If DSME* were a pill, would you prescribe it?

*Diabetes Self-Management Education/Training

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Manager, Diabetes Education
EvergreenHealth
Goals

• Evaluate DSME as part of ADA Treatment flow chart:
  – Risks
  – Value
  – Side Effects

• Review CMS definition of T2DM

• Explore the proposed expansion of the Diabetes Prevention Program (DPP) Model

With appreciation to Dr. Margaret Powers, ADA President of Health Care and Education
In compliance with accrediting board policies, the American Diabetes Association requires the following disclosure to participants:

Jan Rystrom

Disclosed no conflict of interest
Recommendations for Antihyperglycemic Therapy in Type 2 Diabetes

Lifestyle changes: healthy eating, weight control, increased physical activity, diabetes education

Monotherapy
- Metformin

Dual therapy
- Metformin + Sulfonylurea
- Metformin + TZD
- Metformin + GLP-1 RA
- Metformin + DPP-4 inhibitor
- Metformin + SGLT2 inhibitor
- Metformin + Insulin (basal)

If A1C target not achieved after 3 months of monotherapy, proceed to:

Triple therapy
- Metformin + SU + TZD or DPP-4 or GLP-1 or insulin
- Metformin + TZD + SU or DPP-4 or GLP-1 or insulin
- Metformin + GLP-1 RA + SU or DPP-4 or TZD or insulin
- Metformin + DPP-4 inhibitor + SU or DPP-4 or TZD or insulin
- Metformin + SGLT2 + SU or DPP-4 or TZD or Insulin
- Metformin + Insulin (basal) + TZD or DPP-4 or GLP-1

If A1C target not achieved after 3 months of dual therapy, proceed to:

Combination injectable therapy
- Basal insulin + Mealtime insulin or GLP-1

*Consider initial therapy at this stage with A1C ≥9.0%; †Consider initial therapy at this stage with PG ≥300-350 mg/dL and/or A1C ≥10-12%; ‡Usually a basal insulin

If diabetes education were a medication, it would score highly across the official ADA/EASD management criteria

- Efficacy
- Hypoglycemia risk
- Weight loss
- Other side effects
- Costs
Diabetes Self-Management Education

• The ongoing process of facilitating the knowledge, skill, and ability necessary for 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 research

• Objectives of DSME are:
  – to support informed decision making
  – self-care behaviors
  – problem solving
  – active collaboration with the health care team and to improve clinical outcomes, health status, and quality of life
The Benefits of Diabetes Education

• Fewer than 60% of people with diabetes have had any formal diabetes education

• Research shows people who have DSME are more likely to:
  – Use primary care and preventive services
  – Take medications as prescribed
  – Control their blood glucose, blood pressure and cholesterol levels
  – Have lower health costs

Healthy People 2020
Managing diabetes requires concerted effort from the patient

“Knowledge” alone is not sufficient to promote behavior change

Transfer of information is the beginning of a life-long process of self-care

Treatment, education and on-going support must be tailored to the individual
# Support for PQRS quality metrics

<table>
<thead>
<tr>
<th>PQRS #</th>
<th>EvergreenHealth Medical Group Primary Care Quality Measures</th>
<th>Description: % of patients 18-75 years of age with diabetes who had:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Effective clinical care</td>
<td>HgA1c poor control: A1c &gt;9% during the measurement period*</td>
</tr>
<tr>
<td>117</td>
<td>Eye Exam</td>
<td>eye exam</td>
</tr>
<tr>
<td>119</td>
<td>Nephropathy screen</td>
<td>A nephropathy screening test or evidence of nephropathy</td>
</tr>
<tr>
<td>163</td>
<td>Foot Exam</td>
<td>A Foot exam</td>
</tr>
<tr>
<td></td>
<td>Blood Pressure</td>
<td>Latest blood pressure &lt; 140/90</td>
</tr>
<tr>
<td></td>
<td>A1c &lt;8%</td>
<td>HbA1c &lt;8% during the measurement period</td>
</tr>
</tbody>
</table>
Diabetes education can increase healthcare savings

• One study found that average annual hospital charges for 33,000 patients was 39% less for patients who had received diabetes education
  – Avoid and treat acute BG issues: hyper and hypoglycemia
  – Proactive care to prevent long-term complications
  – Support access to affordable supplies and medication

ADA Standards of Medical Care in Diabetes recommends all patients be assessed and referred for:

- **Nutrition**: Registered dietitian for medical nutrition therapy
- **Education**: Diabetes self-management education and support
- **Emotional Health**: Mental health professional, if needed

### Four critical times to assess, provide, and adjust diabetes self-management education and support

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>At diagnosis</strong></td>
<td>2</td>
<td><strong>Annual</strong> assessment of education, nutrition, and emotional needs</td>
</tr>
<tr>
<td>3</td>
<td>When new <strong>complicating factors</strong> influence self-management</td>
<td>4</td>
<td>When <strong>transitions</strong> in care occur</td>
</tr>
</tbody>
</table>

When primary care provider or specialist should consider referral:

- **Newly diagnosed. All newly diagnosed individuals with type 2 diabetes should receive DSME/S**
- **Ensure that both nutrition and emotional health are appropriately addressed in education or make separate referrals**

### 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

- **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.**
# DSME: Action Steps for Providers

## Four critical times to assess, provide, and adjust diabetes self-management education and support

<table>
<thead>
<tr>
<th>Time Event</th>
<th>Action Steps</th>
</tr>
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<tbody>
<tr>
<td>At diagnosis</td>
<td>- Answer questions and provide emotional support regarding diagnosis</td>
</tr>
<tr>
<td></td>
<td>- Provide overview of treatment and treatment goals</td>
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<tr>
<td></td>
<td>- Teach survival skills to address immediate requirements (safe use of medication, hypoglycemia treatment if needed, introduction of eating guidelines)</td>
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<tr>
<td></td>
<td>- Identify and discuss resources for education and ongoing support</td>
</tr>
<tr>
<td></td>
<td>- Make referral for DSME/S and MNT</td>
</tr>
<tr>
<td>Annual assessment of education, nutrition, and emotional needs</td>
<td>- Assess all areas of self-management</td>
</tr>
<tr>
<td></td>
<td>- Review problem-solving skills</td>
</tr>
<tr>
<td></td>
<td>- Identify strengths and challenges of living with diabetes</td>
</tr>
<tr>
<td>When new complicating factors influence self-management</td>
<td>- Identify presence of factors that affect diabetes self-management and attain treatment and behavioral goals</td>
</tr>
<tr>
<td></td>
<td>- Discuss effect of complications and successes with treatment and self-management</td>
</tr>
<tr>
<td>When transitions in care occur</td>
<td>- Develop diabetes transition plan</td>
</tr>
<tr>
<td></td>
<td>- Communicate transition plan to new health care team members</td>
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<tr>
<td></td>
<td>- Establish DSME/S regular follow-up care</td>
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</tbody>
</table>

*Primary care provider/endocrinologist/clinical care team: areas of focus and action steps*
The Fundamentals Curricula

ADA National Standards for Diabetes Self-Management Education and Support

• Diabetes disease process and treatment options
• Nutritional management
• Physical activity
• Using medication(s)
• Monitoring blood glucose monitoring and interpretation
• Preventing, detecting, and treating acute complications
• Preventing, detecting, and treating chronic complications
• Personal strategies to address psychosocial issues
• Personal strategies to promote health and behavior change

Diabetes Care 2012 Nov; 35(11): 2393-2401
What interferes with self-care?

• “When you are diagnosed, it feels like the universe has just handed you a new job with no pay and no vacations. If you are going to manage it, it takes effort and vigilance. That’s why it’s this balancing act.”

• “There is so much blame and shame about diabetes.”
Process of DSME

- Monitoring and evaluation
- Assessment
- Implementation
- Goal setting
- Planning
The rate of diabetes distress is far greater than often appreciated. Patients experience significant levels of diabetes distress at any given time:

- 39% of type 1
- 35% of type 2

This is not depression and cannot be treated with anti-depression medication.
What our patients say about diabetes

• Can’t eat the foods I like
• Pancreas is not working
• Diet difficult
• Constant awareness of BG, next meal, balance, need to exercise
• Change of diet. Being prepared when away from home
• Heart problems
• Must watch self or suffer consequences
• High blood sugar, medications, insulin injections, blindness, amputations
• Annoyance!
• Scary
• It’s expensive and a racket
Diabetes education provides psychological benefits medications do not

- Reduces diabetes distress and emotional burden of managing diabetes
  - Improves quality of life
  - Coping skills
  - Self-care behaviors
  - Improves healthy food choices
  - Encourages physical activity
- Provides patients with a team of expert support
- Group classes creates a community that “normalizes” the issues
- Promotes *hope for long and healthy lives* (not doom and gloom of complications)
Medicare benefit for DSME

DSME/T is a benefit covered by Medicare and most health plans when provided by a diabetes educator within an accredited/recognized program.

<table>
<thead>
<tr>
<th></th>
<th>1st Year of diagnosis</th>
<th>Subsequent Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSMT</td>
<td>1 hour individual</td>
<td>2 hours (unspecified)</td>
</tr>
<tr>
<td></td>
<td>9 hours group</td>
<td></td>
</tr>
<tr>
<td>MNT</td>
<td>3 hours (unspecified)</td>
<td>2 hours (unspecified)</td>
</tr>
</tbody>
</table>

Diabetes is diabetes mellitus, diagnosed using the following criteria:

• a fasting blood sugar greater than or equal to 126 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 for a person with symptoms of uncontrolled diabetes.
Prediabetes

• CMS is including a benefit for diabetes prevention through the National Diabetes Prevention Program

• Eligibility for referral:
  – Be at least 18 years old and
  – Be overweight (body mass index ≥24; ≥22 if Asian) and
  – Have no previous diagnosis of type 1 or type 2 diabetes and
  – Have a blood test result in the prediabetes range within the past year:
    • Hemoglobin A1C: 5.7%–6.4% or
    • Fasting plasma glucose: 100–125 mg/dL or
    • Two-hour plasma glucose (after a 75 gm glucose load): 140–199 mg/dL or
  – Be previously diagnosed with gestational diabetes
Diabetes Prevention Program

• EvergreenHealth is a CDC-recognized diabetes prevention lifestyle change program

• Key components of the program include:
  – *CDC-approved curriculum* with lessons, handouts, and other resources to support healthy changes
  – *A lifestyle coach, specially trained to lead the program*, to develop new skills, encourage goal setting, generate motivation. The coach will also facilitate discussions and help make the program fun and engaging.
  – *A support group of people with similar goals and challenges*.

• Intensive year-long program. Online version offered; participants can engage in person, online, or a combination
Improving DSME outcomes

The role of providers, CDEs, and other caregivers

• Providing a sense of hope
• Helping people to see that their own actions can make a positive difference
• Promoting reasonable expectations
• Making diabetes less overwhelming
Well-controlled diabetes is the leading cause of

NOTHING!

The 'leading cause of nothing' doesn't mean 'nothing bad can happen'...[but] with good care, odds are good that you can live a long and healthy life with diabetes.

— William Polonsky, PhD
Summary

• Health care is increasingly focused on patient-centered outcomes requiring active *engagement of patient and providers*

• DSME should not be an afterthought
  – Evidence demonstrates the effectiveness of DSME in improving clinical outcomes
  – Reducing overall medical costs
  – Improving likelihood to adhere to treatment recommendations

• Consumers of health care are more likely to seek providers who are patient-centered, promote shared decision making, and empower them to be effective self-managers

• Credentialed diabetes educators meet and support all of these expectations!
Questions or comments to jkrystrom@evergreenhealth.com

THANK YOU!