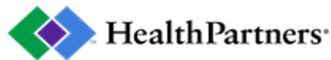


MN Health Plans Collaborative



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The Managed Care Organization Diabetes Performance Improvement Collaborative has launched a new three-year PIP as of 1/1/2021 and will run through 2023. The project aims to improve the comprehensive diabetes care and services for Seniors and SNBC members, focusing on closing the gaps in health care disparities within our populations. Care Coordinators/Case Managers have an essential role in educating, support and assist members in setting and achieving health goals to improve their diabetes care.

2



DIABETES AND SKIN CARE

Becca Trebil, RN, MSN, CCM, APRN, C-NP
RN Specialist Complex Care Management

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OBJECTIVES

- Learn best practices in skin care for persons with Diabetes
- Review co-morbidities that can contribute to skin and nerve complications for persons with Diabetes
- Identify neuropathy safety considerations and common treatments
- Be able to recognize when and to whom to provide appropriate referrals for Diabetic skin and neuropathy concerns.

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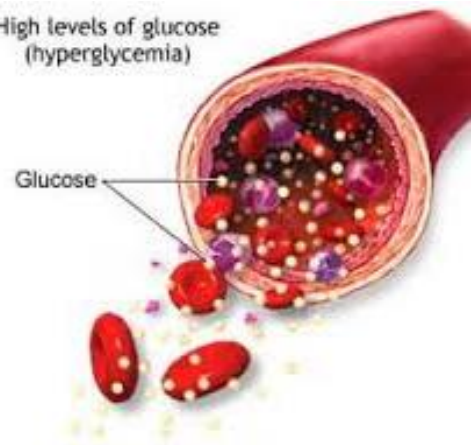
4

WHAT'S THE BIG DEAL WITH SKIN CARE FOR DIABETICS?

Over time, high blood glucose can damage blood vessels and nerve endings-

- ➔ Damaged blood vessels and high blood glucose reduce circulation
- ➔ Reduced circulation + high blood glucose = prime conditions for bacterial and fungal growth AND decreased blood supply to support healthy tissue

High levels of glucose (hyperglycemia)



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WHAT'S THE BIG DEAL WITH SKIN CARE FOR DIABETICS?

This damage to blood vessels and nerves leads to End Organ Damage.

The Skin is a major organ that is supported by some of the smallest, easily damaged vessels and nerves.



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WHAT IS FIRST STEP IN CARING FOR DIABETIC SKIN?



Good Diabetic Management to Control Blood Glucose

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BEST STEPS FOR SKIN CARE IN THE DIABETIC



Good Diabetic Management

- Monitor bg's and a1c
- Medication/Treatment plan compliance
- Nutrition/diet
- Physical activity
- Management of co-morbid conditions



[Guide to Blood Glucose Meters \(Blood Glucose Monitors\) \(diabetes.co.uk\)](https://diabetes.co.uk)

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NEW DIAGNOSIS OF DM- SET UP FOR SUCCESS



Have a patient or client with a new diagnosis of DM? Set them up for success right away to prevent complications down the road!

- PCP or Endocrinologist- initial and f/u visits
- Medications- ensure they are able and do fill and take them
- DM Educator – nutrition, activity, and bg monitoring education
- DME- make sure they have monitoring equipment AND know how and are able to use it.
- Provide them this education on caring for their skin.

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BEST STEPS FOR SKIN CARE IN THE DIABETIC



Keep skin clean and dry

- Bathe with warm (not hot) water, use mild soap.
- Consider bathing less frequent, if able, during dry months
- Prevent dry skin- moisturize with lotion as needed
 - *Caution: Do not use lotion in-between toes or in skin folds- thoroughly dry skin folds*
- Treat small cuts right away- wash with mild soap and water, cover with sterile gauze. Only use antibiotic creams if Provider directs.

Resource: [Diabetes and Skin Complications | ADA](#)

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BEST STEPS FOR SKIN CARE IN THE DIABETIC



Protect and Check your Feet

- Wear shoes/cover feet **AT ALL TIMES**
- Wear clean, dry socks
- Examine feet daily for red areas, cuts/sores, blisters, calluses
- Trim nails regularly- and carefully
- Remove shoes for Provider to examine feet at every clinic appointment.



Resource: [Diabetes and Skin Complications | ADA](#)

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DID WE SAY WEAR SHOES AT ALL TIMES??



We can never predict when and where and what may cause a potential injury or insult to our feet.

One small lego.....

One item dropped.....

One toe stubbed.....



[What's worse than stepping on a Lego? - The Hustle](#)

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DIABETIC SKIN CARE – INCONTINENCE CONSIDERATIONS



- Urine or fecal matter can increase risk for skin breakdown and infection
- Some medications, such as SGLT2 inhibitors (Invokana, Farxiga, Jardiance) increase sugar in urine- this raises risk for UTI, yeast infections, and can promote accelerated skin break down if against the skin
- If new or worsening incontinence, direct to Provider.

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DIABETIC SKIN CARE - WOUNDS



If a wound or open area occurs- **prompt** and proper care is needed

- * Increased risk for infection – high blood glucose promote bacterial growth
- * Slower healing – decreased circulation to support healthy tissue
- * Can develop severe complications – sepsis, gangrene

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DIABETIC SKIN CARE- WOUNDS



Resource: Diabetic foot ulcer – Podiatrist Brisbane Southside | The Podiatry Practice | Orthotics, Ingrown Toenails

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DIABETIC SKIN CARE- WOUNDS



This patient had a long-standing neuropathic plantar ulcer that became... | Download Scientific Diagram (researchgate.net)

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DIABETIC SKIN CARE- WOUNDS



[diabetic ulcers on legs - pictures, photos \(diseaseshow.com\)](https://www.diseaseshow.com/pictures/photos/diabetic-ulcers-on-legs)

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DIABETIC SKIN CARE- WOUNDS

Wounds should be managed by a Provider and/or Wound Care Specialist

Treatments Include:

- Keeping all wounds clean and properly dressed
- Referral to podiatrist or wound care specialty provider
- Antibiotics – to treat infection or preventative
- Surgical Debridement
- Limb amputation

Resource: [Diabetic Wounds \(woundcarecenters.org\)](https://www.woundcarecenters.org)

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CO-MORBID CONDITIONS TO CONSIDER



Hypertension (High Blood Pressure)

HTN- increases the force on artery walls, damaging arteries over time.

Considerations-

- Monitor BP readings/record
- Diet and activity
- Compliance with medication/treatment plan

Hyperlipidemia (High Cholesterol)

Hyperlipidemia- excess lipids build up/form plaque in arteries.

Considerations-

- Lipid panel (lab test) per Provider direction
- Diet and activity
- Compliance with medication/treatment plan

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CO-MORBID CONDITIONS TO CONSIDER



HF (Heart failure)

HF- heart muscle doesn't pump blood as well as it should, blood can back up and increase fluids in lungs and, at times, extremities.

Considerations-

- May have edema in ankles/feet, discuss with Provider before directing stockings/socks (Diabetic vs compression)
- Ensure they are monitoring their weights and reporting symptoms to their Provider.
- Medication/treatment plan compliance

PAD (Peripheral Arterial Disease)

PAD- plaque build up in leg arteries, over time this narrows the arteries and decreases circulation.

Considerations-

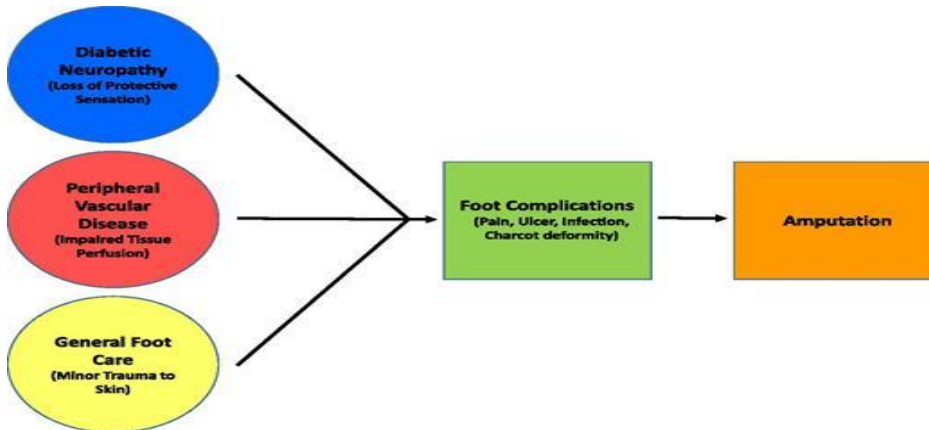
- May have swelling to feet/legs- Discuss with Provider before directing stockings/socks.
- Referral to a Vascular Provider and/or procedures may be necessary
- Ensure exercise/activity, elevate legs after exercise

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EFFECTS OF DIABETES AND CO-MORBIDS



[Rethinking Neuropathy in Type 1 Diabetes: Had We Lost Sight of What Matters Most? | Diabetes Care | American Diabetes Association \(diabetesjournals.org\)](#)

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DIABETES AND NEUROPATHY

High blood sugars, over time, can cause damage to nerves- Neuropathy effects an avg of 50% of patients with DM. *Sometimes this is the first reported sign of DM*

Best Practice to DM Neuropathy:

- * PREVENTION
- * Slow its progress

How?- Good management of DM (bgs/a1c, diet/nutrition to control bgs, activity)

[Diabetic Neuropathy | Johns Hopkins Medicine](#)

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DIABETES AND NEUROPATHY - SCREENING



The American Diabetes Association (ADA) recommendation for diabetic neuropathy screening should begin immediately at diagnosis type 2 diabetes or 5 years after diagnosis with type 1 diabetes.

After that - screening should be yearly for both



[Diabetic neuropathy - Symptoms and causes - Mayo Clinic](#)

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DIABETES AND NEUROPATHY



4 Types of DM Neuropathy:

- 1) Peripheral- affecting feet/legs, fingers/hands
- 2) Autonomic- affecting BP, HR, sweating, GI, etc
- 3) Proximal- affecting thighs, hips, buttocks, legs
- 4) Mononeuropathy- damage to a single nerve, face, torso, arm, leg

[Diabetic neuropathy - Symptoms and causes - Mayo Clinic](#)

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DIABETES AND NEUROPATHY - TREATMENTS



- Pain Medications
- Anti-Seizure Medications
- Antidepressants
- Topical Creams
- TENS Therapy
- Hypnosis
- Relaxation and Biofeedback Training
- Acupuncture

[Diabetic Neuropathy | Johns Hopkins Medicine](#)

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DIABETIC NEUROPATHY – ADDITIONAL CONSIDERATIONS



Support the patient's ability to maintain their independence, increase safety, and prevent injuries.

Equipment

PT/OT

Support within their health care system or community

Meeting their needs where they are



[There's No Perfect Temperature For Your Water Heater \(structuretech1.com\)](#)

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NEUROPATHY- CONSIDERATIONS



Consider steering to PT:

- Maintain or improve strength and ROM
- Balance training
- Considerations for splints or braces

Consider steering to OT:

- Preventing Falls
- Adjusting habits
- Make ergonomic changes



[Tips for the Elderly: Falling Down vs. Staying Steady - University Health News](#)

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DIABETES SKIN CARE AND NEUROPATHY



Key Take Aways:

Good Management of Diabetes and Co-Morbids can help PREVENT and slow the progression of skin and neuropathic complications.

Identify Barriers to the diabetic's willingness or ability to follow their management plan- and address those.

Identify how their disease process impacts their daily quality of life- and assist them in connecting with the right provider, equipment, or modification.

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DIABETES SKIN CARE AND NEUROPATHY



PROMPT steering to a Provider for evaluation at first sign of a concern – both with any new or worsening concern

Just cause its not painful- doesn't mean its not a problem.

Remember that not everyone experiences the same symptoms of neuropathy, and their treatment plans will reflect this.

Wear Shoes- AT ALL TIMES- and remove them for self exam daily and at each Provider appointment.

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HELPFUL RESOURCES



[Control Your Diabetes for Life Toolkit - MN Dept. of Health \(state.mn.us\)](https://state.mn.us)

[Diabetes and Skin Complications | ADA](#)

[Dermatologist-recommended skin care for people with diabetes \(aad.org\)](https://aad.org)

[Diabetes-Related Neuropathy: Peripheral Neuropathy, Symptoms, Treatment \(clevelandclinic.org\)](https://clevelandclinic.org)

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DIABETES- SKIN CARE AND NEUROPATHY



Questions?

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THANK YOU



[Evaluation Link](#)

Certificate of Participation – upon completion of Evaluation

Recording - Recording can be found at the [Performance Improvement Project - Diabetes Page on the Stratis Health Website](#)

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32