

Track Content Descriptions for ADCES23

We will be using one set of objectives for ADCES23. The objectives are based on the value of the diabetes care and education specialists and our vision for the specialty of diabetes care and education. ADCES has been granted Joint Accreditation status and these objectives also align with our Joint Accreditation mission and support our use of a framework to drive our decisions as it relates to educational design/implementation of programs.

The Planning Committee seeks education proposals 45 minutes in length and research proposals 20 minutes in length. Education proposals that are case based, debate format, thought provoking, and facilitate interactive learning will be prioritized for selection. Research priorities are described in the research section and based on ADCES's research agenda.

Educational Track #1 Equitable Care for Diverse Individuals and Populations

Chair: Magon Saunders DHSc, MS, RDN, LD

Track team members: Sandra Arevalo CDCES, RD, Chelsea Hawkins CDCES, MCHES, RDN

Objective: Apply current evidenced based solutions when advocating for individuals, families, health care teams and the communities they serve, and ensure health care delivery and messaging is tailored to specific populations in an effort to reduce health disparities.

Track Description: Diabetes care and education specialists in collaboration with other members of the care team play a key role in making sure health systems respond to the needs of both individuals and populations they serve without fear of bias or discrimination. ADCES seeks abstracts that support the evidence and helps educate and train our attendees on the following:

- Population health interventions that promote improved access to quality care
- Risk stratification of elevated glucose, A1C, and other cardiometabolic parameters
- Health Equity
- Social determinants of health
- Public Health Initiatives
- Integrated care as a proposed solution to connect different services between primary care, community, specialty, and tertiary care.
- Specific presentations focused on education, care, support and access for racial and ethnic minorities, uninsured, low-income children, older adults, homeless, Living with HIV and other chronic health conditions, those with disabilities, uninsured
- Rural residents or those living in food/healthcare deserts
- Those with atypical sensory, physical, or mental ability and disability
- Transgender or gender-nonconforming persons or those of minority sexual orientation
- Persons with low economic status
- Those with limited health literacy

Educational Track #2 Diabetes and the Cardiometabolic Continuum

Chair: Josh Neumiller PharmD, RPh, CDCES, CGP, FADCES

Track team members: Christie Schumacher BPCS, BCACP, BC-ADM, CDCES, FCCP, Amanda Austin RN, Leigh Bak MSN, APRN, ACNS-BC, CDCES

Objective: Apply evidence-based science of education, care, support, and management of the person at risk for diabetes, with diabetes and related cardiometabolic conditions, across the lifespan.

Track Description: Health outcomes are improved, and prevalence of costly comorbidities and complications are reduced when preventive measures and interventions are implemented. Clinicians ensure that complex barriers are addressed at all levels of care and that de-intensifying pharmacologic therapy is occurring when appropriate. ADCES seeks abstracts that support the evidence and helps educate and train our attendees on the following:

- Cardiometabolic conditions, complications (e.g. prediabetes, heart failure, stroke, kidney disease, eye disease, nerve disease, foot ulcers and conditions, metabolic disorders, obesity, NASH/NAFLD)
- Working with higher weight bodies best practices
- Prevention work, success, and barriers
- Pharmacological updates in prevention/treatment of cardiometabolic conditions

Educational Track #3 Psychosocial/Behavioral Health

Chair: Nicole Bereolos PhD, MPH, MSCP, CDCES, FADCES

Track team members: LaurieAnn Scher MS, RD, CDCES, Anna Sabino MSW, CDCES

Objective: Incorporate assessment and treatment of behavioral health concerns for the person at risk and with diabetes and related cardiometabolic disease.

Track description: Psychosocial factors that interfere with self-management can influence desired outcomes. The emotional burden of diabetes has independent effects on quality of life and metabolic outcomes. Healthy coping is central to sustainable self-management.

ADCES seeks abstracts that support the evidence and helps educate and train our attendees on the following behavioral and emotional health/wellbeing and 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 competencies 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.
- Diabetes and depression, bipolar, schizophrenia and more
- Healthy Coping – How to assess and educate on minute 1
- Motivational Interviewing
- Provider Burnout training and the role of the DCES in decreasing provider burnout
- Stress management

Educational Track #4 Technology Integration

Chair: Shelby Nicole Robertson CDCES, LD, RD

Track team members: Sean Oser MD, Andrew Bzowycyk PharmD, BCPS, CDCES, FADCES, Amy Tenderich MA, Daniel Ruck RN, BSN, DNP, NP, BC-ADM

Objective: Integrate strategies to advocate for sustainable technology-enabled care in all practice settings.

Track description: Technology continues to be poised to radically transform prevention, treatment, care delivery and ongoing support for persons at risk for or affected by diabetes and related cardiometabolic disease. Diabetes care and education specialists are passionate advocates and are positioned to collaborate with the person with diabetes and primary care team members to facilitate implementation, management, and support for technologies used in diabetes care. ADCES seeks abstracts that support the evidence and helps educate and train our attendees on the following:

- Apps, smartphone mobile applications, digital health platforms.
- Automated insulin delivery, insulin pumps, closed loop systems, smart pen, continuous glucose monitoring, blood glucose meters, smartphone mobile applications, digital health platforms.,
- ICC Framework utilization [https://journals.sagepub.com/stoken/default+domain/ANVQQE8YIP5IEKYCUJGQ/full, Utilizing A Technology Framework to Reduce Disparities and Therapeutic Inertia \(diabeteseducator.org\)](https://journals.sagepub.com/stoken/default+domain/ANVQQE8YIP5IEKYCUJGQ/full, Utilizing A Technology Framework to Reduce Disparities and Therapeutic Inertia (diabeteseducator.org))
- Technology platforms, remote-patient monitoring, data-sharing platforms
- Telehealth barriers, successes
- Data Interpretation, APG, GMI, Time in range and other metrics
- Improving management with technology tools
- Adopting and integrating technology-enabled interventions

Educational Track #5 The Business of Providing Cost Effective and Quality Care

Chair: Barbara Kocurek PharmD, BCPS, CDCES, FADCES

Track team members: Wendy Mobley-Buckstein PharmD, BCACP, CHWC, CDCES, Hope Warshaw MMSC, RD, CDCES, BC-ADM, Ardis Reed MPH, RD, LD, CDCES

Objective: Implement interprofessional care team practices to improve clinical and behavioral outcomes, quality of life, by improving cost effectiveness, reimbursement, leadership skills, policy/public policy/advocacy, and improved care team satisfaction.

Track Description: The evidence supports that diabetes care and education specialists have a positive impact on health care costs. As outcome metrics are achieved cost of care is reduced. Health care leaders must identify evidenced based cost-effective solutions that meet quality standards of care and education. Quality improvement efforts crucial for monitoring effective care. ADCES seeks abstracts that support the evidence and helps educate and train our attendees on the following:

- Improved clinical outcomes, quality of life and health care utilization
- Reduction in emergency and inpatient services
- Quadruple Aim areas of focus
 - Quality of care delivery at scale
 - Patient experience
 - Provider experience
 - Reduction in cost of care
- Advocacy
- Empowerment of the DCES
- Emerging and successful models of care
- Tracking process metrics to assess rates of referrals to DCES/DSMES
- Interventions that promote support of quality and safety measures
- Reimbursement beyond fee for service, technology, interpretation, DSMES, other services
- DCES role in ACOs to implement interventions that result in attainment of incentive payments from health insurers when quality process and outcomes are met.

- Interventions and models of care that have positive impacts on clinical, psychosocial, and behavioral aspects of diabetes and related conditions.
- Root cause analyses to meet quality metrics and ensure performance outcomes

Educational Track #6 Mitigating Therapeutic Inertia Through Team-Based Care

Chair: Lisa Hodgson RD, CDCES

Track team members: Andrew Straw PharmD, BC-ADM, Eileen Egan APN, BC-ADM, DNP, FADCES, NP, Maura Caragher RN, CDCES, Ann Marie Hasse MSN, RN, CDCES

Objective: Implement evidenced based interventions to provide enhanced clinical care, education and support based on knowledge and skillset at the bedside, in clinic and beyond usual care.

Track description:

Clinicians strive to offer care and service coordination that positively impacts clinical quality and behavioral outcomes. It is important to share experiences and examples of integration from the perspective of inpatient, outpatient, accountable care organizations and beyond. The chance to learn about opportunities to further highlight their clinical impact for the person at risk for and/or living with diabetes is vital.

Content areas for this track include the following:

- Adoption of best-practice treatment recommendations
- Help PWD's solve problems related to self-management using the ADCE7 Self-Care Behaviors™
- Develop individualized care and treatment plans based on individualized assessment
- Clinical care (inpatient, ER, clinics, echo platform)
 - Role in transition of care from discharge to post-acute/home
 - Reducing risk of readmission
- Incorporating CHW and other care team members for comprehensive outreach and support
- Share how integration is optimized when all team members, including DCES's contribute their own expertise in common goals and plans of care.
- Diabetes care team role in the development of policies, and protocols
- Embedding automated prompts for DCES/DSMES referrals at the four critical times
- Developing treatment algorithms or decision support prompts
- Identifying medication-taking processes and outcomes
- Referrals to telehealth education and consultation programs or digital coaching as alternatives to in person diabetes education and support
- Supports patients' self-management between visits to promote preventive care models