



# **Connecting the Dots: Working Together to Improve Diabetes Management**

## **Increasing Access to Diabetes Self- Management Education**

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# **DPCP Work Plan Goal: Diabetes Management**

**Prevent complications, disabilities  
and burden associated with  
diabetes and related chronic  
conditions**



# Prevent complications, disabilities and burden associated with diabetes and related chronic conditions

**Overarching Strategy:** Increase participation in ADA-recognized, AADE-accredited, and/or Stanford licensed diabetes self-management education (DSME) programs.



# **Increase participation in ADA-recognized, AADE-accredited, and/or Stanford licensed diabetes self-management education (DSME) programs**

**Supportive Strategy 1:** Educate members of the health care team about diabetes and chronic disease management programs.

**Supportive Strategy 2:** Increase the reach, capacity, and sustainability of NM's DSME, CDSMP, and DSMP through infrastructure building, workforce development, and health plan coverage.



# Making the Case for DSME/S

Improves, increases, and/or enhances:

- Hemoglobin A1c
- Quality of life
- Lifestyle behaviors, e.g. healthy eating, physical activity
- Healthy coping
- Self-efficacy and empowerment

Reduces:

- The onset and/or advancement of diabetes complications
- Diabetes-related distress and depression
- Hospital admissions and readmissions
- Estimated lifetime health care costs



# Making the Case for DSME/S

- What has worked for others and how well?
- What might this intervention approach cost, and what am I likely to achieve through my investment?
- What are the evidence gaps?



# Stanford Chronic Disease Self-Management Program

- Improved symptom management in:
  - Fatigue (10%)
  - Pain (11%)
  - Shortness of breath (14%)
  - Stress (5%)
  - Sleep problems (16%)
- 13% improvement in # of days/week being active
- 21% improvement in depression
- 6% improvement in health-related quality of life
- 15% improvement in unhealthy physical days
- 12% improvement in unhealthy mental days



# ***Better Choices Better Health***

## **CDSMP**

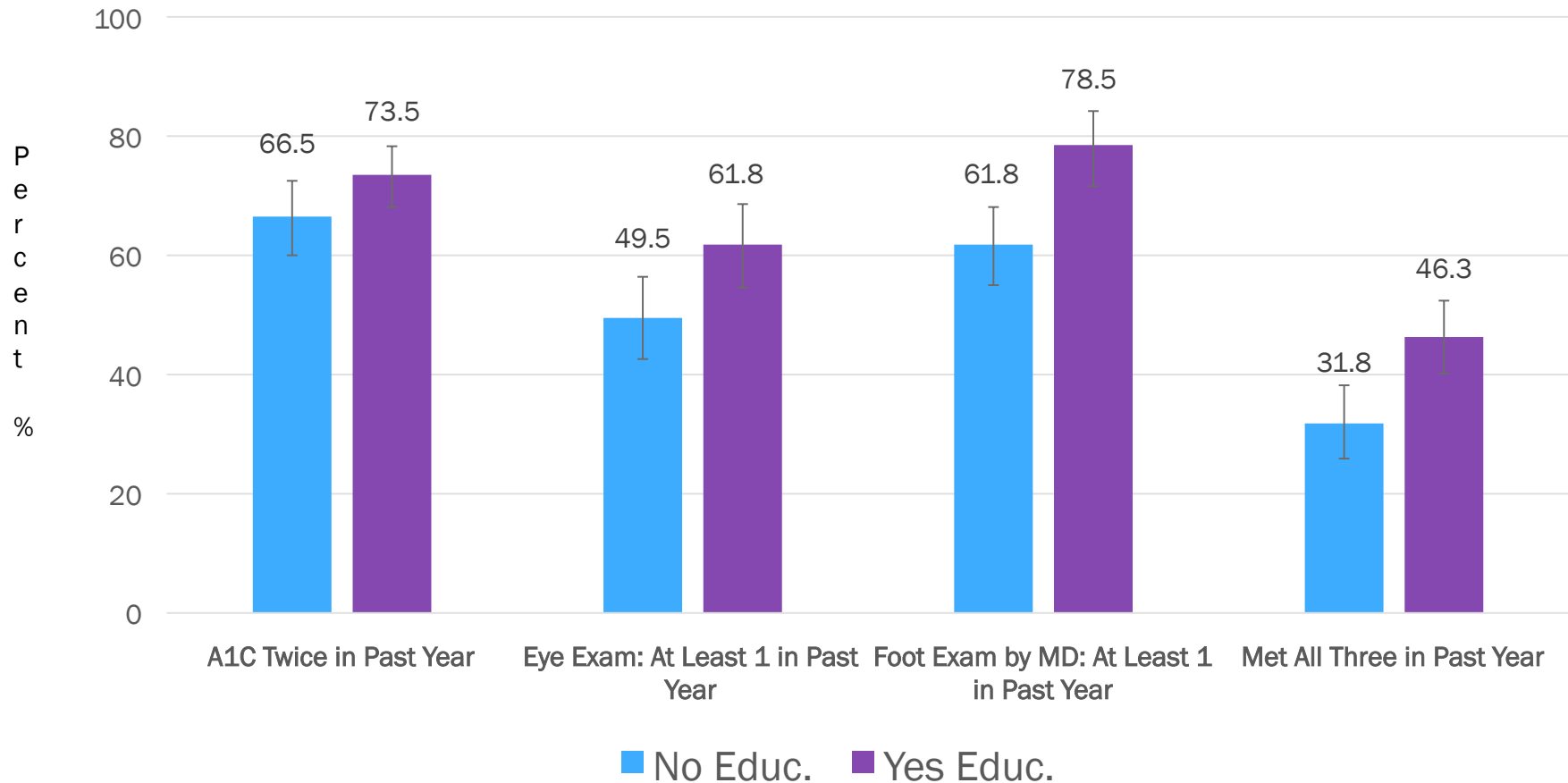
- A1C levels reduced
- Depression symptoms improved
- Frequent hypoglycemic symptoms decreased
- Medication adherence improved
- Exercise participation improved





# Utilization of Recommended Screenings by History of Any Form of Diabetes Self-Management Education

Among Adults with Diagnosed Diabetes  
2013-2015 Combined BRFSS, Age-adjusted to 2000 U.S. Census



# Increasing Access to DSME: Key Factors

- DSME Programs
- Payers and payment mechanisms
- Referral policies and practices
- People with diabetes



# Factors that impact DSME utilization in NM:

- Lack of awareness about the value/importance of DSME among both consumers and providers
- Lack of transportation
- Uninsured/underinsured patients
- Reimbursement policies
- Weak payment mechanisms
- Lack of availability of qualified diabetes educators and other personnel



# Next Up:

**Supportive Strategy 1:**  
Educate members of the health care team about diabetes and chronic disease management programs.

