

# Remote management and diabetes care

HIDS Diabetes Team

September 2021



Herts Valley Integrated  
Diabetes Service (HIDS)

# Overview



Herts Valley Integrated  
Diabetes Service (HIDS)

- Tools to improve and support consultations, e.g. video/telephone calls; emails; LibreView; Whats App; ICE blood results; access to electronic patient records
- Working as a collaborative team to support the patients – who can do what, where and when
- Education to support self management e.g. BERTIE/DAFNE/DESMOND/Abbott/Diabetes UK

Let's look at

- Practicalities of virtual review vs face to face
- Trying to achieve the most out of a consultation

# Language Matters

- Language is extremely powerful, especially in the virtual world of telephone or email
- Good use of language which is inclusive & values based can lower anxiety, build confidence and support self-care
- Poor communication can be stigmatising, hurtful and undermining
- When messages are perceived negatively, this can lead to shame, guilt and resentment



# An example.....”he is non compliant”

- *“Being described as ‘non-compliant’ is awful and does not reflect the fact that everyone is doing their best, maybe not the same best as someone else, or even their best ‘best’ but just the best they can at that moment. Life is way more than Type 1 Diabetes and it isn’t always given top priority. Life gets in the way.” (as told by a person with diabetes)*
- Try to be less judgemental – don’t blame or shame
- Healthcare professionals can tend to see:
  - successful outcomes as reflecting on themselves
  - negative outcomes as reflecting on the person with diabetes

# Compare and Contrast....

- You haven't been testing your glucose....
  - Err, no I haven't....
  - You need to sort yourself out or you'll get diabetes complications.....
  - Oh.
- How are you getting on?
  - It's been really hard....my grandpa died from Covid last month and I feel like I'm struggling with everything
  - I'm sorry to hear this. What a difficult time for you and your family
  - I haven't been looking after my diabetes, sorry
  - No need to be sorry; diabetes can't be the number one priority at a time like this. Let's go through some options to try and support you and keep you safe

# Alternative terminology

- Rather than “poorly controlled” describe exactly what you mean...
  - High HbA1c
  - Low time in range
  - High glucose levels
  - Recurrent DKA
  - Recurrent severe hypoglycaemia

# The consultation

*“Going into the consultation is a big deal.*

*It involves ‘lifting the lid’ and letting someone analyse every aspect of your life.*

*The clinic is a safe space....with time to get upset and time to recover.”*

*(as told by a person with diabetes)*

- Virtual consultations: are we missing anything?

Kilvert A, Wilmot EG, Davies M, Fox C. PDI 2020: 37 (4): 143-146 Practical Diabetes 2020

# The virtual world

## PROS

- Saving time
- Reduced need to travel – financial and environmental benefits
- Reducing time away from work
- Ability to be supported by
  - data in the cloud on Libreview for Libre
  - Whats app photos of glucose diaries
  - Pdf downloads from glucose meters emailed to the clinician

## CONS

- Recognition of diabetes distress and other psychological issues can be more challenging
- Non-verbal clues may be lost
- HCPs must be aware of privacy and confidentiality when speaking with someone in their own home
- Language barriers
- Technology issues!



# Identifying psychological distress

- Diabetes distress
  - associated with higher HbA1c and decreased self-management efficacy
  - affects 35% - 45% of people with diabetes
  - other psychological issues such as depression, fear of hypoglycaemia or eating disorders are also common in diabetes
- Raise the topic, normalizing can help

*“A lot of people we are speaking to are really struggling at the moment, how are you managing?”*
- Asking the person to complete a questionnaire such as DDS  
You must be prepared to discuss the outcome!

References: Kreider KE. Diabetes Therapy 2017; Shaw S, et al. J Med Internet Research 2020;

Diabetes UK. Diabetes and emotional health. A practical guide for health professionals supporting adults with Type 1 and Type 2 diabetes; Fisher L, et al. Diabetes Care 2012;35:259–64

# Diabetes related distress in virtual consultations

- Reluctant to open that door?
- Fear we may not be able to contain in a virtual situation
- We have a responsibility to explore the emotional side of living with diabetes
- When distress is acknowledged and discussed, people can experience relief, reduced distress and improved glycaemic control
- *“Picking up on emotional distress can be very challenging, particularly if you don’t know the person. It can be exhausting because you are trying to engage without the non-verbal clues.” (Diabetes HCP)*

*As referenced on previous slides*

# Top tips for virtual consultations

- Try to establish rapport and put the person at ease; easier if you know the person already
- Continuity of care has never been more important
- Use open questions
- Ask how they are feeling/coping, acknowledge emotions and difficulties and give them space to talk
- Listen hard for verbal signs of distress
- Avoid the temptation to get into the detail of glucose levels immediately - focus on the person, not the diabetes
- Strategic use of summaries to make people feel heard and understood
- When looking at glucose data, focus on the positives!

# **Most Patients Welcome Virtual Consultations**

---

- **Primary Care**
- **Webinars**
- **HIDS Patient Experience**

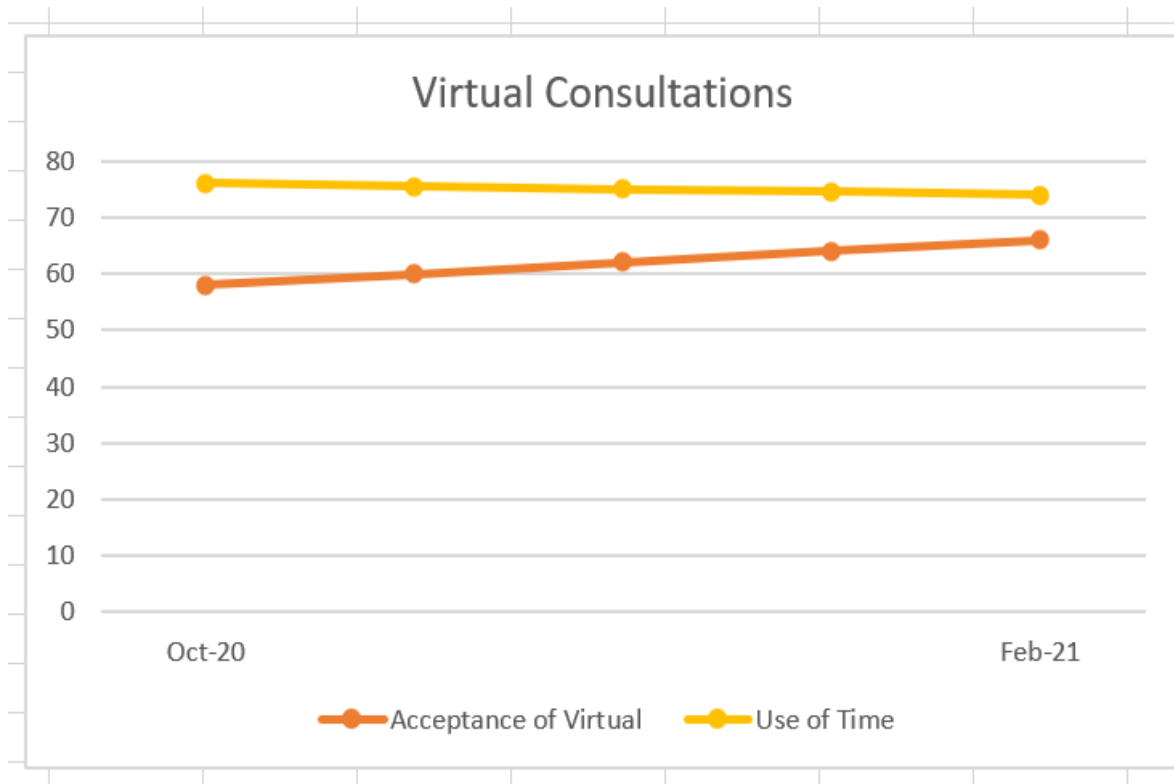
# Maltings Patients



FEB 2021

**“I have found Online Consultations not only COVID-Safe but also Effective”**

**“I have found Online Consultations a Good Use of my Time”**



**Timeliness  
becomes a  
critical issue**

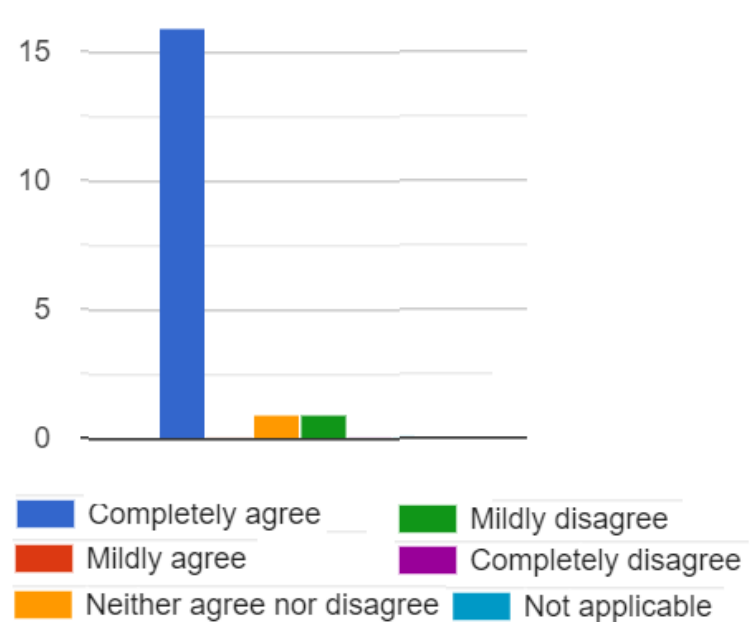
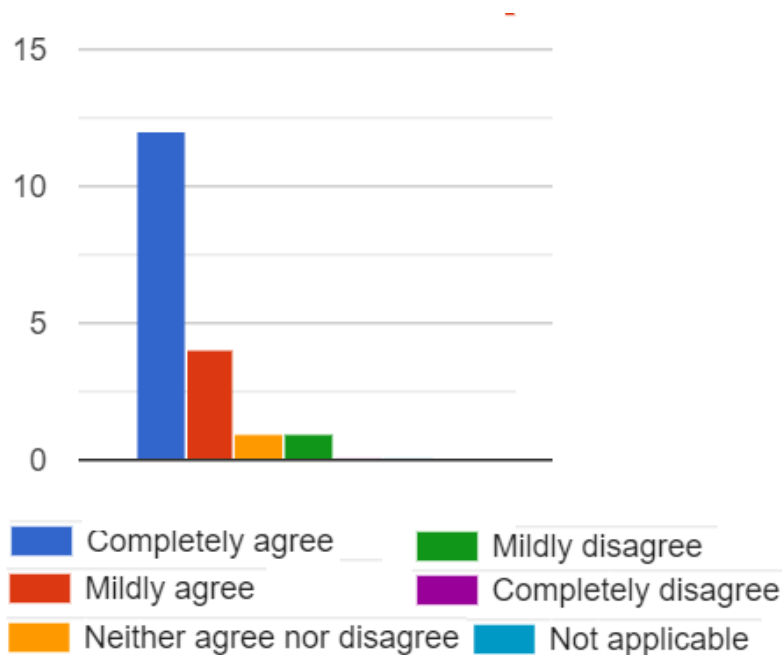
# Webinars

JAN 2021

Monthly Sessions – 100-200 at each Session

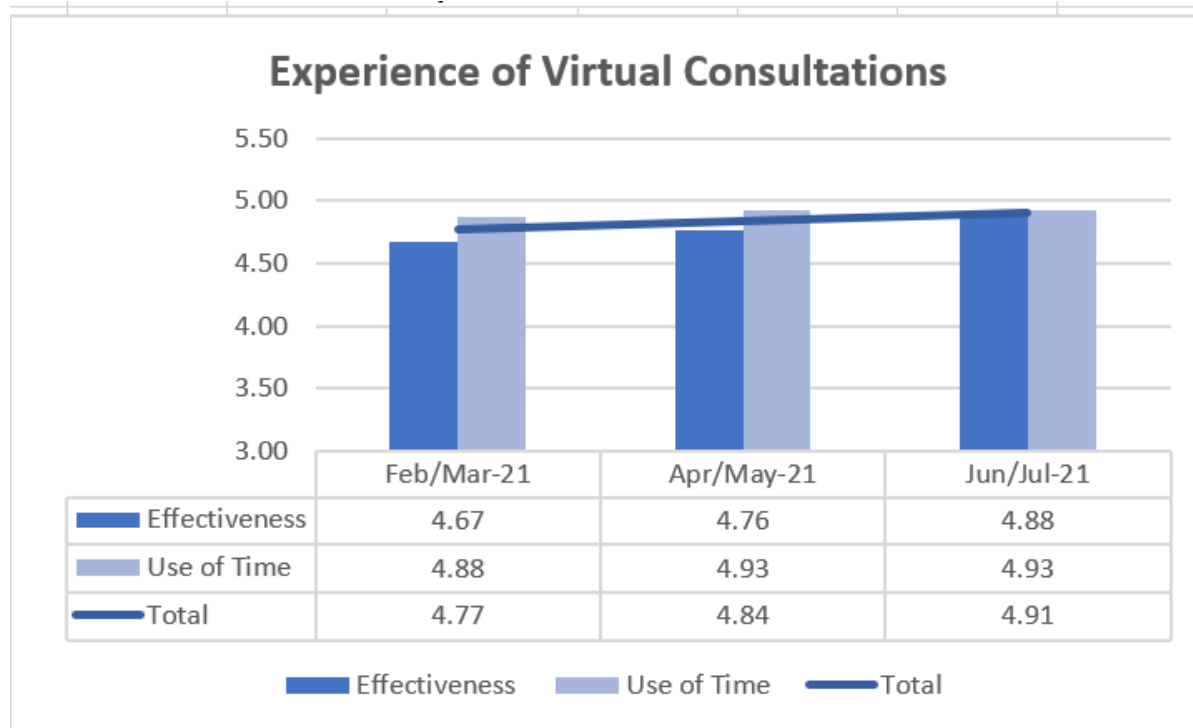
I enjoyed the Online Experience

I'd be happy to attend an Online Session Again



# HIDS

- **Q. I could communicate with my Healthcare Professional as effectively as in a Face-to-Face Consultation**



“A physical examination is still preferable rather than relying on a patient's own interpretation of whether one is okay or not.”

# Conclusion

- The virtual world brings new challenges
- Technology can help us to support people virtually
- Consultations can be challenging to do well; particularly in the context of psychological distress
- Duty to ensure we focus on the person and not the glucose
- Use tools available to you to support prioritisation of those most in need