
Diabetes Self-Management Services: A “Critical Element of Care”



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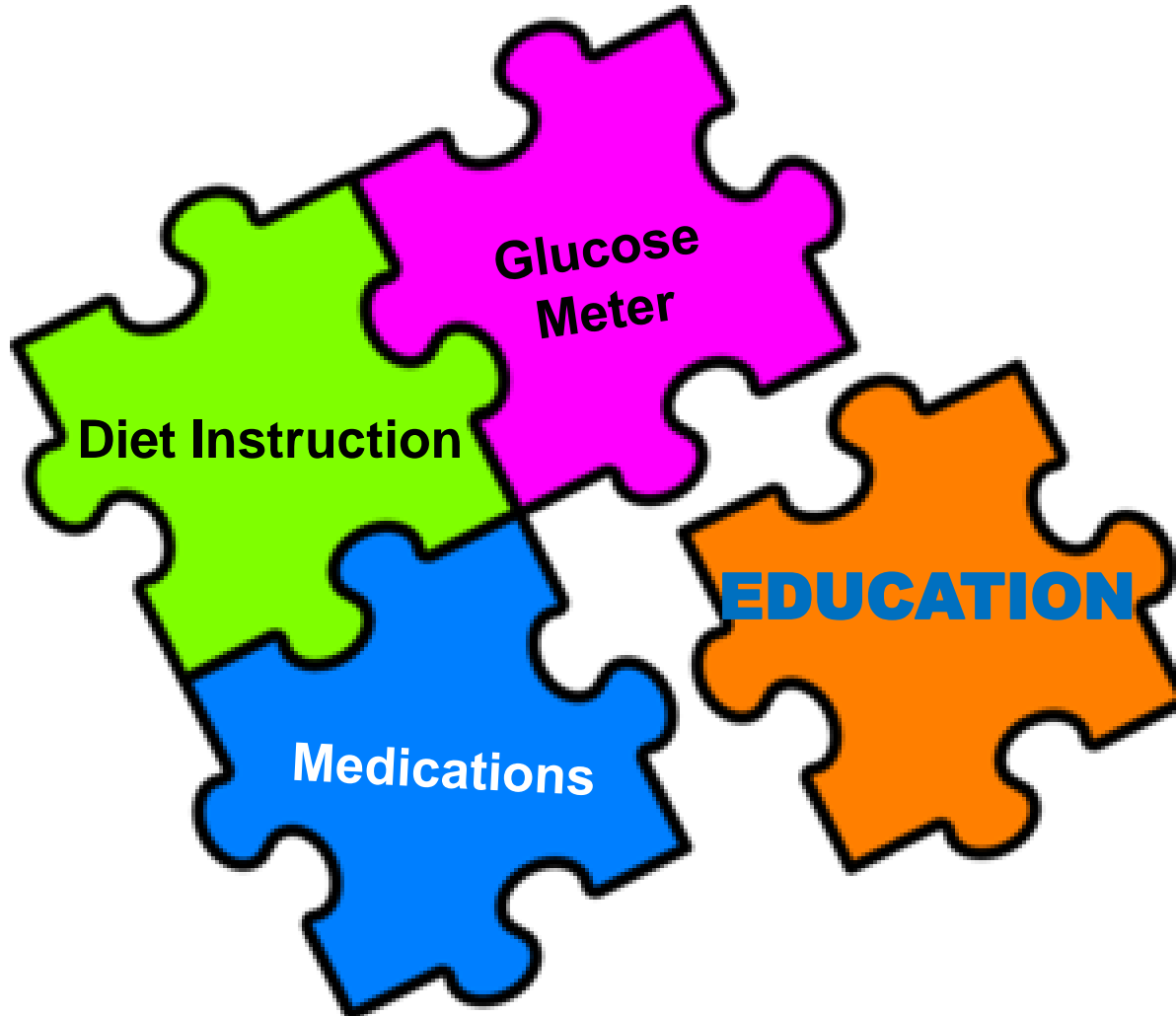
Learning Objectives

The participant will be able to:

1. Review current CPG (VADoD, ADA) recommendations for lifestyle management.
2. Outline strategies for providing Diabetes Self-Management Education and Support (DSMES) to PWD.

Key Takeaways

- Education is the cornerstone of self-management
- Patients may have different educational needs and readiness at different stages in their lives
- Strive to personalize and meet their needs
- Diabetes education is more than just taking medication and doing finger sticks
 - Multifaceted
 - Evidence-based



If diabetes education
was a pill.... Then
every doctor would
prescribe it!

Marci Butcher

Shift in Paradigms

■ *“Leave the Driving to Us!”*



■ *“Let Us Put You in the Driver’s Seat”*



What is Diabetes Self-Management?

The ongoing process of facilitating the knowledge, skills, and ability necessary for the prevention and management of diabetes

Goals:

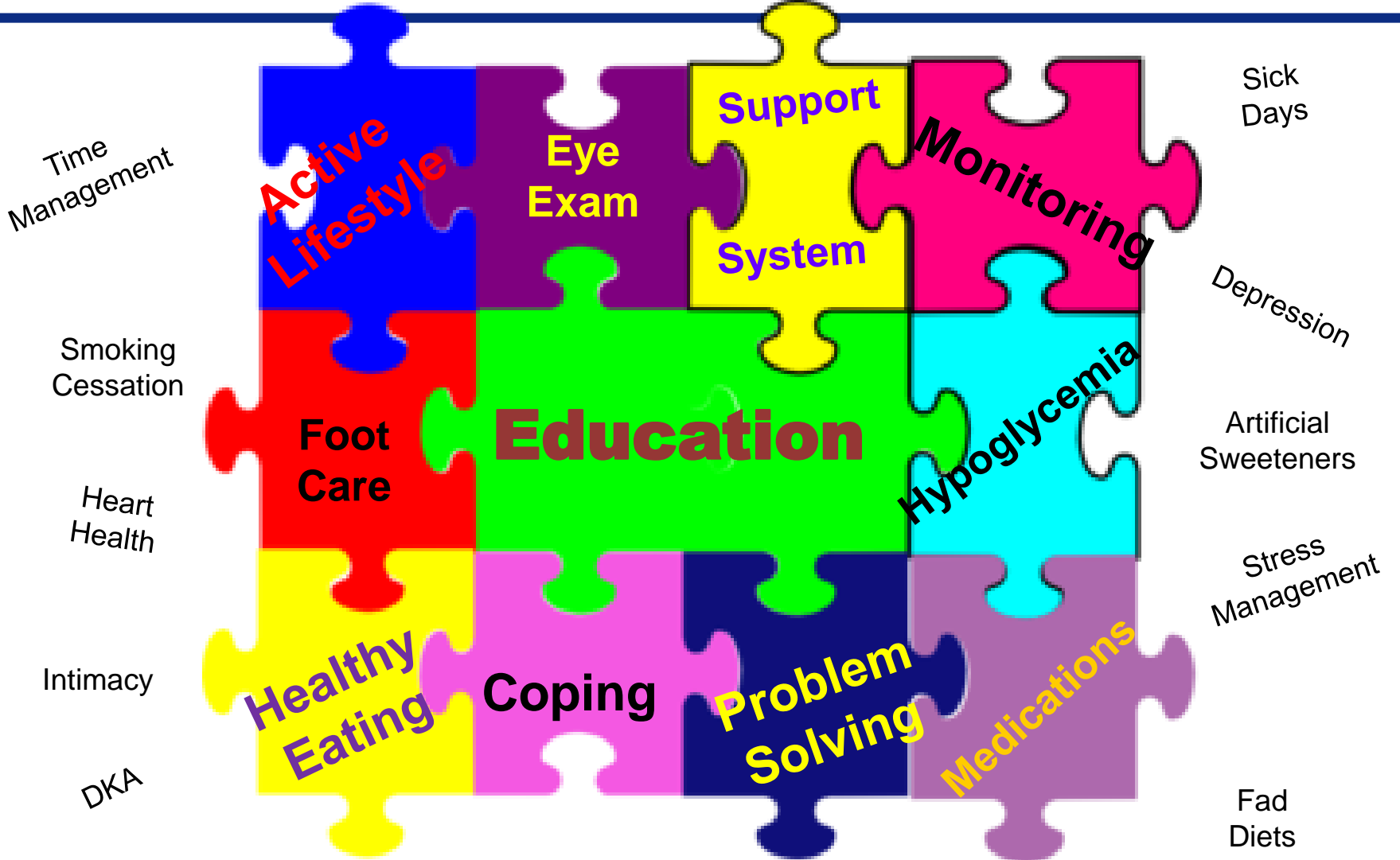
- Implementing and sustaining behaviors needed to manage condition on ongoing basis
- Four critical time points for providing DSMES
 - At diagnosis
 - Annually
 - Complicating factors occur
 - Transitions in care

New information

Myth vs Fact

Phone Apps

Other medications



Diabetes Self-Management Education and Support Goal

- Educate and empower patients!
 - Assess patient's unique needs and barriers to self management
 - Help the people with diabetes (PWD) develop problem solving skills
 - Involve patient as much as possible in clinical decisions through shared-decision making

Ultimate goal: engaged and informed patients

Promote Behavior change, NOT *Clinical* change

Powers (2017)

We recommend that all patients with diabetes should be offered ongoing individualized diabetes self-management education via various modalities tailored to their preferences, learning needs and abilities based on available resources.

Recommendation 2 of the VA/DoD Clinical Practice Guideline 2017

- **DSMES Modalities**
 - Group sessions/discussion
 - Web-based technology
 - Multimedia presentations
- **Educational strategies**
 - Teach-back
 - Role play

Recommendation 2 of the VA/DoD Clinical Practice Guideline 2017

- PWD should participate in DSMES to **facilitate knowledge, skills, and ability** necessary...for implementing and sustaining skills and behaviors needed for ongoing self-management [B]
- Four critical times to evaluate the need for DSMES: **diagnosis, annually, complicating factors arise, transitions in care occur** [E]
- Effective self-management and improved clinical outcomes, health status and **quality of life** are key goals... and should be measured and monitored as part of care. [C]
- DSMES should be patient centered, group/individual settings/**technology** and should help **guide clinical decisions**. [A]
- Because DSMES can **improve outcomes and reduce costs** [B], DSME and DSMS should be adequately reimbursed by third-party payers. [E]

ADA (2020)

Joint Position Statement of the ADA, AADE, and AND

American Diabetes Association

American Association of Diabetes Educators

Academy of Nutrition and Dietetics

- Focuses on particular needs of individuals with Type 2 diabetes
- Goals of position statement
 - Improve the patient experience of care and education
 - Improve the health of individuals and populations
 - To reduce diabetes-associated per capita health care costs
- Defines when, what, and how DSMES should be provided for adults with Type 2

Diabetes Self-management education and support in Type 2 diabetes: A position statement of the American Diabetes Association, American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics. *Diabetes Educator* 2015;41(4):417–430.

ADA/AADE Recognition

- Reimbursement
- Quality assurance
- Perks
 - Educational materials
 - Expert advice

**American Diabetes
Association
Education Recognition
Program**

**Association of Diabetes Care and Education Specialists (ADCES)*
Diabetes Education Accreditation Program (DEAP)**

*Previously known as the American Association of Diabetes Educators (AADE)

2017 National Standards for DSMES

- Multidisciplinary, multi-agency
- Support goes beyond the formal DSMES training
- Goal
 - Maximize outcomes with minimal work by PWD
 - Simplify management
 - Not add complexity
- Defines 10 standards of program management

Powers (2017)

Program Management

1. Internal Structure
2. Stakeholder Input
3. Population Served
4. Quality Coordinator
5. DSMES Team
6. Curriculum
7. Individualization
8. Ongoing Support
9. Patient Progress
10. Quality Improvement

Powers (2017)

2017 National Standards ADA, AADE, AND

1. Internal Structure

- Mission statement and goals
- Services are incorporated within the organization

2. Stakeholder Input

- Seek ongoing input from valued stakeholders and experts to promote quality and enhance participant utilization

3. Evaluation of Population Served

- Needs assessment
- Identify resources available

4. Quality Coordinator Overseeing DSMES Services

- Responsible for all components of DSMES

Powers (2017)

5. DSMES Team

- At least one DCES or BC-ADM (RN, RD, or Pharmacist)
- Other health care worker or diabetes paraprofessionals with appropriate training in DSMES (supervision of DCES)

6. Curriculum

- Reflective of current evidence and practice guidelines
- Serves as framework for provision of DSMES
- MUST be dynamic

7. Individualization

- Each person with own priorities and needs
- Person-centered, designed with input from participant
- Continuum

Powers (2017)

8. Ongoing Support

- Options and resources available for participant
- Participant to select option(s) best fit needs

9. Participant Progress

- Monitor and communicate achievement of goals
- Other outcome measures

10. Quality Improvement

- Measure the impact and effectiveness of DSMES services
- Identify areas for improvement (CQI)

Levels of Education

Office vs Classroom



DCOE photo



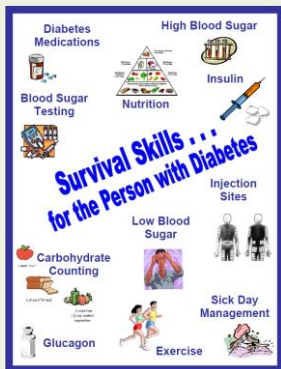
DCOE photo

Information vs Application

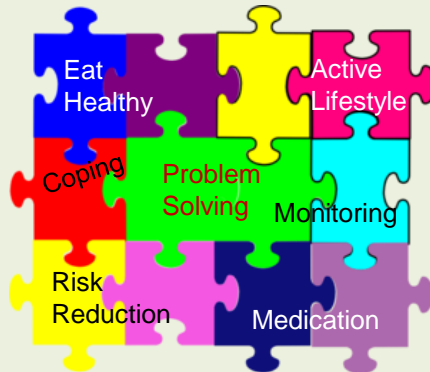


<https://lincs.ed.gov/professional-development/resource-collections/profile-730>

“Survival Skills” vs Comprehensive



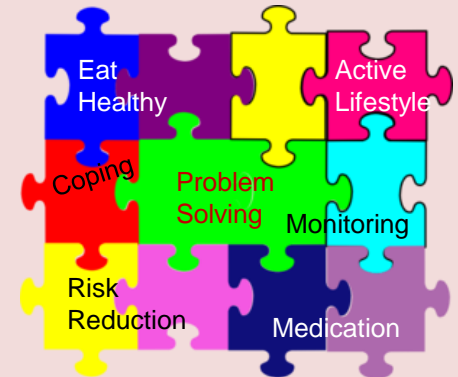
VADOD document



Medication(s) vs Comprehensive



DCOE photo



Level of Educators

- Paraprofessional
- RN – Diabetes Educator (Level 1)
- Diabetes Care and Education Specialist (Formerly known as CDE) Level 2-3

■ Level 1

Identifies Type 1, Type 2, Prediabetes, Gestational

Lists risk factors

Provides education in a culturally- appropriate manner

Uses AADE7 Self Care Behaviors Framework

Reinforces individualized behavior change plan

Seeks ongoing education

Healthy eating and exercise principles

Hypo/hyperglycemia

■ Level 2

Recognize common complications

Ability to summarize healthcare instruction in layman's terms

Recognizes different needs based on age and illness duration

Ensures patient priorities are addressed

Identifies potential barriers

Teach and reinforce safe use of medication

- Works within scope of license
- Entry level clinician/educator
- 0-2 years direct care experience
 - Identifies s/s of HHS, DKA, hyperglycemia
 - Identifies groups at risk for acute and chronic complications
 - Applies principles of evidenced-based practice
 - Appropriately selects educational materials
 - Develops community coalitions
 - Problem solves to overcome barriers
 - Collaborates to develop travel plans

AADE 2016

- DCES/Experienced clinician
- 3-5 years post DCES

Describes pathophysiology basis of complications

Recognizes effects of healthcare disparities on PWD

Evaluates and revises education and care provided

Models culturally competent behavior

Uses age-appropriate theories for DSMES

Serves as a resource in curriculum development

Utilizes motivational interviewing techniques

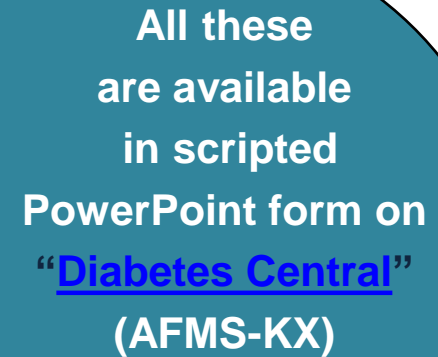
Critically appraises own knowledge and work practices

Directs and manages all aspects of DSMES services

- BC-DM/DCES/FAADE/Expert
- > 5 years direct engagement in diabetes specialty
 - Coaches and mentors to other team members
 - Promotes of culture of collegiality
 - Recognizes system failures and strategizes for improvement
 - Represents diabetes service on relevant committees
 - Advocates for diabetes education funding and support
 - Develops plan for recruitment of class participants
 - Facilitates for coordination of care across specialty, facility, and community

Recommended Core Curriculum should include:

- Diabetes pathophysiology
- Treatment options
- Healthy eating
- Physical activity
- Medication usage
- Monitoring/using patient-generated health data
- Prevent, detect and treat acute/chronic complications
- Healthy coping and problem solving
- Self advocacy



All these
are available
in scripted
PowerPoint form on
[“Diabetes Central”](#)
(AFMS-KX)

Powers (2017)

Teaching Strategies



Diabetes Self-Management Education and Support for Adults with Type 2 Diabetes: **ALGORITHM of CARE**

All patients should be assessed and referred for:



FOUR CRITICAL TIMES TO ASSESS, PROVIDE, AND ADJUST DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT



WHEN PRIMARY CARE PROVIDER OR SPECIALIST SHOULD CONSIDER REFERRAL:

- Newly diagnosed. All newly diagnosed individual with type 2 diabetes should receive DSME/S
- Ensure that both nutrition and emotional health are appropriately addressed in education or make separate referrals

- Needs review of knowledge, skills, and behaviors
- Long-standing diabetes with limited prior education
- Change in medication, activity, or nutritional intake
- HbA1C out of target
- Maintain positive health outcomes
- Unexplained hypoglycemia or hyperglycemia
- Planning pregnancy or pregnant
- For support to attain or sustain behavior change(s)
- Weight or other nutrition concerns
- New life situations and competing demands

CHANGE IN:

- Health conditions such as renal disease and stroke, need for steroid or complicated medication regimen
- physical limitations such as visual impairment, dexterity issues, movement restrictions
- Emotional factors such as anxiety and clinical depression
- Basic living needs such as access to food, financial limitations

CHANGE IN:

- Living situation such as inpatient or outpatient rehabilitation or now living alone
- Medical care team
- Insurance coverage that results in treatment change
- Age-related changes affecting cognition, self-care, etc.

Powers (2017)

- Cost-effective
 - Reduce hospital admission and readmissions
 - Reduce estimated lifetime health care costs
- Improves A1C by as much as 1% (Type 2)
- Reduce the onset/advancement of complications
- Improve quality of life
- Improve lifestyle behaviors
- Enhance self-efficacy and empowerment
- Increase healthy coping
- Decrease presence of diabetes-related distress and depression

Powers (2017)

DCOE analyzed A1c data on 184 patients who completed DSME in 2016 . Before DSME, 38% (70) of patients had an A1c > 8%, with 21 patients with double digit A1C; after completing DSME, 11.9% (22)of patients had A1c > 8%

- 129 of those patients reached their A1C goals or decreased their A1C from the baseline.
- 6 to 9 months later, 32 of those patients had A1C increases above baseline.

This validated our need to provide the recommended ongoing support and services!

Cobb, E. (2016).

- Study of >32K GDM pts, DSME reduced pregnancy-related health costs by ~\$13K/pregnancy Fitzner (2008)

- 3-yr retroactive claims analysis (250,000 Medicare beneficiaries) showed average per patient cost savings of \$135/month for those who completed DSME
 - Slightly higher pharmacy cost, due to increased patient adherence
 - Offset by cost savings: fewer hospitalizations and lower overall health expenditures Duncan (2009)

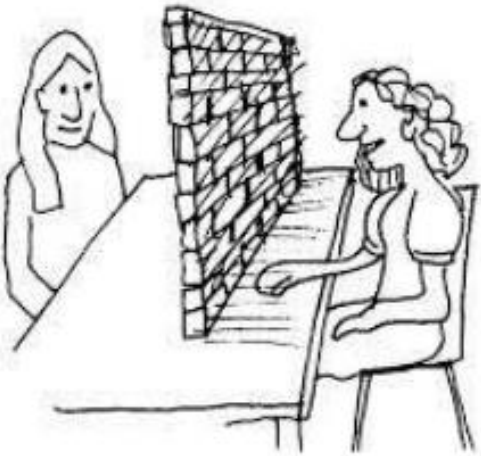
- Systematic review of existing literature found that 70% of all relevant studies showed DSME resulted in decreased healthcare costs Fitzner (2009)

Barriers to Providing DSMES

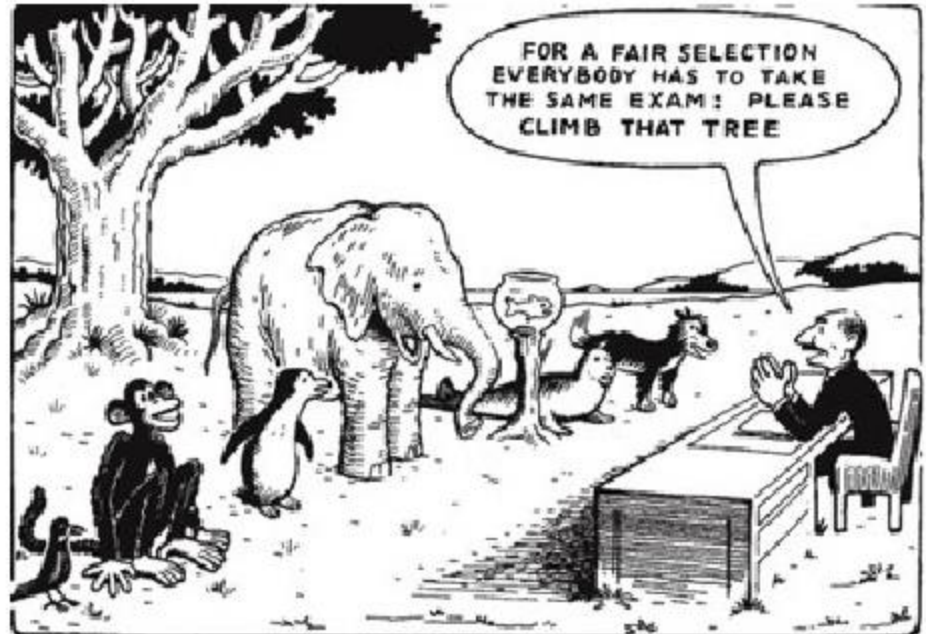


What
frustrations,
concerns,
aggravations,
etc...
do
you
face?

Barriers to Learning



<https://www.slideshare.net/24x7Learning/overcome-e-learning-barriers>



<https://www.slideshare.net/24x7Learning/overcome-e-learning-barriers>

- Individual health care professional
 - Confusion regarding when and how to make referrals
 - **Misunderstanding the necessity/effectiveness of DSMES**
 - Not actively engaging patients
- Community resources
 - Access or lack there of
 - Cost for the patient
- The individual with diabetes
 - Patient psychosocial and behavioral factors
 - Socioeconomic or cultural factors
 - Limited encouragement from other health care providers
 - **The perceived lack of need**

AADE (2015)

Medicare does cover DSMES for diabetes:

- Up to 10 hours of group DSMES (core curriculum), with follow up support of 2 hour/year

<https://www.medicare.gov/coverage/diabetes-self-mgmt-training.html>

TRICARE covers outpatient diabetes self-management and training programs:

- Authorized, accredited program (ADA, AADE)
- HCPCS codes G0108 (group) or G0109 (individual)
- Initial Training: 10 hours, additional hours if medically indicated
- Follow-up Support: 2 hours/year

<https://tricare.mil/CoveredServices/IsItCovered/DiabetesOutpatientSMTS>

“The following medical conditions, as well as any other medical condition in which diabetes self management education and support is medically necessary, would be eligible for coverage training services:

- New onset diabetes
- Poor glycemic control in the 90 days before attending the training
- A change in treatment regimen from no diabetes medications to any diabetes medication, or from oral medication to insulin
- High risk for complications based on poor glycemic control document episodes of hypoglycemia, etc.”

<https://tricare.mil/CoveredServices/IsItCovered/DiabetesOutpatientSMTS>

Know Your Resources

- Recognized programs within your area
 - http://professional.diabetes.org/erp_zip_search.aspx
 - http://www.diabeteseducator.org/DiabetesEducation/Provider_Web_Pages/Find_a_Diabetes_Educator.html
- Community based education programs/services
 - *May be at patient's expense*
- Nutritional Medicine services
 - Nutritional instruction alone is *NOT* DSME
- Diabetes Central
- Disease Managers

- AMEDD
 - Educational materials
 - Flip Chart
- CEMM
 - Diabetes
 - Prediabetes/Obesity
 - Others
- Partnerships
 - MIST
 - VAVMC
- How to find recognized programs near you
- Apps/on-line programs

- Provide DSMES recognized by the American Diabetes Association via the Medical Interagency Satellite Training (MIST)
 - Virtual classroom
 - Live interactive group sessions
- Facilitated by Disease Managers/Nurses/Pharmacists
- Available DoD-wide
- Broadcast Tues am & Thurs pm

For more information or to participate

David Beavers

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DSN 554-6920



Virtual Medical Center



*Our Goal is to
decrease the burden
of diabetes for the
patient!*

- DSMES is a critical element of care for all people at risk for or who have diabetes
- DSMES is the ongoing process of facilitating the knowledge, skills, and ability necessary for the prevention and management of diabetes
- DSMES National Standards define timely, evidence-based, quality services that apply to all providers
- DSMES focus is the individual with diabetes as the center of the care team
- There is no one method to provide DSMES
- Utilize available resources to enhance services

American Association of Diabetes Educators (2015). Diabetes Self-management Education and Support in Type 2 Diabetes: A position statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics. *Diabetes Educator* 41(4), pp 417-430.

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Management of Diabetes Mellitus.

To receive CE credits you must complete the course posttest and evaluation before collecting your certificate. The posttest and evaluation will be available from 13 September – 14 October 2019 at 2359 ET. Please complete the following steps to obtain CE credit:

1. Go to URL <https://www.dhaj7-cepo.com/>
2. In the search bar on the top left, copy and paste the activity name: **Diabetes Champion Course #15 (In Person) or Diabetes Champion Course #15 (Virtual)** . This will take you to the activity home page.
3. Click on the REGISTER/TAKE COURSE tab.
 - a. If you have previously used the CEPO LMS, click login.
 - b. If you have not previously used the CEPO LMS click register to create a new account.
4. Verify, correct, or add your profile information.
5. Enter the Access code
6. Follow the onscreen prompts to complete the post-activity assessments:
 - a. Read the Accreditation Statement
 - b. Complete the Evaluation
 - c. Take the Posttest
7. After completing the posttest at 80% or above, your certificate will be available for print or download.
8. You can return to the site at any time in the future to print your certificate and transcripts at <https://www.dhaj7-cepo.com/>
9. If you require further support, please contact us at dha.ncr.j7.mbx.cepo-lms-support@mail.mil



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Questions