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Initiating DSMES Referrals at Critical Time 1— at Diagnosis

A Guide for Communicating with Patients and Implementing Team Care

For an individual and family, the diagnosis of diabetes is often overwhelming due to fears, anger, myths and personal, family and life circumstances. Immediate care addresses these concerns through listening, providing emotional support and answering questions. Initial diabetes self-management education and support (DSMES) services at diagnosis typically include a series of visits or contacts to build on clinical, psychosocial and behavioral needs.

Providers should initiate a referral to and facilitate participation in DSMES at the four critical times 1) at diagnosis, 2) annually and/or when not meeting treatment targets, 3) when complicating factors develop and 4) when transitions in life and care occur.

This job aid focuses on *Critical Time 1—at Diagnosis* and provides strategies for communicating with patients and implementing a team care approach during this critical time.

Communication



Key Factors to Consider for Patient Discussions

- Set the stage for a lifetime chronic condition requiring focus, hope and daily resource management.
- Utilize a person-centered approach to establish rapport and develop a personal and feasible treatment plan.
- Communicate key including a statement that all types of diabetes need to be taken seriously, complications are not inevitable and a range of emotional responses is common.
- Provide DSMES to all newly diagnosed individuals with type 2 diabetes (T2D). Ensure that nutrition and emotional health are appropriately addressed via education or referrals.
- Avoid confounding the overwhelming nature of the diagnosis by determining what the person needs so he or she can safely navigate self-management during the first days/weeks.
- Discuss the natural history of T2D and expectations regarding lifestyle and possibly medication. Emphasize the importance of involving family members and/or significant others in ongoing education and support.



Sample Questions for a Person-Centered Discussion

- How is diabetes affecting your daily life and that of your family?
- What questions do you have?
- What are one to two positive things you are doing right now to manage your diabetes?
- What part of your diabetes is the hardest part, causes you the most concern or is most worrisome?
- How can we best help you?



Discuss these Benefits of DSMES with Patients



- Provides critical education and support for implementing a treatment plan
- Reduces hypoglycemia, all-cause mortality, diabetes-related distress and A1C as well as emergency department visits, hospital admissions and hospital readmissions
- Increases or enhances self-efficacy and empowerment, healthy coping, quality of life and lifestyle behaviors including healthful meal planning and engagement in regular physical activity
- Addresses weight maintenance or loss
- Carries no negative side effects
- Is eligible for coverage by Medicare and most insurers

Team Care

Topics and Strategies for Implementing an Effective Team Care Approach

Establishing a Plan

Diabetes is largely self-managed, and care management involves trial and error. The health care team provides information and discusses effective strategies to reach chosen treatment targets and goals. Education at diagnosis focuses on safety concerns, often referred to as survival-level skills education, and addresses “what do I need to do once I leave your office?” Establish a plan with patients to include the following team members:

Diabetes Care and Education Specialist	Registered Dietitian Nutritionist (RD/RDN) Skilled in Diabetes-Specific MNT
	
Works closely with the patient and his or her family members and/or significant others to answer questions, address initial concerns and provide support and referrals to needed resources.	Provides individualized medical nutrition therapy (MNT).

Action Steps

Here are action steps for providers, educators and specialists for DSMES during this critical time:

Primary Care Provider/Endocrinologist/Clinical Care Team's Role in Diabetes Education	Diabetes Care and Education Specialist's Role in Diabetes Education
<ul style="list-style-type: none"><input type="checkbox"/> Answer questions and provide emotional support regarding the diagnosis.<input type="checkbox"/> Share decision-making of treatment and treatment targets.<input type="checkbox"/> Teach survival skills to address immediate requirements (safe use of medication, hypoglycemia treatment if needed, introduction of eating guidelines).<input type="checkbox"/> Identify and discuss resources for education and ongoing support.<input type="checkbox"/> Make referrals for DSMES and MNT.	<ul style="list-style-type: none"><input type="checkbox"/> Assessment of cultural influences, social determinants of health, health beliefs, current knowledge, physical limitations, family support, financial and work status, medical history, learning preferences and barriers, literacy and numeracy to determine what to provide and how<input type="checkbox"/> Medication – choices, access, action, titration, side effects<input type="checkbox"/> Blood glucose monitoring – timely checking, interpreting and using glucose pattern management<input type="checkbox"/> Physical activity – safety, short-term vs. long-term goals/recommendations<input type="checkbox"/> Prevention, detection and treatment of acute and chronic complications<input type="checkbox"/> Nutrition – planning food, planning meals, purchasing food, preparing meals, portioning food<input type="checkbox"/> Risk reduction – smoking cessation, foot care, cardiac risk<input type="checkbox"/> Development of personal strategies to address psychosocial issues/concerns; adjustment to life with diabetes<input type="checkbox"/> Development of personal strategies to promote health and behavior change<input type="checkbox"/> Problem identification and solutions<input type="checkbox"/> Identification of and access to resource

References

- <https://care.diabetesjournals.org/content/diacare/43/7/1636.full.pdf>
- https://www.diabeteseducator.org/docs/default-source/practice/practice-resources/position-statements/dsme_joint_position_statement_2015.pdf?sfvrsn=0