

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 Pennsylvania. 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 Pennsylvania](#)" 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 Pennsylvania."

FACT: Over 1.4 million Pennsylvania adults have been diagnosed with 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.

Diabetes Stats in PA

14%

% of PA residents age 45-64 have been diagnosed with diabetes

23%

% of PA residents age 65 and over have been diagnosed with diabetes

303,000

of PA adults who have diabetes but don't know it

3,484,000

of PA residents who reported being told they have prediabetes

31%

Obesity rate (a major contributing factor to diabetes) among PA adults

\$9.3 Billion

Estimated total direct medical expenses for diagnosed diabetes in 2017

Sources:

- [PA Department of Health, 2022](#)
- [American Diabetes Association, 2022](#)

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 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 ≥ 25 and ≥ 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">• 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.

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](#).

Evidence Confirms: DSMES Improves Health Outcomes

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).

DSMES has been [shown to improve health outcomes](#).

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 Pennsylvania Department of Health (2021) reveals that a substantial gap still exists

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.

statewide as only 52 percent of Pennsylvanians with diabetes have taken a class on how to self-manage their disease.

[Get in touch](#) with our team today to see how Quality Insights can strengthen your practice and 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](#)
- [Pennsylvania Pharmacists Association](#)

Promote DSMES Education

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

[Diabetes Education is for You](#): Download and share this flyer from Quality Insights with your patients who are eligible for a DSMES referral.

[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).

Offer DSMES in Your Local Community

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

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!



Visit the [Know Diabetes by Heart™ “DSMES Services”](#) and/or the [ADCES “Make a Referral”](#) websites.

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).

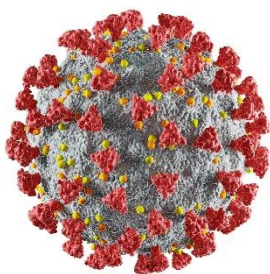
The ADA convened a writing committee to help advance opportunities for diabetes population health improvement through addressing SDOH. The SDOH and diabetes writing committee reviewed literature on: “1) associations of SDOH with diabetes risk and outcomes and 2) impact of interventions targeting amelioration 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 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.

“ 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.

The Connection between COVID-19 and Diabetes

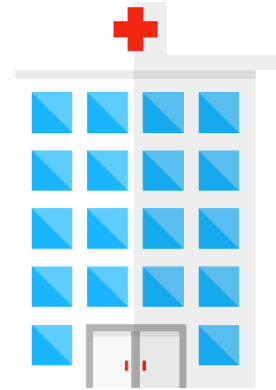


According to the [Diabetes Report Card](#) (2021), “during the COVID-19 pandemic, diabetes emerged as an underlying condition that increases the chance of severe illness. Nearly 4 in 10 adults who died from COVID-19 in the United States also had diabetes.”

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?](#)

A pharmacy in Pennsylvania may offer DSMES near you!

Learn more by visiting the [PA Pharmacists Association website](#), accessing this [DSMES map of participating Pennsylvania sites](#), and listening to the PA Pharmacists Care Network “[Beyond the Sig](#)” [DSMES podcast](#).



Patient Resources

Penn State Extension: Nutrition, Diet, and Health Resources

Patients can discover how to maintain a healthy lifestyle through diet and regular exercise with Penn State Extension. Updated courses, webinars, and articles are offered on a regular basis and are designed to help your patients living with diabetes lead a healthy lifestyle.

- [Five Things You Can Do This Month to Manage Your Diabetes](#)
- [Everybody Walk Across Pennsylvania Program](#)
- [Tips for Stretching Your Food Dollar](#)
- [Dining with Diabetes](#)
- [Nutrition Links](#)



PA Nutrition Education Network

The Pennsylvania Nutrition Education Network (PA NEN) works with individuals and organizations to provide evidence-based nutrition education and resources, primarily for low-income populations throughout Pennsylvania. [Visit the PA NEN website](#) for engaging resources and tools patients can utilize to prepare healthy meals, increase physical activity, and improve overall well-being. Search tools are provided to aid with locating nearby [nutrition classes](#) and [food assistance](#).

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 healthcare 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 is supposed 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.

Provider Resources

Alosa Health Diabetes Academic Detailing

**BALANCED INFORMATION
FOR BETTER CARE**



OUR MISSION
is to improve patient outcomes by identifying and disseminating the best evidence available, and to support health care professionals in providing optimal care, free of any commercial influence.

..... We accomplish this mission through
ACADEMIC DETAILING,
interactive educational outreach to
clinicians in their own offices that delivers
the best evidence on optimal patient care.

Interested affiliates are encouraged to participate in [academic detailing \(AD\) with Alosa Health](#). “The Alosa Health model uses specially trained clinical educators who meet one-on-one with physicians, nurse practitioners, and physician assistants (at their practice locations), to discuss the most recent research data on a particular medical topic. This approach provides an effective and convenient way for providers to stay up-to-date on the latest research findings, with the ultimate goal of improving prescribing decisions and patient care.” ([Alosa Health](#), 2022)

The goal of [Alosa’s Type 2 diabetes educational program](#) is “to provide practitioners with up-to-date evidence-based treatment recommendations for type 2 diabetes, including individualized glycemic target, choice of

glucose-lowering medications based on cardiovascular outcome data, and treatment simplification to avoid hypoglycemia.”

Contact [Alosa Health](#) at (617) 948-5997 or via email at info@alosahealth.org.

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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