

Together 2 Goal[®]

AMGA Foundation
National Diabetes Campaign

Monthly Campaign Webinar

January 19, 2017

TODAY'S WEBINAR

- Together 2 Goal® Updates
 - Webinar Reminders
 - Goal Post January Newsletter Highlights
 - AMGA Annual Conference Reminder
- Integrate Emotional & Behavioral Support
 - William H. Polonsky, PhD, CDE, Behavioral Diabetes Institute
- Q&A
 - Use Q&A or chat feature

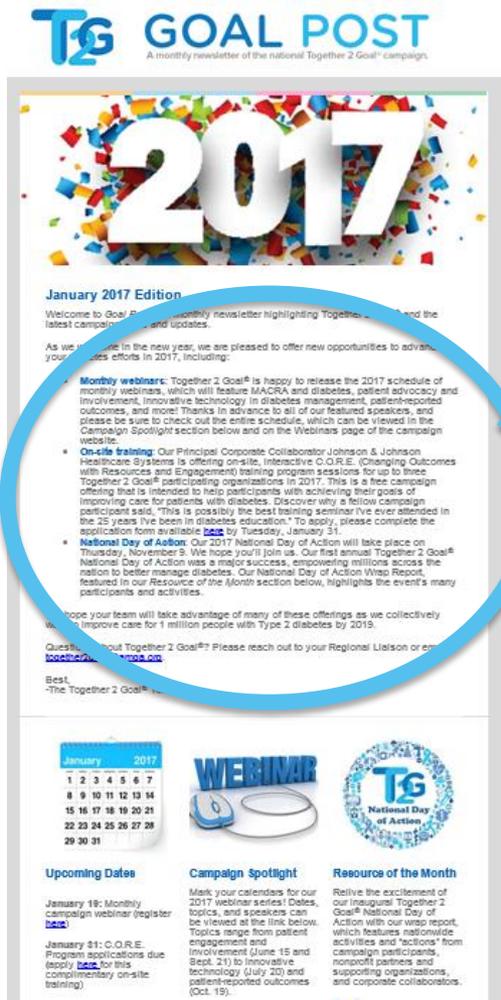


WEBINAR REMINDERS

- Webinar will be recorded today and available the week of January 23rd
 - Together2Goal.org Website (Improve Patient Outcomes → Webinars)
 - Email distribution
- Participants are encouraged to ask questions using the “Chat” and “Q&A” functions on the right side of your screen



GOAL POST JAN. NEWSLETTER HIGHLIGHTS



2017 Activities

- Monthly webinars
- On-site training
- National Day of Action

TOGETHER 2 GOAL® 2017 WEBINAR SCHEDULE

WEBINARS WILL BE HELD FROM 2-3 P.M. EASTERN

Date	Topic	Presenter(s)
Feb. 16, 2017	Diabetes & MACRA	Darryl Drevna (AMGA's Public Policy Team)
March 16, 2017	Minimally Disruptive Medicine & Diabetes	Victor Montori, MD, MSc (Mayo Clinic)
April 20, 2017	Success with the Together 2 Goal® Bundle	Harold Brandt, MD, FACP (The Baton Rouge Clinic)
May 18, 2017	Population Management Strategies for Diabetes	AMGA Analytics
June 15, 2017	Integrating the Patient Voice into Diabetes Management	Kelly Close, MBA (The diaTribe Foundation & Close Concerns) & Dominick Frosch, PhD (Palo Alto Medical Foundation & Research Institute)
July 20, 2017	Innovative Technology in Diabetes Care	Philip Oravetz, MD (Ochsner Health System)
Aug. 17, 2017	TBD	TBD
Sept. 21, 2017	Patient Involvement in Together 2 Goal®	Roberta Eis, RN, BSN, MBA, Heather Olden, MPH & Nicole Crosato (Henry Ford Health System)
Oct. 19, 2017	Patient-Reported Outcomes in Diabetes	Nirav Vakharia, MD & Irene Katzan, MD, MS (Cleveland Clinic)
Nov. 16, 2017	Community-Wide Diabetes Initiatives	Leon Jerrels, RN, CPHQ (Kelsey-Seybold Clinic)
Dec. 14, 2017	TBD	TBD

ON-SITE TRAINING

"This is possibly the best training seminar I've ever attended in the 25 years I've been in diabetes education."

-Together 2 Goal[®]
campaign participant

Johnson & Johnson CORE Program

- Complimentary, on-site, interactive CORE Program training
- Applications due by January 31
- Questions or need application? Email together2goal@amga.org



CHANGING OUTCOMES WITH
RESOURCES AND ENGAGEMENT

NATIONAL DAY OF ACTION

On November 3, 2016 medical groups, patients, caregivers, partners, corporate collaborators, and the general public joined together to take action for diabetes.



The goal? Empower the nation to better manage this chronic condition.

NATIONAL DAY OF ACTION IMPACT

214 PARTICIPANTS

IN THE TOGETHER 2 GOAL® NATIONAL
DAY OF ACTION HELPED REACH OVER

4 MILLION

A M E R I C A N S

NATIONAL DAY OF ACTION

A number of AMGA members took “action” to a whole new level...



INOVA®



Together2Goal®

Abby Lampela • ADW Diabetes • AlmenoPossoCucinare • Amanda Jo • Amelia Dmowska • American Association of Diabetes Educators • American College of Physicians • American Diabetes Association • American Diabetes Association NJ • American Kidney Fund • AMGA • Ana Gabriela Ledo • Andi Eberly • Angel • Angela Sidlauskas • Angelo Cutrone • Ann Marie Frakes • Anna • Anne Keeney • APhA HQ • Ashley Fletcher • Athena Boggs • Bartu Eren Güneşliol • Beth Sutter • Bob Speer • Brandon Wolf • Brian Leslie • BSA Health System • Cait DeBaun • Cam Compton • Cara Crosby • Carle Physician Group • Carlos • Carol Bryant • CDC Diabetes • Cecil A. Ross • Charley Cleaver • Chiro One • Christian Sacdalan • Christina Lavoie • Christy Wilson • ClusterTAV • Colorado Black Health • Community Pharmacy Foundation • Cori Rattelman • Corinna Cornejo • Cyn_LA • Cynthia Rogers-Celt • Danielle Casanova • Danielle DuBord • Darryl Drevna • David Allen Bates • Dawn Hornberger • Debbie DiabetesHub • Deborah Greenwood • Debra Daya • DeGray Systems Development • Denise Goldsmith • Diabetes Hands Foundation • Diabetes Institute • DiabetesSisters • Diabetic Jewellery • diaTribe • Dominick Frosch • Donald W. Fisher • Donna Gaskins Pasteur • Dr. Charles Roman • Dustin Gunderson • Earlean Chambers • eatright • eCatalysis • Elizabeth Phillips • Eric Estes • Erin Leaver-Schmidt • Fifty50 Foods • Frances Krueger • Fred Haag • Fred Weichselbaum • Gabrielle Consola • Gail Rae-Garwood • Gayle • Geisinger Health System • Gene Ammerman • Gina C. Brown • Gina Quirk • Harbin Clinic • Hattiesburg Clinic • Healthcare Discovery • HealthyWomen • Heba Abdelnabi • Heidi Champion • Henry Ford Medical Group • HHS Region 10 • Hope Warshaw • Horizon Family Medical Group • iDOCr • Inova Health System • Jaime Munoz Reveco • Jamie Miller • Jane K. Dickinson • Jane Popadich • Jeanne Luschin • Jenna Moore • Jennifer Reid • Jerry Penso • Jewel Jones Truxon • Jim P • Joe DeLisle • John W. Kennedy • Johnson & Johnson Family of Diabetes Companies • Jorja Jacobs • Jose Tapia • Joseph • Julia Ann Mercer • Jyothi Menon • Kathy Polyniak • Kelly / Diabetes • Kelly Close • Kelly Suchy • Kendra Dorsey • Kevin J. Fowler • Khürt Williams • Kraut Source • Krowdster • Lauren • Lauren Belisle • Lauren Grella • Lawrence Dorsey • Leslie Ayuk-Takor • Leslie Gamble • Linda Foster • Lisa Cornbrooks • Lori Russell • Lori Zanini • Lorraine Stiehl • Lovelace Health System • Madison County Health • Mahmood AlShawai • Manny Hernandez • Marcie Babey • Maria Vasquez • MarieBe • Marina Chaparro • Mark De Revere • Mark Miller • Marty Boylan • Mary Ann Hodorowicz • Mary Lister • Maureen Chadwick • Maureen Sullivan • Medic Pharmacy • Merck • Mercy Clinic-East Communities • MGH Diabetes Education Program • Million Hearts • Mia B. Hil • Michael James DeGeor • Mike Hilleary • Mike Lawson • Mike Paisley • Mike Pomeroy • Molly Cornbrooks • Monette McKinnon • Monica Mazariegos • Nancy Sandbach • Nancy Sewa • Neeta Goel • New West Physicians • Nick Graff • Nicole McReynolds • Nikita Stempniewicz • Novo Nordisk • Oklahoma Physicians Group • Pam • Pamela Noonan • Perry Gee • Piedmont Clinic • Premier Medical Associates • Randi Bolden • Recently Diabetic • Red Cross WIC • Ronald Wiegand • Ruthi Wolfson • Ryan O'Connor • Sarah Mart • Sarah Schenavar • Senait Temesgen • Shannon Walsh • Sharon Grace • Shelley Munch • Sherry Greenwood • Sleptember® Campaign • Sofia and Mohammad Yamin • SOS Doctor Housecall • South Carolina Department of Health and Environmental Control • Stefanie Sonico • Stefanie Winston • Sue Reedy • Sutter Health • Tamara H. Ruggiero • Tara McAllister • Terri Jevelle • The Kiks • The Polyclinic • Tiana Allen Pressoir • TT Mobile US • USMD Health System • Utica Park Clinic • Vandana Sheth • WESTMED Medical Group • Winterset Montross • Woody Morris • Yogini's Phoenix

Stay tuned for details on next year's
National Day of Action, which will take place on

Thursday, November 9, 2017

We hope you join us!



2017 AMGA ANNUAL CONFERENCE REMINDER

- Agenda includes
 - Leadership Council meetings
 - Pre-conference immersion sessions
 - General session speakers
 - Peer-to-peer breakout sessions
 - Networking opportunities
 - And more!
- Together 2 Goal® Breakout Sessions
 - Improving Care Delivery: Assessing and Addressing the Risk of Cardiovascular Disease for Patients with Diabetes (Premier Medical Associates)
 - Partnering for Improved Health: Excelsior Health's Implementation Journey (Excelsior Health Medical Group)

AMGA 2017 Annual Conference
March 22-25, 2017
Gaylord Texan Resort & Convention Center
Grapevine, Texas

Log Off Home AMGA Home

Home Conference Details Agenda Foundation Events Exhibitors Register Attendees

See You in Texas
Join thousands of colleagues from medical groups and health systems across the U.S at our 2017 Annual Conference. This conference will give you vital tools and strategies to succeed in the new world of "value."

www.amga.org/AC17

TODAY'S SPEAKER

William Polonsky, PhD, CDE

Co-Founder & President
Behavioral Diabetes Institute



Integrate Emotional and Behavioral Support

William H. Polonsky, PhD, CDE

January 19, 2017

whp@behavioraldiabetes.org



Psychosocial Care for People With Diabetes: A Position Statement of the American Diabetes Association

*Deborah Young-Hyman,¹ Mary de Groot,²
Felicia Hill-Briggs,³ Jeffrey S. Gonzalez,⁴
Korey Hood,⁵ and Mark Peyrot⁶*

Diabetes Care 2016;39:2126–2140 | DOI: 10.2337/dc16-2053

Complex environmental, social, behavioral, and emotional factors, known as psychosocial factors, influence living with diabetes, both type 1 and type 2, and achieving satisfactory medical outcomes and psychological well-being. Thus, individuals with diabetes and their families are challenged with complex, multifaceted issues when integrating diabetes care into daily life. To promote optimal medical outcomes and psychological well-being, patient-centered care is essential, defined as “providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions” (1). Practicing personalized, patient-centered psychosocial care requires that communications and interactions, problem identification, psychosocial screening, diagnostic evaluation, and intervention services take into account the context of the person with diabetes (PWD) and the values and preferences of the PWD.

This article provides diabetes care providers with evidence-based guidelines for

The Key Objective

- Develop and utilize effective behavioral interventions to promote greater metabolic control
- Focus on understanding and addressing problematic adherence

HCP Attributions Regarding Poor Adherence in Diabetes

HCP top 5 complaints:

1. Patients say they want to change, but are not willing to make the necessary changes
2. Not honest/Only tells me what they think I want to hear
3. Don't listen to my advice
4. Diabetes not a priority/Uninterested in their condition/"In denial"/Don't care/Unmotivated
5. They do not take responsibility for self-management



I will be Good
I will be Good



Real Life With Diabetes





Motivation in Diabetes

- No one is unmotivated to live a long and healthy life
- The real problem: Obstacles to self-care outweigh possible benefits
 - And there are a TON of obstacles!
 - The underlying theme to most obstacles is a lack of “worthwhileness”

Lack of Worthwhileness

- An invisible and non-urgent disease

“Look, I’ll start worrying about my diabetes as soon as something something falls off.”

Lack of Worthwhileness

- An invisible and non-urgent disease
- Hopelessness

“What’s the difference? This disease is going to get me no matter what I do.”

Lack of Worthwhileness

- An invisible and non-urgent disease
- Hopelessness
- Discouragement

“I did everything I was supposed to, and now you’re telling me I have to take even more medications?!”

WHICH PILLS TO TAKE?



So What To Do?



A. Making the Invisible Visible

➤ Step 1. Promoting A1C awareness

Table 2
Participants understanding of HbA1c.

Question	Yes
(1) Report having had an HbA1c test: <i>n</i> (%)	46 (55.4)
(2) Knew what HbA1c is and gave a correct definition: <i>n</i> (%)	44 (53.0)
(3) Reported their last HbA1c test result: <i>n</i> (%)	40 (48.2)
(4) Gave a correct HbA1c value: <i>n</i> (%)	22 (55.0)
(5) Good understanding of HbA1c (were aware of having an HbA1c test, could accurately report their most recent test result within 0.5% and could define HbA1c)	22 (26.5%)

Table 1 – Laboratory test results.

Variable	At admission	10 days after admission
Glucose, mg/dL	108	65
Hematocrit, %	38.5	21
Hemoglobin, g/dL	13.7	7.2
Leukocytes, mm ³	6,300	41,000
Platelets, mm ³	201,000	25,000
Creatinine, mg/dL	0.6	3.8
Urea, mg/dL	25	128
ALT, U/L	28	298
AST, U/L	56	65
Total protein, g/dL	7.4	4.6
Albumin, g/dL	3.7	1.8
GGT, U/L	34	536
Alkaline phosphatase, U/L	ND	7,960
LDH, U/L	234	ND
Total bilirubin, mg/dL	0.53	12.9
Direct bilirubin, mg/dL	0.23	9
Indirect bilirubin, mg/dL	0.35	3.9
PTT, s	28	ND
INR	0.7	1.3
Total cholesterol, mg/dL	242	ND
HDL, mg/dL	31	ND
LDL, mg/dL	141	ND
Triglycerides, mg/dL	202	ND
ESR, mm/h	ND	52
Calcium, mg/dL	8.8	ND
Iron, mg/dL	ND	50
Ferritin, ng/dL	ND	690.6
Sodium, mEq/L	141	144
Potassium, mEq/L	4.1	4.7

ALT: alanine aminotransferase; AST: aspartate aminotransferase; GGT: gamma-glutamyl transpeptidase; ND: not determined; LDH: lactate dehydrogenase; PTT: partial thromboplastin time; and INR: international normalized ratio.

Back on Track Feedback

Name: *Molly B.*

<u>Tests</u>	<u>Usual Goals</u>	<u>Your Results</u>	FID #:	
	<i>Your score should be</i>		<i>SAFE: At or better than goal</i>	<i>NOT SAFE: Not yet at goal</i>
A1C	7.0% or less	8.7%		X
Blood Pressure	130/80	125/75	X	
LDL	100 or less	116		X



Personalized A1C Feedback

Reference	Type	Number of subjects	A1C Difference
Chapin et al, 2003	Chart in medical record, conversation presumed	127 T2D adults	0.7%*
Levetan et al, 2002	Laminated poster, then call from educator	150 T1D/T2D adults	0.5%*
O'Connor et al, 2009	Periodic mailed brochures, no discussion	3703 T1D/T2D adults	0.0%
Sherifali et al, 2011	Periodic mailed brochures, no discussion	465 T2D adults	0.1%

The Power of Congratulations

➤ Consider how we talk about A1C results:

“Its great that you took the time to get your A1C done before our visit today. The numbers haven’t moved much, which tells us that something different is needed. ”

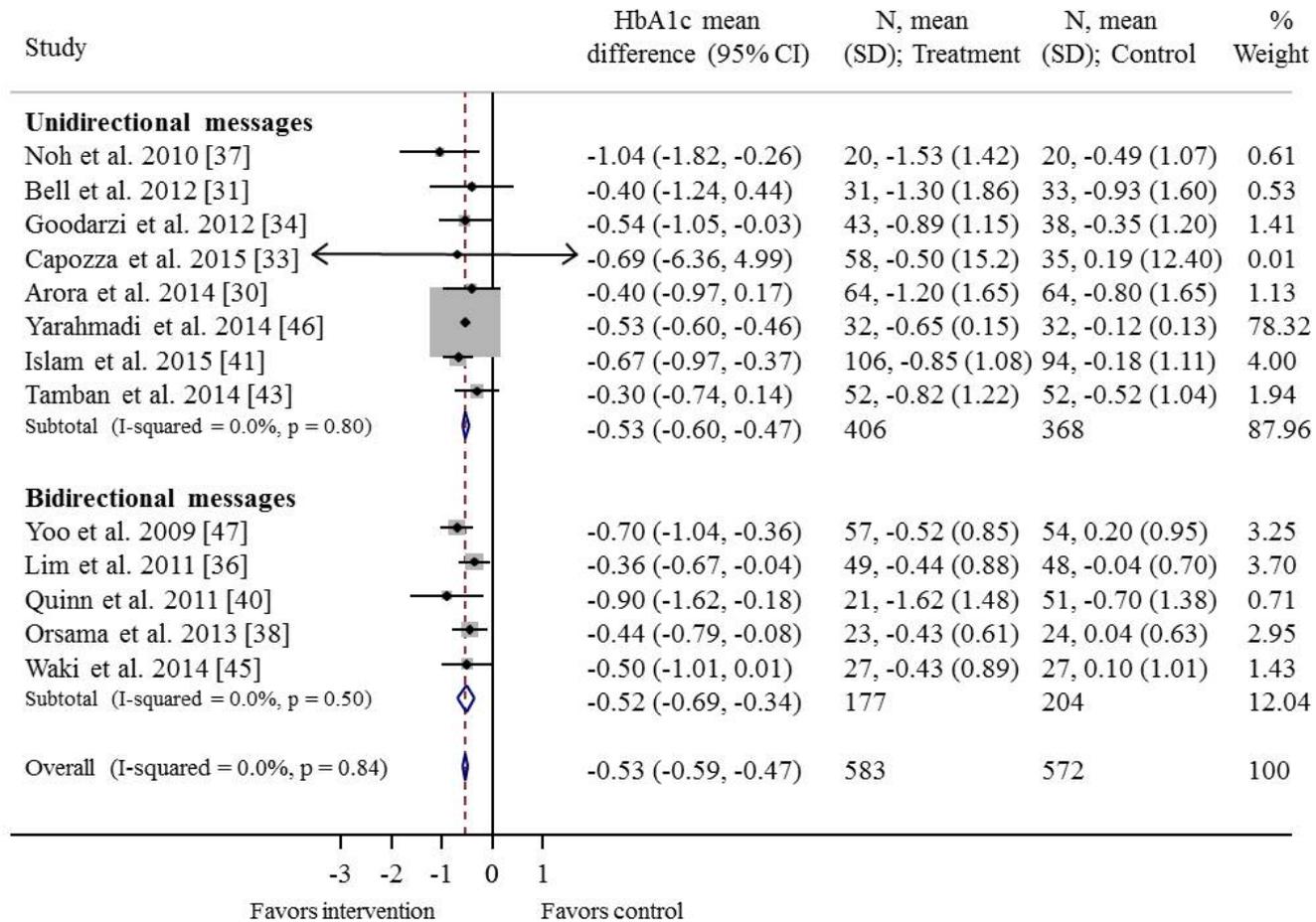
VS.

“Your A1C is still too high. Don’t you understand the consequences? Why aren’t you working harder on this?”

A. Making the Invisible Visible

- Step 1. Promoting A1C awareness
- Step 2. Stay in touch

The Value of Ongoing Contact



Arambepola et al, 2016

B. Address Hopelessness

Q. Diabetes is the leading cause of adult blindness, amputation, and kidney failure. True or false?

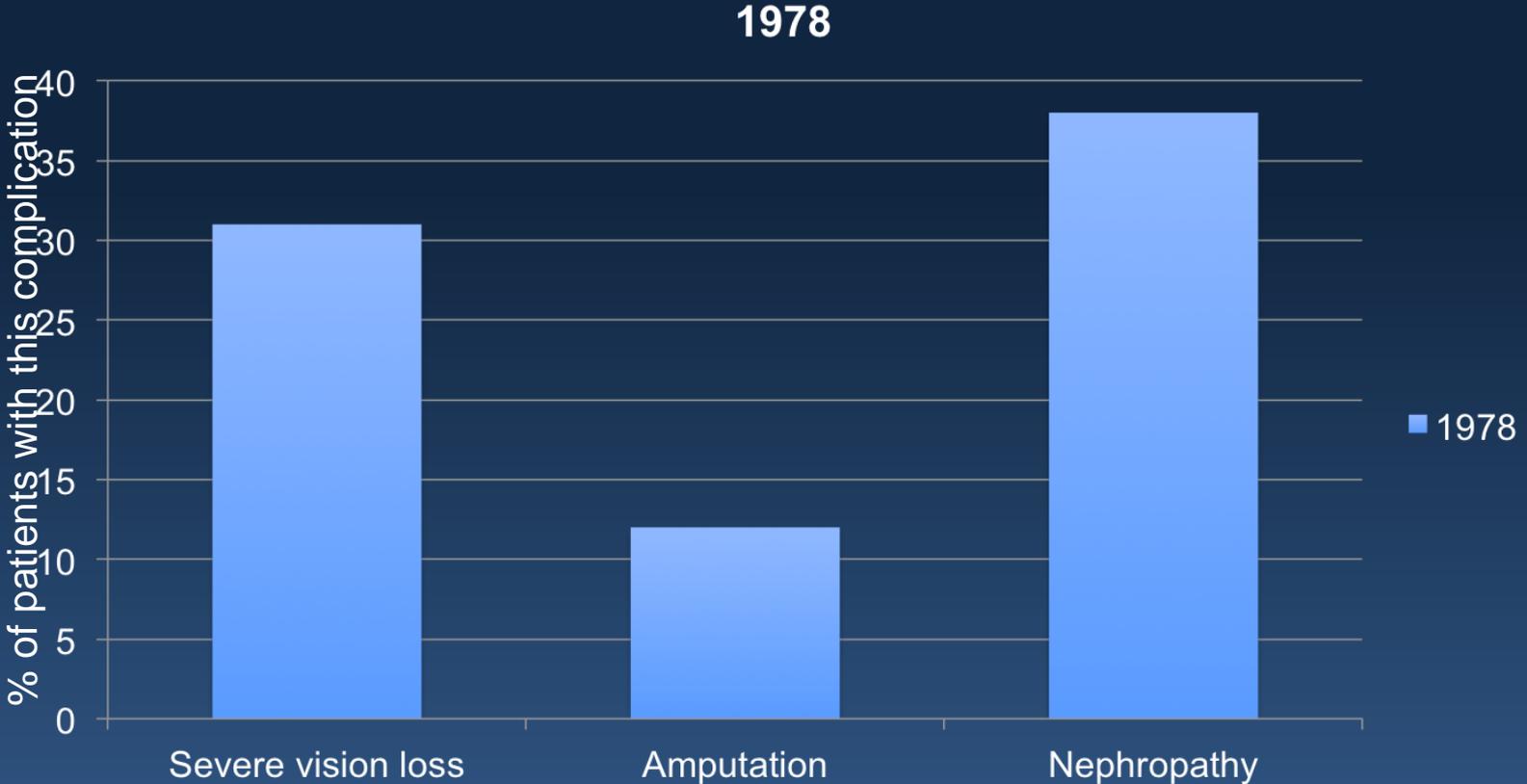
A. False. To a large extent, it is *poorly controlled* diabetes that is the leading cause of adult blindness, amputation and kidney failure.

Well-controlled diabetes is the leading cause of... NOTHING!

Fact Check

- This doesn't mean good care will guarantee that you will not develop complications.
- This does mean: with good care, odds are good you can live a long, healthy life with diabetes.

T1D Complications After 30+ Years



T1D Complications After 30+ Years



Life Expectancy in a Large Cohort of Type 2 Diabetes Patients Treated in Primary Care (ZODIAC-10)

Helen L. Lutgers^{1,3}, Esther G. Gerrits^{2,3*}, Wim J. Sluiter³, Lielith J. Ubink-Veltmaat⁴, Gijs W. D. Landman², Thera P. Links^{3,5}, Reinold O. B. Gans^{1,5}, Andries J. Smit^{1,5}, Henk J. G. Bilo^{1,2,5}

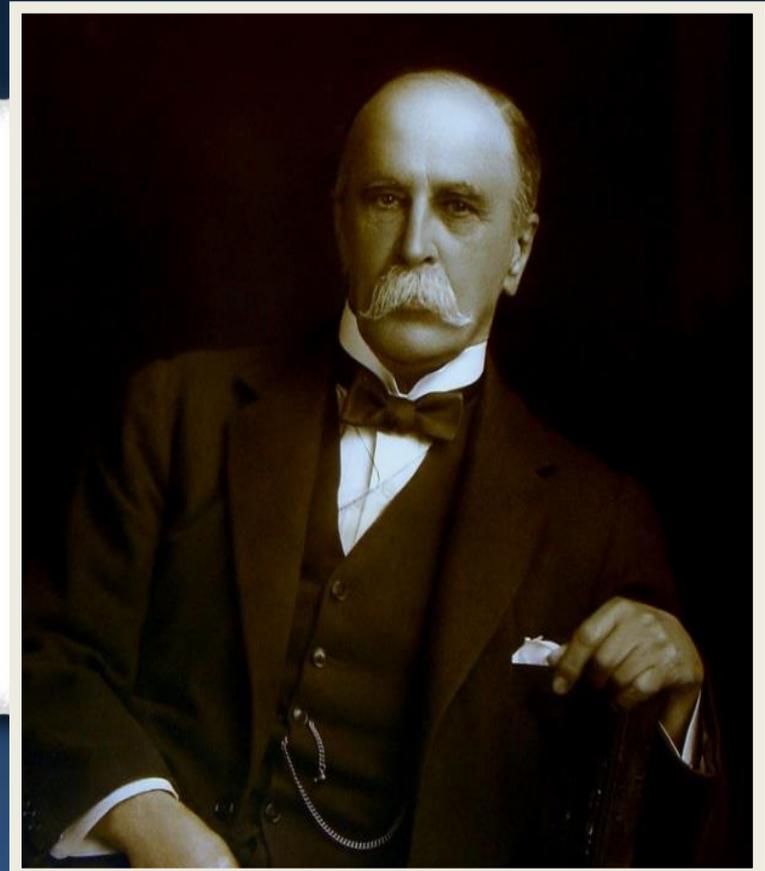
1 Department of Internal Medicine, University Medical Center Groningen, Groningen, the Netherlands, **2** Diabetes Center, Isala Clinics, Zwolle, the Netherlands, **3** Department of Endocrinology, University Medical Center Groningen, Groningen, the Netherlands, **4** Family practice't Veen, Hattem, the Netherlands, **5** Department of Medicine, University of Groningen, Groningen, the Netherlands

Conclusions: “This study shows a normal life expectancy in a cohort of subjects with type 2 diabetes patients in primary care when compared to the general population.”

Diabetes and Your Health

“To live a long and healthy life, develop a chronic disease and take care of it.”

- Sir William Osler



Effective HCP Behavioral Strategies

Table 2. Behavior Change Strategies Reported by Top- and Bottom-Performing Clinicians

Strategy	Clinicians Reporting Strategy, No.	
	Top-Performing Clinicians (n = 10)	Bottom-Performing Clinicians (n = 10)
Used mainly by top-performing group		
Emphasizing patient ownership	8	3
Partnering with patients	9	3
Identifying small steps	10	3
Scheduling frequent follow-up visits	7	3
Showing caring	5	1
Used by both groups		
Reliance on team supports	10	7
Used mainly by bottom-performing group		
Describing consequences of bad health behaviors	2	8

Greene et al, 2016

C. Address Discouragement

- Step 1. Address perceived treatment efficacy
 - Help people to see that their actions can make a positive, tangible difference

Paired Testing: Sam's Story

- Age 42, married, school teacher
- T2D 6 yrs, BMI 33, last A1C 7.9%
- Steady weight gain since dx
- Used to be very active, but quit sports 5 years due to injury
- No longer checks BGs due to “consistently high readings”
- Takes glargine, 80 units QD
- Was encouraged to begin walking, but refuses (“won't help”).



Sam's Exercise Experiment

**Daily walk
(45 minutes)**

7 consecutive
days: Measure
BG right before
and after walk

Day	Pre-Exercise	Post-Exercise	BG Change
1	129 mg/dL	101 mg/dL	-28 mg/dL
2	194 mg/dL	153 mg/dL	-41 mg/dL
3	157 mg/dL	94 mg/dL	-63 mg/dL
4	141 mg/dL	108 mg/dL	-33 mg/dL
5	152 mg/dL	127 mg/dL	-25 mg/dL
6	130 mg/dL	98 mg/dL	-32 mg/dL
7	124 mg/dL	102 mg/dL	-22 mg/dL

Average BG change: -35 mg/dL

“I wonder how breakfast affects me.”

“I wonder why I’m often so tired in the evening.”

“I wonder which type of beer would raise my BG’s the least.”



C. Address Discouragement

- Step 1. Address perceived treatment efficacy
 - Help people to see that their actions can make a positive, tangible difference
- Step 2. Re-frame how we talk about medications

Value of Medication Adherence

Table 2. Multiple linear regression models predicting glycaemic control ($N = 314$)

Outcome: HbA1c (%)	Model 1: all self-care behaviours β	Model 2: all self-care behaviours + covariates β
General diet	0.04	0.06
Specific diet	-0.06	-0.04
Exercise	-0.10 ^a	-0.03
SMBG	0.03	-0.002
Medications	-0.14 ^b	-0.16 ^b

Covariates, age, gender, race, ethnicity, income, education, insurance status, insulin status and duration of diabetes; HbA1c, glycosylated haemoglobin A1c assessed with a point-of-care device; SMBG, self-monitoring of blood glucose.

^a $P < 0.10$.

^b $P < 0.05$.

A Diabetes Quiz

ROY takes 2 different diabetes pills and insulin, and his last A1C is 6.8%. SAM hasn't been prescribed any diabetes pills, and his last A1C was 9.1%. Both patients have had diabetes for the same length of time.

Who is doing better with his diabetes?

- A. ROY. How healthy you are, and your risk of complications, is not determined by the type of treatment or how many pills you take. It is your metabolic results that matter. Even if you are not taking pills or insulin, high blood sugars will likely lead to future problems.

Five Medication “Secrets”

1. Big bang. Taking your meds is one of the most powerful things you can do to improve your health
2. Working silently. Your meds are working even if you can't feel it
3. Balancing the claims. There are *always* pro's and con's; the con's are probably not as big as you think.
4. No blame. Needing more meds isn't your fault
5. Not a health metric. More meds don't mean you're sicker, fewer meds don't mean you're healthier

C. Address Discouragement

- Step 1. Address Perceived treatment efficacy
 - Help people to see that their actions can make a positive, tangible difference
- Step 2. Re-frame how we talk about medications
- Step 3. Make behavioral success easier

One Step at a Time



In Summary

- Making the invisible visible
 - A1C awareness, stay in touch
- Address hopelessness
 - Share the good news
- Address discouragement
 - Perceived treatment efficacy

Thanks for Listening

The screenshot shows the homepage of the Behavioral Diabetes Institute. At the top left is the BDI logo with the tagline "Tools to face the psychological demands of diabetes" and the full name "Behavioral Diabetes Institute". To the right are social media icons for LinkedIn and YouTube, and a search bar. A navigation menu below the header includes "Home", "About Us", "Programs", "BDI Products", "Resources", "Scales and Measures", and "Support BDI". The main content area features a large image of a smiling woman labeled "Health Care Professionals", and four smaller images: "Type 1 Diabetes" (a woman looking out a window), "Spouses / Partners" (a woman embracing a man), "Type 2 Diabetes" (a group of diverse people), and "Parents of Children & Teens" (a group of smiling young people).

www.behavioraldiabetes.org