Diabetes Self-Management Education (DSME) Programs
Tips and Take Aways

Leslie E. Kolb
MBA, RN, BSN
VP of Science and Practice
AADE
Chicago Illinois

Disclosure to Participants
• Notice of Requirements For Successful Completion
  – Please refer to learning goals and objectives.
  – Learners must attend the full activity and complete the evaluation in order to claim continuing
    education credit/hours.
• Conflict of Interest (COI) and Financial Relationship Disclosures:
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Diabetes Education Accreditation Program - DEAP

DEAP – Program Demographics
• 745
• 1712 Sites
• Work with State Health Departments (CDC)
• New Database for application to renewal
DEAP – Program Demographics

• 150,000 patients seen last year
• Number one goal set Healthy Eating
• Number one successful goal Taking Medications
• A1Cs 8.4 – 7.2
• CQI – A1Cs and Follow-up

DEAP – Program Demographics

• 80.5% of programs working with prediabetes
• Fastest growing programs – Pharmacy
• Average group size 6-8
• Increased applications from FQHC
• DSME Workshop – Over 500 educators

Programs Presenters

• Jodi Pulizzi
  – Director of Clinical Services, Livongo Health, Chicago Illinois
• Jodi Lavin-Tompkins RN, MSN, CDE, BC-ADM
  – Diabetes Program Manager, Bloomington, Minnesota
• Joan Geohegan BSN, RN, CDE
  – Northern Kentucky Health Department, Fort Mitchell, KY

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Livongo Health
Empowering people with chronic diseases to live better, starting with diabetes
About Livongo Health

- What is Livongo Health?
- How does it work?
- How do we get paid?
- Outcomes

Livongo provides a comprehensive ecosystem

- The Smart Cloud
- The Virtual Care Team
- Connected Device
- The Virtual Care Team

Program Components

- Individual coaching
- Member portal
- Real time interventions
- Population health management
- Connected device-immediate feedback

Payment

Bundled Pricing:
Includes:
- Real-time monitoring
- Unlimited monitoring supplies
- BG meter
- Health coaching and population management

Program Satisfaction

- 86% Satisfaction
- 64% Ease
- 78% Confidence
Clinical Outcomes

BG data

Month 1
Month 5

Coaching Performance

Real-Time Support Outcomes

- Roughly 15% reduction in low BG levels
- Roughly 60% reduction in high BG levels
- Connection rate 80%

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Diabetes Education Program

HealthPartners Medical Group

Based at Corporate HQ

22 Branch locations throughout the Twin Cities Metro

Innovative Use of Technology

1. Built-in EMR goal/education tracking
2. e-book for insulin pump candidates
3. CGM in primary care
4. Televideo Case Study review to increase knowledge of primary care providers

Built Diabetes Education tracking in EMR (EPIC)

Using Goals function in Problem List to track goals

E-book for Insulin Pump Candidates

- Paid for by a Sharing at Work Grant through Hospital Foundation
- Produced by Institute for Education and Research e-learning services
- Accessible through online patient services or through HealthPartners.com patient account
Purpose:
1. Education of HealthPartners/Park Nicollet Medical Group patients with diabetes who are considering an insulin pump or who are in the process of getting an insulin pump.
2. Assist patients in making an informed decision regarding insulin pump therapy as a tool to manage their diabetes.
3. Provide clinical content that patients need to know to safely use and maximize the benefits of using an insulin pump.
4. Replace and/or supplement a 60 minute office visit with a Certified Insulin Pump Trainer.

Learning Objectives:
1. Describe the pros and cons of utilizing an insulin pump versus multiple daily injections
2. State the correct actions to take for preventing and treating hypo and hyperglycemia
3. Describe the contents of an emergency pump kit and when to use it
4. Demonstrate how to wear, disconnect and store the insulin pump effectively
5. Describe recommended skin care and ways to prevent site infection
6. State what precautions to take when travelling

3 chapters embedded with graphs, animation, pictures
• Chapter One: What can I expect from using an insulin pump?
• Chapter Two: Working through Safety concerns
• Chapter Three: Troubleshooting

Diagnostic CGM in Primary Care
• Pilot with 2 lower performing providers
• Selected 10 of their Type 2 patients not meeting the diabetes measures
• Diabetes Nurse applied CGM, downloaded, did interpretation
• Shared visit with PCP, DN, patient to go over results/recommendations

Win-Win-Win
• Providers learned
• Patient awareness increased
• Diabetes Nurse involved in team management
• AND, A1c’s improved
• Departments both earned revenue

Televideo Case Studies
Endocrinologist and Diabetes Nurse at Host site
Primary Care providers at remote sites
• Used Webex as platform
• 7 Providers submitted 8 patients each per cohort
• 4 sessions per cohort lasting 2 hours each

Joan Geohegan
BSN, RN, CDE
Certified Diabetes Educator Nurse
Northern Kentucky Health Department
Fort Mitchell, KY
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DSME/T on the road and in the fire house and at the library and ....

Reaching People with Diabetes (PWDs)

- Accessing DSME
  - 2011-2012 only 6.8% of privately insured, newly diagnosed PWDs attended DSME (Morbidity and Mortality Report, 11/21/2014)
  - In Kentucky, that was shown to be 4%
  - That leads me to believe there are people out there in our communities who can benefit from DSME
  - HOW are we going to DO that?

DSME at the Fire House – all pros

- We find fire houses with training rooms
  - Set up is usually classroom style
  - Many have AV equipment ready
  - Lots of help unloading car : D
  - Alarms keep participants awake
  - Good attendance EXCEPT when the Derby is running or there is a University of Kentucky game

DSME at the Library

- Pros
  - Library may make it a library program
    - They advertise
    - They help with food
    - They have it on their calendar
    - Some will tweet or boost it, and those can be shared
    - HOWEVER, we have discovered that tweets and boosts are ineffective. That’s a session for another day.

- CONS
  - Hours
    - We do all-day DSME classes, 8:30 – 5:30 (+)
    - Library hours are 9-5 on a Saturday
    - At 4:45pm, lights go off and we are ushered to the door, kicking and clawing the floor. We always have more to teach and people have questions
    - Have stood in rain many times
DSME at Senior Apartments
• Again, pros and cons
  – Pros
    • Residents just want something to do
    • One of KDPCP’s target audiences
    • Locals – they know each other and have support after the class is completed
    • Prizes from Dollar Tree are coveted.
    • If you offer food, more will come (educational)
    • Reminders

DSME at Senior Centers
• Cons
  – Bridge players/TV/other activities in same room
  – Visitors come and go (during class)
  – If you do NOT offer food, fewer will come, if any at all
  – Residents who wander in may stay for the prizes/lunch and then leave again?

DSME at the Community Center – Tale of two Centers
• Center for Great Neighborhoods, Covington, KY
  – City Center, but STILL not on bus line
  – 8-10 participants
  – 88% of SMART goals were reached. We know this through follow up surveys and $5 gift card incentives.
  – Attendees traveled from a variety of towns, some as far as 15-20 miles. ONE participant lived in our ‘target zip code.’

DSME at the Community Center – Tale of two Centers
• Belleview, KY –
  – A town of about 400 residents.
  – Not ONE of them has diabetes.
  – We used a Geographic Information System (GIS) to access addresses for all residents - postcards
  – Of 10 attendees, ALL were from towns at least 14 miles away (Florence, Erlanger Covington)

DSME on the BUS line – future goal
• On our Logic Model for FY16
  – Offer DSME at a location on bus line that runs through lower income neighborhoods
  – Place advertisements INSIDE the bus
  – We allocated funds to do this one time in each of 3 Northern Kentucky counties: Boone, Kenton, Campbell
  – If it is too far to walk from the bus stop, cab voucher

DSME on the Bus line
• Cost of advertising on bus:
  – TWO 11” X 28” on-the-bus placards were $400.
  – These travel on 82 buses for a month across 3 counties
  – Exposure is 179,400 views.
  – Perhaps the outcomes of this approach will be an AADE presentation NEXT year in San Diego, August 12-15, 2016. Note it is the SECOND week of August

Goals Set and 4 Month Outcomes

Total participants = 50

Achieved = improved or maintained

Questions?