# Value Pathway of Diabetes Care & Education Specialists (DCES)

## Framework for Population Health Management

### Opportunity
- Prevention or Delay of T2DM
  - Diabetes Self-Management Education and Support (DSMES) and DCES interventions

### Intervention Types
- Diabetes Prevention Program (DPP)
  - Intensive lifestyle coaching
  - Medical Nutrition Therapy
  - RDN/DCES
  - Processes for sustained 7% weight loss
- DSMES at the 4 critical times*
  - Patient education, counseling and/or training
  - DCES and DSMES Consults
  - Interdisciplinary care team
- Integrated care w/DCES led interventions
  - Care management/coordination and patient education
  - Pharmacologic/DCES-based health management
  - RN/DCES assessments and interventions
  - RDV/DCES Medical nutrition therapy
  - Social determinants of health assessment & intervention
  - Care team training & skill building
  - Interdisciplinary quality improvement interventions
- Root cause analysis and strategies to overcome therapeutic inertia
- Technology-enabled care delivery
- Patient owned technology support

### Target Outcomes
- Decreased incidence of T2DM
  - Increased DSMES referrals and completed services
  - Improved health behavior changes and clinical outcomes
  - Reduced/delayed complications
  - Value-based payment models
- Achieve standards of diabetes care
  - Improve clinical outcomes: A1C, BP, Cholesterol
  - Patient engagement and patient reported outcomes (PRos) improved
  - Reduced/delayed complications
  - Value-based payment models
- Improved provider and care team engagement and satisfaction
  - Improved patient satisfaction and engagement
  - Improved therapeutic efficiency and outcomes
- Reduction in ER visits and hospitalizations, all-cause mortality, readmissions, LOS and cost of care
  - Discharge support at care transitions
  - Inpatient diabetes care and education with DCES
  - Care transitions and care management with DCES
    - Inpatient diabetes care and education specialist services
    - Discharge support at care transitions
    - Medication access and adherence support
    - Care navigation post inpatient and ED discharge
  - Improved patient satisfaction and engagement
  - Improved provider and care team engagement
  - Prioritize cost savings and cost-effective interventions
  - Foster horizontal and vertical care integration
  - Prioritize cost savings and cost-effective interventions to manage diabetes: DSMES, behavior change and integrated care teams
  - Reduce total cost of care

### Rationale
- T2DM may be prevented or delayed by evidence-based interventions
  - Increased quality of life, increased healthy coping, eating, activity, monitoring, medication taking, problem solving, risk reduction
  - Achieving and maintaining BP, A1C and cholesterol targets reduces risk of macro and micro vascular complications
  - Timely and cost-effective care
  - Diabetes care delivery can lead to significant care team burden and negative impact on patient care
    - Overcoming inertia and improving glycemia helps achieve long term benefits for patients
  - Effective and efficient diabetes care delivery improves health outcomes and reduces cost of care
    - Reduced emergency and inpatient services lower Medicare and insurance claims
    - Improve clinical outcomes, quality of life, and healthcare utilization through cost effective, cost savings DSMES and DCES integrated care teams

### References
- 4, 76, 77
- 6, 16, 49, 51
- 13, 23, 26-31, 35, 36, 40, 49, 57, 58, 75
- 6, 25-28, 40, 49, 50
- 30-36, 40, 61, 62
- 16, 18, 30-37, 46

*Diabetes Care & Education Specialists; DCES
**Diabetes self-management education and support: DSMES*