

# Improving the Underutilization of Diabetes Self-Management Education and Support (DSMES) Services Across the OHSU Health System

The Diabetes Self-Management Education and Support (DSMES) program within the Harold Schnitzer Diabetes Health Center (HSDHC) at Oregon Health & Science University (OHSU) was designed in alignment with national diabetes standards of care to improve health outcomes and control the rising financial burden of diabetes. The intent of this report is to analyze the factors that contribute to a lower than desired DSMES utilization rate and propose recommendations to improve utilization.

## Background

Diabetes is a complex disease, and its prevalence continues to increase (Powers, et al., 2020). People living with diabetes benefit from attending diabetes wellness programs aimed at improving diabetes and cardiometabolic health (Powers, et al., 2020). Despite the evidence of the benefits to patients and to the healthcare system, utilization of DSMES at OHSU is low. The team conducted primary research through interviews with internal OHSU stakeholders and external organizations involved in recommending and delivering DSMES. The intention of interviewing these stakeholders was to gain anecdotal perspective on relative gaps and opportunities related to DSMES operations and utilization. The team conducted secondary research by analyzing peer-reviewed literature to gain further perspective on DSMES, which offered a more extensive view of the benefits and best practices for increasing awareness of the service.

## Analysis

Several common themes were evident in the research that supported this analysis and recommendations. While secondary research findings backed up the ultimate purpose behind this report, primary research offered awareness of where to focus our efforts. Current literature on DSMES reinforced the value that DSMES has as a standard of care for diabetes management, along with how the service needs to be promoted through clear and concise marketing communications. Furthermore, we explored how DSMES is structured through group and peer support, while also learning about social determinants of health factors that are common within the target patient population. This secondary research laid the foundation for this report to understand the *why* behind our efforts, and our primary research provided a greater insight into *how* to ensure success based on the OHSU environment. Common themes that were highlighted during the interviews include the current state of accessibility of DSMES services, communication barriers, the current level of provider awareness and

recommendations to engage them, along with how leadership and the supporting care team can be more involved to improve DSMES utilization.

## Recommendations

Our recommendations aim to increase patient access to DSMES for those who would benefit most from this form of training and support. By utilizing current and proposed resources, a financial analysis has shown that increasing DSMES integration across OHSU is cost-effective, supports patient quality of life and reduces healthcare costs. A brief description of each recommendation is provided below.

A key recommendation for HSDHC is to integrate DSMES into primary care settings to support providers in improving diabetes outcomes. This can begin as a pilot in partnership with Internal Medicine during their existing diabetes clinic hours. HSDHC staff can use the momentum of the pilot site, along with stakeholder needs assessments, to continue conversations around DSMES integration to expand the model to all seven primary care clinics.

Standardizing processes and building awareness for DSMES are also important steps. The creation of a standard workflow for care managers is vital to the success of DSMES expansion. Training care managers facilitates a partnership with population health, increases awareness of the benefits of DSMES, and standardizes the education provided to patients. Additionally, there is a significant opportunity to raise awareness of DSMES resources and benefits for both patients and providers. Aligning with providers on a patient activation tool will aid discussions around a patient's readiness to engage in diabetes self-management. Finally, a marketing and communication campaign will help inform patients and providers throughout the OHSU system about the availability of DSMES, the important part it can play in effective diabetes management, and the financial benefits it can bring to the organization.

## Conclusion

Diabetes incidence continues to increase and is predicted to be the most expensive chronic disease to manage (Centers for Disease Control and Prevention, 2022). Research has shown the benefits of DSMES (American Diabetes Association Professional Practice Committee, 2022); however, utilization rates at OHSU remain low. Our analysis revealed multiple barriers to accessing DSMES including transportation barriers to the HSHDC, lack of standardized training and education, concerns around cost for services, a complicated referral process, lack of patient and provider awareness, and low patient engagement. These barriers are addressed in our recommendations to increase awareness and utilization of DSMES. The recommendations are intended to be the first few steps taken towards centralizing DSMES operations. This report discovered the barriers for low utilization of DSMES and has laid the foundation for integrating DSMES services in all primary care clinics while offering a holistic approach to helping patients manage their diabetes. Utilizing a population health model in collaboration with primary care settings to increase awareness and reduce barriers to DSMES showed to be a potential option to achieve desired diabetes health outcomes and reduce healthcare costs.

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## References

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