ADCES ANNUAL CONFERENCE REGISTRATION GUIDE

Formerly the AADE Annual Conference

ADCES 20 

DIABETES CARE  EDUCATION  TECHNOLOGY

ATLANTA | AUGUST 14 – AUGUST 17
GEORGIA WORLD CONGRESS CENTER

REGISTER NOW
SAVE $100 THROUGH FRIDAY, APRIL 24
Welcome to ADCES, the Association of Diabetes Care & Education Specialists.

Our mission is to empower you, the diabetes care and education specialist, to fully embrace your integral role on the diabetes care team. This bold and strategic move to rebrand ourselves as a specialty and as an association allows us to more accurately represent our value and reach more people with or at risk for diabetes.

NEW NAME. SAME PASSION.
Our name may have changed but this is still the premier diabetes care, education and technology event of the year! Over four action-packed days, ADCES20 will bring together the largest convergence of diabetes care and education specialists in the nation. Together, we will expand our expertise, elevate our thinking and connect as a community.

SET YOUR SIGHTS ON ATLANTA.
From barbeque to baseball to blues, Atlanta is the heart and soul of the South. Experience a diverse and thriving cultural scene at local theaters, museums, galleries, concert halls and more. Whether you know it as the Big Peach, City in a Forest or simply the A, Atlanta welcomes you.

REGISTER NOW TO:
- EXPERIENCE SAVINGS: Register by Friday, April 24 for the best value and first choice of special ADCES20 rates at Atlanta hotels.
- EARN CREDIT: Get up to 28 CE credits* based on the sessions you attend.
- EXPLORE EXHIBITS: Discover new products, technologies and programs that make caring for people with diabetes a little easier.
- ENGAGE: Learn something new, share with others and gather at fun social events planned during the conference.

*25 CE credits provided with an additional 3 CE credits from poster viewing for registered nurses, nurse practitioners and registered dietitians.

EXPECT MORE AS A MEMBER.
Members save $200 off registration, plus gain access to education, resources and networking opportunities all year long.

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REGISTER THROUGH FRIDAY, APRIL 24
adces20.org

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through 4/24 from 4/25-6/26 starting 6/27
LEARNING ACADEMIES 
powered by Danetech 

Deepen your knowledge of CGM, insulin pump therapy, and insulin initiation and management by attending a Danetech Learning Academy. Each one sharpens your skill set and features sessions that build in complexity and provide an introduction to advanced-level learning. Academies are included in your registration.

FRIDAY, AUGUST 14
Insulin Pump Therapy Academy

SATURDAY, AUGUST 15
CGM Academy

SUNDAY, AUGUST 16
Insulin Initiation and Management Academy

MONDAY, AUGUST 17
CGM Academy (Encore)

FIND YOUR PATH 
with Learning Academies 

Academies are included in your registration. 

CADES President Kellie Antinori-Lent as she shares the latest updates from your newly reinvented association and what the organization is doing for you in 2020 and beyond.

Kellie Antinori-Lent, MSN, RN, ACNS-BC, BC-ADM, CDCES, FAOCS

RAJ RATWANI, PhD, MA

Understand the promise of digital health technology through demonstrations of how it has positively transformed industries and is beginning to improve the care process. In this keynote presentation, you will explore user challenges and safety risks with digital technology through both federal policies and front-line clinical practice. Together, we’ll look at the impact of health IT on clinical judgement and decision making and outline a path to overcome current technology challenges through concrete actions.

Anne L. Peters, MD, CDCES

The use of technology in diabetes care has revolutionized treatment, but too often the cutting-edge technology is limited to individuals with higher income, education and enhanced insurance coverage. Even when coverage is available there are language and numeracy barriers to the use of the technology. This presentation will explore how we can better understand the lifestyle challenges of those we serve and learn to overcome some of the teaching and implementation barriers of using advanced technology for those in greatest need.

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## SCHEDULE AT A GLANCE

**DIABETES CARE**
**EDUCATION**
**TECHNOLOGY**

### SATURDAY, AUGUST 15

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**HOURS AND SCHEDULE ARE SUBJECT TO CHANGE.**

Registration and education sessions will take place at the Georgia World Congress Center (Building B), 285 Andrew Young International Blvd NW, Atlanta, GA 30313.

*25 CE credits are expected to be provided, with an additional 2 CE credits from poster viewing for registered nurses, nurse practitioners and registered dietitians. The aforementioned credit is an estimate and may be subject to change.

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**SPOTLIGHT ON THE EXHIBIT HALL**

Diabetes technology is evolving at a rapid pace. Stay a step ahead with the largest exposition of diabetes-related products and services from 200+ companies. With applied demos and first-hand expertise, you will leave informed and inspired by the innovations shaping the future of diabetes care.

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Learn more and register at adces20.org
EDUCATION SESSION INFORMATION

THIS YEAR, ADCES20 IS FOCUSED ON ELEVATING YOUR EDUCATIONAL EXPERIENCE. PREPARE TO BE MOTIVATED BY SESSIONS THAT ENGAGE, SPEAKERS WHO INSPIRE, AND NEW OPPORTUNITIES THAT DRIVE YOU TO EXPLORE THE LATEST ADVANCEMENTS IN DIABETES PREVENTION AND MANAGEMENT.

All education sessions are open to participants on a first-come first-served basis. No registration is required.

EDUCATIONAL FORMATS

General Sessions (60 minutes)
An exceptional lineup of keynote speakers will share their research, leadership and innovation in diabetes care.

Education Sessions (20, 30 or 60 minutes)
Featuring application of principles, education, best practices and more from respected leaders in the field of diabetes care.

Research Sessions (60 minutes)
Two 30-minute presentations that highlight research where the findings can be applied to clinical practice.

Corporate Symposia (90 minutes)
Each session provides additional educational/informational opportunities.

Education Theater (45 minutes)
CE not available. An in-depth look at new diabetes products, services, and practices.

LEARNING TRACKS

Explore sessions grouped into different learning categories to focus on the topics that interest you most.
• Clinical and Self-Management Care Integration
• Diabetes and the Cardiometabolic Continuum
• Psychosocial/Behavioral Health
• Leveraging Technology: Devices, Data and Patient-Generated Health Data
• Inclusive Person-Centered Care
• The Business Side of Diabetes
• Research

TYPE OF ACTIVITY

This activity includes both knowledge-based and application-based education sessions.

TARGET AUDIENCE

This continuing education activity should be of substantial interest to nurses, pharmacists, registered dietitians/nutritionists, PAs, nurse practitioners, MD/DOs and other healthcare professionals who care for individuals with diabetes and other related conditions.

CE CREDIT INFORMATION

ADCES20 attendees can earn up to 25 credits of continuing education hours based on sessions attended and your professional designation. Up to three additional hours of poster credit can be offered to registered nurses, nurse practitioners and registered dietitians. Registered dietitians also may gain additional hours of credit for exhibit-viewing through their accrediting body.

The aforementioned credit is an estimate and may be subject to change.

Registered Nurses
The Association of Diabetes Care & Education Specialists is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center’s Commission on Accreditation. This program provides 28.0 contact hours of continuing education credit.

Pharmacotherapeutic hours will be offered but have yet to be determined.

The ADCES is accredited as a provider of continuing nursing education by the California Board of Registered Nursing (CEPR00797).

Pharmacists
The Association of Diabetes Care & Education Specialists is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This program provides 25.0 contact hours (2.5 CEUs) of continuing education credit.

Registered Dietitians
The Association of Diabetes Care & Education Specialists (AM001) is a Continuing Professional Education (CPE) Accredited Provider with the Commission on Dietetic Registration (CDR). CDR Credentialed Practitioners will receive 28.0 Continuing Professional Education units (CPEUs) for completion of these activities/materials. Continuing Professional Education Provider Accreditation does not constitute endorsement by CDR of a provider, program or materials.

Nurse Practitioners
Per the American Academy of Nurse Practitioners Certification Board, nurse practitioners attending ADCES20 are eligible to claim continuing education contact hours from ANCC or CME from AAPA. Pharmacotherapeutic hours will be determined and listed under the ANCC accreditation statement in the final program and on your continuing education statement of credit upon completion of your session evaluations.

MCHES and CHES Credentialed Attendees
An application for CHES (entry-level) / MCHES (advanced level) Category I continuing education contact hours (CECH) will be made to the National Commission for Health Education Credentialing, Inc. (NCHEC).

Physician Assistants
This program is not yet approved for CME credit. The Association of Diabetes Care & Education Specialists plans to request 23.5 AAPA Category I CME credits from the AAPA Review Panel. Total number of approved credits is yet to be determined.

Certified Diabetes Care and Education Specialists
To satisfy the requirements for renewal of certification for the Certification Board For Diabetes Care and Education (CBDOE), continuing education activities must be diabetes-related and approved by a provider on the CBDOE list of approved providers (www.ncbihs.org). CBDOE does not approve continuing education. The Association of Diabetes Care & Education Specialists (ADCES) is on the CBDOE list of approved providers.

Certified Diabetes Care and Education Specialists (BC-ADM™)
ADCES is the administering body for the Advanced Diabetes Management credential. Continuing education programs offered by ADCES can be used toward fulfilling BC-ADM certification and recertification requirements.

CDR Performance Indicators
• 5.1.2 — Applies understanding of informatics terminology and input and output devices (e.g. laptop, smart phones, flash drive).
• 8.1.5 — Applies medical nutrition therapy in disease prevention and management.
• 8.2.1 — Assesses the physical, social and cultural needs of the individual, group, community or population.
• 8.3.1 — Maintains the knowledge and skill to manage a variety of disease states and clinical conditions.

Additional Performance Indicators may be added

Learning Need Code
5190 — Diabetes mellitus (disease/disorder)

Additional learning needs codes may be added

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PRECONFERENCE COURSES

THURSDAY, AUGUST 13 | 1:00pm – 5:00pm

These courses require a separate fee from ADCES20 and space is limited.

Pharmacology Boot Camp
Susan Cornell, PharmD, BS, CDCES, FAPhA, FADECS
Get a crash course in the pharmacology and pathophysiology of diabetes. Whether you are new to diabetes education and want to learn more about insulin versus non-insulin medications or are in search of a refresher on the latest drug classes, the Pharmacology Boot Camp is just what you need to strengthen your diabetes medication knowledge.

Reimbursement Boot Camp
Patty Tellegen, RN, MBA, CPC
Successful reimbursement is the surest way to a financially sustainable diabetes education program. Review how to maximize your program’s reimbursement, avoid the most common billing mistakes and discuss billing codes for services implemented in your program. Learn how to act on claims falsely denied by Medicare or by a private payer. The Reimbursement Boot Camp is a must for anyone concerned about leaving reimbursement dollars on the table.

FRIDAY, AUGUST 14

LEARNING TRACKS

Sessions are grouped into different learning categories to help you find the topics of greatest interest to you.

- LEVERAGING TECHNOLOGY: DEVICES, DATA AND PATIENT-GENERATED HEALTH DATA
- CLINICAL AND SELF-MANAGEMENT CARE INTEGRATION
- INCLUSIVE PERSON-CENTERED CARE
- THE BUSINESS SIDE OF DIABETES
- DIABETES AND THE CARDIOMETABOLIC CONTINUUM
- PSYCHOSOCIAL/BEHAVIORAL HEALTH
- RESEARCH

PROGRAM ABBREVIATIONS
ADA American Diabetes Association
ADCES Association of Diabetes Care & Education Specialists
AND Academy of Nutrition and Dietetics
BC-ADM Board Certified Advanced Diabetes Management
CDCES Certified Diabetes Care and Education Specialist
CGM Continuous Glucose Monitor
DCES Diabetes Care and Education Specialist
DEAP Diabetes Education Accreditation Program
DPP Diabetes Prevention Program
DSMES Diabetes Self-Management Education and Support
eu-DKA Euglycemic DKA
FDA U.S. Food and Drug Administration
MDPP Medicare Diabetes Prevention Program
NDPP National Diabetes Prevention Program
SMBG Self-Monitoring of Blood Glucose

COLLABORATING ORGANIZATIONS
- American Academy of Nutrition and Dietetics
- American College of Clinical Pharmacy
- American Diabetes Association
- American Heart Association
- Centers for Disease Control and Prevention
- Certification Board for Diabetes Care and Education
- College Diabetes Network
- Food and Drug Administration
- JDRF

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LEARNING TRACKS

10:15AM – 11:15AM
DIABETES AND THE CARDIOMETABOLIC CONTINUUM
Cardiometabolic Disease and Risk of Type 2 Diabetes – Stopping the Continuum
In collaboration with AND (Academy of Nutrition and Dietetics)
Robert Eckel, MD; Penny M. Kris-Etherton, PhD, RDN
This session will describe the risk factors for cardiometabolic disease and the high risk of developing diabetes the longer cardiometabolic risk factors are present. Underrepresented groups have the highest prevalence of cardiometabolic risk factors at all ages, and the social disparities in health will become even greater as an individual’s transition from having cardiometabolic risk factors to developing diabetes. This session will present current lifestyle recommendations for the prevention and treatment of cardiometabolic diseases. Diabetes care and education specialists will learn strategies, tools and resources to help individuals decrease cardiometabolic risk factors and, consequently, the risk of developing diabetes.

- LEVERAGING TECHNOLOGY: DEVICES, DATA AND PATIENT-GENERATED HEALTH DATA
- CLINICAL AND SELF-MANAGEMENT CARE INTEGRATION
- INCLUSIVE PERSON-CENTERED CARE
- THE BUSINESS SIDE OF DIABETES
- DIABETES AND THE CARDIOMETABOLIC CONTINUUM
- PSYCHOSOCIAL/BEHAVIORAL HEALTH
- RESEARCH

10:15AM – 11:45AM
PERSONALIZING DIABETES CARE: HUMANIZING TECHNOLOGY IN THE COMPACT WEB
Personalizing Diabetes Care With Artificial Intelligence, Data-Mining and Data-Science Technology
Karen A. Lindell, DNP, RN, CDCES, CCRN
This session will review artificial intelligence (AI) terminology and use of AI in diabetes management with real-world examples. One example of the impact of AI is on retinopathy care including chronic disease prevention, early and remote radiologic diagnosis, and ophthalmology resource allocation. The use of big-data analysis, with an emphasis on data-sharing, will improve algorithm predictability. Self-data collection and auto-transmission support allows the personalization of care plans. On-site visits may be tailored differently, reduced or increased based on individual need.

- INCLUSIVE PERSON-CENTERED CARE

10:15AM – 11:45AM
ENJOYABLE MOVEMENT: PERSPECTIVES FROM PEOPLE LIVING IN LARGER BODIES
Enjoyable Movement: Perspectives From People Living in Larger Bodies
Ragen Chastain, Meggiette Fletcher, MD, RD, CDCES; Ani Jandu, BS, MPH
Larger people are even less likely to experience enjoyable movement. People who find enjoyable movement move their bodies more and gain health benefits beyond physical benefits, such as sense of community, improved mental health and spiritual connections. This session discusses how a focus on enjoyable movement makes real differences for larger people. Learn from our panelists in larger bodies who have found joyful movement personally and gone on to create enjoyable movement programs and resources for other larger people.

- CLINICAL AND SELF-MANAGEMENT CARE INTEGRATION
- FOOD MANAGEMENT OF POST-BARIATRIC SURGERY INDUCED HYPOGLYCEMIA

Nicole Potlinek, MS, RD, LDN, CDCES, CEDRD
This presentation speaks to the challenges of managing post-bariatric surgery induced hypoglycemia, counseling strategies to support individuals and how to respectfully address fear of weight regain. Larger individuals struggle with major changes to eating habits and food choices as they struggle to regain glycemic stability. Attendees will learn a new and distinct prescriptive approach to food in order to manage hypoglycemia for this population.

- CLINICAL AND SELF-MANAGEMENT CARE INTEGRATION

10:15AM – 11:45AM
LEVERAGING TECHNOLOGY: DEVICES, DATA AND PATIENT-GENERATED HEALTH DATA

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- CLINICAL AND SELF-MANAGEMENT CARE INTEGRATION
- INCLUSIVE PERSON-CENTERED CARE
- THE BUSINESS SIDE OF DIABETES
- DIABETES AND THE CARDIOMETABOLIC CONTINUUM
- PSYCHOSOCIAL/BEHAVIORAL HEALTH
- RESEARCH

10:15AM – 11:45AM
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LEVERAGING TECHNOLOGY: DEVICES AND DATA: PATIENT-GENERATED HEALTH DATA

Population Health Data Visualization Skills to Improve Outcomes
Loural Fauq, RN, MSN
A core skill set for diabetes care and education specialists in moving into population health management is understanding data visualization and how to use it for improved clinical and financial outcomes. The skillset includes the aggregation of diabetes data across multiple health information technology resources, analyzing the collected data into a single record and initiating actions that can improve outcomes. Data visualization utilizing new technologies allows diabetes care and education specialists and other stakeholders to quickly interpret the data and adjust variables to determine their effect.

10:45AM – 11:15AM
CLINICAL AND SELF-MANAGEMENT CARE INTEGRATION

Nutrition Interventions to Positively Impact Depression and Anxiety
Linda Yarrow, PhD, RN, DNP, CDCTE; Kimberly A. Zeender Christley, RD, LD, CCLC
People with diabetes have higher prevalence of clinically significant psychopathologies such as depression and anxiety. There is evidence that nutrition and gut health may have significant impact on the brain and possibly affect mood. In this session, participants will learn about the gut microbiota-brain connection and the potential impact of gut health on mood disorders. Participants will learn about psychobiotics and other nutrition interventions that maximize the gut microbiome.

LEVERAGING TECHNOLOGY: DEVICES AND DATA: PATIENT-GENERATED HEALTH DATA

Decisions, Decisions: Understanding Available Diabetes Technology for Decision Support
Margaret Paley, MA, MSN, RN, CDCTE; COTC, FADCDE; Joan Jeffre Delay, DNP, MPH, MSN, GNP-BC, ADMD, CDCTE, COTC, FADCDE, FAAN
This session introduces the diabetes care and education specialist to innovative technological tools including diabetes devices designed for monitoring glucose, delivering insulin and providing real-time decision support.

10:15AM – 10:35AM
DIABETES AND THE CARDIOMETABOLIC CONTINUUM

Partnering for Type 2 Diabetes Prevention: Collaboration in a Rural Setting
Judith C. Moulaioud, RN, BSN, CDCTE; Angela Kraeze Visser, MS; CMS
Implementing a lifestyle change program such as the National DPP can be a challenge for organizations in a rural setting. In this session, diabetes care and education specialists will learn from an interprofessional team about a unique collaborative approach to referral systems, staff capacity, collaboration and organizational support.

10:35AM – 10:55AM
DIABETES AND THE CARDIOMETABOLIC CONTINUUM

Stories From the Field: How Community Practitioners Support Diabetes Programs
Betsy Rodriguez, MSW
Lifestyle coaches, community health workers and diabetes care and education specialists are improving access and facilitating engagement and retention of participants in type 2 diabetes prevention and DSMES services in communities across the nation. In this session, a panel representing these community-based practitioners will share stories from the field.

10:55AM – 11:15AM
THE BUSINESS SIDE OF DIABETES

Engaging Health Care Providers in Encouraging Participation in the National DPP
LoShonda Bulmert, MPH; Krista Prolo, MPH; Leslie W. Ross, MPH, CHES; Rende Skeels, PhD, MA
The National DPP is effective in preventing or delaying type 2 diabetes. However, engaging healthcare providers to refer to this program is a challenge. During this session, participants will become familiar with the latest national data and evidence-based literature and resources to help overcome this challenge.

11:10AM – 12:30PM
PSYCHOLOGICAL/BEHAVIORAL HEALTH

Eat the Cupcake: Nutrition and Psychology Interventions to Treat G...
LEVERAGING TECHNOLOGY; DEVICES, DATA AND PATIENT-GENERATED HEALTH DATA

ADANCES in the Science of Diabetes: Applications for the Diabetes Care and Education Specialist
Fron Howell, MBA, DNP, APHN, CDCES
This session will review the latest science, history and evolution of the ADANCES™ Technology Workgroup; outline the objective of ADANCES’ inaugural Technology Summit and summarize the key insights, provide an overview of ADANCES’ position statement on the role of the diabetes care and education specialist in leveraging technology to achieve diabetes and cardiometabolic outcomes. Additionally, it will provide an overview of ADANCES’ practice paper on the considerations for assessing practice readiness for using various technologies in the treatment and self-management of the person with diabetes; and discuss the impact of the position statement and practice paper on the diabetes care and education specialist.

2:30PM – 3:00PM
THE BUSINESS SIDE OF DIABETES

How One Health System Engages Physicians and Aligns Strategies for Type 2 Diabetes Prevention
Cindy Bruett, BS; James Figge, MD, MBA
This session will describe the strategies implemented by a health system to drive opportunities to integrate diabetes prevention into the system’s clinical practice. Presenters will share an approach to identify and deliver care to people with prediabetes, standarizes workflows, use a team-based model to integrate into the community, identify key drivers of success, leverage physician champions, monitor performance and manage value-based payment models.

3:00PM – 3:30PM
LEVERAGING TECHNOLOGY; DEVICES, DATA AND PATIENT-GENERATED HEALTH DATA

DIABETES AND THE CARDIOMETABOLIC CONTINUUM

Addressing Cardiovascular Risk Factors: The Million Hearts® Change Packages as a Resource
Brenno VonFricken, MD, MSPh; Hillary Woll, MPH
Addressing cardiovascular risk factors, like hypertension and tobacco use, is an important component of comprehensive diabetes management. The Million Hearts® initiative, a national initiative to prevent 1 million heart attacks and strokes in 5 years, has focused on key priorities to optimize care, including achieving 80% hypertension management and treatment of tobacco use and dependence. This session will cover how Million Hearts® goals interact with diabetes management; provide examples of successful initiatives that led to improvement and offer actionable highlights from the Hypertension Control Change Package and Tobacco Cessation Change Package.

3:45PM – 4:25PM
EATING STRATEGIES FOR TYPE 2 DIABETES

Exclusive: Person-Centered Care
Using Non-Stigmatizing Language When Counseling Individuals With Higher Weight Bodies
Ragen Chahien; Jane K. Dickinson, RN, PhD, CDCES; Magdonna Fitchett, MS, RN, CDCES; Ani Jazdzewski, MS, MPH
The language that diabetes care and education specialists use directly impacts the health outcomes of larger people with diabetes. This presentation will explore how words like “obesity,” “person with obesity” and “person living in a larger body” are stigmatizing because they pathologize the body orclimate higher weight individuals from the discussion. This will help diabetes care and education specialists understand the impact of stigma on individuals with a BMI greater than 20 and how to effectively discuss higher weight intervention strategies.

4:15PM – 4:45PM
LEVERAGING TECHNOLOGY; DEVICES, DATA AND PATIENT-GENERATED HEALTH DATA

CLINICAL AND SELF-MANAGEMENT CARE INTEGRATION

Addressing Therapeutic Inertia Using a Novel Model in Primary Care
Archana Bandi, MD; Meg J. Larson, DNP, FNP; Stacey Lutz-McClain, DNP, FNP-BC, CDCES; Ashley M. Summerville, PharmD
The state of diabetes care is in dire need of a paradigm shift to address primary care therapists’ reluctance. The lack of experience among primary care providers with newer therapies and poor ancillary support for lifestyle modification has led to increased average delays in therapy optimization. The Diabetes Care Network team presents a collaborative approach that uses an endocrinologist-lead interdisciplinary team, telehealth-based tools and a data analytics-driven dashboard for individualized comprehensive care. The team will share the outcomes from strategies to decentralize diabetes care in a socioeconomically disadvantaged rural cohort. Team members will share case studies and their perspective based on individual roles.

5:00PM – 5:30PM
LEVERAGING TECHNOLOGY; DEVICES, DATA AND PATIENT-GENERATED HEALTH DATA

CLINICAL AND SELF-MANAGEMENT CARE INTEGRATION

Addressing Tobacco Use: Tools for Improvement
Mark Harmel, MPH, CDCES, CCRC
Using Data from Technology Tools to Optimize Glycemic Control
Archana Bandi, MD; Meg J. Larson, DNP, FNP; Stacey Lutz-McClain, DNP, FNP-BC, CDCES; Ashley M. Summerville, PharmD
This session will review the evidence showing health benefits of plant-based eating specific to diabetes outcomes, such as decreases in blood pressure and improved glycemic control. Participants will learn from large-scale efforts supported by Helmsley and its partners to increase adoption of CDM and provide a sneak peak into the next phase of implementation.
The National DPP is now an advanced infrastructure for delivering the lifestyle change intervention shown to prevent or delay type 2 diabetes throughout the country. To reach millions of people, we will need an operations center that allows the diabetes prevention ecosystem to bring information together in ways that allow us to interact and see connections we have not been able to see before. In this session you will hear about the current assets in the operations center and see a live demonstration of the first applications. You will also have the opportunity to offer suggestions about what else could be included.

LEVERAGING TECHNOLOGY: DEVICES, DATA AND PATIENT-GENERATED HEALTH DATA

Learning Academy: Continuous Glucose Monitoring - Connecting the Dots Part 1
Carla Cox, PhD, RD, CDEx; Sherri L. Horvat, MSN, APRN, FNP-BC, CDCES; Diana Isacii, PharmD, BCP-ADAM, BCACP, CDEx, CDEx
Participants will be able to identify the various components in CGM, develop a systematic approach to setting through all the data, and generate key discussion points from the data when working with people who have diabetes. This presentation will highlight the use of an interpersonal team approach and provide practical pearls regarding which reports may work best for given practice settings or populations.

INCLUSIVE PERSON-CENTERED CENTER
Practical Tips to Make the Most out of 15-Minute Sessions
Sandro Arevalo, MPH, RDN, CDEx, ClC, ClFADA; Lorena Drigo, MS, RD, CDEx, CDEx
Diabetes care and education specialists often lack time necessary to address challenges and barriers to self-care. In this session, attendees will learn about tools and cultural approaches to quickly identify what really matters to the person with diabetes. Participants will share a wealth of simple techniques, real-life examples and data collection tools to help you effectively communicate, especially when time is short.

THE BUSINESS SIDE OF DIABETES
Developing an Inpatient Diabetic Program Considering Social Determinants of Health
Tammie Baie, MSN, RN, BC-ADAM, CDExC, FADExC
Secondary care hospitals provide a significant level of care to low-income, uninsured and vulnerable populations. Developing a new, clinic-based, best-practice diabetes program is challenging. Including SDOH adds an additional layer of challenge. Utilizing an interdisciplinary team approach is successful in identifying community and patient improvements. This session will highlight guidelines from the Joint Commission’s Advanced Disease-Specific Quality Measures and Veteran’s Health Administration’s Center for the management. This will provide a solid foundation, while meeting the American Diabetes Association’s clinical practice recommendations.

CLINICAL AND SELF-MANAGEMENT CARE INTEGRATION

Hypoglycemia and the Pivotal Role of the Diabetes Care and Education Specialist
Melanie L. Durin, BSN, RRNC, Virginia Valantine, APRN, BC-ADAM, CDExC, FADExC
Hypoglycemia is the limiting factor in the glycemic management of diabetes. In this session we will review the physiological hypoglycemia, primarily the result of treatment with an insulin secretagogue or insulin. The diabetes care and education specialist holds the critical role in educating people about the hypoglycemia and sharing information about new opportunities for treatment.
improving Glucemic Management While Reducing Risk With an Integrated Automated Smart Insulin Pen Collen Miller-Owen, MSN, APN, CDSES Teaching individuals to adjust their meal-time dose using an insulin to carbohydrate ratio (CAR) and insulin sensitivity factor (ISF) generally requires manual calculation of bolus doses, which is time consuming and patients may not be able to calculate accurately, including accounting for active insulin or insulin-on-board (IOB) to minimize insulin stacking and resulting hypoglycemia. In this session, we will present the results of a real-world study to evaluate if the use of a smart insulin pen improved glucemic management with type 1 or type 2 diabetes while minimizing hypoglycemia.

THE BUSINESS SIDE OF DIABETES
Overzealous Roadblocks and Barriers: Showcasing Success in DEAP DSMES Services Sacha Ouelien, RDN, CDSES A panel of quality coordinators from ADCES DEAP programs will highlight the steps they took to create, rebuild or sustain successful DSMES services in their community. DSMES services are undersized across the country despite benefits comparable to leading medications. Yet many DSMES services are growing, expanding and finding change across their communities and organizations. What are they doing differently? Quality coordinators are not “just” diabetes care and education specialists. They have to be business-minded data people making connections with key stakeholders, all while marketing their services. This session will focus on pearls of wisdom that can be replicated in your own DSMES setting.

PSYCHOSOCIAL / BEHAVIORAL HEALTH
Life Transitions for Youth with Type 1 Diabetes: What Works, What Doesn’t? In collaboration with CDN (College Diabetes Network) Charlie Kuo, Leila Safayi, PhD, APRN, ACNS-BC, HSLSM Singh, PhD Youth with type 1 diabetes face challenges as they undergo life transitions. With strong support networks both in their personal lives as well as from their healthcare providers, emerging adults with type 1 diabetes can thrive. This session will focus on highlighting evidence-based tools that could be implemented by families and healthcare providers supporting this population to effectively transition into their next stage of lives.

CLINICAL AND SELF-MANAGEMENT CARE INTEGRATION
“Mom Post”: A Modified Prevention Program for Post-GDM Women Elizabeth Burkind, RD, LD, CDoses; Thyrp L. Cox, MSN, RN, BA; CDoses, CHC Women who have gestational diabetes mellitus (GDM) are at high risk for conversion to type 2 diabetes. Post-GDM moms are eligible for the National DPP but they are often reluctant to sign up. This session will present the details of a evidence-based intervention, “mom post,” a modified type 2 diabetes prevention program that works for women who had GDM, including the barriers that exist for these women.

DIABETES AND THE CARDIOMETABOLIC CONTINUUM
Using Virtual Delivery to Improve Retention and Enhance Outcomes in the National Diabetes Prevention Program Miriam Bell, MPH; Elizabeth Ely, MS; Mario Romero, BSN, MA; Susan Von Almen, MSN In 2015, the National Diabetes Prevention Program (National DPP) began formally recognizing online delivery of the lifestyle change program. In 2018, distance learning became formally recognized delivery mode. Major differences exist between online and distance learning, and how the findings from these trials have been shaping the roles of DSMES in the management of comorbid conditions. An interactive activity will be incorporated into this session to enhance integration and consolidation of information.

LEVERAGING TECHNOLOGY: DEVICES, DATA, AND PATIENT-GENERATED HEALTH DATA
Using Remote Client Monitoring to Engage People With Diabetes and Improve Outcomes Laura M. Garcia, MSN, BSN, PHN, RN, CVN, CDCES, CPT People with diabetes use technologies to monitor their health, including glucose, blood pressure, activity monitoring, sleep tracking, and weight. Medicare now recognizes billing and reimbursement for remote patient monitoring. There is tremendous opportunity for diabetes care and education specialists to use pattern recognition and technology to assess patient outcomes, to monitor for potential clinical malfunctions, and to facilitate treatment engagement for self-care. In this session, participants will learn best practices for facilitating engagement with technology, best practices for best practices for facilitating engagement with technology, best practices for best practices for facilitating engagement with technology.

INCLUSIVE PERSON-CENTERED CARE
Beyond the Blame Game: Supporting Healthcare Professionals in Routine Care Katharine Barnard-Kelly, PhD Professionals in Routine Care (PROS) support healthcare professionals throughout the session.

Clinical Evidence for Decision Support Tools Rayfan Lai, MD People with diabetes must make insulin dosing decisions multiple times per day. These decisions require mental effort, including making calculations and attempting to recall past effects to inform present choices. To reduce the burden of this demand, industry has attempted to create software that can perform the needed calculation sets and subsequently use data to support clinician or individual decision-making. The regulatory landscape for clinical decision support tools is rapidly changing. The latest FDA clinical development guidance has been issued (2/23/2023). In this session, we will present the results of a real-world study to evaluate if the use of a smart insulin pen improved glucemic management with type 1 or type 2 diabetes while minimizing hypoglycemia.

LEVERAGING TECHNOLOGY: DEVICES, DATA, AND PATIENT-GENERATED HEALTH DATA
CLINICAL AND SELF-MANAGEMENT CARE INTEGRATION
Diabetes, Realities and Real-World Applications: A Panel of Women Who’ve Experienced Pregnancy Complicated by Type 2 Diabetes Mariko Chopparo, RD, CDSES; Jennifer Smith, RD, CDSES; Ginger Viera, BS Diabetes is the most common complication during pregnancy, affecting around 7% of all pregnancies. In this session, we will discuss the advantages and disadvantages of a variety of diabetes-related mobile health apps, provide an overview of the apps’ top coups and discuss creative ways to integrate these tools into clinical practice.

INCLUSIVE PERSON-CENTERED CARE
Helpful or Harmful? Is There an App for That? Navigating App Technology Laura M. Garcia, MSN, BSN, PHN, RN, CVN, CDCES, CPT Professionals in Routine Care (PROS) support healthcare professionals throughout the session.

CLINICAL AND SELF-MANAGEMENT CARE INTEGRATION
Inclusive, Person-Centered Gestational Diabetes Care to Vietnamese and Hispanic Populations Laura M. Garcia, MSN, BSN, PHN, RN, CVN, CDCES, CPT Professionals in Routine Care (PROS) support healthcare professionals throughout the session.

CLINICAL AND SELF-MANAGEMENT CARE INTEGRATION
Improving Care and Outcomes for Emerging Adults with Type 2 Diabetes Laura M. Garcia, MSN, BSN, PHN, RN, CVN, CDCES, CPT Professionals in Routine Care (PROS) support healthcare professionals throughout the session.

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CLINICAL AND SELF-MANAGEMENT CARE INTEGRATION
Supporting Clinical Care For Women With Gestational Diabetes During Pregnancy Laura M. Garcia, MSN, BSN, PHN, RN, CVN, CDCES, CPT Professionals in Routine Care (PROS) support healthcare professionals throughout the session.

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Psychosocial / Behavioral Health

Personal Resistance Building to Prevent Professional Burnout
Perry M. Gao, PhD, RN

There are scientific methods to measure burnout that can drive the identification of tailored, evidence-based answers to these complex issues for the diabetes care and education specialist. Different specialties (dentists, nurses, pharmacists, etc.) have unique burnout needs and potential solutions that are discussed in the literature. Across the board, diabetes care and education is a method to combat the effects of burnout in the workplace. This talk will explore simple evidence-based personal resilience building activities and explore additional activities to enhance resilience in clinical departments.

5:15PM – 5:45PM

LEVERAGING TECHNOLOGY: DEVICES, DATA AND PATIENT-GENERATED HEALTH DATA

The Good, the Bad and the Ugly: Troubleshooting Skin Issues and Conditions
With Wearable Diabetes Technology
Nicola Goldsworthy, BSN, RN, CDCES; George P. Trotter, BSN, RN, CDCES

The use of wearable diabetes technology has become a staple of diabetes management. User benefits and health outcomes seen with these devices support their continued use. With short and long-term advantages for patients, adhering to guidelines and successful outcomes may result, which may deter some users. This session will discuss common skin issues encountered with chronic disease care and use other prevention and care tips for users and providers.

Diabetes and the Cardiometabolic Continuum
Cardiac Autonomic Neuropathy: An Interactive Case Study
Tracy Fallooyo, PhD, FNP-BC, ACHPN, RN; Kim Pickett, PhD, APRN, BC-ADM

Cardiac autonomic neuropathy (CAN) is a frequently underrecognized complication of diabetes. Although the pathogenesis of CAN is not completely known, hypoglycemia is most likely the leading cause. We welcome you to join us in this interactive case study to illustrate a person with diabetes who presents with specific cardiac complaints, as we review signs and symptoms and brief pathogenesis of CAN, along with the most recent up-to-date guidelines outlining diagnosis and treatment.

Leveraging Technology: Devices, Data and Patient-Generated Health Data

Value of Community Engagement and Support for DIY Closed-Loops
Kate Farsworth

Open source, DIY closed-loop systems have become a force in the type 1 diabetes world. Kate Farsworth, creator of the Looped community group will share the technology options available, the importance of community and some of the outcomes that the thousands of DIY closed-loop users in her group have been able to achieve.

Clinical and Self-Management Care Integration
Current Recommendations Using Insulin and Traveling Across Time Zones
Chad Marlowe, BSN, RN, CDCES, FADCE

This presentation gives recommendations based on the current literature, including the AACE guidelines on using insulin when traveling across time zones. Participants will apply guideline utility cases and the current guidelines.

Clinical and Self-Management Care Integration
A Plant-Based Toolkit to Invigorate Your DSMEs Practice
Goodwin Albino, RN, CDCES; Robert Lash, MD, MPH; Meghan Jardiné, MS, MBA, RN, LD, CDCES

This presentation will profile successful plant-based DSME services. Recommendations for program success will be presented, including how to individualize the plant-based approach, use of SMBG or GMM to interpret the response of clinical parameters to plant-based nutrition, use of engaging education activities and how to achieve improved quality of life, and reduce the risk of acute and chronic complications. Diabetes care and education specialists and clinical practitioners will learn how to develop effective strategies to engage participants in the plant-based approach to care in the clinical and community settings.

Clinical and Self-Management Care Integration
Integrating Diabetes Technology Into the Clinical Paradigm
Anastasia Albonesi-O’Neill, PhD, ARNP, CDE

New and emerging technologies can help people with diabetes optimise care, reduce diabetes burden, achieve improved quality of life, and reduce the role of acute and chronic complications. Diabetes care and education specialists and clinical practitioners are striving to keep up with the pace of technological change. While expertise, in diabetes technology is not enough. They must also be processes in place to streamline paperwork and documentation, optimise clinical flow, educate staff and providers, and obtain reimbursement. This session will provide an overview of how diabetes technology can be effectively integrated into the clinical paradigm and discuss the role of the diabetes care and education specialist as the clinical technology expert and champion.

Psychosocial / Behavioral Health

Using Mindfulness in Veterans to Lower Diabetes Distress
Nicole M. Bayer, MA; Monica Diokno, PhD, ANP; CDCES; Angelo D. Phoens, MS

Mindfulness benefits veterans with depression and PTSD, but little is known about the impact of mindfulness on those with diabetes. This presentation will share our experiences and research findings across the course of a mindfulness-based diabetes education intervention that utilizes a digital application to support daily mindfulness over a patient’s everyday life. Additionally, we will examine associations between mindfulness, diabetes distress (DD), stress-resilience, and diabetes self-management (DSM) and explore how incorporating a mindfulness intervention into DSMEs can target both DD and DSM in at-risk populations.

Clinical and Self-Management Care Integration
An Updated Look at DKA and Hyperosmolar Hyperglycemia
Mary Kory-Kovlak, MD

DKA and HHS are serious metabolic emergencies with the potential for adverse outcomes. Complications exist related to the prevalence and management of these disorders, particularly with the increased incidence of eu-DKA following introduction of SGLT2. Despite published guidelines and management algorithms (1), these are not consistently followed. There is growing awareness of the frequency of hypoglycemia, electrolyte abnormalities and rebound hyperglycemia that can occur during management of these conditions. This talk will also be an update on the 2023 hypoglycemia guidelines. This session will be a multi-disciplinary primary care practice. In this role, the coordinator has promoted the varied roles DCEs can play in a natural effort to reduce incidence of hypoglycemia to reduce morbidity, mortality and related costs.

Clinical and Self-Management Care Integration
Implementing Cultural Competency in Practice
Patricia Davidson, DCN, RDN, CDCES, LDN, FAND; Katherinne O’Neil, PharmD, MBA, BCACP, BC-ADM, CDCES, AC-C, CLS, FADCE

This session will explore the role of the diabetes care and education specialist in understanding cultural competence, sensitivity, humility and cross-cultural communication, along with how to create an inclusive and mutual relationship.

10:15AM – 10:45AM

INCLUSIVE PERSON-CENTERED CARE

Basic Medical Spanish for Essential Diabetes Related Conversations
Toney & Long, PhD, MS, MSN, RN, CDCES, CNE, CCRN

As the number of Spanish-speaking individuals with diabetes grows, there is an increased demand for healthcare professionals who speak Spanish in their day-to-day practice. This session will cover essential components of The Spanish for Diabetes Care and Education Student Handbook, including basic medical Spanish that focuses on key conversations.

11:00AM – 12:00PM

THE BUSINESS SIDE OF DIABETES

Population Health: Articulating Your Value
Teresa Pederson, MS, RN, CDCES, FADCE

Diabetes care and education specialists can demonstrate their value in helping achieve organizational goals by utilizing population health. This can assist them to plan, deliver and evaluate person/ population-centered care and ensure the right care is delivered to the right person at the right time. This session will outline how to implement population health and articulate your value to your organization.

Leveraging Technology: Devices, Data and Patient-Generated Health Data

Diabetes Care and Education specialists have a proven record for addressing comorbidities but not necessarily sexual health. Join us as we discuss innovative ways to communicate vital diabetes-related sexual health information with less traditional sexual practices and perspectives. In this presentation you will learn how to launch a successful diabetes care and education sexual health conversation as well as a tool to better understand and address specific needs.

9:45AM – 10:15AM

INCLUSIVE PERSON-CENTERED CARE

Leasing Agency: Insulin – The Fundamentals of Insulin Therapy Part 1
Dan M. Rice, MFA, PharmD, BCACP, FADCE, FAPA, CDCES

Insulin has been used for nearly 150 years, longer than any other diabetes medication therapy. It is estimated that approximately 30% of people with diabetes take insulin. Over the past century, the types of insulin and the recommendations for treatment have changed. In this continuing education two-part series, we will focus on the basics of insulin therapy, including a review of normal insulin physiology, available insulin products and considerations when selecting insulin as monotherapy or combination therapy for optimal person-centered diabetes care.
DIABETES AND THE CARDIOMETABOLIC CONTINUUM

The Effects of Diabetes on the Eye
Syed Shah, MD
This will be a comprehensive overview of various eye diseases secondary to diabetes with special focus on diabetes-related eye disease. This presentation will start with an overview of eye anatomy and pathophysiology followed by discussion on the pathogenesis of elevated glucose on various structures and associated functions of the eye. Guidelines for diabetes eye care will be discussed. This session will also focus on ophthalmology pearls to help develop a support group in your practice to provide the “diabetes family” that can overcome the isolation and distress people can feel. We will share examples and experience from more than 15 years of building and sustaining a vibrant support group. Impactful testimonials will be shared.

2:00PM – 3:00PM
DIABETES AND THE CARDIOMETABOLIC CONTINUUM

Don’t Miss a Beat: A Review of Glucose Lowering Agents and Their Impact on Cardiac Health
In collaboration with ACCP (American College of Clinical Pharmacy) Jennifer D’Souza, PharmD, BC-ADM, CDCES; Christa Schumacher, PharmD, BC-ADM, CDCES, FCP
Newer antihyperglycemic agents available to help diabetes care and education specialists make the best recommendations for people with diabetes. Given that diabetes has a significant impact on cardiovascular health, it is important for specialists to have an understanding of which medications have a positive cardiovascular effect. This session will provide an overview of medications used to treat diabetes that have a positive impact on cardiovascular health. Using the information provided, to successfully facilitate and educate participants will be able to gain the knowledge to select appropriate medications based on individual needs.

3:15PM – 3:45PM
DIABETES AND THE CARDIOMETABOLIC CONTINUUM

An Update on NIDDK-Supported Type 1 Diabetes Research
Griffin Rodgers, MD, MACP
The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) supports basic, clinical and translational research to combat diabetes through NIDK-funded research sites. This presentation will be an update on NIDDK-funded research on type 1 diabetes, including recent findings from the Trial to Stop Type 1 Diabetes Research. This session will discuss research studies, clinical trials and the latest findings on treatment and prevention of diabetes and the tools to continue to address the complex needs of people with diabetes and their families. This session will also discuss the resources and educational materials that will be discussed.

4:15PM – 5:15PM
CLINICAL AND SELF-MANAGEMENT CARE INTEGRATION

Use of Glucagon-Like Peptide-1 Analogues in People With Diabetes
Lourdes Cross, PharmD, BACHE, CDCES
Dipeptidyl peptidase-4 inhibitors, glucagon-like peptide-1 receptor agonists and sodium glucose co-transporter inhibitors among people with diabetes and is the leading cause of end-stage renal disease in people with diabetes. This session will present data and recommendations for the use of GLP-1 analogues as well as other diabetes care and education specialists understand the pathophysiology and diagnostic tools for identifying these conditions and their working role in person-centered care and treatment.

5:30PM – 6:30PM
LEVERAGING TECHNOLOGY: DEVICES, DATA AND PATIENT-GENERATED HEALTH DATA

Generating Health Data Through Advanced Technologies
Laura M. Nally, MD
Social determinants of health (SDOH) include health care, individual behavior and policy, and are the root cause of health inequities. This session will focus on the role and clinical evidence of dipeptidyl peptidase-4 inhibitors, glucagon-like peptide-1 receptor agonists and sodium glucose co-transporter inhibitors among people with diabetes and experience barriers to diabetes self-management and treatment. This session will help participants understand how the quality of diabetes care and education and experience barriers to diabetes self-management and treatment. This session will help participants understand how the quality of diabetes care and education and experience barriers to diabetes self-management and treatment. This session will help participants understand how the quality of diabetes care and education.

6:30PM – 7:30PM
PSYCHOSOCIAL / BEHAVIORAL HEALTH

It’s Worth the Effort: A Success Story as a Medicare DPP Supplier
Julie Gormley, MS, RD, CDCES; Linda M. Schoon, RD, CDCES
In 2018, CMS approved coverage for the MDPP. Becoming an approved MDPP supplier was a multistep process for our team. In this session, we will take a look back at the challenges and successes of becoming an MDPP supplier and how this can be an important step in our roles as diabetes care and education specialists.

Learning to Live as a Medicine User: Introduction to the Diabetes Prevention Program
Michelle M. Sack, MS, RDN, CDCES
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9:30PM – 10:30PM
LEVERAGING TECHNOLOGY: DEVICES, DATA AND PATIENT-GENERATED HEALTH DATA

Supporting Commercial and DIY Closed-Loop Users
Rayhan Lal, MD
Closed-loop systems (CLS) occur in 20–40% of people with diabetes and is the leading cause of end-stage renal disease in the Medicare population. The prevalence of CKD significantly increases the risk for cardiovascular events and healthcare expenditures. Several glucose lowering medications have positive effects on renal function independent of glucose control. This session will discuss research recommendations and monitoring strategies for glucose lowering medications in people with diabetes and CKD.

10:30PM – 11:30PM
SUCCESSFUL SUPPORT GROUPS

Supporting People Who Choose To-Do-It Yourself Closed-Loop Systems
Laura M. Nally, MD
To support people who choose to utilize a DIY system, it is important to understand what each system has to offer, and the basic steps involved in each system. This session will review how to support patients interested in DIY diabetes management. This session will emphasize the need for open-mindedness and team-supported learning.

11:30PM – 12:00AM
SUCCESSFUL SUPPORT GROUPS

Innovating a SuccessfulCare Group
Courtney A. Slater, RD, LD, CDCES, CPT
Successful Support Group CDCES, FAANP, ACLM
the eye. Guidelines for diabetes eye care will be discussed. This session will also focus on ophthalmology pearls to help develop a support group in your practice to provide the “diabetes family” that can overcome the isolation and distress people can feel. We will share examples and experience from more than 15 years of building and sustaining a vibrant support group. Impactful testimonials will be shared.

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Participants will be able to identify the various components in CCM reports, develop a systematic approach to sifting through all the data and generate key decision points from the data when working with people who have diabetes. This presentation will highlight the use of an interprofessional team approach and provide practical pearls regarding which reports may work best for given practice settings or populations.

Psychological Approaches to Obesity
Robert E. Rotrosen, MD, FACN, FAACE

The human body aggressively defends against weight loss which results in frequent weight regain after diet-induced weight loss. Goals that can be achieved by which this occurs, medications can be utilized to treat individuals who are obese or overweight. This presentation will review these pathways and the clinical research supporting these therapies.

The Cost of Diabetes: Impact Across the Lifespan
Julia E. Blanchette, RSN, RN, BCDEES; Phillipia S. Denzo, RN, Michelle L. Litchman, MD, FNP-BC; Chelise Riole

People with diabetes face financial barriers to self-management as they endure the many costs of health care, diabetes supplies and medications. It is vital for diabetes care and education specialists to be aware of these barriers as they impact people with diabetes across age groups, socioeconomic status and types of insurance coverage. This presentation will discuss financial barriers across the life span, financial support tips and resources to integrate into practice, tailoring self-management goals to meet the unique needs of clients. Additional

Addressing Diabetes Stigma to Improve Diabetes Self-Care Lauren B. Boyd, JD, PhD

A growing body of research has shown that higher levels of diabetes stigma are associated with decreased persistence with medication taking and higher HbA1c levels. In an educational session, participants will learn how diabetes stigma “gets under the skin” of the people with diabetes to impact diabetes self-care. They will also learn how diabetes stigma is transmitted and can compound other forms of social marginalization (e.g., racism, biphobia, transphobia) to contribute to poor health outcomes. Participants will reflect on how they can integrate this with a skill-building exercise to counteract diabetes stigma across multiple levels of care to improve diabetes outcomes.

Inclusive PERSON-CENTERED Care

Incorporating technology, Training, Supervision and Professional Development

Rebecca Bess, MPH, BC-ADM, CDCES; Christine McGaughy, MPH, RDN, CD, CDCES, LLC, LCCE

Community health workers are critical members of an interdisciplinary team offering DSMES in the community. In an educational session, participants will present the care model of City Health Works, an organization that employs community health workers to act as health coaches offering chronic disease care and education specialists can play an important role in supporting people with diabetes to improve diabetes outcomes.

Diabetes care and education specialists are critical partners.

DSMES and DPP services.

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9:45AM – 10:15AM

DIABETES AND THE CARDIOMETABOLIC CONTINUUM

Nonalcoholic Steatohepatitis (NASH): The Overlooked Complication of Obesity and Type 2 Diabetes
Kenneth Cusi, MD; Zobair Younossi, MD, PhD
The epidemic of nonalcoholic fatty liver disease (NAFLD) has become a major concern for a broad spectrum of healthcare providers. Within a multidisciplinary team, diabetes care and education specialists should lead in identifying and educating individuals on the role of NAFLD. Obesity and diabetes promote the development of nonalcoholic steatohepatitis (NASH), the more severe form of the disease, increasing the risk of cirrhosis and hepatocellular carcinoma. People are at a twofold risk of developing diabetes and cardiovascular disease. Diagnosis and treatment of NAFLD/NASH is complex, but recent advances in diagnosis and treatment call for diabetes care and education specialists to be more proactive and play a central role in the management of NASH.

10:30AM – 11:00AM

DIABETES AND THE CARDIOMETABOLIC CONTINUUM

Diabetes Education and Sleep: The Underappreciated Link
Elnaz Azadpour, MEd; Patrick K. O’Keefe, MD
Recent evidence suggests a bidirectional relationship between sleep and diabetes. Poor sleep can impact glycemic control, and higher A1c levels are associated with poor sleep quality. Conversely, diabetes is linked to an increased risk of sleep disturbances. Long-lasting sleep disturbances can exacerbate health risks in people with diabetes. This presentation will explore evidence-based lifestyle changes that can help improve sleep in people with diabetes and the role of diabetes education in supporting these changes.

11:00AM – 11:30AM

THE BUSINESS SIDE OF DIABETES

Diabetes Care and Education Specialists: Practicing at the Top of Your License
Jodi Krall, PhD; Tammie Payne, MSN, CRNP, RN, DCES, NP-C; Linda M. Siminerio, PhD, RN, DCES
The title diabetes care and education specialist is meant to capture the essence of an ACES, a new direction for the specialty defined as a trusted care team expert who provides collaboration, comprehensive care, and person-centered care and education to persons with diabetes. This role change highlights evidence-based elements associated with delivery of DQCEP vision for the future. This session offers suggestions for programmatic change.

LEVERAGING TECHNOLOGY: DEVICES, DATA AND PATIENT-GENERATED HEALTH DATA

In collaboration with FDA (U.S. Food & Drug Administration)
Joy Kropka, PhD
This presentation will describe, through practical examples, “what FDA does.” Following different types of medical devices for diabetes management, this presentation will outline FDA’s role in different stages of a medical device’s life cycle (development and clinical trials, preparation for commercial sale, and following commercialization of the device). Emphasis will be placed on the new regulatory challenges presented by digital devices, and the current avenues by which these challenges are being addressed.

11:45AM – 12:15PM

DIABETES AND THE CARDIOMETABOLIC CONTINUUM

Strategies to Increase Enrollment of Hispanic/Latino Participants in the National DPP
Miriam Bell, MPH; Ruthieh Xhin, DrPH, MPH; Michelle Papali’i, PhD, MS
Hispanic adults have a high prevalence of prediabetes; however, only 10% of participants in the National DPP have been Hispanic, as compared to 18% of Hispanic adults in the U.S. There are gaps in the literature on factors influencing Hispanic/Latino adults in enrolling in the National DPP. This presentation will present findings from Exempla sub-study that explores predictors of participation in the National DPP among Hispanic adults in the U.S., and discuss key findings from a qualitative case study among two national organization recipients of the CDC’s cooperative agreement to identify promising strategies to recruit and enroll Hispanic/Latino participants.

LEVERAGING TECHNOLOGY: DEVICES, DATA AND PATIENT-GENERATED HEALTH DATA

Professional CDM: A Revenue and Outcomes Win-Win for Your Practice
Jodi Lavin-Tompkins, MSN, RN, BC-ADM, DCES; Patty Scialo, CRNP, MSN, RN, DCES
This session will provide insights into establishing a successful professional CDM program that can be implemented in any practice setting. The program will be step-by-step along with case studies to guide learners through the process.

12:15PM – 1:00PM

DIABETES AND THE CARDIOMETABOLIC CONTINUUM

Strong Coaches, Successful Participants: The Development of the National DPP Coaching Certificate
Timothy R. Cline, PhD, MBC, NBC-HVC; Michelle Papali’i, PhD, MS; Cindy Davis, MD, LF, NBC-HVC; Alexia Williams, MHS, MS, MCHES, IBMC-V
The National DPP Lifestyle Coaches ensure participants have the tools to make meaningful lifestyle changes. The personal relationship and continuous, one-on-one coaching nature of the program allows for a unique learning experience. This session will showcase the novel hands-on learning activities followed by a group discussion on the coaching relationship, case studies, and student type 2 diabetes case scenarios. The session will explain the National DPP Coaching Certificate Program and how it aims to meet this need.

1:00PM – 2:00PM

THE BUSINESS SIDE OF DIABETES

Expanding the Role of Diabetes Care and Education Specialist via Medicare’s Remote Patient Monitoring Benefit
Mary Ann Hodorowicz, RDN, CDCES, MBA
Research repeatedly shows that people with diabetes benefit from coaching related to self-management education and support. Thus, 2019 Medicare approved three new CPT codes for its expanded remote patient monitoring (RPM) benefit and approved a code for 2020 that pays for even more remote visits. This presentation reviews all the detailed Medicare reimbursement rules for all four CPT codes and the recommended workflow via practical examples to deliver the highest quality RPM services.

INCLUSIVE PERSON-CENTERED CARE

Dietary Considerations in the National DPP
Elizabeth A. Michaels, MS, RDN, LDN, DCES
The National DPP targets weight loss as the primary outcome for participants to strive for as a means of preventing or delaying diabetes onset, despite a lack of evidence demonstrating efficacy and sustainability. Learn how a rural FQHC explored the evidence and the ethical challenges associated with weight-based outcomes.

PSYCHOSOCIAL / BEHAVIORAL HEALTH

Inclusive Essential Empathy: Development in Future Pharmacists Through Diabetes Simulation
Sylvia Rodgers, PhD; Heather P. Whitney, PharmD, BCPS, CDCES
Strong evidence supports improved individualized self-care management of diabetes and improved compliance from healthcare providers. An online six-week elective course for second-year pharmacy students was designed to include exposure to real patients and active learning experiences. This session will showcase the novel hands-on learning activities followed by a group discussion on diabetes simulation with augmented weekly group activities, including empathy development and active learning. This is applicable to any diabetes care and education specialist.

1:00PM – 2:00PM

INCLUSIVE PERSON-CENTERED CARE

Health for All People: Redefining Healthy Eating and Weight
Jennifer Reed, RD, CDCES
Many factors affect weight and obesity: food insecurity, stress, sleep hygiene, lack of access to affordable and culturally relevant foods that play into food preferences are all part of the big picture in nutrition education and counseling in diabetes. Looking to long-term nutrition and lifestyle changes that meet the needs of the individual and their circumstances can have far-reaching long-term effects on the chronic complications that come with type 2 diabetes, regardless of weight. Providing an open, non-judgmental atmosphere creates positive attitude and builds trust as we strive to help people be healthy at any size.

1:00PM – 2:00PM

PSYCHOSOCIAL / BEHAVIORAL HEALTH

Prioritizing Health Data
Al Armata, MD; Robert S. Bogusz, MD, CDCES
This session will review how the National DPP uses health data to ensure the right support is provided to all participants. This session will review health data collection, analysis, and reporting for the National DPP’s coaching program, including the types of data collected, data analysis methods, and key reporting activities. The presentation will conclude with a discussion of the importance of prioritizing health data and how it can be leveraged to improve outcomes for all participants.
GETTING TO ATLANTA
There is one major airport that serves Atlanta: Hartsfield-Jackson Atlanta International Airport (ATL). It is approximately 10 miles from the Georgia World Congress Center and offers several arrival and departures from all over the country.

SPECIAL TRAVEL DISCOUNTS
ADCES is proud to announce its partnerships with the following airline companies:

United Airlines is pleased to offer attendees 2% to 10% discounts off published fares to Atlanta between Monday, August 10, 2020 – Tuesday, August 18, 2020. To take advantage of this discount, you must complete the following steps:
- Visit www.united.com/meetingtravel
- Enter ZJ7C646920 in the Offer Code box to receive your discount
- You may also call United Meeting Reservation Desk at (800) 426-1122

Delta Airlines is pleased to offer attendees 2% to 10% discounts off published fares to Atlanta between Wednesday, August 5, 2020 – Sunday, August 23, 2020. To take advantage of this discount, you must complete the following steps:
- Visit www.delta.com/meeting
- From the four boxes, select “Book Your Flight” (bottom right).
- Enter Meeting Event Code: NMU5A

Southwest Airlines Check ADCES20.org for details.

GETTING AROUND ATLANTA
Once you get to Atlanta, there is plenty to explore. You can navigate the city on the MARTA rapid-rail transit system or by walking through many of the neighborhoods and visitor-friendly areas. Need to grab a cab or hop on public transportation? No problem!

MARTA
The Metropolitan Atlanta Rapid Transit Authority (MARTA) is Atlanta’s public transportation system comprised of a bus and rail system that connects all parts of Atlanta. A single $2.50 fair covers one-way bus or train trips, including transfers. The GWCC is MARTA accessible at two stations.

Events in GWCC Buildings A and B can use the Dome/GWCC/Philips Arena/CNN Center Station (W-1) if you are coming from Hartsfield-Jackson Atlanta Airport, MARTA has a rail station located at the north end of the airport, near baggage claim. This service offers the quickest and least expensive way to get to and from the airport to downtown Atlanta. For more information on MARTA, visit www.itsmarta.com

QUESTIONS?
Contact the ADCES Registration and Hotel Reservations Service Center Monday through Friday, 8:00am – 6:30pm (Central Standard Time) toll free (800) 486-9644 (U.S. and Canada), or (972) 349-5460. You can also email adces@mcievents.com.

BOOK YOUR HOTEL TODAY
Only through MCI, the official housing partner of ADCES20, can you shop hand-picked hotels and get exclusive reservation perks.

Special Benefits for ADCES20
• Guaranteed lowest rate and reservation protection
• No upfront costs at time of booking
• Peace of mind – safeguard yourself from potential fraud through unauthorized booking companies and access to onsite support

Annual Conference Room Share Request on My AADE Network
Looking for a way to reduce your ADCES20 hotel expenses while meeting a new colleague? Do both by taking advantage of the “Annual Conference Room Share Request” page on MY AADE NETWORK. Just post your request and await a reply from another attendee interested in sharing a room!

IMPORTANT REGISTRATION AND HOUSING DATES

FRIDAY, APRIL 24
Last day to register at the Early Bird Rate

FRIDAY, JUNE 26
Last day to register at the Advance Rate and receive a partial refund (less $100 administrative fee)

THURSDAY, JULY 23
Last day to make a hotel reservation with special ADCES20 rate

Learn more and register at adces20.org
GVOKE FFS and GVOKE HypoPen (glucagon injection) for subcutaneous use

Initial U.S. Approval: 2019

**BRIEF SUMMARY OF PRESCRIBING INFORMATION**

GVOKE is indicated for the treatment of severe hypoglycemia in adult and pediatric patients with diabetes ages 2 years and above. GVOKE is administered by subcutaneous injection.

**CONTRAINDICATIONS**

GVOKE FFS is contraindicated in patients with:

- Phaeochromocytoma or insulinoma

Known hypersensitivity to glucagon or any other constituents in GVOKE.

**WARNINGS AND PRECAUTIONS**

**Catecholamine Release in Patients with Phaeochromocytoma**

GVOKE is contraindicated in patients with phaeochromocytoma because glucagon may stimulate the release of catecholamines from the tumor. If the patient develops a dramatic increase in blood pressure and a previously undiagnosed phaeochromocytoma is suspected, 5 to 10 mg of phenolamine mesylate, administered intravenously, has been shown to be effective in lowering blood pressure.

**Hypoglycemia in Patients with Insulinoma**

In patients with insulinoma, administration of glucagon may produce an initial increase in blood glucose; however, glucagon administration may directly or indirectly through an initial rise in blood glucose stimulate exaggerated insulin release from an insulinoma and cause hypoglycemia. GVOKE is contraindicated in patients with insulinomas. If a patient develops symptoms of hypoglycemia after a dose of GVOKE, give glucose orally or intravenously.

**Hypersensitivity and Allergic Reactions**

Allergic reactions have been reported with glucagon, these include generalized rash, and in some cases anaphylactic shock with breathing difficulties and hypotension. GVOKE is contraindicated in patients with a prior hypersensitivity reaction.

**Lack of Efficacy in Patients with Decreased Hepatic Glycogen**

GVOKE is effective in treating hypoglycemia only if sufficient hepatic glycogen is present. Patients in states of starvation, with adrenal insufficiency or chronic hypoglycemia may not have adequate levels of hepatic glycogen for GVOKE administration to be effective. Patients with these conditions should be treated with glucose.

**Necrotic Migratory Erythema**

Necrotic migratory erythema (NME), a skin rash commonly associated with glucagonomas (glucagon-producing tumors) and characterized by scaly, pruritic erythematous plaques, bullae, and erosions, has been reported postmarketing following continuous glucagon infusion. NME lesions may affect the face, groin, perineum and legs or be more widespread. In the reported cases NME resolved with discontinuation of the glucagon, and treatment with corticosteroids was not effective. Should NME occur, consider whether the benefits of continuous glucagon infusion outweigh the risks.

**Hypoglycemia in Patients with Glucagonoma**

Glucagon administered to patients with glucagonoma may cause secondary hypoglycemia. Test patients suspected of having glucagonoma for blood levels of glucagon prior to treatment and monitor for changes in blood glucose levels during treatment. If a patient develops symptoms of hypoglycemia after a dose of glucagon for injection, give glucose orally or intravenously.

**ADVERSE REACTIONS**

**Clinical Trials Experience**

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of GVOKE cannot be directly compared to rates in the clinical trials of other drugs and may not reflect the rates observed in practice. Adverse Reactions

The safety of GVOKE was evaluated in two randomized, blinded, 2-way crossover studies conducted in adults with type 1 diabetes mellitus. In total, 154 patients received an injection of GVOKE. The most common adverse reactions occurring in 2% or more of adult subjects treated with GVOKE during clinical trials within 12 hours of treatment were: nausea (30%), vomiting (16%), injection site edema, raised 1 mm or greater (7%), and headache (5%). Injection site pain was reported by 1% of patients with GVOKE. Hypertension and tachycardia have occurred with glucagon treatment. Adverse Reactions in Pediatric Patients Aged 2 Years and Older

The safety of GVOKE was evaluated in one single-arm, open-label, study in 31 pediatric patients with type 1 diabetes mellitus. The data in Table 1 reflect the exposure of 31 pediatric patients to 0.5 mg or 1 mg of GVOKE. The most common adverse reactions occurring in 2% or greater of pediatric patients treated with GVOKE are listed in Table 1.

**Table 1: Adverse Reactions Occurring ≥ 2% in Pediatric Patients with Type 1 Diabetes Treated with GVOKE**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Hypoglycemia</th>
<th>Headache</th>
<th>Nausea</th>
<th>Vomiting</th>
<th>Injection site discomfort</th>
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<tbody>
<tr>
<td>Ages 0 to 5 years</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Ages 6 to 12 years</td>
<td>1%</td>
<td>0%</td>
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<td>1%</td>
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<tr>
<td>Ages 13 to 18 years</td>
<td>0%</td>
<td>0%</td>
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</table>

*Adverse Reactions occurring within 12 hours.

**Postmarketing Experience**

NME cases have been reported postmarketing in patients receiving continuous infusion of glucagon.

**DRUG INTERACTIONS**

**Beta-Blockers**

Patients taking beta-blockers may have a transient increase in pulse and blood pressure when given GVOKE.

**Indomethacin**

In patients taking indomethacin, GVOKE may lose its ability to raise blood glucose or may even produce hypoglycemia.

**Warfarin**

GVOKE may increase the anticoagulant effect of warfarin.

The risk information provided here is not comprehensive. To learn more, talk with your healthcare provider or pharmacist. The FDA approved product labeling can be found at www.GVOKEGlucagon.com or 1-800-555-DRUG.
When blood sugar levels go severely low, your patients need a solution that’s fast, easy, and reliable.¹

The first premixed, prefilled, premeasured liquid glucagon for the treatment of severe hypoglycemia in adult and pediatric patients with diabetes ages 2 and above.¹

Visit GyokeGlucaonPro.com to learn more, including how your commercial patients may be eligible for a $25 copay.

INDICATION AND IMPORTANT SAFETY INFORMATION

GVÖKE is indicated for the treatment of severe hypoglycemia in adult and pediatric patients with diabetes ages 2 years and above.

IMPORTANT SAFETY INFORMATION

Contraindications

GVÖKE is contraindicated in patients with pheochromocytoma, insulinoma, and known hypersensitivity to glucagon or to any of the excipients in GVOKE. Allergic reactions have been reported with glucagon and include anaphylactic shock with breathing difficulties and hypotension.

Warnings and Precautions

GVÖKE is contraindicated in patients with pheochromocytoma because glucagon may stimulate the release of catecholamines from the tumor. If the patient develops a dramatic increase in blood pressure and a previously undiagnosed pheochromocytoma is suspected, 5 to 10 mg of phentolamine mesylate, administered intravenously, has been shown to be effective in lowering blood pressure.

In patients with insulinoma, administration of glucagon may produce an initial increase in blood glucose; however, GVÖKE administration may directly or indirectly (through an initial rise in blood glucose) stimulate exaggerated insulin release from an insulinoma and cause hypoglycemia. GVÖKE is contraindicated in patients with insulinoma. If a patient develops symptoms of hypoglycemia after a dose of GVÖKE, give glucose orally or intravenously.

Allergic reactions have been reported with glucagon. These include generalized rash, and in some cases, anaphylactic shock with breathing difficulties and hypotension. GVÖKE is contraindicated in patients with a prior hypersensitivity reaction.

GVÖKE is effective in treating hypoglycemia only if sufficient hepatic glycogen is present. Patients in states of starvation, with adrenal insufficiency or chronic hypoglycemia, may not have adequate levels of hepatic glycogen for GVÖKE administration to be effective. Patients with these conditions should be treated with glucose.

Necrotic migratory erythema (NME), a skin rash commonly associated with glucagonomas has been reported postmarketing following continuous glucagon infusion and resolved with discontinuation of the glucagon. Should NME occur, consider whether the benefits of continuous glucagon infusion outweigh the risks. Glucagon administered to patients with glucagonoma may cause secondary hypoglycemia.

Adverse Reactions

Most common (>5%) adverse reactions associated with GVÖKE are nausea, vomiting, injection site edema (raised 1 mm or greater), and hypoglycemia.

Drug Interactions

Patients taking beta-blockers may have a transient increase in pulse and blood pressure when given GVÖKE. In patients taking indomethacin, GVÖKE may lose its ability to raise blood glucose or may even produce hypoglycemia. GVÖKE may increase the anticoagulant effect of warfarin. Please see the previous page for the brief summary of the Prescribing Information.

References:


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What is your age group? [ ] Under 30 [ ] 31-40 [ ] 41-50 [ ] 51-60 [ ] 60+ [ ]

How many ADCES (formerly AADE) Annual Conferences have you ever attended? [ ] Under 3 [ ] 3-6 [ ] 7-10 [ ] 11+ [ ]

This is my first [ ] Yes [ ] No

What is your position? [ ] Staff/Clinical Care [ ] Clinical Specialist [ ] Consultant [ ] Pharmacist [ ] Diabetes Care & Education Specialist [ ] Administrator/Program Manager [ ] Coordinator/Supervisor [ ]

What is your practice setting? [ ] Self Employed [ ] Physician, Primary Care, Endocrinologist Office [ ] Outpatient Diabetes Center [ ] Hospital Inpatient [ ] University [ ] Hospital-Based Clinic [ ] Hospital Pharmacy [ ] Retail Pharmacy [ ]

[ ] Long Term Care Facility/Skilled Nurse Facility [ ] Managed Care/Commercial Health Plan (e.g. HMO) [ ] Indian Health Services [ ] Military Base/Government Facility/VA Hospital [ ] Home Care Services/Organization [ ] Industry (Pharmaceutical, Medical Equipment, etc.)

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In case of emergency while attending ADCES20, whom should we contact? Name __________________________ Phone Number __________________________

A full refund of the registration fee less an administrative fee will be granted for all written requests received by Friday, June 26, 2020. Written requests must be submitted to meetings@adces.org. No refund will be given after Friday, June 26, 2020. Refunds will be granted to FULL CONFERENCE registrations only. No refunds will be granted for Preconference Courses or Celebration Tickets. No-shows will not receive a refund.

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