“In the Patients’ Words: Surgery and Pregnancy as Milestones for Change”

Emily Kobus, MUSC Health, Makala Smith, Prisma Health and patients

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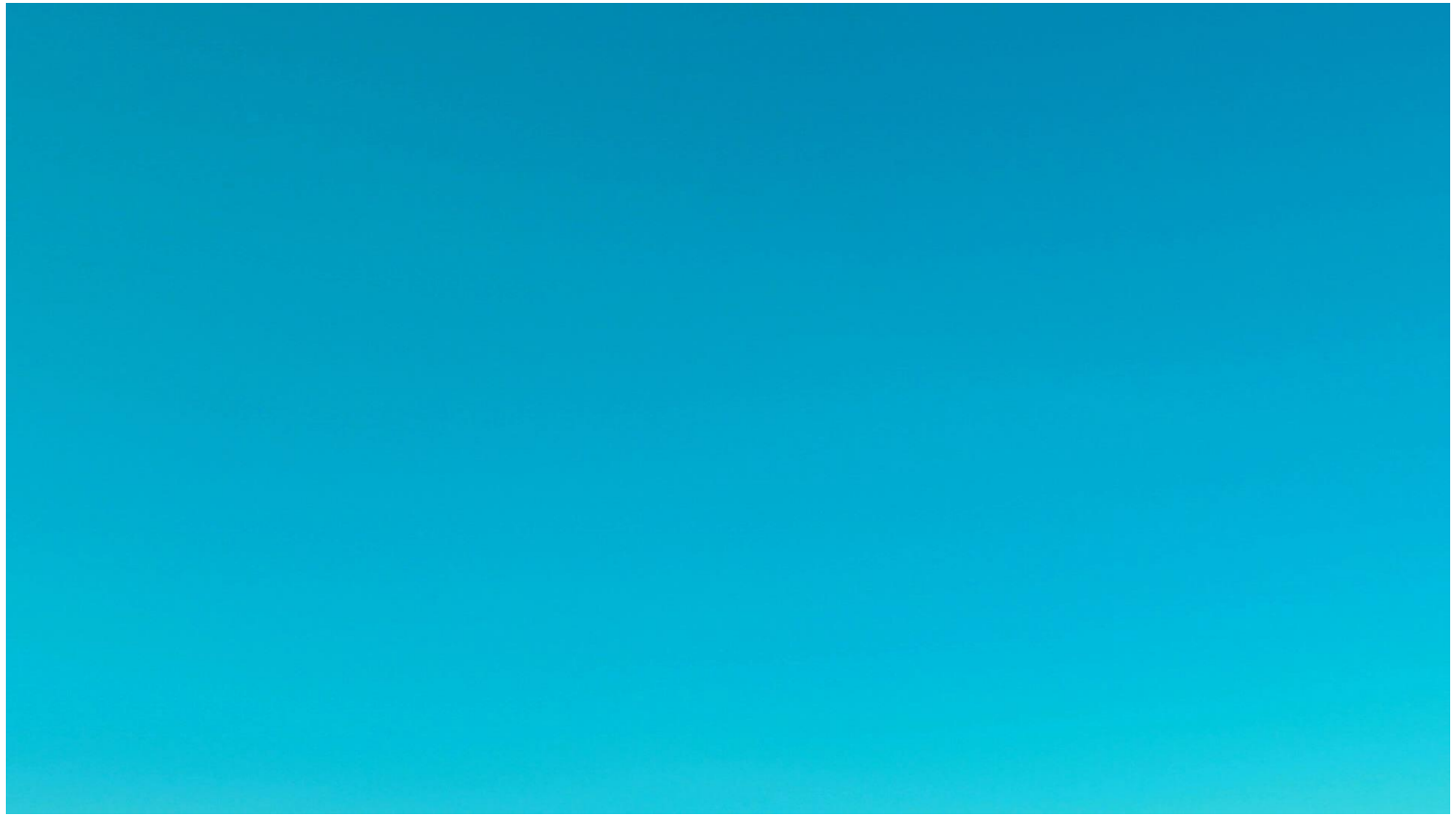
Managing Diabetes Through Team-Based Care Across the State



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Diabetes Surgical Prehabilitation Program

Disclosures

WE HAVE NO CONFLICTS OF INTEREST TO DISCLOSE

Objectives

Understand	Understand the benefit of implementing a multidisciplinary care model for the management of diabetes in pregnancy
Identify	Identify at least three key benefits of implementing team-based care for patients diagnosed with diabetes
Describe	Describe team-based care strategies used in the MOMs Midlands Diabetes Program and the MUSC Diabetes Presurgical Prehabilitation Program

Review

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Team-Based Care

Research shows that, for people with type 2 diabetes, team-based care improves their blood glucose, blood pressure, and lipid levels

Studies have shown that person-centered, team-based care can be an effective approach to improving outcomes for people with complex conditions like type 2 diabetes who are at risk for cardiovascular disease and other complications.

Team-based care and shared decision making with the people you see may look different across various organizations, but there are actions that all health care professionals can take to help people with type 2 diabetes achieve recommended targets. You can:

- Utilize other members of the care team, including nurses, dietitians, pharmacists, diabetes educators, and community health workers.
- Set collaborative goals with the people you see.
- Use guidelines and leverage helpful clinical information tools.
- Identify and address language, numeracy, or cultural barriers to care.
- Consider formal case management and patient education resources.

What is team-based care?

- “A team-based model of care is one that strives to meet **patient needs and preferences** by actively engaging patients as full participants in their care while encouraging **all** health care providers to function **to the full extent** of their education, certification, and experience….

- Relationships are **governed by negotiated shared norms and visions**…

- Each team member has knowledge and skills that contribute to the work, service, and problem solving that are the purpose of the team."

ACOG, *collaboration in practice – implementing team-based care*

Why "Team-Up"?

High Functioning Patient- Centered Teams:

Work	Improve	Optimize
Work more efficiently and effectively to improve health outcomes	Improve provider experience by reducing care burden	Optimize health system performance

Jennings, J. & Nielsen, peter & buck, M.L. & Collins-fulea, C. & Corry, margarita & cutler, C. & Faucher, M.A. & Kendig, S. & Kraft, colleen & mcginnity, jennifer & miller, K.P. & Jr, ralston, & rathfon, E. & Webb, C.E. & Wright, W. & Daniel, H. & Tait, F. & Mastantuono, A. & III, lawrence, & ogden, K.. (2016). Collaboration in practice: implementing team-based care: report of the american college of obstetricians and gynecologists' task force on collaborative practice. 127. 612-617. 10.1097/aog.0000000000001304.

Mobilizing SC MOMs:

Improving Care and Access for Diabetes in Pregnancy

PRISMA HEALTH®

SCMOMs
Diabetes care for a healthy pregnancy

MUSC Health
Medical University of South Carolina

diabetes*free* SC

Prisma Health and MUSC Health are part of SC MOMs, the management of maternal diabetes program of Diabetes Free SC.

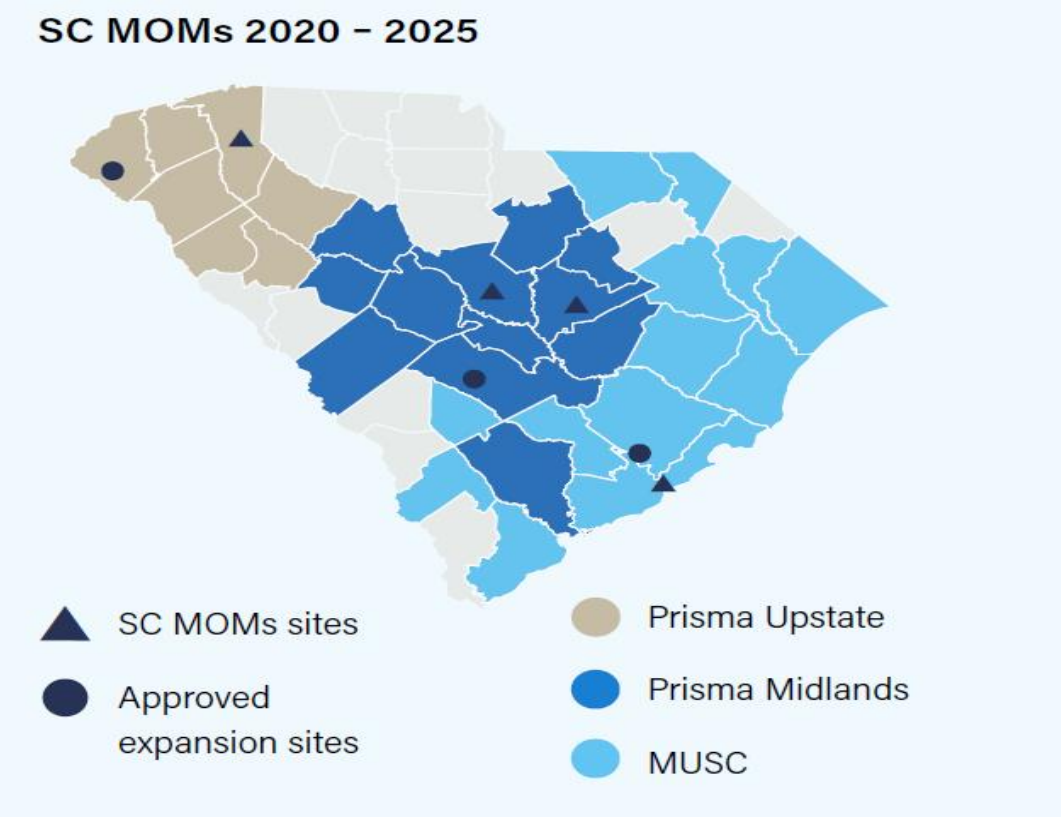
SC MOMs

- SC MOMs is an initiative designed to improve outcomes for pregnant women with diabetes through a coordinated, patient-centered model of care.
- Launched by Diabetes Free SC in 2020 and expanded in 2025, SC MOMs addresses the complex challenges of diabetes in pregnancy with a multidisciplinary approach.
- To date, Prisma Health and MUSC Health have cared for more than 3,500 women through SC MOMs.

diabetes free SC | SCMOMs

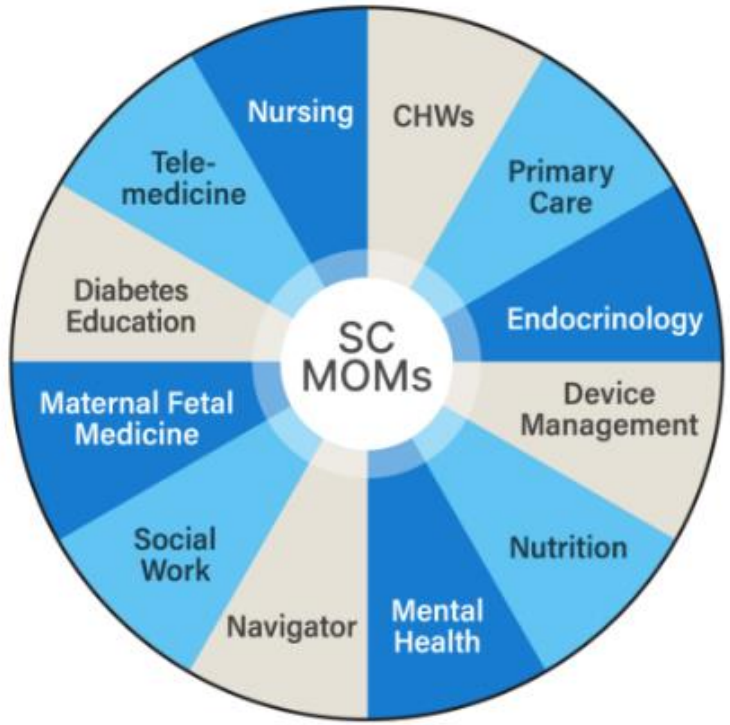
Diabetes care for a healthy pregnancy

Who, Where, and What is SC MOMs ?



Three locations in main population centers:

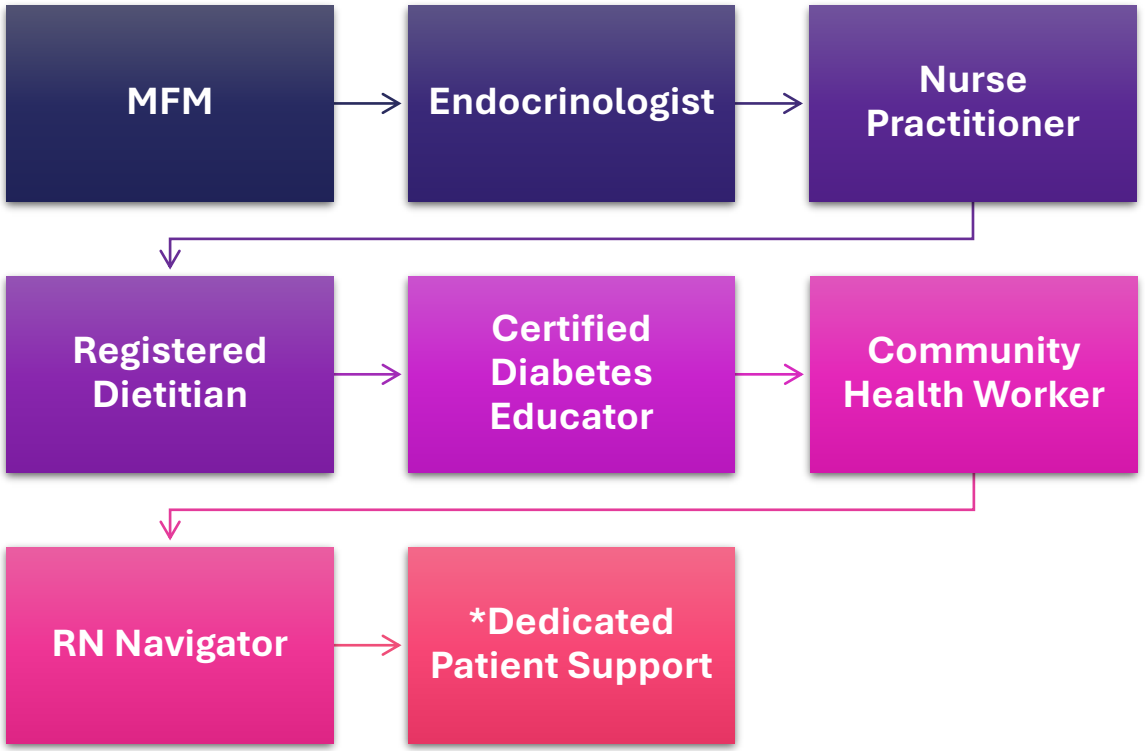
- Prisma Upstate, Greenville
- Prisma Midlands, Columbia
- Medical University of South Carolina, Charleston



Team-based multidisciplinary care
Aim for 'one-stop shop'
Real life feasibility

Key Components of Care:

Access to multidisciplinary team



*Patient Support Specialists and Medical Assistants

Screenings & Services

- SDOH
- Mental Health
- Retinal exam
- Continuous Glucose Monitoring
  - Personal & Clinic-provided
- Telehealth/Virtual Monitoring
- Insulin Pump Training & Adjustment
- Foodshare SC produce boxes

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SC MOMs Program Aims

***At the system-level*, we aim to**

1. Provide access to quality diabetes care provided by multi-disciplinary team
2. Improve glycemic control
3. Decrease maternal & fetal complications
4. Reduce triage/ER visits
5. Expand telehealth including remote patient monitoring
6. Address SDOH for a resource-poor population

***At the patient-level*, we aim to**

7. Improve diabetes knowledge & lifelong diabetes self-management skills
8. Increase access to diabetes medication and supplies
9. Adopt use of diabetes technology – equipment & training: continuous glucose monitors/CGMs, insulin pumps, sensors

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SC MOMs by the Numbers 2020-2025

MOMs DEMOGRAPHICS

	Total N=3,282	Percentage %
DIABETES TYPE		
Type 1	322	9.8%
Type 2	920	28.0%
A1GDM	854	26.0%
A2GDM	1,186	36.1%
INSURANCE		
Medicaid	1,933	58.9%
Uninsured	246	7.5%
Commercial	1,057	32.2%
Other	46	1.4%
RACE		
Non-Hispanic White	1,453	44.3%
Non-Hispanic Black	957	29.2%
Hispanic	679	20.7%
Other	193	5.9%
LANGUAGE		
English	2,727	83.1%
Spanish	469	14.3%
Other	86	2.6%

31
Sight Saves

252
Avg weekly log reviews/week

634
Retinal screenings

482
Postpartum patients enrolled in WHI programs

641
Transportation assistance

1,219
Hygiene/Food bags

4,436
Mental health screenings

4,134
Foodshare Boxes

5,280
CGMs

44,677
Encounters

*Demographics represent all 3 centers
*Wrap around services = Upstate + Midlands

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Outcomes: SC MOMs vs. COMP

	All races		
	COMP	MOMs	p value
Toal numbers	n=944	n=3282	
Maternal outcomes			
Total c-section	55.1%	50.4%	0.01
Newborn outcomes			
Neonatal intensive care unit (NICU)	28.3%	22.0%	<0.001
Neonatal LOS >7 days	19.7%	13.3%	<0.001
Neonatal Hypoglycemia	37.7%	19.9%	<0.001
Preterm birth (<37wks)	31.3%	27.1%	0.01
Preterm birth (<34wks)	9.6%	6.7%	<0.01
Preterm birth (<32wks)	4.2%	3.1%	0.08
Low 5-minute APGAR score (<7)	8.4%	4.8%	<0.001
Low 5-minute APGAR score (<3)	2.3%	0.7%	<0.001
Small for gestational age	8.9%	6.2%	<0.01
Large for gestational age	19.3%	16.4%	0.04
Low birthweight (<2,500g)	13.6%	12.3%	0.01
Macrosomia (4,000+g)	6.7%	7.5%	0.14

Implementation of SC MOMs, even though concurrent with the Covid-19 pandemic, was associated with significantly improved perinatal outcomes for mothers and infants

It showed potential to improve life-long health for both

Data adjusted for differences in race and type of diabetes

(Analysis by race presented on poster)

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The Story Behind the Data: Patient Perspectives

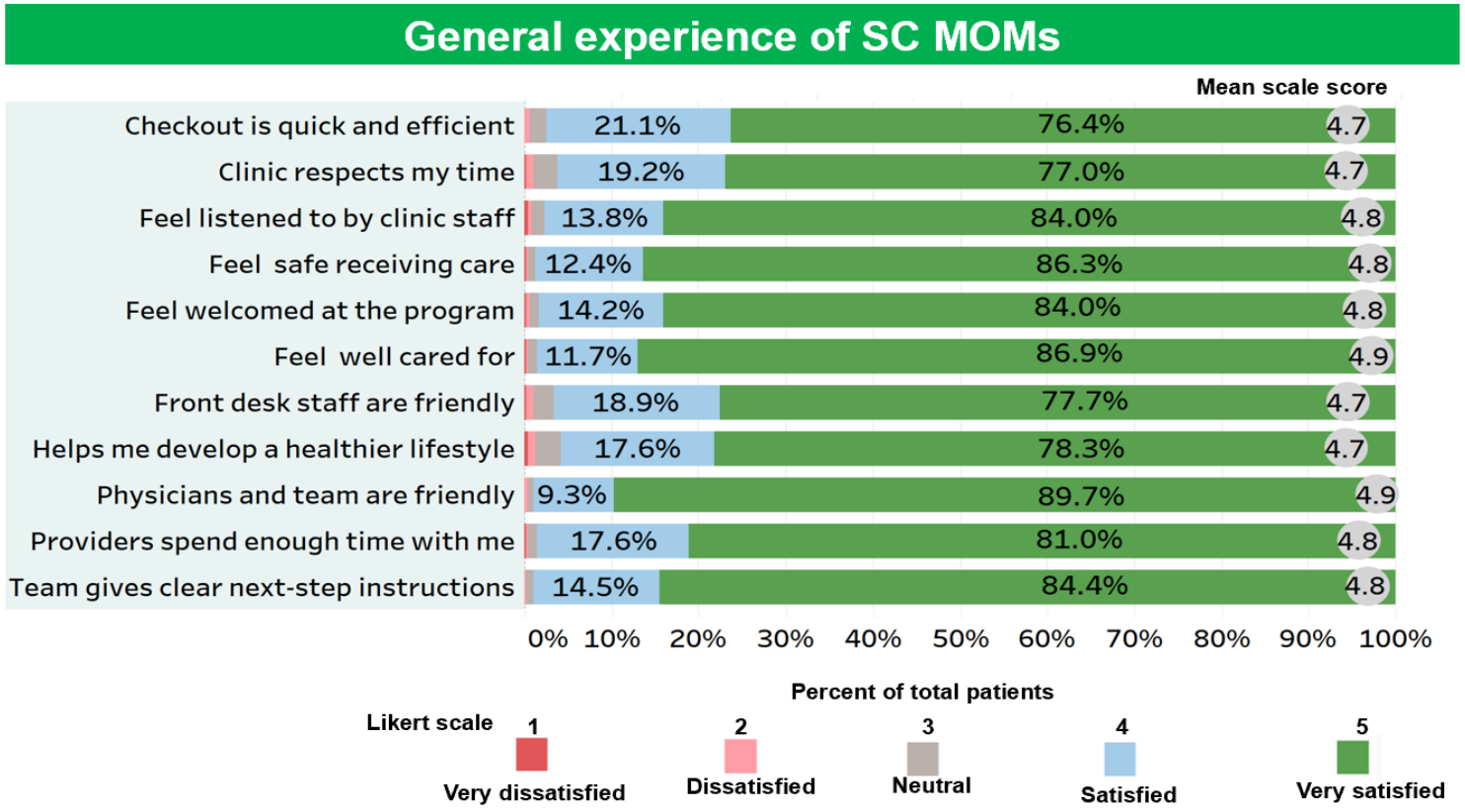

Image credit: chatgpt

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Diabetes care for a healthy pregnancy

✓out the poster!

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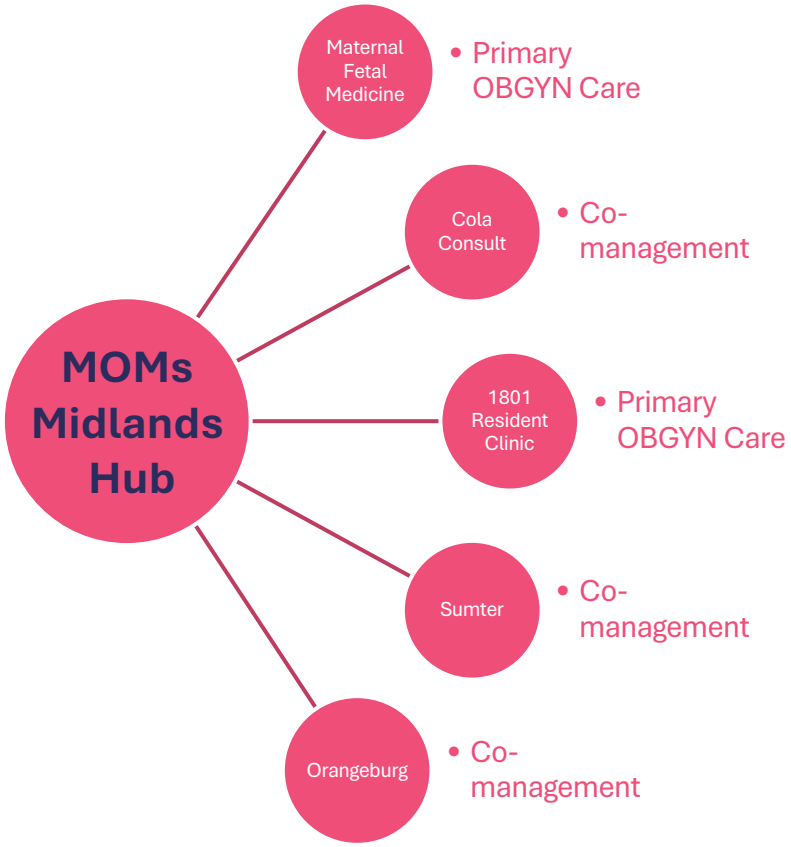
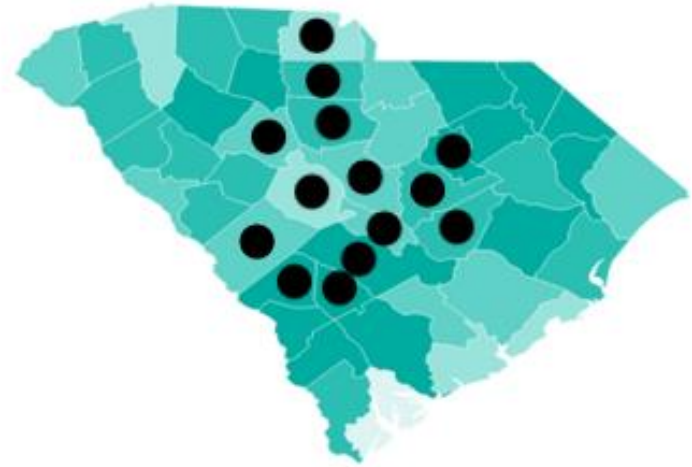


Maternal Vulnerability Index by county



2026-2028 Counties

Cycle 1:

1. Sumter: High | 2. Lee: Very High | 3. Clarendon: High

Cycle 2:

4. Richland: Moderate | 5. Lexington: Low | 6. Fairfield: High | 7. Chester: High | 8. York: Low | 9. Aiken: Moderate | 10. Calhoun: Moderate

Cycle 3:

11. Orangeburg: Very High | 12. Bamberg: Very High | 13. Barnwell: Very High

MOMs Midlands – Looking Ahead

Cycle 3:

- Expansion to Orangeburg
  - Goal to open our doors Feb 2026
  - New clinic, new staff, same hub!
- Plan for expansion to Lexington Medical Center
- Consider our next spoke
- Continued synergy with WICO our WHI

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Caring for her in all stages

WICO Care Map

WICO Diabetes

Preconception

Types 1 and 2:
- Reproductive life plan assessment
  - Preconception and/or contraceptive counseling
- Team-based medical appointments quarterly
- Partcipation in Diabetes Self-Management Education and Support Classes
- Target A1C of <6.5 prior to conception

Prediabetes
- Reproductive life plan assessment
  - Preconception and/or contraceptive counseling
- Team-based medical appointment annually
- Participation in Diabetes Prevention Program
- Annual A1C screening

Screening
- Encourage all women to be screened using Diabetes Risk Assessment annually
- Educate PCPs and Primary OB's on use of tool
- If patients screens positive, refer to WICO diabetes

Pregnancy (MOMs)

Types 1 and 2
- Refer to MOMs In Control for Pregnancy Co-Management

Prediabetes or High Risk
- Reccomend early GTT (12-16w)
  - If postive - Refer to MOMs in Control for Pregnancy Co-Management
- If early pass, repeat screen at 24 weeks
  - If postive - Refer to MOMs in Control for Pregnancy Co-Management

Postpartum

Types 1 and 2
- Days 1-7 - sensor placement, provided by clinic
- Days 7-10 - telehealth check in with APP
- 6 weeks - In-clinic team-based care follow up
- Schedule DSMES
- Quarterly follow-up with labs and sensor placement 1 week pri
- Annual retinonpathy screening and foot exam

Hx of Gestational Diabetes
- 6-8 weeks repeat OGTT
- 8-12 week team-based care follow up
- Participation in Diabetes Prevention Program
- Annual follow up with labs and sensor placement 7 days prior

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MOMs Collaboration

Funding

South Carolina FOUNDATION

An independent licensee of the Blue Cross Blue Shield Association.

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CRPH CENTER FOR RURAL AND PRIMARY HEALTHCARE

Midlands & Upstate Partners

PRISMA HEALTH

EST. 2015 FOODSHARE feeding a need in our community.

Midlands Healthy Start

HEALTHY MOMS. STRONG BABIES. MARCH OF DIMES

Lowcountry Partners

MUSC Medical University of South Carolina

Diabetes INITIATIVE of South Carolina

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Diabetes Presurgical Prehabilitation

How We are Setting up patients for success with surgery

Emily Kobus DHA(c), AGNP-C, CDCES

The “Why”

“People with diabetes are more likely to have surgical interventions than the general population and account for 25% of surgical cases” (Raymon, 2024)

“Surgical patients with diabetes are more likely to have prolonged hospital stays, admission to intensive care units, myocardial infarction, respiratory infections, poor wound healing, and increased risk of general morbidity and mortality” (Zhang et. al, 2022)

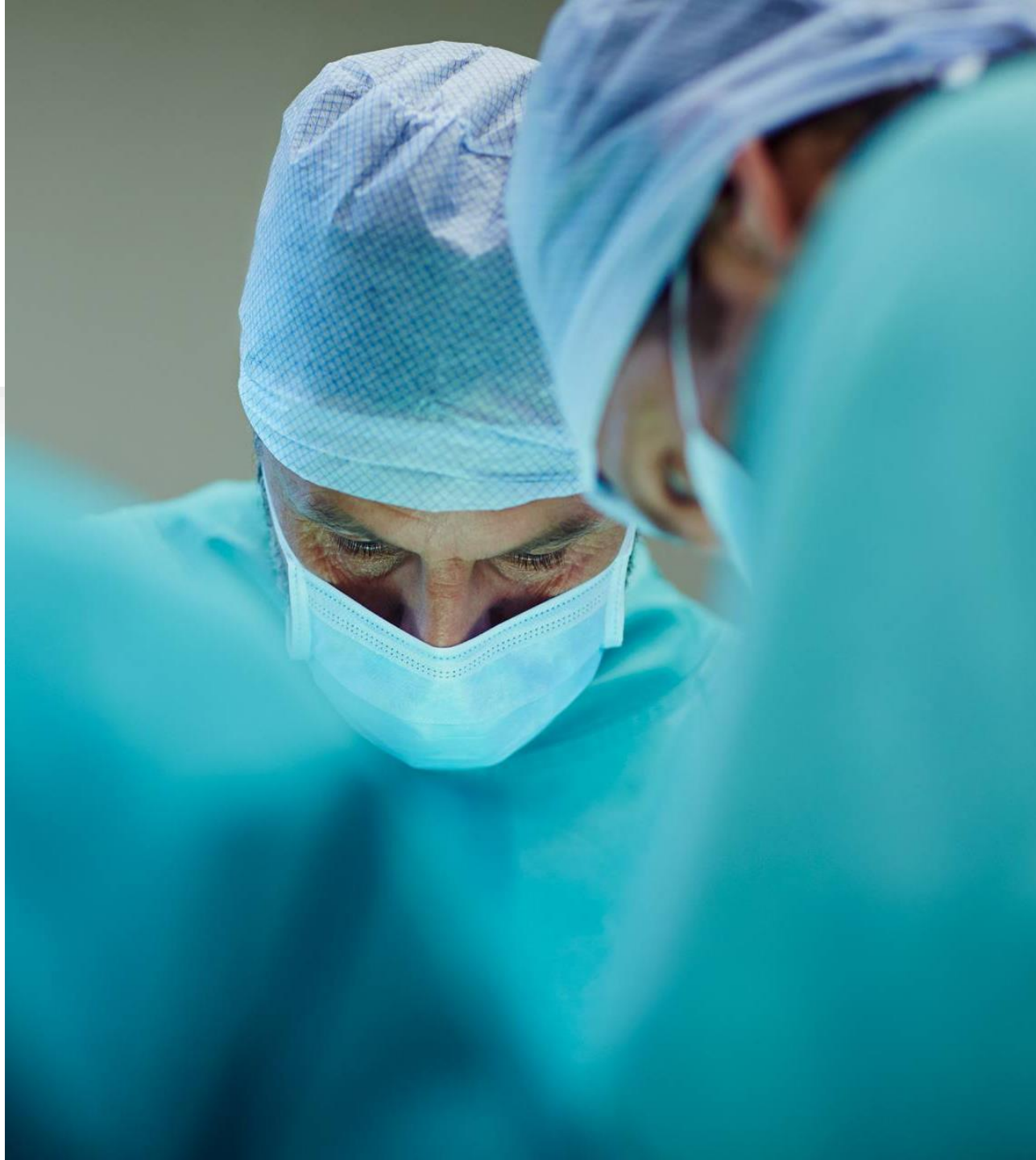
According to the American Diabetes Association Standards of Care 2025, about 23-60% of patients undergoing general surgery have prediabetes or undiagnosed diabetes.

Surgery causes a stressful state even without diabetes in consideration

- The stress of surgery or trauma creates a catabolic state.
- This surgical stress can elicit an elevated protein turnover, cause an increase in dietary protein requirements that can flow well into the postoperative period (Gillis et. al, 2015).
- Nearly 50% of patients admitted to the hospital are malnourished or at risk for malnutrition and the American Society for ERAS predicts that two out of three patients undergoing gastrointestinal surgery are malnourished, which renders them three times more likely to suffer perioperative complications and **five times more likely to die** (B. Mrazova et. al 2023)

What is prehabilitation?

- Prehabilitation is the process of preparing patients physically, nutritionally, and psychologically before surgery to optimize health, minimize complications, and enhance surgery.



How can we tailor it to patients with diabetes?

- Achieve safe glycemic targets, provide education on perioperative nutrition and medication adjustments, and assist with prevention of infection, hypoglycemia, and delayed wound healing.

Sound familiar?

Photo retrieved from ADCES

Why now?

- **Surgery is a major life transition** that heightens patient motivation and readiness to change health behaviors. The preoperative period is recognized as a “teachable moment” for lifestyle and diabetes management interventions (Robinson et al., 2020, Patient Educ Couns, PMID: 32061358).
- The Association of Diabetes Care & Education Specialists (ADCES) **notes that Diabetes Self-Management Education and Support (DSMES) is most effective during significant life transitions**, when patients are more open to learning and change (ADCES, 2020, Consensus Report on DSMES, adces.org).
- Surgery provides a **unique “window of opportunity”** to integrate DSMES, address glycemic control, and prepare patients for long-term recovery and survivorship (Silver & Baima, 2013; ADA, Standards of Care in Diabetes, 2025).

Mission of our program

Our Mission

- Optimize surgical outcomes for patients diagnosed with any form of diabetes or pre-diabetes.
- Improve short-term and long-term disease management by lowering risk and improving lifestyle.
- Assist patients with improvement in modifiable risk factors for surgical complications such as smoking cessation, exercise, and weight loss.
- Show improvement in surgical morbidity rates

THE TEAM: SUPPORT

- Diabetes Free SC
- Health Sciences South Carolina
- BCBS South Carolina Foundation
- Medical University of South Carolina

TEAM

- Dr. Bruce Crookes, Surgeon Lead
- Dr. Mark Lockett, Surgeon Lead
- Dr. Thomas Curran, MD Surgeon Lead
- Anesthesia Lead: Dr. Katie Bridges, MD
- Endocrine Lead: Dr. Marc Cornier MD

HSSC

DFSC

MUSC

- Nurse Practitioner Diabetes Educator
- Schedulers
- Data Analysts
- Medical Assistants
- Researchers
- Community Health Workers
- Social Work
- Pharm D program
- Nursing Teams
- IT
- The Patient

WHY SO MANY?

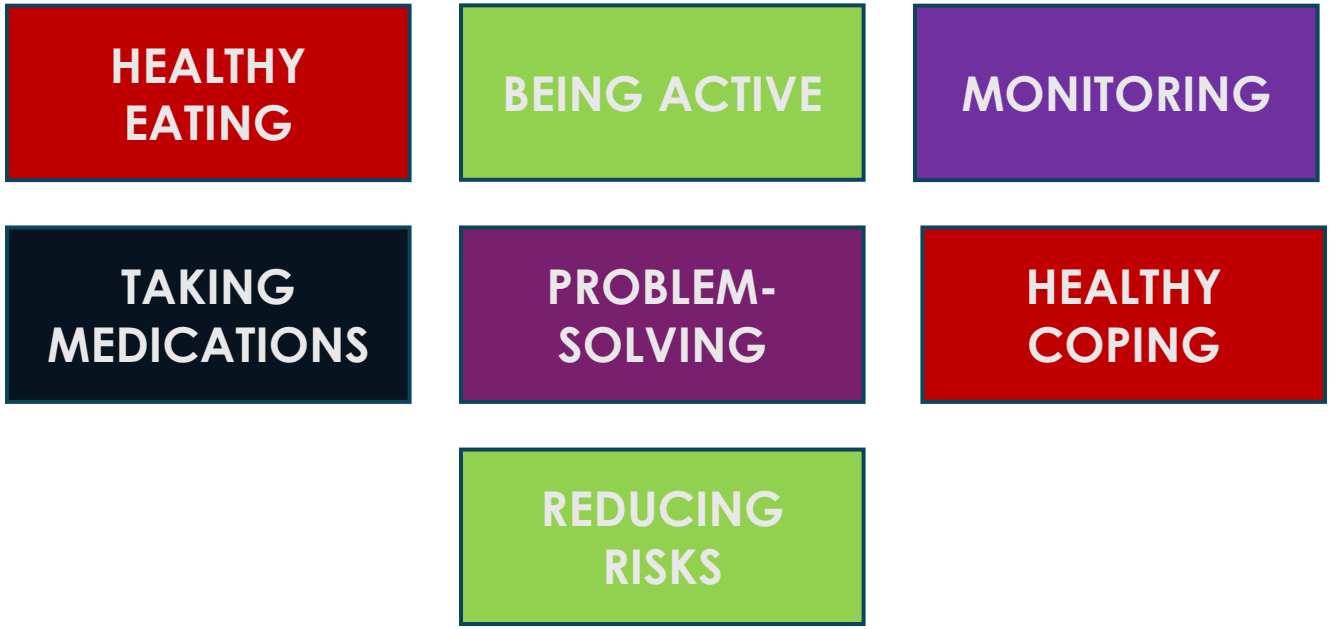
ACTIVITY

KEY COMPONENTS OF THE PROGRAM

- A1C screening & glucose management
- Self-management education
- Glucose monitoring assistance and observation
- Adjusting Medications
- Pre-op carbohydrate management
- Protein intake for healing
- Exercise to support insulin sensitivity and strength for surgery
- Patient education & support regarding diabetes as it relates to pre-op expectations and post-op care
- Smoking Cessation
- Connections to Care
- Prehabilitation “training for surgery”

TRACKING PATIENT GOALS

We have began tracking patient goals and their comfort in self-management skills utilizing the AADE7 Self-Care Behavior goals and ADA assessment guidelines.



HOW DO WE DO IT?

Collaboration and Change

Image from: https://www.torbenrick.eu/blog/change-management-comic-strips/

Kotter's Accelerate Change Model

- Identify key players / Volunteer Army: Collaboration!

  Team members to consider:

  Endocrinologists, Diabetes Educators, Nurse Navigators, Anesthesiologists, Pre-Admission Testing, Surgeons, Nurse Practitioners, Physician Assistants, Data Analysists, IT team members.
- Consider a small-scale pilot to determine sustainability and feasibility for proving need for expansion.
- Get team member input on buy-in's and potential barriers
- Use technologies to assist in identifying high risk patients.
- Collect data – you don't know what you don't collect!

Image Retrieved from: https://leadershipyoda.com/8-steps-to-lead-change-and-accelerate-transformation/

HOW ARE WE DOING?

FY 25 Project Recap: Progress

July 2022	April 2023	May 2023	Oct 2023	Feb 2024
Pilot with Colorectal Surgery	Expanded to other general surgery services	PA started seeing patients	NP started working with program	NP started seeing patients

June 2024	Feb 2025	May 2025	September 2025	October 2025
First Dexcom Pro order shipped	First Orangeburg referral	Grant extended 2 years (May 2027)	First Florence referral	First Lancaster referral

We are now receiving referrals from multiple regional networks within the large MUSC system

2024

2025

WHERE ARE OUR PATIENTS LOGGING IN?

2024

2025

Breaking barriers.
Telehealth and digital accessibility assistance have allowed increased accessibility for this specialized service across the state.

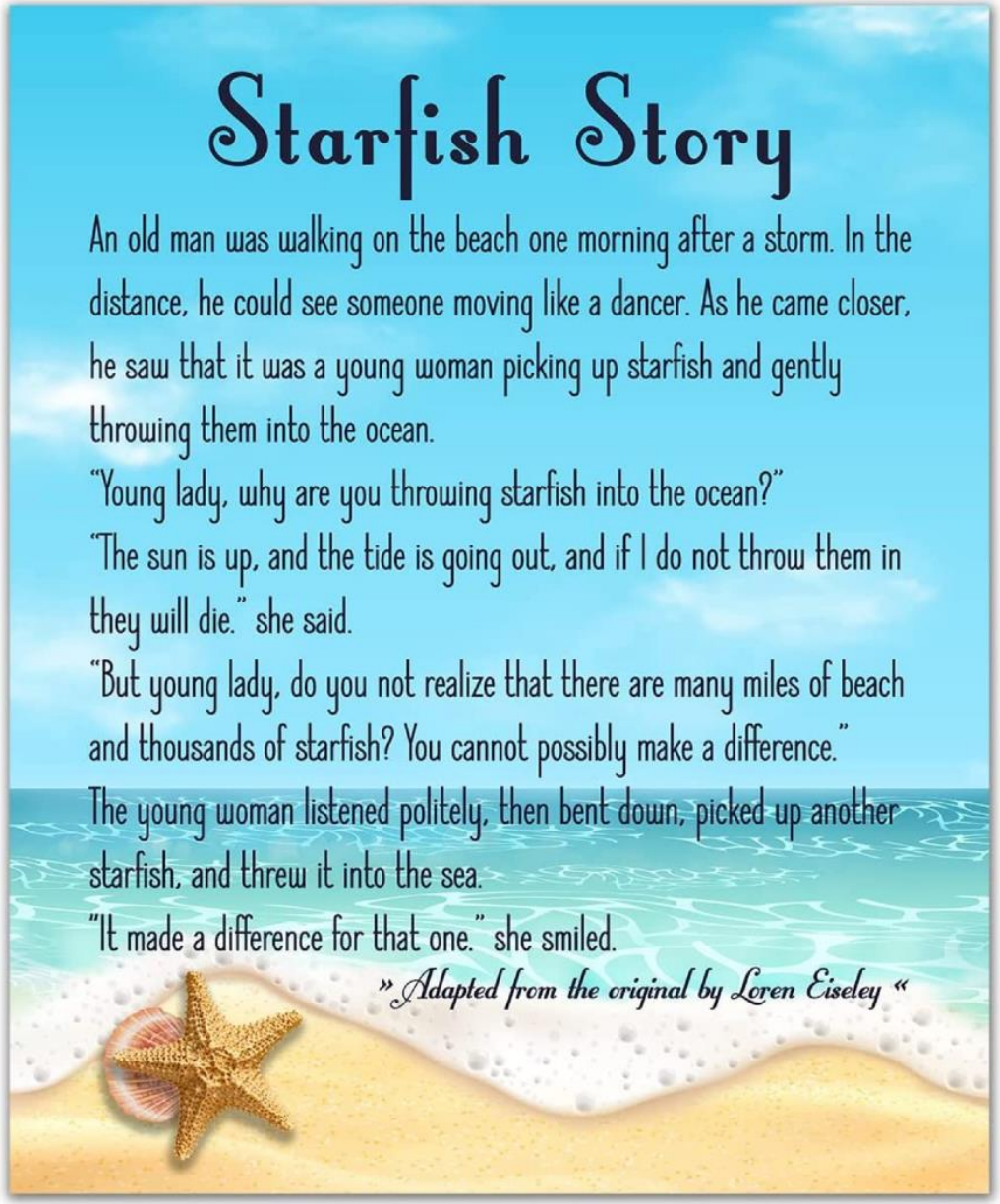
WHAT IS THE IMPACT FROM TEAMWORK?

Impact of Teamwork: Ripple effect of what you may see on micro, meso and macro levels.

- Improved patient outcomes.
- Increased awareness of importance of glycemic management across **all specialties.**
- Presentations and publications of findings at conferences and journals may influence the approach to the treatment of this patient population as a whole.

Image from StockCake Images

Micro Level: Individual



WHAT WE HAVE SEEN SO FAR: MICRO LEVEL

Sample size is smaller this time because we only looked at patients who saw an APP before surgery

	DFSC n=53	nonDFSC n=78		
			p-value	Fisher p-value
Mobidity, n (%)	5 (9.4%)	8 (10.3%)	0.8772	1
MSSI, n (%)	4 (7.5%)	1 (1.3%)	0.0662	0.1573
Pulmonary, n (%)	1 (1.9%)	1 (1.3%)	0.7817	1
Renal, n (%)	2 (3.8%)	1 (1.3%)	0.3494	0.5653
MDVT, n (%)	5 (9.4%)	2 (2.6%)	0.0862	0.1183
StrokeCardiac, n (%)	1 (1.9%)	2 (2.6%)	0.7992	1
Sepsis, n (%)	0 (0%)	1 (1.3%)	0.4080	1
transfusion, n (%)	5 (9.4%)	3 (3.8%)	0.1899	0.268
DSCH_reop_WTIn30days, n (%)	1 (1.9%)	5 (6.4%)	0.2242	0.4003
DSCH_returntoed_WTIn30days, n (%)	5 (9.4%)	9 (11.5%)	0.7020	0.7801
DSCH_readmit_WTIn30days, n (%)	4 (7.5%)	11 (14.1%)	0.2475	0.2797
LOS, Median (IQR; Range)	2.5 (1.4, 4.7; 0.4, 30.6)	2.5 (1.4, 4.5; 0.5, 20.6)	0.9514	.
LOS, Mean (SD)	4.1 (5.6)	3.7 (3.9)	0.6511	.
Hemoglobin1, Mean (SD)	6.5 (1.1), n=44	7.9 (1.6), n=69	<.0001	.

Time between pt seeing APP and surgery

Days Prior to Surgery	Patients
≤ 7	12
8-14	8
15-30	19
30-60	17
60-90	6
>90	16

SAMPLE PATIENT INTAKE

Assessments
Fragility Assessment
RAI-C Score
Personal and Family History
Alcohol, Smoking, Drug Use/ Opioid History
Social Determinants of Health Barriers
Diabetes Health: Glycemic values, labs, medications, self-management skills, technology literacy and usage
Physical Assessment
Surgery Type
Surgery prep instructions
Support systems, advanced directives
Safety of home for recovery
Care management: Who is on their care team?

SAMPLE PATIENT INTERVENTIONS

Interventions
SMART Goals
Improving Diabetes Self- Management Skills
Improve Glycemic Control
Improve Exercise and Strength
Achieving Alcohol, Smoking and Drug Cessation
Improve nutritional status
Teach how to practice acts of mindfulness
Improve pulmonary status, teaching incentive spirometer use
Connections to care providing referrals as needed such as eye doctor, foot doctor
Collaborate with established care team
Educate on necessary diabetes medication adjustments for surgery preps and surgery

MEDICATION EDUCATION

NOTE: THE FOLLOWING SLIDES ARE A GENERAL SUMMARY OF POTENTIAL RECOMMENDATIONS
ANY RECOMMENDATION MADE TO A PATIENT SHOULD BE BASED OFF CLINICAL JUDGEMENT, UPDATED GUIDELINES AND PROTOCOLS MADE BY THE PROVIDER AND AGREED UPON WITH THE CARE TEAM.

MEDICATION CONSIDERATION EXAMPLES

The following is a general summary from the ADA Standards of Care 2025 – recommendations to the patient should be based off clinical judgement, updated guidelines and protocols.

Food for thought:

With each medication needing to be held, the patient will need assistance in managing their glucose values without it.

Medication	Recommendation
Metformin	Hold day of surgery
SGLT2 inhibitors	Held 3-4 days prior to surgery
Other glucose lower agents	Hold day of surgery
Basal insulin	Reduce dose to 75-80% of the regular dose night prior to surgery / or 25% reduction – often patient specific/ policy specific
GLP's	Little data on specifics, adjustments being made- recommendations vary – lets discuss
Pumps	Reduction based on clinical judgement if not on auto-mode

MEDICATION ASSESSMENT QUESTIONS TO CONSIDER: EXAMPLE CHECKLIST

Potential surgery related intervention	What to ask	Check
ERAS Programs "Enhanced Recovery After Surgery" Programs	Pre-Surgical Carb Boosters: • What type and frequency? Carb amount per serving? • Is it necessary / indicated? What are options?	❑
NPO status	• What is the start time of NPO status? • What diabetes medications need to be adjusted or held prior to NPO status to prevent hypoglycemia? • Does the patient know how to treat hypoglycemia while NPO? Are there supplies in the home? • Is glucagon needed / available in the home? If so, is education needed on use?	❑
Clear Liquid Diets	• When does the patient start clear liquids? • Does the patient know how to treat hypoglycemia while on clears? Are there supplies in the home? • Is glucagon needed / available in the home? If so, is education needed on use? • What diabetes medications need to be adjusted or held prior to Clear liquid status to prevent hypoglycemia?	❑
Bowel Preps	• What is the type of bowel prep and their instructions? • How have they handled bowel prep before with hydration status? • Are there any diabetes medications that need to be addressed / adjusted during bowel prep?	❑

Meso Level: Organization

“Great things are done by a series of small things brought together.” – *Vincent Van Gogh*

Collateral benefits: Meso Level

Collaboration with Preadmission testing to provide the patient with a CGM sample to have objective data ready for the 1st diabetes prehab visit

By the end of the month, this will be available for all RHN preadmission testing clinics within the hospital system.

MUSC Health
Patient Surgery Handbook

Please bring this handbook with you to your appointments

MUSC Health
Medical University of South Carolina

Table of Contents

MUSC Patient Surgery Handbook

Our Patient Surgery Handbook has been completed and is now being distributed across all networks

Macro Level: Population or policy level

- Using data for system level change
- Strong foundation for advocacy
- Scaling model for other networks
- Advancing research
- Advancing population and public health

Final tips and takeaways

- Patients with diabetes are more likely to have surgical complications.
- There is a high incidence of diabetes, pre-diabetes and undiagnosed diabetes in our general surgery patients.
- Surgery is a significant life event – a window of opportunity to implement change in behavior.
- It is important to be flexible and creative when initiating a new workflow or program targeting this issue- think about technologies, telehealth, and collaboration with other specialties.
- If a program is not present or able to be implemented, consider ways to improve reminding patients the importance of keeping their diabetes team aware of any upcoming procedures to help them prepare to help reduce their risks.
- **Collaboration** and communication is key- be sure to include all parties involved and celebrate short-term wins.
- Remember the ripple effect – the opportunities to improve patient outcomes can be tremendous.

Thank you

Quality is everyone's responsibility

-W. Edwards Deming

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In their words

PATIENT PERSPECTIVES

Meet Bridget!

- SC MOMs patient 2022
- WICO Patient since 2023
- A national treasure since day 1

SCMOMs
Diabetes care for a healthy pregnancy

PRISMA