Statewide Diabetes Self-Management and Education and Support/Training (DSMES/T) Assessment Summary

KEY FINDINGS of the DSMES/T assessment were obtained through DSMES/T Educator interviews and supported by DSMES/T participant focus groups.

DSMES/T Service Delivery

Structure, capacity, and staffing

- Services delivered in hospital and primary care setting (private and non-profit) and one public health setting.
- Limited access of services in rural areas.
- Most DSMES/T educators are Certified Diabetes Educators (CDE) or in process to obtain certification. The majority of educators have decades of experience.
- Access to CDEs is challenging in rural areas, notably among Registered Dietitians
- Capacity to provide service to participants is most limited by health provider referrals, staffing, and facilities/space.
- The majority of services are rendered to people age 65 who receive Medicare. Few sites can offer services outside of business hours.
- Working participants find accessing services more difficult and costlier.

Education & Support

Participants, Educators, and Health Care Providers

- Services are participant-centered and follow the DSMES/T Standards of Care. Participants enjoy tailored education and group support.
- Group education occurs generally in larger service sites; smaller, rural programs most often offer DSMES/T services individually.
- Participation in DSMES/T is most limited by lack of referrals and support for services, cost, poverty, work schedules, transportation, and limited understanding of the service benefits.
- Advances in diabetes technology increases demand for device education.
- Current, free or affordable, non-branded, lower literacy diabetes educational materials are needed in multiple languages.
- Psychosocial issues are identified as the greatest challenge in service delivery.
- Nutrition education identified as an educational need for non-nutrition educators; many educators seek information on medication and technology.
- Some sites offer CDE examination fees and monetary support for continuing education. Access to free or low-cost continuing education is increasingly limited.

Knowledge, Attitudes, & Beliefs

Implications for DSMES/T Services

- Overall knowledge and awareness of diabetes is limited; people with diabetes lack awareness of the existence and the benefits of DSMES/T.
- Fear, discouragement, fatalistic views, and shame are common attitudes among people with diabetes.
- DSMES/T services are viewed favorably; participants express improved health outcomes, and greater self-efficacy to manage diabetes.
- Confusion occurs when people with diabetes receive incompatible information from the media, health care providers and educators.
- Lack of knowledge about diabetes and self-management practices are DSMES/T barriers.
- Health care providers' favorable attitudes greatly impact DSMES/T participation.
- Educators perceive a lack of awareness of the benefits of DSMES/T among some health care providers.

Communication

Referrals, follow-up, and documentation.

- Compatible electronic health records (EHRs) greatly increase CDEs' ability to make and receive referrals, document services, and provide follow-up care.
- Sites without compatible EHRs have difficulty communicating with health care providers and obtaining needed medical information.
- Educators often have to create templates to meet accreditation reporting guidelines; compiling information is time consuming if records are not EHR compatible.
- Limited access to health care providers limits referrals and communication.
- DSMES/T services embedded into primary care sites share less communication concerns.
- Participants welcome opportunities to communicate via phone, email and social media.

Costs & Benefits

Billing, revenue and, value

- Service costs are difficult to cover without a high volume of services.
- Tracking cost savings from quality service delivery builds administrative support.
- DSMES/T increases health care provider's capacity to serve more patients.

- Private insurance coverage for services is difficult to discern and restrictions on billable hours impact DSMES/T participation and health outcomes.
- Many sites have financial aid systems for people unable to afford services.
- Trends in service participation are related to insurance coverage and deductibles.
- Educators responsible for service billing and coding express the need for additional training.
- Uninsured persons and those with a high insurance deductible are most at risk for inadequate diabetes education and diabetes complications
- Credentialing policies restrict ability to provide and bill services most effectively.

Cultural Responsiveness

Language, resources, and outreach

- Interpretive services and education resources are needed for the growing number of non-English speakers in Idaho.
- Spanish-speaking DSMES/T Educators are a critical and expanding need in Idaho.
- Technological-based interpretive services are less valued than face-to-face services.
- Non-English speakers with diabetes often lack insurance and face participation barriers.
- Other important cultural considerations include education level, health literacy, and rurality.
- Culturally responsive DSMES/T outreach and marketing is limited; population-based approaches are needed to raise awareness of diabetes prevention and control services.

Marketing & Outreach

Practices, barriers, and opportunities

- Few sites have the capacity to engage in robust marketing efforts.
- Marketing barriers include cost, time, staff, resources, and expertise.
- DSMES/T service marketing is not highly prioritized.
- Educators express need for health care provider outreach to increase DSMES/T referrals.
- Training on effective marketing and access to marketing materials is by DSMES/T educators desired.
- Resources and funds are needed for DSMES/T marketing.
- Regional and culturally-responsive marketing approaches are needed.
- Educators recommend a statewide DSMES/T awareness campaign.

Accreditation & Sustainability

Benefits, challenges, and supports

- Maintaining DSMES/T accreditation is viewed as a quality measure and important for generating revenue.
- Accreditation fees are burdensome for sites serving fewer participants.
- EHR incompatibility increases documentation challenges.
- Educators serving larger sites enjoy greater support for CDE training and required on-going continuing education.
- Free and affordable DSMES/T education sources are diminishing, creating a burden on educators.

Technology-enabled education

Limitation, potential and training needs

- Educators recognize the potential for technology integration into DSMES/T services.
- Telehealth DSMES/T is practiced in select sites and has increased access and participation
- Technology limitations include EHR incompatibility, equipment, space, skill level, and payor requirements.
- Participants increasingly utilize the internet for diabetes information and desire to increase technological aptitude.
- Educators desire training on Continuous Glucose Monitors (CGM) and insulin pumps.

Networks & Support

Connections, training, and funding.

- Educators in smaller sites desire opportunities to network with other educators.
- Regional training and networking could build educator skills and reduce travel costs.
- Experienced educators are open to mentoring new educators if external funding becomes available to off-set time and travel costs.
- Grant funding is important to expand services, conduct quality improvement projects, support professional development, obtain needed resources, and enhance outreach efforts.
- Educators look to the state Diabetes program for information on emerging health system issue (e.g., care coordination, population health, telehealth, service reimbursement, etc.)

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