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## Initiating Diabetes Self-Management Education and Support Referrals at Critical Time 1 — at Diagnosis

### A Guide for Communicating with Patients and Implementing Team Care

For individuals and families, the diagnosis of diabetes is often overwhelming because of related fears, anger, myths and personal circumstances. Immediate care addresses these concerns through listening, providing emotional support and answering questions. Initial diabetes self-management education and support (DSMES) services typically include a series of visits or contacts to address clinical, psychosocial and behavioral needs.

Health care professionals (HCPs) should initiate referrals to and facilitate participation in DSMES services at the four critical times:

- 1) At diagnosis
- 2) Annually and/or when not meeting treatment targets
- 3) When complicating factors develop
- 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.

# Communicating with Patients



## Key Factors to Consider for Patient Discussions

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



## Sample Questions to Guide Person-Centered Assessment

- How is your new diabetes diagnosis affecting daily life for you and your family?
- What questions do you have?
- What are one to two positive things you have already started doing to manage your diabetes?
- What part of diabetes self-management do you think will be most difficult, causes you the most concern or is the most worrisome for you?
- How can we best help you as you learn to live with diabetes?



## Benefits of DSMES Services to Share 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.

# Implementing a Team Care Approach

## Topics and Strategies

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

### Certified Diabetes Care and Education Specialist



Certified diabetes care and education specialists (CDCESs) work closely with patients and their family members and/or significant others to answer questions, address initial concerns and provide support and referrals to needed resources.

### Registered Dietitian Nutritionist Skilled in Diabetes-Specific Medical Nutrition Therapy



Registered dietitian nutritionists (RDNs) provide individualized medical nutrition therapy (MNT) and practical tools to promote healthful eating patterns, address individual nutrition needs and maintain the pleasure of eating.

## Action Steps

Here are DSMES-related action steps for HCPs, CDCESs and RDNs during this critical time:

Primary Care Provider/Endocrinologist/ Clinical Care Team	CDCES and/or RDN
<ul style="list-style-type: none"><li><input type="checkbox"/> Answer questions and provide emotional support regarding the diagnosis.</li><li><input type="checkbox"/> Share decision-making regarding treatment and treatment targets.</li><li><input type="checkbox"/> Teach survival skills to address immediate requirements (e.g., safe use of medication, hypoglycemia treatment if needed and basic eating guidelines).</li><li><input type="checkbox"/> Identify and discuss resources for education and ongoing support.</li><li><input type="checkbox"/> Make referrals for DSMES and MNT.</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Assess cultural influences, social determinants of health, health beliefs, current knowledge, physical limitations, family support, financial and work status, medical history, learning preferences and barriers and literacy and numeracy to determine what education and support to provide and how.</li><li><input type="checkbox"/> Review medications, including choices, access, action, titration and side effects.</li><li><input type="checkbox"/> Teach blood glucose monitoring, including timely checking, interpreting results and implementing glucose pattern management.</li><li><input type="checkbox"/> Discuss physical activity, including safety considerations, and short- and long-term goals and recommendations.</li><li><input type="checkbox"/> Explain prevention, detection and treatment of acute and chronic complications.</li><li><input type="checkbox"/> Provide nutrition education, including meal planning, food purchasing and preparation, and appropriate portions.</li><li><input type="checkbox"/> Address risk reduction, including smoking cessation, foot care and cardiovascular risk.</li><li><input type="checkbox"/> Develop individualized strategies to address psychosocial issues and concerns and adjustment to life with diabetes.</li><li><input type="checkbox"/> Develop individualized strategies to promote health and behavior change.</li><li><input type="checkbox"/> Identify problems and solutions.</li><li><input type="checkbox"/> Identify and secure access to needed resources.</li></ul>

## Reference

Powers MA, Bardsley JK, Cypress M, et al. [Diabetes self-management education and support in adults with type 2 diabetes: a consensus report of the American Diabetes Association, the Association of Diabetes Care & Education Specialists, the Academy of Nutrition and Dietetics, the American Academy of Family Physicians, the American Academy of PAs, the American Association of Nurse Practitioners and the American Pharmacists Association.](#) *Diabetes Care* 2020;43:1636–1649