Improving Patient Engagement in Diabetes Self-Management by Working with Community Partners

PRESENTED BY

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Why Diabetes Self-Management Education?

“Diabetes self-management education and support (DSME/S) provides the foundation to help people with diabetes to navigate the decisions and activities related to chronic condition and has been shown to improve health outcomes.” (Joint position statement of the ADA, AADE & Academy of Nutrition & Dietetics, 2015)

Evidence-based Chronic Disease Self-Management Education (CDSME) complements the clinical work done by physicians, nurse practitioners, registered dieticians, specialists like endocrinologists, etc.
Chronic Disease Self-Management Education (CDSME)

Developed by Stanford University about 2 decades ago

Administered by Self-Management Resource Center (SMRC)

Drawing upon Social Learning Theory, CDSMP is an evidence-based, peer-led intervention consisting of six highly participative classes held for 2.5 h each, once a week, for six consecutive weeks.

CDSME Suite includes 4 disease specific versions of CDSMP, including:
- Cancer: Thriving and Surviving (CTS)
- Chronic Pain Self-Management Program (CPSMP)
- Diabetes Self-Management Program (DSMP)(In English & Spanish)
- Positive Self-Management Program for HIV (PSMP)
National & International Dissemination

2010  CDSME selected for a grand-scale dissemination in a federally supported initiative

The primary charge was to establish a sustainable program delivery system for empowering American adults with 1 or more chronic conditions to better manage their health.

Smith, M. L., et al. (2015) studied the outcome and found:
- Overall took 24 months to reach 100,000 people but improved over time.
- Disseminating through aging services network was effective
- Most common programs were: CDSMP at 78.4% & DSMP at 10.3%
NCOA’s Center for Healthy Aging

Video: “Improving Quality of Life and Health Care Outcomes through Chronic Disease Self-Management Education Programs”

https://www.ncoa.org/healthy-aging/chronic-disease/

While watching think about:

1) How would you value diabetes self management education?

2) If a health plan were to approach you today and asked you what the benefits of chronic disease or diabetes self-management program was, what would you say? Consider your audience
Importance of Self-Management Education

2017 study found that DSME facilitates the knowledge, skills, and ability necessary for diabetes self-care as well as implementing and sustaining the behaviors needed to manage their condition on an ongoing basis.

2018 study found that besides reduction in DM related co-morbid chronic conditions, DSMP participants have been found to reduce all cause health care utilization and costs. Direct cost savings range from an unadjusted amount of $2200 per individual to an adjusted rate of $815. (Turner, et al., 2018)

Unfortunately, it is underutilized with less than 6% of Medicare beneficiaries with newly diagnosed diabetes using DSMT services (Strawbridge et al., 2015)
Central to self-management is the adoption of lifestyle modifications including regular self-testing of blood sugar, dietary monitoring, regular exercise, and proper medication regimens, while building control and self-efficacy.

Traditional Education programs targets diet, medication, and exercise. Yet depression is 2x greater for people with diabetes as those without. (Penckofer, Doyle, Byrn, & Lustman, 2007)
What is **effective** Diabetes S-M Education and Support?

Ultimately, the objective of any DSMES to provide the individual with necessary skills and knowledge to participate in the self-care of their diabetic condition.

Marti Funnel, author of “Life with Diabetes: A series of teaching outlines” identifies 3 Keys to Effective Diabetes Education. These are:

“Make it about them”

“Empower your patients”

“Use a variety of educational techniques”
Changing Behavior

Changing health behaviors can be a tremendous challenge

Social science research suggest there 3 myths about behavior change:

◦ Myth #1: Knowledge alone is what is needed to change behavior
◦ Myth #2: Change Attitude and you Change Behavior
◦ Myth #3: People Knows What Motivates Them

What truly influences behavior is SOCIAL NORMs; it is human nature to want to conform to what is perceived as the norm.
What about Readiness for Change?

**Transtheoretical Model (TTM)**
- 6 Stages of Change (Pre-contemplation to Maintenance)
- 10 Processes of Change (Consciousness Raising to Social Liberation)
- Decisional Balance at each stage (Action happens when pros>cons)
- Self-Efficacy
Readiness for Change (cont’d)

The Cycle of Change
Prochaska & DiClemente

- Precontemplation: A logical starting point for the model, where there is no intention of changing behavior; the person may be unaware that a problem exists.
- Contemplation: The person becomes aware that there is a problem, but has made no commitment to change.
- Preparation: The person is intent on taking action to correct the problem, usually requires buy-in from the client (i.e., the client must understand that the change is good) and increased self-efficacy (i.e., the client believes she can make change).
- Action: The person is in active modification of behavior.
- Maintenance: Sustained change occurs and new behaviors replace old ones. Per this model, the stage is also transitional.
- Relapse: The person falls back into old patterns of behavior.
- Upward Spiral: From time to time a person goes through the cycle; they learn from each episode and hopefully grow stronger so that relapse is shorter or less devastating.

Precontemplation:
- No intention on changing behavior.

Contemplation:
- Aware problem exists but with no commitment to action.

Preparation:
- Intent on taking action to address the problem.

Maintenance:
- Sustained change. New behavior replaces old.

Relapse:
- Fall back to old patterns of behavior.

Action:
- Active modification of behavior.
Community Based Organizations

According to the Legal Definition (20USCS, 7801(6))...

“Community-Based organization means a public or private nonprofit organization of demonstrated effectiveness that a) is representative of a community or significant segments of a community; and b) provides educational or related services to individuals in the community.”
Why are CBO’s important?

From a new report, “A National Imperative: Joining Forces to Strengthen Human Services in America”, the key findings were:

- CBOs pay a critical role in the larger human services ecosystem
- Sector as a whole touches one in five individuals
- Contributes economic value to the society by investing in targeted upstream human services
  - bends the health care cost curve,
  - improves the social determinants of health and
  - Helps individuals achieve their full potential
Case Study: Loretta

Scenario: 54 yr old female with Type 2 Diabetes for >10 years.

... About a month after she had completed the program, I got a call from her and she said “I wanted to call you and thank you... I fell walking to pick up my mail and now I am in the hospital waiting to have surgery...”

Experience: This time... Her blood sugar was under control despite her injury and more importantly she felt totally “in control” both mentally and physically.
How to make a referral to a CBO for self-management?

For most evidence-based programs, you can go to the Oregon Self-Management website where they can access the Find-A-Workshop feature on the main page. This takes you to the Compass Portal https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SELMANAGEMENT/Pages/index.aspx

If you want to find out what classes are available in your region, you can go the Aging & Disability Resource Center (ADRC) website where you SEARCH for resources or CONNECT with your local ADRC.

https://www.adrcoforegon.org or

CALL: 1-855-ORE-ADRC (1-855-673-2372)
Oregon Wellness Network

For more info go to: http://www.o4ad.org/oregon-wellness-network.html
OWN’s Evidence-Based Programs

- Stanford suite of CDSMP, DSMP, CTS, CPSMP, TC and TC-diabetes
- Fall Prevention Programs such as Otago, Taichi, Enhanced Fitness
- Programs for Depression and Anxiety, e.g. Pearls
- Support programs such as HomeMeds and Fall Risk Assessments
- National Diabetes Prevention Program (NDPP) and Medicare Diabetes Prevention Program (MDPP)
National Diabetes Prevention Program (NDPP)

How prevalent is prediabetes?
What % don’t know they have Prediabetes?
How does the NDPP differ from the DSMP?
What is the National Diabetes Prevention Program?

Watch this fun video:
https://www.youtube.com/watch?v=s020q-FE0H4
Key Partnerships

- NDPP Delivery Organizations
- Public Health
- Providers
- Individuals living with or at risk of prediabetes
- Employers
- Content Expertise Partners
- Health Plans
What’s different?

- Community-Based Organizations are organizing and networking
- Environment is changing;
  - Medicare recognizing & paying for prevention as of April 1, 2018
  - Medicaid/ CCOs are planning to pay for DPP as of Jan. 1, 2019
  - Medicare Advantage, supplemental benefit language has changed to allow for non-health related services such as home delivered meals
- Increasing acknowledgement that Social Determinants directly affect Health Outcomes
CALL to ACTION

• Embrace collaborations across disciplines and build relationships with your local community based organizations
• Implement strategies to improve healthy communities by addressing disparities and thinking outside of the traditional health care box
• Share your expertise and work collaboratively to support the health of individuals living with or at risk of developing diabetes
References


References (cont’d)


Questions

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