

Aligning Diabetes Self-Management Education and Support (DSMES) with Skilled Care in Home Health

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Background

Effectiveness of diabetes self-management education and support (DSMES) has been well demonstrated within clinical platforms to improve patient outcomes in the outpatient setting ¹. However, it is an emerging practice within home healthcare. CenterWell Home Health (CWHH) (figure 1) has integrated DSMES as an enhanced clinical practice in collaboration with the American Diabetes Association Education Recognition Program (ADA ERP) certification.

Purpose

The purpose of this poster is to promote the benefits of aligning DSMES with home healthcare. Outcome data related to patient care within the home setting by CWHH clinicians who provide DSMES will be presented. Based upon the findings, the value of integrating DSMES within the home health setting will be evaluated. The identification of opportunities to optimize DSMES in this setting will be discussed.

What is Home Healthcare?

Home healthcare (figure 2), also referred to as skilled home healthcare, consists of a multidisciplinary treatment approach for persons with a need for disease or condition management/education. This multidisciplinary team may include nursing, physical, and/or occupational therapy, speech language pathology, and medical social workers, who collaborate to formulate a plan of care (POC) specific to the individual needs and goals of each patient. This patient centric approach allows for better patient engagement and self management opportunities.

What is Home Health?

| Who? | What? | Where? | Why? |
|--|--|--|---------------------------------|
| Homebound patients requiring treatment | Healthcare services for illness / injury | Care provided in patients' / caregivers' place of residence including homes, assisted living facilities, etc | Reduce risk for hospitalization |
| Exceptions: Religious services Adult day care Medical appointments | Assessment, social determinants of health, medication reconciliation, disease management | Provided by trained healthcare professionals / paraprofessionals | Increase independence |
| Must be "taxing" effort to leave home | "Skilled" healthcare need | | Self-manage health conditions |
| | | | Maintain function |

Figure 2

About CenterWell Home Health (CWHH)

More than 7.5 million CWHH visits in 2022, over 2.2 million were patients with diabetes² (PWD) (Figure 3).

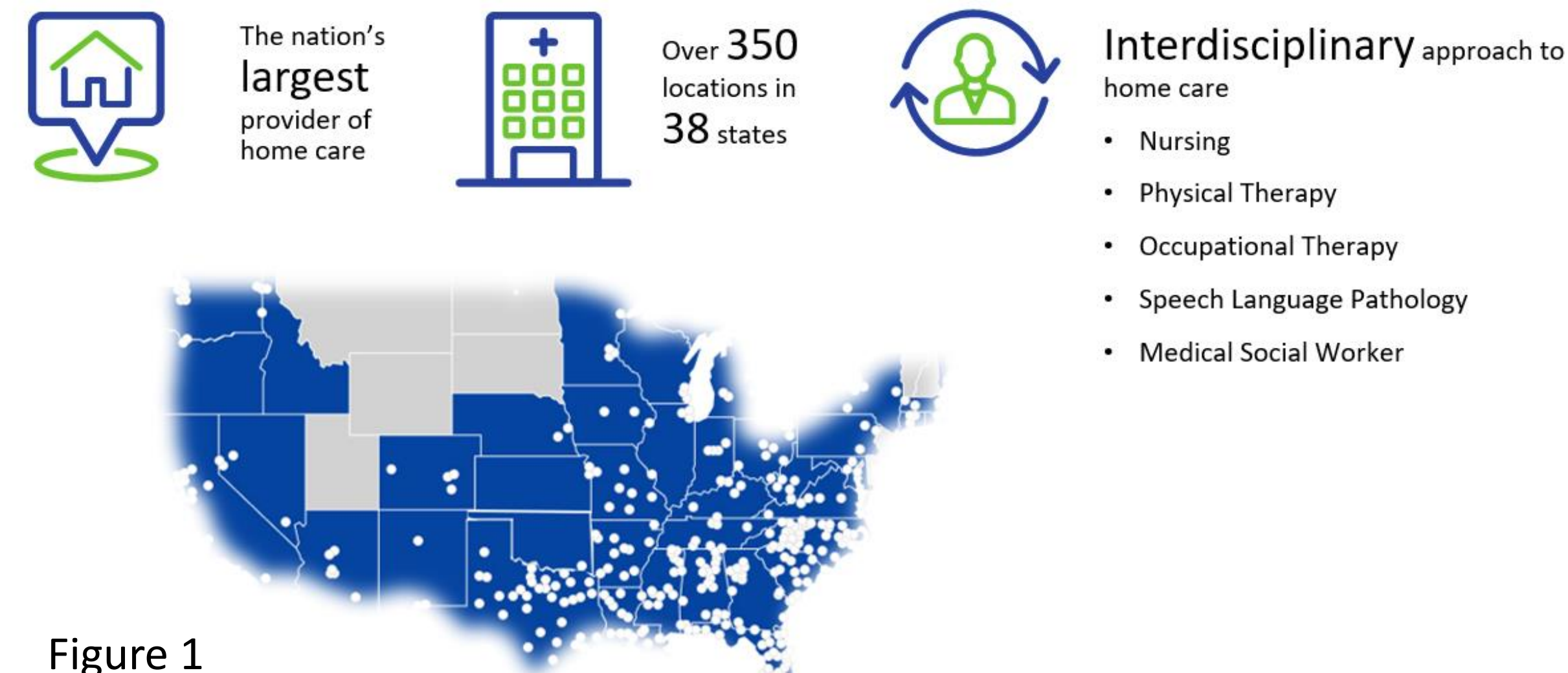


Figure 1

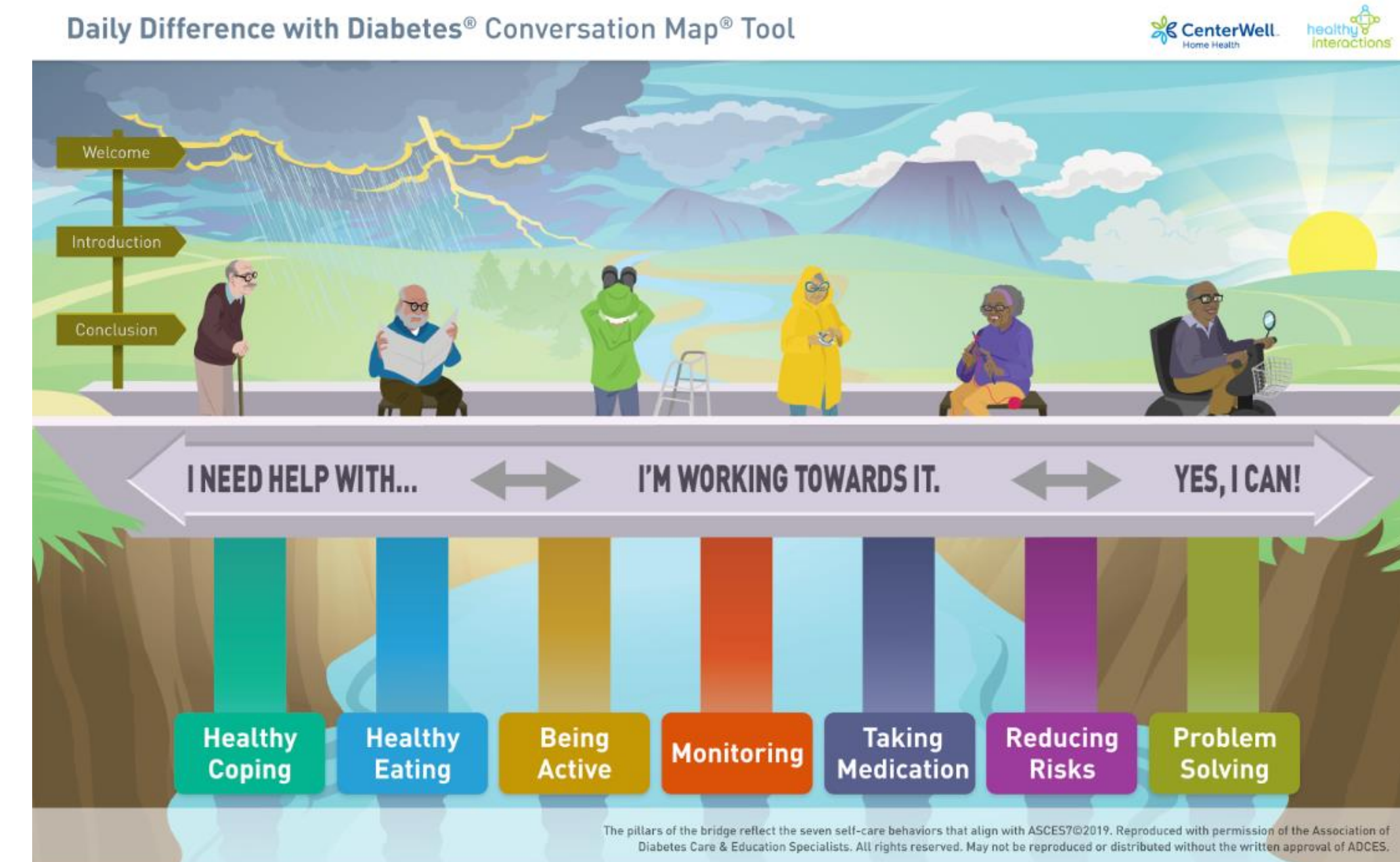


Figure 4

General CWHH diabetes population

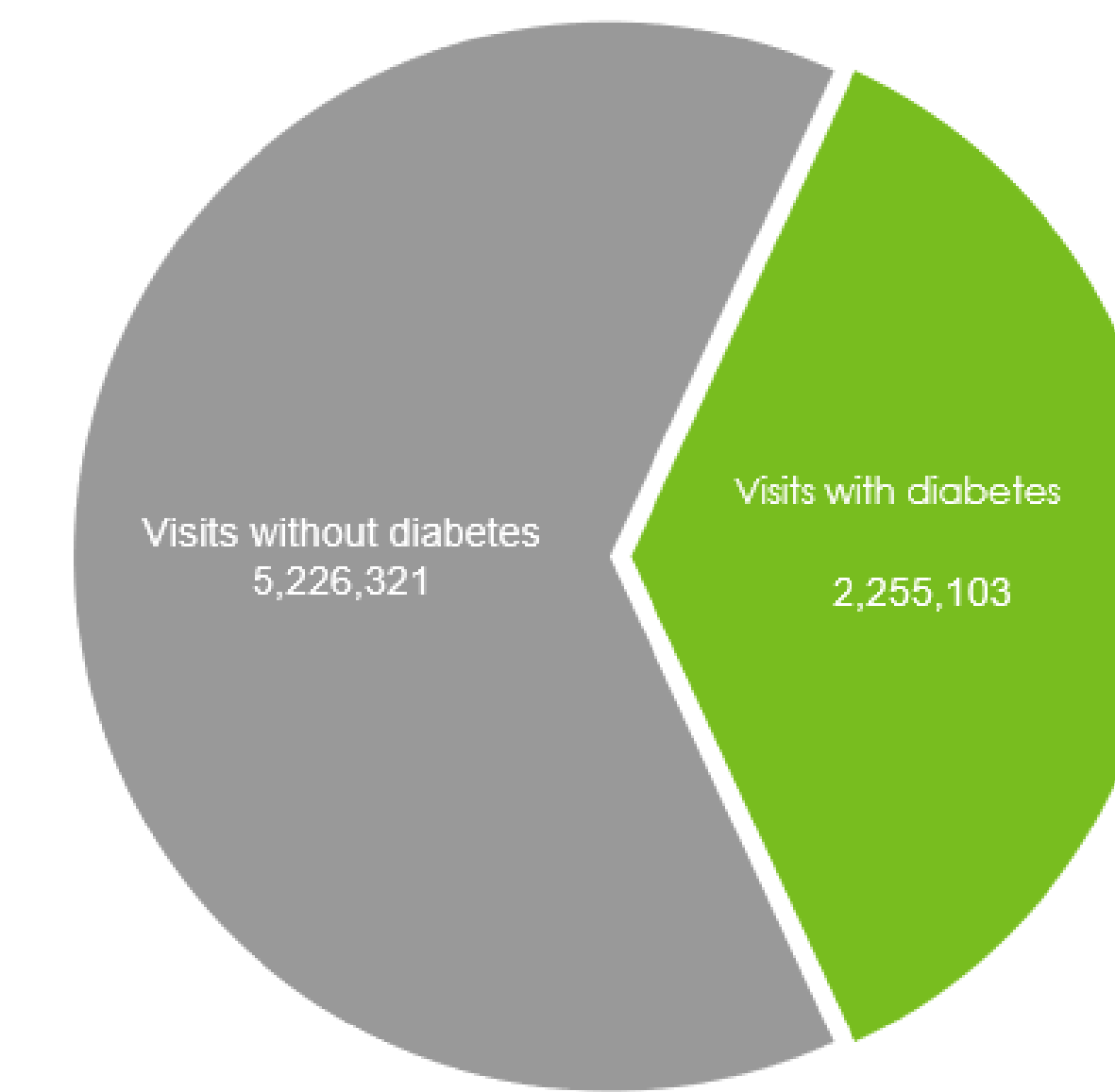


Figure 3

Align DSMES with Home Healthcare

DSMES, in practice, aligns very well with home healthcare, where routine patient care consists of disease/medication management, educational support, and the empowerment of self-management principles. Vital to optimizing patient care outcomes, CWHH integrates DSMES in the plans of care for PWD. Synergistical, by aligning DSMES and home healthcare, this promotes enhanced patient confidence and ownership of key health behaviors which positively influence ongoing self-management. Interventions provided during CWHH visits address the Association of Diabetes Care and Education Specialists Seven Self-Care Behaviors (ADCES7). ADCES7 promoting PWD skill-building opportunities and sustainability of key health behaviors long-term. CWHH's program, Daily Difference with Diabetes[®] has incorporated the Conversation Map Tool[®] as the educational curriculum which uses ADCES7 to deliver DSMES in alignment with ADA ERP (figure 4).

As of August 2023, 185 agencies within CWHH have obtained ADA ERP certification. The goal of CWHH is to ensure all 350+ agencies are ADA ERP certified in 2024.

Methods/Results

To identify the impact of DSMES in home healthcare, quarter 1 2022 data was compared to quarter 1 2023 for patients with a primary diagnosis of diabetes in CWHH's south and southeast regions. Both regions achieved full ADA ERP accreditation prior to the beginning of quarter 1 2023 which included x agencies.

Comparison demonstrates, while admitting a similar patient cohort during the same periods, outcomes correlated with a reduction of length of stay, while reducing hospitalization rates (30/60 day) and further reducing clinical resource utilization (figure 5). An average of 7.3 visits per period were performed in both quarters, however, very similar therapy utilization of 47.7% versus 46.9% respectively was noted. ³

| Descriptive Statistics | Q1 2022 | Q1 2023 |
|---|---------|---------|
| N= | 4112 | 4111 |
| 60-day (CMS) ACH | 17.1% | 16.6% |
| 30-day ACH | 14.9% | 13.6% |
| Length of Stay (days) | 92.3 | 64.4 |
| Visits per period (VPP) (nursing + therapy) | 7.3 | 7.3 |
| % therapy VPP | 47.7% | 46.9% |

Figure 5

Conclusion

By aligning DSMES and using the ADCES7 in home healthcare practice, patients are further afforded an opportunity to integrate self management skills which allows to optimize health and wellness. By empowering a patient to better manage their disease process, this in turn contributes to an improvement in overall health outcomes and quality of life. This implies an opportunity to optimize clinician utilization in the home healthcare setting.

Opportunities

To establish national clinical practice guidelines and standards of care for providing DSMES in the home healthcare.

Contact

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References

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2. Unpublished CenterWell Home Health data analyzing episodes from 01/2022 – 12/2022 using HCHB medical records data pulled 7/15/2023
3. Unpublished CenterWell Home Health (South and Southeast regions) data analyzing episodes for Q1/2022 and Q1/2023 using Strategic Healthcare Programs (SHP) data pulled 7/15/2023