Implementing Diabetes Education Programs – Clinical and Behavioral Outcomes

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2008 Disease Management Colloquium
Agenda

- About American Association of Diabetes Educators (AADE) and Diabetes Self-Management Education/Training (DSME/T)
- Relevance of DSME/T to Disease Management
- Implementing DSME/T Programs – a Case Study
- Outcomes Measures - Clinical and Behavioral
- Conclusion
AADE is a multidisciplinary association of healthcare professionals dedicated to integrating successful self-management as a key outcome in the care of people with diabetes and related conditions.
Vision: Successful self-management for all people with diabetes and related conditions

Mission: Driving professional practice to promote healthy living through self-management of diabetes and related conditions
AADE’s Strategic Goals

- Driving Practice
- Professional Development
- Research
- Advocacy
- Integration
- Membership
Diabetes Self-Management Education

- DSME is a collaborative process through which people with or at risk for diabetes gain the knowledge and skills needed to modify behavior and successfully self-manage the disease and its related conditions.

- Goals of education
  - achieve best health possible and a better quality of life
  - reduce the need for costly healthcare

- Diabetes Educators
  - use principles of teaching/learning/counseling
  - Facilitate behavior change to manage their diabetes.
Healthy eating
Being active
Monitoring
Taking medication
Problem-solving
Healthy coping
Reducing risks
Diabetes DM increases patient adherence to treatment recommendations BUT…

People with diabetes need to change their behavior and significantly change their lifestyle to achieve clinical results.

Diabetes Educators help people with diabetes to effectively:

- problem solve and cope with the disease,
- learn how to monitor blood glucose,
- take medications,
- plan and eat healthy meals,
- become physically active, and
- reduce the risk of complications.
Linking Diabetes Education and DM

Data Collection
- Eligibility
- Med Claims
- Med Claims
- Pharmacy
- U/R Files
- Operating System Data
- Program Status Files
- Historical Eligibility
- Historical Med Claims
- Historical RX Claims

Data Standardization
- Data Receiving and Standardization

Data Aggregation
- Client Employee and Dependent Data

Identification and Stratification
- Referral
- Identification & Scoring
- Predictive Modeling

Informatics and Reporting
- Client Informatics Reporting
- Client Informatics Analytics

Diabetes Education

Implementing a Gestational Diabetes Education Program

- Diabetes Education is outsourced to an expert educator
- Multiple sources of referrals help to ensure the right diabetes education services are provided
- Clinical indicators and lab results are used to achieve better patient compliance and outcomes
- Interrelationship of the care plan and diabetes education interventions
- Follow up is handled by telephone
- Centralized systems are used for data collection and reimbursement
Implementing a Gestational Diabetes Education Program

DM Program for High Risk Pregnant Women with Diabetes

- The diabetes educator teaches glucose monitoring, healthy eating practices, self-management skills, coping strategies and problem solving techniques.

- Services include initial and ongoing patient education, home visits, medication therapies, and supply and equipment management.

- The duration of service is usually 21 days
  - 1 – 2 home visits if the patient is not on insulin.
  - if the patient is on insulin, the duration of service is extended to 28 days.
Implementing a Gestational Diabetes Education Program – Patient Tools

**Informational Kit**
- sample diet from 1800 calories to 2500 calories
- infection control & home safety
- insulin and step by step instructions on insulin administration
- sharps disposal
- hypoglycemia, hyperglycemia, signs and symptoms to report
- glucose parameters
- exercise
- stages & phases of labor
- infant nutrition
- breastfeeding & bottle feeding tips
- postpartum care

**Self-Management Kit**
- blood glucose meter
- 200 test strips
- 100 lancets
- ketodiastix
- 1-measuring cup for food
- exchange list
- glucose tablets
- A1C kit with the binder
Advancing Behavioral and Clinical Outcomes Measurement
DSME Outcomes Measures

Immediate Outcomes

Learning Knowledge Skill Acquisition

Behavior Change

Intermediate Outcomes

Improved Clinical Indicators

Long Term Outcomes

Improved Health Status

Post-Intermediate Outcomes

Improved Health Status

Health Care Outcomes Continuum
DSME Outcomes Measures

- National Registry
- Reporting
- Integrated Data Capture
- D-SMART®, D-ET®, SRF®, Behavioral Goal Sheets
- Outcomes Continuum, AADE 7Self-Care Behaviors™
- Benchmarking, public policy, research, and best practice
- EMRs, software, IT platforms
- Quality improvement, program recognition, and reimbursement
- Measurement tools
- Conceptual framework

AADE Outcomes System Framework
Mutually Agreed upon Goals & Frequency in which Educators Address the Goals

- Medication
- Problem Solving
- Monitoring
- Coping
- Risk Reduction (44%)
- Activity
- Healthy eating

Legend:
- Mutually Identified
- Addressed by Educator
Data Input and Report Tools

Friedman et al: Programs with comprehensive, diabetes disease management can result in substantially improved patient outcomes. (American College of Physicians Online; http://www.acponline.org/clinical_information/journals_publications/ecp/augsep98/diabmgmt.htm)


McCullough et al: Patient and provider satisfaction improved as did rates of retinal eye screening, documented foot examinations, testing for microalbuminuria and hemoglobin A1C. (American College of Physicians Online; http://www.acponline.org/clinical_information/journals_publications/ecp/augsep98/population.htm)


Tips for Implementing Diabetes Education in DM

- The role of the diabetes educator can be assumed by professionals from a variety of health disciplines, including, but not limited to:
  - registered nurses, nurse practitioners, registered dietitians, pharmacists, physicians, mental health professionals, podiatrists, optometrists and exercise physiologists.
  - services, such as nutrition counseling, medication counseling and psychological support services, may be provided in collaboration with a professional who is licensed or registered in the relevant field.

- Find a Diabetes Educator
  - http://www.diabeteseducator.org/
Conclusion

Diabetes education (DSME/T)

- Like disease management, is guided by the best available science-based evidence and incorporates the needs, goals and life experiences of the person with or at risk for diabetes.
- Focuses on behavior change.

- Diabetes educators
  - Are experts at fostering positive behavior change in people with diabetes, and the interventions they use are effective. *(Balamurugan et al., Diabetes self-management education program for Medicaid recipients: a continuous quality improvement process. Diabetes Educ. 2006 Nov-Dec;32(6):893-900.)*
Conclusion

- Disease management
  - Offers much to people with diabetes but is enhanced by DSME Full integration and implementation of Diabetes Education (DSME/T) in DM programs ..... 
  - Future Outcomes Tracking and Assessment will be enhanced by the availability of the AADE7 tools: 
    - track goal setting, patient behavior change and outcomes 
    - help set benchmarks 
    - demonstrate the influence of DSME on diabetes control 
    - advance best practices in linking DM and DSME
Thank You

For more information, please go to www.diabeteseducator.org