Facilitating Referrals Between Diabetes Self-Management Programs: Working towards a common goal

Diabetes Education

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Diabetes Self-Management Education

- Reduces hospital admissions and readmissions
- Lowers A1c
- Reduces onset &/or advancement of diabetes complications
- Improved lifestyle behaviors: healthy eating and exercise
- Enhanced self-efficacy and empowerment
- Increased healthy coping skills

Steinsbekk, A. Group based DSME for T@DM, 2012 / DCCT, 1993
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 & is guided by evidence-based research
To support informed decision making, self-care behaviors, problem solving, and active collaboration with the health care team.

To improve clinical outcomes, health status, and quality of life.

Is an interactive, collaborative, ongoing process

involving the person with diabetes (or the caregiver or families) and a diabetes educator(s).

Diabetes Self-management Education and support in Type 2 Diabetes: a joint position statement of the ADA, AADE and AND. 2015
Diabetes Self-Management Support

- Activities that assist the person with diabetes in implementing and sustaining the behaviors needed to manage condition on an ongoing basis

- The type of support provided can be behavioral, educational, psychosocial, or clinical.

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Diabetes Educators

- Nurses, pharmacists, dietitians, and other healthcare professionals with special training in diabetes care who counsel patients on how to incorporate healthy behaviors into their lives.
Diabetes self-management education/training addresses 7 self-care behaviors known as the AADE7™. These behaviors are:

1. Healthy eating
2. Being active
3. Monitoring
4. Taking medication
5. Problem solving
6. Healthy coping
7. Reducing risk
It takes more than a village

Complimentary programs to support diabetes management

Diabetes Self-Management Education / Training

Stanford’s Diabetes Self-Management Program

Diabetes Prevention Program
Complimentary Programs

Diabetes Self-Management Education

- Diabetes: T1DM or T2DM
- At diagnosis, annual, with complicating factors and transitions in care

Diabetes Self-Management Program

- Ideal for T2DM, especially for people with history of poor blood glucose control
Complementary Programs

**DSME**
- Accredited / recognized by AADE or ADA
- Referrals by healthcare providers

**DSMP**
- Recognized Stanford program, control trial tested
- Self, community or HCP referrals
<table>
<thead>
<tr>
<th>Facilitator Or Instructor</th>
<th>Licensed Health Professional (Nurse, dietitian, and/or a certified diabetes educator) coach</th>
<th>Two lay leaders (at least one with diabetes)</th>
<th>Typically led by one lifestyle coach who is also affiliated with a Recognized (or Pending Recognition) Diabetes Prevention Program.</th>
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<tbody>
<tr>
<td>Intended outcome</td>
<td>Focuses on medical management of the disease &amp; lifestyle management</td>
<td>Focuses on management of lifestyle behaviors and emotional management</td>
<td>Focuses on diet and exercise and behavior modification</td>
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</table>
| Program Length           | 10 hours (1-2 hours individual counseling; 8-9 hours in group)                               | 15 hours, all in group (2.5 hours/week for 6 weeks) approximately 5 hours of diabetes content                                         | Year-long program  
Core sessions: 1 hour a week ~16 weeks  
Post Core: 1 hour per month for 6 months  |
Patient Referrals

Pre-Diabetes
1) Diagnosis of pre-diabetes
2) Risk factors for diabetes

Preventing Diabetes Class

Preventing Diabetes Class

T1DM or T2DM
1) New diagnosis
2) Inadequate glycemic control
3) Change in treatment plan

Diabetes Self Management Education

UMCDE BWMC

UMCDE BWMC

T2DM
1) Needs refresher
2) Challenged by DM self care habits
3) No insurance

Diabetes Self Management Program

Dept of Aging & Disabilities : Living Well
Theresa

- T2DM, A1c = 9.7% 12/2013, Endocrinologist recommends DSME 2013
- Theresa attends 4 classes, struggles with self care habits, stressful job biggest obstacle
- Theresa retires, visit 1/2014 A1c = 9.2%, more time for exercise/self care habits
- 5/2015, A1c = 9.9% Struggles with DM control, returns for individual appt,
- Pt improves exercise & meds, 8.5% 7/2015
- 1/2016, A1c = 11.1%, struggling refer to DSMP and Support Group and CDE, 8/2016- 9.6%
ShopRite of Glen Burnie in partnership with AA Co. Dept of Aging and BWMC
Present:

Living Well with Diabetes

A six week workshop designed to help manage your diabetes; including how to manage your blood sugar, how to count carbohydrates, how to avoid complications, how to read labels and much more.
Connections

- **Community DSMP**
  - Send flyer to RDs in and out pt setting
  - Send flyer to office staff at Diabetes Center office, CDEs, Endocrinologist
  - Refer pt struggling, refuse CDE, need extra support

- **Grocery Store RDs**
  - Meet, share business cards
  - Recommend grocery store tours
  - Promote weight loss classes
  - Promote cooking demos
  - Attend health fair or give marketing info to RD to distribute at health fair
Non-Compliant

- Medical label
- Not specific
- Not problem solving
- Shameful
- Not helpful
Non-Compliant to Self Care
Hair Care
Complaint Hair Care

- Wash & condition, towel dry and wide comb
- Proper product for styling
- Dry with fingers
- Dry with brush
- Additional appropriate product for ironing
- Flat iron
- Hair spray applied with fingers
- Brush hair BID
My reasons/excuses for non-compliance

- Genetics
- No time
- Products too costly
- No skill, too difficult
- Time consuming
- Not so bad natural hair
Goal: better hair

- Each time at appointment, learned new skill
- Asked for description as she worked on hair
- Asked for observation as I tried the skill
- Practiced new skill as often as I could
- Planned spending 2 mornings on styling hair
- Linked hair brushing to flossing and brushing teeth
- Grace
Rome: June 2016