

Diabetes Self-Management: Education and Support

National Center for Health in Public Housing



National Center for Health in Public Housing
a project of North American Management



MUTE



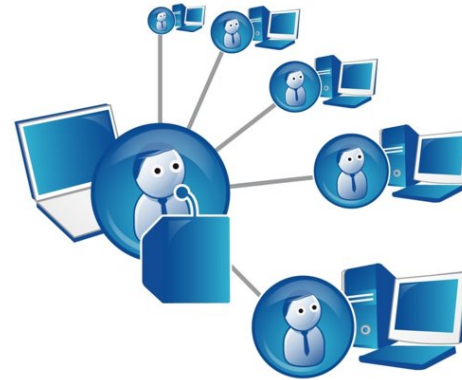
CHAT



RAISE HAND



Q&A



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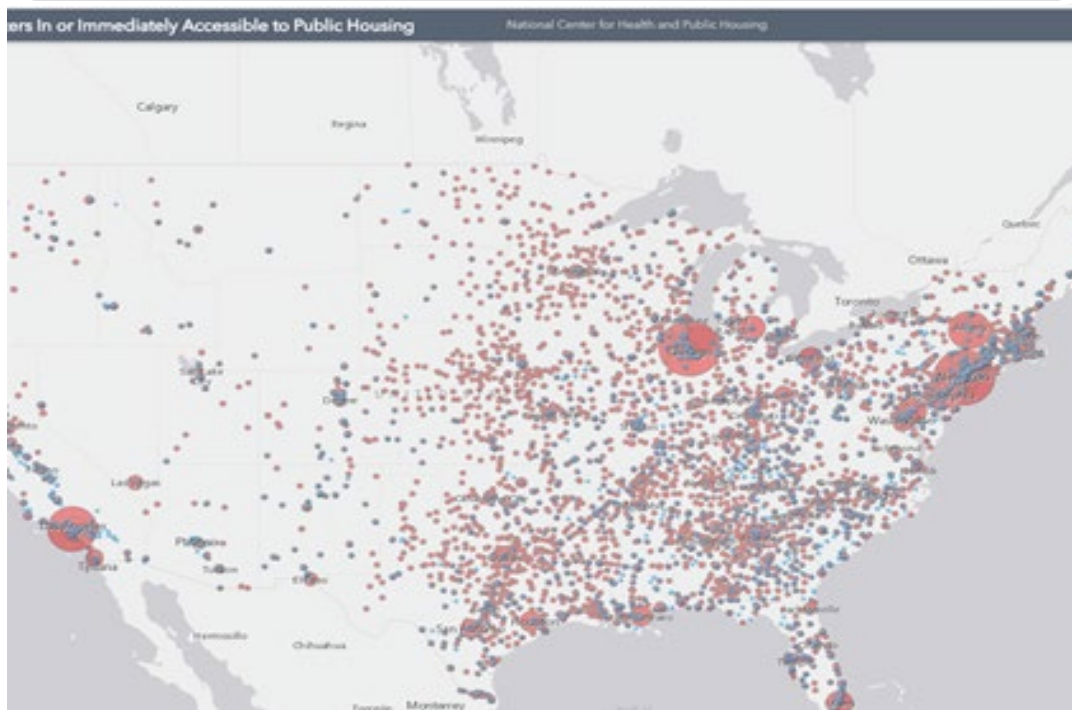
- The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Cooperative Agreement (NCA) for \$608,000, and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.

Health Centers near public housing

1,400 Federally Qualified Health Centers (FQHC) = 26 million

356 FQHCs In or Accessible to Public Housing = 3.4 million patients

106 Public Housing Primary Care (PHPC) = 671,000 patients



Diabetes in Health Centers



A little over 15% of health center (HC) patients have diabetes

32% of HC patients have Poorly Controlled Hemoglobin A1c (HbA1c > 9%)

9% of Public Housing Grantee patients have diabetes

Retrieved from: 2018 National Health Center Data

Poll Question #1

Does your HC have a DSMES program?

a. Yes

b. No



Poll Question #2

If no, are you collaborating with other organizations to provide DSMES?

- a. Yes
- b. No



Dr. Andrew
Rhinehart



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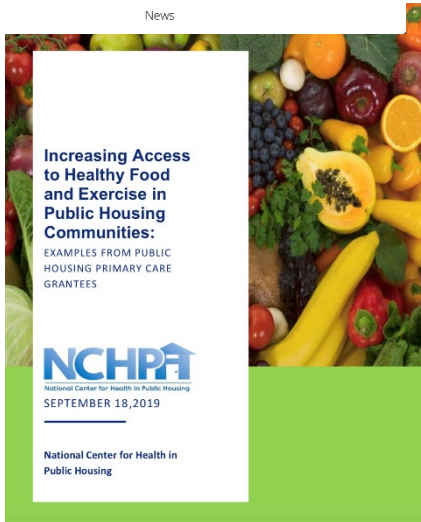
Q&A

- If you would like to ask the presenter a question, please submit it through the questions box on your control panel
- If you are dialed in through your telephone and would like to verbally ask the presenter a question, use the “raise hand” icon on your control panel and your line will be unmuted.



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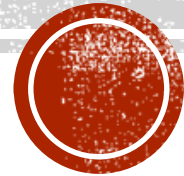
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DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT: WHEN, WHERE, & WHY

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LEARNING OBJECTIVES

1. Know **when** a referral to DSME is recommended
2. How to find an accredited DSME program in your area - **where**
3. Understand the DSME curriculum being taught at an accredited program - **why**



AGENDA

1. Definition
2. History of DSMES
3. When?
4. Where?
5. Who?
6. How?
7. What?
8. Ongoing support
9. Question



DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT - DSMES

The ongoing process of facilitating the knowledge, skills, and ability necessary for diabetes self-care, as well as the activities that assist the person with diabetes in implementing and sustaining the behaviors needed to manage his or her condition on an ongoing basis, beyond or outside of formal self-management training.

HISTORY OF THE NATIONAL STANDARDS

- 1984 - Published the first National Standards for Diabetes Self Management Education
- 1986 - American Diabetes Association (ADA) began recognizing DSME programs (National Accrediting Organization)
- 1987 – First recognized program utilizing the Standards
- 1995 – First Revision to the National Standards
- 1997 – Centers for Medicare and Medicaid Services (CMS) began reimbursing for DSME
- 2000 – Second Revision to the National Standards
- 2007 – Third Revision to the National Standards
- 2009 – American Association of Diabetes Educators (AADE) began accrediting DSME programs (National Accrediting Organization)
- 2012 - Fourth Revisions to the National Standards – **Support added**
- 2017 - Fifth Revisions to the National Standards

RECOMMENDATION

“...All people with diabetes should participate in diabetes self-management education to facilitate the knowledge, skills, and ability necessary for diabetes self-care and in diabetes self-management support to assist with implementing and sustaining skills and behaviors needed for ongoing self-management.”

THE SAD TRUTH

During 2011-2012, an estimated 6.8% of privately insured, newly diagnosed adults participated in Diabetes Self-Management Education and Training during the year after diagnosis of diabetes

- Medicare data show that only 5% of newly-diagnosed diabetes patients use their DSMES benefit.
- Only 1.7% of Medicare beneficiaries with diabetes had a claim for DSMES in 2012.
- ~15,000 patients with diabetes across 14 UofW PCP clinics:
 - 6% had seen a dietician in the last three years
 - 3% had received DSME



WHEN?



4 CRITICAL TIMES TO ASSESS, PROVIDE, AND ADJUST DSMES

1. New diagnosis of type 2 diabetes
2. Annually for health maintenance and prevention of complications
3. New complicating factors influence self-management
4. Transitions in care occur

CMS reimbursement:

- 10 program hours of initial diabetes education
- 2 hours in each subsequent year.

AT DIAGNOSIS

- All newly diagnosed individuals with type 2 diabetes should receive DMSES
- Ensure that both nutritional and emotion health are appropriately addressed in education or make separate referrals

ANNUAL ASSESSMENT OF EDUCATION, NUTRITIONAL, & EMOTIONAL NEEDS

When to consider referral:

- Review of knowledge, skills and behaviors
- Long-standing diabetes with limited prior education
- Change in medication, activity, or nutritional intake
- A1C out of target
- Maintain positive health outcomes
- Unexplained hypo or hyperglycemia
- Planning pregnancy or pregnant
- Support to attain or sustain behavior change(s)
- Weight or other nutritional concerns
- New life situations and competing demands

NEW COMPLICATING FACTORS INFLUENCE SELF-MANAGEMENT

Change in:

- Health conditions:
 - Renal disease
 - Stroke
 - Steroid therapy
 - Complicated medication regimen
- Emotional factors
 - Depression
 - Anxiety

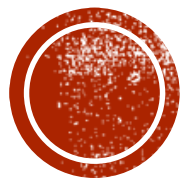
Change in:

- Physical limitations:
 - Visual impairment
 - Dexterity issues
 - Movement restrictions
- Basic living needs:
 - Access to food
 - Financial limitations

TRANSITIONS IN CARE OCCUR

Change in:

- Living situation
 - Inpatient rehab
 - Outpatient rehab
 - Now living alone
- Medical care team
- Insurance coverage resulting in treatment change
- Age-related changes affecting:
 - Cognition
 - Self-care
 - Other



HOW?



REFERRAL PROCESS

- Referrals must be made by a health care provider and include:
 - Diabetes type
 - Treatment plan
 - Reason for referral
- Sample referral forms
 - AADE Web site

<https://www.diabeteseducators.org/docs/default-source/default-content-library/diabetes-services-order-formcbb55dc37a05f63739c53ff09c938561d.pdf?sfvrsn=0>

Diabetes Self-Management Education/Training and Medical Nutrition Therapy Services Order Form

Patient's Account # _____ Patient's Last Name _____ City _____ State _____ Zip Code _____
 Date of Birth _____ / ____ / ____ Olive Phone _____ E-mail address _____
 Address _____
 Gender: Male Female

Diabetes type: Type 1 Type 2 Gestational

Reason for referral: Annual follow-up 3 hours or no hrs. requested
 10 hours or no hrs. requested 2 hours or no hrs. requested
 12 hours or no hrs. requested
 Additional hrs. requested _____
 Additional hrs. requested _____
 Please specify change in medical condition, treatment and/or diagnosis: _____

Medical Nutrition Therapy (MNT) are individual and complementary services to improve diabetes care. Outcomes of MNT combined with DSM/FT improves outcomes.

Medical Nutrition Therapy (MNT) 3 hours or no hrs. requested
 10 hours or no hrs. requested
 12 hours or no hrs. requested
 Additional hrs. requested _____
 Additional hrs. requested _____
 Please specify change in medical condition, treatment and/or diagnosis: _____

Medicare coverage: 3 hrs initial MNT in the first calendar year, plus 2 hrs follow up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis.

Definition of Diabetes (Medicare)
 Medicare coverage of DSM/FT and MNT requires the physician to provide documentation of a diagnosis of diabetes based on one of the following:
 - a fasting blood sugar greater than or equal to 200 mg/dl on two different occasions;
 - a 2-hour post glucose challenge greater than or equal to 200 mg/dl on 2 different occasions; or
 - a random glucose test over 200 mg/dl on a person with symptoms of untreated diabetes.
 A random glucose test over 200 mg/dl on a person with symptoms of untreated diabetes.
 Source: Veterans Affairs Manual 38 CFR 71.5011-1
 Other payors may have other coverage requirements.

Diagnosis: Type 1 Type 2
 Gestational

Diabetes complications: Dyslipidemia Stroke
 Hypertension PVD CKD
 Neuropathy Retinopathy Obesity
 Kidney disease Pregnancy
 Non-healing wound Other _____
 Intellectual/learning disorder

Complications/Contraindications: Dyslipidemia Stroke
 Hypertension PVD CKD
 Neuropathy Retinopathy Obesity
 Kidney disease Pregnancy
 Non-healing wound Other _____
 Intellectual/learning disorder

Diagnosis: Type 1 Type 2
 Gestational

Diabetes complications: Dyslipidemia Stroke
 Hypertension PVD CKD
 Neuropathy Retinopathy Obesity
 Kidney disease Pregnancy
 Non-healing wound Other _____
 Intellectual/learning disorder

Signature and NPI# _____
 Group/practice name, address and phone: _____
 Revised 02/2011 by the American Association of Diabetes Educators and the Academy of Nutrition and Dietetics.



WHERE?



PROGRAMS RECOGNIZED BY THE ADA

https://professional.diabetes.org/erp_list_zip



All types

-  Clinical Corner
- Diabetes Educators
- Research & Grants
- Continuing Education
- Membership

ERP Listing

Search Recognized Education Programs by zip code or [filter by state](#).

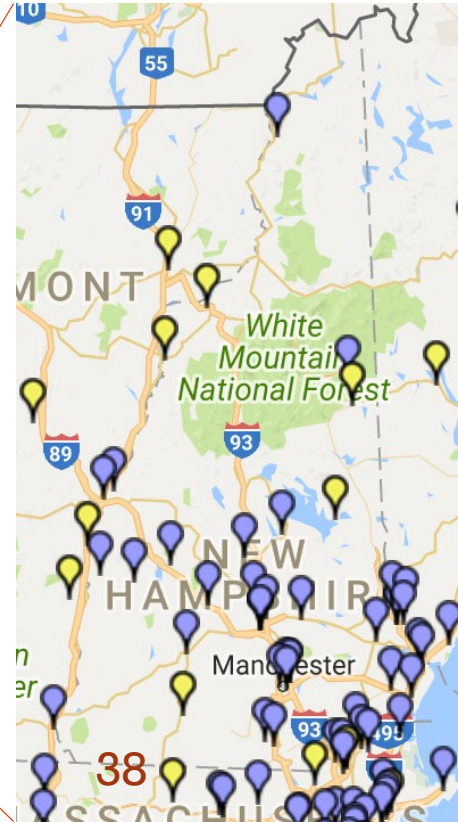
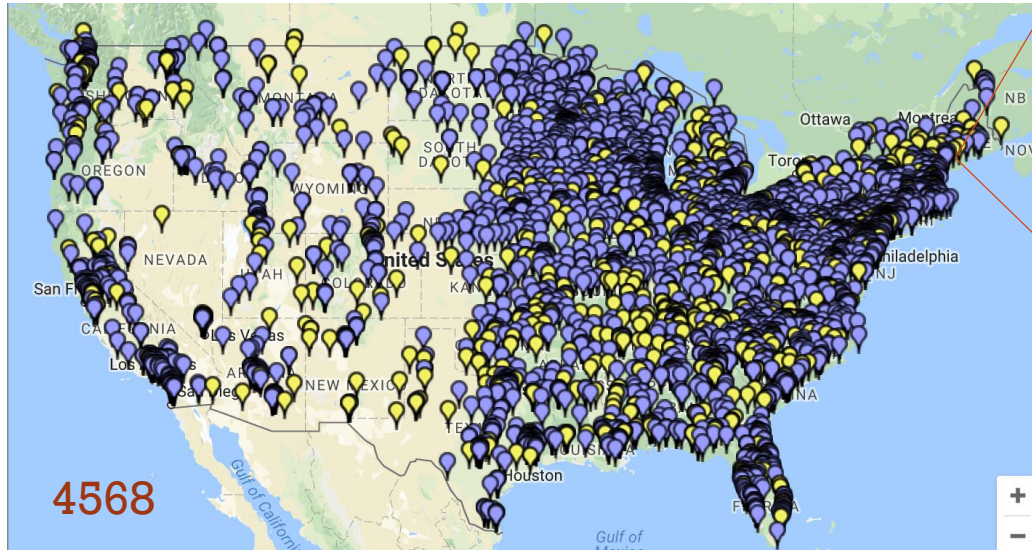
Enter a search area and 5-digit zip code and click apply to search.

Search

25 Miles **Pediatric** **DPP** **Spanish** **Long-Distance Learning**

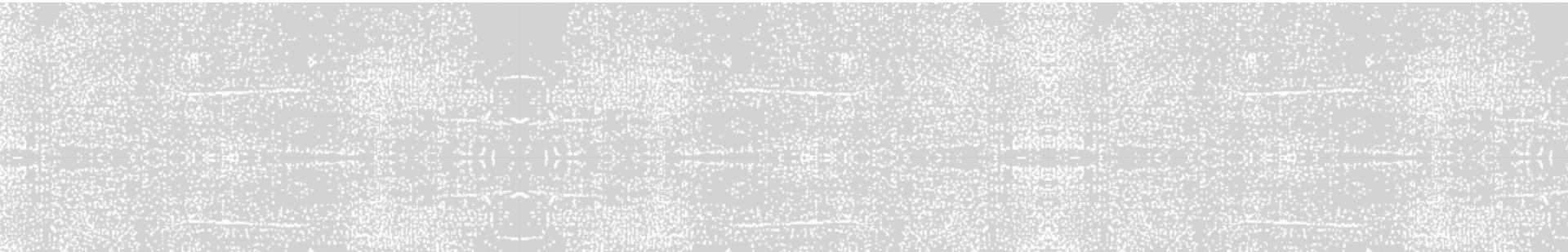
PROGRAMS ACCREDITED BY THE AAE

<https://www.diabeteseducator.org/living-with-diabetes/find-an-education-program>





WHO?



DSMES TEAM

- At least one of the team members will be:
 - Registered Nurse, Registered Dietitian, or Pharmacist with training and experience pertinent to DSMES

or

- Another health care professional holding certification as a diabetes educator (CDE®) or Board Certification in Advanced Diabetes Management (BC-ADM).
- Other health care workers or diabetes paraprofessionals may contribute to DSMES services with appropriate training in DSMES and with supervision and support by at least one of the team members listed above.

TEAM MEMBER ROLES

- Professional team member can perform all the DSMES services including the clinical assessments
- Paraprofessional team members can:
 - Instruct
 - Reinforce self-management skills
 - Support behavior change
 - Facilitate group discussion
 - Provide psycho-social support and ongoing self-management support



WHAT?



ASSESSMENT

- Disease process
- Nutrition management
- Physical activity
- Using meds
- Monitoring blood glucose
- Preventing, detecting, treating acute and chronic complications
- Pertinent clinical history
- Cognitive (knowledge of self-management skills and functional health literacy)
- Diabetes distress and support systems
- Behavioral (readiness to change, lifestyle practices, self-care behaviors)

CURRICULUM

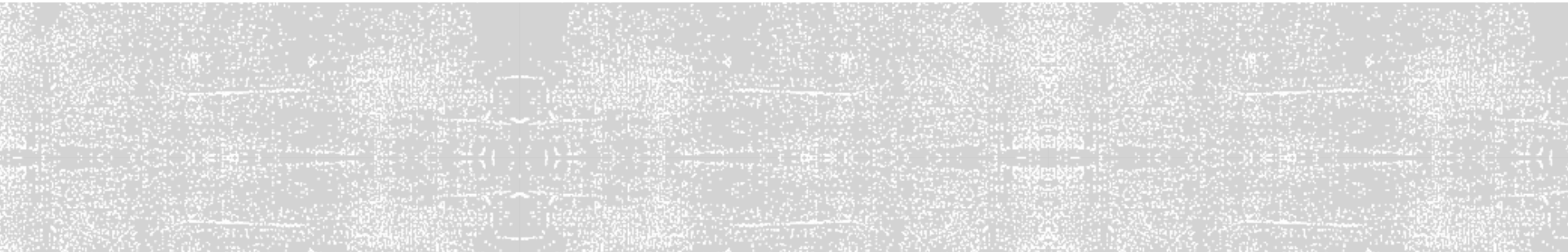
- Importance of Preventing, detecting and treating:
 - **Acute** complications
 - Hypoglycemia
 - Hyperglycemia
 - DKA,
 - Sick days
 - Severe weather
 - Crisis supply management)
 - **Chronic** complications
 - Immunizations
 - Eye, foot, dental, exams and kidney function testing as indicated)

CURRICULUM

- Reflecting current evidence and practice guidelines
- Needs of the individual participant will determine which elements of the curriculum are required.
- Dynamic, practical problem solving, psychosocial, behavior change to sustain self-management
- AADE7™ Self-Care Behaviors, pathophysiology and treatment options
- Individualized education plan for participant need
- Navigating the health care system, learning self-advocacy and e-health education
- DSMES is an ongoing, lifelong process



AADE7 SELF-CARE BEHAVIORS



HEALTHY EATING

- Eating healthy most of the time
- Counting carbohydrates
- Reading food labels
- Reducing portion sizes
- Developing a healthy eating plan
- Fitting healthy eating into my culture
- Preventing high or low blood sugars
- Setting goals for healthy weight loss

BEING ACTIVE

- Improvement of cholesterol, blood pressure, ability to cope with stress and anxiety, and mood.
- Help to keep blood sugars closer to normal.
- A diabetes educator can help patients to develop an activity plan.

MONITORING

- Why checking blood glucose is a good idea.
- How to use a blood glucose meter.
- When to check blood sugar and how to interpret the result.
- What to do if blood sugars are high or low.
- Common causes of falsely elevated readings.

TAKING MEDICATIONS

- How do I take my medications properly?
- What do each of these medications do?
- What side effects are common?
- How do I give myself an insulin injection?
- What kinds of things cause insulin to go bad?
- Is reusing needles okay?

PROBLEM-SOLVING

- Dealing with hyperglycemia, hypoglycemia, profound hypoglycemia (glucagon), ketones.
- How to modify your regimen when sick or before surgery
- How to modify your regimen when your activity level changes
- What to do if you cannot afford medications or supplies

HEALTHY COPING

- Psychosocial aspects of diabetes
- Depression
- Social isolation
- Educational or occupational accommodations
- Engagement in support groups
- Waxing and waning motivation
- Knowledge of available resources

REDUCING RISKS

- Looking after their diabetes can reduce the chances of developing serious complications.
- A diabetes educator can talk to patients about other things they can do to reduce risks:
 - Don't Smoke
 - See their doctor regularly
 - Take care of their feet
 - Get their yearly flu vaccine
 - Visit the eye doctor at least once a year
 - Don't forget the dentist
 - Listen to their body

INDIVIDUALIZATION

The DSMES needs will be identified and led by the participant with assessment and support by one or more DSMES team members.

Together, the participant and DSMES team member(s) will develop an individualized DSMES plan.

TEACHING METHODS

- Interactive teaching styles - not static lecture
 - Goal setting
 - Action planning
 - Shared decision making
 - Teach back
 - Motivational interviewing
 - Cognitive behavioral therapy
- Problem solving using data to change behavior
 - Patient generated health data from CGM & BGM

TECHNOLOGY-ENABLED DSMES

- Text/SMS, apps, social media
- Empowers and enables
- Improves A1C
- Need to use technology to reach people during the 99% of the time they are not patients but when they are living their life and need to use self-management skills in real life.

ONGOING SUPPORT

- The participant will be made aware of options and resources available for ongoing support of their initial DSMES, and will select the option that best supports their self-management needs.
- Defined as resources which help implement and sustain the ongoing skills, knowledge, and behavior changes needed to manage their diabetes
- Strategies available for ongoing support within and outside of the DSMES Services

PARTICIPANT PROGRESS

- Goal setting strategies to meet personal targets
- Measure achievement of SMART goals (specific, measurable, achievable, realistic, and time-bound)
- Behavior change is key outcome

PARTICIPANT PROGRESS

The provider(s) of DSMES will monitor and communicate whether participants are achieving their personal diabetes self-management goals and other outcome(s) to evaluate the effectiveness of the educational intervention(s), using appropriate measurement techniques.



QUESTION?

Why would you NOT refer a patient for DSMES?





Q&A