

## ACO: Did You Know?

### Helpful Resources and Links to Keep You Informed

#### ***Being Mortal: A Free Screening and Discussion of the PBS Frontline Documentary***

***Join us to explore what matters most at the end of life***

The MaineHealth Accountable Care Organization, in partnership with MaineHealth Care at Home, Maine Medical Partners, Maine Medical Center, Southern Maine Agency on Aging and the University of Southern Maine, is hosting a free screening and discussion of the documentary *Being Mortal* on **Wednesday, April 19 from 5:30-7:30 p.m.** at the USM Abramson Center in Portland. The film is being shown in conjunction with National Healthcare Decision Day (NHDD), an annual observance that aims to help people across the U.S. understand the value of advance healthcare planning.

“*Being Mortal*” delves into the hopes of patients and families facing terminal illness. The film investigates the practice of caring for the dying and explores the relationships between patients and their doctors. It follows medical journalist and surgeon Dr. Atul Gawande as he shares stories from the people and families he encounters. When Dr. Gawande’s own father gets cancer, his search for answers about how to best care for the dying becomes a personal quest. Watch a short trailer here: <https://www.youtube.com/watch?v=VRkr09ZMI3w>

After the screening, attendees are invited to participate in a guided conversation on how to take concrete steps to identify and communicate wishes about end-of-life goals and preferences. Resources will also be available to complete Advance Directive forms.

All are welcome to attend this free event. **To register, please visit this link:**

<http://beingmortalportland.brownpapertickets.com>

#### **American Diabetes Association (ADA) Releases Updates to Standards of Medical Care**

MaineHealth’s chronic disease team has alerted us to changes in the ADA’s Standards of Medical Care that we’d like to share with you. A number of those changes are highlighted below. For the full version of the Standards of Medical Care in Diabetes 2017, including a list of all the 2017 changes, please follow this link:

[http://professional.diabetes.org/sites/professional.diabetes.org/files/media/dc\\_40\\_s1\\_final.pdf](http://professional.diabetes.org/sites/professional.diabetes.org/files/media/dc_40_s1_final.pdf)

Changes of note:

- Patients with diabetes who have been prescribed flexible insulin therapy (insulin based on food intake) should count and take into consideration fat and protein in addition to carbohydrates. Patients who are

consuming more fat or protein at a meal might need to adjust mealtime insulin to cover delayed postprandial glucose excursion.

- Metformin:
  1. Long term metformin is associated with vitamin B12 deficiency, as reported in the Diabetes Prevention Program Outcome Study. For patients on long-term metformin, consider periodic measurement of B12 levels and supplement as needed (especially in patients with anemia or peripheral neuropathy).
  2. Metformin may be safely used in patients with eGFR  $\geq 30$  mL/min/1.73 m<sup>2</sup>.
- Two studies were highlighted that focused on improving cardiovascular outcomes for patients with diabetes.
  1. EMPA-REG OUTCOME study showed that the SGLT2 inhibitor, Empagliflozin, over a median time of 3.1 years, decreased the composite outcome of MI, stroke and CV death by 14% and the outcome of cardiovascular death by 38%. Empagliflozin has a new indication from the FDA: to reduce the risk of cardiovascular death in adults with type 2 diabetes and cardiovascular disease. It is currently unknown if other SGLT2 inhibitors will have this same effect and if there will be similar benefits in low-risk patients.
  2. LEADER trial showed that the participants in the study (patients with Type 2 diabetes, mean age of 64, 80% with established CV disease) who received the GLP-1 receptor agonist, liraglutide, had fewer (13%) composite primary outcomes (MI, stroke or cardiovascular death) compared to placebo group (14.9%) after a median time duration of 3.8 years. It is currently unknown if other GLP-1 receptor agonists will have this same effect and if there will be similar benefits in low-risk patient.
- There is a decided non-inferiority between the following three options for combination injection therapy for patients with Type 2 diabetes when A1C is not controlled with basal insulin (and usually with metformin +/- other noninsulin oral agent):
  1. Add 1 rapid-acting insulin injection before largest meal
  2. Add GLP-1 receptor agonist
  3. Change to premixed insulin twice daily (before breakfast and supper)

For more information, please contact Elizabeth Nalli, [enalli@mainehealth.org](mailto:enalli@mainehealth.org)

## Maine Nursing Preceptor Education

Online Registration is Open!

Visit the Lunder-Dineen website [www.lunderdineen.org/preceptorship](http://www.lunderdineen.org/preceptorship) for information about dates, program information, a full listing of qualifications and criteria for participation....and to register!

## Redesigned Advance Directive Booklet

The MaineHealth advance directive booklet has been redesigned with a cover picture and color throughout the document to improve readability. No changes have been made to the content. The previous MaineHealth version as well as members' branded versions are still valid and can continue to be used.

The booklet is available to order in both color and black and white through the Print Shop email ([printservices@mmc.org](mailto:printservices@mmc.org)) or [SharePoint](#) site.

Form #s:

142345C – color (\$143.25 for 100 copies)

142345B – black & white (\$97.25 for 100 copies)

If you have questions about the changes to the advance directive booklet, please contact [Jessica Begley](#). We are also available to provide staff with education on assisting patients in completing their advance directives.