



13th Annual Primary Care Conference

January 22, 2022

Audience Questions and Faculty Responses

Diabetes Technologies – Malek Mushref MD	
How much information additional to A1C monitoring does measurement of triglycerides or other lipids provide for assessment of risk of complications of T2D?	Atherosclerotic cardiovascular disease is the leading cause of mortality in patients with diabetes. Hypertension, dyslipidemia and smoking are independent factors for ASCVD and all should be addressed simultaneously in patients with diabetes to prevent cardiovascular disease.
Will excessive fatty tissue like in morbidly obese patients impact the results for CGM?	Generally speaking it shouldn't. There are factors that may affect this though (compression of the sensor by clothes is one example). The patient should place the sensor in the recommended spot and avoid any compression of the sensor by tight clothing especially at the waist line.

What Weight Loss Tools are Available to Your Patients? An Update on Current Weight Loss Kristin Smith, MS, RDN, LD	
Are dietitians every reimbursed by insurance for non-diabetics?	Yes – our outpatient dietitians through the Diabetes Resource Center (404-605-3828) have excellent third party reimbursement for prevention of ALL disease states with nutritional implications. Regarding MY360 Cigna members – patients get unlimited visits for DM counseling AND all other patients get three visits annually regardless of diagnosis.
I have obese patients who say that they have a history of dysfunctional eating and don't want to discuss weight loss. So, I of course respect that, but as their weight continues to increase I worry.	Tough situation – but definitely seeing more groups advocate for not using just weight as a determinant of health for the exact reason you mentioned, current or previous disordered eating habits. I do agree that not all patients are good candidates to discuss weight loss. If fact there are some pretty

	<p>startling statistics for individuals who have followed extreme diets and weight loss interventions who later develop eating disorders. Would it be possible to tell your patient that you are happy to respect their request, but you would still like to discuss lifestyle choices and behavior to hopefully reduce risk of certain diseases? Most healthful eating interventions have potential to produce weight loss. Lastly, I'm sure you are already doing this, but validating (and perhaps not sharing with patient) any other potential cause of weight gain (i.e. medication, fluid retention, etc.)</p>
Can you tell us more about RISE? My patients ask me for options after trying other things. I'd like to give them options.	Rise is an app that was designed for Registered Dietitians to provide daily feedback to their clients. Clients submit photos of each meal and/or snack and feedback is provided. Look for options that include a registered dietitian. I am not a fan of Noom.
Getting patients into therapists tight now for any issue is really challenging. Very limited access. Many practices are full.	Totally agree – sometimes have to get a bit creative on this one. While it might not be the exact same type of services, many employers offer some type of free counseling services.
Do you recommend any particular digital tools for weight loss? Meal delivery services like Nutrisystem?	<p>Digital tools are tricky as some of them can focus way too much on calorie counting. I prefer some type of tool that involves actual interaction with a registered dietitian, whether that be in person or virtually. Many RD's are providing virtual services that do include regular check-ins (i.e. via email)</p> <p>Meal delivery services can definitely be a great tool and resource (I ran out of time to add this to my presentation). I prefer companies that promote whole, less processed food options. Some examples would be local ones like Good Measure Meals or Fresh N'Fit. A national company that I have seen work for patients is called Freshly.</p>
Is there evidence on the efficacy of time-restricted feeding as a strategy for either weight loss or improved health, in the setting of overweight/obesity?	There is some evidence that time-restricted eating (or intermittent fasting) can be a tool for weight loss. However patient selection for this one is extremely important – anyone with any past history or potential for disordered eating habits should not try.
Saxenda and Wegovy are extremely expensive and my understanding is that weight will come back after discontinuing the medication. Is that right?	With all weight loss medications, combination therapies are important. Lifestyle and behavior interventions must be included at time of initiating medications and for the long-haul (even after discontinuing medications). The difficulty with

	medications, meal replacement programs, etc, is you must have a plan/tool in place once the therapy is discontinued.
Does the Piedmont Cigna insurance cover any of the new medications?	No, we do not cover the weight loss category at this time, but have been investigating the possibility. (Melissa Robinson response in Chat)
For my commercial insured patients, I have yet to have much success with finding coverage for any of the new meds.	Commercial insurance coverage is employer based, the employer has to have a weight loss medication rider. (this was a response in chat – unknown person).
Please comment on data on intermittent fasting and weight loss benefits?	See response above
Please comment on the utility/effectiveness of peer support weight loss groups such as Overeaters Anonymous and Weight Watchers.	Peer weight loss groups are becoming more prevalent, which is both good and bad thing. With increased prevalence comes lack of monitoring by healthcare professionals. Research does support involvement to help promote and maintain weight loss, however I would educate patients to find groups that are based out of a hospital/physician practice OR run by a licensed psychologist or registered dietitian. Throughout the Piedmont system there are support groups offered for patients participating in the bariatric surgery programs.
Cookbook looks great! I just got it on my kindle for \$2.99	Thanks!

Your Patient Had COVID – Now What? Megan Gaskin, MMSc, PA-C	
Very interested to learn how to refer patients into long COVID Clinic.	In-basket message P COVID Recovery Clinic or a patient call 404-832-6819. If there is an issue, a provider can email either Shaneka.Hunter@piedmont.org or Douglas.Malik@piedmont.org
Any useful therapy for total anosmia lasting more than one year?	Typically we could refer those patients to Joel Rosenstock in Atlanta that does several different therapies to help with anosmia. He has a practice called AbsoluteCare which is a medical home for patients with chronic conditions and symptoms. He and another provider have a COVID Care Clinic.

	I will also say in some patients there has been anecdotal evidence that receiving COVID vaccination following infection (in unvaccinated or un-boosted) individuals that Anosmia has resolved after receiving COVID vaccine. Otherwise I do tend to order CT sinus. I have sent to neurology if CT sinus has been unrevealing and CT head has been obtained by neurology as well. At this time, unfortunately I do not know of any definitive treatment.
How often do you see long COVID in a patient who has been fully vaccinated?	Unfortunately, even those who have been vaccinated have been shown to develop long-COVID. I believe their timeframe is much similar to that of the unvaccinated population in that it varies and can be as little as 2-3 months or as long as persistent inflammation is present in the individual. I would not say there is really a set timeframe.
Where are the COVID locations?	We have nine clinics with COVID Recovery Providers in each of our clinics.

COVID Recovery Clinic Info

Office	Jasper	Austell	Marietta	Buckhead	Brookhaven	Stockbridge	Fayetteville	Newnan
Address	620 J L White Drive, Suite 140A Jasper, GA 30143	3820 Medical Park Dr Austell, GA 30106	660 Cherokee Street Northeast, Suite 200 Marietta, GA 30060	275 Collier Road Northwest, Suite 300 Atlanta, GA 30309	3929 Peachtree Road Northeast, Suite 220 Brookhaven, GA 30319	135 North Park Place, Suite 200 Stockbridge, GA 30281	1265 Highway 54 West, Suite 500A Fayetteville, GA 30214	2301 Newnan Crossing Boulevard East, Suite 200 Newnan, GA 30265
Phone Number	706-299-2220	770-948-6041	770-514-7550	404-350-0009	404-240-4395	678-289-7960	770-506-1500	770-683-6921
MDs	Paramesh *(Trang NP and Hidelius also here)	Jackson Simon Paramesh	Lock Lassiter Simon Paramesh	Chang Gluzman Walker Patterson Jackson Hartley Lassiter	Chang Coley	Ogbu Chokski Usmani Otusanya	Ponnambalam Gaitan Wooley Arthur	M Patel Bhatnagar Kandaswamy

The COPD 5: The Five Things All Primary Care Providers Should Address with their Patients James Pippim, MD, MPH	
For diagnosis, are "emphysematous changes" noted on lung imaging sufficient to diagnosis emphysema without doing spirometer or PFTs?	Yes. Emphysematous changes notes on lung imaging done for other reasons is sufficient to make a diagnosis of COPD without spirometry or PFT's
Is there data on vaping and COPD?	The data is on smoking cessation in general. Due to the concerns about the safety of vaping including concerns about ARDS, eosinophilic pneumonia etc recommendations for its use were not made
Will Medicare pay for Tdap in a COPD patient?	Original Medicare (Part A and B) doesn't cover Tdap but part D and Medicare Advantage (Part C) do
COPD changes with regular marijuana smoking? Any studies?	There is a paucity of studies on the association between regular marijuana use and smoking. Current studies demonstrate proximal airway injury Observed during bronchoscopy in both marijuana-only and tobacco smokers

GI Cancers – Dr. James Griffin	
Are pancreatic malignancies immunogenic to any degree?	Unfortunately, pancreatic adenocarcinoma is classically an immunologically "cold" cancer. It has a low TMB (tumor mutation burden) and an immunosuppressive tumor microenvironment. Additionally, the cancer and host response create a dense desmoplastic stroma that hinders access by immune cells and chemotherapeutic agents.
Has there been any success with check-point or other immunotherapies?	Pembrolizumab/Keytruda (PD-1 inhibitor) has been approved for advanced pancreatic cancer in patients with mismatch repair deficient (dMMR) or microsatellite instability high (MSI-H) cancers. However, this is based on large groups of many different solid tumors (of which pancreas makes up a minority) so the data is limited. Additionally, for the reasons mentioned above, dMMR/MSI-H disease makes up only ~1% of pancreas cancers. For patients with BRCA mutations, Olaparib (PARP inhibitor) has shown promise, but again these make up a minority of cases. Other immunotherapy agents are being tested as

	monotherapies and in combination with other immunotherapies, targeted therapies, traditional chemotherapies, and radiation, but the results haven't been promising so far.
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Let's Talk About ADHD

Cesar Figueroa MD

Do you recommend drug holiday?	Yes. Drug holidays could minimize the potential for increase tolerance to the medication with time, especially in younger patients.
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