

# Understanding Certified Diabetes Educators' Opinions about Their Diabetes Self-Management Education Programs

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## ABSTRACT

**Learning Objectives:** Attendees will gain ideas for surveying their diabetes educator stakeholders via web-based questionnaires and telephone interviews. Attendees will understand diabetes educators' perceptions re self-management education program strengths and challenges

**Objective:** The 15 Diabetes Self-Management Education (DSME) programs in Vermont are diverse, are not evidence-based, and have dissatisfying attributes according to the certified diabetes educators (CDEs) who administer them. Our objective was to survey CDEs responsible for administering the DSME programs statewide concerning the educators' specific reasons for satisfaction and dissatisfaction, and to question/inform the CDEs about other self-management programs from Stanford University recently introduced in Vermont.

**Methods:** We developed a brief online survey that was followed by a more extensive telephone interview.

**Results:** 14 of 15 CDEs completed the online survey, and 12 of 14 consented for the phone interview. Their dissatisfaction stems from low program attendance, limited provider referrals, and limited reimbursement (for those programs that charge for services). Patient barriers to attendance identified by the CDEs include lack of transportation, expense, and a perception that consumers do not think DSME is an important part of their diabetes care. While all CDEs were familiar with and supportive of Stanford's Chronic Disease Self-Management Program offered statewide in Vermont, only 7 of 12 had heard about Stanford's newer Diabetes Self-Management Program, and they feared that the latter would provide competition with their current DSME programs.

**Conclusion:** The Stanford Diabetes Self-Management Program will require more skillful marketing, and a slower roll-out than the Chronic Disease Self-Management Program. Telephone interview responses from individual CDEs are helping to inform this process, for which the ultimate goal is quality improvement and evidence-based practice for DSME.

## SURVEY TOOL

## LITERATURE REVIEW

### Diabetes Self-Management Education (DSME)

- The ongoing process of facilitating the knowledge, skill, and ability necessary for diabetes self-care
- Goal: To promote certain behaviors in the person with diabetes and to teach about those behaviors that will result in better choices, better health and fewer complications

Tanaka et al. "National Diabetes Self-Management Education (DSME) Program: A Review of the Literature." Diabetes Care. 2007;30(11):183-193.  
doi:10.2337/1401183

- DSME is effective for improving clinical outcomes and quality of life, at least in the short term.
- Results from Fisher (2007):
  - Programs are most effective when they focus on goal setting, address emotional distress, depression, and train patients in problem solving skills

Fisher et al. "Diabetes Self-Management Education: A Review of the Literature." Diabetes Care. 2007;30(11):183-193.  
doi:10.2337/1401183

### Patient Barriers to Receiving DSME

- Receive diabetes education from primary care provider
- Lack of education, insurance, transportation

### Educator Barriers

- Lack of support from primary care provider

### What are educators doing?

- Phone calls
- New programs
- Offered program at different time and day
- Training "peer educators"

Reed et al. "A Review of Diabetes Self-Management Education Programs: National Survey of Patients, Educators, and Providers." Diabetes Care. 2007;30(11):183-193.  
doi:10.2337/1401183

### Stanford Diabetes Self-Management Program

- Specific to Diabetes
  - Subject covered includes
    - Techniques to deal with symptoms of diabetes
    - Exercise
    - Healthy eating
    - Appropriate use of medication
    - Working effectively with health care providers
- Results from Long et al (2009):
  - Participants showed significant improvements in:
    - measuring symptoms of depression and frustration
    - communication with physicians, healthy eating, and leading food diary
    - patient activation and self-efficacy

## PHONE INTERVIEW LOCATIONS



## RESULTS

### Results from Phone Interviews

- ALL conduct group classes in addition to 1-on-1 services
- 9 out of 12 programs are accredited by ADA
- 8 programs receive reimbursement for 1-on-1 services and for group counseling sessions.

### DSME Program Duration

WEEKLY	MONTHLY
(4) 1 week, 2 sessions, 1 session/week	(1) 3 On-call One session and 1 group class for 15 min each with 1 month period
(2) 1 week, 2 sessions, 1 session/week	(1) 2 months, 1.5 sessions, 1 session per month
(1) 1 week, 2 sessions, 1 session/week	(1) 1 month, 2 sessions, 2 sessions per month
(1) 1 week, 2 sessions and 4 home session, 2 sessions/week	(1) 1 month, 1 session, 2 sessions/month

### How satisfied are you with attendance at your DSME group classes?

### How satisfied are you with reimbursement from insurance payers?

### Patient barriers identified by CDEs:

Patient Barriers	Yes	OTHER
Lack of transportation	12	Co-pays (2)
Client uncomfortable in group setting	9	Not emphasized as important (2) or supported by PCP (1)
Client doesn't think it's needed	9	Traveling distance (1)
Too expensive	6	Psychosocial issues (1)
Insurance will not cover costs	5	Limited access (1)
Classes offered at inconvenient times	5	Lack of time (1)
		Targeted towards older adults (1)

### Educator or program barriers identified by CDEs:

Educator/ Program Barriers	Yes	OTHER
Lack of referral source	4	Competing programs (1)
Lack of administrative support	3	
Lack of meeting space	3	
Lack of financial support	1	

### Summary/Discussion of Findings from Vermont

- Most CDEs are satisfied with their DSME content and their patients' behavior change goals
- Most CDEs are dissatisfied with reimbursement and attendance
- Each program is different even though the same content topics are addressed

## PHONE INTERVIEW QUESTIONS

- Abbreviated Telephone Interview Questions**
- Section 1: This interview is composed of 16 questions, which are yes/no and multiple choice.**
- 1.) Do you conduct group classes in addition to one-on-one services? (If no, skip to section 3) Y\_\_ N\_\_
- Section 2: The following questions relate to the online survey section about your satisfaction rating with the attendance at your DSME group classes.**
- 2.) What is the average length of your DSME group program (how many session or days and hours per session)?  
# of weeks the session runs \_\_\_\_\_  
# hours each session \_\_\_\_\_  
# sessions each week \_\_\_\_\_
- 3.) In an effort to increase attendance, have you experimented with your program format or scheduling times? Y\_\_ N\_\_  
If yes, which changes have you tried and what were the results?
- 4.) Yes or no: Which of the following do you include in your group program?  
Support person living with someone who has diabetes Y\_\_ N\_\_  
Pre-diabetes Y\_\_ N\_\_  
Type 1 DM Y\_\_ N\_\_  
Type 2 DM Y\_\_ N\_\_
- 5.) Please identify any patient barriers that you feel influence attendance at your DSME program.
- 6.) Please identify any educator or program barriers that have an influence on attendance at your DSME group program.
- Section 3: The following questions relate to the online survey section about your satisfaction rating with the presentation or activity methods you use to educate participants.**
- 7.) Which of the ADA or AADE content areas do you address in your groups?
- 8.) Can you speak a little more specifically about how you accomplish goal setting and problem solving?
- Section 4: The following questions relate to the online survey section about your satisfaction rating with the quality assurance tools you use for program evaluation.**
- 9.) What quality assurance tools or data collection methods do you use to evaluate the effectiveness of your program? (I can we identify your DSME site with your response to Y\_\_ N\_\_)
- 10.) Do you have ideas or wishes to improve your quality assurance efforts? Y\_\_ N\_\_. If yes, please describe.
- Section 5: The following questions relate to the online survey section about your satisfaction rating with your participant's success with accomplishing behavior change goals.**
- 11.) What are the most common behavior change goals identified by clients?
- 12.) Are there certain behavioral goals that are more challenging for clients to achieve than others? Y\_\_ N\_\_  
Please identify:
- Section 6: Reimbursement by insurance payers**
- 13.) Is your program accredited by the ADA? Y\_\_ N\_\_
- 14.) Do you receive 3rd party reimbursement for: One-on-one counseling? Y\_\_ N\_\_  
Group Sessions? Y\_\_ N\_\_  
If yes, who are the most common insurance payers you receive reimbursement from?
- 15.) Do you find that some insurance payers are more difficult to collect reimbursement from? Y\_\_ N\_\_  
If yes, which insurance payers do you have a difficult time receiving reimbursement from?
- 16.) Since first receiving reimbursement for your DSME services, have you experienced any changes in reimbursement? Y\_\_ N\_\_ If yes, what have these changes been and how have they affected your program?
- Part II:**  
**During the second part of this interview, we will be discussing the self-management support literature and asking you about your knowledge and beliefs about self-management support.**
- 1.) Are you familiar with the Stanford Chronic Disease Self Management Program? Y\_\_ N\_\_
- 2.) Do you have any thoughts (favorable or unfavorable) about this program?
- 3.) What are your current concerns about this program?
- 4.) Stanford has developed a diabetes-specific self-management program, titled Diabetes Self Management Program (DSMP), stemming from the evidence based CDSMP. The Stanford DSMP can become part of your DSME program with assistance from the Vermont Department of Health. Would you be interested in learning more about this program? Y\_\_ N\_\_

## WHAT'S HAPPENING NOW

- Forming a group to compare DSME QA/COI Goals and Data
- Introducing Stanford Diabetes Program to two Hospital Service Areas, incorporated into DSME
- CDEs are reviewing and discussing study results

Limitations:

Small study group. Did not examine cause and effect.