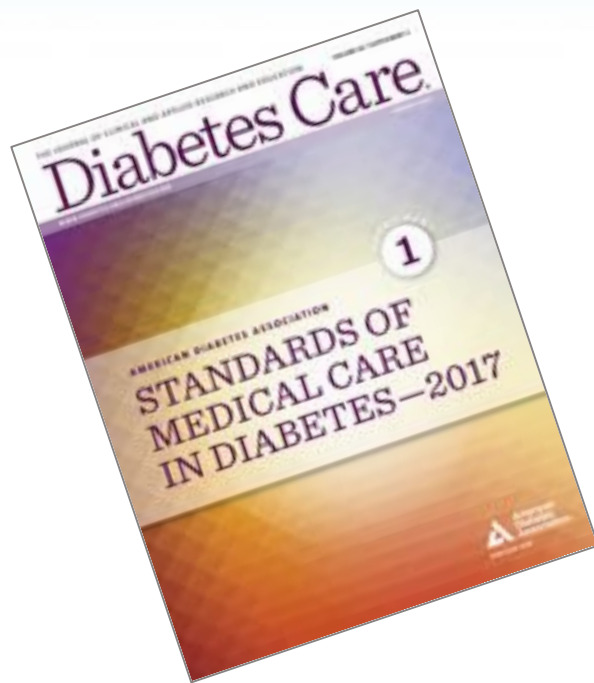


Diabetes Self-Management Education and Support: Component of Standard Diabetes Care ^{1, 2}



“... Ongoing patient self-management education and support are critical to preventing acute complications and reducing the risk of long-term complications ...” ¹

1. ADA. Standards of Medical Care. *Diabetes Care* (2017)

2. Powers MA et al. Joint Position Statement on DSMES. *Diabetes Care, TDE, JAND* (2015)

Presentation Goal and Objectives

Goal

Increase the number of persons with diabetes who benefit from diabetes self-management education and support (medical nutrition therapy and emotional health support)

Objectives

- Describe ADA Standards of Care related to diabetes education
- List benefits of diabetes self-management education and support
- Describe the 4 critical times to assess, provide, adjust and refer for diabetes self-management education and support
- Understand the role of the health system in promoting quality diabetes care

Definitions

Diabetes Self-management Education (DSME): Ongoing process of facilitating the knowledge, skill, and ability necessary for diabetes self-care.

Diabetes Self-management Support (DSMS): Activities that assist in implementing and sustaining the behaviors needed to manage diabetes.

Diabetes Self-management Education and Support (DSMES): The combination of education (DSME) and support (DSMS). With the inclusion of “support” in the most recent update in the National Standards for DSMES, this is now the preferred terminology.

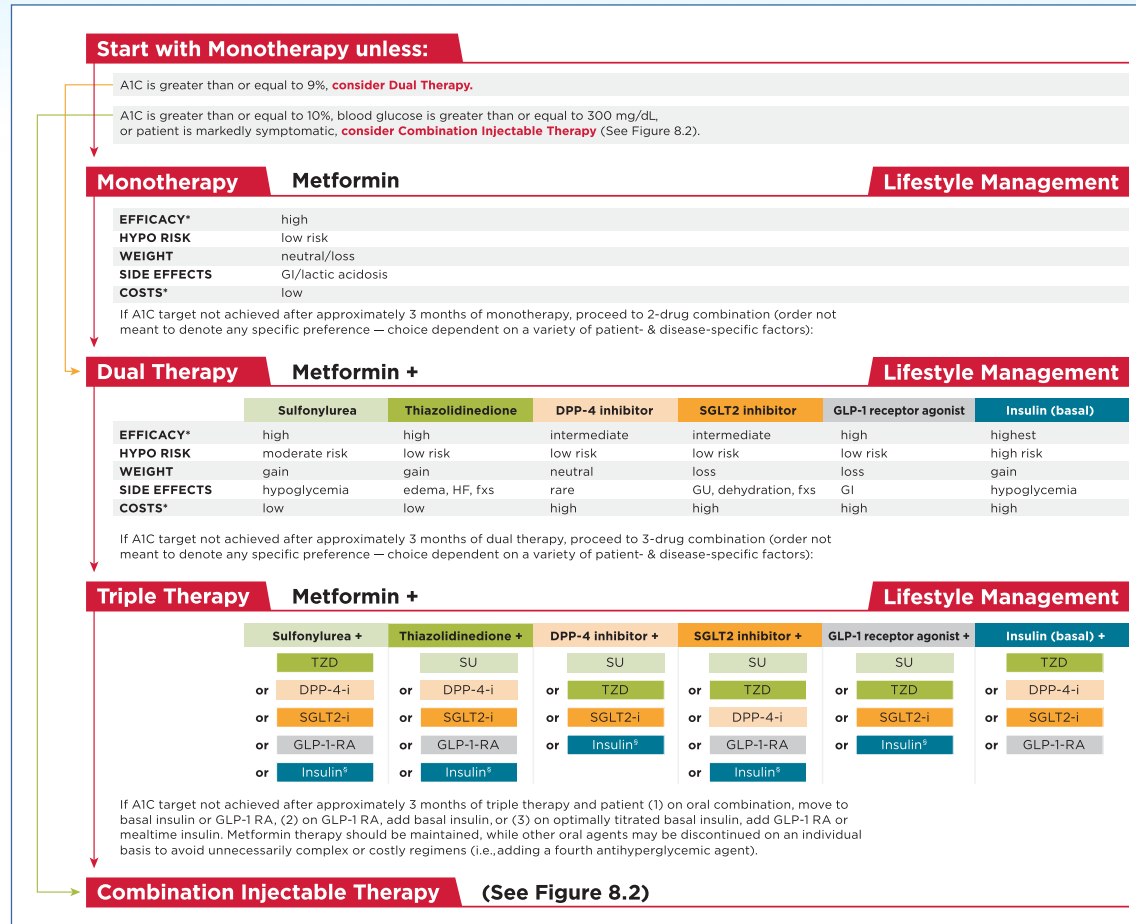
Diabetes Self-management Training: Term used by the Centers for Medicare and Medicaid Services for DSMES. Preferred term for legislative activity and reimbursement/billing issues.

Medical Nutrition Therapy (MNT): Application of nutrition care process; includes individualized nutrition assessment, nutrition diagnosis, intervention and monitoring and evaluation; if not included in DSME program, refer to registered dietitian.

Lifestyle Management: Includes DSMES, DSME, DSMS, MNT, physical activity, smoking cessation counseling, psychosocial care.

1. Haas L and Maryniuk MD et al. Nat Std for DSMES *Diabetes Care* (2012)
2. Powers MA et al. Joint Position Statement on DSMES. *Diabetes Care, TDE, JAND* (2015)
3. ADA. Standards of Care. *Diabetes Care* (2017)

Lifestyle Management is Integral Component of Diabetes Care



ADA. Standards of Medical Care. *Diabetes Care* (2017)

Recognizing the many benefits of DSMES

If DSMES was a pill, would you prescribe it? ¹

Scorecard: DSMES vs Metformin

Criteria	Benefits Rating	
	DSMES ¹	Metformin ^{2,3}
Efficacy	High	High
Hypoglycemia risk	Low	Low
Weight	Neutral/Loss	Neutral/Loss
Side effects	None	GI
Cost	Low/Savings	Low
Psychosocial benefits	High	N/A

1. Powers MA. *Diabetes Care* (2016); 2. Inzucchi SE. *Diabetes Care* (2015); 3. ADA Standards of Medical Care. *Diabetes Care* (2017)

1. Powers MA. *Diabetes Care* (2016)

Sorry State of DSMES Utilization

Medicare provides reimbursement for:

DSMT - first year 10 hours and 2 hours each subsequent year

MNT – first year 3 hours and 2+ hours each subsequent year

Referrals are required; easy to make

Medicare: Only 5% with newly diagnosed diabetes used DSMT benefit¹

Only 1.7% of those with diabetes had a claim for DSMT claim in 2012²

Private Insurance: 6.8% with newly diagnosed T2D received DSMES within 12 months of diagnosis³

1. Strawbridge et al. Health Edu Behav. (2015)

2. <http://www.healthindicators.gov>

3. Li et al. MMWR Morb Mortal Wkly Rep. (2014)

Diabetes Self-Management Education and Support

Maximizing the Benefits

The DSMES Position Statement describes when, what and how to best provide DSMES. Ensure nutrition, education and emotional health needs are met.

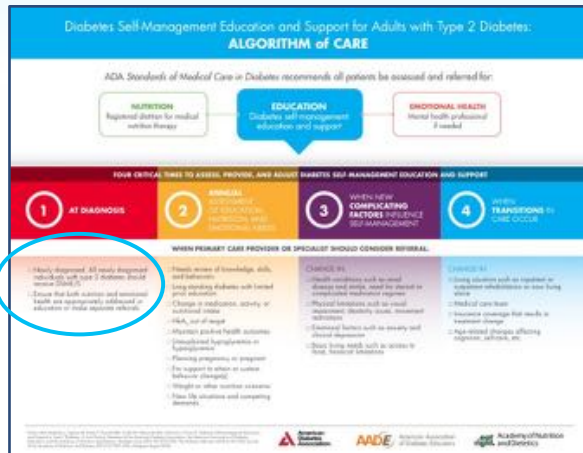
There are 4 critical times to assess, adjust, provide and refer for DSMES.



Powers MA et al. DSMES Position Statement (2015)
Diabetes Care, The Diabetes Educator, Journal of Academy of Nutrition and Dietetics

Diabetes Self-Management Education and Support

Maximizing the Benefits

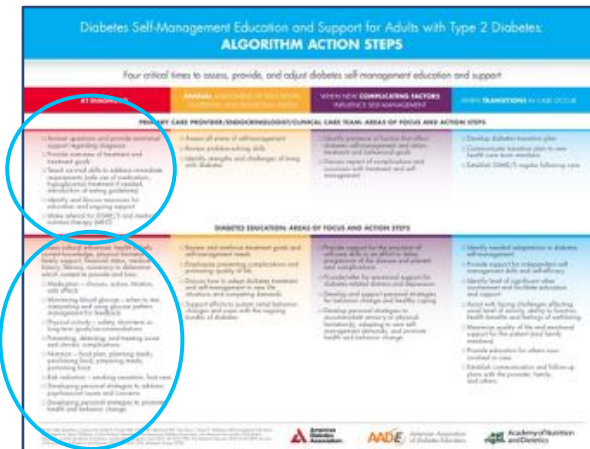


When to refer

1. At diagnosis
2. Annually
3. When complicating factors occur
4. When transitions in care occur

What - focus and actions by

- Primary care providers/ endocrinologists/ clinical care team
- Diabetes self-management education educators / program



Powers MA et al. DSME/S Position Statement (2015)

Diabetes Care, The Diabetes Educator, Journal of Academy of Nutrition and Dietetics

Evidence for Greatest Impact of DSMES ^{1, 2}

Engaging adults with type 2 diabetes in DSMES results in statistically significant and clinically meaningful improvements in A1c. The greatest improvements are achieved when DSMES:

- Involves both group and individual education
- Is provided by a team vs a single individual
- Participants attend more than 10 hours
- Is tailored to the individual participant
- Is focused on behaviors and engages the participant rather than didactic interventions

1. Chrvala et al. *Pt Ed & Counseling* (2015)

2. AHRQ add reference

Summary – Maximize the Benefits of DSMES

- There are many evidence-based benefits of DSMES. Of note are the many psychosocial benefits and behavioral improvements
- DSMES is grossly under utilized
- The DSMES position statement:
 - Describes the 4 critical times to assess, adjust, provide and refer for education
 - Provides clear expectations of the focus areas of DSMES at each of the 4 critical times
 - The checklists in the algorithms provide objective criteria for discussing self-management needs with a patient
- Health systems should mobilize to ensure all patients have easy access to DSMES, including nutrition, physical, and emotional health needs
 - Consider automatic referrals for DSMT and MNT; opt-out versus opt-in

Powers MA et al. DSME/S Position Statement (2015)
Diabetes Care, The Diabetes Educator, Journal of Academy of Nutrition and Dietetics