

Diabetes Self-Management Education (DSME) is an ongoing process that facilitates the knowledge, skills and decision-making necessary for diabetes self-care.

DSME is designed to:

- Help the patient make healthy lifestyle choices and manage diabetes on a daily basis.
- Help even after the formal self-management training is completed.

DSME can improve health outcomes as the patient reaches and maintains the targeted A1c level.

GENERAL INFORMATION

DSME is provided by diabetic educators in an American Diabetes Association (ADA)-recognized and/or Association of Diabetes Care and Education Specialists (ADCES)-accredited program.

The core content includes these self-care behaviors:

- Diabetes pathophysiology and treatment options
- Healthy eating
- Physical activity
- Medication usage
- Monitoring and using patient health data
- Preventing, detecting and treating acute and chronic complications
- Healthy coping with psychosocial issues and concerns
- Problem solving

DSME services have been shown to have a positive impact. The benefits can include:

- Improved A1c levels
- Improved control of blood pressure and cholesterol levels
- Higher rates of medication adherence
- Fewer or less severe diabetes-related complications
- Healthier lifestyle behaviors, such as better nutrition, increased physical activity and use of primary care and preventive services
- Enhanced self-efficacy
- Decreased health care costs, including fewer hospital admissions and readmissions

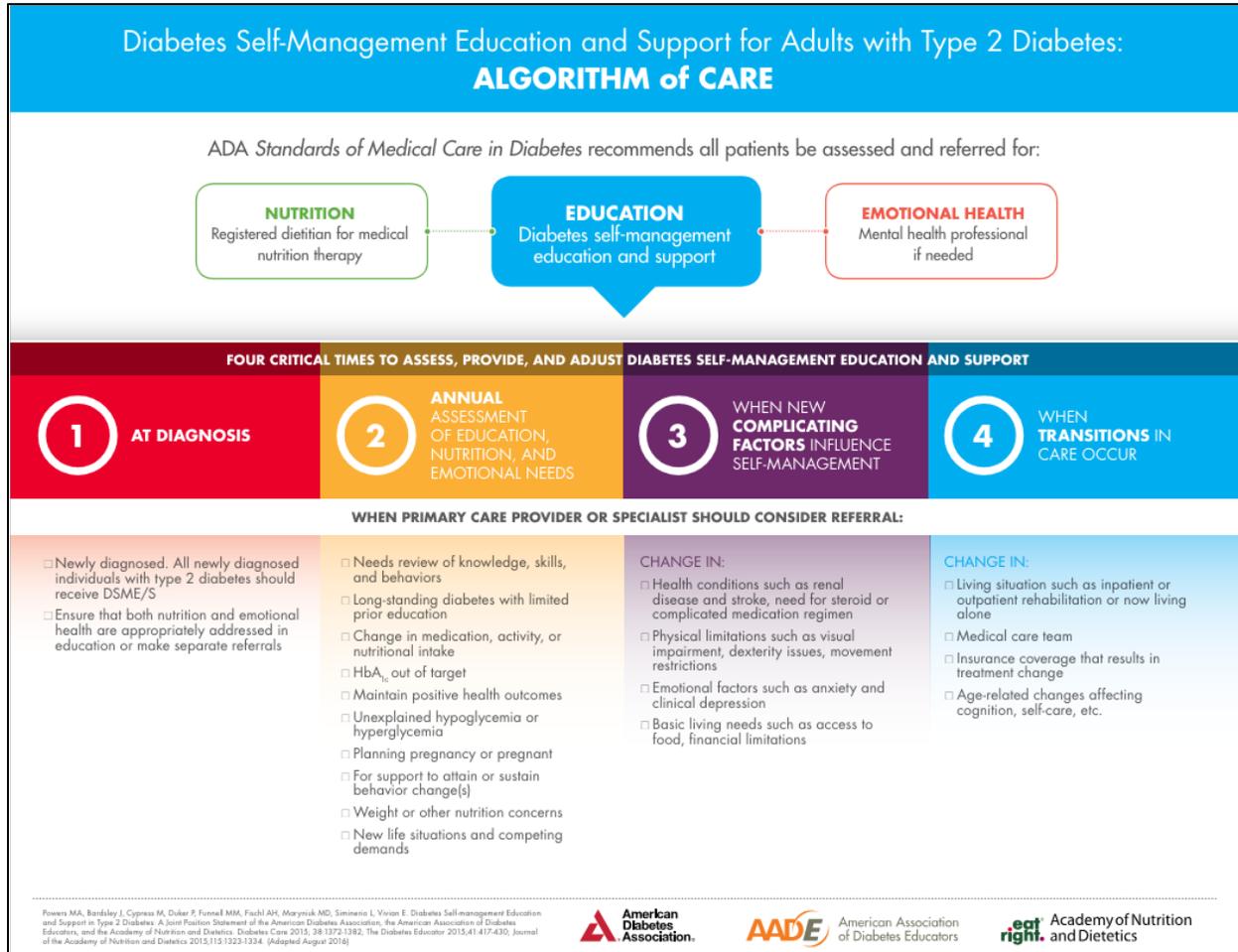
WHEN TO REFER A PATIENT TO DSME

The ADA recommends four critical times to evaluate the need for DSME:

- At diagnosis
- Annually

- When complicating factors develop
- When transitions of life/care occur

The following algorithm can be used as a guide to consider referring patients for diabetes education:



AREA OF FOCUS: CLINICAL TEAM AND DSME

The education provided in the DSME programs support the information given by the clinical team, it does not replace it. Areas of focus and action steps for collaboration between clinical teams and DSME programs are outlined in the following table. It is not intended to be all-inclusive. Specific needs will depend on the patient.

ALGORITHM ACTION STEPS			
Four critical times to assess, provide, and adjust diabetes self-management education and support			
AT DIAGNOSIS	ANNUAL ASSESSMENT OF EDUCATION, NUTRITION, AND EMOTIONAL NEEDS	WHEN NEW COMPLICATING FACTORS INFLUENCE SELF-MANAGEMENT	WHEN TRANSITIONS IN CARE OCCUR
PRIMARY CARE PROVIDER/ENDOCRINOLOGIST/CLINICAL CARE TEAM: AREAS OF FOCUS AND ACTION STEPS			
<ul style="list-style-type: none"> <input type="checkbox"/> Answer questions and provide emotional support regarding diagnosis <input type="checkbox"/> Provide overview of treatment and treatment goals <input type="checkbox"/> Teach survival skills to address immediate requirements (safe use of medication, hypoglycemia treatment if needed, introduction of eating guidelines) <input type="checkbox"/> Identify and discuss resources for education and ongoing support <input type="checkbox"/> Make referral for DSME/S and medical nutrition therapy (MNT) 	<ul style="list-style-type: none"> <input type="checkbox"/> Assess all areas of self-management <input type="checkbox"/> Review problem-solving skills <input type="checkbox"/> Identify strengths and challenges of living with diabetes 	<ul style="list-style-type: none"> <input type="checkbox"/> Identify presence of factors that affect diabetes self-management and attain treatment and behavioral goals <input type="checkbox"/> Discuss impact of complications and successes with treatment and self-management 	<ul style="list-style-type: none"> <input type="checkbox"/> Develop diabetes transition plan <input type="checkbox"/> Communicate transition plan to new health care team members <input type="checkbox"/> Establish DSME/S regular follow-up care
DIABETES EDUCATION: AREAS OF FOCUS AND ACTION STEPS			
<ul style="list-style-type: none"> Assess cultural influences, health beliefs, current knowledge, physical limitations, family support, financial status, medical history, literacy, numeracy to determine which content to provide and how: <input type="checkbox"/> Medication – choices, action, titration, side effects <input type="checkbox"/> Monitoring blood glucose – when to test, interpreting and using glucose pattern management for feedback <input type="checkbox"/> Physical activity – safety, short-term vs. long-term goals/recommendations <input type="checkbox"/> Preventing, detecting, and treating acute and chronic complications <input type="checkbox"/> Nutrition – food plan, planning meals, purchasing food, preparing meals, portioning food <input type="checkbox"/> Risk reduction – smoking cessation, foot care <input type="checkbox"/> Developing personal strategies to address psychosocial issues and concerns <input type="checkbox"/> Developing personal strategies to promote health and behavior change 	<ul style="list-style-type: none"> <input type="checkbox"/> Review and reinforce treatment goals and self-management needs <input type="checkbox"/> Emphasize preventing complications and promoting quality of life <input type="checkbox"/> Discuss how to adapt diabetes treatment and self-management to new life situations and competing demands <input type="checkbox"/> Support efforts to sustain initial behavior changes and cope with the ongoing burden of diabetes 	<ul style="list-style-type: none"> <input type="checkbox"/> Provide support for the provision of self-care skills in an effort to delay progression of the disease and prevent new complications <input type="checkbox"/> Provide/refer for emotional support for diabetes-related distress and depression <input type="checkbox"/> Develop and support personal strategies for behavior change and healthy coping <input type="checkbox"/> Develop personal strategies to accommodate sensory or physical limitation(s), adapting to new self-management demands, and promote health and behavior change 	<ul style="list-style-type: none"> <input type="checkbox"/> Identify needed adaptations in diabetes self-management <input type="checkbox"/> Provide support for independent self-management skills and self-efficacy <input type="checkbox"/> Identify level of significant other involvement and facilitate education and support <input type="checkbox"/> Assist with facing challenges affecting usual level of activity, ability to function, health benefits and feelings of well-being <input type="checkbox"/> Maximize quality of life and emotional support for the patient (and family members) <input type="checkbox"/> Provide education for others now involved in care <input type="checkbox"/> Establish communication and follow-up plans with the provider, family, and others
<small>Powers MA, Bandtley J, Cypress M, Duker P, Funnell MM, Fusch AH, Maryniuk MD, Simonsen L, Vivian E. 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. Diabetes Care 2015; 38:1273-1282. The Diabetes Educator 2015;41:417-430. Journal of the Academy of Nutrition and Dietetics 2015;115:1323-1334. [Adapted August 2016]</small>			

These topics can guide the educational assessment and plan. Often a series of ongoing education and support are necessary to provide the time for patients to practice new skills and behaviors to form habits that support self-management goals.

Source: [ADA Standards of Medical Care in Diabetes - 2021](#)

REFERENCES AND RESOURCES

For additional information:

- [Diabetes Self-Management Education and Support of 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
- [National Standards for Diabetes Self-Management Education and Support](#)
- [Molina Provider Directory](#): Search for a local DSME provider in the Molina Healthcare of Ohio, Inc. network