

Diabetes Self-Management Education

Between 2000 and 2013, there were 223,924 diabetes-related hospitalizations in Georgia. There are over 800,000 people living with diabetes in Georgia, of those 800,000 approximately 450,000 Georgian's have prediabetes. Prediabetes is a condition that can be prevented from becoming full diabetes through weight loss, increased physical activity, and better nutrition.

Diabetes Self-Management Education (DSME) programs are programs that assist the participant in achieving better blood glucose control by self-managing diabetes through knowledge, skill, and their thinking regarding life choices. DSME is a crucial part of blood glucose control. Through DSME programs, the participant will learn the knowledge and skills they need to keep their diabetes under control.

National Standards for DSME Programs	7 Self-Management Behaviors
<p>Accredited DSME programs follow 10 national standards:</p> <ol style="list-style-type: none"> 1. Internal Structure - Clearly document organizational structure of DSME program, program mission, goals, and a letter of support from sponsoring organization. 2. External Input - Develop Advisory Committee consisting of community stakeholders to gain the input from these stakeholders must be documented and available for review, annually and periodically as requested. 3. Access- Documentation identifying your population is required and is reviewed at least annually, allocation of resources to meet population specific needs, identification of and actions taken to overcome access related problems as well as communication about these efforts to stakeholders. 4. Program Coordination - Coordinator's resume (experience in managing chronic disease, facilitation behavior change, and experience with program or clinical management). Job description describing program oversight (must include planning, implementation and evaluation of DSME/T program) Documentation that the program Coordinator received a minimum of 15 hours of CE credits per year (program management, education, chronic disease care, behavior change). 5. Instructional Staff - Document that at least one of the instructors is an RN, RD or pharmacist with training and experience pertinent to DSME, or another professional with certification in diabetes care and education, such as CDE or BC-ADM. Documentation that the CHWs are supervised by the named diabetes educator in the program. 6. Curriculum - Provide evidence of a written curriculum, tailored to meet the needs of the target population, is submitted and includes all content areas (as listed in the 7 Self-management behaviors to the right). 7. Individualization- Individualize the educational plan of care to the individual's behavioral goals set. 8. Ongoing Support - Ongoing self-management support options reviewed with participant. 9. Patient Progress - Show evidence of: Collaborative development of behavioral goals with interventions provided and outcomes evaluated Documentation and assessment of at least one clinical outcome measure. 10. Quality Improvement - Annual report documenting the ongoing CQI activities following initial accreditation. 	<p>DSME programs follow and teach 7 self-management behaviors:</p> <ol style="list-style-type: none"> 1. Healthy Eating: Making healthy food choices and learning portion sizes. 2. Being Active: Incorporating daily physical activity is important for overall fitness, weight management, and blood glucose control. 3. Monitoring Blood Glucose Levels: Daily monitoring can assist the individual in adjustments they may need to make to have better control over their diabetes and lower their risk for complications. 4. Problem Solving: Problem solving is crucial in the management of glucose levels by being able to make changed to daily activities to better regulate glucose levels. 5. Taking Medications as Prescribed: Effective drug therapy and correct medication use can reduce the risk of developing complications as well as elevated blood glucose levels. 6. Coping in a Healthy Way: Coping with diabetes is sometimes difficult and can make self-management harder for the individual. 7. Reducing Risks of Developing Complications: Risk reduction behavior such as, regular eye, foot and dental examinations and regular blood glucose monitoring as well as smoking cessation can reduce the risk diabetes related complications.

By making these 7 behavior changes the participant will have a greater chance of controlling their diabetes. During the education course, the participants are taught how to problem solve, make informed decisions, and reinforce self-care models. After the course is completed the participant will be able to play an active role in their self-management of this disease.

Diabetes Self- Management Education (DSME) programs that are accredited through AADE or are ADA-recognized are eligible for Medicare reimbursement.

