Making the Connection: Improving DSMES

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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)


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

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”


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

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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

- A1C and how it correlates to blood sugar goals
- Glucose monitoring—“best friend”
- Gluten foods
- Eating heathy 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

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


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