Diabetes is a chronic disease that affects approximately 16 million Americans (1), half of whom are diagnosed, that is characterized by serious, costly, and potentially fatal complications. The total cost of diagnosed cases of diabetes in the United States in 1992 was estimated to be $92 billion (2). To prevent the costly complications and to enable people with diabetes to lead healthy productive lives, appropriate medical care based on current standards of practice, self-management education, and medication and supplies must be available to everyone with diabetes.

The goal of medical care for people with diabetes is to optimize glycemic control and minimize complications. The Diabetes Control and Complications Trial (DCCT) demonstrated that treatment that maintains blood glucose levels near normal in IDDM delays the onset and reduces the progression of microvascular complications (3). It is reasonable to infer that optimal glycemic control can also benefit most individuals with NIDDM (4). To achieve optimal glucose control, the person with diabetes must be able to access health care providers who have expertise in the field of diabetes. Treatment plans must include self-management training, regular and timely laboratory evaluations, medical nutrition therapy, appropriately prescribed medication(s), and regular self-monitoring of blood glucose (SMBG) levels. The Standards of Medical Care For Patients With Diabetes outline the appropriate medical care for people with diabetes (5).

An integral component of the DCCT was self-management education delivered by an interdisciplinary team. Self-management training also helps people with type II diabetes adjust their daily regimen to improve glycemic control. Diabetes self-management education is the process of providing the person with diabetes with the knowledge and skills to perform self-care on a day-to-day basis. Self-management education teaches the person with diabetes to assess the relationships between food intake, activity level, emotional and physical status, and medications and then respond appropriately and continually to those factors to achieve and maintain optimum glucose control. Today, self-management education is a critical part of the medical plan for persons with diabetes, such that medical treatment of diabetes without systematic self-management education can be regarded as substandard and unethical care. The National Standards for Diabetes Self-Management Education establish specific criteria against which diabetes education programs can be measured, and a quality assurance program has been developed and subsequently revised (6,7).

Treatments and therapies that improve glycemic control and reduce the complications of diabetes will also significantly reduce health care costs (8). Numerous studies have demonstrated that self-management education leads to reductions in the costs associated with all types of diabetes. Participants of self-management education programs have been found to have decreased lower extremity amputation rates, decreased medication costs, and decreased emergency room visits and hospitalization rates (7,9).

Access to the integral components of diabetes care such as health care visits, diabetes supplies and medications, and self-management education is essential.

The American Diabetes Association believes insurers must reimburse for medical treatment and also for self-management education programs that have met accepted standards, such as the American Diabetes Association's National Standards for Diabetes Self-Management Education Programs. All medications and supplies such as syringes, strips, and meters related to the daily care of diabetes must also be reimbursed by third party payers. Organizations that purchase health care benefits for their members or employees should insist that self-management education, medication, and supplies be included in the services provided and managed care organizations should include these services and supplies in the basic plan available to all participants.

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