DROP IN & MEET BASAGLAR
at the Lilly Diabetes booth

An insulin glargine option coming to you starting on Dec. 15, 2016*

*Specific timing on product availability may vary by location.

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to Our Sponsors
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NUTRISYSTEM® D® IS A TURNKEY SOLUTION THAT HELPS YOUR PATIENTS LOSE WEIGHT.

Take your Exhibit Hall Passport to Booth 1304!

☑ Speak to Nutrisystem experts about Nutrisystem® D®
☑ Enter to win a Blendtec® Classic 575 Blender—we’re giving away one each day!
☑ Taste free samples of Nutrisystem® food

Nutrisystem® D® helps your patients manage their type 2 diabetes through effective weight loss.

☑ Clinically proven weight loss program
☑ Low-GI meal plan that meets the nutrition guidelines of the American Diabetes Association*
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☑ Plus! Your patients can also try the Nutrisystem® D® 5-Day Weight Loss Kit and Products exclusively at Walmart

For detailed information about the NUTRISYSTEM® D® PROGRAM VISIT www.nutrisystem.com/shopdiabetes

Expect your patients to lose 1-2 lbs. per week.

Nutrisystem D is a portion-controlled, low-fat, reduced-calorie comprehensive plan designed to help people with type 2 diabetes achieve meaningful weight loss. It does not treat or cure diabetes, and is not a substitute for diabetes medications. Your patients’ physician may need to reduce their medications due to changes in diet or weight while on this plan. Patients should consult their physician before starting this or any other diet plan.

Welcome to AADE16

It’s my honor and privilege to welcome you to San Diego for AADE’s 2016 Annual Conference, simply known as AADE16! Everyone at AADE, from volunteers to staff, encourage you to engage with the theme of AADE16 — embrace the changes that surround us, strengthen the future of the profession of diabetes education, and celebrate! We will celebrate you and the successes you are championing in your work. The general sessions, educational tracks and variety of CE learning opportunities ensure that attendees from across the spectrum of practice settings will find AADE16 enlightening and valuable.

Everyone at AADE hopes that during the next several days you take advantage of many opportunities to listen and learn as well as network with colleagues to share insights, best practices and more. In fact, being at AADE16 offers you the ability to connect with the largest concentration of diabetes educators and others involved in various aspects of diabetes anywhere in the country. Take advantage of this opportunity. Introduce yourself to fellow attendees you don’t know. Perhaps you do this while waiting for a general or concurrent session to kick-off or as you stroll through the Exhibit Hall. You may just make a new friend.

Please connect with AADE, fellow attendees and others in the diabetes community throughout the meeting on Facebook, Twitter and Instagram. Use the hashtag #AADE16 to post and to stay up to date with conference announcements and events, interact with fellow attendees or those who couldn’t attend, or just share your thoughts and learning on a session.

Thank you to all the AADE leaders, volunteers and staff whose efforts continually move our profession forward. And a special thank you to the Annual Conference Program Committee members for helping to put together this amazing conference.

Most of all, I thank YOU for your commitment to the work you do to improve the lives of people with, at risk for or affected by diabetes and related chronic conditions and for everyday living the theme of this year’s meeting: Embrace Change, Strengthen Our Future, Celebrate!

Hope Warshaw, MMSc, RD, CDE, BC-ADM, FAADE
AADE President

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Saddleback Memorial Care Medical Center
Laguna Hills, CA

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Healing Our Village, Inc.
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Clinton, SC

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Bethesda, MD

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Executive Health Program Manager
The Iowa Clinic
West Des Moines, IA

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University of Utah College of Pharmacy
Salt Lake City, Utah

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Diabetes Lifestyle Expert
LivinggoHealth™
Mountain View, CA

Joe Solowiejczyk, RN, MSW, CDE
Diabetes Nurse Educator
A Mile In My Shoes Consulting
Los Altos, CA
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Richland, Washington

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MEMBER AFFILIATES LIAISON
Christine Memering
BSN, RN, CDE, SANEA
New Bern, North Carolina

TYPE OF ACTIVITY
This activity includes elements that increase knowledge and application.

TARGET AUDIENCE
This continuing education activity should be of substantial interest to nurses, pharmacists, dietitians/dietitian nutritionists, PAs, nurse practitioners, and other health care professionals who care for individuals with diabetes and other related conditions.

LEARNING OBJECTIVES
At the conclusion of AADE16, participants should be able to:

1. Apply knowledge gained through attending presentations, networking with peers, and learning about new products and services to advance one’s practice and career.

2. Increase perspective on the changing face of health care, health care systems, payment models and diabetes and communication technologies to deliver clinically and cost-effective care to people at risk for and affected by diabetes.

3. Establish novel and innovative programs and collaborations with a broad array of diabetes stakeholders to advance the role of diabetes educators and promote our involvement in chronic disease prevention and management in diverse populations.

4. Identify expansive opportunities for professional development, role enhancement and career advancement.

LEARNING OUTCOMES
1. Learners will gain relevant knowledge on the changing face of health care, health care systems, and payment models collaborations to work with a broad array of diabetes stakeholders to advance the role of diabetes educators.

2. The diabetes educator will be able to use communication technologies that deliver clinically and cost-effective care to assist people at risk for and affected by diabetes.

3. Learners will appreciate and enhance their opportunities for professional development, role enhancement and career advancement.
**AADE16 Schedule at a Glance**

### THURSDAY, AUG. 11

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00 pm – 7:00 pm</td>
<td>Registration</td>
</tr>
<tr>
<td>8:00 am – 5:00 pm</td>
<td>Pre-Conference Course* Sustaining Your Diabetes Education Program: Take Your Program to the Next Level (8.0 CE)</td>
</tr>
<tr>
<td>1:00 pm – 5:00 pm</td>
<td>Pre-Conference Course* Developing a Safe and Effective Exercise Program for People with Prediabetes and Type 2 Diabetes (4.0 CE)</td>
</tr>
<tr>
<td>1:00 pm – 5:00 pm</td>
<td>Pre-Conference Course* How to Select or Create Materials Your Patients Will Actually Understand (4.0 CE)</td>
</tr>
<tr>
<td>1:00 pm – 5:00 pm</td>
<td>Pre-Conference Course* Pharmacology Boot Camp (4.0 CE)</td>
</tr>
<tr>
<td>5:00 pm – 6:30 pm</td>
<td>Coordinating Body (CB) and Communities of Interest (COI) Networking Reception – Open to All Attendees (Marriott Marquis Hotel)</td>
</tr>
<tr>
<td>5:30 pm – 6:15 pm</td>
<td>Product Theater</td>
</tr>
<tr>
<td>5:30 pm – 7:30 pm</td>
<td>DSMA Live Twitter Chat (Sponsored by Roche)</td>
</tr>
</tbody>
</table>

### FRIDAY, AUG. 12

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30 am – 7:15 am</td>
<td>Product Theater</td>
</tr>
<tr>
<td>7:00 am – 3:00 pm</td>
<td>Registration</td>
</tr>
<tr>
<td>7:30 am – 9:00 am</td>
<td>General Session (1.0 CE)</td>
</tr>
<tr>
<td>9:00 am – 3:00 pm</td>
<td>Exhibit Hall Open &amp; Poster Viewing</td>
</tr>
<tr>
<td>9:45 am – 10:45 am</td>
<td>Education Sessions (1.0 CE)</td>
</tr>
<tr>
<td>11:00 am – 12:00 pm</td>
<td>Education Sessions (1.0 CE)</td>
</tr>
<tr>
<td>12:15 pm – 1:15 pm</td>
<td>Product Theaters</td>
</tr>
<tr>
<td>2:00 pm – 3:30 pm</td>
<td>Education Sessions (1.5 CE)</td>
</tr>
<tr>
<td>3:45 pm – 4:45 pm</td>
<td>Education Sessions (1.0 CE)</td>
</tr>
<tr>
<td>5:00 pm – 6:00 pm</td>
<td>Education Sessions (1.0 CE)</td>
</tr>
<tr>
<td>6:30 pm – 7:30 pm</td>
<td>Customer Appreciation Event/Special Symposium – Boston Scientific Event (Marriott Marquis Hotel) (1.0 CE)</td>
</tr>
<tr>
<td>8:00 pm – 10:00 pm</td>
<td>Customer Appreciation Event – Tandem (Fluxx, 500 4th Avenue)</td>
</tr>
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</table>

### SATURDAY, AUG. 13

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 am – 7:00 am</td>
<td>Zumba</td>
</tr>
<tr>
<td>6:30 am – 7:15 am</td>
<td>Product Theater</td>
</tr>
<tr>
<td>7:00 am – 2:00 pm</td>
<td>Registration</td>
</tr>
<tr>
<td>7:30 am – 8:30 am</td>
<td>General Session (1.0 CE)</td>
</tr>
<tr>
<td>8:30 am – 4:00 pm</td>
<td>Exhibit Hall Open &amp; Poster Viewing</td>
</tr>
<tr>
<td>9:15 am – 10:15 am</td>
<td>Education Sessions (1.0 CE)</td>
</tr>
<tr>
<td>10:30 am – 11:30 am</td>
<td>Education Sessions (1.0 CE)</td>
</tr>
<tr>
<td>11:45 am – 12:45 pm</td>
<td>Product Theaters</td>
</tr>
<tr>
<td>1:00 pm – 2:30 pm</td>
<td>Education Sessions (1.5 CE)</td>
</tr>
<tr>
<td>2:45 pm – 3:45 pm</td>
<td>Product Theaters</td>
</tr>
<tr>
<td>3:45 pm – 4:45 pm</td>
<td>Education Sessions (1.0 CE)</td>
</tr>
<tr>
<td>5:00 pm – 6:00 pm</td>
<td>Education Sessions (1.0 CE)</td>
</tr>
<tr>
<td>6:00 pm – 8:30 pm</td>
<td>Customer Appreciation Event – BD/Lilly Event (Marriott Marquis Hotel)</td>
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### SUNDAY, AUG. 14

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>6:30 am – 7:15 am</td>
<td>Product Theater</td>
</tr>
<tr>
<td>7:00 am – 2:00 pm</td>
<td>Registration</td>
</tr>
<tr>
<td>7:30 am – 8:30 am</td>
<td>General Session (1.0 CE)</td>
</tr>
<tr>
<td>8:30 am – 2:00 pm</td>
<td>Exhibit Hall Open &amp; Poster Viewing</td>
</tr>
<tr>
<td>9:15 am – 10:45 am</td>
<td>Education Sessions (1.5 CE)</td>
</tr>
<tr>
<td>10:00 am – 1:00 pm</td>
<td>Meet the Poster Authors (3.0 CE)</td>
</tr>
<tr>
<td>11:00 am – 12:00 pm</td>
<td>Education Sessions (1.0 CE)</td>
</tr>
<tr>
<td>12:15 pm – 1:15 pm</td>
<td>Product Theaters</td>
</tr>
<tr>
<td>1:00 pm – 2:00 pm</td>
<td>AADE Annual Business Meeting (1.0 CE)</td>
</tr>
<tr>
<td>2:00 pm – 3:00 pm</td>
<td>Education Sessions (1.0 CE)</td>
</tr>
<tr>
<td>3:15 pm – 4:15 pm</td>
<td>Education Sessions (1.0 CE)</td>
</tr>
<tr>
<td>4:30 pm – 5:30 pm</td>
<td>Education Sessions (1.0 CE)</td>
</tr>
<tr>
<td>6:00 pm – 8:00 pm</td>
<td>Corporate Symposium (Marriott Marquis Hotel) (1.5 CE)</td>
</tr>
<tr>
<td>8:00 pm – 10:00 pm</td>
<td>AADE Celebration (Marriott Marquis Hotel)</td>
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</tbody>
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### MONDAY, AUG. 15

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>6:00 am – 7:00 am</td>
<td>Zumba</td>
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<tr>
<td>7:00 am – 10:00 am</td>
<td>Registration</td>
</tr>
<tr>
<td>7:30 am – 9:00 am</td>
<td>General Session (1.0 CE)</td>
</tr>
<tr>
<td>9:15 am – 10:15 am</td>
<td>Education Sessions (1.0 CE)</td>
</tr>
<tr>
<td>10:30 am – 11:30 am</td>
<td>Education Sessions (1.0 CE)</td>
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<tr>
<td>11:45 am – 12:45 pm</td>
<td>Education Sessions (1.0 CE)</td>
</tr>
<tr>
<td>1:00 pm – 2:00 pm</td>
<td>Education Sessions (1.0 CE)</td>
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**Events will take place at the San Diego Convention Center, 111 West Harbor Drive, San Diego, CA 92101 unless otherwise noted. Hours and schedule are subject to change. Daily CE hours listed on page 26. *Additional fee required to attend these events.**
CONSTRUCTING AN OPEN-AND-SHUT CASE
for the Practical Application of New Insulin Formulations in Type 2 Diabetes

Sunday, August 14, 2016
6:00 – 6:30 PM  Registration and Dinner
6:30 – 8:00 PM  Educational Program
Marriott Marquis San Diego Marina
Pacific Ballrooms 22, 25, and 26

PROGRAM FACULTY
Debbie A Hinnen, APN, BC-ADM, CDE, FAAN, FAADE—Program Chair
Advanced Practice Nurse
Memorial Hospital
University of Colorado Health System
Colorado Springs, Colorado

Daniel Einhorn, MD, FACP, FACE
Medical Director
Scripps Whittier Diabetes Institute
Clinical Professor of Medicine
University of California San Diego
Clinical Endocrinologist
Diabetes and Endocrine Associates
San Diego, California

John H Sink II, PA-C, CDE, CLS, MPAS
Physician Assistant
The Jones Center for Diabetes & Endocrine Wellness
Macon, Georgia

ACTIVITY OVERVIEW
Through a fun and engaging game-based format with case studies, attendees will try to “shut their box” by considering a patient-centered, evidence-based treatment plan. Participants will assess the evidence on ultralong-acting basal insulin analogues—including premixed insulin analogues containing ultralong-acting basal insulin—and outcomes data comparing different types of insulin or a glucagon-like peptide-1 receptor agonist (GLP-1 RA) to intensify basal insulin therapy in patients with type 2 diabetes mellitus (T2DM).

LEARNING OBJECTIVES
Upon completion of this activity, participants should be able to:
• Compare and contrast the therapeutic characteristics, efficacy, and safety of long-acting vs ultralong-acting basal insulins
• Calculate appropriate doses for initiating and titrating ultralong-acting basal and for switching between different types of insulin
• Individually intensify long- or ultralong-acting basal insulin therapy using prandial insulin or a GLP-1 RA, including premixed or coformulated agents, in patients with T2DM

ACREDITATION
This accredited educational symposium offers continuing education for nurses, dietitians, and pharmacists. Please visit www.aade16.org for accreditation and continuing education credit information.

REGISTRATION INFORMATION
The AADE16 Corporate Symposium number for this activity is CS03. Corporate symposia are open to all AADE16 attendees, and 1.5 CEUs are available. No registration is required for this program, and attendees will be admitted on a first-come, first-served basis until the room reaches capacity.
Does The Shoe Fit?  
Matching the Right Insulin Combination to Individual Patients With T2DM

SUNDAY, AUGUST 14, 2016  
6:00 – 8:00 PM  
Marriott Marquis San Diego  
Pacific Ballroom 21  
333 West Harbor Drive

**Faculty**

Davida F Kruger, MSN, APN-BC, BC-ADM—Program Chair  
Certified Nurse Practitioner  
Division of Endocrinology, Diabetes, and Bone and Mineral Disorders  
Henry Ford Health System  
Detroit, Michigan

James R Gavin III, MD, PhD  
Clinical Professor of Medicine  
Emory University School of Medicine  
CEO and Chief Medical Officer  
Healing Our Village, Inc.  
Atlanta, Georgia

Lucia M Novak, MSN, ANP-BC, BC-ADM, CDTC  
Nurse Practitioner, Diabetes Specialist  
Riverside Medical Associates, PA  
Riverdale, Maryland  
Adjunct Professor  
Uniformed Services University of the Health Sciences  
Bethesda, Maryland

**Activity Overview and Format**

Current treatment guidelines for type 2 diabetes mellitus (T2DM) emphasize individualized glycemic targets and patient-centered treatment regimens. Because T2DM is a progressive disease, most patients eventually require multiple antihyperglycemic agents, including insulin, to achieve or maintain glycemic control. Accordingly, diabetes educators need to appropriately match treatment regimens with each patient's clinical status and personal preferences, as well as consider the impact a given regimen may have on the patient's quality of life.

Using a fun and engaging format, this educational symposium is designed to provide participants with the ability to evaluate different therapeutic options that include complementary insulin combinations when treatment intensification is necessary. Following each of the didactic presentations, a game segment will randomly match sample patients with specific insulin combinations. For each pairing, participants will have the opportunity to decide if the insulin combination is appropriately matched to the patient under consideration. Expert faculty will discuss the answers, outlining the benefits and limitations of each match, and reveal whether or not they feel the combination is a good fit for the patient.

**Learning Objectives**

At the conclusion of this activity, participants should be able to:

- Review criteria and indications for treatment intensification in patients with T2DM who are not achieving glycemic goals with oral antihyperglycemic agents alone
- Assess the role of newer antihyperglycemic agents (glucagon-like peptide-1 receptor agonists [GLP-1 RAs], dipeptidyl peptidase-4 [DPP-4] inhibitors, and sodium glucose cotransporter 2 [SGLT2] inhibitors) in complementary combinations with insulin when managing T2DM across disease progression
- Evaluate recent evidence regarding the use of insulin and GLP-1 RAs in complementary combinations across T2DM progression, including fixed combinations or coformulations of insulin/GLP-1 RAs

**Accreditation**

This accredited educational symposium offers continuing education for nurses, dietitians, and pharmacists; please visit [http://www.aademeeeting.org/ce-credit-information/](http://www.aademeeeting.org/ce-credit-information/) for accreditation and continuing education credit information.

**Registration Information**

The AADE16 Corporate Symposium number for this activity is CS02, and 1.5 CEUs are available. Corporate Symposia are open to all AADE16 attendees on a first-come, first-served basis for those registered for the entire AADE Annual Meeting. No preregistration or ticket is required for entry, but please arrive early as attendance is limited by room capacity.
Hotel Information

Marriott Marquis Hotel (Headquarter Hotel)
333 West Harbor Drive
619-234-1500

Andaz San Diego
600 F Street
619-849-1234

Best Western Plus Bayside Inn
555 West Ash Street
619-233-7500

Bristol Hotel San Diego
1055 1st Avenue
619-232-6141

Hampton Inn
1331 Pacific Highway
619-233-8408

Hard Rock Hotel San Diego
207 Fifth Avenue
619-702-3000

Hilton San Diego Bayfront
1 Park Boulevard
619-564-3333

Hilton San Diego Gaslamp Quarter
401 K Street
619-231-4040

Horton Grand Hotel
311 Island Avenue
619-544-1886

Hotel Solamar
435 Sixth Avenue
619-819-9500

Grand Hyatt Manchester
1 Market Place
619-232-1234

Omni San Diego Hotel
675 L Street
619-231-6664

Porto Vista Hotel
1835 Columbia Street
619-544-0164

Renaissance San Diego Downtown Hotel
421 West B Street
619-398-3100

Residence Inn Gaslamp Quarter
1747 Pacific Highway
619-338-8200

San Diego Marriott Gaslamp Quarter
660 K Street
619-696-0234

The Sofia Hotel
150 West Broadway
619-234-9200

US Grant San Diego Hotel
325 Broadway
619-232-3121

Westgate San Diego
1055 2nd Avenue
619-238-1818

Westin San Diego Gaslamp Quarter
910 Broadway Circle
619-239-2200

Wyndham San Diego Bayside
1355 North Harbor Drive
619-232-3861

Trolley Pass Hotels

* Orange Line (Trolley) Lavier Station to America Plaza Station, then take Green Line South to Gaslamp Quarter Station

* Green Line South (America Plaza Station) to Gaslamp Quarter Station

* Green Line South (County Center/Little Italy Station) to Gaslamp Quarter Station

Transportation Included
Complimentary shuttle to and from SDCC 7:00 am - 6:30 pm
AADE16
RESOURCES FOR YOU

AADE16 APP AND PLANNER
The AADE Mobile Event App provides everything you need to navigate the meeting. Use this cutting-edge technology to customize your meeting itinerary and interact with other attendees like never before. By logging in with your user name and password, you can stay connected to your favorite sessions and exhibitors.

Download through your app store or type m.core-apps.com/tristaraaade16 into your browser.
The Online Planner, designed for desktop and laptop computers only, offers year-round access to online content. To access the planner, go to https://n2a.goexposoftware.com/events/aaade16/goExpo/user/listSeminars.php.

AADE BOOTH AND BOOKSTORE
Booth #1627
Learn about member benefits, professional development opportunities, the AADE Diabetes Education Accreditation Program (DEAP), the BC-ADM credential and examination, AADE’s advocacy efforts and how to get involved with AADE. While here, visit the AADE Bookstore, where you can view and order products. Place an order during AADE16 and receive free shipping* and 15 percent off the AADE member price for books, online courses and live or recorded webinars. Excludes live programs, Career Path programs, and bundles. All products will ship after the Annual Conference.

*Free standard shipping to Continental U.S. Discounts and free shipping are only available on orders placed at the AADE Bookstore August 12-14. Credit Cards only.

AADE DIABETES PREVENTION PROGRAM
Stop by at the AADE Booth (#1627) and meet AADE DPP Program Coordinators (during unopposed exhibit floor hours). They will be there to share their experiences in implementing a DPP program within their DSME programs with the help and guidance of AADE and to answer any questions you may have.

AADE EDUCATION AND RESEARCH FOUNDATION
As the philanthropic arm of the American Association of Diabetes Educators, the AADE Education and Research Foundation provides vital support for the association by allocating funds for Annual Conference scholarships. This year the Foundation is sponsoring the Pioneer Diabetes Technologies and Connected Health Modalities to Deliver Cost-Effective Care education track. As a thanks to 2017 officers and directors, and get briefed on AADE's allocation of financial resources for 2016 and beyond. This meeting is open to all AADE members and Annual Conference attendees who want to learn more about AADE. Show your support and connect with your association by attending this important meeting.

AADE FOOD VOUCHERS
Exhibit Hall CD
AADE16 attendees will receive food vouchers in their registration packet. They can be redeemed during Exhibit Hall hours for items being served in the Exhibit Hall Café. The Café is located at the end of aisle 1400. The menus include healthy and nutritious selections, in addition to the normal lunchtime offerings, making it the perfect option for a quick lunch while visiting with exhibitors.

EDUCATION TOOLS

CONTINUING EDUCATION CREDIT
To earn CE credit, you must attend the entire session and complete the online evaluation.

A Continuing Education Statement of Credit — reflecting hours attended at educational sessions and poster viewing — will be generated at the end of the online evaluation process. Attendees will receive an email containing the evaluation link for easy completion either on-site, in the AADE Resource Center or via your own computer. At the completion of the evaluation, a Statement of Credit will be automatically generated and you can send it to your email.
Note: printing is not available on-site. Evaluations need to be completed no later than Friday, Sept. 30, 2016.

Additional CE credits can be earned by viewing posters and by participating in the special courses* taking place on Thursday.

* Additional fees required.

POSTER PRESENTATIONS
Education Posters
Exhibit Hall B2
Posters will be displayed during exhibit hall hours Friday through Sunday. See pages 72-75 for a listing of posters. Meet the Poster Authors from 10:00 am – 1:00 pm on Sunday, Aug. 14.

Industry Posters
Lobby D
Posters will be displayed Friday through Sunday. See pages page 75 for a listing of posters.

SESSIONS ON DEMAND
Catch select AADE16 sessions online after the meeting! Order our package of sessions on demand and earn over 20 CE credits. Individual sessions from the package will also be available. Session titles and registration will be available after AADE16.

ALL ATTENDEE EVENTS

AADE ANNUAL BUSINESS MEETING
1:00 pm – 2:00 pm  Sunday, Aug. 14
Exhibit Hall E
This is your opportunity to learn firsthand what your association has accomplished this past year, learn about our plans for the future, meet your 2017 officers and directors, and get briefed on AADE’s allocation of financial resources for 2016 and beyond. This meeting is open to all AADE members and Annual Conference attendees who want to learn more about AADE. Show your support and connect with your association by attending this important meeting.

AADE CELEBRATION
8:00 pm – 10:00 pm  Sunday, Aug. 14
Marriott Marquis Hotel
Marina Terrace, Level 1, North Tower
Enjoy music, dancing, desserts, and libations! Tickets can be purchased at the Registration Desk during registration hours for $25 each.
CUSTOMER APPRECIATION EVENTS

Please note: Several states prohibit state government employees from receiving or being provided gift items, which may include educational materials and meals. Please consult your state regulations and ethics laws to see if such prohibition would apply to you. Your AADE16 badge must be worn for admittance to these events.

Erectile Dysfunction (ED) – It’s Not Just About Sex: The “LINK” between Diabetes, ED and Cardiovascular Disease

6:30 pm – 7:30 pm Friday, Aug. 12
Supported by an unrestricted educational grant provided by Boston Scientific
Marriott Marquis Hotel
San Diego Ballroom, Lobby Level, North Tower

One in two men with diabetes is suffering from Erectile Dysfunction (ED), but did you know that ED could be an early warning sign of a potential heart attack or stroke? Learn more about how ED, diabetes, and CVD are connected and how talking to your patients about ED could help identify hidden issues and prevent the progression of other diseases. This program is for 1 continuing education credit. Light refreshments will be served.

Tandem Customer Appreciation Event

8:00 pm – 10:00 pm Friday, Aug. 12
Fluxx
500 4th Avenue

Join AADE and Tandem Diabetes Care® for the 2016 AADE all-attendee event, Dancing Among the Stars. The event will showcase dance’s impact on health and strategies to help incorporate dance-based exercise into the lives of people with diabetes, with special appearances by professional dancers and Mirror Ball Champions Tony Dovolani and Karina Smirnoff. Don’t miss this exciting opportunity to learn more about Tandem’s products, including the Dexcom CGM-enabled t:slim G4™ Insulin Pump and the new t:connect HCP Portal based on the #1-rated t:connect® Application.

This event is open to all registered attendees and is a great place to network with your fellow diabetes educators. Hors d’oeuvres and desserts will be served.

BD/Lilly Customer Appreciation Event – Taste of the Games

6:00 pm – 8:30 pm Saturday, Aug. 13
Marriott Marquis Hotel
Marina Ballroom, Level 3, South Tower

We are looking forward to celebrating with the AADE 2016 attendees at our Lilly/BD customer event on Saturday, August 13th in the brand new Marina Grand Ballroom at the San Diego Marriott Marquis Marina. This event, which is not only Rio-inspired but also Olympic-themed, will allow our guests the opportunity to cheer on some of their favorite Olympic sports while sampling food from the five Olympic continents!

NETWORKING RECEPTION

Coordinating Body (CB) and Communities of Interest (COI) Networking Reception

5:00 pm – 6:30 pm Thursday, Aug. 11
Marriott Marquis Hotel
San Diego Ballroom, Lobby Level, North Tower

CBs and COIs will be showcasing their groups to Annual Conference attendees in the same place and at the same time. There will be plenty of time for attendees to meet and network with leaders from both the State Coordinating Bodies as well as leaders from the Communities of Interest Groups.
REGISTRATION AND HOUSING DETAILS

BADGE/LANYARD
Sponsored by Insulet Corporation
This is your admission to all meeting functions including the Exhibit Hall. Please wear it at all times while attending program sessions and networking functions. Badges are non-transferable and cannot be given to anyone for any purpose during the conference. For safety reasons, be sure to remove your badge when exiting the convention center. Badges cannot be replaced.

REGISTRATION HOURS
Lobby D
Registration bags sponsored by Intarcia Therapeutics, Inc.
1:00 pm – 7:00 pm Thursday, Aug. 11
7:00 am – 3:00 pm Friday, Aug. 12
7:00 am – 2:00 pm Saturday, Aug. 13
7:00 am – 2:00 pm Sunday, Aug. 14
7:00 am – 10:00 am Monday, Aug. 15

HOUSING DESK
Lobby D
AADE’s official housing company, Wyndham Jade, is available to answer questions, address concerns and resolve problems that you may encounter at any of the official hotels.

TROLLEY TICKETS
If you booked your hotel stay through Wyndham Jade and are staying at one of the designated official AADE hotels on the trolley line (see the hotel map on Page 9) you can pick up your 4-day trolley pass at the Housing Desk, located in Lobby D. This pass enables riders to unlimited trips on the San Diego Metropolitan Transit System (MTS) trolleys and on most area buses. Note: Only professional attendees’ names listed on the reservation will be given a trolley pass. If multiple people are sharing a room, all names must be registered with Wyndham Jade in order to receive the trolley pass. Names cannot be added onsite. LOST PASSES WILL NOT REPLACED. Guests are not eligible to receive a trolley pass.

PRODUCTS AND SERVICES

EXHIBIT HALL
Exhibit Hall CD
Meet one-on-one with company representatives and learn how their products and services can help you improve your patient care.

Exhibit Hall Hours
9:00 am – 3:00 pm Friday, Aug. 12
8:30 am – 4:00 pm Saturday, Aug. 13
8:30 am – 2:00 pm Sunday, Aug. 14

Learn more at aade16.org
PASSPORT GAME
Play to win. Your registration bag will include a passport game card. To win, you must visit participating booths and receive a sticker from each booth. Once you’ve visited all the participating booths and filled out your game card, turn it in to the kiosk located in Booth #1635 to be entered into a drawing to win free AADE17 registration. The earlier you complete your game card; the more chances you have to win. One winner will be selected daily at the close of the Exhibit Hall.

Passport Game Participating Companies
Abbott Diabetes Care .................................. Booth #304
AgaMatrix ............................................. Booth #119
AZ’s Fit2Me ........................................... Booth #640
BD Diabetes Care ...................................... Booth #519
Cinsulin ............................................... Booth #1405
Edwards Health Care Services (EHCS) .......... Booth #732
NutriSysem, Inc ....................................... Booth #1304
Trividia Health ......................................... Booth #1411

LOCAL INFORMATION

AIRPORT SHUTTLE
SuperShuttle is the AADE16 official discounted airport shared ride shuttle company. AADE16 attendees will receive a discount when purchasing either a roundtrip or one-way fare. Call SuperShuttle directly at 800-258-3826 and reference discount code “U9KHW”.

SAN DIEGO CONVENTION CENTER’S RESTAURANT AND CONCIERGE BOOTH
Lobby E
Local and experienced on-site concierge staff that will provide you with complimentary dining referrals and reservations, destination information, maps, directions, coupons, and tickets for some attractions and tours. Stop by for assistance daily from 9:00 am – 6:00 pm.

WHEN IN NEED

EMERGENCY RESPONSE
Should you witness an emergency situation, dial 5911 from any house telephone to contact security. If you cannot locate a house phone, dial 619-525-5911.

FIRST AID STATION
Lobby E
The First Aid Station is open during meeting hours. It is staffed by an emergency medical technician who is responsible for treating medical emergencies.

INFORMATION DESK
Lobby D
Have questions regarding the Annual Conference? Stop by the Information Desk for assistance.

LOST AND FOUND
Lobby D
If you lose an item — or find one — please stop by the AADE Information Desk to drop off or claim an item.

PRESENTATION MATERIALS
Presentation materials are accessible electronically via the AADE16 Planner. The AADE16 Planner will be continually updated as presentation materials are received and updated from speakers. Attendees may continue to download materials from the AADE16 Planner after the Annual Conference.

NUTS AND BOLTS

AMERICANS WITH DISABILITIES ACT
In accordance with the federal law, AADE only uses facilities that are in compliance with the American with Disabilities Act. Scooter and wheelchair rentals are available by contacting Scootaround Mobility Solutions at 888-441-7575 or visiting www.scootaround.com. All equipment is permitted for hotel, convention center, and outdoor use.

BUSINESS CENTER
Lobby D
A full service FedEx Office is onsite to help with your meeting needs. Hours of operation are:
- 8:00 am – 5:00 pm Monday – Friday
- 9:00 am – 5:00 pm Saturday – Sunday

CHILDREN
AADE does not provide childcare during the Annual Conference. If you are interested in securing child care, contact the concierge in your hotel for a list of local childcare providers. Note: AADE assumes no liability and is not responsible for any expenses related to childcare during the Annual Conference.

DRESS CODE
Business casual attire is appropriate for education sessions. Casual attire is appropriate for networking events.

FUTURE AADE
Annual Conferences
2017 Indianapolis, IN August 4-7
2018 Baltimore, MD August 17-20
2019 Houston, TX August 2-5
AADE is proud to acknowledge our Industry Allies Council (IAC). The IAC is made up of industry partners who have pledged their support for AADE’s initiatives. Participation in the council illustrates their dedication to the professional community of diabetes educators and to AADE.
THE AADE16 MEETING APP!

Friday, August 12 - Monday, August 15, 2016
SAN DIEGO • CALIFORNIA

Download on Google Play or the App Store, or visit m.core-apps.com/tristar_aade16 on your mobile device.

Brought to you by AstraZeneca, the AADE16 Meeting App is compatible with iPhone, BlackBerry, and Android smartphones, as well as iPad and most tablets.
SAVE THE DATE
AADE17
INDIANAPOLIS, INDIANA

American Association of Diabetes Educators

Friday, August 4 – Monday, August 7, 2017
Indiana Convention Center
Indianapolis, Indiana
### AADE16

#### EDUCATIONAL SESSIONS

**Thursday, Aug. 11**

 Unless otherwise noted, all events held at the convention center.  
**NOTE:** Titles, faculty and time slots are subject to change.

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
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</table>
| 8:00 am – 5:00 pm | PRE-CONFERENCE COURSE SP01 Sustaining Your Diabetes Education Program: Take Your Program to the Next Level*  
|                 | 8 CE HR Room 25                                                      |
| 1:00 pm – 5:00 pm | PRE-CONFERENCE COURSE SP02 Pharmacology Boot Camp*  
|                 | 4 CE HR Room 24                                                      |
|                 | PRE-CONFERENCE COURSE SP03 How to Select or Create Materials Your Patients will Actually Understand*  
|                 | 4 CE HR Room 23 A                                                   |
|                 | PRE-CONFERENCE COURSE SP04 Developing a Safe and Effective Exercise Program for People with Prediabetes and Type 2 Diabetes*  
|                 | 4 CE HR Room 23 C                                                   |
| 5:00 pm – 6:30 pm | NETWORKING EVENT Coordinating Body (CB) and Communities of Interest (COI) Networking Reception (Open to All Attendees)  
|                 | Marriott Marquis Hotel, San Diego Ballroom, Lobby Level, North Tower |
| 5:30 pm – 6:15 pm | PRODUCT THEATER PT01 GLP-1 Across the Continuum: From Metformin to Basal Insulin (Supported by Novo Nordisk)  
|                 | Ballroom 20A                                                        |
| 5:30 pm – 7:30 pm | NETWORKING EVENT DSMA Live Twitter Chat (Sponsored by Roche)  
|                 | Lobby D                                                             |

* These courses require a separate registration fee from AADE16, and space is limited.

#### Product Theater Ticketing Process

- Look for the designated Product Ticket Desk in the registration area. At this counter, attendees can obtain tickets to the various events. Note: Attendees are limited to one (1) ticket per event time. Seats are limited, so get your tickets early.
- If you change your mind about attending, return the ticket to the Product Ticket Desk.
- Doors will open 10 minutes before the scheduled start time for attendees with a ticket.
- Starting 5 minutes after the scheduled start time, organizers reserve the right to allow walk-ins to fill vacant seats. At this time, tickets will be voided.
- If a ticket was not available at the Product Ticket Desk, check at the door 10 minutes prior to the event to see if space is available.

**AADE16**

Embrace Change, Strengthen Our Future, Celebrate!
### Friday, Aug. 12

Details on page 32 – 40

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30 am – 7:15 am</td>
<td>PRODUCT THEATER PT02 Helping to Prevent Pneumococcal Disease in Certain Adults (Supported by Merck Co., Inc.) Ballroom 20A</td>
</tr>
<tr>
<td>7:30 am – 9:00 am</td>
<td>GENERAL SESSION GS01 Diabetes Management and Education in the Era of Healthcare Transformation – An Optimist’s View Hall E</td>
</tr>
<tr>
<td>9:00 am – 3:00 pm</td>
<td>EXHIBIT HALL OPEN EXHIBIT Hall CD See Page B2 for details and complete listings</td>
</tr>
<tr>
<td>9:45 am – 10:45 am</td>
<td>F06 Current State of DSMT Reimbursement and Healthcare Reform 1 CE HR Room 20D</td>
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<td>F04 How to Build and Sustain a Hospital Unit-Based Diabetes Management Mentor Program 1 CE HR Room 20A</td>
</tr>
<tr>
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<td>F01 Diversity - Working With Others Different From Ourselves and Understanding our Own Bias 1 CE HR Room 6A</td>
</tr>
<tr>
<td>11:00 am – 12:00 pm</td>
<td>F09 Diabetes Educators and Care Coordinators Create a New Paradigm for Primary Care 1 CE HR Room 6DE</td>
</tr>
<tr>
<td></td>
<td>F12 Motivational Interviewing: A Sense Making Approach 1 CE HR Room 20D</td>
</tr>
<tr>
<td>12:15 pm – 1:00 pm</td>
<td>PRODUCT THEATER PT03 The Role of a Once-Weekly GLP-1 RA Therapy in Improving Glucose Control (Supported by AstraZeneca) Exhibit Hall CD – Product Theater A</td>
</tr>
<tr>
<td>12:30 pm – 1:15 pm</td>
<td>PRODUCT THEATER PT04 The Value of Retrospective CGM Data in Shared Decision Making (Supported by Abbott Diabetes Care) Exhibit Hall CD – Product Theater B</td>
</tr>
<tr>
<td>2:00 pm – 3:30 pm</td>
<td>F16 A New Model to Increase Access to Diabetes Education: Partner and Train Primary Care Staff 1.5 CE HR Room 20A</td>
</tr>
<tr>
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<td>F13 Culinary Medicine Helps Overcome Hurdles to Healthy Eating 1.5 CE HR Room 6A</td>
</tr>
<tr>
<td>3:45 pm – 4:45 pm</td>
<td>F22 How Diabetes Educators Can Work With Federal and State Policymakers to Promote Quality Diabetes Care and Education 1 CE HR Room 20A</td>
</tr>
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<td></td>
<td>F21 Inpatient Glycemic Management: How We Got Others To Follow Our Lead 1 CE HR Room 6DE</td>
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<tr>
<td></td>
<td>F24 Can Diabetes Educators Be Care Coordinators? 1 CE HR Room 20D</td>
</tr>
<tr>
<td>5:00 pm – 6:00 pm</td>
<td>F31 Becoming a Certified Diabetes Educator (CDE): Facts, Common Myths, and Exciting News (No CE credit) Room 6C</td>
</tr>
<tr>
<td></td>
<td>F29 A Delivery System Reform Incentive Payment Project in a Multi-site Community-based Primary Care Setting 1 CE HR Room 20BC</td>
</tr>
<tr>
<td></td>
<td>F30 Improving Diabetes Self-Management Education (DSME) Access, Medicaid Coverage, and Practice Outcomes across the U.S.: Lessons Learned from State Health Departments 1 CE HR Room 20D</td>
</tr>
<tr>
<td>5:00 pm – 5:30 pm</td>
<td>RESEARCH SESSION F27A Knowledge and Attitudes of Certified Diabetes Educators Regarding Genetic Testing for Type 2 Diabetes Mellitus 0.5 CE HR Room 6DE</td>
</tr>
<tr>
<td>5:30 pm – 6:00 pm</td>
<td>RESEARCH SESSION F27B Diagnosis and Treatment of Diabetic Retinopathy 0.5 CE HR Room 6DE</td>
</tr>
<tr>
<td>6:30 pm – 7:30 pm</td>
<td>NETWORKING EVENT Boston Scientific Customer Appreciation Event/Special Symposium 1 CE HR Marriott Marquis Hotel, San Diego Ballroom, Lobby Level, North Tower</td>
</tr>
<tr>
<td>8:00 pm – 10:00 pm</td>
<td>NETWORKING EVENT Tandem Customer Appreciation Event Fluxx, 500 4th Ave.</td>
</tr>
</tbody>
</table>
## Pathophysiology, Epidemiology, and Clinical Management of Prediabetes, Diabetes & Related Chronic Conditions

<table>
<thead>
<tr>
<th>Session Title</th>
<th>室号</th>
<th>CE HR</th>
</tr>
</thead>
<tbody>
<tr>
<td>F02 Sleep: Implications of Interrupted, Insufficient Sleep on Metabolism, Obesity, Type 2 Diabetes Risk, and Glucose Management</td>
<td>Room 6B</td>
<td>1</td>
</tr>
<tr>
<td>F05 Facilitating Healthy Behaviors to Prevent and Manage Diabetes: Results of the NDEP &amp; AADE Diabetes HealthSense Study</td>
<td>Room 6DE</td>
<td>1</td>
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</tbody>
</table>

## Psychosocial Issues and the Promotion of Lifestyle Behavior Change

<table>
<thead>
<tr>
<th>Session Title</th>
<th>室号</th>
<th>CE HR</th>
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</thead>
<tbody>
<tr>
<td>F10 Diabetes Management Across the Spectrum of Kidney Function</td>
<td>Room 20A</td>
<td>1</td>
</tr>
<tr>
<td>F07 Techniques to Integrate Mindfulness into Your Toolbox</td>
<td>Room 6A</td>
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</tbody>
</table>

## Pioneer Diabetes Technologies and Connected Health Modalities to Deliver Cost-Effective Care (track sponsored by AADE Research and Education Foundation)

<table>
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<tr>
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<tbody>
<tr>
<td>F14 Weight Loss Medications in Prediabetes and Type 2 Diabetes: Who, When, How?</td>
<td>Room 6B</td>
<td>1.5</td>
</tr>
<tr>
<td>F17 Treatment and Care of Cystic Fibrosis Related Diabetes (CFRD): A Team Approach</td>
<td>Room 20BC</td>
<td>1.5</td>
</tr>
<tr>
<td>F20 Hypoglycemia in 2016: Detection, Treatment and Prevention</td>
<td>Room 6B</td>
<td>1</td>
</tr>
<tr>
<td>F26 Looking Beyond A1C as the Gold Standard Diabetes Outcome</td>
<td>Room 6B</td>
<td>1</td>
</tr>
<tr>
<td>F28 Diagnosis and Treatment of Diabetic Retinopathy</td>
<td>Room 20A</td>
<td>1</td>
</tr>
<tr>
<td>F08 Help Clients Overcome Diabetes Data Smog: Perspectives from a CEO with Diabetes</td>
<td>Room 6B</td>
<td>1</td>
</tr>
<tr>
<td>F11 Demystify Twitter and Become a Tweeter: A Hands-On Workshop</td>
<td>Room 20BC</td>
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<td>F15 FDA Guidance and an Educator's Perspective on the Avalanche of Apps</td>
<td>Room 6DE</td>
<td>1.5</td>
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<tr>
<td>F19 Working From a New Mindset: Flourishing</td>
<td>Room 6A</td>
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</table>

## Other Sessions

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<tr>
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<tbody>
<tr>
<td>F03 Telehealth: Professional Practice Considerations to Deliver Diabetes Care, Education and Support</td>
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<td>F08 Help Clients Overcome Diabetes Data Smog: Perspectives from a CEO with Diabetes</td>
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### Additional Notes
- Application Base
- Knowledge Base
- Pharmacotherapeutic credit
<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Event</th>
</tr>
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</table>
| 6:30 am – 7:15 am | PRODUCT THEATER PT05 Options in Basal Insulin: Basaglar® (Insulin Glargine Injection)  
(Supported by Boehringer Ingelheim Pharmaceuticals, Inc. and Lilly USA, LLC) |
| 7:30 am – 8:30 am | GENERAL SESSION GS02 Embracing Change — Off Balance on Purpose Dan Thurmon  
1 CE HR  Hall E |
| 8:30 am – 4:00 pm | EXHIBIT HALL OPEN EXHIBIT Hall CD  See Page 82 for details and complete listings |
| 9:15 am – 10:15 am | S01 Aligning Payment Models with Effective Diabetes Program Management  
1 HR CE  Room 6A  
S02 It Takes a Village: Improving Coordination of Care to Increase Access to DSME  
1 HR CE  Room 6B |
| 10:30 am – 11:30 am | S03 Shared Dietetic Appointments: A New Treatment Model for Enhanced Diabetes Education  
1 CR HR  Room 6A  
S04 Professional Education – How to Activate other Members of the Healthcare Team to Support Diabetes Education in the Hospital and through Transition  
1 CE HR  Room 20A  
S05 Meeting National Guidelines in Inpatient Diabetes Care: A Performance Improvement Initiative  
1 CE HR  Room 20BC  
S06 Medicare’s Everyone with Diabetes Counts (EDC) Program: Overview and What’s Happening in California  
1 CR HR  Room 20D |
| 11:45 am – 12:00 pm | PRODUCT THEATER PT06 Going Further in the Treatment of Adults with T2DM: A Leading Option After Metformin  
(Supported by Janssen Pharmaceuticals, Inc.) Exhibit Hall CD  – Product Theater A |
| 12:00 pm – 12:45 pm | PRODUCT THEATER PT07 The Impact of Blood Glucose Monitoring System Accuracy on Diabetes Management  
(Supported by Ascensia Diabetes Care) Exhibit Hall CD  – Product Theater B |
| 1:00 pm – 2:30 pm | S15 Tailoring Treatment Plans and DSME for Food Insecure People with Diabetes  
1.5 CE HR  Room 6DE  
S16 What’s Happening in California: What’s New from Medicare’s Everyone with Diabetes Counts Program?  
1.5 CE HR  Room 6D |
| 2:45 pm – 3:30 pm | PRODUCT THEATER PT08 Integrating Diabetes Technology into Daily Life  
(Supported by Roche Diabetes Care, Inc.) Exhibit Hall CD  – Product Theater A  
PRODUCT THEATER PT09 Toujeo® (Insulin Glargine Injection) 300 Units/mL — A Once Daily Basal Insulin: Clinical Overview and Features  
(Supported by Sanofi) Exhibit Hall CD  – Product Theater B |
| 3:45 pm – 4:45 pm | SPECIAL SYMPOSIUM S22 Maximize Medication Adherence by Minimizing Barriers  
(Supported by Merck) 1 CE HR  Room 20A |
| 3:45 pm – 4:45 pm | S20 Type WE: The Positive Power of Life Partners in Diabetes Self-Management  
1 CE HR  Room 6B  
S21 Off to College and Beyond: Resources and Programs to Launch Young Adults with Diabetes  
1 CE HR  Room 6DE |
| 5:00 pm – 6:00 pm | S25 The Joint DSMES Position Statement One Year Later: Use of Implementation Science to Integrate Into Practice  
1 CE HR  Room 6A  
S31 Maintaining Your Certified Diabetes Educator (CDE) Credential: Remind Me Again – How Do I Renew? (No CE)  
1 CE HR  Room 6C |
| 5:00 pm – 5:30 pm | RESEARCH SESSION S28A Using a Weight-Based Hypoglycemia Treatment Protocol for Insulin Pump Therapy  
0.5 CE Room 20A |
| 5:30 pm – 6:00 pm | RESEARCH SESSION S28B Advanced Diabetes Training for the Community Pharmacist  
0.5 CE HR Room 20A |
| 6:00 pm – 8:30 pm | NETWORKING EVENT  BD/Lilly Customer Appreciation Event – Taste of the Games  
Marriott Marquis Hotel, Marina Ballroom, Level 3, North Tower |
<table>
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<tr>
<th>Type 1 Diabetes Day</th>
<th>Pathophysiology, Epidemiology, and Clinical Management of Prediabetes, Diabetes &amp; Related Chronic Conditions</th>
<th>Psychosocial Issues and the Promotion of Lifestyle Behavior Change</th>
<th>Pioneer Diabetes Technologies and Connected Health Modalities to Deliver Cost-Effective Care (track sponsored by AADE Research and Education Foundation)</th>
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<tr>
<td>S12</td>
<td>A Healthy Beginning: Diabetes and Preconception Health</td>
<td>Improve Patient Engagement Utilizing Coaching Technique</td>
<td>Anticipating the Availability of Artificial Pancreas Systems: What to Expect in the Clinic?</td>
</tr>
<tr>
<td></td>
<td>1 CE HR Room 20D</td>
<td>1 CE HR Room 20BC</td>
<td>1 CE HR Room 20A</td>
</tr>
<tr>
<td>S16</td>
<td>Insulin Therapy and Delivery Today and Tomorrow</td>
<td>The Potent Power of Patient Leadership</td>
<td>The Diabetes Technology Revolution: Utilizing Tools and Technology Data to Maximize their Use and Improve Patient Outcomes</td>
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<td>1.5 CE HR Room 20A</td>
<td>1.5 CE HR Room 6B</td>
<td>1.5 CE HR Room 6A</td>
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<td>1 CE HR Room 20D</td>
<td>1 CE HR Room 20BC</td>
<td>1 CE HR Room 6B</td>
</tr>
<tr>
<td>S27</td>
<td>Fetal Programming of Adult Diabetes and Obesity: Unintended Consequences</td>
<td>Transitioning Care from Parent to Young Adult Applying a Family Systems Approach</td>
<td>Diabetes Self-Management Education via Telemedicine in the Air Force</td>
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<td>1 CE HR Room 6DE</td>
<td>1 CE HR Room 20D</td>
<td>1 CE HR Room 20BC</td>
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</table>
Sunday, Aug. 14
Details on page 51 – 60

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>6:30 am – 7:15 am</td>
<td>PRODUCT THEATER PT10 MiniMed® System with SmartGuard™ Technology: Driving Patient Outcomes Through Automation</td>
</tr>
<tr>
<td>7:30 am – 8:30 am</td>
<td>GENERAL SESSION GS03 Obesity Management in Diabetes Care and Education: Explore Our Current and Future Armamentarium Exhibit Hall E</td>
</tr>
<tr>
<td>8:30 am – 2:00 pm</td>
<td>EXHIBIT HALL OPEN EXHIBIT Hall CD See Page B2 for details and complete listings</td>
</tr>
<tr>
<td>9:15 am – 10:45 am</td>
<td>D01 Where the Jobs in Industry Are and the Skills You Need to Find Them 1.5 CE HR Room 6A</td>
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<td>D03 Change Champions: Engage with Members Evolving Our Profession 1.5 CE HR Room 6DE</td>
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<tr>
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<td>D06 Strengthening Diabetes Prevention and Self-Management Education Programs 1.5 CE HR Room 20D</td>
</tr>
<tr>
<td>10:00 am – 1:00 pm</td>
<td>Meet the Poster Authors 3 CE HR Exhibit Hall B2</td>
</tr>
<tr>
<td>11:00 am – 12:00 pm</td>
<td>D07 Strategies to Achieve Joint Commission Certificate of Distinction for Inpatient Diabetes Care 1 CE HR Room 6A</td>
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<td></td>
<td>D08 Sugar Coating Oral Health: Things To Consider 1 CE HR Room 6B</td>
</tr>
<tr>
<td>12:15 pm – 1:00 pm</td>
<td>PRODUCT THEATER PT11 Eye Health and the Diabetic Patient (Supported by Regeneron Pharmaceuticals, Inc.) Exhibit Hall CD – Product Theater A</td>
</tr>
<tr>
<td>12:30 pm – 1:15 pm</td>
<td>PRODUCT THEATER PT12 The Importance of Utilizing a Comprehensive Approach when Managing Patients with T2DM (Supported by Sanofi) Exhibit Hall CD – Product Theater B</td>
</tr>
<tr>
<td>1:00 pm – 2:00 pm</td>
<td>AAVE Annual Business Meeting 1 CE HR Exhibit Hall E</td>
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<tr>
<td>2:00 pm – 3:00 pm</td>
<td>D15 The Business of Diabetes America: Delivering Profitable Diabetes Care 1 CE HR Room 6DE</td>
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<td>D18 Healthy Eating for All: Use of Food Insecurity Screening Tools to Improve Diabetes Outcomes 1 CE HR Room 20D</td>
</tr>
<tr>
<td></td>
<td>D16 Obesity, Insulin Resistance, and Gut Microbiota 1 CE HR Room 20A</td>
</tr>
<tr>
<td>2:00 pm – 3:00 pm</td>
<td>SPECIAL SYMPOSIUM SS01 A Beginner’s Guide to Continuous Glucose Monitoring (Supported by Dexcom, Medtronic and Tandem) 1 CE HR Room 6C</td>
</tr>
<tr>
<td>3:15 pm – 4:15 pm</td>
<td>SPECIAL SYMPOSIUM SS02 Optimizing Insulin Therapy Through Applied CGM (Supported by Dexcom, Medtronic and Tandem) 1.5 CE HR Room 6C</td>
</tr>
<tr>
<td>3:15 pm – 4:15 pm</td>
<td>D19 How to Monetize Your Services and Market Your Skills 1 CE HR Room 6A</td>
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<td>D20 The Art &amp; Science of Safe and Effective Insulin Injections: What We Learned at the FITTER Congress in Rome 1 CE HR Room 6B</td>
</tr>
<tr>
<td>3:15 pm – 3:45 pm</td>
<td>RESEARCH SESSION D21A Characteristics and Self-Management Behaviors of Individuals with Prediabetes 0.5 CE Room 6DE</td>
</tr>
<tr>
<td>3:45 pm – 4:15 pm</td>
<td>RESEARCH SESSION D21B Development of a Simplified Self-Reported &quot;Diabetic-Behavior Scoreboard&quot; as a Promising Assessment Tool to Key Diabetic Behavior 0.5 CE Room 6DE</td>
</tr>
<tr>
<td>4:30 pm – 5:30 pm</td>
<td>D27 The National Diabetes Prevention Program and AAVE’s Diabetes Prevention Program 1 CE HR Room 6DE</td>
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<td>D26 Inpatient Strategies to Drive Hospital Systems Towards The Triple Aim Goals in Diabetes Care 1 CE HR Room 6B</td>
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<td>D29 Mastering the “Why?”, “Whether To?” and “How?” of Successful Behavior Change in Diabetes Care 1 CE HR Room 20BC</td>
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<td>D30 Explore and Embrace the AAVE Practice Competencies 1 CE HR Room 20D</td>
</tr>
<tr>
<td>6:00 pm – 8:00 pm</td>
<td>CORPORATE SYMPOSIAS</td>
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<tr>
<td></td>
<td>CS01 Achieving Partnerships and Improving Outcomes in Your Diabetes Patients</td>
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<tr>
<td></td>
<td>CS02 Constructing an Open and Shut Case for the Practical Application of New Insulin Formulations in T2DM</td>
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<tr>
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<td>CS03 Does the Shoe Fit? Matching the Right Insulin Combination to Individual Patients with T2DM</td>
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<tr>
<td>8:00 pm – 10:00 pm</td>
<td>NETWORKING EVENT AAVE Celebration Marriott Marquis Hotel, Marina Terrace, Level 1, North Tower</td>
</tr>
<tr>
<td>Pathophysiology, Epidemiology, and Clinical Management of Prediabetes, Diabetes &amp; Related Chronic Conditions</td>
<td>Psychosocial Issues and the Promotion of Lifestyle Behavior Change</td>
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<tr>
<td><strong>D04</strong> Treatment and Management of Obesity as a Chronic Disease</td>
<td><strong>D05</strong> Sharing Evidence-Based Hope with Your Clients</td>
</tr>
<tr>
<td>1.5 CE HR Room 20A</td>
<td>1.5 CE HR Room 20BC</td>
</tr>
<tr>
<td><strong>D11</strong> What Will it Take Prevent or Delay Type 1 and Type 2 Diabetes?</td>
<td><strong>D10</strong> It’s Time to “FITT” Exercise into DSME Through Effective Exercise Counseling</td>
</tr>
<tr>
<td>1 CE HR Room 20BC</td>
<td>1 CE HR Room 20A</td>
</tr>
<tr>
<td><strong>D13</strong> What Do Diabetes Educators Need to Know About NAFLD and NASH?</td>
<td><strong>D14</strong> Hot Topics in Nutritive and Nonnutritive Sweeteners</td>
</tr>
<tr>
<td>1 CE HR Room 6A</td>
<td>1 CE HR Room 6B</td>
</tr>
<tr>
<td><strong>D24</strong> Drug Induced Dysglycemia – How Sweet It Is!</td>
<td><strong>D22</strong> Helping Clients Achieve Acceptance with Cognitive Behavior Therapy and a Spiritual Approach</td>
</tr>
<tr>
<td>1 CE HR Room 20D</td>
<td>1 CE HR Room 20A</td>
</tr>
<tr>
<td><strong>D25</strong> Upsides and Downsides of SGLT2s</td>
<td><strong>D28</strong> Blue Pill, Pink Pill? How to Manage Sexual Dysfunction in Women with Diabetes</td>
</tr>
<tr>
<td>1 CE HR Room 6A</td>
<td>1 CE HR Room 20A</td>
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Marriott Marquis Hotel, Pacific Ballroom 18, North Tower, Level 1 1.5 CE HR
Marriott Marquis Hotel, Pacific Ballroom 25, North Tower, Level 1 1.5 CE HR
Marriott Marquis Hotel, Pacific Ballroom 21, North Tower, Level 1 1.5 CE HR
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Venue</th>
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<tbody>
<tr>
<td>7:30 am –</td>
<td>GENERAL SESSION Current Challenges, New Ideas 1 CE HR Exhibit Hall E</td>
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<tr>
<td>9:00 am</td>
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<tr>
<td>9:15 am –</td>
<td>M03 &quot;Moonlighting&quot; In the Diabetes Arena: Creative Ways to Supplement Your Income 1 CE HR Room 20A</td>
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<tr>
<td>10:15 am</td>
<td>M02 Insulin Pump Therapy Management: The Collaborative Art and Science of Supporting an Adult &quot;Pumper&quot; 1 CE HR Room 6B</td>
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<tr>
<td>10:30 am –</td>
<td>M04 Diabetes Wheel of Fortune: Help People Choose the Best Mobile Health Solutions for Them 1 CE HR Room 20BC</td>
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</tr>
<tr>
<td>11:30 am</td>
<td>M08 Money Matters in Medical Nutrition Therapy (MNT) &amp; Diabetes Self-Management Training/Education (DSMT/E): Increase Your Insurance Reimbursement NOW! 1 CE HR Room 20BC</td>
<td></td>
</tr>
<tr>
<td>11:45 am –</td>
<td>M11 Simple Strategies for Promoting DSME and Retaining Participants: What Diabetes Educators Can Learn from Marketers 1 CE HR Room 20A</td>
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</tr>
<tr>
<td>12:00 pm</td>
<td>M09 Using LEAN Problem Solving Methodology to Improve Diabetes Programs 1 CE HR Room 6A</td>
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<tr>
<td>1:00 pm –</td>
<td>M15 The Development and Implementation of A Diabetes Minor for Graduate Nursing Students at UCSF 1 CE HR Room 20A</td>
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</tr>
<tr>
<td>1:15 pm</td>
<td>RESEARCH SESION M13A Fingersticks and Fruit: Implications of Skin Preparation for Point of Care Glucose Testing 0.5 CE HR Room 6A</td>
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</tr>
<tr>
<td>1:30 pm –</td>
<td>RESEARCH SESION M13B Beyond Diabetes Self-Management Training: Mind-Body Skills Training in a Group Health Coaching Setting 0.5 CE HR Room 6A</td>
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</tbody>
</table>

Learn more at aade16.org
## Pathophysiology, Epidemiology, and Clinical Management of Prediabetes, Diabetes & Related Chronic Conditions
- M01 How to Hook People on Exercise and Keep Them Engaged
  - 1 CE HR
  - Room 6A

## Psychosocial Issues and the Promotion of Lifestyle Behavior Change
- M07 ‘Please Don’t Cry!’ Effective Ways to Handle Emotions (Yours and Your Patients’)
  - 1 CE HR
  - Room 20A

## Pioneer Diabetes Technologies and Connected Health Modalities to Deliver Cost-Effective Care
(Track sponsored by AADE Research and Education Foundation)
- M12 Food Psychology: Why We Eat More than We Think
  - 1 CE HR
  - Room 20BC
- M10 Make the Primary Care Connection with Health Coach Support, Care Coordination & Digital Health
  - 1 CE HR
  - Room 6B
- M14 No Guts No Glory: Microbiota and Diabetes
  - 1 CE HR
  - Room 6B

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Application Base  Knowledge Base  Pharmacotherapeutic credit
AADE16 attendees can earn up to 31 credits of continuing education hours based on sessions you attend. Up to three additional hours of credit can be offered to registered nurses, nurse practitioners and registered dietitians. Registered dietitians may also gain additional hours of credit for exhibit viewing through their accreditation supplier.

REGISTERED NURSES
The American Association of Diabetes Educators is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. This educational program will provide a maximum of 31 contact hours of continuing education credit, including 6.25 pharmacotherapeutic credits, depending on sessions attended.

The American Association of Diabetes Educators is accredited as a provider of continuing nursing education by the California Board of Registered Nursing (CEP# 10977).

Registered Dietitians
The American Association of Diabetes Educators is an Iowa Board of Nursing approved provider, #366. AADE awards 37.2 contact hours or 3.72 CEUs (1 contact hour = 50 minutes). This certificate must be retained by the licensee for a period of four years.

PHARMACISTS
The American Association of Diabetes Educators is accredited by the Accreditation Council of Pharmacy Education (ACPE) as a provider of continuing pharmacy education. This program provides a maximum of up to 31 contact hours (3.1 CEUs) depending upon sessions attended [knowledge and application]. Universal Activity numbers to be available on the website.

REGISTERED DIETITIANS
The American Association of Diabetes Educators (AM001) is a Continuing Professional Education (CPE) accredited provider with the Commission on Dietetic Registration (CDR). CDR Credentialed Practitioners will receive 31 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.

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 — Assess 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.

LEARNING NEED CODE (LNC)
5190

NURSE PRACTITIONERS
This activity approved for 30.2 contact hours of continuing education (which includes 4.75 hours of pharmacology) by the American Association of Nurse Practitioners. Program ID 16062217. This activity was planned in accordance with AANP CE Standards and Policies.

BOARD CERTIFIED ADVANCED DIABETES MANAGEMENT (BC-ADM)
AADE is the administering body for the Advanced Diabetes Management credentials. Continuing education programs offered by AADE can be used toward fulfilling BC-ADM Certification and recertification requirements.

CERTIFIED DIABETES EDUCATORS
To satisfy the requirements for renewal of certification for the National Certification Board of Diabetes Educators (NCBDE), continuing education activities must be diabetes related and approved by a provider on the NCBDE list of Approved Providers (www.ncbde.org).

NCBDE does not approve continuing education. The American Association of Diabetes Educators (AADE) is on the NCBDE list of Approved Providers.
Corporate Symposia

The following programs are planned and conducted by the corporate community in conjunction with AADE16. They provide attendees with additional education and information opportunities. Program content and product information are the sole responsibility of the corporate supporters. The first 30 minutes of each symposium will consist of a buffet dinner. 1.5 CE available per session. In accordance with the PhRMA Code on Interactions with Healthcare Professionals, attendance at this educational program is limited to health care professionals. Accordingly, attendance by guests or spouses is not appropriate and cannot be accommodated.

All events held at the Marriott Marquis Hotel. Doors will open 30 minutes before scheduled start time.

NEW! Seating is first come, first serve.

Sunday, Aug. 14 6:00 pm – 8:00 pm

CS01 Achieving Partnerships and Improving Outcomes in Your Diabetes Patients

Marriott Marquis Hotel, Pacific Ballroom 18, North Tower, Level 1
Supported by an unrestricted educational grant provided by AstraZeneca

LEARNING OBJECTIVES
1. Describe the latest standards of care for type 2 diabetes
2. List strategies for patient education and engagement
3. Describe evidence for the use of early and intensive combination treatment

This live program, presented by a panel of three key opinion leaders, will provide participants with an understanding of the latest standards of care for type 2 diabetes, including strategies for patient education and engagement, and evidence for the use of early and intensive combination treatment. The live activity allows for significant audience interaction to bring issues and questions to the forefront of the discussion and deepens participant involvement.

PRESENTERS
Joshua J. Neumiller, PharmD, CDE, FASCP, Associate Professor, Washington State University
Virginia Valentine, APRN-CNS, BC-ADM, CDE, FAFADE, Clinical Nurse Specialist, Sage Specialty Care
Sandra Bollinger, PharmD, CDE, President/Owner, Health Priorities, Inc.

UPN: 0069-9999-16-190101P  LNC: 5190

CS02 Constructing an Open and Shut Case for the Practical Application of New Insulin Formulations in Type 2 Diabetes

Marriott Marquis Hotel, Pacific Ballroom 25, North Tower, Level 1
Supported by an unrestricted educational grant provided by Novo Nordisk

LEARNING OBJECTIVES
1. Compare and Contrast the therapeutic characteristics, efficacy, and safety of long-acting vs. ultralong-acting basal insulins.
2. Calculate appropriate doses for initiating and titrating ultralong-acting basal, and for switching between different types of insulins.
3. Individually intensify long-or ultralong-acting basal insulin therapy using prandial insulin or a GLP-1 RA including premixed or co-formulated agents in patients with T2DM.

This live activity will provide diabetes educators (DEs) with expert perspectives on current and emerging evidence about new treatment options for type 2 diabetes mellitus (T2DM). As the program title implies, the lively, “shut-the-box” game-based format will use lectures and realistic clinical cases to present expert perspectives on data and practical information relevant to the newly approved ultralong-acting insulins and how to use them. Data for emerging coformulations of basal insulin with GLP-1 RAs will also be reviewed.

PRESENTERS
Debbie Hinnen, APRN, BC-ADM, CDE, FAAN, FAFADE, Advanced Practice Nurse, Memorial Hospital, University of Colorado Health System (Program Chair)
Daniel Einhorn, MD, FACP, FACE, Medical Director, Scripps Whittier Diabetes Institute
John Sink, PA-C, CDE, CLS, MPAS, Physician Assistant, The Jones Center for Diabetes & Endocrine Wellness

UPN: 0069-9999-16-190101P  LNC: 5190

CS03 Does the Shoe Fit? Matching the Right Insulin Combination to Individual Patients with T2DM

Mariott Marquis Hotel, Pacific Ballroom 21, North Tower, Level 1
Supported by an unrestricted educational grant provided by Sanofi

LEARNING OBJECTIVES
1. Review criteria and indications for treatment intensification in patients with T2DM who are not achieving glycemic goals with oral antihyperglycemic agents alone.
2. Assess the role of newer antihyperglycemic agents (GLP-1 RAs, DPP-4 inhibitors, and SGLT2 inhibitors) in complementary combination with insulin when managing T2DM across disease progress.
3. Evaluate recent evidence regarding the use of insulin and GLP-1 RAs in complementary combinations across T2DM disease progression, including investigational fixed combinations or coformulations of insulin/GLP-1 RA

The content for this educational symposium is designed to provide participants with the ability to evaluate different antihyperglycemic therapy options that include complementary insulin combinations when treatment intensification is necessary in patients with T2DM.

PRESENTERS
Davida F. Kruger, MSN, APN-BC, BC-ADM, Certified Nurse Practitioner, Henry Ford Health System (Program Chair)
James R. Gavin III, MD, PhD, Chief Medical Officer and CEO, Healing Our Village, Inc.
Lucia M. Novak, MSN, APN-BCH, BC-ADM, CDTC, Nurse Practitioner, Riverside Medical Associates

UPN: 0069-9999-16-191101P  LNC: 5190
Product Theaters

Product Theaters offer informative sessions focusing on particular products or a single facet of diabetes. Product Theater sessions do not provide continuing education credit. Breakfast will be served to the first 150 attendees. Lunch will be served at the noon sessions to the first 300 attendees. An afternoon break will be offered to the first 300 attendees at the later sessions. A light dinner will be served to the first 300 attendees in the evening. Several states have enacted state regulations prohibiting sponsoring companies from providing any food, beverages and/or meals to healthcare professionals practicing in those states. Please consult your state regulations and ethics laws to see if such prohibition would apply to you.

In accordance with the PhRMA Code on Interactions with Healthcare Professionals, attendance at this educational program is limited to health care professionals. Accordingly, attendance by guests or spouses is not appropriate and cannot be accommodated.

Ticketing Process

Look for the designated Product Ticket Desk in the registration area. At this counter, attendees can obtain tickets to the various events. Note: Attendees are limited to one (1) ticket per event time. Seats are limited, so get your tickets early.

- If you change your mind about attending, return the ticket to the Product Ticket Desk.
- Doors will open 10 minutes before the scheduled start time for attendees with a ticket.
- Starting 5 minutes after the scheduled start time, organizers reserve the right to allow walk-ins to fill vacant seats. At this time, tickets will be voided.
- If a ticket was not available at the Product Ticket Desk, check at the door 10 minutes prior to the event to see if space is available.

Continuous Glucose-Monitoring (GCM) to determine its effect on 24-hour glucose control in patients with type 2 diabetes. Additionally, efficacy of this Once-Weekly GLP-1 RA proven in a series of clinical trials that showed both short and long-term efficacy will also be presented. Concluding the program will be information on the proper device preparation and administration of this Once-Weekly GLP-1 RA therapy.

Robert S. Busch, MD, FACE

12:30 pm – 1:15 pm

PT04 The Value of Retrospective CGM Data in Shared Decision Making

Exhibit Hall – Product Theater B

Supported by Abbott Diabetes Care

In this Product Theater, you will learn how the Ambulatory Glucose Profile (AGP) and CGM data can facilitate shared decision-making helping you advance a new standard of personalized diabetes care.

Davida Kruger, MSN, APN-BC, CNP, Certified Nurse Practitioner – Diabetes, Henry Ford Health System

Virginia Valentine, APRN-CNS, BC-ADM, CDE, FAADE, Clinical Nurse Specialist, Northside Family Medicine

Saturday, Aug. 13
6:30 am – 7:15 am

PT05 Options in Basal Insulin: Basaglar® (Insulin Glargine Injection)

Exhibit Hall – Product Theater A

Supported by Boehringer Ingelheim Pharmaceuticals, Inc. and Lilly USA, LLC

This program will discuss an FD­A­approved insulin glargine option from the Boehringer Ingelheim and Eli Lilly and Company Alliance. The presentation will provide information regarding the BASAGLAR clinical profile, as well as dosing and administration. Attendees will have the opportunity to ask the faculty questions about the data presented and refreshments will be provided.

Eugene E. Wright, Jr., MD, Consulting Associate, Department of Medicine and Community and Family Medicine Duke University School of Medicine
11:45 am – 12:30 pm

PT06 Going Further in the Treatment of Adults with T2DM: A Leading Option After Metformin

Exhibit Hall – Product Theater A

Supported by Janssen Pharmaceuticals, Inc.
This program will cover the following topics regarding a sodium-glucose co-transporter (SGLT2) inhibitor: the role of the kidney in regulation of hyperglycemia in T2DM, the mechanism of action-mediated inhibition of SGLT2 in the proximal convoluted tubule of the kidney, key efficacy and safety data from active-controlled clinical trials, Important Safety Information, questions and answer session. This promotional educational activity is sponsored by Janssen Pharmaceuticals, Inc. It is not certified for continuing medication education.

Debbie Hinnen, RN, ARNP, BC-ADM, CDE, FAAN, FAADE, Advanced Practice Nurse, Memorial Hospital, University of Colorado
Virginia Valentine, APRN-CNS, BC-ADM, CDE, FAANE, Clinical Nurse Specialist, Northside Family Medicine
Davida Kruger, MSN, APN-BC, CNP, Certified Nurse Practitioner – Diabetes, Henry Ford Health System

12:00 pm – 12:45 pm

PT07 The Impact of Blood Glucose Monitoring System Accuracy on Diabetes Management

Exhibit Hall – Product Theater B

Supported by Ascensia Diabetes Care
This product theater presentation will discuss the importance of BGMS accuracy, review current accuracy standards, and provide information on the CONTOUR NEXT portfolio of BGMS.

Gary Scheiner, MS, CDE, Owner and Clinical Director, Integrated Diabetes Services

2:45 pm – 3:30 pm

PT08 Integrating Diabetes Technology into Daily Life

Exhibit Hall – Product Theater A

Supported by Roche Diabetes Care, Inc.
Diabetes technology is only as valuable as a patient’s ability to easily use it every day. Receiving meaningful and actionable data empowers both patients and their care team to make more-informed decisions. Join us to learn how new technology like the Accu-Chek Connect system provides care teams with solutions that can help improve outcomes, while gaining efficiencies in the office. We will also unveil our new Accu-Chek Assist website, designed to save you time. It identifies the patient’s most affordable option for Accu-Chek test strips and gives them a user-friendly guide for setting up and using their new meter.

Anne Peters, MD, CDE, Professor, Keck School of Medicine of USC

12:30 pm – 1:15 pm

PT12 The Importance of Utilizing a Comprehensive Approach when Managing Patients with T2DM

Exhibit Hall – Product Theater B

Supported by Sanofi
T2DM is a complex, progressive disease. As the number of patients with diabetes increases, it is critical to take a closer look at the ongoing challenges of getting patients to glycemic goal despite the availability of medications and detailed treatment guidelines. In this presentation, we will take a closer look at the effects of hyperglycemia prior to diabetes diagnosis, the importance of achieving individualized glycemic goals, the current diabetes treatment landscape, and finally, the potential of multifactorial approaches to treatment.

Jonathan G. Marquess, PharmD, CDE, FAPhA, President, The Institute for Wellness and Education, Inc., A Disease Management Company
Pre-Conference Courses

Thursday, Aug. 11
8:00 am – 5:00 pm

**SP01 Sustaining Your Diabetes Education Program: Take Your Program to the Next Level**

8 CE available
Room 25

Sandra Bollinger, PharmD, FASCP, CGP, CDE, CPT, CFts, President/Owner, Health Priorities, Inc.
Mary Ann Hodorowicz, MBA, RD, LDN, CDE, CEC, Consultant, Mary Ann Hodorowicz Consulting, LLC

**LEARNING OBJECTIVES**

1. Describe the six essential components of a DSME program business plan
2. Describe strategies to survive a Medicare and On-site Audit
3. Develop strategies for monitoring and reporting DSME outcomes to providers

You have built a successful DSME program but you are ready to push the limits. In this one-day workshop, learn how to maximize your resources, stimulate creativity and start thinking like a business to increase your referrals.

UPN: 0069-0000-16-069-L01-P LINC: 5190

1:00 pm – 5:00 pm

**SP02 Pharmacology Boot Camp**

4 CE available
Room 24

Susan Cornell, BS, PharmD, CDE, FAPhA, FAADE, Clinical Pharmacist, Midwestern University, CCP

**LEARNING OBJECTIVES**

1. List and describe three major classifications of diabetes mellitus (Type 1 and 2, and gestational diabetes).
2. Describe the potential advantages and disadvantages of medications for the treatment of diabetes.
3. Describe insulin preparation and specialty products.

Get a crash course in the pharmacology and pathophysiology of diabetes with the Pharmacology Boot Camp and earn 4 CE. Whether you are new to diabetes education and need to learn more about insulin versus non-insulin medications for your patients, or if you need a refresher on the latest drug classes, the Pharmacology Boot Camp is just what you need to strengthen your diabetes medication knowledge.

UPN: 0069-0000-16-070-L01-P LINC: 5190

**SP03 How to Select or Create Materials Your Patients will Actually Understand**

4 CE available
Room 23 A

Linda Gottfredson, PhD, Professor Emeritus, School of Education, University of Delaware
Kathy Stroh, MS, RD, CDE, LDN, Diabetes Educator, Westside Family Healthcare

**LEARNING OBJECTIVES**

1. Define cognitive accessibility and explain why it is important in diabetes education
2. Identify materials that are needlessly complex for all patients
3. Identify which learning tasks in readable materials are inherently complex, and why
4. Select or create DSME/S materials that are cognitively accessible to patients or populations that are cognitively compromised

Many organizations and electronic medical records produce educational materials to help patients manage their diabetes. But how can diabetes educators judge which are actually comprehensible to patients? This workshop will illustrate ways to evaluate and reduce the cognitive demands of information given to patients. Participants will practice evaluating educational materials representing the AADE7TM, during small-group, instructor-guided, problem-based exercises. They will also explore how to use these methods to select or create materials that are more cognitively accessible to all patient populations and to individualize them for individuals of low literacy or in cognitive decline.

UPN: 0069-0000-16-071-L01-P LINC: 5190

**Education Tracks**

- **Advance Skills for Program and Business Management for Entrepreneurial Organizations**
- **Build Skills to Provide Diabetes Education and Support within Evolving Healthcare Systems**
- **Innovative Diabetes Care and Education Across Diverse Populations**
- **Pathophysiology, Epidemiology, and Clinical Management of Prediabetes, Diabetes & Related Chronic Conditions**
- **Psychosocial Issues and the Promotion of Lifestyle Behavior Change**
- **Pioneer Diabetes Technologies and Connected Health Modalities to Deliver Cost-Effective Care** (track sponsored by AADE Research and Education Foundation)

Learn more at aade16.org
LEARNING OBJECTIVES
1. Describe at least three ways that exercise benefits the management of prediabetes and type 2 diabetes.
2. Outline an effective exercise program for a person with prediabetes or type 2 diabetes.
3. Explain several factors that influence the likelihood that a person will participate in a physical-activity program.

Over four days, immerse yourself into the world of diabetes education. Explore the fundamentals of diabetes self-management education through case studies, interactive discussions and hands-on activities with other healthcare professionals while earning up to 22 CE. The goal of CORE Concepts® is to illustrate clinical management and diabetes self-management education tools that are most appropriate for assuring successful outcomes to the AADE7® Self Care Behaviors™.

*These courses require a separate registration fee from AADE16 and space is limited.
Friday, August 12

7:30 am – 9:00 am
(1 CE Available)

Distinguished Service Award
Industry Awards

GS01 Diabetes Management and Education in the Era of Healthcare Transformation – An Optimist’s View

Exhibit Hall E

Evan Benjamin, MD, FACP, Senior Vice President for Quality, Chief Quality Office, Baystate Health, and Professor, Tufts University

Dr. Benjamin will detail how healthcare delivery, including the services of diabetes educators, must change and evolve to adapt to new models of care and payment systems. He’ll share his optimistic vision for the future of healthcare delivery.

UPN: 0069-0000-16-073-L01-P  LNC: 5190

9:45 am – 10:45 am
(1 CE Available per session)

F01 Diversity – Working With Others Different From Ourselves and Understanding our Own Bias

Room 6A

Peter Thomas, PhD, Licensed Psychologist, Holiner Psychiatric Group

LEARNING OBJECTIVES
1. Analyze one’s own bias and sense of diversity
2. Increase engagement in talking about diversity and how it impacts those with whom we work
3. Explore and bridge the gap between ourselves and those who are different than we are

This presentation focuses on understanding the differences between providers and those who come to providers for care when there are differences along the continuous spectrum of race, gender, sexuality, age, and other factors. With the goal in mind to further our understanding of our own bias, privilege, and differences, the speaker will use experiential and thought-provoking exercises and provide concrete, current information of diverse groups, including up-to-date terminology on issues uniquely faced by diverse groups.

UPN: 0069-0000-16-073-L01-P  LNC: 5190

F02 Sleep: Implications of Interrupted, Insufficient Sleep on Metabolism, Obesity, Type 2 Diabetes Risk and Glucose Management

Room 6B

Terese Hammond, MD, Medical Director, Keck Hospital of USC Sleep Disorders Center, Assistant Professor of Pulmonary, Critical Care Sleep Medicine, Keck of USC School of Medicine

LEARNING OBJECTIVES
1. Describe the connection between insufficient sleep and glucose metabolism
2. Recognize the signs and symptoms of sleep disorders that contribute to insufficient sleep
3. Develop treatment options to enhance sleep in patients with diabetes

A third of U.S. adults consistently report sleeping less than 6 hours per night and evidence is mounting that this level of insufficient sleep has far-reaching health consequences, many of which are relevant to patients with chronic medical conditions such as diabetes and cardiovascular disease. Both animal models and human studies have associated insufficient sleep and disruptions in sleep architecture with perturbation of glucose metabolism and insulin sensitivity. These findings have implications for the clinical management of type 2 diabetes. The aim of this presentation is to review the associations between insufficient sleep and metabolic, cardiovascular and neuroendocrine health.

UPN: 0069-0000-16-074-H01-P  LNC: 5190

Education Tracks

- Advance Skills for Program and Business Management for Entrepreneurial Organizations
- Build Skills to Provide Diabetes Education and Support within Evolving Healthcare Systems
- Innovative Diabetes Care and Education Across Diverse Populations
- Pathophysiology, Epidemiology, and Clinical Management of Prediabetes, Diabetes & Related Chronic Conditions
- Psychosocial Issues and the Promotion of Lifestyle Behavior Change
- Pioneer Diabetes Technologies and Connected Health Modalities to Deliver Cost-Effective Care (track sponsored by AADE Research and Education Foundation)
F03 Telehealth: Professional Practice Considerations to Deliver Diabetes Care, Education and Support

Room 6DE
Deborah Randall, JD, Health Law Attorney and Telehealth Consultant

LEARNING OBJECTIVES
1. Define telehealth and telemedicine practices
2. Describe current reimbursement practices
3. Apply telehealth concepts to the participant’s practice strategies

Understand the current issues in the telehealth and telemedicine practices nationally in the full range of patient care as they directly impact diabetes care, education and caregiver support. Much is changing, and reimbursement trends are improving, particularly in the private insurance markets. Standards of practice are evolving and licensure requirements vary among the States. Many important legislative efforts are underway in Washington DC and continual emphasis is placed on outcomes, cost benefit and the credible use of research. Come immerse yourself in this important field to see how it may have positive effects for your practice and patient care quality. The presenter is a nationally known expert on telehealth, telemedicine and health regulations.

UPN: 0069-0000-16-075-L01-P  LNC: 5190

F04 How to Build and Sustain a Hospital Unit-Based Diabetes Management Mentor Program

Room 20A
Elizabeth Barr, BSN, RN, CCTN, PCCN, Staff Nurse and Diabetes Management Mentor, Cleveland Clinic
Nick Galloway, BSN, RN, Diabetes Educator, Cleveland Clinic
Jane Lyon, BSN, RN, CCRN, Staff Nurse and Diabetes Management Mentor, Cleveland Clinic
Mary Beth Modic, DNP, RN, CNS, CDE, Clinical Nurse Specialist, Cleveland Clinic

LEARNING OBJECTIVES
1. Describe the components of a successful diabetes unit-based resource nurse
2. Enumerate the benefits of serving as a Diabetes Management Mentor Program
3. Discuss the factors that influence sustainability of a Diabetes Management Mentor Program

Diabetes Management Mentors (diabetes unit-based resource nurses) have been integral in the following: (1) bridging the diabetes knowledge gap among bedside nurses, (2) promoting safe diabetes care, (3) advocating for patients when glucose is suboptimal, and (4) participating in peer-to-peer teaching. This session will describe mentors’ significant impacts on patient outcomes and will focus on the ideas that mentors have generated and brought to fruition as well as provide recommendations for sustaining an impactful program.

UPN: 0069-0000-16-076-L01-P  LNC: 5190

F05 Facilitating Healthy Behaviors to Prevent and Manage Diabetes: Results of the NDEP & AADE Diabetes HealthSense Study

Room 208C
Joanne Gallivan, MS, RD, Director, National Diabetes Education Program at the National Institutes of Health
Christine Mazzola Nicols MPH, MS, Senior Vice President, Director of Strategic Planning & Research, Hager Sharp

LEARNING OBJECTIVES
1. Describe the NDEP’s Diabetes HealthSense resource and its unique role in facilitating behavior change and psychosocial support in diabetes
2. Discuss outcomes of NDEP’s 2015 evaluation of Diabetes HealthSense’s effectiveness, including impact on knowledge, readiness to change, self-efficacy, and self-management behaviors
3. Identify how to use Diabetes HealthSense in practice with patients, among colleagues, and in support of the national standards for DSME/S

Since 2008, the NDEP has maintained Diabetes HealthSense, a compendium of behavior change and psychosocial resources for people with diabetes (or those at risk for diabetes) and their caretakers. This session will report the 2015 findings of the NDEP’s evaluation of Diabetes HealthSense, with speakers presenting its impact on study participants’ knowledge, readiness to change, self-efficacy, and self-management behaviors. Participants will learn new practical applications for using this effective tool in their DSME/S practice setting.

UPN: 0069-0000-16-077-L01-P  LNC: 5190

F06 Current State of DSMT Reimbursement and Healthcare Reform

Room 20D
Patty Telgener, RN, MBA, Vice President of Reimbursement Services, Emerson Consultants, Inc.

LEARNING OBJECTIVES
1. Describe essential coding and coverage criteria for DSMT
2. Discuss Medicare Changes in 2016 impacting DSMT and MNT
3. Recognize potential impact of healthcare reform on diabetes management

This session will discuss the current state of Diabetes Self-Management Training (DSMT) reimbursement and the impact of healthcare reform. DSMT includes tips for eating healthy, being active, monitoring blood sugar, taking medication, and reducing risks. Medicare may cover part of the initial training. Through a discussion of the changes in 2016 as part of the Affordable Care Act, participants will learn procedures for coding and securing coverage for DSMT as a sustainable strategy for managing diabetes.

UPN: 0069-0000-16-078-L01-P  LNC: 5190
Friday, August 12

11:00 am – 12:00 pm
(1 CE Available per session)

**F07  Techniques to Integrate Mindfulness into Your Toolbox**

Room 6A

Mark Heyman, PhD, Director, Center for Diabetes and Mental Health

**LEARNING OBJECTIVES**

1. Define mindfulness
2. Explain how and why mindfulness can be effective in improving physical and mental well-being
3. Implement simple mindfulness techniques in practice settings

Mindfulness teaches people to be aware of their physical, emotional, and cognitive experiences in the present moment, without judgment. Research shows that practicing mindfulness can improve physical and mental health. This presentation will focus on how diabetes educators can use mindfulness in their practices to help patients reduce stress and increase diabetes self-management behavior. It will give educators tools they can use to teach simple mindfulness techniques that patients can use in their daily lives.

UPN: 0069-0000-16-079-L01-P LNC: 5190

**F08  Help Clients Overcome Diabetes Data Smog: Perspectives from a CEO with Diabetes**

Room 6B

Erik Otto, BSc (Eng), MBA, President and Co-Founder, InSpark Technologies, Inc.

**LEARNING OBJECTIVES**

1. Learn to describe the diabetes “data smog” problem
2. Apply a set of predefined criteria for evaluating any diabetes data analysis solution
3. Identify possible technology solutions for fixing data smog problems now and in the future

This presentation will outline the fundamental issues with the collection, presentation, and effective use of data obtained from individuals with diabetes. A technology roadmap will be given to determine solutions for (1) the most potential benefit and (2) minimizing time and compliance problems. A review of advanced technologies will be presented, including algorithms that can alert users to periods of risk or provide treatment recommendations and how to distinguish a “good” from a “bad” algorithm or alert technology.

UPN: 0069-0000-16-081-L01-P LNC: 5190

**F09  Diabetes Educators and Care Coordinators Create a New Paradigm for Primary Care**

Room 6DE

Antoinette Melancon, BSN, RN, CDE, Critical Care Coordinator, International Diabetes Center at Park Nicollet

Maggie Powers, PhD, RD, CDE, Research Scientist, International Diabetes Center at Park Nicollet

**LEARNING OBJECTIVES**

1. Did this session identify quality improvement practices?
2. Did this session describe the role of Care Coordinators related to diabetes self-management education and support?
3. Did this session state the benefits of integrating care coordinators with a diabetes education program?
4. The educational content met my learning needs

Medical homes and care coordinators support the ways that health systems adjust to new payment structures and emphasize patient-centered care. Questions arise regarding role responsibilities and coordination of care when an integrated health system also has a diabetes education program. This session addresses challenges in transitioning to medical homes and care coordinators as well as resulting successes for patients, staff, and the health system when an integrated diabetes education and care team approach is taken.

UPN: 0069-0000-16-080-L01-P LNC: 5190

**F10  Diabetes Management Across the Spectrum of Kidney Function**

Room 20A

Andrew Bzowyckyj, PharmD, BCPS, CDE, Clinical Assistant Professor, University of Missouri-Kansas City School of Pharmacy

Ashley Crowl, PharmD, BCACP, Clinical Assistant Professor, University of Kansas School of Pharmacy

**LEARNING OBJECTIVES**

1. Identify the importance of following GFR trends when determining a patient’s overall renal function
2. Describe which diabetes medications require adjustment or discontinuation in the setting of renal impairment
3. Explain the appropriateness of a patient’s diabetes regimen based on his or her renal function

This interactive presentation will provide a case-based approach of pharmacologic options for managing diabetes involving diminishing kidney function. The onset of chronic kidney disease demands evolving treatment for those with diabetes. Diabetes educators must consider the overwhelming variety of new pharmacologic agents on the market when working with patients with renal dysfunction. After attending this presentation, educators will be able to identify when glycemic medications need to be modified based on a patient’s kidney function.

UPN: 0069-0000-16-082-L01-P LNC: 5190

**F11  FDA Guidance on Closed Loop Artificial Pancreas Systems: From DIY to FDA Approved**

Room 20BC

Courtney Lias, PhD, Director of the Division of Chemistry and Toxicology, Center, Center for Devices and Radiological Health

**LEARNING OBJECTIVES**

1. Enhance understanding of FDA efforts to promote the development of Artificial Pancreas devices

Learn more at aade16.org
F12 Motivational Interviewing: A Sense Making Approach
Room 20D
Bruce Berger, BS, PhD, President and Professor Emeritus, Berger Consulting, LLC and Auburn University School of Pharmacy

Learning Objectives
1. Differentiate between traditional approaches to motivational interviewing and the sense making approach to MI
2. Identify limitations to practitioner-centered approaches to care and strengths of patient-centered approaches
3. Differentiate between different types of sense making MI skills and when to use them

This session will demonstrate a new and effective patient-centered approach to motivational interviewing to enhance the probability of behavior change, presenting numerous ways to address patients’ non-adherence to medication and lifestyle regimens. The approach will be demonstrated through video vignettes and dialogs. This session will demonstrate how to appropriately address issues that hinder patients from making change.

UPN: 0069-0000-16-084-L01-P   LNC: 5190

2:00 pm – 3:30 pm
(1.5 CE Available per session)

F13 Culinary Medicine Helps Overcome Hurdles to Healthy Eating
Room 6A
Leah Sarris, BS, Program Director & Executive Chef, Goldring Center for Culinary Medicine at Tulane University

Learning Objectives
1. Identify barriers to eating a balanced diet
2. Utilize new approaches to overcome barriers to healthy eating
3. Demonstrate food-first techniques to educate patients on food as medicine

This session will focus on a food-first approach to overcoming the barriers to healthy eating. The speaker will investigate perceived barriers to eating well such as cost, time, convenience, and portion size and will provide strategies for educators to help patients move toward positive lifestyle changes. This session will include culinary tips and tricks so the audience will walk away with clinical pearls for shopping for, preparing, and eating healthy food to help overcome disease.

UPN: 0069-0000-16-085-L01-P   LNC: 5190

F14 Weight Loss Medications in Prediabetes and Type 2 Diabetes: Who, When, How?
Room 68
Charmaine Rochester, PharmD, CDE, BCPS, BCACP, Associate Professor, University of Maryland School of Pharmacy
Jessica Kerr, PharmD, CDE, Associate Professor/Assistant Department Chair, Southern Illinois University-Edwardsville Lisa Meade, PharmD, CDE
Lisa Meade, PharmD, CDE, Associate Professor of Pharmacy Wingate University/CDE and Clinical Pharmacist, Wingate University School of Pharmacy
Amanda Stahnke, PharmD, BCACP, Clinical Assistant Professor, University of Missouri-Kansas City School of Pharmacy

Learning Objectives
1. Review guidelines and recommendations for weight loss
2. Compare and contrast medications available for weight loss
3. Discuss the clinical impact of weight loss on patients with diabetes

The presentation will identify current treatments that provide weight loss as well as review the different guidelines (American Association of Clinical Endocrinologist, American Heart Association, American College of Cardiology, and The Obesity Society) for treating obesity. Indications, dosing, adverse effects, and benefits will be reviewed for each of the new weight loss medications. A take-home message will be provided to educators that will enhance their knowledge when working with patients and providers.

UPN: 0069-0000-16-086-L01-P   LNC: 5190

F15 FDA Guidance and an Educator’s Perspective on the Avalanche of Apps
Room 6DE
COI Spotlight Session-Diabetes Technology
Molly McElwee-Malloy, RN, CDE, Head of Patient Engagement, TypeZero Technologies
Courtney Liias, PhD, Director of the Division of Chemistry and Toxicology Devices, Center for Devices and Radiological Health

Learning Objective
1. Describe which apps or devices are regulated by the Food & Drug Administration (FDA) for patient decision support
2. Evaluate apps for safety and name at least two apps they can use with patients
3. Discuss the value of apps and understand the difference between regulated and non-regulated app content

This session will focus on how to effectively evaluate diabetes mobile medical apps for patients’ safety and will also cover what the FDA says about app regulation. The participant will understand FDA regulation for apps and devices, evaluate apps for safety, identify two or more apps that can be used with patients, and discuss app value. Applications for using apps as part of patient care will be discussed to ensure direct relevance to practice settings.

UPN: 0069-0000-16-087-L01-P   LNC: 5190
F16  A New Model to Increase Access to Diabetes Education: Partner and Train Primary Care Staff

Room 20A

Maureen Chomko, RD, CDE, Outpatient Dietitian, UW Neighborhood Clinics (UWNC)

Alison Evert, MS, RD, CDE, Coordinator Diabetes Education Programs, University of Washington Medical Center - Endocrine and Diabetes Care Center

Peggy Odegard, PharmD, CDE, Professor of Pharmacy, University of Washington

LEARNING OBJECTIVES
1. Describe a novel approach to provide Diabetes Self-Management Education (DSME) in primary care
2. State how this novel program used the 2014 Competencies for Diabetes Educators to determine clinic staff competency
3. State the overall A1C outcome of the 6-hour DSME program in the primary care continuous quality improvement (CQI) project

There is limited research evaluating translation of hospital-based outpatient DSME programs into primary care clinic (PCC) settings. This session will present the results of a pilot program continuous quality improvement study that utilized the 2014 AADE Competencies for Diabetes Educators and a train-the-trainer approach to increase the skills and knowledge of clinic staff (non-certified diabetes educators) to provide diabetes education. A train-the-trainer model was successful in translating an established hospital-based DSME program into a PCC.

UPN: 0069-0000-16-088-L01-P  LNC: 5190

F17  Treatment and Care of Cystic Fibrosis Related Diabetes (CFRD): A Team Approach

Room 208C

Linda Kerr, DNP, RN, FNP-BC, CDE, Nurse Practitioner, Long Beach Memorial Medical Center

Diane Paralusz, RD, CSP, Clinical Dietitian, Long Beach Memorial and Miller Children’s and Women’s Hospital

LEARNING OBJECTIVES
1. The participant will be able to discuss 1 acute and 1 chronic complication for cystic fibrosis related diabetes
2. The participant will be able to identify 2 differences between nutrition management of CFRD and other types of diabetes
3. The participant will be able to identify 2 ways to ensure patients will have a safe transition home

Diabetes related gastroparesis and cystic fibrosis related diabetes (CFRD) have an increased rate of morbidity and mortality. As with other diabetes related conditions, the duration of diabetes combined with poor glycemic control can worsen gastrointestinal disorders. Early diagnosis and treatment of these conditions has been shown to improve survival of affected patients. The session goal is to discuss multidisciplinary team management of gastroparesis and CFRD. The first line of management for both gastroparesis and CFRD should include nutritional support and optimized glycemic management. The session will outline these approaches from a nurse practitioner and registered dietitian’s perspective.

UPN: 0069-0000-16-089-L01-P  LNC: 5190

F18  Demystify Twitter and Become a Tweeter: A Hands-On Workshop

Room 20D

Melissa Dobbins, MS, RD, CDE, CEO, Sound Bites Nutrition Communications

Bennet Dunlap, MSHC, Founder, Strip Safely

Kurt Anderson, Director of Federal and State Advocacy, American Association of Diabetes Educators

Moderator: Manny Hernandez, Co-Founder, President Emeritus, Diabetes Hands Foundation

LEARNING OBJECTIVES
1. Identify two unexpected benefits of engaging on twitter and in advocacy
2. Identify two common barriers and two realistic solutions to barriers to engaging on twitter
3. Identify two common barriers and two realistic solutions to engaging in advocacy

Twitter has become an effective and essential communication tool for diabetes news, advice, advocacy, and support. It’s imperative that more diabetes educators learn to utilize and leverage this tool to raise our profile, let our voices be heard and promote the value of our work. This hands-on workshop will teach you about twitter from handles to hashtags, and help you engage and promote diabetes content with a focus on advocacy efforts. The session is
F20 Hypoglycemia in 2016: Detection, Treatment and Prevention

Room 6B
Anthony McCall, MD, PhD, FACP, James M. Moss
Professor of Diabetes, University of Virginia School of Medicine and Health System

LEARNING OBJECTIVES
1. Describe important aspects of the epidemiology of hypoglycemia
2. Describe issues related to the dangers associated with hypoglycemia including heart and brain
3. Describe patterns of glycemia and insulin use underlying hypoglycemia and strategies and technologies to prevent hypoglycemia

This talk examines insights from hypoglycemia studies showing how both the young and elderly are particularly at risk of severe hypoglycemia. Diagnosis of hypoglycemia is elusive, but clues are illustrated, such as patterns of glycemia and insulin use that underlie hypoglycemia risk. Reversible adaptations like impaired hypoglycemia awareness prevent safe achievement of tight glucose control. Hypoglycemia’s dangers are caused mostly by its impact on the brain and heart. Specific tactics to improve the safety of insulin use are presented. Hypoglycemia prevention is critical. We will discuss how new technologies (pumps, CGM, and artificial pancreas) may help reduce hypoglycemia risk.

F21 Inpatient Glycemic Management: How We Got Others To Follow Our Lead

Room 6DE
Jane Seley, DNP, MPH, MSN, GNP, BC-ADM, CDE, CDTC, FAAN, FAADE, Diabetes Nurse Practitioner, New York Presbyterian Hospital/Weill Cornell Medicine
Robert Rushakoff, MD, MS, Professor of Medicine, University of California-San Francisco

LEARNING OBJECTIVES
1. Discuss several strategies to improve insulin safety in the hospital setting
2. Describe several ways to decrease clinical inertia to improve control in acute care
3. State innovative ways to educate health care professionals in the hospital setting using technology as a tool

Best practices have been identified that improve inpatient glycemic control. The difficulty is coordinating and implementing successful strategies in the work place, which requires ongoing staff education, policy changes, infrastructure adaptions, and culture change. This presentation will highlight best practices that the speakers have successfully launched in mentoring programs at select hospitals across the nation as well as in their own institutions. Barriers to best practices will be identified, and possible solutions will be discussed.

F22 How Diabetes Educators Can Work With Federal and State Policymakers to Promote Quality Diabetes Care and Education

Room 20A
Kurt Anderson, Director of Federal and State Advocacy, American Association of Diabetes Educators

LEARNING OBJECTIVES
1. Discuss overview of legislative/political process
2. Describe how diabetes educators can influence legislative process and promote quality diabetes education and care
3. Illustrate how diabetes educator involvement can make measurable changes in the legislative process

Diabetes educators have a valuable role to play in addressing the diabetes crisis, and AADE is actively working to support a number of legislative and regulatory initiatives that will support the educator workforce today and in the years to come. However, it is impossible to achieve lasting success in Washington, DC without the active support and involvement of constituents: namely, diabetes educators themselves. This session will teach educators how Congress really works, provide an overview of legislation of direct interest to diabetes educators, and provide tips as to how educators can get involved—effectively—at the grassroots level.
3:45 pm – 4:45 pm
(1 CE Available per session)

F23  CGM Before CSII Initiation – Reverse Your Thinking
Room 208C
Aimee Jose, RN, BSN, CDE, CDTC, Diabetes Educator, Palo Alto Medical Foundation
Ruth Spirakis, MS, RD, CDE, CDTC, Diabetes Educator, Palo Alto Medical Clinic

LEARNING OBJECTIVES
1. List two advantages of starting CGM prior to CSII therapy
2. Describe the steps to initiate CGM prior to CSII initiation
3. Describe how CGM can be utilized to optimize basal testing

Increasingly, patients are taking advantage of both insulin pump (CSII) and CGM therapies. Traditionally, insulin pump therapy is started first, and CGM second. Introducing them in reverse order has multiple advantages, pre-pump training, initiation and ongoing assessment demand a steep learning curve. By utilizing CGM during the pre-pump training, patient and provider are able to identify patterns and perform tests that are traditionally done after CSII initiation, resulting in quicker, more accurate settings, and improved patient outcomes. This presentation will describe this method.

UPN: 0069-0000-16-095-L01-P  LNC: 5190

F24  Can Diabetes Educators Be Care Coordinators?
Room 20D
Mary Ellen Wolf, RN, CDE, Care Coordinator, Healthways

LEARNING OBJECTIVES
1. Define “What is coordination of care?”
2. Describe how the expertise of a diabetes educator supports the role of care coordinator and discuss various potential job settings
3. Describe how to measure success, including how the role of care coordinator impacts the rising costs of health care

The Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics addresses how to improve the experience of care and education of individuals with diabetes. This presentation will address how care coordination is evaluated, how cost savings are measured and evaluated, and the roles of a care coordinator. The importance of why the diabetes educators is well positioned for this role will be discussed.

UPN: 0069-0000-16-096-L01-P  LNC: 5190
F28 Diagnosis and Treatment of Diabetic Retinopathy

Blake Cooper, MD, Ophthalmologist-Vitreoretinal Surgeon, Retina Associates

LEARNING OBJECTIVES
1. Identify who would benefit from seeing an eye care professional
2. Describe and identify the levels of diabetic retinopathy
3. Discuss the current management of advanced diabetic eye disease

This presentation will provide participants with an understanding of the development and treatment of diabetic eye disease. We will review landmark clinical trials and the role of eye care professionals in the treatment of a patient with diabetes. After the presentation, participants should be able to identify the symptoms of retinopathy, understand the timing of eye examinations, and have a better understanding of diabetic eye disease treatment, including the role of intravitreal injections and vitrectomy surgery.

UPN: 0069-0000-16-101-L01-P  LNC: 5190

F29 A Delivery System Reform Incentive Payment Project in a Multi-site Community-based Primary Care Setting

Patricia Pugh, MS, RN, CDE, Program Director, Chronic Disease Management, Baylor Scott & White Health

LEARNING OBJECTIVES
1. Describe DSRIP and the intent to increase access for underinsured and/or uninsured individuals living in Texas
2. Identify key elements for developing a chronic disease curriculum, staff training in disease state management, care coordination, and transition of care
3. Discuss recruitment and employee attributes for RN care manager and community health worker (CHW) positions

CHWs provide health education utilizing the AADE7 Self-Care Behaviors™ for education and goal setting. Augmenting the work of CHWs, RN care managers provide skilled comprehensive care and support to patients who are at high risk for developing complications and recurring hospital stays and/or ED visits. This presentation will provide lessons for how to develop a program designed to meet the education needs of uninsured/underinsured patients living with a chronic disease in community-based primary care settings.

UPN: 0069-0000-16-103-L01-P  LNC: 5190

F30 Improving Diabetes Self-Management Education (DSME) Access, Medicaid Coverage, and Practice Outcomes across the U.S.: Lessons Learned from State Health Departments

Jacquelyn Houston, MPH, PHCNS-BC, RN, Public Health Advisor, Centers for Disease Control and Prevention
Gia Rutledge, MPH, BS, Evaluation Team Lead, Centers for Disease Control and Prevention
Magon Saunders, DHSc, MS, RDN, LD, Public Health Advisor, Centers for Disease Control and Prevention

LEARNING OBJECTIVES
1. Describe the evidence for DSME and the background behind the CDC’s investments in this area.
2. Provide an overview of CDC-funded DSME activities and performance measures supported through work with state health departments.

This session will describe the CDC’s ongoing work with state health departments and other federal/national partner organizations to increase access, referrals, and reimbursement for diabetes self-management education. Presenters will share early outcomes and emerging practices from the field and discuss how diabetes educators can collaborate with state health departments in ways that are mutually beneficial.

UPN: 0069-0000-16-101-L01-P  LNC: 5190

F31 Becoming a Certified Diabetes Educator (CDE): Facts, Common Myths and Exciting News (No CE)

Tommy Johnson, PharmD, CDE, BC-ADM, FAADE, Board Chair, National Certification Board for Diabetes Educators
Sheryl Traficano, MBA, CAE, CEO, National Certification Board for Diabetes Educators

LEARNING OBJECTIVE
1. Describe and list the requirements for initial certification and the examination process

Are you hearing differing opinions about what it takes to become a CDE? Not sure how to tell if your experience qualifies under the 1000 hour practice requirement? What is the mentorship program? This information session, presented by NCBDE representatives, will bring you up to speed on the eligibility requirements for initial certification and the mentorship program. You’ll also hear all the details on the application and examination processes, including exciting changes about when you can apply and take the exam that kicked off in 2016.
**Research Sessions**
(0.5 CE Available per session)

**5:00 pm – 5:30 pm**

F27A Knowledge and Attitudes of Certified Diabetes Educators Regarding Genetic Testing for Type 2 Diabetes Mellitus

Room 6DE

Jacqueline Martz, DNP, RN, CDE, Associate Professor, Rhodes State College

**LEARNING OBJECTIVES**

1. Describe the attitudes of CDEs regarding genetic testing for Type 2 DM
2. Describe the perceived knowledge of CDEs regarding genetic testing for Type 2 DM
3. Discuss the relationship between attitudes and perceived knowledge of CDEs regarding genetic testing for Type 2 DM

Genetic markers associated with the development of Type 2 diabetes have been identified, but recommendations for genetic testing for Type 2 diabetes mellitus are not part of the ADA standards of medical care. Certified diabetes educators could be utilized to inform the public regarding this option but would need to be aware of the current state of the science in genetics for T2DM. As part of a doctoral study, Registered Nurse CDE’s were asked about their knowledge regarding genetic testing for T2DM and their attitudes toward genetic testing for T2DM. These scores were analyzed to look for significant relationships.

UPN: 0069-0000-16-099-L01-P  LNC: 5190

**5:30 pm – 6:00 pm**

F27B Diagnosis and Treatment of Diabetic Retinopathy

Room 6DE

Fida Al-Atrash, MD, Endocrine Fellow, University at Buffalo

Paresh Dandona, MD, PhD, SUNY Distinguished Professor & Head of Endocrinology, University at Buffalo

**LEARNING OBJECTIVES**

1. Describe how a CDE-A program can result in marked improvements in glycemic, blood pressure and lipid control
2. Identify how reduction in A1C and complication risk can be driven by aggressive and committed guidance, supported by a diabetologist
3. Describe a model that allows for creation of a self-supporting network of diabetes care in the community through CDE-As actively guided by diabetologists

The participation of a certified diabetes educator actively guided by a diabetologist (CDE Ambassador, CDE-A) working with physicians at the primary care level to interact and teach diabetic patients improves glycemic control and other indices of cardiovascular risk.

UPN: 0069-0000-16-100-L01-P  LNC: 5190

**Special Symposium**
(1 CE Available)

**6:30 pm – 7:30 pm**

SP05 Erectile Dysfunction (ED) – It’s not just about sex; The “LINK” between Diabetes, ED, and Cardiovascular Disease

Marriott Marquis Hotel, San Diego Ballroom, North Tower, Level 1

Francois Eid, MD, Chief of Urology, Advanced Urological Care PC

Jason Baker, MD, Endocrinologist, Diabetes and Metabolism Assistant Professor, Weill Cornell Medical School

Janis Roszler, MS, RD, LD/N, CDE, FAND, Medical Adviser, Boston Scientific

Benno Schmidt III, Reporter and Patient Ambassador, Boston Scientific

**LEARNING OBJECTIVES**

1. Identify at least 5 causes for Erectile Dysfunction
2. Recognize the relationship of erectile dysfunction with diabetes and cardiovascular disease
3. Explain five treatment options for erectile dysfunction and list 2 reasons for discussing ED with patients with diabetes

One in two men with diabetes is suffering from erectile dysfunction (ED), but did you know that ED could be an early warning sign of a potential heart attack or stroke? Learn more about how ED, Diabetes, and CVD are connected and how talking to your patients about ED could help identify hidden issues and prevent the progression of other diseases. Light refreshments will be served.

UPN: 0069-0000-16-234-L01-P  LNC: 5190

### Education Tracks

- Advance Skills for Program and Business Management for Entrepreneurial Organizations
- Build Skills to Provide Diabetes Education and Support within Evolving Healthcare Systems
- Innovative Diabetes Care and Education Across Diverse Populations
- Pathophysiology, Epidemiology, and Clinical Management of Prediabetes, Diabetes & Related Chronic Conditions
- Psychosocial Issues and the Promotion of Lifestyle Behavior Change
- Pioneer Diabetes Technologies and Connected Health Modalities to Deliver Cost-Effective Care (track sponsored by AADE Research and Education Foundation)
**GENERAL SESSION**

**7:30 am – 8:30 am**

(1 CE Available)

**Diabetes Educator of the Year Award**

**GS02 Embracing Change — Off Balance on Purpose**

*Exhibit Hall E*

Dan Thurmon, Author and Peak Performance Expert

Thurmon will share how the pursuit of perfect balance puts you out of sync with reality. Top performers must be off balance because forward progress begins by leaning into the uncertainty and launching into the unknown.

UPN: 0069-0000-16-106-L01-P  LNC: 5190

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**9:15 am – 10:15 am**

(1 CE Available per session)

**S01 Aligning Payment Models with Effective Diabetes Program Management**

*Room 6A*

Leslie Jebson, MHA, MBA, LHRM, Director, Lecturer, SIU School of Medicine / SIU Healthcare

**LEARNING OBJECTIVES**

1. Garner a more broad comprehension of how diabetes education and care is reimbursed and how these reimbursement models may continue to evolve over the next decade
2. Examine opportunities to refine and expand current diabetes programs with aligned reimbursement models
3. Identify and employ specific examples and resources for measuring the fiscal and quality impact of diabetes programs

Healthcare funding and reimbursements vary greatly. Effective disease management, particularly diabetes care, can significantly impact healthcare spending reductions and improved quality of life. This interactive session aims to provide straightforward overviews of reimbursement models and examines the current payment systems for diabetes care and how they may evolve and work in a value-based healthcare reimbursement climate. This discussion involves active engagement of audience attendees in employing real-world examples in size of programs and geographic regions.

UPN: 0069-0000-16-105-L01-P  LNC: 5190

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**S02 It Takes a Village: Improving Coordination of Care to Increase Access to DSME**

*Room 6B*

Nicole O’Kane, PharmD, Clinical Director, HealthInsight Oregon

Alison Shipley, Project Manager, HealthInsight Nevada

**LEARNING OBJECTIVES**

1. Describe the key benefits of using a community organizing model to address diabetes self-management in underserved communities
2. Identify strategies for using health information technology to improve coordination of clinical and community self-management education services for patients
3. Describe the opportunities to be reimbursed by Medicare for self-management education and support services

This session will describe how the HealthInsight Quality Innovation Network—Quality Improvement Organization (QIN-QIO) is helping to build capacity for diabetes self-management education in geographical areas which include rural and underserved populations. The presenters will share promising practices for improving self-management support in rural communities using a community organizing approach, and help you identify how your QIN-QIO can support your goals for reducing the burden of diabetes in your community. Topics covered will include challenges and opportunities related to diabetes self-management in rural communities, using health information technology to improve care coordination, and using quality improvement coaching and data to drive improvements to referral systems. Successful partnerships that have been established and how these partnerships work to promote clinical services within the Chronic Care Model will be highlighted.

UPN: 0069-0000-16-106-L01-P  LNC: 5190
Type 1 Diabetes Session

S03  Research and Community: How the T1D Exchange is Amplifying the Patient Voice to Create a Worry-Free Life

Room 6DE
Henry Anhalt, DO, Chief Medical Officer, T1D Exchange
Amy Bevan, BS, Content and Community Manager, Glu
Anna Floreen, MSWS, Advancement Outreach Manager, T1D Exchange
Jill Petrie, Director of Communication and Community Relations, T1D Exchange

LEARNING OBJECTIVES
1. Identify the T1D Exchange mission
2. Recognize the importance of educators and their patients’ role in the research process
3. Explain the process of engaging patients in the Glu Community

The T1D Exchange team will introduce this exciting patient-centric model, empowering people with type 1 diabetes to play a role in research. Speakers will discuss the organization’s background, mission, and research findings utilizing the Clinic Registry and Network. Attendees will be introduced to Glu (www.myglu.org) and learn how to interact with this valuable resource. The result is empowering people to find support by participating in research providing real-world insight into life with type 1 diabetes.

UPN: 0069000016107401P    INC: 5190

S04  Professional Education – How to Activate other Members of the Healthcare Team to Support Diabetes Education in the Hospital and through Transition

Room 20A
Kristy Castillo, RN, CDE, Diabetes Educator, Scripps Diabetes Care and Prevention
Tamara Finger, MSN, RN, CNS, BC-ADM, Advanced Practice Nurse, Diabetes Careline, Scripps Diabetes Care and Prevention
Tracee Gamboa, MSN, RN, CNS-BC, CDE, Coordinator Diabetes Education Programs, Scripps Diabetes Care and Prevention
Laura Talavera, MSN, MPH, RN, CNS-BC, Manager, Inpatient Clinical Services, Scripps Diabetes Care and Prevention

LEARNING OBJECTIVES
1. For each of the groups discussed, identify the need that would entice participants to participate in training and to take a more pro-active role in diabetes education
2. Describe two ways to engage a non-diabetes staff in learning about their role in diabetes education
3. Describe specific and appropriate content and skills to be taught to each group

This session will describe an approach to expand beyond the resources of inpatient diabetes teams to engage other roles. The speaker will describe interventions used to incorporate family practice residents, new graduate RNs, and nurse mentors to play a more proactive role in diabetes education to help prepare patients for successful self-management post discharge. The intention is to ignite participants’ enthusiasm to look “outside the box” regarding who can be involved in inpatient diabetes education.

UPN: 0069000016108401P    INC: 5190

S05  Meeting National Guidelines in Inpatient Diabetes Care: A Performance Improvement Initiative

Room 20BC
Tinea Canady, RN, BSN, Registered Nurse/Charge Nurse/Preceptor, Shawnee Mission Medical Center
Andrea Stafos, APRN, BC-ADM, Diabetes Clinical Specialist and Manager, Shawnee Mission Medical Center

LEARNING OBJECTIVE
1. Discuss national guidelines related to inpatient diabetes care and congruent with Joint Commission requirements
2. Present the process that one facility utilized to meet these requirements
3. Analyze outcome data from three pilot units

A Glycemic Steering Committee piloted a Diabetes Education and Discharge Checklist on three inpatient units. This presentation will review some of the challenging requirements that many inpatient facilities are facing and a process to help meet those expectations and maintain Joint Commission Certification of Distinction for Inpatient Diabetes Care. Learn about both sides of the process from the perspective of a Diabetes Clinical Specialist and from a registered nurse who showed excellence in diabetes care.

UPN: 0069000016109401P    INC: 5190
S06  Medicare’s Everyone with Diabetes Counts (EDC) Program: Overview and What’s Happening in California

Room 20D

Athena Philis-Tsimikas, MD, Corporate Vice President, Scripps Health, Diabetes and Prevention Services
Jennifer Wieckowski, MSG, State Program Director, Health Services Advisory Group

LEARNING OBJECTIVES
1. Recognize opportunities to partner with their local Medicare Quality Improvement Organization to increase access to sustainable diabetes self-management education (DSME) programs in their state.
2. List techniques to enhance recruitment and retention of facilitators to lead DSME programs, and individuals with prediabetes and diabetics to attend DSME programs.
3. Identify resources available from Medicare to empower people with diabetes and prediabetes, including their families and caregivers, to effectively self-manage their diabetes, and improve their health literacy and health outcomes.

Have you heard the acronym EDC in your state? The Centers for Medicare & Medicaid Services (CMS) launched the Everyone with Diabetes Counts (EDC) Program in 2008 in several states. In July of 2014, CMS expanded EDC nationally to all 50 states, as well as to Washington DC, Puerto Rico, and the US Virgin Islands. Quality Improvement Networks are charged with five components: Recruitment and education of beneficiaries, recruitment and education of physician practices and staff, recruitment of partners/stakeholders, data collection and analysis and sustainability planning/implementation. Come hear about this program and hear from your state and how you can be involved to help increase access.

UPN: 0069-0000-16-110-L01-P  LNC: 5190

S07  Shared Dietetic Appointments: A New Treatment Model for Enhanced Diabetes Education

Room 6A

Diane Dube, M.Ed., RDN, LDN, CDE, Registered Dietitian Nutritionist, North Shore Physicians Group
Evelina Sands, MS, Director of Operations, North Shore Physicians Group

LEARNING OBJECTIVES
1. Define what a shared dietetic appointment is and its unique role in fostering enhanced support and education for people with diabetes
2. Describe how a Registered Dietitian Nutritionist (RDN) can implement shared dietetic appointments for people with diabetes into their practice as an add-on benefit beyond traditional Medical Nutrition Therapy (MNT) or Diabetes Self-Management Training (DSMT) programs
3. Demonstrate the effectiveness of shared dietetic appointments with successful patient outcomes and the implementation of such appointments into a patient-centered medical home.

Shared dietetic appointments integrate traditional diabetes MNT into a group setting, which allows the RDN to provide both individual and group support. Sessions are dynamic and interactive yet relaxed, with patients sharing their experiences. Caregivers for attendees are strongly encouraged to attend so that they receive education from clinicians. Participants will learn how this model hybridizes an MNT visit, ongoing diabetic education, and support in a 1.5-hour time period, providing effective utilization and optimal outcomes.

UPN: 0069-0000-16-110-L01-P  LNC: 5190

S08  Evidence-Based Nutrition Guidelines to Control the ABC’s of Diabetes

Room 6B

Supported by Konsyl
Mary Ann Hodorowicz, MBA, RD, LDN, CDE, CEC, Consultant, Mary Ann Hodorowicz Consulting, LLC

LEARNING OBJECTIVES
1. Describe the latest nutrition intervention recommendations to normalize HbA1c in patients with type 1 and type 2 diabetes
2. Explain the latest nutrition intervention recommendations to normalize blood pressure in patients with type 1 and type 2 diabetes
3. Discuss the latest nutrition intervention recommendations to normalize blood lipids in patients with type 1 and type 2 diabetes

The evidence is now in! People with diabetes can actually significantly reduce their risk of heart disease, stroke, kidney failure, and even blindness with diabetes medical nutrition therapy (MNT). Numerous studies have proven that MNT can prevent, slow the onset of, and/or decrease the progression of these devastating complications. Best practices to be explored include the Academy of Nutrition and Dietetics’ Evidence-Based Nutrition Practice Guidelines (NPGs) and the medical nutrition therapy protocols for diabetes.

UPN: 0069-0000-16-112-L01-P  LNC: 5190

S09  Teens Helping Teens: a New Strategy for Group Diabetes Care

Room 6DE

Geneva Foncannon, RD, CDE, Outpatient Pediatric Dietitian, Pediatric Endocrine and Nutrition Services, Sutter Medical Center, Sacramento
Rosanna Hannum, MSN, CNS, CDE, Lead Clinic Nurse Coordinator, Pediatric Endocrine and Nutrition Services, Sutter Medical Center, Sacramento

LEARNING OBJECTIVES
1. Describe the difference between a didactic class and group using the centering approach
2. Demonstrate different strategies that enable a group to become cohesive and trusting
3. Discuss the basic framework of a group appointment including environment, timeframe, and frequency

This presentation will describe an innovative approach for teens with diabetes based upon centering group techniques, giving participants strategies to utilize in their practice. Teens Helping Teens groups are held at Sutter Medical Center, Sacramento, CA, and patients and providers have had increased satisfaction with care and outcomes. Come explore how to create cohesive and trusting groups to enhance teen behavior change and problem-solving with their peers using a curriculum that promotes interaction, not didactic education.

UPN: 0069-0000-16-113-L01-P  LNC: 5190
10:30 am – 11:30 am cont.

Type 1 Diabetes Session

S10 Anticipating the Availability of Artificial Pancreas Systems: What to Expect in the Clinic?

Room 20A

Aaron Kowalski, PhD, JDRF Chief Mission Officer and Vice President of Research, JDRF

LEARNING OBJECTIVES

1. Describe the upcoming launch of AP systems to the commercial market and in the clinic of hybrid artificial pancreas systems
2. Accurately describe the clinical data supporting the safety and efficacy of artificial pancreas systems
3. Prepare for the practical clinical application of first generation artificial pancreas systems for pediatric and adult patients with diabetes

The past ten years has seen dramatic progress in artificial pancreas system research and development. Many groups have demonstrated technical feasibility of a variety of different approaches to “close the loop”, both automating insulin delivery and using multi-hormone approaches. As soon as 2017, the first hybrid automated insulin delivery systems to the commercial market. Diabetes educators will place a critical role in people with diabetes achieving the maximum benefit from such systems. This session will review the state of the art and what to expect as automated insulin delivery devices reach the clinic.

UPN: 00690000-161141D01P (1 CE Available per session)

S11 Improve Patient Engagement Utilizing Coaching Technique

Room 20BC

Mary Jean Christian, RD, CDE, Diabetes Program Coordinator, University of California, Irvine

LEARNING OBJECTIVES

1. Describe a novel program to improve patient engagement in chronic disease management
2. Apply the principles of coached care in patient practice
3. List the benefits of coached care in chronic disease management

A novel program developed to enhance patient engagement is being used at the University of California, Irvine with patients with diabetes. This presentation will describe how the coached care program was developed and operationalized in the primary care sites at a large academic health system. Participants will have access to the processes, training guides, and patient tools used in this program that have successfully improved financial, clinical, and patient satisfaction outcomes in an atrisk population.

UPN: 00690000-161151D01P

S12 A Healthy Beginning: Diabetes and Preconception Health 0.5 credits

Room 20D

Erin Raney, PharmD, BC-ADM, Professor of Pharmacy Practice, Midwestern University College of Pharmacy-Glendale

LEARNING OBJECTIVES

1. Describe the importance of preconception care to reduce maternal and infant morbidity and mortality in women with diabetes
2. Discuss preconception lifestyle recommendations and assessments of macrovascular and microvascular disease for reproductive age women with diabetes
3. Describe preconception medication strategies to optimize glycemic control and medication safety during pregnancy

This presentation will provide an overview of strategies to optimize preconception health for women of reproductive age with diabetes. Preconception care addresses interventions during routine care across a woman’s reproductive lifespan to promote maternal health if and when pregnancy occurs. Diabetes-specific recommendations for glycemic control and medication safety will be emphasized. General preconception care recommendations for tobacco and alcohol use, weight management, immunizations, and family planning will also be discussed along with providing recommended resources.

UPN: 00690000-161161D01P

Education Tracks

- Advance Skills for Program and Business Management for Entrepreneurial Organizations
- Build Skills to Provide Diabetes Education and Support within Evolving Healthcare Systems
- Innovative Diabetes Care and Education Across Diverse Populations

Pathophysiology, Epidemiology, and Clinical Management of Prediabetes, Diabetes & Related Chronic Conditions

Psychosocial Issues and the Promotion of Lifestyle Behavior Change

Pioneer Diabetes Technologies and Connected Health Modalities to Deliver Cost-Effective Care (track sponsored by AADE Research and Education Foundation)
S13  The Diabetes Technology Revolution: Utilizing Tools and Technology Data to Maximize their Use and Improve Patient Outcomes

Room 6A

Rick Altinger, CEO, Glooko
Jeff Dachis, MA, CEO and Founder, One Drop
Richard Laurits, President, DiaSend
Howard Look, President & CEO, Tidepool.org
Frank Westermann, CEO, mySugr GmbH
Moderator: Amy Tenderich, Patient Advocate, Diabetes Mine

LEARNING OBJECTIVES

1. Identify key features that make technology tools useful to help people learn about and manage their diabetes
2. Identify ways in which patients themselves are involved in the creation of truly useful technology tools and how their feedback can and is being gathered and utilized
3. Identify three ways to improve or change the way you use diabetes technology tools and/or diabetes data to work with your clients to improve their care and experience

This roundtable-style session will cover the latest in diabetes data and technology tools, and how they can best be employed with patients to improve health outcomes. Five leading diabetes tech companies will present their offerings, and explain best practices for teaching patients and collaborating with them on use of these tools. Then a reactor panel of tech-savvy CDEs will provide feedback, based on how they recommend and utilize apps and data-sharing tools in their practice/work with clients. Moderator Amy Tenderich, a patient and innovation advocate, will provide perspective from the patient community POV.

UPN: 0069-0000-16-117-L01-P  LNC: 5190

S14  The Potent Power of Patient Leadership

Room 6B

Bennet Dunlap, MSHC, Founder, Strip Safely
Jeff Hitchcock, Founder, Children with Diabetes
Gene Kunde, CEO, Diabetes Hands Foundation
Anna Norton, MS, CEO, DiabetesSisters
Christina Roth, MPH, MS, Chief Executive Officer & Founder, College Diabetes Network, Inc.
Moderator: Manny Hernandez, Co-Founder, President Emeritus, Diabetes Hands Foundation

LEARNING OBJECTIVES

1. Define food insecurity and describe the role food insecurity plays in chronic disease development and management
2. Describe Feeding America’s diabetes initiatives and the background and research on food insecurity screening
3. Describe and implement food insecurity screeners, clinical tools, and resources to mitigate food insecurity in low-income patient populations

The American Diabetes Association’s 2016 Standards of Care identifies tailoring treatment in vulnerable populations experiencing “food insecurity” to optimize patient outcomes. Food insecurity—defined as a person’s inability to consistently access nutritious foods—presents numerous challenges to diabetes care, self-management and education strategies. This session provides an in-depth look at food insecurity and reviews the evidence base on how food insecurity impacts chronic disease risk and management. Significant attention is given to help clinicians tailor diabetes treatment and DSME messages to patients who face food insecurity.

UPN: 0069-0000-16-119-L01-P  LNC: 5190
1:00 pm – 2:30 pm cont.
(1.5 CE Available per session)

S16 Insulin Therapy and Delivery Today and Tomorrow
Room 20A

COI Spotlight Session-Pharmacy

William Guffey, PharmD, BCACP, CDE, BC-ADM, BCPS, Associate Director - Pharmacy Education, Carolinas HealthCare System / UNC Eshelman School of Pharmacy

Teresa Pearson, MS, RN, CDE, FAAD, CEO, Innovative Health Care Designs, LLC

Jill Schramm, DNP, FNP-C, BC-ADM, CDE, Assistant Professor, Uniformed Services University

Evan Sisson, PharmD, MSHA, CDE, FAAD, Associate Professor, VCU School of Pharmacy

Nathan Painter, PharmD, CDE, Associate Professor, VCU School of Pharmacy

LEARNING OBJECTIVES
1. Recognize key principles of pharmacological, economical and other medication selection considerations with insulin agents that may provide clinical benefits for select patient populations
2. Compare and contrast safety and efficacy of existing and developing insulin therapies for diabetes management
3. Identify differences in the various insulin delivery systems for commercially available and developing insulin products

Insulin is an effective treatment modality to achieve therapeutic goals for patients with type 2 diabetes. Although the availability of multiple insulin products and delivery methods increases the ability to individualize therapy, it also increases the complexity of clinical decisions. Diabetes educators are familiar with human insulin and insulin analogs; however, many are unaware that the active ingredient of these biologic compounds is a protein produced by living organisms. As the insulin patents expire, similar insulin versions are being developed. This panel discussion will use case examples to determine appropriate selection of insulin products and delivery devices. Special consideration will be given to: which patients might benefit from concentrated insulin products (U-500, U-300, U-200), similar insulin versions including interchangeability, differences among delivery devices, and simple insulin infusers.

UPN: 0069-0000-16-120101P LNC: 5190

S17 How Diabetes Educators Can Create Smooth Sailing for Kids, Parents and School Personnel
Room 20BC

Anastasia Albanese-O’Neill, PhD, ARNP, CDE, Clinical Assistant Professor, University of Florida

Sarah Butler, MS, RN, CDE, NC-NSN, Director of Diabetes and Nursing Education, National Association of School Nurses

Crystal Jackson, Director, Safe at School, American Diabetes Association

Moderator: Chesney Hoagland-Fuchs, BSN, RN, CDE, Diabetes Case Manager, Sharp Rees Stealy

LEARNING OBJECTIVES
1. Discuss the legal protections that students with diabetes are entitled to
2. Describe strategies to help kids with diabetes, parents, and school personnel successfully navigate the school day
3. Be aware of key resources and understand how to use to support best school diabetes management practices in the school setting

This session is a panel presentation by diabetes care and education professionals who represent the diverse stakeholders that share the mission to support children with diabetes and their families in the school setting. Panel members will describe ways to empower children/adolescents with diabetes, their families and school systems, using evidence based resources, case studies and legal protections to achieve positive student outcomes. Participants will gain the knowledge needed to apply strategies to help kids with diabetes, parents and school personnel successfully navigate the school day.

UPN: 0069-0000-16-121101P LNC: 5190

S18 Optimizing Pregnancy Outcomes with Diabetes Education: Before, During, and After Pregnancy
Room 20D

Jamie Jadid, MSN, APRN, FNP, BC-ADM, CDE, Nurse Practitioner, High Risk Pregnancy Center

LEARNING OBJECTIVES
1. Describe the different screening methods for gestational diabetes
2. Recognize the risks associated with obesity and hyperglycemia on pregnancy outcomes
3. Identify the goals of preconceptual planning to improve pregnancy outcomes

The presentation will review the types of diabetes, risk factors and diagnostic criteria for diabetes, including the different criteria used to diagnose gestational diabetes. National trends in obesity and their impact on pregnancy will be discussed. The physiology of diabetes in pregnancy will be reviewed, as well as the potential adverse pregnancy outcomes associated with diabetes. The speaker will present the concept of fetal programming and how maternal health in pregnancy can have a long term impact on the health of offspring. Preconceptual planning and treatment during pregnancy, including exercise, monitoring and medications will be discussed. The importance of postnatal follow-up will also be emphasized.

UPN: 0069-0000-16-122101P LNC: 5190
**Type 1 Diabetes Session**

**S19 Helping Individuals Deal with Diabetes Stigma and Guilt**

Room 6A

Adam Brown, Senior Editor, diaTribe.org

Susan Guzman, PhD, Director of Clinical/Educational Services, Behavioral Diabetes Institute

**LEARNING OBJECTIVES**

1. Describe how people with type 1 and type 2 diabetes experience stigma
2. Describe how perceptions of stigma affect mood and disease management
3. Identify key strategies for helping patients with diabetes feel more empowered and engaged

Social challenges often bring stigma that can cause many individuals to see diabetes as a failure, which can lead to guilt, embarrassment, or isolation and can negatively impact quality of life. Diabetes educators can play a critical role in shifting this shame and blame paradigm. Learn the extent of the problem and new strategies for helping patients move away from diabetes stigma (judgment, shame, discouragement, avoidance) and gain tools for empowerment, encouragement, and engagement.

UPN: 0069-0000-16-123-L01-P  LNC: 5190

**S20 Type WE: The Positive Power of Life Partners in Diabetes Self-Management**

Room 68

Nicole Johnson, DrPH, MPH, MA, Executive Director, Bringing Science Home, USF Health

Stephanie Melton, PhD, MPH, MA, USF College of Public Health, USF College of Public Health

Lorraine Stiehl, BA, Consultant, Bringing Science Home, USF Health

**LEARNING OBJECTIVES**

1. Summarize new clinical research on the important role of the partner
2. Apply knowledge of the new online Partners Diabetes Distress Scale that includes a new Clinician Use Guide
3. Demonstrate to others new online Partner Videos and how they can be a helpful resource to both patients and diabetes educators in practice

This presentation will emphasize the powerful need for diabetes education among partners of people living with diabetes. The session will involve training on innovative tools that can impact practice, exposure to videos that can open up conversations with patients, and illustration of how diabetes educators hold an important empowerment role in the diabetes partnerships. Clinical research information will also be shared. Finally, new online Partner Videos and the Partners Diabetes Distress Scale will be examined.

UPN: 0069-0000-16-124-L01-P  LNC: 5190
3:45 pm – 4:45 pm cont.
(1 CE Available per session)

Special Symposium
(1 CE Available)

3:45 pm – 4:45 pm
S22 Maximize Medication Adherence by Minimizing Barriers 0.25 credits
Room 20A
Supported by Merck & Co., Inc.
Katherine O’Neal, PharmD, MBA, BCACP, CDE, BC-ADM, AE-C, Assistant Professor, University of Oklahoma College of Pharmacy
William Polonosky, PhD, CDE, President, Behavioral Diabetes Institute

LEARNING OBJECTIVES
1. Describe the economic, clinical and humanistic impact of poor medication adherence
2. List multidimensional barriers affecting medication adherence
3. Compare profiles of therapeutic options (efficacy, adverse effects, route, and cost)

Although medication adherence for chronic conditions such as diabetes is critical, it’s only about 50 percent. Patients, healthcare providers, and the healthcare system all play a role in medication adherence. Diabetes educators are in a unique position to assess patient adherence, barriers, and the most effective methods to promote adherence. This educational program will review common barriers to medication adherence and strategies to overcome those barriers, which may help to optimize patient self-management and clinical outcomes.
UPN: 00690000-16126101-P LNC: 5190

S23 Beyond Depression – Serious Mental Illness & Diabetes: The Role of the Diabetes Educator
Room 20BC
Nicole Bereolos, PhD, MPH, CPH, CDE, Clinical Psychologist, Private Practice

LEARNING OBJECTIVES
1. State the relationship between diabetes and serious mental illness to include Major Depressive Disorder, Bipolar Disorder, Schizoaffective Disorder, and Schizophrenia.
2. Discuss the barriers that those with serious mental illness have in adequately managing diabetes
3. Identify resources for those with serious mental illness and diabetes to assist educators in providing adequate care

Diabetes educators often lack the knowledge and experience, and feel unprepared to work with those with serious mental illness (SMI) and diabetes. Diabetes educators are responsible for providing resources related to health coping for a diverse population, which can be more complicated for those with SMI. The session will enable a learner to become more knowledgeable about trying to address the AADE7 Self-Care Behaviors™ with those who have diabetes and SMI. It will also increase confidence and ability to effectively engage with people with comorbidity, SMI and diabetes.
UPN: 00690000-16127101-P LNC: 5190

S24 Is Glucagon Ready for Prime Time? 0.5 credits
Room 20D
Featured Collaborator-American Association of Clinical Endocrinologists
George Grunberger, MD, FACP, FACE, Chairman, Grunberger Diabetes Institute

LEARNING OBJECTIVES
1. Describe the role of glucagon in normal human physiology
2. Identify the defects of glucagon action in type 2 diabetes
3. State how to use glucagon for rescuing patients from hypoglycemic emergencies and how to use glucagon inhibitors in type 2 diabetes

During this session an update on the hormone glucagon will be provided which will include the physiology, action, and function in prediabetes, type 1 diabetes, and type 2 diabetes. For individuals with type 1 diabetes the challenges of lack of counter-regulation, new forms of glucagon, and products for treatment of severe hypoglycemia will be explored. For those individuals with prediabetes or type 2 diabetes glucose lowering medications which play a role with glucagon physiology will be addressed along with a review of what’s on the market and what’s in the pipeline.
UPN: 00690000-16128101-P LNC: 5190

Education Tracks
- Advance Skills for Program and Business Management for Entrepreneurial Organizations
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- Innovative Diabetes Care and Education Across Diverse Populations
- Pathophysiology, Epidemiology, and Clinical Management of Prediabetes, Diabetes & Related Chronic Conditions
- Psychosocial Issues and the Promotion of Lifestyle Behavior Change
- Pioneer Diabetes Technologies and Connected Health Modalities to Deliver Cost-Effective Care (track sponsored by AADE Research and Education Foundation)

Learn more at aade16.org
The Joint DSMES Position Statement One Year Later: Use of Implementation Science to Integrate Into Practice

Room 6A
Joan Bardsley, MBA, RN, CDE, FAAD, Research Scientist, International Diabetes Center at Park Nicollet
Maggie Powers, PhD, RD, CDE, Research Scientist, International Diabetes Center at Park Nicollet

LEARNING OBJECTIVES
1. Describe the 4 critical times that diabetes self management education (DSME) is needed
2. Explain the impact of DSME has on control of diabetes
3. Discuss the process for dissemination of the position paper by using the framework of implementation science

One year ago, the 2015 position statement on diabetes self-management education and support (DSME/S) was introduced to AADE members. Now a year later, this session will be reviewing how the position statement has been used to advance the delivery of DSME/S. The participant will have an opportunity to learn how translational science was used to develop and disseminate the position statement. Case studies will be used to describe its implementation in diverse health care settings.

UPN: 0069-0000-16-129-L01-P LNC: 5190

Diabetes Technologies and Devices: From Accuracy to Cybersecurity

Room 6B
David Klonoff, MD, FACP, FRCP, Clinical Professor of Medicine, University of California, San Francisco

LEARNING OBJECTIVES
1. Did this session specify the necessary level of analytical accuracy for a BG monitor to perform accordingly to the latest ISO and FDA guidelines for both personal and professional systems?
2. Did this session define the concept of precision medicine?
3. Did this session define the three most important properties of data that is contained in a secure diabetes software system?
4. The educational content met my learning needs

Glucose data can be analyzed to identify patterns that can be used to determine treatment recommendations for diabetes. The glucose data must be accurate to be useful. BGMs (blood glucose monitors) have been held to increasingly rigorous accuracy requirements by regulatory agencies. The necessary accuracy requirements for use of BGMs in the hospital affect how to perform capillary point-of-care blood glucose monitoring in acutely ill patients. Large databases from BGMs and other sensors are increasingly being combined to identify physiologic patterns that would not be evident from analyzing a single data stream. These patterns combined with genetic data can inform a new approach to treatment decisions targeted for an individual patient. This approach is called precision medicine. The data transmitted from connected sensors must be protected for confidentiality, integrity, and availability. Breaches of these properties of data represent cybersecurity risks of connected devices and must be prevented.

UPN: 0069-0000-16-130-L01-P LNC: 5190

Fetal Programming of Adult Diabetes and Obesity: Unintended Consequences

Room 6DE
Charles Ducsay, MS, PhD, Professor of Physiology and Obstetrics and Gynecology, Associate Director of the Center for Perinatal Biology, Loma Linda University School of Medicine

LEARNING OBJECTIVES
1. Define the concept of fetal programming and integrate how this can impact adult health
2. Describe the basic science models and clinical correlates of fetal programming of B-cell and adipose tissue function
3. Discuss potential therapies that can alter the prevalence of type 2 diabetes mellitus and obesity

Fetal development under an adverse intrauterine environment leads to an increased susceptibility to many adult disorders. This presentation will discuss potential factors contributing to fetal programming and how its impacts type 2 diabetes and adult obesity. Models of fetal programming and their clinical relevance as well as new potential therapeutic developments will also be discussed. This information will provide diabetes educators with a greater understanding of this important concept and its relevancy to their patients.

UPN: 0069-0000-16-131-L01-P LNC: 5190

Diabetes Self-Management Education via Telemedicine in the Air Force

Room 20BC
Ellen Cobb, BSN, RN, CDE, CPT, Diabetes Educator, Wilford Hall Ambulatory Surgical Center, Lackland AFB
Nina Watson, MSN, RN, CDE, Outreach Certified Diabetes Educator, USAF
Doris Acuna, BSN, RN, Disease Manager, United States Air Force

LEARNING OBJECTIVES
1. Define the concept of fetal programming and integrate how this can impact adult health
2. Describe the basic science models and clinical correlates of fetal programming of B-cell and adipose tissue function
3. Discuss potential therapies that can alter the prevalence of type 2 diabetes mellitus and obesity

This interactive session will explore the feasibility of using telemedicine to provide a recognized diabetes self-management education program to Department of Defense beneficiaries located at military treatment facilities throughout the Air Force Medical Service (AFMS). The session will share the development, challenges and successes of a pilot telemedicine program using existing technology, recruitment of support personnel, technology used, overview of the curriculum, patient and facilitator satisfaction, and potential for AFMS and Department of Defense defense expansion.

UPN: 0069-0000-16-134-L01-P LNC: 5190
5:00 pm – 6:00 pm
(1 CE Available per session)

Type 1 Diabetes Session

S30 Transitioning Care from Parent to Young Adult Applying a Family Systems Approach

Room 20D
Joe Solowiejczyk, RN, MSW, CDE, Diabetes Nurse Educator & Family Therapist, A Mile In My Shoes Consulting & Publishing

LEARNING OBJECTIVES
1. Describe the difference between an individual and family therapy based approach when working with young patients and their families.
2. Conduct family and youth functioning assessments to design and implement effective transitional care programs for patients and their families.
3. List several troubleshooting techniques to ensure effectiveness and continuity when working with young adults and their families in transitioning care from pediatric to adult clinics.

Transitioning diabetes management care from parents to young adults can be a very difficult process for parents, the young adult and for healthcare professionals as well. This session will present a systems-based/family therapy approach conceptual paradigm that will help the clinicians to develop programs that make sense and get results for all participants.

UPN: 0069000016135101P LNC: 5190

S31 Maintaining Your Certified Diabetes Educator (CDE) Credential: Remind Me Again – How Do I Renew? (No CE)

Room 6C
Tommy Johnson, PharmD, CDE, BC-ADM, FAADE, Board Chair, National Certification Board for Diabetes Educators
Sheryl Traficano, MBA, CAE, CEO, National Certification Board for Diabetes Educators

LEARNING OBJECTIVE
1. Identify the different paths for certification renewal and their requirements

Have you just become a CDE and need information on how renewal works, including the options available for renewing the credential? Or does your CDE credential expire this year and you want to renew by continuing education but don’t have a clue? In this information session, presented by NCBDE representatives, you’ll learn more about the renewal practice requirement and the different paths for renewal, including details regarding an online option to track your continuing education activities.

UPN: 0069000016133101P LNC: 5190

Research Sessions
(0.5 CE Available per session)

5:00 pm – 5:30 pm

S28A Using a Weight-Based Hypoglycemia Treatment Protocol for Insulin Pump Therapy

Room 20A
Lindsay McTavish, MSN, Clinical Nurse Specialist, Capital & Coast District Health Board

LEARNING OBJECTIVES
1. Calculate an amount of glucose to sufficiently raise capillary blood glucose to resolve a hypoglycemia
2. Estimate how high a capillary blood glucose will rise for each glucose treatment of glucose
3. Translate the clinical findings into their clinical practice

Using a weight-based hypoglycemia treatment protocol for insulin pump therapy in both children and adults is more efficacious than standard international guidelines [WHiP study].

UPN: 0069000016132101P LNC: 5190

5:30 pm – 6:00 pm

S28B Advanced Diabetes Training for the Community Pharmacist

Room 20A
Jasmine Gonzalvo, PharmD, BCPS, BC-ADM, CDE, Clinical Associate Professor/Clinical Pharmacy Specialist, Eskenazi Health

LEARNING OBJECTIVES
1. Identify the current role of the community pharmacist in the care of patients with diabetes
2. Characterize the prevalence of community pharmacists who hold advanced diabetes credentials (BC-ADM or CDE)
3. Explain the importance of credentialed diabetes educators in the community pharmacy setting

This session will present the results of a research study conducted in a population of community pharmacists throughout the state of Indiana. Advanced diabetes credentials [ADC] available in the United States include board certification in advanced diabetes management [BC-ADM] and certified diabetes educator [CDE]. A majority of these certifications are held by nurses and dieticians. Pharmacists are well-positioned in the community to provide education to patients; although few community pharmacists have obtained these credentials. Research is lacking that identifies the perceptions and barriers inhibiting this process.

UPN: 0069000016133101P LNC: 5190
Friday, August 12

Saturday, August 13

Sunday, August 14

**GENERAL SESSION**

**7:30 am – 8:30 am**
(1 CE Available)

**Lifetime Achievement Award**

GS03  Obesity Management in Diabetes Care and Education: Explore Our Current and Future Armamentarium

Hall E

Donna Ryan, MD, Professor Emerita, Pennington Biomedical Research Center
Dave deBronkart, “e-Patient Dave”

Dr. Ryan will explore the current evidence-based guidelines for overweight and obesity treatments. She’ll then discuss how diabetes educators can integrate today’s tools into the care continuum of people with prediabetes and type 2 diabetes.

UPN: 0069-0000-16-066-L01-P  LNC: 5190

**9:15 am – 10:45 am**
(1.5 CE Available per session)

**D01  Where the Jobs in Industry Are and the Skills You Need to Find Them**

Room 6A

COI Spotlight Session-Diabetes Educators in Industry

Susan La Rue, RD, CDE, Associate Director Diabetes, AstraZeneca
Linda Parks, MS, RN, CDE, Director, Global Clinical Application
Richard Peng, MS, MBA, RCEP, CDE, Clinical Exercise Physiologist, Healthcare Partners Medical Group
Laurel Fuqua, RN, MSN, CMC, Sr. VP Clinical Affairs, InSpark Technologies, Inc.

**LEARNING OBJECTIVES**

1. Discuss how the changing healthcare landscape is opening new roles for diabetes educators
2. Identify at least four nontraditional roles for diabetes educators
3. List critical skills needed for transitioning to new roles and how to acquire them

Research on why people have become masterful in a niche – professions, trades, sports, science and the arts, highlights the importance of having mentors. Highly successful people will tell you he or she did not get there without the advice and counsel of others. Mentor/protégé relationships were the earliest forms of learning and professional development. Today, having multiple mentors is important because no one person can coach others in all domains of our complex professional and personal lives. For diabetes educators to grow and thrive, identifying the right mentors and using them appropriately is a necessity because so much is changing in the world around us – especially in the world of diabetes care and education. This interactive session will focus on the meaning of mentorship, the four major types of mentors of most benefit to diabetes educators, how to find them, how to use them and how to become a good mentor to someone else.

UPN: 0069-0000-16-137-L01-P  LNC: 5190

**D02  The e-community: How eHealth Can Engage People and Providers**

Room 6B

Perry Gee, PhD, RN, Nurse Scientist, Dignity Health
Deborah Greenwood, PhD, RN, CNS, BC-ADM, CDE, FAADE, Diabetes Clinical Improvement Consultant, Research Scientist, Diabetes Program Director, Sutter Health
Dave deBronkart, “e-Patient Dave”

**LEARNING OBJECTIVES**

1. Describe the elements of the e-Health Enhanced Chronic Care Model
2. Discuss how diabetes educators can support engagement in the e-community
3. List examples of e-health tools and wearable devices that can support people with or at risk for diabetes

People with, affected by or at risk for diabetes are rapidly adopting e-Health technologies. This expanding e-community is influencing the field of diabetes education. Individuals are using the internet for healthcare information-seeking, participating in social media and the diabetes online community, and using mobile health and wearable technologies on a daily basis to engage with their diabetes team. Diabetes educators can support the developing need for e-Health education and improve outcomes by adopting e-Health technologies into practice. e-Patient Dave deBronkart, newly diagnosed with prediabetes, will share his challenges and successes using e-Health and wearable devices for self-management support.

UPN: 0069-0000-16-138-L01-P  LNC: 5190
D03 Change Champions: Engage with Members Evolving Our Profession

Room 6DE

Ardis Reed, MPH, RD, LD, CDE, Certified Diabetes Educator, TMF Health Quality Institute

Kathy Schwab, MPH, RD, Regional Manager, Diabetes Education, Innovation Fellow, Providence Health & Services

Mary Ellen Wolf, RN, CDE, Care Coordinator, Healthways

Patricia Pugh, MS, RN, CDE, Program Director, Chronic Disease Management, Baylor Scott & White Health

Moderator: Carolé Mensing, RN, MA, CDE, FAADE, Diabetes Consultant, Private Practice

**LEARNING OBJECTIVES**

1. Identify competency requirements for each diabetes educator practice level
2. Discuss flow of competencies through the practice levels and domains
3. Identify 3 applications of competencies in a variety of practice settings

The profession of diabetes education is shifting and the roles and responsibilities of diabetes educators at all practice levels are evolving. This reality is reflected in AADE’s 2016 – 2018 Strategic Plan. Many AADE members are working hard to carve out new niches, develop new skills and create new jobs in light of the prediabetes and diabetes epidemics and healthcare transformation. Join four AADE Change Champions who are in the trenches evolving our profession in a panel discussion moderated by Carolé Mensing, RN, MA, CDE, FAADE.

UPN: 0069-0000-16-139-L01-P

INC: 5190

D04 Treatment and Management of Obesity as a Chronic Disease

Room 20A

Ted Kyle, RPh, MBA, Founder and Principal, ConscentHealth

Craig Primack, MD, FACP, FAAP, Medical Director, Scottsdale Weight Loss Center; Vice-President Obesity Medicine Association, Scottsdale Weight Loss Center

**LEARNING OBJECTIVES**

1. Describe how obesity has come to be regarded as a disease
2. Discuss the implications of weight bias and stigma in policy and clinical care
3. Discuss policy efforts to improve payment for evidence-based obesity care

The emerging science and clinical practice of obesity medicine is leading a profound shift in how obesity is regarded by healthcare professionals and health policy makers. The American Medical Association determined in 2013 that obesity is a complex, chronic disease that evidence-based care. This session will review the implications of evolving health policies regarding obesity and review best practices in clinical care for people living with the chronic diseases of obesity and type 2 diabetes.

UPN: 0069-0000-16-140-L01-P

INC: 5190

D05 Sharing Evidence-Based Hope with Your Clients

Room 20BC

Richard Jackson, MD, Executive Director, Grass Roots Diabetes

William Polonosky, PhD, CDE, President, Behavioral Diabetes Institute

**LEARNING OBJECTIVES**

1. Describe difference between risks for progression of retinopathy, proliferative retinopathy and vision impairment
2. Quantitatively describe the impact of A1C on diabetes-related complications
3. Identify the utility of microalbumin in predicting cardiovascular risk and future mortality

This presentation will review the surprisingly favorable data from recent long-term trials, and discuss how HCPs can identify people who are unreasonably fearful about future complications. By providing patients with accurate and personalized risk information, HCPs can relieve anxiety, enhance quality of life and inspire patients’ sense of engagement in their own diabetes care. This presentation will also discuss, again based on clinical trial outcomes, how to identify the areas of diabetes management that will provide the biggest long-term benefit to patients.

UPN: 0069-0000-16-141-L01-P

INC: 5190
**Prediabetes Session**

**D06** Strengthening Diabetes Prevention and Self-Management Education Programs

Room 20D

**COI Spotlight Session—Public Health & Diabetes Prevention**

Marci Butcher, RD, CDE, Quality Diabetes Education Initiative Coordinator, Montana Diabetes Program

Ann Constance, MA, RD, CDE, FAADE, Project Director, Upper Peninsula Diabetes Outreach Network

Janice Haile, BSN, RN, CDE, State Staff, KY Department for Public Health’s Diabetes Prevention and Control Program

Theresa Renn, RN, BSN, CDE, Manager, Kentucky Diabetes Control Program

Joanne Rinker, MS, RD, LDN, CDE, FAADE, Director of Training and Technical Assistance, Center for Healthy North Carolina

Moderator: Sandra Parker, RD, CDE, McLaren Northern Michigan Hospital

**LEARNING OBJECTIVES**

1. Describe how DSME programs may be able to integrate prevention programs or work with community-based programs.
2. List at least 2 initiatives that have been implemented to help increase access to and insurance coverage for DSME.
3. Name at least 3 different ideas for engaging and educating members of disparate populations who live with diabetes.

Dialogue with a panel of public health AADE members about opportunities to work together to enhance care and support for people with diabetes or prediabetes. Discover ways that you can work with prevention and diabetes community-based programs.

Enhance diabetes prevention efforts through DSME programs. Learn more about policies that may help increase the number of people who have access to and insurance coverage for DSME. Discover creative ways to engage and help educate disparate populations.

UPN: 0069-0000-16-1421-P  LNC: 5190

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**D07** Strategies to Achieve Joint Commission Certificate of Distinction for Inpatient Diabetes Care

Room 6A

**COI Spotlight Session—Inpatient Management**

Tammi Boiko, MSN, RN, CDE, Manager, Diabetes Services, Saddleback Memorial Medical Center

Caroline Isbey, RN, MSN, CDE, Associate Director, The Joint Commission

**LEARNING OBJECTIVES**

1. Describe the benefits of achieving “The Joint Commission Certification, Disease-Specific Care Certification for Inpatient Diabetes Care”
2. Define the roles of a multidiscipline team when developing a glyemic committee
3. Discuss how to overcome obstacles and build on opportunities when preparing for certification

As diabetes continues to rise rapidly across the nation, hospitals are experiencing increasing challenges to achieve acceptable glucose levels in patients with a diagnosis of diabetes, prompting glucose management as a major focus in overall care and treatment. The Joint Commission Certification for Disease Specific Care—Inpatient Diabetes provides a blueprint of developing a Glucose Multidisciplinary Team. This team leads the way in identifying gaps in diabetes care and develops Clinical Practice Guidelines to improve quality in treatment and enhance outcomes for those with diabetes. Learn where to start and how to succeed in developing your Glucose Multidisciplinary Team.

UPN: 0069-0000-16-1431-P  LNC: 5190

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**D08** Sugar Coating Oral Health: Things To Consider

Room 6B

Jerry Brown, DMD, CDE, Certified Diabetes Educator, University of South Florida

**LEARNING OBJECTIVES**

1. Describe the impact of diabetes on oral health and list the oral disease entities involved
2. Describe how oral pathology can affect glycemic control and discuss whether dental treatment mitigates hyperglycemia
3. Recognize the criteria for a dental referral upon conducting an assessment and describe the means by which dentistry and medicine can collaborate on patient-centered care

This presentation will provide a comprehensive overview that discusses the impact of diabetes mellitus on oral health as well as the impact of oral health on diabetes mellitus. This session will also demonstrate what dental referral criteria to be on the lookout for during patient assessment. In addition, the session will examine the collaboration between dentistry and medicine and the effects of oral pathology on glycemic control to help understand how dental treatment affects hyperglycemia.

UPN: 0069-0000-16-1441-P  LNC: 5190
Prediabetes Session

D11 What Will it Take to Prevent or Delay Type 1 and Type 2 Diabetes?

Room 20BC

Robert Ratner, MD, FACP, FACE, Chief Scientific & Medical Officer, American Diabetes Association

LEARNING OBJECTIVES
1. Describe the limitations in clinical studies of type 1 diabetes prevention.
2. Describe regulatory approaches to measure responsiveness before hyperglycemia ensues.
3. Discuss classification and regulatory approaches to prevent both type 1 and 2 diabetes.

The identification of impaired glucose tolerance as a high-risk state for the development of type 2 diabetes led to the experimental evidence that delay or prevention of the disorder is feasible. Implementation of effective modalities has been difficult and spotty. Comparable studies of type 1 diabetes prevention have been hampered by both problems in recognition of stages of development and appropriate interim outcomes to assess impact. New classifications for type 1 diabetes are leading towards a regulatory approach to measure responsiveness before hyperglycemia ensues. This presentation will discuss classification and regulatory approaches to prevent both type 1 and 2 diabetes.

UPN: 0069-0000-16-147L01-P LNC: 5190

D12 Glycemic Challenges in Patients with Cancer and Diabetes

Room 20D

Veronica Brady, PhD, FNP-BC, BC-ADM, CDE, Nurse Practitioner, University of Nevada School of Medicine

Denise Hershey, PhD, FNP-BC, Assistant Professor, College of Nursing at Michigan State University

Jill Olausson, RN, MSN, Assistant Professor, Oncology Hospital

Susan Storey, PhD, RN, CNS, Assistant Scientist, Indiana University

LEARNING OBJECTIVES
1. Describe associations between glycemic management and control and health outcomes in the oncology population
2. Describe challenges and barriers impacting glycemic management and control in the oncology patient with and without diabetes in the inpatient and outpatient settings
3. Discuss the implications of poor glycemic management and control on selected cancer outcomes and interventions to improve glycemic management

This session will present and discuss issues related to glycemic management in patients with cancer with and without diabetes. The presenters will discuss current science regarding glycemic management in oncology patients with tips to help prepare diabetes educators for inpatient and outpatient settings. Several experts will present findings from research and practice. The session will use case studies and a panel question and answer time to discuss specific concerns participants have encountered in this population.

UPN: 0069-0000-16-148L01-P LNC: 5190

D09 Diabetes Educators as the Leaders in Digital Health

Room 6DE

Janice MacLeod, RDN, LDN, CDE, Director Patient Education, WellDoc

John Motsko, RPh, CDE, Program Coordinator, Apple Drugs Diabetes

Shelley Taylor BSN, CDE, Outpatient Dietitian, Meritus Medical Group

Diana O’Keefe, RD, CDE, Clinical Coordinator, Morristown Diabetes & Endocrine Center

LEARNING OBJECTIVES
1. Discuss the need for educators to demonstrate their role in integrating the emerging e-patient into evolving health care environments
2. Describe how technology can be leveraged to provide diabetes management services in primary care population health initiatives, pharmacy medication management programs, and Diabetes Self-Management Education/Support (DSME/S) programs
3. Demonstrate the leadership role the diabetes educator plays in value-based care redesign, providing diabetes expertise, and mentoring and supporting other health care team members

Health care is being rapidly transformed and requires a business savvy and adaptable educator to be in demand in different practice environments. Technology can help to weave patient data into education and coaching sessions and provide ongoing self-management support, virtual coaching touch points, and provider visits. This presentation will guide diabetes educators to lead healthcare teams in a primary care setting, in the pharmacy, and in an endocrinology clinic DSME/S program while leveraging digital health technology.

UPN: 0069-0000-16-145L01-P LNC: 5190

D10 It’s Time to “FITT” Exercise into DSME Through Effective Exercise Counseling

Room 20A

Robert Powell, PhD, CDE, CEP, Assistant Professor and Director, Marshall University

LEARNING OBJECTIVES
1. Design an evidence-based exercise program to improve patient outcomes
2. Assess how to measure exercise progress and interpret this progress to the patient
3. Learn how to counsel on physical activity using a patient-centered approach

This interactive session will describe the FITT (Frequency, Intensity, Time and Type) principle of exercise programming that highlights key aspects of an effective exercise program. The speaker will discuss the relevance for diabetes prevention and management with examples of how to counsel on these principles using a patient-centered approach and how to measure and evaluate patient progress. To engage the audience, this session will utilize topic delivery, case studies, exercise demonstrations, and questions and answers.

UPN: 0069-0000-16-146L01-P LNC: 5190
LEARNING OBJECTIVES
1. Define and describe the spectrum of fatty liver disease including Nonalcoholic fatty liver disease (NAFLD) and Nonalcoholic steatohepatitis (NASH)
2. Describe epidemiology and prevalence of fatty liver disease
3. Review risk factors and etiologies of fatty liver
4. Review data regarding possible treatments of fatty liver

Obesity and insulin resistance remain the primary causes of nonalcoholic fatty liver disease (NAFLD) and the more severe form of nonalcoholic steatohepatitis (NASH). NAFLD and NASH are the leading causes of unexplained cirrhosis in the US, and the incidence has increased tremendously in the US. This presentation will review NAFLD and NASH including epidemiology, pathophysiology, prognosis, and treatment. We will also review the clinical presentation and differential diagnosis of conditions that involve abnormal liver tests.

UPN: 0069-0000-16-149-L01-P  LNC: 5190

D14  Hot Topics in Nutritive and Nonnutritive Sweeteners
Room 6B
Alan Barclay, PhD, RD, Accredited Practicing Dietitian & Self-Employed
Claudia Shwide-Slavin, MS, RD, CDE, Clinical Diabetes Specialist, Tandem Diabetes

LEARNING OBJECTIVES
1. Evaluate the evidence on the safety of nutritive sweeteners added to foods and beverages
2. Discuss the safety of nonnutritive sweeteners added to foods and beverages
3. Describe three healthy dietary patterns

Excess dietary intake of foods and beverages with added sugars and the safety of nonnutritive sweeteners are a global public health concern. The 2015 Dietary Guidelines for Americans examined the evidence on safety as well as their associated risks of obesity, cardiovascular disease and Type 2 diabetes. A range of nutritive and nonnutritive sweeteners currently available will be discussed along with evidence on health risks, benefits and safety. We will also review current dietary recommendations on including nutritive and nonnutritive sweeteners, what are the changes being made in everyday food choices and how to include nutritive and nonnutritive sweeteners as part of healthy dietary patterns.

UPN: 0069-0000-16-150-L01-P  LNC: 5190

D15  The Business of Diabetes America: Delivering Profitable Diabetes Care
Room 6DE
Rosemarie Lajara, MD, Endocrinologist, President and Medical Director, Diabetes America, PA

LEARNING OBJECTIVES
1. Translate how to restate a diabetes program design into a sound business model
2. Learn to impact revenue, expenses and profitability using diabetes technology and clinical outcomes
3. Demonstrate ways the CDE can positively impact contract negotiations with payers

Many diabetes education centers are closing their doors because of lack of profitability. After filing Chapter 11 in 2010, Diabetes America has reorganized, rebuilt, and created multiple paths to positive clinical outcomes and financial profitability. In this session, the Clinical Director of Innovation and Compliance, Senior Director of Operations, and Chief Medical Officer of Diabetes America discuss opportunities for other organizations to utilize strong business acumen and technology to promote positive clinical outcomes and growth.

UPN: 0069-0000-16-151-L01-P  LNC: 5190

D16  Obesity, Insulin Resistance and Gut Microbiota
Room 20A
Kristina Martinez, PhD, RD, Postdoctoral Scholar, University of Chicago

LEARNING OBJECTIVES
1. Describe gut microbiota structure due to dietary fat and the state of obesity
2. Describe the link between gut microbes and the development of obesity and diabetes
3. List therapies targeting the gut microbiota for improved insulin sensitivity

The gut microbiota plays a major role in the development of obesity and diabetes. Consumption of Western diets high in fat and simple sugar causes microbial dysbiosis, or a disruption of healthy microorganisms in the gut, and has been associated with obesity and insulin resistance. Modulation of our bacterial populations through the use of prebiotics, probiotics and fecal microbiota transplant is being investigated for their therapeutic power in fighting these common diseases. Thus, I will discuss the dietary influence on gut microbiota, host-microbe interactions underlying disease development as well as current and novel approaches to modulate gut microbiota for improved metabolic outcomes.

UPN: 0069-0000-16-152-L01-P  LNC: 5190
**D17** Can a Mobile Technology Increase the Value and Effectiveness of Diabetes Education?

**Room 20BC**

Sonya Kaufman Smith, RD, LD, CDE, Lead Diabetes Educator, Providence Health & Services

Kathy Schwab, MPH, RD, Regional Manager, Diabetes Education, Innovation Fellow, Providence Health & Services

**LEARNING OBJECTIVES**

1. Summarize healthcare trends and barriers driving the need for change in how we deliver diabetes education
2. Describe key features and findings from a mobile diabetes self-management pilot program conducted in Portland, OR
3. Define the difference between return on investment and value on investment, and list key elements of a value proposition for diabetes education

This presentation will explore how diabetes educators can be at the forefront of the healthcare paradigm shift through addressing needs for more efficient diabetes education delivery models. Participants will understand reasons behind low patient engagement rates and how to increase participation. Speakers will describe a mobile diabetes self-management pilot program as compared to face-to-face education, using a robust app including video content and CDE-provided expertise. Presenters will discuss the value proposition and metrics.

**UPN:** 0069-0000-16-153-L01-P  
**LNC:** 5190

**Special Symposium**

**D18** Healthy Eating for All: Use of Food Insecurity Screening Tools to Improve Diabetes Outcomes

**Room 20D**

Kim Prendergast, RD, MPP, Community Health & Diabetes Consultant, Feeding America

Anne Gargano Ahmed, Hunger Care Coalition Coordinator, Feeding America

**LEARNING OBJECTIVES**

1. Define food insecurity and describe the role food insecurity plays in chronic disease development and management
2. Describe Feeding America’s diabetes initiatives and the background and research on food insecurity screening
3. Describe and implement food insecurity screeners, clinical tools, and resources to mitigate food insecurity in low-income patient populations

Diabetes educators and other clinicians working with low-income populations need to have knowledge, tools and resources to support their diabetes patients in accessing healthy foods as a critical element of optimal diabetes self-management. This session will review the evidence on the intersection of chronic disease, diabetes and food insecurity as well as food insecurity screening tools and algorithms that can be used in the clinical setting. Attendees will have an opportunity to practice using these tools.

**UPN:** 0069-0000-16-154-L01-P  
**LNC:** 5190

**Education Tracks**

- **Advance Skills for Program and Business Management for Entrepreneurial Organizations**
- **Pathophysiology, Epidemiology, and Clinical Management of Prediabetes, Diabetes & Related Chronic Conditions**
- **Build Skills to Provide Diabetes Education and Support within Evolving Healthcare Systems**
- **Psychosocial Issues and the Promotion of Lifestyle Behavior Change**
- **Innovative Diabetes Care and Education Across Diverse Populations**
- **Pioneer Diabetes Technologies and Connected Health Modalities to Deliver Cost-Effective Care**

[Learn more at aade16.org]
**Special Symposium**  
(1.5 CE Available)

**3:15PM – 4:45PM**

**Supported by Dexcom, Medtronic and Tandem**

**SS02 Optimizing Insulin Therapy Through Applied CGM**

Room 6C  
Patricia Gaye Knutsen, MSN, ACNS-BC, Program Coordinator, Division of Endocrinology, Metabolism and Lipid Research, Washington University School of Medicine  
Davida F. Kruger, MSN, APN-BC, BC-ADM, CNP, Henry Ford Health System, Division of Endocrinology, Diabetes, Bone and Mineral Disease  
Moderator: Gary Scheiner, MS, CDE, Owner and Clinical Director, Integrated Diabetes Services  

**LEARNING OBJECTIVES**

1. Coach patients on optimal use of CGM on a day-to-day, real-time basis  
2. Generate and interpret data reports in an efficient and outcomes-driven manner  
3. Harness the synergy of combined pump/CGM systems  

Use of and interest in diabetes technology is growing at a rapid pace. As diabetes educators, we must stay a step ahead of the “data revolution.” Experts in the application of CGM and intensive insulin therapy will offer insight on coaching patients on optimal use of the latest technology. Learn how to efficiently and effectively analyze data reports in order to improve patient outcomes. A variety of case studies will be employed as a framework to illustrate how the latest data management systems can be utilized, including combined pump/CGM systems.

**UPN: 0069-0000-16-157101-P**  
**LNC: 5190**

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**Research Session**  
(0.5 CE Available)

**3:45 pm – 4:15 pm**

**D21A Characteristics and Self-Management Behaviors of Individuals with Prediabetes**

Room 6DE  
Cynthia Rothenberger, DNP, RN, ACNS, BC, Assistant Professor, Nursing, Alvernia University  
Ling-Wang An, MD, Doctor, Beijing Ruijing Diabetes Hospital  
Yau Jiunn Lee, Director, Lee’s Endocrinologic Clinic  
Ruey-Hsia Wang, RN, Professor, College of Nursing, Kaohsiung Medical University  

**LEARNING OBJECTIVES**

1. Summarize what is currently known about the epidemiology, implications of, and self-management strategies for prediabetes.  
2. Describe the demographic characteristics, comorbidities and self-management behaviors of a sample of individuals with self-reported prediabetes from the 2013 Behavioral Risk Factor Surveillance System.  
3. Discuss the implications of research findings about characteristics of individuals with prediabetes on practice, education and advocacy.

This presentation will provide information about the background, research questions, methodology, results, and implications of a secondary analysis of Behavioral Risk Factor Surveillance System data from individuals with prediabetes in three Middle Atlantic states in 2013. The demographic characteristics, comorbidities and self-management behaviors of participants who self-reported a diagnosis of prediabetes will be explored. Results will be explained and implications for practice, advocacy and education presented.

**UPN: 0069-0000-16-158101-P**  
**LNC: 5190**
**D19 How to Monetize Your Services and Market Your Skills**

**Room 6A**

Teresa Pangan, PhD, RDN, Positive Brand Catalyst, Teresa Pangan Consulting

**LEARNING OBJECTIVES**
1. Explain 3 foundational components of an attraction-based brand and how it attracts opportunities, business and supporters, even in evolving environments
2. Discuss 3 ways as a diabetes professional that you can be strategic with developing connections
3. Determine 3 specific helping actions online that resonate with you that will get you noticed in ways that strengthen your career or business

Positioning yourself in today’s evolving environments is about attraction quotient. Diabetes educators want to be continuously attracting opportunities, new business and supporters. Whether a healthcare professional works for a company or by themselves, their memorable brands must connect with the right people. There are seven steps for playing BIG in a short amount of time. Educators are invited to this presentation to leverage skills smartly to help many more people who are impacted by diabetes.

UPN: 0069-0000-16-155-L01-P  LNC: 5190

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**D20 The Art & Science of Safe and Effective Insulin Injections: What We Learned at the FITTER Congress in Rome**

**Room 6B**

Donna Jornsay, MSN, CPNP, CDE, CDTC, Diabetes Staff Educator, Long Island Jewish Medical Center

Donna Tomky, MSN, C-NP, ANP-BC, CDE, CDTC, Diabetes Nurse Practitioner and Certified Diabetes Educator, ABQ Health Partners, Department of Endocrinology and Diabetes

Jane Seley, DNP, MPH, MSN, GNP, BC-ADM, CDE, CDTC, FAAN, FAAD, Diabetes Nurse Practitioner, New York Presbyterian Hospital/Weill Cornell Medicine

**LEARNING OBJECTIVES**
1. List several key strategies for improving insulin injection comfort, safety and efficacy
2. Discuss various methods of assessing patients for lipohypertrophy (LH) and teaching insulin injection site rotation schedules to reduce risk
3. Describe steps known to reduce infusion set site problems and to improve comfort

This session will explore three main aspects of insulin delivery: (1) proper technique for subcutaneous injections; (2) identification, treatment and prevention of lipohypertrophy; and (3) recommendations for optimal use of insulin pump catheters and infusion sets. Recommendations for best practices (based on publication reviews) were reviewed at the 2015 Forum for Injection Technique and Therapy: Expert Recommendations (FITTER) workshop. These will be presented to improve patients’ comfort when delivering insulin by injection or infusion set

UPN: 0069-0000-16-156-L01-P  LNC: 5190

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**D22 Helping Clients Achieve Acceptance with Cognitive Behavior Therapy and a Spiritual Approach**

**Room 20A**

Beverly Adler, PhD, CDE, Clinical Psychologist/Certified Diabetes Educator, Private Practice

**LEARNING OBJECTIVES**
1. List 5 stages of emotional adjustment to diabetes
2. Describe the 3 components (A-B-C’s) of Cognitive Behavior Therapy
3. Describe the “four-pronged” approach to diabetes care

The goal of a CDE is to help patients achieve diabetes acceptance and the various stages of emotional adjustment: denial, anger, bargaining, and depression/diabetes distress. Not all people go through these stages, nor do they necessarily occur in the same order. Cognitive Behavior Therapy (CBT) strategies can be utilized to help people cope with their emotional responses by identifying the antecedent (diagnosis), their beliefs (irrational vs. rational) and the consequent emotions (negative vs. positive). In addition to the demonstrated success of CBT to improve motivation and mood, research has demonstrated the value of using a spiritual approach to help people cope with a number of diverse conditions including diabetes. Spirituality can be as simple as employing the “Serenity Prayer” to achieve a peaceful attitude. Belief in God is not a requirement to adopt the message of empowerment. A new “four-pronged” approach to diabetes care includes spirituality along with medication, diet and exercise. People can be inspired to see diabetes as a “blessing in disguise.”

UPN: 0069-0000-16-159-L01-P  LNC: 5190
**Prediabetes Session**

**D23** Diabetes Technology: The Hype, the Hope, and the Harvest

*Room 20BC*

Jenny Schneider, MD, MS, Chief Medical Officer, Livongo Health

**LEARNING OBJECTIVES**

1. Describe the conceptual ideas of what is developing in the market for diabetes mobile and connected health
2. Define the business drivers of those who are interested in paying for burgeoning technologies
3. Walk away with highlights of what is working and what is not from an outcomes standpoint

This session will provide an overview of what is currently available in the world of remote monitoring and connected healthcare technology to include both conceptual and specific offerings. It will also include which players are interested and why the interest is so high. Finally, the presenter will share some of the early outcomes and lessons that we are learning from these healthcare technologies.

UPN: 0069-0000-16-160101-P  LNC: 5190

**D24** Drug Induced Dysglycemia – How Sweet It Is!

*Room 20D*

Charles Ponte, BS, PharmD, BC-ADM, BCPS, CDE, CPE, Professor of Clinical Pharmacy and Family Medicine, West Virginia University

**LEARNING OBJECTIVES**

1. Describe the physiology of normal glucose homeostasis
2. Explain the epidemiology and pathophysiology of drug-induced dysglycemia
3. Discuss strategies to prevent and manage drug-induced dysglycemia

Medications have an inherent propensity to adversely affect glucose homeostasis and can also result in hyperglycemia and even hypoglycemia. The end result can be worsening glycemic control, the development of overt diabetes, and symptomatic hypoglycemia. This session will provide the participant with a review of the physiology of normal glucose homeostasis and the epidemiology of drug-induced dysglycemia. An interactive case-based approach will examine examples of drug-induced dysglycemia and strategies to prevent and manage drug-induced dysglycemia.

UPN: 0069-0000-16-16101-P  LNC: 5190

**4:30 pm – 5:30 pm**

(1 CE Available per session)

**D25** Upsides and Downsides of SGLT2s

*Room 6A*

Anne Peters, MD, Professor, Keck School of Medicine of USC

**LEARNING OBJECTIVES**

1. Review the mechanisms of action of SGLT2 inhibitors
2. Explore the risks and benefits of SGLT2 inhibitors in people with type 2 diabetes.
3. Discuss whether or not there is a role for SGLT2 inhibitors in individuals with type 1 diabetes.

SGLT2 inhibitors are the newest class of medication for the treatment of diabetes on the market. Since their release they have been successfully used in individuals with type 2 (on-label) and type 1 diabetes (off-label). As with any new agent we learn as we use them. We have had amazingly good news on cardiovascular benefits from the Empa-Reg trial, which showed improvements in CVD outcomes and renal function. And we have learned about potential adverse events such as diabetic ketoacidosis, which can occur in individuals with both types of diabetes, although quite rarely in type 2 diabetes. This talk will discuss the benefits, risks and the role of these agents in our modern diabetes treatment paradigm.

UPN: 0069-0000-16-162101-P  LNC: 5190

**D26** Inpatient Strategies to Drive Hospital Systems Towards The Triple Aim Goals in Diabetes Care

*Room 6B*

Joyce Najarian, MSN, RN, CDE, Program Manager, Inpatient Diabetes, Lehigh Valley Health Network

**LEARNING OBJECTIVES**

1. Describe how evolving health care initiatives are positive drivers of change, especially for persons with diabetes
2. Identify how hospital CDEs can support their role by showing administration how their knowledge and leadership skills are instrumental in cost aversion and reduction
3. Identify how hospital CDEs can support their role by showing administration how their knowledge and leadership skills are instrumental in cost aversion and reduction

This presentation will discuss how inpatient CDEs can proactively lead organizational behavior change to help health systems work toward achieving the “Triple Aim” for diabetes — better health care and cost. Hospital CDEs can be the ideal link to offer education, support and solutions to help providers and administrators reduce costs and improve care. The presenter will describe interventions that her growing inpatient CDE team has done to raise the bar at their hospital and healthcare system.

UPN: 0069-0000-16-163101-P  LNC: 5190

**Prediabetes Session**

**D27** The National Diabetes Prevention Program and AADE’s Diabetes Prevention Program

*Room 6DE*

Joanna Craver, BS, MNM, Associate Director of Prevention, Science and Practice, American Association of Diabetes Educators

Linda Schoon RD, CDE, Coordinator, Diabetes Prevention Program, Poudre Valley Hospital, University of Colorado North

**LEARNING OBJECTIVES**

1. Explain the evidence base for the Centers for Disease Control and Prevention (CDC) National Diabetes Prevention Program (National DPP) and list the Lifestyle Change Program participant eligibility, goals and curriculum delivery
2. Explain AADE’s role in the National DPP and opportunities for DSME program and describe AADE’s DPP delivery model and its benefits and suggest roles that the diabetes educator can take in DPP
3. Discuss the current landscape for reimbursement of the National DPP

AADE has partnered with the Centers for Disease Control (CDC) to implement the National DPP using our network of members and certified DSME programs across the nation. This presentation will discuss the latest activities of the National DPP and describe AADE’s plans for supporting those interested in participating. A diabetes prevention program will discuss using AADE’s model of DPP and what to consider in the current landscape in order to obtain DPP reimbursement.

UPN: 0069-0000-16-164101-P  LNC: 5190
D28  Blue Pill, Pink Pill? How to Manage Sexual Dysfunction in Women with Diabetes

Room 20A
Charmaine Rochester, PharmD, CDE, BCPS, BCACP, Associate Professor, University of Maryland School of Pharmacy

LEARNING OBJECTIVES
1. Describe the incidence, etiology and pathophysiology of female sexual disorders in the diabetes patient
2. Utilize interviewing techniques and ask specific questions to appropriately assess females with diabetes and sexual disorders
3. Describe the clinical data on the “pink pill” (Flibanserin – Addyi) and “blue pill” (Sildenafil Viagra) in female diabetes patients with sexual dysfunction

The purpose of this session is to understand the pathophysiology, etiology and incidence of female sexual disorder in persons with diabetes and to both proactively interview the patient and recommend appropriate therapy. The presenters will use case studies, think/pair/share, and audience response by using Polleverywhere.com to allow maximum participation. Diabetes educators will better understand the pharmacologic and non-pharmacologic management of female sexual disorders and will also be able to confidently interview patients with sexual dysfunction.

UPN: 0069-0000-16-165-L01-P  INC: 5190

D29  Mastering the “Why?”, “Whether To?” and “How?” of Successful Behavior Change in Diabetes Care

Room 208C
Paul Ciechanowski, MD, MNM, Psychiatrist/CMO, Samepage Health/University of Washington

LEARNING OBJECTIVES
1. Review the benefits of using problem solving treatment in diabetes settings
2. State the benefits of using decisional balance in diabetes settings
3. Describe behavioral strategies for addressing depression in diabetes settings

In this interactive workshop, we will explore the research evidence for the use of decisional balance, shared decision-making, problem solving and goal setting for optimizing behavior change and achieving positive clinical outcomes in individuals with diabetes and multiple medical and behavioral comorbidities, including depression. We will use role-playing exercises to show how educators can easily integrate these tools into their unique clinical settings. Lastly, we will discuss the importance of documentation and tracking outcomes to address clinical inertia in busy healthcare settings.

UPN: 0069-0000-16-166-L01-P  INC: 5190

D30  Explore and Embrace the AADE Practice Competencies

Room 20D
Ardis Reed, MPH, RD, LD, CDE, Certified Diabetes Educator, TMF Health Quality Institute
Jane Dickinson, RN, PhD, CDE, Program Coordinator, Teachers College, Columbia University
Barbara Kocurek, BS, PharmD, BCPS, CDE, FAADE, Program Manager, Baylor Scott and White Diabetes Program, Dallas, Texas

LEARNING OBJECTIVES
1. Identify competency requirements for each diabetes educator practice level
2. Discuss flow of competencies through the practice levels and domains
3. Identify 3 applications of competencies in a variety of practice settings

This panel discussion will present (1) a general overview of competencies for diabetes educators, (2) describe the 2015 updated competencies, and (3) discuss how to implement the competencies in a diabetes educator’s practice, regardless of the level. The speakers draw on their vast experience as the writing group members tasked with updating and revising the competencies. Presenters will provide examples that illustrate how to implement the competencies in various practice settings and will provide practical applications.

UPN: 0069-0000-16-167-L01-P  INC: 5190

Education Tracks

- Advance Skills for Program and Business Management for Entrepreneurial Organizations
- Pathophysiology, Epidemiology, and Clinical Management of Prediabetes, Diabetes & Related Chronic Conditions
- Build Skills to Provide Diabetes Education and Support within Evolving Healthcare Systems
- Psychosocial Issues and the Promotion of Lifestyle Behavior Change
- Innovative Diabetes Care and Education Across Diverse Populations
- Pioneer Diabetes Technologies and Connected Health Modalities to Deliver Cost-Effective Care

Learn more at aade16.org
GENERAL SESSION

7:30 am – 9:30 am
(1 CE Available per session)

Rising Star Award
Innovative Use of Media and Technology Award

GS04  Current Challenges, New Ideas

Exhibit Hall E

Steven Edelman, MD, Founder and Director, Taking Control of Your Diabetes
James Gavin III, MD, PhD, Chief Medical Officer and CEO, Healing our Village, Inc
Virginia Valentine, APRN-CNS, BC-ADM, CDE, FAADE, Clinical Nurse Specialist, Sage Specialty Care
Martha Funnell, MS, RN, CDE, FAADE, Research Scientist, Department of Learning Health Sciences, University of Michigan Medical School

Join our experts as they bring a global perspective to the discussion of the critical issues and novel treatment that are a part of diabetes care.

UPN: 0069-0000-16-068-L01-P  LNC: 5190

9:15 am – 10:15 am
(1 CE Available per session)

M01  How to Hook People on Exercise and Keep Them Engaged

Room 6A

Len Kravitz, PhD, CSCS, Coordinator of Exercise Science, University of New Mexico

LEARNING OBJECTIVES
1. Discuss reducing sedentary behavior guidelines along the continuum from normoglycemia to prediabetes and type 2 diabetes
2. Explain resistance training and cardiovascular exercise guidelines along the continuum from normoglycemia to prediabetes and type 2 diabetes
3. Discuss ten evidence-based guidelines to help people successfully engage with and adhere to an exercise program over time

Join an educational journey that focuses on benefits of regular exercise for healthy persons and those with type 2 diabetes, including a discussion of strategies to help clients successfully start and adhere to an exercise program. This presentation will cover the current exercise recommendations for people with diabetes for aerobics, resistance training and reducing sedentary behavior. Throughout this lecture are many inspiring quotes from famous persons on the value and importance of physical activity.

UPN: 0069-0000-16-068-L01-P  LNC: 5190

M02  Insulin Pump Therapy Management: The Collaborative Art and Science of Supporting an Adult "Pumper"

Room 68

Ellie Feddersen, RN, BSN, CDE, Diabetes Nurse Specialist, NorthShore University Health Systems

LEARNING OBJECTIVES
1. Describe the criteria for selecting persons with diabetes who could benefit from and be safe and successful on insulin pump therapy
2. Discuss the implementation of individualized pump therapy
3. Describe methods of data collection and analysis of insulin pump and continuous glucose monitoring data and discuss methods for using the data to maximize benefits of insulin pump therapy

This interactive session will provide guidance for diabetes educators who work with persons with diabetes who use insulin pumps with or without continuous glucose monitoring. The speaker will provide recommendations for selecting a pump candidate and discuss methods of individualizing the process of pump therapy initiation and ongoing support. Case studies and methods of collecting and analyzing data will be presented and discussed.

UPN: 0069-0000-16-169-L01-P  LNC: 5190

61
**MO3** "Moonlighting" In the Diabetes Arena: Creative Ways to Supplement Your Income

**Room 20A**
Gary Scheiner, MS, CDE, Owner and Clinical Director, Integrated Diabetes Services
Susan Weiner, MS, RDN, CDE, CDN, Registered Dietitian, Certified Diabetes Educator, Susan Weiner Nutrition, PLLC

**LEARNING OBJECTIVES**
1. Take advantage of business opportunities without compromising the current employment relationship
2. Identify three specific sources of supplementary income that are in line with individual strengths and interests
3. Develop pricing and marketing strategies in order to maximize potential revenues

Diabetes educators, you’ve got talent! Chances are you also have bills to pay and a job that pays you a fraction of what you’re worth. The good news is that you have options for supplementing your income within the diabetes space by offering up your services to a variety of industry partners. The two most recent AADE Diabetes Educators of the Year, Susan Weiner and Gary Scheiner, share their insight and experience in this area.

UPN: 0069-0000-16-170-L01-P LNC: 5190

**MO4** Diabetes Wheel of Fortune: Help People Choose the Best Mobile Health Solutions for Them

**Room 208C**
Laurel Fuqua, RN, MSN, CMC, Sr. VP Clinical Affairs, InSpark Technologies, Inc.

**LEARNING OBJECTIVES**
1. Describe the Diabetes Wheel of Fortune: Helping patients choose the best mobile health solutions
2. Analyze a mobile app in terms of the usability and the six critical criteria
3. Develop a patient-centered mobile health education plan

An important competency for diabetes educators is the ability to guide individuals with diabetes through the mobile health minefields. This interactive session will discuss critical criteria that diabetes educators should use to help patients choose mobile apps. The speaker will guide participants in developing a mobile health education plan and illustrate elements of poor and high performing mobile apps. The session will focus on how to incorporate each person’s needs into selecting mobile health tools.

UPN: 0069-0000-16-171-L01-P LNC: 5190

**MO5** The Role of Community Health Workers in Improving Diabetes Outcomes

**Room 6A**
Vicki Hatfield, APRN, BC-ADM, CDE, APRN, Williamson Health and Wellness Center

**LEARNING OBJECTIVES**
1. Describe the role of the Community Health Worker (CHW) in diabetes self-management education, medication management and lifestyle changes
2. Describe the interaction of the CHW with the healthcare team
3. Discuss progress being made in the US related to reimbursement for CHW services

This presentation will discuss how the utilization of CHWs can improve outcomes for patients at high risk for diabetes complications. The speaker will discuss how CHWs were utilized in the Southeastern Diabetes Initiative (SEDI) project in the areas of diabetes self-management education, medication management and lifestyle modification. The session will use case studies from the SEDI project and discuss the progress being made in the US regarding reimbursement for CHW services to explore their sustainability.

UPN: 0069-0000-16-172-L01-P LNC: 5190

**MO6** Model for Delivering Patient Education in the Provider’s Office Setting

**Room 6B**
Olivia Newby, DNP, FNP-BC, CDE, Family Nurse Practitioner, Certified Diabetes Educator, Primary Care Specialists, Inc.
James Newby II, MD, CDE, Director of Primary Care Specialists, Inc., Family Physician and Certified Diabetes Educator

**LEARNING OBJECTIVES**
1. Define diabetes group shared medical appointments
2. Explain the 4 W’s in planning a strategy of the group shared medical appointments
3. List the advantages and disadvantages of group shared medical appointments from the perspectives of the patient, diabetes educator and provider

Using a shared medical appointment (SMA) in the provider’s office can empower persons with diabetes to overcome barriers associated with traditional one-on-one diabetes care. This presentation will demonstrate improved clinical outcomes utilizing the SMA approach. Emphasis will be on how diabetes educators play an enhanced role within an interprofessional collaborative team approach, including a detailed review of a patient-centered SMA model. There will be discussion on the advantages and disadvantages from patient, educator and provider perspectives.

UPN: 0069-0000-16-173-L01-P LNC: 5190
**M07**  *Please Don’t Cry!* Effective Ways to Handle Emotions (Yours and Your Patients)

**Room 20A**

Janis Roszler, MS, RD, LD/N, CDE, FAND, Medical Adviser, Boston Scientific

**LEARNING OBJECTIVES**
1. Describe the LEAP technique for enhanced communication
2. List at least two ways to manage internal and external negative messages
3. Explain how to address at least three challenging emotions that may be displayed by patients in a counseling or educational session

As a diabetes educator, you have probably had patients who become very emotional and challenge your caregiving ability or your expertise. You may have had patients arrive angry because they waited a long time in the reception. Learn effective ways to manage your emotions as well as address those of your patients. Explore strategies that can help you accomplish more with patients who feel anxiety, denial, depression, anger, hopelessness, a lack of motivation, and more.

UPN: 0069-0000-16-174-L01-P  LNC: 5190

**M08** Money Matters in Medical Nutrition Therapy (MNT) & Diabetes Self-Management Training/Education (DSMT/E): Increase Your Insurance Reimbursement NOW!

**Room 208C**

Mary Ann Hodorowicz, MBA, RD, LDN, CDE, CEC, Consultant, Mary Ann Hodorowicz Consulting, LLC

**LEARNING OBJECTIVES**
1. Describe the Medicare beneficiary eligibility criteria for DSMT and MNT.
2. List three of the Medicare coverage guidelines for telehealth MNT and DSMT.
3. State 5 of the 10 steps in the 10 Step Action Plan to increase private payer reimbursement for MNT and DSME.

This detailed presentation is what you need to collect insurance reimbursement for MNT and DSMT/E! Medicare’s latest coverage guidelines on referrals, lab criteria, utilization limits, criteria for individual DSMT/E, beneficiary entitlement, provider eligibility, telehealth guidelines, required CPT, ICD-10 and revenue codes, quality standards, advance beneficiary notice (ABN) use, approved practice settings, and benefits’ tiered payment rates all will be covered. You will receive a 10-Step Action Plan to increase private payer reimbursement to maximize reimbursements.

UPN: 0069-0000-16-176-L01-P  LNC: 5190

**M09** Using Lean Problem Solving Methodology to Improve Diabetes Programs

**Room 6A**

Michael Baratz, BS, MBA, SSGB, CQE, CQA, Vice President Operations Excellence, Baylor Scott and White Health
Lisa Raynelle Shelley, MS, RD, LD, BC-ADM, CDE, Dietitian II-Diabetes Educator and Diabetes Program Coordinator, Baylor Scott & White Health

**LEARNING OBJECTIVES**
1. Describe the Lean Problem Solving methodology and how it is used to facilitate change
2. List all eight parts of an A3 tool according to this method
3. Describe how using Lean Problem Solving and the A3 tool improved the Baylor Scott & White Round Rock ambulatory diabetes program

This session will introduce the Lean Problem Solving methodology and how it can improve providers’ diabetes programs. The Lean approach focuses on engagement and deep understanding of the root causes of a problem to solve problems at the source. The speaker will provide a real case scenario of a problem solved by focusing on engaging front line staff and leaders and inviting them to understand the problem and recognize the underlying processes beneath the surface.

UPN: 0069-0000-16-177-L01-P  LNC: 5190

**M10** Make the Primary Care Connection with Health Coach Support, Care Coordination & Digital Health

**Room 6B**

Janet Duni, RN, BSN, CCM, MPA, Director of Care Coordination, Vanguard Medical Group
Edwin Fisher, PhD, Professor, University of North Carolina
Malinda Peeples, RN, MS, CDE, VP Clinical Advocacy, WellDoc

**LEARNING OBJECTIVES**
1. Explore the evolving role of diabetes education and care coordination in primary care practices and the opportunity for the integration of peer support and health coaching
2. Describe how mobile or digital health technology can be leveraged by all members of the health care team to provide ongoing self-management support and more effective diabetes population health
3. Discuss the outcomes and lessons learned from a pilot study of mobile technology, peer support, diabetes education, and care team coordination in a nationally recognized primary care medical home (PCMH)

This presentation examines care transformation best practices, the role of lay health coaches in enhancing patient-centered care, and how digital technology facilitates this. It will describe the integration of “hi-tech” digital technology and the “soft touch” of health coaches in a pilot study in a nationally recognized patient-centered medical home (PCMH) to link coaches, coordinators, persons with diabetes, and educators. Coaches will introduce FDA-cleared diabetes mobile app that increases the efficiency of live coaching.

UPN: 0069-0000-16-177-L01-P  LNC: 5190
**LEARNING OBJECTIVES**

1. Identify common barriers to DSME that can be addressed by marketing strategies
2. Describe the benefits of a marketing approach to DSME programs
3. Define the elements of the marketing mix and identify existing resources that can be used to support marketing efforts

As critical as it is, DSME is underutilized because of structural, socioeconomic and individual factors. Marketing strategies can help diabetes educators motivate people with diabetes to attend self-management programs. This involves both understanding a range of individual, social and structural factors that can affect behavior and using the "marketing mix." This presentation will examine the application of marketing strategies to DSME programs and identify tools and resources that can be used to support marketing efforts.

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Betsy Rodriguez, BSN, MSN, DE, Deputy Director National Diabetes Education Program, CDC

Alexis Williams, MPH, MS, CHES, Public Health Advisor, National Diabetes Education Program, CDC

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**Research Session**
*(0.5 CE Available)*

**1:00 pm – 1:30 pm**

*M13A* Fingersticks and Fruit: Implications of Skin Preparation for Point of Care Glucose Testing

Room 6A

Sarah Rhodes, MSN, RN-BC, CDE, Professional Development Specialist, Certified Diabetes Educator, Baylor Scott & White Medical Center Plano

Sherry Davidson, BSN, RN, CDE, Diabetes Coordinator, Baylor Scott and White Medical Center

**LEARNING OBJECTIVES**

1. Discuss various skin preparation and sample collection techniques for finger stick glucose testing
2. Identify existing knowledge in literature regarding skin preparation for finger stick glucose testing
3. Describe the methods, results and conclusions of a research study testing the differences in fingerstick glucose results among 3 forms of skin preparation utilizing first and second blood drop samples

Accurate fingerstick glucose results are essential for initiating the proper glycemic management response. At home or in the hospital, patients may use various methods to prepare the skin before lancing to obtain a blood sample. If some methods of skin preparation are less effective than others, an inaccurate result may lead to an improper treatment response. As hospitals seek to provide best care for patients in all areas, then best care must also be pursued in obtaining fingerstick glucose results. This presentation reveals the statistically significant results of three different methods of cleaning the skin in preparation for a fingerstick glucose test.

UPN: 0069-0000-16:180:101-P  LNC: 5190

**Research Session**
*(0.5 CE Available)*

**1:30 pm – 2:00 pm**


Room 6A

Cynthia Moore, MS, RD, CDE, FAND, Assistant Clinical Nutrition Manager-Ambulatory, University of Virginia

Elizabeth Frackleton, RN, BSN, Med, Chronic Care Coach, University of Virginia

**LEARNING OBJECTIVES**

1. Name research articles showing the effectiveness of at least 3 mind-body skills in patients/clients with type 2 diabetes
2. Recognize novel strategies for improvement of direct and indirect healthcare costs
3. Identify 3 Mind-Body Skills that can be used to assist clients in achieving “Healthy Coping,” based on our research

Presents the results of a pilot study on Mind-Body Skills for patient empowerment in patients with type 2 diabetes that was conducted at the University of Maryland, as well as classes in mind-body skill development offered in a group health coaching format to employees at the University of Virginia. Highlights research on the effectiveness of mind-body skills training on patient self-care, improved empowerment and depression scores, i.e., the “Healthy Coping” areas of the DM Self-Care 7. Shares the research on effectiveness of specific skills with a diabetes population including mindfulness, yoga, meditation, and writing for health.

UPN: 0069-0000-16:181:101-P  LNC: 5190
Friday, Aug. 12
3:45 pm – 4:45 pm (1 CE Available)

F20 Hypoglycemia in 2016: Detection, Treatment and Prevention 0.25 credits
Room 6B
Anthony McCall, MD, PhD, FACP, James M. Moss Professor of Diabetes, University of Virginia School of Medicine and Health System

1. Understand and be able to describe important aspects of the epidemiology of hypoglycemia
2. Be able to describe issues related to the dangers associated with hypoglycemia including heart and brain
3. Describe patterns of glycemia and insulin use underlying hypoglycemia and strategies and technologies to prevent hypoglycemia

This talk examines insights from hypoglycemia studies showing how both the young and elderly are particularly at risk of severe hypoglycemia. Diagnosis of hypoglycemia is elusive, but clues are illustrated, such as patterns of glycemia and insulin use that underlie hypoglycemia risk. Reversible adaptations like impaired hypoglycemia awareness prevent safe achievement of tight glucose control. Hypoglycemia’s dangers are caused mostly by its impact on the brain and heart. Specific tactics to improve the safety of insulin use are presented. Hypoglycemia prevention is critical. We will discuss how new technologies (pumps, CGM, and artificial pancreas) may help reduce hypoglycemia risk.

UPN: 0069-0000-16-092-L01-P LNC: 5190

5:00 pm – 6:00 pm (No CE Available)

F31 Becoming a Certified Diabetes Educator (CDE): Facts, Common Myths and Exciting News (No CE)
Room 6C
Tommy Johnson, PharmD, CDE, BC-ADM, FAADE, Board Chair, National Certification Board for Diabetes Educators
Sheryl Traficano, MBA, CAE, CEO, National Certification Board for Diabetes Educators

LEARNING OBJECTIVE
1. Describe and list the requirements for initial certification and the examination process

Are you hearing differing opinions about what it takes to become a CDE? Not sure how to tell if your experience qualifies under the 1000 hour practice requirement? What is the mentorship program? This information session, presented by NCBDE representatives, will bring you up to speed on the eligibility requirements for initial certification and the mentorship program. You’ll also hear all the details on the application and examination processes, including exciting changes about when you can apply and take the exam that kicked off in 2016.

Education Tracks

- **Advance Skills for Program and Business Management for Entrepreneurial Organizations**
- **Build Skills to Provide Diabetes Education and Support within Evolving Healthcare Systems**
- **Innovative Diabetes Care and Education Across Diverse Populations**
- **Pathophysiology, Epidemiology, and Clinical Management of Prediabetes, Diabetes & Related Chronic Conditions**
- **Psychosocial Issues and the Promotion of Lifestyle Behavior Change**
- **Pioneer Diabetes Technologies and Connected Health Modalities to Deliver Cost-Effective Care** (track sponsored by AADE Research and Education Foundation)
Saturday, Aug. 13
9:15 am – 10:15 am (1 CE Available)

**S03 Research and Community: How the T1D Exchange is Amplifying the Patient Voice to Create a Worry-Free Life**

Room 6DE
Henry Anhalt, DO, Chief Medical Officer, T1D Exchange
Amy Bevan, BS, Content and Community Manager, Glu
Anna Floreen, MSWS, Advancement Outreach Manager, T1D Exchange
Jill Petrie, Director of Communication and Community Relations, T1D Exchange

**LEARNING OBJECTIVES**
1. Identify the T1D Exchange mission
2. Recognize the importance of educators and their patients’ role in the research process
3. Explain the process of engaging patients in the Glu Community

The T1D Exchange team will introduce this exciting patient-centric model, empowering people with type 1 diabetes to play a role in research. Speakers will discuss the organization’s background, mission, and research findings utilizing the Clinic Registry and Network. Attendees will be introduced to Glu (www.myglu.org) and learn how to interact with this valuable resource. The result is empowering people to find support by participating in research providing real-world insight into life with type 1 diabetes.

UPN: 0069-0000-16-107-L01-P    LNC: 5190

10:30 am – 11:30 am
(1 CE Available)

**S10 Anticipating the Availability of Artificial Pancreas Systems: What to Expect in the Clinic?**

Room 20A
Aaron Kowalski, PhD, JDRF Chief Mission Officer and Vice President of Research, JDRF

**LEARNING OBJECTIVES**
1. Understand and describe the upcoming launch of AP systems to the commercial market and in the clinic of hybrid artificial pancreas systems
2. Accurately describe the clinical data supporting the safety and efficacy of artificial pancreas systems
3. Prepare for the practical clinical application of first generation artificial pancreas systems for pediatric and adult patients with diabetes

The past ten years has seen dramatic progress in artificial pancreas system research and develop. Many groups have demonstrated technical feasibility of a variety of different approaches to “close the loop”, both automating insulin delivery and using multi-hormone approaches. As soon as 2017, the first hybrid automated insulin delivery systems to the commercial market. Diabetes educators will place a critical role in people with diabetes achieving the maximum benefit from such systems. This session will review the state of the art and what to expect as automated insulin delivery devices reach the clinic.

UPN: 0069-0000-16-118-L01-P    LNC: 5190
LEARNING OBJECTIVES
1. Describe the role of glucagon in normal human physiology.
2. Identify the defects of glucagon action in type 2 diabetes.
3. State how to use glucagon for rescuing patients from hypoglycemic emergencies and how to use glucagon inhibitors in type 2 diabetes.

During this session an update on the hormone glucagon will be provided which will include the physiology, action, and function in prediabetes, type 1 diabetes, and type 2 diabetes. For individuals with type 1 diabetes the challenges of lack of counter-regulation, new forms of glucagon, and products for treatment of severe hypoglycemia will be explored. For those individuals with prediabetes or type 2 diabetes glucose lowering medications which play a role with glucagon physiology will be addressed along with a review of what’s on the market and what’s in the pipeline.

UPN: 0069-0000-16-128-L01-P | LINC: 5190

Glucose data can be analyzed to identify patterns that can be used to determine treatment recommendations for diabetes. The glucose data must be accurate to be useful. BGMs (blood glucose monitors) have been held to increasingly rigorous accuracy requirements by regulatory agencies. The necessary accuracy requirements for use of BGMs in the hospital affect how to perform capillary point-of-care blood glucose monitoring in acutely ill patients. Large databases from BGMs and other sensors are increasingly being combined to identify physiologic patterns that would not be evident from analyzing a single data stream. These patterns combined with genetic data can inform a new approach to treatment decisions targeted for an individual patient. This approach is called precision medicine. The data transmitted from connected sensors must be protected for confidentiality, integrity, and availability. Breaches of these properties of data represent cybersecurity risks of connected devices and must be prevented.

UPN: 0069-0000-16-130-L01-P | LINC: 5190

Have you just become a CDE and need information on how renewal works, including the options available for renewing the credential? Or does your CDE credential expire this year and you want to renew by continuing education but don’t have a clue? In this information session, presented by NCBDE representatives, you’ll learn more about the renewal practice requirement and the different paths for renewal, including details regarding online option to track your continuing education activities.

UPN: 0069-0000-16-007-L01-P | LINC: 5190
LEARNING OBJECTIVES

1. Describe how obesity has come to be regarded as a disease.
2. Discuss the implications of weight bias and stigma in policy and clinical care.
3. Discuss policy efforts to improve payment for evidence-based obesity care.

The emerging science and clinical practice of obesity medicine is leading to a profound shift in how obesity is regarded by healthcare professionals and health policy makers. The American Medical Association determined in 2013 that obesity is a complex, chronic disease that requires evidence-based care. The session will review the implications of evolving health policies regarding obesity and review best practices in clinical care for people living with the chronic diseases of obesity and type 2 diabetes.

UPN: 0069-0000-16-140-L01-P  LNC: 5190

LEARNING OBJECTIVES

1. Evaluate the evidence on the safety of nutritive sweeteners added to foods and beverages.
2. Discuss the safety of non-nutritive sweeteners added to foods and beverages.
3. Describe three healthy dietary patterns.

Excess dietary intake of foods and beverages with added sugars and the safety of non-nutritive sweeteners are a global public health concern. The 2015 Dietary Guidelines for Americans examined the evidence on safety as well as their associated risks of obesity, cardiovascular disease, and Type 2 diabetes. A range of nutritive and non-nutritive sweeteners currently available will be discussed along with evidence on health risks, benefits, and safety. We will also review current dietary recommendations on including nutritive and non-nutritive sweeteners, what are the changes being made in everyday food choices and how to include nutritive and non-nutritive sweeteners as part of healthy dietary patterns.

UPN: 0069-0000-16-150-L01-P  LNC: 5190
**Diabetes Technology COI**

**F15**  
**FDA Guidance and an Educator’s Perspective on the Avalanche of Apps**

Room 6DE  
Molly McElwee-Malloy, RN, CDE, Head of Patient Engagement, TypeZero Technologies  
Courtney Lias, PhD, Director of the Division of Chemistry and Toxicology Devices, Center for Devices and Radiological Health

**LEARNING OBJECTIVE**

1. Describe which apps or devices are regulated by the Food & Drug Administration (FDA) for patient decision support  
2. Evaluate apps for safety and name at least two apps they can use with patients  
3. Discuss the value of apps and understand the difference between regulated and non-regulated app content

This session will focus on how to effectively evaluate diabetes mobile medical apps for patients’ safety and will also cover what the FDA says about app regulation. The participant will understand FDA regulation for apps and devices, evaluate apps for safety, identify two or more apps that can be used with patients, and discuss app value. Applications for using apps as part of patient care will be discussed to ensure direct relevance to practice settings.

UPN: 00690000160871D1P  
LNC: 5190

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**Pharmacy COI**

**S16**  
**Insulin Therapy and Delivery Today and Tomorrow**

Room 20A  
William Guflay, PharmD, BCACP, CDE, BC-ADM, BCPS, Associate Director - Pharmacy Education, Carolinas HealthCare System / UNC Eshelman School of Pharmacy  
Teresa Pearson, MS, RN, CDE, FAADE, CEO, Innovative Health Care Designs, LLC  
Jill Schramm, DNP, FNP-C, BC-ADM, CDE, Assistant Professor, Uniformed Services University  
Evan Sisson, PharmD, MSHA, CDE, FAADE, Associate Professor, VCU School of Pharmacy  
Nathan Painter, PharmD, CDE, Associate Professor, VCU School of Pharmacy

**LEARNING OBJECTIVES**

1. Recognize key principles of pharmacological, economical and other medication selection considerations with insulin agents that may provide clinical benefits for select patient populations  
2. Compare and contrast safety and efficacy of existing and developing insulin therapies for diabetes management  
3. Identify differences in the various insulin delivery systems for commercially available and developing insulin products

Insulin is an effective treatment modality to achieve therapeutic goals for patients with type 2 diabetes. Although the availability of multiple insulin products and delivery methods increases the ability to individualize therapy, it also increases the complexity of clinical decisions. Diabetes educators are familiar with human insulin and insulin analogs; however, many are unaware that the active ingredient of these biologic compounds is a protein produced by living organisms. As the insulin patents expire, similar insulin versions are being developed. This panel discussion will use case examples to determine appropriate selection of insulin products and delivery devices. Special consideration will be given to: which patients might benefit from concentrated insulin products (U-500, U-300, U-200), similar insulin versions including interchangeability, differences among delivery devices, and simple insulin infusers.

UPN: 00690000161201D1P  
LNC: 5190

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**Education Tracks**

- **Advance Skills for Program and Business Management for Entrepreneurial Organizations**
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- **Psychosocial Issues and the Promotion of Lifestyle Behavior Change**
- **Pioneer Diabetes Technologies and Connected Health Modalities to Deliver Cost-Effective Care (track sponsored by AADE Research and Education Foundation)**

Learn more at aade16.org
Sunday, Aug. 14
9:15 am – 10:45 am (1.5 CE Available)

Diabetes Educators in Industry COI

D01 Where the Jobs in Industry Are and the Skills You Need to Find Them
Room 6A
Susan La Rue, RD, CDE, Associate Director Diabetes, AstraZeneca
Linda Parks, MS, RN, CDE, Director, Global Clinical Application
Richard Peng, MS, MBA, RCEP, CDE, Clinical Exercise Physiologist, Healthcare Partners Medical Group
Laurel Fuqua, RN, MSN, CMC, Sr. VP Clinical Affairs, InSpark Technologies, Inc.

LEARNING OBJECTIVES
1. Discuss how the changing healthcare landscape is opening new roles for diabetes educators
2. Identify at least four nontraditional roles for diabetes educators
3. List critical skills needed for transitioning to new roles and how to acquire them

Research on why people have become masterful in a niche – professions, trades, sports, science and the arts, highlights the importance of having mentors. Highly successful people will tell you he or she did not get there without the advice and counsel of others. Mentor/protégé relationships were the earliest forms of learning and professional development. Today, having multiple mentors is important because no one person can coach others in all domains of our complex professional and personal lives. For diabetes educators to grow and thrive, identifying the right mentors and using them appropriately is a necessity because so much is changing in the world around us – especially in the world of diabetes care and education. This interactive session will focus on the meaning of mentorship, the four major types of mentors of most benefit to diabetes educators, how to find them, how to use them and how to become a good mentor to someone else.

Inpatient Management COI

D07 Strategies to Achieve Joint Commission Certificate of Distinction for Inpatient Diabetes Care
Room 6A
Tammi Boiko, MSN, RN, CDE, Manager, Diabetes Services, Saddleback Memorial Medical Center
Caroline Isbey, RN, MSN, CDE, Associate Director, Disease-Specific Care Certification, The Joint Commission

LEARNING OBJECTIVES
1. Describe the benefits of achieving ‘The Joint Commission Certification, Disease-Specific Care Certification for Inpatient Diabetes Care’
2. Define the roles of a multidiscipline team when developing a glycemic committee
3. Discuss how to overcome obstacles and build on opportunities when preparing for certification

As diabetes continues to rise rapidly across the nation, hospitals are experiencing increasing challenges to achieve acceptable glucose levels in patients with a diagnosis of diabetes, prompting glucose management as a major focus in overall care and treatment. The Joint Commission Certification for Disease Specific Care-Inpatient Diabetes provides a blueprint of developing a Glucose Multidisciplinary Team. This team leads the way in identifying gaps in diabetes care and develops Clinical Practice Guidelines to improve quality in treatment and enhance outcomes for those with diabetes. Learn where to start and how to succeed in developing your Glucose Multidisciplinary Team.

Public Health & Diabetes Prevention COI

D06 Strengthening Diabetes Prevention and Self-Management Education Programs
Room 20D
Marci Butcher, RD, CDE, Quality Diabetes Education Initiative Coordinator, Montana Diabetes Program
Ann Constance, MA, RD, CDE, FAADE, Project Director, Upper Peninsula Diabetes Outreach Network
Janice Haile, BSN, RN, CDE, State Staff, KY Department for Public Health’s Diabetes Prevention and Control Program
Theresa Renn, RN, BSN, CDE, Manager, Kentucky Diabetes Control Program
Joanne Rinker, MS, RD, LDN, CDE, FAADE, Director of Training and Technical Assistance, Center for Healthy North Carolina
Moderator: Sandra Parker, RD, CDE, McLaren Northern Michigan Hospital
Poster Sessions

*as of June 16, 2016*

- **P01** Walking the Line: Living and Working with Diabetes
  Maureen Seel, RDN, LDN

- **P02** Optimizing In-Patient Glycemic Control
  Marny Hall-Moriyasu, RN, MSN, DNP, CDE, BC-ADM

- **P03** Shared Medical Appointments for Diabetes in Primary Care
  Glenda Summerelle, DNP, FNP-C, BC, ADM, CDE
  Carl Goolsby, MD

- **P04** Management Considerations for the Diabetic Patient on Dialysis
  Candace Wishon, MSN, FNP-C, CDE, BC-ADM

- **P05** Bridging the Gap: Leveraging the Community to Expand Access
  Jessica Kirk, BSN, RN, CPN, CDE

- **P06** High Risk, High Reward: Reducing Recurrent DKA Admissions
  Leslie Touger, MD
  Martha Kratchman, RN, CDE
  Rachel Head, RD, CDE

- **P07** The Epidemiology of Type II Diabetes in the Pediatric Population
  Donna Fraysier, DNP, MSN, ACNS-BC, CDE

- **P08** Enhancing Access to Diabetes and Prediabetes Education by Involving the Community Pharmacist
  Lynn Fletcher, PharmD, BC-ADM
  Nicole Olenik, PharmD, BC-ADM
  Jasmine Gonzalvo, PharmD, BCPS, BC-ADM, CDE

- **P09** Brief Action Planning and Diabetes Self Management Education: An Effective Evidence-Based Approach to Behavior Change
  Joanne Duncan-Carnesciali, Ed.D(c), M.S., ACM, RCEP, CDE, CHES, CHC

- **P10** NOGAT? What’s That? Diabetes Educator Needed to Improve Transplant Patient Outcomes
  Carol Biondi, RN, MSN, CDE
  Renee Meehan, RN, BSN, MA, CDE

- **P11** Improving Employee Health - Developing an Employer Endorsed Program for Employees with Diabetes
  Carol Biondi, RN, MSN, CDE
  Renee Meehan, RN, BSN, MA, CDE

- **P12** Topical Treatments for Diabetic Neuropathy
  Pat Rafferty, PharmD, BCPS, CDE

- **P13** Using Automation to Detect Severe Hyperglycemia, Collect Causative Factors, and Inform Prevention Strategies Across a Large Health Care System
  Kathy Little, RN-BSN, CDE
  Lisa James, RN, MSN, CDE

- **P14** Diabetes Camp: Helping Staff Nurses Earn Their Badges
  Diana Mercurio, RPH, CDE, CDOE, CVDOE
  Karen Zarlenga, RN, BS, CDE, CDOE, CVDOE

- **P15** D.A.R.E. to Self-Care: A Model for Diabetes Education, Empowerment and Support in a Retreat Setting
  Cindi Goldman-Patin, MSN, RN, CDE, BA
  Connie Hanham-Cairn, RN, BSN, CDE, MSN(cl)
  Janet Ware Doucette, MA, LMHC
  Judith Jones Ambrosini

- **P16** The Role of Pharmacist Driven MTM in Managing Diabetes
  John Matsko, RPh, CDE
  Charlotte Wilson, PharmD

- **P17** Medications and Glucose Lowering: Case Studies in Diverse Population
  Julie Sease, FCCP, BCPS, CDE, BCACP
  Sara (Mandy) Reece, PharmD, CDE, BC-ADM

- **P18** Anti-Inflammatory Diet and Lifestyle
  Chuck Newcomb, MS, RD, CDE

- **P19** The Building Blocks of Evidence Based Insulin
  Sarah Rhodes, MSN, RN, CDE
  Sherry Davidson, BSN, RN, CDE

- **P20** Do I have the Flu? Uncovering the TRUTH About the Missed Diagnosis of Diabetes
  Susan Weiner, MS, RDN, CDE, CDN
  Tom Keyly, BA

- **P21** Planning for a Healthy Pregnancy in Women with Type 1 Diabetes
  Susan Weiner, MS, RDN, CDE, CDN
  Anna Norton, MD

- **P22** Reaching Underserved Adults with Diabetes Through Interactive Technology: Mobile Diabetes Detective (MoDD)
  Patricia Davidson, DCN, RDN, CDE, LDN, FAND
  Arlene Smaldone, PhD, CPNP, CDE
  Lena Mamikina, PhD

- **P23** Value Based Purchasing: Out with the Old, In with the New, What is the VALUE of You?
  Lucille Hughes, MSN, ED, CDE, BC-ADM, FAAD
  Marie Frazzitta, DNP, FNP-C, CDE, MBA

- **P24** The Diabetes Transition Dilemma: How Social Marketing Can Help
  Nicole Johnson, DrPH, MPH, MA
  Stephanie Melton, PhD, MPH, MA

- **P25** Diabetes Pediatric to Adult Care: Challenges of Transitioning from Patient and Provider Viewpoints
  Ashley Wingert, MPH
  Stephanie Melton, PhD, MA, MPH
  Nicole Johnson, DrPH, MPH, MA

- **P26** An Assessment of Perceptions of the Diabetes Prevention Program
  Stephanie Melton, PhD, MPH, MA

- **P27** Using a Social Marketing Approach to Understand Barriers to Diabetes Self Management Education Utilization
  Nicole Johnson, DrPH, MPH, MA
  Stephanie Melton, PhD, MPH, MA

- **P28** The Diabetes Mixer: An Innovative Program to Support Peer Health
  Michelle Litchman, PhD, FNP-BC
  MJ Tran, BSN

- **P29** Out of the Box Opportunities for CDE to Support Clinic Revenue
  MJ Tran, BSN
  Michelle Litchman, PhD, FNP-BC

- **P30** Finding Truth in the Failed Theories of Heart Disease
  James Painter, PhD, RD

- **P31** New Onset Kid/Teen Group DSME Class: Make it Fun, Relevant and Innovative. Fresh Ideas for Education Development and Implementation
  Peggy Scoogain, MSN, CNS, CDE
  Heather Speer, MPH, CCRC, CHES, CDE

- **P32** Effects of Incretin Mimetics and SGLT-2 Inhibitors – Beyond Hyperglycemia
  Pat Rafferty, PharmD, BCPS, CDE

- **P33** Inpatient Diabetes Education and Assessing Affordability at the Bedside
  Melinda Leighton, BSN, RN, CDE
  Mary Boyle, FNP-BC, MSN, MBA, CDE

- **P34** Enhancing Customer Service Skills at Your Workplace
  Jennifer Hall, MS, RDN, LDN, CDE

- **P35** Successes and Pitfalls in Implementing an Insulin Pump Policy at a Major University
  Ann Marie Hasse, RN, BSN, CDE, CDTCE
  Patricia Garenci, RN, MSN, FNP-BC, CDE, CDTC

- **P36** Diabetes Education: There’s an APP for That!
  Jenessa Henrie, MS, RD, CDE
  Rachel McPhail, MS
Now the Rest of the Story--What Happened after Initial Diabetes Education: Limitations
Karen Kemmis, PT, DPT, MS, GCS, PCA

Physical Activity is for Every Body, Every Age
Susan Pierce, MPT, CDE
Joy Sloan, RN, BSN, CDE

Taking Control of Type 2: A Collaborative Community Health Initiative
Kimberly Freeman, RN, CDE
Michael Harlon, N/A

Educating Adolescents and Young Adults on the Effect of High Risk Behaviors and Diabetes Management
Allison Desinger, RD, ID, CDE
Amy Poetker, MS, RD, ID, CDE

Reduction of Severe Hypoglycemia in the NonCritical Care Setting: Baylor Scott & White’s Journey
Barbara Kocurek, BS, PharmD, BCPS, CDE, FAADE
Cathy Raver, MD

Inhaled Insulin: History, Benefits, Risks, Status and Promise
Eric Zilbert, PhD

Lost in Transition: Moving from Pediatric to Adult T1D Care: What All CDE’s Need to Know
Pablo Mora, MD, FACE, Msc, CDE
Alicia Rowe, RD, ID, CDE

CDE-Nurse Practitioner New Roles in Primary Care
Susan Riley, DNP, FNP, CDE

Increasing Physical Activity without Increasing Pain: Prescribing Safe and Effective Exercise for a Person with Diabetes and Physical Limitations
Karen Kemmis, PT, DPT, MS, GCS, CDE, FAADE

Taming One CDE’s Inner Control Freak: Incorporating Community Mental Health CHWs in a DSME Program
Dawn Crane, MS, RN, ACNS-BC, CDE
Kelly Ahn, RN, CDE

Lower Extremity Limb Salvage versus Amputation among People with Diabetes: Financial Considerations for 2016 and Beyond
Gary Rothenberg, DPM, CWS

Blood Glucose Management in the Peri-operative Environment
Tracee Gambao, MSN RN CDE

Now the Rest of the Story--What Happened after Initial Diabetes Education
Dianne Weisner, MSN, APRN, CPNP
CNS, CDE, CPN

A Diabetes and Mental Illness Education and Support Collaborative
Colleen Roehke, PharmD, BCACP, CDE

Weight Loss Supplements: What is the Evidence - and Tips on How to Talk to Your Patients About Them
Laura ShaneMcWhorter, PharmD, BCPS, BCADM, CDE, FASCP, FAAD
Joy Pape, MSN, RN, FNP-C, CDE, WOCN, CFN, FAAD

Pioneering Diabetes Technology Education in Evolving Healthcare Systems
Jewel Marin, RN, MSN, CDE, Catherine Moller, RN, CDE

Solid Organ Transplant Diabetes Management: a unique multidisciplinary approach to improving outcomes in a complicated population
Anna Simos, RD, CDE
Patsy Obayashi, MS, RD, CDE

Making Sense of the Madness: Coaching Patients Through Pattern Management
Mindy Saenz, RDN, LDN, CDE

Insulin pump therapy and continuous glucose monitoring
Mindy Saenz, RDN, LDN, CDE

“D”-fying the Law of Gravity: Strategies for Preventing Falls among People with Diabetes
Elizabeth Quintana, RN, ANP-BC, CDE

Navigating complex diabetes self-management issues across the continuum of care in an underserved community – one freestanding diabetes center’s model of care
Robin Morrissey, RDN, LDN, CDE

Enhance expertise in promotion of lifestyle behavior change through the development of a healthy living curriculum
Monica Ruz, RN, MSN, CDE

Karen Vincent, MA, RD, CDE
Robin Pendry, RN, CDE

Development of a Pediatric Diabetes Transition Program for Emerging Adults
Lisa Radoch, PhD, RN, CPNP, BCADM
Kimber Astel, RN, BSN, CPNP, CDE
Loretta Clark, RN, BSN CDE

Visual display of A1c trend on electronic health record improved outcomes in a complicated population
Mindy Saenz, RDN, LDN, CDE

Coaching Patients Through Pattern Management
Monica Ruz, RN, MSN, CDE

Type 1 Diabetes: What It Is and How the Diabetes Educator Can Help
Kim Deluca, RN, MSN, CDE

Motivating Hispanics by Applying Concepts of Health Belief Model
Wanda Alverio-Sardina, MPH, RD, CDE

A New Paradigm: Group Medical Appointments for Individuals with Diabetes Using Insulin Pumps
Kathleen Brown, RN, BSN, CCRN, CDE
Cynthia A. Payonk, CRNP, CDE

Re-Discovering the Diabetes: a video game to help children with type 1 diabetes to learn about their disease
Valéria Sparapani
Lucila Nascimento, Associate Professor
Sidney Fels

The use of therapeutic play in children’s diabetes education: a brazilian case study
Rebecca La Banca, Master in Nursing, Diabetes Educator
Cirolo Ribeiro, Federal University of São Paulo, Paulista Nursing College, Pediatric Nursing Department
Regina de Barba, Federal University of São Paulo, Paulista Nursing College, Pediatric Nursing Department

The effect of a Chinese peer support society based on smart phone and wechat platform on glycemic control of people with diabetes
Yi-Chun Hsu
Yau Jiunn Lee
Linong Ji, MD

Mis-injection in patients with diabetes receiving two insulin pens
Der Wei Hwu
Hui-Chun Hsu
Yau Jiunn Lee

New-Onset Type 1 Diabetes Education for Children and Their Families: An Integrative Review
Neesha Ramchandani, PNP, CDE

Motivating Hispanics by Applying Concepts of Health Belief Model
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Yau Jiunn Lee

New-Onset Type 1 Diabetes Education for Children and Their Families: An Integrative Review
Neesha Ramchandani, PNP, CDE
Posters Located In Exhibit Hall B2

- F73 Assessing Numeracy in DSME outpatient Classes: A Pilot Study
  Susan Michael, RN, DNSc, CDE
  Diane Haman, RN, BSN, CDE
  Marissa Cuebas, RD, CDE

- F74 Increasing Capacity and Improving Collaboration in the Diabetes Health Care Team
  Karen Blekaitis, RD CDE

- F75 Use of Televideo by Diabetes Education/Endocrinologist Teams to Improve Outcomes in Primary Care
  Jodi Lavin-Tompkins, RN, MSN, CDE, BC-ADM

- F76 Expanding a Successful Program; Knowledge Improvement at free DSME classes in the Mississippi Delta
  Jane Pelki, MPH, RD, ID

- F77 Emergency Medical Identification in Pediatric Diabetes Patients: Prevalence, Preferences, and Opportunities for Improvement
  Jaclyn Pappas, RN, BSN
  Rebecca Crespi, BA, RN, MSN, CPNP, CDE

- F78 Developing An Inpatient Hypoglycemia Protocol to Achieve Better Patient Outcomes
  Janice Lucier, BSN CDE

- F79 The paths of social support, resilience, and emotional distress on quality of life in patients with type 2 diabetes: a prospective study
  Ruey-Hsia Wang, Registered Nurse

- F80 Age group differences on factors associated with quality of life in patients with type 2 diabetes
  Ruey-Hsia Wang, Registered Nurse

- F81 Retrospective Review of Maternal and Fetal Outcomes for Indigent Gestational Diabetes Clinic
  Sara (Mandy) Reece, PharmD, CDE, BC-ADM

- F82 Comparative use of smartwatches with continuous glucose monitoring during alpine skiing
  Amelia Cooper
  Julie Jones
  Allison Jones
  Blake Cooper, MD

- F83 The effects of stress on glycemic control in a Type 1 diabetic compared to age matched control group.
  Amelia Cooper
  Allison Jones
  Julie Jones
  Blake Cooper, MD

- F84 Knowledge base of a typical diabetic patient seeking care in a Vitreoretinal Surgeons office
  Blake Cooper, MD
  Amelia Cooper, current high school student
  Melissa Magwire, RN CDE

- F85 A Student-implemented Elective to Improve Medical Student Confidence in Providing Diabetes Self-Management Support
  Maryam Fazel, PharmD, BCPS, BCACP, CDE

- F86 Patient perception of nurse administered review of basic diabetes self-management skills during hospitalization
  Maryam Fazel, PharmD, BCPS, BCACP, CDE

- F87 Diabetes Education Through Shared Medical Appointment
  Aleyamma Baby, MSN, RN-BC, CDE

- F88 The Identification and Management of Adult Prediabetic Patients in Primary Care
  Meghan Wallace, BSN, MN, APRN, FNPC

- F89 Meta analysis of the glycemic outcomes with the use of the Conversation Map tools to deliver diabetes self-management education and support (DSME/S)
  Barbora Eichorst, MS, RD, CDE
  Rachel Raia, MPH, CPHQ

- F90 Relationships of Depression, Anxiety, and Stress with Self-management Behaviors and Biomarkers in African Americans with Type 2 Diabetes
  Diane Chlebowy, PhD, RN
  Catherine Batscha, DNP, RN
  Nancy Kubiak, MD, FACP
  Timothy Crawford, PhD, MPH

- F91 Evaluating the Impact of a Video Diabetes Education Module on Pre-service and Experienced Teachers Knowledge and Confidence
  Melissa Bates, RN, MSN, CDE (Doctoral candidate)

- F92 Many hats of diabetes education: Meeting the needs of a rural community
  Tammie Payne, RN, MSN, CDE

- F93 Provider Perceptions of Diabetes Education
  Lucie Peterson, MS, RD, CDE

- F94 Mississippi Racial Disparities by Diabetes Preventive Practices
  Lamees Elsadek, MHS
  Dietrich Taylor, RN, CDE
  Frances Moody, RN

- F95 Implementing A Multiple-Behavior Self-Monitoring Intervention in Diabetes Education: Feasibility and Patient Engagement
  Jing Wang, PhD, MPH, RN

- F96 Comparing Results of Office A1C to Laboratory A1C: Is it the definitive number to make decisions on diabetes care?
  Melanie Teslik, MS, RN, CDE, CPHQ

- F97 Pharmacy COI Member Level of Confidence providing Anti-Obesity Medication Education to Patients
  Amanda Stahrke, PharmD, BCACP
  Kayce Shealy, PharmD, BCACP, CDE
  Jessica Kerr, PharmD, CDE

- F98 Kids Bites Feeding Study: The effect of nutrient dense food on skin carotenoid levels in school-age children
  Alissa Aguilar

- F99 Diagnostic CGM/Sensor Placement and Interpretation: Evaluation of Patient Engagement and A1c Outcomes
  Kathleen Honick, MSN, ANPC, CDE

- F100 Comparing the effectiveness of educational tools for improving diabetes self-management
  Chiao-yun Chen

- F101 Clinical and Programmatic Outcomes of a Diabetes Self-Management Education Program at an Urban Academic Health Center
  Andrew Bzowyckyi, PharmD Student, BCPS, CDE
  Vincent Cascone, PharmD Candidate 2017
  Elizabeth Rodman, PharmD-C

- F102 Intensive Health Coaching in Corporate Wellness Programs That Incorporates Behavior Modification Strategies Improves Employee Hemoglobin A1c
  Janet Arenas, RDN, LDN, CDE
  Kerry Clifford, MS, RD, LDN

- F103 Do your patients have the correct diagnosis? Clinical presentations of MODY in the United States National Monogenic Diabetes Registry
  Lisa Letourneau, MPh, RD

- F104 3-Year Outcomes of a Pharmacist-Run, Diabetes Education and Management Program
  Kirk Evoy, PharmD, BCACP, BC-ADM, CDE
  Katelyn Campbell, N/A
  Edward Battjes, PharmD, BCACP, BC-ADM, CDE

- F105 Continuous Subcutaneous Insulin Infusion (CSII) Study: Care for Inpatients on an insulin pump
  Rachel Goldman, FNP-BC, CDE
  Margaret Diliberto, ANP-BC, CDE
  Marie Frazzita, FNP-BC, CDE
Industry Posters (Located in Lobby D)

1. Higher Seroprotection Rates in Diabetic Adults Vaccinated With Two Doses of Investigational Hepatitis B Vaccine HbsAg-1018 (HEPLISAV-B) vs Three Doses of Licensed Vaccine Engerix-B
   - Lalith Akella, MS, Randall N. Hyer, MD, MPH, William Heyward, MD, MPH, Sam Jackson, MD, Robert S. Janssen, MD, PhD, MPH
   - Dawn Fetzko, DNP, APRN-BC, ANP, BC-ADM, CDE

2. Performance Comparison of the Relion® Prime, Freestyle Lite and OneTouch Ultra® 2 Against the ISO 15197-2013 Accuracy Criteria
   - Patricia Gill BA MT, John Glessner BS PhD
   - Britany Crawford, MPH

3. Effects of Dapagliflozin (DAPA), a Sodium Glucose Cotransporter-2 Inhibitor, on 24-Hour Glycemic Control in Patients with Type 2 Diabetes (T2D)
   - Dr. Henry AstraZeneca

4. Differential Effects of Dapagliflozin on Cardiovascular Risk Factors at Varying Degrees of Renal Function
   - Dr. Herrspink AstraZeneca

5. Effect of Exenatide Once Weekly on Glycemic Fluctuations in Patients with Type 2 Diabetes
   - Dr. Juan Frias AstraZeneca

6. Retrospective Study of the Association Between Adherence to Glucagon-Like Peptide-1 Receptor Agonist Therapy and Hospitalization Risk and Costs
   - Dr. Hiep Nguyen AstraZeneca

Viewing of Industry Posters is not designated for CME credit.
Disclosure Statements

The following AADE16 Annual Conference Planning Committee members reported relevant conflicts of interest.

<table>
<thead>
<tr>
<th>PLANNING COMMITTEE MEMBER</th>
<th>CONFLICT STATEMENT</th>
</tr>
</thead>
<tbody>
<tr>
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<td>VP Clinical Advocacy, WellDoc</td>
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</table>

The following AADE16 presenters reported relevant conflicts of interest.

<table>
<thead>
<tr>
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<tbody>
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<td>Jason Baker, MD</td>
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<tr>
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<tr>
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<tr>
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<tr>
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<tr>
<td>Nicole Bereolos, PhD, MPH, CPH, CDE</td>
<td>Consulting: Senseonics, Dexcom, Medtronic</td>
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<tr>
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<td>Aventis (Consultant/Advisory Board)</td>
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<td>for Diabetes &amp; Endocrine Wellness</td>
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<td>Condit Steil, PharmD, RPh, CDE</td>
<td>Nipro (Speaker’s Bureau), Sanofi Aventis (Speaker’s</td>
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<td>Patty Telgener, RN, MBA</td>
<td>Bureau)</td>
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<td>Donna Tomky, MSN, CNP, ANP-BC, CDE, CDTC</td>
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<td>Tandem (Advisory Board); Boehringer Ingelheim (Advisory</td>
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<td>Board)</td>
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Learn more at aade16.org
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American College of Foot and Ankle Surgeons 237
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American Diabetes Association 1004
www.diabetes.org
We give voice to those denied their rights because of diabetes.
We provide objective and credible information.
We deliver services to hundreds of communities.
We fund research to prevent, cure and manage diabetes.
And fight for those affected by diabetes. We fund treatment research to prevent, cure and manage the deadly consequences of diabetes.

American Council on Exercise 332
www.acefitness.org
The American Council on Exercise (ACE) is the world’s largest nonprofit health and fitness certifying organization, with over 60,000 currently certified fitness professionals.

Aegion Pharmaceuticals 832
www.aegerion.com
Since 1990, Aegion Pharmaceuticals has been providing high quality and innovative products. We are a leading diabetes USA product manufacturer of reusable and disposable devices for collecting capillary blood samples as well as injection aids for the Diabetes markets. Aegion acquired much of the product line from Palco Labs in 2009. Our innovative product line consists of the InJetEase-Syringe Injector Aid, Insul-eze-Syringe Magnifier, Insul-Cap, Insul-Totes, auto-Lancet, EZ-Vac, EZ-lance and EZ-Lets.

Agerion Pharmaceuticals 832
www.aegerion.com

Acon Laboratories, Inc. 1519
www.oncallometers.com
Since 1996, ACON Laboratories (San Diego, CA) has been dedicated to improving patient health through affordable, high quality diagnostic products. Our On Call brand and private label blood glucose monitoring systems are trusted worldwide, with distribution in 120+ countries. At AADE16, we are featuring the On Call Express BGMS, with 50ct test strips available for less than most copays. ACON is also proud to introduce the On Call Connect Bluetooth Adapter, which adds mobile connectivity to any On Call meter, and the new On Call Stealth lancing device.

AcoMed 1410
www.acomeds.com

Aeon MedSystems 119
www.ameo.com
Aeon MedSystems is a leader in shaping the diabetes market through continuous innovations in next-generation biosensor technology, intelligent blood glucose monitoring, and connected health technology. The heart of our glucose monitoring technology is WaveSense™ Dynamic Electrochemistry™, a suite of patented technologies that uniquely applies in blood glucose measurement where a spectrum of information inaccessible in traditional static electrochemical methods can be extracted.

AmbiMedInc 1335
www.AmbiMedInc.com
Since 1990, AmbiMedInc has been providing high quality and innovative products. We are a leading diabetes USA product manufacturer of reusable and disposable devices for collecting capillary blood samples as well as injection aids for the Diabetes markets. AmbiMedInc acquired much of the product line from Palco Labs in 2009. Our innovative product line consists of the InJetEase-Syringe Injector Aid, Insul-eze-Syringe Magnifier, Insul-Cap, Insul-Totes, auto-Lancet, EZ-Vac, EZ-lance and EZ-Lets.

A&P Technologies, Inc. 220, 341, 938
www.apdisc.com
A&P Technologies is a leader in shaping the diabetes market through continuous innovations in next-generation biosensor technology, intelligent blood glucose monitoring, and connected health technology. The heart of our glucose monitoring technology is WaveSense™ Dynamic Electrochemistry™, a suite of patented technologies that uniquely applies in blood glucose measurement where a spectrum of information inaccessible in traditional static electrochemical methods can be extracted.

Agracetus 119
www.agracetus.com

AldoUSA 1410
www.aldousa.com

Algerian Pharmaceuticals 832
www.algerianpharma.com

Alvarado Street Bakery 937
www.alvaradostreetbakery.com
Diabetic Lifestyles Bread, a Sprouted Whole Grain recipe, was submitted for testing to the Glycemic Research Institute in Washington, DC and was clinically proven to be Low Glycemic with a Low Glycemic Load when fed to diabetics. Clinical results show a Glycemic Index of 5.0 on the glucose scale (0-100) and Glycemic Load of 0.9 per serving. Made with organic sprouted whole wheat and sweetened only with organic fruit, this recipe contains no refined sugars, no GMOs, no added oil, and no flour.

American Council on Exercise 332
www.acefitness.org
The American Council on Exercise (ACE) is the world’s largest nonprofit health and fitness certifying organization, with over 60,000 currently certified fitness professionals.

American Diabetes Association 1004
www.diabetes.org
The American Diabetes Association leads the fight against the deadly consequences of diabetes and fight for those affected by diabetes. We fund research to prevent, cure and manage diabetes. We deliver services to hundreds of communities.
We provide objective and credible information.
We give voice to those denied their rights because of diabetes.
Atkins in 1963, the Atkins Diet provides a long-term, well-balanced plan that teaches individuals Chronically around Atkins Diet™ principles. Considered AstraZeneca operates in more than 100 countries and its innovative medicines are used by millions of patients worldwide.

Barilla America and Wasa Crispbread 1606
www.barilla.com

BD Diabetes Care
143, 519
www.bd.com/us/diabetes

Binning’s Home Health Care Centers 1535
www.binnsons.com

Binson’s Home Health Care Centers Since our inception in 1953, the Binson family has consistently served a vast array of customers with the same superior care and attention to detail instilled from our humble beginnings. Our customer base includes individuals, hospitals, doctor offices, nursing homes, and any other business in need of medical supplies. We truly are your single-source solution.

BD’s leading technologies improve the comfort, convenience and safety of patients’ injection experience, supporting earlier initiation and better adherence to prescribed therapies, to enable better diabetes treatment and outcomes.

Center for Change 120
www.CenterForChange.com

Center for Change is a place of hope and healing that is committed to helping women and adolescent girls fully recover from their eating disorders. The Center uses a multi-disciplinary approach with specialized and intensive treatment under the care of a supportive and experienced staff. The Center offers an acute inpatient program, residential program, day and evening programs, and outpatient services, and includes a specialty program for co-occurring diabetes and eating disorders (ED-DMT1). Most importantly, the Center offers a loving and safe environment where individuals can reclaim their lives: body, mind, and spirit. Center for Change is accredited by The Joint Commission and AdvancED (NWAC), and is TRICARE® certified.

Canon U.S.A., Inc. 538
www.usa.canon.com/eye-care

Canon will showcase its CR-2 PLUS AF Non-Myd 18 MP Retinal Camera System. Currently used for Diabetic Retinopathy Screenings, the camera is fast and easy to use. Featuring autofocus/capture, with high-resolution color retinal photography. Also incorporated is a set of software digital RGB filters for critical viewing of suspect pathologies. A non-invasive Fundus Autofluorescence imaging mode provides the ability to quickly assess the condition of the RPE layer.

Capella University 916
www.capella.edu

At Capella University, working adults gain the skills and knowledge to go further in business, IT, nursing, health care, counseling, education, and more. An accredited online university, Capella offers more than 145 options at the bachelor’s, master’s/MBA, doctoral, and certificate levels.

Calmoseptine® ointment protects and helps heal skin irritations from moisture such as urinary and fecal incontinence. It is also effective for irritations from perspiration, wound drainage, fecal and vaginal fistulas and feeding tube site leakage. Calmoseptine® temporarily relieves discomfort and itching. Free samples at our booth!

Center for Change is accredited by The Joint Commission and AdvancED (NWAC), and is TRICARE® certified.

Calmoseptine, Inc. 843
www.Calmoseptine.com

Can Calmoseptine® ointment protects and helps heal skin irritations from moisture such as urinary and fecal incontinence. It is also effective for irritations from perspiration, wound drainage, fecal and vaginal fistulas and feeding tube site leakage. Calmoseptine® temporarily relieves discomfort and itching. Free samples at our booth!

Capella University 916
www.capella.edu

At Capella University, working adults gain the skills and knowledge to go further in business, IT, nursing, health care, counseling, education, and more. An accredited online university, Capella offers more than 145 options at the bachelor’s, master’s/MBA, doctoral, and certificate levels.

CDC - Division of Diabetes Translation 231
www.cdc.gov/diabetes

The Division of Diabetes Translation at the Centers for Disease Control and Prevention is the leading federal agency for translating diabetes research findings into community level programs that reduce morbidity, mortality, and the cost associated with diabetes.

Cardiome Pharmaceuticals, Inc. 946
www.cardiome.com

Cardiome Pharmaceuticals is a clinical-stage biopharmaceutical company focused on developing and commercializing new therapeutic products for the treatment of life-threatening diseases. AstraZeneca is a global, innovation-driven biopharmaceutical business that focuses on the discovery, development, and commercialization of prescription medicines, primarily for the treatment of cardiovascular, metabolic, respiratory, inflammation, autoimmune, oncology, infection, and neuroscience diseases.

Cardiome continues to develop new therapies to restore bodily functions and any other business in need of medical supplies. We truly are your single-source solution.

Center for Change 120
www.CenterForChange.com

Center for Change is a place of hope and healing that is committed to helping women and adolescent girls fully recover from their eating disorders. The Center uses a multi-disciplinary approach with specialized and intensive treatment under the care of a supportive and experienced staff. The Center offers an acute inpatient program, residential program, day and evening programs, and outpatient services, and includes a specialty program for co-occurring diabetes and eating disorders (ED-DMT1). Most importantly, the Center offers a loving and safe environment where individuals can reclaim their lives: body, mind, and spirit. Center for Change is accredited by The Joint Commission and AdvancED (NWAC), and is TRICARE® certified.

ARKRAY USA, Inc. 1319
www.arkrayusa.com

GLUCOCARD® blood glucose meters help patients take ownership of their health through affordable supplies and supportive education programs—ARK Care® diabetes management system and clinically based YouChoose™ Wellness & Support Program.

Ascensia Diabetes Care 105
www.bayer.com

Bayer HealthCare, Diabetes Care has a long history in diabetes management, and created the first home use blood glucose meter in 1970. Bayer’s commitment to people with diabetes continues today, with its newest CONTOUR NEXT portfolio of high-accuracy blood glucose monitoring systems designed to meet individual patient needs. Bayer was recently awarded the 2014 JD Power award for highest customer satisfaction among blood glucose meters.

AstraZeneca 319
www.astrazeneca-us.com

AstraZeneca is a global, innovation-driven biopharmaceutical business that focuses on the discovery, development, and commercialization of prescription medicines, primarily for the treatment of cardiovascular, metabolic, respiratory, inflammation, autoimmune, oncology, infection, and neuroscience diseases.

AstraZeneca operates in more than 100 countries and its innovative medicines are used by millions of patients worldwide.

Atkins Nutritional, Inc. 124
www.atkins.com

Atkins® manufactures and sells a variety of nutrition bars/shakes/snacks/frozen meals designed around Atkins Diet™ principles. Considered revolutionary when introduced by Dr. Robert C. Atkins in 1963, the Atkins Diet provides a long-term, well-balanced plan that teaches individuals Chronically around Atkins Diet™ principles. Considered
Learn more at aade16.org
Diabulimia Helpline 136
www.diabulimiahelpline.org
Diabulimia Helpline is a non-profit organization dedicated to support, education and advocacy for people with diabetes and eating disorders, and their loved ones. Our 24 hour hotline (425-985-3635) is a place of hope offering immediate relief and understanding, as well as a Referral Service to help clients find the treatment center, doctor or therapist that will be the right fit. We also have an Insurance Specialist, three Online Support Groups and a Healthcare Professionals Education Program.

Diasend, Inc. 1327
www.diasend.com
1st

dlife – It’s Your Diabetes Life! 1305
www.dlife.com
dlife™ is the #1 resource for millions of people with diabetes and their caregivers. Its comprehensive diabetes solutions include dlife. com and dlifeTV. Since its creation, dlife has been fulfilling its mission to empower those with diabetes to take better care of themselves and build good diabetes management skills to live longer, healthier diabetes lives.

Dr. Pepper Snapple Group 839
www.drpeppernsngroup.com
Dr. Pepper Snapple Group offers more than 50 beverage brands that are synonymous with refreshment, fun and flavor. Our portfolio has a wide range of low and no-calorie options, and more than half of our innovation projects are focused on reducing calories, smaller portions and improved nutrition. We also lead and support initiatives that promote active, balanced lifestyles, and we’re committed to giving consumers the information they need to choose the products that are right for them and their families.

Dynavax Technologies Corporation 1619
www.dynavax.com
1st
Dynavax Technologies Corporation is a clinical-stage biopharmaceutical company with multiple product candidates in development for the prevention of infectious disease, the treatment of autoimmune and inflammatory diseases, and the treatment of cancer. We develop cutting edge immunotherapies based on Toll-Like Receptor (TLR) biology and its ability to modulate the immune system.

Edwards Health Care Services (EHCS) 732
www.myehcs.com
EHCS is an Approved Medicare Competitive Bid Winner for National Mail Order Diabetes Testing Supplies & Insulin Pumps who offer “Branded” product. We carry & offer most major manufacturers. We supply products for Medicare, Medicaid & Commercial Payers across the country.

Egg Nutrition Center 1612
www.eggnutritioncenter.org
1st
The Egg Nutrition Center (ENC) is the health education and research center of the American Egg Board, the national check-off program for eggs in the United States. ENC monitors nutrition science and regulations, and serves as a resource for healthcare professionals in need of information to share with their patients and clients, students, and others. ENC also sponsors annual research programs focused on the nutritional benefits of eggs and egg-related nutrients.

Endocrine Today and Healio.com by SLACK Incorporated 728
www.healio.com/endocrinology
SLACK Incorporated invites you to booth 728 to pick up a free copy of Endocrine Today, monthly clinical news on diabetes and endocrine disorders.

EndocrineWeb & DiabetesLifestyle 1704
www.diabeteslifestyle.com
www.endocrineweb.com
1st

Enovative Technologies 1514

Extend Nutrition 336
www.extendnutrition.com

FDA Office of Women’s Health 130
www.fda.gov/womens
The U.S. Food and Drug Administration Office of Women’s Health addresses the health issues of the nation’s women by disseminating free publications on a variety of health topics including diabetes, safe medication use and pregnancy. The office also funds scientific research and collaborates with national organizations to sponsor outreach initiatives.

FDA/Center for Food Safety & Applied Nutrition (CFSAN) 1610
www.fda.gov

Fifty 50 1036
www.fifty50.com
FIFTY50 features great tasting Low Glycemic cereal, syrup, cookies, fruit spreads and confections with ingredients minimizing impact on blood sugar. Half our profits fund diabetes research—more than $11.5 million to date.

Fit4D 1436
www.fit4d.com
1st

Flexitol, LaConium Health 1534
www.laconiumhealth.com
Flexitol® Heel Balm contains 25% urea and a synergistic blend of emollients - and is both clinically proven and diabetic-friendly. Flexitol® offers a sampling program to diabetes educators and podiatrists. Each shipment contains Flexitol® Heel Balm samples in a counter-top dispenser, Flexitol® OTC product recommendation sheets, and coupons to use in retail stores. To request a free kit, go online to www.flexitol.com/pap, e-mail usainfo@flexitol.com or call toll free 1-866-478-3338.

ForaCare, Inc. 226
www.foracare.com
ForaCare is a health tech company, which offers a robust product line to healthcare professionals. We specialize in diabetes, hypertension management, and telehealth. With Bluetooth devices connecting to our mobile applications and auto-upload to our cloud, doctors, family members and caregivers have access to real-time data from any device web-browser.
<table>
<thead>
<tr>
<th>Exhibitor</th>
<th>Booth Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRI® Insulin Cooling Case</td>
<td>118</td>
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<tr>
<td><a href="http://www.readycare.com">www.readycare.com</a></td>
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<tr>
<td>FRIO is the evaporative insulin cooling case that never needs icepacks or refrigeration. After activating with water, it retains its cooling properties for a minimum of two days. To re-activate, just soak in water. With no chain to refrigeration, the FRIO offers convenience, freedom, and peace of mind!</td>
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<tr>
<td>The Gideons International</td>
<td>1512</td>
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<td><a href="http://www.gideons.org">www.gideons.org</a></td>
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<tr>
<td>Gloooko</td>
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<td><a href="http://www.glooko.com">www.glooko.com</a></td>
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<td>Gloooko is the world’s leading Unified Platform for Diabetes Management. Gloooko provides an FDA-cleared, HIPAA-compliant Web and Mobile application designed to improve health outcomes for people with diabetes, which in turn reduces costs for payers and the healthcare system. Gloooko syncs with over 50 blood glucose meters, insulin pumps and CGMs and major activity trackers and supplies timely, verified patient data such as blood glucose, carbs, insulin, blood pressure, diet and weight data.</td>
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<tr>
<td>Glytec Systems</td>
<td>1236</td>
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<td><a href="http://www.glytecsystems.com">www.glytecsystems.com</a></td>
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<tr>
<td>Goldring Center for Culinary Medicine</td>
<td>1719</td>
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<td><a href="http://www.culinarymedicine.org">www.culinarymedicine.org</a></td>
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<tr>
<td>The Goldring Center for Culinary Medicine at Tulane University offers an innovative, integrated approach to nutrition education for medical students and community members. For the first time, a medical school is implementing a fully integrated, comprehensive curriculum for doctors, medical students, chefs and community members focused on the significant role that food choices and nutrition play in preventing and managing obesity and associated diseases in America.</td>
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<tr>
<td>Good Measures, LLC</td>
<td>1427</td>
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<td><a href="http://www.goodmeasures.com">www.goodmeasures.com</a></td>
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<td>GSK</td>
<td>1311</td>
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<td><a href="http://www.gsk.com">www.gsk.com</a></td>
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<tr>
<td>Hawaiian Moon</td>
<td>1515</td>
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<td><a href="http://www.healthedco.com">www.healthedco.com</a></td>
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<tr>
<td>Health Edco is proud to be known for our hands-on, 3D models and informative health education materials. Our products cover topics of Alcohol, Tobacco, Drugs, Sex Education, Nutrition, Fitness, and much more. For more than 50 years, Health Edco has developed an extensive line of innovative materials that bring health education to life.</td>
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<tr>
<td>Health Monitor Network</td>
<td>1037</td>
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<tr>
<td><a href="http://www.healthmonitor.com">www.healthmonitor.com</a></td>
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<tr>
<td>Healthcare Providers Service Organization (HPSO)/Nurses Service Organization (NSO)</td>
<td>1621</td>
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<td><a href="http://www.hpsq.com">www.hpsq.com</a></td>
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<td>For over 35 years, Nurses Service Organization (NSO) and Healthcare Providers Service Organization (HPSO) have specialized in providing professional liability insurance to healthcare professionals and businesses. We insure more than 90 healthcare professions and are the preferred providers of malpractice insurance for the AADE, providing quality, affordable insurance solutions.</td>
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<td>HealthLight</td>
<td>1538</td>
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<td><a href="http://www.healthlightus.com">www.healthlightus.com</a></td>
<td>1st</td>
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<tr>
<td>HealthSlate</td>
<td>1609</td>
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<td><a href="http://www.healthslate.com">www.healthslate.com</a></td>
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<td>From A to Z Health, the HealthSlate tablet was developed as the first tablet computer for diabetes educators. The HealthSlate tablet provides teaching aids, clinical resources and patient management tools that help diabetes educators teach, support patients and increase practice efficiency.</td>
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<tr>
<td>Heartland Foods</td>
<td>1734</td>
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<tr>
<td><a href="http://www.splenda.com">www.splenda.com</a></td>
<td>1st</td>
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<tr>
<td>Ideal Protein of America</td>
<td>1438</td>
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<td><a href="http://www.idealprotein.com">www.idealprotein.com</a></td>
<td>1st</td>
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<td>Ideal Protein is a supervised, four-phase VLCD weight loss method utilizing foods of highly bio-available amino acids combined with lowered carbohydrate and fat intake. This is not a high protein diet. Rather, it is a medically sound, balanced diet wherein the dieter receives the ideal amount of protein as recommended by the FDA (0.8g/kg of body weight), as well as vegetables, carbohydrates and other vitamins. The goal is to support and coach the dieter and then give them the education to maintain their weight loss for the long term.</td>
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<tr>
<td>Idaho Plate Method, LLC</td>
<td>633</td>
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<td><a href="http://www.platemethod.com">www.platemethod.com</a></td>
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<td>Idaho Plate Method, LLC</td>
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<td><a href="http://www.platemethod.com">www.platemethod.com</a></td>
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<tr>
<td>Independent Living Systems</td>
<td>239</td>
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<tr>
<td><a href="http://www.ishealthservices.com">www.ishealthservices.com</a></td>
<td>1st</td>
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<td>Independent Living Systems (ILS), in partnership with health plans, providers, hospitals, and community based organizations, is a leader in providing member-centric health and support solutions to millions of America’s Medicaid, Medicare, dual eligible, Long Term Care, Special Needs, and PACE populations. Our programs, including home delivered meals and nutritional counseling, provide an alternative to facility based care that allow individuals to remain independent and in the community.</td>
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<tr>
<td>iHealth Lab</td>
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<td><a href="http://www.ihealthconnect.com">www.ihealthconnect.com</a></td>
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<tr>
<td>iHealth Connect offers a full spectrum of FDA approved smart medical devices, mobile apps and a secure cloud infrastructure. Our solution is built around diabetes care, heart health and weight management. iHealth is a global leader in consumer-friendly mobile health devices and apps that enable individuals to take a more active role in managing their personal health. Follow us on LinkedIn, Twitter and Facebook.</td>
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<tr>
<td>iHTL-Strefa, Inc.</td>
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<td><a href="http://www.htl-strefa.com">www.htl-strefa.com</a></td>
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<tr>
<td>Infinite Trading Inc.</td>
<td>433</td>
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<tr>
<td><a href="http://www.hidow.com">www.hidow.com</a></td>
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</table>

Learn more at aade16.org
InSpark Technologies, Inc. 733
www.insparktech.com
InSpark Technologies, a leader in diabetes pattern recognition, can help people with diabetes transform the significant amount of blood glucose data captured on a daily basis into actionable insight. Our lead product, called Vigilant™ is an mHealth solution that unobtrusively analyzes data and pushes actionable notifications to users in advance of periods of risk. It is available on Apple and Google Play App stores for download to smartphones.

Insulet 829
www.MyOmniPod.com
Come learn how pump therapy can be easier with the OmniPod® Insulin Management System, the world’s first tubing-free insulin pump. With just two parts, the small, wearable Pod, and the handheld wireless Personal Diabetes Manager, the OmniPod can make diabetes an even smaller part of patients’ everyday lives.

Intarcia Therapeutics, Inc. 331, 438
www.intarcia.com
Intarcia Therapeutics is a rapidly emerging biopharmaceutical company committed to developing innovative therapies that merge medicine with technology, and have the potential to transform therapeutic categories. We focus our efforts on serious diseases that are prevalent and poorly controlled. Our near-term goal is to deliver a game-changing therapy to patients with type 2 diabetes.

Intelligent Retinal Imaging Systems 1238
www.retinalscreenings.com

International Diabetes Center 1510
www.internationaldiabetescenter.com
International Diabetes Center (IDC) helps people live well with diabetes through products, programs and services that support diabetes care and education. Publications include BASICS diabetes education materials, clinical guidelines, low literacy materials and more. IDC also offers continuing education programs for diabetes educators including Diabetes Foundations for Diabetes Educators and Advanced Strategies for Diabetes Educators.

Irisys, LLC 236
www.irisys.com

J-K

Jenny Craig 1239
www.jennycraig.com
Jenny Craig is a clinically proven, comprehensive program designed to provide structure and one-on-one support to help members lose weight and learn how to keep it off. The Jenny Craig for type 2 program is shown to result in a 9% weight loss as compared to 2.5% for usual care with greater improvements in HbA1c. Designed by Registered Dietitians, our menu provides 45% carb, 30% fat and 25% protein calories and includes over 80 items. Our Diabetes Guide bears the AADE Favorably Reviewed logo.

Johnson & Johnson Diabetes Solutions Companies 1027
www.janssenpharmaceuticalsinc.com
Janssen Pharmaceuticals, Inc., a pharmaceutical company of Johnson & Johnson, provides medicines for an array of health concerns in several therapeutic areas, including: mental health, cardiovascular disease and diabetes. Our ultimate goal is to help people live healthy lives. We have produced and marketed many first-in-class prescription medications and are poised to serve the broad needs of the healthcare market—from patients to practitioners, from clinics to hospitals.

Kibow Biotech, Inc. 1721
www.kibowtech.com

Konsyl Pharmaceuticals 104
www.konsyl.com
Konsyl Original is the No. 1 doctor-recommended all natural fiber supplement. Konsyl Original psyllium fiber supplement is all natural, gluten-free and contains no sugar or sugar substitutes. Eating soluble dietary fiber helps to lower cholesterol levels and normalize blood glucose and insulin levels. Soluble fiber is found in many foods—and in supplements containing psyllium, such as Konsyl.

LabStyle Innovations DARIO 1039
www.usa.mydario.com
The Dario Smart Diabetes Management Solution—Daily diabetes management requires the right combination of tools, knowledge and motivation. Dario provides a comprehensive solution designed with the goal to achieve better outcomes in diabetes care and improve quality of life.

Laclede Inc. 731
www.lurenacare.com

Liberty Medical 1334
www.libertymedical.com
Liberty Medical—the nation’s leading independent provider of insulin pumps, insulin pump supplies, continuous glucose monitoring systems and diabetes testing supplies, with a dedicated team of pump therapy consultants and 24/7 toll free patient support line. Liberty Medical also supplies urological, ostomy and lymphedema care products. Experienced clinicians provide outstanding support.

LifeScan, Inc. & Animas Corporation, Johnson & Johnson Diabetes Solutions 927
www.onetouch.com
LifeScan, Inc. is a world leader in blood glucose monitoring and Animas Corporation develops a wide range of innovative insulin delivery systems. As part of the Johnson & Johnson Family of Companies, both are dedicated to creating a world without limits for people with diabetes.

Lilly USA, LLC 405
www.lillydiabetes.com
Lilly has been a global leader in diabetes care since 1923, when we introduced the world’s first commercial insulin. Today, through research and collaboration, a broad and growing product portfolio, and a continued commitment to providing real solutions—we strive to make life better for people affected by diabetes.
Livliga
www.LivligaHome.com
Livliga is elegant portion control tableware for everyday use in a healthier lifestyle. It’s unique designs incorporate the psychology of eating by using visual cues, promoting the sense of feeling full at the end of a meal. It promotes right-sized portions with porcelain dinnerware, serverware and glassware in different patterns. It is Doctor and RD/Nutritionist approved. Products are lead-free, made of sustainable materials, dishwasher & microwave safe. Discover Livliga’s healthier lifestyle!

Medicision
www.medicision.com
Medicision, a division of Myabetic, LLC, manufactures medical devices that use state of the art technology to improve the lives of people with diabetes. Our products are state of the art and feature industry leading medical technologies. Medicision products include the myabetic [it]SmartGuard [/]® and the myabetic [it]FlexGuard [/]®. Both of these devices optimally monitor and control blood glucose and insulin delivery.

Milner-Fenwick
www.milner-fenwick.com
Milner-Fenwick is the leading producer of diabetes patient education videos and other resources. Most products are AADE favorably reviewed. In-facility delivery options include CCTV, and on-demand systems. Digital delivery options include web, smart phones, and tablets. We also offer PowerPoint units and patient handouts on CD-ROM. All content is sponsor-free.

Myabetic LLC
www.myabetic.com
Myabetic is a Diabetes Fashion brand that produces stylish lifestyle products for people with diabetes. Our products include fashionable diabetes supply cases and insulin pump cases, cooling pouches and T-Shirts. Shop online at www.myabetic.com and contact us for brochures at info@myabetic.com! You can also find us in the diabetes section in Target Stores nationwide.

Myceto, Inc.
www.myceto.com
Myceto, Inc. builds mySugr, a leading digital health platform for people with diabetes. The company was founded in 2012 by people with diabetes, and is backed by renowned investors including Eric Lefkofsky (Koch Industries), Bill Faloon (American Heart Association), and Davel Labbe (Ancestry). mySugr’s product portfolio includes mySugr Logbook, Particular, and mySugr Academy. The platform engages the diabetes community with a social network and digital health tools.

Myceto, Inc.
www.myceto.com
Myceto, Inc. builds mySugr, a leading digital health platform for people with diabetes. The company was founded in 2012 by people with diabetes, and is backed by renowned investors including Eric Lefkofsky (Koch Industries), Bill Faloon (American Heart Association), and Davel Labbe (Ancestry). mySugr’s product portfolio includes mySugr Logbook, Particular, and mySugr Academy. The platform engages the diabetes community with a social network and digital health tools.

Myabetic LLC
www.myabetic.com
Myabetic is a Diabetes Fashion brand that produces stylish lifestyle products for people with diabetes. Our products include fashionable diabetes supply cases and insulin pump cases, cooling pouches and T-Shirts. Shop online at www.myabetic.com and contact us for brochures at info@myabetic.com! You can also find us in the diabetes section in Target Stores nationwide.

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National Certification Board for Diabetes Educators
www.ncbde.org
Established in 1986, NCBDE grants recognition through board certification in the field of diabetes education to individuals who have satisfactorily met all eligibility requirements and successfully completed the certification examination for diabetes educators.

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National Pasteurized Eggs/
Safest Choice 1605
www.SafeEggs.com
National Pasteurized Eggs, Inc. is the leader in egg safety, pasteurizing millions of shell eggs. The Safest Choice™ all-natural, in-shell pasteurization process eliminates Salmonella and other dangerous bacteria and viruses. This precision process delivers risk-free eggs with exceptional culinary performance and was awarded the Seal of Approval by the American Culinary Federation.

Nature Hill NV 912
www.naturehillnv.com

NIH - NIDDK 1511
www.niddk.nih.gov
NIH’s National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) conducts and supports medical research and translates findings to bring science-based tools and information to patients, health care providers, and the public. NIDDK addresses diabetes, obesity, nutrition; kidney, urologic, and digestive diseases; and some endocrine, metabolic, and blood disorders.

Nova Diabetes Care 1219
www.novabiocom.com

Nova Innovations 1705 1st
www.novainnovations.net

Novo Nordisk Inc. 823, 917 IAC
www.NovoNordisk-US.com
Novo Nordisk is a global health care company with nearly a century of innovation and achievement in diabetes care. Our portfolio of diabetes treatments and delivery systems is one of the most comprehensive available. In everything we do, we are committed to driving change for people affected by diabetes.

Now Foods 1136
www.nowfoods.com

NuGo Nutrition 233 1st
www.nugonutrition.com
NuGo Slim has a glycemic index of 24, the lowest tested and published glycemic index of any low sugar or sugar-free protein bar. Sweetened only with chicory root fiber (no maltitol or artificial sweeteners) and lusciously coated in Real dark chocolate, NuGo Slim is a truly delicious protein bar that can help keep blood sugar steady. NuGo Slim Brownie Crunch contains 190 calories, 16g protein, 2g sugar, 7g fiber, and 5g net carbs.

Nutrisystem, Inc. 1304
www.nutrisystem.com
Discover a proven program designed to help you lose weight and manage your diabetes—so you can feel better than ever.

Nutrition Dimension/
ContinuingEducation.com 1038
www.continuingeducation.com/nutrition
Nutrition Dimension, part of ContinuingEducation.com is the leading provider of Continuing Education for Registered Dietitians, Dietetic Technicians, Diabetes Educators, Licensed Nutritionists and related professionals. ContinuingEducation.com is a division of OnCourse Learning, a leader in Continuing Education for Nurses and Allied Health Professionals through online courses and print publications.

Nutrition411 1529
www.nutrition411.com
Health care professionals count on Nutrition411.com for FREE up-to-date nutrition information. Known as the “Google” of dietetics and nutrition, this downloadable library offers more than 2,500 peer-reviewed, customizable materials, including patient handouts, PowerPoint presentations, conversation starters, fact sheets, videos, professional refreshers, diet information, and much, much more. Visit Nutrition411.com today!

One Drop 129 1st
www.onedrop.today

Orthofeet, Inc. 1209
www.orthofeet.com
Orthofeet is excited to introduce a new Diabetic Training Program. We want to supply all Diabetic Educators with the best tools available to be successful. Orthofeet, a leading designer and manufacturer of specialty footwear for patients with diabetes, announced a partnership with the American Association of Diabetes Educators (AADE) to develop a grassroots educational campaign promoting foot health for adults with diabetes. Please contact Andrea Buser at andrea.buser@orthofeet.com.

Otto Trading, Inc. 227, 1527
www.ottotrading.com

The Obesity Society 1539
www.obesity.org
The Obesity Society (TOS) is the leading professional society with a focus on obesity science, treatment and prevention. Our 2,500 members are just like you: clinicians and care providers, basic and clinical researchers, educators, public health and policy professionals, and many others. They have all dedicated their careers to helping those affected by obesity. It would be our privilege to have you as a member too. Stop by to learn about the networking and career advancement benefits at TOS.

Omnis Health 1113
www.omnishealth.com
Omnis Health is committed to providing quality products including the Embrace® family of glucose monitoring systems. Our deepest understanding of diabetes and the challenges facing diabetes patients allows us to adapt to the ever-changing healthcare environment and deliver timely, dependable and affordable products. We’re helping people with diabetes embrace life.

Oak Tree Health 630
www.oaktree-health.com
Oak Tree Health and Royal Medical Supplies is a Diabetes Manufacturer and supplier dedicated to product manufacturing, OEM, ODM, private labeling, innovation and technology. We offer world-class products, customer service and competitive pricing. With factories, warehouses and offices in Taiwan, south Korea, and USA, we are able to handle all your diabetes requirements.
Proactive strategies for diabetics to maintain
and materials about diabetic eye disease and
evidence-based patient education messages
announcements, media campaigns and the web.

Through brochures, fact sheets, public service
out on better eye health for people with diabetes
blindness and saving sight. We get the word

Prevent Blindness is the nation's leading eye
health organization dedicated to fighting
blindness and saving sight. We get the word
out on better eye health for people with diabetes
through brochures, fact sheets, public service
announcements, media campaigns and the web.

We train and equip diabetes educators with
evidence-based patient education messages
and materials about diabetic eye disease and
proactive strategies for diabetics to maintain
healthy vision for life.
SweetLeaf Stevia Sweetener
www.SweetLeaf.com

SweetLeaf® is the award-winning stevia sweetener with zero calories, zero carbohydrates and nonglycemic response. What makes SweetLeaf® Stevia Sweetener a standout sweetening choice is that it has NO artificial ingredients. SweetLeaf is the stevia brand consistently winning numerous international awards for taste and innovation.

SweetLeaf is sugar-free and calorie-free, and is perfect for people managing diabetes and other health conditions or those following a reduced-calorie or reduced-carbohydrate diet. SweetLeaf is also non-glycemic, meaning it doesn’t affect blood sugar in any way.

T1D Exchange
www.myglu.org

Taking Control of Your Diabetes
www.tcoyd.org

Tandem Diabetes Care, Inc.
www.tandemdiabetes.com

Tandem Diabetes Care, Inc. is a medical device company with an innovative, user-centric and integrated approach to the design, development and commercialization of products for people with diabetes who use insulin. The Company manufactures and sells the t:slim® Insulin Pump, the slimmest and smallest durable insulin pump currently on the market, and the t:flex™ Insulin Pump, the first pump designed for people with greater insulin requirements. Tandem is based in San Diego, CA.

Tate & Lyle
www.dolciaprima.com

Introducing DOLCIA PRIMA™ Allulose, the low-calorie sugar that delivers all the taste, texture and enjoyment of sugar—with 90 percent fewer calories than sucrose. When consumed, DOLCIA PRIMA™ Allulose is absorbed but not metabolized by the body, making it nearly calorie-free. Unlike caloric sugars, allulose is nonglycemic, with no impact on blood glucose or insulin levels. From baked products, to beverages, to ice cream, DOLCIA PRIMA™ is the ideal ingredient choice across a variety of applications.

TempraMed Inc
www.tempramed.com

TempraMed Inc. markets VIvi Cap1 which is FDA and CE registered replacement cap for insulin pens. It keeps insulin cool within safe temperatures below 29°C (84.2°F) for minimum of 12 hours, when the device is placed inside a personal handbag. The cap is ‘reactivated’/‘filled up’ to provide safe storage conditions, without any special user intervention, whenever the ambient temperature gets below 26°C (78.8°F), for subsequent periods of 12 hours and for up to one year.

Texas Christian University
www.harriscollge.tcu.edu

Dr. Howe and Walker are assistant nursing professors at Texas Christian University and will be conducting a study at AADE2016. We are surveying diabetes educators about their knowledge and skills related to health literacy, teaching, and communication techniques. We hope to gather surveys from you during our 4 days at AADE. All those who return the survey are eligible to enter in a raffle for a complimentary registration to AADE2017.

Today’s Dietitian
www.gyipub.com

Together 2 Goal®
www.amga.org

TOPS Club, Inc. (Take Off Pounds Sensibly)
www.top.org

TOPS Club Inc.® (Take Off Pounds Sensibly®) is a nonprofit, noncommercial network if weight-loss support groups. Founded more than 66 years ago, TOPS® offers evidence-based tools and programs for healthy living and weight management with exceptional group fellowship and recognition. TOPS® has chapters available all across North America.

Torbot Group Inc.
www.torbot.com

Torbot manufactures Skin Tac adhesive for use with insulin pumps and CGM’s, Tacaway adhesive remover and Stomacare skin soothing aloe wipes. We also distribute a full line of ostomy and wound skin care products.
Trividia Health  1411  www.niprodiagnostics.com

Based in Fort Lauderdale, Florida, Nipro Diagnostics, Inc. is a leading developer, manufacturer and marketer of diabetes monitoring and management products. The company offers a portfolio of high-quality blood glucose monitoring systems and diabetes management products available around the world. Nipro Diagnostics is the exclusive supplier of blood glucose monitoring systems, co-branded under the TRUE name, to the world’s leading pharmacies, distributors and mail service providers.

Type 1 Diabetes TrialNet  730  www.diabetestrialnet.org

Type 1 Diabetes TrialNet (TrialNet) is an international network of researchers who are exploring ways to prevent, delay and reverse the progression of type 1 diabetes.

University of Florida  1614  1st  http://pd.dce.ufl.edu/CDE

Join the University of Florida Professional Development’s self-paced, online Diabetes Education Program. When complete, the healthcare professional will have the knowledge and tools required to help people with diabetes more effectively manage their disease, and educate others on diabetes prevention. This course requires a minimum of 48 hours dedicated to videos, readings, quizzes, and homework.

Uplife USA  1526  1st  www.techcaremassager.com

V-W-Y

Valeritas  437  www.valeritas.com

VeroScience LLC  229  1st  www.veroscience.com

VeroScience is a biotechnology company focused on the development of therapies to improve human health. A major platform technology is Circadian Neuroendocrine Resetting Therapy®, an example of which is Cycloset®. The circadian timed daily administration of Cycloset, a quick release form of bromocriptine mesylate and a unique insulin sensitizer that works to reduce sympathetic activity and improve insulin-mediated glucose disposal, is FDA approved for the treatment of type 2 diabetes.

Visit Indy - AADE17  132

Stop by and learn about AADE 2017’s host city, Indianapolis!

Walden Farms, Inc.  1137  www.waldenfarms.com

Walden Farms makes over 50 different products that are all sugar free, calorie free, fat free, carb free and gluten free. We make dressings, sweet syrups, condiments, fruit spreads, peanut spreads and sweet dips. We are launching in 2015 five flavors of Coffee Creamers, all sugar free, fat free and calorie free.

Walmart ReliOn  537  www.relion.com

Welch Allyn  533  www.welchallyn.com

Wise Consumer Products  1626

Yota Enterprise  1528  1st  www.startuplv4u.com

Vitamix  536  1st  www.vitamix.com

Improving the vitality of people’s lives and liberating the world from conventional food and beverage preparation boundaries.

WA Dental Service Foundation  1715  www.deltadentalwa.com/our-foundation  1st

The Washington Dental Service Foundation is a non-profit that works to improve oral and overall health in Washington state and nationally. Using social media, brochures, fact sheets, and videos we educate people with diabetes and their healthcare team about the importance of oral health. We provide diabetes educators with messaging and materials to help patients understand the connection between diabetes and oral health and strategies for people with diabetes to take care of their oral health.

U.S. Office of Minority Health  1509  www.minorityhealth.hhs.gov

The Office of Minority Health is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities. The Office of Minority Health Resource Center is a one-stop source for minority health literature, research and referrals for consumers, community organizations and health professionals.

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UltiMed, Inc.  828  www.ulticare.com

University of Florida  1614  1st  http://pd.dce.ufl.edu/CDE

Join the University of Florida Professional Development’s self-paced, online Diabetes Education Program. When complete, the healthcare professional will have the knowledge and tools required to help people with diabetes more effectively manage their disease, and educate others on diabetes prevention. This course requires a minimum of 48 hours dedicated to videos, readings, quizzes, and homework.

Uplife USA  1526  1st  www.techcaremassager.com

V-W-Y

Valeritas  437  www.valeritas.com

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Welch Allyn  533  www.welchallyn.com

Wise Consumer Products  1626

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Learn more at aade16.org
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Please join us for a product theater

Speakers: Debbie Hinnen, APN, BC-ADM, CDE, FAAN, FAADE  
Davida Kruger, MSN, APRN-BC, BC-ADM  
Virginia Valentine, APRN-CNS, C-ADM, CDE, FAADE

Date: Saturday, August 13, 2016
Time: 11:45 AM to 12:30 PM
Location: Product Theater A  
Exhibit Hall B2

Learn more at Booth 1027 and at INVOKENAhcp.com

*Data on file. Based on TRx data sourced from IMS NPA Database, weekly data through 4/8/16.  
DIABETES TAKES NO BREAKS. NEITHER DO WE. ALWAYS BY YOUR SIDE.

Medtronic is working with the global community to transform diabetes care together, for greater freedom and better health.

Visit us at booth #704 to learn more.

Our family of field and customer care representatives are there every day (and night) to provide service, guidance and answers.

- Training and education
- StartRight™ program
- 24-Hour HelpLine
- Travel assistance
- Pump and CGM therapy advice

Patient portrayal for demonstration purposes only. StartRight is a service mark of Medtronic MiniMed, Inc. 940M15310-011 20160714 © Medtronic MiniMed, Inc. 2016. All rights reserved.