

# Diabetes Self-Management Education and Support Practice Module

November 2022



Implementation of Quality Improvement Initiatives to Improve Diabetes and Hypertension

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## Purpose of Module

This module contains a high-level overview of evidence-based information related to diabetes and the utilization of Diabetes Self-Management Education and Support (DSMES) in Delaware. It was created to assist clinics and hospitals in promoting and improving their quality improvement efforts, specifically related to improving referral to DSMES services across their patient population.

**Note: Guidelines referenced in this module are provided in brief, summary format. Full recommendations should be reviewed in the original publication(s) and utilized with physician/clinician judgment, with consideration given to a patient's unique needs and circumstances.**

## The Diabetes Epidemic

According to "[The Burden of Diabetes in Delaware](#)" and the Centers for Disease Control and Prevention (CDC), "**over 37 million Americans have diabetes** and face its devastating consequences. What's true nationwide is also true in Delaware."

**FACT: Over 1/4 of Delaware adults have or are at elevated risk for diabetes.**

The statistics are staggering. The incidence of diabetes in the state of Pennsylvania, and across the country, continues to rise. **What can be done to combat it?**

**The answer: EDUCATION and SELF-MANAGEMENT**

People with diabetes need to be educated about their disease and instructed on what they can do to best manage it. Those with prediabetes may be able to reverse their condition through education and subsequent lifestyle modifications, while those with diabetes may be able to help control their disease and decrease the incidence of new comorbidities through diet, exercise, monitoring, and medication adherence.

**How will patients with diabetes receive the necessary education?**

### Diabetes Stats in DE

**12.4%**

% of DE adults who reported being diagnosed with diabetes in 2020

**13%**

% of DE residents diagnosed with prediabetes

**25,000**

Estimated number of undiagnosed Delawareans living with diabetes

**\$1.1 Billion**

Estimated annual cost of diabetes and prediabetes per year in DE

Sources:

- [Delaware Behavioral Risk Factor Survey, 2020](#)
- [The Impact of Diabetes in Delaware, 2021](#)

This module not only provides information on accredited diabetes education programs, partnering for assistance, and improving communication, but also shares provider and patient resources to improve diabetes outcomes. Apply the information in a way that meets practice and patient goals.

## Diabetes & Prediabetes Screening: USPSTF Final Recommendations

The U.S. Preventive Services Task Force (USPSTF) released a [final recommendation statement](#), published in the August 2021 issue of the *Journal of the American Medical Association*, calling for prediabetes and type 2 diabetes screening for nonpregnant, asymptomatic adults aged 35 to 70 years who are overweight or obese (body mass index  $\geq 25$  and  $\geq 30$ , respectively). The recommendations, which were based on data from 89 publications, also included offering or referring patients with prediabetes to preventive interventions. The summary recommendation for clinicians is provided in the table below:

What does the USPSTF recommend?	Adults aged 35 to 70 years who have overweight or obesity: <ul style="list-style-type: none"> <li>Screen for prediabetes and type 2 diabetes, and offer or refer patients with prediabetes to effective preventive interventions. <b>Grade: B</b></li> </ul>
To whom does this recommendation apply?	Nonpregnant adults aged 35 to 70 years who have overweight or obesity and no symptoms of diabetes.
What's new?	The USPSTF has lowered the starting age of screening from 40 to 35 years.
How to implement this recommendation?	<ol style="list-style-type: none"> <li>Assess risk: <ul style="list-style-type: none"> <li>Obtain height and weight measurements to determine whether patient has overweight or obesity. Overweight and obesity are defined as a BMI <math>\geq 25</math> and <math>\geq 30</math>, respectively.</li> </ul> </li> <li>Screen: <ul style="list-style-type: none"> <li>If the patient is aged 35 to 70 years and has overweight or obesity. Consider screening at an earlier age if the patient is from a population with a disproportionately high prevalence of diabetes (American Indian/Alaska Native, Black, Hawaiian/Pacific Islander, Hispanic/Latino), and at a lower BMI (<math>\geq 23</math>) if the patient is Asian American.</li> <li>Screening tests for prediabetes and type 2 diabetes include measurement of fasting plasma glucose or HbA<sub>1c</sub> level or an oral glucose tolerance test.</li> </ul> </li> </ol>
How often?	The optimal screening interval for adults with an initial normal glucose test result is uncertain. Screening every 3 years may be a reasonable approach for adults with normal blood glucose levels.
What are other relevant USPSTF recommendations?	The USPSTF has made a recommendation on behavioral weight loss interventions to prevent obesity-related morbidity and mortality in adults with a BMI $\geq 30$ . This recommendation is available at <a href="https://www.uspreventiveservicestaskforce.org">https://www.uspreventiveservicestaskforce.org</a>
Where to read the full recommendation statement?	Visit the USPSTF website ( <a href="https://www.uspreventiveservicestaskforce.org">https://www.uspreventiveservicestaskforce.org</a> ) to read the full recommendation statement. This includes more details on the rationale of the recommendation, including benefits and harms; supporting evidence; and recommendations of others.

*The USPSTF recognizes that clinical decisions involve more considerations than evidence alone. Clinicians should understand the evidence but individualize decision-making to the specific patient or situation.*

From “[Screening for Prediabetes and Type 2 Diabetes: U.S. Preventive Services Task Force Recommendation Statement](#),” by USPSTF, 2021.

### When do coverage updates for the 2021 recommendation take effect?

Health plans must begin coverage for the USPSTF Prediabetes and Type 2 Diabetes: Screening recommendations on **August 31, 2022**. According to the 2015 final regulations: “plans and issuers must provide coverage for new recommended preventive services for plan years (in the individual market, policy years) beginning on or after the date that is one year after the date the relevant recommendation or guideline under the [Public Health Service] Act section 2713 is issued.”

From “[FAQs: USPSTF Recommendation for Screening for Prediabetes and Type 2 Diabetes](#),” by NACDD and Leavitt Partners, 2022.



The National Association of Chronic Disease Directors (NACDD) created a handout of frequently asked questions related to the USPSTF recommendation. Comparison with the 2022 American Diabetes Association (ADA) screening recommendations is specifically addressed. View the handout [here](#).

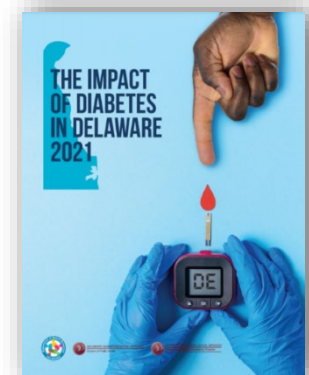
## Reducing Diabetes Burden: Recommendations from The Impact of Diabetes in Delaware Report

[The Impact of Diabetes in Delaware, 2021](#) is a biennial report produced by Delaware’s Department of Health and Social Service’s (DHSS’s) Division of Public Health (DPH) and Division of Medicaid & Medical Assistance (DMMA) in addition to the Department of Human Resources’ Statewide Benefits Office (SBO). The report makes use of data from years 2019 and 2020.

In the [report](#), “DPH, DMMA, and SBO make **eight recommendations** to reduce Delaware’s diabetes burden and improve health outcomes among adults with or at-risk for diabetes.”

Recommendations are as follows:

1. Promote healthy lifestyles through stakeholder collaboration.
2. Continue to educate state of Delaware employees and retirees, especially those at highest risk for diabetes and its related complications, about the signs and symptoms of diabetes and available prevention and management programs/resources. Continue to highlight the National Diabetes Prevention Program (National DPP) and Medicare Prevention Program (MPP) as covered benefits.
3. Promote clinical-community linkages to increase the percentage of Delawareans with diabetes who comply with diabetes recommendations.
4. Leverage electronic health record (EHR) capabilities and other technologies to improve medication adherence among people with diabetes.



5. Develop a statewide Delaware Diabetes Registry to monitor diabetes management and reduce disparities in health outcomes among Delawareans with diabetes.
6. Increase in-person and online access to and participation in the nationally recognized and evidence-based National DPP for adults at high-risk for diabetes.
7. Increase in-person and online access to and participation in Diabetes Self-Management Education and Support (DSMES) for adults with diabetes.
8. Create and implement a comprehensive Diabetes Training Module for Community Health Workers (CHWs), Nurse Navigators, Lay Leaders, and Health Coaches to standardize prediabetes and diabetes support efforts in Delaware. ([DHSS et al., 2021](#))

Find this publication and additional resources for health care professionals by visiting the [Diabetes and Heart Disease Prevention and Control Program page](#) on the DPH website.

## Evidence Confirms: DSMES Improves Health Outcomes

**How can DSMES services help your patients manage diabetes?**



The CDC highlights several [success stories](#) of patients who have participated in DSMES and achieved decreased blood glucose levels, a healthier lifestyle, and a better understanding of how to live with diabetes.

DSMES is an [evidence-based](#) program accredited through the ADA or the Association of Diabetes Care and Education Specialists (ADCES). DSMES provides a foundation to empower people with diabetes to navigate self-management decisions and activities. The updated [consensus statement](#) from the ADA and the European Association for the Study of Diabetes asserts that “DSMES is a key intervention, as important to the treatment plan as the selection of pharmacotherapy” ([Davies et al., 2022](#)).

Effective education takes time – time to learn, self-reflect, implement, reinforce, retain, and develop a new way of life. DSMES programs are “a collaborative process between the educator and the patient that usually includes up to 10 hours of counseling in the first year after diagnosis to address a variety of topics in depth - from healthy eating and exercise to monitoring and medications to problem-solving” ([ADCES, 2021](#)).

According to a [2020 Consensus Report](#), DSMES has been shown to improve health outcomes and is considered a critical component of diabetes care. Participation in a DSMES program “lowers hemoglobin A1C (A1C) by at least 0.6%, as much as many diabetes medications – however with no side effects” ([Davis et al., 2022](#)). Recognized as a [cost-effective](#) tool as a result of reduced hospital admissions and readmissions, this program is also known to improve medication adherence rates, enhance self-efficacy, increase physical activity, and result in less severe diabetes-related complications ([CDC, 2022](#)).

Despite the positive results of DSMES programs, according to the [CDC](#) (2022), “less than 5% of Medicare beneficiaries with diabetes and 6.8% of privately insured people with diagnosed diabetes have used DSMES services.” [Data](#) from the Delaware Behavioral Risk Factor Survey (2020) reveals that a substantial gap still exists statewide as only 49.2 percent of Delawareans with diabetes have taken a course or class on how to self-manage their diabetes.

[Get in touch](#) with our team today to see how Quality Insights can strengthen your practice to bridge the referral gap between patients living with diabetes and DSMES.

Discover more about the efficacy and benefits of DSMES by reviewing these resources from the ADA and American Heart Association’s (AHA) [Know Diabetes by Heart™](#):

- [Podcast – Benefits of Diabetes Educator Referrals](#)
- [Webinar – Supporting Your Patients in Managing their CV Risk through Lifestyle Management](#)
- [Diabetes Self-management Education and Support in Adults with Type 2 Diabetes: A Consensus Report](#)

## DSMES Referral Solutions

In keeping with the [Standards of Medical Care in Diabetes - 2022](#), “patients should be referred for diabetes self-management education and support, medical nutrition therapy, and assessment of psychosocial/emotional health concerns if indicated.”

The goal of DSMES is to provide patients with the “knowledge, decision-making, and skills mastery for diabetes self-care” ([ADA Professional Practice Committee](#), 2022).

Further, the Standards recommend evaluating the need for DSMES at the following times: at diagnosis, annually or when not meeting goals, when complications develop, and when life or care transitions occur.

### Medical Nutrition Therapy (MNT)

For many individuals with diabetes, the most challenging part of the treatment plan is diet. Nutrition therapy plays an integral role in overall diabetes management. The [2022 Standards](#) refer to the [2019 ADA Diabetes Care](#) article on nutrition therapy, citing that all individuals with diabetes should be referred for “individualized MNT provided by a registered dietitian nutritionist (RD/RDN) who is knowledgeable and skilled in providing diabetes-specific MNT at diagnosis and as needed throughout the life span, similar to DSMES.”



Find more information about MNT, including Medicare considerations, by visiting [the CDC DSMES Toolkit website](#). Patient-facing nutrition resources can be located on the [ADA website](#).

The following DSMES referral guidance is based on recommendations from the [ADCES](#).

## Locate a DSMES Program

Certified DSMES programs are those that have American Diabetes Association recognition or ADCES accreditation, which ensures the program meets the evidence-based National Standards for DSMES.



**The following websites offer DSMES location assistance and contact information:**

- [Association of Diabetes Care & Education Specialists](#)
- [American Diabetes Association](#)
- [Quality Insights](#): Locate DE-based DSMES & MNT programs in Kent, New Castle, and Sussex counties.
- [Livongo](#): This program is available to employees, pensioners, and their covered spouses and dependent children living with type 1 or type 2 diabetes who are enrolled in a State of Delaware Aetna or Highmark Delaware health plan.

## Promote DSMES Education

Provide **free** resources to your patients to help them understand their diagnosis and reinforce the importance of diabetes education.

[Living with Type 2 Diabetes: Where Do I Begin?](#): This ADA booklet may be ordered free of charge in English and Spanish.

[Diabetes in Older People](#): This booklet from the National Institute on Aging (NIA) booklet promoting diabetes education services as covered by Medicare (DSMT).

[Diabetes Resource Guide](#): Developed by the Delaware Diabetes Coalition, this guide focuses on helping patients live a healthier life by assuring they receive care according to evidence-based standards. Useful information includes Delaware-based National DPP and DSMES locations, diabetes support groups, and more. Patients may download this guide at no cost in [English](#) and [Spanish](#).

## Offer DSMES in Your Local Community

**Want to learn more about the steps required to launch a DSMES in your community?**

Download this [Quality Insights flyer](#), and access the [CDC DSMES Toolkit](#) for important details about accreditation, recognition, reimbursement, and more.

## Make a Referral

**Learn more about when, how, and for whom to make referrals to DSMES!**



Download the [Quality Insights DSMES Referral Flyer](#) for step-by-step instructions, and visit the [ADCES "Make a Referral" website](#).



## Quality Insights Can Help: Connect Your Patients to National DPP and DSMES



At **no cost** to your practice, your patients with prediabetes and diabetes can receive a National DPP or DSMES referral letter, portal message, or text encouraging them to enroll in an eligible program. Prior to initiation of the campaign, participating practices receive an overview of the benefits of the National DPP or DSMES.

After initial contact is made, patients will receive a follow-up phone call to determine their level of interest in the program. Patient questions are addressed, and communicated barriers are documented and shared with the referring practice.

For more information, contact your local Practice Transformation Specialist or [Ashley Biscardi](#) at **302-290-9258**.

### Diabetes and SDOH: ADA Publications

“Putting the person, rather than their diabetes, at the center of healthcare can help improve person-provider relationships as well as physical and mental health outcomes” ([Kenney & Briskin](#), 2022). The ADA continues to recognize the critical role social determinants of health (SDOH) play in health outcomes of those with diabetes and advocates for patient-centered care ([ADA PPC](#), 2022).

The ADA convened a writing committee to help advance opportunities for diabetes population health improvement through addressing SDOH. The SDOH and diabetes writing committee reviewed literature on: “1) associations of SDOH with diabetes risk and outcomes and 2) impact of interventions targeting amelioration of SDOH on diabetes outcomes” ([Hill-Briggs et al.](#), 2020). [Read the scientific review](#) in ADA’s *Diabetes Care* to learn more.

More recently, the ADA PPC published “[Standards of Medical Care in Diabetes – 2022](#).”

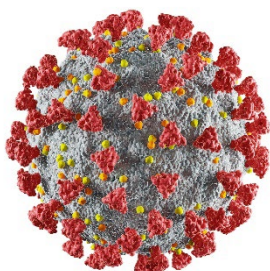
Recommendations include addressing lifelong risks associated with SDOH, ensuring treatment decisions consider literacy and numeracy deficiencies, psychosocial issues, language barriers, social hardships, and financial hardships. Providers are also tasked with utilizing strategies to make an effective impact upon

“ I have come to realize that meaningful change in the numbers and in the lives of people with diabetes hinges on improving upon the social determinants of health. ”

Source: [Diabetes is Not Just an Outcome](#), Paul Reed, MD, Deputy Assistant Secretary for Health, Director, Office of Disease Prevention and Health Promotion, 2021.

on these issues through use of clinical information tools, care management teams, and referral to appropriate community resources. Review the [abridged version of the Standards](#), created for primary care providers.

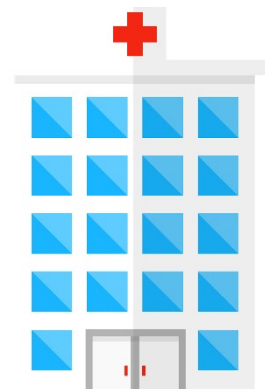
## The Connection between COVID-19 and Diabetes



According to the [Diabetes Report Card](#) (2021), “during the COVID-19 pandemic, diabetes emerged as an underlying condition that increases the chance of severe illness. Nearly 4 in 10 adults who died from COVID-19 in the United States also had diabetes.”

An August 2021 white paper, produced by the NACDD and the Kem C. Gardner Policy Institute, summarizes the literature regarding the connection between type 2 diabetes and COVID-19. For the states of New York, Oregon, and Kentucky, it visually illustrates the association between COVID-19 severity, the prevalence of adults living with diabetes, socioeconomic status, social vulnerability, and race and ethnicity. The paper also points to the importance of chronic disease prevention and management and the benefits of National Diabetes Prevention Programs (National DPP) in addressing indirect risk factors such as isolation, decreased physical activity, delays in seeking care, food insecurity, and increased rates of anxiety and depression which were exacerbated by the public health emergency (PHE) ([Brandley et al., 2021](#)). Visit the NACDD website to read [The Connection Between COVID-19 and Type 2 Diabetes: Underscoring the Need for Chronic Disease Prevention and Management](#).

Recent [research](#) conducted in Pennsylvania examined the relationship between the pandemic, hospitalization outcomes, and health care utilization for those with diabetes. The research also investigated variance in outcomes by community type (township, borough, or city census tract) and community socioeconomic deprivation (CSD). Analysis of hospitalization outcomes showed those with diabetes had a higher likelihood of ICU admission and elevated troponin levels; outcomes did not differ by community features. Researchers did not find a direct association between diabetes and mortality, but instead surmise that the elevated troponin levels associated with mortality from COVID-19 may be from pre-existing chronic heart damage in those with diabetes. Health care utilization outcomes revealed a decline in hemoglobin A1C testing rates across all CSD levels while those from more deprived communities had lower rates of antihyperglycemic medication orders, higher rates of ED visits, and lower rates of telemedicine or outpatient visits before and during the pandemic. Closer scrutiny of the study findings could assist in mitigating gaps and disparities in diabetes care. ([Hirsch et al., 2022](#))



While there has been a focus on clinical conditions that put individuals at greater risk of morbidity and mortality when they are infected with COVID-19, a [2022 study](#) published in *The Lancet: Diabetes & Endocrinology* examined the risk and burden of incident diabetes post-COVID. With an increasing intensity of care during the acute phase of COVID-19 infection, there was also graded increase in risk of diabetes outcomes. Results suggest the need for screening and management of diabetes as part of post-acute COVID-19 care because survivors were found to be at increased risk for incident diabetes and the use of antihyperglycemics. ([Xie & Al-Aly, 2022](#))

## Health Disparities: Racial and Ethnic Minorities are at Higher Risk for Developing Diabetes



The [Centers for Medicare & Medicaid Services Office of Minority Health \(CMS OMH\)](#) confirms racial and ethnic minorities are at a higher risk of developing diabetes. Many who are diagnosed experience challenges managing their diabetes and are more likely to experience complications. Several factors, including lack of access to health care, quality of care received, and socioeconomic status, are barriers to preventing diabetes and having effective diabetes management once diagnosed.

Below are a few resources that can help health care professionals, patients, and their families manage diabetes. To review the full suite of online tools, visit the [CMS OMH website](#).

- According to [CMS](#), “the Inflation Reduction Act will cap cost-sharing for each insulin product covered under a Medicare prescription drug plan at \$35 for a month’s supply beginning in January 2023. Also, Part D deductibles will not apply to these covered insulin products.” For patients needing assistance comparing Medicare plans and associated costs for insulin, information on this [web page](#) may be useful.
- Read CMS OMH’s [Diabetes Management: Directory of Provider Resources \(PDF\)](#) which identifies resources on the management of type 2 diabetes that could be useful for providers and care teams.
- Download [Managing Diabetes: Medicare Coverage and Resources](#), an updated resource that provides steps for improving one’s health as well as information on services available through Marketplace plans and Medicare. This resource is also available in [seven additional languages](#).

## Enhance Your Care Team

### Discussing Diabetes: Promoting Effective Communication

The most important member of the care team is the individual with diabetes. Without appropriate support, motivation, a trusting, collaborative relationship, positive behaviors, and effective communication, the patient cannot achieve optimal outcomes from care team interactions. A task force, consisting of representatives from ADCES and the ADA, “developed a [joint paper](#) which provides recommendations for enhancing communication about and with people who have diabetes.”

The task force provided the following recommendation:

Use language that
1. is neutral, nonjudgmental, and based on facts, actions, or physiology/biology
2. is free from stigma
3. is strengths-based, respectful, inclusive, and imparts hope
4. fosters collaboration between patients and providers
5. is person-centered

Adapted from “[The Use of Language in Diabetes Care and Education](#),” by Dickinson et al., 2017.

Review the full paper [here](#); table 4 provides practical examples of negative language, replacement language, and rationale. A supplemental handout, “[Speaking the Language of Diabetes: Language Guidance for Diabetes-Related Research, Education, and Publications](#),” provides highlights of preferred communication strategies to more effectively engage with and empower people with diabetes and could easily be distributed as a reference guide for staff. Several videos on language in diabetes care are also available for [viewing](#).

### Partnering with Pharmacies to Prevent and Manage Diabetes

**Did you know?** Pharmacies in your local community may offer [DSMES](#) and [National DPP](#) services. Encourage your patients to connect with their local pharmacist to discuss enrollment in these evidence-based,



lifestyle change programs by sharing the following flyers developed by the U.S. Department of Health and Human Services:

- [Could You Have Prediabetes? \(English\)](#)
- [Could You Have Prediabetes? \(Spanish\)](#)
- [Do You Have Diabetes?](#)

## Patient Resources

### Delaware Emergency Medical Diabetes Fund

The [Delaware Emergency Medical Diabetes Fund](#) provides, on an emergency need basis, an allowance for prediabetes or diabetes medications, services, or supplies to residents of Delaware. Payments are made to vendors, and client assistance is capped at a maximum of \$500 per rolling year.

Eligibility Requirements*:
Individual has diabetes (type 1, type 2, gestational, or other) or prediabetes.
Medical need is present that could result in serious impairment of health, prolonged hospitalization, complications, or death.
Individual is without resources immediately accessible to meet his/her health needs.
Individual must not have other insurance that will provide the services requested.

*\*Requests are evaluated on a case-by-case basis, using established Delaware State Service Center financial screening and eligibility criteria. [More detailed program information may be accessed here.](#)*

Learn more about eligibility and referral by downloading this flyer for [providers](#) and [patients](#) (Spanish language flyers are available on the [Quality Insights website](#)). This program is administered by the Delaware Division of State Service Centers. Referrals can be made by calling the [Delaware Diabetes and Heart Disease Prevention and Control Program](#) at **302-744-1020**.

## Patient Self-Management: Diabetes Smartphone Apps



Smartphone apps can be a great tool to promote patient self-management on a day-to-day basis, which is especially important for patients living with diabetes.

To assist practices in identifying apps that are of the most benefit to their patients, Quality Insights created the **Free Apps to Help You Better Manage Your Diabetes** patient handout. This flyer provides a general listing of various nutrition, glucose tracking, and healthy living resources designed to help your patients succeed. [Download the flyer here.](#)

## Patient Assistance: Insulin Cost Savings

As published in *Annals of Internal Medicine* (2022), researchers analyzed the CDC's 2021 National Health Interview Survey data and found that 1.3 million people in the United States, or about 16.5 percent of those who use insulin, rationed it. Rationing, which includes skipping doses, delaying the purchase, and taking less than indicated, was most common among those without health insurance, at a frequency of a third. Nearly one in five of those with private insurance also rationed. Least likely to ration were adults aged 65 and older and people on Medicare or Medicaid. (Tucker, 2022)

As health care providers and patient advocates, we are tasked with educating patients on available resources so they may overcome barriers and successfully attend to their health needs and medication requirements. The following resources are provided to help patients readily access medication assistance:

- [Insulin Cost Savings Toolkit](#): Developed by Dr. Diana Isaacs, PharmD, BCPS, BC-ADM, BCACP, CDCES in collaboration with the ADCES Association of Diabetes Care & Education Specialists, this document provides ready access to patient assistance programs, specific to manufacturer and product.
- [Insulinhelp.org](#): An affiliate site of the ADA, this website provides valuable information that helps patients readily identify the type of information they should have available when applying for assistance, contact information for insulin manufacturers and assistance programs, and outlines manufacturer-specific COVID-19 coverage enhancements. Patients can call **1-800-DIABETES** during normal business hours to receive direct assistance and interpreter service is available.
- [Needymeds.org](#): This website offers users the capability to search for medication assistance programs by diagnosis. It includes assistance options for diabetes medications, supplies, and laboratory services.

- [GetInsulin.Org](#): This resource helps people living with diabetes find affordable insulin access through customized action plans based on the patient’s location, insurance type, income, and prescription. This is not a direct assistance program but is supported by manufacturers, governmental agencies, non-profits, and more. The site and plan details are available in English and Spanish, and the solutions are available to people in the United States regardless of their citizenship status.

## Multilingual Diabetes Patient Education Materials

The ADA Patient Education Library offers free, downloadable, diabetes education resources that can be filtered by category and language. [Eleven language options are available](#) to select from, including [Spanish](#) and [Haitian Creole](#).



Some items to select from include:

- Prediabetes: What Is It and What Can I Do?
- Are You at Risk for Type 2 Diabetes?
- Factors Affecting Blood Glucose
- Diabetes: An Introduction
- Diabetes Symptoms (describes symptoms of Type 1 and Type 2 diabetes)

For additional multilingual education resources covering a variety of health topics, please visit [MedlinePlus®](#) (arranged by [language](#)) and review [Providing Multilingual and Multicultural Health Information](#), a resource list from the National Library of Medicine. [EthnoMed](#) also provides diabetes resources that can be filtered by language.

## Centers for Disease Control and Prevention (CDC)

Encourage self-management and encourage diabetes education with tools from the CDC. Seven recently launched, animated videos provide tips and strategies for patients living with diabetes.

- [Diabetes Kickstart](#): Seven recently launched, animated videos provide tips and strategies for patients living with diabetes. Topics covered include: healthy eating, being active, monitoring, taking medicines, lowering risk, managing stress, and solving problems.
- [Living with Diabetes](#): A wealth of information is available to empower patients to live well with diabetes. Resource topics include DSMES services, diabetes and mental health, managing sick days, preventing diabetes complications, and a diabetes care schedule.
- [DSMES for People with Diabetes](#): This link includes information on the services provided through DSMES, when to participate, and insurance coverage of the program.

## Library Learning: Diabetes Education Resources for Patients

As a result of collaboration between the Diabetes Prevention and Control Program and the Delaware Division of libraries, all Delaware libraries have a [diabetes health information section](#). Easy-reading materials such as Delaware-specific diabetes information, cookbooks, diabetes prevention, information on weight management and exercise, and diabetes management are available to check out. Also available are educational videos, a number of which are provided in both English and Spanish, and some resources designed for the teen population.



The Delaware public libraries provide on-site computers through which patients can access additional internet resources on diabetes. For those unfamiliar with internet browsing or computer usage, library personnel can assist. [The Diabetes Resource Guide](#), developed by Delaware Diabetes Coalition, provides links, email addresses, and phone numbers for a host of different needs related to diabetes; encourage patients to use the resource as a guide for their inquiry.

## Provider Resources

### Diabetes & Prediabetes Academic Detailing from Quality Insights

Quality Insights is continuing our initiatives to improve the health of Delawareans by promoting evidence-based care for prediabetes and diabetes. As part of our ongoing efforts, your practice can take advantage of no-cost academic detailing for diabetes and prediabetes by signing up to participate in this project. [Download this flyer](#) to learn more about the initiative.

### Health Coaching Services

Through improved patient activation and engagement, health coaching has been shown to result in more positive health outcomes and lifestyle modifications. “‘Patient activation’ refers to a patient’s knowledge, skill, confidence, and motivation to manage his or her own health and care. ‘Patient engagement’ is a broader concept that combines patient activation with the behaviours individuals must master to benefit optimally from the healthcare services.” ([Lee](#), 2017)

Health coaches are proficient in “facilitating an evocative discussion to increase the client’s self-awareness regarding [health] issues” and providing peer-like education to assist the client with positively addressing failures, building new strengths, continuing positive behaviors, and making long-term, sustainable changes ([Jordan](#), 2021). Quality Insights offers no-cost health coaching for patients living with prediabetes, diabetes, or hypertension. We can assist patients with addressing modifiable



determinants such as medication adherence, lifestyle modifications, goal-setting, self-monitoring, shared decision-making, and SDOH.

We will work with your practice to develop a health coaching workflow to best meet your practice and patient needs. Access Quality Insights' health coaching [flyer](#) for more information. Your practice may contact [Ashley Biscardi](#) or your current Practice Transformation Specialist to use this service.

## Quality Insights EDISCO™ Online Continuing Education Courses

Quality Insights and the Delaware Division of Public Health have partnered to provide a series of interactive and engaging e-learning courses to the practices, health systems, and federally qualified health systems in Delaware. Currently, nine online EDISCO™ courses are being offered to our participating practices **at NO COST**. Some of these courses offer **continuing medical education (CME) and continuing nursing education (CNE) credits**.

Download this [course flyer](#) or view our [website](#) for more information. Courses designed to assist you in the diagnosis and treatment of diabetes and the provision of value-based care include:

- [Diabetes: Awareness to Action](#): The purpose of this course is to increase awareness of available DSMES and National Diabetes Prevention Program (National DPP) services and increase referrals to these programs in Delaware.
- [Health Literacy](#): If your practice is striving to embrace diversity and reach all populations, this course is for you!
- [Medication Therapy Management](#): Improving medication adherence is an important way to increase quality and reduce cost. Learn how collaborating with pharmacists to provide medication therapy management can greatly impact patient adherence.
- [Motivational Interviewing](#): Learn how to expand the role of your team and encourage enhanced communication with patients.
- [Helping Patients Quit Tobacco](#): Learn how to support your patients' efforts to quit tobacco and improve their chances for success.

## Centers for Disease Control and Prevention (CDC)

Enhance your professional development with CDC [webinars and videos](#). Learn approaches for engaging communities, increasing cultural competence, and promoting diabetes prevention and management. Credit is available for some webinars.

- [Compassionate Communication to Reengage People With Diabetes in DSMES](#)



- [You Had Me at My Best Life: New Resources to Foster Meaningful Conversations in National DPP Session Zero](#)
- [Utilizing the 2020-2025 Dietary Guidelines for Americans \(DGAs\) to Tailor and Deliver Type 2 Diabetes Prevention Programs](#)
- [What No One is Saying: The Impact of Diabetes on Hearing and Balance](#)
- [Quick Learn: Cultural Adaptation of Materials](#)
- [Health Is a Team Sport: Connecting Men to Resources for Diabetes Prevention and Management](#)
- [The DSMES Toolkit: Your One-Stop Shop for Successful Diabetes Self-Management Education and Support Services](#)
- [Don't Blame Me!: Helping Providers and People with Diabetes Overcome Challenges for Behavior Change](#)

## Know Diabetes by Heart™

The AHA and the ADA, along with sponsors, created [Know Diabetes by Heart™](#) with the goal to reduce cardiovascular disease, heart attack, stroke, and heart failure in people living with type 2 diabetes. A small sampling of their latest cardiovascular and diabetes science, patient educational and clinical care tools, and quality improvement programs is provided for reference.

- Webinar: [Tough Cases: Achieving All “Targets”](#)
- Webinar: [The Link Between Diabetes and Coronary Artery Disease](#)
- Webinar: [Team-Based Care Strategies to Improve Patient Outcomes](#)
- Webinar: [Beyond Awareness: How Do We Reverse Compounded Disparities in Heart and Heart Disease?](#)
- [Managing Cardiovascular Risk in People Living with Diabetes: Shared Decision-making Discussion Guide and Approaches for Developing a Successful Treatment Plan](#)
- [Living with Type 2 Diabetes Program](#) is a free 12-month program available in English and Spanish. This course could serve as an option for those who, due to barriers, are unable to participate in a DSMES program.

## American Medical Association STEPS Forward®

American Medical Association (AMA) STEPS Forward® offers a collection of educational toolkits that provide a framework for transforming and improving your practice. Toolkits include steps to implementation, informative question and answer sections, success stories, and links to applicable resources. Some toolkits offer CME credit. Enhance your care team's delivery of diabetes care by completing these modules:

- [Managing Type 2 Diabetes: A Team-Based Approach](#)
- [Sharing Clinical Notes with Patients: A New Era of Transparency in Medicine](#)
- [Pre-Visit Planning: Save Time, Improve Care, and Strengthen Care Team Satisfaction](#)
- [Racial and Health Equity: Concrete STEPS for Smaller Practices](#)

## American Diabetes Association: Focus on Diabetes®

[Focus on Diabetes®](#) is a collaborative initiative between the ADA and Visionary Partners to increase awareness about diabetes-related eye disease (DRD) and its associated costs, personal and economic. Annual eye exams are a critical part of diabetes care. “Early detection, timely treatment, and appropriate follow-up care can reduce a person’s risk for severe vision loss from diabetic eye disease by 95 percent,” according to the [ADA](#).



- Download [“Focus on Diabetes Pocket Guide: Guide to Clinical Eye Care for Patients with or At-risk for Diabetes.”](#)
- For additional facts about DRD and those at greatest risk, view this 2022 [flyer](#).
- To emphasize the value of annual eye exams, the free [RetinaRisk™ calculator](#) may be a useful tool. The tool could be incorporated into office visit discussion, as a recent blood pressure measurement and hemoglobin A1C are needed for the calculator.
- “A Practical Guide to Diabetes-Related Eye Care”: View the [article](#) or listen to the [podcast series](#).



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