

ADCES22 Tracks

- **Inclusive Person-Centered Care / DEI**
- **Diabetes and the Cardiometabolic Continuum**
- **Clinical and Self-Management Care Integration**
- **Psychosocial / Behavioral Health**
- **Diabetes in Practice**
- **Leveraging Technology: Devices, Data and Patient-Generated Health Data**

Please see full descriptions of tracks below:

Inclusive Person-Centered Care / DEI

Objective/Track Description: Apply current recommendations for assessment, education, care, and treatment using tailored intervention strategies based on person-centered characteristics such as age, race, ethnicity, cultural diversity, literacy, numeracy, access to health resources, and social determinants of health that affect people at risk for diabetes, with diabetes and related cardiometabolic disease.

Diabetes care and education specialists work to ensure that every individual with diabetes and cardiometabolic conditions has access to education, support, and care, without fear of bias or discrimination. This includes working with individuals who are economically disadvantaged, racial and ethnic minorities, the uninsured, low-income children, the elderly, the homeless, those with human immunodeficiency virus (HIV) and other chronic health conditions, and those living with disability, including severe mental illness. It may also include rural residents or those living in food/healthcare deserts, who often encounter barriers to accessing healthcare services. Included are those with atypical sensory, physical, or mental ability and disability; persons of exceptionally large or small size; transgender or gender-nonconforming persons or those of minority sexual orientation; or persons with low economic status.

Potential content areas for this track:

- DEI examples, case studies and more
- Educational offering on DEI
- Cultural diversity education

Diabetes and the Cardiometabolic Continuum

Objective/Track Description: Interpret the evidence-based science of education, care, and management of the person at risk for diabetes, with diabetes and related cardiometabolic disease, including but not limited to, micro and macro cardiovascular disease, heart failure, stroke, kidney disease, eye disease, metabolic disorders, obesity in adults and pediatric persons.

Potential content areas for this track:

- Cardiometabolic education/curriculum
- Prevention work, success and barriers
- Pharmacological updates
- Higher weight bodies best practices

Clinical and Self-Management Care Integration

Objective/Track Description: Implement interprofessional care team practices to improve clinical and behavioral outcomes, quality of life, cost effectiveness, reimbursement, leadership, reduced provider burnout, and improved therapeutic inertia.

Diabetes care and education specialists must be prepared to evaluate the evolving evidence to individualize and implement the optimal and holistic therapeutic plan of care that includes coexisting conditions, and, to reduce the risk for associated complications, and comorbidities.

Potential content areas for this track:

- Interprofessional teams working together to impact therapeutic inertia.
 - Integration of care teams
 - New models of care
 - Primary care and DCES working together to improve TI and Quad Aim
 - FQHCs/Public Health
 - Therapeutic Inertia
- Reimbursement barriers and success

Psychosocial / Behavioral Health

Objective/Track Description: Incorporate assessment and treatment of behavioral health concerns for the person at risk for diabetes, with diabetes and related cardiometabolic disease. Behavioral health includes but is not limited to, healthy coping, mental health, stress management, behavioral support, and counselling.

Behavioral and emotional health/wellbeing includes the following concepts:

- Care and education that addresses the impact of emotions on health and wellbeing outcomes, including activation for diabetes self-management or prevention behaviors.
- A complementary role with care and education for associated cardiometabolic and other conditions, including mental health and substance use that warrant referral or specialized care.
- Outcomes that are optimally prioritized in collaboration with the person with or at risk for diabetes at all types of care settings and are facilitated by practitioners from the full care team spectrum, including but not limited to mental health professionals.
- Behavioral health competences are not only relevant for ongoing care from individual practitioners within the specialty of diabetes care and education, but also represent competencies for ongoing care to be embraced at the clinic or setting level.

Potential content areas for this track:

- Provider Burnout training and the role of the DCES in decreasing provider burnout
- Diabetes and depression, bipolar, schizophrenia and more
- Healthy Coping – How to assess and educate on minute 1
- Motivational Interviewing
- Stress management

Diabetes in Practice

Objective/Track Description: Optimize new knowledge related to the ADCES7 Self-care Behaviors™ (healthy coping, healthy eating, being active, take medications, monitoring, reducing risks and problem solving) from the perspectives of Integrative Physiology, Neuroscience, Case Studies, Intervention and Clinical Studies, Population Health, Clinical/Professional Practice, and Policy/Public Health.

Diabetes care and education specialists strive to offer care that positively impacts clinical quality and cost of diabetes care and enhances the experience for both the person with diabetes and the provider, care team and organization. Diabetes care and education specialists are practicing in expanded roles and initiatives and it's important to share those experiences and enable those new to population health the chance to learn about opportunities to further highlight their value.

Potential content areas for this track:

- Case Studies – Can be done in any category
- Evidence-Based education models
- Population health and risk stratification
- FQHC models
- Reimbursement
- Advocacy

Leveraging Technology: Devices, Data and Patient-Generated Health Data

Objective/Track Description: Integrate strategies for the diabetes care and education specialist to leverage technology for sustainable technology-enabled practice in all settings. This may include but is not limited to care team integration, improved outcomes, telehealth, remote-patient monitoring, data-sharing platforms, automated insulin delivery, insulin pumps, closed loop systems, smart pen, continuous glucose monitoring, blood glucose meters, smartphone mobile applications, digital health platforms.

Diabetes care and education specialists are technology experts and data interpreters, trainers and consultants driving care. Technology is poised to radically transform prevention, treatment, care delivery and ongoing support for persons at risk for or affected by diabetes – and diabetes care and education specialists are perfectly positioned to direct this revolution.

Potential content areas for this track:

- Technology updates-devices, platforms and more
- Telehealth barriers, successes, reimbursement and more
- CGM trails and what's on the horizon for coverage
- Time in range
- Hands-on training