

LEVEL UP YOUR DIABETES CARE

DSMES and the National DPP

Integrating the National DPP lifestyle change program into your established DSMES services can help you maximize your impact on diabetes with a comprehensive suite of services.

Have you been offering diabetes self-management education and support (DSMES) services and quality education for a while? Are you ready for the next big step? Consider if your organization is ready to offer the National Diabetes Prevention Program (DPP) and build a more comprehensive suite of services across the diabetes spectrum of care.

“Now, with the option for health centers to have a National DPP and DSMES, people are empowered to make lifestyle changes and control their own destiny,” says Lee Ann Sherrill, registered nurse, Certified Diabetes Educator with the Choctaw Nation in McAlester, Oklahoma.



THE NATIONAL DIABETES PREVENTION PROGRAM

The National DPP, a cost-effective structured program that supports lifestyle behavior change, was founded based on research that confirmed that type 2 diabetes can be prevented or delayed in adults at high risk by 58% (71% for people over 60 years old).



Learn more about this national effort to prevent type 2 diabetes [from the CDC.](#)

WHO

IS THIS STRATEGY RIGHT FOR YOU?

This isn't a model for everyone — but if your DSMES program is operating at a high efficiency, it's time to bring your diabetes care to the next level!

Ideal organizations for the National DPP are:

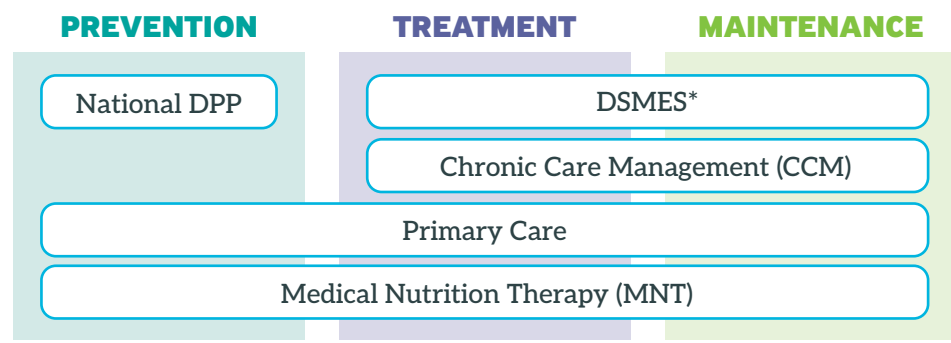
- DSMES programs that have achieved accreditation through the Diabetes Education Accreditation Program (DEAP) with the ADCES or recognition with the Education Recognition Program (ERP) from the American Diabetes Association (ADA).

In addition, ask yourself:

- Are you connected with eligible program participants?
- Are you linked with health care professionals who can refer patients?
- Do you have capable billing services?
- Are you analyzing patient data to inform program decisions about the care that patients need?

If you've answered yes to these, it's time to think about diabetes care in a smart and sustainable way!





THE FULL SPECTRUM OF DIABETES CARE






*Diabetes Self-Management Education and Support

TO JOIN THE **CDC'S NATIONAL DPP LIFESTYLE CHANGE PROGRAM**, PARTICIPANTS MUST:

Meet ALL of these requirements

-  18 years or older
-  Overweight
-  Not diagnosed with type 1 or type 2 diabetes
-  Not currently pregnant

AND meet ONE of these requirements

-  Diagnosed with prediabetes
-  Previously diagnosed with gestational diabetes
-  High-risk result on prediabetes risk test

WHY

THE BENEFITS OF OFFERING BOTH DSMES AND THE NATIONAL DPP

If millions more people develop type 2 diabetes in the next 25 years, it will have a catastrophic impact on our country, our health care system and the economy. But DSMES and the National DPP are grounded in scientific and practice-based evidence shown to mitigate the risk of prediabetes and type 2 diabetes.

By offering both programs, this type of model can also:

- Advance the quintuple aim
- Expand the number and types of services received by those who participate in the National DPP lifestyle change program (i.e., identify emerging health conditions, manage chronic conditions)
- Add another line of revenue

“I believe the DPP has instilled some hope and knowledge in the people that do not have diabetes in our community,” Sherrill says. “We have provided education to some of our tribal members, both seniors and younger clients, that diabetes can be prevented or delayed. And that just because you are Native American does not mean you have to have diabetes and complications later in life, or now.”



Can you relate?

I was awarded funding in the form of a grant to address issues of public health importance, including improving the access and quality of care for our DSMES services, while expanding availability of the National DPP. But I am worried I won't be able to maintain this after the grant ends.

Q: Can I actually sustain this for the long term?

A: YES!

SUCCESS STORY

ADCES has worked with more than 47 DSMES organizations to become CDC-recognized Diabetes Prevention Programs in 17 states. All of these organizations have received funding from the CDC's Division of Diabetes Translation. By becoming recognized, DSMES organizations ensure high-quality programming and impact.

Of the 47+ organizations:

33 reached full CDC Diabetes Prevention Recognition Program (DPRP) recognition status (70%)

5 received pending or preliminary recognition status (11%)

12 applied to be Medicare DPP suppliers (26%)

Many of these organizations, which are embedded in both rural and urban community areas, feature a large number of individuals in historically marginalized and underserved communities (Latinos, African Americans, Medicare beneficiaries and others), as well as men. People from these groups had previously been under-enrolling in lifestyle change programs relative to their risk for type 2 diabetes.

Many organizations start with grant funding. But by starting with a strong foundation (that is, DSMES), you are already ahead of the curve!



[Read more about increasing access to the National DPP through an array of networks, including DSMES.](#)

The DSMES/DPP model provides a strategic, sustainable approach to advancing health equity for populations with, or at risk for, prediabetes and type 2 diabetes.

“There’s already a baseline of diabetes care established when you have a DSMES program, so implementing or folding the National DPP into that preexisting infrastructure takes diabetes care a step further,” says Sacha Uelmen, director of diabetes education and prevention programs at ADCES in Alexandria, Virginia. “Plus, the care team already knows and trusts you, and you’re looking at the whole spectrum of the disease.”

This model has shown improved self-care practices and improved

quality of care, as well as an increase in early detection of complications in people with diabetes.

“Both DSMES and DPP programs are very important,” Sherrill says. “Both need to be promoted as much as possible through the health care system so people know they have choices to manage diabetes through DSMES and prevent or delay with the DPP. A lot of times people get lost in the shuffle, and they don’t know where to turn for help. The more we promote DSMES and the DPP, the more people know that there are options — not just with our tribal nations but all races. And health equality improves for all.”



HOW

TIPS TO MAKE THIS DSMES/DPP MODEL SUCCESSFUL

Diabetes care teams can do it, and they can do it well! Here's how.

Offer a team-based approach centered around the person with, or at risk for, diabetes.

This involves seamless and holistic care with emotional and social support, integrated clinical and self-management approaches, and the leveraging of community health workers in extended care.

“The ability to grow a team is going to be critical because you don't want your dietitians and other highly specialized staff leading this program to be overwhelmed when you could expand your team and bring in a community health worker or a medical assistant, for example,” says Uelmen.

Allow your team members to perform at the top of their profession.

“Working as a care team is important. Working at the top of your license allows for other members of the care team to help,” says Dr. Leslie Kolb, COO of ADCES in Kissimmee, Florida.

Take a person-centered approach to diabetes, prediabetes and cardiometabolic care.

This means viewing patients in the context of their life and relationships to enhance engagement in self-care activities.

Ask participants questions.

You might learn things that will shock you, but you'll be better equipped to provide the care people need. “People make so many assumptions, even in health care,” Uelmen says. “We try not to, but it's hard when you're busy — especially if you're seeing patients every 15 minutes. But unless you fully understand the entire nature of what your participant is going through, you won't be able to effectively support them,” she adds.



“IF YOU'RE GOING TO START A DPP, YOU'VE GOT TO HAVE THE CAPACITY AND ADMINISTRATIVE SUPPORT TO HELP.”

—**Sacha Uelmen**, director of diabetes education and prevention programs, ADCES



“DSMES PROGRAMS HAVE A SOLID STRUCTURE IN PLACE BECAUSE THEY ARE HELD TO THE NATIONAL STANDARDS BY ACCREDITING ORGANIZATIONS LIKE ADCES.”

—Dr. Leslie Kolb, COO, ADCES

Understand the benefits of DSMES programs.

These programs enhance the responsiveness of the health care system to the needs of both individuals and populations. When managed at the population level, they can deliver more effective and efficient care at scale while supporting integrated health care delivery.

“Accredited DSMES programs have a structure in place that includes assessment, support, documentation processes and reimbursement support,” says Kolb. “We find this model allows for successful implementation of the National DPP if you have the capacity and the resources.”

DSMES programs also provide assurance that your personnel have:

- In-depth knowledge about diabetes and its complications;
- A demonstrated ability to collect data;
- And an understanding of the needs of patients in terms of

culture, differences in learning styles, and varying literacy and numeracy levels.

Hot tip: All of this can also enhance your ability to provide the National DPP lifestyle change program.

Because of the rising prevalence of diabetes, your health center has an opportunity and a responsibility to maximize its education and prevention offerings. By pairing evidence-based programs like DSMES and the National DPP lifestyle change program, you can help empower people in your community to take control of their health, while gaining efficiencies for your staff.

By smartly adding services across the diabetes spectrum of care, you can make a real impact: healthier populations, fewer complications for patients and more sustainable models of care.

It’s time to add the National DPP lifestyle change program to your DSMES program!

Take a proactive approach to meeting your community’s needs by offering DSMES and the National DPP lifestyle change program.



adces.org/practice/diabetes-prevention-program

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