DIABETES MANAGEMENT AND PREVENTION: WHO, WHERE, HOW?

MAXIMIZING DIABETES PROGRAMMING OPTIONS

MDHHS CERTIFIED PROGRAMS

1. 92 hospital-based programs

2. Meet 10 National Standards for DSME and Support

3. Evidenced based:

   a. Norris, et.al. in 2002 meta- analysis: lower A1cs with lower complications

   b. Duncan, et.al. in 2011: lower cost patterns, lower self-reported weights, improved quality of life, healthy coping, and self-care behavior

4. Required 9 content areas to OFFER: disease process, nutritional mgt., physical activity, medications, monitoring, acute and chronic complications, psychosocial strategies and change and health promotion

MDHHS DSME PROGRAMS

www.michigan.gov/diabetes Diabetes Self-Management Education Certification Program

DIABETES SELF-MANAGEMENT EDUCATION (DSME)

1. Individuals with diabetes, at risk, or have had a change in txt

2. Individualized—based on assessment

3. Behavior change focus with goal setting

4. On-going to facilitate knowledge, skills and abilities for self-care

5. Education and support components

6. Group and 1:1

PREDIABETES OPTIONS

1. Traditional programs offer programming…but…

2. The evidence is behind the Diabetes Prevention Program

3. 28 agencies now offering the program in Michigan- 2 are fully recognized by CDC
   National Kidney Foundation of Michigan
   MSU Extension

4. 16 weekly sessions (“CORE”) then 6 monthly sessions

5. Lose 5-7% of body weight and be moderately physically active 150 minutes/week

REFERRALS

1. DSME: Need for Medicare and Medicaid reimbursement
    a) MD/DO only for Medicaid fee-for-service
    b) Fax, call, electronic-all are acceptable

2. DPP: Referral not required, but may assist with recruitment
    a) At least 50% must meet prediabetes definition
    b) 18 years of age or older
    c) BMI greater than or equal to 24 kg/m2
    d) Where? www.michigan.gov/diabetes Making The Case

PCMH BENEFITS

1. Diabetes educators on the team—assisting with management questions

2. Meet :

   a) Standard 4.2 , PGIP, 2014-2015 BCBSM

   b) Standard 4, Care Mgt and Support, 2014 NCQA PCMH Standards

   (MiPCT Practice FLASH , April 27, 2015)

3. Patients more likely to meet goals and metrics—Success!

COMPLEMENT-DON'T COMPETE

1. Everyone with Diabetes Counts (EDC)/Diabetes PATH strengthens goal setting and problem-solving

2. DSME provides individualized plan based on person's needs and concerns

3. EDC/Diabetes PATH provide additional 6 weeks of contact and support

4. DSME programs can refer to PATH in meeting Standard 8 (on-going support plan)

5. Patients can maximize contact, goal-setting experience, support, DSME follow-up