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An Overview of Diabetes Self-Management Education & Support

Pamela Milan, MBA, RDN, CDCES

October 23, 2026

Learning objectives

By the end of this presentation, participants will be able to:

- Explain the clinical and psychosocial benefits of DSMES when recommending a referral for a person with diabetes
- Describe how National Standards and a qualified team support person-centered DSMES
- Identify the four critical times to assess the need for DSMES
- Apply a referral workflow that addresses coverage, Michigan resources and follow-up

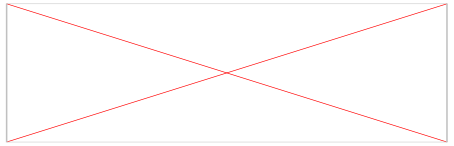
DSMES: definition and program standards

Diabetes Self-Management Education & Support

An ongoing, person-centered process that builds the knowledge, skills and confidence for daily diabetes self-care and supports lasting self-management behaviors.

Both evaluate DSMES services against the National Standards for DSMES.

Two National Organizations



Education Recognition Program (ERP)
Program recognition

ADCES® Association of Diabetes Care & Education Specialists

Diabetes Education Accreditation Program (DEAP)
Program accreditation

Sources: 2022 National Standards for DSMES; CDC DSMES Toolkit; ADA ERP; ADCES DEAP

Poll: your DSMES referral experience

Do you use DSMES services for your patients with diabetes?

Select one response.

A. Yes, I refer often

B. No, I did not know about these services

C. No, I don’t have a service I can refer to

D. I’m still looking for the referral button in the EHR!

DSMES use in the first year after diagnosis

<5%

Medicare beneficiaries with diabetes

Fewer than 5% used diabetes self-management education and support (DSMES) within the first year after diagnosis.

6.8%

Privately insured people with diabetes

Only 6.8% used DSMES within the first year after diagnosis.

>90%

Most patients miss early education

More than 9 in 10 in both groups did not use DSMES in the first year after diagnosis.

Source: CDC DSMES Toolkit, May 2024. First-year estimates, not overall annual utilization rates.

Clinical and psychosocial benefits of DSMES

Average A1C reduction vs. control

0.34 percentage points[1]

2026 umbrella review of 12 meta-analyses

95% CI: 0.25–0.43 points lower

0.64 percentage points[2]

2024 meta-analysis of randomized trials in low- and middle-income countries

95% CI: 0.45–0.83 points lower

Clinical benefits[3]

Fewer hypoglycemia episodes

Lower risk of diabetes complications

Psychosocial benefits[3]

Less diabetes-related distress

Better quality of life and healthy coping

Greater confidence in daily self-care

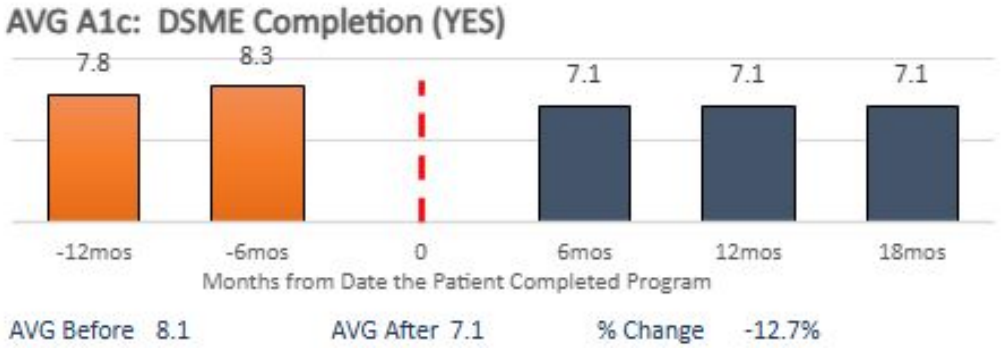
Estimates reflect different evidence sets and populations, not a single pooled average or a guaranteed individual response.

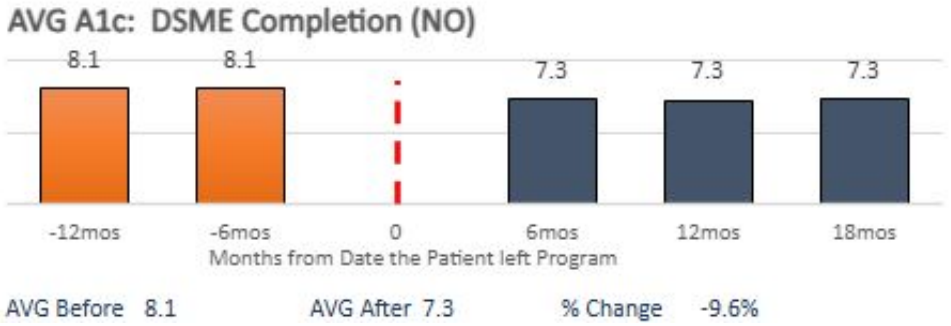
Sources: 1. Ma et al., BMC Endocr Disord, 2026. 2. Chowdhury et al., PLoS One, 2024. 3. ADA, DSMES benefits, 2026.

Full citations and links in speaker notes.

Henry Ford Health A1C trends by DSMES completion

A1C trends for patients who completed DSMES and those who did not complete the program

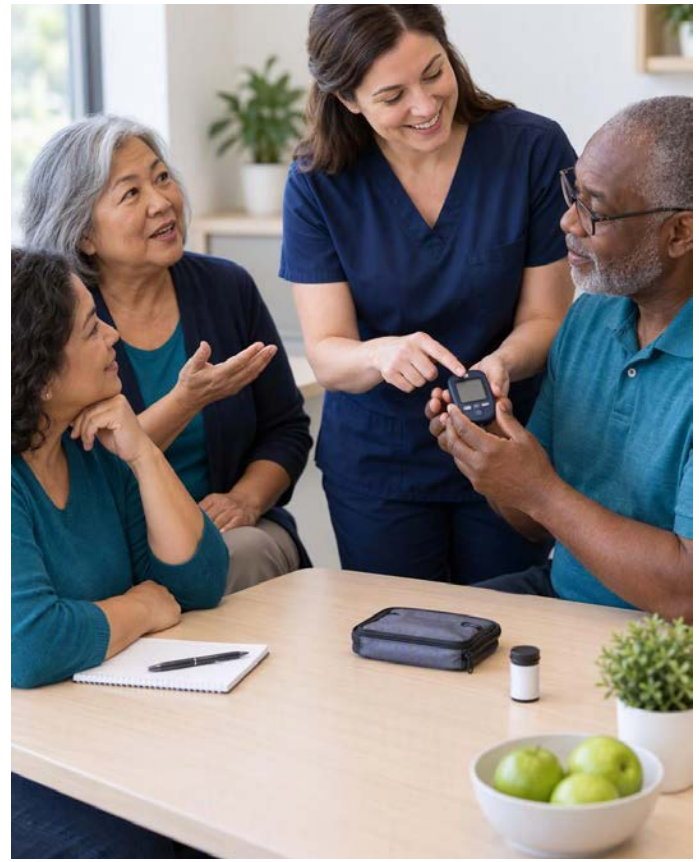




Features associated with greater DSMES impact

Features associated with greater A1C improvement in adults with type 2 diabetes:

- Both group and individual education
- A multidisciplinary team rather than a single educator
- More than 10 hours of participation
- Education tailored to the participant
- Active engagement and a focus on behavior change



Chrvala CA, et al. Patient Education and Counseling, 2016

Lifestyle foundations in diabetes algorithms

Type 2 diabetes care starts with person-centered behavior support and continues it throughout treatment.

ADA Standards of Care[1] 2026 glucose-lowering algorithm	Healthy lifestyle behaviors, DSMES and social needs form the foundation. Tailor medication to glucose, weight and organ-protection needs.
AACE algorithm[2] 2026 update	Pair lifestyle therapy with individualized treatment. Use complication-focused and glucose-focused pathways to guide care.
ADA/EASD consensus[3] 2026 management approach	Continue lifestyle and weight management alongside medication. Consider organ-protective treatment early according to clinical needs.

Lifestyle support accompanies treatment. Do not delay indicated medication while waiting for behavior change.

Sources: 1. ADA 2026, Sections 5 and 9. 2. AACE 2026 algorithm. 3. ADA/EASD consensus, October 2026.
Full citations and discussion notes in speaker notes.

Poll Question

Type a word or short phrase in the poll to describe a common question.

Submit one topic per response to help build our word cloud.

2022 National Standards: Service Foundation

Support for DSMES services

- Leadership and organizational support for sustainable services

Population and service assessment

- Design services around the population's needs and preferences

DSMES team

- A qualified, collaborative team with clear responsibilities

Sources: [2], [12] Full citations and links in notes and references

A qualified, collaborative DSMES team

- **Qualified educators:** At least one RN, RDN or pharmacist with DSMES training and experience, or a CDCES or BC-ADM.
- **Current competence:** Maintain credentials and diabetes knowledge. ADCES accepts 15 hours of diabetes education yearly or a current CDCES/BC-ADM credential.
- **Clear accountability:** Name a quality coordinator to oversee services and outcomes. Define each member's responsibilities and supervision.
- **Collaborative care:** Set goals with the person. Communicate with the referring care team and connect community support within each member's scope.



Sources: 2022 National Standards for DSMES, Standard 3. ADCES accreditation guidance. Full citations in notes.

2022 National Standards: Care and Outcomes

Delivery and design of DSMES services

- Evidence-based content and delivery matched to participants

Person-centered DSMES

- Individual assessment, shared goals and a tailored plan

Measuring and demonstrating outcomes

- Track participant results and improve service quality

Sources: [2], [12], [13] Full citations and links in notes and references

Person-centered education

- Assess the person’s diabetes knowledge, priorities and daily self-care needs
- Tailor education to culture, language, health literacy, numeracy and readiness
- Use respectful language and collaborative problem-solving to address access and emotional barriers
- Agree on achievable goals, review progress and share the plan with the care team

Sources: ADA Standards of Care 2026, recommendation 5.5. 2022 National Standards for DSMES, Standard 5. Details in notes.

Seven self-care behaviors for diabetes management

Small changes, chosen with the patient



Healthy coping
Recognize distress and build a support network.

Healthy eating
Plan balanced meals and choose water more often.

Being active
Build enjoyable movement into daily routines.

Taking medication
Follow the treatment plan and discuss barriers.

Monitoring
Review glucose patterns and use an agreed action plan.

Reducing risks
Avoid tobacco and keep preventive care up to date.

Problem solving
Plan for illness, travel and unexpected glucose changes.

Discussion: Which behavior is the patient ready to work on, and what is one achievable next step?

Source: ADCES7 Self-Care Behaviors®. Image provided in this presentation. Discussion details and source in notes.

Practice: applying self-care skills

Daily routines
What food or activity change fits this person's daily routine?

Treatment skills
Which medication, glucose monitoring or device skill needs practice?

Problem-solving
How will the person respond to glucose changes and reduce risks?

Coping and support
What coping support and achievable goal matter most now?

Sources: [1], [2], [4] Full citations and links in notes and references

Arranging DSMES around the person



Referral and access
Choose a recognized or accredited service. Confirm referral, coverage and scheduling.



Individual assessment
Review learning needs, daily challenges and personal goals with the educator.



Flexible learning
Individual and/or group sessions, in person or by telehealth when available.



Ongoing support
Practice skills, review progress and share the updated plan with the care team.

Tailor the schedule and format to the person. Program options and payer rules vary.

Sources: 2022 National Standards for DSMES. CDC DSMES resources. Details in notes.

DSMES patient story

A 70-year-old woman returned to DSMES 10 years after diagnosis and initial education for type 2 diabetes. Her medications included Novolog 4 units twice daily before meals, Basalgar 20 units daily and metformin 1,000 mg.

Initial challenges

She feared insulin dosing errors. Neuropathy from frostbite made eight daily finger sticks painful.

Screening identified healthcare, literacy, education and financial needs.

Individualized support

She completed 9 hours of DSMES and received a case management referral.

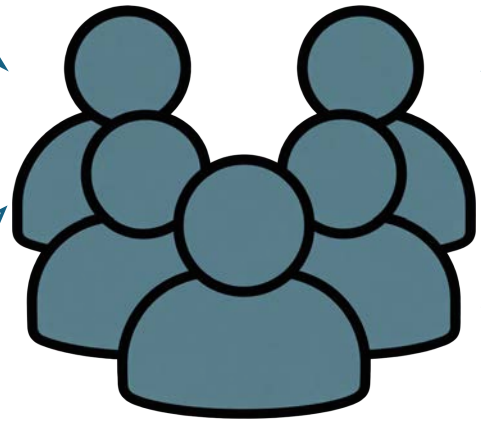
Education covered insulin timing and action, Libre 2 CGM use and nutrition to address hypoglycemia risk.

Metric	Baseline	At completion	Change
A1C	8.3%	6.6%	−1.7 percentage points
Weight	162 lb	145 lb	−17 lb.

Participant perspectives on DSMES

"I should have been offered class when I was diagnosed with diabetes."

"Knowing that I am not alone and the research is still evolving"



"This class far exceeded my expectations and provided me with clear actionable ways to manage my diabetes while maintaining quality of life. Thank you!"

"The information was presented in a way that was easy to understand and remember."

How physicians can encourage DSMES participation

- Recommend DSMES as part of routine care and link it to the person's priorities
- Explain support for daily food choices, medication use and glucose management
- Emphasize personalized guidance and time for questions beyond the clinic visit
- Address access concerns, arrange the referral and review learning at follow-up

Suggested language

"I recommend diabetes education as part of your care. The team can help you work on what matters most to you. What would make attending easier? Let's arrange a referral and review what you learn at your next visit."

Sources: ADA Standards of Care 2026, Section 5. 2022 National Standards for DSMES. Suggested wording is illustrative.

Poll: when to refer

When should a patient be referred to a DSMES program?

Select all that apply.

A. At diagnosis

B. Annually or when treatment goals are not met

C. When complicating factors develop

D. During transitions in life or care

Four critical times for DSMES



At diagnosis

Initial skills and support for a new treatment plan



Annually or off target

Review needs when treatment goals remain unmet



Complicating factors

New health or functional issues that affect self-care



Transitions in life or care

Changes in treatment, setting, caregiver or coverage

Source: ADA. DSMES Consensus Report & Resources. Four critical times for DSMES.

A DSMES referral workflow for primary care

1. **Rooming staff:** Flag a DSMES referral need and ask what the person wants help with.
2. **Treating clinician:** Recommend DSMES, agree on a goal and place the referral order.
3. **Referral coordinator:** Send the order and clinical details.
4. **Treating clinician:** Review the educator's report and patient goals at follow-up. Update the care plan.

Suggested office workflow. Sources: [3], [4], [5], [13]. Adapt roles to local staffing. Details in notes.

Case discussion: a return to DSMES

Illustrative Case

An adult with type 2 diabetes returns after a medication change. A1C remains above the individualized goal. The patient has irregular work hours and concerns about cost.

1. What makes this a good time to revisit DSMES, even though the patient has attended before?

2. How could we make participation realistic with irregular work hours and cost concerns?

3. How will our office know the referral led to useful support?

Sources: [2], [4], [13] Full citations and links in notes and references

Medicare coverage: DSMT

- Part B covers eligible outpatient training with a treating clinician’s order
- Initial benefit: up to 10 hours within a continuous 12-month period
- Follow-up benefit: up to 2 hours each year after the initial year
- Original Medicare: Part B deductible and 20% coinsurance apply
- The program must meet CMS recognition or accreditation requirements

Sources: [5], [6], [7] Full citations and links in notes and references

Michigan Medicaid and commercial plans

- Michigan's locator identifies hospital and health department DSMES programs that accept Medicaid
- Medicaid health plan requirements may differ from fee-for-service processes
- Commercial coverage depends on the member's specific benefit and network
- Before scheduling: verify referral rules, authorization, available hours and patient cost

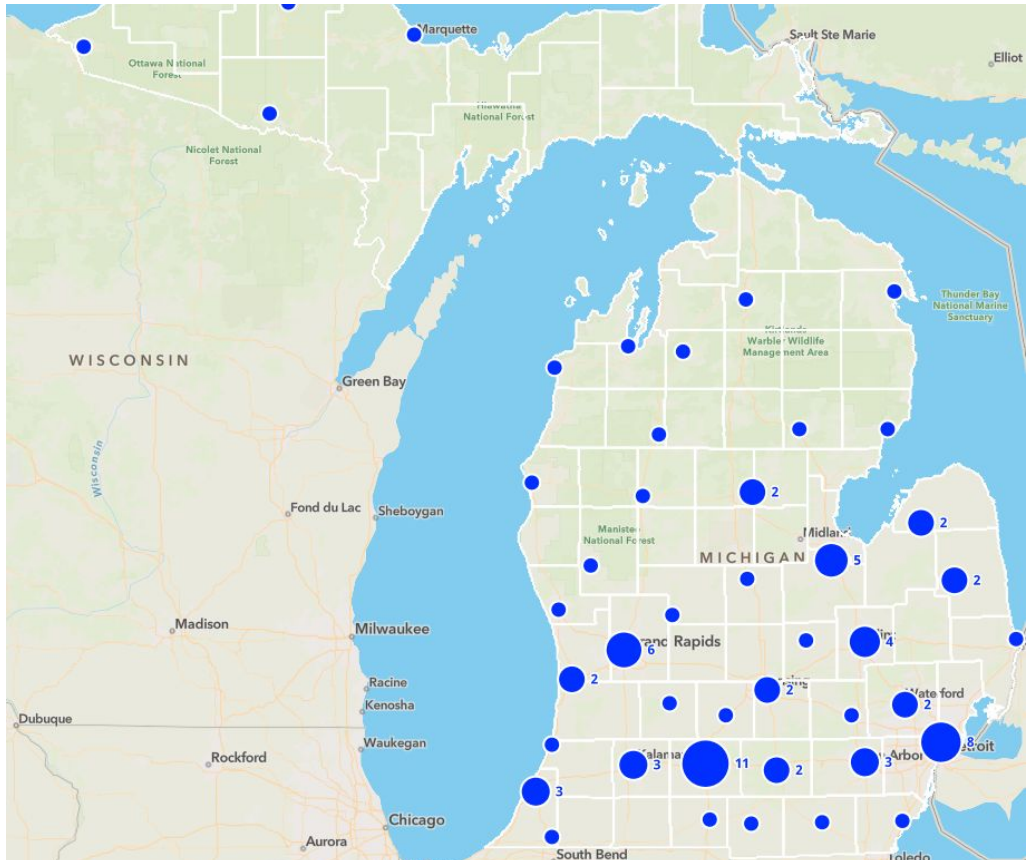
Sources: [8], [9], [12] Full citations and links in notes and references

Telehealth access and coverage checks

- Telehealth can reduce travel and scheduling barriers
- Match the format to the person’s abilities, technology and preferences
- Confirm language support, privacy and a way to demonstrate skills
- Check payer rules for the service date, provider, setting and delivery method

Sources: [11], [8] Full citations and links in notes and references

Finding and contacting DSMES in Michigan



- Michigan.gov/Diabetes: provider information and DSMES resources
- Michigan Healthy Programs: DSMES map and program list
- CDC DSMES Program Locator: location, language and telehealth filters
- Program questions: Kim Lombard, MDHHS LombardK@michigan.gov 517-614-9277

Map from original deck. Confirm current locations online.

Sources: [8], [9], [10] Full citations and links in notes and references

Primary care takeaways

- **DSMES complements medical care.** It can improve glucose management, confidence in self-care and quality of life.
- **Reassess at four critical times.** At diagnosis, annually or when goals are unmet, when complicating factors develop, and during life or care transitions.
- **Make the referral personal and accessible.** Connect the person's goals with a qualified program. Address scheduling, format, cost and coverage.
- **Follow through on the referral.** Assign office roles, share relevant clinical details and use educator feedback to update the care plan.

Equip people with diabetes with the skills and confidence to partner with you in managing their diabetes.

Sources: [1], [2], [3], [4], [5] Full citations and links in notes and references

Questions



What would help you put DSMES into practice?

References: clinical guidance

[1] ADA. Section 5. Standards of Care in Diabetes—2026.

Diabetes Care. 2026;49(Suppl 1):S89–S131. doi:10.2337/dc26-S005.

[2] Davis J, Hess Fischl A, Beck J, et al. 2022 National Standards for DSMES.

Diabetes Care. 2022;45:484–494. doi:10.2337/dc21-2396.

[3] ADA. Summary of Revisions: Standards of Care in Diabetes—2026.

Diabetes Care. 2026;49(Suppl 1):S6–S12. doi:10.2337/dc26-SREV.

[4] ADA. DSMES Consensus Report & Resources.

Four critical times, evidence of benefit and referral resources.

[12, 13] CDC. National Standards for DSMES. ADA. Samples and Templates.

Full web addresses appear in the speaker notes.

Sources: [1], [2], [3], [4], [12], [13] Full citations and links in notes and references

References: coverage and Michigan

[5–7] Medicare.gov. Diabetes self-management training. CMS MLN909381.

Noridian. Diabetes Self-Management Training, updated May 6, 2026.

[8] Michigan Department of Health and Human Services. DSMES Suppliers.

Michigan.gov/Diabetes also provides access to state resources.

[9] Michigan Healthy Programs. Find a DSMES Location in Michigan.

mihealthyprograms.org/dsme-in-michigan.aspx

[10] CDC. Find a DSMES Program.

dsmes-program-locator.cdc.gov

[11] CDC. DSMES Provided Through Telehealth. February 5, 2026.

Coverage and directory information accessed October 12, 2026.

Sources: [5], [6], [7], [8], [9], [10], [11] Full citations and links in notes and references