

# Together 2 Goal<sup>®</sup>

AMGA Foundation  
National Diabetes Campaign

Monthly Campaign Webinar

*July 21, 2016*

# TODAY'S WEBINAR

- Together 2 Goal<sup>®</sup> Updates
  - Webinar Reminders
  - Goal Post July Newsletter Highlights
  - Baseline Data Results
- Refer to Diabetes Self-Management Education & Support Programs
  - Deborah Greenwood, PhD, RN, BC-ADM, CDE, FAACE (American Association of Diabetes Educators & Sutter Health)
  - Margaret (Maggie) Powers, PhD, RD, CDE (American Diabetes Association)
- Q&A
  - Use Q&A or chat feature

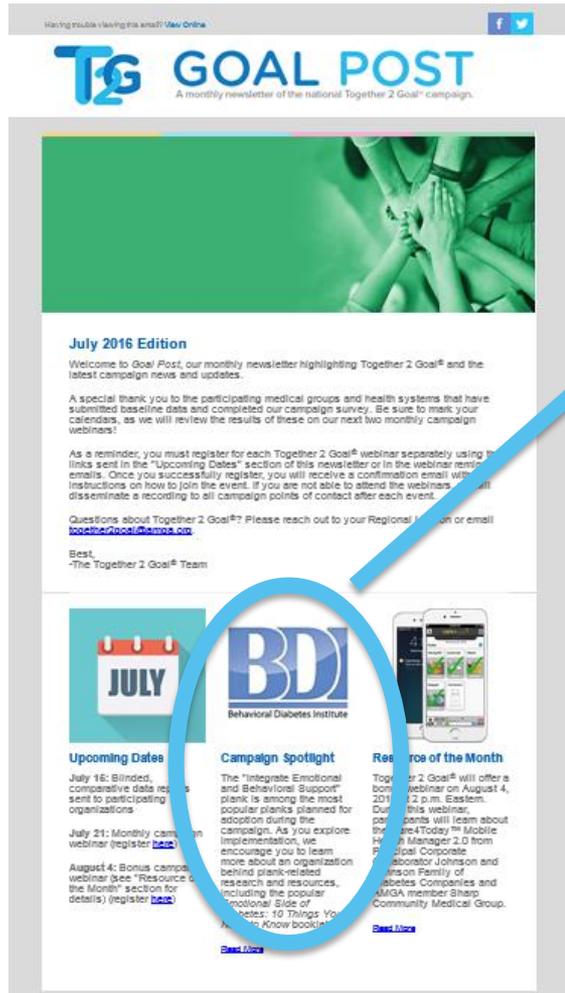


# WEBINAR REMINDERS

- Webinar will be recorded today and available the week of July 25<sup>th</sup>
  - Together2Goal.org Website (Improve Patient Outcomes → Webinars)
  - Email distribution
- Participants are encouraged to ask questions using the “Chat” and “Q&A” functions on the right side of your screen



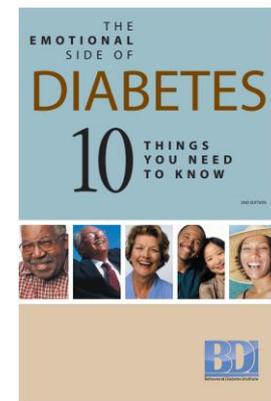
# GOAL POST JUNE NEWSLETTER HIGHLIGHTS



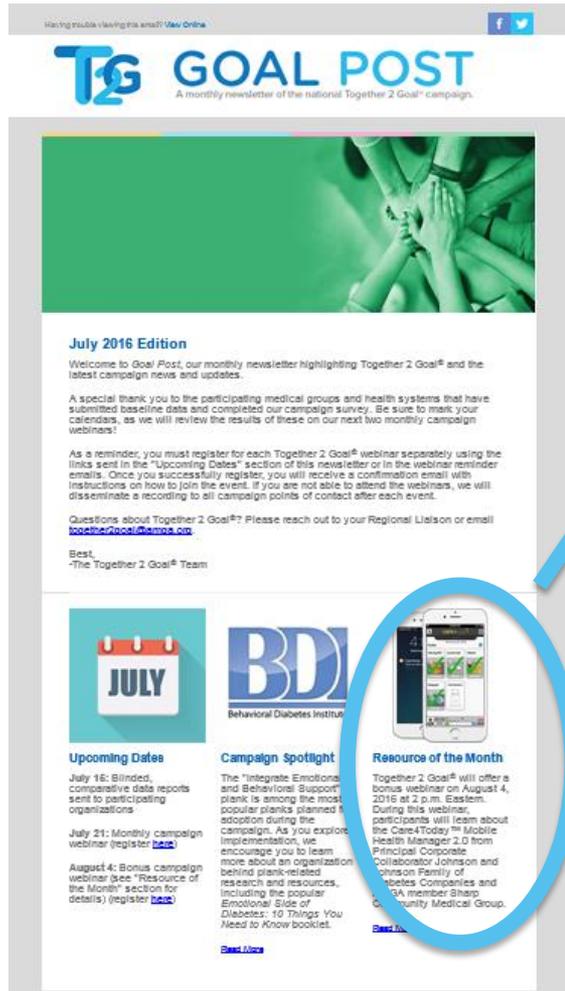
## Campaign Spotlight:



Behavioral Diabetes Institute



# GOAL POST JUNE NEWSLETTER HIGHLIGHTS



## Resource of the Month:

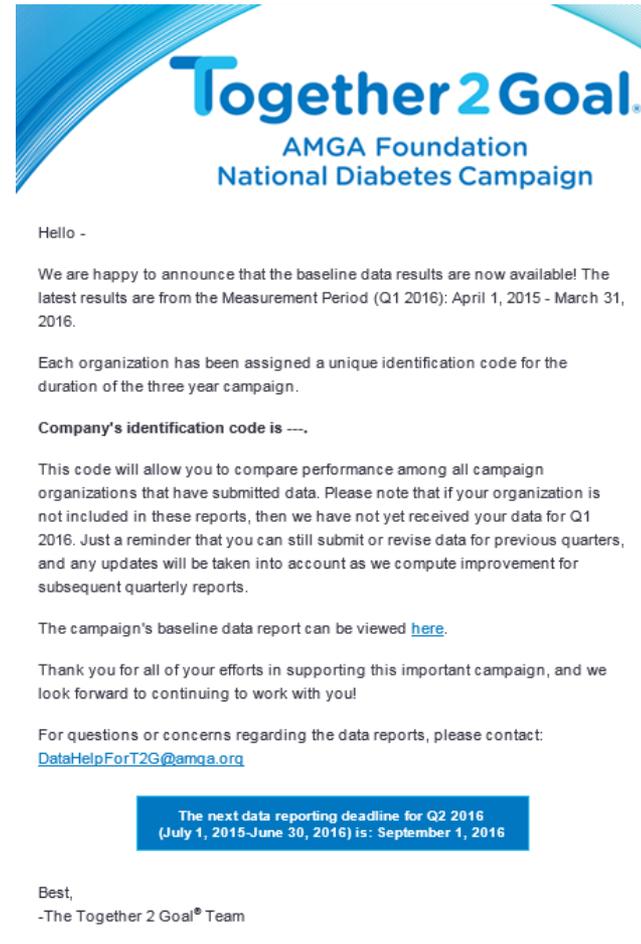
- **Topic:** Care4Today™
- **When:** Thursday, August 4 from 2-3 p.m. Eastern
- **Who:** Principal Corporate Collaborator Johnson and Johnson Family of Diabetes Companies and AMGA member Sharp Community Medical Group



Registration information will be sent next week!

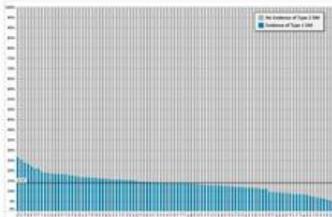
# BASELINE DATA RESULTS

- Email distributed on Friday, July 15 to all campaign points of contacts
- Includes:
  - Unique identification code
  - Link to baseline data report
  - Next data reporting deadline (September 1, 2016)

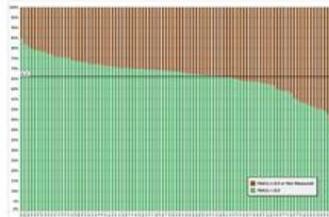


# BASELINE DATA RESULTS

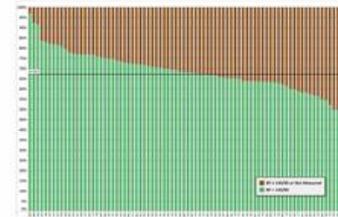
Available on [Together2Goal.org](http://Together2Goal.org) Website (Improve Patient Outcomes → Data Reporting)  
Link at Top of Page: “Baseline (Q1 2016) data results are now available!”



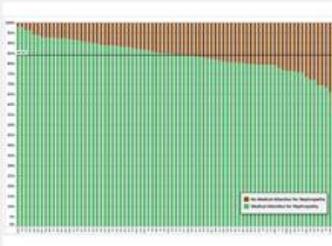
Prevalence of Type 2 Diabetes  
Among Total Patient Population



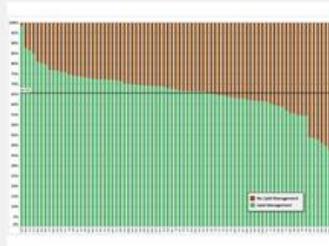
HbA1c Control



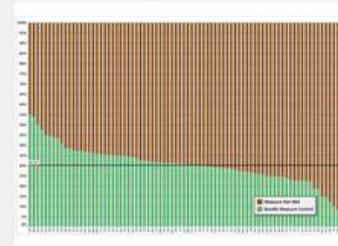
Blood Pressure Control



Proportion of Patients with Medical  
Attention for Nephropathy



Proportion of Patients with Lipid  
Management



Proportion of Patients Compliant  
with All Elements of the T2G Bundle

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# BASELINE DATA RESULTS

Available on [Together2Goal.org](http://Together2Goal.org) Website (Improve Patient Outcomes → Data Reporting)  
 Link at Top of Page: “Baseline (Q1 2016) data results are now available!”

Organization Code	Track	Prevalence of Type 2 Diabetes	HbA1c Control	BP Control	Medical Attention for Nephropathy	Lipid Management	Diabetes Care Bundle
BC6	Core	18.5%	51.1%	56.8%	82.3%	80.4%	27.0%
BH5	Core	9.0%	12.5%	97.0%	94.0%	43.7%	8.3%
BU9	Core	11.9%	62.3%	77.3%	80.0%	87.6%	34.5%
CJ7	Core	19.4%	69.4%	58.7%	77.8%	57.1%	22.6%
CJ8	Core	13.8%	54.7%	61.4%	79.3%	74.5%	22.9%
CM4	Core	15.1%	70.2%	63.2%	83.9%	69.1%	29.2%
CN5	Core	11.1%	79.7%	70.6%	88.2%	72.0%	43.5%
CR1	Core	6.5%	75.2%	74.8%	88.0%	61.3%	35.3%
CZ4	Core	18.4%	66.5%	56.3%	75.7%	54.5%	22.7%
DQ2	Core	16.9%	63.7%	76.8%	80.9%	80.8%	34.9%
DR7	Core	17.5%	72.1%	77.8%	92.3%	98.6%	55.0%
DV4	Core	25.3%	55.4%	63.5%	88.9%	68.7%	22.6%
ED7	Basic	10.0%	60.0%	60.0%	80.0%	80.0%	20.0%

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# BASELINE DATA RESULTS

- **Measurement Period:** April 1, 2015 – March 31, 2016
- **Campaign denominator:** 1.05 million patients with Type 2 diabetes, across 95 reporting organizations

Measure	Group Weighted Average
Prevalence Rate	14.0%
HbA1c Control Rate (<8%)	66.1%
Blood Pressure Control Rate (<140/90 mmHg)	67.2%
Lipid Management	65.7%
Medical Attention for Nephropathy	84.0%
Bundle Measure Control	30.2%

# TODAY'S SPEAKERS

- **Deborah Greenwood, PhD, RN, BC-ADM, CDE, FAACE**
  - Research Scientist and Clinical Performance Improvement Consultant, in the Office of Patient Experience at Sutter Health
  - Program Director, Sutter Health Integrated Diabetes Education Network
  - Immediate Past President of the American Association of Diabetes Educators
- **Margaret (Maggie) Powers, PhD, RD, CDE**
  - Clinician and Research Scientist at the International Diabetes Center
  - Current President, Health Care & Education of the American Diabetes Association



**Together2Goal®**  
**AMGA Foundation**  
**July 2016**

# Refer to Diabetes Self-Management Education and Support Programs

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**A Joint Position Statement of the American Diabetes  
Association, the American Association of Diabetes  
Educators, and the Academy of Nutrition and Dietetics**

# Faculty

**Deborah Greenwood, PhD, RN, BC-ADM, CDE**

Clinical Performance Improvement Consultant,  
Research Scientist

Sutter Health, Office of Patient Experience  
Sacramento, CA

*Immediate Past President, AADE*



**Margaret (Maggie) Powers, PhD, RDN, CDE**

Clinician and Research Scientist

International Diabetes Center at Park Nicollet  
Minneapolis, MN

*President, Health Care & Education, ADA*



# Objectives

Attendees will be able to:

1. Support patient access to diabetes self-management education programs by understanding their value in promoting health outcomes, reducing costs, increasing patient satisfaction and increasing pay-for-performance payments
2. Discuss and design diabetes self-management education referral systems based on the practice guidelines described in the recent DSMES position statement and ADA Standards of Medical Care.

# DSME/S Position Statement

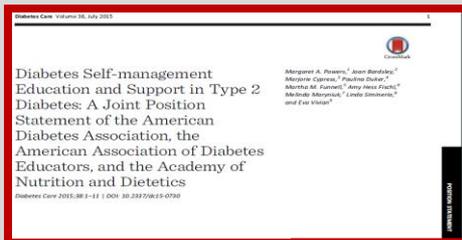
## *Background, Purpose, Evidence*

# DSME/S Position Statement: *Collaboration*



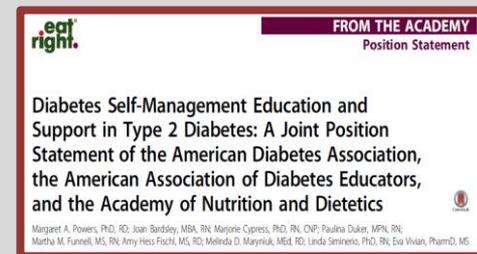
## Writing Team

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## Diabetes Self-management Education and Support in Type 2 Diabetes

A Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics



# Definitions

## **Diabetes Self-management Education (DSME)**

Ongoing process of facilitating the knowledge, skill, and ability necessary for diabetes self-care

## **Diabetes Self-management Support (DSMS)**

Activities that assist in implementing and sustaining the behaviors needed to manage diabetes

Haas L and Maryniuk MD et al. National Standards for DSME/S. Diabetes Care (2012)

# Referral to DSME

- Referral is required for DSME reimbursement
- Recognized or Accredited
- Medicare covers 10 hours the first year, then 2 hours every year
- Typically groups
- Sample program:
  - Individual assessment (one hour)
  - 4 classes, 2 hours each
  - Individual follow-up
- Nationally referral rates are low
- Position statement to increase awareness of DSME and encourage referral

# AADE Self Care Behaviors™

- AADE has defined the AADE7 Self-Care Behaviors™ as a framework for patient centered diabetes self-management education (DSME) and care.
  - *Healthy Eating*
  - *Being Active*
  - *Monitoring*
  - *Taking Medications*
  - *Problem Solving*
  - *Healthy Coping*
  - *Reducing Risks*

# Sample Referral Forms

## ADA

<http://professional.diabetes.org/Recognition.aspx?typ515&cid593574>

## AADE

[http://www.diabeteseducator.org/export/sites/aade/\\_resources/pdf/general/Diabetes Services Order Form v4.pdf](http://www.diabeteseducator.org/export/sites/aade/_resources/pdf/general/Diabetes_Services_Order_Form_v4.pdf)

## AND

<http://dbcms.s3.amazonaws.com/media/files/8e6c5fe8-1ec8-42a2-bfa0-2c6ae7502c1e/MNTReferral%20FormDCE2014.pdf>

# Purpose of Position Statement

- Address triple aim - Improve patient experience of care and education, improve health of individuals and populations, reduce diabetes-associated per capita health care costs
- Provide health care teams with information required to better understand the educational process and expectations for DSME and DSMS and their integration into routine care
- Create a diabetes education algorithm that defines when, what, and how DSME/S should be provided for adults with type 2 diabetes

Powers MA et al. DSME/S Position Statement *Diabetes Care*, *The Diabetes Educator*, *Journal of Academy of Nutrition and Dietetics* (2015)

# Benefits Associated with DSME/S

- Improved health outcomes
  - Reduced A1c by as much as .88%
  - Reduced onset and/or advancement of complications
  - Reduced hospital admissions and readmissions
- More healthful eating patterns and regular activity
- Enhanced self-efficacy and empowerment
  - Increased healthy coping
  - Improved quality of life

**NOTE:** 1) Benefits of education decrease over time, 2) sustained improvement requires time and follow-up, and 3) effectiveness directly correlated to amount of time spent with educator

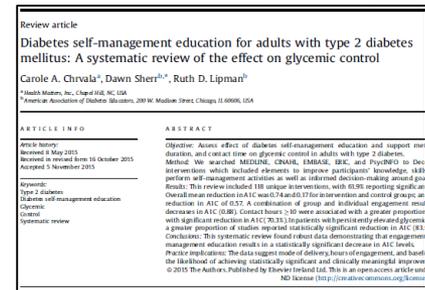
Powers MA et al. DSME/S Position Statement *Diabetes Care, The Diabetes Educator, Journal of Academy of Nutrition and Dietetics* (2015)

Norris SL, et al. *Diabetes Care* (2001)

Chrvala et al. *Pt Ed & Counseling* (2015)

Pillay et al. *Annals of Internal Medicine* (2015)

# PICOS Question



	PICOS component	Study question
P	<u>P</u> atient population or problem	Adults with type 2 diabetes
I	<u>I</u> ntervention	Diabetes Self-Management Education
C	<u>C</u> omparison group	Usual care
O	<u>O</u> utcomes	A1C
S	<u>S</u> etting	Randomized controlled trials

Chvala et al. Pt Ed & Counseling (2015)



# Change in A1C by Mode of DSME Delivery

Mode	Number of interventions	Intervention (SD)	Control (SD)	Absolute difference in A1C with addition of DSME
All Models Together	118	-0.74(0.63)	-0.17(0.5)	0.57
Combination - Group & Ind	22	-1.0(0.6)	-0.22(0.62)	0.88
Group	33	-0.62(0.46)	-0.10(0.42)	0.52
Individual	47	-0.78(0.63)	-0.28(0.46)	0.50
Remote	12	-0.50(0.67)	-0.17(0.46)	0.33

Chrvala et al. Pt Ed & Counseling (2015)

# If DSME was a pill, would you prescribe it?

## Benefits of DSME\*

Efficacy.....High  
Hypo Risk.....Low  
Weight.....Neutral / Loss  
Side Effects.....None  
Costs.....Low / Savings  
Psychosocial benefits...High

\*Powers MA. Diabetes Spectrum (In press)

## Benefits of Metformin+

Efficacy.....High  
Hypo Risk.....Low  
Weight.....Neutral / Loss  
Side Effects.....GI  
Cost.....Low  
Psychosocial benefits...NA

+Inzucchi et al. Diabetes Care (2015)

# DSME/S Position Statement

## ***Current State and Barriers***

# Sorry State of DSME/S

- 6.8% of individuals with newly diagnosed T2D with private health insurance received DSME/S within 12 months of diagnosis
- 5% of Medicare participants received DSME/S

Li et al. MMWR. (2014)

Strawbridge et al. Health Education & Behavior (2015)

# Barriers to DSME/S

- Time
- Location
- Referral
- Diversity
- Value confusion
- Clear expectations
- Cost, reimbursement

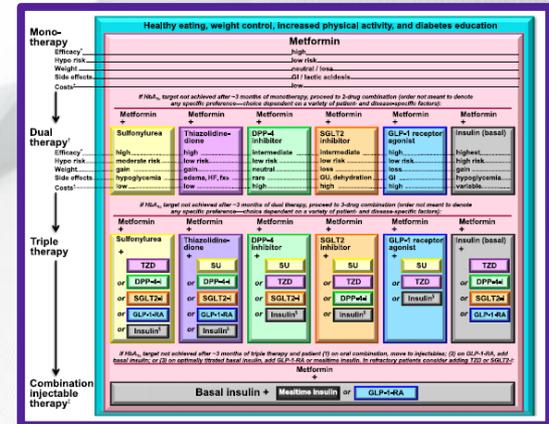
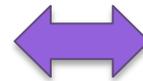
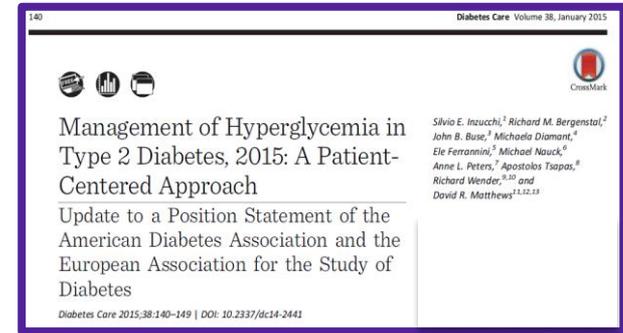
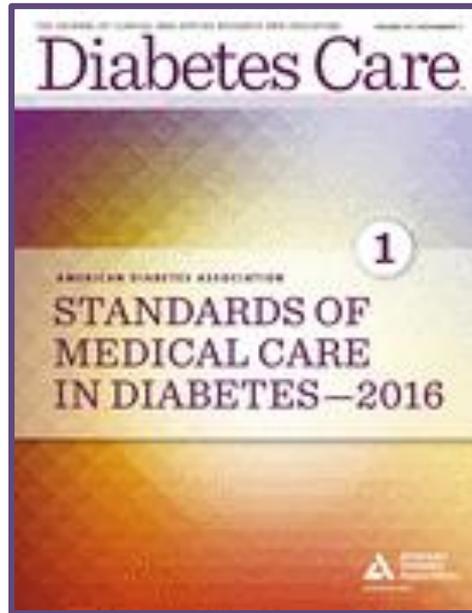
# DSME/S Position Statement

## *When and What - 4 Critical Times*

- When is DSME/S recommended?
- What DSME/S is needed at various times and by whom?
- How is DSME/S best provided?

# Establishing Diabetes Standards of Care

Research / Evidence

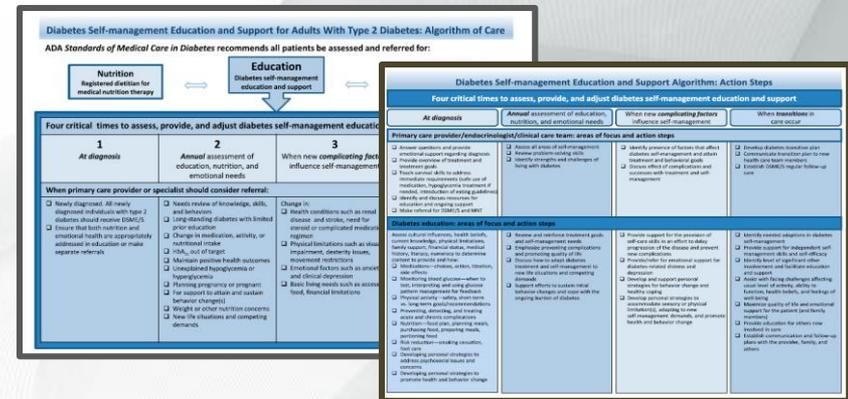
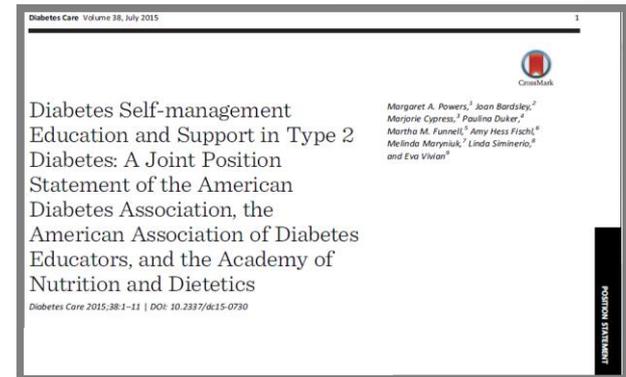
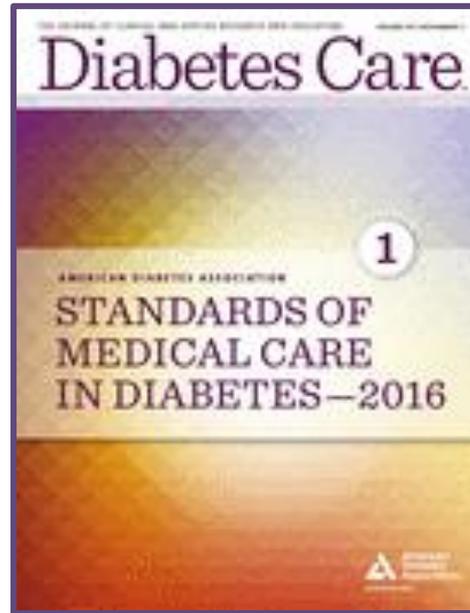


ADA. Diabetes Care (2016)

Inzucchi et al. Diabetes Care (2015)

# Establishing Diabetes Standards of Care

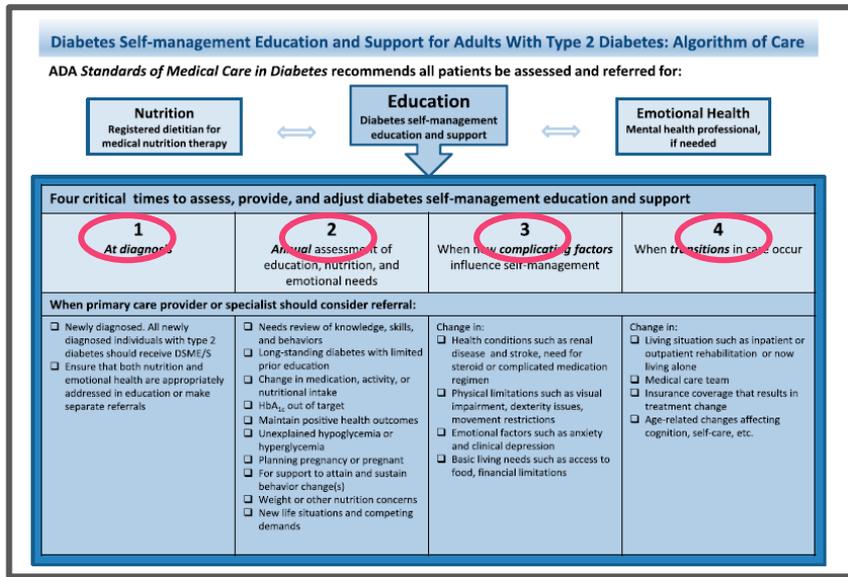
Research / Evidence



ADA. Diabetes Care (2016)

Powers et al. Diabetes Care (2015)

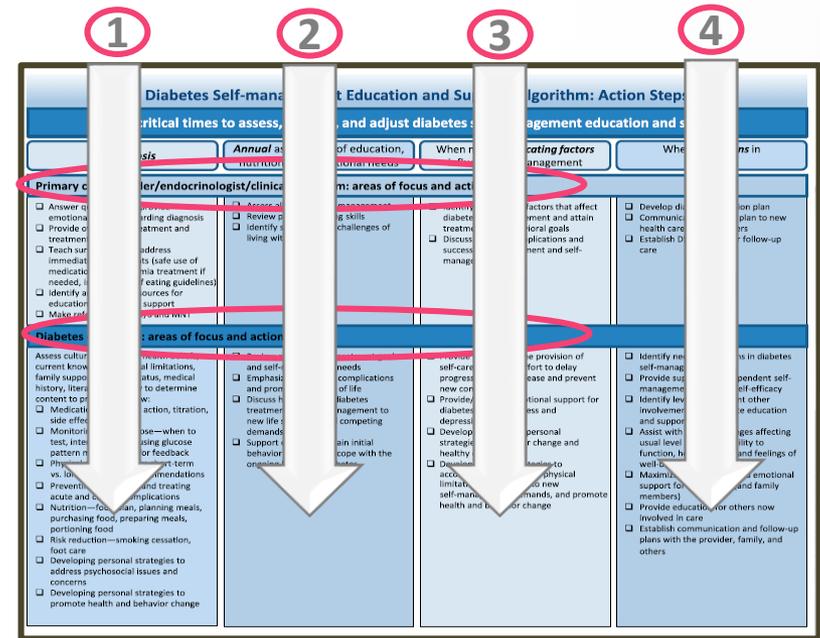
# When



## 4 Critical times to assess, adjust, provide DSME

1. At diagnosis
2. Annually
3. When complicating factors occur
4. When transitions in care occur

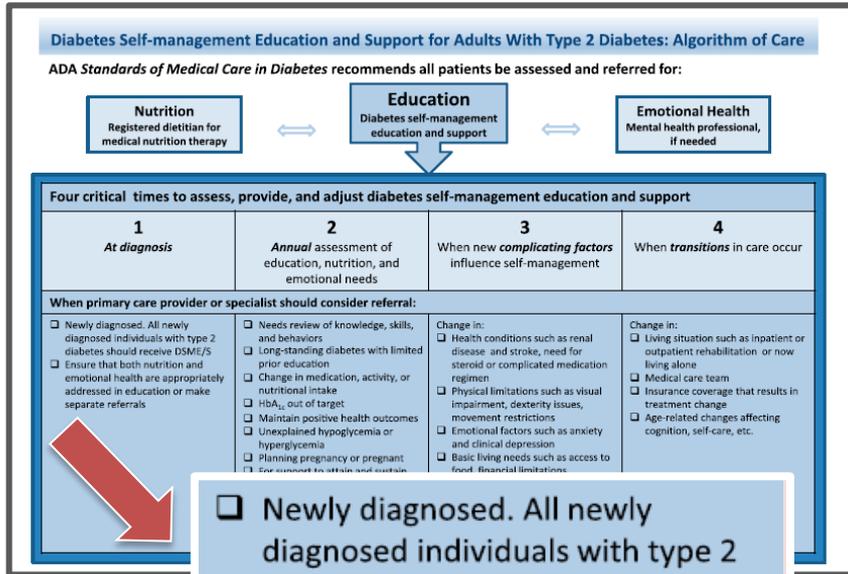
# What



## Areas of focus and action steps by

- Primary care providers /endocrinologists/ clinical care team
- Diabetes self-management education

# When



- 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

# What

**Diabetes Self-management Education**

**Four critical times to assess, provide, and adjust diabetes self-management education and support**

**At diagnosis**

- Answer questions and provide emotional support regarding diagnosis
- Provide overview of treatment and treatment goals
- Teach survival skills to address immediate requirements (safe use of medication, hypoglycemia treatment if needed, introduction of eating guidelines)
- Identify and discuss resources for education and ongoing support
- Make referral for DSME/S and MNT

**Annual assessment of education, nutrition, and emotional needs**

- Assess all areas of self-management
- Review current self-management

**Primary care provider/endocrinologist/clinical care team: areas of focus**

- Answer questions and provide emotional support regarding diagnosis
- Provide overview of treatment and treatment goals
- Teach survival skills to address immediate requirements (safe use of medication, hypoglycemia treatment if needed, introduction of eating guidelines)
- Identify and discuss resources for education and ongoing support
- Make referral for DSME/S and MNT

**Diabetes education: areas of focus and action steps**

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

Review and reinforce treatment goals and self-management needs

- Emphasize preventing complications and promoting quality of life
- Discuss how to adapt diabetes treatment and self-management to new life situations and competing demands
- Develop personal strategies to sustain initial goals

**Diabetes education: areas of focus**

- 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

# 1. At diagnosis

- All individuals with type 2
- Include medical nutrition therapy (for all) and emotional health, as needed

# 2. Annually

*Annual assessment of education, nutrition and emotional health needs*

Refer if:

- Limited prior education
- Change in medication, activity, or nutritional intake
- HbA1c out of range
- Planning pregnancy
- Weight or other nutrition concerns
- New life situations and competing demands

Refer to:

- Maintain positive health outcomes
- Provide support to attain and sustain behavior change(s)

Powers MA et al. DSME/S Position Statement *Diabetes Care, The Diabetes Educator, Journal of Academy of Nutrition and Dietetics* (2015)

## 3. Complicating factors

*When new complicating factors influence self management, such as:*

- Health conditions
- Physical conditions
- Emotional factors
- Basic living needs

## 4. Transitions

*When transition in care occur, such as:*

- Living situations
- Medical care team
- Insurance coverage
- Ages related change

Powers MA et al. DSME/S Position Statement *Diabetes Care, The Diabetes Educator, Journal of Academy of Nutrition and Dietetics* (2015)

# Case Study

- Sophie Jones is 58 years old and has had type 2 diabetes for 5 years. She is taking metformin (1000 mg twice a day).
- She has hypertension, hyperlipidemia, obesity, and depression and takes an additional three pills a day for these conditions.
- Over the past 5 years her A1c has been <8% until now – it was 8.5%.
- Should a referral be made to DSME program (and registered dietitian)?
  - Critical stage #2 – *Annual assessment of education, nutrition and emotional health needs*
  - Know on-going support is critical for maintaining behavior change(s)
  - Know lifestyle decisions and changes can affect A1c; need review of eating patterns and activity
  - Know that diabetes is a progressive disease; may need medication change based on food patterns, activity, and glucose patterns
  - Know that diabetes can be a burden; may need support to cope with the ongoing burden of diabetes

# Case Study

- Sophie Jones is **68 years old** and has had type 2 diabetes for **15 years**. She is taking **insulin (mealtime and background; 4 shots a day)** and metformin (1000 mg twice a day).
- She has hypertension, hyperlipidemia, **sleep apnea**, obesity, and depression and takes an additional **six pills** a day for these conditions.
- Over the past 15 years her A1c has been 7-8% “when I am on track” and **goes up to 8% to 10% “when I get overwhelmed and tired of working on my diabetes.”**
- **Sophie recently was diagnosed with cancer and is starting chemo therapy.**
- Should a referral be made to the DSME program (and registered dietitian)?
  - Critical stage #3 – *When complicating factors occur*
  - Know that health outcomes improve when A1c goals are met
  - Know chemo can increase glucose; may need to start NPH
  - Know Sophie gets overwhelmed; may need to simplify self-management plan
  - Know chemo can affect eating (taste, desire to eat, time to prepare food); may need changes in food plan and mealtime and background insulin
  - Maintain contact for continued evaluation, support and adjustments

# DSME/S Position Statement

## *Guiding Principles*

# DSME/S Algorithm of Care: Guiding Principles

1. **Engagement** Provide DSME/S 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 and referrals with and for other therapies
5. **Coordination of care** Ensure collaborative care and coordination with treatment goals of DSME/S is provided across specialty care, facility-based care, and community organizations

Powers MA et al. DSME/S Position Statement *Diabetes Care, The Diabetes Educator, Journal of Academy of Nutrition and Dietetics* (2015)

# Game changer: 4 critical times

- This position statement and algorithm provide the evidence and strategies for the provision of education and support services to all adults living with type 2 diabetes. It is imperative that the health care community, responsible for delivering quality care, mobilizes efforts to address the barriers and explores resources for DSME/S in order to meet the needs of adults living with and management type 2 diabetes.

Powers MA et al. DSME/S Position Statement *Diabetes Care, The Diabetes Educator, Journal of Academy of Nutrition and Dietetics* (2015)

# DSME/S Position Statement *Implementation*

# Using the Guidelines

- Provides the evidence base for the value of education and the current referral patterns
- Ties the referral to the 4 times that education is critical
- Provides the objective criteria for referral
- Provides the HCP with the framework to make a referral and what to expect from the referral
- Resource for health systems when designing decision-support guidance for diabetes education

# Target audiences for implementation

Providers / Clinicians	Programs	Individuals
PCPs	DSME program	Persons with diabetes
Endocrinologists	ERP and DEAP programs	Educators
Hospitalists	Health system	Members of NCDBE
Professional organizations	Medical Homes	Bloggers
Student training programs	State health programs / health departments	Industry reps

Thank you.

**Questions?**

