

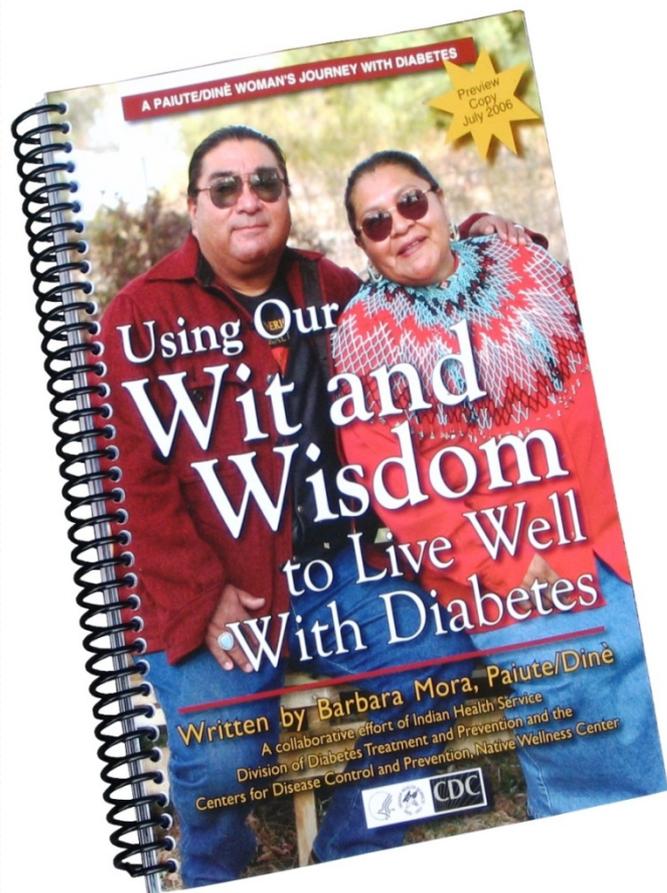


# Making the Connection: Improving DSMES

Brenda A Broussard  
MPH, MBA, RD, CDE  
[Brenda.Broussard@ihs.gov](mailto:Brenda.Broussard@ihs.gov)

Cecilia Butler  
MS, RD, CDE  
[Cecilia.Butler@ihs.gov](mailto:Cecilia.Butler@ihs.gov)

# Making the Connection



“I will always remember the day in the clinic when the doctor said, ‘You have diabetes.’”

Barbara Mora,  
Paiute/Diné

Using Our Wit and Wisdom to Live  
Well With Diabetes

# Remember Your Recent Visit With A Health Care Provider

On a scale of 1 to 3

1 - Very Satisfied    2 - Satisfied    3 - Not Satisfied

a) Greeted and welcomed you?

# Remember Your Recent Visit With A Health Care Provider

On a scale of 1 to 3

1 - Very Satisfied    2 - Satisfied    3 - Not Satisfied

b) Asked about you & your concerns?

# Remember Your Recent Visit With A Health Care Provider

On a scale of 1 to 3

1 - Very Satisfied    2 - Satisfied    3 - Not Satisfied

c) Listened and was attentive to you...

# Making the Connection: Improving DSMES

- What, Who, How
- Case Study
- Resources
- Action

# What?

## **Diabetes Self-Management Education and Support (DSMES)**

*National Standards for Diabetes Self-Management Education and Support. Diabetes Care 2014; 37:Suppl 1, S144-53.*

*Indian Health Diabetes Best Practice: Diabetes Self-Management Education and Support. IHS Division of Diabetes Treatment and Prevention, 2011.*

*Brown S, Hanis C. Lessons Learned from 20 Years of Diabetes Self-Management Research With Mexican Americans in Starr County, Texas. The Diabetes Educator 2014; 40(4):476-87.*

*AADE 7™ Self-Care Behaviors. American Association of Diabetes Educators Position Statement, 2011.*

# Who?

- Person with diabetes
- Clinician/Educator

Indian Health Diabetes Best Practice: Diabetes Self-Management Education and Support. IHS Division of Diabetes Treatment and Prevention, 2011.

National Standards for Diabetes Self-Management Education and Support. Diabetes Care 2014; 37:Suppl 1, S144-53.



# How?

- How you would like to be treated
- Strengths-Based Approach
- Patient-Centered Medical Home Model (IPC)
- Education and behavioral skills
- Support

*“I kept coming for the love”*

*National Standards for Diabetes Self-Management Education and Support. Diabetes Care. 2014;37:Suppl 1, S144-53.*

*Indian Health Diabetes Best Practice: Diabetes Self-Management Education and Support. IHS Division of Diabetes Treatment and Prevention, 2011.*

*Raffel KE, et al. “I Kept Coming for the Love”: Enhancing the Retention of Urban African Americans in Diabetes Education. The Diabetes Educator. 2014,40(3): 351-60.*

# Making the Connection: Improving DSMES

- What, Who, How
- **Case Study**
- Resources
- Action

# Santa Fe Indian Hospital



# Outpatient Clinic



# Medical Background

## Active Problems

- 62 YoF with 11 yr. history type 2 diabetes
- Hypertension
- Dyslipidemia
- Early signs of Retinopathy
- BMI 30.0 (obese)

# Clinical Findings

- A1c: 11.3% (5/2014)
  - 10.4% (2/2014)
  - 12.4%(9/2013)
- T Cholesterol: 138 mg/dL
  - Non-HDL 76
  - LDL 56.0 mg/dL
  - HDL 62 mg/dL
- Triglycerides 101 mg/dL
- Blood Pressure: 137/83

# Medications

- Glipizide (10 mg bid)
- Metformin (1000 mg bid)
- Simvastatin (40 mg)
- Lisinopril (5 mg)
- Aspirin (81 mg)

# First Visit

Let's meet Nancy...

- Single parent; four children, two living at home
- Works day shift at a gas station convenience store
- Gets lots of exercise (moving around all the time)
- Lost 12 lbs. in the past seven months
- Stopped monitoring blood sugars
- Takes all her medication at the same time
- Has never met with a diabetes educator

# 24 Hour Recall

**Morning (skips breakfast):** Drinks two mugs of regular coffee ( six cups) with powder creamer, Splenda and a granola bar.

**Lunch:** Turkey and cheese sandwich with lettuce, tomatoes, (add a jalapeno and mustard) with small bag baked potato chips and bottled water.

**Afternoon snack:** bag of peanuts or granola bar and water

**Dinner:** Bowl of ground beef mixed with potatoes and corn, ½ tortilla and water.

# How can I help you?

- A1c is high; need to lower it but not sure where it's supposed to be.
- How can I lower my blood sugars?
- Can't afford healthy foods so what other foods can I buy?

## **Concern:**

I'm having a harder time with my eyes and don't want to lose my sight. That's why I came to see the doctor.

# Issues

## **Clinical:**

- Uncontrolled diabetes (weight loss)
- No change in oral diabetes medications

## **Behavior:**

- Not monitoring blood sugar
- Not taking diabetes medications as prescribed
- Numerous stressors

# Education

- A<sub>1</sub>C and how it correlates to blood sugar goals
- Glucose monitoring— “best friend”
- Gluten foods
- Eating healthy on low budget
- Taking medications correctly

# Goal Setting

**Nancy's concern:** She wants to lower A1c to prevent diabetes related complications to her eyes

How?

- First present the “big picture” or what needs to be done.
- Then break this down into smaller and smaller steps to help reach the goal

# Plan

1. Check BS twice/day;
  - fasting 70-130
  - 2hrpp after dinner 70-160
2. Use a pill box as reminder to take diabetes medications 30 minutes before lunch and dinner
3. Add a vegetable to dinner
4. Follow up in two weeks

# Second Visit

## Nancy Reports:

- Taking DM meds before meals; two occasions forgot to take evening dose
- Checking blood sugars on most days
  - Fasting range 189-215
  - 2hrpp range 195-283
- Food journal four days entries: whole wheat bread; adding a salad to dinner; no change in breakfast and lunch routine.

# Second Visit Continued...

## Education:

- Benefits of Insulin therapy
- Meal plan for breakfast

## Plan:

1. Started on 20 units of basal at bedtime; add 2 units every 3 days until BS goals 70-130
2. Pack breakfast the night before
3. Call patient to monitor progress
4. Follow up in three weeks

# Phone Calls

## **6 days:**

- Basal insulin 20uts bedtime
- Fasting range:152-175; 2hrpp range: 167-182
- Encouraged adding 2uts every three days to meet fasting target
- Eating breakfast

## **11 days:**

- Basal Insulin 26uts bedtime
- Fasting range: 121-138; 2hrpp range 143-171
- Eating breakfast
- Denies hypoglycemia

# Third Visit

## Behavior Changes:

1. Continues to keep food journal and tracking blood sugar values.
2. Eating breakfast and often also packing a lunch
3. Taking medications including metformin (using pill box)
4. Overall feeling stronger and confident
5. Reports that family is also making diet changes

# Summary

- Valued the education
- Took ownership
- Felt safe, cared for, and listened to
- Gained confidence by the education and support

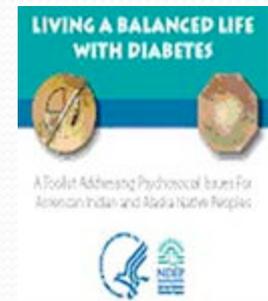
# Resources

**IHS Division of Diabetes.**  
[www.diabetes.ihs.gov](http://www.diabetes.ihs.gov)

- DSMES Best Practice, 2011.
- IHS Division of Diabetes Online Catalog.
- Mora, Barbara. Using Our Wit and Wisdom to Live Well With Diabetes.

**National Diabetes Education Program.**  
<http://ndep.nih.gov/index.aspx>

**National Standards for Diabetes Self-Management Education and Support.**  
*Diabetes Care* 2014; 37:Suppl 1, S144-53.



# Making the Connection: Improving DSMES

- What, Who, How
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- Resources
- **Action – One change You can make in your practice**
- **Poll Question: What other DSMES topics do you suggest for future Advancements webinar?**