Diabetes Education Services Presents:

Revitalize your Diabetes Program or Business with Proven Strategies with Coach Beverly

Advanced Level & Specialty Topics | Level 4 | 2024

Beverly Thomassian, RN, MPH, BC-ADM, CDCES
Pronouns: She, her, hers
www.DiabetesEd.net

Land Acknowledgment

We acknowledge and are mindful that Diabetes Education Services stands on lands that were originally occupied by the first people of this area, the Mechoopda, and we recognize their distinctive spiritual relationship with this land, the flora, the fauna, and the waters that run through this area.

We are Here to Help!



Bryanna Sabourin Director of Operations Certification Pathway Coach & Customer Happiness Expert



Tiffany Bergeron Customer Advocate & Customer Happiness Expert

If you have questions, you can chat with us at www.DiabetesEd.net
or call 530 / 893-8635 or email at info@diabetesed.net

Diabetes Education Services Inclusion Statement

Based on the IDEA Initiative inspired by CDR

- Inclusion
- Diversity
- Equity
- Acces



- We are committed to promoting diversity and inclusion in our educational offerings.
- We recognize, respect, and include differences in ability, age, culture, ethnicity, gender, gender identity, sexual orientation, size, and socioeconomic characteristics.
- Our goal is to promote equity and access, acknowledging historical and institutional inequities.
- We are committed to practicing cultural humility and cultivating our cultural competence.
- We wish to create a safe space within our community where one's beliefs, experiences, identity, and differences in ability, age, size, socio-cultural/socioeconomic characteristics, and political affiliations are considered and respected.

Coach Bev has no Conflict of Interest

- ▶ She's not on any speaker's bureau
- Does not invest or have any financial relationships with diabetes related companies.
- Gathers information from reading package inserts, research and articles
- The ADA Standards of Medical Care is main resource for course content

Revitalize Your Diabetes Program or Business – 1st of our Legacy Series

- 1. Strategies to create and maintain a successful inpatient education program.
- Creating vibrant outpatient diabetes program.
- 3. Providing inclusive care in rural clinic settings.
- 4. Building community to grow, sustain and revitalize diabetes programs.

Activities you are considering, already have done, or are doing. Great – Spread the Word

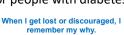
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Diabetes Care and Education Specialists are a Gift.



Diabetes Care and Education Specialist (CDCES) Definition

"A compassionate teacher and expert who, as an integral member of the care team, provides collaborative, comprehensive, and personcentered care and education for people with diabetes"





2022 National Standards for Diabetes Self-Management Education and Support

A Call to Action for Diabetes Specialists









PARTICIPATE IN POPULATION HEALTH















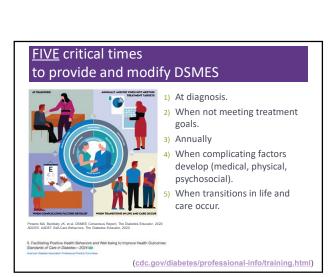
REDUCE FRAGMENTATION

MEASURE OUTCOMES

Focus changes based on current role & goals.

Diabetes Self Management Ed Benefits

- ▶ Improved knowledge
- ▶ Lower weight
- Improved quality of life
- ▶ Reduced mortality
- ▶ Positive coping
- Reduced cost
- Increased primary care, preventive services
- Less frequent use of acute care
- More likely to engage in best practicerecommendations



DSMES is underutilized

Despite the benefit of DSMES, data from the 2017 and 2018 Behavioral Risk Factor Surveillance System of 61,424 adults with self-reported diabetes indicate that

53% of individuals eligible for DSMES through their health insurance receive it.

In Featuring Protein House Behaviors and Red Adming in Imprior House Columns

The Control Court of Cou

DSMES is for Everyone

All people with diabetes benefit from diabetes selfmanagement education and support to facilitate the knowledge, decisionmaking, and skills mastery for diabetes self-care.

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| Merch 1 Years | time |
| Special completions, pages 1 | to him to delice rettle (on Losing realizations) |
| Supervised Disease (U.S.) | COLUMN STATE OF STATE |

- Assess clinical outcomes, health status, well being and support.
- Person centered
- Digital coaching
- ▶ Identify barriers
- ▶ Eval SDOH
- Consider barriers

What is your Elevator Pitch?

For the clinic:

I help people with diabetes get to their best health through collaboration, education, and advocacy. Elevator Pitch for my company:

I coach health care professionals to achieve their dream of becoming certified diabetes specialists.



DSMES vs Medications Table 3—Comparing the benefits of DSMES/MNT vs. metformin therapy (17) Benefits rating DSMES/MNT Metformin Efficacy High High Hypoglycemia risk Low Low Weight Neutral/loss Neutral/loss Side effects None Gastrointestinal Low/savings Cost Low Psychosocial benefits* High N/A N/A, not applicable. *Psychosocial benefits include *improvements* to quality of life, self-efficacy, empowerment, healthy coping, knowledge, self-care behaviors, meal planning, healthier food choices, more activity, use of glucose monitoring, lower blood pressure and lipids and *reductions* in problems in managing diabetes, diabetes distress, and the risk of long-term complications (and prevention of acute complications). Diabetes Self-management Education and Support in Type 2 Diabetes 2020 – joint position statement –AADE, ADA, Academy of Nutrition and Dietetics

Stanford Medical Center 1994 Diabetes Nurse Specialist



- Read Joslin manual at night.
- Devoured ADA Standards.
- Tried to appear knowledgeable.

Inpatient Diabetes Education Matters

- About 20% of CDCES's work primarily in inpatient setting.
- ▶ 30-40% of inpatients have diabetes
- Can't bill because we are part of the overhead.
- Provides unique opportunity to connect with people with diabetes to support behavior change.

Gather Data to Eval Where we Were

- Stanford gave me one year to demonstrate that I could save as much as my annual salary.
- Position had to pay for itself.
- ▶ A1C levels?

- Measured
 - Glucose levels
 - Rates of hypoglycemia
 - Rates of hyperglycemia
 - Monitor length of stay for those with diabetes in diagnostic code
- ▶ Document & Share

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Chart audits reveal 50% hyperglycemia

- Issues
- No standardized insulin approach
- Blood glucose management not perceived as worthwhile
- Interns followed what the residents taught them.
- ▶ Transcription mistakes.

- ▶ This led to
- ▶ Frequent hyperglycemia
- Some hypoglycemia
- Co-associated with longer lengths of stay
- ▶ Frustrated
 - ▶ Inpatients
 - Providers
 - ▶ Pharmacists
 - Nurses

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| Blood Sugar | Mild | Moderate | Aggressive | | Blood Sugar | Treat- |
| | thin, NPO, | Avg. wt | On steroids or infected | | | ment |
| < 60 (4 oz OJ or | of elderly | & cating | or infected | | < 60 see left | |
| 1amp D50. Check glucose in 15 | | | 1000 | | | 017000 |
| mins) Call HO | 1000 | | | | Contract of the last | |
| 60 - 150 | no insulin | no insulin | no insulin | | 60 - 150 | no insulin |
| 150 - 200 | no insulin | 3 units | 4 units | | 150 - 200 | no insulin |
| 201 - 250 | 2 units | 5 units | 6 units | | 201 - 250 | 2 units |
| 251 - 300 | 4 units | 7 units | 10 units | | 251 - 300 | 3 units |
| 301 - 350 | 6 units | 9 units | 12 units | | 301 - 350 | 4 units |
| 351 - 400 | 8 units | 11 units | 15 units | | 351 - 400 | 5 units |
| > 400 call HO. | | | | | >400 call HO | |
| | | | | | | 1/97 |

"The most difficult thing is the decision to act, the rest is merely tenacity." - Amelia Earhart



Don't let perfect stop you. - Coach Bev

Discovered Colleagues' Gifts

- Pharmacy collaboration proved essential.
- Discover common goals to improve care.
- Identify approaches that match your values and that resonate with people with diabetes.
- Incorporate observed wisdom into your own practice.



We can't do this by ourselves. Gather Teams



Diabetes Resource Committee

- One person from each unit
- Meet monthly
- Distribute new information to peers
- Help keep teaching packets in stock
- Measure outcomes
- Hallway consults
- Became Stanford Diabetes Certified

Incorporate Person Centered Care into messaging – Have Fun



- ▶ It's not your fault!
- Lift the Sheets and look at the Feets
- Guilt Free diabetes education
- No such thing as "cheating"
- Recognize the individual's expertise

Building a Successful Inpatient Program

- Invest in training and mentoring
- Share what you are accomplishing with management and stakeholders.
- ▶ Newsletter
- Diabetes Resource Committee
- Certificate training program
- Provider trainings
- Present at orientation

Sharing your success isn't bragging. Own your successes. You earned it!

- No one will know all the great things you are doing unless you let it be known.
 - Newsletter
 - ▶ Reports
 - Email
 - Newspaper articles
 - Poster Sessions
 - National Conferences
 - During meetings

Consider a success your feel great about!



Consider a Success You Feel Great About

- No matter how big or small.
- Please add it to the chat, so we can acknowledge your accomplishment as we conclude the program.

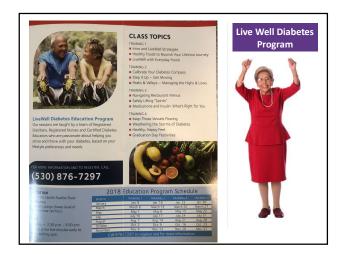


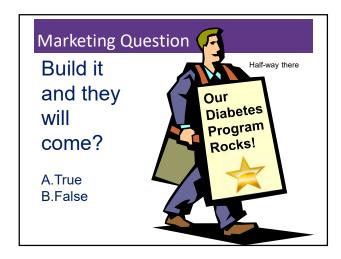
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1998 – A Turning Point

- ▶ Got married
- Started my company,
 Diabetes Education
 Services
- Hired to set up inpatient program then ADA Recognized DSME Program at local Rural Hospital







Increase Provider Referrals

- Office visits
- ▶ Tally provider referrals & share
- Get to know front staff
- CE activities
- ▶ Hallway conference
- Welcome packet for new MDs
- ▶ Participant Testimonials
- ▶ Holiday cards, healthy gifts
- Create something to give away with your logo (PocketCard, Cheat Sheets)

Increase Self Referrals

- ▶ Events health fairs
- Community presentations
- Direct mail /email
- Special events
- Word of mouth
- Internet –TV interviews
- Advertising
- Community Member as promoter



Vibrant Outpatient DSME Strategies

- Visibility is key
- ▶ Shine Your Light
- > Attend medical meetings
- Share successes
- Newsletter articles
- Present at volunteer meetings
- Present at community meetings
- Create program brochure that connects with your community
- Make sure to have a presence on org website that accurately represents your services

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Addressing Defeats

"You may encounter many defeats, but you must not be defeated. In fact, it may be necessary to encounter the defeats, so you can know who you are, what you can rise from, how you can still come out of it."—
Maya Angelou



Keep asking for that Billboard with a smile. Keep showing up, Coach Beverly

Providing Care at a Rural Indian Health Services Clinic



Rural Setting Best Care

- Get colleagues on board
- You may have the most diabetes expertise
- Share your knowledge
- Leverage technology for appointments

- ▶ Case management
- Identify resources and build bridges with community health workers
- Reach out to those who don't show up
- Role model person centered language

What Individual Is Doing Right

- We transmit our belief in others through body language, affirmation and encouragement.
- Using a strength-based approach, confidence in success increases – for both.
- Use phrases like, "You've overcome this in the past and I believe in your ability to figure this out.



Our belief in people is powerful & contagious.

Limit Advice Giving, Expand Curiosity

- As the person with diabetes is sharing their "story", we might be thinking of a whole range of solutions that will fix the situation.
- The truth is, the person sitting across from us knows what will fix the situation. Our goal is to help them in the process of selfdiscovery.
- By being curious and asking questions, we can help them explore different strategies and determine the best fit.



"Our goal is to find the expert within"

At Group Class for Tribal Members, I asked,

"What prevents you from getting to your best health?"



- Lack of transportation.
- Not enough money to buy healthy foods.
- No local grocery stores.
- Afraid of being judged.

Social Determinants of Health

- The conditions in which people:
 - Play
 - ▶ Live
 - Work
 - ▶ Learn
- Pray
- Directly affects their health risks and outcome

AADE Population Health & Diabetes Educators Evolving Role 2019



Striving for Equity in Health Care



"Equitable care does not mean treating every patient exactly the same".

Source: The Roadmap to Reduce Disparities, Robert Wood Johnson Foundation (2014) "Equitable care ensures optimal outcomes for all patients regardless of their background or circumstances."

Equality SOUNDS fair. Equity IS fair.

http://www.communityview.ca/index.html

Creating an Environment Where Everyone feels welcome

- Unknowingly, we may be creating an environment that doesn't reflect the community we serve.
- Display local artwork, sculpture or vegetation.
- Handouts that are meaningful to the people we serve.
- Appreciating showing up for appointment.
- Diabetes Self-Care Swag bags



Discovering your Vision: Goals of **Diabetes Education Services**

- ▶ Provide training and education for the next generation of diabetes care and
- ▶ Guilt-free approach infused with kindness and compassion.
- Offer Free resources and content that is useful in clinical practice.
- content without financial support from industry.

A Surprising Truth

- ▶ The more I give away with loving intention, the more my community grows.
- ▶ Are there ways you can share and give away?



Create Community through Sharing

- ▶ PocketCards
- ▶ Cheat Sheets
- Stickers
- Bags
- ▶ Blogs / Newsletter
- Share expertise with others
- Mentor
- Support







Incorporate Fun
- Question of the Week

- Teaching Tools

- DiaBingo

Believe In You

- Don't allow imposter syndrome to stop you from moving forward.
- Allow room for self-grace.
- Getting it done is more important than getting it perfect.
- Find people that can support you when the going gets tough.
- Create community.



You are Enough!
Brene Brown

Mentoring for the Future



Share & Be Generative. Ideas flow in a generative nature, building on one another.

Good News

"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has." — Margaret Mead





Sharing your success isn't bragging. Own your successes. You earned it!

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Thank You P Questions? Email info@diabetesed.net Web www.DiabetesEd.net Phone 530-893-8635