

# Improving Diabetes Self-Management Education (DSME) in Michigan Primary Care Practices

Anne Esdale<sup>1</sup>, MPH, Rose Steiner<sup>2</sup>, RN, MBA, CPHQ, Dawn Crane<sup>1</sup>, MS, ACNS-BC, CDE, and Lori Corteville<sup>1</sup>, MS  
<sup>1</sup>Michigan Department of Community Health; <sup>2</sup>Automotive Industry Action Group, Covenant HealthCare Partners Inc

## Background

Michigan is one of 7 states participating in the Improving Performance In Practice (IPIP) program, a national quality improvement project funded by the Robert Wood Johnson Foundation.

The purpose of IPIP is to help physicians improve chronic disease and preventive care in the office practice setting using the chronic care model. 34 Michigan primary care practices participated in IPIP and attended two learning collaboratives.

## Objective

The Diabetes Prevention and Control Program (DPCP) focused on a single objective as part of the greater IPIP project:

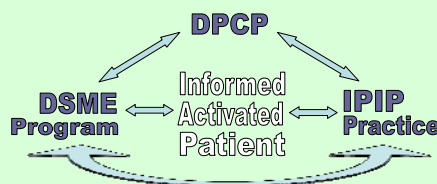
To increase the number of referrals to Diabetes Self-Management Education (DSME) via discussion and resolution of problems noted by IPIP practices.

## Partners

**Sponsors:** Michigan Primary Care Consortium and American Board of Medical Specialties

**DSME and Chronic Disease Consultation:** Michigan Diabetes Prevention and Control Program

**Quality Improvement Coaches:** Automotive Industry Action Group



## Intervention

9 out of 34 practices requested a consultative visit by DPCP staff, who:

- ❑ Assessed current referral and patient education practices, including chronic illness care.
- ❑ Identified access problems/barriers to referral.
- ❑ Clarified information about DSME process:
  - Insurance coverage
  - Medicaid/Medicare benefits
  - National standards for DSME
- ❑ Provided contact information for DSME programs.
- ❑ Provided select education material for staff/patients.
- ❑ Promoted community resources to support the chronic care model.
- ❑ Introduced the American College of Physicians Foundation guide *Living with Diabetes*.

Staff contacts were made with: Office Manager(8), MD/DO(4), RN/LPN(2), and Medical Assistant(4).

Written material was provided:

- ❑ *The Health Care Providers' Guide to Diabetes Self-Management Education Programs in Michigan*
- ❑ Clinical Practice Recommendations
- ❑ Personalized maps with closest DSME/Chronic Disease Self-Management Education
- ❑ Brochures: DSME and other diabetes resources

## Lessons Learned to Date

- ❑ Proximity was not a factor in referrals to a certified DSME program.
- ❑ Physicians are interested in providing DSME services in their offices, utilizing their own staff or contracting with an outside agency. Patient-centered medical home was the most commonly cited reason.
- ❑ Provider practices utilize free patient education, regardless of source.
- ❑ Certification of a DSME program or a certified diabetes educator were not perceived as necessary to provide DSME.
- ❑ Certification or adhering to national standards for DSME were not considerations when referring patients.
- ❑ Newly diagnosed patients with diabetes were most likely to be referred for education.

## Next Steps

- ❑ Phone follow-up to IPIP practices at three months.
- ❑ Complete Assessment of Chronic Illness Care survey for post-consult practices.
- ❑ Provide follow-up with the DSME programs regarding referrals from the nine practices.
- ❑ Track number of connections made between DSME programs and practices.

For more information, contact Dawn Crane: 517-335-9504 or CraneD@Michigan.gov