And They Lived Happily Ever After

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When I was a little girl, my favorite stories were fairy tales. There was always a beautiful and bright princess who managed to get herself into some difficulty. But no matter how dire her circumstances, Prince Charming came along and gave her a kiss or put the slipper on her foot and rescued her just in the nick of time. We all know how the story ended: and they lived happily ever after.

Sometimes when I talk with diabetes educators, it seems as if we believe we are living in a fairy tale. We think that if we and our patients and other health care professionals and administrators like us do a good job, we are like those princesses. No matter what happens, someone will come along to rescue us. But I have some bad news. There are no handsome princes in the world of health care.

That is not to say that the picture is completely grim (or Grimm as the case may be). There have been many positive changes in the more than 20 years I have been an educator. A greater understanding of diabetes and its consequences, new technologies, and new therapies have made our patients’ lives easier and improved their chances for a healthy future. We are less focused on adherence and more focused on meeting the needs of our patients. We lecture less and incorporate strategies for helping patients select and make behavioral changes, deal with the psychosocial aspects of diabetes, and become empowered to manage their diabetes.

We have grown as a profession as well. We have established standards and certifications and obtained reimbursement for many of our services. We have demonstrated our effectiveness, gained greater respect from our colleagues. Most importantly, we have continued to bring help and hope to people with diabetes and their families.

But there is more to do. Many patients still struggle with the daily realities of diabetes and have limited access to our expertise. Programs are closing, and educators are leaving the field. We are overworked and at the same time underutilized and undervalued. The number of people diagnosed with diabetes far outpaces the number of new educators and the availability of our services. We simply cannot afford to wait for Prince Charming to rescue us. The stakes are just too high.

Specifically, there are several areas in which we need to reframe our thoughts and refocus our efforts if we are going to continue to make progress for our patients and thrive as a profession.

Provide Ongoing Education

Most diabetes education is focused on diabetes self-management education (DSME). This is typically a one-time event that provides the fundamental information patients need to begin to take charge of their diabetes. But diabetes is a lifelong disease. Most studies show that outcomes achieved begin to decline after about 6 months. In order to continue to make and sustain the improvements patients make with DSME, they need ongoing diabetes self-management support (DSMS).

Diabetes education as a one-time inoculation of knowledge is simply not adequate for a lifetime of decision making and self-care. We need to create innovative methods and systems for providing DSMS and evaluate and report its effectiveness. It is true that these services are not currently reimbursed. But they never will be if we do not work to see that goal accomplished. Instead of saying, “We can’t,” we need to ask, “How can we?”

Incorporate Research Findings

While the methods and strategies educators use have clearly matured over the years, we still focus most of our efforts on providing clinical content rather than on providing patient-centered education. We know from behavioral and psychosocial research that patients have better outcomes when we incorporate all aspects of living with diabetes. But educators tell me they feel constrained by the need to meet the standards and by time limitations. We sometimes forget that the content areas in DSME standards only need to be assessed and were designed to promote flexibility in their delivery. Our time is best spent when we meet the needs of our patients, instead of focusing on what we decide they need. Instead of saying, “We can’t,” we need to ask, “How can we?”

Align With Our Patients

As we begin to work for reimbursement for our services, we need to align ourselves with patients who have experienced firsthand the benefit of our programs. When we were working for DSME reimbursement in our state, we frequently heard that patients were not asking for our services. While legislators and payers appropriately ask for data about our effectiveness, they also want to hear from our patients about how we have facilitated their efforts at self-management and helped them improve both
their outcomes and the quality of their lives. As we create collaborative relationships with our patients to manage diabetes, we also need to create partnerships with them to increase access to both DSME and DSMS. Instead of saying, “We can’t,” we need to ask, “How can we?”

**Work Within and for Our Organizations**

The professional organizations to which we belong are looking for leaders on local, regional, and national levels. Yes, it takes time and energy. And yes, should you volunteer in such a capacity, you will probably wonder some days why you made the decision to step up. But, most of the time, you will find your involvement to be a rewarding and invaluable learning experience. I have always found that I gained more through my volunteer leadership roles than I gave, both professionally and personally. Instead of saying, “I can’t,” ask, “How can I?”

**Rescue Ourselves**

Although it is tempting to sit and wait for our prince to come, I am afraid that is not likely to happen anytime soon. Promoting what we have to offer is just as imperative for our long-term health as a profession as diabetes care is for our patients. It is time for all of us to stop saying “We can’t,” because in fact we can.

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