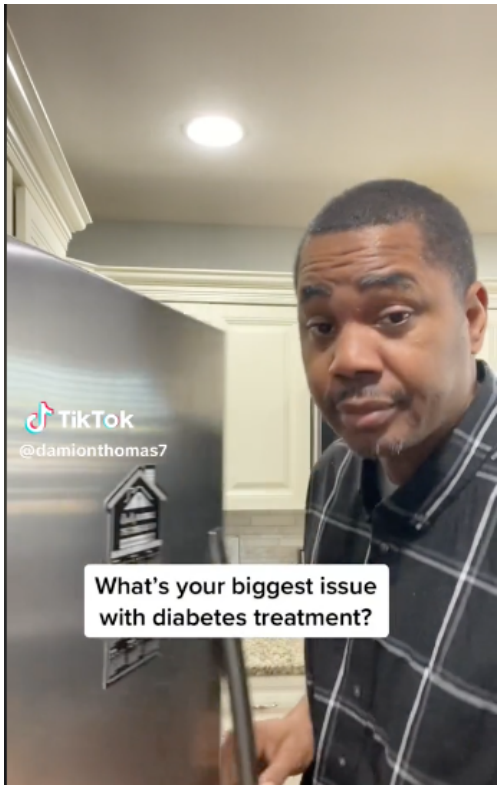
DIABESITY DIALOGUE 4: INDIVIDUALIZING CARE IN T2D: UTILIZING PATIENT REPORTED OUTCOMES (PROS) AND SHARED DECISION MAKING

Jamy Ard, MD: Welcome to Diabesity Dialogs. I am Dr. Ard, Professor at Wake Forest School of Medicine in Epidemiology and Prevention, and I am joined by my esteemed colleague, Dr. Bob Kushner, who is the Batman to my Robin, the Tom to my Jerry, the Ginger to my Maryann. So, Bob, I'm going let you introduce yourself here.

Robert Kushner, MD: How long did you rehearse that? Oh my goodness. Oh my goodness, Jamy. I'm Bob Kushner, I'm a Professor in Medicine and Medical Education at Northwestern University Feinberg School of Medicine in Chicago. Jamy, always a pleasure to be with you.

So welcome to our final episode. We're diving into a crucial aspect of diabetes care, individualization. We'll be exploring how you can ensure that the patient's voice is heard and valued in therapy decisions. We've been highlighting that throughout the series, but today we're going to spend a little bit of focus on that.

So, to start off, let's visit Damion. We talked to him before. We heard from him before. He's a patient with Type 2 diabetes and let's hear his perspective on the topic. Trust us, his insights are sure to spark some thought-provoking conversation.



<u>PATIENT PERSPECTIVE 1 – *PATIENT ADVOCACY: ADDRESSING PATIENT NEEDS TO INSPIRE CLINICIANS TO EVOLVE THE CONVERSATION WITH THEIR PATIENTS:*</u>

Damion Thomas: Hey, I got a quick question. For people who's diabetic, or someone who's dealing with someone that has diabetes. And I'll go first, I feel like it's the care that the doctor has given. I feel like some doctors are treating diabetes like one shop fit all, like they prescribe this exact same thing for every single diabetic person. And they're not getting to the root cause of the situation. So when I first get diagnosed, I go to urgent care because I was having those symptoms. From urgent care they sent me to the emergency room, from the emergency room, they sent me upstairs to be admitted to the hospital. And then from the hospital, that's four days later, they sent me home. When I first got diagnosed as a diabetic, it was more of a mental thing for me, I actually lived in the state of depression, and I had to go talk to someone and work through all the issues that I was going through. So, no matter what the doctor gave me, no matter what the doctors prescribed to me as far as my diabetes, I wasn't mentally there to even start helping myself to get right. Also, I don't think the doctors calculate someone's lifestyle. I just think these doctors are prescribing this medicine based on the previous diabetic before them based on the previous diabetic before them based on the research that they've done. That's not quite working for us. We all know diabetics are different. So go ahead and like share and comment. Thank you

Dr. Ard: So, so, Bob, I'm interested to get your take on Damien's experience, especially as it relates to the idea that, you know, doctors are not really, you know, paying attention to some of the individual characteristics of

the patient to tailor treatment or even thinking about things like he said his mental health state and is he prepared to engage in treatment or does that need to be addressed in addition to the other things that are happening in this, especially in this new diagnosis of diabetes? What are your thoughts?

Dr. Kushner: Yeah. Certainly bring up a good point. Everyone, we all know, anyone who's been in practice probably more than a month knows everyone has their own story to tell and their own journey. They arrive at a particular diagnosis or disease or condition through multiple directions. And it's so important that we have that o-, communication open with patients to really hear their voice, which is the whole point of showing these TikTok videos.

The other point, Jamy, I want to, I want to before I hand it back to you, I want to bring up is the whole idea when he said now, and this really resonates with me is, is doctors used a medication that was successful on the last medication that, that they used in a pa- We hear this all the time.

Dr. Ard: Yeah.

Dr. Kushner: And it seems almost silly. If someone's hypertension, all I use is a diuretic and I don't have anything else in my toolkit, how ridiculous is that. With diabetes, I use metformin, but I don't go beyond that. So we really do as a clinician be an adult learner and really understand what, what are, what are the tools that we have in our toolbox that could be used on an individual basis with that patient?

Dr. Ard: Yeah. And, you know, the thing that's, I think, really important to me in that discussion, Bob, is what you brought up around the context of the patient, right. What, what's their environment? What's the background? What other things are going to enable them to actually do the treatment, implement the treatment or things that will be barriers to implementing that treatment?

So you could come up with the best treatment plan in the world, you know, 9 out of 10 dentists might approve, but if, you know, you can't implement it when you walk out the door, I mean I've had plenty of patients come back to me and say, you know, "We talked about this, but as soon as I left, I just, you know, that little handout you gave me I just put it in the trash 'cause I knew I couldn't do that." Right. "I, I sat there and nodded my head and agreed." And, and they came back with a moment of honesty and said, you know, "I just didn't tell you or you didn't understand when I said that this was a problem. This is a real problem, and it's going to create this huge barrier that keeps me from doing any of this. And we've got to deal with that first." And that's, that's reality. I think that's, that's a lesson that we all can learn.

Dr. Kushner: Yeah. It, it's heartening to listen to this TikTok video. A-, we don't often hear patients talk about us, you know, when they leave but getting a little window into what they're, they're perceiving or what they're hearing or not hearing is really just so instructive.

Dr. Ard: Yeah.

Dr. Kushner: It really is.

Jamy, I'm going to flip this back to you. So I think it's important to really establish relationships with our patients where they feel there's a safe space to discuss any concerns or issues they're experiencing with their

therapy or their diabesity journey, which is kind of really summarizing what we just talked about. So let's revisit Ashton's TikTok on self-advocacy.

PATIENT PERSPECTIVE 2 – *PATIENT ADVOCACY: ADDRESSING PATIENT NEEDS TO INSPIRE CLINICIANS TO EVOLVE THE CONVERSATION WITH THEIR PATIENTS:*

Ashton McGrady: [excerpt]

First thing, write down any questions or maybe practice what you're going to save your doctor before you even get to your appointment. These conversations are hard and it's normal to be nervous, writing it down will just help ensure that in the moment, it doesn't get lost. And perhaps you could even practice setting boundaries with your partner, friend, therapist, so when you get there, it's not as scary.

All right, and I can't believe how many people don't know this, but you do not necessarily have to be weighed when you go to the doctor. You can definitely choose to be blind weighed where you turn around on the scale and they write down the number, but they should not tell you. Just fair warning, this may pop up in your patient notes on your patient portal. So just be careful navigating that there are very few scenarios in which a patient must actually be weighed to receive proper care. Last but not least, if you're able to bring a friend or a partner to your appointment with you because if s*** hits the fan, this person should be able to step in and help advocate for you. They can also helped validate some of your experiences and help facilitate that conversation with your doctor or perhaps remember some of the important details that you discussed with your doctor during your appointment. But for this purpose, if you don't have someone that can go with you asked to record your appointment that way you can go back and listen to the important pieces later if you need to. All right. I want to know, was this helpful? Let me know in the comments.

Dr. Kushner: So, Jamy, what, what are your thoughts about, I guess, the wor-, word I'm using is creating a safe space to ensure optimal maintenance of diabetes and obesity treatment in our patients?

Dr. Ard: Yeah. And, and my reaction to Ashton's video, which I, I think her points are definitely very important and well taken, and I think it's important for us as clinicians to see ourselves in service to the patient, right. W-, we're, we're the, we're the, the waiter, if you will, in the analogy, and the patient has the menu. And we might make recommendations about what good char-, choices are on the menu or say, you know, "No, we don't have that in the kitchen today." But it's, it's not our job to, to make the choice for the patient in terms of how they want their healthcare. And it's a partnership.

So I think all of our points about creating a safe space and having a partner there to help with making that assurance to being able to write down questions ahead of time I really find that useful. I really love it when my patients come in with an agenda and I, and I can answer those questions and we can walk through those things. I can answer their questions, they can respond to my questions, and we can set an agenda going forward for the next visit. So I really like that.

Dr. Ard: Yeah. So let's shift gears. I want to really kind of pick your brain a bit here. And as compared to Episode 3, I get to be in the driver's seat and do a little rapid-fire scenario with you. Okay.

Dr. Kushner: How do you feel about that, Jamy?

Dr. Ard: Oh, I like this. Yeah. I like the driver's seat. So let's, let's talk about I want to see how you go about doing this in, in terms of shared decision-making, right, and I want to see, you know, how you model language.

So I'll give you the scenario and you give me a quick couple of lines of how you deal with this dicey topic or, or, or topic that could be sensitive, especially when it comes to shared decision-making. You up for it?

Dr. Kushner: Okay. I'm ready to go.

Dr. Ard: All right.

Dr. Kushner: I got my seat belt on.

Dr. Ard: Let's do it. Scenario one: Patient you haven't seen in years and you've noticed they've gained a significant amount of weight; however, they never seem to bring up the topic themselves.

Dr. Kushner: So, I'm thinking you don't want to talk about weight when it comes out of left field. So, if someone comes in with an earache, you don't want to say, "Oh and by the way, you've gained a lot of weight," right. So you don't want to do that. You want to make sure it's pertinent within the medical encounter.

But bringing it up first thing I would say after let's say, look at the weight trajectory, we talked about that in the last episode, so they, they, they acknowledge perhaps they, they, they've brought up weight. I use a phrase, "Is, is this a good time to talk about your weight?" So something like this, "I, I looked electronic medical record. It looks as though you've gained about 5 or 10 pounds in the past year or two. Maybe it's pandemic related. Is that true? What's going, what was going on?" And then I'd say, "Is this a good time to talk about your weight?" You're asking for permission. It acknowledges that this may be a sensitive topic, "And, and I'm proactively ready to be here and take on that responsibility of helping you if that's what you want."

Dr. Ard: Wow! Okay. So, ask for permission, provide some options or solution or be, be part of that solution.

Dr. Kushner: Yup.

Dr. Ard: Love that. Scenario two: We got a patient where weight loss isn't the focus. They're focused on the complication. So, I'll even make it more specific having knee pain, but, you know, recognize that, yeah, I have a higher weight but my knee is really the problem.

Dr. Kushner: Yeah. Make sure you take care of the problem. You know, we talked before about ascribing everything to their weight, right. There's, there's a cartoon, right. There's like, there's like a knife or a hammer in the head and they go, you know, "You're overweight. You wouldn't have that in your head if you weren't overweight." And, and it's so true, so always acknowledge the problem. Whether it's backache or GERD or, or knee pain or shortness of breath, there's something going on here that you want to pay attention to, acknowledge, alleviate that pain. If it needs more diagnostic workup or labs, go ahead and do so.

But I think it's also important to inform them that there are other alternative in addition, additional approaches to be thinking about to make that complication better, and knee pain is a great example. We know from a mechanical me-, point of view, extra weight on weight-bearing joints can make those joints worse. So bring up the topic of healthy living. Losing weight is another approach that we're going to be using to deal with your knee pain once we've addressed everything else we need to do.

Dr. Ard: Got it. All right. How about this scenario? Someone who has experienced medical trauma and is really just not interested in dealing with weight-related issues because of the trauma that they've experienced or the experience they had in the healthcare system that was very stigmatizing.

Dr. Kushner: Yeah. You know, we just heard in the last TikTok video which, which I wanted to com-, give me a chance to comment now, where sh-, where she's talking about her five tips of advocacy and one of which is, "I do not need to be weighed." Okay. When someone says that to you, you want to understand what's behind that statement? Is it because they've been shamed for decades? Is it, is it their own self-val-, they value everything based on the scale versus other attributes? Has them, ha-, has, have they had family members putting them down for years talking about weight? So that's all part of that weight bias and trauma as it relates to being weighed. I would never force someone to get weighed and look at their weight and tell them their weight if they're not ready for that.
So bottom line is, Jamy, is to really hear their story, acknowledge it, try to understand what's behind it and help them through that in a healing way if at all possible.

Dr. Ard: Wow! Well that's why he's in the Hall of Fame with responses like that. So, you know, it's, I think it's—

Dr. Kushner: When are you up for that? You're up for that soon. You must be up for that soon.

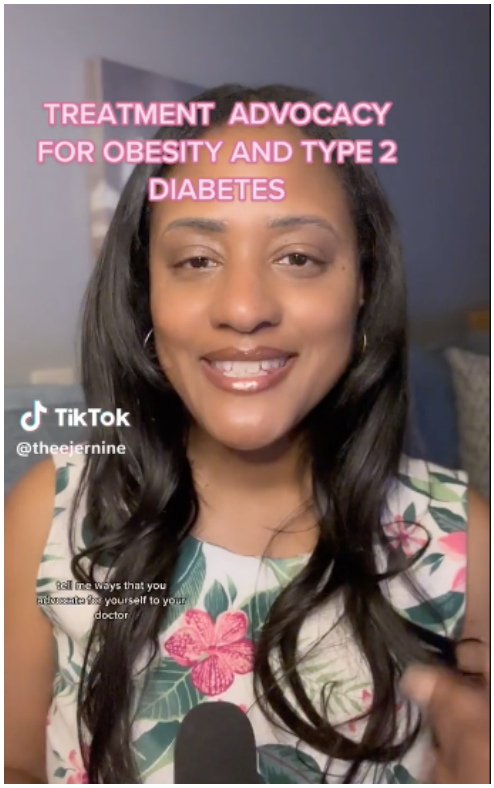
Dr. Ard: Oh that's, I'm, I am not anywhere near.

Dr. Kushner: Class of 2025; I see it.

Dr. Ard: I'm not anywhere near senior enough, Bob. So, you know, I think this idea of shared decision-making is so important in healthcare and especially when we're talking about really helping patients improve their health through obesity-centric treatment of diabetes that th-, these conversations are, are worth their, the time where we all li-, you know, work in time pressured situations, but these are the conversations that I feel like really help set the basis for a successful partnership.

And with a shared decision-making approach, you as the clinician help to bring the evidence-based information to the conversation. You support the deliberation for the patient and give them those options and explore those, and you try to do that in an unbiased way and then frame the process and help people understand here's what the progression looks like or here's what the treatment plan would look like. Provide people with tools and give them access to those, those tools and, and provide insights for what you think might be an optimal treatment strategy in ways that you can support them. So I really like what you talked about in terms of asking permission and then being there for support. Those are things that, I think, a lot of patients don't feel like they get in an encounter with their primary care professional. So I think shared decision-making is really critical in order for us to be successful when managing our patients.

Dr. Kushner: Thanks, Jamy. Those are really good comments about shared decision-making. Let's go ahead and wrap up on a positive note, listen to our final video where Jernine gives us her vantage point of what shared decision-making looked like for her.



PATIENT PERSPECTIVE 3 – *PATIENT ADVOCACY: ADDRESSING PATIENT NEEDS TO INSPIRE CLINICIANS TO EVOLVE THE CONVERSATION WITH THEIR PATIENTS:*

Jernine Trott: Tell me ways that you advocate for yourself to your doctor when discussing treatment options for obesity and/or type two diabetes. Well, I'll go first. In December 2022, I just reached the end of my rope. I had my physical scheduled with my primary care physician and I just said, you know what, I need help. After all of the dieting, the exercising, and just not feeling like myself. I knew something was off, I knew something was wrong. So, after asking my primary care physician for help, we discussed some options, and we came up with a treatment plan. But that's my story. So, I'm interested to know what is your story? How do you advocate for yourself to get proper treatment for your you know, struggle with obesity and/or type two diabetes? Let me know in the comments.

Dr. Ard: Yeah. So that, that's a really insightful comment or post shared by Jernine related to really just saying, "Look, I'm in control of my healthcare, I am the consumer here, and I want to engage my expert clinician in order to get the best treatment plan that I can." And I think that you, no one should feel bad about asking their provider, their healthcare practitioner to really sort of step into that role and support them in that type of decision-making. That's what we want. We want engaged patients who really understand and want to lay out a vision for where they want their health to go. And I, I appreciate that and applaud that and, and I think we should be advocating for that.

So this wraps up Episode 4. Thanks again, Bob, for your expert commentary and, and sharing of your knowledge. There are a multitude of options for our patients with diabetes and obesity or overweight. In order to find the right treatment for the right patient, you need to know your options, your patient, the right treatment, the right time, but you have to match those with the patient's goals and values and preferences. That's what we've been talking about is that's what shared decision-making is all about matching those things up.

So, Dr. Kushner, it's been a pleasure to be a part of this series with you. For credit information, complete the post-assessment evaluation to get your credit. And see you next time on the Dialogs podcast.