Providing Persons with Diabetes - Diabetes Self-Management Education and Support: A Position Statement

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Disclosure to Participants-Maggie
• Lilly North American Diabetes Educator Advisory Board
• Research support Sanofi.

Learning Objectives
2. Identify the value of diabetes education and the critical time of providing education.
3. Describe the suggested educational concepts covered by putting a diabetes education referral algorithm into practice.

Collaboration
Writing Team
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• Martha M. Funnell
• Amy Hess Fischl
• Melinda Maryniak
• Linda Siminerio
• Eva Vivian
Background

- Diabetes is a chronic disease that requires a person with diabetes to make a multitude of daily self-management decisions and perform complex care activities.
- Diabetes self-management education and support (DSME/S) provides the foundation to help people with diabetes navigate these decisions and activities and have been shown to improve health outcomes.

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

Questions to be Addressed

1. When is DSME/S recommended?
2. What DSME/S is needed at various times and by whom?
3. How is DSME/S best provided?

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

The state of health care and diabetes education

The Evidence

Linda M. Siminerio, RN, PhD, CDE
Professor, University of Pittsburgh
School of Medicine and Nursing
Chair, National Diabetes Education Program
Physician Report on Team Care

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Team Care: Differences in A1C

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Diabetes, Attitudes, Wishes & Needs (DAWN)

- A global gap exists between
  - Psychosocial support needs of people with diabetes
  - Support from the care system and community
  - Poor self-management and QoL
  - Poor glycemic control
  - Severe complications
  - Disability and depression

 Disclosure Information

- Research support Becton Dickinson

The Effectiveness of Nurse- and Pharmacist-Directed Care in Diabetes Disease Management: A Narrative Review

Mara B. Dworkin

Continuous quality improvement 3

Electronic patient registry 8

Continuous quality improvement 3

Audit and feedback 9

Clinician education 33

Self-management 26

Self-management 26

Audit and feedback 9

Clinician education 33

Continuous quality improvement 3

Team Care: Differences in A1C

- Dramatic decline in A1C (0.76%)
- Effectiveness directly correlated to the amount of time spent with the educator
- Benefits of the education decrease over time
- Sustained improvement requires time and follow up

Team Care: Differences in A1C

- Electronic patient registry
- Facilitated relay of clinical information
- Team changes
- Case management
- Patient education
- Electronic patient registry
- Clinician education
- Facilitated relay of clinical information

Effects of Diabetes Self-Management Education (DSME)

- Electronic patient registry
- Facilitated relay of clinical information
- Team changes
- Case management
- Patient education
- Electronic patient registry
- Clinician education
- Facilitated relay of clinical information

**The Evidence**
- DSME improves outcomes (A1C by 0.76%)¹
  - Education is effective and cost-saving²
  - Team-based care best predictor of improved glycemia³
  - Access to a nurse associated with improved outcomes⁴
  - Technological approaches are showing promise⁵


**Here is where we are today: The FACTS**

- CMS has stated that only recognized programs can bill Medicare for DSMT services
- Must have a provider referral
- Medicare covers 10 hours of initial education
- Reimburse 2 hours annually
- DSME & MNT cannot be billed on same date
- Not a prevention service—deductibles & co-pays
- Not part of a minimum benefits package
- Delivery of education by community workers

**Referrals and Participation**
- 1/3 to 1/2 of diabetes patients in the US receive DSME
- 6.8% insured, newly diagnosed adults (18-65 years) participated in DSME during 1st year after DX
- 4% of Medicare participants – receive DSME and/or MNT
- DSME programs struggle to cover their costs, even operating at peak service load
- 41% of PCPs (65% of specialists) reported that they have a diabetes educator available to them in their practice setting
- Poor referral practices
  - Conflict regarding management goals and philosophy
  - Fear of referrals to specialists

Critical Times for Education

National Standards for DSMES

1. Internal structure
2. External input
3. Access
4. Program coordination
5. Instructional staff
6. Curriculum
7. Individualization
8. Ongoing support
9. Participant progress
10. Quality improvement


National Standards for DSMES

The patient (family)
Collaborative Goals and Individualized Education Plan

Care team: PCP, Other medical providers, Diab Educator (DE), RD, Community supporters

Use collaborative, interactive communication strategies

Stage of DM – Pt priorities – Medical hx - Supports/barriers -Other

Collaborative Goals and Individualized Education Plan

Use collaborative, interactive communication strategies

Ongoing Support

Collaborative Goals and Individualized Education Plan

Assess progress towards goal and continue DSMES as needed

Ongoing Support

Phases of living with diabetes

Diabetes Diagnosis
Prevention
Early Complications
Severe Complications

Guiding Principles

• Engagement
• Information-sharing
• Psychosocial and behavioral support
• Integration with other therapies
• Coordination of care

Patient Centered Assessment

Sample Questions
• How is diabetes affecting your daily life and that of your family?
• What questions do you have?
• What is the hardest part right now about your diabetes?
• How can we best help you?
• What is one thing you can do to better manage your diabetes?


Four Critical Times

• New diagnosis of T2DM
• Annually
• Complicating factors
• Transitions

At diagnosis
• Assess emotional response
• Identify barriers
• Focus on immediate questions, survival skills, provide support

Yearly Assessment of Education, Nutrition and Emotional needs
• Assess knowledge, skills, behaviors
• Particular focus on those at higher risk
• Involve family members
• Explore patient choices and problem solving skills

When New Complicating Factors Influence Self-Management
• Diabetes complications and co-morbidities
• Physical limitations
• Psychosocial and emotional factors
• Social factors

When Transitions in Care Occur
• Changes in age, health status, living condition, health insurance coverage
• Clear, written communications to connect all HCP, patient and family
Where does MNT fit?

- National Standards for DSME/S
  - incorporate nutrition management
- Standards Medical Care
  - Referral to RD
- All healthcare team members
  - discuss healthy eating


Using the Guidelines

- Provides the evidence base for the value of education and the current referral patterns
- Ties the referral to the 4 critical times that education is critical
- Provides the objective criteria for referral
- Provides the HCP with the framework to make a referral and what to expect from the referral

Disclosure Information

- Lilly North America Diabetes Educator Board
- Scherer speakers bureau

Guideline Referral

- Provides specific guidance on when a referral should be considered
- Targeted audience: referral generator
- Specific times related to circumstances that are presented
Educational Content

Primary Care Team / Endocrinologist / Care Team
Describes the educational focus provided at the 4 critical times by the HCP team

Diabetes Education Areas of Focus
Deeper dive into the specific content that may be covered during the education encounter based on individual assessment

Summary

• Evidence presented for the value of diabetes education
• Current state of referrals is low
• Provide HCPs with the necessary guidance for making a referral
• Provide HCP with guidance on areas that should be covered at critical times