A Joint DSME/S Position Statement
One Year Later

Use of Implementation Science to Integrate Into Practice

Definitions

Diabetes Self-management Education (DSME) Ongoing process of facilitating the knowledge, skill, and ability necessary for diabetes self-care

Diabetes Self-management Support (DSMS) Activities that assist in implementing and sustaining the behaviors needed to manage diabetes

Medical Nutrition Therapy (MNT) Application of nutrition care process; includes individualized nutrition assessment, nutrition diagnosis, intervention and monitoring and evaluation; if not included in DSME program, refer to registered dietitian

ADA Standards of Medical Care

• All people with diabetes should participate in DSME and DSMS both at diagnosis and as needed thereafter B

• An individualized medical nutrition therapy program is recommended for all people with diabetes as an effective component of the overall treatment plan A

• DSME/DSMS should be patient-centered, respectful and responsive to individual patient preferences, needs, and values, which should guide clinical decisions A

• DSME/DSMS and medical nutrition therapy can result in cost-savings and improved outcomes B

• DSME/DSMS and medical nutrition therapy should be adequately reimbursed by third-party payers E


DSME/S Position Statement: Collaboration

AADE Self Care Behaviors™
AADE has defined the AADE7 Self-Care Behaviors™ as a framework for patient centered diabetes self-management education (DSME) and care.
- Healthy Eating
- Being Active
- Monitoring
- Taking Medications
- Problem Solving
- Healthy Coping
- Reducing Risks

https://www.diabeteseducator.org/patient-resources/aade7-self-care-behaviors

AADE Systematic Review
- Engaging adults with type 2 diabetes in DSME results in statistically significant and clinically meaningful improvement in A1C
- DSME that involves both group and individualized engagement results in the greatest improvement in A1C
- There is a greater likelihood of DSME resulting in statistically significant improvement when a team rather than a single individual is involved in its provision
- Those receiving more than 10 hours of DSME had greater improvement in A1C

Chriwa et al. Ph Ed & Counseling (2016)

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
- 5% of Medicare participants received DSME/S

Li et al. MMWR. (2014)

Purpose of DSME/S 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


Questions Addressed in Position Statement
- When is DSME/S recommended?
- What DSME/S is needed at various times and by whom?
- How is DSME/S best provided?

Guiding Principles and Patient-Centered Care

The algorithm relies on 5 guiding principles that represent how DSME/S should be provided. All 5 support patient-centered care.

1. Patient engagement
2. Information sharing
3. Psychosocial and behavioral support
4. Integration with other therapies
5. Coordinated care


Guiding principles of initial and ongoing DSME/S

<table>
<thead>
<tr>
<th>Engagement</th>
<th>Provide DSME/S and care that reflects person’s life, preferences, priorities, culture, experiences, and capacity</th>
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<tbody>
<tr>
<td>Information sharing</td>
<td>Determine what the patient needs to make decisions about daily self-management</td>
</tr>
<tr>
<td>Psychosocial and behavioral support</td>
<td>Address the psychosocial and behavioral aspects of diabetes</td>
</tr>
<tr>
<td>Integration with other therapies</td>
<td>Ensure integration and referrals with and for other therapies including ongoing medical nutrition therapy (MNT) for all, and emotional support, as needed</td>
</tr>
<tr>
<td>Coordination of care across specialties and organizations</td>
<td>Ensure collaborative care and coordination of treatment goals across specialty care, facility-based care, and community organizations</td>
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</tbody>
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Sample Referral Forms for DSME/MNT

<table>
<thead>
<tr>
<th>Organization</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academy of Nutrition and Dietetics</td>
<td><a href="http://dbsms.s3.amazonaws.com/media/files/8e6c5fe8-1ec8-42a2-bfa0-2c6ae750c1c1/MNTReferral%20FormDCE2014.pdf">http://dbsms.s3.amazonaws.com/media/files/8e6c5fe8-1ec8-42a2-bfa0-2c6ae750c1c1/MNTReferral%20FormDCE2014.pdf</a></td>
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DSME/S Algorithm of Care: 4 Critical Times


Algorithm of Care: DSME/S Referral Guidance

- Identifies four critical times to assess, provide and adjust DSME/S
- Specific times related to circumstances that are presented
- Staff with DSME and MNT programs can work with providers and health systems to ensure quality care

4 Critical times to assess, adjust, provide DSME

1. At diagnosis
   - All individuals with type 2
   - Include medical nutrition therapy (for all) and emotional health, as needed

2. Annually
   - Annual assessment of education, nutrition and emotional health needs
   - Refer to:
     - Limited prior education
     - Change in medication, activity, or nutritional intake
     - HbA1c out of range
     - Planning pregnancy
     - Weight or other nutrition concerns
     - New life situations and competing demands

Areas of focus and action steps by

• Primary care providers, endocrinologists, clinical care team
• Diabetes self-management education

Algorithm Action Steps

1. At Diagnosis
   • Answer questions and provide emotional support
   • Teach survival skills and ensure DSME and MNT referrals
   • Assess needs, identify barriers
   • Focus on immediate questions, individualize education and provide support
Algorithm Action Steps

- Assess knowledge, skills, behaviors and problem-solving skills
- Review and reinforce treatment goals and self-management needs; adjust as necessary
- Identify support and coping needs

Patient-Centered Assessment

Sample questions to guide a patient-centered assessment
1. How is diabetes affecting your daily life and that of your family?
2. What questions do you have?
3. What is the hardest part right now about your diabetes, causing you the most concern or most worrisome to you about your diabetes?
4. How can we best help you?
5. What is one thing you are doing or can do to better manage your diabetes?

Algorithm of Care: Action Steps

3. Complicating Factors Influence Self-Management
- Identify factors that affect treatment goals and self-management
- Adjust / advance treatment as needed
- Provide support for self-care
- Develop personal strategies

Game Changer: 4 Critical Times

“This position statement and algorithm provide the evidence and strategies for the provision of education and support services to all adults living with type 2 diabetes. It is imperative that the health care community, responsible for delivering quality care, mobilizes efforts to address the barriers and explores resources for DSME/S in order to meet the needs of adults living with and management of type 2 diabetes.”

Algorithm of Care: Action Steps

4. When Transitions in Care Occur
- Develop transition plan and communicate; include DSME/S follow-up
- Identify needed adaptations in diabetes self-management; assist in changes with individual, caregiver and others
- Provide support

Using the DSME/S Position Statement
- Provides the evidence-base for the value of education and the current referral patterns
- Ties the referral to the 4 times that education is critical
- Provides objective criteria for referral
- Provides the HCP with the framework to make a referral and what to expect from the referral
- Is a resource for health systems when designing decision-support guidance for diabetes education
Implementation Science
“Study of methods to promote integration of research findings and evidence into healthcare policy and practice”

—Pamela DiNapoli, PhD, RN, CNL

Build Knowledge and Commitment

National
- Education
- Pocket guides
- Link practice changes with stakeholder priorities
- Disseminate credible evidence with clear implications for practice

Local
- Education
  - Coordinating Bodies
- Include paper in any other talks
- Local entities
- Include practice change with other evidence based practices
- Clinician input

Implementation Process

Create Awareness and Interest
- National
  - Announcement
  - Broadcasts
  - CE programs
  - Senior Executive support
  - Websites and newsletters
  - Distribute key evidence
  - Mobil show on the road
- Local
  - Journal Club
  - CE programs
  - Senior leadership of local entity
  - Staff meeting
  - Unit / entity newsletter
  - Distribute key evidence

Build Knowledge and Commitment
- National
  - Education
  - Pocket guides
  - Link practice changes with stakeholder priorities
  - Disseminate credible evidence with clear implications for practice

Promote Action and Adoption
- National
  - Educational outreach
  - Develop work flow algorithm
    - Check list on the algorithm
  - Resource materials
  - Opinion leaders

Promote Action and Adoption
- Local
  - Reminders or practice prompts
  - Develop work flow algorithm
  - Resource materials
    - Referrals readily available
  - Try the practice change
  - Role Model
  - Troubleshoot

Create Awareness and Interest
- Promote Action and Adoption

Promote Action and Adoption
- National
  - Audit key indicators
    - How many referrals, from whom, at what intervals
  - Actionable and timely data feedback
  - Non punitive discussion of results
  - Checklist
  - DOCUMENTATION
  - Standing orders
  - Reminders
  - Rounding
  - Report to Senior leadership
  - Link to patient and family needs
  - Practice orientation

Promote Action and Adoption
- Local
  - Reminders or practice prompts
  - Develop work flow algorithm
  - Resource materials
    - Referrals readily available
  - Try the practice change
  - Role Model
  - Troubleshoot
Pursue Integration and Sustained Use

**National**
- Public recognition
- Revise the standard as needed
- Report of quality improvement
- Strategic plan

**Local**
- Celebrate local success
- Individual data feedback
- Personalize the message
- Revise policy and procedures as needed
  - Rapid cycle changes
- Trend results
- Strategic plan

**Summary**

- Diabetes is a complex and burdensome disease that requires the person with diabetes to make numerous daily decisions regarding food, physical activity and medications.
- DSME/S lays the foundation and on-going care regarding knowledge, skills and behaviors for daily self-management