

## Track Content Descriptions for ADCES24

We will be using one set of objectives for ADCES24. The objectives are based on the value of diabetes care and education specialists and our vision for the specialty of diabetes care and education. ADCES has Joint Accreditation status. These objectives also align with our Joint Accreditation mission and support our use of a framework to drive our decisions related to the educational design/implementation of the program.

The Planning Committee seeks education proposals 45 minutes in length and research proposals 15 minutes in length. All posters and oral sessions will be categorized according to the tracks listed. Education proposals that are case-based, debate format, thought-provoking, and facilitate interactive learning will be prioritized for selection.

### **Educational Track #1 Equitable Care for Diverse Individuals and Populations**

**Objective:** Apply current evidenced-based solutions when advocating for individuals, families, health care teams, and the communities they serve, and ensure health care delivery and messaging are tailored to specific populations in an effort to reduce health disparities.

**Track Description:** Diabetes care and education specialists in collaboration with other members of the care team play a key role in making sure health systems respond to the needs of both individuals and populations they serve without fear of bias or discrimination. ADCES seeks abstracts that support the evidence and help educate our attendees on the following (but not limited to):

- Health Equity
- Social determinants of health
- Public health initiatives
- Population health interventions that promote improved access to quality care
- Risk stratification of glycemic outcomes and other cardiometabolic parameters
- Access for racial and ethnic minorities, uninsured, older adults, homeless, those living with HIV and other chronic health conditions, those with disabilities, uninsured, low economic status
- Rural residents or those living in food/healthcare deserts
- Atypical sensory, physical, or mental ability and disability
- Transgender or gender-nonconforming persons or those of minority sexual orientation
- Limited health literacy

### **Educational Track #2 Diabetes and the Cardiometabolic Continuum**

**Objective:** Apply evidence-based science of education, care, support, and risk reduction for the person with and at risk for diabetes and related cardiometabolic conditions, across the lifespan

**Track Description:** Health outcomes are improved, and the prevalence of costly comorbidities and complications are reduced when risk reduction measures and interventions are implemented. Clinicians ensure that complex barriers are addressed at all levels of care and that de-intensifying pharmacologic therapy is occurring when appropriate. ADCES seeks abstracts that support the evidence and help educate our attendees on best practices on the following (but not limited to):

- Cardiometabolic conditions, complications (e.g. prediabetes, heart failure, stroke, kidney disease, eye disease, nerve disease, foot ulcers and conditions, metabolic disorders, obesity, NASH/NAFLD)
- Working with people with higher-weight bodies
- Risk Reduction (DPP, prediabetes), success, and barriers
- Pharmacological updates in risk reduction/treatment of diabetes and cardiometabolic conditions
- Health behavior change interventions for preventing and/or treating cardiometabolic risk factors & conditions
- Effective strategies for reducing our own cardiometabolic risk as busy healthcare professionals

## Educational Track #3 Psychosocial/Behavioral Health

**Objective:** Incorporate assessment and treatment of behavioral health concerns for the person at risk for and with diabetes and related cardiometabolic disease.

**Track description:** Psychosocial factors that interfere with self-management can influence desired outcomes. The emotional burden of diabetes has independent effects on quality of life and metabolic outcomes. Healthy coping is central to sustainable self-management.

ADCES seeks abstracts that support the evidence and help educate our attendees on the following behavioral and emotional health/well-being topics and include the following concepts (but not limited to):

- Care and education that addresses the impact of emotions on health and wellbeing outcomes, including engagement in diabetes self-management and other risk reduction behaviors
- A complementary role with care and education regarding associated cardiometabolic and other conditions, including mental health and substance use, that warrant referral or specialized care
- Models that incorporate mental health professionals to optimize outcomes for people at risk for or with diabetes and other cardiometabolic conditions
- Behavioral health competencies Diabetes and distress, depression, bipolar, schizophrenia, other
- Healthy Coping
- Motivational Interviewing
- Clinician Burnout
- Stress management
- Patient-reported outcomes (PROs)

## Educational Track #4 Technology Integration

**Objective:** Integrate strategies to advocate for sustainable technology-enabled care in all practice settings.

**Track description:** Technology continues to be poised to radically transform the risk reduction, treatment, care delivery, and ongoing support for persons at risk for or affected by diabetes and related cardiometabolic disease. Diabetes care and education specialists are passionate advocates and are positioned to collaborate with people with diabetes and primary care team members to facilitate implementation, management, and support for technologies used in diabetes care. ADCES seeks abstracts that support the evidence and help educate and train our attendees on the following topics (but not limited to):

- Applying the ICC Framework  
<https://journals.sagepub.com/stoken/default+domain/ANVQQE8YIP5IEKYCUJGQ/full>, [Utilizing A Technology Framework to Reduce Disparities and Therapeutic Inertia \(diabeteseducator.org\)](https://diabeteseducator.org)
- Adopting and integrating technology-enabled interventions into clinical practice
- Artificial intelligence
- Apps, smartphone mobile applications, and digital health platform
- Automated insulin delivery, insulin pumps, patches, closed-loop systems, smart pen, continuous glucose monitoring, blood glucose monitoring, smartphone mobile applications, and digital health platforms
- Technology platforms, remote patient monitoring, and data-sharing platforms
- Telehealth barriers, successes
- Glucose management metrics and data interpretation

## Educational Track #5 The Business of Providing High-Quality Care

**Objective:** Implement interprofessional care team practices to improve clinical and behavioral outcomes, and quality of life, by improving cost-effectiveness, reimbursement, leadership skills, policy/public policy/advocacy, and improved care team satisfaction.

**Track Description:** Quality improvement efforts are crucial for monitoring effective care. The evidence supports that diabetes care and education specialists positively impact health care outcomes. As outcome metrics are achieved, the cost of care is reduced. Health care leaders must identify evidenced-based cost-effective solutions that meet quality standards of care and education. ADCES seeks abstracts that support the evidence and help educate our attendees on the following (but not limited to):

- Cost-effectiveness
- Improved clinical outcomes, quality of life, and health care utilization
- Interventions and activities that support quality and safety measures
- Reduction in emergency and inpatient services
- Quintuple Aim areas of focus
  - Quality of care delivery at scale
  - Patient experience
  - Provider experience
  - Reduction in cost of care
  - Advancing health care system resilience
- Advocacy
- Value of the DCES
- DCES's role in emerging and successful models of care and reimbursement
- Tracking process metrics to assess rates of referrals to DCES/DSMES

## **Educational Track #6 Mitigating Therapeutic Inertia**

**Objective:** Implement evidence-based interventions to provide timely clinical care, education, and support beyond usual care.

### **Track description:**

Diabetes Care and Education Specialists offer care and service coordination that positively impacts clinical and behavioral outcomes. It is important to share experiences and examples of how the DCES contributes to reducing therapeutic inertia in a variety of settings.

Content areas for mitigating therapeutic inertia include the following (but not limited to):

- Individualized clinical care
- Adoption of best-practice treatment recommendations
- Developing treatment algorithms or decision-support
- How integration is optimized when all team members, including DCESs, contribute their own expertise in common goals and plans of care
- Incorporating CHWs and other care team members for comprehensive outreach and support
- Integrating care between primary care, community, specialty, and tertiary care
- Development of policies and protocols for care team practice
- Helping PWD solve problems related to self-management using the ADCES7 Self-Care Behaviors™
- Supporting patients' self-management between visits
- Transitions in care
- DCES/DSMES referrals at the four critical times