

Group Consults

Group Consults are clinical case discussions between a group of providers from the same clinic and a MAVEN Project physician volunteer who can help validate clinical approaches, enhance plans of care, and triage referrals. The clinic shares specific cases and questions with the volunteer in advance. If so desired, the volunteer can prepare a few slides and do a brief didactic where appropriate. Each consult is tailored to the clinic specific needs, using their cases to build the session.

Group Consults are held over a video conference, ranging thirty – sixty minutes, and can be reoccurring or as a onetime session. Prior to the consult, attendees submit brief case summaries or hypothetical scenarios (between 2-5) allowing the volunteer to build a small didactic portion in relation to the topic and case review.

Cases examples:

- A 53-year-old diabetic resistant to medication but improving after Janumet was added to her regimen with her A1C has improving from 10.4 to 8.4. The patient is obese. She has sleep apnea and hypertension that has improved. Her renal function is stable. Lipid panel a year ago significant for elevated triglycerides. She is followed also by cardiology.
Question- is there anything we can do better?
- 74-year-old male cigarette smoker with diabetes, obesity, atrial fibrillation, chronic back pain, neuropathy in feet secondary to back pain or diabetes, hyperlipidemia, and hypertension. Patient is currently taking a betablocker, Eliquis, Jardiance, Metformin, enalapril/Hctz, Ozempic, atorvastatin, Lyrica, and Basaglar. Lab: A1C 7.8 was 8.4 normal GFR, LDL 104 . Patient was started on Nocotrol inhaler last week.
Question: How can management of this patient be improved?
- Patient is a 70-year-old Brazilian female with uncontrolled hypertension, anxiety, stage-four renal failure, opioid dependence due to trauma to the right shoulder, and chronic pain in the right shoulder despite extensive surgical repair. Unfortunately, consultants from nephrology and cardiology have not made any suggestions controlling the patients' blood pressure despite recent requests. Her diabetes is in reasonably good control. Her COPD is not well controlled despite many medications but her pulmonary specialist, although aware of this, has not offered any suggestions

for improving her COPD. The patient cannot tolerate diuretic therapy as her GFR has declined and is now in the 20's. Medications: Carvedilol, Doxazosin, Bumex, and Lisinopril. The patient has an allergy to CCB.

Although this patient has many medical problems, managing her hypertension is critical since it has an impact on the patients CAD, renal insufficiency, anxiety and depression, COPD, and pain management.

Questions: What advice can you give us on the best way to manage this patient? Could adding a SGLT2 inhibitor significantly improve GFR, lower BP and preserve heart function?

Group consults have helped develop programming and procedures at some of our partner clinics. Examples include:

- All this diabetes
- EKG review and questions
- Health of the provide; setting boundaries, communication with patients and supervisors
- Developing liver care and hepatitis protocols
- Continuous Glucose Monitoring