



A Diabetes Distress Training and Support Program For Busy Clinicians

Overview

DD-ASSIST is a comprehensive, pragmatic, *clinic training program* to enhance the skills of diabetes clinicians to systematically assess and intervene to reduce diabetes distress (DD) among adults with diabetes using evidenced-based assessment tools and methods.

Project Description

Diabetes-related emotional distress, or diabetes distress (DD), encapsulates the emotional reactions to the challenges and burdens of management, perceived threats of long-term complications, concerns about access, costs, and stigma, and a host of other fears and worries associated with living with diabetes.

The prevalence of significant DD is high and it is linked to problematic self-management, less time in range, elevated HbA1c, reduced quality of life, and reduced uptake of new technologies (e.g., CGM). Thus, elevated DD is a significant clinical problem.

Key Information

- **Supported by a grant from JDRF, we are testing two evidence-based support and training strategies to enhance clinician skills to address DD in the diabetes clinic setting.**
- All staff from participating clinics will receive clinical training and implementation support at no cost to clinics.
- Start dates for clinics will be staggered over 2023-2024.

Clinics will be randomly assigned to one of two versions of the DD-ASSIST program:

1. One that is delivered live in a one-day in-person clinical skill building workshop, followed by three post-workshop case-based follow-up Zoom sessions for diabetes clinicians (e.g., nurse educators, pharmacists, RDs, physicians, etc.). Implementation support will be provided to integrate the program into clinical workflows.
2. One that is delivered virtually through a series of recorded training videos to allow diabetes clinicians and staff to learn at their own pace, followed by two follow-up zoom sessions to provide technical assistance to support implementation.

Participating Clinics Will Receive:

- Comprehensive training around assessing and addressing diabetes distress.
- CME credits for practice members who attend trainings/complete modules.
- A minimum of one iPad per clinic to electronically screen for diabetes distress
- Patient facing materials in English and Spanish
- \$10,000 stipend for each clinical site that completes the study requirements.
- Acknowledgment in publications and presentations.

Program Goals

- Educate diabetes clinical staff about diabetes distress, how it presents itself in clinical care, how it affects management, and its impact on uptake of new devices and medications.
- Teach diabetes clinical teams how to use standardized diabetes distress assessment tools (with automated scoring and reporting) to assess diabetes distress in their patients.
- Teach practical, time-efficient, evidenced-based clinical skills to reduce diabetes distress as part of a brief, practical, point of care, encounter-based intervention.
- Support each clinic to design an implementation plan for diabetes distress assessment and treatment that takes into account the clinic's unique culture, staffing, and patient flow.

NOTE: Although DD-ASSIST focuses on working with adults with type 1 diabetes, all program content can be applied when addressing diabetes distress among adults with type 2 diabetes.

Clinic Participation Requirements:

- Minimum of 100 active adult patients with type 1 diabetes receiving care at each participating clinic.
- Completion of a Practice Information Form describing practice characteristics.
- Minimum of 4 key clinic personnel in the DD-ASSIST training. CME credits will be provided.
- Clinic health teams must be willing to work on the project until 62 adult patients with type 1 diabetes with a HbA1c of ≥ 7.25 or higher have been assessed for diabetes distress and provided follow-up (as appropriate and with a second assessment of diabetes distress). **Enrollment does not require patient informed consent or additional patient research documentation.** Clinics will determine which patients meeting these criteria they wish to work with and how they wish to engage them. Clinics are additionally welcome to apply the training strategies with additional individuals (e.g., HbA1c < 7.25 , individuals with type 2 diabetes).
- Key clinic personnel must be willing to participate in follow-up zoom meetings to periodically share feedback on the implementation process to optimize diabetes distress assessment and response processes.
- Clinics must be able to export and send the research team key de-identified data from their EHR (e.g., HbA1c and CGM values) to the research team using an IRB-approved procedure for enrolled patients at the end of the study to identify changes in health status.
- Clinics must be willing to be randomly assigned to one of the two versions of the DD-ASSIST program.

Interested in learning more? Email us at: info@behavioraldiabetes.org