Improve Your Diabetes Management by Working with a Diabetes Care and Education Specialist

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The Benefits of Working with a Certified Diabetes Educator (CDE)

Here are some key statstics about diabetes: in 2018, 34.2 million Americans had diabetes. This is just over 10% of our population. Of this 34.2 million, 7.3 million remained undiagnosed.

In 2015, 88 million Americans had prediabetes — meaning that they had the precursor to eventually develop type 2 diabetes.

Diabetes costs Americans approximately $327 billion annually — about $237 billion in medical costs and $90 billion in reduced productivity.

If you are someone with type 1 diabetes, type 2 diabetes or prediabetes, you may wonder who can help you manage your diabetes. An endocrinologist is a logical answer, but a certified diabetes educator (CDE) can also help!

What Is a Certified Diabetes Educator (CDE)?

The certification “CDE” was actually “rebranded” mid-2019 by the Association of Diabetes Care & Education Specialists (ADCES); diabetes educators are now known as Diabetes Care & Education Specialists (DCES).

A certified DCES, defined by AADE as “a trusted expert of the integrated care team that provides collaborative, comprehensive, and person-centered care and education to persons with diabetes.”

ADCES President Karen Kemmis states that the rationale behind changing the name stemmed behind confusion about what a CDE did – “If you say ‘I’m a diabetes educator’ now, it sounds like you just teach a few classes… or just tell patients to count carbs and exercise a certain number of minutes per week. This better describes what we’re able to provide: medication management, psychosocial assistance, working with PWDs (people with diabetes) collaboratively on their health goals, and recommending interventions when needed.”

Another reason for changing the title is because there is a lack of younger people joining the field; Kemmis notes that millennials are less apt to be “in” to a certification. They are trying to appeal to a younger generation.

Regardless of the title, the CDCES have expertise in nutrition, exercise and diabetes technologies. They are not just there to tell you to jump on a treadmill or cut back on your calories — a CDCES can help provide care anytime, because the CDCES realizes that your health is not always linear.

Who Should Work with a CDE?

There are various times when you should ensure that you are seeing a CDCES.

Most experts agree that you should see a CDCES when:

- You are initially diagnosed with diabetes
- Annually, to ensure that your diabetes is on track
- When other health issues arise, to ensure that you can handle your diabetes along with your new or worsening health condition
- You switch healthcare teams
- You desire a new therapy or type of treatment, such as switching from insulin injections to insulin pump therapy

You may also enlist help from a CDCES when you are having trouble affording your medications or therapies. Many CDCES are skilled with navigating insurance issues and may have various “tricks” to help.

Typically, your first visit is one-on-one. This helps the CDCES establish your needs through an assessment. Basic education may also be provided at your initial appointment. Depending on the program, classes or further one-on-one education may be recommended.

How to Get a Referral to a Certified Diabetes Educator

Typically, a healthcare provider must send a referral for a CDCES visit. Though this can be frustrating, especially if your health insurance does not generally require referrals for other office visits, it is generally rare that a healthcare provider would say no to a visit with a CDCES!

Many providers recommend diabetes education annually. If your healthcare provider does not discuss diabetes education, or if you are worried about your blood sugar numbers, it is a great idea to ask for a referral.

Many electronic medical records (EMR) have referrals built in, which makes it easy to refer out for services. Referrals must include specific information for insurance to pay for services:

- Documentation of type of diabetes (type 1, type 2 or gestational diabetes)
- The referral must come from a qualifying provider (physician, physician assistant, nurse practitioner, clinical nurse specialist or advanced nurse practitioner)
- Referrals must be updated annually if follow-up visits are after one year

Medicare covers 10 hours of diabetes self-management training (DMST) within 12 months after diabetes education is started. After this 12-month period is completed, Medicare covers two hours annually. Many commercial insurance plans have similar coverage but each plan many differ.

If you’d like to check to see where the nearest CDCES is to you, click here.