



New Era of Diabetes Education

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Commentary

Diabetes education has evolved from didactic instructions to more learner-centered, self-management and empowering experiences. Now, with a person-centered, relationship building patient care, a person with diabetes (PWD) is driving the learning needs instead of healthcare providers (HCP). As HCP we partner with our patients in helping them to realize their diabetes care potentials, provide them choices/education and assist in decision-making. But ultimately, a PWD is in charge of his/her decision-making based on what he/she he is willing and able to do.

The new era of diabetes education is evidence-based and produces results. Standards of medical care indicate that all PWD receive diabetes self-management education and support (DSMES) at diagnosis and as needed thereafter [1]. DSME can improve HbA1C by as much as 1 percentage point in people with T2DM [2]. Medicare reimbursable DSME is provided as part of the American Diabetes Association's (ADA) Education Recognized Program (ERP) or by American Association of Diabetes Educators' (AADE) diabetes-education-accreditation-program (DEAP) [3,4].

The Joint Position paper on DSMES published by AADE, ADA and Academy of Nutrition and Dietetics (AND) in 2015 identified four specific times a PWD should be considered for a referral for DSMES: upon diagnosis, annually, when complicating factors arise and during transitions of care [2]. These days, clinical decision support platforms use algorithms to identify when a PWD meets these criteria and generates an automatic referral to appropriate health providers and services. Furthermore, when a PWD leave the hospital, they can be seamlessly managed through digital solutions to connect them with remote monitoring, digital education and support needed to learn new skill-set, have questions answered, and making sure nothing is overlooked. As most of the diabetes management takes place at home and is self-directed by a PWD, any opportunity to engage with them in real time, when they are trying to resolve an issue or control symptoms is how the learner-centered education occurs. This way, with a use of technology, we help them translate the data into a healthy behaviors and therapy, so they can focus their energy on living a happy and healthy life.

Evidence indicates that technology and digital interventions used in DSMES improve A1C and diabetes care outcomes. The most effective interventions incorporate multiple components of a technology-enabled self-management (TES) feedback like: two-way communication between the PWD and HCP, analyze patient generated health data, tailor education based on data, and individualize feedback [5].

With all of the progressions of diabetes care and era of evidence-based interventions, the role of a diabetes educator has evolved as well.

Now we have over 19,000 of certified diabetes educators (CDE) who include 50% of nurses, 40% of dietitians, 7% pharmacists and 3% of other like doctors, psychologists and exercise physiologists [6]. The CDEs provide individualized education and interventions needed to help PWD with healthy eating, physical activity, monitoring, problem solving, medication taking, coping and risk reduction [7]. Diabetes educators also incorporate technology-enabled self-management solutions into their existing workflows and services. These solutions can reduce the barriers of travel time, cost, and time away from work or family while at the same time, individualizing and personalizing care.

The hope for the future is that technology will help to increase access to DSMES as only about 7% of commercially insured PWD have been utilizing this important service [2]. Digital interventions can bridge the huge gaps in helping PWD while they are healthy and proactive, prior to developing complications. The new technology solutions can also engage PWD who may not have engaged in traditional settings.

In summary, healthcare is changing daily and DSMES in now part of new models of care including value-based care models, population health and chronic disease management programs. In person and digital interventions incorporate solutions based on data that leads to individualized care and support PWD in their lifelong journey. With that, the role of the diabetes educator evolves. Technology creates an opportunity to scale DSMES and expend the capability of limited resources. We can expand our scope of practice by leveraging technology within all of the innovative models of care. Ultimately, we seek to use effective DSMES to maximize the workload of managing diabetes for PWD and HCPs as well as optimizing the outcomes, so all will benefit.

References

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