The ongoing process of facilitating the knowledge, skill, and ability necessary for prediabetes and diabetes self-care. This process incorporates the needs, goals, and life experiences of the person with diabetes or prediabetes and is guided by evidence-based standards. The overall objectives of DSME are to support informed decision making, self-care behaviors, problem solving, and active collaboration with the health care team and to improve clinical outcomes, health status, and quality of life. (1)
Diabetes Self-Management Support (DSMS)

- Activities that assist the person with prediabetes or 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.

- The type of support provided can be behavioral, educational, psychosocial, or clinical (1)
The following core topics are commonly part of the curriculum taught in comprehensive DSME programs.

- Describing the diabetes disease process and treatment options
- Incorporating nutritional management into lifestyle
- Incorporating physical activity into lifestyle
- Using medication(s) safely and for maximum therapeutic effectiveness
DIABETES SELF-MANAGEMENT EDUCATION

- Monitoring blood glucose and other parameters and interpreting and using the results for self-management decision making
- Preventing, detecting, and treating acute complications
- Preventing, detecting, and treating chronic complications
- Developing personal strategies to address psychosocial issues and concerns
- Developing personal strategies to promote health and behavior change
Studies have shown that DSME produces outcomes such as:

- improved diabetes knowledge
- improved self-care behavior
- improved clinical outcomes
- lower self-reported weight
- improved quality of life
- healthy coping
- lower costs (1)
DSME has been traditionally provided through a formal outpatient program conducted by a hospital or health facility, but health care delivery systems are changing and DSME is being incorporated into a variety of settings:

For example: pharmacies, community health centers, office practices, medical homes, telehealth
“DSME has changed from a didactic approach focusing on providing information to empowerment models that focus on helping those with diabetes make informed self-management decisions. Diabetes care has shifted to an approach that is more patient centered.”

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Reimbursement for DSME is available from Centers for Medicare and Medicaid Services (CMS) and private payers

Medical Nutrition Therapy (MNT) provided by a Registered Dietitian is reimbursed through CMS and private payers

Medication therapy by pharmacists and psychosocial counseling by mental health professionals are also reimbursed.

In order to be reimbursed DSME programs must be recognized by ADA or AADE. (1,2,3)
ADA Standards of Medical Care in Diabetes recommends all patients be assessed and referred for:

Medical Nutrition Therapy

Diabetes Self-Management Education and Support

Emotional Health with a mental health professional if needed (1,2,3)
Four critical times to assess, provide and adjust diabetes self-management education and support:

1. At diagnosis
   - Newly diagnosed: All newly diagnosed individuals with type 2 diabetes should receive DSME and DSMS
   - Ensure that both nutrition and emotional health are appropriately addressed in education or make separate referrals (3)
2. At the annual assessment of education, nutrition, emotional needs

- Needs review of knowledge, skills and behaviors.
- Long-standing diabetes with limited prior education.
- Change in medication, activity or nutritional intake.
- HbA1C out of target
- Unexplained hypoglycemia or hyperglycemia
- Planning pregnancy or pregnant
- For support to attain and sustain behavior change
- Weight or other nutrition concerns
- New life situations and competing demands (3)
3. When new complicating factors influence self-management

Change in:

- Health conditions such as renal disease and stroke, need for steroid or complicated medication regimen
- Physical limitations such as visual impairment, dexterity issues, movement restrictions
- Emotional factors such as anxiety and clinical depression
- Basic living needs such as access to food, financial limitations (3)
4) When transitions in care occur

Change in:

- Living situation such as inpatient or outpatient rehabilitation or now living alone
- Medical care team
- Insurance coverage that results in treatment change
- Age-related changes affecting cognition, self care etc. (3)
GUIDING PRINCIPLES AND KEY ELEMENTS OF INITIAL AND ONGOING DSME

Engagement. Provide DSME/S and care that reflects person’s life, preferences, priorities, culture, experiences, and capacity.

- Solicit and respond to questions
- Focus on decisions, reasons for the decisions, and results
- Ask about strengths and challenges
- Use shared decision making and principles of patient-centered care to guide each visit
- Engage the patient in a dialogue about current self-management successes, concerns, and struggles
- Engage the patient in a dialogue about therapy and changes in treatment
- Remain “solution neutral” and support patient identifying solution(s)
- Provide support and education to patient’s family and caregiver (3)
GUIDING PRINCIPLES AND KEY ELEMENTS OF INITIAL AND ONGOING DSME

Information sharing. Determine what the patient needs to make decisions about daily self-management.

- Discuss that DSME/S is an important and essential part of diabetes management
- Describe that DSME/S is needed throughout the life cycle and is on a continuum from prediabetes, newly diagnosed diabetes, health maintenance/follow-up, early to late diabetes complications, and transitions in care related to changes in health status and developmental or life changes
- Avoid being didactic
- Provide “need-to-know” information and avoid providing the encyclopedia on diabetes
- Review that diabetes treatment will change over time
- Provide information to the patient using the above engagement key elements
- Take advantage of “teachable moments” to provide information specific to the patient’s care and treatment
- Assess DSME/S patient/family needs for the behavioral and psychosocial aspects of informed decision making (3)
Psychosocial and behavioral support. Address the psychosocial and behavioral aspects of diabetes.

- Assess and address emotional and psychosocial concerns, such as diabetes-related distress and depression.
- Present that diabetes-related distress and a range of emotions are common and that stress can raise blood glucose and blood pressure levels.
- Discuss that diabetes self-management is challenging but worth the effort.
- Support self-efficacy and self-confidence in self-management decisions and abilities.
- Support action by the patient to identify self-management problems and develop strategies to solve those problems, including self-selected behavioral goal setting.
- Note that it takes about 2-8 months to change a habit/learn/apply behavior.
- Address the whole person.
- Include family members and/or support system in the educational and ongoing support process.
- Refer to community, online, and other resources.
GUIDING PRINCIPLES AND KEY ELEMENTS OF INITIAL AND ONGOING DSME

Integration with other therapies. Ensure integration and referrals with and for other therapies.
- Ensure access to ongoing MNT
- Recommend additional referrals as needed for behavioral therapy, medication management, physical therapy, etc.
- Address factors that limit the application of diabetes self-management activities
- Advocate for easy access to social services programs that address basic life needs and financial resources
- Identify resources and services that support the implementation of therapies in health care and community settings (3)
 Coordination of care across specialty care, facility-based care, and community organizations. Ensure collaborative care and coordination with treatment goals.

- Understand primary care provider and specialist’s treatment targets
- Provide overview of DSME/S to referring providers
- Follow medication adjustment protocols or make necessary recommendation to primary care provider
- Correspond with referring provider about education plan, progress toward treatment goals, and needs to coordinate education and support from entire clinical team; ensure documentation in the health record
- Ensure provision of culturally appropriate care
- Use evidence-based decision support
- Use performance data to identify opportunities for improvement (3)
John is an elderly Japanese American who has been referred to you for DSME. He has had type 2 diabetes over 25 years. He just moved to the area after retiring from a lucrative career in banking. He moved to the mountains to be closer to his wife’s family. His A1C is 8.9. He has never had DSME. He complains of isolation and no socialization as he doesn’t like his wife’s family. He also admits he has nightmares because he survived WWII and lost many of his family in Japan. He says there is not much sympathy for a Japanese WWII survivor in America. He is underweight and says he does not have an appetite and only remembers to eat once a day. He loves to read and paint. He is a quick learner with higher than average intelligence. He has chronic kidney disease.
REFERENCES


THANK YOU!

Questions?