Language in Diabetes Care and Education

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Objectives

- Discuss why language matters in diabetes care and education
- Identify words that are unhelpful in diabetes
- Discuss the recommendations for changing the language of diabetes
- Locate resources for diabetes language
The Use of Language in Diabetes Care and Education

- Background
- Writing group
- American Association of Diabetes Educators and American Diabetes Association
- Resources for spreading the word

Polling Question
Before right now, have you ever actively thought about the effect of language on people with diabetes?

A. Yes
B. No
Diabetes is a complex and challenging disease involving many factors and variables.

Stigma that has historically been attached to a diagnosis of diabetes can contribute to stress and feelings of shame and judgment.

Every member of the healthcare team can serve people with diabetes more effectively through a respectful, inclusive, and person-centered approach.

Person-first, strengths-based, empowering language can improve communication and enhance the motivation, health, and well-being of people with diabetes.
Polling Question
It is not possible, in our current health care environment, to use language that is neutral, non-judgmental, and based on facts, actions, or physiology/biology.

A. True
B. False
Recommendation #1
Use language that is neutral, nonjudgmental, and based on facts, actions, or physiology/biology

Example:
Joe takes his medication about half the time.

Instead of
Joe is nonadherent with his medication. Joe has poor medication adherence.

Example from Real Life

Addressing noncompliance with children from dysfunctional families
Polling Question

The word “diabetic” is attached to stigma and negative stereotypes for people with diabetes.

A. True
B. False
Recommendation #2
Use language that is free from stigma

Example:

There are several factors that play a role in developing type 2 diabetes. It’s not Cindy’s fault that she got it.

Instead of

Cindy wouldn’t have gotten type 2 diabetes if she had eaten better.

Patients are “noncompliant”

• “I have no patience for people who cause themselves to become ill, lose limbs, and disregard their medication/diet regimen. I’d become overwhelmingly frustrated working with this group of patients all day every day.”

• “From what I’ve seen thus far, many of those who have diabetes are noncompliant and don’t take care of themselves. That would be extremely frustrating for me.”
Polling Question

There are always strengths I can identify and build on with the people with diabetes I serve.

A. True
B. False
Recommendation #3
Use language that is strengths-based, respectful, inclusive, and imparts hope

Example:
Lucy is taking sulfonylureas and they are not bringing her blood glucose levels down enough.

Instead of
Lucy is poorly controlled. Lucy has uncontrolled diabetes.

Example from real life

MACRA measure: Poor HbA$_{1c}$ control

If you haven’t started reporting quality data for the Merit-Based Incentive Payment System (MIPS), there’s still time to avoid a 4% cut to your Medicare payments. Under the Pick Your Pace approach being offered this year, the Centers for Medicare & Medicaid Services allows clinicians to test the system by reporting on one quality measure for one patient through paper-based claims. Be sure to append a Quality Data Code (QDC) to the claim form for care provided up to Dec. 31, 2017, in order to avoid a penalty in payment year 2019. Consider this measure:

Measure #1. Diabetes: HbA$_{1c}$ Poor Control

The measure is aimed at capturing the percentage of patients aged 18-75 years with diabetes who had a hemoglobin A$_{1c}$ greater than 9%. For this inverse measure, a lower performance rate indicates better clinical care. What you need to do: Document the most recent HbA$_{1c}$ level that was performed during the last 12 months.

Eligible cases include patients aged 18-75 years on the date of the encounter who had a documented diagnosis of diabetes. One of the following services must be performed at the visit (CPT or HCPCS): 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99240, 99282, 99283, 99284, 99285, 99291, 99304, 99306, 99307, 99308, 99309, 99310, 99311, 99312, 99313, 99314, 99315, 99316, 99317, 99318, 99319, 99320, 99321, 99322, 99323, 99324, 99325, 99326, 99327, 99328, 99330, 99333, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0270, G0271, G0402, G0438, G0439

To get credit under MIPS, be sure to include a QDC that shows you successfully performed the measure or that you had a good reason for not doing so.

INSULIN Results favored Roux-en-Y gastric bypass over sleeve gastrectomy

Bariatric surgery patients treated at the Cleveland Clinic were included in this analysis if they had T2DM, were taking insulin at the time of their procedure, and had been followed for at least 5 years. The median follow-up was 7 years with a range out to 12 years. Of the 212 patients who had HbA$_{1c}$ goal of less than 7% within the first 2 years of surgery, while 59% remained at this goal at the most recent follow-up. The proportion taking insulin at the short-term mark was 36% rising only to 40% long term.

When data were stratified by procedure, surgery was followed by achieving the primary outcomes on the basis of a multi-Dr. Aminian agreed. Dr. Aminian said the procedure now predicts outcomes for future analysis.

Relative to baseline, significant improvements were made.
Polling Question
There isn’t time to think about my communication style or approach when I’m with patients.

A. True
B. False
Recommendation #4

Use language that fosters collaboration between patients and providers

Example:

More and more people are living long and healthy lives with diabetes. Let’s work together to make a plan that you can do in your daily life.

Instead of

You are going to end up blind or on dialysis.

**Example from Real Life**

Patient engagement from two different perspectives:

<table>
<thead>
<tr>
<th>Hospital/Health Care Setting</th>
<th>Language Movement</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Tools</td>
<td>• Interest</td>
</tr>
<tr>
<td>• Programs</td>
<td>• Value</td>
</tr>
<tr>
<td>• Technology</td>
<td>• Participation/involvement</td>
</tr>
</tbody>
</table>
Polling Question

Which is not a reason to eliminate the word “diabetic” from our diabetes vocabulary?

A. It puts the disease first, not the person
B. It doesn’t give us helpful information
C. It’s not politically correct
D. Someone may not relate to being called “diabetic”
Recommendation #5
Use language that is person centered

Example:
Lonnie has diabetes. Lonnie has lived with diabetes for ten years.

Instead of
Lonnie is a diabetic. Lonnie has been a diabetic for ten years.
Example(s) from real life
Other problematic words

- Cheating
- Good/bad
- Fail
- Difficult patient
- Test
- Refused
- Should

Make It about the Person with Diabetes...

Give the person credit

• Get/got him to …
• I want you to …
• I let her …
• Setting goals for …

Body Language Matters Too!

• What does your tone imply?
• What message does your face send?
• What is your body telling someone?

Language Resources

American Association of Diabetes Educators has developed the following:

**Two-page handout**
- (for patients, families, friends, students, colleagues, members of society)

**Media guide**
- (for anyone who writes about diabetes)

[www.diabeteseducator.org](http://www.diabeteseducator.org)
- (click on *practice* then *educator tools*)
Questions?

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For more information visit www.jjdi.com. **Become a member and opt in** to be notified about our new programs, publications and more!

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