Diabetes Self-Management Education Programs:

- Improve Patient Outcomes
- Reduce Costs for Diabetes Management
- Provide Easier & Less Time Consuming Patient Management

Refer your patients to a DSME program. Find a complete list of programs in your area on the back page.
Joint Position Statement Algorithm of Care:
Diabetes Self-management Education & Support for Adults with Type 2 Diabetes

ADA Standard 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

4 CRITICAL TIMES
to assess, provide, and adjust diabetes self-management education and support

- **AT DIAGNOSIS**: When new complicating factors influence self-management
- **ANNUAL ASSESSMENT**: of education, nutrition, and emotional needs
- **TRANSITIONS**: in care occur

REFER your patients to a DSME program located in your area, here’s how:

1. Refer your patients at one of the four critical times
2. Contact a DSME program in your area to set up a standardized referral process

With a Referral, DSME is covered by Medicare, Medicaid and most insurance plans!
When primary care provider or specialist should consider referral:

### At Diagnosis

- Newly diagnosed. All newly diagnosed individuals with type 2 diabetes should receive DSME/S
- Ensure that both nutrition and emotional health are appropriately addressed in education or make separate referrals

### Annual Assessment

- Needs review of knowledge, skills, and behaviors
- Long-standing diabetes with limited prior education
- Change in medication, activity, or nutritional intake
- HbA1c out of target
- Maintain positive health outcomes
- Unexplained hypoglycemia or hyperglycemia
- Planning pregnancy or pregnant
- For support to attain and sustain behavior change(s)
- Weight or other nutrition concerns
- New life situations and competing demands

### Complicating Factors

Change in:

- Health conditions such as renal disease and stroke, need for steroid or complicated medication regimen
- Emotional factors such as anxiety and clinical depression
- Physical limitations such as visual impairment, dexterity issues, movement restrictions
- Basic living such as access to food, financial limitations

### Transitions

Change in:

- Living situation such as inpatient or outpatient rehabilitation or now living alone
- Medical care team
- Insurance coverage that results in treatment change
- Age-related changes affecting cognition, self-care, etc.
**Primary care provider/endocrinologist/clinical care team:**

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<tr>
<th>AT DIAGNOSIS</th>
<th>ANNUAL ASSESSMENT</th>
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<tbody>
<tr>
<td>Answer questions and provide emotional support regarding diagnosis</td>
<td>Identify strengths and challenges of living with diabetes</td>
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<tr>
<td>Provide overview of treatment and treatment goals</td>
<td>Review problem-solving skills</td>
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<td>Identify and discuss resources for education and outgoing support</td>
<td>Identify presence of factors that affect diabetes self-management and attain treatment and behavioral goals</td>
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<tr>
<td>Teach survival skills to address immediate requirements (safe use of medication, hypoglycemia treatment if needed, introduction of eating guidelines)</td>
<td>Discuss effect of complications and successes with treatment and self-management</td>
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<th>TRANSITIONS</th>
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<td>Develop diabetes transition plan</td>
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<td>Communicate transition plan to new health care team members</td>
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**LEARN MORE:** diabetes.idaho.gov
<table>
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<th>Diabetes education: areas of focus and action steps</th>
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<td><strong>AT DIAGNOSIS</strong></td>
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| - Assess cultural influences, health beliefs, current knowledge, physical limitations, family support, financial status, medical history, literacy, numeracy to determine content to provide and how:  
  - Medications- choices, action, titration, side effects  
  - Monitoring blood glucose- when to test, interpreting and using glucose pattern management for feedback  
  - Physical activity- safety, short-term vs. long-term goals/recommendations  
- Preventing, detecting, and treating acute and chronic complications  
- Nutrition- food plan, planning meals, purchasing food, preparing meals, portioning food  
- Risk reduction- smoking cessation, foot care  
- Developing personal strategies to address psychosocial issues and concerns  
- Developing personal strategies to promote health and behavior change |
| **ANNUAL ASSESSMENT**                             |
| - Review and reinforce treatment goals and self-management needs  
- Discuss how to adapt diabetes treatment and self-management to new life situation and competing demands  
- Emphasize preventing complications and promoting quality of life  
- Support efforts to sustain initial behavior changes and cope with the ongoing burden of diabetes |
| **COMPPLICATING FACTORS**                         |
| - Provide support for the provision of self-care skills in an effort to delay progression of the disease and prevent new complications  
- Provide/refer for emotional support for diabetes-related distress and depression  
- Develop and support personal strategies for behavior change and healthy coping  
- Develop personal strategies to accommodate sensory or physical limitation(s), adapting to new self-management demands, and promote health and behavior change |
| **TRANSITIONS**                                   |
| - Identify needed adaptations in diabetes self-management  
- Provide support for independent self-management skills and self-efficiency  
- Identify level of significant other involvement and facilitate education and support  
- Provide education for others now involved in care  
- Assist with facing challenges affecting usual level of activity, ability to function, health beliefs, and feeling of well-being  
- Maximize quality of life and emotional support for the patient (and family members)  
- Establish communication and follow-up plans with the provider, family, and others |
DSME Programs are here for your patients

DISTRIBUTION 5

Intermountain Cassia Regional Medical Center
Diabetes Education Program
1501 Hiland Avenue
Burley, ID 83318
Phone: 208-677-6288

North Canyon Medical Center
Diabetes Education Program
267 North Canyon Street
Gooding, ID 83330
Phone: 208-934-9886
Website: http://bit.ly/ncmDiabetes

St. Luke’s Humphreys Diabetes Center
Twin Falls
764 N College Road, Genoa Building, Suite A
Twin Falls, ID 83301
Phone: 208-814-7271
Website: http://bit.ly/SLMCEndocrinologyTwin

St. Luke’s Humphreys Diabetes Center
Wood River
100 Hospital Drive
Ketchum, ID 83340
Phone: 208-727-8356

Shoshone Family Medical Center
Southern Idaho Diabetes Education Program
113 S Apple Street
Shoshone, ID 83352
Phone: 208-944-4747
Website: http://bit.ly/ShoshoneFamilyDiabetes

LEARN MORE: diabetes.idaho.gov