

Diabetes Self-Management Education and Support Engaging Employers

Value to Employers



Decreased absenteeism and increased productivity^[i]



Decreased health care costs, including fewer hospital admissions and readmissions^[ii]



Increased knowledge and skills among people with diabetes^[iii]



Improved A1C and improved glycemia among those with type 2 diabetes^[iv]

Empowering People with Diabetes

Diabetes self-management education and support (DSMES) empowers people with diabetes with the knowledge, skills, and confidence in managing daily activities and decisions that affect their health.

DSMES:

- Is cost-beneficial
- Is evidence-based
- Often requires a referral by an appropriate provider

How Can Employers Support Participation?

Understand Coverage and Administration

Recommend employers determine if DSMES is already a covered benefit and, if so, how billing and claims are handled. If not, recommend employers negotiate DSMES as a covered benefit with their health care provider.

Encourage Participation

Encourage employers to promote participation among employees who qualify for DSMES.

Consolidate Efforts

Suggest employers consider the diabetes continuum by promoting DSMES alongside the National Diabetes Prevention Program (National DPP) lifestyle change program to prevent type 2 diabetes.

Leveraging Existing Resources

Centers for Disease Control and Prevention (CDC) DSMES Toolkit

While the [DSMES Toolkit](#) was primarily designed for health care providers and educators, it can also be an important resource to share with employers.

Relevant sections include:

- [Building the Business Case](#)
- [Marketing and Promotion](#)
- [Reimbursement and Sustainability](#)

DSMES Consensus Report

The [DSMES Consensus Report](#) highlights the value of DSMES and provides evidence of the need for increased utilization of DSMES.

National Diabetes Prevention Program Coverage Toolkit

[National Diabetes Prevention Program Coverage Toolkit](#) resources can be leveraged by employers for DSMES.

Useful sections include:

- [Making the Case for Coverage](#)
- [Coverage in Practice](#)



Contact the [NACDD Diabetes Team](#) to learn more.

[i] American Diabetes Association. (2018). Economic costs of diabetes in the US in 2017. *Diabetes care*, 41(5), 917-928. <https://doi.org/10.2337/dci18-0007>

[ii] Powers, M. A., Bardsley, J., Cypress, M., Duker, P., Funnell, M. M., Hess Fischl, A., ... & Vivian, E. (2015). 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. *Diabetes care*, 38(7), 1372-1382. <https://doi.org/10.2337/diaclin.34.2.70>

[iii] Adam, L., O'Connor, C., & Garcia, A. C. (2018). Evaluating the impact of diabetes self-management education methods on knowledge, attitudes and behaviours of adult patients with type 2 diabetes mellitus. *Canadian Journal of Diabetes*, 42(5), 470-477. <https://doi.org/10.1016/j.jcjd.2017.11.003>

[iv] Chrvala, C. A., Sherr, D., & Lipman, R. D. (2016). Diabetes self-management education for adults with type 2 diabetes mellitus: a systematic review of the effect on glycemic control. *Patient Education and Counseling*, 99(6), 926-943. <https://doi.org/10.1016/j.pec.2015.11.003>



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