

Providing Lifelong Education and Support: Updates in the 2017 National Standards for Diabetes Self-Management Education and Support

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The world of diabetes is changing rapidly. Health care professionals, educators, and people with diabetes are advocating for more and better management options. Educators and providers must grow with the technology and tools available to better serve participants and patients. The 2017 National Standards for Diabetes Self-Management Education and Support (DSMES) (1), issued jointly this summer by the American Diabetes Association (ADA) and the American Association of Diabetes Educators (AADE) and reprinted in this issue (p. 301), help educators and providers do just that, by outlining requirements of DSMES service providers and offering best practices for those in the field. The DSMES Standards are updated periodically—currently, every 5 years—by a Standards Revision Task Force convened by ADA and AADE to review and incorporate the latest research. Following are some of the major updates and highlights from the 2017 DSMES Standards, including key takeaways and tools for providers of DSMES services.

Language Updates

Previous DSMES Standards referred separately to “diabetes self-management education” and “diabetes self-management support.” In the 2017 Standards, the two have been combined and are now referred to jointly as “diabetes self-management education and support.” Education is not sustainable for people with diabetes if they do not

have the support to continue to make choices and changes to manage their condition. Likewise, support from a diabetes care team needs to include a teaching element, so people with diabetes are up to date about tools and actions they can use for their management. Also, both education and support need to be ongoing, because diabetes is a lifelong condition; there is no “one and done” in DSMES.

To better reflect that ongoing relationship between people with diabetes and their educators, and the diversity of DSMES offerings, the 2017 DSMES Standards refer to DSMES “services,” rather than “programs.” This change better reflects the need to individualize DSMES for each person, identifying the elements of DSMES that are appropriate for the individual, says Joni Beck, PharmD, BC-ADM, CDE, co-chair of the Standards Revision Task Force.

Another change in the 2017 DSMES Standards is a switch from “patients” to “participants” when referring to those who use DSMES services. This change reflects the fact that people with diabetes spend nearly all of their lives self-managing outside of the health care system. Thus, they are not in the role of patients when using DSMES skills to manage their diabetes.

The 2017 DSMES Standards also include a glossary of terms, which serves as a quick guide to DSMES terminology, and include a list of assessment tools at educators’ disposal.

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Renewed Focus on Quality

Helping providers of DSMES services maintain quality is at the forefront of the 2017 DSMES Standards. One of the standards has been revised to specifically call for DSMES services to have a quality coordinator to reinforce the focus on improving quality metrics. The 2017 DSMES Standards do not suggest that DSMES service providers overhaul whole systems, but they do recommend considering how to get the best results for individual participants, populations served, and the services themselves.

To achieve quality, the DSMES Standards lay out the importance of goal-setting, both for participants and for services. When feasible, DSMES service providers should set goals that align with their organization's goals and share their goals throughout their organization. Doing so provides benchmarks for achievement and draws greater attention to the services, which can improve both participation and funding.

Although the quality coordinator leads efforts to collect and evaluate data to identify gaps in DSMES and provides feedback on the performance of DSMES services to diabetes care team members, referring providers, and organization leaders, the quality of a DSMES service is not determined by this person alone. For services to truly achieve quality, they must meet the needs of a community. Thus, it is important for DSMES services to get buy-in from stakeholders, including not only the DSMES service providers, but also participants, other community members, referring physicians, and other diabetes-related organizations. To hold themselves accountable, Standard 10 lists tools that DSMES providers and quality coordinators can use for evaluation and quality improvement.

Helping participants set behavior-change goals is important for many reasons. It helps participants retain the knowledge they have gained through DSMES services. It helps guide them in managing blood

glucose, which reduces their risk of diabetes complications. It also underscores the importance of ongoing support and education; one does not set a goal without tracking progress toward achieving it. DSMES ought to be a lifelong process, despite the fact that very few people with diabetes continue DSMES after 1 year (2). Goals can and should be continually measured and then either achieved and reset or reassessed and maintained. Goal-setting also underlines the importance of individualizing DSMES for participants by tracking their progress and focusing on maintaining participation as a lifelong commitment to diabetes self-management.

Participants in DSMES services also seek out quality and can find it in services that are part of the ADA Education Recognition Program or the AADE Diabetes Education Accreditation Program.

Reaching More People and Keeping Them in the Fold

There are now more than 30 million people with diabetes in the United States, according to the Centers for Disease Control and Prevention (3). Nearly one-third of U.S. adults have prediabetes. The need for DSMES continues to grow. However, few people with diabetes are getting the education and support they need. Why? Research shows that people with diabetes have better health outcomes if they receive DSMES continuously, and particularly at four critical times in their lives: at diagnosis, annually thereafter, upon diagnosis of a new complication, and during transitions in care (4).

Some people with diabetes are missing out on DSMES because they are undiagnosed and do not know they have the condition. Many others simply do not have access to DSMES services. Some may live in areas where there are too few providers to meet the local demand for services. People living in rural and remote locations may be far from any providers of

DSMES or other health care services. Other people may have schedules or work situations that do not allow for daytime visits to an educator. For some, insurance may not cover continued DSMES, or they may not have insurance coverage at all.

Technology can break down many of the barriers to DSMES services. Telehealth and other tools can put DSMES service providers in touch with participants in ways that fit their needs. Video conferencing (either during or after normal business hours), texting tools, electronic health record systems, and patient-generated health data that participants and providers can both access can all bring DSMES services into participants' home and life, meaning they will be more likely to engage in lifestyle changes and other diabetes self-management behaviors. Because such services are customizable, "There's no set program that people need to engage in," says Deborah A. Greenwood, PhD, RN, BC-ADM, CDE, FAADE, co-chair of the 2017 Standards Revision Task Force. "They can identify their needs with support from the educator, they can engage in the content and experiences that they think are important, and technology really enables that individualized approach."

New models of care have been shown to be particularly effective if they meet certain criteria: two-way communication, use of participant-generated health data, tailored education, and incorporation of individualized feedback to modify the plan of care (5). Models that incorporate all four criteria in a technology-enabled self-management feedback loop will help DSMES service providers increase their reach and lift burdens from participants, ensuring their path to successful self-management.

Duality of Interest

No potential conflicts of interest relevant to this article were reported.

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