

Diabetes Self-Management Education and Support Joint Position Statement **User Guide**

This guide is meant to assist diabetes educators with implementing the recommendations from the Diabetes Self-Management Education and Support (DSMES) Joint Position Statement at local entities of practice, with other educators and within their spheres of influence.

The material was developed with input from stakeholders in DSMES – educators, providers and staff – and has been approved by the American Association of Diabetes Educators. It includes key lessons learned by the stakeholders and innovative practices they developed.

Specifically, this guide is meant for diabetes educators to use when presenting to groups that can influence referrals: local educators, physician and nursing leadership, performance improvement and quality departments, administration, and other individuals and groups depending on the local practice site specifics.

Background

The Joint Position Statement provides evidence for the critical times for referral to DSMES services. It provides clarity for the need for referral as well as guidance for the content that should occur by both the provider and educators at the critical times.

The goal of the Joint Position Statement is to drive consistency and efficiencies in referring for DSMES. It provides the overarching framework of content that should be addressed based on individual assessment for providing care, including:

- Bidirectional communication with the person with diabetes (PWD) and their families and increased PWD/family empowerment
- Care that is evidence-based, coordinated, goal-driven, and self-directed
- Care that is targeted across the continuum for educators and providers

The first step in preparing to implement the recommendations of the Joint Position Statement is understanding how it will transform daily practice and positively impact those with type 2 diabetes. Opportunities to learn about the Joint Position Statement will occur through a variety of virtual and onsite forums. Learning and support is provided through the following components:

- Train the trainer forums
- Standardized evidence-based slide decks
- Evidence review
- Outreach material

Tool Kit

The materials described in this guide comprise the tool kit. The intent is to have standardized messaging on the evidence and with the recommendations, while providing support materials that can be customized to the local user. The kit contains the following materials

1. **Slide decks**
2. **Abstract template**
3. **Marketing materials:** Downloadable pieces that can be used to support local programs and education practices:
 - Provider letter
 - PWD-focused flyer
4. **The Joint Position Statement and supporting algorithms**

Train the Trainer

The learning plan approach includes a “train the trainer” model of learning followed by local training of educators and other groups. Each user of the kit is asked to identify trainers who will become familiarized with the availability of the materials.

Targeted audiences for training include:

- Educators
- Physician and nurse champions
- Performance improvement associates
- Hospital and department leaders

Slide Deck: 10 slides

Summary of presentation – 10 slides

Title of presentation	Diabetes Self-Management Education and Support: A Component of Standard Diabetes Care
Number of slides	10
Length of presentation	10-20 minutes Add case studies for an additional 10-20 minutes
Goal of presentation	Increase number of persons with diabetes who benefit from diabetes self-management education and support (medical nutrition therapy and emotional health support)
Objectives	Participants will be able to: • Describe ADA Standards of Care related to diabetes education • List benefits of diabetes education • Describe the 4 critical times to assess, provide, adjust, and refer for self-management education and support • Understand the role of the health system in promoting quality diabetes care

Description of presentation

The American Diabetes Association sets standards for diabetes care based on current research to provide evidence-based care recommendations. Every January the updated Standards are published as a supplement to Diabetes Care and available free on the ADA website (www.diabetes.org).

The introduction to the 2017 Standards of Care begins: *“Diabetes is a complex, chronic illness requiring continuous medical care with multifactorial risk-reduction strategies beyond glycemic control. Ongoing patient self-management education and support are critical to preventing acute complications and reducing the risk of long-term complications. Significant evidence exists that supports a range of intervention to improve diabetes outcomes...”* This presentation provides an **overarching review of the benefits of DSMES and the 4 critical times to assess, provide, adjust and refer for diabetes self-management education and support**. The outcome goal is to increase the number of persons with diabetes who benefit from DSMES.

Slide Deck: 5 slides

Summary of presentation – 4 slides

Title of presentation	Diabetes Self-Management Education and Support: A Component of Standard Diabetes Care
Number of slides	5
Length of presentation	5-15 minutes Add case studies for an additional 10-20 minutes
Goal of presentation	Increase number of persons with diabetes who benefit from diabetes self-management education and support (medical nutrition therapy and emotional health support)
Objectives	Participants will be able to: • Describe ADA Standards of Care related to diabetes education • List benefits of diabetes education • Identify the 4 critical times to assess, provide, adjust, and refer for self-management education and support • State the role of the health system in promoting quality diabetes care

Description of presentation

The American Diabetes Association sets standards for diabetes care based on current research to provide evidence-based care recommendations. Every January the updated Standards are published as a supplement to Diabetes Care and available free on the ADA website (www.diabetes.org).

The introduction to the 2017 Standards of Care begins: *“Diabetes is a complex, chronic illness requiring continuous medical care with multifactorial risk-reduction strategies beyond glycemic control. Ongoing patient self-management education and support are critical to preventing acute complications and reducing the risk of long-term complications. Significant evidence exists that supports a range of intervention to improve diabetes outcomes...”* This presentation provides an **introduction to the benefits of DSMES and the 4 critical times to assess, provide, adjust and refer for diabetes self-management education and support**. The outcome goal is to increase the number of persons with diabetes who benefit from DSMES.

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Slide Deck: 2 slides

Summary of presentation – 1 slide

Title of presentation	Diabetes Self-Management Education and Support: A Component of Standard Diabetes Care
Number of slides	2
Length of presentation	1-2 minutes
Length of presentation	Increase number of persons with diabetes who benefit from diabetes self-management education and support
Objectives	Participants will: • Know that ADA Standards of Care state diabetes education is a component of standard diabetes care • Know there are 4 critical times to assess, provide, adjust, and refer for self-management education and support

Description of presentation

The American Diabetes Association sets standards for diabetes care based on current research to provide evidence-based care recommendations. Every January the updated Standards are published as a supplement to Diabetes Care and available free on the ADA website (www.diabetes.org).

The introduction to the 2017 Standards of Care begins: *“Diabetes is a complex, chronic illness requiring continuous medical care with multifactorial risk-reduction strategies beyond glycemic control. Ongoing patient self-management education and support are critical to preventing acute complications and reducing the risk of long-term complications. Significant evidence exists that supports a range of intervention to improve diabetes outcomes...”*

The presentation **highlights the 4 critical times to assess, provide, adjust and refer for diabetes self-management education and support**. The outcome goal is to increase the number of persons with diabetes who benefit from DSMES.

Abstract Template

Educators are frequently asked to present at conferences, meetings, continuing education events, staff meetings, etc. As part of the preparation for these activities, the organizers often request objectives and an abstract or summary of the presentation.

The objectives for each slide deck are included in the individual slide decks and can be used for this purpose. Language that appropriately describes the Joint Position Statement is presented here as a base line for an abstract.

It is important to note that the objectives or template language should not be used as the complete submission. Language that is tailored to the individual offering and reflects the objectives of the overall activity needs to be included. In addition, the word count needs to be known.

Abstract Template

A joint position statement on diabetes self-management education and support (DSMES) was recently released by three stakeholder diabetes organizations. Authors representing each organization, the American Diabetes Association, the American Association of Diabetes Educators and the Academy of Nutrition and Dietetics, as well as the National Diabetes Education Program, identified the 4 critical times for assessing the need for a person with diabetes to be referred for DSMES. The times were identified as at diagnosis, on a yearly basis for health maintenance and prevention of complications, when new complicating factors influence self-management, and when transitions of care occur.

In addition to providing the evidence for the need for education at these times, an algorithm was developed to summarize the critical times to assess, provide and adjust self-management education and support. The algorithm also identifies areas of focus and action steps that should be considered by the healthcare provider, educator and the person with diabetes at each of these times.

The intent of the algorithm is to provide clear guidance on when to refer, what self-management needs and support are needed at each critical time, and outlines suggested focus areas for the clinical and education teams.

(Insert specific information that tailors the presentation to the individual course and meets the course goals.)

Marketing and Communication

It is essential that providers who see people with type 2 diabetes refer for DSMES. Unfortunately, that referral happens far less frequently than it should. Diabetes educators can use the Joint Position Statement and algorithm as an opportunity to proactively communicate to providers who currently refer, as well as to those who do not. These items have been created to support communication and marketing:

1. **Provider Letter:** This template letter has the essentials included to support the need for DSMES. It is intended to be sent along with a copy of the Joint Position Statement and the algorithm. It is suggested that key leaders in the program sign the letter along with the educator. Specific information on your program needs to be added.
2. **Flyer:** This flyer is intended to be used to provide general information of the benefit of DSMES and the 4 critical times that DSMES should occur.

Provider Letter

Dear <PROVIDER >,

We (I) are (am) writing to share information about diabetes self-management education and support (DSMES). Attached is a recent position statement about DSMES in type 2 diabetes. It was written jointly by the American Association of Diabetes Educators, American Diabetes Association and the Academy of Nutrition and Dietetics. These are all national organizations that support diabetes awareness, management and self-management education.

To summarize, this Joint Position Statement provides several evidence-based findings:

- Ongoing patient self-management education and support are critical to preventing acute complications and reducing the risk of long-term complications.
- Critical times when DSMES should be provided for type 2 diabetes, what is included at each of the time points for quality diabetes care and how best to provide DSMES in a patient-centered manner.
- Engaging adults with type 2 diabetes in DSMES results in statistically significant and clinically meaningful improvement in A1c.
- Healthcare communities responsible for delivering quality care need to mobilize efforts to address the barriers and explore resources for DSMES in order to meet the needs of adults living with and managing type 2 diabetes

We strongly encourage you to read the position document and accompanying algorithm and incorporate these recommendations when developing plans for people with diabetes. DSMES administered by trained professionals, combining group and individual counselling, has been shown statistically to improve outcomes.

(Insert your institution/ practice) employs certified diabetes educators (CDEs) who are (insert backgrounds of available staff). They can provide individual and group education centered on healthy eating, active living, glucose monitoring, medication, problem solving, healthy coping, reducing risks and information about the latest diabetes technologies.

To make a referral to the program, please call (insert phone number) or visit (insert email or web site) for additional information.

Thanks for your dedication to the health of our community!

Sincerely,

(Insert key program leadership)



YOU CAN THRIVE WITH DIABETES

Do you want to:

- ___ Improve your blood sugar and A1c levels?
- ___ Keep your blood pressure on target?
- ___ Better manage your cholesterol numbers?
- ___ Save money on diabetes supplies?

Then Diabetes Education can help!

Diabetes education will help you learn how to manage your diabetes and be as healthy as possible by focusing on seven self-care behaviors: healthy eating, being active, monitoring, taking medication, problem solving, healthy coping and reducing risks.

Diabetes educators are experienced healthcare professionals

– such as registered nurses, registered dietitians or pharmacists – who have special knowledge and skills to help you successfully manage all aspects of your diabetes. Like many people with diabetes, you may find managing the disease is difficult. That's where a diabetes educator can help, by working with you to design a specific plan that includes the tools and support you need.

Diabetes education works. Studies show that diabetes education helps people lower their blood sugar, blood pressure and cholesterol levels. These things help you stay healthier and reduce the risk of diabetes complications.

Find a diabetes education program in your area:

diabeteseducator.org/find

The best times for diabetes education are:

1. When you're diagnosed with diabetes
2. As part of your annual assessment of education, nutrition or emotional issues
3. When new complications arise
4. During changes in your healthcare team or treatment

Brought to you by:

 American Association
of Diabetes Educators
diabeteseducator.org

 American
Diabetes
Association
diabetes.org

 Academy of Nutrition
and Dietetics
eatright.org

 NDEP
NDEP.nh.gov

Role of Diabetes Educators

Each educator can act in a capacity of a facilitator to disseminate the message of the Joint Position Statement:

- Act as a resource for problem solving and removal of barriers to DSMES implementation as they arise.
- Use the “Adapt” model to meet the unique needs of each practice environment.
- Capture best practices and innovations/lessons learned for increasing DSMES referrals.
- Participate in ongoing DSMES implementation of referrals
- Conduct audits to ensure DSMES programs of excellence are being implemented.
- Provide feedback to AADE. Seek their guidance and counsel as needed.
- Act as transformation agents.
- Celebrate success!

Support

If you have any questions feel free to reach out to the Project Team:

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References and Resources

Li et al. MMWR. 2014;63:1045-1049

Strawbridge, L. M., Lloyd, J. T., Meadow, A., Riley, G. F., & Howell, B. L. (2015). Use of medicare’s diabetes self-management training benefit. *Health Education & Behavior*, 1090198114566271.

Chrvala, C. A., Sherr, D., & Lipman, R. D. (2015). Diabetes self-management education for adults with type 2 diabetes mellitus: A systematic review of the effect on glycemic control. Patient education and counseling

Pillay et al. Behavioral Programs for Type 2 Diabetes. *Annals of Internal Medicine* Online version Sept 29, 2015

Powers MA, Bardsley J, Cypress M, Duker P, Funnell MM, Fischl AH, Maryniuk MD, Siminerio L, Vivian E. DSME/S Joint Position Statement. *Diabetes Care* 38:1372-1382, 2015.

Powers MA, Bardsley J, Cypress M, Duker P, Funnell MM, Fischl AH, Maryniuk MD, Siminerio L, Vivian E. DSME/S Joint Position Statement. *The Diabetes Educator* 41(4):417-430, 2015.

Powers MA, Bardsley J, Cypress M, Duker P, Funnell MM, Fischl AH, Maryniuk MD, Siminerio L, Vivian E. DSME/S Joint Position Statement. *Journal of the Academy of Nutrition and Dietetics* 115(8):1323-1334, 2015.

Duncan, I., Birkmeyer, C., Coughlin, S., Li, Q. E., Sherr, D., & Boren, S. (2009). Assessing the value of diabetes education. *The Diabetes Educator*, 35(5), 752-760.

Li, R., Shrestha, S. S., Lipman, R., Burrows, N. R., Kolb, L. E., & Rutledge, S. (2014). Diabetes self-management education and training among privately insured persons with newly diagnosed diabetes—United States, 2011-2012. *MMWR. Morbidity and mortality weekly report*, 63(46), 1045-1049

Resources

American Association of Diabetes Educators
www.diabeteseducator.org

American Diabetes Association
www.diabetes.org

[Link to ADA Standards of Medical Care in Diabetes - 2017](#)

[Link to Joint Position Statement](#)

[Link to DSMES Algorithm: Action Steps](#)

[Link to DSMES for Adults with Type 2 Diabetes: Algorithm of Care](#)

[Link to list of DSMES programs](#)