Integrating Diabetes Self-Management Education and Support Into Your SDPI Diabetes Best Practice

What is diabetes self-management education and support (DSMES)?

By recent estimates, the prevalence of diagnosed diabetes among American Indian and Alaska Native (AI/AN) adults is 13.6 percent or twice the rate of non-Hispanic White adults.[1] Diabetes is a chronic disease requiring day-to-day management. Providing diabetes education and support to individuals with diabetes will help reduce the risk of developing devastating complications from chronic hyperglycemia. There is evidence that people with diabetes tend to do better with support and education, as found in the 2022 National Standards for Diabetes Self-Management Education and Support.[2]

DSMES:

- Teaches behavioral skills necessary to help patients make informed decisions about diabetes management.
- Encourages patients to collaborate with the healthcare team to set realistic, individualized goals and develop plans for diabetes care.
- Empowers patients to effectively manage challenges, negative emotions, and life stresses.

"I will always remember the day in the clinic when the doctor said, 'You have diabetes.' I thought of my mother (who died from diabetes complications). I thought, 'I will need all sorts of help. I will need to depend on people. I will no longer be able to take care of the people I love.'
I began to cry. The doctor closed the door and let me cry. He told me my diabetes did not have to be like my mother's or anyone else's. I could create my own life with diabetes. I could decide how to live well with diabetes. I could choose."

Barbara Mora, Paiute/Diné,
"Using Our Wit and Wisdom to Live Well with Diabetes"

This document is intended for all clinicians/educators who want to integrate the basic components of DSMES into their Special Diabetes Program for Indians (SDPI) activities. The SDPI staff have a wide range of skills related to diabetes management. Team members should provide DSMES consistent with their training and scope of practice and refer to other professionals as appropriate.

DSMES is a Partnership

It is about two or more people coming together:

1 National Diabetes Statistics Report: https://www.cdc.gov/diabetes/php/data-research/appendix.html#cdc_report_pub_study_section_3-table-3

2 2022 National Standards for Diabetes Self-Management Education and Support: Diabetes Care 2022;45(2):484–494.doi:10.2337/dc21-2396. https://diabetesjournals.org/care/article/45/2/484/140905/2022-National-Standards-for-Diabetes-Self

1. **The person/patient is an expert in his/her life who:**
   - Brings their knowledge, strengths, challenges, and goals to the partnership, and
   - Knows what they are able to do with the competing demands in their life.

2. **The clinician/educator who has:**
   - Knowledge and expertise in diabetes prevention and management, as well as tools and resources to support patients and their families.

Tools and Strategies

A critical component of successful DSMES is developing a trusting relationship between the patient and their health care provider. The tools and strategies to accomplish this are dynamic.

DSMES is an interactive relationship-based approach that supports individuals by meeting them "where they are at" in their lives. People come to a visit with their own life experiences, priorities, and values. Here are a few tips to remember during DSMES visits:

1. **Communication is key.**
   - Take the time to listen to individuals.
   - Ask open-ended questions.
   - Speak directly to the patient and use a non-judgmental approach.
   - Inquire about challenges/obstacles that a person may have (e.g., food insecurity, transportation, literacy, mental health issues), and how these may affect diabetes management.

2. **At the beginning of the visit or class.**
   - Greet people and welcome them. Let them know that you are happy they are there.
   - Briefly introduce yourself and ask the person to tell you about him or herself.
   - Treat the person how you would like to be treated when you attend a clinic visit or class.

3. **Assess current knowledge about their health and self-management skills.**
   - At an individual or family visit:
     - Ask, "What brings you here today?" Their response(s) will give you a sense of what they want to discuss. Ask, "What would you like to know about that?"
     - Another option is to administer a written questionnaire to determine what the individual wants to discuss at the visit.
   - At a group class:
     - The educator will have pre-selected topics but needs to be prepared to respond to questions and issues. For example, if the topic is about meal planning and a participant asks how often they should check their blood sugar, the educator must be flexible and respond to the patient's question(s).

4. **Provide information and strategies to address their concerns.**
   - Everyone has unique strengths. Help people recognize their strengths and build on them.

Strengths can be:

- Individual-based: Reflect on an experience that resulted in an accomplishment or being resilient.
- Support-based: Support systems include family members, friends, co-workers, support groups, clinic providers, diabetes team members, etc.
- Resource-based: Resources include clinic services, Tribal programs, connection to land and place, or employment.

5. Develop measurable goals.

- Goal setting in diabetes management is essential for patients seeking to improve blood sugar control and foster healthier lifestyles. Target a specific outcome or area for improvement. Quantify the indicator "How often will you do this?" Keep the goal realistic. Use shared decision-making to develop specific and realistic goals. For example, you may say:
  - "What would you like to work on among the options discussed?" "Is it realistic for you?"
- Define a specific goal related to the patient's diabetes management plan. Share a written copy of the goals, including achievable steps to reach each goal. For example:
  - Check fasting blood sugars 3 times a week and bring a meter to the next clinic visit.
  - Incorporate a 30-minute daily walk into my routine by walking every evening after dinner.
- Use SMART goals for diabetes worksheet[3] to guide individuals in setting and documenting their diabetes management goals.

6. Provide support and build trust.

- In addition to education, the clinician/educator's role is to listen, provide empathy, and offer support. It is also important to encourage the individual to seek support from family, friends, and other providers, as needed.

  For example, some people will talk about life challenges and stressors. Appropriate responses to this may include:
  - "It's important to have support in our lives, and I appreciate that you can talk to me about that." "Who else do you talk to about these issues in your life?"
  - "If it's okay, I'd like to check in with you about this at our next visit."
  - Consider making a referral for behavioral health counseling, as appropriate.

7. Connect clients to resources to help them reach their goals.

- Screen for food insecurity using the Hunger Vital Sign™[4] two-question screening tool.
  - Read the following statements and ask if they are "often true," "sometimes true," "rarely true," or "never true."
    - "Over the past 12 months, we worried whether our food would run out before we got money to buy more."
    - "Over the past 12 months, the food we bought just didn't last and we didn't have money to get more."

3 Sample Goals for Diabetes Worksheet: https://www.carepatron.com/files/smart-goals-for-diabetes-worksheet-sample.pdf

4 Children's HealthWatch Hunger Vital Sign: https://childrenshealthwatch.org/public-policy/hunger-vital-sign/

  - Answering "often true" or "sometimes true" to either statement indicates an individual or family is struggling with food insecurity.
  - Intervene by referring those who screen positively to resources that support access to adequate and healthy food (e.g., federal and local food programs):
- Use the Food Insecurity Assessment Tool and Resource List[5] from the IHS Division of Diabetes Treatment and Prevention (DDTP).[6]
  - Get to know the food resources in the community. For example:
    - Federal Food Assistance Programs[7] such as, the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), Elderly Nutrition Program, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC),[8] and others.
    - Local food resources such as, food banks, food backpack programs, farmers markets, and grocery discount/rewards programs, etc.
- Assist people on how and where they can access:
  - Wellness-related programs, including walking programs, gyms, cooking classes, talking circles/support groups, and smoking cessation programs.
  - Diabetes supplies, such as glucose meters, test strips, and blood pressure equipment.
  - Behavioral health resources, including mental health, and substance abuse.
- If the individual needs more information, it's okay to say: "I don't have the answer to that, but I'll get the answer for you." Be sure to follow through on it.

8. Schedule a follow-up visit and/or make a referral.

Core Topics

1. Healthy Meal Planning

- Whenever possible, refer patients to a registered dietitian for medical nutrition therapy for conditions that need individualized care (e.g., hypertension, diabetes, dyslipidemia, kidney disease, and gastrointestinal conditions).
- Help patients access and prepare healthy foods, an important skill in managing blood sugar. Provide basic meal planning education:
  - Download teaching tools, such as My Native Plate,[9] Carbohydrates by Color[10] and

5 Food Insecurity Assessment Tool and Resource List: https://www.ihs.gov/diabetes/education-materials-and-resources/index.cfm?module=productDetails&productID=332

6 IHS Division of Diabetes Treatment and Prevention: https://www.ihs.gov/diabetes

7 USDA Food and Nutrition Service, Assistance for Native Americans: https://www.fns.usda.gov/assistance-native-americans

8 Supplemental Food Program for Women, Infants and Children (WIC): Who Gets WIC and How to Apply: https://www.fns.usda.gov/wic/who-gets-wic-and-how-apply

9 My Native Plate: https://www.ihs.gov/diabetes/education-materials-and-resources/diabetes-topics/nutrition/my-native-plate/

10 Carbohydrates by Color: https://www.ihs.gov/diabetes/education-materials-and-resources/diabetes-topics/nutrition/carbs-by-color/

Find the Carbohydrates Worksheet.[11] Or see Native Cooking Resources[12] on the IHS Nutrition webpage.

- Review portion control and understanding food labels, as blood sugars are affected by what you eat and how much food you eat. See The Nutrition Facts Label.[13]
- Explore nutrition-related resources on the IHS Nutrition[14] webpage.
- Offer interactive nutrition education opportunities, such as cooking classes and demonstrations using traditional foods.

2. Physical activity

- Regular and appropriate exercise can lower blood sugar levels. Exercise may also lower cholesterol, decrease weight, increase muscle tone, strengthen the heart and lungs, and improve circulation. Clients should consult with their providers about physical limitations.
- Support clients in getting at least 150 minutes of physical activity weekly. This can be split into segments of moderate activity like brisk walks, cycling, hiking, swimming, or other activities that raise the heart rate. Instruct the patients to:
  - Begin slowly and gradually build up endurance over time.
  - Prepare for low blood sugars by having a quick-acting carbohydrate ready.
  - Drink plenty of water before, during, and after the activity.
  - Do activities you enjoy such as, joining a walking group, bike riding with a friend, walking the dog, or using a workout video.
- Order culturally relevant materials such as Being Active is Traditional[15] and Move More, Sit Less.[16]

3. Medication and glucose-monitoring

- For many people with diabetes, taking medication is an important part of their diabetes care. Encourage individuals to follow their medication plan negotiated with their provider.
- Review the medication plan with the patient and assess the patient's understanding of it. Identify any issues that they might have with following the plan.
- Encourage patients to consult with their provider and/or pharmacist to learn about their medication and/or address any concerns.
- Encourage regular blood glucose monitoring so patients have the information to manage diabetes safely and effectively. Help patients understand:
  - How their body responds to certain foods, medications, exercise, stress, and illness.

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11 Find the Carbohydrates Worksheet: https://www.ihs.gov/diabetes/education-materials-and-resources/diabetes-topics/nutrition/find-the-carbs/

12 IHS Native Cooking Resources webpage: https://www.ihs.gov/Nutrition/patient-education-resources/native-cooking-resources/

13 The Nutrition Facts Label: https://www.fda.gov/food/nutrition-education-resources-materials/nutrition-facts-label

14 IHS Nutrition webpage: https://www.ihs.gov/nutrition/

15 Being Active is Traditional: https://www.ihs.gov/diabetes/education-materials-and-resources/diabetes-topics/physical-activity/being-active-is-traditional/

16 Move More, Sit Less: https://www.ihs.gov/diabetes/education-materials-and-resources/diabetes-topics/physical-activity/move-more-sit-less/

  - How to recognize and treat hyperglycemia (high blood sugar) and/or hypoglycemia (low blood sugar) in a safe and timely manner.
  - Order and share teaching tools from the IHS DDTP Education Materials and Resources web page[17], such as Low Blood Sugar,[18] My Blood Sugar Goals,[19] and Checking Your Blood Sugar.[20]
- Consider available resources for referral: pharmacists, diabetes educators, and case managers.

4. Healthy coping

- Mental health affects many aspects of daily life--how people think and feel, handle stress, relate to others, make choices, and care for their diabetes, or provide diabetes self-care.
- Stress Management: Stress can raise blood sugar levels. Help patients identify causes of stress and ways to reduce stress. When available, suggest joining a diabetes support group.
- Living with diabetes can be challenging, and sometimes patients may feel overwhelmed. Discuss avoiding burnout and finding ways to manage stress, like engaging in supportive activities they enjoy, getting physical activity, and/or engaging in spiritual practices like ceremony and prayer.
- Recognize signs of depression. People may have days when they feel sad, discouraged, or unmotivated, but when those feelings last for days and weeks, a person may be having symptoms of depression.[21] Refer clients with mild to severe signs of depression to their doctor right away for help in getting treatment.
- Take time to actively listen to the patient about coping with diabetes-related problems.
  - Ask the patient to identify thoughts, feelings, and attitudes about living with diabetes.
  - In handling acute situations, such as a client verbalizing thoughts of harming themselves or others, seek immediate help from a mental health provider.
- Identify resources available for referrals.
  - Facilitate referrals to behavioral health services, including mental health professionals, social services, and substance abuse programs, as appropriate. Inform patients about the 988 Suicide and Crisis Lifeline.[22]
- To learn more, visit: IHS Diabetes Standards of Care & Resources for Clinicians & Educators - Depression[23]

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17 IHS DDTP Education Materials and Resources: https://www.ihs.gov/diabetes/education-materials-and-resources/

18 Low Blood Sugar: https://www.ihs.gov/diabetes/education-materials-and-resources/diabetes-topics/glycemic-control/low-blood-sugar/

19 My Blood Sugar Goals: https://www.ihs.gov/sites/diabetes/themes/responsive2017/display_objects/documents/printmat/My_Blood_Sugar_Goals_508c.pdf

20 Checking Your Blood Sugar: https://www.ihs.gov/diabetes/education-materials-and-resources/diabetes-topics/glycemic-control/checking-your-blood-sugar/

21 CDC Diabetes and Mental Health: https://www.cdc.gov/diabetes/living-with/mental-health.html?CDC_AAref_Val=https://www.cdc.gov/diabetes/managing/mental-health.html

22 IHS Suicide Prevention: https://www.ihs.gov/forpatients/healthtopics/suicideprevention/

23 IHS Diabetes Standards of Care & Resources for Clinician and Educators-Depression: https://www.ihs.gov/diabetes/clinician-resources/soc/depression1/

What are effective communication methods?

1. **Teach-back** is a technique for health care providers/educators to explain medical information clearly so that patients and their families understand what is being communicated. It can be implemented by asking the patient to explain in their own words what they had just learned in the education session.
   - Educators can use teach-back by asking about key points the person is to remember, such as:
     - "I want to be sure I covered the importance of taking your medication. I know medications can be confusing. Can you tell me what you heard me say about your medication?"
     - "Sometimes insulin doses can be confusing. Can you tell me what your insulin doses will be now?" Be sure either the clinician or the patient writes down the insulin doses.
     - "Can you tell me what you heard me say about how to check your feet daily?"
   - To learn more go to Agency for Healthcare Research and Quality: Teach-Back: Intervention,[24] (AHRQ), or AHRQ Use the Teach-Back Method: Tool #5.[25]

2. **Motivational interviewing** is a nonjudgmental, non-confrontational method of engaging the person in talking about their hopes and concerns and focusing on an issue(s) they wish to work on. Practice reflective listening by paraphrasing what the individual has communicated to you.
   - Clinicians and educators can say:
     - "It sounds like you'd like to start a walking program to improve your blood sugars."
     - "Which family members or friends could support you as you start your walking program?"
   - To learn more, view IHS Motivational Interviewing: Helping People with Diabetes Make Self-Directed Health Decisions.[26]

3. **Demonstration methods** are "hands-on" experiences related to learning tasks on diabetes care.
   - Clinicians and educators can say: "Okay, I've shown you how to:
     - "Check your blood sugar. Now, I'd like to ask you to check your blood sugar."
     - "Find the carbohydrates using the color and texture clues. Now, can you find the carbs on My Native Plate?"

4. **Leading classes or discussions** initiates conversations on a topic or range of topics so all members can participate. Some tips for clinicians/educators:
   - Prepare beforehand: choose the space, bring materials to help the discussion such as, paper and markers. Become familiar with the topic of discussion.
   - Try to facilitate the exchange of ideas. Support learning through participation.

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24 Agency for Healthcare Research and Quality: Teach-Back: Intervention: https://www.ahrq.gov/patient-safety/reports/engage/interventions/teachback.html

25 Agency for Healthcare Research and Quality Use the Teach-Back Method: Tool #5: https://www.ahrq.gov/health-literacy/improve/precautions/tool5.html

26 IHS Motivational Interviewing: Helping People with Diabetes Make Self-Directed Health Decisions: https://www.youtube.com/watch?v=RERyl_8p79o

- Select a topic and keep members engaged by asking open-ended questions.
- Ensure that everyone can participate, and that no one dominates the discussion.
- Help the group to establish discussion ground rules, such as:
  - Respect the group's time by keeping the discussion on track and keeping comments short.
  - Keep disagreements respectful; no arguments are directed at people, only at ideas and opinions.
  - No interrupting; listen to the whole of others' thoughts.
- Learn more on how to effectively lead classes. Go to Kansas University Community Toolbox: Techniques for Leading Group Discussion,[27] and Developing Facilitation Skills.[28]

About Reimbursement for DSMES

The Centers for Medicare and Medicaid Services, and some insurers, reimburse for diabetes education services and bill as diabetes self-management training. DSMES reimbursement services must be accredited by one of the current national accrediting organizations (Association of Diabetes Care & Education Specialists or American Diabetes Association). To meet the requirements, DSMES services must adhere to the National Standards for Diabetes Self-Management Education and Support and meet the billing provider requirements.

For more information, visit the Diabetes Self-Management Training (DSMT) Accreditation Program.[29]

Summary

We hope you found this introduction to DSME useful as you develop plans to strengthen your diabetes education program. DSME is an ongoing process of facilitating the knowledge, skills, and behaviors necessary for diabetes self-care. This process considers the needs and experiences of each person with diabetes, and is guided by evidence based care. DSME is optimally a part of every SDPI Diabetes Best Practice.

27 Techniques for Leading Group Discussion: https://ctb.ku.edu/en/table-of-contents/leadership/group-facilitation/group-discussions/main

28 Developing Facilitation Skills: https://ctb.ku.edu/en/table-of-contents/leadership/group-facilitation/facilitation-skills/main

29 DSMT Accreditation Program: https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/diabetic-self-management-training-dsmt-accreditation-program

Resources

IHS Division of Diabetes

- IHS Division of Diabetes Treatment and Prevention
- Advancements in Diabetes Recorded CME/CE Webinars
  Topics include: DSMES, nutrition, physical activity, foot care, medications, and more.
- Food Insecurity Assessment Tool and Resource List
- IHS Diabetes Standards of Care & Clinical Practice Resources on Depression
- IHS Division of Diabetes Education Materials and Resources (Online Catalog)
- Step-by-Step Guide to Medicare Diabetes Self-Management Training Reimbursement

American Diabetes Association

- Diabetes Self-Management Education and Support in Adults With Type 2 Diabetes: A Census Report
- Facilitating Positive Health Behavior Change and Well-Being to Improve Health Outcomes
- 2022 National Standards for Diabetes Self-Management Education and Support
- Standards of Care in Diabetes—2023
- Education Recognition Program

Other

- Kansas University Community Toolbox: Developing Facilitation Skills
- IHS Motivational Interviewing: Helping People with Diabetes Make Self-Directed Health Decisions
- IHS Nutrition webpage
- USDA Food and Nutrition Service, Assistance for Native Americans
- Supplemental Food Program for Women, Infants and Children (WIC): Who Gets WIC and How to Apply
- Agency for Research and Health Quality: Guide to Engaging Patients and Families: Teach-Back Method
- Agency for Healthcare Research and Quality Use the Teach-Back Method: Tool #5
- Kansas University Community Toolbox: Techniques for Leading Group Discussion
- Association of Diabetes Care Education Specialists: Diabetes Education Accreditation Program
- NIDDK Health Information, Community Health and Outreach