



Health Partners Plans

Diabetes Self-Management (DSME) Education

Provider Resource Toolkit

Health Partners Plans/Medicaid Managed Care Organization Workgroup

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PA/CCI

Pennsylvania Community-Clinical Integration Initiative

Did you know...?

Ten percent of adult Pennsylvanians have diabetes.

Many adults with diabetes have not been provided with the necessary tools for self-care. Referring patients with diabetes to diabetes self-management education (DSME) will help them learn how to care for their diabetes, to live healthier lives and to reduce the risk of developing possible life-altering complications of diabetes. For each patient's quality of life, it is important to talk to them about their diabetes and make sure they attend a DSME program that is accredited or recognized.*

**Certified DSME programs are those that have American Diabetes Association recognition or American Association of Diabetes Educators accreditation, which ensures the program meets the evidence-based National Standards for Diabetes Self-Management Education and Support.*

Benefits of a DSME Program

Studies demonstrate that patients who participate in DSME programs are more likely to^{1, 2}:

- Use primary care and preventive services
- Be more proactive in their care
- Have delayed onset or escalation of diabetes
- Take medications as prescribed
- Have improved clinical outcomes, such as better control of their HbA1c levels, blood pressure and LDL cholesterol
- Have lower health care related costs

¹ American Association of Diabetes Educators. 2015. Why refer for diabetes education? Retrieved March 15, 2015, from American Association of Diabetes Educators.

² Diabetes Educators: Supporting You, Empowering Your Patients. AADE PowerPoint. 2015.

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How to Locate a DSME?

To find a DSME provider in your area, visit <http://www.doh.pa.gov/diabetesmap>.



What is a DSME?

Diabetes self-management education (DSME) is an evidence-based lifestyle intervention program that teaches people with diabetes how to effectively manage the disease in their daily lives. A certified* DSME program has been rigorously reviewed to ensure it meets the National Standards for Diabetes Self-Management Education and Support. DSME is proven to reduce the associated complications of diabetes and help patients increase their overall quality of life.¹ On the clinical side, DSME is shown to reduce HbA1c by as much as one percent in people with type 2 diabetes, as well as, reduce fasting glucose and LDL.²

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DSME is different from diabetes support groups and general education. Though helpful, less formal types of diabetes education and support may not offer the same structure, expertise, medical knowledge and evidence-driven education that people with diabetes need. DSME provides specific qualitative and clinical information tailored to each participant's needs and health status. It is helpful for patients to be made aware that completing a certified DSME program tailored to their specific needs is a critical part of their treatment plan.³

Currently, certified DSME is a covered medical benefit through Medicare, Medicaid and most private insurance plans, but patients need a referral from their physicians to qualify for reimbursement. Moreover, many patients do not know about DSME and how lifestyle changes can greatly increase their health and lower diabetes complications. Working with patients and making sure they attend DSME is essential in increasing their quality of care.

Furthermore, DSME is only reimbursable for 10 initial hours in the first year of the referral and two hours per year thereafter. Once the referral is written, patients must complete the 10 hours of education within the next 12-month period. Talking with your patient about the importance of attending the maximum number of classes, within the one-year period, ensures that they fully utilize their benefit and receive the highest quality of care.

**Certified DSME programs are those that have American Diabetes Association recognition or American Association of Diabetes Educators accreditation, which ensures the program meets the evidence-based National Standards for Diabetes Self-Management Education and Support.*

1. Joslin Diabetes Center. 2015. Diabetes Education: Why it's so crucial to care. Retrieved March 13, 2015, from Joslin Diabetes Center: http://www.joslin.org/info/diabetes_education_why_its_so_crucial_to_care.html
2. Moran, K., Burson, R., Critchett, J., & Olla, P. (2011). Exploring the cost and clinical outcomes of integrating the registered Nurse-Certified diabetes educator into the patient-centered medical home. *The Diabetes Educator*, 37(6), 780-793.
3. American Association of Diabetes Educators. 2015. Why refer for diabetes education? Retrieved March 15, 2015, from American Association of Diabetes Educators.

Understanding AADE Accreditation and ADA Recognition of DSME Programs

There are two organizations that certify diabetes self-management education (DSME) programs as providing evidenced-based education and support services for diabetes management. These certifying organizations are:

1. American Association of Diabetes Educators (AADE)
2. American Diabetes Association (ADA)

In order to become certified, a program must meet the 10 National Standards for Diabetes Self-Management Education and Support. The national standards are approved and updated every five years by a task force of experts in diabetes care and management. The task force consists of experts from the areas of public health, underserved populations (including rural primary care and other rural health services), individual practices, large urban specialty practices and urban hospitals. Additional task force members have included individuals with diabetes, diabetes researchers, certified diabetes educators, registered nurses, registered dietitians, physicians, pharmacists and psychologists.

Key components of the national standards are to ensure programs have:

- Adequate organizational structure to support the delivery of services.
- External stakeholder input to ensure program quality and a clear understanding of the target population the program is trying to reach.
- The proper staff to deliver the program, curriculum that meets best practices, and individualized care and support plans for each participant.
- Personalized follow-up plans, communicating progress to the referring doctor and engaging in continuous quality improvement to address any service gaps.

More information

- In depth information on DSME National Standards can be found at:
Haas, L., Maryniuk, M., Beck, J., Cox, C. E., Duker, P., Edwards, L., & Youssef, G. (2013). National standards for diabetes self-management education and support. *Diabetes care*, 36 (Supplement 1), S100-S108. <http://care.diabetesjournals.org/content/35/11/2393.full>
- A two-page, color PDF document from AADE, “Diabetes Educators: Supporting You, Empowering Your Patients” is available at:
https://www.diabeteseducator.org/docs/default-source/legacy-docs/_resources/pdf/general/ProviderBrochure_Downloadable_Final.pdf

Joint Position Statement and Referral Algorithm

Diabetes self-management education and support DSMES is a critical component of diabetes care. Referring patients to an appropriate program may not be as straightforward as it seems. In order to streamline that referral process, the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics have released a joint position statement highlighting the importance of DSMES as part of routine care and providing an algorithm outlining four critical points in time when it is recommended to assess patients' need for DSMES referral, which include:

1. At diagnosis
2. Annually
3. At the development of complicating factors affecting self-management
4. At transition of care

In addition to highlighting these junctures, the statement also outlines the educational focus at each of these junctures.

Press releases

Please see the official press release [here](#).

Prevent Diabetes STAT

A joint initiative between the American Medical Association and The Centers for Disease Control and Prevention, Prevent Diabetes STAT, aims to inform both health care providers and the public about the importance of preventing type 2 diabetes and raise awareness of the evidence-based Diabetes Prevention Program.

To learn more about the initiative and download the toolkit, visit <http://www.ama-assn.org/sub/prevent-diabetes-stat/>.

Get to Know Community-Based Programs

Community-based lifestyle intervention programs can be an important part of a health care team. Adding individualized and evidence-based programs like diabetes self-management education (DSME) to a patient's ongoing care plan can be an effective means of both preventing chronic disease complications and increasing patient agency as part of his/her health care team. These community-based programs want to help their communities, but they need referrals from physicians. They have limited resources for promoting their services, and that's where primary care providers can help. By reaching out and working with these programs, you can not only help your patients but also improve your ability to effectively manage your patients' chronic diseases. An empowered, educated and supported patient will more efficiently implement your chronic disease treatment care plan.



Provider Tools – Reference Articles & Materials

- American Association of Diabetes Educators. 2015. Why refer for diabetes education? Retrieved March 15, 2015, from American Association of Diabetes Educators:
<https://www.diabeteseducator.org/practice/provider-resources/why-refer-for-diabetes-education>
 - This portion of the AADE website provides information on what DSME is as well as provider information regarding referrals, follow-up and DSME benefits. The information is summarized in the handout below.

- “Diabetes Educators: Supporting You, Empowering Your Patients”
https://www.diabeteseducator.org/docs/default-source/legacy-docs/resources/pdf/general/ProviderBrochure_Downloadable_Final.pdf
 - This is a color, two-page PDF “Diabetes Educators: Supporting You, Empowering Your Patients” produced by AADE that can be printed and distributed to your primary care providers.
 - A PowerPoint presentation of the documents is also available here:
<https://www.diabeteseducator.org/practice/practice-documents/reaching-prescribers>.

- Funnell, Martha; Anderson, Robert. Empowerment and Self-Management of Diabetes. Clinical Diabetes July 2004 vol. 22 no. 3 123-127.
 - This resource explains the standard of care for diabetes and the importance and efficacy of empowerment and self-management.

- Joslin Diabetes Center. 2015. Diabetes Education: Why it’s so crucial to care. Retrieved March 13, 2015, from Joslin Diabetes Center:
http://www.joslin.org/info/diabetes_education_why_its_so_crucial_to_care.html
 - Joslin Diabetes Center is a leader in diabetes education and provides many resources on the importance and effectiveness of DSME.

- Magee et al., M. (2011). Diabetes Self-management Education Program for African Americans Affects A1C, Lipid-Lowering Agent Prescriptions, and Emergency Department Visits. The Diabetes EDUCATOR, 95 - 103.
 - This research study conducted through a community-based education site (public library) demonstrated a reduction in A1C levels and reduced emergency room visits for uncontrolled diabetes.

- Martin, AL. 2013. The future of diabetes education: expanded opportunities and roles for diabetes educators. *The Diabetes Educator*. 2013.
 - This literature review found an increasing need for diabetes educators and DSME as the population with diabetes continues to rise. Additionally, effective promotion of DSME benefits is needed to ensure utilization of DSME.

- Moran, K., Burson, R., Critchett, J., & Olla, P. 2011. Exploring the cost and clinical outcomes of integrating the registered nurse-certified diabetes educator into the patient-centered medical home. *The Diabetes Educator*, 37(6), 780-793.
 - This study found significant improvement in A1C, fasting glucose and LDL when certified diabetes educators (CDEs) were used to assist diabetes patients in a patient-centered medical home.

- Siminerio L.M., Ruppert K, Emerson S., et al. 2008. Delivering diabetes self-management education (DSME) in primary care. *Disease Management and Health Outcomes*. 16(4): 1-6.
 - This study looked at the effect point-of-service diabetes education had on patient outcomes. It concluded that DSME delivering at POS provides an effective means of educating patients who do not receive regular DSME services but that more research needs to be done to increase DSME access.

- Stenson et al., B. 2011. Monitoring in Diabetes Self-Management: Issues and Recommendations for Improvement. *Population Health Management*, 14 (4), 189-197.
 - This collection of thought leader discussions found that self-management and decision-making skills are essential in managing diabetes. To decrease barriers to DSME, it is critical for people with diabetes to learn these skills.

- Powers, M., Bardsley, J., Cypress, M., Duker, P., Funnell, M. , Fischl, A., Maryniuk, M., Siminerio, L., Vivian, E. (2015) Diabetes Self-management Education and Support in Type 2 Diabetes: A Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics. *Diabetes Care* published ahead of print June 5, 2015, doi:10.2337/dc15-0730.
 - This article highlights to benefits of DSME and provides a streamlined algorithm to define four critical times when patients should be referred to DSME to help fine-tune their self-management plan. Please see the official press release [here](#) and full text [here](#).

Provider Communication Resources

Referrals and Communication

Bidirectional communication between PCPs and DSME programs provides holistic care and ensures all members of a patient’s health care team are fully informed. By initiating and maintaining contact for DSME providers, referral to those providers becomes more streamlined, and benefit to the patient increases because of the efficiency of communication.

Provider/Patient Talking Points*

- Diabetes is a complex disease that requires daily self-management—that is, making healthy food choices, staying physically active, monitoring your blood sugar and taking medications as prescribed.
- It is important to talk regularly with your diabetes care team to problem solve, reduce risks for complications and cope with lifestyle changes.
- Successful self-management will help you feel better and can reduce your chance of developing complications including heart disease, dental disease, eye disorders, kidney disease, nerve damage and lower leg amputation.
- Diabetes is also a very personal disease. Upon being diagnosed, it's not uncommon to feel a certain amount of fear. Fear of the unknown. Fear about how your lifestyle may change. Fear that you will experience life-threatening complications.
- A key member of the diabetes management team, a diabetes educator, will help you learn how to take care of yourself—that is, guide you through your treatment and help you with any fears, issues and problems you encounter along the way.
- Utilize this PDF in talking with your patients: https://www.diabeteseducator.org/docs/default-source/legacy-docs/_resources/pdf/general/ProviderBrochure_Downloadable_Final.pdf

**American Association of Diabetes Educators (AADE), About Diabetes Education, <https://www.diabeteseducator.org/living-with-diabetes>*

Patient Barriers

Many patients face barriers attending DSME, including time restrictions, travel considerations, proximity to DSME location, financial concerns and patient agency. These barriers are not always apparent, and PCPs can help overcome these barriers by talking through these issues with patients (or assigning to a care team member) to ensure they can attend classes once a referral is made. If a good relationship with DSME programs is made, the discussion of these barriers and help in overcoming them can be done in partnership with those programs.

Provider Checklist

- **Discuss patients’ attendance and retention rates:**
 - a. Clinicians should be aware of their patients’ attendance of DSME. Writing a referral is one thing, but making sure the patient actually attends DSME takes more time and resources. Comparing attendance rates can help clinicians see if attendance and retention issues are endemic or sporadic.

- b. PCPs should make sure to ask patients at follow-up if they have completed their DSME program. As a certified DSME program, PCPs should be receiving communication, but be sure to ask patients to highlight that it is important in their care.
- **Review patient population and barriers they may face:**
 - a. Reviewing the patient population can help define possible barriers patients face to attending DSME. Low-income and low-mobility factors can physically prevent attendance, while a language barrier (patient not understanding what DSME is or a language-appropriate DSME program is not available) may cause cultural barriers.
- **Discuss how to overcome barriers and utilize partnerships and available resources:**
 - a. Community resources and DSME programs themselves can help overcome patient barriers, but clinicians and their office staff can assist patients to access these resources, including translation services, transportation programs, childcare and incentive-based DSME programs. DSME programs and PCPs can closely partner to address these barriers.

Doctor-Patient Relationship

The doctor-patient relationship is important in chronic disease management. Ensuring patients are fully informed on their options regarding their own care, including attending DSME and other chronic disease self-management education courses, is critical in making them proactive in their health care. In order to overcome patient embarrassment, shyness and discomfort, physicians need to create a safe, welcoming space for patients to express their concerns and thoughts regarding their health. Here are some useful reminders that demonstrate the importance of an inclusive doctor-patient relationship and can help create that inclusive environment.

Reminders

- **Sensitivity:** Improved patient outcomes occur when a patient fully understands their care plan. When talking with patients, PCPs need to be sensitive to patients' medical (health) literacy and use simple language and fewer medical terms to help patients have better understanding. This, in turn, creates a safe space in which the patient feels comfortable asking questions. Overall, a beneficial doctor-patient relationship increases patient agency, adherence to care plans and health outcomes.
- **Interaction with patient:** Review PCPs style of interaction with their patients. For example, if a PCP does not explain why he/she is prescribing a medicine or performing a certain test, the patients become less knowledgeable and involved in their own care. By reviewing specific patient interactions, such gaps in relationship building can be assessed and corrected.
- **Motivational interviewing, positive reinforcement and relationship development:**
 - Motivational interviewing and other communication and empowerment-building techniques can help PCPs become more aware of the effect of their interactions on patients and how to motivate patients to become more active in their care, attend DSME and adhere to their overall care plan.
 - Motivational interviewing is a patient-centered counseling technique meant to engage and facilitate agency in the patient. Some of the fundamental components include asking permission, using change and empowerment talk, asking open-ended questions, and assessing readiness for patient change.
 - For further information on motivational interviewing, please refer to these resources:

- Nelson, Joseph. A Motivational Challenge: Blending Practice with Theory. AADE in Practice. March 2014. <http://aip.sagepub.com/content/2/2/42.full.pdf>
- Motivational Interviewing Strategies and Techniques: Rationales and Examples. Sobell and Sobell, 2008. http://www.nova.edu/gsc/forms/mi_rationale_techniques.pdf

References:

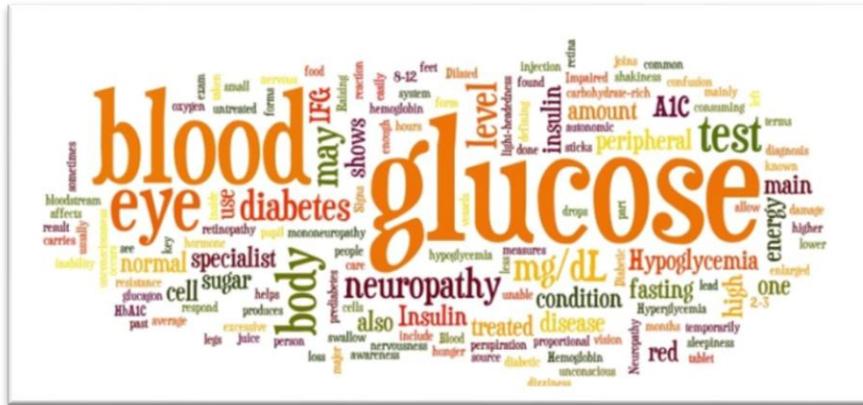
1. Funnel, Martha M., MS, RN. Helping Patients Take Charge of Their Chronic Illnesses. Family Practice Management. 2000 Mar;7(3):47-51. <http://www.aafp.org/fpm/2000/0300/p47.html>
2. White, Brandi. Using Flow Sheets to Improve Diabetes Care. Family Practice Management. 2000 Jun; 7(6):60-62. <http://www.aafp.org/fpm/2000/0600/p60.html>
3. White, Brandi. Making Diabetes Checkups More Fruitful. Family Practice Management. 2000 Jun; 7(8):51-52. <http://www.aafp.org/fpm/2000/0900/p51.html>
4. White, Brandi. Improving Chronic Disease Care in the Real World: A Step-by-Step Approach. Family Practice Management. 2000 Mar; 6(9): 38-43. <http://www.aafp.org/fpm/1999/1000/p38.html>
5. Lowes, Robert. Patient-Centered Care for Better Patient Adherence. Family Practice Management. March 1998:46–57. <http://www.aafp.org/fpm/1998/0300/p46.html>

Additional Resources & Infographics

These infographics are intended to increase provider and patient awareness and trust in DSME. They are designed to introduce both populations to DSME and not as comprehensive DSME explanations. The provider infographic can be distributed as a hard copy flier, in an email or in another digital format.

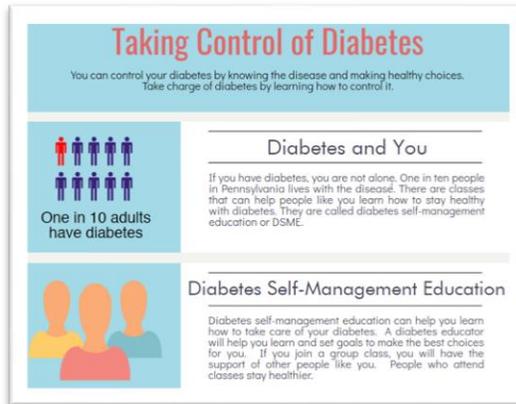
Provider-Focused Infographic:

<https://create.piktochart.com/output/11506549-dsme-clinician-promotion-official>



Patient-Focused Infographic:

<https://create.piktochart.com/output/11528264-dsme-patient-promotion-official>



The patient infographic is intended to be given to providers to post in their offices or otherwise provide to their patient population. It is written at a sixth grade reading level, per Health Choices requirements.

NM-3459-18