HARVARD
MEDICAL SCHOOL

POSTGRADUATE COURSE IN

ADVANCED DIABETES

Engaging the Patient with Diabetes: Challenges and Opportunities

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After spending over 25 years with Joslin Diabetes Center directing clinical and education outreach projects in the Innovation Division, Melinda started her own consulting business. Her areas of special interest include nutrition, patient education, behavior change, and increasing access to quality diabetes education services.

Ms. Maryniuk has worked in the field of diabetes education for over 35 years and has lectured and published extensively for both patient and professional audiences around the country and internationally (including: Japan, China, Brazil, India, Saudi Arabia, and Bahrain). She is active within the American Diabetes Association (ADA), having served on the Board of Directors, as chair of the Education Recognition Program Committee, associate editor for Clinical Diabetes, and as a member of the Professional Practice Committee responsible for the Standards of Care. Ms. Maryniuk has a long history of involvement with the American Association of Diabetes Educators (AADE) and serves on the Board of Directors. Within the Academy of Nutrition and Dietetics (AND), Ms. Maryniuk served as chair of the Diabetes Care and Education Practice Group as well as chair of the Division of Clinical Dietetics and Research of the Council on Practice. She is the recipient of the 2005 Outstanding Educator in Diabetes Award from the ADA as well as the 2010 Medallion Award from AND. She has been a contributor and/or co-author to numerous nationally and internationally recognized position statements and leading documents for diabetes education including:

- National Standards for Diabetes Self-Management Education and Support (2017, 2012, 2007)
- The Use of Language of in Diabetes Care and Education (2017)
- Diabetes Self-Management Education and Support in Type 2 Diabetes: A Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics (2015)
- CDC Task Force to Develop Standards and Recognition Program for Diabetes Primary Prevention Programs (2010)

Presently, Melinda serves as a liaison between the Professional Practice Committee (that annually updates the Standards of Care) and the Nutrition Guidelines Task Force for the ADA. She is also one of the course directors for the ADA Post Graduate courses being planned for 2018 and 2019. She is the lead educator/consultant with the peer support communities Diabetes- What to Know (www.diabeteswhattoknow.com) and My Weight-What to Know (www.myweightwhattoknow.com).

Melinda has a BS from the University of Tennessee-Knoxville and a MEd from Tufts University. She completed a dietetic internship at the Frances Stern Nutrition Center in Boston.

Wahida Karmally, DrPH, RD, CDE, CLS, FNLA

Special Research Scientist, (retired) Columbia University.

Dr. Karmally was a director for the American Diabetes Association (2008–2010), a member of the Professional Practice Committee (2008–2009), Scientific Programs Oversight Committee (2010), Scientific Sessions Planning Committee (2011–2012), Board Development Committee (2011–2015), and Asia Pacific Diabetes Action Council (2006–2017).

Dr. Karmally served on the Board of Directors for the Accreditation Council for Clinical Lipidology. She served on the Board of the Northeast Lipid Association, Expert Committee on Disorders of Lipid Metabolism for the Academy of Nutrition and Dietetics (AND) Evidence Analysis Library, and was a member of the Evidence-Based Practice and Research Committees, member of the House of Delegates, Professional Development Committee of AND (2012–2015). She was a national media spokesperson for AND for 11 years. She served on the Research Committee of the American Association of Diabetes Educators and was the liaison to American Heart Association's NPAM Council-(2005), Diabetes Committee (2006), and Member Position Statements Committee (2010). Dr. Karmally earned her doctor of public health in Health Policy and Management from the Columbia University Mailman School of Public Health. She is a certified diabetes educator, diplomate of the ACCL (Clinical Lipid Specialist), and recognized as a fellow of the National Lipid Association. She is currently an associate editor for the Journal of Clinical Lipidology (2015-present).

Dr. Karmally received the Academy of Nutrition and Dietetics 2012 Excellence in Practice: Dietetic Research Award. She represented AND at the 2015 Nutrition Mega Event in Brazil and at the ACC Roundtable "Managing CV Disease Risk in Diabetes in 2017. She was the 2018 Medallion recipient from the Academy of Nutrition and Dietetics.

Prior to her retirement, she was the director of the bionutrition core in the Irving Institute for Clinical and Translational Research at Columbia University for over 30 years. She was also on the faculty in the College of Dental Medicine and College of Physicians and Surgeons, Columbia University Irving Medical Center.

Sripriya Ravi, MPhil, MS

Ms. Sripriya Ravi is a consultant in nutrition, dietetics and diabetes education. She has worked in the premier diabetic institutions, M.V Hospital for Diabetes (Chennai, India) and Agada Diabetes Care (Chennai, India). During her tenure in Agada Diabetes Care, she liaised with Joslin Diabetes Care in setting up a diabetes education and training program, she created mobile education platforms as a resource person for diabetes education program planning for the underserved, and she was part of a research group studying endovascular risk factors. Ms. Ravi was guest faculty for the World Diabetes Foundation-funded Physicians Diabetes Training Program, and she led the diabetes education certification program for undergraduate students in Ethiraj College for Women in Chennai, India. She was a lecturer of Nutritional Science, Medical Nutrition Therapy in Queen Mary's College (Chennai) and M.O.P Vaishnav College (Chennai) for brief periods. Ms. Ravi holds an MPhil in Home Science (Madras University) and an MS in Nutritional Science (SJSU, Calif.). She is a lifetime member of the Indian Dietetic Association.

Outline/Table of Content

LEARNING OBJECTIVES

By the end of this chapter, learners will be able to:

- State the 4 critical times for diabetes education
- List at least 3 benefits of diabetes education
- Review the 2019 ADA Nutrition recommendations
- Review the 2019 ADA Physical Activity recommendations
- Identify at least 3 situations when postprandial glucose monitoring is recommended
- Discuss how to use the “5A Model” when talking with patients
- Identify resources for more information and support related to education and lifestyle teaching in India

BEHAVIOR CHANGE STRATEGIES: MOVING FROM COMPLIANCE TO COLLABORATION

Introduction

There are a number of behavior-change models and counseling approaches that receive much attention in chronic disease management such as Motivational Interviewing or the "5A Model" (Ask, Advise, Agree, Assist, Arrange) (42,43). Healthcare providers can incorporate elements of motivational interviewing into their practice regardless of participation in a formal training program. Key motivational interviewing communication techniques include expressing empathy, asking open-ended questions, listening reflectively, and asking the patient to summarize an action plan. Collaborative counseling models that are based on asking rather than telling are at the heart of patient empowerment and patient-centered care. Table 9 provides a framework for the busy physician for asking questions to support behavior change and help guide the patient towards problem identification, goal setting, and problem-solving for behavior change using the 5A model.

Table 9: Supporting Behavior Change

Patient-Centered Steps	Sample Questions
Ask/Assess	
• Ask about patient concerns/questions.	What is the hardest part about managing your diabetes?
Advise/Inform	
• Share information. Share your concerns.	Do you know how to bring your A1c levels down into target range? What steps will you take to help do that?
Agree	
• Ask patient for their goal/action plan • Ask for patient for a teach-back • Agree on 1–2 action steps	Tell me what we discussed. What is your goal? How will you define success?
Assist/Arrange	
• Set a follow-up plan • Provide handout or written summary of key points discussed	When do you want to see me again? Will you keep a list of questions or concerns to discuss at our next visit?

Engaging Your Patients

Engaging your patients in their diabetes care makes your job easier. As active participants in their diabetes care plan, helping to select and choose treatment options and actions they would undertake, a patient can improve diet and exercise patterns, and are more likely to be successful. Patient-centered care is now part of

internationally recognized guidelines and standards of care. Organizations like the American Diabetes Association (4d) and Joslin Diabetes Center (44,1) recognize the importance of patient-centered and collaborative care models. Keep these points in mind when thinking about supporting your patient with behavior change strategies:

- **You and your patient are both experts.** The person with diabetes is the expert on his or her own diabetes as well as their life. You are the expert on understanding diabetes as a disease and the treatment options. Both experts need to work together to come up with the optimal treatment plan.
- **Diabetes affects the whole family.** Discuss how important family members and caregivers can be involved in the education process in a helpful and supportive way.
- **Use patient-centered language.** Much has been written about the impact of language and use of words in communicating about diabetes. It is recommended that the diabetes healthcare providers, as well as all of those affected by and/or communicating about diabetes, use language that is empowering, person-centered, and strength-based. Both the American Diabetes Association and the International Diabetes Federation have published papers on effective ways of communicating about diabetes in both the spoken and written word to reduce shame and stigma (45,46). Table 10 on the next page summarizes the recommendations about language and offers preferred ways of saying words and phrases that can often be problematic.
- **Assess for health literacy and numeracy.** It is well recognized that health literacy–an individual's ability to obtain, process and understand basic health information–can be a tremendous barrier to care (47). Numeracy skills are of particular importance in diabetes as so many self-care skills require working with numbers including adjusting insulin, reading food labels, and interpreting blood glucose monitoring results. As gaps in an individual's health literacy are linked to poorer diabetes outcomes, healthcare providers are encouraged to identify if this is a barrier, and tailor treatments accordingly. Of critical importance with this group is to ask for a teach-back to confirm understanding and actions. Table 8 offers a screening question for health literacy.
- **Ask open ended questions.** Take time to listen. Your patients are more likely to listen to you if they feel you have listened to them. While you might not feel you have the time to allow for this, you will generally get to the most important issues faster when you let the patient lead. Open-ended questions asked in nonjudgmental ways garner better answers. For example, instead of asking, “Do you ever forget to take your medicines?”, normalize this common behavior by asking “Many people have trouble remembering to take their medicine. In the past 2 weeks, was taking your medicine ever a problem for you?” The American

Diabetes Association suggests open-ended questions that are recommended for opening a session with a patient (4d). (Table 9)

- **Use shared decision-making skills.** As outlined in the Goals of Care (Table 1), shared decision making involves an educated and informed patient and their family or caregiver. Consider a model to assist in this process that involves three steps: 1) introducing choice, 2) describing options, and 3) helping patients explore preferences and make decisions. Patients are more likely to follow the plan they had a role in creating (48). When it comes to implementing lifestyle behavioral changes, ask patients for their own solutions instead of telling them what to do. For example, if individuals need to increase activity, instead of telling them, "You should start walking 30 minutes a day, 5 days a week", ask instead, "What are some ways you can fit more activity into your daily routine?" And then drive for even more specifics. If the patient answers, "I'll try to walk more", ask probing questions to help them form a specific plan such as, "How much do you currently walk now? How much more do you plan to walk? What barriers might get in the way to make it hard for you, and how do you plan to address those barriers?"
- **Explore barriers to learning and/or following the treatment plan**. One of the first areas to assess is social context, including food insecurity, housing stability, and financial barriers, and apply that information to treatment decisions. In addition to social context, other barriers that could impact learning and the treatment plan include: Health literacy, past education efforts, social support, and the patient's mental health status, including diabetes distress or depression. Table 8 offers some screening questions to identify possible barriers to the treatment plan as well as to learning. Other barriers to assess include: Religion, health beliefs, and physical limitations, as well as fears and misunderstandings about diabetes.
- **Recognize there are stages to change.** Making changes in health behaviors can fall along a continuum. At first, an individual may not be even thinking about making a change to a particular habit. Then they may start to think about it, weighing the pros and cons. There is a stage where one prepares to make a change, and then there is the phase of maintaining the change. For some behaviors, like smoking, it may take many efforts to make the behavior finally stick. Recognize that the healthcare provider has an important role in helping move patients along each step of the continuum, even if it does not always result in long-term change.
- **Agree on a plan.** Specify SMART goals. By setting goals with the patient that are SMART— Specific, Measurable, Attainable, Realistic and Timed—there is clarity on exactly what the patient needs to do. Goals that are vague and not SMART are: "I will eat more healthy foods" or "I will exercise more". Getting the patient to describe their implementation intentions, or exactly how they plan to accomplish a goal, also increases their likelihood of meeting their goal. A SMART goal for

healthier eating is: "I will eat a fruit at least 5 days a week for my afternoon snack."

- **Ask for a teach-back.** At the close of every visit, no matter how short, ask the patient to repeat back to you the key discussion items (to make sure they have are understood) and to state their action plan and SMART goal. This can result in improved outcomes. In fact, patients whose physicians assessed recall or comprehension at the end of a visit were more likely to have an A1c below the mean vs. patients whose physicians did not (48).

Table 10: The Language of Diabetes

Use language that:	
• Is neutral, nonjudgmental, and based on facts, actions, and physiology/biology • Is free from stigma • Is strengths-based, respectful, inclusive, and imparts hope • Fosters collaboration between patients and healthcare providers • Is person-centered	
Examples of commonly used words that can have a negative impact on the person with diabetes.	Preferred use of words that are person-centered, focused on the person's actions (and not judgements about)
Problematic:	**Preferred:**
• Diabetic (as a noun or an adjective) • Diabetic education • Blood glucose testing • Good control • Poor control • Nonadherent • Prevent	• Person with diabetes • Diabetes education • Blood glucose monitoring or checking • A1c of 6.9%; A1c in target range • Frequent hypo/hyperglycemia; A1c of 9% • Takes medicine a few times a week • Reduces risk

Five Minutes to Teach: Where to Start

As a physician who understands the importance of DSMES, it might feel daunting to think about spending time with every patient on education. However, with practice and some help this can be mastered. Here are a few tips to get one started in the path of teaching:

- Start by focusing on the patient's goals. Learn what is important to them. Patients are rarely interested in an academic lesson about diabetes, but they are interested in their own diabetes and what they can do to live a long and healthy life.
- Identify the key priority. Focus first on the "survival skills", the minimal skills required to maintain safe glucose levels for the short term. For example, in the case of an elder patient on insulin, it might be related to reducing risk of hypoglycemia and falls; for the woman with gestational diabetes, the emphasis

might be on checking morning glucose levels and knowing what action to take if they are elevated. Sometimes, certain indications or signs will dictate the key teaching need (Table 11).

When faced with limited time, help the patient not only know about each of these, but verbalize an action plan:

- When and what to eat
- When and how to take medicines
- Side effects of medicines (hypoglycemia) and how to reduce risk
- How and when to check blood glucose and what to do with the results
- How to detect and treat hypoglycemia
- How to manage a sick day (or if blood glucose levels are very elevated)
- When to seek urgent medical help

- **Ask. Don't tell.** Your patient will be more likely to take steps in the direction of their healthy behavior goals if you ask them and open-ended question such as, "What will you do starting tomorrow?" instead of telling them exactly what to do.
- **Use the support of your office staff.** Office staff can be receptionists, telephone operators, social workers, nurses. Offer them training on basic teaching skills, and then have them assist you by giving out educational material, teaching SMBG techniques and insulin pen use, setting up review dates, and making follow-up phone calls.
- **Offer print material.** Use technology when applicable. Offer patients written material about diabetes (at the appropriate reading level). Show short video clips in your waiting room or offer a list of teaching videos you've reviewed and approved for patients to watch at home. The internet and social media can be wonderful team players in healthcare delivery if used the right way. Several mobile apps help coach and monitor a patient's progress and can provide data for the medical team. Set up a group of peers who can provide support for each other in WhatsApp.
- **Conduct group medical visits and /or education sessions.** Set up a group session to review the key concepts. Group sessions are excellent for addressing common issues and clarifying doubts. It can be either structured with prepared content or unstructured, just focusing on patient questions.
- **Find an educator.** If there are truly none available who have training and experience in diabetes education, take the opportunity to mentor one of your own! It's best to start with someone who has good interpersonal skills, who is interested in diabetes, and who is already a nurse, dietitian, or pharmacist.

Table 11: Cues or Warning Signs Indicating Teaching May Be Needed	
Indication	**Education Topics**
Frequent episodes of hyper- or hypoglycemia with or without emergency hospitalisations. Elevated A1c	Healthy eating—meal quantity, quality, and frequency SMBG skills Medication-taking behaviors Site rotation skills (if using insulin)
Dry foot, poor foot hygiene, lymphedema in elderly	Foot care education
Fear of insulin treatment	Insulin education—pens, ease of administration, peer support
Noncommunicative Hyperglycemia Missed appointments Indication on PHQ-2 or DDS screening questions	Psychological evaluation
Smoking, alcohol, substance abuse	Referral to smoking cessation or addiction treatment programs and follow-up

Tips for Patients

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- Ask. Don't tell. Your patient will be more likely to take steps in the direction of their healthy behavior goals if you ask them and open-ended question such as, "What will you do starting tomorrow?" instead of telling them exactly what to do.
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SUMMARY AND RESOURCES

Diabetes education is a team effort. Elliott P. Joslin, MD, once said, "Experience, the nurse, the doctor, the parents, grandparents, brothers, and sisters working together will finally bring success." (1). Teams can include a full set of healthcare providers or may be very small and composed only of the patient, doctor, office nurse, and patient's family. No matter the size of the team or the seriousness of diabetes, education is essential.

This chapter reviewed the importance of education, provided information on lifestyle behaviors important for the physician and educators to emphasize, and also discussed tips for counseling and behavior change. With diabetes being a public health problem, more needs to be done to educate the general public about the rapid rise of this condition as well as its seriousness. For example, only 43% of the general population in a large country-wide survey in India had heard of a condition called diabetes, and awareness that steps could be taken to prevent it was also low (2). Furthermore, there are several knowledge gaps (especially with respect to diagnosis and management), skill gaps (in day to day management of the condition), and resource gaps present (considering the availability and accessibility of skilled care providers in all areas of the country) (2).

At the same time, there are an increasing number of resources both within India and globally that can be accessed to help train additional diabetes educators and provide resources to those living with diabetes. Diabetes education is not a one-time experience, nor is education about any of the lifestyle behaviors. Diabetes is a chronic condition and requires a lifetime of tailored, individualized messages related to self-management skills, behavior change, and support. Ultimately, the role of the healthcare team is to help each person with diabetes develop self-care and problem-solving skills so that he or she can be as independent as possible while achieving positive health outcomes.

With a focus on patient-centeredness, the physician and his team should be able to teach the patient, using simple language, the tools necessary to engage him or her in the care delivery. Collaborative decision making and problem solving help the patient cope better. As Albert Einstein said "Most of the fundamental ideas of science are essentially simple, and may, as a rule, be expressed in a language comprehensible to everyone."

Diabetes Education Resources in India

With 69 million persons living with diabetes in India, the demand for resources to battle against the disease could never be in surplus.

I. **International Organizations:** Information, such as funding opportunities for diabetes intervention programs, educational resources, and network of physicians working in the arena are available through the websites of the World Health Organization (WHO-India) (1) and International Diabetes Federation.(2)

These organizations are working with the Indian government and with several private partners in establishing essential diabetes care facilities that are affordable and accessible to all.

II. **National Resources:** The National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases, and Stroke (NPCDCS), provides a valuable resource structure with a focus on strengthening infrastructure, human resource development, health promotion, early diagnosis, and management.

Several programs, including setting up noncommunicable disease (NCD) cells at district levels equipped with doctors, nurses, and dietitians, ensure that basic screening, treatment, and prevention education is made accessible to the rural and urban underprivileged.

- **mDiabetes** is an online portal set up by the Government of India where persons with diabetes can register for the service and receive educational SMS either in English or Hindi. Further, the portal provides basic diabetes self-management information.(3)
- **Vikaspedia.in,** an initiative by the Government of India as part of the Indian development gateway, provides basic diabetes information/education in several Indian languages. Training programs for diabetes educators under the Healthcare Sector Skill Council have been set in partnership with private institutions.(4)

III. **Private Institutional Resources:** Some websites worth mentioning for wealth of information and resources are the online Facebook community: Diabetes India, Living Well with Diabetes (Living Diabetes India), Diabetes Foundation of India, Dr. Mohan's Diabetes hospitals.(5–8)

IV. **Mobile Apps:** Technology can be wisely used as a support system in delivering care. Some of the mobile apps that are available help physicians track their patients' health records, schedule appointments, provide education, and offer support with tracking daily activities, such as taking medications, exercise, and dietary control. Mobile apps that are top of the list in diabetes self- management and coaching are:

- Wellthy Therapeutics – https://wellthy.care
- Life in Control – http://www.lifeincontrol.com
- Diabeto Companion – A clinical resource tool for diabetes practitioners – diabetocompanion.in
- Apollo Sugar – https://apollosugar.com
- Habits: Your 24/7 Diabetes Coach – https://habitsprogram.com
- Private technology partners are also available for physicians to help manage their diabetes patient population.(9)

QUICK GUIDE SHEETS

Talking with Your Patients About Diabetes

Quick Guides for the busy physician and/or office staff to diabetes education

Ideally, the physician will work closely with an experienced diabetes educator. This resource is designed to give a framework to common diabetes education discussion topics. Whether the discussion is led by a physician or a diabetes educator, the counseling session will ideally follow a similar flow.

Topics:

- Diabetes - Newly Diagnosed
- Healthy Eating
- Being Active
- Monitoring Blood Glucose
- Smoking Cessation
- Reducing Risk of Hypoglycemia
- Taking Insulin
- Sick Days
- Foot Care

All follow the format:

- Ask/Assess
- Advise/Inform
- Agree
- Assist/Arrange

The content for the first two sections (Ask/Assess and Advise/Inform) is unique for each topic area and outlined on the attached pages. The content for the last two sections (Agree and Assist/Arrange) is the same for each of the topic areas and is shown below:

Agree:

- Ask patient for a teach-back and 1–2 specific action steps
- Agree with patient on an action plan

Assist/Arrange:

- Set follow-up plan
- Provide handout or written summary of key points discussed
- Document activity in medical record

(note to editor: you could choose to remove the "Agree, Assist/Arrange" sections from each of the pages below and just have the first two parts. But if there is room - then keep it as part of it so each page can stand alone. Your choice.

Talking with Your Patient about: Diabetes - Newly Diagnosed

Ask/Assess:

- What have you heard about diabetes? How do you explain it? What do you think caused it? Do you know anyone with diabetes?
    - o Listen for: Misunderstandings that need to be clarified
- Do you know how it is treated? What has worked or not worked?
    - o Listen for: concerns about medicines; advice they've received from others which may include alternative medicines, herbs, or supplements
- Do you have any difficulty obtaining food or medicine?
    - o Learn about the social factors/finances that may impact the treatment plan
- Do you have any worries or concerns? Any questions?
    - o Address their concerns first

Advise/ Inform:

- Discuss treatment plan (meal planning, physical activity, medicines all work together)
- Discuss how complementary treatments desired by the patient may fit along with traditional medicines
- Discuss treatment goals. Targets for A1c (usually <7%) and target goals for blood glucose. Discuss if BG monitoring is recommended and how often
- Identify factors that can raise (food, carbohydrates, stress, missing medicines) and lower (exercise, missing meals, alcohol) blood glucose
- Review risks of blood glucose staying above target for too long. Links with long-term changes in small and large blood vessels
- Explain the chronic nature of diabetes. Regular contact with the medical team is advised
- Offer information, education, resources. Ideally, refer to a diabetes educator for much more detail

Agree:

- Ask patient for a teach-back and 1–2 specific action steps
- Agree with patient on an action plan

Assist/Arrange:

- Set follow-up plan
- Provide handout or written summary of key points discussed
- Document activity in medical record