

# Value of Diabetes Self-Management Education

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I am honored that the editors of *Clinical Diabetes* have asked me to provide the first contribution from an American Diabetes Association (ADA) President, Health Care & Education to the "President's Pen" column.

The message I would like to impart is for the medical community and health care professionals to work together closely to care for people with diabetes. This can be done through education, both of our patients and of the community at large. The increasing recognition of diabetes as a serious disease of accelerating prevalence can only help in this effort.

The ADA recommends that people with diabetes receive diabetes self-management education (DSME), as outlined in the national standards for DSME,<sup>1</sup> at the time of their diagnosis and as needed thereafter.

DSME should:

- be provided by health care providers who are qualified based on their professional training and continuing education
- address psychosocial issues, because emotional well-being is strongly associated with positive diabetes outcomes
- be reimbursed by third-party payers.

DSME is an essential component of diabetes care, and the national standards<sup>1</sup> are based on evidence of its benefits. It helps people with diabetes start their dia-

betes self-care effectively when they are initially diagnosed. And on an ongoing basis, it helps them continue a high-quality level of self-care that is essential for optimizing metabolic control, managing complications, and having an acceptably high quality of life.

Programs that are recognized through the ADA Education Recognition Program have a staff that includes at least a registered nurse and a registered dietitian. These staff members must be certified diabetes educators or have recent experience in diabetes education and management. The curriculum of ADA-recognized education programs must cover all areas of diabetes management, and such programs must carry out a thorough needs assessment of each client with diabetes to determine individual education needs. All ADA-recognized education programs use a process of continuous quality improvement to evaluate the effectiveness of the DSME they provide and to identify opportunities for improvement. There are 1,980 recognized programs at 2,800 sites across the country. Program names and locations can be accessed through the ADA website at <http://www.diabetes.org/for-health-professionals-and-scientists/recognition/edrecognition.jsp>. DSME from ADA-recognized programs is reimbursed as part of the Medicare program.

There are 20 million people with

diabetes and 40 million with pre-diabetes in the United States, and the numbers continue to grow. Most of those people receive their diabetes care from primary care providers. These providers can refer patients to ADA-recognized education programs and form partnerships with trained diabetes educators to improve the care of people with diabetes and provide them with the skills they need to successfully self-manage their disease.

I encourage and challenge each member of the diabetes health care professions to think about how we can better take care of our patients with the resources we have today and through partnerships between primary care providers and diabetes educators. One day, there will be a world without diabetes. Until then, let us all work together to keep our patients healthy and free of debilitating complications.

## REFERENCE

- <sup>1</sup>Mensing C, Boucher J, Cypress M, Weinger K, Mulcahy K, Barta P, Hoseney G, Kopher W, Lasichak A, Lamb B, Mangan M, Norman J, Tanja J, Yauk L, Wisdom K, Adams C: National standards for diabetes self-management education. *Diabetes Care* 29:S78–S85, 2006

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