Expanding Successful Telephonic Diabetes Self-Management Education (DSME) Program to Persons with Co-Occurring Cardiovascular Disease

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Learning Objectives
- Recognize how telephonic modality increases access to education and self-management for managing Diabetes and Cardiovascular Disease
- Identify elements of partnerships with employers that support improved health and optimum health care use
- Compare barriers to successful individual health action plans

Background

Diabetes 2004-2005

- State of Maine Employees
  - Prevalence: 5.9% of State Employees
  - Economic Burden: $518 million in 1997

Diabetes Self-Management Education (DSME) known to be effective for supporting self-care but not considered a disease management intervention.

Diabetes Self-Management Education and Support Program (TDES®)
- Year long program offers DSME to persons with type 1, type 2, or prediabetes.
- Monthly telephonic calls following first in-person enrollment visit
- Provided by experienced and certified diabetes educators.

TDES®/Cardiovascular Disease (TDES®/CVD)
- For persons with diabetes with high blood pressure and/or high cholesterol
- Support self-management of multiple conditions
- Development supported by Federal HRSA Rural Outreach Grant

TDES® to the Second Power! (TDES®2)
- TDES® “grads” shift from Education to Empowerment
- 4-6 contacts/year promote independent self-care
- Focus on individual goals and successful action plans

The Partnership

- Increased access to and utilization of DSME known to improve the health and health care of participants.
- Help overcome barriers using the telephone-based intervention to help engage increased numbers of clients in their own health management.
- Enhanced education & support to help persons cope with the complex tasks of managing multiple diagnoses.

Key Elements
- MCDP/TDES®: Locally provided, centrally managed services
  - Data collection, analysis, and outcome reporting
  - Advanced training for diabetes educators
  - Waived pharmacy co-pays for diabetes supplies/meds & CVD Meds
  - Contacts on work time
  - Outreach mailing and direct reimbursement model
  - ADEP curriculum, evidenced-based interventions, individualized services
  - Familiar with local needs, resources, culture

Programs

- Telephone Diabetes Education & Support Program (TDES®)
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TDES®/CVD

- Programs
  - Preventive
  - Management
  - Support

Quantitative and Qualitative Evaluation

- Base line from Primary Health Care Provider
- Update by Self-report at Pre- and Post-Assessment and Monthly Contact
  - Program Participation, Program Completion, Level of Engagement improvement
  - Demographics including past diabetes education
  - Self-care Knowledge and Stanford Diabetes Self-Efficacy
  - ADA Standards of Medical Care/HEDIS Measures
  - Days Hospitalized, Emergency Care Visits, MD “Sick” Visits, Work Days lost
  - At Goal, Progress towards ADA Clinical Goals for HbA1c, Total Cholesterol, HDL, LDL, C, Triglycerides, Blood Pressure, BMI, Percent Weight Lost or Gained

Shared Goals

Barriers to DSME in Maine
- Aversion to group classes
- Don’t feel they need the information
- Inconvenient time and day
- Transportation difficulties
- Don’t know enough about the program

References
2. Data from MMWR report CY 2002
4. Healthy People 2010
6. Diabetes Care Management: Focus on individual goals and successful action plans.

The Impact

- Increased health care and improved health with reduced costs!
- 2008 ROI - average COST SAVINGS $1,300/participant/year with statistically significant improved adherence to oral diabetes medication
- 2009 ROI - significantly HIGHER Medication Adherence & Use of Preventative Care associated with higher quality of care