

## Engaging Patients in Diabetes Self-Management

### Myths and Misconceptions

Stories passed from family and friends as well as an individual's own personal experiences often shape their beliefs and behaviors surrounding diabetes self-management. These beliefs may be based in myths and misconceptions that when addressed with trust and honesty can help steer an individual towards improved health and quality of life.

**Myth:** People with diabetes must follow a 'special diabetic diet'.

**Truth:** The recommended healthy meal plan for individuals with diabetes is beneficial not only for individuals living with diabetes, but also their family and friends. They do not need to cook different meals or eat differently than those around them – rather, individuals with diabetes can follow a nutritious meal plan that fits into their lives, families and communities rather than extricating them from the people and customs that they love.

**Myth:** Most people with diabetes have received diabetes self-management education and support (DSMES).

**Truth:** Only 5-7% of individuals with insurance coverage, and only 4% of those with Medicare coverage, receive formal DSMES training within the first year of receiving a diabetes diagnosis.

**Myth:** When someone says, "I know *what* to do, I just *don't* do it", it is pointless to refer them for DSMES.

**Truth:** DSMES is not education alone, but rather a problem-solving encounter to help individuals identify and reach their personal goals. DSMES is not only "what" to do, but rather, "how" to do it. The burden of living with diabetes can be significant, and individuals with diabetes are at high risk for burnout, which can lead to poorer health outcomes.

### What is Diabetes Self-Management Education and Support (DSMES)?

The purpose of DSMES is to give people with diabetes the knowledge, skills, and confidence to accept responsibility for their self-management including:

- Collaborating with their health care team
- Making informed decisions
- Problem-solving
- Developing personal goals and action plans
- Coping with emotions and life stressors

DSMES, outside of formal self-management training, is the ongoing process of:

- Facilitating the knowledge, skills, and ability necessary for people with diabetes to build a foundation and navigate their daily self-care with confidence,
- Supporting activities that assist a person in implementing and sustaining the behaviors needed to manage their diabetes, and
- Addressing the comprehensive blend of clinical, educational, psychosocial, and behavioral aspects of care needed for daily self-management

The benefits of DSMES include improvements in the following:

- |                       |                                   |
|-----------------------|-----------------------------------|
| • health outcomes     | • meal planning                   |
| • quality of life     | • healthier food choices          |
| • self-efficacy       | • more activity                   |
| • empowerment         | • use of glucose monitoring       |
| • healthy coping      | • blood pressure and lipids       |
| • knowledge           | • diabetes distress               |
| • self-care behaviors | • risk of long-term complications |

DSMT is covered by Medicare and most insurance plans. The term "training" (DSMT) instead of "education" (DSMES) is used when defining the reimbursable Medicare benefit provided by diabetes education programs. DSMES, rather, is the on-going support from the entire healthcare team necessary to maximize implementation of needed self-management strategies.

## *When and how should I refer my patients for diabetes self-management education and support?*

**When:** Providers should initiate referrals to and help facilitate participation in DSMES at these 4 critical times:

- 1) at diagnosis or if never taken part in DSMES
- 2) annually and/or when not meeting treatment targets
- 3) when complicating factors develop (such as a new diagnosis of diabetic kidney disease)
- 4) when transitions in life and care occur (such as retirement and/or a change in insurance coverage)

**How:** DSMES may be provided in the form of a billable services or under an alternative funding source. When referring to a DSMES program that provides billable services:

- Write the referral to allow for the greatest level of individualization based on your patients' needs while still meeting the requirements of third-party payers (see example referral in addendum).
- Find a DSMES program in your area:
  - [American Diabetes Association](#)
  - [Association of Diabetes Care and Education Specialists](#)

## *How can I help facilitate and support my patients in successful diabetes self-management?*

Ask the right questions in the right way:

- A healthcare provider's assessment should utilize motivational interviewing and shared decision making to enhance the patient's likelihood of follow-through.
- Avoid yes/no questions, rather, ask open ended questioned.
- Word questions such that they create a safe space for a patient to be honest. Barriers cannot be overcome if patients are too scared to share them.

Include family members in the process – they can often serve as cultural navigators in the health care system and as liaisons to the community.

Be aware of and encourage utilization of community programs such as healthy cooking classes, walking groups, peer support communities, and faith-based groups which can support individuals in implementing healthy behavior changes, promoting emotional health, and meeting their personal health goals.

Be cognizant of social determinants of health (the conditions in which people live, work, learn, play, and the wider set of forces and systems shaping the conditions of daily life, which include economic policies and systems, development agendas, social norms, social policies, and political systems) and how to provide individualized support to your patient.

The use of standardized screening tools can create the opportunity to identify barriers or challenges that patients may be personally unaware of or unsure how to bring forward. Implementing screening tools into a practice intake or assessment process can help minimize human selection and bias. See the reference *Health Screening Instruments* for detailed information on several screening tools.

EXAMPLE  
SHORT REFERRAL

Date: \_\_\_\_\_

Referring Provider and NPI: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone#: \_\_\_\_\_

**Diabetes Diagnosis:**

Type 1     Type 2     Gestational     Pre-Existing DM with Pregnancy     Pre-diabetes

**Referral For:**

Initial Comprehensive Diabetes Self-Management Training (DSMT) – 10 hrs. and all 9 topics (Diabetes disease process, Nutrition, Physical activity, BG monitoring, Medication, Acute complications, Chronic complications, Psychosocial concerns and Health/Behavior change)

DSMT: Follow-up – 2 hrs.

Medical Nutrition Therapy (MNT) Initial – 3 hrs.

MNT: Follow up – 2 hrs.

Specific Topics and Hours if needs vary from above: [Click or tap here to enter text.](#)

\*DSMT can be ordered by an MD, DO or midlevel provider managing the participant's diabetes.

\*\*MNT must be ordered by MD or DO managing the participant's diabetes.

**Indicate any barriers to group learning or additional insulin training requiring [Click or tap here to enter text.](#) hours of 1:1 training:**

Impaired mobility     Impaired vision     Impaired hearing     Impaired dexterity

Impaired mental status/cognition     Language barrier     1:1 Insulin Training

Learning disability or other (please specify): [Click or tap here to enter text.](#)

**I hereby certify that I am managing this beneficiary's Diabetes condition and that the above prescribed training is a necessary part of management. (Medicare participants)**

**Physicians Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_