

Editorials

Enhancing Diabetes Self-Management Education and Support in Clinical Practice

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Diabetes mellitus is a complex and challenging disease requiring daily self-management decisions. I represented the American Academy of Family Physicians on the expert panel tasked with writing the Diabetes Self-Management Education and Support in Adults with Type 2 Diabetes: Consensus Report.¹ The report is available at <https://diabeteseducator.org/consensusreport>.

The expert panel reviewed evidence on the impact of diabetes self-management education and support and made recommendations for clinicians caring for patients with diabetes. Seven national health organizations (American Diabetes Association, Association of Diabetes Care and Education Specialists, Academy of Nutrition and Dietetics, American Academy of Family Physicians, American Academy of Physician Assistants, American Association of Nurse Practitioners, American Pharmacists Association) collaborated on the report.

The consensus report addresses the comprehensive blend of clinical, educational, psychosocial, and behavioral aspects of care needed for diabetes self-management. The report provides the foundation for patients with type 2 diabetes to better navigate self-care with confidence and improved outcomes.^{1,2}

The prevalence of diabetes diagnoses is projected to increase from 9.1% of the U.S. population in 2014 to 13% in 2030 and 17% in 2060.³ Approximately 90% to 95% of people with diabetes have type 2 diabetes.⁴ Diabetes is an expensive disease, and medical costs for a person with diabetes are double that of a person without diabetes. The cost alone should be a call to action for physicians to engage all stakeholders in combating this epidemic. Physicians and health care teams must address barriers to diabetes self-management education and support and promote its implementation.

My clinic employs a diabetes educator who is also a pharmacist. The educator meets with patients one-on-one to provide information on nutrition, diet, and physical activity, and

can also make medical treatment suggestions because of their pharmacy background. The educator is a great asset to our office because they can see patients for extended times, and the patient knows that the educator is communicating with me about their care.

There are four critical times to provide and modify diabetes self-management education and support: at diagnosis, annually or when not meeting treatment targets or goals, when complicating factors develop, and when transitions in life and care occur.

A physician must ensure that patients receive the education and support they need to navigate the intricacies of daily self-management. A few of the many benefits of diabetes self-management education and support include lowering A1C levels; reducing hospital admissions, readmissions, and emergency department visits; reducing diabetes-related distress; and improving self-care behaviors.

Despite the benefits, diabetes self-management education and support programs are underutilized.⁵ Only 5% of Medicare beneficiaries with newly diagnosed diabetes used self-management education and support services, and only 6.8% of people with newly diagnosed type 2 diabetes who have private health insurance received diabetes self-management education and support within 12 months of diagnosis.^{6,7}

Diabetes self-management education and support services are covered by most health insurance (in office or out). Family physicians need to prioritize diabetes self-management education and support during office visits and use a diabetes care and education specialist or another health care team member as a resource for patients.

Evidence shows that the best outcomes are achieved when education is provided in both group and individual settings, includes collaboration among team members, involves more than 10 hours, focuses on behaviors, and engages the participant.^{8,9}

I call on you, family physicians who will provide care for this growing population of patients, to:

- Expand awareness of, access to, and use of traditional, innovative, and nontraditional diabetes self-management education and support services.

- Identify and address practice and patient-level barriers to accessing and participating in diabetes self-management education and support services (e.g., identifying these services in the area, transportation issues, language barriers).
- Discuss with patients the benefits and value of initial and ongoing diabetes self-management education and support.
- Ensure coordination of a medical nutrition therapy plan as a part of the overall management strategy, including a diabetes self-management education and support plan, medications, and physical activity, on an ongoing basis.

Health systems and family physicians should mobilize to ensure that all people with type 2 diabetes have access to diabetes self-management education and support, including nutritional, physical, and emotional support. Engage your clinical team, your organization, and your patients to design a process to make referrals to diabetes educators easy and impactful. Providing access to diabetes self-management education and support is an important part of the treatment plan for all patients with diabetes. For patient and professional resources see <https://www.diabeteseducator.org/consensusreport>.

The opinions and assertions contained herein are the private views of the author and are not to be construed as official or as reflecting the views of the U.S. Army Medical Department or the U.S. Army at large.

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