



## Child Medicaid Example

*Case: A mom and her 12-year-old son are at the pediatric endocrinology office for their first visit after referral from the pediatrician. They went to their pediatrician for her son's constant fatigue and as part of the labs an A1C was completed, which came back at 8.9%. They are on public insurance and are of Hispanic/Latinx background.*

### SCENARIO I

*Nurse Practitioner - According to the lab results, your child is diabetic now and we'll need to discuss several things including medication, diet, exercise and risk of complications. Are you able to meet with our dietician today?*

*Mom - Oh my goodness, how did this happen?*

*Nurse Practitioner - A lot of times diabetes runs in families; do you have diabetes in your family?*

*Mom - Yeah, my mom has it, my uncle, too...*

*Nurse Practitioner - Well that's definitely part of it, the other part is lifestyle like diet and exercise. Is your son active? Does he play sports?*

*Mom - He gets some exercise but doesn't really like sports. He plays at recess and with his friends, but it's not always the same every week.*

*Nurse Practitioner - Yeah, kids these days are always on screens instead of outside playing. We'll need to work on getting him more active and make sure he's eating healthy. We'll try this for a couple of months then bring you back in to see how he's doing and what his A1C is.*

*Mom - Well, he eats very healthy, and he has never been a heavy kid, always normal weight like he is now. And he's been so tired lately it's hard to get him to do more activity, that's why we went to the doctor before. Are you sure this is from him not exercising enough?*

*Nurse Practitioner - Well, like I mentioned before, it can run in families. We'll try to have him eat even more healthily and get him moving around more to see if it helps.*

*Mom - Okay, you know more than I do about this, but it doesn't seem right to me.*

### Discussion:

- Did the HCP truly listen to mom and her concerns?
- How did use of language and assumptions lead to outcomes in the visit?



## Transition of Care

*Case: A teenager is in the process of transitioning from pediatric to adult care. She is nervous about transitioning and does not feel confident in her skills to manage her care independently.*

### SCENARIO I

Provider: Well Sarah, it has been great seeing with you the last 10 years, but it's almost time you move on to adult care.

YA: I am not sure I feel quite ready, there are still so many things I don't feel confident in doing by myself.

Provider: I understand, but you have reached our age limit and we can no longer see you as a patient here at practice after your next visit.

YA: Can I please just stay a few more months and come up with a plan to address my areas of concern? I am really nervous about managing my diabetes on my own.

Provider: I wish I could but there is really not much more I can do, it is a hospital policy. But we can recap our time together during your final visit.

### Discussion:

- Did the provider use any strengths based or person-first language?
- When Sarah asked if she could stay just a few more months & come up with a plan to address her concerns, the provider dismissed her concerns stating it is hospital policy to move to adult care. What could she have done & said differently to empower Sarah to build her confidence in managing her diabetes? (could ask attendees to turn to someone near and share with them what language they think would have been better)



## SCENARIO II

Provider: Well Sarah, it has been great partnering with you the last 10 years, but it's about to be that time when you graduate into adult care

YA: I am not sure I feel quite ready for that. There are still so many areas I do not feel confident in handling by myself.

Provider: I understand that, but I have seen you grow and overcome so many different aspects of managing diabetes. Since you are almost at our age limit, let's plan our next few visits, coming up with a plan and discussing your areas of concern.

YA: I would really like that, I am excited to move onto this next chapter and appreciate feeling supported in this transition. It feels less scary to move into adult care.

### **Discussion:**

- How can we as care team members ensure PWD feel supported and ready to transition? Can we provide resources to them on moving to adult care?
- Can we make sure we are supporting them with our words and celebrate this time as a "graduation" into adult care.
- Can we start the transition conversation earlier to ensure the person with diabetes feels confident and ready to transition?



## Adult visit skit

*Case: A 26-year-old PwT1D. Her last two A1cs were 13.6 and 9.3; she has had diabetes for nine years and she uses MDI for insulin and is prescribed a CGM but doesn't often wear it. She works part time, has no health insurance, and recently signed up for Medicaid. She reports that she does not like devices on her body and does not like to take insulin in public or check BG in public. She doses basal insulin fairly consistently, at home, and does not always bolus for meals. She has been hospitalized twice for DKA. She completed a Diabetes Distress survey and scored high.*

### SCENARIO I

HCP: Good afternoon- it's nice to see you.

I see that your A1c is still above 9%. We talked about how high blood glucose puts you at risk for complications, such as blindness.

PWD: Yes. Well- it's lower than it was at the last visit...

HCP: And that is good. It's moving in the right direction, but there is still room for improvement. I see that you still aren't wearing a CGM and that you didn't bring a glucometer to this appointment. How often are you testing with a meter now?

PWD: I don't know...

HCP: It's hard to see patterns if there is no data- I can't give you recommendations.

PWD: I know...I don't like the glucometer. I don't like the feeling.

HCP: We are out of time now but maybe we can discuss this during your next visit.

### Discussion:

- How can we acknowledge small victories to support diabetes management progress?
- How can we encourage PWD engagement in diabetes management without condemnation or judgement?



## SCENARIO II

HCP: Good afternoon- it's nice to see you. I see that your A1c has gone down since switching you over to degludec. That's great.

PWD: Yes. When I check my BG, it seems to be lower than it was before, even though I am not taking more insulin, I think...

HCP: If you are open to the idea of talking about using an insulin pump- that would be a way to make it easier to track how much you are bolusing a day. If you still don't want to consider that, there are smart pens that also help track insulin bolusing.

PWD: I will think about that...I get stressed out from a few things related to diabetes...

HCP: Do you want to talk about what stresses you the most?  
I'd like to problem solve with you so that there are fewer aspects that stress you out.

PWD: I don't want to wear devices. I don't want diabetes "on my body." I don't want people asking me what I am wearing. But I also worry when I see my A1c. My uncle had diabetes, and he was always sick and in the hospital. I don't want that to be my future.

HCP: I get that- about not wanting to wear something. It's your body- you should have choices that work for you. It's fantastic that you know it's important to keep your A1c lower to reduce complications. What bothers you the most- the aspect of wearing something on your body or the idea of people seeing you manage diabetes?

PWD: Both

HCP: OK. Many PWD like CGM + pump integrations because it makes managing blood glucose easier with the devices communicating, but if you don't want to wear a pump, there are other options. CGMs are getting smaller and most diabetes devices tie into phone apps, so people would just see you checking your phone. Do you want to do a 3-month trial and see how that is?

PWD: I could give it another try...

HCP: For insulin, if you would rather not have something on your body, you could try a smart pen, which has Bluetooth, so that data syncs to your phone for easy tracking. If you don't like the idea of people seeing you with it, you can consider bolusing in a bathroom or another closed space. That way, you can take insulin before the meal starts and not have to worry about elevated blood sugar during and after the meal.

### Discussion:

- What are ways to elicit PWD preferences and priorities?
- How would you go about supporting PWD preferences while also increasing the likelihood of mealtime bolusing and CGM use?
- What strategies do you use to make PWD feel comfortable and confident?