KDN
KENTUCKY DIABETES NETWORK
www.kydiabetes.net

TRANSFORMING DIABETES CARE:

SHOWING THE VALUE OF DIABETES EDUCATION THROUGH COMPASSIONATE DISRUPTION

Articulate the Value of Your Services With Our Value Toolkit

Insights, success stories and tips for communicating with administrators, prescribers and your local community

Speakers



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Beta Bionics Pump Specialist

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Disclosure to Participants

- **Notice of Requirements For Successful Completion**
  - Please refer to learning goals and objectives
  - Learners must attend the full presentation and complete the evaluation in order to claim continuing education credit/hours
- **Conflict of Interest (COI) and Financial Relationship Disclosures:**
  - Presenter: Erin DaRosa- No Disclosures
  - Presenter: Teresa Martin – Beta Bionics Pump Specialist
  - **All relevant conflicts of interest have been mitigated**
- **Non-Endorsement of Products**:
  - Accredited status does not imply endorsement by AADE, ANCC, ACPE or CDR of any commercial products displayed in conjunction with this educational activity
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Let the patient tell their story!

"Every Person with Diabetes needs to work with Diabetes education!! My doctor didn't have time to explain everything to me, but Michael did and now I feel more at ease, and I know I have extra support!"

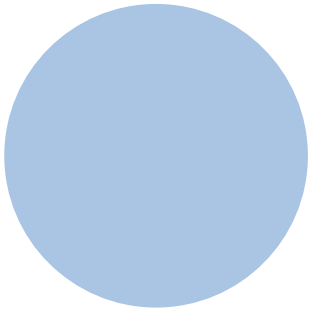


Our Goal:

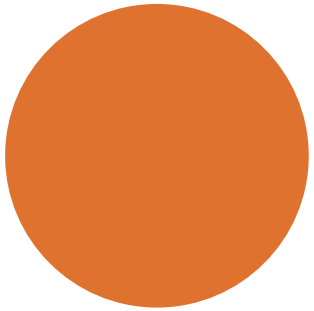
- **To empower Diabetes Care and Education Specialists (DCESs) to become Compassionate Disruptors**—reimagining their role in healthcare by identifying systemic gaps, learning from successful business strategies outside of healthcare, and using the ADCES Value Toolkit to effectively communicate and demonstrate their impact on diabetes outcomes.

Objectives:

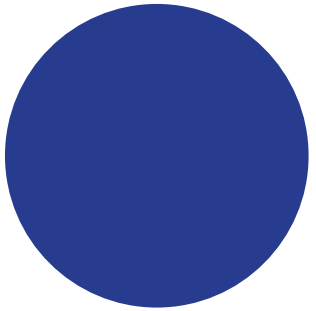
DEFINE COMPASSIONATE DISRUPTION



IDENTIFY SYSTEM GAPS IN US DIABETES CARE AND WHERE DCES FITS



ASSESS COMPANIES OUTSIDE OF HEALTHCARE TO DETERMINE HOW THEY SHOW VALUE

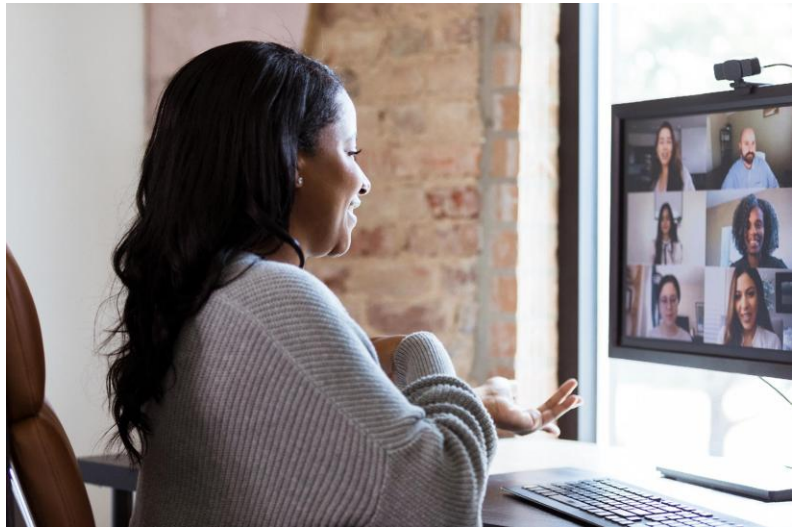


LEARN AND REVIEW THE ADCES VALUE TOOLKIT.

The Case for Compassionate Disruption

Disruption in Healthcare

Definition:
Disruption in healthcare refers to innovations or shifts that significantly transform how care is delivered, accessed, or experienced—often by challenging traditional models.



Examples:

- Telehealth expanding access to care
- AI tools streamlining diagnostics and decision-making
- Retail clinics and virtual-first care changing where people go for help
- Hospital-at-home programs reducing unnecessary admissions
- Diabetes educators working under standing orders to initiate timely treatment

Compassion in Healthcare

Definition:

Compassion in healthcare is the intentional act of recognizing suffering and taking steps to relieve it. It's about presence, empathy, and human connection.



Examples:

- Taking time to listen deeply to a patient's fears
- Explaining a diagnosis in ways that are easy to understand
- Offering small gestures of comfort, like a warm blanket or a kind word
- Helping someone navigate complex social needs like food or transportation
- Designing culturally respectful education and care

Compassionate Disruption in Healthcare

Definition:
Compassionate disruption is the act of reimagining and challenging healthcare systems-not just to innovate, but to care more deeply.

It is change fueled by empathy, driven by purp used on improving patients and



It looks like:

- Inviting patients and care teams into the design of new solutions
- Removing barriers that cause confusion, delay, or distress
- Modernizing systems to make care more **respectful, inclusive, and human-centered-**not just faster or cheaper
- Supporting bold ideas that improve health while also addressing the **emotional, mental, and cultural needs** of the people we serve

Does Diabetes Care need Transformed?

Prevalence: As of 2021, an estimated **38.4 million people** in the U.S. (11.6% of the population) have diabetes, with **8.7 million adults** unaware they have the condition

Healthcare Costs: The total annual cost of diabetes in the U.S. reached **$412.9 billion** in 2022, including **$306.6 billion** in direct medical costs and **$106.3 billion** in indirect costs

Patient Frustration: People with diabetes face **medical expenses 2.6 times higher** than those without the condition. Many patients struggle with affordability and access to necessary treatments.

National Diabetes Statistics Report | Diabetes | CDC

6AM_2023 Economic Report News Release (5).pdf

What are System Gaps in the U.S Diabetes Care?

- Rising Prevalence and Undiagnosed Cases
- Delayed or Missed Education
- Disparities in Outcomes
- Fragmented and Reactive Care
- Inadequate Support for Self-Management
- Underuse of Technology
- Economic Burden
- Payer Landscape Complexities

https://diabetes.org/about-diabetes/statistics/about-diabetes

https://professional.diabetes.org/standards-of-care

https://www.cdc.gov/pcd/issues/2023/23_0173.htm

Where can the DCES play a role to close gaps?

- Rising Prevalence and Undiagnosed Cases
- Delayed or Missed Education
- Disparities in Outcomes
- Fragmented and Reactive Care
- Inadequate Support for Self-Management
- Underuse of Technology
- Economic Burden
- Payer Landscape Complexities

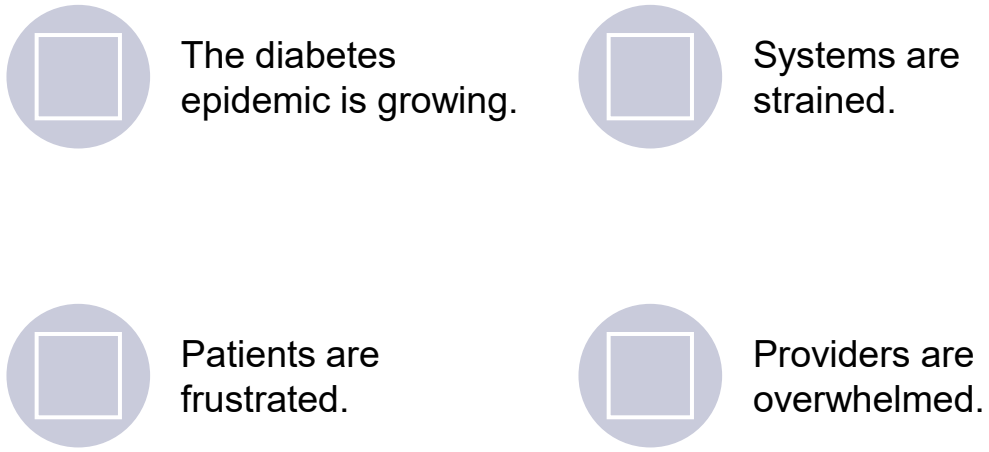
https://diabetes.org/about-diabetes/statistics/about-diabetes

https://professional.diabetes.org/standards-of-care

https://www.cdc.gov/pcd/issues/2023/23_0173.htm

The DCES as the Compassionate Disruptor

- Why this Matters Now



- Enter the DCES
  - **We disrupt** outdated models of care.
  - **We reimagine** what patient-centered support looks like.
  - **We lead** with empathy, not just expertise.
  - **We drive** better outcomes by caring more deeply and acting more boldly.

To be a compassionate disruptor…

WE NEED TO PROMOTE THE VALUE OF THE DCES!!!

Learning from the Best- Beyond Healthcare



Branding

Customer Experience

Innovation

amazon

NETFLIX

Storytelling

airbnb

VALUE Proposition





- Netflix Launched in 1997; it was a DVD rental service that mailed movies to customers. At that time Blockbuster dominated the video rental market. **Netflix struggled to stand out.** Customers didn't immediately see the value of waiting for DVDs to arrive in the mail when they could just go to a Blockbuster store.

How Netflix Showed Value

•Netflix began to demonstrate its value by solving problems customers didn't even realize they had:

- **Convenience:** No late fees and no trips to the store. Customers could browse and select movies from the comfort of their homes.
- **Personalization:** Netflix introduced a recommendation algorithm that suggested movies based on viewing preferences, offering a tailored experience.
- **Subscription Model:** Instead of paying per rental, Netflix introduced a flat monthly fee, making it cost-effective for frequent movie-watchers.



The Pivot to Streaming

- Netflix's major breakthrough came when it embraced streaming in 2007. By offering instant access to movies and TV shows online, Netflix created a new level of convenience and value. While competitors like Blockbuster were stuck in the physical rental model, Netflix was innovating.

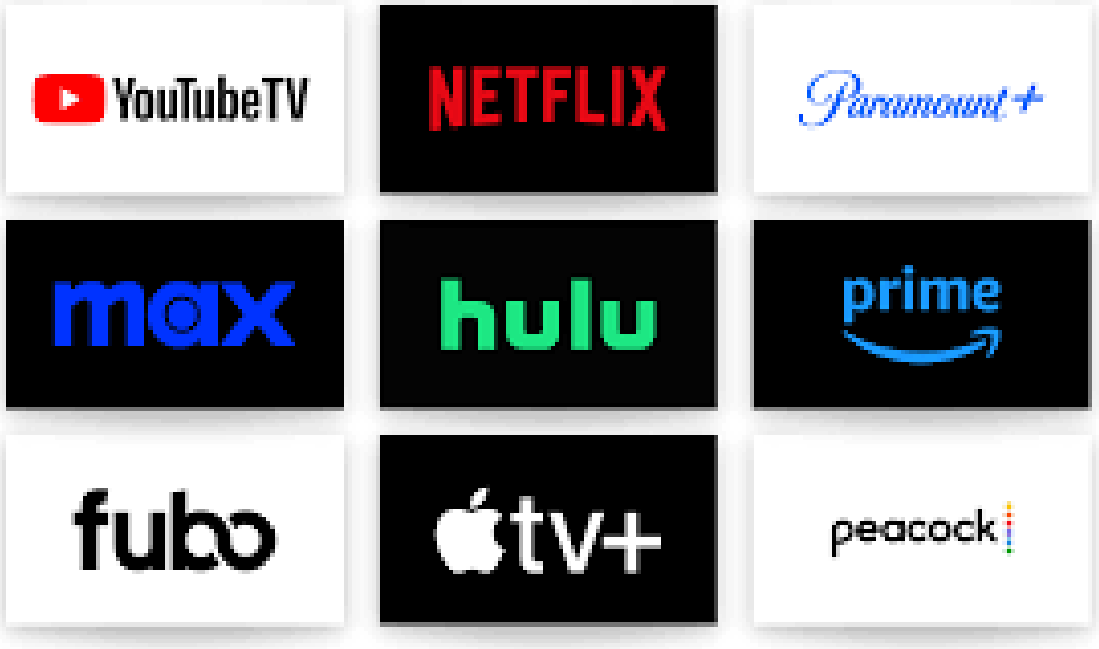
•**Results**

•Netflix’s value became undeniable:

- Customers loved the convenience, personalized recommendations, and affordable pricing.
- By 2010, Netflix had become a household name, while Blockbuster went bankrupt.
- Today, Netflix is a global streaming giant, valued at over $100 billion, with groundbreaking original content that continues to add value.



Lessons from Netflix



- **Netflix** succeeded by identifying and addressing unmet needs, delivering a superior customer experience, and continuously evolving to provide value. This example illustrates how clearly demonstrating value can set an organization apart and drive meaningful, sustained growth.

What the DCES Can Learn:

1

Know your audience: Understand what patients, providers, and systems truly need.

2

Personalize the experience: Tailor education and support to each individual.

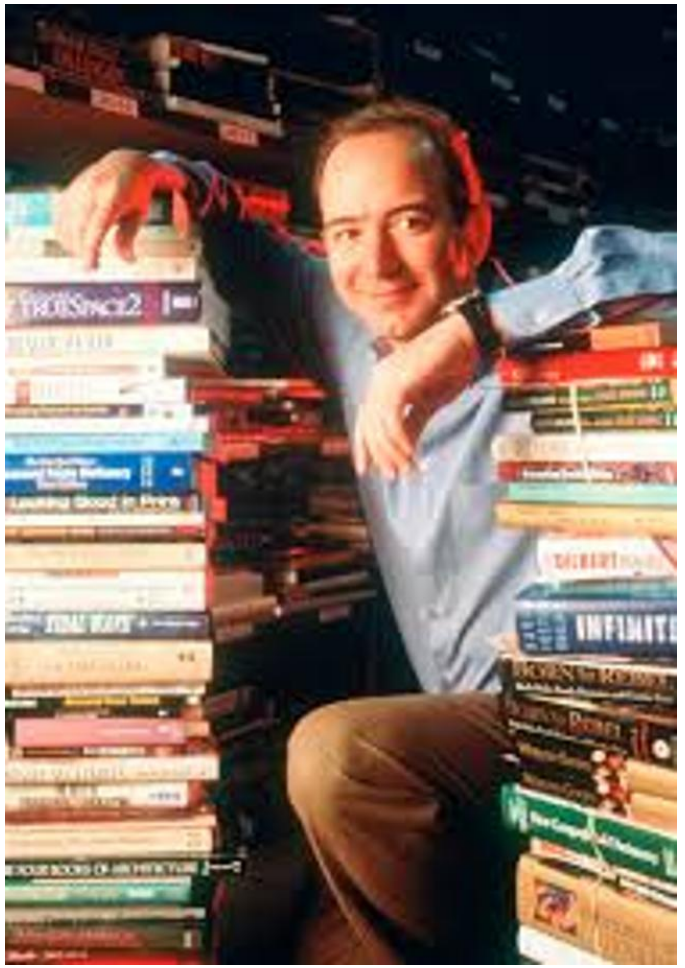
3

Innovate your delivery: Use tech, storytelling, and new models of care.

4

Show your value: Use data, outcomes, and stories to prove your impact-again and again.

•When Amazon was founded in 1994 by Jeff Bezos, it started as an online bookstore. At the time, many people were skeptical—***why would anyone buy books online when they could just go to a local bookstore?***



https://fortune.com/2015/07/15/amazon-startup-employees/

How Amazon Showed Value



Amazon differentiated itself by addressing pain points customers didn't realize they had:

- **Infinite Shelf Space:** Unlike physical bookstores, Amazon could offer virtually every book in print, giving customers a vast selection.
- **Convenience:** Customers could shop from anywhere, at any time, avoiding trips to the store.
- **Competitive Pricing:** By operating online, Amazon kept costs low and passed the savings on to customers.
- **Customer Reviews:** Amazon allowed customers to leave reviews, helping others make informed purchasing decisions—a feature that created trust and transparency.

Expanding the Value

- Amazon began offering other products and features:

Prime Membership (2005):

One-Click Ordering: Simplifying the checkout process to save time and reduce friction.

Customer-Centric Policies: Generous return policies and excellent customer service-built loyalty.

- Disruptive Innovations: Amazon *continued* to expand the value prop:
  - **AWS (Amazon Web Services):** By offering cloud computing services, Amazon transformed the tech industry, enabling countless businesses to scale efficiently.
  - **Alexa and Echo Devices:** Amazon brought voice-controlled smart technology into homes, adding convenience and innovation.

What the DCES can Learn:

1

Start with what you do best: Education, empathy, and empowerment.

2

Anticipate needs: Don’t wait for referrals-proactively identify gaps in care.

3

Make it easy: Simplify access to DSMES, use tech, reduce barriers.

4

Use data: Track outcomes, satisfaction, & engagement to improve

5

Expand your impact: Help-system, community, digital, policy.

- Airbnb started in 2008 by Brian Chesky, Joe Gebbia, and later joined by Nathan Blecharczyk. The idea was born out of necessity - Chesky and Gebbia were struggling to pay rent in San Francisco. A design conference was coming to town, and hotels were sold out. So, they decided to rent out space in their apartment by setting up **three air mattresses** and offering **"Air Bed & Breakfast."** They provided not just a place to sleep, but **breakfast and local hospitality.**



https://news.airbnb.com/about-us/

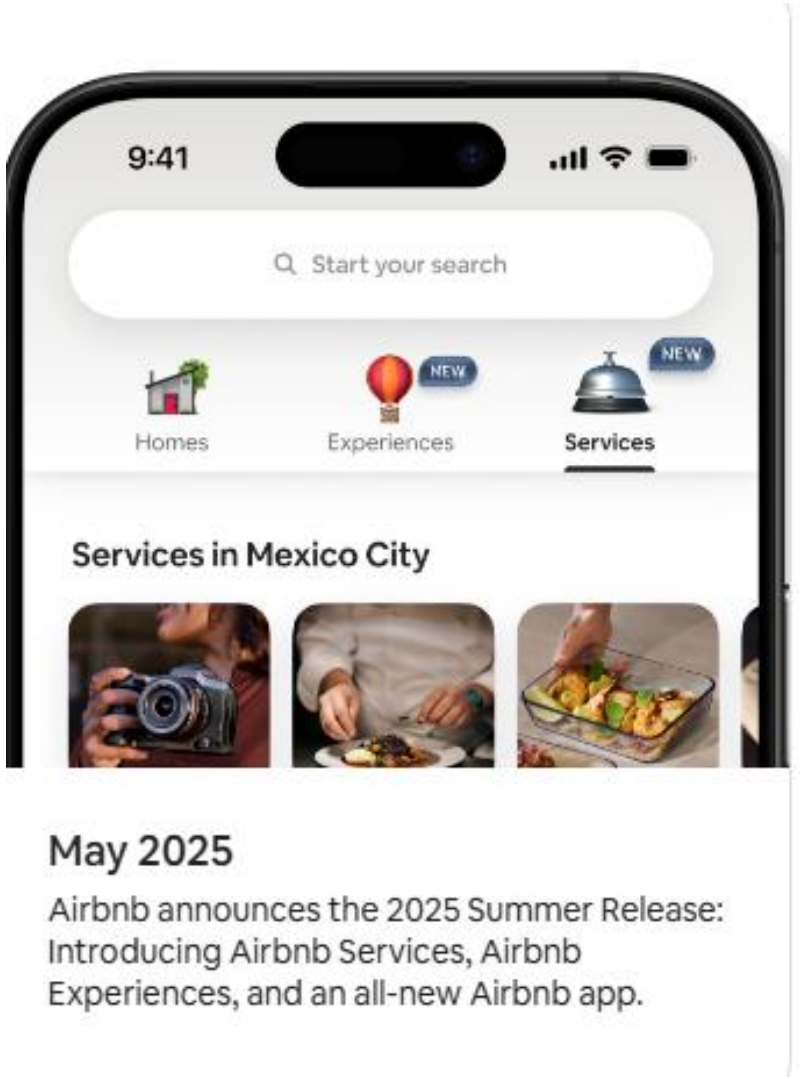
How Airbnb Showed Value

Airbnb is a story of trust disruption, and human connection.

- **Identified an unmet need**: Travelers wanted affordable, authentic, and flexible lodging options.
- **Challenged the status quo**: Disrupted the hotel industry by turning everyday people into hosts.
- **Built trust at scale**: Reviews, profiles, and secure payments created a sense of safety and community.
- **Centered on experience**: Focused not just on lodging, but on **belonging**—"Live like a local."
- **Continues to evolve**: Now offers experiences, long-term stays, and even remote work hubs.



Expanding the Value



https://news.airbnb.com/about-us/

What the DCES can Learn:

- Airbnb didn’t just offer a service-they created a **movement** around trust, personalization, and human connection.

- Just like Airbnb created value for both guests and hosts, DCES must deliver value to both patients and the providers who trust us with their care

Creating Value for Patients and Referrers

For Patients (like Airbnb Guests:)

Personalized experience: Tailor education to their lifestyle, culture, and goals.

Trust and empowerment: Build strong relationships that foster confidence and self-management.

Ease of access: Offer flexible formats—virtual, in-person, group, or one-on-one.

Belonging and support: Create community through peer groups and ongoing engagement.

For Referrers (like Airbnb Hosts:)

Make them look good: Help their patients succeed—better A1C, fewer complications, improved satisfaction.

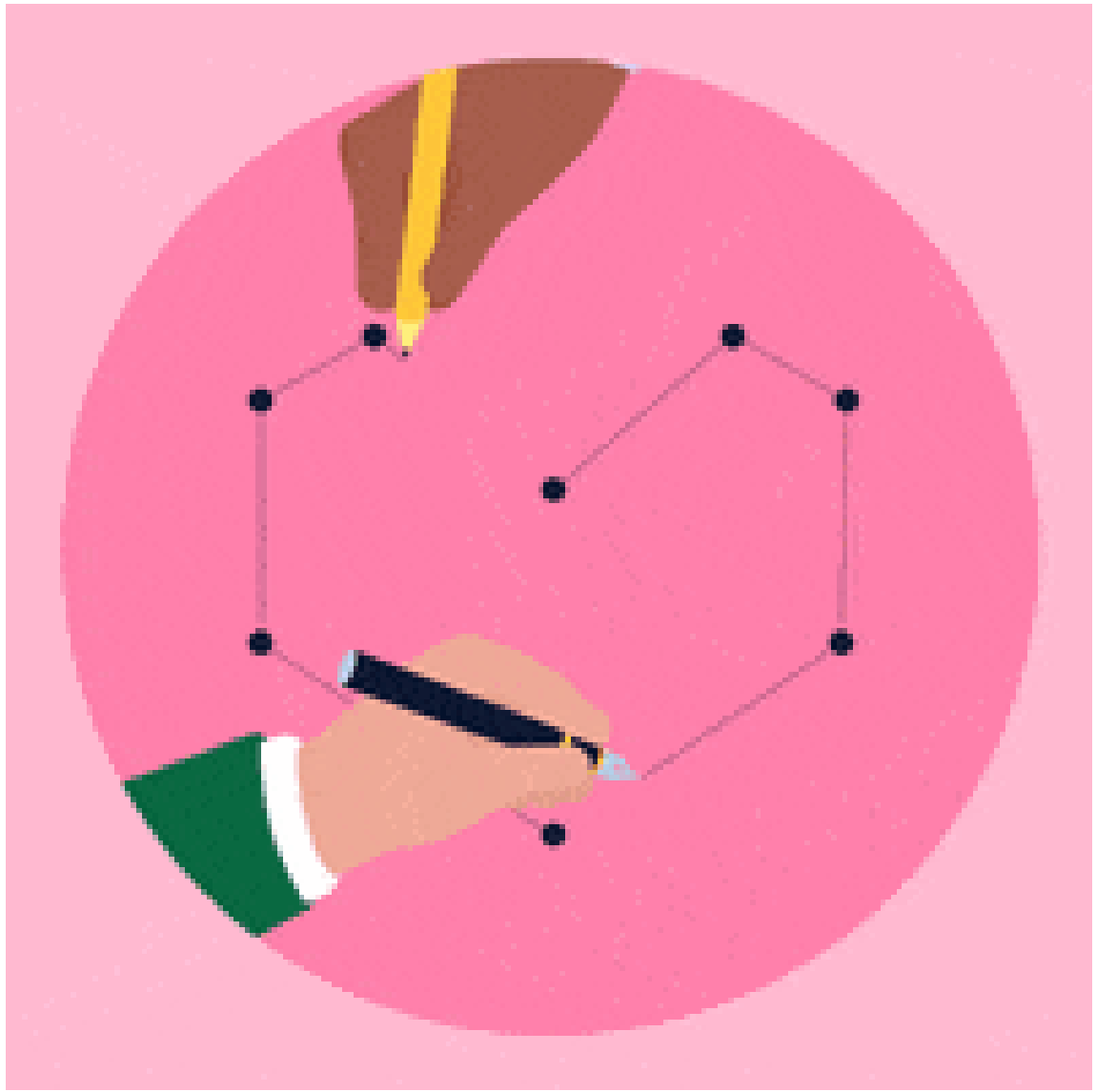
Close the loop: Communicate outcomes and progress back to the referring provider.

Be easy to work with: Streamlined referral processes, quick scheduling, and clear communication.

Support their goals: Help them meet quality metrics, reduce readmissions, and improve patient engagement.







Ideas into ACTION: There's a Toolkit for That!

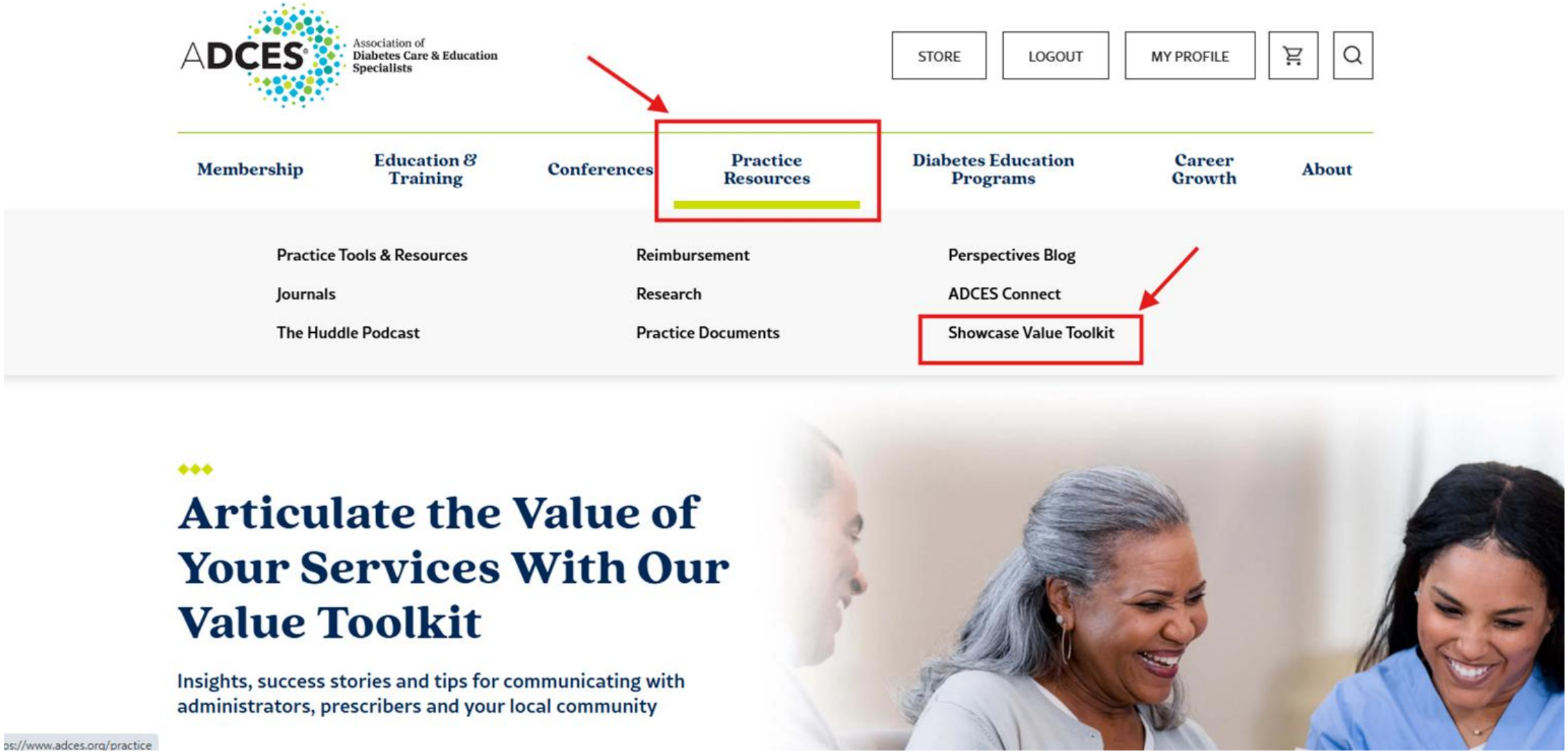
INSPIRATION

STRATEGY

ACTION

IMPACT





https://www.adces.org/practice/value-toolkit

A Member Only Toolkit

Showcase the value of your DSMES services.

The toolkit is designed to help you effectively communicate the value of your services to 3 main audiences:

- Administrators
- Prescribers
- People living with diabetes in your community

Each module includes DCES sharing:

- Perspectives
- Success Stories
- Lessons Learned
- Resources

Overview and Core Resources

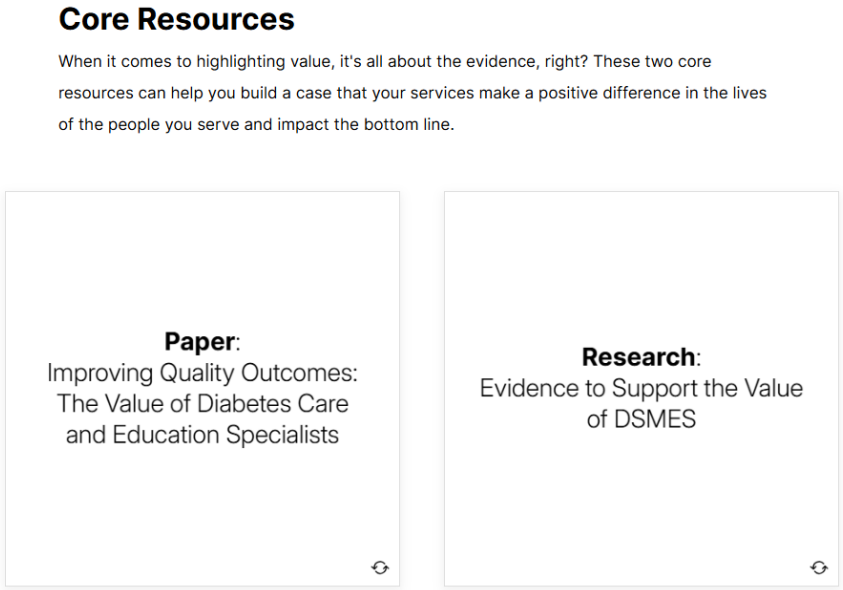


Overview and Core Resources

It starts with our core documents, a published paper on how the DCES improves quality outcomes and a compilation of current research supporting your value. We also include an ADCES24 session where 3 doctors share their suggestions.

GO TO SECTION

- This section includes a video with a quick overview of the toolkit.



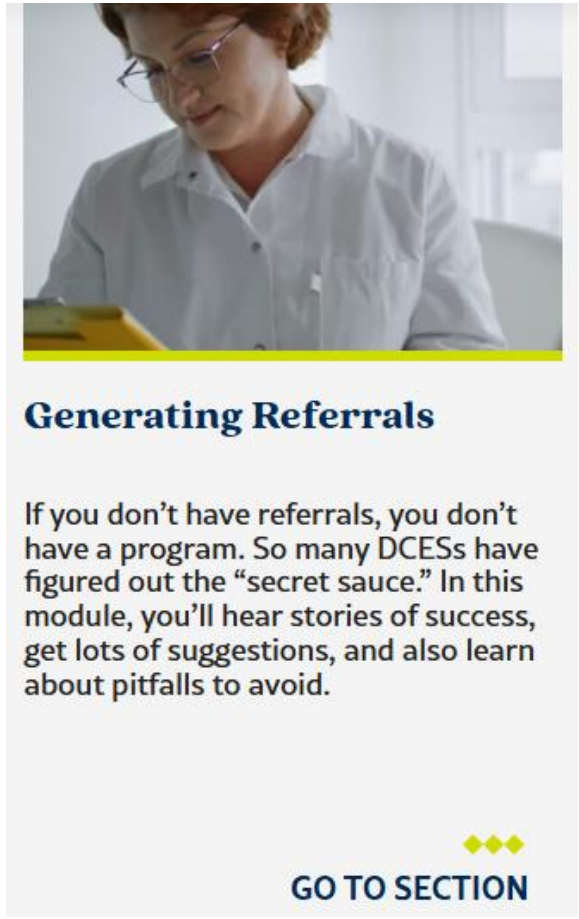
Impacting Administrators' View of DSMES



- Speaking the language of your Administrators and the importance of DATA!
- Tips/Tricks-sample letter template



Generating Referrals



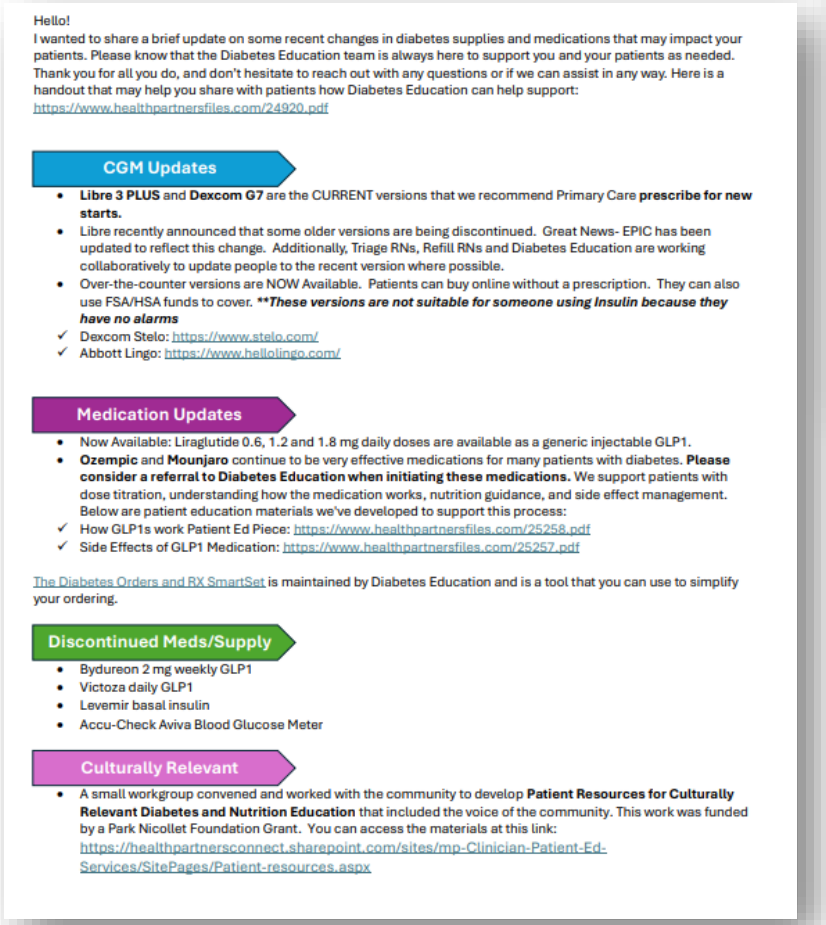
- Videos and Podcasts with Perspectives
- Know your Audience

Communicate the ways you help prescribers:

1. **Help to meet pay-for-performance and quality improvement goals.**
2. **Increase a practice's efficiency** by assuming time-consuming patient training, counseling and follow-up responsibilities.
3. **Track and monitor patients' care** and provide status reports.
4. **Assist with training patients** on new devices and technologies.
5. **Help delay the onset of diabetes** with prevention and self-management training for people at high risk.
6. **Monitor the response to treatment** and make recommendations for treatment plan adjustments.

Some examples…..

We created a brief email update template for CDCESs to share with their clinic teams.
It includes the latest diabetes care updates and highlights our contributions—helping reinforce our value and keep providers informed.



Hello!
I wanted to share a brief update on some recent changes in diabetes supplies and medications that may impact your patients. Please know that the Diabetes Education team is always here to support you and your patients as needed. Thank you for all you do, and don't hesitate to reach out with any questions or if we can assist in any way. Here is a handout that may help you share with patients how Diabetes Education can help support:
https://www.healthpartnersfiles.com/24920.pdf

CGM Updates

- **Libre 3 PLUS** and **Dexcom G7** are the CURRENT versions that we recommend Primary Care **prescribe for new starts.**
- Libre recently announced that some older versions are being discontinued. Great News- EPIC has been updated to reflect this change. Additionally, Triage RNs, Refill RNs and Diabetes Education are working collaboratively to update people to the recent version where possible.
- Over-the-counter versions are NOW Available. Patients can buy online without a prescription. They can also use FSA/HSA funds to cover. ****These versions are not suitable for someone using Insulin because they have no alarms***
- ✓ Dexcom Stelo: https://www.stelo.com/
- ✓ Abbott Lingo: https://www.hellolingo.com/

Medication Updates

- Now Available: Liraglutide 0.6, 1.2 and 1.8 mg daily doses are available as a generic injectable GLP1.
- **Ozempic** and **Mounjaro** continue to be very effective medications for many patients with diabetes. **Please consider a referral to Diabetes Education when initiating these medications.** We support patients with dose titration, understanding how the medication works, nutrition guidance, and side effect management. Below are patient education materials we've developed to support this process:
- ✓ How GLP1s work Patient Ed Piece: https://www.healthpartnersfiles.com/25258.pdf
- ✓ Side Effects of GLP1 Medication: https://www.healthpartnersfiles.com/25257.pdf

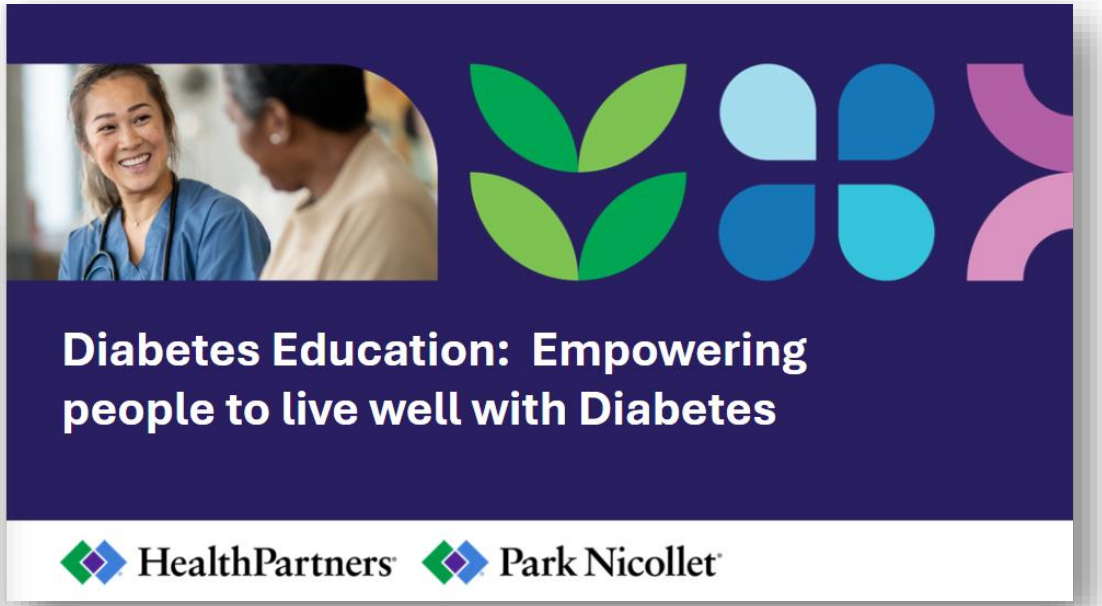
The Diabetes Orders and RX SmartSet is maintained by Diabetes Education and is a tool that you can use to simplify your ordering.

Discontinued Meds/Supply

- Bydureon 2 mg weekly GLP1
- Victoza daily GLP1
- Levemir basal insulin
- Accu-Check Aviva Blood Glucose Meter

Culturally Relevant

- A small workgroup convened and worked with the community to develop **Patient Resources for Culturally Relevant Diabetes and Nutrition Education** that included the voice of the community. This work was funded by a Park Nicollet Foundation Grant. You can access the materials at this link: https://healthpartnersconnect.sharepoint.com/sites/mp-Clinician-Patient-Ed-Services/SitePages/Patient-resources.aspx



To support consistent messaging, our team created a PowerPoint that CDCESs can use in their clinics.
It explains what we do, how we impact outcomes, how we support PCP quality metrics, and when/how to refer—using guidance from the ADCES toolkit.

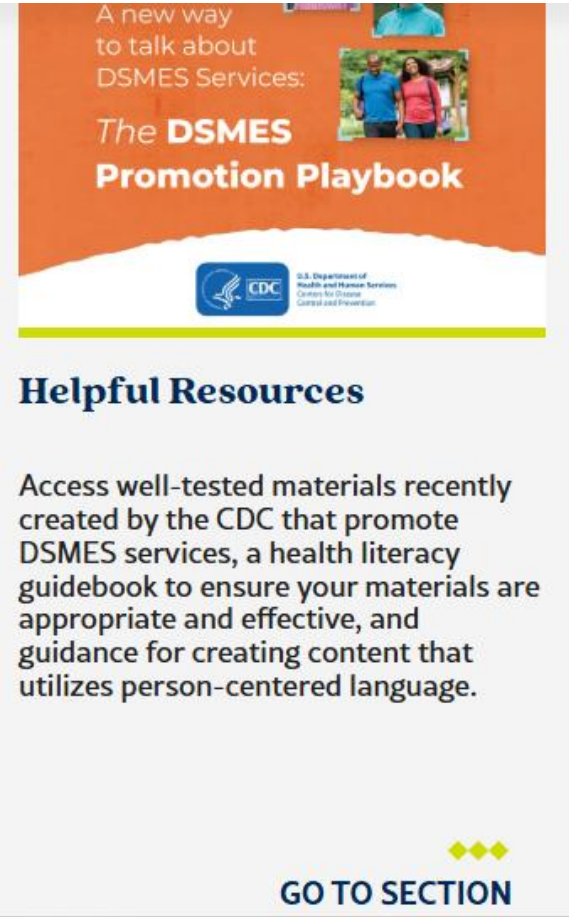
Reaching the Community



- Resources for Creating a Promotion Plan
- Identifying different promotion channels
  - Ie. Social Media. Website, emails, Newsletters



The DSMES Promotion Playbook- CDC



- Downloadable Resources
- Health Literacy Playbook- importance of Plain Language and positive language.



Sample Flyer (click to expand)



Sample Postcard (click to expand)

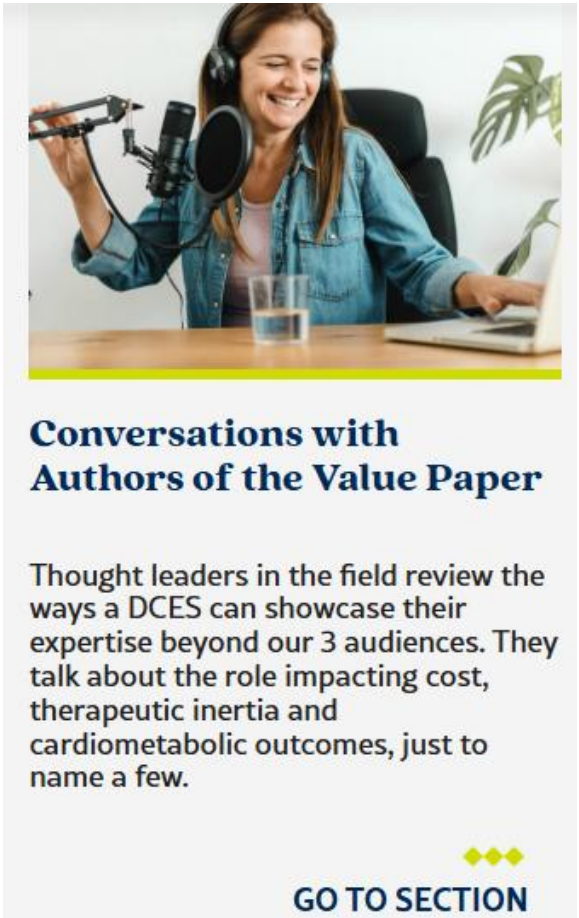


Sample Poster (click to expand)

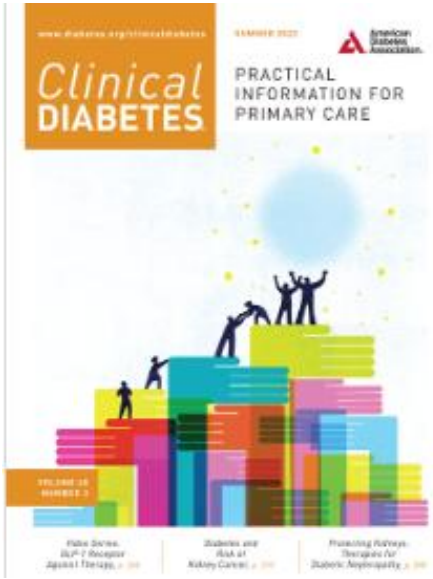


Sample social media post

Conversations with Authors of the Value Paper



- Improving Quality Outcomes: The Value of DCES
- Conversations/Podcasts to dive deeper



https://diabetesjournals.org/clinical/article/40/3/356/144974/Improving-Quality-Outcomes-The-Value-of-Diabetes

The Tool Kit has been Recognized!

- **American Society of Association Executive's Power Of Our Impact Award** (*Silver Award)*
- **Hermes Creative Award for Web-Based Training**. (*Platinum Award)*

Press release: https://www.adces.org/about-us/media-relations/press-releases/2025/07/24/adces-receives-2025-power-of-associations-silver-award-for-its-showcase-the-value-of-your-dsmes-services-toolkit

Press release: https://www.adces.org/about-us/media-relations/press-releases/2025/04/18/association-of-diabetes-care-education-specialists-receives-two-hermes-creative-awards

NEW!!!



Advocate for Yourself: A Toolkit for Diabetes Care and Education Specialists

Learn how to strengthen your influence and elevate your impact in the workplace.



From Compassion to Action

You are a Compassionate Disruptor!

You've seen the gaps.

You've been inspired.

You have the tools!

NOW it's time to you're your value- and lead this change!

Tell your Story

And reframe to your audience

Advocate for Yourself Toolkit

LESSON 1



Advocacy Starts With Self-Worth

Learn how to recognize your impact and shift from doing the work to owning it. When you confidently communicate your value and connect it to outcomes, you strengthen your voice and position yourself as essential.

SIGN IN FOR RESOURCES

LESSON 2



Let Your Credibility Shine

This module introduces the concept of an "Impact Bank," a simple way to track wins using Situation, Action, Result and "So What." Connect your work to outcomes, strengthen your voice, and advance your career.

SIGN IN FOR RESOURCES

LESSON 3



Relationships Are Key to Elevating Your Value

This module helps you understand others' priorities, connect your work to what matters and collaborate consistently. Strong relationships build credibility and increase support for your ideas.

SIGN IN FOR RESOURCES

https://www.adces.org/dces-career/advocate-for-yourself-toolkit

American Diabetes Association®

Diabetes Care. 2025;49(Supplement_1):S183-S215. doi:10.2337/dc26-S009

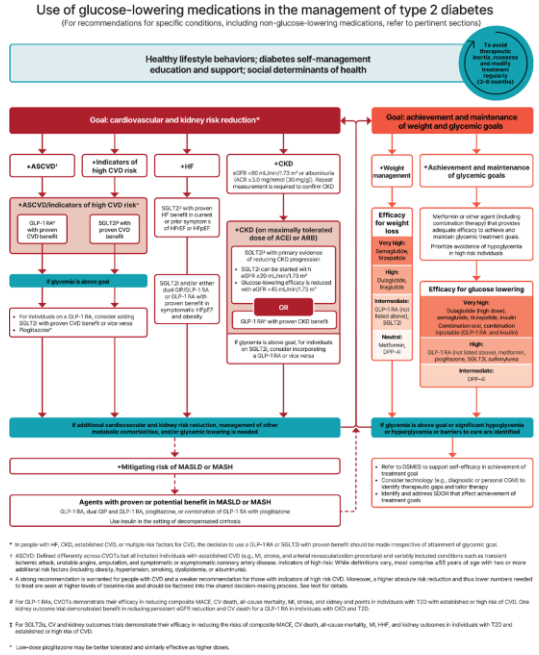


Figure Legend:

Use of glucose-lowering medications in the management of type 2 diabetes. The left side of the algorithm prioritizes mitigation of diabetes-related complications and end-organ effects, while the right side addresses weight and glucose management goals. ACEi, angiotensinconverting enzyme inhibitor; ACR, albumin-to-creatinine ratio; ARB, angiotensin receptor blocker; ASCVD, atherosclerotic cardiovascular disease; CGM, continuous glucose monitoring; CKD, chronic kidney disease; CV, cardiovascular; CVD, cardiovascular disease; CVOT, cardiovascular outcomes trial; DPP-4i, dipeptidyl peptidase 4 inhibitor; DSMES, diabetes self-management education and support; eGFR, estimated glomerular filtration rate; GLP-1 RA, glucagon-like peptide 1 receptor agonist; HF, heart failure; HFpEF, heart failure with preserved ejection fraction; HFrEF, heart failure with reduced ejection fraction; HHF, hospitalization for heart failure; MACE, major adverse cardiovascular events; MASH, metabolic dysfunction-associated steatohepatitis; MASLD, metabolic dysfunction-associated steatotic liver disease; MI, myocardial infarction; SDOH, social determinants of health; SGLT2i, sodium–glucose cotransporter 2 inhibitor; T2D, type 2 diabetes. Adapted from Davies et al. (90).

Date of Download: 1/10/2026

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Use of glucose-lowering medications in the management of type 2 diabetes

(For recommendations for specific conditions, including non-glucose-lowering medications, refer to pertinent sections)

1

Healthy lifestyle behaviors; diabetes self-management education and support; social determinants of health

2

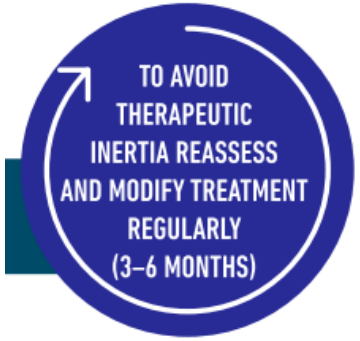
To avoid therapeutic inertia, reassess and modify treatment regularly (3–6 months)

Diabetes Education and Nutrition Support is Recommended First line Therapy for a person with diabetes!

When to Refer:

- At the time of diagnosis
- Annual assessment of needs
- New Complicating factors arise
- When transitions in care occur

Diabetes educators have become 1st line therapy!



HEALTHY LIFESTYLE BEHAVIORS; DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT (DSMES); SOCIAL DETERMINANTS OF HEALTH (SDOH)

Practical Tips for Clinicians

- Embrace DSMES as being as important as other aspects of diabetes care, such as pharmacotherapy.
- Identify and know how to access your local DSMES resources.
- Impress on the person and the health care team the importance of DSMES in the ongoing holistic approach to the management of type 2 diabetes.
- Initiate or refer for DSMES at diagnosis, annually, with changes in social or health status, and with transitions of care or life situation.

Davis et al. Diab Care 2022

The data behind what you do….

- If DSMES Were a Pill, Would You Prescribe It?

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If DSME Were a Pill, Would You Prescribe It?

Margaret A. Powers

Scorecard: DSME vs Metformin		
Criteria	Benefits Rating	
	DSME	Metformin
Efficacy	High	High
Hypoglycemia risk	Low	Low
Weight	Neutral/Loss	Neutral/Loss
Side effects	None	GI
Cost	Low/Savings	Low
Psychosocial benefits	High	N/A

FIGURE 3. Head-to-head comparison of the benefits of DSME vs. metformin (metformin data are from refs. 9 and 10). GI, gastrointestinal.

Thank you!

Questions?

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