

How to create an account in CloudCME®



Step 1 - Go to the Attendee Portal and click "Sign In" —————> <https://vcu.cloud-cme.com/cme/>

Step 2 - Click "Don't have an account?" (circled below)

If you do not see "Don't have an account" click the button labeled "Sign in with your email and password" then click "Don't have an account?"

A screenshot of the CloudCME login page. It has a "Log In" heading, followed by the instruction "Enter your email and password to login:". Below this are two input fields labeled "Email:" and "Password:". A blue "Login" button is positioned below the password field. At the bottom of the form, there are two links: "Forgot Your Password?" and "Don't have an account?". The "Don't have an account?" link is circled in orange.

As you enter, go ahead and create a CloudCME account to claim CE credit if you don't already have one.

Scan this QR code to claim CE:

**Or text 19137-18817
to 804-625-4041**



<https://VCU.cloud-cme.com/WebService/SelfAttendScan.aspx?EventID=19137>

Step 3 - Complete all the fields on the screen, making sure to make note of your password, then click "Create Account." You will receive a pop-up message indicating your account was created.

Step 4 - Click "Sign In" again and enter your email address and the password you entered in Step 4 and click "Login"

Step 5 – To complete the process, please click "My CME" or "My CE," click on "Profile," complete your profile information, and click "Save."

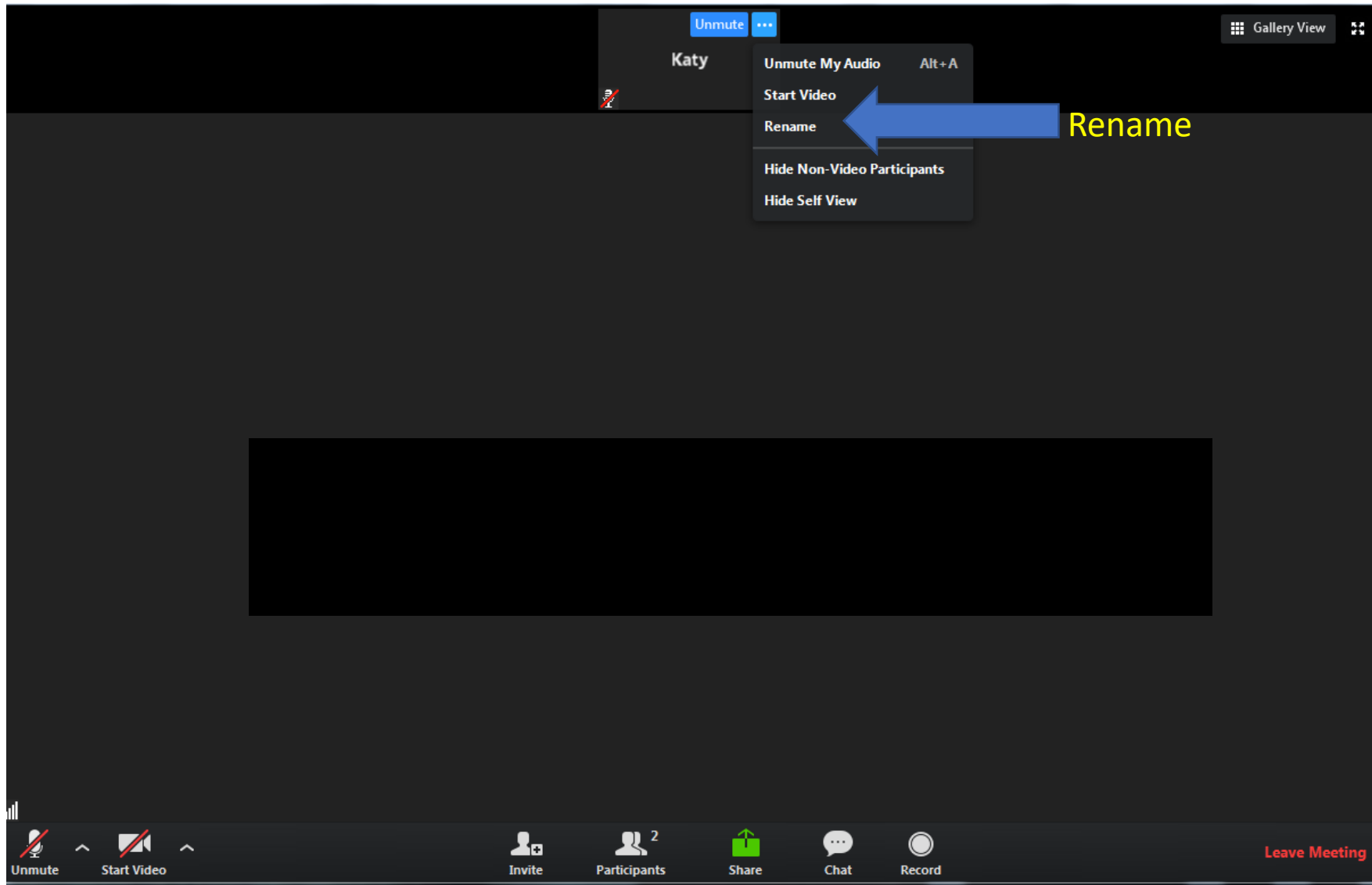
Pharmacists/Pharmacy Technicians: Be sure to enter both your NABP number and mm/dd in the Profile to ensure credits can be awarded.

Diabetes and Hypertension ECHO* Clinic

December 4, 2020

*ECHO: Extension of Community Healthcare Outcomes

Helpful Reminders



*Rename your Zoom screen with your name and organization

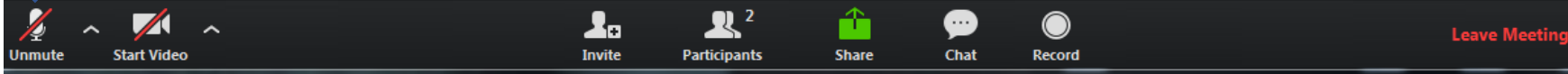
Helpful Reminders



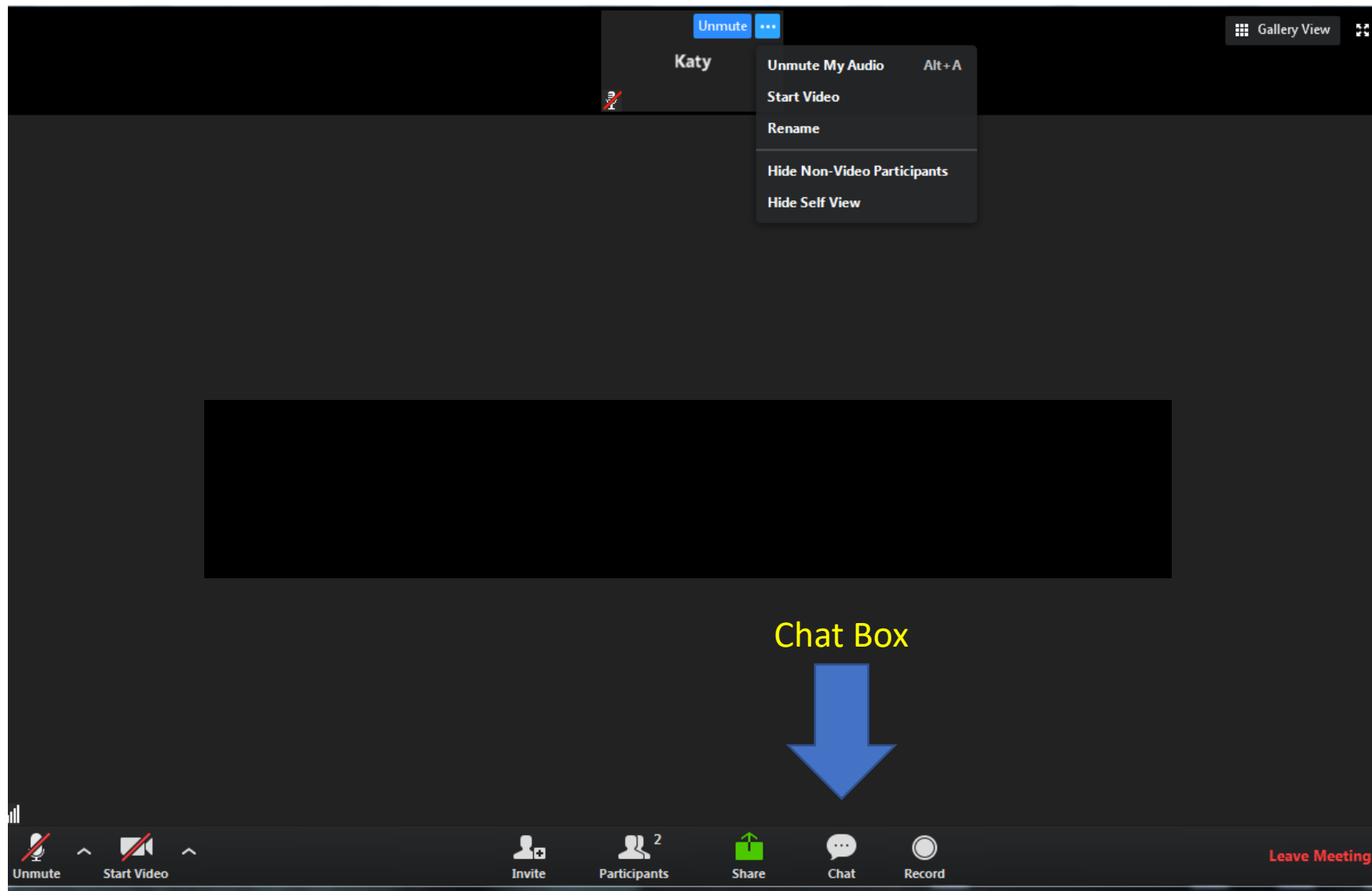
Diabetes & Hypertension Project Echo

- You are all on **mute**.
Please **unmute** to talk
- If joining by telephone audio only, press ***6** to mute and unmute

Unmute



Helpful Reminders



- Please type your full name and organization in the chat box
- Use the chat function to speak with our team or ask questions

VCU Diabetes & Hypertension ECHO Clinics



- Biweekly, 1.5-hour tele-ECHO clinics
- Every tele-ECHO clinic includes a 30-minute didactic presentation followed by case discussions
- Didactic presentations are developed and delivered by interprofessional experts
- Website: www.vcuhealth.org/echodmhtn
 - Directions for creating an account and claiming CE can be found here also
 - You have up to six days after our session to claim CE by texting **19137-18817** to **804-625-4041**

CloudCME Account Creation



VCU Health Faculty & Staff

The steps below **are not** for VCU Health faculty & staff. VCU Health faculty & staff should use their current VCU Health email address and password to access automatically created CloudCME accounts. To complete the account set-up process, please click “My CME” or “My CE,” click on “Profile,” complete your profile information, and click “Save.”

How to create an account in CloudCME®

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Hub and Participant Introductions



VCU Team

Principal Investigator	Dave Dixon, PharmD
Administrative Medical Director ECHO Hub	Vimal Mishra, MD, MMCI
Clinical Experts	Niraj Kothari, MD Trang Le, MD
Project Coordinator/IT Support	Madeleine Wagner, BA
Program Manager	Bhakti Dave, MPH

- Use **chat** function for introduction
 - Name
 - Organization

Reminder: **Mute** and **unmute** screen to talk or press ***6** for phone audio

ECHO is all teach, all learn



Interactive



Co-management
of cases



Peer-to-peer
learning



Collaborative
problem solving



Housekeeping items

- Please feel free to eat your lunch or step away briefly if needed
- We are recording and will post each session to the website
- We encourage you to keep your camera on, but if you are uncomfortable being recorded, feel free to turn it off
- Please **do not share any protected health information** in your discussion
- Project ECHO operates on the “All Teach, All Learn” model
 - Feel free to ask questions in the chat or unmute to ask questions at designated times
 - We’re all here to learn from each other and value each person’s input and expertise!

What to Expect

- I. Didactic Presentations
 - I. Initial treatment options for T2DM
- II. Case presentations
 - I. Case 1
 - I. Case summary
 - II. Clarifying questions
 - III. Recommendations
 - II. Case 2
 - I. Case summary
 - II. Clarifying questions
 - III. Recommendations
- III. Closing and questions



Let's get started!

Didactic Presentation



Disclosures

Trang Le, MD has no financial conflicts of interest to disclose.
Niraj Kothari, MD has no financial conflicts of interest to disclose.
There is no commercial or in-kind support for this activity.

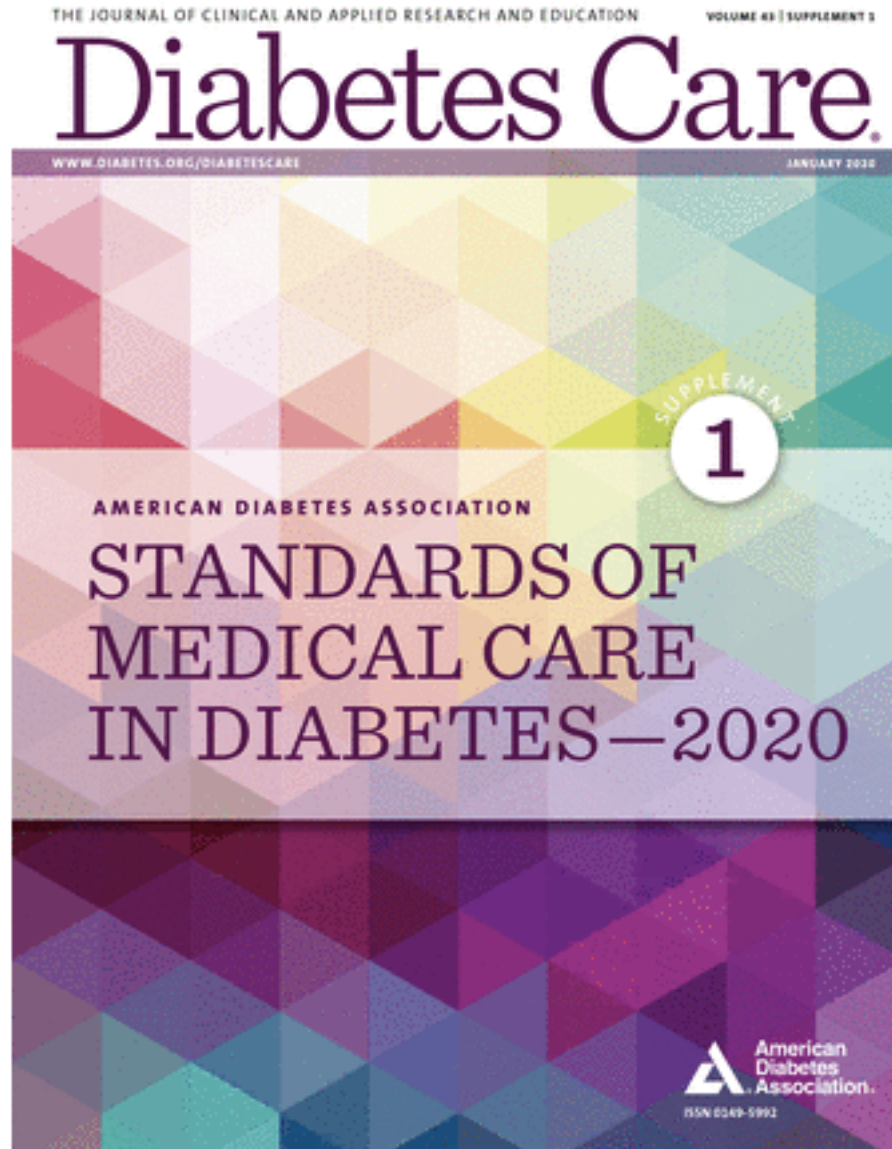
Learning Objectives

- Apply current best practices for comprehensive diabetes and hypertension care to patient case scenarios.
- Recognize best practices for implementing team-based diabetes and hypertension care.
- Demonstrate awareness of opportunities to improve care provided to patients with diabetes and hypertension.

Initial Treatment Options for Type 2 Diabetes

Learning Objectives

- Review mechanisms of non-insulin treatments for T2DM
- Recognize risks and benefits of various non-insulin agents for diabetes
- Identify comorbidities that may influence selection of initial diabetes medications



Diabetes Care 2020;43(Suppl. 1):S98–S110

Considerations

- Efficacy
- Cost
- Impact on weight
- Renal function
- Cardiovascular comorbidities - ASCVD
- Risk of hypoglycemia
- Patient goals and preferences

Oral Agents

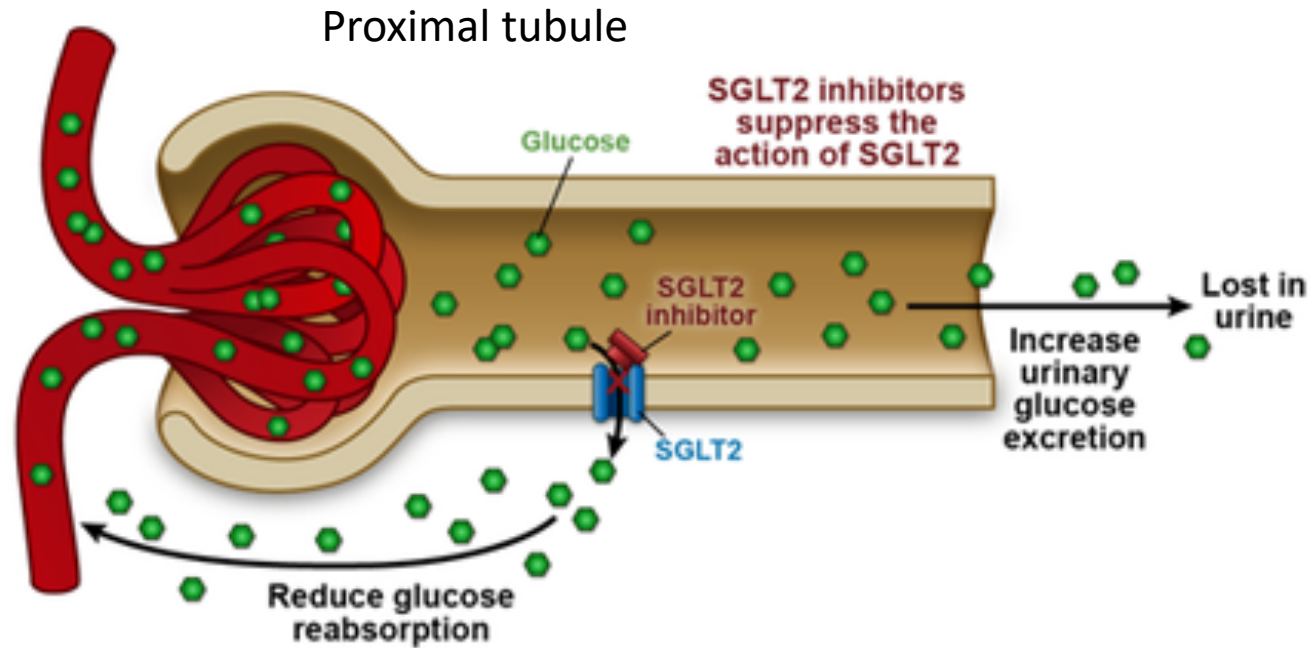
- Metformin
- SGLT-2 Inhibitors
- GLP-1 RA
- DPP-4 inhibitors
- TZDs
- Sulfas

Metformin

- Efficacy: High
- Hypoglycemia: NO
- Weight neutral
- Potential benefit on ASCVD, neutral HF
- Cost: low
- Renal: contraindicated with $\text{eGFR} < 30 \text{ mL/min/1.73m}^2$, initiate with caution 30-45
- Contraindicated with *unstable* HF or liver disease
- GI side effects
- Potential for B12 deficiency

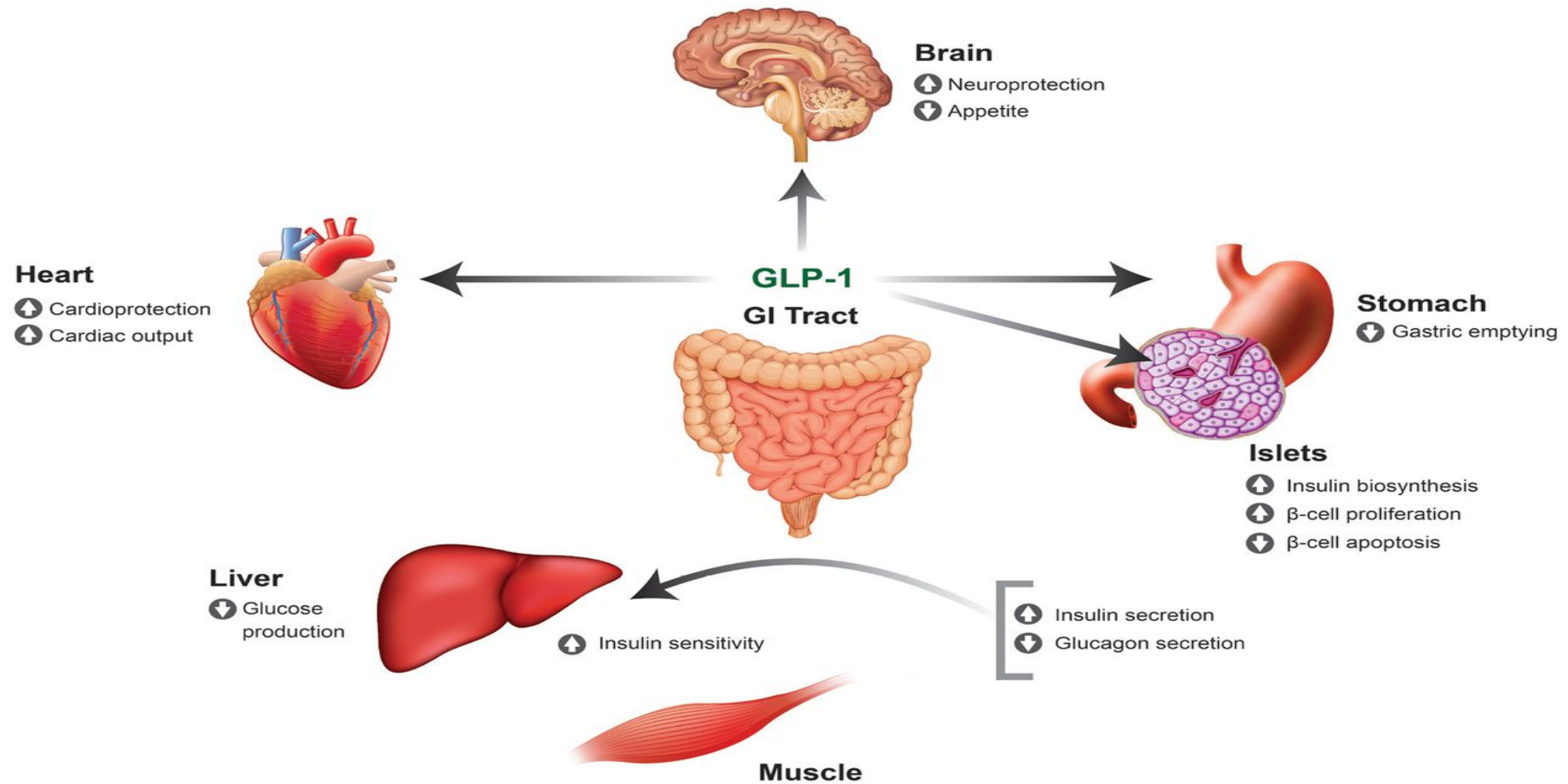
SGLT-2

- Efficacy: Intermediate
- Hypoglycemia: NO
- Weight LOSS (mild)
- Potential benefit on ASCVD AND HF
- Cost: HIGH
- Renal: requires dose adjustment (eGFR <45)
- Risks: amputation (canagliflozin), bone fractures, **euglycemic DKA**, volume depletion, ↑LDL, Fournier's gangrene



Zaccardi F, et al. *Diabetes Obes Metab.* 2016;18:783-794.

GLP-1 RA

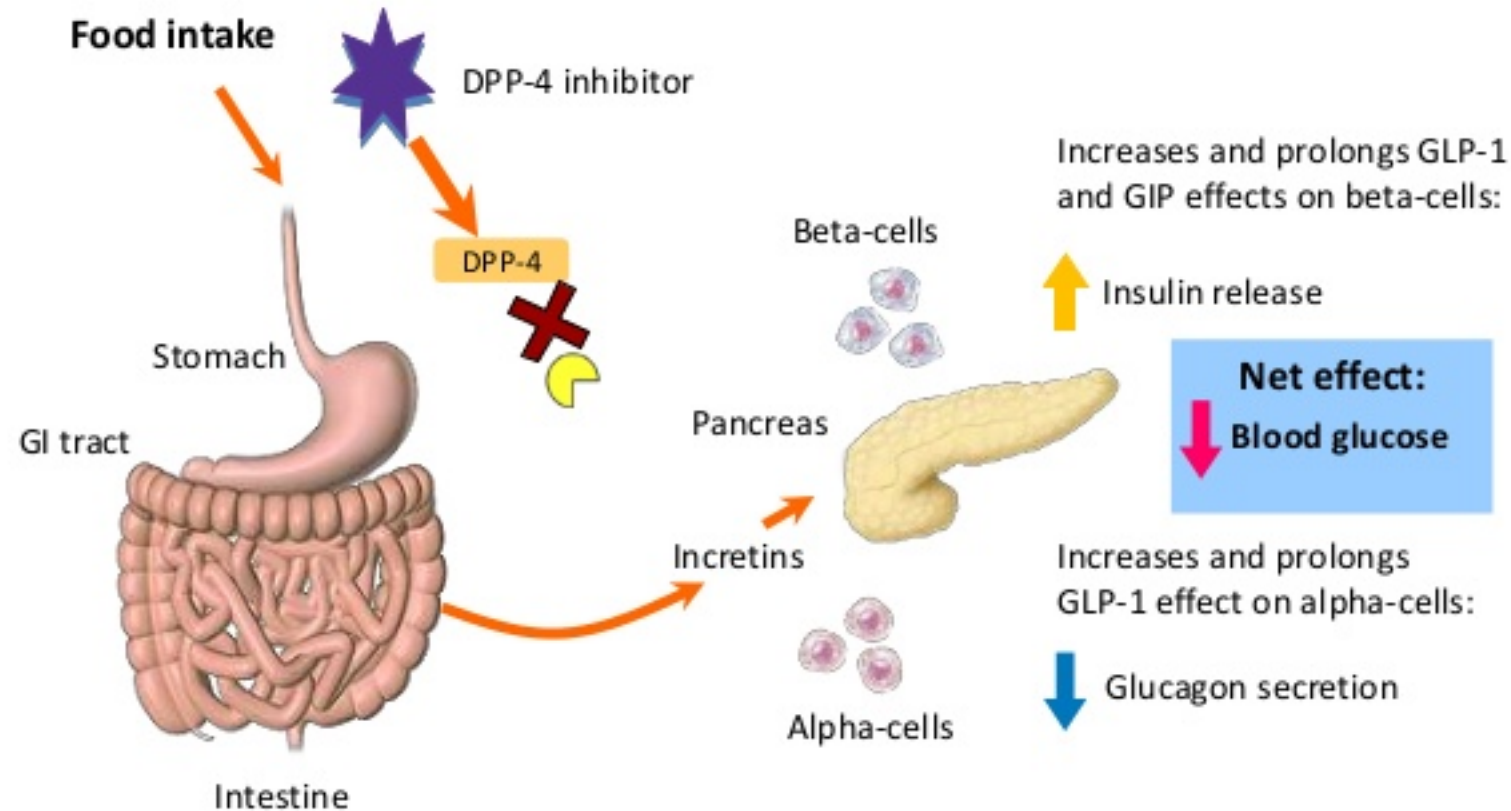


Deborah Hinnen Diabetes Spectr 2017;30:202-210

GLP-1 RA

- Efficacy: high
- Hypoglycemia: NO
- Weight LOSS
- Potential benefit on ASCVD, neutral on HF
- Cost: HIGH
- Administered SQ (aside from oral semaglutide)
- Renal: some may require dose adjustment
- Risks: thyroid C-cell tumors, GI side effects, ? Acute pancreatitis

DPP-4 inhibitors



Adapted from: Barnett A. Int J Clin Pract 2006;60:1454-70
Drucker DJ, Nauck MA. Nature 2006;368:1696-705
Idris I, Donnelly R. Diabetes Obes Metab 2007;9:153-65

DPP-4 inhibitors

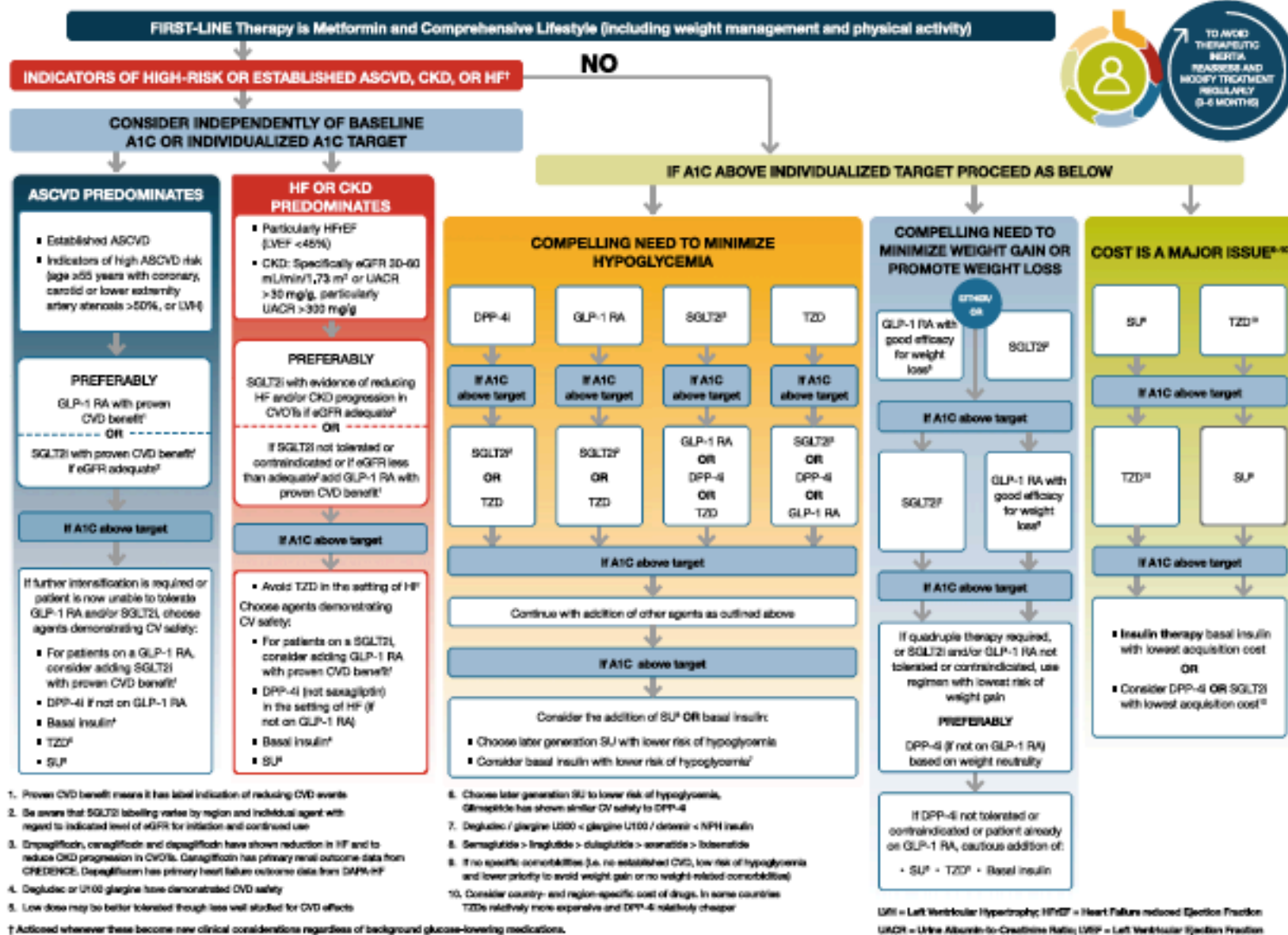
- Efficacy: intermediate
- Hypoglycemia: No
- Weight neutral
- No benefit on ASCVD or HF
- Cost: HIGH
- Renal: ** can be used in renal impairment with dose adjustment, no adjustment needed for linagliptin
- Risks:? Acute pancreatitis, joint pain

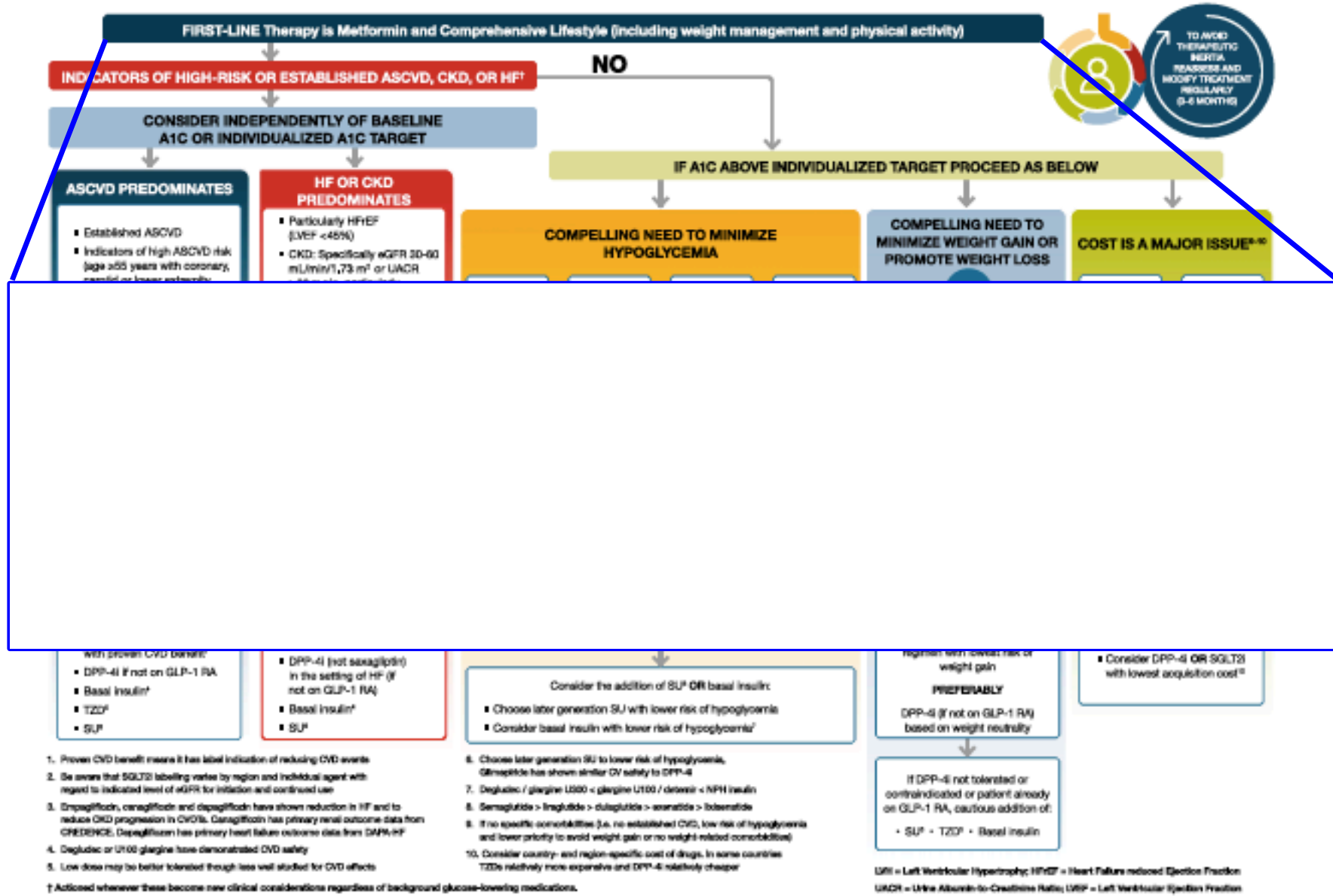
Thiazolidinediones

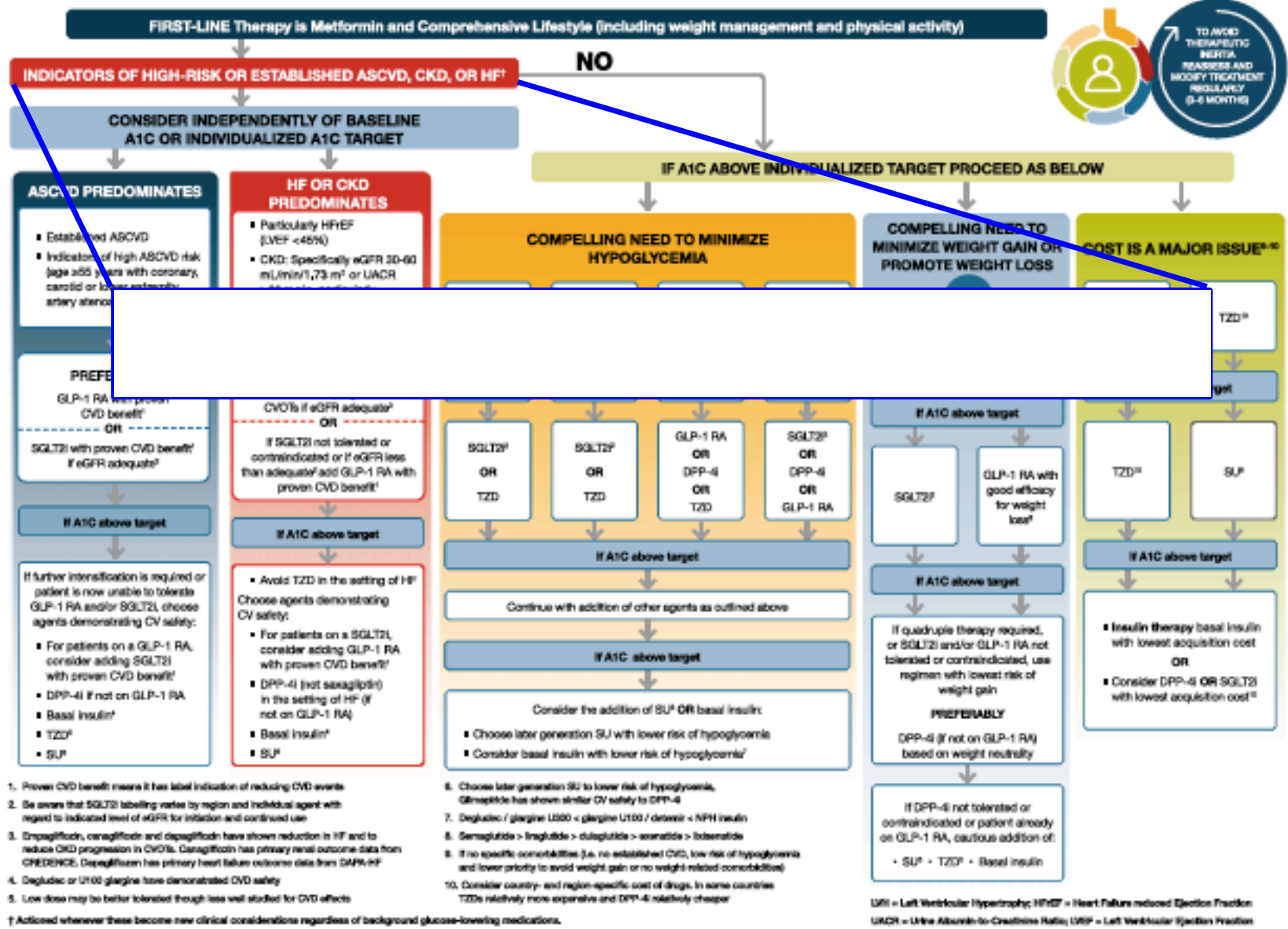
- Efficacy: High
- Hypoglycemia: No
- Weight GAIN
- No benefit on ASCVD or HF (?potential benefit with pioglitazone)
- Cost: low
- Renal: no dose adjustment needed, but not recommended if concern of fluid retention
- Risks: CHF exacerbation, fluid retention
- → potential NASH benefit

Sulfonylureas (2nd generation)

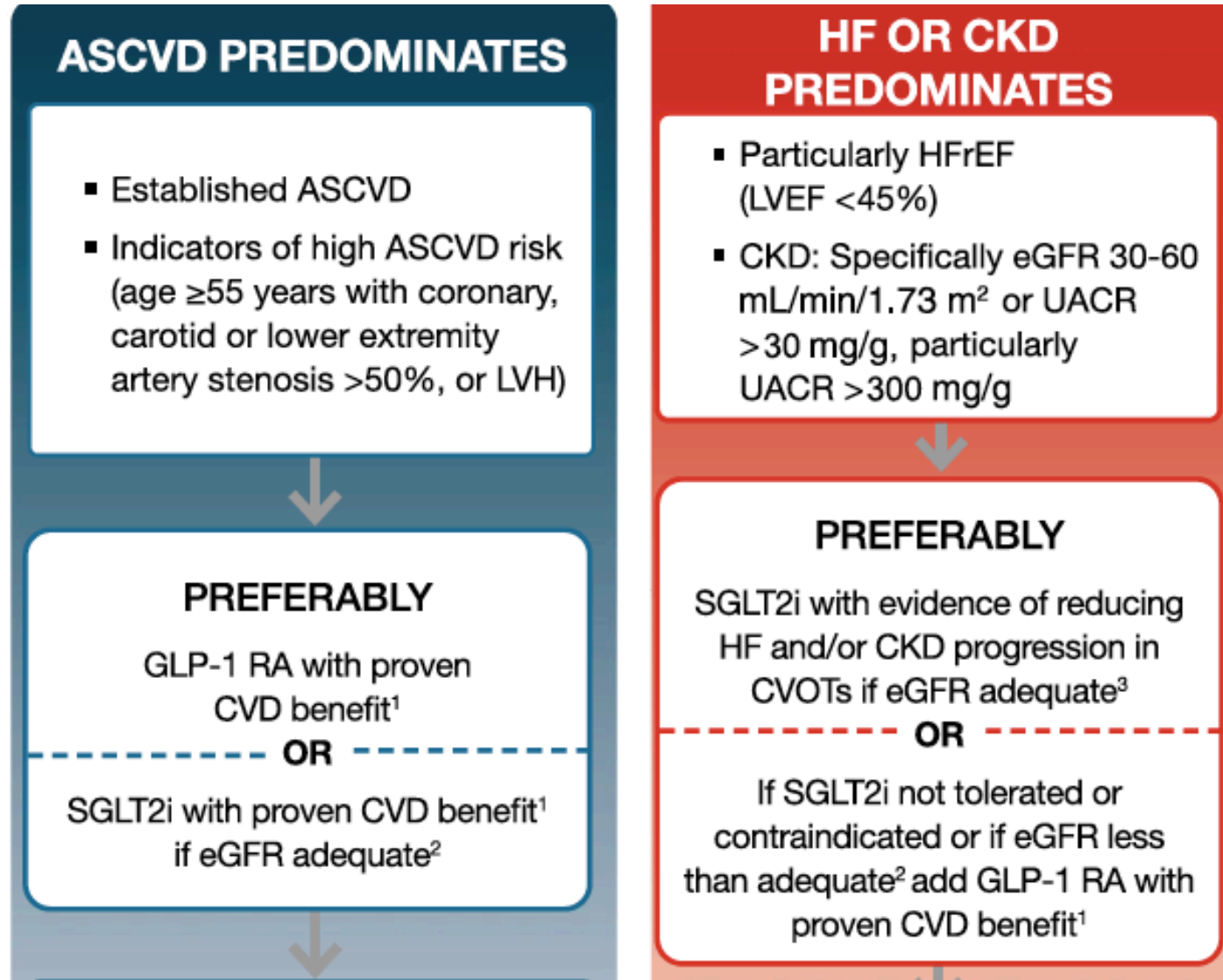
- Efficacy: High
- Hypoglycemia: Yes
- Weight GAIN
- No benefit on ASCVD or HF
- Cost: low
- Renal: glyburide not recommended, initiate glipizide and glimepiride conservatively (risk of hypoglycemia)
- Risks: hypoglycemia, ? Increased cardiovascular mortality in tolbutamide

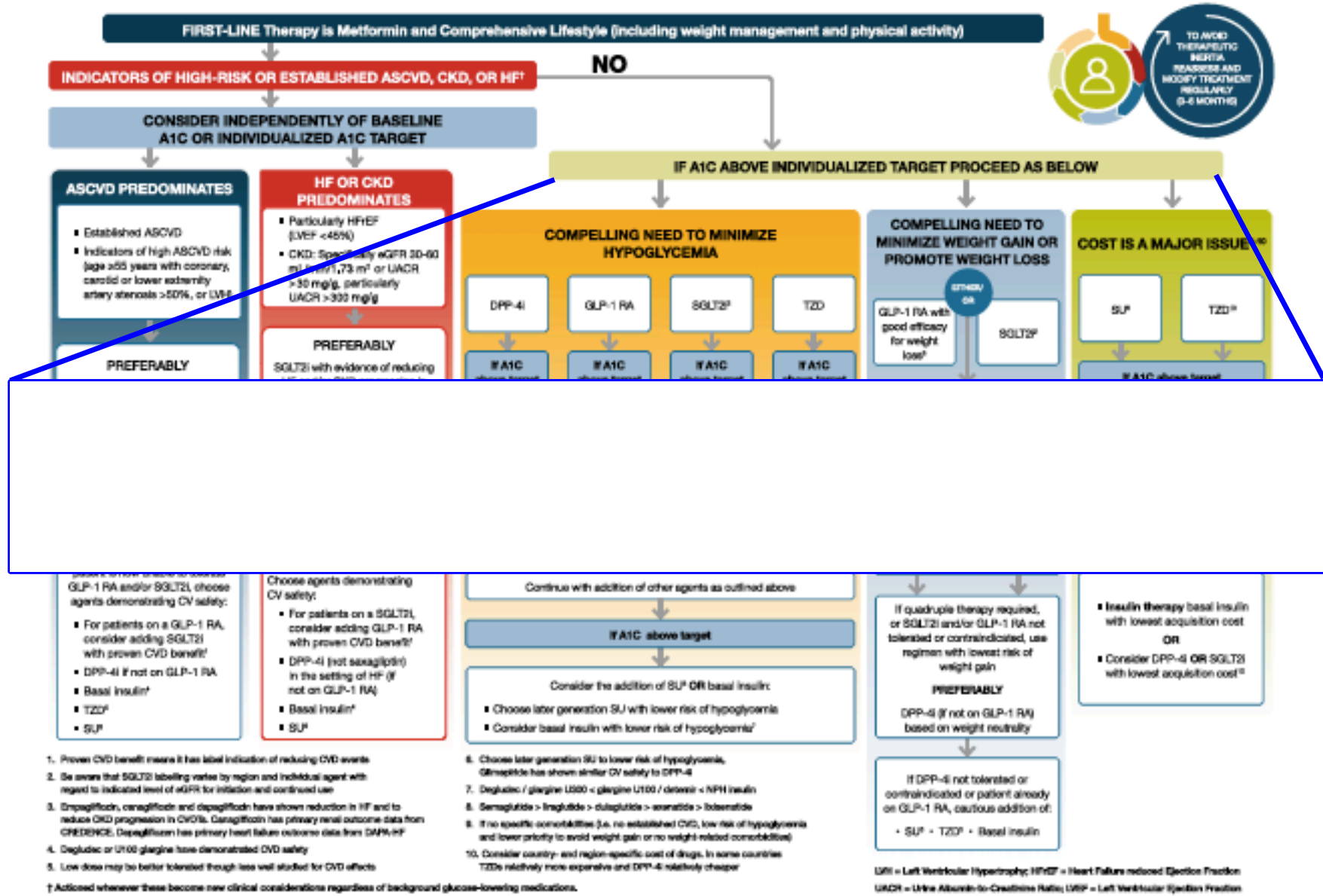






Consider INDEPENDENTLY of A1c:





COMPELLING NEED TO MINIMIZE HYPOGLYCEMIA



COMPELLING NEED TO MINIMIZE WEIGHT GAIN OR PROMOTE WEIGHT LOSS

EITHER/
OR

GLP-1 RA with
good efficacy
for weight
loss⁸

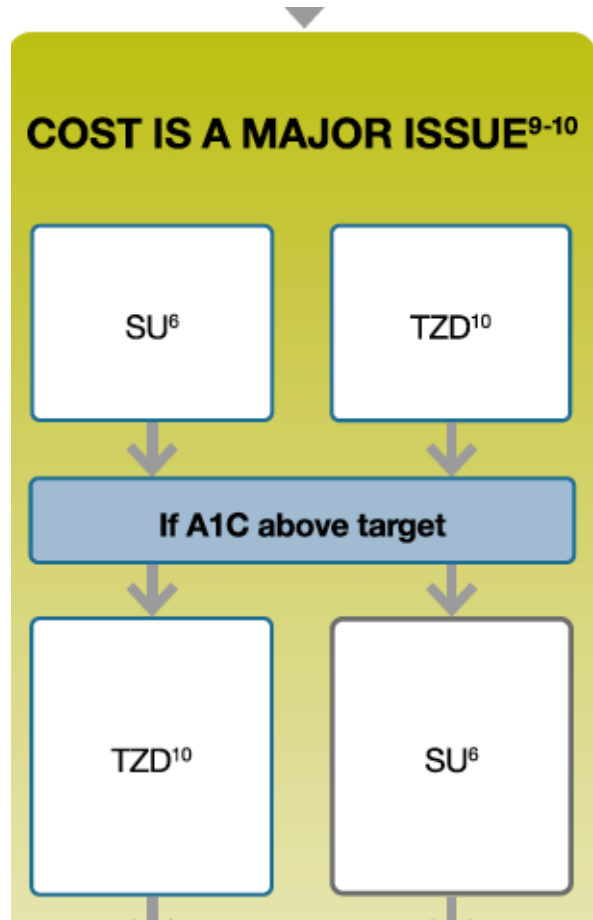
SGLT2i²

If A1C above target

SGLT2i²

GLP-1 RA with
good efficacy
for weight
loss⁸

COST STILL MATTERS!!



- Later generation sulfonylureas have a lower risk of hypoglycemia than 1st gen

Insulin

- When A1C is $\geq 1.5\%$ above the glycemic target, many patients will require dual combination therapy to achieve their target A1C level
- Always effective for lowering glucose
- Consider earlier initiation if:
 - Severe hyperglycemia
 - Evidence of catabolism (weight loss, hypertriglyceridemia, ketosis)
 - A1c $> 10\%$, blood glucose > 300 mg/dL
- As glucose toxicity resolves, simplifying the regimen and/or changing to oral agents is often possible

Summary and key points

- Optimal selection of initial treatments for T2DM is dependent upon multiple risk factors / comorbidities
- Patient preferences can and should be accommodated
- Initial treatment with insulin can rapidly reverse glucotoxicity and may permit transition back to oral agents
- Any medication regimen works best on a foundation of healthy lifestyle modifications

What questions do you have?

Case Presentation #1: Brinda Manchireddy, MD

Case History

Attention: Please DO NOT provide any patient-specific information or include any protected health information!

Demographic Information (e.g. age, sex, race, education level, employment, social support, etc.)

HPI: 72 year old female who we have been following since 2016

Past medical history (e.g. medical diagnosis, lab results, current medications, barriers to patient care, etc.)

PMH: Ulcerative colitis, DM, GERD, Thyroid Cancer, HTN, Pulmonary HTN, Rheumatoid Arthritis, CKD Breast cancer s/p lumpectomy (LN dissection and radiation). Endocrine primarily following for Thyroid Cancer in the past, however over the last 1 year with above goal BG levels/Hgb A1c levels.

Diabetes History

Presumed T2DM

Diagnosed about 15 years ago with microvascular complications of retinopathy, CKD

Medications: Has been on oral medications for the last 14 years. Previously using sulfonylurea which was discontinued due to risk of hypoglycemia. Since first encounter in 2019 has been taking Jardiance and Januvia. Not checking BG levels due to pain during prior visits.

Pertinent labs:

Hgb A1c Levels:

July 2019 6.9%

Oct 2019 7.2%

June 2020 10.5%

Nov 2020 10%

GFR ranging between 45-55ml/min

Current Medications:

Januvia 50 mg daily

Jardiance 25 mg daily

Januvia 50 mg daily

Jardiance 25 mg daily

projectredcap.org



Reminder: **Mute** and **unmute** to talk
Press ***6** for phone audio
Use **chat** function for questions

Case Presentation #1: Brinda Manchireddy, MD

Lantus 14 units once a day

What interventions have you tried up to this point?

Additional case history (e.g. treatments, medications, referrals, etc.)

Although patients Blood glucose levels were rising she was very hesitant to use insulin. She did not like the idea of using insulin and having to deal with needles. After much counselling and a visit later she was able to start lantus. Started 0.1 units/kg to prevent any hypoglycemia. Since starting insulin there was a 0.5% reduction in Hgb A1c levels. She was open to making minute changes of lantus dosing and was even able to report checking BG levels once a week. Next step would be to add on an GLP-1 agonist given it should not cause hypoglycemia and can be safely up titrated. However patient declined the GLP-1 agonist at the last visit.

Metformin discontinued due to diarrhea in the past, complicated by history of Ulcerative colitis

What is your main concern or challenge (e.g. diagnosis, management, etc.) ?

Challenges include: Safely increasing insulin with limited BG checks, CKD (thereby limiting medication options, Elderly patient at risk for hypoglycemia, to optimize Blood glucose levels to prevent further complications

Other relevant information:

Telehealth visits have helped provide more time with the patient during the COVID-19 pandemic and trying to limit additional face to face encounters. We have been able to make additional progress at each visit.



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Case Presentation #2: Trang Le, MD



- 21yo African American lady with T2DM dx 2014, A1c 8.4%, h/o sporadic follow up in clinic
- PMH: T2DM, UTIs, hyperlipidemia, Class III obesity
- Meds: Tresiba 35 units nightly, misses 2x per week, metformin 1g BID
- Limited glucose data for review
- Limited insurance coverage for prescriptions
- Challenge: what options to offer the patient that are acceptable and not cost-prohibitive?

Reminder: **Mute** and **Unmute** to talk

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Case Studies

- Anyone can submit cases: www.vcuhealth.org/echodmhtn
- Receive feedback from participants and content experts
- Earn **\$150** for submitting and presenting

Provide Feedback

www.vcuhealth.org/echodmhtn

- Feedback
 - Overall feedback related to session content and flow?
 - Ideas for guest speakers?

Access Your Evaluation

vcuhealth.org/services/telehealth/for-providers/education/diabetes-and-hypertension-project-echo



For Providers

Education -

Diabetes and Hypertension Project ECHO -

Our Team

Curriculum

Claiming CE Credit

Contact Us

VCU Nursing Home ECHO +

VCU Health Palliative Care ECHO +

Virginia Opioid Addiction ECHO +

Virginia Sickle Cell Disease ECHO +

Diabetes and Hypertension Project ECHO

Welcome to the Diabetes and Hypertension Extension for Community Health Outcomes or ECHO, a virtual network of multidisciplinary diabetes and hypertension experts. An ECHO model connects professionals with each other in real-time collaborative virtual sessions on Zoom. Participants present de-identified cases to one another, share resources, connect to each other, and grow in their expertise. This ECHO will address practice level issues and solutions related to managing complex patients with difficult to control diabetes and hypertension. [Register now for an ECHO Session!](#)

Network, Participate and Present

- Engage in a collaborative community with your peers.
- Listen, learn and discuss informational and case presentations in real-time.
- Take the opportunity to [submit your de-identified case study](#) for feedback from a team of specialists for diabetes and hypertension.
- [Provide valuable feedback.](#)
- Claim CE credit by [texting in attendance](#).

Benefits



VCU Diabetes & Hypertension ECHO Clinics

1st and 3rd Fridays — 12-1:30 p.m. (2020)
2nd and 4th Thursdays — 12-1:30 p.m. (2021)

Mark Your Calendar — Upcoming Sessions

Dec. 18: Hypertension treatment overview

****Then moving to 2nd and 4th THURSDAYS

Jan. 14: Teaching patients diabetes self-management skills

Jan. 28: Chronic Kidney Disease

Please register at www.vcuhealth.org/echodmhtn

THANK YOU!



<https://VCU.cloud-cme.com/WebService/SelfAttendScan.aspx?EventID=19137>

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