

Are You Taking Advantage of Diabetes Self-Management Training?

Diabetes is a serious and complex disease. Patients who learn to self-manage their diabetes can stay healthier, feel better and reduce complications. Diabetes Self-Management Training (DSMT) is a valuable resource for both the patient and the health care provider in the treatment and management of diabetes:

- DSMT increases the patients' knowledge of their disease.
- DSMT empowers patients to make positive behavior changes.
- DSMT helps decrease HbA_{1c} blood sugar measurements and prevent the complications from diabetes.
- DSMT is cost effective.

A recent article in American Medical News reported 822 patients who received care *from experienced physicians* reached target levels in the control of blood sugar, blood pressure and cholesterol only 7% of the time.¹ This finding illustrates the difficulty and complexity of diabetes care. From a 2005 survey in Michigan, 67% of patients with diabetes reported receiving two HBA1c tests, 68% one dilated eye exam, and 67% one foot exam, during a one year period. These three exams are standard care, but only 34% reported receiving all three services. The good news is that patients who received DSMT were 2.1 times more likely to report receiving all three preventive care services as compared to adults with diabetes who had never received DSMT.²

Patients and Physicians Benefit from DSMT

Felicia Lyle of Detroit was recently diagnosed with type 2 diabetes. Since receiving DSMT, she has made several lifestyle changes and has improved her blood sugar levels. She joined a walking program, quit smoking, followed her diet, and began to check her blood sugar three times per day. She said she wanted to avoid the complications from diabetes and proudly reported that her HbA_{1c} level dropped from 10.6 to 6.6 and was now under control. According to Tom Marshall, M.D., of Alcona Health Center in Lincoln, “we must always remember that diabetes is the patient's disease. As a physician we can only provide direction for the patient and their treatment of diabetes. It is impossible to imagine any program being effective without the knowledgeable participation of the patient. Self-management training must be the cornerstone of these efforts.” Hemant Thawani, MD, CDE, FACE, from Hurley Medical Center in Flint asks, “Would you let your 16 year old start driving without adequate training in the classroom and behind the wheel? The person with diabetes is an ‘untrained driver’ until going through formal

diabetes education. The sessions can be used at the time of diagnosis of diabetes and then on multiple other occasions when the need arises.”

DSMT is Cost Effective

Scientific evidence shows that DSMT, because it correlates with a decrease in HbA_{1c} levels, is also associated with reductions in health care costs. A study published in The Journal of the American Medical Association indicated that a sustained reduction in A1c among adults with diabetes was associated with a cost reduction of \$685 to \$950 less per person per year within one to two years of improved glycemic control.³ Managed care patients with type 2 diabetes, who improved or achieved glycemic control, saved \$369 per year in total diabetes related costs, as compared to those with higher HbA_{1c} levels.⁴

Got DSMT?

Diabetes Self Management Training is a critical part of the medical treatment plan for people with diabetes. “Medical treatment of diabetes without systematic self management training cannot be regarded as acceptable care.”⁵ DSMT offers appropriate and comprehensive training in groups and/or one-to-one sessions in a variety of settings throughout the state of Michigan. DSMT is a covered benefit of most health insurance companies, as well as covered under Medicare and Medicaid. For a list of DSMT programs and contact the Diabetes Partners in Action Coalition (DPAC), a partner of the Michigan Department of Community Health, at 517-335-9504 or visit http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_2980-13791--.00.html for DSMT programs in your area.

The current system for diabetes care is fragmented and could be improved by providing a coordinated response to diabetes care that includes Diabetes Self Management Training. Most payers reimburse for this training, but often health care providers may not recognize the value of DSMT and the effect on patient diabetes control. *[Potential side-bar box next to article]*

To quote Christopher Saudek, MD, past president of the American Diabetes Association and professor of medicine at The Johns Hopkins University, “No diabetes management tool - no new oral agent, insulin or medical device - is as important as the services of a Certified Diabetes Educator. This relatively new health care profession has added immeasurably to the provision of good diabetes care.” *[Potential side-bar box next to article]*

1. American Medical News, February 2006, Susan Landers,
2. Prevalence of Receipt of Multiple Preventive-Care Services Among Adults with Diabetes, Michigan 2005, Darlene El Reda Ph.D., M.P.H. and Lori Corteville M.S.
3. Wagner, E.H., et al. (2001) Effect of improved glycemic control on health care costs and utilization. JAMA 285, 182-189
4. Shetty, S. (2005) Relationship of glycemic control to total diabetes related costs for managed care Health plan members with type 2 diabetes. Journal Managed Care Pharm, 11(7):559-64
5. American Diabetes Association and Michigan Diabetes Strategic Plan 2003