

# **Diabetes Self-Management Education (DSME)**

Diabetes Self-Management Education (DSME) is an ongoing process that facilitates the knowledge, skills and decision-making necessary for diabetes self-care.

### DSME is designed to:

- Help the member to make healthy lifestyle choices and manage diabetes on a daily basis.
- Help even after the formal self-management training is completed.

DSME improves health outcomes as the member reaches and maintains the targeted A1c level.

## GENERAL INFORMATION

DSME is provided by diabetic educators in an American Diabetes Association (ADA)recognized and/or Association of Diabetes Care and Education Specialists (ADCES)-accredited program.

The core content includes these self-care behaviors:

- Diabetes pathophysiology and treatment options
- Healthy eating
- Physical activity
- Medication usage
- Monitoring and using patient health data
- Preventing, detecting and treating acute and chronic complications
- Healthy coping with psychosocial issues and concerns
- Problem solving

DSME services have been shown to have a positive impact. The benefits can include:

- Improved A1c levels
- Improved control of blood pressure and cholesterol levels
- Higher rates of medication adherence
- Fewer or less severe diabetes-related complications
- Healthier lifestyle behaviors, such as better nutrition, increased physical activity, and use of primary care and preventive services
- Enhanced self-efficacy
- Decreased health care costs, including fewer hospital admissions and readmissions

# WHEN TO REFER A MEMBER TO DSME

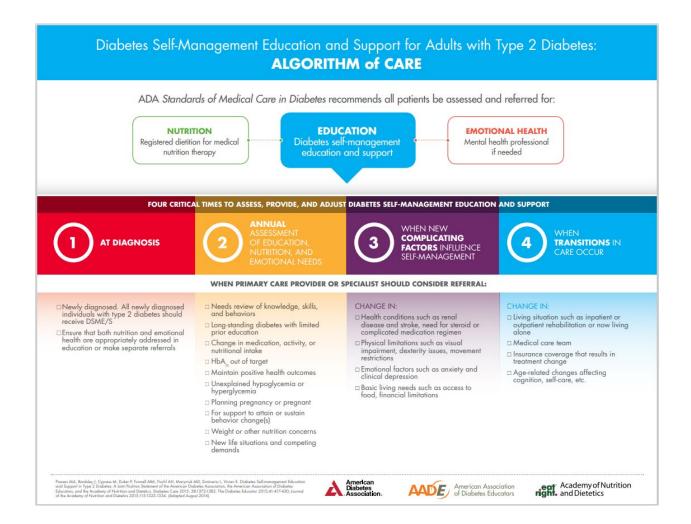
The ADA recommends four critical times to evaluate the need for DSME:

- At diagnosis
- Annually and/or when treatment targets are not met
- When complicating factors develop
- When transitions of life/care occur

The following algorithm can be used as a guide to consider referring patients for diabetes education:



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# AREA OF FOCUS: CLINICAL TEAM AND DSME

The education provided in the DSME programs support the information given by the clinical team, it does not replace it. Areas of focus and action steps for collaboration between clinical teams and DSME programs are outlined in the following table. It is not intended to be all-inclusive. Specific needs will depend on the member.

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# **Diabetes Self-Management Education (DSME)**

#### Diabetes Self-Management Education and Support for Adults with Type 2 Diabetes: **ALGORITHM ACTION STEPS** Four critical times to assess, provide, and adjust diabetes self-management education and support WHEN NEW COMPLICATING FACTORS AT DIAGNOSIS WHEN TRANSITIONS IN CARE OCCUR INFLUENCE SELF-MANAGEMENT PRIMARY CARE PROVIDER/FNDOCRINOLOGIST/CLINICAL CARE TEAM: AREAS OF FOCUS AND ACTION STEPS ☐ Assess all areas of self-management □ Identify presence of factors that affect □ Answer questions and provide emotional support regarding diagnosis □ Develop diabetes transition plan □ Review problem-solving skills treatment and behavioral goals □ Communicate transition plan to new health care team members □ Provide overview of treatment and treatment goals □ Identify strengths and challenges of living with diabetes Discuss impact of complications and successes with treatment and self-management □ Establish DSME/S regular follow-up care □ Teach survival skills to address immediate requirements (safe use of medication, hypoglycemia treatment if needed, introduction of eating guidelines) □ Identify and discuss resources for education and ongoing support □ Make referral for DSME/S and medical nutrition therapy (MNT) DIABETES EDUCATION: AREAS OF FOCUS AND ACTION STEPS Assess cultural influences, health beliefs, current knowledge, physical limitations, family support, financial status, medical history, literacy, numeracy to determine which content to provide and how: Review and reinforce treatment goals and □ Identify needed adaptations in diabetes □ Provide support for the provision of self-care skills in an effort to delay progression of the disease and prevent new complications □ Provide support for independent self-management skills and self-efficacy □ Emphasize preventing complications and promoting quality of life □ Provide/refer for emotional support for diabetes-related distress and depression □ Discuss how to adapt diabetes treatment and self-management to new life situations and competing demands □ Identify level of significant other involvement and facilitate education and support ■ Medication – choices, action, titration, side effects Develop and support personal strategies for behavior change and healthy coping □ Monitoring blood glucose – when to test, interpreting and using glucose pattern management for feedback □ Support efforts to sustain initial behavior changes and cope with the ongoing burden of diabetes Assist with facing challenges affecting usual level of activity, ability to function, health benefits and feelings of well-being □ Develop personal strategies to accommodate sensory or physical limitation(s), adapting to new self-□ Physical activity – safety, short-term vs. long-term goals/recommendations Maximize quality of life and emotional support for the patient (and family management demands, and promote health and behavior change □ Preventing, detecting, and treating acute and chronic complications members) □ Provide education for others now □ Nutrition – food plan, planning meals, involved in care purchasing food, preparing meals, portioning food □ Establish communication and follow-up plans with the provider, family, Risk reduction – smoking cessation, foot care Developing personal strategies to address psychosocial issues and concerns Developing personal strategies to promote health and behavior change Powers MA, Bordsley J. Cypress M, Duker F, Fannell MM, Fachl AH, Monymisk MD, Simberdo L, Yinton E, Disbales Self-monogeneal Education and Support in Type 2 Doubsters. A Joint Pointed Instrument of the Acceptance of the Acceptance Management of the Conference of the Acceptance of Acceptance of the Acceptance of Accep Academy of Nutrition American Association of Diabetes Educators

These topics can guide the educational assessment and plan. Often a series of ongoing education and support are necessary to provide the time for patients to practice new skills and behaviors to form habits that support self-management goals.

# REFERENCES AND RESOURCES

#### Materials pulled from the following websites:

- Medical Nutrition Therapy | Reimbursement and Sustainability | DSMES Toolkit | Diabetes | CDC Centers for Disease Control and Prevention: Diabetes Self-Management Education and Support (DSMES) Toolkit
- https://care.diabetesjournals.org/content/38/7/1372 American Diabetes Association: Diabetes Self-management Education and Support in Type 2 Diabetes: A Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics
- Molina Medicaid DSME Network Providers