



PRACTICAL GUIDE FOR MANAGEMENT OF COVID-19 & TYPE 2 DIABETES

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PRACTICAL GUIDE FOR MANAGEMENT OF COVID-19 AND T2D DIABETES

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COVID-19 IMPACT

Know **Diabetes** by **Heart**™

COVID-19: WHAT WE KNOW AS OF MARCH 2020:

INITIAL IMPACT

- A number of reports have **indicated that people with underlying heart disease, diabetes, or high blood pressure** may be more vulnerable to severe or COVID-19, **with mortality rates two to three times higher than in the general population.**¹
- Increased risk of severe complications of COVID-19 for the approximately 120 million people in the U.S. who currently have one or more cardiovascular disease² and the 34.2 million people in the U.S. with diabetes.³



Sources:

1. Zunyou Wu, MD, PhD; Jennifer M. McGoogan, PhD. [Characteristics of and Important Lessons from the Coronavirus Disease 2019 \(COVID-19\) Outbreak in China](#). JAMA. Published online February 24, 2020. doi:10.1001/jama.2020.2648
2. Virani SS, Alonso A, Benjamin EJ, et al. Heart disease and stroke statistics-2020 update: a report from the American Heart Association. Circulation. 2020; 141:e1-e458. doi: 10.1161/CIR.0000000000000757.
3. Centers for Disease Control and Prevention, [National Diabetes Statistics Report](#), 2020.

HIGH RISK FOR SEVERE ILLNESS

BASED ON CURRENTLY AVAILABLE INFORMATION AND CLINICAL EXPERTISE, THOSE AT HIGH-RISK FOR SEVERE ILLNESS FROM COVID-19 INCLUDE:

- **People aged 65 years and older**
- **People who live in a nursing home or long-term care facility**
- **People of all ages with underlying medical conditions, particularly if not well controlled, which includes people with:**
 - Chronic lung disease or moderate to severe asthma
 - Serious heart conditions, including heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, and pulmonary hypertension
 - Conditions that can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.
 - Severe obesity (body mass index [BMI] of 40 or higher)
 - Diabetes
 - Chronic kidney disease and who are undergoing dialysis
 - Liver disease

Source:

Centers for Disease Control and Prevention webpage: [People who are at higher risk for severe illness from Covid-19](#). Accessed April 2, 2020.

EARLY WUHAN, CHINA DATA

DATA FROM THE INITIAL COVID-19 OUTBREAK IN WUHAN, CHINA

- Shows an overall mortality rate of about 2% among patients with the virus. But the rate was 6% in patients with high blood pressure.
- The rate was also elevated for people with diabetes, cardiovascular disease, chronic respiratory disease and cancer



Source:

The Epidemiological Characteristics of an Outbreak of 2019 Novel Coronavirus Disease (COVID-19). China CDC Weekly 2020. 2(8): 1
<https://newsus.cgtn.com/news/files/COVID-19.pdf>



COVID-19: GUIDANCE FOR PATIENTS WITH TYPE 2 DIABETES

Know **Diabetes** by **Heart**™

GUIDANCE FOR T2D PATIENTS

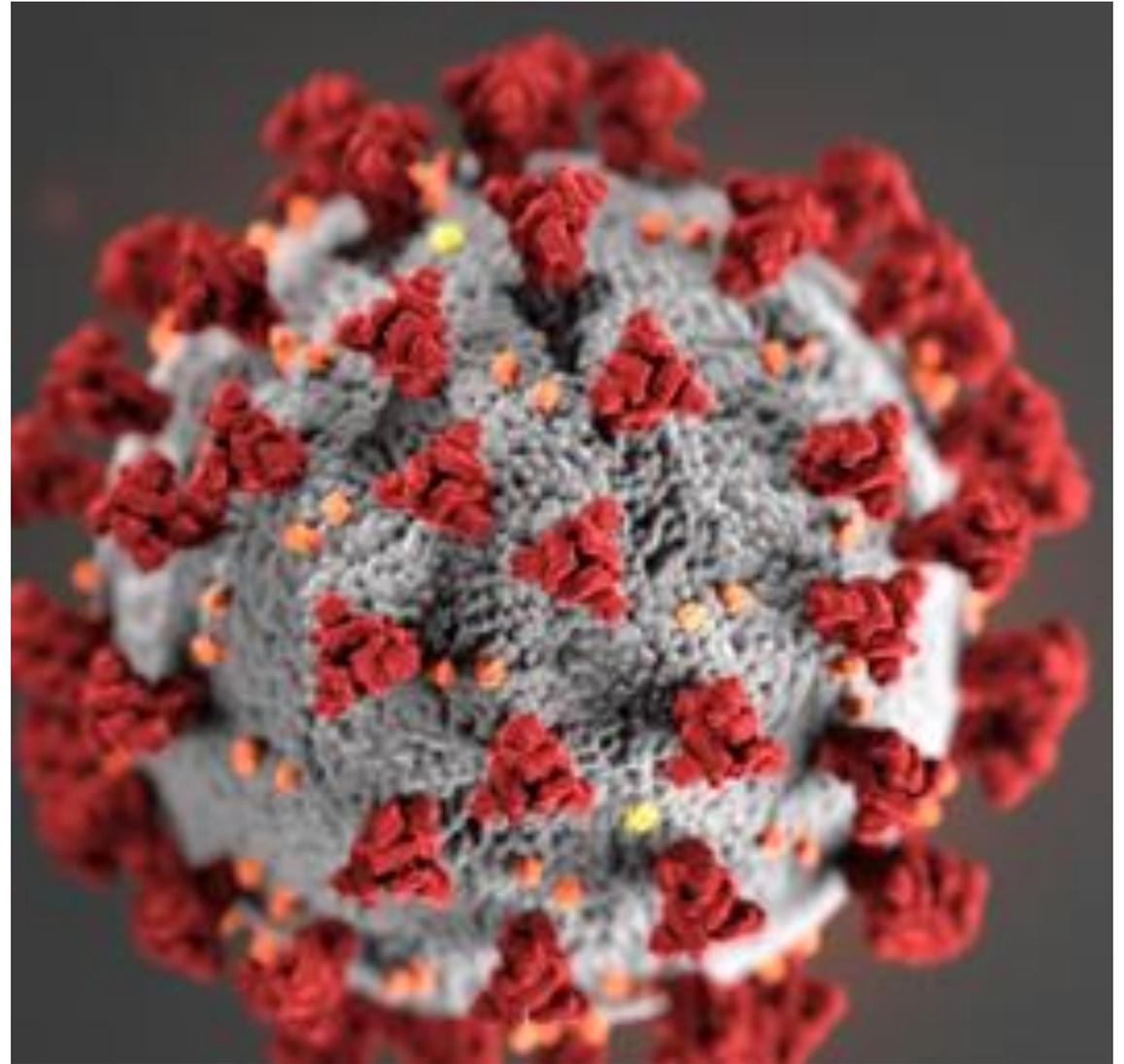
PREVENTION AND PRECAUTIONS FOR COVID-19 FOR AT RISK POPULATIONS

For all patients that are at higher risk, prevention is key in limiting the spread of coronavirus.

Encourage your patients who are at higher risk to:

- **Stay at home if that is possible or minimize exposure.** If they cannot stay at home for work, have them talk to their HR services to determine ways to minimize exposure.
- **Follow necessary COVID-19 precautions and social distancing practices.** More info at:

[CDC CORONAVIRUS COVID-19 HOME PAGE](#)



GUIDANCE FOR T2D PATIENTS

PREVENTION AND PRECAUTIONS

Continue treatment plan to manage diabetes and reduce CVD risk based on standard clinical practice.

- Continue glucose tracking
- Stay hydrated
- Continue medication plan
- Maintain physical activity and healthy eating habits.

Sticking to plan is important now more than ever.

Encourage patient to track and support plan through online tools, app and communities.



GUIDANCE FOR T2D PATIENTS

PREPARE

Patients with type 1 or type 2 diabetes should be well-stocked with their medications and supplies.

- Oral medications for diabetes, high blood pressure, and high cholesterol, if prescribed
- Ketone testing supplies
- Electrolyte drinks – sugar-containing or with artificial sweeteners
- Syringes
- More than 1 vial of insulin (in case one expires). Ask your doctor for a 90-day supply
- Hand soap
- Rubbing alcohol

For more information, go to [DIABETES.ORG/CORONAVIRUS-COVID-19](https://diabetes.org/coronavirus-covid-19)

GUIDANCE FOR T2D PATIENTS

- **If urgent care is needed, it's important that patients call their primary doctor before going to the emergency room.**
 - Ask patients to take all devices (CGM, insulin pumps), medications, and a list of all medications with them. If management and space is a concern in the emergency room, a family member should consider bringing those supplies if the patient is admitted.
- **Very ill patients who have diabetes with high fever, cough and shortness of breath should call 911.**
- **If signs of stroke or heart attack are present, it's important patients call 911.**
- **Use telehealth services where possible**, i.e. DSMES services, doctor's visits, nutrition therapy and other medical care.





PATIENTS DIAGNOSED W/ COVID-19 AND WITH HIGHER CVD RISK

T2D PATIENTS W/ COVID-19

RECOMMENDATION IS TO CONTINUE THEIR TREATMENT PLAN BASED ON STANDARD CLINICAL PRACTICE.

Furthermore, for patients with hypertension, ischemic heart disease or heart failure and on ACE-i or ARB medications, **the AHA, the HFSA, ACC and ADA at this time recommend continuation, of angiotensin converting enzyme inhibitors (ACE-i) or angiotensin receptor blocker (ARB) medications** for all patients already prescribed for indications.



Source: HFSA, ACC and AHA statement Address Concerns Regarding RAAS Antagonists in COVID-19 Patients.

https://professional.heart.org/professional/ScienceNews/UCM_505836_HFSAACCAHastatement-addresses-concerns-re-using-RAAS-antagonists-in-COVID.jsp

T2D PATIENTS WITH COVID-19

ADVISE PATIENTS:

If urgent care is needed, **patients should call their primary doctor before going to the emergency room.**

Very ill patients who have diabetes with high fever, cough and shortness of breath should call 911.

Again, patients should consider taking all devices (CGM, insulin pumps), medications, and a list of all medications with them.



Source: HFSA, ACC and AHA statement Address Concerns Regarding RAAS Antagonists in COVID-19 Patients.

https://professional.heart.org/professional/ScienceNews/UCM_505836_HFSAACCAHAstatement-addresses-concerns-re-using-RAAS-antagonists-in-COVID.jsp

T2D PATIENTS WITH COVID-19 AND/OR HOSPITALIZED:

- Maintain good blood glucose control (consider self-monitoring)
- Reduce exposure risk with PPE usage and following additional precautions
- For additional information on diabetes in-hospital management

Go to the [Diabetes Care in the Hospital: Standards of Medical Care in Diabetes—2020](#)

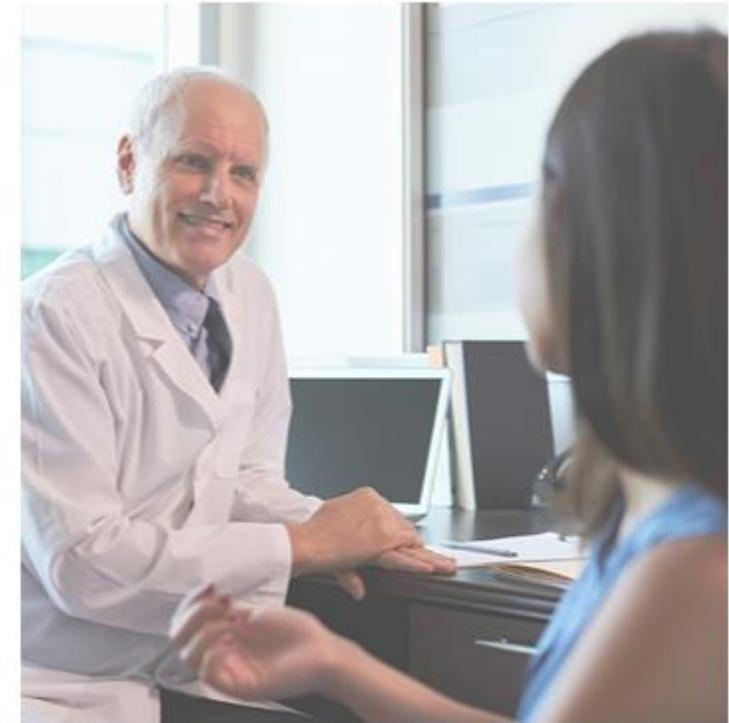




SUPPORTING PATIENTS: TELEHEALTH AND PRACTICE TIPS

MANAGING OFFICE VISITS

- **Consider scenarios to receive patients to reduce exposure**, for example create two different “well” vs. “sick” clinic locations to reduce exposure.
- **Have patients wait in car prior to appointments or space appointments out from one another.**
- **Space apart scheduled office visits to limit patient-to-patient waiting room exposure.**



ENSURING PATIENTS RECEIVE OPTIMAL HEALTH CARE

EMERGENCY 1135 CMS WAIVER

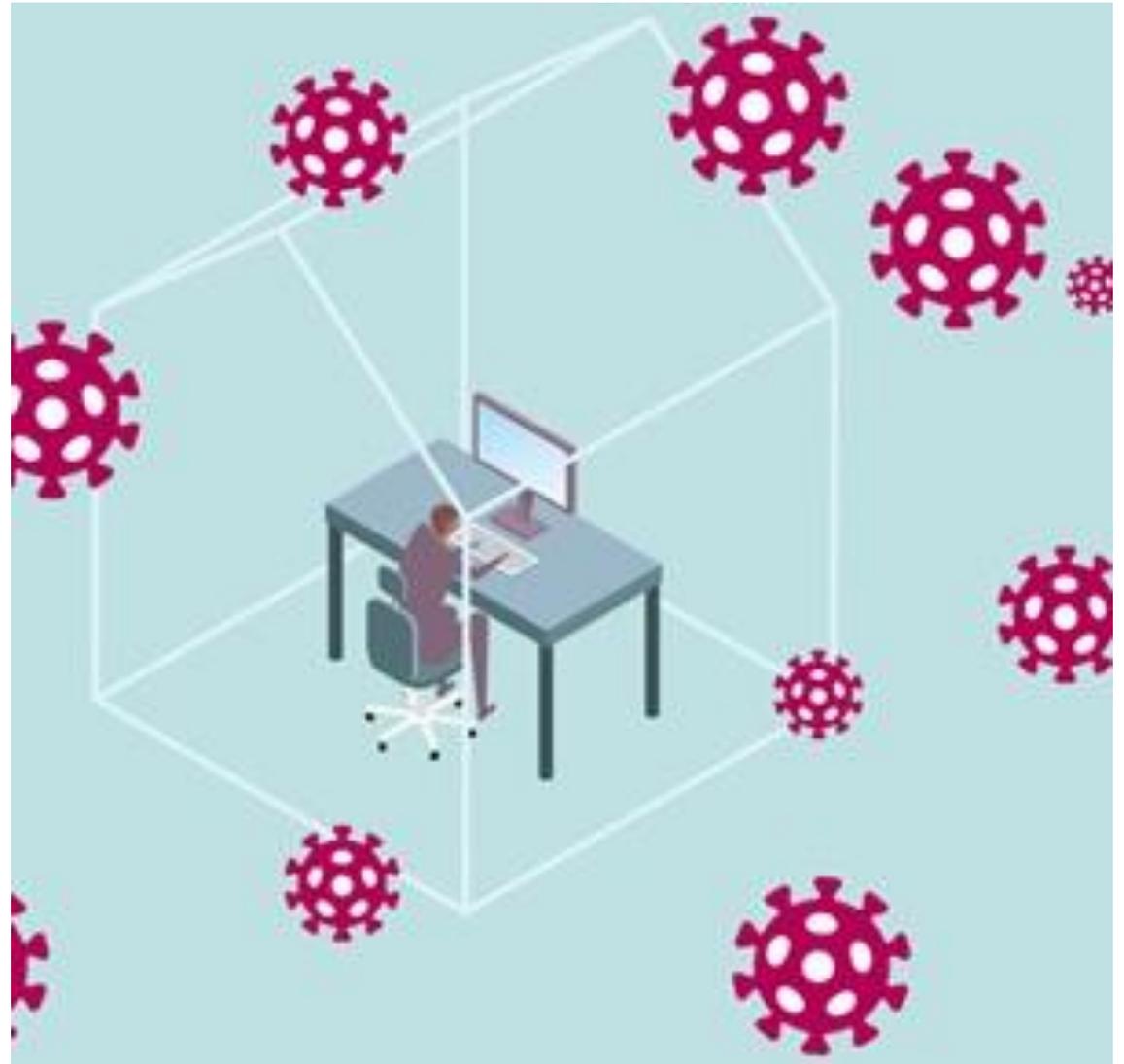
- In response to the COVID-19 epidemic, CMS broadened access to **Medicare telehealth services** so that beneficiaries can receive a wider range of healthcare services while at home.
- Traditionally, **Medicare reimbursement was limited to rural settings and office setting**, telehealth visits can be provided **outside a patient's home**.

EMERGENCY 1135 CMS WAIVER CONT.

- **Qualified providers: physicians and certain non-physician practitioners; NPs, PAs and certified nurse midwives can provide telehealth services.**
 - Other practitioners, such as certified nurse anesthetists, licensed clinical social workers, clinical psychologists, and registered dietitians or nutrition professionals may also furnish services within their scope of practice and consistent with Medicare benefit rules that apply to all services. This is not changed by the waiver.
- **People with higher risk for COVID-19 can visit with their doctor from their home, without having to go to a doctor's office or hospital.**
- **Waiver will pay for telehealth visits, including evaluation and management visits**

EMERGENCY 1135 CMS WAIVER CONT.

- HHS Office for Civil Rights (OCR) will **exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies**, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency.
- For more information go to [MEDICARE TELEMEDICINE HEALTH CARE PROVIDER FACT SHEET](#).



TELEHEALTH VISITS: GETTING STARTED

Steps	Details
Prepare patient for visit	<ul style="list-style-type: none">• Gain permission (consent form) from patient.• Have patient download telehealth communication platform prior.• For patients who cannot connect via telemedicine, make sure they have an option for live visits or access.
Identify patients that are appropriate for telehealth visits.	<ul style="list-style-type: none">• Call them or send instructions on what to expect to help them prepare for the visit.
Prepare office for the visit.	<ul style="list-style-type: none">• Have an office telehealth plan.• Identify telehealth software (Electronic Health Record, Skype) and test system. 1135 Waiver does allow for Facetime and Skype. Waiver does not allow remote communication that are public-facing remote communication products, like TikTok, Facebook Live, Twitch, or chat rooms, such as Switch.• Have teams test system and find a dedicated quiet space for visits.• Train staff.• Identify a private room with little external sounds.• Test audio.

TELEHEALTH VISITS: GETTING STARTED CONT.

Steps	Details
The Televisit	<p data-bbox="504 546 1567 596">Provide good documentation. Include info on:</p> <ul data-bbox="504 611 2135 961" style="list-style-type: none"><li data-bbox="504 611 1184 654">• Assessment and treatment<li data-bbox="504 668 2046 718">• That informed consent gained from patient for use of telehealth<li data-bbox="504 732 1460 775">• Visit was appropriate to use telehealth<li data-bbox="504 789 1057 832">• Benefits of telehealth<li data-bbox="504 846 2135 896">• Platform used (type of Electronic Medical Record used, Skype, etc.)<li data-bbox="504 911 1116 953">• Any limitations from visit <p data-bbox="504 1039 963 1089">Support a good visit</p> <ul data-bbox="504 1103 2198 1325" style="list-style-type: none"><li data-bbox="504 1103 1549 1146">• Make a good connection with the patient<li data-bbox="504 1160 1434 1203">• Check in on mental health of patient<li data-bbox="504 1218 2198 1325">• Provide consistent eye contact and interaction with patient; try to limit charting during visit

MEDICARE BILLING

VERIFY BILLING STANDARDS.

For more information on CMS guidelines for telehealth, go to [CMS Provider Fact Sheet](#).

CPT CODES

TELEHEALTH VISITS:

- 99201-99215 (Office or other outpatient visits)
- G0425-G0427 (Telehealth consultations, ED or initial inpatient)
- G0406- G0408 (Follow-up inpatient telehealth consultation furnished to beneficiaries in hospital or SNFs)

VIRTUAL CHECK-INS: HCPCS code G2010

E-VISITS: 99421-99423 and HCPCS codes G2061-G2063, as applicable.

The patient must verbally consent to receive virtual check-in services.

ADDITIONAL COVID-19 RESOURCES

PATIENT RESOURCES ON COVID-19

AHA: [Heart.org/covid19](https://www.heart.org/covid19)

ADA: [Diabetes.org/coronavirus-covid-19](https://www.diabetes.org/coronavirus-covid-19)

PROFESSIONAL RESOURCES ON COVID-19

AHA: [Professional.heart.org/covid-19](https://www.professional.heart.org/covid-19)

ADA: [Professional.diabetes.org/covid](https://www.professional.diabetes.org/covid)



THANK YOU