

# DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT (DSMES)

Diabetes Self-Management Education and Support (DSMES) is an evidence-based intervention that strengthens the knowledge and skills of people with diabetes to optimize their ability to self-manage their disease.

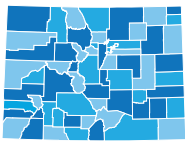
DSMES teaches participants how to eat healthy, be active, monitor blood sugar levels, take medication, problem-solve, reduce their risk for other health conditions, and cope with their disease. DSMES is a trusted service shown to improve clinical outcomes, health status and quality of life.

## THE PROBLEM

By most recent estimates, almost 400,000 Coloradans have diabetes. Diabetes is a condition that requires an individual to make many complex self-monitoring and self-management decisions throughout the day. This disease increases the risk of severe complications such as blindness, kidney failure, heart disease, stroke, and lower-limb amputations. It is also one of the most expensive chronic conditions to manage.

**DSMES PATIENTS CAN  
ACHIEVE AN IMPROVED A1C  
OF UP TO -1.7% CHANGE.**

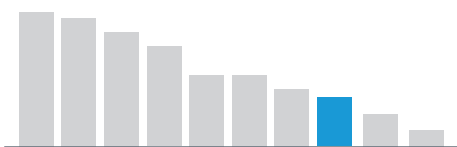
Type 2 diabetes is a progressive disease that disproportionately affects people of low socio-economic status and older adults aged 65+.



**19,000** adult Coloradans were newly diagnosed with diabetes in 2017.



**92%** of Coloradans with diabetes have at least one other chronic health condition.



Diabetes is the **8th LEADING CAUSE OF DEATH** among Colorado adults.

## REIMBURSEMENT:



DSMES is covered by Medicaid, Medicare and private healthcare plans



Less than 3% of Medicaid and Medicare beneficiaries use their DSMES benefits

## PATIENT BENEFITS INCLUDE:



**DECREASE** in hemoglobin A1C levels.



**BETTER CONTROL** of blood glucose and more likely to self-monitor as prescribed.



**MORE LIKELY** to use primary care and prevention services.



Higher rates of **MEDICATION ADHERENCE.**



**BETTER CONTROL** of cholesterol and blood pressure levels.



**LOWER** overall health costs.



**FEWER** complications related to their diabetes.



More likely to adopt **HEALTHY LIFESTYLE** behaviors, such as good nutrition and physical activity.



**DECREASE** in hospitalizations.



## DSMES SAVES MONEY

DSMES achieves better diabetes control which can reduce its economic burden.

2.3x

Medical costs for people with diabetes are **2.3 TIMES HIGHER** than for those without diabetes.



Diabetes costs the U.S. an estimated **\$327 BILLION** annually due to increased medical costs and lost wages.



Clients who participate in DSMES **COST AN AVERAGE 5.7% LESS** than those who do not.



DSMES has been shown to reduce hospital admissions and readmissions.

### ABOUT THE CLASSES:

Accredited DSMES classes are educational programs, taught by skilled health professionals, in group settings or one-on-one. DSMES classes are most often held at a hospital, clinic, pharmacy or community setting.

Diabetes educators utilize evidenced-based DSMES curricula to educate and engage participants in informed decision-making, reinforce self-care behaviors and promote active collaboration with their healthcare providers to improve clinical outcomes.



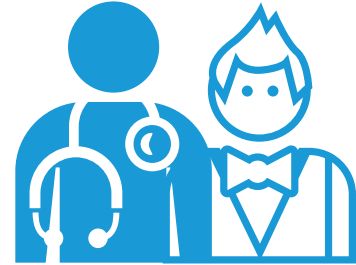
### ACCREDITATION:

There are two accrediting organizations:

- **American Diabetes Association (ADA):** Education Recognition Program (ERP)
- **Association of Diabetes Care and Education Specialist (ADCES):** Diabetes Education Accreditation Program (DEAP)

### WHICH PATIENTS TO REFER:

In order for a patient to qualify for DSMES coverage, he or she must have a diagnosis of type 1, type 2 or gestational diabetes and a written referral from a physician or other qualified medical provider.



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**DSMES IMPROVES CLINICAL OUTCOMES, HEALTH STATUS AND QUALITY OF LIFE.**

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### WHEN TO REFER PATIENTS TO DSMES:

There are **four critical times** to assess, provide and adjust Diabetes Self-Management Education and Support ( i.e. the algorithm of care).

1. With a new diagnosis of type 2 diabetes.
2. Annually for health maintenance and prevention of complications.
3. When new complicating factors influence self-management.
4. When transitions in care occur.