

Physician Champion Profile Questions



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Specialty: family medicine and clinical informatics

State Medical Society: OSMA (Ohio State Medical Association)

- **What would you like members to understand about diabetes prevention?**

That it is one of the largest opportunities we have to move the needle on chronic disease in the United States. So many of our patients are affected by diabetes, whether it is themselves or a family member. The more we know, the more effective we can be as providers. And it's important to realize that up to 20 to 30 percent of our patients are prediabetic, and we can't afford not to educate them about it.

- **What role do physicians and healthcare teams play in diabetes prevention?**

We are uniquely positioned in terms of screening as well as treatment once that patient is identified. So we are the shortest distance between two points, which is identifying the patients and then treating them appropriately.

- **What type of impact do you feel physicians and care teams can have in helping stem the tide of type 2 diabetes?**

We are uniquely positioned in that we have, by their very presence in our offices, the choir, so to speak. We have the folks who are at least concerned enough

about their health to want to find out where they stand. And given that position, the approach that we take to those patients in terms of education is important because if that one person talks to only one other person that increases our reach significantly. I think we're uniquely positioned, especially those practices where you have midlevel providers who may have the opportunity to spend a little more time with the patient in terms of education than physicians. And our approach should be designed to take advantage of that.

- **How can members become invested in helping address diabetes prevention in their patient population?**

Collaboration between the AMA and OSMA is the first step toward that investment. The next challenge is reaching beyond just the primary care core. The beauty of the AMA is that it stretches across specialties, so the family docs, the pediatricians; they're the choir in this crowd. It's the surgeons, the dermatologists, even anesthesiologists and the other specialties that have the patients in their office. Since they are a referral source, well, because they are the targets of referral, they assume that the patient has already been screened. But I wonder if they realize in cases where they have patients that self-refer, what if they go ahead and just do the finger stick and ask that family history question? Again we have the opportunity to catch many more patients because in the days where so many of the plans do not require a referral, patients can self-refer so I think there's an opportunity there to reach across specialties, and even subspecialists, like the ophthalmologists and optometrists where folks will go once a year where they won't go to a primary care doctor. So I think there's an opportunity there to reach across specialties and seek out some additional screening opportunities.

- **What steps has your medical society taken to spread awareness around diabetes prevention?**

Even at our annual meeting I talked about the AMA-sponsored program. I'm the Immediate Past President, so as I was leaving office this past year, in my speech I talked about the AMA's participation in this diabetes project. And the AMA sent a representative who manned a table during our annual meeting so they could have access to 150 members or so of our OSMA members who were there for the meeting.

- **How effective have those methods been? Please explain.**

I have not heard because our meeting was just last month. It's probably a little early to expect feedback, but we are sending out a survey early summer that may give us some information, and it's also on our website so we can measure hits to that page.

- **What tools do you believe members will find most useful in helping patients prevent diabetes?**

That's a good question, and I don't know that I have a good answer for it because I live in a primary care world, so we have diabetic information up everywhere. It's part of our ... Every patient who walks in the door gets screened so I'm probably the worst person to ask about that.

- **If you are using specific tools for diabetes prevention, how effective have you yourself found these tools and what would you recommend to your members/peers?**

The tools I use, especially for my prediabetes folks, I give them a 1,800-calorie ADA diet. I don't always say, 'I want you to follow this.' But I put it in their hands, and I tell them, 'Here are the kinds of things that you should be looking at in terms of your diet.' And remember, here are your risk factors, and we're going to check again in three to six months. The 1,800-calorie ADA diet is probably the tool that I use most often for the folks that I have not yet given a diagnosis of diabetes to.

- **How are patients responding to these tools? What kind of feedback are they giving you?**

They all hate it. Yeah, that's the downside. But even that feedback means that they looked at it after they left the office so I'm not deterred by their comments that they don't like it very much—at least they looked at it. My practice is pretty much inner city, so it's a lot cheaper to get a cheeseburger from McDonald's than it is to get a chicken sandwich so the fact that they look at it is a step in the right direction to me.

- **What aspect of diabetes prevention for your patients is the most daunting for you? (Any ideas for improving?)**

The exercise is the hardest one. Diet is No 2. I hardly ever get past those two. Those are the two toughest by far because the medicines are cheap enough but No. 3 would be testing. I can get them to test at the beginning, but they fall off after about six months.

- **So how well do DPP referrals work for your patients and lifestyle changes?**

In terms of the exercise, my first recommendation is 30 to 60 minutes two to three times a week. And when they don't do that then I back up to, 'Can you at least promise me when you go to the grocery store, you'll walk around the outside of the entire store at least once before you actually start to shop?' It's whatever you can get them to do. Also, I say, 'Park at the very far end of the aisle, under a light so you're safe.' So I back up to those very simple things to see if I can get them to do that first. In terms of diet, I ask them about their favorite things, and then I'll pick one thing. What I usually ask them is, 'How often do you eat out or get fast food?' So I'll say, 'If you go out and get fast food three times a week, at least one of those times, don't get the fries.' So I'll try little things like that. And in the days of Fitbits and those kinds of things, I can usually get them to add 1000 steps to whatever their average is. So that's another thing I'll try for the ones that have the little monitors.

- **What would you like patients to understand about diabetes prevention?**

That they can save their kidney function, they can save their eyesight, if they act now. And with the older patients, the ones that are like 40s and 50s, who are just starting to have joint aches and those kinds of things, I say, 'Let's pretend you're 20, and if somebody told you at age 20 that you should not drink and you knew then what you know now, would you not drink or at least have drunk less?' And most of the time they say, 'Yes.' And then I say, 'Okay, so pretend now, at age 40 or age 50, I'm telling you that when you're 70, you would only be able to see half as well as you see now, or be considered for dialysis. But you are 50, and I'm telling you that's what you're looking at. So is it worth not having that doughnut every morning?' So that's what I wish they could see in the future, if they could see now what their future health would look like and try to improve that. Activities that they take now will impact how gracefully they age.