Diabetes Self-management Education and Support:

A Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics

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January 21, 2016
Collaboration
DSME/S Position Statement

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Polling Question 1

Which of the following is/are true in the U.S.?

a. Providers usually refer all newly diagnosed persons with type 2 diabetes to diabetes education.
b. Providers have a clear understanding of what occurs in diabetes education.
c. Diabetes education is most effective when delivered in a didactic (lecture) format.
d. All of the above are true.
e. None of the above is true.
KEY TAKEAWAYS

• The *Position Statement* builds on other position statements and recommendations and addresses the triple aim
• The **Guiding Principles** for DSME/S focus on patient centered care
• There are **4 Critical Times** to assess, provide, and adjust DSME/S
• The sum of the whole is greater than any of the parts – teams need to be engaged in DSME/S
Discussion Questions

- How can you use the position statement in your work?
- How have you used the position statement in your work?

Please share responses throughout the presentation and I will share at the end so others can benefit from your insights.
BACKGROUND: Setting the Stage
Benefits Associated with DSME/S

- Reduces hospital admissions and readmissions
- Improves health outcomes including lowering A1c
- Reduces onset and/or advancement of complications
- Improves quality of life
- Increases healthful eating patterns and regular activity
- Enhances self-efficacy and empowerment
- Increases healthy coping

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

- 6.8% of individuals with newly diagnosed T2D with private health insurance received DSME/S within 12 months of diagnosis
- 4% of Medicare participants received DSME/S and/or MNT

Li et al. MMWR. 2014;63:1045-1049
Barriers to DSME/S

- Time
- Location
- Referral
- Diversity / disparities
- Value confusion
- Cost, reimbursement
- Clear expectations – when, what, how
Definitions

**DSME:** Ongoing process of facilitating the knowledge, skill, and ability necessary for diabetes self-care

**DSMS:** Activities that assist in implementing and sustaining the behaviors needed to manage diabetes

Haas L and Maryniuk MD et al. Nat Std for DSME/S Diabetes Care; 2012
ADA Standards of Medical Care: Recommendations

- People with diabetes should receive DSME/DSMS according to National Standards for Diabetes Self-Management Education and Support at diagnosis and as needed thereafter. B

- An individualized MNT program, preferably provided by a registered dietitian, is recommended for all people with type 1 or type 2 diabetes. A

- DSME and DSMS should be patient centered, respectful, and responsive to individual patient preferences, needs, and values, which should guide clinical decisions. A

- Because DSME/DSMS and medical nutrition therapy can result in cost-savings B/B and improved outcomes B/A, DSME/DSMS and medical nutrition therapy should be adequately reimbursed by third-party payers. E/E
AADE Position Paper

AADE has defined the AADE7 Self-Care Behaviors™ as a framework for patient centered diabetes self-management education (DSME) and care.

1. Healthy Eating
2. Being Active
3. Monitoring
4. Taking Medications
5. Problem Solving
6. Healthy Coping
7. Reducing Risks

• American Association of Diabetes Educators Position Statement. AADE7™ Self-Care Behaviors, December 3, 2014
Systematic Review

• Engaging adults with type 2 diabetes in DSME results in statistically significant and clinically meaningful improvement in A1C

• These data demonstrate that DSME that involves both group and individualized engagement results in the greatest improvement in A1C

• The data suggest that there is a greater likelihood of DSME resulting in statistically significant improvement when a team rather than a single individual is involved in its provision

• The data suggest that limiting DSME contact time to 10 hours may not be sufficient

Purpose of Position Statement

• Improve patient experience of care and education, improve health of individuals and populations, reduce diabetes-associated per capita health care costs (triple aim)

• Provide health care teams with the information required to better understand the educational process and expectations for DSME and DSMS and their integration into routine care

• Create a diabetes education algorithm that defines when, what, and how DSME/S should be provided for adults with type 2 diabetes
Questions to be Addressed

• **When** is DSME/S recommended?
• **What** DSME/S is needed at various times and by whom?
• **How** is DSME/S best provided?
DSME/S Algorithm of Care: Guiding Principles

1. Engagement
2. Information sharing
3. Psychosocial and behavioral support
4. Integration with other therapies
5. Coordination of care

Powers MA et al. DSME/S Position Statement 2015
Diabetes Care, The Diabetes Educator, Journal of Academy of Nutrition and Dietetics
Guiding Principle: Engagement

- Solicit and respond to questions
- Focus on decisions, reasons for the decisions and results
- Use shared decision making and principles of patient centered care
- Talk about success, concerns and struggles
- Remain “solution neutral” and support patient identifying solutions

Powers MA et al. DSME/S Position Statement 2015
Diabetes Care, The Diabetes Educator, Journal of Academy of Nutrition and Dietetics
Guiding Principle: Information Sharing

- Reinforce that DSME/S is important and essential
- Discuss continuum of diabetes
- Provide need to know information
- Maximize teachable moments
- Acknowledge need for behavioral and psychosocial support
- Avoid being didactic

Powers MA et al. DSME/S Position Statement 2015
Diabetes Care, The Diabetes Educator, Journal of Academy of Nutrition and Dietetics
Guiding Principle: Psychosocial and Behavioral Support

- Address diabetes related distress/depression
- Support self efficacy
- Address whole person
- Include family and/or support system in education

Powers MA et al. DSME/S Position Statement 2015
Diabetes Care, The Diabetes Educator, Journal of Academy of Nutrition and Dietetics
Guiding Principle: Coordination of Care

- Coordinate care across specialty care, facility-based care, and community organizations
- Provide collaborative care and coordination with treatment goals and targets
- Communicate with referring providers
- Provide culturally appropriate care
- Use evidence based decision support
- Collect performance data for quality improvement

Powers MA et al. DSME/S Position Statement 2015
Diabetes Care, The Diabetes Educator, Journal of Academy of Nutrition and Dietetics
DSME/S ALGORITHM OF CARE
DSME/S Algorithm of Care

### Diabetes Self-management Education and Support for Adults With Type 2 Diabetes: Algorithm of Care

#### ADA Standards of Medical Care in Diabetes

Diabetes Care recommends all patients be assessed and referred for:

1. Nutrition
2. Education
3. Emotional Health

#### Four critical times to assess, provide, and adjust diabetes self-management education and support

<table>
<thead>
<tr>
<th>TimePOINT</th>
<th>At diagnosis</th>
<th>Annual assessment of education, nutrition, and emotional needs</th>
<th>When new complicating factors influence self-management</th>
<th>When transitions in care occur</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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- **When primary care provider or specialist should consider referral:**
  - New diagnosis: All newly diagnosed individuals with type 2 diabetes should receive DSME/S.
  - Ensure that both nutrition and emotional health are appropriately addressed in education or make separate referrals.

- **Change in:**
  - Health conditions such as renal disease and stroke need for insulin or component medication regimen
  - Physical limitations such as visual impairment, dexterity issues, management restrictions
  - Emotional factors such as anemia and depression
  - Resilience needs such as access to food, finances, limitations

#### Diabetes Education: areas of focus and action steps

- **Focus areas:**
  - Cultural influences, health beliefs, current knowledge, physical limitations, social supports, transition to care
  - Assist the patient in increasing their understanding of diabetes and self-management
  - Monitor blood glucose when to see improvement and ongoing patient management for feedback
  - Select feedback tools to monitor treatment parameters and patient education
  - Support efforts to support initial behavior changes and cope with the ongoing burden of diabetes

#### Action steps

- Review and reinforce treatment goals and self-management needs
- Identify problem-solving techniques and decision-making skills
- Discuss how to select diabetes medication and self-management to address limitations and competing emotions
- Support efforts to support initial behavior changes and cope with the ongoing burden of diabetes

- Provide support for the provision of self-care skills to improve adherence of the disease and treatment regimen
- Provide support for emotional support for diabetes-related decisions and self-management
- Develop and support personal strategies for behavior change and healthy coping
- Develop personal strategies to address overwhelmed by physical limitations, adapting to new self-management demands, and generate health and behavior change

**Powers MA et al. DSME/S Position Statement 2015**

*Diabetes Care, The Diabetes Educator, Journal of Academy of Nutrition and Dietetics*
DSME/S Algorithm of Care

Diabetes Self-management Education and Support for Adults With Type 2 Diabetes: Algorithm of Care

ADA Standards of Medical Care in Diabetes recommends all patients be assessed and referred for:

- **Nutrition**
  - Registered dietitian for medical nutrition therapy

- **Education**
  - Diabetes self-management education and support

- **Emotional Health**
  - Mental health professional, if needed

Four critical times to assess, provide, and adjust diabetes self-management education and support:

1. **At diagnosis**
2. **Annual** assessment of education, nutrition, and emotional needs
3. **When new complicating factors** influence self-management
4. **When transitions in care occur**

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

Diabetes Self-management Education and Support for Adults With Type 2 Diabetes: Algorithm of Care

ADA Standards of Medical Care in Diabetes recommends all patients be assessed and referred for:

- **Nutrition**: Registered dietitian for medical nutrition therapy
- **Education**: Diabetes self-management education and support
- **Emotional Health**: Mental health professional, if needed

Four critical times to assess, provide, and adjust diabetes self-management education and support:

1. **At diagnosis**
2. **Annual** assessment of education, nutrition, and emotional needs
3. When new **complicating factors** influence self-management
4. When **transitions** in care occur

When primary care provider or specialist should consider referral:

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Powers MA et al. DSME/S Position Statement 2015
*Diabetes Care, The Diabetes Educator, Journal of Academy of Nutrition and Dietetics*
## DSME/S Algorithm of Care: Action Steps

### Diabetes Self-management Education and Support Algorithm: Action Steps

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<td>- Answer questions and provide emotional support regarding diagnosis</td>
<td>- Assess all areas of self-management</td>
<td>- Identify presence of factors that affect diabetes self-management and attain treatment and behavioral goals</td>
<td>- Develop diabetes transition plan</td>
</tr>
<tr>
<td>- Provide overview of treatment and treatment goals</td>
<td>- Review problem-solving skills</td>
<td>- Discuss effect of complications and successes with treatment and self-management</td>
<td>- Communicate transition plan to new health care team members</td>
</tr>
<tr>
<td>- Teach survival skills to address immediate requirements (safe use of medication, hypoglycemia treatment if needed, introduction of eating guidelines)</td>
<td>- Identify strengths and challenges of living with diabetes</td>
<td>- Establish DSME/S regular follow-up care</td>
<td>- Establish DSME/S regular follow-up care</td>
</tr>
<tr>
<td>- Identify and discuss resources for education and ongoing support</td>
<td>- Make referral for DSME/S and MNT</td>
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</tr>
</tbody>
</table>

### Diabetes education: areas of focus and action steps

- Assess cultural influences, health beliefs, current knowledge, physical limitations, family support, financial status, medical history, literacy, numeracy to determine content to provide and how:
  - Medications—choices, action, titration, side effects
  - Monitoring blood glucose—when to test, interpreting and using glucose pattern management for feedback
  - Physical activity—safety, short-term vs. long-term goals/recommendations
  - Preventing, detecting, and treating acute and chronic complications
  - Nutrition—food plan, planning meals, purchasing food, preparing meals, portioning food
  - Risk reduction—smoking cessation, foot care
  - Developing personal strategies to address psychosocial issues and concerns
  - Developing personal strategies to promote health and behavior change

- Review and reinforce treatment goals and self-management needs
- Emphasize preventing complications and promoting quality of life
- Discuss how to adapt diabetes treatment and self-management to new life situations and competing demands
- Support efforts to sustain initial behavior changes and cope with the ongoing burden of diabetes

- Provide support for the provision of self-care skills in an effort to delay progression of the disease and prevent new complications
- Provide/refer for emotional support for diabetes-related distress and depression
- Develop and support personal strategies for behavior change and healthy coping
- Develop personal strategies to accommodate sensory or physical limitation(s), adapting to new self-management demands, and promote health and behavior change

- Identify needed adaptations in diabetes self-management
- Provide support for independent self-management skills and self-efficacy
- Identify level of significant other involvement and facilitate education and support
- Assist with facing challenges affecting usual level of activity, ability to function, health beliefs, and feelings of well-being
- Maximize quality of life and emotional support for the patient (and family members)
- Provide education for others now involved in care
- Establish communication and follow-up plans with the provider, family, and others

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At Diagnosis

- Reinforce that diabetes is serious
- Self managed disease
- Assess emotional response
- Identify barriers
- Focus on immediate questions, survival skills, provide support
- Discuss diabetes will require treatment change over time

Powers MA et al. DSME/S Position Statement 2015
*Diabetes Care, The Diabetes Educator, Journal of Academy of Nutrition and Dietetics*
Yearly Assessment: Education, Nutrition, Emotions

- Assess knowledge, skills, behaviors
- Particular focus on those at higher risk
- Involve family members
- Explore patient choices and problem solving skills
- Use teach-back method

Powers MA et al. DSME/S Position Statement 2015
Diabetes Care, The Diabetes Educator, Journal of Academy of Nutrition and Dietetics
Complicating Factors Influence Self-Management

• Discuss how diabetes complications and co-morbidities can affect self-management

• Provide guidance that addresses physical limitations

• Anticipate psychosocial and emotional factors (i.e. diabetes distress) and proactively address

• Consider influence on social factors and new needs

Powers MA et al. DSME/S Position Statement 2015
Diabetes Care, The Diabetes Educator, Journal of Academy of Nutrition and Dietetics
When Transitions in Care Occur

• Engage the patient, current and new health care team when changes in age, health status, living condition, health insurance coverage result in care changes

• Provide clear written communications to connect all clinicians, patient and family

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QUESTIONS GUIDE THE CONVERSATION
Patient-Centered Assessment

Sample questions to guide a patient-centered assessment

1. How is diabetes affecting your daily life and that of your family?
2. What questions do you have?
3. What is the hardest part right now about your diabetes, causing you the most concern or most worrisome to you about your diabetes?
4. How can we best help you?
5. What is one thing you are doing or can do to better manage your diabetes?

Powers MA et al. DSME/S Position Statement 2015
Diabetes Care, The Diabetes Educator, Journal of Academy of Nutrition and Dietetics
USING THE POSITION STATEMENT
“It is recommended that all health care providers and/or systems develop processes to guarantee that all patients with type 2 diabetes receive DSME/S services and ensure that adequate resources are available in their respective communities to support these services.”

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Diabetes Care, The Diabetes Educator, Journal of Academy of Nutrition and Dietetics
## Target audiences for implementation

<table>
<thead>
<tr>
<th>Providers / Clinicians</th>
<th>Programs</th>
<th>Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCPs</td>
<td>DSME program</td>
<td>Persons with diabetes</td>
</tr>
<tr>
<td>Endos</td>
<td>ERP and DEAP programs*</td>
<td>Educators</td>
</tr>
<tr>
<td>Hospitalists</td>
<td>Health system</td>
<td>Members of NCDBE</td>
</tr>
<tr>
<td>Professional organizations</td>
<td>Medical Homes</td>
<td>Bloggers</td>
</tr>
<tr>
<td>Student training programs</td>
<td>State health programs / health departments</td>
<td>Industry reps</td>
</tr>
</tbody>
</table>

*ERP = Education Recognition Program (ADA)  
*DEAP = Diabetes Education Accreditation Program (AADE)
Polling Question 2

Which of the following is true about the DSME/S Position Statement?

a. It provides the evidence base for the value of diabetes education.

b. It identifies the four critical times to assess, adjust, and provide DSME/S.

c. It provides objective criteria for referral.

d. It summarizes the content/topics to address in DMSE/S.

e. It provides clinicians and health systems with a framework to establish and coordinate patient-centered diabetes care.

f. None of the above is true.

g. All of the above are true.

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

The DSME/S Position Statement

a. Provides the evidence base for the value of diabetes education

b. Identifies the four critical times to assess, adjust, and provide DSME/S

c. Provides objective criteria for referral

d. Summarizes the content/topics to address in DMSE/S

e. Provides clinicians and health systems with a framework to establish and coordinate patient-centered diabetes care

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Discussion Questions

- How can you use the position statement in your work?
- How have you used the position statement in your work?

Please share responses throughout the presentation and I will share at the end so others can benefit from your insights.
Thank you!

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