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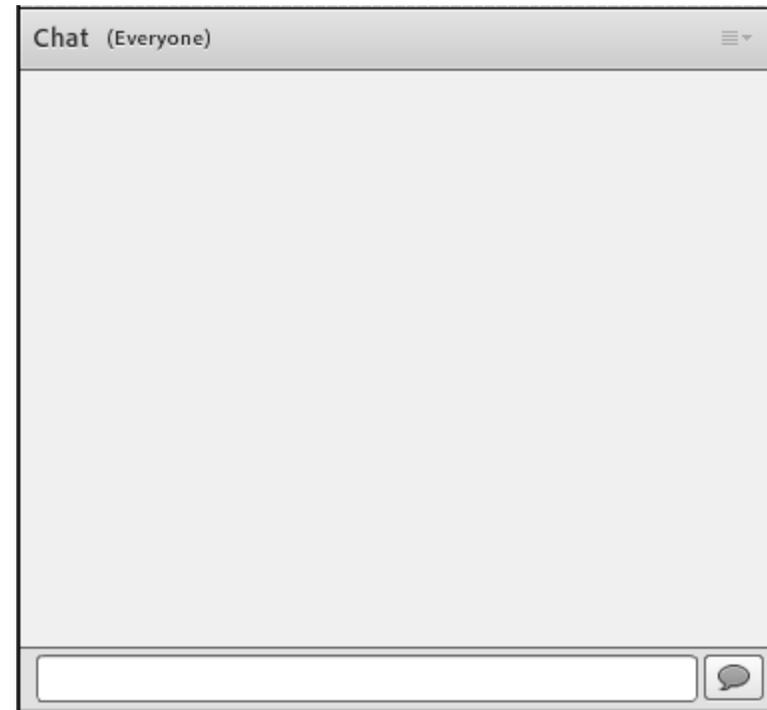
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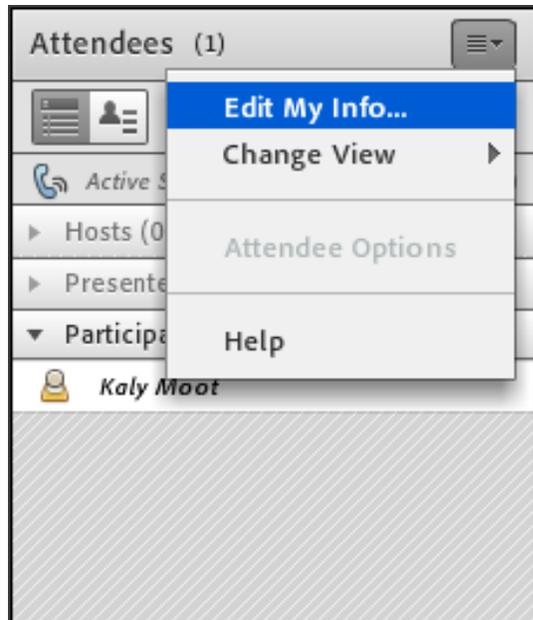


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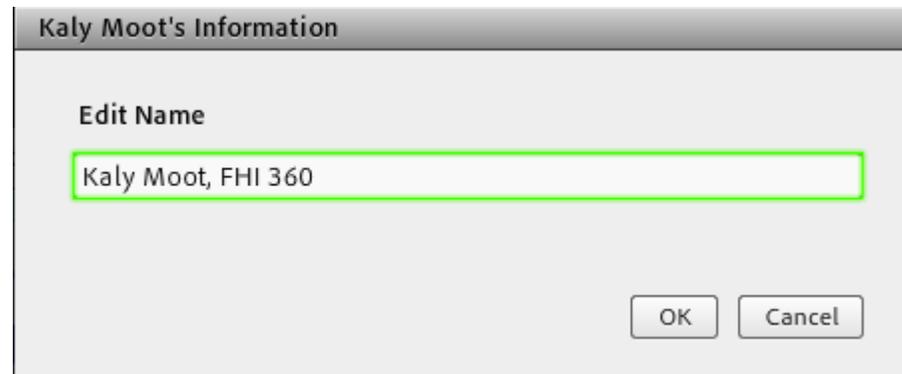
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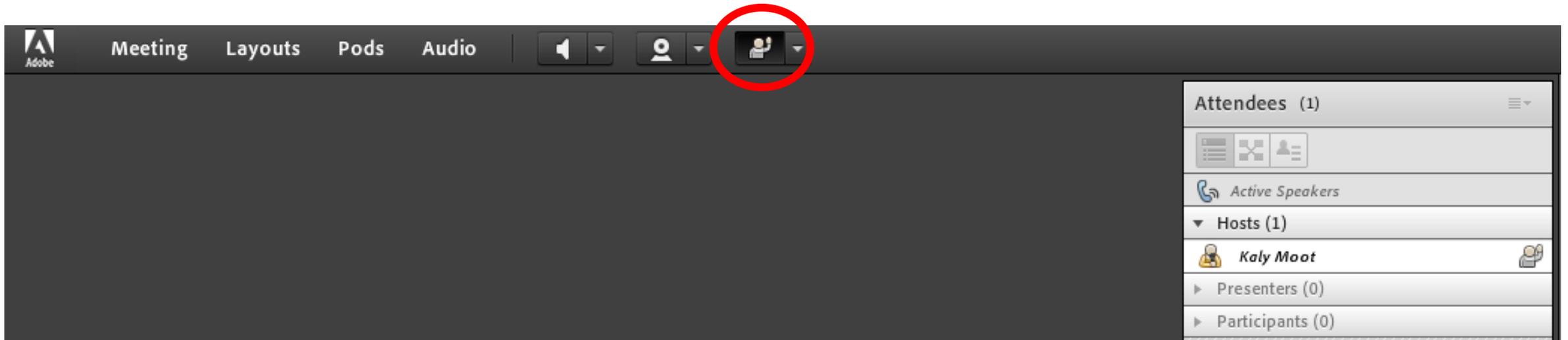
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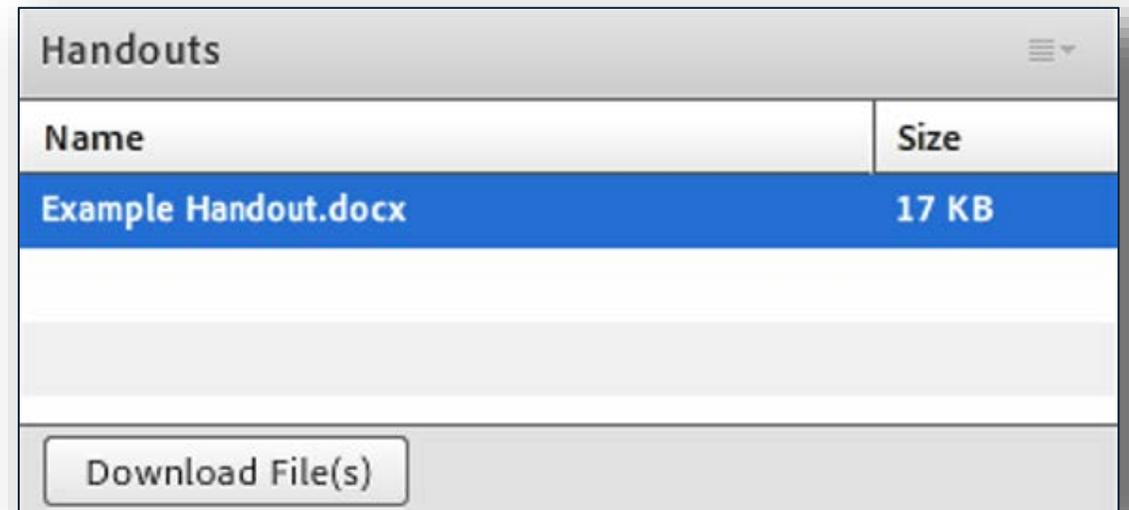


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DOWNLOAD TODAY'S HANDOUTS

- Presentation slides
- Joint Position Statement Paper
- DSMES Toolkit

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DISCOVERING THE FULL SUPER-POWERS OF DSMES



Featuring two DSMES “Wonder Women:”

Marjorie Cypress, PhD, C-ANP, CDE

Linda Siminerio, RN, PhD, CDE

Hosted by

Betsy Rodriguez, MSN, DE and

Pamela Allweiss, MD, MPH

Centers for Disease Control and Prevention (CDC)

Division of Diabetes Translation Webinar,
July 3, 2018



SLIDE 8

PAMELA ALLWEISS, MD, MPH

Moderator



- Endocrinologist with the Division of Diabetes at CDC since 1999
- Developed model to teach physicians merits of referral to diabetes educators
- Oversees CDC's Diabetes at Work worksite initiative
- Co-chair, American College of Occupational and Environmental Medicine (ACOEM) Health and Productivity Section

BETSY RODRÍGUEZ, MSN, DE

Moderator

- Senior public health advisor in the Division of Diabetes Translation at CDC
- More than 30 years' experience as a nurse in diabetes management, diabetes education
- National and international speaker on diabetes-related topics, bicultural specialist in health communication strategies
- Chair, ADA National Health Disparities Committee



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LEARNING OBJECTIVES

At the end of the webinar, attendees will be able to:

- Identify the four critical and most powerful times to “assess, provide, and adjust” DSMES.
- Use the Joint Position Statement to increase referrals to DSMES services.
- Apply the five guiding principles of initial and ongoing DSMES.
- Employ “special powers” that will change the lives of people with diabetes by connecting them with DSMES.
- Locate resources that support the implementation of the joint statement on DSMES.

THE CURRENT STATE OF DSMES ENROLLMENT



- **How Many People are Experiencing**
- **the Transformative Power of DSMES?**

MARJORIE CYPRESS, PHD, C-ANP, CDE

JOINT POSITION STATEMENT CO-AUTHOR

- Adult nurse practitioner specializing in diabetes care in Albuquerque, New Mexico
- More than 30 years experience in diabetes management and care
- Certified Diabetes Educator since 1986
- Associate editor, ADA's Complete Nursing Guide to Diabetes Care



SOME USEFUL DEFINITIONS

Didn't it used to be DSME?

Where did the second "S" in DSMES come from?

- Stands for Diabetes Self-Management, Education, and Support
- Evolution from DSME to DSMES—the "S" for support is an important distinction
- DSME is the process of facilitating the knowledge, skill, and ability necessary for diabetes self-care
- DSMES includes activities to help people with diabetes in implement and sustain management
- CMS uses the term DSMT (which they define as "training" not "education")

RECOGNIZING THE MANY BENEFITS OF DSMES

If DSMES was a pill, would you prescribe it? ¹

Scorecard: DSMES vs Metformin		
Criteria	Benefits Rating	
	DSMES ¹	Metformin ^{2,3}
Efficacy	High	High
Hypoglycemia risk	Low	Low
Weight	Neutral/Loss	Neutral/Loss
Side effects	None	GI
Cost	Low/Savings	Low
Psychosocial benefits	High	N/A

1. Powers MA. *Diabetes Care* (2016); 2. Inzucchi SE. *Diabetes Care* (2015); 3. ADA Standards of Medical Care. *Diabetes Care* (2017)

1. Powers MA. *Diabetes Care* (2016)

WHAT IS THE PURPOSE OF DSMES ?

Prepare people to:

- Make informed decisions
- Cope with the demands of living daily with a complex chronic disease
- Make changes in their behavior that support their self-management efforts and improve outcomes.

The outcome of DSME/DSMES is
Behavior Change

WHAT IS NOT THE PURPOSE?

- Lecturing patients about information irrelevant to their situation
- Content completion
- Measuring knowledge
- Did WE deliver the right content?"

WHAT PERCENTAGE OF NEWLY DIAGNOSED PEOPLE WITH DIABETES (PWDS) ARE GETTING DSMES?

SORRY STATE OF DSMES UTILIZATION

Medicare:

Only 5% with newly diagnosed diabetes used DSMT benefit

Only 1.7% of those with diabetes had a claim for DSMT in 2012

Private Insurance:

6.8% with newly diagnosed T2D received DSMES within 12 months of diagnosis³

1. Strawbridge et al. Health Edu Behav. (2015)

2. <http://www.healthindicators.gov>

3. Li et al. MMWR Morb Mortal Wkly Rep. (2014)

Every person with diabetes needs DSMES



WHAT IS THE “JOINT POSITION STATEMENT?”

- A joint statement in favor of every person with diabetes receiving DSMES
- Released together by three organizations:
 - American Diabetes Association
 - American Association of Diabetes Educators
 - Academy of Nutrition and Dietetics

GUIDING PRINCIPLES AND KEY ELEMENTS OF INITIAL AND ONGOING DSMES

1. **Engagement**. Provide DSMES and care that reflects person's life, preferences, priorities, culture, experiences, and capacity
2. **Information sharing**. Determine what the patient needs to make decisions about daily self-management
3. **Psychosocial and behavioral support**. Address the psychosocial and behavioral aspects of diabetes
4. **Integration with other therapies**. Engage integration with and referrals for other therapies
5. **Coordination of care across specialty care, facility-based care, and community organizations**. Ensure collaborative care and coordination with treatment goals

SAMPLE QUESTIONS

- How is diabetes affecting your daily life and that of your family?
- What questions do you have now?
- What is the hardest part right now about your diabetes, causing you the most concern or most worrisome to you about your diabetes?
- How can I/we help you?
- What is the one thing you are doing or can do to better manage your diabetes?
- How important is _____ and do you have the confidence to do it?

USING THE GUIDING PRINCIPLES IN PRACTICE

- Be curious!!! ASK questions
- Use open-ended questions (Tell me about...)
- Get a good history of patient's lifestyle (i.e.. "take me through a typical day....")
 - Reflect, restate
 - Validate
 - Empathy (The ability to understand and share the feelings of another)

USING THE GUIDING PRINCIPLES IN PRACTICE

- Diabetes lectures vs. empowerment?
- General topics vs. personalized regimens
- One-on-one counseling/group classes?
- Do you have outcomes to show your effectiveness?
- Relationships with other care providers on the team?
- Evidence based practice?
- Advocacy?
- Research?



USING GUIDING PRINCIPLES IN PRACTICE: COLLABORATION

- Do we know how to collaborate?
- Interdisciplinary teams
 - Integration of knowledge & expertise
 - Several disciplines develop and create solutions complex problems
 - Open boundaries
 - Flexibility
- Cooperation/Engagement/Teamwork
- Work up to your scope of practice
 - Communicate, discuss, algorithms for treatment, practice agreement



CASE: “PATIENT A”

- 75-year-old Hispanic gentleman with type 2 diabetes for 12 years
- Referred by PCP for his poorly controlled diabetes (A1C 9.5%)
- Arrives very agitated: “I don’t know why my doctor referred me here, I’m fine!”

“I feel fine.
Don’t bother talking to me about diet and exercise because
I’ve worked hard my whole life and I feel like now is the
time I can sit back and relax...
and not have to do anything I don’t want to do...”

“...Oh, and I am NOT going to check my blood
sugars, it’s a waste of time. And I am not going
to take insulin, no way.”

HOW SHOULD YOU RESPOND TO THIS PATIENT?

CRITICAL & POWERFUL TIMES TO ASSESS, PROVIDE, AND ADJUST DSMES

Successful referrals are all about timing....

DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT

MAXIMIZING THE BENEFITS

The DSMES Position Statement describes when, what, and how to best provide DSMES.

Ensure nutrition, education, and emotional health needs are met.

There are 4 critical times to assess, adjust, provide, and refer for DSMES.



CRITICAL TIMES TO ASSESS, PROVIDE AND ADJUST DSMES

- At diagnosis
- Annual assessment
- When new complicating factors influence self management
- When transitions occur



USING THE POSITION STATEMENT TO INCREASE DSMES REFERRALS

Increasing referral rates is
within your power....



LINDA SIMINERIO, RN, PHD, CDE

UNIVERSITY OF PITTSBURGH

- Professor of Medicine, Nursing, Health and Community Systems at the University of Pittsburgh
- Executive Director, Former President of Health Care and Education, American Diabetes Association
- Former Senior Vice President, International Diabetes Federation (IDF)



ACCESS TO SELF-MANAGEMENT EDUCATION

- Referral practice findings
 - Providers want patients to receive education
 - Not sure when to refer
 - Conflict regarding management goals and philosophy
 - Fear of referrals to specialists
- Fragmented system
 - Hospital-based programs
 - Disconnected communication
 - 90% diabetes managed in primary care

NDEP NATIONAL DIABETES SURVEY (NNDS)

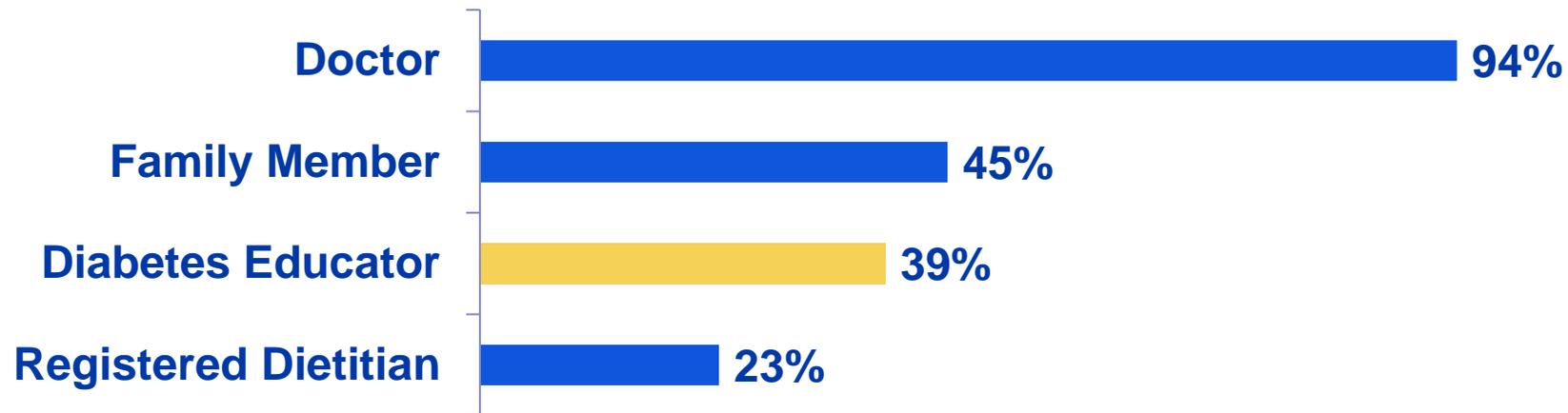
- Periodic survey of US adults
- Probability-based population survey
- Provides information on diabetes-related knowledge, attitudes, and behaviors

DIABETES EDUCATION (PWD)

- Of people diagnosed with diabetes who reported having a usual health care provider...
- 7% reported regularly seeing a Diabetes Educator in addition to their usual provider

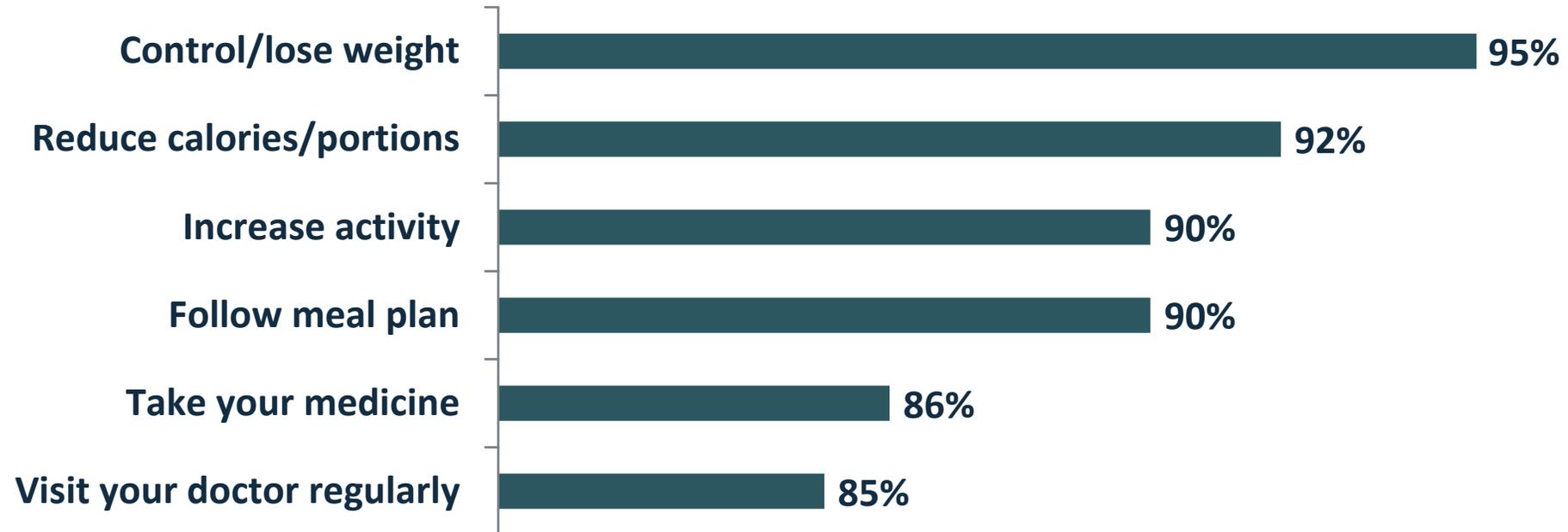
DIABETES-RELATED EDUCATION OR COUNSELING (PWD)

In the prior 12 months, 63% received advice/counseling about how to prevent other health problems caused by diabetes from:



DIABETES EDUCATORS: ADVICE TYPES (PWD)

PWD received comprehensive advice or counseling from their Diabetes Educator:



ROOM FOR IMPROVEMENT (PWD)

“In general, would you say your way of managing your diabetes has usually been effective, sometimes been effective, or not been effective?” (PWD)

- Usually effective (67%)
- Sometimes effective (27%)
- Not effective (6%)

PITTSBURGH REGIONAL INITIATIVE FOR DIABETES EDUCATION (PRIDE)

1. Examine Access

Are we reaching people with education?

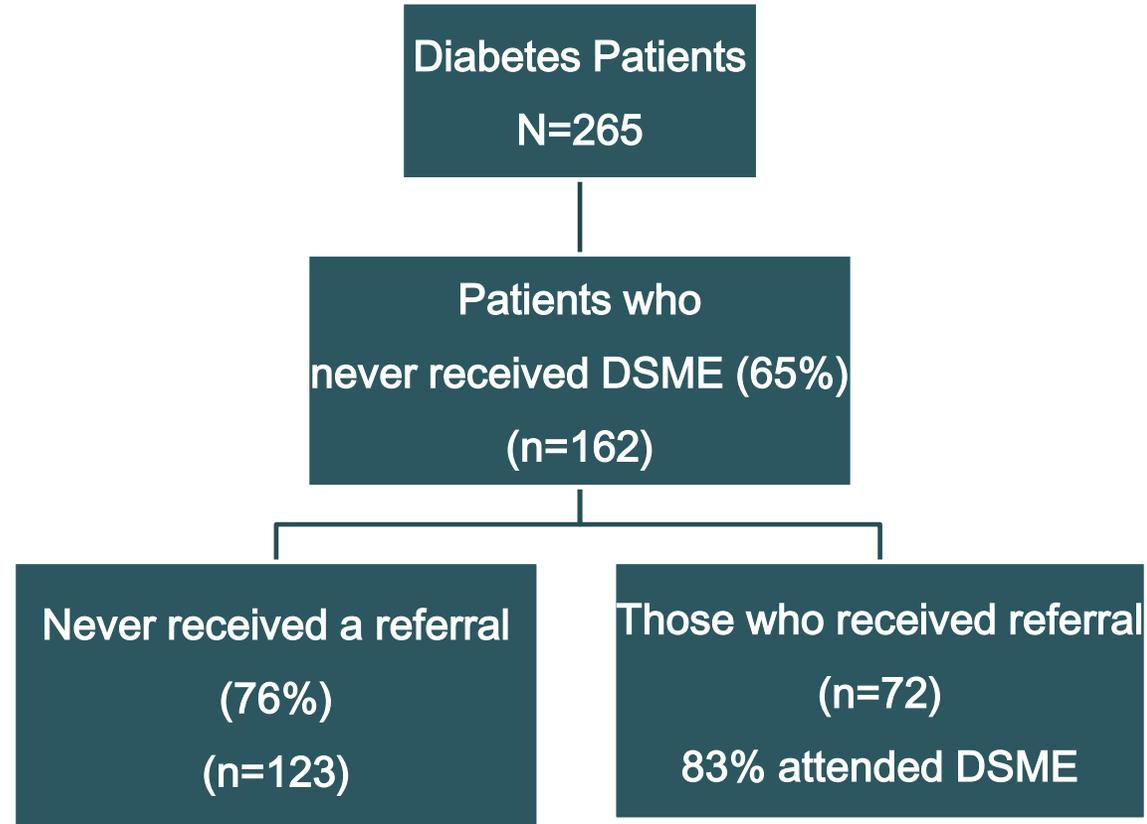
DIABETES EDUCATION SERVICES IN UNIVERSITY OF PITTSBURGH MEDICAL CENTER (UPMC) DATABASE

Those who received education:

- All patients studied n=12,745 (100%)
 - DSME only n=1,512 (12%)
 - MNT only n=0 (0%)
 - DSME and MNT n=672 (5%)
 - Neither DSME or MNT n=10,561 (83%)

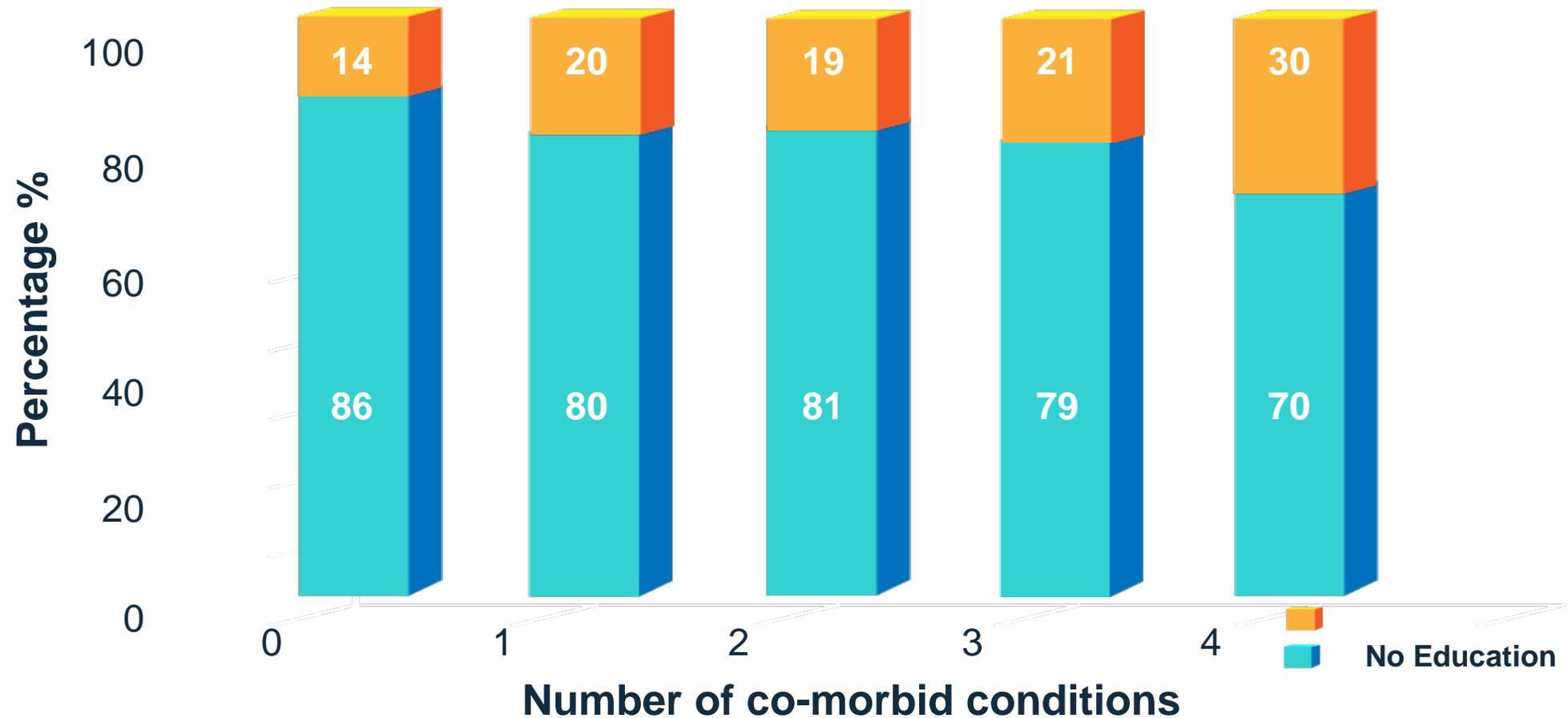
Ruppert, K, Siminerio, L, Stewart, A, & Songer, T. Diabetes education services and health care charges in a large health system database. ADA, Suppl. 2009.

EXAMINING RISK FACTORS, CO-MORBID CONDITIONS, PARTICIPATION, AND PHYSICIAN REFERRALS TO A RURAL DSME PROGRAM



Ruppert, K., Uhler, A., Siminerio, L. Examining Risk Factors, Co-Morbid Conditions, Participation and Physician Referrals to a Rural DSME Program, Diabetes Educator, 2009.

NUMBER CO-MORBID CONDITIONS & EDUCATION



BROKEN? CONSIDER PARTICIPATION RATES

- **6.8%** insured, newly diagnosed adults (18-65 years) participated in DSMES* during 1st year after diagnosis
- **4%** of Medicare participants – receive DSMES* and/or MNT
- **31%** of PCPs (65% of specialists) report having a diabetes educator available to them in their practice setting

*DSMES or similar programs such as DSME or DSMT

Rui L, et al. Diabetes Self-Management Education and Training Among Privately Insured Persons with Newly Diagnosed Diabetes. The CDC Morbidity & Mortality Report (2014); Duncan I, et al. Assessing the Value of the Diabetes Educator. DOI: 10.1177/0145721711416256

DIABETES EDUCATION RECOMMENDED BY:

- Institute of Medicine
- National Committee on Quality Assurance
- American Diabetes Association
- Endocrine Society

- AND: Physicians report wanting DSME

WHY THE NEED FOR A POSITION STATEMENT?

- Participation and referrals to Diabetes Self-management Education and Support (DSMES) are abysmal despite known benefit
- Barriers: confusion among providers regarding referral criteria and limited patient access
- 2015: DSME referral algorithm was published calling for innovative approaches to improve referrals

DSME/S ALGORITHM OF CARE



Four critical times to assess, provide, and adjust diabetes self-management education and support			
1 At diagnosis	2 Annual assessment of education, nutrition, and emotional needs	3 When new complicating factors influence self-management	4 When transitions in care occur
When primary care provider or specialist should consider referral:			
<ul style="list-style-type: none"> <input type="checkbox"/> Newly diagnosed. All newly diagnosed individuals with type 2 diabetes should receive DSME/S <input type="checkbox"/> Ensure that both nutrition and emotional health are appropriately addressed in education or make separate referrals 	<ul style="list-style-type: none"> <input type="checkbox"/> Needs review of knowledge, skills, and behaviors <input type="checkbox"/> Change in medication, activity, or nutritional intake <input type="checkbox"/> HbA_{1c} out of target <input type="checkbox"/> Unexplained hypoglycemia or hyperglycemia <input type="checkbox"/> Planning pregnancy or pregnant <input type="checkbox"/> For support to attain and sustain behavior change(s) <input type="checkbox"/> Weight or other nutrition concerns <input type="checkbox"/> New life situations and competing demands 	Change in: <ul style="list-style-type: none"> <input type="checkbox"/> Health conditions such as renal disease and stroke, need for steroid or complicated medication regimen <input type="checkbox"/> Physical limitations such as visual impairment, dexterity issues, movement restrictions <input type="checkbox"/> Emotional factors such as anxiety or clinical depression <input type="checkbox"/> Basic living needs such as access to food, financial limitations 	Change in: <ul style="list-style-type: none"> <input type="checkbox"/> Living situation such as inpatient or outpatient rehabilitation or now living alone <input type="checkbox"/> Medical care team <input type="checkbox"/> Insurance coverage that results in treatment change <input type="checkbox"/> Age-related changes affecting cognition, self-care, etc.

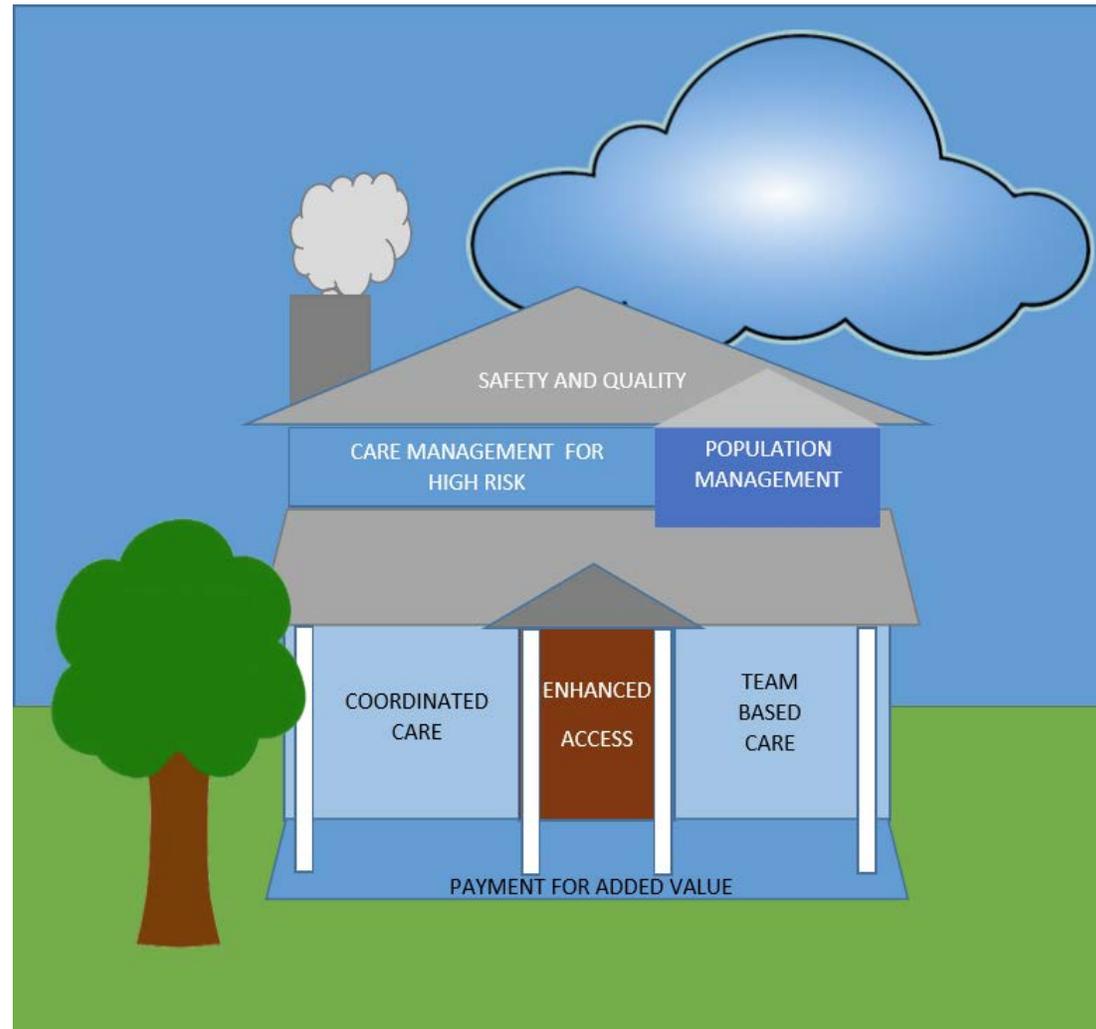
PITTSBURGH REGIONAL INITIATIVE FOR DIABETES EDUCATION (PRIDE)

1. Explore Access
2. Reaffirm Models for Delivery

How do we promote access?

**IMPROVING GLYCEMIA IN PRIMARY CARE:
A MODEL INTEGRATING DIABETES EDUCATION INTO PRACTICE**

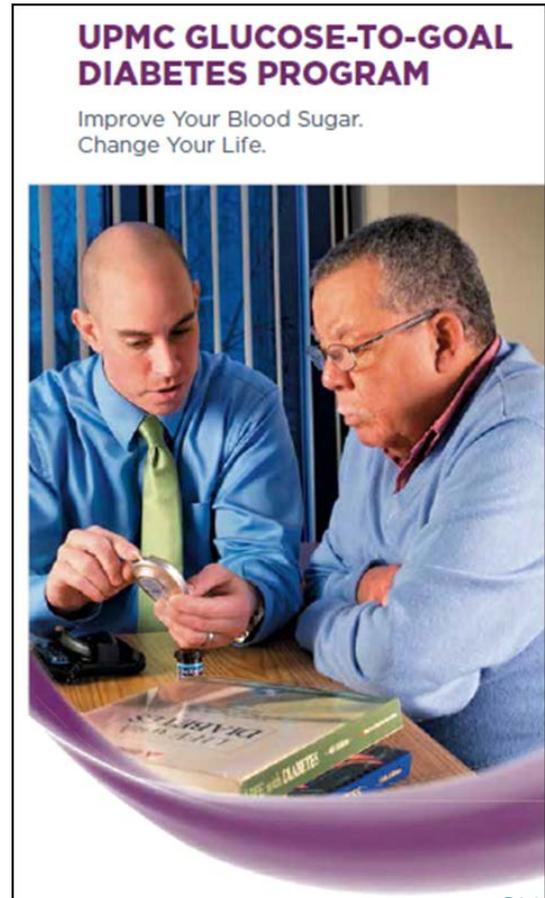
PATIENT CENTERED MEDICAL HOME



GLUCOSE TO GOAL

A patient-centered approach to high-quality DSMES:

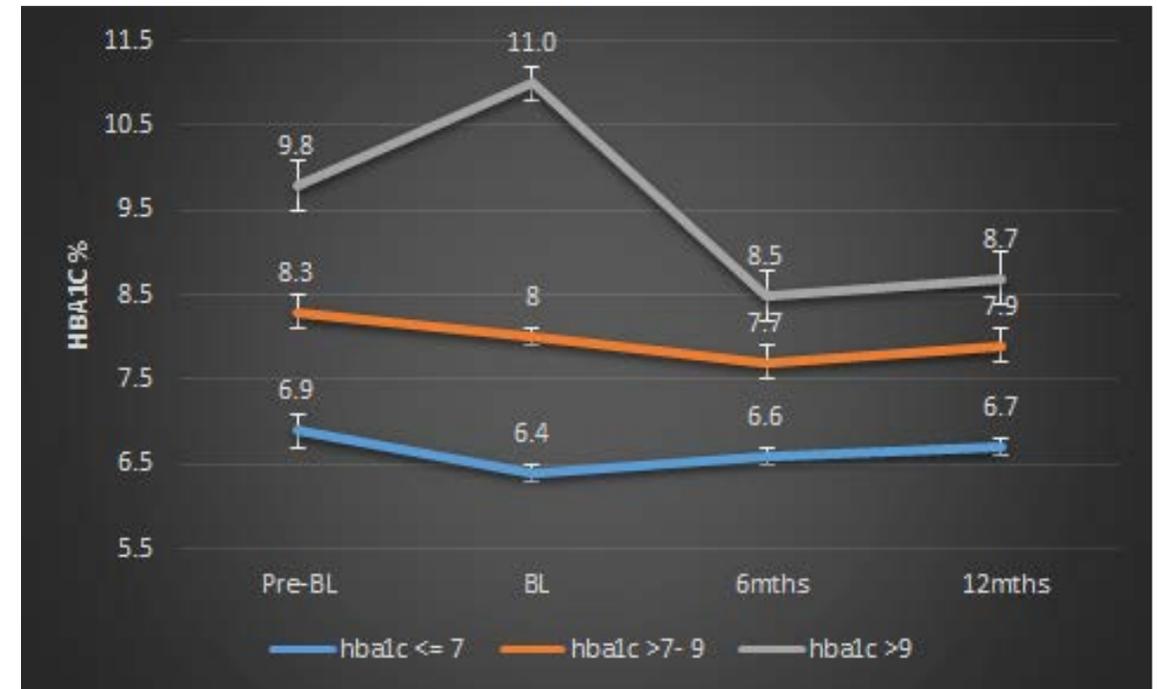
- ✓ Diabetes educator is formal member of primary care practice team
- ✓ Optimal utilization of electronic medical record (EMR) system
- ✓ Proactive identification of patients who would benefit from DSMES
- ✓ Increased access to decision support tools
- ✓ Enhanced communication among patient, provider, and educator
- ✓ Improved coordination of care



HBA1C OUTCOMES BY CATEGORY

According to baseline HbA1c category:

- $\leq 7\%$: HbA1c ↓ from pre-baseline to baseline, ↑ slightly at 6 months, maintained at 12 months
- $>7-9\%$: HbA1c ↓ significantly from baseline to 6 months, maintained at 12 months
- $>9\%$: HbA1c ↓ significantly from baseline to 6 months, maintained at 12 months



†hba1c > 9: BL vs 12mths p < 0.001

Can Practice Redesign Improve DSME Referrals?

Jodi Krall, Justin Kanter, Vincent Arena, Kris Ruppert, Francis X. Solano, Linda Siminerio

Accepted for Presentation at the American Diabetes Association's 78th Scientific Sessions, June 2018

OBJECTIVE

- Deploy a model that relied on elements of the patient-centered medical home
- Direct delivery of diabetes education services in primary care
- Evaluate its impact on primary care provider referrals to DSME

A. Traditional Model (hospital/clinic-based DSME program)



Current evidence suggests:

- Outcome improvements are limited to small proportion of total DM population

B. Glucose to Goal Model (integrated primary care DSME program)



We hypothesize:

- Outcome improvements will occur in larger proportion of total DM population

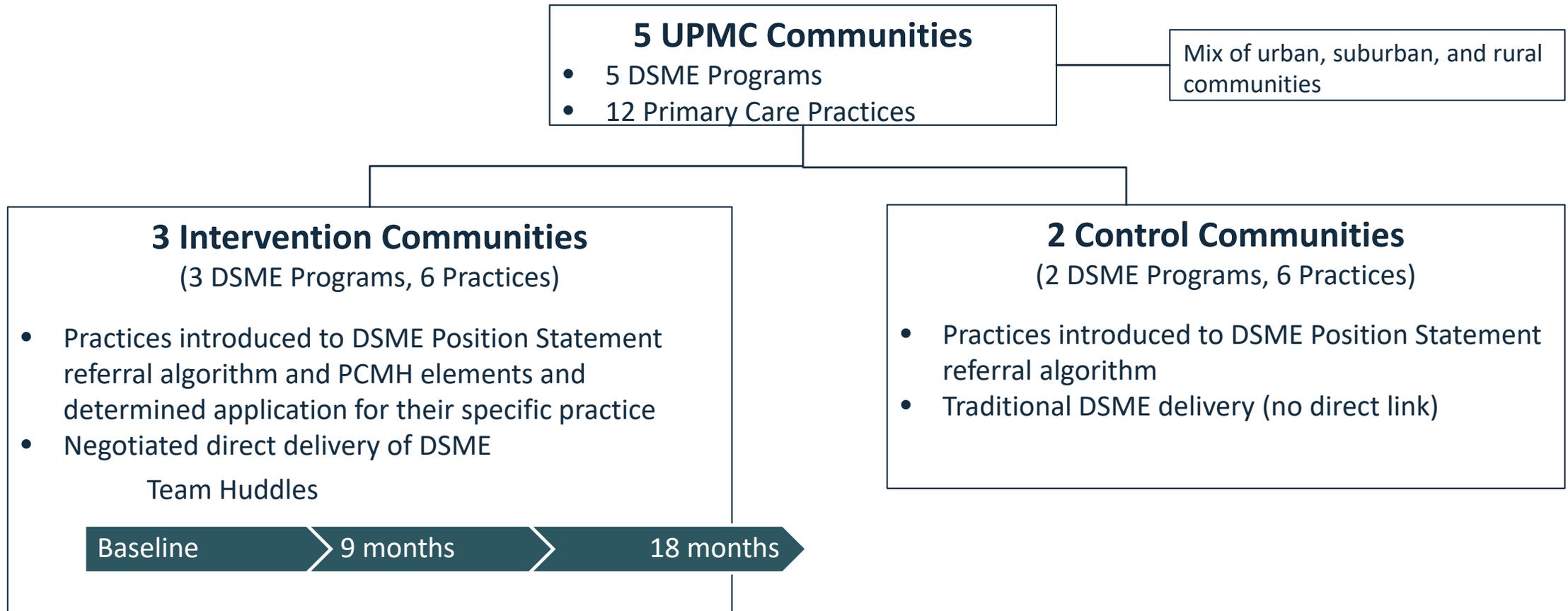
DOES THE DSMES POSITION STATEMENT ALGORITHM IMPROVE REFERRALS?

- Addresses barriers by training primary care (PC) practices on referral algorithm
- Integrates diabetes educators (DEs) into practice
- Examine DSMES referral rates and clinical profiles of patients with T2DM post-training

METHODOLOGIES

- Focus groups/ practice huddles with PCPs/staff and educators
- Intervention that compared Glucose to Goal versus traditional referral to a DSMES program

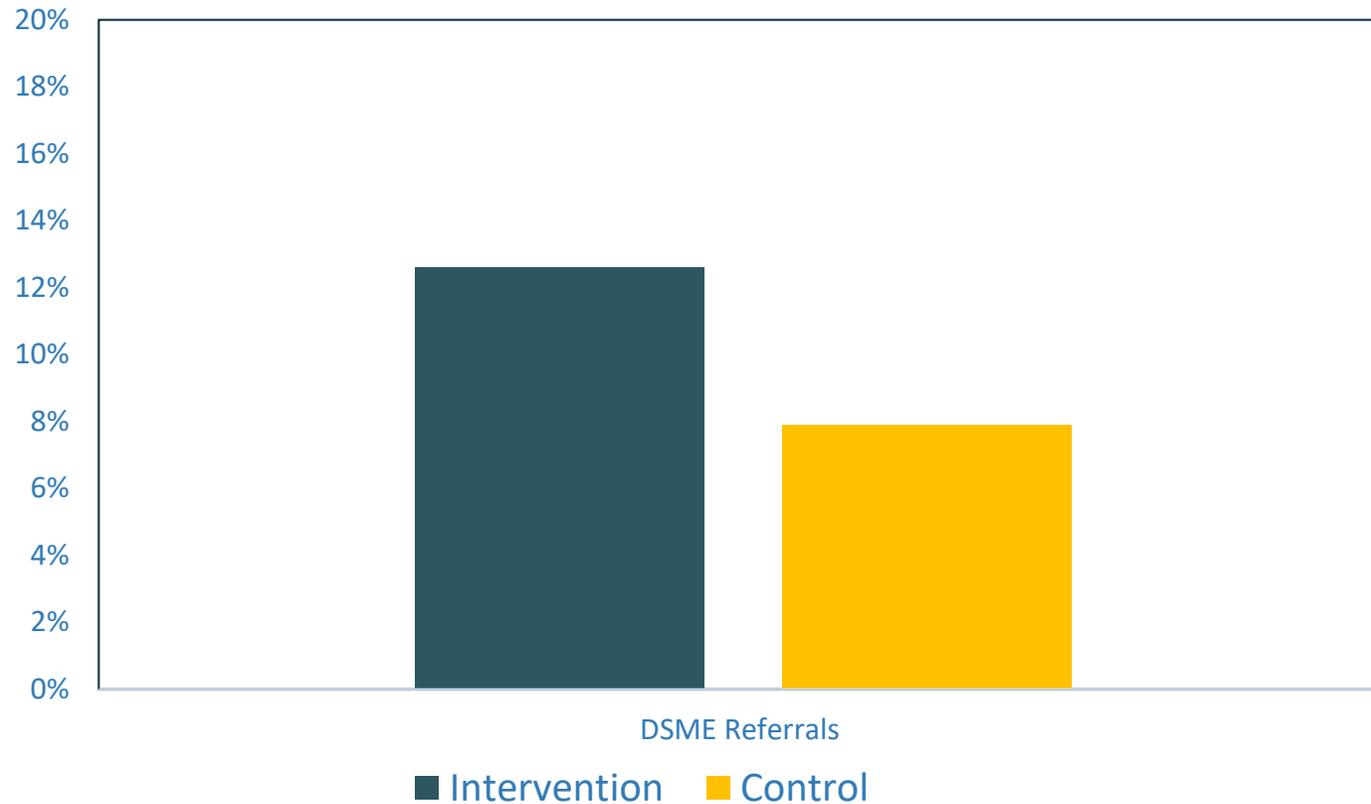
STUDY DESIGN



PRACTICE FOCUS GROUP RESULTS

- PCPs reported the algorithm is appropriate but too complicated for practical application
- Providers agreed high A1c and new diagnosis warrant referral;
- Providers did not agree on additional referral criteria

DSME REFERRAL RATES



1.9

Primary care providers in intervention group were 1.9 times (12.6% vs 7.9%; $p < 0.0001$). more likely to refer patients for DSME than control group

RESULTS / CONCLUSIONS

- Factors found to predict referrals were female, obesity and higher A1C
- Findings suggest that the intervention positively influenced DSME referral rates
- Further study of DSME referral types and utilization patterns is warranted

WHAT GETS IN OUR WAY??

- Deductibles
 - Poor reimbursement
- Accessibility
 - Transportation/Parking
- Poor referrals
- Patient/provider uninformed
- Traditional approaches
 - Expectation to attend a long program
 - Lectures
 - Face to face follow-up



WHAT CAN A DIABETES EDUCATOR AND DSMES DO FOR YOU?

- Help meet pay-for-performance and quality improvement goals
- Increase practice efficiency/assuming training, counseling, and follow-up duties
- Monitor patient care and progress/provide status reports
- Help manage patients' metabolic control, lipid levels, and blood pressure through medication management and physician-directed protocols
- Help patients who are at high risk

CASE STUDY

GD, 60 year old newly diagnosed with type 2 diabetes

- A1C at diagnosis 10.2%
- No education at diagnosis –started on meds

Frustrated by A1C level that remained at 8.9% at 6 months

- Expressed frustration to PCP
- PCP mentioned a diabetes class at the local hospital
- Time for class was not convenient-patient did not attend

At 9 month visit—local educator serving practice now

- PCP referred to on-site educator/convenient visit scheduled/attended
- Lost 20 lbs. by reducing portions, eliminating sugary beverages & snacks
- Walks daily.
- A1c dropped from 8.9% to 6.9%.
- Patient "Why didn't I meet with you a year ago?"

How many of you had similar experiences?

REGULATIONS...

- Must have a provider referral
- Medicare covers 10 hours of initial education
- Reimburse 2 hours annually
- DSME & MNT cannot be billed on same date
- Telemedicine restrictions

ACKNOWLEDGMENTS

I thank the diabetes educators, providers, and patients who graciously contribute to the advancement of diabetes care through participation in projects conducted by the University of Pittsburgh Diabetes Institute.

- Mentor: Linda Siminerio
- Colleagues: Vincent Arena, Diane Battaglia, Nawal Cuddy, Carla DeJesus, Johnene Duffordpenn, Megan Hamm, Patricia Johnson, Justin Kanter, Janice Koshinsky, Travis Nosko, Tammie Payne, Kris Ruppert, Peg Thearle, Francis Solano, Janice Zgibor
- Partners: UPMC Health System and Health Plan, U Pitt Dept. Medicine
- Funders: NIH/NIDDK, UPMC Health Plan



APPLYING THE FIVE GUIDING PRINCIPLES OF DSMES

**Following the lead
and the needs of the
person with diabetes**

TREAT PWDS AS THE EXPERTS ON THEIR LIVES

- The health care team can promote self-management, but self-efficacy is key to success
- The patient's experience living with diabetes is paramount
- Begin each visit asking the patient about successes, concerns, struggles, and questions
- Focus on patient decisions and issues— choices made, why, and whether the decisions are helping

EMPLOYING SPECIAL POWERS THAT CAN CHANGE PEOPLE'S LIVES

Benefits for all stakeholders:
patients, caregivers, physicians
and other health care providers



DSMES IS A WIN-WIN

- For patients
- For caregivers
- For physicians and health care providers
- For the future of our health care system



RESOURCES TO IMPLEMENT THE JOINT POSITION STATEMENT

Tools to help you educate
colleagues, health care
providers, and patients about
DSMES

RESOURCES TO SUPPORT IMPLEMENTATION OF THE JOINT POSITION STATEMENT

<https://www.diabeteseducator.org/practice/educator-tools/joint-position-statement-toolkit>



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Diabetes Self-Management Education and Support for Adults with Type 2 Diabetes: ALGORITHM of CARE

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

- 1 AT DIAGNOSIS**
Newly diagnosed individuals with type 2 diabetes should ensure that both nutrition and emotional health are appropriately addressed in addition or make separate referrals.
- 2 ANNUAL ASSESSMENT OF EDUCATION, NUTRITION, AND EMOTIONAL NEEDS**
When PRIMARY CARE PROVIDER OR SPECIALIST SHOULD CONSIDER REFERRAL:
 - Needs review of knowledge, skills, and behaviors
 - Long-standing diabetes with limited prior education
 - Change in medication, activity, or nutritional intake
 - HbA_{1c} out of target
 - Unexplained hypoglycemia or hyperglycemia
 - Planning pregnancy or pregnant behavior change(s)
 - For support to attain or sustain
 - Weight or other nutrition concerns
 - New life situations and competing demands
- 3 WHEN NEW COMPLICATING FACTORS INFLUENCE SELF-MANAGEMENT**
CHANGE IN:
 - Health conditions such as renal disease and stroke, need for steroid or complicated medication regimen
 - Physical limitations such as visual impairments, dexterity issues, movement restrictions
 - Emotional factors such as anxiety and clinical depression
 - Basic living needs such as access to food, financial limitations
- 4 WHEN TRANSITIONS IN CARE OCCUR**
CHANGE IN:
 - Living situation such as inpatient or outpatient rehabilitation or care living alone
 - Medical care team
 - Insurance coverage that results in treatment change
 - Age-related changes affecting cognition, self-care, etc.

Scorecard: DSMES vs Metformin

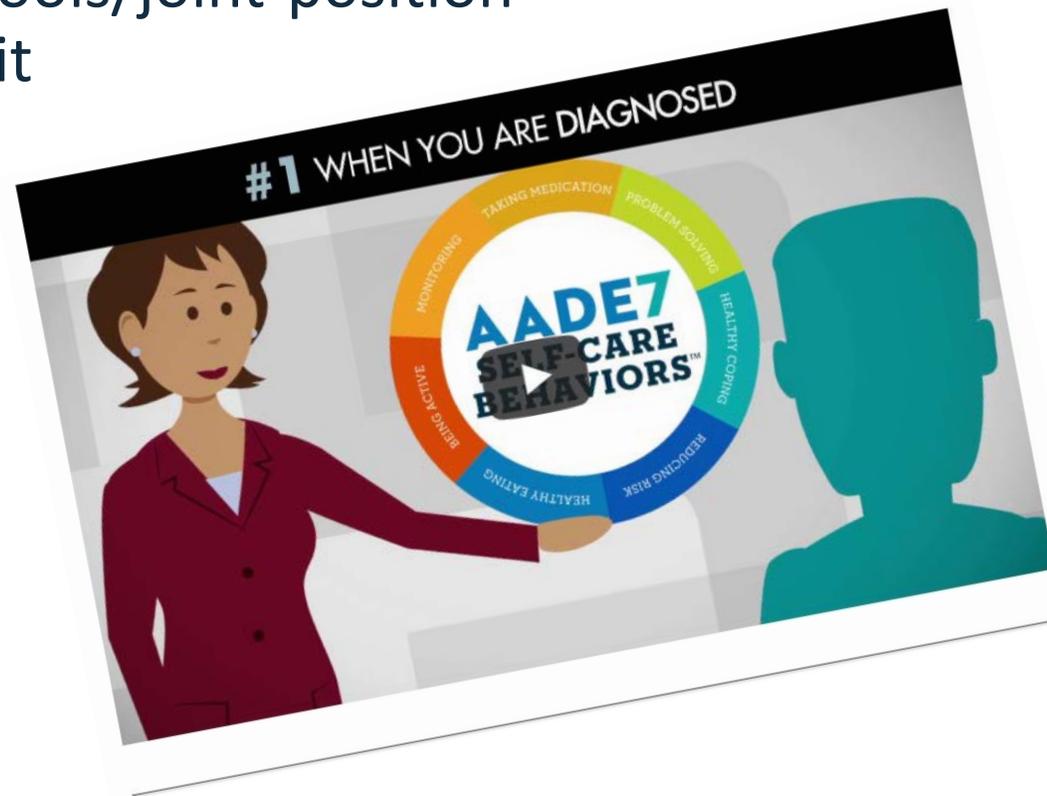
Criteria	Benefits Rating	
	DSMES ¹	Metformin ^{2,3}
Efficacy	High	Low
Hypoglycemia risk	Low	Neutral/Loss
Weight	Neutral/Loss	GI
Side effects	None	Low
Cost	Low/Savings	N/A
Psychosocial benefits	High	

1. Powers MA. Diabetes Care (2016); 2. Inzucchi SE. Diabetes Care (2015); 3. ADA Standards of Medical Care. Diabetes Care (2017)

Logos: American Diabetes Association, AADE (American Association of Diabetes Educators), eDiabetes, Academy of Nutrition and Dietetics.

RESOURCES TO SUPPORT IMPLEMENTATION OF THE JOINT POSITION STATEMENT

<https://www.diabeteseducator.org/practice/educator-tools/joint-position-statement-toolkit>



QUESTIONS?

Comments?

bjr6@cdc.gov

Resources and Announcements

DOWNLOAD TODAY'S HANDOUTS

- Presentation slides
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- DSMES Toolkit

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