

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.

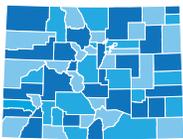
DSMES teaches participants how to eat healthy, be active, monitor blood sugar levels, take medication, problem solve, reduce risk for other health conditions, and cope with their disease. It is evidence-based and improves clinical outcomes, health status and quality of life.

THE PROBLEM

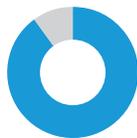
By most recent estimates, almost 400,000 Coloradans have diabetes. Diabetes is a condition that requires an individual to make many complex self-monitoring and self-management decisions throughout the day. This disease increases the risk of severe complications such as blindness, kidney failure, heart disease, stroke, and lower-limb amputations. And, it is 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 had 1+ other chronic health conditions.



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 hemoglobin A1C levels.



Better control of blood glucose and are 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.

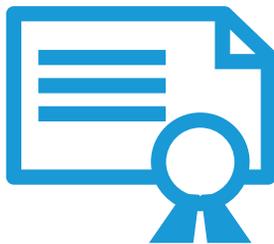


Clients who participate in DSMES **COST AN AVERAGE 5.7% LESS** than those who do not.

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.

Certified diabetes educators utilize DSMES curricula to educate and engage participants in informed decision-making, reinforce self-care, and teach problem-solving and collaborative behaviors with their healthcare providers to improve clinical outcomes.



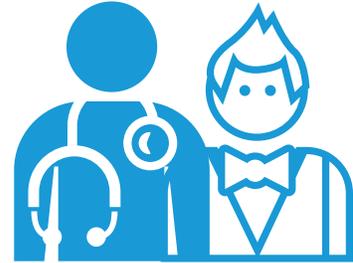
ACCREDITATION:

There are two accrediting organizations: The American Diabetes Association's Education Recognition Program (ERP) and the American Association of Diabetes Educators' Diabetes Education Accreditation Program (DEAP).

Accredited DSMES organizations utilize an evidence-based education program that engages participants in informed decision-making, and reinforces self-care, problem-solving behaviors and a collaborative approach with their healthcare providers to improve clinical outcomes.

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.



“

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

”

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.