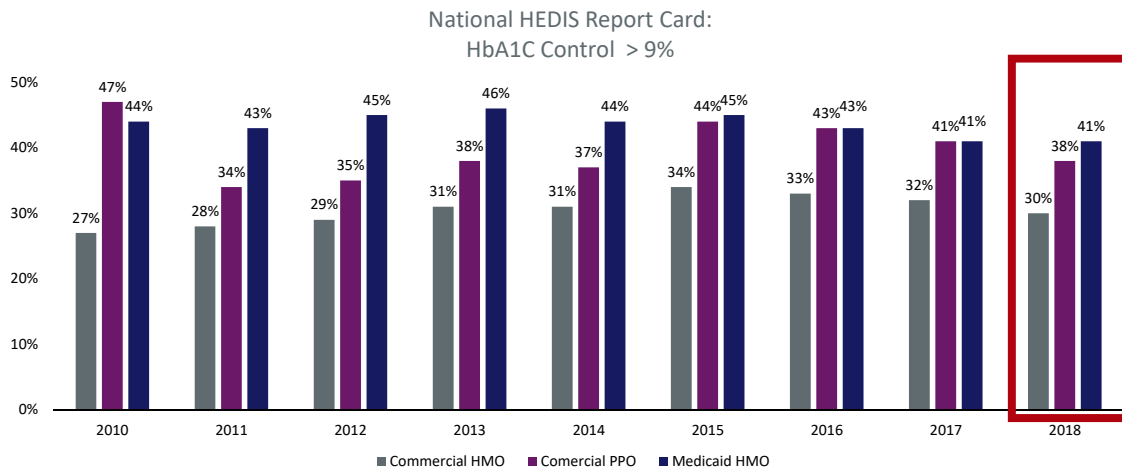
Address the urgent and persistent needs of vulnerable populations of people with diabetes complicated by CKD.

We seek to engage clinicians in the primary care setting by empowering and increasing their capacity to screen, diagnose, and manage renal complications of diabetes using the Project ECHO® (Extension for Community Healthcare Outcomes) model.



iStock image 1094389542

System Failure (Pre-Covid): Comprehensive Diabetes Care



<https://www.ncqa.org/hedis/measures/comprehensive-diabetes-care/>

Diabetes-Related CKD: System Failure



1 in 10 adults in
US have diabetes

(double the burden in community
health centers)

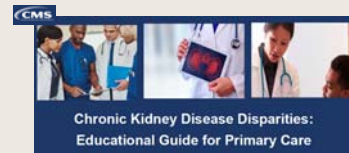
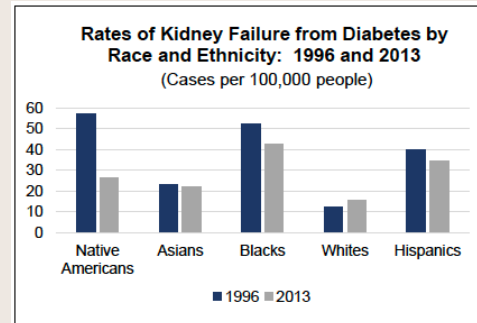
1 in 3

with diabetes have CKD



3 in 4 with DKD (stage 3 - 4)
are **UNAWARE!**

Addressing Racial Disparities: Reasons for Hope



CDC National Diabetes Statistic Report; Bullock *et al.* *MMWR Morb Mortal Wkly Rep.* 2017;66:26-32; Narva A. *Am J Kidney Dis.* 2018;71(3):407-411.

#HealthEquityNow



Health Equity Bill of Rights

The current health pandemic and its disproportionate toll on minority, low-income, and historically underserved Americans shines a troubling light on historic, systemic inequities in American health care. It is time for health equity now.

The **Health Equity Bill of Rights** envisions a future without unjust health disparities. It ensures the 122 million Americans living with diabetes and prediabetes, along with the millions more who are at high risk for diabetes – no matter their race, income, zip code, age, education or gender – get equal access to the most basic of human rights: their health. These rights include:

<https://www.diabetes.org/healthequitynow>

Language Matters: Help Facilitate System Change With Language in Your Workplace

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American Diabetes Association (ADA) and Association of Diabetes Care & Education

Project ECHO Extension for Community Healthcare Outcomes

Response to:

1. Poor outcomes and system failure
2. Lack of specialists
3. Increase disparities in care
4. Lack of confidence in primary care healthcare professions managing complex medical conditions



www.echo.unm.edu

www.diabetescovid.stanford.edu

www.echodiabetes.org

Project ECHO® Mission:

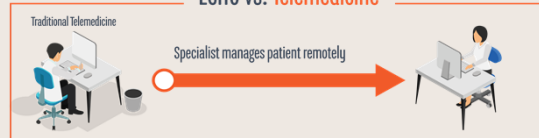
Democratizing medical knowledge and get best practice care to underserved people all over the world.

How ECHO® works:

ECHO is a hub-spoke model that connects providers with specialists through ongoing, interactive, **telementoring** sessions.



ECHO vs. Telemedicine



Moving knowledge instead of patients

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00:55 – 01:00	Wrap-up and announcements	Nicolas Cuttriss, MD, MPH, FAAP

Housekeeping Items for Webinar



For questions about the *content* of the Webinar or case presentations, please use the **Q & A Feature**



For questions about *technical issues or for sharing resources*, please use the **Chat Feature**



<https://cvent.me/qvDxg3> website will have additional resources related to diabetes and CKD in primary care



Please complete the **assessment** at the end of the session (essential for CME/CE credit)

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Thank you for keeping our ECHO a safe space for all.

Thank you for joining us!



Series Topics



Today: Approaches to Identifying CKD & the New Kidney Health Evaluation

Katherine R. Tuttle, MD, FASN, FACP, FNKF, Providence Health Care



March 16: Addressing CKD Disparities and Social Determinants of Health to Achieve Diabetes Management Goals

Crystal Gadegbeku, MD, FASN, Cleveland Clinic



February 16: Looking Beyond Glucose Control: Best Practices to Address Diabetes-Related CKD

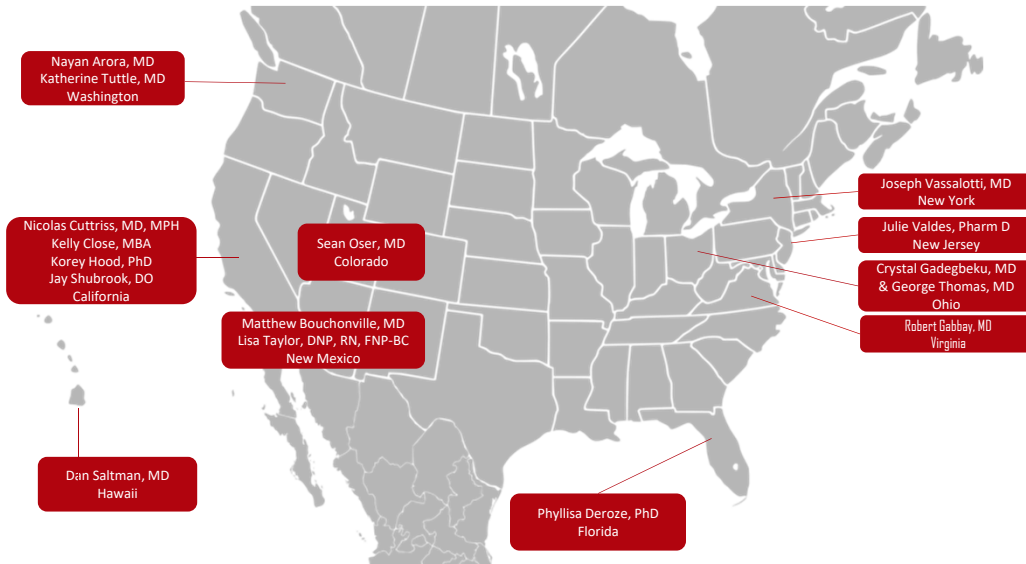
Robert Gabbay, MD, PhD, FACP, American Diabetes Association



April 20: Halting CKD Progression: From Optimizing Hypertension Management to Newer Agents

Joseph Vassalotti, MD, National Kidney Foundation

Faculty Representing 10 States



Robert Gabbay, MD, PhD, FACP



Chief Science & Medical Officer
American Diabetes Association
Arlington, VA

Presents:
*Looking Beyond Glucose Control:
Best Practices to Address Diabetes-
Related CKD*



Complimentary CME/CNE



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Looking Beyond Glucose Control: Best Practices to Address Diabetes-Related CKD

Robert Gabbay, MD, PhD, FACP
Chief Scientific & Medical Officer
American Diabetes Association



Today's Objectives

- Use the American Diabetes Association's guidelines to identify evidence-based treatment for patients with type 2 diabetes regardless of HbA1C level
- Identify appropriate pharmacotherapy for patients with type 2 diabetes based on indicators for those who have or are at high risk of atherosclerotic cardiovascular disease, CKD, or heart failure
- Prepare to use SGLT2 inhibitors to reduce CKD progression in patients with type 2 diabetes independent of glycemic control

EVIDENCE



- Search of scientific diabetes literature published during past year
- Recommendations revised per new evidence

PROCESS



- Professional Practice Committee
- Reviewed by ADA's Board of Directors
- Living Standards

FUNDING

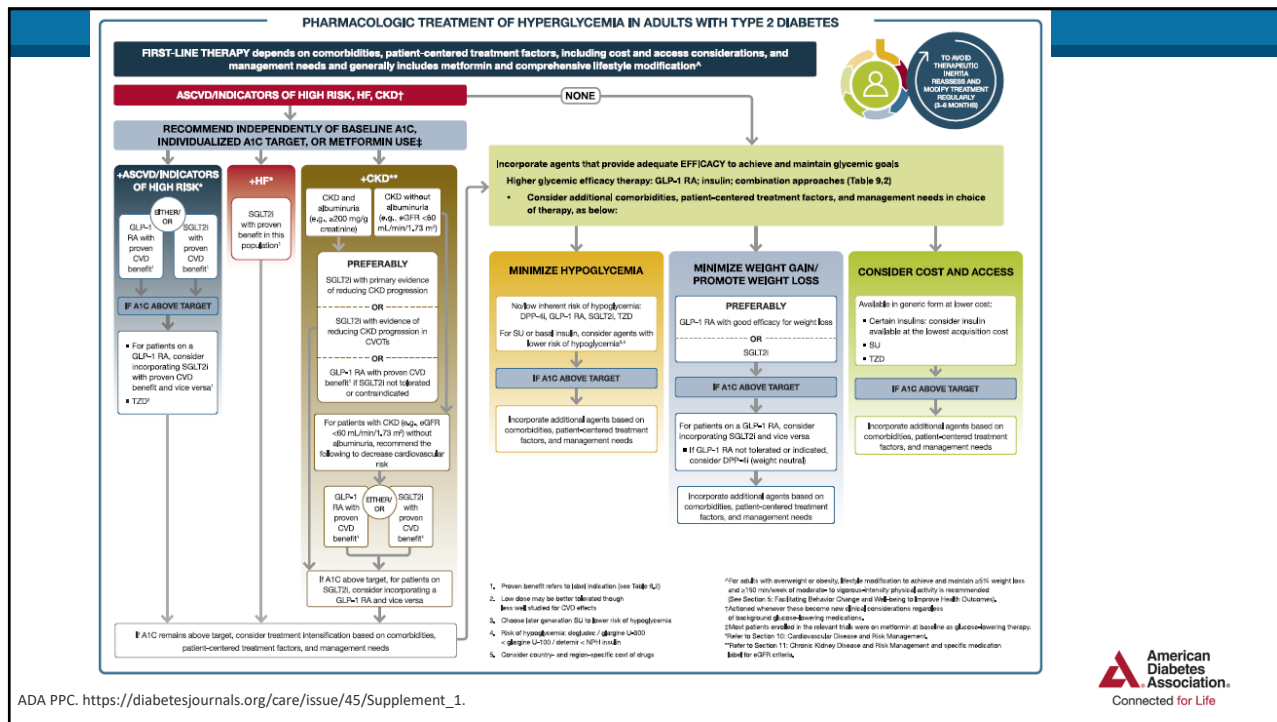


- Funded by ADA's general revenues
- Does not use industry support

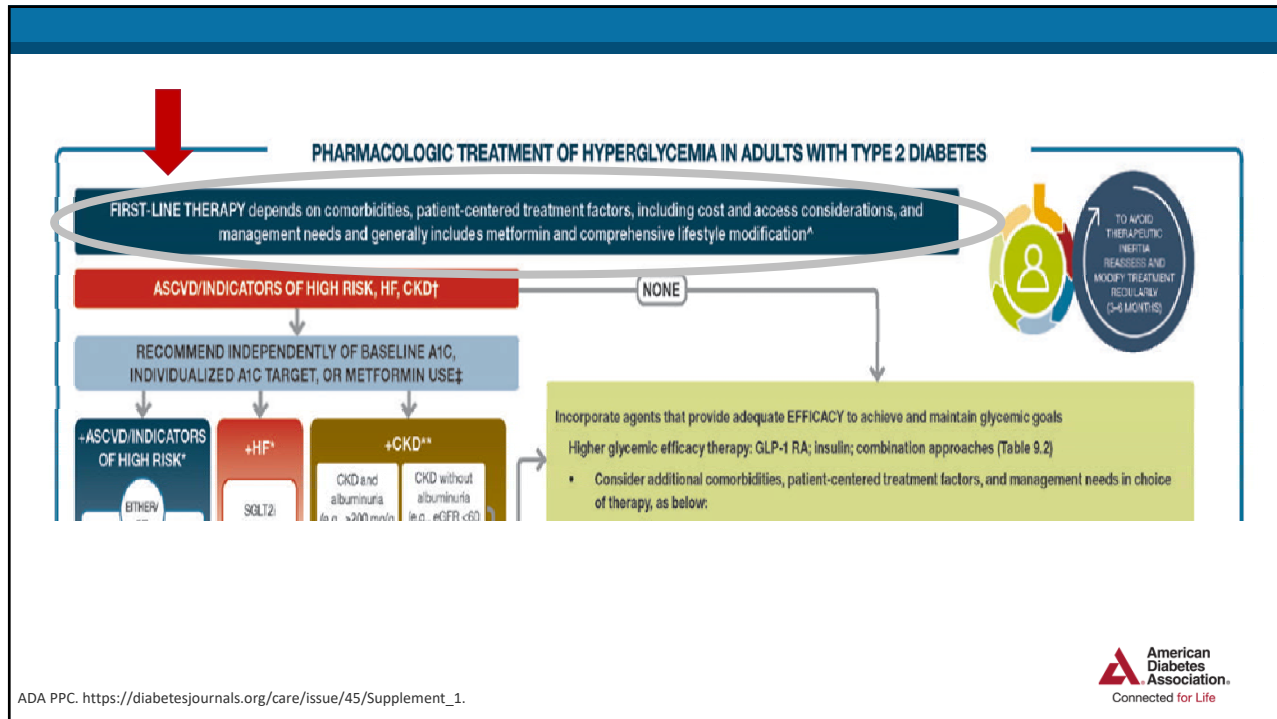
Individualized Care

Individualize Type 2 Diabetes Treatment Based On:

- Comorbidities—ASCVD, CVD, CKD
- Hypoglycemia
- Weight
- Access/Cost
- Efficacy



ADA PPC. https://diabetesjournals.org/care/issue/45/Supplement_1.



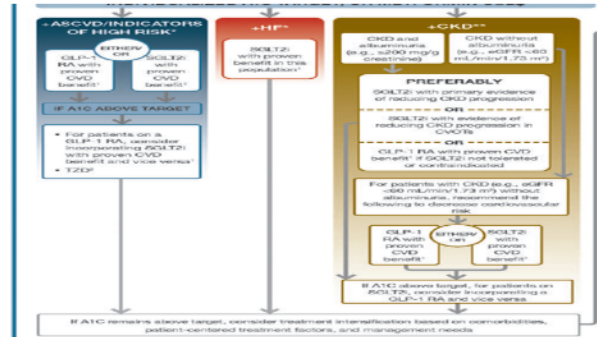
ADA PPC. https://diabetesjournals.org/care/issue/45/Supplement_1.



FIRST-LINE THERAPY depends on comorbidities, patient-centered treatment factors including cost and access considerations, and management needs; generally includes metformin and comprehensive lifestyle modification

ASCVD/INDICATORS OF HIGH RISK, HF, CKD

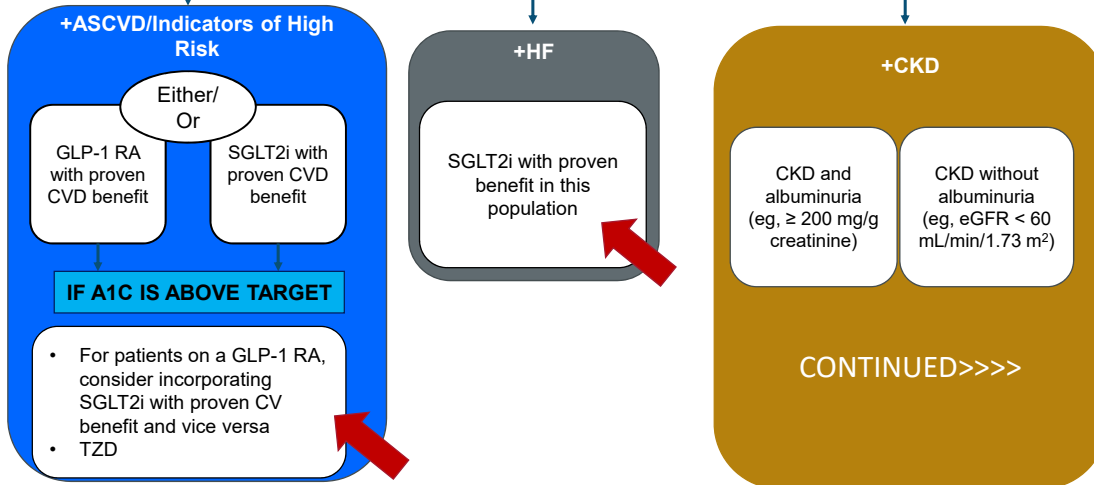
RECOMMEND INDEPENDENTLY OF BASELINE A1C, INDIVIDUALIZED A1C TARGET, OR METFORMIN USE



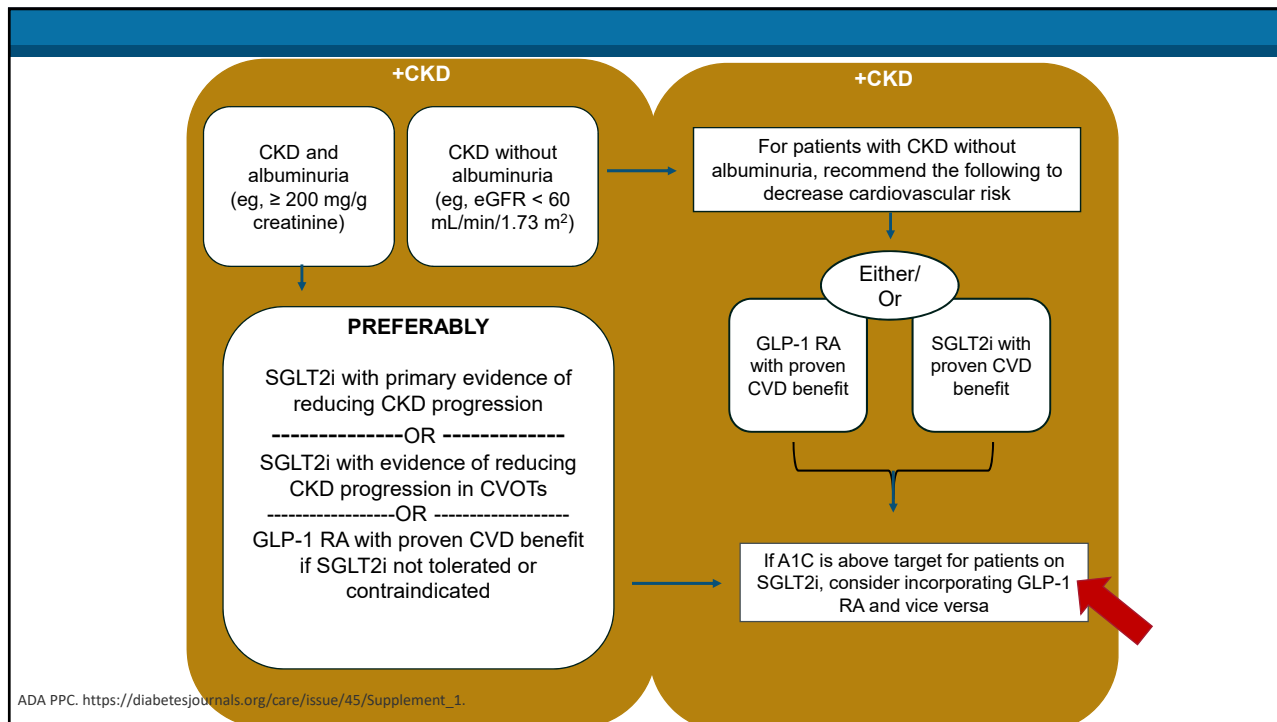
ADA PPC. https://diabetesjournals.org/care/issue/45/Supplement_1.

ASCVD/INDICATORS OF HIGH RISK, HF, CKD

RECOMMEND INDEPENDENTLY OF BASELINE A1C, INDIVIDUALIZED A1C TARGET, OR METFORMIN USE



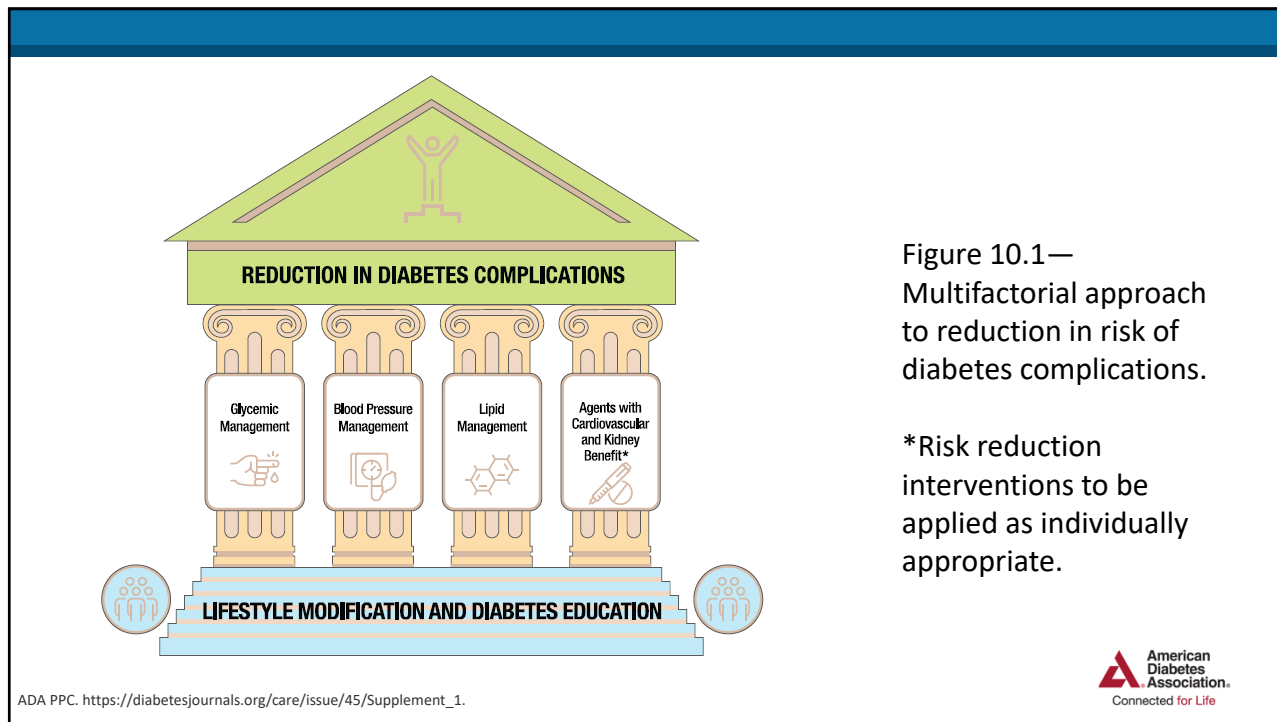
ADA PPC. https://diabetesjournals.org/care/issue/45/Supplement_1.



Cardiovascular Disease and Risk Management

ACC ENDORSEMENT

This section is endorsed for the third consecutive year by the American College of Cardiology.



Blood Pressure

< 130/80 mm Hg

For individuals with diabetes and hypertension at higher CV risk (existing ASCVD or 10-year ASCVD risk of > 15%)

ADA PPC. https://diabetesjournals.org/care/issue/45/Supplement_1.

American Diabetes Association.
Connected for Life



Consideration of and rationale for **combination therapy with SGLT2i plus GLP-1 RA** to address risk of cardiovascular and kidney complications in patients with T2DM and established ASCVD or high ASCVD risk

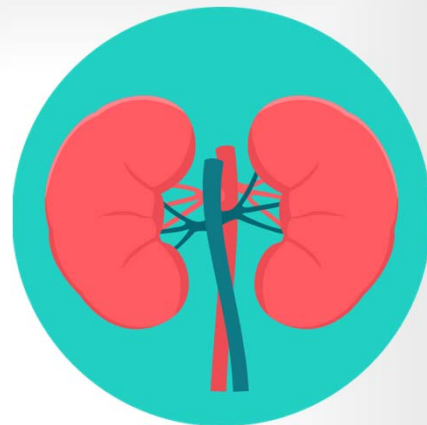


Emphasis on how the approach to management will differ in **patients with new-onset T2DM versus those already taking medication for T2DM**

ADA PPC. https://diabetesjournals.org/care/issue/45/Supplement_1.



Chronic Kidney Disease (CKD)



Its own section!



Updates



In those with **CKD and ≥ 300 mg/day urine albumin excretion**, albuminuria must be reduced by $\geq 30\%$ to slow the progression of CKD



Finerenone should be used in people with albuminuric diabetic kidney disease to reduce CKD progression and HF risk



A major emphasis on properly categorizing patients with CKD by **measuring albuminuria, not just GFR**

ADA PPC. https://diabetesjournals.org/care/issue/45/Supplement_1.

 American
Diabetes
Association
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LEARN MORE



Sign up for the Overcoming Therapeutic Inertia Certificate Program today!

Training includes:

- 7 self-paced modules
- Optimize the Diabetes Patient Journey: A Case-Based Self-Assessment Program
- 3 live “Ask the Expert” events

Earn up to 11.5 CE credits or ABIM MOC points

Learn more:

professional.diabetes.org/meetings/online-programs

Standards of Care Resources

- Full version available
- Abridged version for PCPs
- Free app with interactive tools
- Pocket cards with key figures
- Free webcast for continuing education credit
- Stay tuned for new visuals!

Professional.Diabetes.org/SOC



Case Presentations

Sign up to present a case!
<https://redcap.link/caseform>



Addressing Disparities in Diabetes With Project ECHO:
A Focus on Diabetes-Related CKD
SESSIONS ON THE THIRD WEDNESDAY OF THE MONTH

Submitted Case Presentation:

What adjustments can be made to preserve transplanted kidneys and improve glucose in a 54 year-old male with T2D and Stage 4 CKD?

Patient is a 54-year-old male with a 17-year history of type 2 diabetes (T2D) complicated by stage 4 CKD, recent AKI/ARF (late 2021). He had a renal transplant approximately 15 years ago. Most recent HbA1c is 6.0% on long-acting basal insulin. Recent fasting blood glucose levels in low 200s (early 2022). Other medical concerns include: history of seizure disorder, GERD, BPH, chronic/cyclical skin ulcerations/rashes/abscesses, and vitamin D deficiency. Most recent kidney biopsy showed normal vascularity without hydronephrosis and with some cortical cysts.

Kidney disease/cardiometabolic disease:

- **CKD:** stage 4; eGFR between 15 and 29; kidney transplant approximately 15 years ago; AKI/ARF in late 2021; transplanted kidneys showed normal vascularity, negative hydronephrosis, and some cysts in cortical layers
- **ASCVD:** yes
- **Heart Failure:** no
- **Hypertension:** yes
- **Hypercholesterolemia:** not noted (on dyslipidemia medication(s))
- **Recent BP:** 127/70 **BMI:** 20.68 **Weight** 60.78 kg **Recent lipid panel:** not reported
- **Diabetes:** Diagnosed with T2D 17-years ago with last HbA1c of 6.0% while hospitalized in late 2021 in AKI; previously recorded HbA1c was 13.1% in 2019, fasting BG in low 200s

Current Medication Management:

- "dyslipidemia medications"

Glucose-lowering agent(s):

- Insulin glargine (Basaglar), 30 units/day
- previously had used DPP4s, GLP-1 RAs and other medication but these have been discontinued due to declining renal function and insurance formulary changes

Social support and concerns:

- **Last PHQ-9:** not reported **Last PHQ-2:** not reported **Last Diabetes Distress Scale:** not reported
- **Barriers:** none reported
- **Support:** Resides with parents

Join us for the Next Session:
Wednesday, March 16, 2022

Crystal Gadegbeku, MD, FASN



Chair of Nephrology,
Glickman Urological and
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Cleveland, OH
American Society of
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George Thomas, MD



Nephrologist
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*Present: Addressing CKD Disparities and Social Determinants of
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