

Diabetes Self-Management Education and Support Practice Module

November 2023



Quality
Insights



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health



Implementation of Quality Improvement Initiatives to Improve Diabetes and Hypertension

Contents

Purpose of Module	3
The Diabetes Epidemic.....	3
Diabetes & Prediabetes Screening: USPSTF Final Recommendations	4
Reducing Diabetes Burden: Recommendations from The Impact of Diabetes in Delaware Report	5
Evidence Confirms: DSMES Improves Health Outcomes	6
DSMES Referral Solutions	7
Managing Diabetes: Diabetes Self-Management Program	9
Quality Insights Can Help: Connecting Your Patients to National DPP and DSMES	9
Diabetes and SDOH: ADA Publications	10
SDOH and Diabetes in Delaware.....	11
Health Disparities: Racial and Ethnic Minorities are at Higher Risk for Developing Diabetes.....	11
The Connection between COVID-19 and Diabetes	12
Enhance Your Care Team	13
Discussing Diabetes: Promoting Effective Communication	13
Partnering with Pharmacies to Prevent and Manage Diabetes.....	13
Patient Resources	14
Delaware Emergency Medical Diabetes Fund	14
Patient Self-Management: Diabetes Smartphone Apps.....	15
Patient Assistance: Insulin Cost Savings	15
Patient Assistance: Medication and Supply Cost Savings	16
Multilingual Diabetes Patient Education Materials	17
Centers for Disease Control and Prevention (CDC)	17
Library Learning: Diabetes Education Resources for Patients	17
Provider Resources	18
Diabetes & Prediabetes Academic Detailing from Quality Insights.....	18
Health Coaching Services	18
Quality Insights EDISCO™ Online Continuing Education Courses.....	19
Centers for Disease Control and Prevention (CDC)	19
Know Diabetes by Heart™	20
American Medical Association STEPS Forward®	20
American Diabetes Association: Focus on Diabetes®	21

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 **37.3 million Americans have diabetes** and face its devastating consequences. What's true nationwide is also true in Delaware."

FACT: Close to 1/4 of Delaware adults have diabetes or prediabetes.

The statistics are staggering. The incidence of diabetes across the country continues to rise. Delaware, however, saw its first decrease in Diabetes rates between 2019 and 2021 since the early 2000s.

What can be done to continue this downward trend?

The answer: EDUCATION and SELF-MANAGEMENT

Providing patients with education about disease process and self-management techniques has shown to improve health outcomes. Individuals living with prediabetes may be able to prevent the development of Type 2 diabetes 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.

Diabetes Stats in DE

12.0%

% of DE adults who reported being diagnosed with diabetes in 2021

12.6%

% 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, 2021](#)
- [The Impact of Diabetes in Delaware, 2023](#)

How will patients with diabetes receive the necessary education?

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 your practice and patient goals.

Diabetes & Prediabetes Screening: USPSTF Final Recommendations

In August 2021, the U.S. Preventive Services Task Force (USPSTF) released a [final recommendation statement](#), calling for prediabetes and type 2 diabetes screening for nonpregnant, asymptomatic adults aged 35 to 70 years who are categorized as overweight or obese (body mass index ≥ 25 and ≥ 30 , respectively). The recommendations, which were based on data from 89 publications, also suggested 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">• Screen for prediabetes and type 2 diabetes, and offer or refer patients with prediabetes to effective preventive interventions. Grade: B
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">1. Assess risk:<ul style="list-style-type: none">• Obtain height and weight measurements to determine whether patient has overweight or obesity. Overweight and obesity are defined as a BMI ≥ 25 and ≥ 30, respectively.2. Screen:<ul style="list-style-type: none">• 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 (≥ 23) if the patient is Asian American.• Screening tests for prediabetes and type 2 diabetes include measurement of fasting plasma glucose or HbA_{1c} level or an oral glucose tolerance test.
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 ≥ 30 . This recommendation is available at https://www.uspreventiveservicestaskforce.org
Where to read the full recommendation statement?	Visit the USPSTF website (https://www.uspreventiveservicestaskforce.org) 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.

The National Association of Chronic Disease Directors (NACDD) created a handout of frequently asked questions about 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, 2023*](#) is a biennial report produced by Delaware’s Department of Health and Social Service (DHSS Division of Public Health (DPH) and Division of Medicaid and Medical Assistance (DMMA) in addition to the Department of Human Resources’ Statewide Benefits Office (SBO). The report makes use of data from 2021 and 2022.

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

The recommendations are as follows:

1. Continue to educate Delawareans about diabetes risk factors while encouraging healthy lifestyle behaviors.
2. Increase referrals to the nationally recognized, evidence-based National Diabetes Prevention Program (National DPP) for Delawareans at high risk for diabetes.
3. Increase referrals to Diabetes Self-Management Education and Support (DSMES) for adults with diabetes.
4. Increase the proportion of Delaware adults who take medication as prescribed for high blood pressure and/or high cholesterol.
5. Increase the proportion of Delawareans with diabetes who follow the evidence-based CDC Diabetes Care Schedule.
6. Leverage electronic health record (EHR) capabilities to promote the adoption of organizational guidelines for the clinical care of patients with or at risk for diabetes.
7. Enhance care coordination to improve the clinical care of Delawareans with or at risk for diabetes, share resources, and reduce health care costs.



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 (2021) reveals that a substantial gap still exists statewide, as only 51.2% 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:

- [Podcast – Benefits of Diabetes Educator Referrals](#)
- [Webinar – Empowering Your Patients to Control Diabetes](#)
- [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 - 2023](#), “patients should be referred for diabetes self-management education and support, medical nutrition therapy, and assessment of psychosocial/emotional health concerns if indicated.”

They additionally state that, “The overall objectives of diabetes self-management education and support (DSMES) are to support informed decision-making, self-care behaviors, problem-solving, and active collaboration with the health care team to improve clinical outcomes, health status, and well-being in a cost effective manner.” ([American Diabetes Association](#), 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. ([American Diabetes Association](#), 2022)

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 [2023 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](#).

Managing Diabetes: Diabetes Self-Management Program

The [Stanford Diabetes Self-Management Program](#) (DSMP), also known as Better Choices, Better Health-Diabetes (BCBH-D), is a diabetes management program that is offered through an online platform or in person with small community groups. Unlike the DSMES program, DSMP is a more abbreviated program, with a weekly 2.5-hour session hosted by trained leaders for a six weeks period. Often times one of the leaders is an individual living with diabetes, which provides first-hand insight into diabetes self-management. Classes are meant to be participatory between both leaders and participants so participants can better understand their condition and engage in healthier lifestyles. Explore Delaware's own Diabetes Self-Management Program offerings at [Healthy Delaware website](#).



Quality Insights Can Help: Connecting 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 may 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 health care 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) and patient-centered care play in health outcomes of those with diabetes ([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.

“ 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.



More recently, the ADA Professional Practice Committee published “[Standards of Care in Diabetes – 2023](#).”

Recommendations include addressing lifelong risks associated with SDOH and ensuring that 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 on these issues through use of clinical information tools, care management teams, and referrals to appropriate community resources. Review the [abridged version of the Standards](#), created for primary care providers.

SDOH and Diabetes in Delaware

Here in Delaware, the effects of SDOH and their connection to diabetes can be readily observed in the [2021 Report of the Burden of Diabetes in Delaware](#). As can be seen in the below table, an individual's education level and socioeconomic status are closely tied to their chances of developing diabetes.

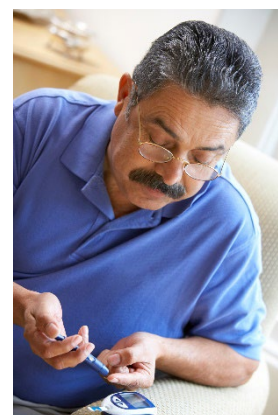
Education		
< High School	20.0%	Diabetes prevalence for adults with less than a high school education is significantly higher than for those who are college graduates.
High School or GED	14.1%	
Some Post-High School	12.5%	
College Graduate	9.0%	
Household Income		
< \$15,000	21.1%	Diabetes prevalence for adults with a household income of less than \$15,000 is significantly higher than for those with a household income of \$50,000 or more.
\$15,000 - \$24,999	15.0%	
\$25,000 - \$34,999	13.1%	
\$35,000 - \$49,999	15.5%	
≥ \$50,000	10.2%	

Individuals with less than a high school education, or whose income is less than \$15,000, experience diabetes at a rate twice that of individuals with a college degree, or those who make more than \$50,000. 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. These inequities are even more prevalent when looking at non-White individuals.

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

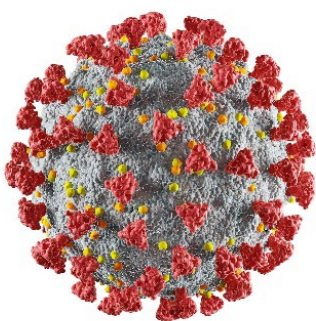
The [Centers for Medicare & Medicaid Services Office of Minority Health \(CMS OMH\)](#) confirms that racial and ethnic minorities are at a higher risk of developing diabetes. Black Delawareans experience diabetes at a rate significantly higher than their White counterparts 15.0 % vs. 11.4%, respectively ([DHSS](#), 2023). Many who are diagnosed experience challenges managing their diabetes and are more likely to experience complications.

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](#).



- As of January of this year, following the implementation of the Inflation Reduction Act, insulin products are capped at \$35 per month per product under a Medicare prescription drug plan. Part D deductibles do not apply to these covered insulin products. [Here is more information](#) for patients needing assistance comparing Medicare plans and associated costs of insulin.
- Read CMS OMH's [Diabetes Management: Directory of Provider Resources \(PDF\)](#) to identify 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](#).

The Connection between COVID-19 and Diabetes



During the COVID-19 pandemic, health care professionals focused on factors that increased an individual's likelihood of contracting COVID-19. As we enter into a "post-pandemic" world, research has begun to shift to 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, or new-onset diabetes, post-COVID. With increasing intensity of care during the acute phase of COVID-19 infection, there was also a greater increase in the risk of diabetes outcomes. ([Xie & Al-Aly, 2022](#))

Additionally, a study published by Cedar Sinai tracked 23,709 individuals between 2020-2022. The researchers found that in individuals who were vaccinated prior to contracting COVID-19 1.0% developed diabetes versus 2.7% in individuals who had not received the vaccine at time of infection ([Kwan, Ebinger, & Botting, 2023](#)). 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.

Enhance Your Care Team

Discussing Diabetes: Promoting Effective Communication

The most important member of the care team is the patient living 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.

For more practical examples of negative language, replacement language, and rationale, view table 4 within the joint paper linked above. 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. Providers can also take Quality Insights’ [Motivation Interviewing EDISCO course](#) for guidance on how to use motivating language with patients.

Partnering with Pharmacies to Prevent and Manage Diabetes

Did you know? Pharmacists in your local community can be an integral part of the interdisciplinary team and work alongside your practice to prevent and manage diabetes. Pharmacies in your local community may offer [DSMES](#) and [National DPP](#) services. Currently in Delaware, [Focus Pharmacy](#) in Smyrna is the only pharmacy in the state providing [the National Diabetes Prevention Program](#) (National DPP) to individuals living with prediabetes in their community.



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 also available for [patients](#)). 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 great tools 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.](#)

For patients who are experiencing polypharmacy due to multiple chronic conditions, Quality Insights also created a flyer for [Free Apps to Help You Better Manage Your Medications](#).

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% 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. The least likely to ration were adults aged 65 and older and people who are 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](https://www.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](https://www.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 it 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.

Patient Assistance: Medication and Supply Cost Savings

- [Healthy Delaware](https://www.healthydelaware.org/diabetes): Visit this website to find a list of resources to assist in paying for diabetes supplies and medications. Diabetes is a manageable health condition. Insurance or assistance may be available to help cover the costs of health care provider visits, prescription medications, meters, or other supplies/services. Some programs are limited to specific populations.
- [Rx Assist](https://www.rxassist.org/): This web-based medication database resource center is for consumers and caregivers. Search the medication names for available prescription savings cards, discounts, and patient assistance programs.
- [Delaware Prescription Assistance Program \(DPAP\)](https://www.dpap.org/): This program helps pay for prescription medications for elderly and/or disabled individuals who cannot afford the full cost of filling their prescriptions. DPAP will provide each eligible individual up to \$3,000 per year toward medically necessary prescription drugs and Medicare Part D premiums. Details about eligibility requirements and how to apply for the program can be found on the linked website.
- [GoodRx](https://www.goodrx.com/): GoodRx gathers current prices and discounts to help you find the lowest-cost pharmacy for your prescriptions. This program can be accessed on a computer or via a smartphone app. GoodRx is 100% free and no registration is required.
- [Medicine Assistance Tool \(MAT\)](https://www.medicineassistance.org/): This is a free search engine tool designed to provide resources available through various pharmaceutical programs, such as financial assistance programs and Rx savings cards.



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, 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)

It is important to encourage diabetes self-management and education with tools from the CDC, such as:

- [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-to-read 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 behaviors 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.

Quality Insights will work with your practice to develop a health coaching workflow to best meet individualized practice and patient needs. Access Quality Insights’ health coaching [flyer](#) for more

information. Practices 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 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 providers 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. CME credit is available with 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.

- [Advancing Health Equity Skills for Health Care Professionals](#) (webinar)
- [American Diabetes Association's Standards of Care in Diabetes—2023](#) (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?](#) (webinar)
- [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®

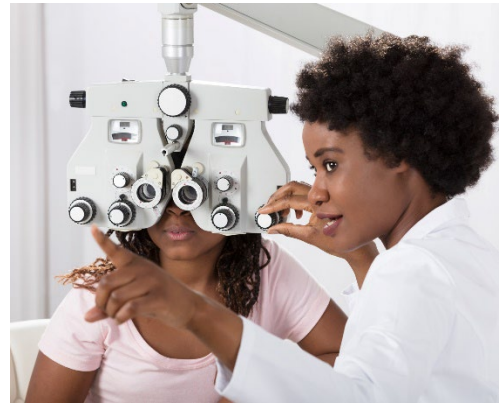
American Medical Association (AMA) STEPS Forward® offers a collection of educational toolkits that provide a framework for transforming and improving your practice. Toolkits include steps for implementation, informative question-and-answer sections, success stories, and links to applicable resources.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

- [Racial and Health Equity: Concrete STEPS for Smaller Practices](#)
- [Social Determinants of Health: Improve Health Outcomes Beyond the Clinic Walls](#)

- [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](#)
- [Medication Adherence: Improve Patient Outcomes and Reduce Costs](#)

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%,” according to the [ADA](#).



- Download this resource, [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 from ADA](#).
- 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.
- Read the ADA article, “[A Practical Guide to Diabetes-Related Eye Care](#)”, or listen to the [podcast series](#).



This publication was supported by Cooperative Agreement Number NU58DP007347 from the Centers for Disease Control and Prevention as part of the Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes grant. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention. Publication number DEDPH-DM-111423C