

Incorporating Diabetes Self-management Education Into Your Practice: When, What, and How

Martha M. Funnell, MS, RN, CDE, FAAN, and Gretchen A. Piatt, MPH, PhD

ABSTRACT

Because the majority of diabetes management is self-care, education has long been considered an essential element of diabetes treatment. Unfortunately, many patients do not receive initial formal diabetes education or the necessary continuing education and support to successfully manage their disease. Because many adults with diabetes are cared for by nurse practitioners, it is essential that they provide information, support behavior change, address psychosocial issues and concerns, and make appropriate referrals as needed for diabetes self-management education and support and medical nutrition therapy at each encounter.

Keywords: decision-making, diabetes self-management support, engagement, self-directed goal setting

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Diabetes is a complex, burdensome disease that demands much of those affected by it and those who care about them. According to the National Diabetes Education Program, “effective self-management education and ongoing self-management support are essential to enable people with or at risk for diabetes to make informed decisions and to assume responsibility for the day-to-day management of their disease or risk factors.”¹ Despite available reimbursement for education, many adults do not receive this recommended service. This article reviews the evidence for diabetes self-management education (DSME) and diabetes self-management support (DSMS) and provides information about effective, practical strategies to provide education.

DSME/S

Based on the American Diabetes Association (ADA) Standards of Medical Care² and the National Standards for Diabetes Education and Support,³ all people with diabetes should receive DSME/DSMS and medical nutrition therapy (MNT) at diagnosis and as needed thereafter. DSME is “the on-going process of facilitating the knowledge, skill, and ability necessary for effective prediabetes and diabetes self-care.”³

The overall objectives of DSME are to “support informed decision-making, self-care behaviors, problem solving, and active collaboration with the health care team and to improve clinical outcomes, health status and quality of life.”³ Effective DSME/DSMS is both patient centered and patient driven and is responsive to the questions, concerns, culture, preferences, needs, and values of the person with diabetes.^{2,3} MNT can be provided through referral to a dietitian, as part of DSME/DSMS or both.⁴

DSME is defined as “activities that assist the person with prediabetes or diabetes in implementing and sustaining the behaviors needed to manage his or her condition on an ongoing basis beyond or outside the formal self-management education.”³ The support provided can be behavioral, psychosocial, educational, and/or clinical and needs to occur throughout the lifetime of patients living with diabetes. DSMS can be provided by family, friends, others with diabetes, peer mentors, community health workers, and all members of the health care team.³ This is a particularly relevant aspect of diabetes care for nurse practitioners (NPs) and nurses in care management or care navigator roles.⁴ Because of reimbursement structures, a common model is for

formal DSME/DSMS to be provided through an accredited, reimbursed education program with follow-up support provided in the patient's primary care setting. A recent review⁵ reported that people with diabetes who received a combination of formal group and individual engagement and follow-up had the greatest decreases in hemoglobin A1c (0.88%) compared with usual care.

DSME/DSMS: Benefits and Barriers

The benefits of DSME/DSMS are well-documented in multiple research studies, reviews, and meta-analyses. Recent reviews^{5,6} reinforced findings of previous publications documenting improvements in metabolic and other clinical outcomes and quality of life. DSME/DSMS also reduces costs by decreasing hospitalizations and readmissions.⁷ In general, DSME/DSMS has a positive effect on diabetes-related health and psychosocial outcomes, including glycemia, particularly for those with elevated hemoglobin A1c levels. Improvements include increased rates of self-monitoring blood glucose, dietary and exercise behaviors, foot care, medication taking, improvements in diabetes-related distress and healthy coping, and increases in the likelihood of annual screening for some diabetes complications.^{3,5,7}

Patients who are perceived and labeled as “non-adherent” are a source of great frustration for health professionals. However, the number of people with diabetes who receive DSME/DSMS is appallingly low. Based on claims data among people for whom education is a covered benefit, only 6.8% of newly diagnosed type 2 adults with private insurance received education within 12 months of diagnosis,⁸ and 5% of Medicare participants received DSME/DSMS.⁹ These numbers reveal not only an underused benefit but also patients who are not fully able to engage in self-management, shared decision making, and collaborative care.

Although NPs are well qualified to provide DSME/DSMS, time constraints and reimbursement structures place very real limits on their ability to provide this service.^{2,4} It is unrealistic to expect that comprehensive DSME/DSMS can be provided in the context of routine clinical visits. Strategies to more consistently inform patients about this covered benefit and to increase referrals are needed. Stressing

the value of diabetes education and providing a prescription for DSME/DSMS to reinforce its importance is a critical role for NPs. Brief statements that can be made during a routine visit in support of DSME/DSMS include the following:

1. I recommend DSME/DSMS to almost all of my patients with diabetes. But, I believe it is especially important for you because . . .
2. You have many decisions and choices to make every day that affect your diabetes and health. The more you know, the more wisely you can choose.
3. Many people tell me that talking with others who have diabetes helps them to feel less alone and learn a lot of practical tips.
4. Many of my patients tell me they don't want to go to a class, but they always come back and thank me.
5. You are the most important person in managing your diabetes. I am here to offer advice, guidance, and support, but your future health is largely in your hands.
6. We know from studies that people who attend DSME/DSMS have better outcomes and quality of life.
7. Managing diabetes is hard work. The more you know, the easier it becomes.

DSME/DSMS: What and When

The National Standards for DSME/DSMS published jointly by the American Association of Diabetes Educators (AADE) and the ADA identify specific content areas to address.³ Recommended content includes the clinical and treatment aspects of diabetes, behavioral goal setting, problem solving, and psychosocial concerns. Evidence that these standards are met through either recognition by the ADA or certification by the AADE is required for reimbursement by Medicare, Medicaid, and most private insurers.³

Because these standards were largely designed for formal DSME/DSMS programs, a position statement by the ADA, the AADE, and the National Academy of Nutrition Sciences was recently published to give more specific guidance for office-based practitioners.⁴ The DSME/DSMS algorithm identifies 4 critical times to assess, provide, and reinforce DSME/DSMS,

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