Engaging Your Team and Community as an Inertia Buster

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About Today’s Presenters

Shannon Knapp, BSN, RN, CDCES is a registered nurse and the Manager of Diabetes Care & Education at Cleveland Clinic. She has been a CDCES in inpatient, ambulatory, and home care settings. She currently coordinates an innovative team of Diabetes Care & Education Specialists covering over 20 Cleveland Clinic offices in Northeast Ohio.

Sacha Uelmen RDN, CDCES, is the Director of Diabetes Education and Prevention Programs at Association of Diabetes Care & Education Specialists (ADCES) overseeing DEAP Accreditation and DPP initiatives. She has a BA in Sociology, a BS in Nutrition and Dietetics and is a CDCES. She has worked as a diabetes care and education specialist and Director of Adult Diabetes Education at Michigan Medicine and has worked for the ADA.

Learning Objectives

• Improved ability to assess patient-level barriers to diabetes self-care and care plan follow through
• Increased awareness of the four critical times to refer to Diabetes Self- Management Education and Support (DSMES)
• Ability to identify the steps in an effective referral for DSMES and medical nutrition therapy (MNT)
• Improved confidence in locating relevant community support resources to address social and emotional barriers contributing to therapeutic inertia
Therapeutic Inertia is, in part, responsible for failure to meet goals.

THERAPEUTIC INERTIA: The failure to initiate or intensify (or sometimes de-intensify) the therapy regimen when a patient’s therapeutic goals are not met.

CLINICAL INERTIA: Includes underuse of therapies and interventions known to prevent or delay negative outcomes including DSMES, lack of screening, risk assessment, preventive measures, and referrals.

"The definition of insanity is doing the same thing over and over and expecting different results." - Albert Einstein
Key Concepts

- Diabetes Self-Management Education & Support (DSMES) and Medical Nutrition Therapy (MNT) work!
- DSMES and MNT should be ordered multiple times throughout the lifespan as a person with diabetes
- Diabetes care is most effective when done by a team, including a diabetes care and education specialist and leveraging relevant community resources.

Who is on Team Diabetes?

- Person with Diabetes
- Family / Caregiver
- Clinician
- Pharmacist
- Nurse CDCES
- Registered Dietitian
- Medical Assistant
- Social Worker
- Dentist
- Case manager
- Exercise specialist
- Podiatrist
- Ophthalmologist
- Health coach
- Community health workers / Health Department
Poll Question 1

Diabetes Self Management Education and Support (DSMES) is a one time series of lectures to inform the person with diabetes about all of the different aspects of diabetes self care.

What is Diabetes Self-Management Education & 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.

Key Characteristics:
- Collaborative
- Ongoing
- Individualized
What is Medical Nutrition Therapy (MNT)?

MNT is provided by a registered dietitian nutritionist and is an intensive, focused, and comprehensive individualized nutrition therapy service that relies heavily on follow-up to provide repeated reinforcement to aid with sustained adoption of healthy food choices and eating behaviors.

Key Characteristics:
- Individualized
- Flexible
- Ongoing

Why is DSMES so important?

Summary of DSMES benefits to discuss with people with diabetes

- Provides critical education and support for implementing treatment plans.
- Reduces emergency department visits, hospital admissions and hospital readmissions.
- Reduces hypoglycemia.
- Reduces all-cause mortality.
- Lowers A1C.
- Promotes lifestyle behaviors including healthful meal planning and engagement in regular physical activity.
- Addresses weight maintenance or loss.
- Enhances self-efficacy and empowerment.
- Increases healthy coping.
- Decreases diabetes-related distress.
- Improves quality of life.

No negative side effects | Medicare and most insurers cover the costs
If DSMES were a pill, would you prescribe it?

Comparing the benefits of DSMES/MNT vs metformin therapy

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>DSMES/MNT</th>
<th>METFORMIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficacy</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Hypoglycemia risk</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Weight</td>
<td>Neutral/Loss</td>
<td>Neutral/Loss</td>
</tr>
<tr>
<td>Side effects</td>
<td>None</td>
<td>Gastrointestinal</td>
</tr>
<tr>
<td>Cost</td>
<td>Low/Savings</td>
<td>Low</td>
</tr>
<tr>
<td>Psychosocial benefits*</td>
<td>High</td>
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</tr>
</tbody>
</table>

N/A: not applicable. *Psychosocial benefits include improvements in quality of life, self-efficacy, empowerment, healthy coping, knowledge, self-care behaviors, meal planning, healthier food choices, more activity, use of glucose monitoring, lower blood pressure and lipids and reductions in problems in managing diabetes, diabetes distress, and the risk of long-term complications (and prevention of acute complications).

DSMES is underutilized...

**ONLY**

5%

Of **MEDICARE** beneficiaries with newly diagnosed diabetes used DSMT services¹

**ONLY**

6.8%

Of individuals with newly diagnosed T2D with **PRIVATE HEALTH** insurance received DSMES within 12 months of diagnosis²

Case Study – Mr. Smith

- 65 years old African American male with Type 2 diabetes (dx 15 years ago)
- Comorbidities: obesity, HTN, hyperlipidemia
- Physical/labs: BMI 35, A1c 7.2%, BP 128/77, ttl chol 197, LDL 101
- Medications: metformin 1000mg BID, liraglutide 1.8mg daily, amlodipine 5mg daily, rosuvastatin 20mg daily
- Father has T2 diabetes and takes insulin; Mr. Smith attended a dietitian visit with his dad and assists with grocery shopping and medication management.
- Says that he knows what he should eat, he just needs to do it.

Does Mr. Smith Need DSMES and MNT?

Everything is fine! Right?

- He says he knows what he’s doing.
- He attended a dietitian visit with his dad so he must understand DM meal planning.
- He already takes an injectable, no need to re-teach.
- His A1c is pretty close to target.
- BP and cholesterol are managed.
What else would be helpful to know about Mr. Smith to really understand how he is doing?

DSMES and MNT Assessments

What are just a few of the things we want to know about Mr. Smith?

- Years since last MNT or DSMES appointment
- Current eating pattern and favorite foods
- Injection technique and medication understanding
- Self-monitoring schedule, results, and understanding
- Life stressors
- Barriers to self-care
- Self-selected goals
Mr. Smith’s DSMES Assessment Findings

1. He never attended MNT or DSMES for himself.
2. He takes his liraglutide at 10:00 am every day but skips the dose if he has something to do in the morning because he doesn’t want to take a cooler with him.
3. He frequently asks during the visit if he’s allowed to have certain foods.
4. He’s unhappy about his weight but feels that diets are too restrictive.
5. He hates when he sees high numbers on his BG meter and doesn’t know what to do about them other than wait, so he only checks “occasionally.”
6. He’s looking for an assisted living facility for his dad.

Poll Question 2

When should you refer to DSMES?
**When to Refer to DSMES and MNT**

- At diagnosis.
- Annually and/or when not meeting treatment targets.
- When complicating factors develop.
- When transitions in life and care occur.

**DSMES consensus report recommendations**

**Recommendations: for providers**

- Discuss with all persons with diabetes the benefits and value of initial and ongoing DSMES.
- Initiate referral to and facilitate participation in DSMES at the 4 critical times: (1) at diagnosis, (2) annually and/or when not meeting treatment targets, (3) when complicating factors develop, and (4) when transitions in life and care occur.
- Ensure coordination of the medical nutrition therapy plan with the overall management strategy, including the DSMES plan, medications and physical activity on an ongoing basis.
- Identify and address barriers affecting participation with DSMES services following referral.
Meeting National Standards: DEAP Accredited and ERP Recognized DSMES services

- Defines quality
- Provide evidence
- Structure and guidelines for reimbursement
- Updated every 5 years

Offer a referral to DSMES with enthusiasm!

- Refer for DSMES - If you don’t refer, it’s 100% certain that the person will not obtain DSMES.
- Be clear about goals of DSMES: what do you want them to focus on with the individual?
- Be a DSMES Champion! Encourage your colleagues to refer with passion.
- Communicate and collaborate with the DSMES team.
- DSMES can stop the endless cycle of therapeutic inertia, but it takes teamwork and breaking down of silos. Incorporate DSMES into your organization if they aren’t there.
Finding DSMES

Locate both ADA and ADCES certified DSMES programs here:
www.diabeteseducator.org

Click here to find a DSMES program near you

DSMES Referral Requirements

Referral must include:

- Diabetes diagnosis
- Reason for referral
- Topics to discuss with person
- Number of DSMES hours to be provided (if initial training)
- If DSMES is to be group or individual (if initial training)
- Signature and NPI of referring provider (must be LIP)

diabeteseducator.org/referdsmes
Methods of Delivery

Group classes
Individual visits
Telehealth visits:
audio/video & audio only.

Ongoing Support in your community

- Grocery store tours
- Support groups
- E-coaching
- Disease management programs
- Smoking Cessation programs
- Personal relationships (spouse, friends, etc.)

Develop connections locally – what are their services?
Educational Resources

Educational resources
• ADA – [www.diabetes.org](http://www.diabetes.org)
• ADCES - [www.diabeteseducator.org](http://www.diabeteseducator.org)
• Pharmaceutical vendors

Other Resources

SDOH resources
• [cdc.gov/socialdeterminants](http://cdc.gov/socialdeterminants): overview of SDOH, related research and tools
• [findhelp.org](http://findhelp.org): Find food assistance, help paying bills, and other free or reduced cost programs, including new programs for the COVID-19 pandemic.
• [www.aafp.org/everyone](http://www.aafp.org/everyone): AAFP Toolkit with tons of great resources

Prescription savings resources
• AACE - [prescriptionhelp.aace.com](http://prescriptionhelp.aace.com)
• ADCES – [www.diabeteseducator.org/affordability](http://www.diabeteseducator.org/affordability)

Mental health resources
• ADA provider directory - [professional.diabetes.org/mhp_listing](http://professional.diabetes.org/mhp_listing)
• ADCES - [www.diabeteseducator.org/mentalhealth](http://www.diabeteseducator.org/mentalhealth)
Social Needs screening tool: Everyone Project AAFP

www.aafp.org/everyone

Submit Questions Now?
Your Action Assignment - Should you choose to accept it!

1. **Identify** DSMES and MNT resources in your immediate area and contact them.

2. **Download** the DSMES/MNT referral form and use it consistently in your practice.

3. **Share the** “Getting to Goal: Overcoming Therapeutic Inertia in Diabetes Care” fact sheet to share with all your clinic staff.

4. Take the post-webinar survey – in your email box.

Learn more at… [TherapeuticInertia.Diabetes.org](http://TherapeuticInertia.Diabetes.org)

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» 3/10/2021 Optimize the Patient Journey: A Case-Based Approach

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- Sharpen your leadership skills by joining various communities like WIN ADA, Interest Group Leadership Teams and other opportunities
- Access to the best diabetes care research, treatment and care

JOIN AT PROFESSIONAL.DIABETES.ORG/MEMBER20

Questions?