Clinical Impact with the FreeStyle Libre System

Simple, accurate¹, and more affordable* continuous glucose monitoring

American Association of Diabetes Educators
2018 Annual Conference
Product Theater A
Saturday, August 18th 2018
11:45 a.m. – 12:30 p.m.

Baltimore Convention Center
1 W. Pratt St., Baltimore, MD 21201

Presented by
Amy Lynn Hess Fischl, MS, RDN, LDN, BC-ADM, CDE
University of Chicago Medicine
Kovler Diabetes Center

¹ Based on manufacturers’ list prices. The actual cost to your patients may or may not be lower than other CGM systems, depending on the amount covered by insurance, if any.
² Data based on the number of users worldwide for FreeStyle Libre personal CGM compared to the number of users for other leading personal CGM brands

This program is sponsored by Abbott, the speaker or speakers are presenting on behalf of Abbott and the content of the program is in compliance with applicable regulatory requirements.

Government employees are welcome to attend the speaker program subject to notifying Abbott when RSVPing that their employer has no objection to their attending the program. DoD, VA, and Federal IHS employees may not partake in the program meal. Non-Federal IHS employees may not partake in the program meal if prohibited by their employers.

Indications and Important Safety Information
The FreeStyle Libre Flash Glucose Monitoring system is a continuous glucose monitoring (CGM) device indicated for replacing blood glucose testing and detecting trends and tracking patterns aiding in the detection of episodes of hyperglycemia and hypoglycemia, facilitating both acute and long-term therapy adjustments in persons (age 18 and older) with diabetes. The system is intended for single patient use and requires a prescription.

CONTRAINDICATIONS: Remove the sensor before MRI, CT scan, X-ray, or diathermy treatment.

WARNINGS/LIMITATIONS: Do not ignore symptoms that may be due to low or high blood glucose, hypoglycemic unawareness, or dehydration. Check sensor glucose readings with a blood glucose meter when Check Blood Glucose symbol appears, when symptoms do not match system readings, or when readings are suspected to be inaccurate. The FreeStyle Libre system does not have alarms unless the sensor is scanned, and the system contains small parts that may be dangerous if swallowed. The FreeStyle Libre system is not approved for pregnant women, persons on dialysis, or critically-ill population. Sensor placement is not approved for sites other than the back of the arm and standard precautions for transmission of blood borne pathogens should be taken. The built-in blood glucose meter is not for use on dehydrated, hypotensive, in shock, hyperglycemic-hyperosmolar state, with or without ketosis, neonates, critically-ill patients, or for diagnosis or screening of diabetes. Review all product information before use or contact Abbott Toll Free (855-632-8658) or visit www.freestylelibre.us for detailed indications for use and safety information.

FreeStyle Libre, and related brand marks are trademarks of Abbott Diabetes Care Inc. in various jurisdictions.
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Learn more at aade18.org
CHOOSE RECOGNITION: RENEW YOUR CDE® CERTIFICATION

NCBDE thanks you for making a commitment to people with diabetes and prediabetes through earning your CDE certification. Your partners, peers, and health care team members recognize your commitment and knowledge through attaining the CDE distinction.

Education makes a vital difference in the short and long-term efforts of people to successfully manage their diabetes or prediabetes. Health professionals who hold the CDE credential are well positioned to meet the needs of this growing population. Whether renewal is this year or four years away, commit today to renewing your CDE certification.

☑ Mark your calendar to renew
☑ Make your plan for renewal
☑ Keep your finger on the pulse of diabetes care and education

Visit ncbde.org/currently_certified/renewal-information/
Welcome to AADE18 • Passion into Action

I’d like to personally welcome each of you to Baltimore’s beautiful Inner Harbor for AADE18. It’s an exciting time to be a diabetes specialist, as we look to new technologies, models of care, and organizational collaborations that are making a difference in our specialty and with those we serve.

Over the next few days, you’ll have the opportunity to engage with other diabetes specialists from a variety of settings and backgrounds. Take the time to learn from them, gain insight into their challenges, and find ways to share best practices. As the largest annual conference for diabetes specialists, there is no better place to connect with others from our specialty.

This year’s educational sessions have been selected to help you meet the ever-changing demands placed on you and your practice. Additions include a new topic day on Monday called Diabetes and Mental Health, a subject that continues to gain more and more attention and insight. A new Mastering Diabetes Complications track gives you the opportunity to focus on diabetes complications that impact those you serve.

A few quick tips to help you get the most out of AADE18:

- Download the AADE18 mobile app onto your smartphone. Just go to the iTunes or Google Play store and look for AADE18. This will be your go-to tool for updated session information, slides, event details, and more.
- The app also gives you the ability to create your own schedule. How cool is that?
- New this year, we’re helping you make the most of AADE18 by offering full-conference attendees the recorded versions of all education sessions at no extra cost! Just watch your email after the conference for access information.
- Connect with us on social media. Follow along on Twitter, Facebook, LinkedIn or Instagram using #AADE18 for session updates, announcements, freebies and more. Search for AADE on Facebook or follow us on Twitter at @AADEdiabetes. Share your takeaways from sessions, the exhibit hall, events and more!
- Not sure how to engage on Twitter? Make sure you stop by the Twitter lounge to get your questions answered.
- Take a break! Between all the sessions, exhibit hall, networking, and events, things can get a little hectic. Take some time, whether that’s in the evening, early in the morning, or just during lunch, and do something for yourself. Sample some local fare, enjoy the nice breeze off Chesapeake Bay, attend a 6 am Zumba class before general session, or check out one of the many attractions within a 5-minute walk of the convention center.
- These moments are vital for a successful and manageable AADE18.

As your 2018 President, I cannot thank you enough for your time and dedication to our specialty, our organization, and most importantly, those affected by diabetes. As someone who has been attending these conferences for more than 20 years, what you take home with you after this weekend will prove invaluable to your practice and those you serve. This is your time, your space and your moment. Together we can turn our Passion into Action!

2018 Annual conference program committee members

2018 Annual Conference Program Committee Members

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Learn more at aade18.org
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**TYPE OF ACTIVITY**
This activity includes both knowledge-based and application-based education sessions.

**TARGET AUDIENCE**
This continuing education activity should be of substantial interest to nurses, pharmacists, dietitians/dietitian nutritionists, PAs, nurse practitioners, exercise physiologists, physical therapists, and other healthcare professionals who care for people at risk for and affected by diabetes and other related conditions.

**LEARNING OBJECTIVES**
At the conclusion of AADE18, 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. Examine the changing face of health care, healthcare 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. Implement novel and innovative programs and collaborations with a broad array of diabetes stakeholders to advance the role of diabetes educators and promote 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, healthcare systems, payment models.
2. Learners will be able to use communication technologies that deliver clinically- and cost-effective care to effectively assist people at risk for and affected by diabetes.
3. Learners will appreciate and enhance their own opportunities for professional development, role enhancement and career advancement.
AADE18 SCHEDULE AT A GLANCE

THURSDAY, AUGUST 16

Time
12:00 pm – 7:00 pm Registration
1:00 pm – 5:00 pm Preconference Course* Reimbursement Boot Camp
1:00 pm – 5:00 pm Preconference Course* Pharmacology Boot Camp
3:30 pm – 4:15 pm Product Theater
5:30 pm – 6:15 pm Product Theater
5:30 pm – 7:00 pm Networking Reception Hosted by Coordinating Bodies (CB) and Communities of Interest (COI) – Open to All Attendees (Hilton Baltimore Hotel)
7:30 pm – 8:30 pm DSMA Live Twitter Chat

FRIDAY, AUGUST 17 Delay Type 2 Diabetes Day

Time CE Credits
6:30 am – 7:15 am Product Theater
6:30 am – 3:00 pm Registration
7:30 am – 9:00 am President’s Address & General Session 1.0
9:00 am – 3:00 pm Exhibit Hall Open
9:45 am – 10:45 am Education Sessions 1.0
11:00 am – 12:00 pm Education Sessions 1.0
12:00 pm – 1:00 pm Meet the Poster Authors 1.0
12:15 pm – 1:00 pm Product Theaters
1:00 pm – 2:00 pm Meet the AADE Journal Editors
2:00 pm – 3:30 pm Education Sessions 1.5
3:45 pm – 4:45 pm Education Sessions 1.0
5:00 pm – 5:45 pm Product Theater
5:00 pm – 6:00 pm Education Sessions 1.0
6:00 pm – 7:30 pm Customer Appreciation Event/Special Symposium – Boston Scientific (Hilton Baltimore Hotel)
8:00 pm – 10:00 pm Hoopla

SATURDAY, AUGUST 18 Type 1 Diabetes Day

Time CE Credits
6:00 am – 7:00 am Zumba
6:30 am – 7:15 am Product Theater
7:00 am – 2:00 pm Registration/Evaluation Station
7:30 am – 8:30 am General Session 1.0
8:30 am – 2:00 pm Exhibit Hall Open
9:15 am – 10:45 am Education Sessions 1.5
11:00 am – 12:00 pm Education Sessions 1.0
12:00 pm – 1:00 pm Meet the Poster Authors 1.0
12:15 pm – 1:00 pm Product Theaters
1:00 pm – 2:00 pm AADE Annual Business Meeting 1.0
2:00 pm – 3:00 pm Education Sessions 1.0
3:15 pm – 4:15 pm Education Sessions 1.0
4:30 pm – 5:30 pm Education Sessions 1.0
6:00 pm – 7:30 pm Corporate Symposium (Hilton Baltimore Hotel) 1.5
8:00 pm – 10:00 pm AADE Celebration* (Hilton Baltimore Hotel)

SUNDAY AUGUST 19

Time CE Credits
6:30 am – 7:15 am Product Theater
7:00 am – 2:00 pm Registration/Evaluation Station
7:30 am – 8:30 am General Session 1.0
8:30 am – 2:00 pm Exhibit Hall Open
9:15 am – 10:45 am Education Sessions 1.5
11:00 am – 12:00 pm Education Sessions 1.0
12:00 pm – 2:00 pm Education Sessions 2.0
1:00 pm – 2:00 pm AADE Annual Business Meeting 1.0
2:00 pm – 3:00 pm Education Sessions 1.0
3:15 pm – 4:15 pm Education Sessions 1.0
4:30 pm – 5:30 pm Education Sessions 1.0
6:00 pm – 7:30 pm Corporate Symposia (Hilton Baltimore Hotel) 1.5

MONDAY, AUGUST 20 Diabetes Mental Health Day

Time CE Credits
6:00 am – 7:00 am Zumba
7:00 am – 10:00 am Registration/Evaluation Station
7:30 am – 9:00 am General Session 1.0
9:15 am – 10:15 am Education Sessions 1.0
10:30 am – 11:30 am Education Sessions 1.0
12:00 pm – 2:00 pm Education Sessions 2.0

Hours and schedule are subject to change. Events will take place at the Baltimore Convention Center, One Pratt Street, unless otherwise noted.

Daily CE hours listed on page 26.

* Additional fee required to attend these events.
We don't all have the same glycemic response to the foods we eat so knowing what is good for one person may not be what's good for another. And for patients with type 2 diabetes knowing what 'eating healthy' means is to know how to stay in better control. With an iPro™ 2 Continuous Glucose Monitoring (CGM) evaluation + the FoodPrint™ report patients will know exactly what it means, for them, to eat healthy.

The iPro™ 2 myLog app offers an easy and quick way for patients to track their blood glucose readings, log their medications, exercise and meals. Logging meals for the FoodPrint™ report is easy - simply take a photo of each meal and snack with your smartphone. Upon completion of the 6-day iPro™ 2 CGM evaluation, the information from the app is synchronized with sensor glucose data and two unique reports are created: The Pattern Snapshot report and the new FoodPrint™ report. The Pattern Snapshot report shows critical glucose information such as time in target glucose range, identified patterns of glucose variability, and a clear graph of the full glucose tracing. The FoodPrint™ report shows pictures of meals taken for breakfast, lunch and dinner. These meals are given a grade, 'A-F', based on the body's glucose reaction. These reports help the healthcare provider and the patient work together to develop a personalized therapy and treatment plan that is right for that patient.

What does eating healthy mean for me?

For Jane FoodPrint™ showed her that she needed to avoid pasta for lunch while for John pasta was okay. For breakfast Jane learned to watch out for hidden sugars, while John learned to be careful of excess fat which can decrease the body's sensitivity to insulin. With this information both patients are now able to make smart choices that will help them, and their healthcare providers, to better manage their type 2 diabetes.

To learn more about the new FoodPrint™ report as part of an iPro™ 2 CGM evaluation stop by the Medtronic booth #329 or attend our Product Theater on Saturday August 18th at 6pm located at the Hilton Baltimore.
GETTING AROUND BALTIMORE

Ride for FREE within the city with the Charm City Circulator

This free shuttle runs every 10 minutes from early morning to late afternoon, 7 days/week. The orange line picks up and drops off right in front of the Baltimore Convention Center (stop 219) and services Hollins Market to Harbor East.

FREE Downtown Area Shuttle

- Charm City Circulator - Green Route
- Charm City Circulator - Orange Route
- Charm City Circulator - Purple Route
- Charm City Circulator - Banner Route

Learn more at aade18.org
HOTEL INFORMATION

1. Hilton Baltimore* (Headquarter Hotel)
   401 W. Pratt Street
   443-573-8700

2. Baltimore Marriott Inner Harbor at Camden Yards
   110 S. Eutaw Street
   410-962-0202

3. Baltimore Marriott Waterfront
   700 Aliceanna Street
   410-385-3000

4. Brookshire Suites
   120 E. Lombard Street
   410-625-1300

5. Crowne Plaza Baltimore
   110 W. Fayette Street
   410-347-5707

6. Days Inn Inner Harbor
   100 Hopkins Plaza
   410-576-1000

7. Delta Hotels by Marriott Baltimore Inner Harbor
   1 E. Redwood Street
   410-234-8950

8. Embassy Suites Baltimore
   222 St. Paul Place
   410-727-2222

9. Holiday Inn Inner Harbor
   301 W. Lombard Street
   410-685-3500

10. Hotel Monaco
    2 N. Charles Street
    443-692-6170

11. Hotel Red Lion Baltimore Inner Harbor
    207 E. Redwood Street
    410-685-2381

12. Hyatt Place Inner Harbor
    511 S. Central Avenue
    410-558-1840

13. Hyatt Regency Baltimore
    300 Light Street
    410-528-1234

14. Lord Baltimore Hotel
    20 W. Baltimore Street
    410-539-8400

15. Radisson Hotel Baltimore Downtown Inner Harbor
    101 W. Fayette Street
    410-752-1100

16. Renaissance Baltimore Harborplace Hotel
    202 E. Pratt Street
    410-547-1200

17. Royal Sonesta Harbor Court
    550 Light Street
    410-234-0550

18. Sheraton Inner Harbor Hotel
    300 S. Charles Street
    410-962-8300

NO shuttle service is offered due to the close proximity of hotels.
AADE18 RESOURCES FOR YOU

AADE18 ONLINE PLANNER AND APP

The Online Planner, designed for desktop and laptop computers only, offers year-round access to content. To access the planner, go to https://plan.coreapps.com/tristar_aade18. You can use the Online Planner to browse sessions and create an agenda of sessions, events and exhibitors you would like to explore.

The AADE Event App provides everything you need to navigate the conference using your mobile device (iOS iPhone or iPad, or Android phone or tablet). Use this cutting-edge technology to customize your conference itinerary and interact with other attendees. Sync your app and Online Planner itinerary by tapping Settings (gear icon on the top of the dashboard) and select «Multi Device Sync.»

Download the AADE Event App through your app store (search “AADE Events”) or type m.coreapps.com/tristar_aade18_events into your mobile device browser. The AADE18 app is accessible from within the AADE Events app.

AADE BOOTH AND BOOKSTORE

Booth #160

Your destination for all things AADE. Learn more about your member benefits, how to get involved with AADE. Also on hand will be representatives from our accreditation program (DEAP), BC-ADM credential, and AADE Prevention Network. A special highlight at the booth this year is DANA, our new technology institute that is exclusively for AADE members. While you’re here, make sure to test drive DANA.

Also, be sure to visit the AADE Bookstore for the latest professional development opportunities. Place an order during AADE18 and receive free shipping* and 15 percent off the AADE member price for books, online courses, live webinars, and AADE18 Sessions on Demand**. All products ship after the conference.

*Minimum order for free shipping is $25.00. Free standard shipping within the Continental U.S. only. Alaska and Hawaii shipping: $20.00. No international shipping. Discounts and free shipping available only on orders placed at the AADE Bookstore August 17 – 19. Credit or debit cards only. Excludes live programs, recorded webinars, Career Path programs, and bundles.

**AADE18 Sessions on Demand provides CE and requires a separate purchase. This is a separate offering from the complimentary recorded sessions included with full-conference registration.

AADE DIABETES PREVENTION NETWORK

Stop by the AADE Booth (#160) to meet the AADE Diabetes Prevention Program (DPP) team as well as some of our national partners, program coordinators, and lifestyle coaches who will share their experiences with building a sustainable and successful diabetes prevention program. Find out how to add the DPP to your DSMES services and get advice on your toughest DPP issues. Test drive our new Data Analysis of Participants System (DAPS) which includes the CDC’s 2018 Standards, enhanced analytics and reporting, and improvements to participant charting.

AADE EDUCATION AND RESEARCH FOUNDATION

As our philanthropic arm, the AADE Education and Research Foundation provides vital support for the association and its members. By allocating funds for AADE18 scholarships and the technology track, the Foundation is working to support the professional development of you and your peers. To make a donation, visit the registration desk or go online to diabetesseducator.org/donate.

NEW! DANA TECH TRAINING LAB

Booth #108

The Diabetes Advanced Network Access (DANA) Tech Training Lab offers members hands-on product training with industry trainers. It will give diabetes educators the opportunity to engage directly with industry trainers to learn how to use products and ask questions. Space is limited.

Friday, August 17

• 1:00 pm: VOLUNTIS
• 2:30 pm: AstraZeneca

Saturday, August 18

• 9:00 am: Abbott
• 10:30 am: Roche
• 1:15 pm: WellDoc
• 3:15 pm: AstraZeneca

Sunday, August 19

• 9:00 am: Dexcom
• 10:30 am: Tandem
• 11:45 am: Abbott

The schedule is subject to change.

AADE IN PRACTICE/ THE DIABETES EDUCATOR JOURNALS

Booth #154

Want to raise your profile? Consider submitting an article to AADE’s two journals: AADE in Practice and The Diabetes Educator. Talk with the editorial boards of each journal, explore topics and learn how to submit an article/manuscript.

Friday

1:00 pm – 2:00 pm

Saturday

12:00 pm – 1:00 pm
AADE FOOD VOUCHERS

Exhibit Hall E

AADE18 full conference registrants 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 800. The menus include healthy and nutritious selections, 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 completion of the online evaluation process. Attendees will receive an email containing the evaluation link for easy completion either onsite, in the AADE Evaluation Station or via your own computer at home. 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 onsite. Evaluations need to be completed no later than Friday, October 5, 2018. Additional CE credits can be earned by viewing posters and by participating in special courses* taking place on Thursday, August 16.

*Additional fees required.

Pharmacists

Pharmacists claiming CE credit are required to provide their date of birth (mm/dd) and NABP ePID number to adhere to the requirements of the Accreditation Council for Pharmacy Education (ACPE) and the National Association of Boards of Pharmacy (NABP).

POSTER SESSION

Education Posters

Exhibit Hall C

Posters will be displayed Friday through Sunday. See page 70 for a listing of posters.

NEW! AADE18 EDUCATION SESSION RECORDINGS

Full-conference registrants will receive access to all recorded education sessions at no extra charge. Please note that these recorded sessions will not offer CE credit. To obtain credit, you must purchase the AADE18 Sessions on Demand.

PRESENTATION MATERIAL

The presenters’ views do not necessarily reflect the views and policies of AADE. Presentation materials are accessible electronically via the AADE18 Online Planner, app and website. Presentations are continuously updated from speakers throughout the conference. Attendees may continue to download materials from the AADE18 Online Planner and website after the conference.

ALL ATTENDEE EVENTS

Networking Reception hosted by Coordinating Bodies (CB) and Communities of Interest (COI)

5:30 pm – 7:00 pm • Thursday, August 16

Hilton Baltimore Hotel

Key Ballroom 12, Level 2

CBs and COIs will be showcasing their groups to AADE18 attendees. Meet and network with leaders from both groups and learn how you can participate.

Hoopla

8:00 pm – 10:00 pm • Friday, August 17

Baltimore Convention Center · Ballroom IV, Level 4

Sponsored by mySugr

All are welcome to attend and cheer on your friends and coworkers as they compete for bragging rights. Light snacks and a cash bar will be available.

AADE Annual Business Meeting (1.0 CE)

1:00 pm – 2:00 pm • Sunday, August 19

Exhibit Hall A (General Session)

Join us for AADE’s Annual Business Meeting. This is your opportunity to learn firsthand what your association has accomplished this past year, learn about the Board’s vision for the future, and get briefed on AADE’s allocation of financial resources for 2018 and beyond. This meeting is open to all AADE members and 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, August 19

Hilton Baltimore Hotel

Holiday Ballroom 1, Level 2

Get your groove on with Sunday Night Fever at the AADE Celebration event. This is your chance to let loose so make sure to dress in your 70’s best and get ready to boogie. Enjoy music, dancing, snacks, and libations. Purchase your ticket for $25 at the Registration Desk during registration hours.

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 a prohibition would apply to you. Your AADE18 badge must be worn for admittance to these events.

ED Education Hits and Misses: Preparing for those Tough Conversations (1.0 CE)

6:00 pm – 7:30 pm • Friday, August 17

Hilton Baltimore Hotel

Key Ballroom 12, Level 2

Supported by an unrestricted educational grant provided by Boston Scientific

Ever have a tough conversation with a patient concerning erectile dysfunction (ED) or sexual health? Whether your answer is yes or no, please join us Friday evening for an educational presentation on some ED conversation “hits and misses” and how to prepare for those tough conversations. Erectile dysfunction is extremely common in patients with diabetes; one out of every two men with diabetes has sexual troubles caused by their disease. Patients take their cue from you, and this symposium will highlight tips and tricks to assist you in being more comfortable, relaxed and supportive of the conversation!

BD/Lilly Customer Event

7:00 pm – 9:00 pm • Saturday, August 18

Hilton Baltimore Hotel

Eutaw Street, Level 1

Hosted by Lilly Diabetes and Becton, Dickinson and Company

We are looking forward to celebrating with the AADE18 attendees at this year’s Lilly/BD Customer Event. Please join us for an evening of fun featuring our version of crab fest with East Coast themed foods, drinks and music. We look forward to seeing you there!
GET THE MOST OUT OF AADE18

GET INVOLVED

AADE CONNECTION CENTER
Upper Charles Street Lobby, Level 2
Sponsored by NSO/HPSO
Everyone has an opinion, what’s yours? Head over to the #AADE18 conversation board to share your advice, get ideas and connect with your fellow diabetes educators. Just grab a marker and tell us what you’re thinking! Your answers could be featured on our social media channels.

DSMA LIVE TWITTER CHAT
7:30 pm – 8:30 pm • Thursday, August 16
Pratt Street Lobby
Supported by Roche
Join the conversation at #AADE18 with a Diabetes Social Media Advocacy live chat.

SOCIAL MEDIA
Join the #AADE18 conversation by following @AADEdiabetes on Twitter or liking us on Facebook. Connect with other attendees and receive last minute updates on sessions, events, freebies and more. Share your experiences using #AADE18.

TWITTER LOUNGE
Booth #457
Supported by Johnson & Johnson Diabetes Institute (JIDI)
Looking for a spot in the exhibit hall to sit back, relax and get one-on-one assistance to upskill your Twitter know-how? Look no further than the Twitter Lounge sponsored by Johnson & Johnson Diabetes Institute! Here you’ll find Twitter experts, your colleagues and members of peer support communities, ready and willing to help you sharpen your Twitter savviness. Whether it’s creating your profile, learning to tweet, building your handle, or engaging in a Twitter chat, you’ll walk away with new information and an increased level of confidence! All you need is your smartphone. Plus, you’ll receive a flash drive from Johnson & Johnson Diabetes Institute loaded with Twitter education essentials including a how-to video series with handouts, tip sheets with user-generated content from Twitter chats, peer support resources from AADE and more! Follow the handles @AADEdiabetes and @JDiabetesInst along with the hashtags #AADE18 and #JDDiabetesInst during the conference to track news and activities.

REGISTRATION AND HOUSING DETAILS

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

REGISTRATION/EVALUATION STATION
Pratt Street Lobby
Get a head start on your evaluations by visiting Evaluation Station in the registration area to complete your evaluations. Evaluations also can be completed in the comfort of your own home.

HOUSING DESK
Pratt Street Lobby
AADE’s official housing company, MCI, is available to answer questions, address concerns and resolve issues that you may encounter at any of the official hotels.

PRODUCTS AND SERVICES

EXHIBIT HALL
Exhibit Hall E
The AADE Annual Conference Exhibit Hall provides a forum to interact with companies, products and services in the broader diabetes therapeutic space. By providing access to a wide range of companies, AADE seeks to give attendees the opportunity to listen, interact and form their own opinions of each product or service that they and their patients may encounter. AADE does not endorse products or services, and the presence of any exhibition at an AADE meeting, conference or function does not imply an endorsement.

EXHIBIT HALL HOURS

<table>
<thead>
<tr>
<th>Days</th>
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<tbody>
<tr>
<td>Friday, August 17</td>
<td>9:00 am – 3:00 pm</td>
<td>Saturday, August 18</td>
<td>8:30 am – 4:00 pm</td>
<td>Sunday, August 19</td>
<td>8:30 am – 2:00 pm</td>
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<td>Unopposed Time: *</td>
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*Unopposed time means it does not conflict with education sessions

Find helpful volunteers in the lounge

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<th>Days</th>
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<tbody>
<tr>
<td>Friday</td>
<td>12:00 pm – 2:00 pm</td>
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<td>Saturday</td>
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<td>2:30 pm – 3:45 pm</td>
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<tr>
<td>Saturday</td>
<td>12:00 pm – 2:00 pm</td>
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Learn more at aade18.org
PASSPORT GAME
Dropbox Kiosk located in Booth #156
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 one. Once you’ve visited all the participating booths and filled out your game card, turn it in to the kiosk located in Booth #156 to be entered into a drawing to win free AADE19 registration. Three fully completed game cards will be chosen at random at the conclusion of the conference. Passport Game participating companies:

Abbott Diabetes Care   Booth #729
Ascencia   Booth #316
BD   Booth #411
CINA   Booth #237
Companion Medical   Booth #750
Edwards Health Care Services (EHCS)   Booth #460
Smart Meter Corp   Booth #300
Sun Pharma   Booth #139
Trividia   Booth #911

SPECIAL EVENTS PAVILION AND COOKING DEMONSTRATIONS
Booth #717
A special pavilion will feature discussions on a variety of topics and healthy cooking demonstrations. Be sure to stop by booth #717 for a full schedule of activities taking place during Exhibit Hall hours.

Schedule (as of July 1):
Friday, August 17  9:15 am  Day Two
Friday, August 17  12:15 pm  Heartland Foods
Friday, August 17  1:15 pm  Wonderful Pistachio’s
Saturday, August 18  8:45 am  Fit4D
Saturday, August 18  11:45 am  Heartland Foods
Saturday, August 18  12:40 pm  NCBDE
Saturday, August 18  2:45 pm  FitBit
Sunday, August 19  8:45 am  GlucoseZone
Sunday, August 19  12:10 pm  Dario Health
Sunday, August 19  1:00 pm  CMS

LOCAL INFORMATION

BALTIMORE CONVENTION CENTER’S RESTAURANT AND CONCIERGE BOOTH
Charles Street Lobby
Local and experienced onsite concierge staff 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 from 9:00 am – 5:00 pm.

WHEN IN NEED
To report an emergency, call the Public Safety Office at xtn. 5046

EMERGENCY RESPONSE
If you witness an emergency, dial 5046 from any white house telephone. In the event you cannot locate a white phone, dial 410-649-7055.

FIRST AID OFFICE
Charles Street South Lobby, Level 1
The First Aid Office is open during conference hours. It is staffed by an emergency medical technician who is responsible for treating medical emergencies.

INFORMATION DESK
Charles Street Lobby, Level 2
Have questions regarding the Annual Conference? Stop by the Information Desk for assistance.

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

NUTS AND BOLTS

AMERICANS WITH DISABILITIES ACT
In accordance with the federal law, AADE only uses facilities that are in compliance with the Americans 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
Pratt Street Lobby
ABC Imaging is an onsite business center to help with your conference needs. Hours of operation are:
8:30 am – 4:30 pm  Monday – Friday
12:00 pm – 4:00 pm  Saturday – Sunday
There is a full-service UPS office located in the Hilton Baltimore Hotel for your additional needs.

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

DRESS CODE
Business casual attire is appropriate for education sessions. Casual attire is appropriate for all conference events. As all meeting spaces can vary in temperature, we encourage you to dress in layers.

MOTHER’S ROOM
Room 306
AADE recognizes the need for a suitable private area for nursing mothers.

FUTURE AADE ANNUAL CONFERENCES

2019 Houston, TX
Friday, August 9 – Monday, August 12

2020 Atlanta, GA
Friday, August 14 – Monday, August 17

2021 Phoenix, AZ
Friday, August 13 – Monday, August 16
AADE 2018
AWARD RECIPIENTS

2018 Lifetime Achievement Award
R. Keith Campbell, RPh, FASHP, CDE, FAADE
This award recognizes outstanding contributions and service to AADE and honors individuals who exemplified the proud history of diabetes education while serving as extraordinary role models. This posthumous award will be accepted in Dr. Campbell’s name by his daughter, Kimberlee Campbell.

Presented Sunday in the General Session.

2018 Strategic Initiative Award
Jasmine Gonzalvo, PharmD, BCPS, BC-ADM, CDE, LDE, FAADE
This award recognizes a member whose work reinforces AADE’s Strategic Goals in Diversity or New Models of Care to achieve the outcomes inspired by AADE’s mission and vision.

Presented Monday in the General Session.

2018 Allene Van Son Distinguished Service Award
Malinda Peeples, RN, MS, CDE, FAADE
In honor of the first AADE President, this award recognizes outstanding contributions and service to this association.

Presented Friday in the General Session.

2018 AADE Rising Star Awards
Melanie L. Duran, RN, BSN, CDE
Clipper F. Young, PharmD, MPH, BC-ADM, CDE
This award recognizes a diabetes educator who has less than three years of diabetes education experience and has demonstrated leadership and commitment in their practice.

Presented Monday in the General Session.

2019 Diabetes Educator of the Year
Jane K. Dickinson, RN, PhD, CDE
This award honors a diabetes educator who has made a special contribution to the field through dedication, innovation and sensitivity in patient care.

Presented Saturday in the General Session.

Sponsored by LifeScan
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.
THANK YOU
TO THE DANA SPONSORS
for helping make innovations in diabetes care easier to use and share.

Diamond Level

AstraZeneca

Platinum Level

BD  Dexcom®  Roche  WellDoc®

Gold Level

Lifescan  Medtronic  Voluntis

Silver Level

Ascensia Diabetes Care  glooko  Insulet Corporation

Diabetes Mine  diatripe® Foundation  Tidepool

Educational Program Support Provided by: Abbott Diabetes Care
Robust and reliable, DANA is here to connect you with the devices, expertise and innovations shaping the future of diabetes care.

Free for AADE members, DANA (Diabetes Advanced Network Access) is the quick and easy way to:

- **Research** and review diabetes devices and mobile apps.
- **Access** tech-focused courses, webinars and device training.
- **Discover** useful tools and evidence-based research, clinical trials and reports.
- **Participate** in focus groups, polls and discussions helping to shape the future of diabetes care. And more.

**Explore today at DANAtech.org.**

DANA Supporters:

- AstraZeneca
- Dexcom
- Roche
- WellDoc
- LifeScan
- Medtronic
- Voluntis

Check out our latest DANA technology and CGM course supported by an educational grant from Abbott. Available free to AADE Members!
AADE19 Call for Presentations

More than 3,000 diabetes educators and healthcare professionals will gather at AADE19 in Houston, TX Friday, August 9 – Monday, August 12.

Presenting at AADE19 is an excellent opportunity for you to share your experiences with the diabetes education community, because it is the only meeting solely focused on diabetes education.

The Annual Conference Planning Committee invites you to participate by submitting an abstract to be considered for presentation.

Visit www.diabeteseducator.org after Tuesday, August 28, 2018 to submit your abstract.
### THURSDAY, AUGUST 16

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1:00 pm – 5:00 pm</strong></td>
<td><strong>PRECONFERENCE COURSE</strong>&lt;br&gt;PC01 Pharmacology Boot Camp <em>(3 CE HR • Room 339)</em>&lt;br&gt;<strong>PRECONFERENCE COURSE</strong>&lt;br&gt;PC02 Reimbursement Boot Camp <em>(3 CE HR • Room 337)</em></td>
</tr>
<tr>
<td><strong>3:30 pm – 4:15 pm</strong></td>
<td><strong>PRODUCT THEATER</strong>&lt;br&gt;PT01 <em>The Burden of Pneumococcal Disease and Risk Management in Adults With Diabetes</em> <em>(Supported by Merck)</em>&lt;br&gt;Room 327</td>
</tr>
<tr>
<td><strong>5:30 pm – 7:00 pm</strong></td>
<td><strong>NETWORKING EVENT</strong>&lt;br&gt;Networking Reception Hosted by Coordinating Bodies (CB) and Communities of Interest (COI)&lt;br&gt;Hilton Baltimore Hotel - Key Ballroom 9, Level 2</td>
</tr>
<tr>
<td><strong>5:30 pm – 6:15 pm</strong></td>
<td><strong>PRODUCT THEATER</strong>&lt;br&gt;PT02 <em>Introducing the World’s First Long-Term Implantable Continuous Glucose Monitoring System: The New Eversense® CGM System</em> <em>(Supported by Senseonics)</em>&lt;br&gt;Room 327</td>
</tr>
<tr>
<td><strong>7:30 pm – 8:30 pm</strong></td>
<td><strong>NETWORKING EVENT</strong>&lt;br&gt;DSMA Live Twitter Chat <em>(Supported by Roche)</em>&lt;br&gt;Pratt Street Lobby</td>
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</tbody>
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*Application Base  Q Knowledge Base  P Pharmacotherapeutic credit*

### PROGRAM ABBREVIATIONS*

- **AAFP**: American Academy of Family Physicians
- **AGD**: Academy of General Dentistry
- **CDC**: Centers for Disease Control and Prevention
- **CDN**: College Diabetes Network
- **CHW**: Community Health Workers
- **CMS**: Centers for Medicare and Medicaid Services
- **DKD**: Diabetes-Related Kidney Disease
- **DPRP**: Diabetes Prevention and Recognition Program
- **HCL**: Hybrid Closed Loop
- **NACDD**: National Association of Chronic Disease Directors
- **National DPP**: National Diabetes Prevention Program
- **NIDDK**: National Institute of Diabetes and Digestive and Kidney Diseases
- **NIH**: National Institutes of Health
- **PSC**: Peer Support Communities
- **PWD**: People with Diabetes
- **SHD**: State Health Department

*Less frequently recognized abbreviations*
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30 am – 7:15 am</td>
<td><strong>PRODUCT THEATER PT03</strong></td>
<td>Introducing the Dexcom G6: Dosing &amp; Practical Application in your Clinical Practice (Supported by Dexcom) • Room 327</td>
</tr>
<tr>
<td>7:30 am – 9:00 am</td>
<td><strong>PRESIDENT’S ADDRESS GENERAL SESSION GS01</strong></td>
<td>Donna Ryan, RN, RD, MPH, CDE, FAADE, AADE 2018 President: Keynote: Robert Gabbay, MD, PhD, FACP. Chief Medical Officer and Senior Vice President, Joslin Diabetes Center. The Changing Healthcare Environment: Finding the Right Fit for the Diabetes Specialist • 1 CE HR • Exhibit Hall A</td>
</tr>
<tr>
<td>9:45 am – 10:45 am</td>
<td><strong>F01</strong> Personalized Medicine Approaches for Treatment of Diabetes Based on Gut Microbiota</td>
<td>1 CE HR • Room 307</td>
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<tr>
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<td><strong>F02</strong> Inpatient Diabetes Management: Navigating Rough Seas and Reaching the Harbor Safely</td>
<td>1 CE HR • Room 309</td>
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<tr>
<td></td>
<td><strong>F06</strong> What Goes Wrong in the Foot of a Person with Diabetes?</td>
<td>1 CE HR • Ballroom III</td>
</tr>
<tr>
<td>11:00 am – 12:00 pm</td>
<td><strong>F07</strong> Why So Many People Fail to Keep Off the Weight They Lose</td>
<td>1 CE HR • Room 307</td>
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<td><strong>F12</strong> Maximize Accurate Use of the Two Nutrition Facts Labels</td>
<td>1 CE HR • Ballroom III</td>
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<tr>
<td>12:00 pm – 1:00 pm</td>
<td><strong>MEET THE POSTER AUTHORS</strong></td>
<td>Exhibit Hall C</td>
</tr>
<tr>
<td>12:15 pm – 1:00 pm</td>
<td><strong>PRODUCT THEATER PT04</strong></td>
<td>The Omnipod® DASH™ System: Simplifying Insulin Delivery for Your Patients &amp; Practice (Supported by Insulet) • Exhibit Hall - Product Theater A</td>
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<tr>
<td></td>
<td><strong>PRODUCT THEATER PT05</strong></td>
<td>Improving Glycemic Control in T1D: The Role of Insulin-Independent Pathways (Supported by Sanofi) • Exhibit Hall - Product Theater B</td>
</tr>
<tr>
<td>2:00 pm – 3:30 pm</td>
<td><strong>F13</strong> 2017 National Standards for DSMES with a Focus on the AADE Interpretive Guidance</td>
<td>1 CE HR • Room 307</td>
</tr>
<tr>
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<td><strong>F18</strong> A New Model of Care to Deliver DSMES in a Large Worksite Employer-Funded Patient-Centered Medical Home</td>
<td>1 CE HR • Ballroom III</td>
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<td><strong>F15</strong> How to Find the Right Insulin for Each Individual</td>
<td>1 CE HR • Room 314</td>
</tr>
<tr>
<td>3:45 pm – 4:45 pm</td>
<td><strong>F20</strong> Practical Strategies for Facilitating Compelling Group Sessions</td>
<td>1 CE HR • Room 309</td>
</tr>
<tr>
<td>5:00 pm – 5:45 pm</td>
<td><strong>PRODUCT THEATER PT06</strong></td>
<td>Afrezza® (insulin human) Inhalation Powder: An Unique Approach to Tame Postprandial Plasma Glucose Excursions</td>
</tr>
<tr>
<td>5:00 pm – 6:00 pm</td>
<td><strong>F25</strong> Everyone with Diabetes Counts: Increasing Your Reach</td>
<td>1 CE HR • Room 307</td>
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<td></td>
<td><strong>F30</strong> Back to the Future of Hypertension Management</td>
<td>1 CE HR • Ballroom III</td>
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<tr>
<td>5:30 pm – 6:00 pm</td>
<td><strong>F30</strong> Back to the Future of Hypertension Management</td>
<td>1 CE HR • Ballroom III</td>
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<tr>
<td>6:00 pm – 7:30 pm</td>
<td><strong>NETWORKING EVENT</strong></td>
<td>Boston Scientific Customer Appreciation Event/Special Symposium • 1 CE HR • Hilton Baltimore. Key Ballroom 12, Level 2</td>
</tr>
<tr>
<td>8:00 pm – 10:00 pm</td>
<td><strong>NETWORKING EVENT</strong></td>
<td>Hoopla • Ballroom IV</td>
</tr>
<tr>
<td>PATHOPHYSIOLOGY: ORIGINS AND MANAGEMENT STRATEGIES</td>
<td>POPULATION HEALTH</td>
<td>PREVENTION/Delay OF TYPE 2 DIABETES</td>
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<tr>
<td>1 CE HR • Room 316</td>
<td>1 CE HR • Room 309</td>
<td>1 CE HR • Room 316</td>
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<tr>
<td>F14  Statewide Diabetes Prevention and Management Interventions: Engaging Public Health to Improve Population Health</td>
<td>F17  Pour Some Sugar on Me</td>
<td>F16  Seminal NIDDK Diabetes Trials: Building a Foundation for Diabetes Prevention and Treatment</td>
</tr>
<tr>
<td>1 CE HR • Room 309</td>
<td>1 CE HR • Room 327</td>
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<tr>
<td>F21  Type 2 Diabetes Physiology to Care Plan: A Case Study Approach</td>
<td>F19  Equip Yourself to Address Individuals’ Social Determinants of Health</td>
<td>F24  The Nuts and Bolts of Gaining, Implementing, and Sustaining Coverage for the National DPP in an Online Coverage Toolkit</td>
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<td>1 CE HR • Room 314</td>
<td>1 CE HR • Room 307</td>
<td>1 CE HR • Room 316</td>
</tr>
<tr>
<td>F26  Communicating DSMES in a Culture of Poverty</td>
<td>F29  Highlighting the Pearls and Avoiding the Pitfalls of Establishing Your Diabetes Prevention Program</td>
<td>F27  Meeting the Needs of Culturally Diversified Individuals and Growing Your Cultural Competences in Providing Diabetes Education</td>
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<tr>
<td>1 CE HR • Room 309</td>
<td>1 CE HR • Room 316</td>
<td>1 CE HR • Room 314</td>
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<tr>
<td>RESEARCH SESSION</td>
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<td>F28A  Leveraging the EMR to Identify Predictors of Non-Attendance to a DSMES Program</td>
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<tr>
<td>0.5 CE HR • Room 316</td>
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<tr>
<td>RESEARCH SESSION</td>
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<tr>
<td>F28B  Delivering an Effective Physician Supported Diabetes Education Program</td>
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<tr>
<td>0.5 CE HR • Room 316</td>
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(Supported by MannKind) • Room 327
<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Event</th>
</tr>
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</table>
| 6:30 am – 7:15 am | **PRODUCT THEATER PT07** The MiniMed™ 670G System: Improving Time in Range with Automated Insulin Delivery for Adults and Children  
(Supported by Medtronic)  
Room 327 |
| 7:30 am – 8:30 am | **GENERAL SESSION GS02** Keynote: Sama Stout, MD, MS, Vice President, Institute for Healthcare Improvement  
100 Million Healthier Lives for People Living with Diabetes by 2020  
1 CE HR  
Exhibit Hall A |
| 9:15 am – 10:15 am | **S01** Navigating Nutrition: Information Individuals Access Online  
1 CE HR  
Room 307  
**S04** Real World Dynamics to Deliver Value in Value-Based Care Models  
1 CE HR  
Room 316  
**S02** Navigating the Prescription Maze in a Rural Healthcare Setting: Coverage, Rebates, Copay Cards and More!  
1 CE HR  
Room 309 |
| 10:30 am – 11:30 am | **S07** Modeling Physical Activity: From Talk to Action!  
1 CE HR  
Room 307  
**S12** Diabetes: Interprofessional Management of A Public Health Crisis; A Collaborative Effort of Dentists, Physicians, and Diabetes Educators |
| 11:45 am – 12:30 pm | **PRODUCT THEATER PT08** CGM, REINVENTED: Simple, Accurate, and More Affordable Continuous Glucose Monitoring for Your Patients  
(Supported by Abbott)  
Exhibit Hall - Product Theater A |
| 12:00 pm – 1:00 pm | **PRODUCT THEATER PT09** Options in Insulin: Basaglar® (Insulin Glargine Injection)  
(Supported by Lilly)  
Exhibit Hall - Product Theater B |
| 1:00 pm – 2:30 pm | **MEET THE POSTER AUTHORS** Exhibit Hall C |
| 2:45 pm – 3:30 pm | **PRODUCT THEATER PT10** Accurate Glucose Monitoring Matters: Why You Should Be Concerned  
(Supported by Ascensia)  
Exhibit Hall - Product Theater A |
| 3:45 pm – 4:45 pm | **PRODUCT THEATER PT11** Developments in the Treatment of Adults With Type 2 Diabetes Ozempic: A Once-weekly GLP-1 Receptor Agonist  
(Supported by Novo Nordisk)  
Exhibit Hall - Product Theater B |
| 4:15 pm – 4:45 pm | **S19** Make Learning Fun: A Session Full of Ideas!  
1 CE HR  
Room 307  
**S20** Building Relationships Will Keep Them Coming Back: It’s All About Retention!  
1 CE HR  
Room 309  
**S24** Treatment After Metformin: Considerations for Therapy Selection |
| 5:00 pm – 6:00 pm | **S25** The Gut-Glucose Connection: Microbial Support for Blood Glucose Control  
1 CE HR  
Room 307  
**S28** Type 1 Diabetes and Pregnancy: Individuals and Educators Team Up For Success  
1 CE HR  
Room 316  
**S30** DKD...Doesn’t Stand for Don’t Know Diddly…Or Does It?  
1 CE HR  
Ballroom III |
| 6:00 pm – 7:15 pm | **PRODUCT THEATER PT12** Personalized Treatment Therapy with iPro2 Professional CGM& Food Print  
(Supported by Medtronic)  
Room 327 |
| 6:00 pm – 7:30 pm | **CORPORATE SYMPOSIUM CS01** FRC Therapies: Improving Glycemic Lowering While Minimizing Side Effects  
(Supported by an unrestricted grant provided by Sanofi US)  
1.5 CE HR  
Hilton Baltimore - Key Ballroom 12, Level 2 |
| 7:00 pm – 9:30 pm | **NETWORKING EVENT** BP/Lilly Customer Appreciation Event  
Hilton Baltimore - Eutaw Street, Level 1 |
### Educational Sessions

**Pathophysiology: Origins and Management Strategies**

- **S06** Delaying Type 2 Diabetes: Perspectives from NIH, CDC and CMS on Progress and Goals
  - 1 CE HR • Ballroom III

- **S08** Best of ADA Scientific Sessions 2018
  - 1 CE HR • Room 309

**Population Health**

- **S17** Innovative Approaches to Population Health: What Diabetes Educators Need to Know About Working with Employers, Pharmacists and Payers
  - 1.5 CE HR • Ballroom I

**Prevention/Delay of Type 2 Diabetes**

- **S15** Promoting Health Equity in Diabetes Prevention: Taking NDPP to Priority Populations and Underserved Communities
  - 1.5 CE HR • Room 314

**Psychosocial/Behavioral**

- **S14** Engaging Friends, Families and More: Barriers and Opportunities
  - 1.5 CE HR • Room 309

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

- **S03** Transition to Independence: Understanding and Addressing the Emotional and Lifestyle Barriers for Teens and Young Adults with Type 1 Diabetes
  - 1 CE HR • Room 314

- **S05** Hybrid Closed Loop: Love to Love You Baby!
  - 1 CE HR • Ballroom I

- **S10** Change the Language of Diabetes: An Interactive Session
  - 1 CE HR • Room 327

- **S11** “You Built a What?!”: Preparing for Patient Conversations about Non-commercial Automated Insulin Delivery Devices
  - 1 CE HR • Ballroom I

### Research Session

**RESEARCH SESSION**

- **S22A** Care Management Improves Clinical, Financial and Behavioral Outcomes: A Case Study
  - 0.5 CE HR • Room 316

- **S22B** The Role of the Diabetes Educator in Addressing Social Determinants of Health: A Case Study
  - 0.5 CE HR • Room 316

- **S26** Embracing Metabolic Surgery and Optimizing Outcomes in the Treatment of Type 2 Diabetes
  - 1 CE HR • Room 309

- **S27** Marketing Pearls and Pitfalls: Use Your Time Wisely
  - 1 CE HR • Room 314

- **S29** Let’s Get It On: Pumps, Sensors, and CGM
  - Part 1

- **S23** Let’s Get It On: Pumps, Sensors, and CGM
  - Part 2

**S21** Building Statewide Partnerships to Support Infrastructure and Medicaid Reimbursement Opportunities in the National DPP
- 1 CE HR • Room 314

**S24** Let’s Get It On: Pumps, Sensors, and CGM
- Part 1

**S25** Let’s Get It On: Pumps, Sensors, and CGM
- Part 2
<table>
<thead>
<tr>
<th>Time</th>
<th>Session Type</th>
<th>Title</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>6:30 am - 7:15 am</td>
<td>PRODUCT THEATER</td>
<td>PT13 Understanding Automated Insulin Delivery Systems: What you and your patients need to know. (Supported by Dexcom) • Room 327</td>
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<tr>
<td>7:30 am - 8:30 am</td>
<td>GENERAL SESSION</td>
<td>GS03 Keynote: Clydette Powell, MD, MPH, FAAP, Director, Division of Healthcare Quality, Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary, US Department of Health and Human Services Diabetes Safety: A Federal Focus and Partnership • 1 CE HR • Exhibit Hall A</td>
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<tr>
<td>9:15 am - 9:45 am</td>
<td>D07 Pediatric Diabetes Manual for Families: Guided Tour • 1 CE HR • Room 307</td>
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<tr>
<td>9:45 am - 10:15 am</td>
<td>D12 Hypoglycemia Risk Mitigation, Part 1 - The Impact of Diabetes Education • 1 CE HR • Ballroom III</td>
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<tr>
<td>10:15 am - 10:45 am</td>
<td>D03 Concentrated Insulins: All You Need to Know • 1.5 CE HR • Room 314</td>
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<tr>
<td>11:00 am - 12:00 pm</td>
<td>D09 Medications: New and on the Horizon • 1 CE HR • Room 314</td>
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<tr>
<td>12:00 pm - 1:00 pm</td>
<td>MEET THE POSTER AUTHORS • Exhibit Hall C</td>
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<tr>
<td>12:15 pm - 1:00 pm</td>
<td>PRODUCT THEATER</td>
<td>PT14 Long-Term Safety and Efficacy Profile in Patients With Type 2 Diabetes (Supported by Janssen) • Exhibit Hall - Product Theater A</td>
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<tr>
<td>12:15 pm - 1:00 pm</td>
<td>PRODUCT THEATER</td>
<td>PT15 The Guardian™ Connect Smart CGM system – Utilizing Predictive Alerts and SugarIQ™ Insights to Help with Diabetes Management (Supported by Medtronic) • Exhibit Hall - Product Theater B</td>
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<tr>
<td>1:00 pm - 2:00 pm</td>
<td>SPECIAL EVENT</td>
<td>AADE Annual Business Meeting • Exhibit Hall A</td>
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<tr>
<td>2:00 pm - 3:00 pm</td>
<td>D07 Pediatric Diabetes Manual for Families: Guided Tour • 1 CE HR • Room 307</td>
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<tr>
<td>3:15 pm - 4:15 pm</td>
<td>D14 Business as Unusual! A Six Year Evolution of Innovation, Collaboration and a Successful Community Type 2 Diabetes Program • 1 CE HR • Room 309</td>
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<tr>
<td>4:30 pm - 5:30 pm</td>
<td>D22 Nurse Practitioners as Diabetes Educators: Proving Value and ROI in an Urban Academic Medical Center • 1 CE HR • Room 316</td>
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<tr>
<td>6:00 pm - 7:30 pm</td>
<td>CORPORATE SYMPOSIUM</td>
<td>CS02 Basal Insulin in the Modern Era: The CDE’s Role in Improving Utilization and Outcomes • 1.5 CE HR • Hilton Baltimore Hotel • Key Ballroom 10, Level 2</td>
<td></td>
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<tr>
<td>8:00 pm - 10:00 pm</td>
<td>NETWORKING EVENT</td>
<td>AADE Celebration Event • Hilton Baltimore Hotel • Holiday Ballroom 1, Level 2</td>
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<tr>
<td>D02</td>
<td>Zebras in the Herd: The Less Common Types of Diabetes</td>
<td>1.5 CE HR</td>
<td>Room 309</td>
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<tr>
<td>D05</td>
<td>Population Health: Value-Based Care in a Technology-Driven World</td>
<td>1.5 CE HR</td>
<td>Ballroom I</td>
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<tr>
<td>D06</td>
<td>Let's Talk About Sex: Everything a Diabetes Educator Needs to Know</td>
<td>1.5 CE HR</td>
<td>Ballroom III</td>
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<tr>
<td>D08</td>
<td>The Diabetes Educator’s Role in Disaster Readiness, Response, and Recovery</td>
<td>1 CE HR</td>
<td>Room 309</td>
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<tr>
<td>D10</td>
<td>Utilizing ROI to Increase Insurance Coverage and Implement the DPP</td>
<td>1 CE HR</td>
<td>Room 316</td>
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<tr>
<td>D11</td>
<td>Conversational Interface and Nutrition Apps: Turn Me On!</td>
<td>1 CE HR</td>
<td>Ballroom I</td>
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<tr>
<td>D16</td>
<td>Contemporary Approaches to Managing Diabetes in Individuals with Cardiovascular Disease</td>
<td>1 CE HR</td>
<td>Room 316</td>
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<tr>
<td>D15</td>
<td>DPP Data Deep Dive: A Review of Data Collection Tools for Prevention</td>
<td>1 CE HR</td>
<td>Room 314</td>
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<tr>
<td>D19</td>
<td>Day-to-Day Measures That Matter: Standardizing Meaningful Outcome Measures Beyond A1C for T1D Consensus Statement</td>
<td>1 CE HR</td>
<td>Room 307</td>
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<tr>
<td>D30</td>
<td>It is What It Is - Except When It Isn’t! Deceptive Diabetes Diagnoses</td>
<td>1 CE HR</td>
<td>Ballroom III</td>
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<tr>
<td>D27</td>
<td>Referrals, Advocacy and Reimbursement for DSMES</td>
<td>1 CE HR</td>
<td>Room 314</td>
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<tr>
<td>D28</td>
<td>How Secure are Diabetes Devices?</td>
<td>1 CE HR</td>
<td>Ballroom I</td>
</tr>
<tr>
<td>D29</td>
<td>DANA by Divas: Using DANA for Integrating Technology in Practice</td>
<td>1 CE HR</td>
<td>Ballroom I</td>
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</table>

(Supported by an unrestricted grant provided by Sanofi US)
# MONDAY, AUGUST 20 • DIABETES AND MENTAL HEALTH DAY

**GENERAL SESSION**

**GS04**  
**Keynote:** Mary de Groot, PhD, Associate Professor, Diabetes Translational Research Center - Indiana University School of Medicine  
Anna Norton, MS, CEO, Diabetes Sisters  
Michelle Litchman, PhD, FNP-BC, FAANP, Assistant Professor/Nurse Practitioner, University of Utah College of Nursing  
Elizabeth A. Beverly, PhD, Assistant Professor, Ohio University Heritage College of Osteopathic Medicine  
Peer Support Communities Improving Mental Health for People with Diabetes - Let’s Talk About it!  
1 CE HR  •  Exhibit Hall A

### 7:30 am – 9:00 am

- **M01** Evaluating the Impact of Year-Long, Augmented Diabetes Self-Management Support  
  1 CE HR  •  Room 307

- **M02** Money Matters in MNT and DSMES: Increase Your Reimbursement Now!  
  1 CE HR  •  Room 309

- **M03** Auctioning Off Health: Medicare’s Competitive Bidding Program  
  1 CE HR  •  Room 314

### 9:15 am – 10:15 am

- **M07** The Role of Community Health Workers (CHW) in Diabetes Prevention and Control: Lessons Learned from States and Cities  
  1 CE HR  •  Room 307

### 10:30 am – 11:30 am

- **M12** Diabetes-Related Eye Disease: Bridging the Gap in Care  
  1 CE HR  •  Ballroom III

### 12:00 pm – 12:30 pm

- **M17** Delaying Diabetes Through the Lifespan: A Discussion of Three High-Risk Populations and the Challenges They Face  
  2 CE HR  •  Ballroom I

- **M13** Plant-Based Culinary Skills for a Healthy Gut  
  2 CE HR  •  Room 307

### 12:00 pm – 2:00 pm

- **M18** Diabetes Neuropathies: Autonomic, Peripheral, and Neuropathic Joint Disorders  
  2 CE HR  •  Ballroom III

- **M16A** Sweet Sadness… Diabetes, Depression, and Inpatient Readmissions  
  0.5 CE HR  •  Room 316

### 12:30 pm – 1:00 pm

- **M16B** Smoking: An Independent Predictor of Elevated A1C in Persons with Type 2 Diabetes  
  0.5 CE HR  •  Room 316

### 1:00 pm – 1:30 pm
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<td>GENERAL SESSION</td>
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<tr>
<td>9:00 am – 10:00 am</td>
<td>M04 Facilitating Successful Self-Care for Older Adults With Diabetes</td>
<td>Room 316</td>
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<tr>
<td>10:00 am – 11:00 am</td>
<td>M06 A1C of 12%: Have You Thought Eating Disorder?</td>
<td>Room 316</td>
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<tr>
<td>10:00 am – 11:00 am</td>
<td>M08 Physical Activity Behavior Change as Treatment for Type 2 Diabetes</td>
<td>Room 309</td>
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<tr>
<td>10:00 am – 11:00 am</td>
<td>M10 I Don’t Need Those Damned Pills’: New Perspectives on Understanding, Addressing Problematic Medication Adherence</td>
<td>Room 316</td>
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<tr>
<td>10:00 am – 11:00 am</td>
<td>M11 Adoption of New Devices and Technologies Among People and Providers: Overcoming Barriers</td>
<td>Ballroom I</td>
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<tr>
<td>11:15 am – 12:15 pm</td>
<td>M07 The Role of Community Health Workers (CHW) in Diabetes Prevention and Control: Lessons Learned from States and Cities</td>
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<td>11:15 am – 12:15 pm</td>
<td>M14 Don’t Need Those Damned Pills’: New Perspectives on Understanding, Addressing Problematic Medication Adherence</td>
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<tr>
<td>11:15 am – 12:15 pm</td>
<td>M15 Adoption of New Devices and Technologies Among People and Providers: Overcoming Barriers</td>
<td>Ballroom I</td>
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<tr>
<td>12:15 pm – 1:15 pm</td>
<td>M01A Delaying Diabetes Through the Lifespan: A Discussion of Three High-Risk Populations and the Challenges They Face</td>
<td>Room 307</td>
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<tr>
<td>12:15 pm – 1:15 pm</td>
<td>M16A Success in Parenting Four Out of Five T1D Children and Still Living Life</td>
<td>Room 316</td>
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<tr>
<td>12:15 pm – 1:15 pm</td>
<td>M16B Smoking: An Independent Predictor of Elevated A1C in Persons with Type 2 Diabetes</td>
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<td>12:15 pm – 1:15 pm</td>
<td>M17 Delaying Diabetes Through the Lifespan: A Discussion of Three High-Risk Populations and the Challenges They Face</td>
<td>Room 307</td>
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<tr>
<td>12:15 pm – 1:15 pm</td>
<td>M18 Delaying Diabetes Through the Lifespan: A Discussion of Three High-Risk Populations and the Challenges They Face</td>
<td>Ballroom III</td>
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<tr>
<td>12:15 pm – 1:15 pm</td>
<td>M19 Delaying Diabetes Through the Lifespan: A Discussion of Three High-Risk Populations and the Challenges They Face</td>
<td>Ballroom I</td>
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<tr>
<td>12:15 pm – 1:15 pm</td>
<td>M20 Delaying Diabetes Through the Lifespan: A Discussion of Three High-Risk Populations and the Challenges They Face</td>
<td>Room 307</td>
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<tr>
<td>12:15 pm – 1:15 pm</td>
<td>M21 Delaying Diabetes Through the Lifespan: A Discussion of Three High-Risk Populations and the Challenges They Face</td>
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<tr>
<td>12:15 pm – 1:15 pm</td>
<td>M22 Delaying Diabetes Through the Lifespan: A Discussion of Three High-Risk Populations and the Challenges They Face</td>
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<tr>
<td>12:15 pm – 1:15 pm</td>
<td>M23 Delaying Diabetes Through the Lifespan: A Discussion of Three High-Risk Populations and the Challenges They Face</td>
<td>Room 307</td>
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<tr>
<td>12:15 pm – 1:15 pm</td>
<td>M24 Delaying Diabetes Through the Lifespan: A Discussion of Three High-Risk Populations and the Challenges They Face</td>
<td>Ballroom III</td>
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<td>M25 Delaying Diabetes Through the Lifespan: A Discussion of Three High-Risk Populations and the Challenges They Face</td>
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<td>12:15 pm – 1:15 pm</td>
<td>M26 Delaying Diabetes Through the Lifespan: A Discussion of Three High-Risk Populations and the Challenges They Face</td>
<td>Room 307</td>
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<td>M27 Delaying Diabetes Through the Lifespan: A Discussion of Three High-Risk Populations and the Challenges They Face</td>
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<td>12:15 pm – 1:15 pm</td>
<td>M28 Delaying Diabetes Through the Lifespan: A Discussion of Three High-Risk Populations and the Challenges They Face</td>
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<td>M29 Delaying Diabetes Through the Lifespan: A Discussion of Three High-Risk Populations and the Challenges They Face</td>
<td>Room 307</td>
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<td>M30 Delaying Diabetes Through the Lifespan: A Discussion of Three High-Risk Populations and the Challenges They Face</td>
<td>Ballroom III</td>
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<tr>
<td>12:15 pm – 1:15 pm</td>
<td>M31 Delaying Diabetes Through the Lifespan: A Discussion of Three High-Risk Populations and the Challenges They Face</td>
<td>Ballroom I</td>
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<tr>
<td>12:15 pm – 1:15 pm</td>
<td>M32 Delaying Diabetes Through the Lifespan: A Discussion of Three High-Risk Populations and the Challenges They Face</td>
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<td>M33 Delaying Diabetes Through the Lifespan: A Discussion of Three High-Risk Populations and the Challenges They Face</td>
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<td>M34 Delaying Diabetes Through the Lifespan: A Discussion of Three High-Risk Populations and the Challenges They Face</td>
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<td>M35 Delaying Diabetes Through the Lifespan: A Discussion of Three High-Risk Populations and the Challenges They Face</td>
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<td>M36 Delaying Diabetes Through the Lifespan: A Discussion of Three High-Risk Populations and the Challenges They Face</td>
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<td>M37 Delaying Diabetes Through the Lifespan: A Discussion of Three High-Risk Populations and the Challenges They Face</td>
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<td>M38 Delaying Diabetes Through the Lifespan: A Discussion of Three High-Risk Populations and the Challenges They Face</td>
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<td>M39 Delaying Diabetes Through the Lifespan: A Discussion of Three High-Risk Populations and the Challenges They Face</td>
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<tr>
<td>12:15 pm – 1:15 pm</td>
<td>M40 Delaying Diabetes Through the Lifespan: A Discussion of Three High-Risk Populations and the Challenges They Face</td>
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EARN CONTINUING EDUCATION CREDIT

CE CREDIT INFORMATION
AADE18 attendees can earn up to 29.5 credits of continuing education hours based on sessions attended. Up to three additional hours of poster credit can be offered to registered nurses, nurse practitioners and registered dietitians. PAs and Pharmacists are not eligible to claim credit for posters. Registered dietitians may also gain additional hours of credit for exhibit viewing through their accreditation body.

Friday, August 17  7.5
Saturday, August 18  8
Sunday, August 19  9
Monday, August 20  5
Poster Viewing  3

Additional CE credits can be earned by participating in the special courses* taking place on Thursday.
*Additional fees required.

To earn CE credit, you must attend the entire educational session and complete the online evaluation. At the completion of the evaluation, a Statement of Credit reflecting hours attended at education sessions, corporate symposia and general sessions will be generated. Evaluations need to be completed no later than Friday, October 5, 2018.

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 32.5 contact hours of continuing education credit, including 5.75 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).

PHARMACISTS
The American Association of Diabetes Educators is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. This program provides a maximum of 29.5 contact hours (2.95 CEUs), depending upon sessions attended. Universal program numbers are listed in the session description in this guide and online.

Pharmacists claiming CE’s are required to provide their date of birth (mmdd) and NABP ePID number to adhere to the requirements of the Accreditation Council for Pharmacy Education (ACPE) and the National Association of Boards of Pharmacy (NABP).

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 Certified Practitioners will receive 32.5 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 — Assesses the physical, social and cultural needs of the individual, group, community or population.
8.3.1 — Maintains the knowledge and skill to manage a variety of disease states and clinical conditions.

Learning Need Code (LNC) 5190

PAs
This activity has been reviewed and is approved for a maximum of 29.50 AAPA Category 1 CME credits by the AAPA Review Panel. PAs should claim only those credits actually spent participating in the CME activity. This activity was planned in accordance with AAPA CME Standards for Live Programs and for Commercial Support of Live Programs.

NURSE PRACTITIONERS
This activity is approved for 32.19 contact hour(s) of continuing education (which includes 5.75 hours of pharmacology) by the American Association of Nurse Practitioners. Activity ID 18063221. This activity was planned in accordance with AANP Accreditation Standards and Policies.

BOARD CERTIFIED ADVANCED DIABETES MANAGEMENT (BC-ADM)
AADE is the administering body for the Advanced Diabetes Management credential. 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.
Sunday, August 19
6:00 pm - 7:30 pm

CS02  Basal Insulin in the Modern Era: The CDE’s Role in Improving Utilization and Outcomes

Key Ballroom 12, Level 2
Supported by an unrestricted grant provided by Sanofi US.
This activity is joint-provided by the American Association of Diabetes Educators and Medscape Education.

In this symposium, clinicians who treat people with diabetes discuss ways to improve insulin initiation and strategies to transition individuals to therapies that are flexible, simple, and convenient.

LEARNING OBJECTIVES
1. Assess the comparative safety and efficacy of newer basal insulins to traditional insulins.
2. Describe the PK/PD of newer basal insulin therapies.
3. Describe strategies for overcoming insulin-related barriers in T2D management.

Davida Kruger, MSN, APN-BC, BC-ADM, Certified Nurse Practitioner, Henry Ford Medical Center
Joshua Neumiller, PharmD, CDE, FASCP, FAADE, Vice-Chair and Associate Professor, Washington State University
Maggie Powers, PhD, RD, CDE, Research Scientist, International Diabetes Center at Park
Nicollet Virginia Valentine, APRN-CNS, BC-ADM, CDE, FAADE, Executive Director, Health Scripts Care

UPN: 0069-9999-18-186-L01-P LNC: 5190

CS03  Reducing Glycemic Variability in Type 1 Diabetes: An Exploration of Non-Insulin Treatment Options

Key Ballroom 6, Level 2
Supported by an unrestricted grant provided by Sanofi and Lexicon Pharmaceuticals.
This activity is joint-provided by the American Association of Diabetes Educators and E&S MedEd Group, Inc.

Clinicians may be unaware of outcomes from recent studies of GLP-1 RAs, DPP-4 inhibitors, and SGLT1 or SGLT2 inhibitors in Type 1 Diabetes. This program will include education on the causative factors and consequences of glycemic variability, and ways in which newer non-insulin glucose-lowering agents can help to prevent hyper- and hypoglycemia. As part of the program, the presentations will include case vignettes that demonstrate individualized care of people with Type 1 Diabetes. An audience response system will be utilized with questions to be presented to the learners, followed by faculty discussion, reinforcing ideal methods of individual and disease management. There will be a question and answer session at the end of the symposium.

LEARNING OBJECTIVES
1. Review the importance of achieving target A1C and the consequences of long-term hyperglycemia in people with Type 1 Diabetes.
2. Describe how the mechanisms of action of newer non-insulin glucose-lowering agents differ from traditional insulin-based therapies.
3. Summarize the risks and benefits associated with newer non-insulin glucose-lowering agents in Type 1 Diabetes.

Susan Cornell, BS, PharmD, CDE, FAPhA, FAADE, Associate Professor of Pharmacy Practice, Midwestern University
Linda B. Haas, PhC, RN, Certified Diabetes Educator(ret), Diabetes Consultant
Thomas Repas, DO, FACP, FACOI, FNLA, FACE, CDE, Endocrinology, Diabetes & Metabolism, Clinical Lipidology, Internal Medicine and Nutrition, Campbell County Health

UPN: 0069-9999-18-048-L01-P LNC: 5190

CS01  FRC Therapies: Improving Glycemic Lowering While Minimizing Side Effects

Key Ballroom 12, Level 2
Supported by an unrestricted grant provided by Sanofi US.
This activity is joint-provided by the American Association of Diabetes Educators and Medscape Education.

In this symposium, experts in diabetes discuss realistic case studies to demonstrate the role of fixed-ratio combination basal insulin plus GLP

LEARNING OBJECTIVES
1. Describe the safety and efficacy data for new injectable FRC therapies.
2. Recognize clinical use of new FRC therapies.
3. Demonstrate effective use of new FRC therapies.

Susan Cornell, BS, PharmD, CDE, FAPhA, FAADE, Associate Professor of Pharmacy Practice, Midwestern University
Davida Kruger, MSN, APN-BC, BC-ADM, Certified Nurse Practitioner, Henry Ford Medical Center
Joshua Neumiller, PharmD, CDE, FASCP, FAADE, Vice-Chair and Associate Professor, Washington State University
Curtis Triplitt, PharmD, CDE, BCPS, Clinical Associate Professor, Texas Diabetes Institute

UPN: 0069-9999-18-187-L01-P LNC: 5190

UPN: 0069-9999-18-186-L01-P LNC: 5190

UPN: 0069-9999-18-048-L01-P LNC: 5190

UPN: 0069-9999-18-187-L01-P LNC: 5190

UPN: 0069-9999-18-186-L01-P LNC: 5190

UPN: 0069-9999-18-048-L01-P LNC: 5190
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. 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.

Seating is first come, first serve. Doors will open 15 minutes before scheduled start.

Thursday, August 16

3:30 pm – 4:15 pm
PT01 The Burden of Pneumococcal Disease and Risk Management in Adults With Diabetes
Supported by Merck

Room 327
Understanding the pathogenesis of pneumococcal disease, and the risks of pneumococcal disease in adults with diabetes. Discuss ACIP recommendations for adults <65 years of age with diabetes. Discuss strategies to help manage the risk for pneumococcal disease in adults with diabetes.

5:30 pm – 6:15 pm
PT02 Introducing the World’s First Long-Term Implantable Continuous Glucose Monitoring System: The New Eversense® CGM System
Supported by Senseonics

Room 327
Introducing a New Era in Glucose Monitoring: the Eversense® CGM System. Based on novel fluorescence technology, Eversense provides continuous, real-time readings for up to 3 months with a single sensor. This transformational yet simple to use and train CGM includes a wearable smart transmitter that can be taken on or off and provides discreet vibratory glucose alerts when you are low or high. Readings are displayed direct to your iOS or Android smartphone app. No more weekly sensor insertions. No more extra receiver to carry. No more wasted sensor when removing the transmitter. Hear first hand from a panel of RNs, RDs, NP and patient discussing first-hand experience with the technology and how to incorporate into your clinic practice. Learn why Eversense is ever so … simple.
Hope Warshaw, MMSc, RD, CDE, BC-ADM, FAADE, Owner, Hope Warshaw Associates, LLC

Friday, August 17

6:30 am – 7:15 am
PT03 Introducing the Dexcom G6: Dosing & Practical Application in your Clinical Practice
Supported by Dexcom

Room 327
This education program will feature the new Dexcom G6, highlight how the technology leading to no fingersticks can evolve your practice, optimize patient care and insulin dosing decisions.
Daniel DeSalvo, MD, Assistant Professor, Section of Pediatric Diabetes & Endocrinology Baylor College of Medicine/Texas Children’s Hospital
Christine Pospisil, RD, LD, CDE, Senior Manager, Professional Education, Dexcom, Inc

12:15 pm – 1:00 pm
PT04 The Omnipod® DASH™ System: Simplifying Insulin Delivery for Your Patients & Practice
Supported by Insulet

Exhibit Hall – Product Theater A
Learn how the Omnipod DASH™ Insulin Management System will build on the simplicity and ease-of-use of the existing Omnipod® System platform leveraging its tubeless, waterproof design to address the needs of people with insulin-dependent diabetes. The Omnipod DASH™ System includes the Pod that will remain unchanged in size with Bluetooth® technology for greater connectivity to the Personal Diabetes Manager (PDM) as well as to the compatible Contour® NEXT One Blood Glucose (BG) Meter. The new, slimmer PDM will feature a color touchscreen interface and will enable discreet insulin delivery with a few finger taps. A new suite of iOS mobile applications will give users and their caregivers quick and easy access to their insulin therapy information on their smartphones. The Omnipod DASH™ system will also be compatible with Insulet Provided Glooko for easy data upload, improved care team collaboration and access to meaningful data context which will allow for informed diabetes management decisions. Come to our Product Theater to learn more about the Omnipod DASH™ System and Insulet’s commitment to reducing the burden of diabetes for HCPS, users and their caregivers.
David Kruger, MSN, APN-BC, BC-ADM, Certified Nurse Practitioner, Henry Ford, Health System
Trang Ly, MBBS, FRACP, PhD, Senior Vice President and Medical Director, Insulet Corporation

Learn more at aade18.org
12:15 pm – 1:00 pm

PT05 Improving Glycemic Control in T1D: The Role of Insulin-Independent Pathways

Supported by Sanofi

Exhibit Hall – Product Theater B

Debbie Hinnen, APN, BC-ADM, CDE, FAAN, FAAD, Advanced Practice Nurse and Certified Diabetes Educator, Memorial Hospital Out-Patient Diabetes Clinic, University of Colorado Health

5:00 pm – 5:45 pm

PT06 Afrezza® (insulin human) Inhalation Powder: An Unique Approach to Tame Postprandial Plasma Glucose Excursions

Supported by MannKind

Room 327

Challenges and Issues with postprandial plasma glucose excursions Overview of Afrezza and how it’s unique in taming postprandial plasma glucose excursions. Information to include: How to dose and use Afrezza, packaging options, FEV1 assessment, safety Information and questions and answer.

David M. Kayne MD, FACP, CDE, Internist, The Medical Group of Encino

Saturday, August 18

6:30 am – 7:15 am

PT07 The MiniMed™ 670G System: Improving Time in Range with Automated Insulin Delivery for Adults and Children.

Supported by Medtronic

Room 327

Please join us to learn how the MiniMed™ 670G system has changed the way we are managing time in range for patients with type 1 diabetes. Presentation will include real world data, case studies and best practices.

Zulia Hernandez, RD, District Clinical Supervisor, Medtronic Diabetes

Kevin Kaiserman, MD, Pediatric Endocrinologist

11:45 am – 12:30 pm

PT09 Options in Insulin: Basaglar® (Insulin Glargine Injection)

Supported by Lilly

Exhibit Hall – Product Theater B

This program will discuss an insulin glargine option from the Boehringer Ingelheim and Eli Lilly and Company Diabetes Alliance. The presentation will provide information regarding the BASAGLAR clinical profile, as well as dosing and administration. There will also be a discussion on some of the challenges associated with initiating insulin and an overview of BASAGLAR patient resources. Attendees will have the opportunity to ask the faculty questions about the data presented and refreshments will be provided.

Nancy D’Hont, RPh, CDE, FAAD, Clinical Pharmacist, St. John Hospital and Medical Center

2:45 pm – 3:30 pm

PT10 Accurate Glucose Monitoring Matters: Why You Should Be Concerned

Supported by Ascensia

Exhibit Hall – Product Theater A

As diabetes technologies evolve, the use of glucose monitoring continues to play an integral role in diabetes management. This presentation will discuss the link between blood glucose monitoring accuracy and how it complements newer technologies (CGM, FGM), patient safety, and clinical outcomes. In addition, the speaker will suggest practical strategies for getting the most out of accurate glucose data.

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

6:00 pm - 7:15 pm

PT12 Personalized Treatment Therapy with iPro2 Professional CGM & Food Print

Supported by Medtronic

Hilton Baltimore Hotel - Key Ballroom 6, Level 2

Learn how Medtronic Diabetes and the FoodPrint report address the impact of nutrition in type 2 diabetes.

Robert Vigersky, MD, Sr. Medical Affairs Director, Medtronic, Inc
Sunday, August 19

6:30 am – 7:15 am

PT13  Understanding Automated Insulin Delivery Systems: What you and your patients need to know

Supported by Tandem

Room 327

Laurel Messer, RN, MPH, CDE, CCRP, Senior Instructor, Barbara Davis Center for Childhood Diabetes and the University of Colorado School of Medicine

Molly McElwee-Malloy, RN, CDE, Clinical Services Manager, Tandem Diabetes Care

12:15 pm – 1:00 pm

PT14  Long-Term Safety and Efficacy Profile in Patients With Type 2 Diabetes

Supported by Janssen

Exhibit Hall – Product Theater A

This program will cover long-term results of treatment with a sodium-glucose co-transporter 2 (SGLT2) inhibitor in patients with type 2 diabetes. Topics include: the pathophysiology of type 2 diabetes and its associated cardiometabolic risk factors; how SGLT2 inhibitors work; key efficacy and safety results, including results from longer-term follow-up and results from active-controlled studies supporting the use of SGLT2 inhibitors versus other agents; and Important Safety Information, followed by a question-and-answer session. This promotional educational activity is sponsored by Janssen Pharmaceuticals, Inc. It is not certified for continuing medical education.

Jim Aderhold, PA-C, Physician Assistant, Blue Ridge Family Medicine

12:30 pm – 1:15 pm

PT15  The Guardian™ Connect Smart CGM system – Utilizing Predictive Alerts and Sugar.IQ™ Insights to Help with Diabetes Management

Supported by Medtronic

Exhibit Hall – Product Theater B

Please join us and learn how predictive alerts of the Guardian™ Connect Smart CGM system and data backed insights of the Sugar.IQ™ application can help you and your patients with diabetes management. Presentation will include overviews and demos of the Guardian™ Connect system and Sugar.IQ™ applications.

Pratik Agrawal, MS, Senior Manager of Data Science and Informatics, Medtronic Diabetes

Bruce Bode, MD, FACE, Atlanta Diabetes Associates, Clinical Associate Professor of Medicine, Emory University School of Medicine
Thursday, August 16
1:00 pm – 5:00 pm

PC01 Pharmacology Boot Camp
1.5 Credit

4 CE Available • Room 339
Susan B. Cornell, BS, PharmD, CDE, FAPhA, FAADE, Associate Professor of Pharmacy Practice, Midwestern University

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. Whether you are new to diabetes education and need to learn more about insulin versus non-insulin medications for people with diabetes, 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: 0069-0000-18-170-L01-P LNC: 5190

PC02 Reimbursement Boot Camp

4 CE Available • Room 337
Patty Telgener, RN, MBA, CPC, Vice President of Reimbursement Services, Emerson Consultants

LEARNING OBJECTIVES
1. Evaluate the interpretive guidance and timeframe to make adjustments.
2. Identify common reimbursement pitfalls.
3. Analyze ways to collaborate with billing departments to successfully receive reimbursement.

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

UPN: 0069-0000-18-171-L01-P LNC: 5190

Friday, August 17 – Monday, August 20

PC03 Core Concepts® Course

4 CE Available • Room 301
Kim DeCoste, RN, MSN, CDE, MLDE, FAADE, Nurse Manager, Diabetes Center of Excellence
David Miller, RN, MSED, BSN, CDE, FAADE, Champion of Health Education and Life Promotion and Professional Training & Coaching Consultant, Community Health Network
Cecilia Sauter, MS, RD, CDE, FAADE, Coordinator, University of Michigan - Michigan Medicine
Condit Steil, PharmD, CDE, FAPhA, Professor of Pharmacy Practice, Belmont University
Curtis Triplitt, PharmD, CDE, BCPS, Clinical Associate Professor, Medicine/Diabetes, UTHSCSA Texas Diabetes Institute
Patti Urbanski, MEd, RD, LD, CDE, Diabetes Educator/Clinical Dietitian, St. Luke’s Hospital, Duluth, MN

LEARNING OBJECTIVES
1. Compare and contrast the natural history and pathophysiology of prediabetes, type 1 diabetes, type 2 diabetes and gestational diabetes.
2. Discuss strategies to promote healthy eating for persons with diabetes and at risk of diabetes.
3. Explore approaches to being active for persons with diabetes or at risk of diabetes.

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™.

UPN: 0069-0000-18-172-L01-P LNC: 5190

*These courses require a separate registration fee from AADE18 and space is limited.
FRIDAY, AUGUST 17 • DELAY TYPE 2 DIABETES DAY

GENERAL SESSION

7:30 am – 9:00 am (1 CE Available)

President’s Address
Donna Ryan, MPH, RN, RD, CDE, FAADE,
Vice President, Population Health, Ascension Florida
AADE 2018 President

2018 Allene Van Son Distinguished Service Award

Industry Awards

2018 Allene Van Son Distinguished Service Award

GS01 The Changing Healthcare Environment: Finding the Right Fit for the Diabetes Specialist 1.0 CE
Exhibit Hall A
Robert Gabbay, MD, PhD, FACP, Chief Medical Officer and Senior Vice President, Joslin Diabetes Center
Supported by an Independent Medical Education Grant from Merck, Inc.

LEARNING OBJECTIVES
1. Describe the pathophysiological defects and natural history of type 2 diabetes.
2. Discuss the clinical and patient specific considerations for the selection of add-on therapy in patients not achieving glycemic control on metformin.
3. Outline the benefits and risks of various classes of antihyperglycemic agents including SGLT-2 inhibitors.

Health care is changing. Diabetes care will undoubtedly undergo a dramatic transformation with new models of care and the opportunity to truly value the important work diabetes specialists do every day. What are the new roles for diabetes educators? How do we get there?

UPN: 0069-0000-18-165-L01-P  LNC: 5190

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

F01 Personalized Medicine Approaches for Treatment of Diabetes Based on Gut Microbiotic

Room 307
Eran Segal, PhD, Professor, Weizmann Institute

LEARNING OBJECTIVES
1. Discuss the degree of personal variation that exists among different individuals in their blood glucose response to meals.
2. Describe the role of the gut microbiome in development and management of diabetes and other diseases.
3. Explain the means by which advanced algorithms can be used to personalize diets that normalize blood glucose levels in people with diabetes.

Accumulating evidence supports a casual role for the human gut microbiome in obesity, diabetes, metabolic disorders, cardiovascular disease, and numerous other conditions, including cancer. We will present research on the role of the human microbiome in health and disease, aimed at developing personalized medicine approaches that combine human genetics, microbiome, and nutrition. Based on measurements of blood glucose responses to over 50,000 meals in over 1,000 participants, we showed that blood glucose responses to meal are highly personalized, and that an algorithm based on microbiome and clinical parameters can accurately predict these personalized responses, and that personalized dietary interventions based on this algorithm successfully normalized blood glucose levels.

UPN: 0069-0000-18-049-L01-P  LNC: 5190

F02 Inpatient Diabetes Management: Navigating Rough Seas and Reaching the Harbor Safely 0.5 credit

Room 309
Donna Stevens, DNP, CRNP, BC-ADM, CDE, Inpatient Glycemic Management Team, University of Alabama at Birmingham

LEARNING OBJECTIVES
1. Describe one approach to glycemic management of inpatients with hyperglycemia.
2. Utilize strategies learned to improve glycemic control in special populations such as those with renal failure, cystic fibrosis, and steroid-induced hyperglycemia.
3. Utilize strategies learned to improve glycemic control of those who are transitioning from intravenous to subcutaneous insulin or those who have developed diabetic ketoacidosis while hospitalized awaiting ICU transfer.

Glycemic control for inpatients presents many challenges; especially those transitioning from an insulin drip to subcutaneous insulin, those with disease processes including renal failure and cystic fibrosis, those with steroid-induced hyperglycemia, those who develop diabetic ketoacidosis while hospitalized, and those who are receiving tube feedings. By utilizing key strategies in the management of hospitalized special populations, glycemic control can be improved. One model utilized at a University Hospital involves a tiered system with a nurse practitioner run inpatient glycemic management team. This team utilizes strategies for improvement in glycemic control in special populations.

UPN: 0069-0000-18-050-L01-P  LNC: 5190
**F04** Multi-Faceted and Multi-Disciplinary Strategies in Practice to Manage Overweight and Obesity

Room 316
Patricia G. Davidson, DCN, RDN, CDE, LDN, FAND, Assistant Professor, West Chester University
Katherine O’Neal, PharmD, MBA, BCACP, BC-ADM, CDE, Associate Professor, University of Oklahoma College of Pharmacy

**LEARNING OBJECTIVES**
1. Discuss the economic, clinical and humanistic impact of obesity.
2. Describe the pathogenesis and significance of obesity in diabetes.
3. Compare and contrast key pharmacologic and surgical strategies to manage obesity.

In this session, presenters will review the newly released practice paper Multi-faceted and Multi-Disciplinary Strategies in Practice to Manage Overweight and Obesity. Attendees will learn strategies to address overweight and obesity, including lifestyle/behavioral changes, pharmaceutical and surgical options.

UPN: 0069-0000-18-052-L01-P  LNC: 5190

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**F05** Use of Activity Trackers to Promote Behavior Change and Diabetes Delay

Ballroom 1
Stephanie F. Merck, PhD, APRN, BC-ADM, CDE, Nurse Practitioner, Fairfield County Medical
Francine Nelson, PhD, RN, Associate Dean of Instruction for Doctoral Studies in Nursing and Health Care, School of Advanced Studies, University of Phoenix

**Sponsored by DANA and the AADE Education and Research Foundation**

**LEARNING OBJECTIVES**
1. Describe the concept of self-management skills and strategies in the populations with prediabetes.
2. Explain how technology can assist those with prediabetes to develop self-management skills and strategies to assist with diet and exercise.
3. Identify individuals who can benefit from the use of technology to assist with the implementation of lifestyle changes to prevent diabetes.

This presentation will discuss the use of activity trackers or applications to prevent diabetes and implement diet and exercise. Successes, challenges and strategies will offer insight into the application of self-management skills to prevent diabetes. The presentation concludes with recommendations for practice and further research.

UPN: 0069-0000-18-053-L01-P  LNC: 5190

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**F06** What Goes Wrong in the Foot of a Person with Diabetes?

Ballroom III
Rosalyn Marcus, DPM, RN, CDE, Inpatient Diabetes Educator, Stanford Health Care/BE Smith

**LEARNING OBJECTIVES**
1. Explain the need for daily foot inspections with early recognition and treatment of abnormalities.
2. Demonstrate screening tests for peripheral neuropathy and PAD.
3. Discuss the role of the diabetes educator in reducing the risk of amputation.

Foot complications in people with diabetes have long presented a challenge to the medical community. Many patients have seen a family member lose a limb secondary to diabetes and believe they will have the same fate. With better glycemic control combined with early detection and treatment of foot disorders, many amputations can be prevented. Diabetes educators can provide people with diabetes the tools they need to reduce the risk of this devastating complication.

UPN: 0069-0000-18-054-L01-P  LNC: 5190

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**F07** Why So Many People Fail to Keep Off the Weight They Lose

Room 307
Kevin D. Hall, MD, Senior Investigator, NIDDK/NIH

**LEARNING OBJECTIVES**
1. Describe the biological responses that resist weight loss and promote weight regain.
2. Identify the relative importance of appetite versus metabolism in resisting weight loss.
3. Describe how varying dietary carbohydrates versus fat affects calorie expenditure.

Why is it so difficult to lose weight and keep it off? Our recent study of the “Biggest Loser” contestants demonstrated powerful biological responses that resist weight loss by increasing appetite and slowing metabolism. I will discuss recent studies that quantify the relative magnitude of the biological responses to weight loss and their role in the feedback control of human body weight. Furthermore, I will describe the generally unimpressive long-term results of weight loss diet trials, their implications for treatment of obesity, and why there may not be any “best diet” for weight loss.

UPN: 0069-0000-18-055-L01-P  LNC: 5190
FRIDAY, AUGUST 17 • DELAY TYPE 2 DIABETES DAY

**F08** Let’s Get Started: Implementing a Successful National Diabetes Prevention Program

Susan De Abate, RN, MSN/ED, CDE, Team Coordinator, AADE Outpatient & Diabetes Prevention Coordinator, Hampton Roads Sentara Virginia Beach General Hospital
Erica Moore, MHS, RD, LD, BC-ADM, CDE, Diabetes Education Manager, Medical Group of the Carolinas - Diabetes Education/ Spartanburg Regional Healthcare System

**LEARNING OBJECTIVES**

1. Describe the process to initiate the National Diabetes Prevention Program (National DPP) within a health system including model, structure and infrastructure.
2. Discuss National DPP key stakeholders, how to obtain leadership support for needs and resources to establish and sustain a successful National DPP lifestyle change program.
3. Explain the importance of implementing a “session zero” for potential lifestyle change program participants to maximize recruitment and retention in order to achieve full CDC Recognition.

Organizational readiness to implement the NDPP within a health system is imperative. Attendees will understand how to obtain leadership buy-in and identify key stakeholders and champions within the organization. Assessment of current infrastructure to handle the expansion without adding additional staff time or burden before the program is established, anticipated growth potential and ROI (return on investment) as perceived by the organization will be explored. Practice pearls will be shared on how, when and why to implement a “session zero” information session for potential participants before starting a cohort to maximize participant recruitment efforts and to increase overall retention.

UPN: 0069-0000-18-056-L01-P LNC: 5190

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**F09** Motivational Interviewing: Facilitate Constructive Self-Management Conversations between Parents and Adolescents

Jan Kavookjian, MBA, PhD, Associate Professor of Health Outcomes Research & Policy Harrison School of Pharmacy, Auburn University

**LEARNING OBJECTIVES**

1. Describe the nature of parent/adolescent relationships and natural human development.
2. Describe conflict management strategies to engage in parent/adolescent diabetes education encounters.
3. Apply patient-centered motivational interviewing (MI) and shared decision-making communication examples to case-based scenarios including parent/adolescent self-management conflicts.

This program will present the use of MI to facilitate caring, empowering encounters for parents and adolescents as they strive for positive diabetes outcomes.

UPN: 0069-0000-18-057-L01-P LNC: 5190

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**F10** Turning Passion into Action: Population Health, Diabetes, and the Diabetes Educator - Why Me?

Joan Olveda, RN, CDE, Diabetes Educator-Telephonic, Sutter and Welkin Health
Kellie Rodriguez, MSN, MBA, CDE, Director, Parkland Health & Hospital System

**LEARNING OBJECTIVES**

1. Describe core elements of a population health framework
2. Discuss the inherent roles of the CDEs/diabetes educators within a population health framework for diabetes care and education
3. Outline strategies for the CDE to drive change

The time for diabetes educators to lead change in diabetes care and education is now! The role of the diabetes educator has changed over recent years and is not purely immersed in the provision of DSMES. The move toward a value-based population health approach provides enormous opportunities for diabetes educators to define the roles they play in the care and education of PWD and to cement their value in their respective organizations. This session will outline the immediate opportunities and inherent roles diabetes educators have within a Population Health framework, including: population identification, care prioritization, engagement strategies, communication and intervention modalities, interventions and program outcomes. It is time to turn your passion into action!

UPN: 0069-0000-18-058-L01-P LNC: 5190

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**F11** New to Devices? Insulin Pump and CGM Basics

Mindy L. Saenz, RDN, LDN, CDE, Clinical Dietitian/Certified Diabetes Educator, East Carolina Pediatric Specialty Care

**LEARNING OBJECTIVES**

1. Describe how insulin pumps work.
2. List advantages and disadvantages of insulin pump therapy.
3. Discuss CGM and hybrid closed-loop systems and their advantages and disadvantages.

This presentation will provide an overview of similarities and differences between insulin pump therapy and CGM devices currently available. Designed for attendees new to diabetes management devices.

UPN: 0069-0000-18-059-L01-P LNC: 5190
2:00 pm – 3:30 pm (1 CE Available per session)

Maximize Accurate Use of the Two Nutrition Facts Labels

Ballroom III
Lisa G. Laird, BSN, CDE, FAFADE, Diabetes Care Coordinator, Lankenau Medical Center
Kathy Stroh, MS, RD, CDE, Diabetes Educator Westside Family Healthcare

LEARNING OBJECTIVES
1. Compare and contrast details of the two foods labels in use.
2. Recognize and utilize food label information relevant to diabetes self-care.
3. Identify possible hazards on food labels and prevent critical errors.

The implementation of the new Nutrition Facts and Supplement Facts label has been delayed to 2020. However, because many manufacturers have begun to use the new label format, consumers see two versions of the Nutrition Facts label in the market place. The two labels will be analyzed as they relate to diabetes self-care. Examples of critical errors related to label misinterpretation will be presented.

UPN: 0069-0000-18-060-L01-P LNC: 5190

2017 National Standards for DSMES with a Focus on the AADE Interpretive Guidance

Room 307
Laura Hieronymus, DNP, MSED, RN, MLDE, BC-ADM, CDE, FAADE, Associate Director, Education & Quality Services, University of Kentucky/UK Healthcare
Jodi Lavin-Tompkins, MSN, RN, BC-ADM, CDE, Director of Accreditation, American Association of Diabetes Educators
Jodi Moon, RD, CDE, Lead Educator, Providence Health & Services
Sheri Setser-Legg, MS, RD, ID, MLDE, CDE, Associate Director, University of Kentucky HealthCare

LEARNING OBJECTIVES
1. Describe the process undertaken to update and revise the National Standards for Diabetes Education and Support.
2. List the key changes made when the standards were updated.
3. Summarize tips and examples for meeting and maintaining each of the ten standards.

Every five years the National Standards for Diabetes Self-Management Education and Support are updated and revised to reflect current evidence and practice. The new standards were released in 2017, with implementation requirements extending into 2018 for new and renewing applicants. This session will give an overview of the key changes from the 2012 version of the standards, dig deep into the Interpretive Guidance document revealing tips for meeting and maintaining each standard, and review AABE resources for the Diabetes Education Accreditation Program.

UPN: 0069-0000-18-061-L01-P LNC: 5190

How to Find the Right Insulin for each Individual

Room 314
Patricia Garnica, MS, ANP-BC, CDE, CDTC Diabetes Nurse Practitioner, North Shore University Hospital

LEARNING OBJECTIVES
1. Discuss the pharmacological action, side effects and contraindications of available insulins.
2. Define the benefits and limitations of available insulins, including cost and safety issues in different types of populations.
3. Identify how and when to prescribe a specific type of insulin and for whom.

This session will present the pharmacokinetics, side effects, contraindications and price of old and new insulins in an effort to help attendees understand who can benefit from currently available insulin options. Additionally, the session will discuss how to consider unique clinical conditions, insulin needs, socioeconomic characteristics and personal goals of individuals.

UPN: 0069-0000-18-063-L01-P LNC: 5190
Seminal NIDDK Diabetes Trials: Building a Foundation for Diabetes Prevention and Treatment

Room 316
Judith Fradkin, MD, Director, Division of Diabetes, Endocrinology and Metabolic Diseases National Institute of Diabetes and Digestive and Kidney Diseases, NIH
Mary Larkin, MS, RN, CDE, Assistant Director, Massachusetts General Hospital Diabetes Research Center
Gayle Lorenzi, RN, CDE, Investigator/coordinator, UC San Diego

LEARNING OBJECTIVES
1. Describe how NIDDK trials differ from industry trials and how NIDDK sets clinical trial priorities.
2. Describe the impact of major NIDDK funded trials on diabetes care and prevention.
3. Recognize the major contributions of diabetes educators to seminal NIH diabetes trials.

Diabetes educators and trial coordinators are key to the successful design, execution and translation of completed studies, including DCCT/EDIC, DPP/DPPOS and GRADE (recognizing that results/translation is yet to come). This session’s panelists and their colleagues’ skills and perspectives were critical, not only to implementation of studies but to ensuring that the study questions reflected the key clinical issues incorporating individual perspectives. Discover how DCCT set the paradigm for empowering trial coordinators and has influenced and extended to subsequent diabetes trials and trials outside diabetes.

UPN: 0069-0000-18-064-L01-P  LNC: 5190

Pour Some Sugar on Me

Ballroom I
Sponsored by DANA and the AADE Education and Research Foundation

This Technology Track module features four presentations offering unique insights for attendees related to optimizing glycemic management using technology to improve data analysis.

- Harnessing the Power of the Download - Eileen Faulds, MS, RN, FNP-BC, CDE, Inpatient Management Nurse Practitioner, The Ohio State University Medical Center/College of Nursing
- Sugar Surfing on Continuous Glucose Data - Stephen Ponder, MD, CDE, Pediatric Endocrinologist, Baylor Scott and White Healthcare
- Improving Inpatient Glycemic Control Utilizing Data and Technology - Felicia Amick, RN, BSN, CDE, Diabetes Educator, Carolinas Healthcare System Union and Kathy Jackson, MS, RN, CDE, Nurse Coordinator, Carolinas Healthcare System Union
- Sending Individuals Home on Insulin and Keeping Them Home - Heidimarie Macmaster, CDE, PharmD, Diabetes Management Specialist, UCSF Medical Center and Jane Jeffrie Seley, DNP, MPH, MSN, BC-ADM, CDE, CDTc, FAAN, FAAD, Diabetes Nurse Practitioner, New York-Presbyterian Hospital

LEARNING OBJECTIVES
1. Demonstrate effective download use for assessment and dose titration.
2. Discuss a logical approach to teaching the process of micro-dosing insulin and carbohydrates and the process of glycemic pivoting.
3. Explain the importance of utilizing glycemic control reports to identifying individuals who need glycemic control intervention and the value added by using CDEs as part of the glycemic control process.

UPN: 0069-0000-18-065-L01-P  LNC: 5190

A New Model of Care to Deliver DSMES in a Large Worksite Employer-Funded Patient-Centered Medical Home

Ballroom III
Lisa C. Martin, PharmD, BC-ADM, CDE, CHWC, Director, Healthy Living Program, Center for Living Well

LEARNING OBJECTIVES
1. Describe how a DSMES program can be integrated into a employer-based healthcare center.
2. Compare and contrast the cost structure and potential savings of the Healthy Living Program versus a self-pay program.
3. Discuss the advantage of combining DSMES services with medication therapy management services.

This presentation will explore the development and delivery of a successful AADE accredited diabetes education program in a large worksite, employer-funded patient-centered medical home. Presenters will showcase how convenience and accessibility to a quality-focused team can lead to increased utilization and improved outcomes.

UPN: 0069-0000-18-066-L01-P  LNC: 5190
3:45 pm – 4:45 pm (1 CE Available per session)

F19  Equip Yourself to Address Individuals’ Social Determinants of Health

Room 307
Patti Ephraim, MPH, Research Associate, Faculty and Population Health Data, Programming, and Evaluation Consultant, Johns Hopkins Bloomberg School of Public Health and Johns Hopkins HealthCare, LLC
Tiffany Gary-Webb, PhD, MHS, Associate Professor, University of Pittsburgh
Felicia Hill-Briggs, PhD, ABPP, Professor of Medicine and Senior Director of Population Health Research and Development, Johns Hopkins School of Medicine and Johns Hopkins HealthCare, LLC

LEARNING OBJECTIVES
1. Explain current definitions, constructs, and models for understanding social determinants of health.
2. Integrate measurement of social determinants of health in clinical practice and use of population-level data to inform DSMES programming.
3. Analyze the strengths and limitations of different approaches and interventions for addressing social determinants of health.

Social determinants of health (SDOH) account for 40% of population health outcomes and collectively SDOH are the leading contributor to health inequities in the U.S. and internationally. Differences in the lived experience, care and access, and health outcomes of diabetes documented between racial/ethnic, cultural, and socioeconomic status groups are largely attributable to the influence of SDOH. This session equips attendees with current recommendations, tools, and approaches for addressing SDOH.

UPN: 0069-0000-18-067-L01-P  LNC: 5190

F20  Practical Strategies for Facilitating Compelling Group Sessions

Room 309
Jordyn Forsyth, MS, RD, LD, CDE, CSOWM, MOVE! Weight Management Coordinator, Michael E. DeBakey VA Medical Center

LEARNING OBJECTIVES
1. Implement strategies to handle three common behavioral problems in a group setting.
2. Identify four methods to improve communication and group engagement.
3. Describe two approaches to retain group members.
This session is designed to help diabetes educators effectively teach, facilitate, engage, and obtain outcomes in a group setting. New and seasoned practitioners will learn how to use best practice techniques and tools to more confidently and successfully facilitate group classes. Time will be devoted to both session content as well as addressing commonly faced issues in groups. We will explore different methods to prepare interesting and engaging diabetes management group sessions and explore ways to retain group members.

UPN: 0069-0000-18-068-L01-P  LNC: 5190

F21  Type 2 Diabetes Physiology to Care Plan: A Case Study Approach

Room 314
Chris Memering, BSN, RN, CDE, FAADE, Certified Diabetes Educator and RN, CarolinaEast Medical Center
Nathan Painter, PharmD, CDE, FAADE, Associate Clinical Professor of Pharmacy & Co-Director, Clinical Pharmacy, UCSD Family Medicine Clinics, University of California, San Diego, Skaggs School of Pharmacy and Pharmaceutical Sciences

LEARNING OBJECTIVES
1. Identify physiological changes and associated risk factors leading to the diagnosis of type 2 diabetes.
2. Compare and contrast diabetes as it relates to primary, secondary, and tertiary prevention strategies using a case study.
3. Apply current guidelines to treatment using the case study.
Using a case study approach, the presenter will explore the physiological changes that lead to the diagnosis of diabetes and the development of a care plan.

UPN: 0069-0000-18-069-L01-P  LNC: 5190

F22  Listen and Learn: The Perspectives of a Panel of People with Diabetes

Room 316
Nicole Bereolos, PhD, MPH, CDE, Clinical Psychologist/Certified Diabetes Educator
Anna Norton, MS, CEO, Diabetes Sisters
Shelby Kinnaird, MS, Founder diabeticfoodie.com
Christel Aprigliano, MS, Founder, Diabetes Patient Advocacy Coalition
Stephen Shaul, Patient Advocate, Maryland Advisory Council on Health & Wellness, Happy-Medium.net, Diabetes By The Numbers podcast

LEARNING OBJECTIVES
1. State the needs and expectations of people living with diabetes when visiting with a diabetes educator.
2. Develop skills to more effectively work with people with diabetes.
3. State how technology, language, peer support, and social media influence a person with diabetes.
This panel discussion among people with type 1 and 2 diabetes will explore, through their personal and community experiences, how diabetes educators can maximize their collaboration with PWD to increase empowerment and self-efficacy. They will also promote some of the “do’s” and “don’ts” with regards to language used, teaching techniques, etc.

UPN: 0069-0000-18-070-L01-P  LNC: 5190
FRIDAY, AUGUST 17 • DELAY TYPE 2 DIABETES DAY

F23  Fireside Chat with Educators Who Deliver Diabetes Care with Digital Health Tools

Ballroom I
Rachel Head, RD, CDE, Certified Diabetes Educator, One Drop, Informed Data Systems, Inc.
Janice MacLeod, MA, RDN, CDE, FAAD, Director, Clinical Innovation, WellDoc
Molly McElwee, RN, CDE, Clinical Services Manager, Tandem Diabetes Care
Toby Smithson, MS, RDN, LD, CDE, Certified Diabetes Educator, Livongo/DiabetesEveryDay

Sponsored by DANA and the AACE Education and Research Foundation

LEARNING OBJECTIVES
1. Discuss how the three E’s (empowerment, engagement, and education) can be incorporated into DSMES services.
2. Identify three skills required to be an e-educator.
3. Discuss potential impact of e-education on reaching PWDs and value-based payment models.

Payment and care models are evolving toward value-based. In a fireside chat format, a panel of diabetes educators working with an e-educator platform will share evidence and expertise to support the use of digital health in diabetes management today. They’ll also share how diabetes educators can find new employment opportunities in digital health.

UPN: 0069-0000-18-071-L01-P  LNC: 5190

F24  The Nuts and Bolts of Gaining, Implementing, and Sustaining Coverage for the National DPP in an Online Coverage Toolkit

Ballroom III
Joanna DiBenedetto, BS, MNM, Public Health Consultant, National Association of Chronic Disease Directors
Kelly McCracken, RD, CDE, Public Health Consultant, National Association of Chronic Disease Directors
Bo Nemelka, MHA, Director, Leavitt Partners
Laura Summers, MPP, Senior Director of State Intelligence, Leavitt Partners

The National Association of Chronic Disease Directors (NACDD), with funding from the Division of Diabetes Translation at the Centers for Disease Control and Prevention (CDC), created the National DPP Coverage Toolkit in 2017 as part of an ongoing demonstration project to establish Medicaid coverage for the National DPP lifestyle change program. NACDD contracted with Leavitt Partners, LLC, to take the lead on developing the toolkit with input from multiple health plans, national partners, state Medicaid agencies, state public health departments, CDC, and NACDD. This presentation will walk participants through the toolkit and demonstrate how to use it to obtain coverage for the National DPP through public and private payers.

UPN: 0069-0000-18-072-L01-P  LNC: 5190

F25  Everyone with Diabetes Counts: Increasing Your Reach

Room 307
Ardis A. Reed, MPH, RD, LD, CDE, CHWI, Health Disparities-Certified Diabetes Educator, TMF Health Quality Institute
Merle Shapera, MS, RD, CDE, LDN, Diabetes Program Specialist, Tandem Diabetes Care
Sarah P. Smith, MAT, RD, LD, CDE, Registered Dietitian, Licensed Dietitian, Certified Diabetes Educator, The Carolinas Center for Medical Excellence
Karen S. Ten Cate, MA, RDN, CDE, Diabetes Education Specialist, Quality Innovation Network, National Coordinating Center/Qsource

LEARNING OBJECTIVES
1. Explain the main purpose of Everyone with Diabetes Counts (EDC) program.
2. Name two types of settings where EDC is being implemented.
3. Describe how to partner with an EDC site to mentor lay leaders and/or to align for accreditation and billing for the purpose of sustaining quality DSMES in underserved areas.

Come hear how you can be involved in growing the reach of your program or by supervising new programs to sustain quality DSMES for all. Everyone with Diabetes Counts (EDC) is a five-year national program administered by Centers for Medicare and Medicaid Services (CMS) Quality Improvement Organizations. EDC helps physician practices improve care quality and DSMES referrals, and helps those with DSMES programs become accredited or recognized, leading to sustainability.

UPN: 0069-0000-18-073-L01-P  LNC: 5190

F26  Communicating DSMES in a Culture of Poverty

Room 309
Karen L. Shidler, RN, MS, BC-ADM, CDE, Clinical Education Coordinator, North Central Indiana AHEC

LEARNING OBJECTIVES
1. Identify differences in the mental models of poverty and middle class that may cause misunderstandings between persons with diabetes and educators.
2. Recognize the motivators and barriers for diabetes self-care management/support for those from a generational culture of poverty.
3. List two strategies for working with clients living in poverty that display cultural humility and sensitivity.

Take the time to understand the mental model of poverty and the importance of establishing a relationship to provide culturally sensitive care. Appreciating the problem-solving skills of a person who has been living in poverty with limited resources will enable the attendee to partner more effectively with the individual to improve outcomes and quality of life.

UPN: 0069-0000-18-074-L01-P  LNC: 5190
Meeting the Needs of Culturally Diversified Individuals and Growing Your Cultural Competences in Providing Diabetes Education

Room 314

Adeola Akindana, DNP, CRNP, CDE, Diabetes Educator/Diabetes Program Coordinator, Joslin Diabetes Center-Doctors Community Hospital
Lorena Drago, MS, RD, CDN, CDE, Certified Diabetes Educator, Senior Associate Director
Barbara Eichorst, MS, RD, CDE, Vice President of Clinical Care, Healthy Interactions

LEARNING OBJECTIVES

1. Recognize how the language we use during group education impacts outcomes.
2. Describe different management strategies with culturally sensitive group dynamics.
3. Outline how to best support people with different cultural needs and expectations.

Providing culturally accurate interventions that are learner-centered can be a challenge in one-on-one settings, and even more complicated with a group education setting. The goal is to allow each individual, no matter what country they are from or cultural background, to feel understood, validated and come back for additional sessions. In this session, presenters will address the effective, culturally sensitive language that has positive impact on behavior, empowerment and perceptions. You will also gain knowledge of different cultures and belief systems, which will change your views of how you perceive and provide care.

UPN: 0069-0000-18-075-L01-P LNC: 5190

Highlighting the Pearls and Avoiding the Pitfalls of Establishing Your Diabetes Prevention Program

Ballroom I

Teresa Brown, MPH, RD/LD, CDE, Nutrition and Diabetes Education Program Supervisor, Norman Regional Health System
Christie Bruehl, RD/LD, CDE, Dietitian/Diabetes Educator, Norman Regional Health System

LEARNING OBJECTIVES

1. Compare and contrast Diabetes Prevention Program (DPP) marketing strategies for various target populations.
2. List two useful tools for DPP participant selection.
3. Discuss one approach for encouraging lifestyle coach’s personal development.

In this workshop, presenters will discuss innovative approaches of an established and fully accredited DPP. Tools and resources for recruitment, marketing, retention, common program challenges and potential pitfalls to be avoided will be covered.

UPN: 0069-0000-18-078-L01-P LNC: 5190

LEARNING TRACKS

- AADE™ IN PRACTICE
- BUSINESS MODELS
- CLINICAL THERAPEUTICS OF GLYCEMIC MANAGEMENT
- MASTERING DIABETES COMPLICATIONS
- PATHOPHYSIOLOGY: ORIGINS AND MANAGEMENT STRATEGIES
- POPULATION HEALTH
- PREVENTION/Delay of Type 2 Diabetes
- PSYCHOSOCIAL/BEHAVIORAL
- TECHNOLOGY: DEVICES, DATA AND PATIENT-GENERATED HEALTH DATA

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FRIDAY, AUGUST 17 • DELAY TYPE 2 DIABETES DAY

**Ballroom III**

**F30 Back to the Future of Hypertension Management**

**Learning Objectives**

2. Determine appropriate goals of therapy based on specific criteria.
3. Design a drug therapy plan for people with diabetes and hypertension.

Guideline recommendations for blood pressure (BP) goals of therapy have changed in response to publication of new data. For many years, BP < 130/80 was recognized as optimal for people with diabetes. This was relaxed based on data from the ACCORD trial and recommendations from JNC8 to BP < 140/90. Since that time, additional data from the SPRINT trial and others have shifted the recommendation back to a more intensive goal. The 2017 Hypertension Clinical Practice Guidelines not only support this more aggressive approach, but also present comprehensive recommendations on BP measurement, diagnosis, and drug therapy management of people with hypertension. This presentation provides participants with an interactive case-based approach to apply these new guideline recommendations.

UPN: 0069-0000-18-079-L01-P LNC: 5190

5:00 pm – 5:30 pm (0.5 CE Available per session)

**RESEARCH SESSION**

**F28B Delivering an Effective Physician Supported Diabetes Education Program**

**Room 316**

Harsimran Singh, BA, MA, PhD, Clinical Research Scientist, Mary & Dick Allen Diabetes Center, Hoag Hospital

Ana Pimentel, MSW, Social Worker, Mary & Dick Allen Diabetes Center, Hoag Hospital

**Learning Objectives**

1. Describe the current status of diabetes education programs and related knowledge gaps.
2. Identify the need to involve all stakeholders while developing successful diabetes education programs.
3. Discuss strategies to develop a physician-supported diabetes education program that addresses both clinical and psychosocial needs of individuals.

Presenters will review findings highlighting the differences between healthcare providers and PWD on satisfaction and expectations from diabetes education programs. Presenters will discuss techniques to develop an engaging, patient-centered, physician-supported diabetes education program that delivers improved clinical and psychosocial outcomes.

UPN: 0069-0000-18-077-L01-P LNC: 5190

5:30 pm – 6:00 pm (0.5 CE Available per session)

**F28A Leveraging the EMR to Identify Predictors of Non-Attendance to a DSMES Program**

**Room 316**

Andrew Bzowyckyj, PharmD, BCPS, CDE, Clinical Associate Professor, University of Missouri-Kansas City

**Learning Objectives**

1. Identify the patient-specific factors, easily obtainable from the electronic medical record (EMR), that are associated with non-attendance to a DSMES program among an adult population with type 2 diabetes.
2. Discuss the research methods utilized to determine strategies for removing barriers to attendees of DSMES programs.
3. Describe the implications of this study’s findings within the larger context of DSMES programs nationally.

The American Diabetes Association Standards of Medical Care in Diabetes recommend that all people with diabetes should participate in DSMES at diagnosis and as needed thereafter. In adults with type 2 diabetes, DSMES results in an average absolute reduction in A1C of 0.57%. Despite this documented efficacy, general uptake of these types of programs by individuals and payer systems is low. Research is needed to identify barriers to acceptance of and participation in DSMES. Previous studies have investigated reasons for nonattendance using questionnaires, focus groups/interviews and analysis of large regional or national databases. As clinics and health systems look at ways to fully integrate the EMR into their daily practice, it would be beneficial to be able to leverage this readily available, patient-specific data to identify predictors for non-attendance to DSMES programs in order to inform methods for better engaging these at-risk populations.

UPN: 0069-0000-18-076-L01-P LNC: 5190

Learn more at aade18.org
GENERAL SESSION

7:30 am – 8:30 am (1 CE Available)

2019 Diabetes Educator of the Year Award

GS02 100 Million Healthier Lives for People Living with Diabetes by 2020

Exhibit Hall A
Soma Stout, MD, MS, Vice President, Institute for Healthcare Improvement
Supported by an Independent Medical Education Grant from Merck, Inc.

LEARNING OBJECTIVES
1. Identify the major demographic shifts which will impact population health outcomes through the lens of diabetes as a chronic disease.
2. Discuss the intersection of equity and place with chronic disease outcomes.
3. Discuss the roles they can play as change makers to help create breakthrough outcomes for chronic disease in the community, standing on an evidence-based framework championed by some of the leading organizations in the field.

We as practitioners and educators have typically approached our role in improving chronic disease one person at a time, usually in the office setting. When we step back and take a look at key population health trends, however, we quickly realize that this strategy alone may not be sufficient. This keynote will invite the audience to step back and see their work in the wider context of what produces population health and chronic disease over the life course and the intersection of social drivers, and chronic disease. Participants will be introduced to the Pathways to Population Health framework for health care change agents championed by leading organizations such as the American Hospital Association, the Institute for Healthcare Improvement, the Network for Regional Healthcare Improvement, Public Health Institute and Stakeholder Health to help us envision how we can accelerate and deepen our impact to improve health, well being and equity with people and communities and invited to play a role as a change agent.

UPN: 0069-0000-18-166-L01-P LNC: 5190

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

S01 Navigating Nutrition Information Individuals Access Online

Room 307
Jeannee Diaz, RD, CSOWM, CDE, Clinical Dietitian Specialist, Santa Barbara Cottage Hospital

LEARNING OBJECTIVES
1. Define the terms, “clean,” “raw” and “whole” as they relate to a way of eating.
2. Explain how “clean” eating may benefit persons with diabetes.
3. List tips/tools that can be used to help persons with diabetes implement a “clean” eating approach.

When individuals most unhealthy binging is on nutrition information found online: the real meaning of “clean,” “raw” and “whole.” Our contemporary information age has required dietitians to be adept not just at teaching nutrition, but guiding people away from dubious nutrition information they may have discovered online. Currently, many of us have seen people touting buzzwords such as “clean,” “raw” and “whole.” This workshop will explore these terms and what they represent for persons with diabetes and outline strategies for sound eating practices based on the concept of “clean,” “raw” and “whole.”

UPN: 0069-0000-18-080-L01-P LNC: 5190

S02 Navigating the Prescription Maze in a Rural Healthcare Setting: Coverage, Rebates, Copay Cards and More!

Room 309
Justine Fierman, FNP-BC, BC-ADM, CDE, Director, Memorial Hospital

LEARNING OBJECTIVES
1. List three challenges when prescribing medications in the rural health care setting.
2. Identify three groups involved in the healthcare maze when prescribing medications.
3. Discuss three solutions to successfully prescribe medications for patients in the rural health care setting.

Do you need help navigating the prescribing maze? This session will include the most cost-effective options, how to navigate coverage, mail order companies, rebate, copay cards and more. You’ll explore solutions to many challenges and have the opportunity to share ideas at the end of the presentation so attendees can walk away with a variety of options and ideas.

UPN: 0069-0000-18-081-L01-P LNC: 5190
Room 314

**S03** Transition to Independence: Understanding and Addressing the Emotional and Lifestyle Barriers for Teens and Young Adults with Type 1 Diabetes

Dan Browne, Program Coordinator, The College Diabetes Network
Persis Commissariat, PhD, Pediatric Psychologist, Joslin Diabetes Center
Anna Florenow, MSW, Education and Outreach Manager, T1D Exchange
Christina Roth, Founder and CEO, The College Diabetes Network
Katherine Wentzell, MSN, PNP, Pediatric Nurse Practitioner, Joslin Diabetes Center

**LEARNING OBJECTIVES**
1. Demonstrate an understanding of the experiences of transitioning people with T1D into independence, and solutions for how to address clinically.
2. Identify common signs of emotional barriers or “mental blocks” and lifestyle barriers for this population.
3. Propose collaborative and innovative solutions to barriers faced by teens and young adults to optimal diabetes self-care.

The transition into adulthood and independence of care can pose a challenge for many teens and young adults with T1D. Behavior change is not always initiated or maintained with the usual suggestions of phone alarms and sticky notes. These individuals are neither unmotivated nor uneducated; they often struggle with mental and emotional barriers, as well as lifestyle challenges, that prevent them from engaging in diabetes tasks as prescribed. This session will help diabetes care providers recognize unique challenges in this population, identify common signs of emotional and lifestyle barriers to self-management, and provide practical approaches to working with these individuals and their families. Panelists and case studies will be used to highlight challenges. Interactive discussion with people with T1D, the College Diabetes Network, and diabetes care providers will explore new approaches to care, and seek out individuals’ and clinicians’ perspectives on treatment plans to promote success during this transition to independence.

UPN: 0069-0000-18-082-101-P  LNC: 5190

**S04** Real World Dynamics to Deliver Value in Value-Based Care Models

Brooke Benton, MS, RD, LDN, CDE, Clinical Director, Fit4D
Andrew Renda, MD, MPH, Director, Bold Goal (Population Health), Humana
David Weingard, MBA, Founder and CEO, Fit4D

**LEARNING OBJECTIVES**
1. Discuss value-based care, the impact on the healthcare system and implications for the future.
2. Recognize the role and priorities of all stakeholders involved in value-based care.
3. Explain how value can be created and the important role of CDEs in driving value in the healthcare system.

Value defines the framework for performance improvement in health care. With the advent of incentive programs designed to drive value-based care, improving quality measures is a priority for health plans and providers. If value improves, all stakeholders stand to benefit. What are the most effective ways to increase outcomes relative to costs and how do all stakeholders work together to achieve value? This presentation will examine how value can be delivered for individuals and stakeholders based on real world dynamics and quality measures.

UPN: 0069-0000-18-083-101-P  LNC: 5190

**S05** Hybrid Closed Loop: Love to Love You Baby!

**Ballroom I**

**Sponsored by DANA and the AADE Education and Research Foundation**

This Technology Track module features a look at the art, science, and evidence for using hybrid closed-loop (HCL) systems in practice, including a framework for diabetes educators to use when working with HCL systems; selection, education and initiation strategies; and methods to optimize insulin doses for ongoing HCL therapy. Real-world case studies will demonstrate best practices for both PWD and practitioners. Outcomes data on the HCL systems showing clinical evidence of decreased hypoglycemia, increased time in range and improved glycemic control will be shared. Case studies will provide real-world examples and a platform for interactive Q&A.

- **Hybrid Closed Loop: The Art** - Laurel Messer, RN, MPH, CDE, CCRP, Manager of Pediatric Artificial Pancreas Research, Barbara Davis Center/University of Colorado and Cari Berget, RN, MPH, CDE, Nurse, Barbara Davis Center for Diabetes, University of Colorado
- **Hybrid Closed-Loop Insulin Delivery System: Case Studies and Clinical Evidence - Keys to Improving Glycemic Stability** - Marie Schangar, MS, FNP-BC, BC-ADM, CDE, Family Nurse Practitioner/ Clinical Instructor, Albany Medical Center

**LEARNING OBJECTIVES**
1. Identify appropriate candidates for HCL therapy and provide optimal teaching points for HCL initiation.

UPN: 0069-0000-18-084-101-P  LNC: 5190

**S06** Delaying Type 2 Diabetes: Perspectives from NIH, CDC and CMS on Progress and Goals

**Ballroom III**

Ann Albright, PhD, RDN, Director/Division of Diabetes Translation Centers for Disease Control and Prevention
Nina Brown-Ashford, MPH, CHES, Deputy Director - Prevention and Population Health Group, The CMS Innovation Center
Judith Fradkin, MD, Director, Division of Diabetes, Endocrinology and Metabolic Diseases, National Institute of Diabetes and Digestive and Kidney Diseases, NIH

**LEARNING OBJECTIVES**
1. Describe the major findings of the Diabetes Prevention Program Outcomes study.
2. Describe information that will be forthcoming from the Diabetes Prevention Program Outcomes study over the next few years.
3. Identify opportunities to translate into practice the major findings from the Diabetes Prevention Program.

Ever wonder how things evolve from research to dissemination and finally become reimbursable? This progression happens as research leads to the creation of interventions. One example is the NDPP and MDPP, but it doesn’t end there. Throughout this session, presenters from NIH, CDC and CMS will discuss building on successes and further improvement for future interventions.

UPN: 0069-0000-18-085-101-P  LNC: 5190
S07  Modeling Physical Activity: From Talk to Action!

Room 307
Elissa Hallen, RN, CDE, Group Exercise Leader, Sutter - California Pacific Medical Center
Susan Pierce, MPT, CDE, Diabetes Educator, Chestnut Hill Endocrinology

LEARNING OBJECTIVES
1. Describe two mental differences of learning or performing physical activity across the lifespan.
2. Discuss two physical changes that occur in the musculoskeletal and cardiovascular systems across from young adult to older adult.
3. Discuss preferences and limitations to create a method of physical activity instruction that they can use in their current job.

It’s time for conversations about activity to become as detailed as those about food. Attendees will use this opportunity to learn how to model those active behaviors. Find ways to move with your clients by including movement in education to introduce the possibility that exercise can be a positive experience and a component of a healthy lifestyle.

UPN: 0069-0000-18-086-101-P  LNC: 5190

S08  Best of ADA Scientific Sessions 2018

Room 309
William Cefalu, MD, Chief Scientific, Medical & Mission Officer, American Diabetes Association
Collaborating Organization - American Diabetes Association

LEARNING OBJECTIVES
1. Discuss the most current research, clinical data, advances, trends in the treatment and management of diabetes presented year at ADA Scientific Sessions.
2. Apply up-to-date advancements to everyday practice.
3. List novel therapies presented at Scientific Sessions and describe new management concepts.

This session will feature highlights and pearls from the American Diabetes Association’s 78th Scientific Sessions. Come and learn about the most significant advances in diabetes research, treatment, and care presented during this year’s ADA Scientific Sessions.

UPN: 0069-0000-18-087-101-P  LNC: 5190
“You Built a What?!”: Preparing for Conversations about Non-commercial Automated Insulin Delivery Devices

**Ballroom I**

Jessica B. Kirk, MSN, RN, CPN, CDE, Nurse Manager, University of New Mexico
Brenda J. Weedman, MS, BSN, RN, CDE, Certified Diabetes Educator, Vanderbilt University Medical Center Eskind Diabetes Clinic

**LEARNING OBJECTIVES**

1. Describe the current open source “do-it-yourself” (DIY) insulin delivery systems available for adaptation through the diabetes online community.
2. Compare and contrast five key differences between current open source, DIY closed-loop insulin delivery systems and current commercial hybrid closed-loop delivery systems.
3. Demonstrate three patient-centered strategies to support people with diabetes in accomplishing their diabetes self-management goals with regard to open source, non-commercial insulin delivery systems.

In this interactive session, attendees will learn about the world of DIY closed-loop insulin delivery systems from two CDEs who are using these systems. People and caregivers are not waiting (#wearenotwaiting). They are using readily available diabetes devices and software. The “we are not waiting” movement is rapidly gaining momentum among people living with diabetes. These CDEs will share their experiences and will guide attendees on how to navigate this unfamiliar terrain without compromising patient safety or professional liability.

UPN: 0069-0000-18-090-L01-P
LNC: 5190

Diabetes: Interprofessional Management of A Public Health Crisis; A Collaborative Effort of Dentists, Physicians, and Diabetes Educators

**Ballroom III**

Jerry A. Brown, DMD, CDE, Certified Diabetes Educator, University of South Florida Department of Internal Medicine
Donna Jornsay, MS, BSN, PNP, Director, Integrated Diabetes Services, Sutter Health/Mills Peninsula Hospital
Karlynn Sievers, MD, Family Practitioner, St. Mary’s Family Medicine Residency

**LEARNING OBJECTIVES**

1. Describe ways that dentists, physicians, and diabetes educators can help mitigate the problem.
2. Discuss ways to facilitate communication between the healthcare professions and with people living with diabetes.
3. Develop patient referrals between dentists, physicians, and diabetes educators.

AADE, AGD, and AAFP have teamed up to discuss the important role that each professional plays in improvement of oral health to effect outcomes for PWD. Learn how diabetes educators, dentists, and healthcare providers can build relationships in an effort to increase continuity of care. Become part of your local team!

UPN: 0069-0000-18-091-L01-P
LNC: 5190

How to Incorporate the Triple Aim into Your DSMES Program

**Room 307**

Jana Beckering, RN, Project Coordinator, Allina Health
Dawn Mccarter, RN, BSN, CDE, Manager Diabetes Education, Allina Health

**LEARNING OBJECTIVES**

1. Describe how the Triple Aim fits into a multiple clinic DSMES program.
2. Identify the tactics used from the Triple Aim model to improve outcomes in a DSMES program.
3. Illustrate how a dashboard provides data needed for improving outcomes in a DSMES program.

The prongs of the Triple Aim are engagement, outcomes and cost containment. Successful DSMES programs must incorporate all three prongs. This presentation will share learnings including use of a dashboard to collect metrics and a method to allocate resources, from the development of a multi-site clinic DSMES program implementing the Triple Aim.

UPN: 0069-0000-18-092-L01-P
LNC: 5190

Engaging Friends, Families and More: Barriers and Opportunities

**Room 309**

Anastasia Albanese-O’Neill, PhD, ARNP, CDE, Clinical Assistant Professor, University of Florida, College of Medicine
Kristine Batty, PhD, APRN-CNP, BC-ADM, CDE, CDOE, Nurse Practitioner/Certified Diabetes Educator, Diabetes Care Solutions LLC
Karli Borcherding, Student, Drake University
Martha M. Funnell, MS, RN, CDE, FAADE, Associate Research Scientist, University of Michigan Medical School

**LEARNING OBJECTIVES**

1. Discuss research linking strong support systems to better diabetes management outcomes.
2. Describe the impact of a diabetes diagnosis on the family.
3. Recognize the need for family support and education.

Family members, friends, and peers have the potential to facilitate or undermine day-to-day diabetes self-care. This presentation will provide an overview of evidence on peer and social support, review research linking strong peer and interpersonal support systems to better diabetes management outcomes and describe the phenomenon of “blame and shame.” Examples from the literature and hands-on case studies will be reviewed.

UPN: 0069-0000-18-093-L01-P
LNC: 5190
**S15** Promoting Health Equity in Diabetes Prevention: Taking the National DPP to Priority Populations and Underserved Communities

**Room 314**

Jean Baltz, Director of DPP, Office and Clinic Based Community of Interest, Rehoboth McKinley Health Services

Natalie Blum, MPH, Manager, Diabetes Prevention Network, American Association of Diabetes Educators

Aida Ponce, MD, CHW, Chief Outreach Officer, Project Vida Healthcenter

Susan Parnell, RN, MPH, PhD, CIC, Assistant Professor of Nursing, Clinical Director, Corporate Occupational Health UT Health Services

**LEARNING OBJECTIVES**

1. Describe the National Diabetes Prevention Program and strategic goals to scale and sustain the program.
2. Identify how to build the infrastructure in underserved areas necessary to deliver a CDC-recognized lifestyle change program to both general and priority populations.
3. Recognize how to tailor and deliver a CDC-recognized lifestyle change program adapted to the unique needs and challenges of the participants.

As the National DPP expands to more communities, how can we ensure that those most at risk for type 2 diabetes have equal access to evidence-based, affordable, and high-quality lifestyle change programs? Through funding from the CDC, AADE is working with a network of partners to take the NDPP to priority populations across the South, Southwest, and West. In this session, learn directly from hospitals, clinics, health departments, and community agencies enrolling and engaging African Americans, Latinos, American Indians, men, and Medicare recipients in the NDPP. Get practical tips to promote your program in rural communities, work alongside community health workers, and provide culturally competent programming that will help your DPP reach priority populations in your communities.

**UPN: 0069-0000-18-094-L01-P**

**S16** Certifications for Diabetes Educators: An Overview of the BC-ADM and CDE Options

**Room 316**

Joan Bardsley, MBA, RN, CDE, FAADE, Assistant Vice President of Nursing and Research Integration, MedStar Health Research Institute

Jodi Lavin-Tomkins, MSN, RN, BC-ADM, CDE, Director of Accreditation, American Association of Diabetes Educators

Sheryl Traficano, MBA, CAE, CEO, National Certification Board for Diabetes Educators

Melissa Young, PharmD, BC-ADM, CDE, Clinical Pharmacy Specialist, VA Salt Lake City Health Care System

**LEARNING OBJECTIVES**

1. Differentiate between the CDE and BC-ADM certifications.
2. Summarize the eligibility criteria for both certifications.
3. Describe the renewal process for both certifications.

As a health professional, you know that certification is an important avenue for professional development. Attaining the BC-ADM and/or becoming a CDE® are great ways to highlight your knowledge about diabetes care and education to your employer and peers, as well as to the people with diabetes that you work with in your program or practice. Presented by AADE (BC-ADM) and NCBDE (CDE®) representatives, you will receive an overview on the eligibility requirements, application process, and examination for each program. The last 30 minutes will provide general information on how to renew the CDE® credential.

**UPN: 0069-0000-18-095-L01-P**
S17 Innovative Approaches to Population Health: What Diabetes Educators Need to Know About Working with Employers, Pharmacists and Payers

Ballroom I
Allison Drake, MS, RDN, LD, CDE, Certified Diabetes Educator, East Alabama Medical Center
Amie Hardin, MS, RDN, LD, CDE Director, Diabetes, Clinical Nutrition, and Endocrinology and Metabolism of East Alabama Medical Center
Joan Olveda, RN, CDE, Diabetes Educator, Telephonic, Sutter and Welkin Health
Kellie Rodriguez, MSN, MBA, CDE, Director, Parkland Health + Hospital System
Priscilla F. Thomas, MS, RN, RD, LDN/LD, CDE, CCM, Manager, Case Management, MedStar Family Choice, MedStar Health
Patryce Toye, MD, FACP, MBA, Chief Medical Officer, MedStar Family Choice, MedStar Health
Geoffrey Twigg, PharmD, BCACP, CDE, Clinical Pharmacist, Apple Discount Drugs
Cindy Warriner, RPh, CDE, Consultant Pharmacist, HQI previously VHQC
Gretchen Youssef, MS, RD, CDE, Program Director, MedStar Diabetes Institute, MedStar Health

LEARNING OBJECTIVES
1. Define components of an effective population health intervention.
2. Identify barriers to implementation and sustainability.
3. Discuss steps to determine effective outcome measures.

Diabetes educators caring for PWD are involved in Population Health. This session will provide insights into innovative approaches involving employers, pharmacists and payers, with a focus on the multidisciplinary team-based approach. Attendees will be given turnkey tools and resources applicable in a variety of settings to optimize collaborative and outcome driven practice. This session will provide attendees with knowledge critical for improving care and outcomes beyond the traditional system to ensure best practices, intervention success, and sustainability. With a focus on value-based health care, this session will arm attendees with insights to help drive needed change in their respective healthcare environments.

UPN: 0069-0000-18-096-L01-P  LNC: 5190

S18 From Science to Supper: Integrating Current Nutritional Science and Culinary Practices into the NDPP

Ballroom III
Cara Schrager, MPH, RD, CDE, Registered Dietitian, Joslin Diabetes Center
Joanna Mitri, MD, MS, Endocrinologist, Joslin Diabetes Center
Jennifer Stack, MS, RDN, CDE, Associate Professor, School of Culinary Science and Nutrition, The Culinary Institute of America
Jennifer Troupe, MS, RD, BC-ADM, CDE, Practice Manager, Providence Medical Group Endocrinology, Diabetes and Nutrition

LEARNING OBJECTIVES
1. Identify specific food groups that help prevent or delay the onset of type 2 diabetes.
2. Explain the research behind dietary recommendations.
3. List basic culinary principles for preparing recommended foods.

This presentation will discuss best food choices to delay the onset of type 2 diabetes, evidence to support nutrition recommendations, and culinary principles to help integrate these recommendations to improve the quality of life for people living with prediabetes. Teaching tools including the healthy plate method, preparation and cooking basics will be reviewed throughout this session to assist attendees in translating science into supper for people with prediabetes.

UPN: 0069-0000-18-097-L01-P  LNC: 5190
**S19**  Make Learning Fun: A Session Full of Ideas!  📚

*Room 307*
Barb Schreiner, PhD, APRN, CDE, BC-ADM, Professor, Capella University
Susan M. LaRue, RDN, CDE, Consultant, Diabetes Education and Solutions

**LEARNING OBJECTIVES**
1. Create a learning environment to honor diverse learning preferences.
3. Illustrate how to implement interactive teaching approaches within your diabetes education program.

Help! My education sessions are boring! How can I keep my content fresh and reach my clients in new ways? How do we move PWD from learning to action? This session will keep you moving and thinking. Experience the creative power of fellow participants and experienced facilitators as you develop interactive approaches to teaching, reviewing, and energizing your clients (and yourself). Leave this session with dozens of ideas for making your curriculum more engaging.

UPN: 0069-0000-18-098-L01-P  LNC: 5190

**S20**  Building Relationships Will Keep Them Coming Back: It’s All About Retention!  📚

*Room 309*
Gary Scheiner, MS, CDE, Owner & Clinical Director, Integrated Diabetes Services LLC
Susan Weiner, MS, RDN, CDE, CDN, FAADE, Owner and Clinical Director, Susan Weiner Nutrition, PLLC

**LEARNING OBJECTIVES**
1. Recognize the financial importance of investing in participant retention.
2. Devise steps to improve clinical outcomes through greater participant retention.
3. Apply at least three strategies to enhance the quality and frequency of participant engagement in your diabetes self-management education program.

Once you’ve secured a PWD for your diabetes education program, you may find yourself wondering, “How do I keep ‘em coming back?” Retention is vital for sustaining your business, private practice and diabetes education program. Retention also has implications for improving clinical outcomes as well as professional and personal satisfaction. Diabetes Educators of the Year Gary Scheiner and Susan Weiner share their experiences building long-term relationships, using emerging technologies, creating shared values, and developing innovative strategies for keeping individuals involved and engaged in the services you provide.

UPN: 0069-0000-18-099-L01-P  LNC: 5190
3:45 pm – 4:15 pm (0.5 CE Available per session)

RESEARCH SESSION

S22A  Care Management Improves Clinical, Financial and Behavioral Outcomes: A Case Study

Room 316
Elizabeth Barr, BSN, RN, PCCN, CCTN, Clinical Nurse, Cleveland Clinic
Addie Fortmann, PhD, Manager, Diabetes, Care Line Research, Scripps Whittier Diabetes Institute
Athena Philis-Tsimikas, MD, Corporate Vice President, Scripps Health, Scripps Whittier Diabetes Institute
Robin Morrisey, ANP-BC, CDE, Manager Patient Care, Scripps Health, Diabetes Care & Prevention

LEARNING OBJECTIVES
1. Explain the elements of the Chronic Care Model.
2. Describe the clinical and financial results of implementing an integrated care management model using CDEs and health coaches within a large primary care setting.
3. Recognize the similarities and differences of care management models implemented across various systems.

Chronic illnesses are a tremendous burden on individuals, the healthcare system, and society. The current healthcare model too often fails in assuring that individuals receive effective interventions. The purpose of this study was to design and implement a care management program for PWD and cardiovascular risk factors in a community-based, primary care site and evaluate the clinical, financial and behavioral changes over one year compared to a similar primary care site within the same health system without care management.

UPN: 0069-0000-18-101-L01-P  LNC: 5190

4:15 pm – 4:45 pm (0.5 CE Available per session)

RESEARCH SESSION

S22B  The Role of the Diabetes Educator in Addressing Social Determinants of Health: A Case Study

Room 316
Joycelyn Ashby Cornthwaite, MS, RD, LD, CDE, Certified Diabetes Educator, McGovern Medical School at UT Health, Dept of Obstetrics and Gynecology
Karin Gillespie, MBA, Director, Changing Diabetes Policy, Novo Nordisk
Faith Foreman, DrPH, MPH, BA, LVN, Deputy Assistant Director, Houston Health Department
Ardis A. Reed, MPH, RD, LD, CDE, CHWI, Health Disparities-Certified Diabetes Educator, TMF Health Quality Institute

LEARNING OBJECTIVES
1. Describe community-level vulnerabilities that contribute to risk for developing type 2 diabetes.
2. Identify how these vulnerabilities can be applied to the participants’ organizations and the community to address diabetes prevention and management.
3. Discuss how diabetes educators can play a key role in participating in community health improvement efforts with healthcare providers, people with diabetes and other stakeholders.

This panel presentation will provide an overview of how the Cities Changing Diabetes program in Houston supported research on community-level diabetes vulnerabilities and social determinants of health to catalyze the work of community stakeholders in designing key initiatives to better prevent and manage diabetes. A panel of Houston stakeholders will discuss the research, the initiatives, and the central role played by diabetes educators.

UPN: 0069-0000-18-102-L01-P  LNC: 5190
LEARNING OBJECTIVES

1. Describe the current evidence regarding the connection between inflammatory chronic disease and gut health, including the role of the gut microbiome.
2. Discuss an evidenced-based approach for practical patient recommendations of specific probiotics and prebiotic to improve blood glucose metabolism.

Recent evidence suggests that a healthy gut may prevent the development or delay the progression of type 2 diabetes. This presentation will review the potential for focusing on the gut microbiome as a therapeutic target for improving diabetes outcomes. The latest evidence-based research on probiotics and prebiotics related to blood glucose control, cardio metabolic syndrome, and gut-brain symptoms, such as depression and anxiety will be discussed along with some practical strategies for incorporating food and supplements into meal plans.

LEARNING OBJECTIVES

1. Describe the benefit of metabolic surgery for the treatment of type 2 diabetes.
2. Identify appropriate dietary, behavioral, and activity interventions that maximize clinical outcomes pre-operatively in people with type 2 diabetes who undergo bariatric surgery.
3. Propose short and long term nutrition therapy recommendations for those with type 2 diabetes after metabolic surgery.

Obesity affects nearly 90% of individuals with type 2 diabetes. Metabolic surgery is recommended by the ADA as an effective intervention which promotes dramatic and sustainable outcomes in both obesity and type 2 diabetes. In this session, attendees will learn about the pathophysiology of weight loss following metabolic surgery and when to refer for surgical assessment. Attendees will take home practical applications for managing the health of PWD before and after metabolic surgery and implementing lifestyle interventions that maximize long-term outcomes.
**Marketing Pearls and Pitfalls: Use Your Time Wisely**

**Room 314**
Tracy Bruen, MS, RD, LDN, Clinical Nutrition Manager, Williamson Medical Center
Lisa Mathews, MS, RD, LDN, CDE, Outpatient Nutrition Education Coordinator, Williamson Medical Center
Melanie Parnell, RD, LDN, Registered Dietitian, Williamson Medical Center

**LEARNING OBJECTIVES**
1. Identify successful marketing strategies for the promotion of the Diabetes Prevention Program (DPP).
2. Compare and contrast different ways to successfully market the DPP in their own personal setting.
3. List three strategies for the successful marketing of the DPP.

Educators are experts at providing education and encouraging behavior change. This often leaves little time for marketing and recruiting. During this session, you’ll learn successes and pitfalls from a CDC-recognized DPP that you can use to successfully market your DPP and/or DSMES program.

**UPN:** 0069-0000-18-107-L01-P  **LNC:** 5190

**Ballroom I (Part 2)**
Sponsored by DANA and the AACE Education and Research Foundation
Part 2 of this “Pumps, Sensors and CGM” Technology Track module explores how interprofessional CGM Shared Medication Appointments work to improve clinical outcomes for PWD, including case studies from a CGM Shared Medical Appointment program and how CGM data is used to make clinical recommendations. This session will also provide a firsthand look at the evolution of CGM and DIY CGM technology from the unique perspective of a person living with diabetes who has helped to define the field. CGM user experience “pain points,” from body image to alarm fatigue will be discussed, as well as the question of whether CGM technology is only for tech savvy people living with type 1. A discussion of why having continuous glucose data is critical for managing type 1 will be included.

- The CGM Shared Medical Appointment Experience - Diana Isaacs, PharmD, BCPS, BC-ADM, CDE, Clinical Pharmacy Specialist, Cleveland Clinic; Nick Galloway, BSN, RN, Diabetes Educator, Cleveland Clinic; Dawn Noe, RDN, LD, CDE, Diabetes Educator, Cleveland Clinic Diabetes Center
- Evolution of CGM Technology - Brandon Arbiter, Vice President, Product and Business Development, Tidepool Project

**LEARNING OBJECTIVES**
1. Explain how interprofessional CGM shared medical appointments work to improve clinical outcomes for PWD.
2. Discuss patient case studies from CGM shared medical appointment program and how CGM data is used to make clinical recommendations.
3. Discuss the current options available for CGM technology and the future.

**DKD...Doesn’t Stand for Don’t Know Diddly…Or Does It?**

**Room 316**
Michele Laine, MSN, ARNP, CDE, Nurse Practitioner, Florida Medical Clinic
Nicole Johnson, DrPH, MPH, MA, National Director, JDRF

**LEARNING OBJECTIVES**
1. Discuss how to identify and monitor for DKD.
2. Identify strategies utilized to slow progression of DKD.
3. Discuss the role of the CDE in the interdisciplinary team and provide teaching strategies that promote self-management of diabetes in those with DKD.

**UPN:** 0069-0000-18-108-L01-P  **LNC:** 5190

**DKD...Doesn’t Stand for Don’t Know Diddly…Or Does It?**

**Room 316**
Donna Stevens, DNP, CRNP, BC-ADM, CDE, Nurse Practitioner/Inpatient Glycemic Management Team, University of Alabama at Birmingham

**LEARNING OBJECTIVES**
1. Discuss how to identify and monitor for DKD.
2. Identify strategies utilized to slow progression of DKD.
3. Discuss the role of the CDE in the interdisciplinary team and provide teaching strategies that promote self-management of diabetes in those with DKD.

DKD is the leading cause of kidney failure. Early recognition and intervention can reduce the burden of DKD. This session will outline ways to identify and monitor for DKD, educate on strategies utilized to slow progression of DKD, discuss the role of the CDE in the interdisciplinary team, and provide teaching strategies that promote self-management of diabetes in those with DKD.

**UPN:** 0069-0000-18-110-L01-P  **LNC:** 5190
SUNDAY, AUGUST 19

GENERAL SESSION

7:30 am – 8:30 am (1 CE Available)

Lifetime Achievement Award

GS03 Diabetes Safety: A Federal Focus and Partnership

Exhibit Hall A

Clydette Powell, MD, MPH, FAAP, Director, Division of Health Care Quality Office for Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, US Department of Health and Human Services

LEARNING OBJECTIVES

1. Discuss the history and development of the Department of Health and Human Services’ National Action Plan US to Prevent Adverse Drug Events (ADE), with a focus on diabetes agents.
2. Describe the four areas in which federal partners collaborate to address hypoglycemia ADEs.
3. Discuss some of the evidence-based tools and other products developed by federal partners for use in provider and patient education.

Supported by an Independent Medical Education Grant from Merck, Inc.

This session will outline the work that federal partners are doing to support the recommendations of the National Action Plan to Prevent Adverse Drug Events, with a focus on diabetes agents. The session will describe how the work is coordinated, what the various federal agencies contribute to the dialogue at a health policy level, what tools have been developed for health care providers and their patients, and what are the latest developments to advance the work of federal programs in diabetes awareness and education.

UPN: 0069-0000-18-168-L01-P LNC: 5190

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

D01 The Educator’s Role in Advocating Peer Support: Why, When, and How?

Room 307

David Edelman Co-Founder & CEO Diabetes Daily
Edwin Fisher, PhD, Professor, Health Behavior, UNC Gillings School of Global Public Health; Global Director, Peers for Progress, University of North Carolina
Christina Roth, Founder and CEO, The College Diabetes Network
Cherise Shockley, Social Media Marketing Specialist, Roche Diabetes Care
Amy Tenderich, MA, Editor-in-Chief, DiabetesMine
Hope Warshaw, MMS, RD, BC-ADM, CDE, FAADE, Owner, Hope Warshaw Associates, LLC

LEARNING OBJECTIVES

1. Identify three reasons why peer support has the potential to be valuable to people with diabetes and their caregivers.
2. Identify resources that are accessible to refer people with diabetes and caregivers to peer support communities based on their situations and needs.
3. Propose how you will integrate information and resources about peer support/peer support communities into the diabetes self-care education and support you provide to people with diabetes and their caregivers.

Peer support can play an important role in the lives of people with diabetes and their caregivers. Diabetes educators can have a valuable role encouraging people to seek out and engage in peer support. This session, through a presentation by Ed Fisher, PhD, a global leader in peer support, and interactive dialogue among peer support community leaders and diabetes educators, will help attendees learn why, when and how to encourage people to utilize peer support. AADE resources to promote peer support will also be shared.

UPN: 0069-0000-18-111-L01-P LNC: 5190

D02 Zebras in the Herd: The Less Common Types of Diabetes

Room 309

Lisa Letourneau, MPH, RD, LDN, Senior Clinical Research Coordinator, Monogenic Diabetes Registry, University of Chicago, Kovler Diabetes Center
Lucia Novak, MSN, ANP-BC, BC-ADM, CDTC, Director, Riverside Diabetes Care
Karen L. Shidler, RN, MS, BC-ADM, CDE, Clinical Education Coordinator, North Central Indiana AHEC

LEARNING OBJECTIVES

1. Identify the less common types of diabetes and distinguish the clinical characteristics between them.
2. Evaluate the role of genetic/specialized testing.
3. Formulate a treatment and education plan that considers the underlying defects and risks for complications.

The goal of this presentation is to introduce the less common types of diabetes (monogenic, idiopathic and Latent Autoimmune Diabetes of Adults [LADA]). Distinguishing the characteristics of these less common types of diabetes will assist the clinician to better identify individuals and reduce risk for misdiagnosis. The role of genetic and/or specialized diagnostic testing will be discussed. The attendees will be better equipped to formulate a treatment/education plan that considers the underlying defect, the natural progression of disease as well as risk for development of complications associated with these less common types of diabetes.

UPN: 0069-0000-18-112-L01-P LNC: 5190
Concentrated Insulins: All You Need to Know

Room 314

Carol A. Biondi, RN, MSN, CDE, Diabetes Nurse Specialist/Diabetes Education, Tampa General Hospital

Renee M. Meehan, RN, BSN, MA, CDE, Diabetes Nurse Specialist/Diabetes Education, Tampa General Hospital

**LEARNING OBJECTIVES**

1. Describe differences between U-100 insulin and U-500R insulin.
2. Differentiate between the older and newer insulin delivery systems.
3. Identify situations in which medication errors commonly occur.

U-500 regular insulin is an example of a highly concentrated insulin, possessing both basal and bolus properties. It also alleviates volume-related problems associated with high doses of U-100 insulins. In 2016, the U-500R pen was released and subsequently that same year, a dedicated U-500 syringe. This presentation includes case studies with U-500 and other concentrated insulin, depicting situations where errors have occurred and/or cost considerations critical for individual safety and adherence.

UPN: 0069-0000-18-113-L01-P  LNC: 5190

Population Health: Value-Based Care in a Technology-Driven World

Ballroom I

Carrie Nagy-Marsh, BSN, Senior Director, Clinical Services and Population Health, Sutter Physician Services / Sutter Health

**LEARNING OBJECTIVES**

1. Discuss the current changes and trends in health care brought on by the Affordable Care Act’s impact on the value-based landscape.
2. Discuss population health strategies for enabling individualized care to a growing diabetes population.
3. Identify news ways to leverage people, process, and technology to stratify risk, develop localized care plans, and maximize available resources to be successful in a value-based landscape.

The healthcare environment is shifting from volume-to value-based, and the delivery of DSMES has had to adapt. This changing landscape provides challenges to the status quo. This session focuses on population health strategies to leverage people, process, and technology to synthesize data in an actionable way to deliver cost effective care to the right people at the right time.

UPN: 0069-0000-18-117-L01-P  LNC: 5190

Let’s Talk About Sex: Everything a Diabetes Educator Needs to Know

0.25 credit

Ballroom III

Janis Roszler, LMFT, RD, LD/N, CDE, FAND, Manager, Diabetes Directions, LLC

Donna M. Rice, MBA, BSN, RN, CDE, FAAD, Senior Medical Director, Sanofi

**LEARNING OBJECTIVES**

1. Describe the common causes of sexual health complications in both men and women with diabetes.
2. Identify at least 2 effective treatments for diabetes-related sexual complications.
3. Demonstrate use of a shared decision making tool.

As a compassionate diabetes educator, you want PWD to have the best life possible. Unfortunately, their ability to follow your diabetes self-care recommendations may be negatively impacted by the presence of sexual complications. Learn about the most common diabetes-related sexual complications and how they may affect PWD. Current treatment options will be presented and an innovative approach to counseling that can help you better manage your educational time.

UPN: 0069-0000-18-118-L01-P  LNC: 5190

Pediatric Diabetes Manual for Families: Guided Tour

Room 307

Jessica Adkins DNP, CNS, RN, CPNP-PC, Pediatric Endocrinology Nurse Practitioner, Memorial Health University Medical Center

Kristopher Britt RN, BSN, CDE, Program Development, The Pediatric Diabetes Center at The Dwaine and Cynthia Willett Children’s Hospital of Savannah

**LEARNING OBJECTIVES:**

1. Describe the purpose and mission of the STAY T12D.
2. List the 8 new-onset teaching modules and discuss who can teach each module.

Describe the purpose of the teaching guide and how it can be used to walk pediatrics through a module. A manual titled STAY T12D was developed to put families at ease and connect them with data, resources and the DSMES team. The goal is to arm pediatric individuals with enough knowledge to successfully manage diabetes into adulthood. The right curriculum can empower families to manage diabetes with confidence. During this session we will review a manual that addresses each of the AADEx™ In Practice Self-Care Behaviors and was designed to enable families to search for and find vital information with ease.

UPN: 0069-0000-18-119-L01-P  LNC: 5190
**RESEARCH SESSION**

### D04A Effects of CGM Use in People with Type 2 Diabetes

**Room 316**

Celia Morelos, BSN, RN, CDE, Certified Diabetes Educator, RN, Edward Medical Group
Mary Vercellino, MSN, APRN, ACNS-BC, BC-ADM, CWON, Clinical Nurse Specialist, Edward Hospital/Edward-Elmhurst Healthcare
Elizabeth J. Wickman, RD, LDN, CDE, Certified Diabetes Educator, Registered Dietician, Edward Medical Group

**Sponsored by DANA and the AADE Education and Research Foundation**

**LEARNING OBJECTIVES**

1. Describe the effect the use of CGM has on HgbA1C and BMI in people with type 2 diabetes.
2. Discuss the use of CGM as a key factor in the management of type 2 diabetes.
3. Explain how CGM can be an integral part of diabetes management to increase patient insight into factors that impact blood glucose (specifically eating habits and physical activity).

CGM technology, availability, and insurance coverage are rapidly improving, but there is limited data available on the effect of CGM use in the type 2 population. This study investigated the effect of CGM on glucose control in people with type 2 diabetes who were not using insulin. The hypothesis was that the CGM sensor data would increase insight into lifestyle choices that would impact diabetes management.

**UPN: 0069-0000-18-114-L01-P**  **LNC: 5190**

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### D04B Using Apps for Carb Counting and More Accurate Insulin Dosing in People with Type 1 Diabetes

**Room 316**

Qing Tong, RD, PhD, Rijia Health Technology (Beijing, China)

**Sponsored by DANA and the AADE Education and Research Foundation**

**LEARNING OBJECTIVES**

1. Identify culturally popular Asian foods for people with diabetes in China.
2. Explain how carb counting skill training combined with a mobile-phone-based tool can affect self management in people with type 1 diabetes.
3. Create an online teaching strategy in terms of carb counting for insulin-dependent people with diabetes.

Carbohydrate (CHO) counting is crucial for people with type 1 diabetes. It allows them to match their insulin dose with the amount of CHO in their meals and snacks, keeping their postprandial blood glucose under control. However, this evidence-based method is not widely accepted in China due to restricted access to the specific knowledge and the complexity of Chinese diet. In this session, learn about apps that allow carb counting on a mobile-phone-based system to help PWD implement routine carb counting and improve the accuracy of insulin dosing.

**UPN: 0069-0000-18-115-L01-P**  **LNC: 5190**

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### D04C Utilization of Diabetes-Related Medicaid Data to Drive Advocacy

**Room 316**

Jasmine Gonzalvo, BCPS, BC-ADM, CDE, LDE, FAADE, Clinical Association Professor/Clinical Pharmacy Specialist, Primary Care Purdue University
Matthew Kirby, Senior Consultant, KSM Consulting

**Sponsored by DANA and the AADE Education and Research Foundation**

**LEARNING OBJECTIVES**

1. Describe the Indiana Management Performance Hub (MPH) and the collaborative effort with other state agencies.
2. Discuss the diabetes-related Medicaid data available through MPH and highlight a variety of implications to the state.
3. Describe future opportunities to maximize the state broader impact of available diabetes-related data.

The Indiana MPH is a state agency that combines a collaborative and innovative approach with industry-leading technical innovation to facilitate data-driven decision-making and data-informed policy making. MPH has made diabetes-related Medicaid data available to the public. This project describes how data has been used to support advocacy-related initiatives and to help guide future legislation.

**UPN: 0069-0000-18-116-L01-P**  **LNC: 5190**
LEARNING OBJECTIVES

1. Recognize the need for diabetes educators to become community-ready to assist during times of disaster.
2. Discuss the role of diabetes educators in national and local coalitions during disaster response.
3. Describe disaster recovery strategies for a successful transition from supported to self-managed care for the diabetes community.

During recent flooding and disasters, many people with diabetes found refuge and care in shelters or housing far removed from their usual diabetes network, making self-care a challenge. Unique challenges are faced before, during, and after disasters and diabetes educators play an innovative role in preparing for and responding to these disasters. Educators facilitate transition to recovery and relief. During this session disaster readiness tools and resources will guide attendees toward identifying the key diabetes considerations for their own communities and how to help introduce them into their local disaster resources.

UPN: 0069-0000-18-120-L01-P LNC: 5190

**D09 Medications: New and on the Horizon**

Room 314

Diana Isaacs, PharmD, BCPS, BC-ADM, CDE, Clinical Pharmacy Specialist, Cleveland Clinic

Andrew Bzowyckyj, PharmD, BCPS, CDE, Clinical Associate Professor, University of Missouri-Kansas City

LEARNING OBJECTIVES

1. Describe new agents in the pipeline for type 1 and type 2 diabetes.
2. Compare and contrast new diabetes medications and formulations to what was previously available. Discuss when to use new medications for specific populations.

This presentation will provide a practical, real-world approach to what the diabetes educator needs to know about medications recently FDA approved and those expected to be approved in the near future—this includes new insulin formulations (e.g., ultra-rapid, biosimilar insulins), implantable drug delivery systems, glucagon formulations, and novel SGLT-2 inhibitors and GLP-1 agonists. Promising agents for beta cell preservation in type 1 diabetes will also be discussed. The session will compare and contrast new medications and formulations to what is currently available and delve into which types of PWD will benefit most from these new options.

UPN: 0069-0000-18-121-L01-P LNC: 5190

**D10 Utilizing ROI to Increase Insurance Coverage and Implement the DPP**

Room 316

Jennifer Troupe, MS, RD, BC-ADM, CDE, Practice Manager, Providence Medical Group Endocrinology, Diabetes and Nutrition

LEARNING OBJECTIVES

1. Describe ROI and the impact it has on presenting a business case regarding the DPP.
2. List at least one method utilized by Providence in their DPP, which you can implement in your own DPP.
3. Recognize the importance of meeting with payers, administrators and providers regarding the benefits of the DPP. Calculating an ROI on services provided and making a business case can help the diabetes educator/quality coordinator advance this directive to payers, administrators and providers. This session will explore utilizing ROI to garner insurance coverage and implementation of the DPP through a health system.

UPN: 0069-0000-18-122-L01-P LNC: 5190

**D11 Conversational Interface and Nutrition Apps: Turn Me On!**

Ballroom I

Marissa Burgermaster, PhD, Postdoctoral Research Fellow, Columbia University Department of Biomedical Informatics

Elizabeth Heitkemper, PhD, RN, Postdoctoral Researcher, Columbia University Department of Biomedical Informatics

Lena Mamykina, PhD, Florence Irving Assistant Professor of Biomedical Informatics, Columbia University Department of Biomedical Informatics

Elliot G. Mitchell, Student, Columbia University Department of Biomedical Informatics

Sponsored by DANA and the AADE Education and Research Foundation

LEARNING OBJECTIVES

1. Describe the current state of voice and application technologies for diabetes self-management.
2. Create dialogues that could be used to design a voice assistant for diabetes self-management.
3. Discuss opportunities for technology in the diabetes education workflow.

Through both didactic and interactive activities participants will learn about the current state of and future directions for voice technologies to support diabetes self-management. Presenters will share their experiences designing, building, and evaluating Taming Type 2 Diabetes, Together (www.t2d2.io) as a part of the 2017 Alexa Diabetes Challenge. Participants will have the opportunity to interact with T2D2 and share their expertise on how to best incorporate voice technologies into diabetes education and self-management routines.

UPN: 0069-0000-18-123-L01-P LNC: 5190
D12 Hypoglycemia Risk Mitigation, Part 1 - The Impact of Diabetes Education

Ballroom III
Jacqueline LaManna, PhD, ARNP, ANP-BC, BC-ADM, CDE, Assistant Professor, University of Central Florida College of Nursing
Jan Kavookjian, MBA, PhD, Associate Professor of Health Outcomes Research & Policy, Harrison School of Pharmacy, Auburn University
Mary Julius, RDN, LD, CDE, Clinical Coordinator for Diabetes Self-Management Education and Support, Cleveland VA Medical Center
Eva Gonzales, MPH, RD, LD, CDE, Network Diabetes Education Program Coordinator, University of Maryland Medical Center

LEARNING OBJECTIVES
1. Describe the magnitude of treatment-related hypoglycemia in community-dwelling people with diabetes, population-specific hypoglycemia risks, and consequences of hypoglycemia.
2. Apply study findings to identify opportunities for diabetes educators to participate in population-specific treatment-associated hypoglycemia risk mitigation interventions.
3. Describe practice, policy, research and advocacy considerations related to treatment associated hypoglycemia prevention and risk mitigation.

Members of the AADE Research Committee will present findings of a systematic review that examined current evidence and gaps in the literature surrounding the role of diabetes education in hypoglycemia risk mitigation. Opportunities for diabetes educators to mitigate hypoglycemia risks and considerations in practice, policy, research and advocacy will be explored.

UPN: 0069-0000-18-124101-P LNC: 5190

D13 Hypoglycemia Risk Mitigation, Part 2: Inpatient and Outpatient Diabetes Education

Room 307
Dessa Garnett, RN, MSN, FNP-BC, CDE, Nurse Practitioner, NYU Langone Medical Center
Eva Gonzales (Moderator), MPH, RD, LD, CDE, Network Diabetes Education Program Coordinator, University of Maryland Medical Center
Robert Tanenburg, MD, MACP, Professor of Medicine, Brody School of Medicine
Brian Ulmer, MD, Diabetologist, St. Vincent Medical Group, Indianapolis, IN
Iryna Sasinovich, RN, MSN, AGACNP-BC, CDE, Nurse Practitioner, NYU Langone Medical Center

LEARNING OBJECTIVES
1. Review the importance of achieving optimal glycemic control and challenges faced in the acute care setting.
2. Discuss key strategies and tools for insulin therapy to prevent hypoglycemia while minimizing hyperglycemia during hospitalization.
3. Identify initiatives that the acute care diabetes educator/clinician can implement to achieve the recommended targets for inpatient glycemic management.

Optimal glycemic control in PWD is beneficial for improving outcomes, as well as quality of care, safety and satisfaction. Fears of hypoglycemia remain a key limiting factor in terms of hyperglycemia management. Clinical inertia persists despite best practice demonstrations. This presentation will highlight commonly encountered cases offering strategies in care delivery and quality improvement to safely achieve optimal glycemia during hospitalization. A case study in improving timely insulin delivery in acute care setting will be discussed. This specific example will demonstrate the risk of hypoglycemia in the hospital, gaps in practice, data use collection tools and the interventions and dramatic improvements they made.

UPN: 00069-0000-18-125101-P LNC: 5190
SUNDAY, AUGUST 19

D14  Business as Unusual! A Six-Year Evolution of Innovation, Collaboration and a Successful Community Type 2 Diabetes Program

Room 309
Kimberly D. Freeman, RN, CDE, CTTS, CIC, Nurse Clinician-Education and Outreach, McDowell Hospital-Mission Health
Michael S. Hanlon, Director of Diabetes Interventions, YMCA of Western North Carolina
Hope Warshaw, MMSc, RD, BC-ADM, CDE, FAADP, Owner, Hope Warshaw Associates, LLC

LEARNING OBJECTIVES
1. Recognize how benefits of collaborative business models enhance type 2 diabetes self-management programming.
2. Identify how the integration of clinical and lifestyle management yields successful participant outcomes.
3. Discuss insights and lessons learned from the perspectives of participants and facilitators.

The business of service delivery must become unusual! Value-added roles and services for diabetes educators are increasing. This reality should empower diabetes educators to develop innovative and collaborative business models to achieve impactful programming resulting in clinical and cost-effective outcomes. Facing challenges of delivering DSMEs programming, YMCA and a rural hospital joined forces six years ago to develop a year-long type 2 diabetes program. Various presentation styles and insights will engage and enable you to seek out innovative solutions and partnerships.

D15  DPP Data Deep Dive: A Review of Data Collection Tools for Prevention

Room 314
Patrick J. McMahon, MPH, Prevention Program Evaluator, American Association of Diabetes Educators

LEARNING OBJECTIVES
1. Summarize the CDC’s DPRP data requirement.
2. Describe the national landscape of DPRP data collection database platforms.
3. Apply uses of databases and platforms beyond DPRP data submission.

Are you drowning in National DPP data? When the deadline comes to submit your data to the CDC for continued recognition, are you tempted to drop out of your own DPP? If you’re up to your eyeballs in DPP data and not sure what’s out there to help, this session is for you! Find out what data platforms can support the collection, analysis, and submission of DPP data to the CDC, your organization, or your funders. Learn what data needs to be collected for the 2018 DPRP. And, finally, explore how these innovative tools and apps can help you take your data analysis to the next level to evaluate your DPP and stay on track for DPRP Recognition.

D16  Contemporary Approaches to Managing Diabetes in Individuals with Cardiovascular Disease

Room 316
Dave Dixon, PharmD, BCPS, BCACP, CDE, CLS, FCCP, FACC, FNLA, Associate Professor & Vice-Chair for Clinical Services, Virginia Commonwealth University School of Pharmacy
Melissa L. Magwire, RN, CDE, Endocrine Clinic Coordinator, Shawnee Mission Endocrinology & Diabetes
Lauren G. Pamulapati, PharmD, Assistant Professor, Virginia Commonwealth University School of Pharmacy

LEARNING OBJECTIVES
1. Describe potential impacts on care and treatment algorithms that may arise from results of cardiovascular outcomes trials showing CV risk reduction in those with type 2 Diabetes.
2. Identify the differences in the multiple CVOTs and the implications of their findings.
3. Illustrate how to incorporate the CVOT data and the importance of cardiovascular health into teaching plans for people with type 2 diabetes.

CVD remains the leading cause of death in people with diabetes. While anti-hyperglycemic therapies primarily improve glycemic control, there has been significant interest in evaluating the potential of these therapies to also reduce cardiovascular risk. Until recently, only metformin had been associated with improved cardiovascular outcomes. Data from several cardiovascular outcome trials with SGLT-2 inhibitors and GLP-1 agonists have demonstrated a reduced risk of major adverse cardiovascular events in PWD and established CVD. Through the use of case studies and audience response, the presenters will develop a strategy for attendees to integrate the results of cardiovascular outcome trials into practice.
D17  Reducing Cardiovascular Risk in T2DM with SGLT2 Inhibitors and GLP1-Receptor Antagonists: Translating Evidence into Outcomes

Ballroom I
Supported by an unrestricted education grant provided by AstraZeneca. This activity is joint-provided by the American Association of Diabetes Educators and ASiM CE, LLC.

Jack Leahy, MD, Professor and Co-Chief, Division of Endocrinology, Diabetes, and Metabolism, at the University Of Vermont Larner College Of Medicine

Erica Hall, RN, MSN, CRNP, ANP-BC, CDE, Nurse Practitioner and Certified Diabetes Educator, Johns Hopkins Hospital

LEARNING OBJECTIVES:
1. Recognize the efficacy, safety, and impact of SGLT-2 inhibitors and GLP-1RAs in reducing micro- and macrovascular disease and nephropathy.
2. Identify individuals who are likely to benefit from pharmacological agents that reduce micro- & macrovascular risk reduction as part of individualized T2DM treatment strategies.
3. Propose techniques to provide specific education regarding the use of SGLT-2 inhibitors & GLP-1RAs as part of micro- & macrovascular risk reduction strategies.

Despite the availability of multiple therapeutic classes, the majority of conventional antidiabetic agents fail to address macrovascular risk factors and subsequent complications associated with type 2 diabetes mellitus (T2DM). As such, cardiovascular disease (CVD) remains the leading cause of death among people living with T2DM. Fortunately, emerging clinical evidence demonstrates that novel antidiabetic agents, such as sodium-glucose co-transport-2 (SGLT2) and glucagon-like peptide-1 receptor agonists (GLP-1RAs) not only improve glycemic control and microvascular complications but also demonstrate meaningful clinical impacts on CVD risk reduction. Ensuring that these advances translate into real-world benefits for people with T2DM relies on the identification of people who are most likely to benefit from novel agents and their appropriate use as part of individualized treatment paradigms, the management of potential treatment-related adverse events, and importantly, the requirement of individuals to be persistent with these therapies as part of multimodal CV risk reduction strategies. This live symposium will review the latest data on cardiovascular outcomes related to use of SGLT2 inhibitors and GLP-1RAs, among other blood sugar lowering agents, the impact of available and emerging data on care and clinical outcomes. Importantly, this activity will address practical diabetes educator-driven strategies to optimize the appropriate use of novel agents as part of T2DM and CVD self-management.

UPN: 0069-9999-18-129-L01-P  LNC: 5190

D18  “I Know What to Do, I Just Can’t Get Myself to Do It.” The Relationship of Mental Health Issues and Diabetes

Ballroom III
Mary de Groot, PhD, Associate Professor, Diabetes Translational Research Center - Indiana University School of Medicine

LEARNING OBJECTIVES
1. Identify the prevalence and impact of depression, diabetes distress and anxiety in people with diabetes.
2. Discuss screening tools that identify patients with depression, diabetes distress and anxiety presentations.
3. Name common approaches to the treatment of depression, diabetes distress and anxiety in people with diabetes.

Diabetes distress, depression and anxiety are common conditions for PWD over the course of their lifetime. Effective treatments are available when these issues are identified and addressed. Diabetes educators play a key role in detecting, assessing and referring PWD to resources that will allow them to improve their mental and medical outcomes. This session will address the prevalence, impact, screening and treatment options to address these important mental health conditions for PWDs.

UPN: 0069-0000-18-130-L01-P  LNC: 5190

LEARNING TRACKS
- AADE7™ IN PRACTICE
- BUSINESS MODELS
- CLINICAL THERAPEUTICS OF GLYCEMIC MANAGEMENT
- MASTERING DIABETES COMPLICATIONS
- PATHOPHYSIOLOGY: ORIGINS AND MANAGEMENT STRATEGIES
- POPULATION HEALTH
- PREVENTION/DELAY OF TYPE 2 DIABETES
- PSYCHOSOCIAL/BEHAVIORAL
- TECHNOLOGY: DEVICES, DATA AND PATIENT-GENERATED HEALTH DATA

Sponsored by DANA and the AADE Education and Research Foundation
**Room 307**

Molly McElwee-Malloy, RN, CDE, Clinical Services Manager, Tandem Diabetes Care  
Karen Harriman, FNP-BC, MSN, CDE, Family Nurse Practitioner, Pediatrics Specialists of Virginia

**LEARNING OBJECTIVES**

1. Explain the use of HbA1c as an outcome in drug and device trials as well as for reimbursement purposes.  
2. State at least three examples of what HbA1c does NOT tell the healthcare provider about the participant’s health.  
3. Describe two ways participant-reported outcomes would provide good surrogate measurements for HbA1c.

While HbA1C is used as a primary outcome to assess glycemic control and as a surrogate for risk of developing complications, it has limitations acknowledged by both clinicians and PWD. In 2017, a steering committee comprised of representatives from AACE, AADE, ADA, Endocrine Society, JDRF International, The Leona M. and Harry B. Helmsley Charitable Trust, Pediatric Endocrine Society, and T1D Exchange came together to provide consensus on key outcomes measures beyond HbA1C. Those include: standardized definitions for hypoglycemia, hyperglycemia, time in range, diabetic ketoacidosis, and patient-reported outcomes. This session will review the key findings and definitions developed by the T1D Outcomes Program Steering Committee and discuss important implications for diabetes self-management, including the assessment of these outcomes through diabetes technologies.

UPN: 0069-0000-18-131-L01-P  LNC: 5190

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**Room 314**

Angela M. Farfia, MA, Senior Manager of Prevention American Association of Diabetes Educators  
Viola Holmes, MS, RD, CDE, Education and Outreach Manager, VA Center for Diabetes Prevention & Education, University of Virginia  
Jennifer Troupe, MS, RD, BC-ADM, CDE, Practice Manager, Providence Medical Group Endocrinology, Diabetes and Nutrition

**LEARNING OBJECTIVES**

1. Describe the essential components that comprise a successful distance learning diabetes prevention program (DPP).  
2. Recognize opportunities and challenges in providing a distance learning diabetes program, especially within high-risk, health disparity areas.  
3. Identify high-risk and hard-to-reach populations that could benefit from a web-based DPP due to occupational barriers.

Everyone is busy! This means less time to exercise, prepare healthy foods, and attend DPP programs that could reduce their risk of developing type 2 diabetes. In this session, you’ll explore innovative strategies to take your DPP where it’s needed, when it’s needed and to who needs it! Learn how a distance learning DPP in Southwest Virginia uses teleconference technology to offer employees an evidence-based DPP in an underserved area. Hear how AADE, through a cooperative agreement from the CDC, worked with the Healthy Trucking Association of America and Omada Health, Inc. to pilot a web-based DPP to engage a mobile population of long haul truckers.

UPN: 0069-0000-18-133-L01-P  LNC: 5190

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**Room 316**

Dessa Garnett, RN, MSN, FNP-BC, CDE, Nurse Practitioner, NYU Langone Medical Center  
Iryna Sasinovich, RN, MSN, AGACNP-BC, CDE, Nurse Practitioner, NYU Langone Medical Center

**LEARNING OBJECTIVES**

1. List two benefits of having an inpatient glycemic team.  
2. Identify two essential steps in the process of starting an inpatient clinical service.  
3. Describe one aspect of the role nurse practitioners play in the inpatient setting beyond providing direct care.

Nurse Practitioners play a unique and integral role in today’s evolving healthcare system. In recent years, more hospitals have assembled inpatient diabetes specialty care teams, but some institutions still lag behind without a formal diabetes team in place. In a large academic medical center in New York City, needs assessments were completed by hospital administration and positions were created for two full-time inpatient diabetes nurse practitioners. This presentation outlines the process, challenges, and lessons learned on the journey of creating an inpatient glycemic team, which has now expanded from a team of two to a team of six nurse practitioners in a short time span.

UPN: 0069-0000-18-134-L01-P  LNC: 5190
LEARNING OBJECTIVES

1. Recognize the features of a secure wearable diabetes device.
2. List five diabetes devices that require sound cybersecurity.
3. Describe the difference between security and privacy of medical devices and what type of expertise is needed to preserve each of them.

Increasingly, diabetes devices are connected wirelessly to each other and to data-displaying reader devices. PWD have an extremely high need for secure information flow to display glucose information and deliver insulin dosing commands when sensor and actuator information is transmitted wirelessly through these connected medical devices. Sound cybersecurity is needed for connected diabetes devices to maintain confidentiality, integrity, and availability of the data and commands. This session will discuss existing threats to the accurate flow of information, including unauthorized disclosure, modification, or loss of availability. Additionally, the need for cybersecurity standards designed specifically for connected diabetes devices to improve their safety will be discussed.

UPN: 0069-0000-18-135-L01-P  LNC: 5190

LEARNING OBJECTIVES

1. List the root causes of hypoglycemia in the inpatient setting.
2. Discuss strategies that can improve the timing of blood glucose monitoring and insulin delivery in relation to meal tray delivery.
3. Describe the bedside nurses' role in reducing hypoglycemia in the inpatient setting.

This presentation will discuss major causes of hypoglycemia in the inpatient setting and risk reduction strategies. Topics include: techniques for early identification of hypoglycemia, effective treatments, ways to avoid recurrence of hypoglycemia and optimal timing of point of care blood glucose monitoring, insulin administration and meal delivery. Two performance improvement projects targeting the challenges described above, offering some evidence-based solutions, will be presented.

UPN: 0069-0000-18-136-L01-P  LNC: 5190

LEARNING OBJECTIVES

1. Apply three concepts of inclusive design to DSMES visits and materials to improve access for people with hearing loss.
2. Describe two diverse groups of people that would benefit from each of the changes described in objective 1.
3. Create a weight-based medical plan for a person with diabetes who is overweight and obese.

All populations with normal variations of abilities include people with a range of hearing and seeing abilities. About 21% of PWD have hearing loss and 20% have visual impairment, yet the design of most DSMES visits and materials assumes participants have typical sensory abilities, making full participation difficult for people with atypical abilities. Inclusive design is the design of mainstream products and services that are accessible to as many people as reasonably possible without the need for special adaptation or specialized design. This session includes presentation of inclusive design concepts, participatory exercises, and small group discussions to promote creation of designs for DSMES visits and educational materials that ensure accessibility for people with diverse visual and hearing abilities.

UPN: 0069-0000-18-137-L01-P  LNC: 5190
LEARNING OBJECTIVES

1. Describe the PDCA quality improvement methods.
2. Discuss how insulin pump failure and insufficient back-up planning contributes to DKA admissions.
3. Identify educational intervention tools to decrease rates of admissions for DKA.

This session will take a step-by-step approach to quality improvement projects to decrease admissions for DKA. DKA due to insulin pump failure is a preventable occurrence. Due to the known risks of DKA to the PWD as well as the increasing cost of inpatient ICU medical care, this quality improvement project was created. This presentation will describe the FOCUS-PDCA methods and will use this successful project as an example.

UPN: 0069-0000-18-140-L01-P  LNC: 5190
MONDAY, AUGUST 20 • DIABETES AND MENTAL HEALTH DAY

GENERAL SESSION

MONDAY, AUGUST 20 • DIABETES AND MENTAL HEALTH DAY

7:30 am – 9:00 am (1 CE Available)

GS04 Peer Support Communities Improving Mental Health for People with Diabetes - Let’s Talk About it!

Exhibit Hall A

Mary de Groot, PhD, Associate Professor, Diabetes Translational Research Center - Indiana University School of Medicine
Anna Norton, MS, CEO, Diabetes Sisters
Michelle Litchman, PhD, FNP-BC, FAANP, Assistant Professor/Nurse Practitioner, University of Utah College of Nursing
Elizabeth A. Beverly, PhD, Assistant Professor, Ohio University Heritage College of Osteopathic Medicine

Supported by an Independent Medical Education Grant from Merck, Inc.

LEARNING OBJECTIVES
1. Identify the benefits of referral to peer support communities for PWD as a bridge between educator visits.
2. Discuss how peer and social support improves quality of life and improves self-care.
3. Explain how to enhance knowledge and considerations for interacting with and engaging with Peer Support Communities and the role of the diabetes educator.

UPN: 0069-0000-18-169-L01-P LNC: 5190

9:15 am – 10:15 am (1.0 CE Available per session)

M01 Evaluating the Impact of Year-Long Augmented Diabetes Self-Management Support

Room 307

Leslie Kolb, BSN, RN, MBA, Chief Science and Practice Officer, American Association of Diabetes Educators

LEARNING OBJECTIVES
1. Describe the study design to expand diabetes self-management support (DSMS) to people with type 2 diabetes in underserved communities through delivery of telephonic support provided by CHWs.
2. Evaluate the clinical and behavioral outcomes between traditional DSMES and additional DSMS.
3. Explain the roles that AADE, FQHCs, APhA Foundation and NCFH played in the study.

The AADE received a grant from the Bristol-Myers Squibb Foundation in 2013 to conduct the randomized controlled study titled “Evaluating the impact of year-long, augmented diabetes self-management support” in individuals with type 2 diabetes from underserved populations. Working with four FQHCs, AADE compared A1C and other clinical and behavioral outcomes in PWD randomized to receive DSME with one year of telephonic DSMS (intervention group) versus those randomized to receive DSME alone (control group). Come learn the results of this study and the implications for practice.

UPN: 0069-0000-18-143-L01-P LNC: 5190

M02 Money Matters in MNT and DSMES: Increase Your Reimbursement Now!

Room 309

Mary Ann Hodorowicz, RDN, MBA, CDE, CEC, Owner, 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. Describe the Medicare coverage guidelines for DSMT.

This detailed presentation is what diabetes educators have been looking for to pocket those elusive Medicare and private payer MNT and DSMES dollars! Medicare’s most current coverage guidelines are outlined, including those related to MNT and DSMES referrals, lab criteria, utilization limits in first and follow-up years, structure of initial and follow-up benefits, beneficiary entitlement, provider eligibility, MNT/DSMES telehealth, procedure, diagnosis and revenue codes for accurate claims, quality standards, allowed practice settings, benefits tiered payment rates, a referral form that is designed to be Medicare-compliant, created to increase reimbursement success and quality assurance. A 10-step plan to increase private payer reimbursement success is also provided.

UPN: 0069-0000-18-144-L01-P LNC: 5190
M03 Auctioning Off Health: Medicare’s Competitive Bidding Program

Room 314

Christel Aprigliano, MS, Founder, Diabetes Patient Advocacy Coalition
Katherine O’Neal, PharmD, MBA, BCACP, BC-ADM, CDE, Associate Professor, University of Oklahoma College of Pharmacy

LEARNING OBJECTIVES
1. Describe the CMS Mail Order Program.
2. Describe key findings from studies supporting a change in the mail order program.
3. Summarize CMS updates and ongoing actions.

Since 2003, the CMS used the Competitive Bidding Program in an attempt to lower costs and prevent fraud. For several years, the mail order suppliers for the Medicare diabetes community were the only ones who won due to restriction of access and use of less preferred meters. Find out how this happened, how advocacy efforts closed dangerous loopholes, and what’s next (because it’s not over).

UPN: 0069-0000-18-145-L01-P LNC: 5190

M04 Facilitating Successful Self-Care for Older Adults With Diabetes

Room 316

Susan Walker, PHD, RN, CDE, Adjunct Faculty, Georgetown University School of Health and Health Sciences

LEARNING OBJECTIVES
1. Identify common geriatric syndromes and the combined impact of geriatric syndromes and diabetes on older adults.
2. Describe the special needs of this population.
3. Identify tips and strategies to promote effective management and self-management skills in older adults with diabetes.

The number of older adults is increasing rapidly. Lifestyle factors, age-related physiological factors, such as loss of lean body mass, increase in visceral and intramuscular fat, and loss of beta cell mass further increase the risk of diabetes in older adults. Diabetes in older adults is often complicated by cognitive impairment, functional impairment, polypharmacy, malnutrition, and falls. This presentation will discuss the difficulty and challenges in delivering diabetes education to the older adult population and provide education and treatment tips that will facilitate more effective management and self-management in this vulnerable population.

UPN: 0069-0000-18-146-L01-P LNC: 5190

M05 Harnessing the Power of Telehealth

Ballroom I

Sponsored by DANA and the AADE Education and Research Foundation

Expansion of telehealth services in diabetes care and diabetes prevention continues to promise new opportunities to serve the community of PWD and provide cost-effective care. However operationalized, effectively, utilizing telehealth requires an understanding of what services can be provided, how payer and employers view this delivery model, and how to ensure proper reimbursement and effective use. This Technology Track module will provide an overview of this important “old-but-new” technology. This presentation will include how one virtual DSMES program received accreditation and overcame the challenges of remote monitoring and virtual education. Practice tips to adapt and expand your program into telehealth services will be presented, along with important reimbursement considerations.

UPN: 0069-0000-18-147-L01-P LNC: 5190
M06  A1C of 12%: Have You Thought Eating Disorder?

Ballroom III
Erin M. Akers, BA, Founder and Executive Director, Diabulimia Helpline
Ann Goebel-Fabbri, PhD, Clinical Psychologist, Dr. Goebel-Fabbri, LLC
Allison Marek, LCSW, CDWF, Program Director, Center for Discovery

LEARNING OBJECTIVES
1. Recognize the signs and symptoms of disturbed eating in type 1 diabetes.
2. Develop methods of conversing with individuals to discern disturbed eating patterns and intentional insulin restriction.
3. Utilize evidence-based screening tools for disordered eating/eating disorders in diabetes, and know when to refer to a specialist.

Nearly 35% of women and 11% of men with type 1 diabetes report omitting their insulin in order to lose weight. In fact, half of all women with type 1 diabetes will experience some form of an eating disorder in their lifetime. Nevertheless, disordered eating often goes unrecognized. In this session, participants will learn practical skills for detecting and assessing disturbed eating and eating disorders in people with diabetes, including how to ask the right questions and use evidence-based instruments to screen PWD.

UPN: 0069-0000-18-148-L01-P  LNC: 5190

M07  The Role of Community Health Workers (CHW) in Diabetes Prevention and Control: Lessons Learned from States and Cities

Room 307
Betsy Rodriguez, BSN, MSN, DE, Senior Public Health Advisor, Centers for Disease Control and Prevention
Magon M. Saunders, DHSc, MS, RDN, LD, Public Health Advisor, Centers for Disease Control and Prevention

LEARNING OBJECTIVES
1. Discuss the importance of CHWs in type 2 diabetes prevention and management, and the return on investment for utilization of CHWs in DSMES.
2. Examine findings from the Community Preventive Services Task Force (CPSTF) systematic reviews that recommend interventions to engage CHWs for type 2 diabetes prevention, and diabetes management and states/cities lessons learned.
3. Discuss strategies to synergize CHWs’ and diabetes educators’ efforts in DSMES.

In 2017, the CPSTF showed that interventions engaging CHWs for delaying type 2 diabetes, and diabetes management are cost effective. In 2013, the CDC Division of Diabetes Translation (DDT) began funding states and cities to engage CHWs in delaying diabetes and control activities. This presentation will provide an update of the CHW Core Consensus (C3) Project, provide an overview of CDC-funded grantees activities and lessons learned, and address the importance of including diabetes educators in the discussion on how CHWs can be a support to educators working in DSMES programs.

UPN: 0069-0000-18-149-L01-P  LNC: 5190
MONDAY, AUGUST 20 • DIABETES AND MENTAL HEALTH DAY

*Room 309*

**Physical Activity Behavior Change as Treatment for Type 2 Diabetes**

**Anthony Wall, BS, MS, Certified Personal Trainer, Director of Strategic Partnerships, American Council on Exercise**

**LEARNING OBJECTIVES**

1. Describe how exercise benefits the management of diabetes.
2. Discuss the recommended activity guidelines for individuals with diabetes.
3. Explain factors that influence the likelihood that an individual will participate in a physical-activity program.

Diabetes educators are the go-to experts in helping optimize health behaviors to prevent and treat type 2 diabetes. Physical activity is fundamental to an effective treatment program. In this session, diabetes educators will learn the fundamentals of developing a safe and effective exercise program for clients affected by prediabetes and type 2 diabetes.

**UPN:** 0069-0000-18-150-L01-P  **LNC:** 5190

*Room 316*

**I Don’t Need Those Damned Pills: New Perspectives on Understanding and Addressing Problematic Medication Persistence**

**William Polonsky, PhD, CDE, President, Behavioral Diabetes Institute**

**LEARNING OBJECTIVES**

1. Discuss the latest research findings concerning poor medication persistence in people with diabetes.
2. Describe brief techniques for assessing medication persistence obstacles.
3. Identify practical methods for promoting better medication persistence.

This session will address the issue of problematic medication persistence, focusing on people with type 2 diabetes. The presenter will review data illustrating the scope of the problem, the impact of problematic persistence on long-term outcomes and healthcare costs, and broad contributors to poor medication persistence. Through use of illustrative case studies, we will take a close look at the real barriers and challenges that PWD and their healthcare providers face regarding medication persistence, and we will then put forward practical strategies for assessing and addressing these issues. As an overarching goal, we hope to highlight the need for a more collaborative relationship between PWD and healthcare providers that is respectful of the role that individuals play in their own treatment decisions.

**UPN:** 0069-0000-18-153-L01-P  **LNC:** 5190

*Room 310*

**Adoption of New Devices and Technologies Among People and Providers: Overcoming Barriers**

**Donna Jornsay, MS, BSN, PNP, Director, Integrated Diabetes Services, Sutter Health/Mills Peninsula Hospital**

**Joe Solowiejczyk, RN, MSW, CDE, Diabetes Nurse Educator/Counselor, Sutter Health**

**Sponsored by DANA and the AADE Education and Research Foundation**

**LEARNING OBJECTIVES**

1. Identify common obstacles encountered by people with diabetes and HCP’s in adopting new diabetes management technologies.
2. Identify clinically relevant interventions that will help people with diabetes and HCPs more effectively adopt new technology.
3. Apply these interventions to more effectively help both people with diabetes and HCPs adopt new diabetes management technologies.

New diabetes technologies and devices offer PWD and healthcare providers new ways to achieve optimal metabolic control and improved management. However, some PWD and providers exhibit hurdles and barriers making it difficult for them to adopt new technologies. This presentation will identify common barriers to technology adoption, such as fear, lack of knowledge, and resistance to change. Presenters with years of experience both as PWD and providers will describe fresh, clinically relevant and unique approaches to overcome these hurdles and barriers.

**UPN:** 0069-0000-18-154-L01-P  **LNC:** 5190

*Room 311*

**Diabetes-Related Eye Disease: Bridging the Gap in Care**

**Blake Cooper, MD, Ophthalmologist/Vitreo-Retina Surgeon, Retina Associates**

**Evan Sisson, PharmD, MSHA, BCACP, CDE, FAADE, Associate Professor, Virginia Commonwealth University School of Pharmacy**

**Sponsored by DANA and the AADE Education and Research Foundation**

**LEARNING OBJECTIVES**

1. Identify who would benefit from seeing an eye care professional.
2. Describe the levels of diabetic retinopathy.
3. Explain the current management of advanced eye disease in diabetes.

One of the most feared complications of diabetes is blindness from diabetes-related vision loss, or diabetic retinopathy. The roles of diabetes educators are evolving, and the importance of understanding the microvascular complications in the eye and how this is impacted with newer treatment options is clearer than ever. Attendees will leave with the ability to identify who would benefit from seeing an eye care professional, describe and identify the levels of diabetic retinopathy and have a better understanding of the current management of advanced diabetic eye disease.

**UPN:** 0069-0000-18-154-L01-P  **LNC:** 5190
LEARNING OBJECTIVES
1. Discuss the benefits of plant-based nutrition for diabetes.
2. Describe two ways to integrate culinary skills training in your clinic setting.
3. Explain how various eating patterns affect the microbiota and diabetes risk.

In this session, attendees will identify key studies on vegetarian and vegan diets for PWD. An unhealthy gut microbiota has been implicated in the risk of diabetes. Meal planning tips to improve the composition of the microbiota and improve diabetes outcomes will be provided. Individual case studies in individuals with both type 1 and type 2 diabetes adopting plant-based eating pattern will be presented along with specific strategies for success. A key component of the session will be to provide best practices on how to deliver effective food demonstrations to motivate and improve culinary skills of PWD.

UPN: 0069-0000-18-155-L01-P LNC: 5190

M17 Delaysing Diabetes Through the Lifespan: A Discussion of Three High-Risk Populations and the Challenges They Face

Ballroom I
Louise Laskaratos, FNPC, BC-ADM, CDE, Family Nurse Practitioner, University of New Mexico Hospitals
E. Marcelle Penn Mathis, MPH, MS, MBA, Educational Gerontologist, DPP Lifestyle Coach / Health Educator, Mindful Assets
Carolyn Sakelaris, MPA, RN, CDE, Nurse Educator, Methodist Hospitals
Jennifer Troupe, MS, RD, BC-ADM, CDE, Practice Manager, Providence Medical Group Endocrinology, Diabetes and Nutrition

LEARNING OBJECTIVES
1. Identify barriers to providing diabetes prevention services for the homeless veterans’ population.
3. Differentiate between appropriate perceptions and behaviors when coaching older female adults diagnosed with prediabetes.

Risk factors for developing type 2 diabetes are well known; however, the ability to prevent the onset in high-risk populations has remained a challenge. According to the ADA’s 2018 Standards of Care, the goals of diabetes prevention include delaying the onset of diabetes, preserving beta cell functions, and preventing or delaying microvascular and cardiovascular complications. This session will examine three high-risk populations - children, homeless veterans, and older adult women - and discuss the challenges they face. This examination will propose potential opportunities to decrease their vulnerability.

UPN: 0069-0000-18-161-L01-P LNC: 5190

M18 Diabetes Neuropathies: Autonomic, Peripheral, and Neuropathic Joint Disorders

Ballroom III
Connie Hanham-Cain, MSN, RN, CDE, Diabetes Peer Advocate, Capital Care Medical Group, Albany NY
Patricia Skala, MSN, MA, RN, DNS, BC-ADM, CDE, Program Coordinator, Stony Brook Medicine

LEARNING OBJECTIVES
1. Describe potential autonomic and peripheral neuropathy disorders that can occur in people with diabetes.
2. Explain to PWDs how to recognize and report subtle autonomic and neuropathic changes to their HCPs.
3. Develop individualized care plans and demonstrate safe means of physical activity for PWDs with autonomic or peripheral neuropathic complications.

Many subtle autonomic (cardiac, GI, sensory organs) and peripheral (joint/bone/muscle) neuropathic changes are often overlooked or misdiagnosed as something other than what they are when related to diabetes. This session will address various types of autonomic and peripheral neuropathies that can develop in PWD throughout a lifetime of the disease process. Information sharing and discussion highlight the important role of diabetes educators to assess for and recognize these conditions; how to advocate for and educate patients about timely follow up care. The presentation will demonstrate innovative ways to empower patients with peripheral neuropathy, autonomic neuropathy and neuropathic joint disorders to make necessary ADL adaptations and engage in safe and effective physical activities.

UPN: 0069-0000-18-162-L01-P LNC: 5190
**Monday, August 20 • Diabetes and Mental Health Day**

### Research Session

#### M16A  
**Sweet Sadness….Diabetes, Depression, and Inpatient Readmissions**

**Room 316**  
Marie Byrd, MSN, RN, CDE RN, Inpatient Diabetes Coordinator, Cone Health  
Jeannine J. Fishel, MSN, RN, CDE, Inpatient Diabetes Coordinator, Cone Health

**Learning Objectives**

1. Describe the impact depression can have on diabetes management.  
2. Recognize how depression screening tools can be used to assist in identifying depressive symptoms.  
3. Explain how routine depression screening could reduce hospital readmissions and decrease healthcare costs.

It is estimated that depression goes undiagnosed in 45% of PWD. Although the ADA Standards of Care and literature review confirm the importance of integrating the psychological assessment and the plan of care in PWD, the literature reflects there is a lack of depression screening in PWD admitted to the hospital. This presentation will assist the attendee in identifying how routine depression screening could reduce hospital readmissions and decrease healthcare costs.

**UPN: 0069-0000-18-158-L01-P  LNC: 5190**

#### M16B  
**Smoking: An Independent Predictor of Elevated A1C in Persons with Type 2 Diabetes**

**Room 316**  
Eileen R. Chasens, PhD, Associate Professor, University of Pittsburgh  
Monica DiNardo, PhD, ANP-BC, CDE, Research Scientist, Nurse Practitioner, Certified Diabetes Educator, VA Pittsburgh Healthcare System

**Learning Objectives**

1. Recognize tobacco smoking as an independent risk for diabetes and elevated A1C.  
2. Explain the physiological basis for elevated A1C in smokers and non-smokers and the importance of smoking cessation.  
3. Discuss smoking cessation strategies for risk reduction related to glycemic control and cardiovascular risks in persons with diabetes, in addition to other negative health effects of smoking.

Risk reduction, including smoking cessation, is an essential AADE Self-Care Behavior™. While vascular risks of smoking have been well documented in persons with existing type 2 diabetes, less is known about the impact of smoking on glycemic control in this population. Our findings that smoking is an independent predictor of uncontrolled glycemia (A1C >8%) reinforces the importance of smoking cessation as part of DSMES. Findings will be presented along with a review of the literature and current approaches to smoking cessation, and discuss implications for smoking cessation among persons with type 2 diabetes.

**UPN: 0069-0000-18-159-L01-P  LNC: 5190**

#### M16C  
**Success in Parenting Four Out of Five T1D Children and Still Living Life**

**Room 316**  
Elissa Renouf, Founder & Managing Director, Diabete-ezy

**Learning Objectives**

1. Discuss the emotional rollercoaster of initial diagnosis and multiple type 1 diagnoses.  
2. Explain the benefits of living positively with diabetes.  
3. Explain the need for time and organization in daily life.

Passing on invaluable knowledge and understanding of how to help others through support, positivity, practical tips and experience to effectively manage their diabetes. How I personally managed and helped 4 out of 5 of my children live positively with type 1 diabetes. The emotional rollercoaster of each child’s diagnoses, instilling positivity and confidence into all of them while managing their diabetes as well as various other health challenges that have been thrown at me along the way.

**UPN: 0069-0000-18-160-L01-P  LNC: 5190**
Transition to Independence: Understanding and Addressing the Emotional and Lifestyle Barriers for Teens and Young Adults with Type 1 Diabetes

Room 314

Dan Browne, Program Coordinator, The College Diabetes Network
Persis Commissariat, PhD, Pediatric Psychologist, Joslin Diabetes Center
Anna Floreen, MSW, Education and Outreach Manager, T1D Exchange
Christina Roth, Founder and CEO, The College Diabetes Network
Katherine Wentzell, MSN, PNP, Pediatric Nurse Practitioner, Joslin Diabetes Center

LEARNING OBJECTIVES

1. Demonstrate an understanding of the experiences of transitioning people with T1D into independence, and solutions for how to address clinically.
2. Identify common signs of emotional barriers or “mental blocks” and lifestyle barriers for this population.
3. Propose collaborative and innovative solutions to barriers faced by teens and young adults to optimal diabetes self-care.

The transition into adulthood and independence of care can pose a challenge for many teens and young adults with T1D. Behavior change is not always initiated or maintained with the usual suggestions of phone alarms and sticky notes. These individuals are neither unmotivated nor uneducated; they often struggle with mental and emotional barriers, as well as lifestyle challenges, that prevent them from engaging in diabetes tasks as prescribed. This session will help diabetes care providers recognize unique challenges in this population, identify common signs of emotional and lifestyle barriers to self-management, and provide practical approaches to working with these individuals and their families. Panelists and case studies will be used to highlight challenges. Interactive discussion with people with T1D, the College Diabetes Network, and diabetes care providers will explore new approaches to care, and seek out individuals’ and clinicians’ perspectives on treatment plans to promote success during this transition to independence.

UPN: 0069-0000-18-082-L01-P LNC: 5190

Best of ADA Scientific Sessions 2018

Room 309

William Cefalu, MD, Chief Scientific, Medical & Mission Officer, American Diabetes Association

LEARNING OBJECTIVES

1. Discuss the most current research, clinical data, advances, trends in the treatment and management of diabetes presented year at Scientific Sessions.
2. Apply up-to-date advancements to everyday practice.
3. List novel therapies presented at Scientific Sessions and describe new management concepts.

This session will feature highlights and pearls from the American Diabetes Association’s 78th Scientific Sessions. Come and learn about the most significant advances in diabetes research, treatment, and care presented during this year’s ADA Scientific Sessions.

UPN: 0069-0000-18-087-L01-P LNC: 5190

LEARNING TRACKS

- AADE7™ IN PRACTICE
- BUSINESS MODELS
- CLINICAL THERAPEUTICS OF GLYCEMIC MANAGEMENT
- MASTERING DIABETES COMPLICATIONS
- PATHOPHYSIOLOGY: ORIGINS AND MANAGEMENT STRATEGIES
- POPULATION HEALTH
- PREVENTION/DELAY OF TYPE 2 DIABETES
- PSYCHOSOCIAL/BEHAVIORAL
- TECHNOLOGY: DEVICES, DATA AND PATIENT-GENERATED HEALTH DATA

Sponsored by DANA and the AADE Education and Research Foundation
**S12** Diabetes: Interprofessional Management of A Public Health Crisis; A Collaborative Effort of Dentists, Physicians, and Diabetes Educators

**Ballroom III**

Jerry A. Brown, DMD, CDE, Certified Diabetes Educator, University of South Florida Department of Internal Medicine
Donna Jornsay, MS, BSN, PNP, Director, Integrated Diabetes Services, Sutter Health/Mills Peninsula Hospital
Karlynn Sievers, MD, Family Practitioner, St. Mary’s Family Medicine Residency

LEARNING OBJECTIVES
1. Describe ways that dentists, physicians, and diabetes educators can help mitigate the problem.
2. Discuss ways to facilitate communication between the healthcare professions and with people living with diabetes.
3. Develop patient referrals between dentists, physicians, and diabetes educators.

AADE, AGD, and AAFP have teamed up to discuss the important role that each professional plays in improvement of oral health to effect outcomes for PWD. Learn how diabetes educators, dentists, and healthcare providers can build relationships in an effort to increase continuity of care.

Become part of your local team!

**UPN:** 0069-0000-18-091-L01-P  **LNC:** 5190

**1:00 pm – 2:30 pm**

**S16** Certifications for Diabetes Educators: An Overview of the BC-ADM and CDE Options

**Room 316**

Joan Bardsley, MBA, RN, CDE, FAAD, Assistant Vice President of Nursing and Research Integration, MedStar Health Research Institute
Jodi Lavin-Tompkins, MSN, RN, BC-ADM, CDE, Director of Accreditation, American Association of Diabetes Educators
Sheryl Traficano, MBA, CAE, CEO, National Certification Board for Diabetes Educators
Melissa Young, PharmD, BC-ADM, CDE, Clinical Pharmacy Specialist, VA Salt Lake City Health Care System

LEARNING OBJECTIVES
1. Differentiate between the CDE and BC-ADM certifications.
2. Summarize the eligibility criteria for both certifications.
3. Describe the renewal process for both certifications.

As a health professional, you know that certification is an important avenue for professional development. Attaining the BC-ADM and/or becoming a CDE® are great ways to highlight your knowledge about diabetes care and education to your employer and peers, as well as to the people with diabetes that you work with in your program or practice. Presented by AADE (BC-ADM) and NCBDE (CDE®) representatives, you will receive an overview on the eligibility requirements, application process, and examination for each program. The last 30 minutes will provide general information on how to renew the CDE® credential.

**UPN:** 0069-0000-18-095-L01-P  **LNC:** 5190

**5:00 pm – 6:00 pm**

**S25** The Gut-Glucose Connection: Microbial Support for Blood Glucose Control

**Room 307**

Angelique Crandall, MS, RD, CDE, Functional Medicine Nutritionist, Adjunct Faculty, University of Wisconsin-Superior, and Nutritionist Contracted to Sandia National Labs

LEARNING OBJECTIVES
1. Describe the current evidence regarding the connection between inflammatory chronic disease and gut health, including the role of the gut microbiome.
2. Discuss an evidence-based approach for practical patient recommendations of specific probiotics and prebiotic to improve blood glucose metabolism.

Recent evidence suggests that a healthy gut may prevent the development or delay the progression of type 2 diabetes. This presentation will review the potential for focusing on the gut microbiome as a therapeutic target for improving diabetes outcomes. The latest evidence-based research on probiotics and prebiotics related to blood glucose control, cardio metabolic syndrome, and gut-brain symptoms, such as depression and anxiety will be discussed along with some practical strategies for incorporating food and supplements into meal plans.

**UPN:** 0069-0000-18-105-L01-P  **LNC:** 5190
### Sunday, August 19

3:15 pm – 4:15 pm

| D19 | Day-to-Day Measures That Matter: Standardizing Meaningful Outcome Measures Beyond A1C for T1D Consensus Statement |

#### Room 307

Karen Harriman, FNP-BC, MSN, CDE, Family Nurse Practitioner, Pediatric Specialists of Virginia
Molly McElwee-Malloy, RN, CDE, Clinical Services Manager, Tandem Diabetes Care

**LEARNING OBJECTIVES**

1. Explain the use of HbA1c as an outcome in drug and device trials as well as for reimbursement purposes.
2. State at least three examples of what HbA1c does NOT tell the healthcare provider about the participant’s health.
3. Describe two ways participant-reported outcomes would provide good surrogate measurements for HbA1c.

While HbA1C is used as a primary outcome to assess glycemic control and as a surrogate for risk of developing complications, it has limitations acknowledged by both clinicians and PWD. In 2017, a steering committee comprised of representatives from AACE, AADE, ADA, Endocrine Society, JDRF International, The Leona M. and Harry B. Helmsley Charitable Trust, Pediatric Endocrine Society, and T1D Exchange came together to provide consensus on key outcomes measures beyond HbA1C. Those include: standardized definitions for hypoglycemia, hyperglycemia, time in range, diabetic ketoacidosis, and patient-reported outcomes. This session will review the key findings and definitions developed by the T1D Outcomes Program Steering Committee and discuss important implications for diabetes self-management, including the assessment of these outcomes through diabetes technologies.

*UPN: 0069-0000-18-131-L01-P*  
*LNC: 5190*

### Monday, August 20

12:00 pm – 2:00 pm

| M14 | Resources and Best Practices for Newly Diagnosed T1D Young Adult Patients |

#### Room 309

Kristopher Britt, RN, BSN, CDE, The Pediatric Diabetes Center at the Dwayne and Cynthia Willet Children’s Hospital of Savannah
Dan Browne, Program Coordinator, The College Diabetes Network
Anna Floreen, MSW, Education and Outreach Manager, T1D Exchange
Christina Roth, Founder and CEO, The College Diabetes Network
Jennifer Saylor, PhD, APRN, ACNS-BC, Assistant Professor, University of Delaware

**LEARNING OBJECTIVES**

1. Identify the major challenges to diagnosis and adjustment to life with diabetes for young adults.
2. Recognize the importance of tailored care for newly diagnosed young adults with type 1 diabetes.
3. Understand the resources available to assist in care and education for this population.

There is an increasing number of young adults, ages 17 to 25 years, dealing with the diagnosis of type 1 diabetes. Despite the current era of extraordinary advances in diabetes therapeutics and technologies, and management of type 1 diabetes, tailored care for the emerging young adult has remained exceptionally challenging. Additionally, risk of poor diabetes management and future comorbidities may be greater in this population, as they are dealing with the complexities of their type 1 diabetes as they begin or finish college, launch careers, and live independently. This session will discuss recent research on the newly diagnosed young adult experience and resources and strategies for working with this population for diabetes educators.

*UPN: 0069-0000-18-156-L01-P*  
*LNC: 5190*
AS OF JULY 2, 2018

Poster sessions are not for product advertisements, vendor displays, etc., but there is an industry poster session for product specific learnings.

### POSTER SESSIONS

Meet the Poster Authors sessions are Friday – Sunday from 12:00 pm – 1:00 pm. Poster authors will showcase innovative diabetes programs, new models of care, practical problem-solving ideas, uses of technology for outcome successes, and research study results. Poster sessions are for study results. Poster sessions are not for product advertisements, vendor displays, etc., but there is an industry poster session for product specific learnings.

#### AADE7™ IN PRACTICE

- **P100** Cooking for Healthy Living: Improving Self-Efficacy Using a Hands-On Approach
  - Nathalie Butler, RD, ID
  - LaQuisha Umema, MPH, BSN, RN, CDE
  - Debra Maxwell, MPH

- **P101** Moving from Knowledge to Action: How Community-Based Diabetes Support Groups Can Facilitate Behavior Change
  - Alexandra Greci, MS, RD, LDN, CDE

- **P102** Collaboration for Two: Integrating Diabetes Specialty Services Within a Health Department Based Maternity Program
  - Jacqueline LaVanna, PhD, ARNP, ANP-BC, BC-ADM, CDE
  - Lori OByrne, RN

- **P103** Expanding Reach: AADE7 Moves into the Digital Space
  - Catherine Brown, MS, RD, CDE
  - Carrie Swift, MS, RD, BC-ADM, CDE

- **P104** Development of a Cultural Adapted Family Model of Diabetes Self-Management Education and Support for Marshallese
  - Jonell Hudson, PharmD, BCPS, CDE
  - Karra Sparks, RD, LD, CDE

- **P106** Troubleshooting Abnormal Glucose and the Role of Health Literacy in Diabetes Education
  - Julienne K. Kirk, PharmD, CDE

- **P107** The Next Generation: A Novel Diabetes Elective Course for Pharmacy Students
  - Amy Egras, PharmD, BCPS, BC-ADM

- **P108** Diabetes Education and Diabetes Management: Collaborative Approach for Better Outcomes
  - Ritesh Patel, CPP, PharmD, BC-ADM, CDE

- **P109** Diabetes Education and Medication Management in Primary Care: Collaborative Efforts and Outcomes
  - Melissa Wax, PharmD, BC-ADM, CDE

- **P111** Clinical Community Collaborations Improve Access to Diabetes Self-Management Education and Support
  - Alexandra Greci, MS, RD, LDN, CDE
  - Beverley Manganeli, RD, CDE

- **P112** Carbohydrate Recognition and Counting Ability in Pediatric Residents
  - Mary Mullen, MS, RDN, LDN

- **P113** Professional Practice Committee – Latest on Position Statements and Practice Documents to Take Back to Your Practice
  - Katherine O’Neal, PharmD, MBA, BCACP, BC-ADM, CDE
  - Patricia G. Davidson, DCN, RDN, CDE, LDN, FAND
  - Carol Rasmussen, MSN, CDE, FAADE

- **P114** Inpatient Advanced Diabetes Program in the Rehabilitation Setting: One Rehab Hospital’s Journey to Certification
  - Marie Routsou, MSRD
  - Dianna Morrow, BSN, CRRN, CDE
  - Beth Eberly, OTR/L
  - Michael Bonchorsky, RPH
  - Carol Gibbons, PT, DPT, CIT

- **P115** Dining with Diabetes in Pennsylvania, a Community Based DSME Program
  - Debra Griffie, EdD, CHES

- **P116** Individuals and Family Members’ Diabetes Knowledge in a Primary Care Outpatient Clinic
  - Jennifer M. Walker, BSN, RN-BC

- **P117** Use of Group Visits to Provide Prenatal Care to People with Diabetes
  - Karmella Thomas, RDN, LD, CDE

- **P118** Health Literacy of Type 1 Diabetes Children: What Should Educators Know?
  - Louise Abreu
  - Carolina Alvarenga
  - Willlyane Alvarenga
  - Rebecca La Banca, MSN
  - Ana Leite, RN, PhD Student
  - Lucila Nascimento, MD
  - Valérie Sparapani, PhD, RN

- **P119** Effects of Guided Reflection on Diabetes Mellitus Self-Care: A Randomized Controlled Trial
  - Jennifer FearonLynch, PhD, RN

- **P120** Staff Development of the Hospitalized Inpatient with Diabetes
  - Rachael Clifton, RN, CDE
  - Deborah Adams, RN

- **P121** Teddy Bear Clinic: A Clinic Based Intervention to Educate and Support Youth with Type 1 Diabetes
  - Jessica Allen, MS, CCLS
  - Deborah Butler, MSW, LICSW, CDE
  - Rebecca La Banca, MSN
  - Emily St Laurent, MS, CCLS

- **P122** Capacity to Adopt the 2017 National Standards for DSMES in Health Centers Serving Medically Under-served Communities
  - Elizabeth Heitkemper, PhD, RN
  - Lena Mamykina, PhD
  - Arlene Smaidane, RN, CDE, PhD

- **P123** Diabetes Educators and the Public Health Community of Interest
  - Ann Constance, MA, RDN, CDE

- **P124** Qualification of Health Professionals in Diabetes Education: reflection on strategies used in Brazil
  - Garcia Camara
  - Maria Cavicchioli
  - Tarcila De Campos
  - Sonia de Castilho
  - Denise Franco
  - Roseli Rezende

- **P125** Pharmacist as Providers
  - Diana Isaias, PharmD, BCPS, BC-ADM, CDE
  - Geoffrey Twigg, PharmD, BCACP, BC-ADM, CDE

- **P126** Assessing Factors for Engagement of Participants in a Diabetes Self-Management Education Support (DSMES) Program
  - Jessica Trboletti, PharmD, BCACP, CDE

- **P127** Train the Trainer Programs - Can We Build A Better Mousetrap
  - Asha Gullapalli, MS, RD, IDN, CDE
  - Kay Sandow, PhD, RDN, IDN, CHES
  - Kimberly Vaughn, MSN, RN, CRNP

- **P128** Enhancing Access to Diabetes Self-management Education in an Ophthalmology Practice
  - Blake Cooper, MD
  - Kellie Fagg, BA, OSC
  - Melissa Magwire, RN, CDE

- **P129** A New Clinic Model for Treatment of Type 2 Diabetes in Adolescents and Young Adults
  - Nancy Chang, PhD, FNP

- **P130** Organization of Nursing Team in a Brazilian Diabetes Camp: Perspectives of Interdisciplinary Practice in Education
  - Fernanda Branco
  - Maria Cavicchioli
  - Naomi Cerqueira
  - Rebecca La Banca
  - Marco Vivolo

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**GENERAL**  **RESEARCH**
POSTER SESSIONS

EDUCATION POSTERS | EXHIBIT HALL C

PATHOPHYSIOLOGY: ORIGINS AND MANAGEMENT STRATEGIES

- **P400** Diabetes and Heart Disease: Fighting a Good Fight  
  Charlotte A. Wisniewski, PhD, RN, CDE, CNE

- **P401** Using Metabolic Memory: Making the Case for Early Control of Diabetes  
  Sandra Blackledge, RN, MSN, CDE

- **P402** It's Not the Flu: The DKA Awareness Campaign  
  Lisa G. Laird, RN, BSN, CDE

- **P403** Monogenic Diabetes? The Importance of Screening, Testing, and Diagnosis  
  Anastasia Harris, MPH

POPULATION HEALTH

- **P500** Therapeutic Footwear for People with Diabetes. Does it Really Work? Research Says, 'Yes!'  
  Dennis Janisse, CFed

- **P501** Diabetes Boot Camp Reduces A1C and Health Services Utilization for People with Uncontrolled Type 2 Diabetes  
  Gretchen Youssuf, MS, RD, CDE  
  Carine Hassan, MS, RD, CDE  
  Debra Thyer, RN, CRNP, MSN, CDE

- **P502** Using Diabetes Self-Management Education Support to Enhance Adolescent Transition  
  Jessica Adkins, DNP, CNS, RN, CPNP-PC  
  Kristopher Britt, RN, BSN, CDE

- **P503** The Shift to the Utilization of Physical Activity to Fight Diabetes Epidemic: Innovative Hospitals at the Forefront  
  Lauren Ventrella, MS  
  LaurieAnn Scher, MS, RD, CDE

- **P504** Risk Factors Associated with Falls in Elderly People with Type 2 Diabetes in a Primary Care Clinic  
  YuanChing Liu, RN, CDE  
  Jackson Pui Man PM Wai, PhD  
  NengChun Yu  
  MeiChang Yeh, RN, CDE, EdD

- **P505** The Role of the CDE in the Prevention and Screening of Sleep and Wakefulness Disorders  
  Joanne Duncan-Carnesciali, EdD, MSc, MS, ACNS-BC, CDE, CHES, CHC

- **P507** Improving Care and Outcomes in a Rural Health Care Setting: The Diabetic Retinal Exam  
  Justine Fierman, FNP-BC, BC-ADM, CDE

- **P509** Evidence for Plant-Based Nutrition for Diabetes  
  Rachel Franks, PharmD, BCACP, CDE  
  Meghan Jardine, MS, MBA, RD, ID, CDE  
  Peggy Kraus, CDE, RCEP

- **P510** An Interprofessional Collaboration to Implement and Evaluate Adult Diabetes Screening in a Dental School Clinic  
  Gary D. Hack, DDS

- **P511** When Evidence-Based Programs Just Do Not Work: Lessons From the Field in Diabetes Education  
  Lisa Petrocci, MAED, RD, CDN, CDE

PREVENTION/Delay of Type 2 Diabetes

- **P512** Integrating the 2017 National Standards for DCMES into Population Health Diabetes Care and Education Framework  
  Janice MacLeod, MA, RD, CDE, FADE  
  Deborah Greenwood, PhD, RN, BC-ADM, CDE, FADE

- **P513** Supporting Clinical Nurses in Inpatient Diabetes Care  
  Mary Beth Moedic, DNP, APRN-CNS, CDE  
  Elizabeth Barr, BSN, RN, PCRN, CCRN  
  Jane Lyon, BSN, RN, CCRN  
  Catherine Prince, BSN, RN, CPAN

- **P514** Impact of an Established Pharmacist-Delivered Diabetes Program on Metabolic Outcomes and Performance Measures  
  Jennifer Rosselli

- **P515** Framework for Identifying Georgia Counties with Highest Population Benefit for Diabetes Prevention Programming  
  Miranda Ouellette, MPH  
  Allison Smith, MPH, CHES

- **P516** A Bilingual Diabetes Self-Management Education Support Program for Hispanic Adults with Type 2 Diabetes Mellitus  
  Juanita Castillo, DNP, MSN, RN, CDE

- **P517** Perverse Economic Drivers of Healthcare and the Unintended Consequences of Coverage Policy Decisions  
  Janet Bardsley, MBA, RN, FAADE, CDE  
  Christopher Parker, MS

- **P518** Association Between Type of Diabetes Education, Health Status, Chronic Limitations, and Healthcare Satisfaction  
  Starr Seip, MS, RDN, LDN, CDE

- **P519** A Clinical Pharmacist Diabetes Education Service in an Urban Federally Qualified Health Center (FQHC)  
  Aleksandrina Ruseva  
  Daphne Smith Marsh, PharmD, CDE  
  Christopher Parkin, MS  
  Hasmik Jasmine Sotelo

- **P600** A 3-Month Pre-Diabetes Intervention to Reduce the Risk of Type 2 Diabetes in a Predominately Hispanic Population  
  Johanna Segovia, MPH  
  Genevieve Thompson, RN, CDE

- **P601** What Works? Strategies to Improve Engagement of Older People in Type 2 Diabetes Prevention & Management Efforts  
  Betsy Rodriguez, BSN, MSN, DE  
  Alexia Williams, MPH, MS, CHES

- **P602** Evaluation of Diabetes Related Outcomes in Individuals after Pharmacist Utilization of a Continuous Glucose Monitor  
  Jamie Rembert, PharmD

- **P604** Diabetes Prevention Program on Wheels: The Mobile Diabetes Education Center (MOBEC)  
  Jay H. Shubrook, DO, BC-ADM  
  Clipper Young, PharmD, MPH, BC-ADM, CDE

- **P606** A Paradigm Shift Away From Treatment of Diabetic Foot Ulcers Towards Prevention  
  Gary Rothenberg, DPM, CDE, CVWS

- **P607** Lifestyle Coach Training - The Virginia Center for Diabetes Prevention and Education Experience  
  Joyce G. Pastors, MS, RD, CDE  
  Anne M. Wolf, MS, RD

- **P608** Certified Foot Care Nurses: Critical Team Member for Impacting Health  
  Michele Burdette-Taylor, PhD, MSN, RNBC, CWCFN, CFCE

- **P609** Student Pharmacist-Led Implementation of the National Diabetes Prevention Program in an Urban Free Clinic  
  Lauren Caldas, PharmD, BCACP  
  Evan Sisson, PharmD, MSBA, BCACP, CDE, FADE

- **P610** Justification for Inclusion of Breastfeeding in Education Provided to Mothers with Gestational Diabetes  
  Elizabeth MacQuillan, PhD, RDN

- **P611** Effects of Diabetes Prevention Program Peer Lifestyle Coach Training on Student Coaches  
  Alegria Lim

PSYCHOSOCIAL/BEHAVIORAL

- **P700** Perceptions of Stigma in the Diabetes Online Community: Challenges of Day-To-Day Living Shared During Twitter Chats  
  Deborah Greenwood, PhD, RN, BC-ADM, CDE, FADE

- **P701** The Implementation and Assessment of Health Professions Students as Health Coaches within a DSME Program  
  Bethanne Brown, PharmD, BCACP, TTS  
  William Lonneman, DNP, RN

- **P702** Integrated Care: Addressing the Link Between Mental Health, Substance Abuse, and Diabetes  
  Alexia Blount, MSN, MPH, CRNP, CDE

- **P704** Hidden Danger: Eating Disorders and Diabetes  
  Maureen E. Seel, RD, LDN, CDE
POSTER SESSIONS

- P814 Alexa: How’s My Diabetes? Is This the Future of Diabetes Education?
  - Laurel Fuqua, RN, MSN

- P815 Smartphone and Medical App Use in a Population Receiving Treatment For Diabetic Retinopathy
  - Lillian Cooper
  - Melissa I. Magwire, RN, CDE
  - Blake Cooper, MD

- P816 Harnessing The Power of Digital Technology To Meet The Exercise Requirement of Diabetes Management
  - LaurieAnn Scher, MS, RD, CDE
  - Lauren Venturella, MS

- P817 Initiating the Minimed 670G Pump: Real World Experience in a VA Setting
  - Karen L. Zapka, RN, BSN, CDE
  - Izabela A. Collier, PharmD, CDE
  - Alice Abbott, MD, MPH

- P818 Improvement of Hemoglobin A1C When Individuals Transition From Insulin Pump/CGM to a Closed-Loop Insulin Pump System
  - Elizabeth [Beth] Wollinger, MSN, FNP-BC, CWCN

- P819 670G Hybrid Closed-Loop Insulin Delivery System: Beyond the Basics
  - Marie Schongar, MS, FNP-BC, BC-ADM, CDE

EMERGING SCIENCE INDUSTRY POSTERS

- IP01 Do “Nurse Interventions” Positively Impact both Behavioral and Clinical Outcomes in People with Diabetes?
  - Donna M. Rice, MBA, BSN, RN, CDE, FAFADE
  - Jan Liska
  - Michael Del Aguila, PhD
  - Erin Murray, MPH
  - Anne Beal, MD, MPH
  - Maryse Beaudin
  - Sanofi

- IP02 Lysulin-New OTC Product for Nutritional Support of People With or at Risk of Developing Diabetes / Metabolic
  - John Burd, PhD
  - Lysulin, Inc.

- IP03 Microlearning Innovation in Diabetes
  - Deborah Greenwood, PhD, RN, BC-ADM, CDE, FAFADE
  - Anjali Kataria
  - Mike Miniati
  - Nishi Jindal
  - Mytonomy

- IP04 A Study to Evaluate Taste, Gritiness, and Overall Acceptability of Metformin Extended-Release (XR) Powder for Oral Solution (PPIOS) Strawberry, Metformin XR PPIOS Grape, Metformin Oral Solution Cherry, and Metformin Immediate-release (IR) Tablets in Healthy Subjects
  - Anneke Mels
  - Allyson Marshall
  - Excerpta Medica BV

- IP05 Evaluation of the ReliOn Premier BLU Blood Glucose Monitoring System’s Ease of Use
  - Julie Walker
  - Danielle Maher
  - Patricia Gill
  - John Gleisner
  - ARKRAY USA

- IP06 Performance of the ReliOn Premier BLU Blood Glucose Monitoring System Compared to FDA 2016 Guidance Accuracy Criteria
  - Donna M. Rice, MBA, BSN, RN, CDE, FAFADE
  - Jan Liska
  - Maryse Beaudin
  - Michael Del Aguila, PhD
  - Erin Murray, MPH
  - Anne Beal, MD, MPH
  - Sanofi

- IP07 The Importance of Patient Satisfaction with Insulin Device Administration: Does a Positive Patient Experience Drive Improved Diabetes Self-Management and Adherence?
  - Donna M. Rice, MBA, BSN, RN, CDE, FAFADE
  - Jan Liska
  - Maryse Beaudin
  - Michael Del Aguila, PhD
  - Erin Murray, MPH
  - Anne Beal, MD, MPH
  - Sanofi

- IP08 Evaluation User Performance and Experience of a New Pen Needle with Advanced Hub Face Geometry
  - Shahista Whooley
  - Toby Briskin
  - Michael Gibney
  - Lydia Blank
  - Rianka Bhattacharya
  - Brian Pflung
  - Becon Dickinson

- IP09 Overall Safety of Canagliflozin in the CANTUS Program
  - Monica Doring
  - Priscilla Holland
  - Vissawanathan Mohan
  - Richard Oh
  - Greg Fulcher
  - Janssen Scientific Affairs, LLC

- IP10 The Development of A Digital/Coaching Program for the Management of Type 2 Diabetes
  - Uma Srivastava
  - Stephen Burton
  - Mazri Rasulnia
  - Dhiren Patel
  - Pack Health

- IP11 Canagliflozin Versus Other Antihyperglycemic Agents on the Risk of Below-Knee Amputation for Patients With Type 2 Diabetes Mellitus: A Real World Analysis of >700,000 US Patients.
  - Patrick Ryan
  - John Buse
  - Martijn Schuemie
  - Frank DeFalco
  - Zhong Yuan
  - Paul Stang
  - Jesse Berlin
  - Norm Rosenbuhl
  - Janssen Scientific Affairs, LLC

- IP12 Improved Glycemic Control with Carbohydrate Counting for Adjustment of Fast-acting Insulin Aspart versus Insulin Aspart in Subjects with Type 1 Diabetes
  - Novo Nordisk

- IP13 Semaglutide Reduces Body Weight vs Dulaglutide Across Baseline BMI Subgroups in SUSTAIN 7
  - Novo Nordisk

- IP14 Efficacy of Semaglutide vs Dulaglutide Across Baseline HbA1C in SUSTAIN 7
  - Novo Nordisk

- IP15 Improved Glycemic Control with Carbohydrate Counting for Adjustment of Fast-acting Insulin Aspart versus Insulin Aspart in Subjects with Type 1 Diabetes
  - Novo Nordisk

- IP16 Improved Glycemic Control with Carbohydrate Counting for Adjustment of Fast-acting Insulin Aspart versus Insulin Aspart in Subjects with Type 1 Diabetes
  - Novo Nordisk

- IP17 Effects of IDegLira (Insulin Degludec/Liraglutide) in Patients with Poorly Controlled Type 2 Diabetes (T2D) with A1C >9%: Analyses from the DUAL Program
  - Novo Nordisk

- IP18 Successful Healthcare Provider Strategies to Overcome Psychological Insulin Resistance in US and Canada
  - Dachuang Cao
  - Urvi Desai
  - Lawrence Fisher
  - Irene Hadiyani
  - Danielle Hessler
  - Tanya Irani
  - Jasmina Ivanova
  - Samaneh Kalirai
  - Magaly Perez-Nieves
  - Beverly Reed
  - Lilly

- IP19 HEPLISAV-B, a 2-Dose Hepatitis B Vaccine Using a Toll-like Receptor 9 Adjuvant, Is Well Tolerated and Induces Higher Rates of Seroprotection than Engerix-B in Persons with Diabetes Aged 60 Years or Older
  - Randall Hyer
  - Robert Janssen
  - Dynavax Technologies Corporation

- IP20 Increased Time in Range with Sotagliflozin as Adjunct Therapy to Insulin in Adults with Type 1 Diabetes as Demonstrated by 24-Week Continuous Glucose Monitoring (inTandem1, NCT02384941; inTandem2, NCT02421510)
  - Philip Banks
  - John Buse
  - Bertrand Caricou
  - Thomas Danne
  - Satish Garg
  - Ann Peters
  - Julio Rosenstock
  - Sangita Savitne
  - Paul Stumph
  - Excerpta Medica

- IP21 Barriers and Facilitators to Incorporating a Technology Innovation into Practice for Underserved Populations
  - Elizabeth Heinkepmer, PhD, RN
  - Lena Mamikina, PhD
  - Arlene Smaldone, RN, CDE, PhD

- P820 Decrease in Estimated HbA1c for High-risk Users Over a Full Year Monitoring with a Digital Diabetes Management System
  - Sharon Dar
  - Eitan Feniger
  - Yifat Hershcovitz, PhD

AS OF JULY 2, 2018
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The following AADE18 planning committee members reported relevant conflicts of interest:

<table>
<thead>
<tr>
<th>PLANNING COMMITTEE MEMBER</th>
<th>CONFLICT STATEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nancy D’Hondt, RPh, CDE, FAADE</td>
<td>Lilly - Speakers Bureau; Dexcom - Speakers Bureau; Lilly - Advisory Board</td>
</tr>
<tr>
<td>St. John Providence Hospital and Medical Center</td>
<td></td>
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<tr>
<td>Martha Funnell, RN, MS, CDE, FAADE</td>
<td>Lilly - Advisory Comm Member; Merck - Advisory Comm Member; Novo Nordisk - Advisory Comm Member</td>
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<tr>
<td>University of Michigan Medical School</td>
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<tr>
<td>Jasmine Gonzalez, PharmD, BCPS, BC-ADM, CDE, LDE, FAADE</td>
<td>Lilly - Consultant/Advisory Board; Merck - Consultant/Advisory Board; Novo Nordisk - Consultant/Advisory Board</td>
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<tr>
<td>Purdue University</td>
<td></td>
</tr>
<tr>
<td>Deborah Greenwood, PhD, RN, BC-ADM, CDE, FAADE</td>
<td>Mytonomy, Inc.: Employment</td>
</tr>
<tr>
<td>Deborah Greenwood Consulting</td>
<td></td>
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<tr>
<td>Lucia Novak, MSN, ANP-BC, BC-ADM, CDTC</td>
<td>AstraZeneca, LP: Speaker/Honoraria; Janssen Pharmaceuticals, Inc.: Speaker/Honoraria; NovoNordisk, Inc.: Speaker/Honoraria; Sanofi: Consultant/Advisory Board; College Diabetes Network Corporate Member</td>
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<tr>
<td>Riverside Medical Associates,</td>
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<tr>
<td>Walter Reed National Military Medical Center</td>
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<tr>
<td>Diiren Patel, PharmD, CDE, BC-ADM, BCACP</td>
<td>Pack Health - Consultant/Advisory Board</td>
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<tr>
<td>Massachusetts College of Pharmacy &amp; Health Sciences</td>
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<tr>
<td>Jane Jeffrie Sley, DNP, MSN, MPH, GNP, BC-ADM, CDE, CDTC, FAADE, FAAN</td>
<td>Abbott Nutrition: Consultant/Advisory Board; Astra Zeneca: Consultant/Advisory Board; Boehringer Ingelheim: Consultant/Advisory Board; Johnson &amp; Johnson Diabetes Institute: Consultant/Advisory Board, Speaker/Honoraria; Sanofi Diabetes: Consultant/Advisory Board</td>
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<tr>
<td>NewYork-Presbyterian/ Weill Cornell Medicine</td>
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<tr>
<td>Hope Warsaw, MMSC, RD, BC-ADM, CDE</td>
<td>Heartland Food Products Group: Consultant/Advisory Board; Johnson and Johnson Diabetes Institute: Consultant/Advisory Board; Lilly Company: Consultant/Advisory Board</td>
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<tr>
<td>Hope Warsaw Associates, LLC</td>
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</tbody>
</table>
| The following AADE18 presenters reported relevant conflicts of interest:

<table>
<thead>
<tr>
<th>SPEAKER</th>
<th>CONFLICT STATEMENT</th>
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</thead>
<tbody>
<tr>
<td>Christel Aprigliano, MS</td>
<td>Insulet (Consultant/Advisory Board, Speaker/Honoraria); Janssen (Consultant/Advisory Board, Speaker/Honoraria; College Diabetes Network Corporate Member</td>
</tr>
<tr>
<td>Founder, Diabetes Patient Advocacy Coalition</td>
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<tr>
<td>Brandon Arbiter, BS</td>
<td>Abbott Labs (Ownership Interest); Dexcom (Ownership Interest)</td>
</tr>
<tr>
<td>Vice President, Product and Business Development, Tidepool</td>
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<tr>
<td>Sumner Brooks, MPH, RDN, LD</td>
<td>EDRDpro (Ownership Interest); MedialHealth Technologies, LLC (Ownership Interest)</td>
</tr>
<tr>
<td>Registered Dietitian Nutritionist, Founder of EDRDpro</td>
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<tr>
<td>Jerry Brown, DMD, CDE</td>
<td>Colgate: Speaker/Honoraria</td>
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<tr>
<td>Certified Diabetes Educator, University of South Florida Department of Internal Medicine</td>
<td></td>
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<tr>
<td>Teresa Brown, MPH, RD/LD, CDE</td>
<td>AADE: Master Trainer of DPP; Sidekick Health: Consultant/Advisory Board</td>
</tr>
<tr>
<td>Nutrition and Diabetes Education Program Supervisor, Norman Regional Health System</td>
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<tr>
<td>Christie Bruehl, RD/LD, CDE</td>
<td>AADE: Speaker/Honoraria</td>
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<tr>
<td>Dietitian/Diabetes Educator, Norman Regional Health System</td>
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<tr>
<td>Blake Cooper, MD</td>
<td>Novo Nordisk: Speaker/Honoraria; College Diabetes Network Corporate Member</td>
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<tr>
<td>Ophthalmologist/Vitreo-Retina Surgeon, Retina Associates</td>
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<tr>
<td>Susan Cornell BS, PharmD, CDE, FAPhA, FAADE</td>
<td>Speakers Bureau: Novo Nordisk, Abbott Diabetes Care, Advanced Practitioner Advisory Board</td>
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<tr>
<td>Associate Professor of Pharmacy Practice</td>
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<tr>
<td>Mary de Groot, PhD</td>
<td>Eli Lilly, Inc. (Consultant / Advisory Board); Johnson &amp; Johnson Diabetes Institute (Consultant / Advisory Board); College Diabetes Network Corporate Member</td>
</tr>
<tr>
<td>Associate Professor, Diabetes Translational Research Center - Indiana University School of Medicine</td>
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<tr>
<td>Kristine Erdman, RN, CDE, CPT, CCM</td>
<td>Bayer: Stockholder; CCS Medical: Employment; Tandem Diabetes Care: Stockholder</td>
</tr>
<tr>
<td>Vice President of Clinical Services, CCS Medical</td>
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<tr>
<td>Megrette Fletcher, MEd, RDN, CDE</td>
<td>Am I Hungry LLC (Ownership Interest, Speaker/Honoraria); ED/RD Pro Symposium (Speaker/Honoraria); Megrette.com (Ownership Interest); Skelly Skills LLC (Speaker/Honoraria)</td>
</tr>
<tr>
<td>Diabetes Educator, Megrette.com</td>
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AS OF JULY 1, 2018.
For a full listing of speaker disclosure information, visit aade18.org
<table>
<thead>
<tr>
<th>SPEAKER</th>
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</thead>
<tbody>
<tr>
<td>Edwin Fisher, PhD</td>
<td>Merck Foundation: Other Research Support; Novo Nordisk: Consultant; Received grants or funds in support of research of related company products; Sanofi China: Other Research Support</td>
</tr>
<tr>
<td>Rachel Franks, PharmD, BCACP, CDE</td>
<td>Sanofi (Other Research Support, Clinical site has received research funding for clinical trial participation)</td>
</tr>
<tr>
<td>Robert, Gabbay, MD, PhD, FACP</td>
<td>Health Reveal: Consultant / Advisory Board; Onduo: Consultant / Advisory Board</td>
</tr>
<tr>
<td>James Gavin, MD, PhD</td>
<td>Alliance (Eli Lilly &amp; Boehringer Ingelheim): Speaker/Honoraria; AstraZeneca: Speaker/Honoraria; College Diabetes Network Corporate Member; Janssen: Consultant, Speaker/Honoraria; Merck: Speaker/Honoraria; Novo Nordisk: Consultant, Speaker/Honoraria; Salix: Speaker/Honoraria</td>
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<tr>
<td>Karin Gillespie, MBA</td>
<td>Novo Nordisk, Inc.: Employment</td>
</tr>
<tr>
<td>Karen Harriman, FNP-BC, MSN, CDE</td>
<td>National Association of School Nurses: Speaker/Honoraria</td>
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<tr>
<td>Jan Kavookjian, MBA, PhD</td>
<td>Merck: Speaker/Honoraria</td>
</tr>
<tr>
<td>David Klonoff, MD</td>
<td>Ascensia: Consultant / Advisory Board; Astra Zenza: Consultant / Advisory Board; Eflow: Consultant / Advisory Board; Lifecare: Consultant / Advisory Board; Novo Nordisk: Consultant / Advisory Board; Risiko Services: Consultant / Advisory Board; Voluntis: Consultant / Advisory Board</td>
</tr>
<tr>
<td>Susan LaRue, RDN, CDE</td>
<td>Scripps Whittier Diabetes Institute: Consultant / Advisory Board, I am managing a diabetes clinical trial as a consultant for Scripps Whittier Diabetes Institute</td>
</tr>
<tr>
<td>Lisa Letourneau, MPH, RD, LDN</td>
<td>Novo Nordisk: Other Research Support, Novo Nordisk provided funding for an investigator-initiated study on neonatal diabetes. The results of this study may be mentioned during the talk.</td>
</tr>
<tr>
<td>Gayle Lorenzi, RN, CDE</td>
<td>Intarcia: Consultant / Advisory Board</td>
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<tr>
<td>Janice MacLeod, MA, RDN, CDE, FAFAE</td>
<td>WellDoc: Employment</td>
</tr>
<tr>
<td>Melissa Magwire, RN, CDE</td>
<td>Janssen Pharmaceuticals: Speaker/Honoraria; Novo Nordisk : Consultant / Advisory Board, Speaker/Honoraria; Sanofi : Consultant / Advisory Board, Speaker/Honoraria</td>
</tr>
<tr>
<td>Molly McElwee-Malloy, RN, CDE</td>
<td>Tandem Diabetes Care: Employment</td>
</tr>
<tr>
<td>Laurel Messer, RN, MPH, CDE, CCRP</td>
<td>Insulet Corporation: Speaker/Honoraria; Medtronic Diabetes: Certified product trainer/consultant; College Diabetes Network Corporate Member</td>
</tr>
<tr>
<td>Joanna Mitri, MD, MS</td>
<td>Dairy Council: Other Research Support</td>
</tr>
<tr>
<td>Anna Norton, MS</td>
<td>Janssen: Consultant / Advisory Board, Speaker/Honoraria</td>
</tr>
<tr>
<td>Joy Pape, MSN, RN, FNP-C, CDE, WOCN, CFCN, FAFAE, CILC</td>
<td>Novo Nordisk: Consultant / Advisory Board</td>
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<tr>
<td>William Polonsky, PhD, CDE</td>
<td>Astra Zenza: Consultant / Advisory Board; Dexcom: Consultant / Advisory Board; Eli Lilly: Consultant / Advisory Board; Intarcia: Consultant / Advisory Board; Livongo: Consultant / Advisory Board; Mannkind: Consultant / Advisory Board; Merck: Consultant / Advisory Board; Novo Nordisk: Consultant / Advisory Board; Roche: Consultant / Advisory Board; Sanofi: Consultant / Advisory Board</td>
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## DISCLOSURE STATEMENTS

The following AADE18 presenters reported relevant conflicts of interest. (CONTINUED)

### SPEAKER

<table>
<thead>
<tr>
<th>Donna Rice, MBA, BSN, RN, CDE, FAADE</th>
<th>Vice President, Population Health, Ascension Florida</th>
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<tbody>
<tr>
<td>Janis Roszler, LMFT, RD, LD/N, CDE, FAND</td>
<td>Manager, Diabetes Directions, LLC</td>
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<tr>
<td>Christina Roth</td>
<td>CEO/Founder, The College Diabetes Network</td>
</tr>
<tr>
<td>Marie Schongan, MS, FNP-BC, BC-ADM, CDE</td>
<td>Family Nurse Practitioner/Clinical Instructor, Albany Medical Center</td>
</tr>
<tr>
<td>Eran Segal</td>
<td>Professor, Weizmann Institute</td>
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<tr>
<td>Karen Shidler, RN, MS, BC-ADM, CDE</td>
<td>Clinical Education Coordinator, North Central Indiana AHEC</td>
</tr>
<tr>
<td>Cherise Shockley</td>
<td>Social Media Marketing Specialist, Roche Diabetes Care</td>
</tr>
<tr>
<td>Robert Tanenburg, MD, MACP</td>
<td>Professor of Medicine, Brody School of Medicine</td>
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<tr>
<td>Patty Tegener, RN, MBA, CPC</td>
<td>Vice President of Reimbursement Services Emerson Consultant</td>
</tr>
<tr>
<td>Curtis Triplitt, PharmD, CDE, BCPS</td>
<td>Clinical Associate Professor, Medicine/Diabetes UT-HSCSA, Texas Diabetes Institute</td>
</tr>
<tr>
<td>Patryce Toye, MD, FACP, MBA</td>
<td>Chief Medical Officer, Medstar Family Choice, MedStar Health</td>
</tr>
<tr>
<td>Sheryl Traficano, MBA, CAE, CEO</td>
<td>National Certification Board for Diabetes Educators</td>
</tr>
<tr>
<td>Brian Ulmer, MD</td>
<td>Diabetologist, St. Vincent Medical Group, Indianapolis, IN</td>
</tr>
<tr>
<td>Gretchen Youssef, MS, RD, CDE</td>
<td>Program Director, MedStar Diabetes Institute, MedStar Health</td>
</tr>
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### CONFLICT STATEMENT

| Donna Rice, MBA, BSN, RN, CDE, FAADE | Boston Scientific: Speaker/Honoraria; Sanofi: Employment |
| Janis Roszler, LMFT, RD, LD/N, CDE, FAND | Boston Scientific: Speaker/Honoraria |
| Christina Roth | Insulet: Speaker/Honoraria; College Diabetes Network Corporate Member |
| Marie Schongan, MS, FNP-BC, BC-ADM, CDE | Medtronic, Inc.: Medtronic Stock |
| Eran Segal | DayTwo: Consultant / Advisory Board |
| Karen Shidler, RN, MS, BC-ADM, CDE | Medtronic: Certified Product Trainer; Tandem: Certified Pump Trainer |
| Cherise Shockley | Roche Diabetes Care, Inc.: Employment (includes retainer); Science 37: Consultant |
| Robert Tanenburg, MD, MACP | Monarch Medical Technology, INC: Consultant / Advisory Board |
| Patty Tegener, RN, MBA, CPC | Consultant – Senseonic, Dexcom, Medtronic |
| Curtis Triplitt, PharmD, CDE, BCPS | Speakers Bureau: AstraZeneca, Boehringer Ingelheim, Janssen; Consultant – Novo Nordisk, Sanofi |
| Patryce Toye, MD, FACP, MBA | Omada Health: Consultant / Advisory Board, cost of airfare, hotel stipend |
| Sheryl Traficano, MBA, CAE, CEO | NCBDE: Employment |
| Brian Ulmer, MD | Janssen Pharmaceuticals: Speaker/Honoraria; Monarch Medical Technologies: Consultant / Advisory Board |
| Gretchen Youssef, MS, RD, CDE | American Diabetes Association: Speaker/Honoraria |

The following AADE18 Annual Meeting Planning Committee members reported no relevant conflicts of interest.

| Adeola Akindana, RN, MSN, CDE, MBA, Joslin Diabetes Center @ Doctors Community Hospital |
| Melanie Batchelor, RD, MHS, LDN, CDE, Haywood County Schools |
| Constance Brown-Riggs MSEd, RD, CDE, CDN, Speakers, Author and Freelance Writer, CBR Nutrition Enterprises |
| Yvonne Burt, MSN, RN, CDE, APN |
| Marilyn Cox, PharmD, BCPS, CDE, Kaiser Permanente |
| Joanna DiBenedetto, BS, MNM, FADE, NACDD |
| Lorena Drego, MS, RDN, CDE, Bellevue Hospital |
| Eva Gonzales, RD, CDE, MPH, CNISC, University of Maryland Medical Center |
| Jeff Hitchcock, Children with Diabetes, INC |
| Karen Kemmis, DPT, MS, GCS, CDE, FAADE, SUNY Update Medical University/Joslin Diabetes Center |
| Carol Manchester, MSN, ACNS, RN, APRN, CNS, BC-ADM, CDE, University of Minnesota Medical Center |
| Dawn McCarter, RN, BSN, CDE, Allina Health |
| Margaret Pellizzari, MBA, MS, RN, CDE, CDC, Northwell Health Schneider Children’s Hospital |
| Neesha Ramchandani, RN, PNP, CDE, Maimonides Medical Center/Pediatric Endocrinology |
| Evan Sisson, PharmD, MHA, BCACP, CDE, FAADME, Virginia Commonwealth University School of Pharmacy |
| Shelley Marie Christian Taylor, BSN, CDE, RN, Menius Health |
| Jennifer Troupe, MS, RD, BC-ADM, CDE, Providence Medical Group Endocrinology, Diabetes and Nutrition |

| Jessica Adkins DNP, CNS, RN, CPNP-PC, Pediatric Endocrinology Nurse Practitioner, Memorial Health University-Medical Center |
| Erin Akers, BA, Founder and Executive Director, Diabulimia Helpline |
| Anastasia Albanese-O’Neill, PhD, ARNP, CDE, Clinical Assistant Professor, University of Florida, College of Medicine |
| Ann Albright, PhD, RDN, Director/Division of Diabetes Translation Centers for Disease Control and Prevention |
| Felicia Amick, RN, BSN, CDE, Inpatient Diabetes Educator, Carolinas Healthcare System Union |
| Laura Andromalos, MS, RD, CD, CDE, Clinical Dietitian, Virginia Mason Medical Center |
| Joycelyn Ashby Cornthwaite, MS, RD, LD, CDE, Certified Diabetes Educator, McGovern Medical School at UT Health, Dept of Obstetrics and Gynecology |
| Joan Bardsley, MBA, RN, FAADME, CDE, Assistant Vice President of Nursing and Research Integration, Medstar Health Research Institute |
| Elizabeth Barr BSN, RN, PCCN, CCTN, Clinical Nurse, Cleveland Clinic |
| Bonnie Bartos, PA, CDE, Independent Contractor, BJJ Unlimited Solutions |
| Kristine Batty, PhD, APRN-CPN, BC-ADM, CDE, CDOE, Nurse Practitioner/Certified Diabetes Educator, Diabetes Care Solutions LLC |
| Jana Beckering, RN, project coordinator, Allina Health |
The following AADE18 presenters reported no relevant conflicts of interest. (CONTINUED)
The following AADE18 presenters reported no relevant conflicts of interest. (CONTINUED)

Rosalyn Marcus, DPM, RN, CDE, Inpatient Diabetes Educator, Stanford Health Care/Be Smith
Allison Marek, LCSW, CDWF, Program Director, Center for Discovery
Lisa Martin, PharmD, BC-ADM, CDE, CHWC, Director, Healthy Living Program, Center for Living Well
Lisa Mathews, MS, RD, LDN, CDE, Outpatient Nutrition Education Coordinator, Williamson Medical Center
Dawn McCartner, RN, BSN, CDE, Manager Diabetes Education, Allina Health,
Kelly McCracken, RD, CDE, Public Health Consultant, National Association of Chronic Disease Directors
Patrick McMahon, MPH, Prevention Program Evaluator, American Association of Diabetes Educators
Renée Meehan, RN, BSN, MA, CDE, Diabetes Nurse Specialist/Diabetes Education, Tampa General Hospital
Chris Memering, BSN, RN, CDE, FAAD, Certified Diabetes Educator and RN CarolinaEast Medical Center
Stephanie Merck, PhD, APRN, BC-ADM, CDE, Nurse Practitioner, Fairfield County Medical
Evan Sisson, PharmD, MSHA, BCACP, CDE, FAADE, Research Scientist, Mary & Dick Allen Diabetes Center, Hoag Hospital
Evan Bechtel, MHP, MSH, MCE, Certified Diabetes Educator, Sutter Health
Karen Ten Cate MA, RDN, CDE, Diabetes Education Specialist, Quality Innovation Network, National Coordinating Center/Gloucse
Scricchello, MS, RN, RD/LDN/CDE, CCM, Manager, Case Management, MedStar Family Choice, MedStar Health
Qing Tong, RD, PhD, Rijia Health Technology (Beijing, China)
Geoffrey Twigg, PharmD, BCACP, CDE, Clinical Pharmacist, Apple Discount Drugs
Mary Vercellino, MSN, APRN, ACNS-BC, BC-ADM, CWON, Clinical Nurse Specialist, Edward Hospital/Edward-Elmhurst Healthcare
Susan Walker, PhD, RN, CDE, Adjunct Faculty, Georgetown University, School of Health and Health Sciences
Anthony Wall, BS, MS, Certified Personal Trainer, Director of Strategic Partnerships, American Council on Exercise
Cindy Warriner, RPh, CDE, Consultant Pharmacist, HQL previously VHGC (QIN-QIO)
Brenda Weeden, MS, BSN, RN, CDE, Certified Diabetes Educator/RN, Vanderbilt University Medical Center, Eskind Diabetes Clinic
Susan Weiner, MS, RDN, CDE, CDN, FAAD, Owner and Clinical Director, Susan Weiner Nutrition, PLC
David Weingard, MBA, Founder and CEO, Fit4D
Katherine Wentzell MSN, PNP, Pediatric Nurse Practitioner of State Intelligence, Leavitt Partners
Elizabeth Wickman, RD, CDE, Certified Diabetes Educator, Registered Dietitian, Edward Medical Group
Ann Williams, PhD, RN, CDE, Research Associate Professor, Case Western Reserve University
Melissa Young, PharmD, BC-ADM, CDE, Clinical Pharmacy Specialist, VA Salt Lake City Healthcare System

DISCLOSURE STATEMENTS

The following AADE18 presenters reported no relevant conflicts of interest.
Designed and developed specifically for the American Association of Diabetes Educators 2018 Annual Conference and Exhibition, the app provides session information and exhibitor content paired with news, social media, and meeting tools. Access the AADE18 app from within the AADE Events app.

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See You Next Year

2019
HOUSTON, TEXAS
Friday, August 9 - Monday, August 12

2020
ATLANTA, GEORGIA
Friday, August 14 – Monday, August 17

2021
PHOENIX, ARIZONA
Friday, August 13 – Monday, August 16
American Association of Diabetes Educators (AADE) and Meet DANA ..........160
Stop by and say hello to AADE Staff! Find out about membership benefits and getting involved with AADE. Meet DANA, AADE’s new Technology Forward website. Experts will be on-hand to help you login and give demos of how to use this new resource, so you can use it at the conference and integrate into your practice when you get home! Explore the AADE bookstore to find special deals on promotions.

AADE In Practice/ The Diabetes Educator Journal ..........154
www.diabeteseducator.org
Want to raise your profile? Consider submitting an article to AADE’s two journal: AADE In Practice and The Diabetes Educator. Talk with the editorial boards of each journal, explore topics and learn how to submit.

Abbott Diabetes Care ..........729, 739
www.abbottdiabetescare.com
Abbott Diabetes Care 1420 Harbor Bay Parkway Alameda, CA 94501 www.abbottdiabetescare.com Abbott Diabetes Care, a division of global healthcare company Abbott, is committed to improving the lives of people with diabetes. The company manufactures, distributes and markets innovative glucose monitoring systems and offers valuable services to help patients and healthcare professionals better manage diabetes care needs. For more information: www.myFreeStyle.com.

Abbott Nutrition ..........738
www.abbottnutrition.com
Abbott Nutrition is one of the world’s leading authorities in science-based nutrition for all stages of life. Visit our booth and sample free ice cream & bars from Glucerna, to help your patients manage blood sugar.

Academy of Nutrition and Dietetics 213
www.dce.org
The Diabetes Care & Education (www.dce.org) practice group of the Academy of Nutrition and Dietetics (www.eatright.org) is one of the Academy’s largest practice groups. DCE equips its members to be on the cutting-edge of diabetes prevention, management, and education. DCE members have an interest in patient education, professional education and research for the management and prevention of diabetes. DCE offers many opportunities for networking. Visit us at www.dce.org

ACCUSPLIT
Make A Difference Programs ..........649
www.accusplitmadprograms.org
Stop T2D in your community with ACCUSPLIT Make A Difference Programs. Join with us to motivate and inspire our communities to adopt programs that encourage physical activity that leads to wellness for all ages and will help to Stop Type 2 Diabetes.

Acon Laboratories, Inc ..........456
www.oncallmeters.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 AADE15 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 and the On Call Stealth lancing device.

AlluLite Wellness ..........216
www.allulite.com

Alpha Genomix ..........844
http://www.alphageromix.com

AmbiMedInc ..........548
www.AmbiMedInc.com
Since 1990, AmbiMedInc has provided 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 diabetes product line consists of the Inject-Ease-Syringe Injector Aid, Insul-eze-Syringe Magnifier, Insul-Cap, Insul-Totes, Ambi-Tray, EZ-Vac, EZ-Lance and EZ-Lets

American Diabetes Association ....1112
www.diabetes.org
Stop Type 2 Diabetes.

American Council on Exercise ..........251
www.ACEfitness.org
The American Council on Exercise (ACE) is a mission-driven nonprofit that educates, certifies and represents more than 75,000 fitness professionals, health coaches and other allied health professionals. Becoming a part of the ACE Family means joining a nonprofit leader working to get people moving across the globe. For more information on ACE and its programs, call (800) 825-3636 or visit www.ACEfitness.org.

American College of Endocrinology ..........543
www.mydiabetesemergencyplan.com
Catastrophic events can happen anywhere, at any time, creating chaos for those affected. This is particularly true for individuals with diabetes who depend on having the appropriate medicine and supplies available at all times. WE’RE HERE TO HELP! You can help your diabetes patients PREPARE IN ADVANCE for an unexpected circumstance or displacement by supplying them with the My Diabetes Emergency Plan. Available for FREE from the American College of Clinical Endocrinologists.

Ascensia Diabetes Care ..........316
www.ascensia.com
Ascensia Diabetes Care is a global specialist diabetes care company, dedicated to helping people living with diabetes. Our mission is to empower people living with diabetes through innovative solutions that simplify and improve their lives. We use our innovation and specialist expertise in diabetes to develop high quality solutions and tools that make a positive, daily difference for people with diabetes.
AstraZeneca

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 over 100 countries and its innovative medicines are used by millions of patients worldwide. For more information please visit: www.astrazeneca-us.com

B

BD

www.bd.com

Baylor Scott and White Health

jobs.bswhealth.com/

As the largest not-for-profit healthcare system in Texas and one of the largest in the United States, Baylor Scott & White Health was born from the 2013 combination of Baylor Health Care System and Scott & White Healthcare. Today, Baylor Scott & White includes 48 hospitals, more than 800 patient care sites, more than 7,800 active physicians, over 47,000 employees and the Scott & White Health Plan.

Blink Health

www.blinkhealth.com

Blink Health is the new way for all Americans to save on their prescriptions. With our proprietary technology, everyone now has access to one, low negotiated price on over 15,000 medications. Simply pay online before you pick up at your pharmacy to save up to 95%.

BlueLoop : MyCareConnect

www.myccareconnect.com

BOOTH 371 (in the back by the DANA mobile app hub experience) Most know us as BLUELOOP, the free online and mobile diabetes care coordination tool. We are in a dozen hospitals and clinics, thousands of schools and in homes around the world. BlueLoop gets our foot in the door so our Foundation can deliver on our promise: To support the physical and emotional well-being of children with diabetes, and those who care for them. Come stop by for some of our giveaways and hear about us!

C

Calmoseptine, Inc.

www.Calmoseptine.com

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 & vaginal fistulas and feeding tube site leakage. Calmoseptine® temporarily relieves discomfort and itching. Free samples at our booth!

Boston Scientific

www.AMSMensHealth.com

For more than 40 years, AMS Men’s Health has been dedicated to improving patient access and outcomes by providing caring and knowledgeable educational resources to healthcare professionals and patients. Our hope is that together, we can help you educate your patients living with diabetes and build awareness of the ED treatment options available to them.

Byram Healthcare

www.byramhealthcare.com

Byram Healthcare is the One Source, Total Solution for all diabetes products. We offer all brand name Insulin Pumps, Continuous Glucose Monitors, Blood Glucose Meters, related supplies and medications. Our extensive product knowledge, reimbursement expertise and educational tools promote our customers in living well with diabetes.

Capella University

www.capella.edu

Stop by the Capella University booth to learn more about Capella’s online MSN in Diabetes Nursing program. Capella also has more than 163 degree and certificate programs at undergraduate and graduate levels for you to choose from. Through Capella’s partnership with AADE, you can receive exclusive discounts and benefits to help you meet your professional development goals. Visit www.capella.edu/aade to learn more.

Center for Change

www.CenterForChange.com

Center for Change is a place of hope and healing that is committed to helping women and adolescent girls break free and fully recover from their eating disorders. The Center offers an acute inpatient program, residential program, day & evening programs, and outpatient services, and includes a specialty program for co-occurring diabetes and eating disorders (ED-DMT1). Accredited by The Joint Commission, AdvancED (NWAC), and TRICARE® certified. 888-224-8250 www.centerforchange.com

Centers for Disease Control (CDC), Division of Diabetes

www.cdc.gov/diabetes

Stop by the Capella University booth to learn more about Capella’s online MSN in Diabetes Nursing program. Capella also has more than 163 degree and certificate programs at undergraduate and graduate levels for you to choose from. Through Capella’s partnership with AADE, you can receive exclusive discounts and benefits to help you meet your professional development goals. Visit www.capella.edu/aade to learn more.

Centers for Medicare & Medicaid Services

www.cms.gov

The Centers for Medicare & Medicaid Services administers several critical programs: Medicare, Medicaid, the Children’s Health Insurance Program, Health Insurance Marketplace, and the New Medicare Card initiative. Please visit the CMS booth to learn more about these programs.
**CINA Corp d/b/a/ Cinsulin.com**  237  
www.cinsulin.com

CinSulin Water Extract of Cinnamon can help your patients promote healthy blood glucose levels (within the normal range). CinSulin is proven safe and effective in 5 peer-reviewed, published human clinical trials. Its concentrated 10:1 strength means just 2 capsules delivers the equivalent of 10 common cinnamon capsules. Stop by for free samples and to learn more. Find it at all Costco, BJs and Sam’s Clubs, and their .com websites. Cinsulin.com includes links for professional resales.

**Colgate - Palmolive Company**  1009  
www.colgatepalmolive.com

Colgate-Palmolive Company, a world leader in oral care, presents Colgate(r) Total(r) toothpaste. Colgate Total has a unique formula that provides 12 hour protection to the teeth and gums by adhering to both hard and soft tissue to deliver effective anti-bacterial protection for up to 12 hours, even if patients eat and drink.

**Common Sensing**  123  
www.common-sensing.com

Common Sensing develops and manufactures data-driven hardware and software solutions for people using injectable medicine. They’ve assembled a talented team to develop Gocap(r), the most advanced insulin adherence tool on the market. Gocap records the time and amount of insulin doses, couples it with blood glucose data, and transmits it wirelessly to the care team in real time. With Gocap patients, pharmacists and providers can make insulin therapy more effective, efficient, and safer than ever.

**Companion Medical Passport**  750  
www.companionmedical.com

InPen is an easy-to-use pen that not only helps calculate your doses, but also keeps track of injection data. When paired via Bluetooth® with the smartphone app, the InPen delivery system keeps tabs on how many units you received at your last injection, when you took them, and other helpful information. The InPen app is the other half of InPen’s smart diabetes management tool. Using information transmitted from the pen, the app can track insulin therapy, calculate doses and share therapy data.

**Cushing’s Support & Research Foundation**  152  
www.csrf.net

Diabetes-What To Know is a free, innovative web-based program that educates people with type 2 diabetes and their families. Our engaging videos and articles turn complex materials into actionable information—participants in our email program learn what they NEED TO KNOW about type 2 diabetes, including how to use a meter, what to eat and how to prevent complications. Our goal is cover the basics and encourage PWDs to seek further education with a diabetes educator.

**Diabetes Empowerment Foundation**  540  
www.diabetesempowerment.org

Elissa Renouf, has four children with Type 1 diabetes. She developed practical diabetes products to help people with diabetes.

**Diabetes-Ezy**  358  
www.diabete-ezy.com

Diabetes-Ezy is a global supplier, manufacturer and distributor of practical diabetes products to help people more conveniently manage all types of diabetes. Our range of easy to use products include diabetes travel cases, diabetes pump accessories and much more. We have strong global networks that supply direct to the public or through suppliers. Our founder, Elissa Renouf, has four children with Type 1 diabetes. She developed practical diabetes products to help people with diabetes.

**Diabetes Translational Research Center**  110  
www.iu.edu

Dr. Comfort offers the finest quality, best looking diabetic footwear available. In addition, Dr. Comfort features an onsite pedorthic laboratory that offers custom inserts, toe fillers and various shoe modifications. Combining the best diabetic footwear with exceptional customer service makes Dr. Comfort America’s premier diabetic footwear brand.

**DANA Tech Training Lab**  168  
www.danatech.org

The DANA Tech Training Lab offers attendees hands-on product training with industry trainers. It will give diabetes educators the opportunity to engage directly with industry trainers to learn how to use the product and ask questions. Check the signage outside the booth for scheduled trainings.

**Dario Health**  348  
usa.mydario.com

The Dario Smart Diabetes Management Solution provides an all-in-one, compact Smart Glucose Meter - launching device, meter, and strips cartridge - which plugs directly onto your smartphone to view your glucose levels directly on your mobile device. Dario is designed with the goal to achieve better outcomes in diabetes care and improve quality of life.

**DayTwo**  357  
www.daytwo.com

**Dexcom Inc.**  438  
www.dexcom.com

Dexcom, Inc., headquartered in San Diego, CA, is dedicated to helping people better manage their diabetes by providing exceptional continuous glucose monitoring (CGM) products and tools for adult and pediatric patients. Our flagship product, the Dexcom G5® Mobile CGM System, is the first FDA-approved, fully mobile CGM platform. For more information on the Dexcom CGM, visit www.dexcom.com.

**Diabete-Ezy**  358  
www.diabete-ezy.com

Diabetes-Ezy is a global supplier, manufacturer and distributor of practical diabetes products to help people more conveniently manage all types of diabetes. Our range of easy to use products include diabetes travel cases, diabetes pump accessories and much more. We have strong global networks that supply direct to the public or through suppliers. Our founder, Elissa Renouf, has four children with Type 1 diabetes. She developed practical diabetes products to help people with diabetes.

**Diabetes - What To Know**  203  
www.diabeteswhattoknow.com

Diabetes-What To Know is a free, innovative web-based program that educates people with type 2 diabetes and their families. Our engaging videos and articles turn complex materials into actionable information—participants in our email program learn what they NEED TO KNOW about type 2 diabetes, including how to use a meter, what to eat and how to prevent complications. Our goal is cover the basics and encourage PWDs to seek further education with a diabetes educator.

**Dr. Comfort**  107  
www.drcomfort.com

Dr. Comfort offers the finest quality, best looking diabetic footwear available. In addition, Dr. Comfort features an onsite pedorthic laboratory that offers custom inserts, toe fillers and various shoe modifications. Combining the best diabetic footwear with exceptional customer service makes Dr. Comfort America’s premier diabetic footwear brand.
Dr. Joseph’s Healthcare Products, Inc. 360
www.keeypyourfeet.com

Diabetes affects every organ in the body, but the #1 reason for hospitalization is the foot. Early detection results in prevention. Dr. Joseph’s is dedicated to providing the tools necessary for every patient with diabetes to self-manage their feet: daily inspection, cleansing, and regular sensory testing. 80-90% effective in reducing amputation. Dr. Joseph’s DIABETIC FOOTCARE KIT is the only product that helps diabetes educators help their patients join in the management of their own feet.

Dyla LLC, Stur Drinks 1008
www.sturdinks.com

Stur is the leading ALL-NATURAL liquid water enhancer! Our products are made from only the best natural fruit and stevia extracts and never contain any artificial flavors, colors or sweeteners. Stur was made by a husband for his wife and twins - our brand is about doing something good for your family.

Dynavax Technologies Corporation 361
www.dynavax.com

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.

Endocrine Today and Healio.com 345
www.healio.com/endocrinology

SLACK Incorporated invites you to booth 345 to pick up a free copy of ENDOCRINE TODAY, monthly clinical news on diabetes and endocrine disorders. Sign up for our free e-mail News Wire at Healio.com/Endocrinology.

EndocrineWeb and OnTrack Diabetes 118
www.endocrineweb.com

Vertical Health has the largest diabetes audience on the internet and publishes two highly-rated diabetes resources for patients and professionals—EndocrineWeb.com, offers high-quality content for endocrinologists, other diabetes-treating HCPs, and patients; OnTrack-Diabetes focuses on helping patients live better while managing the challenges of their condition. Both sites provide news and research developments in the prevention, management, and treatment of diabetes.

FDA/Center for Food Safety & Applied Nutrition (CFSAN) 143
www.fda.gov

The U.S. Food and Drug Administration’s Center for Food Safety and Applied Nutrition promotes and protects the public’s health and economic interests by ensuring that food is safe, nutritious, wholesome and honestly, accurately and informatively labeled.

Fifty 50 444
www.fifty50foods.com

Fifty50 Foods is making it easier for people to live a Low-Glycemic lifestyle with the industry’s broadest category of certified branded great tasting products. Our products contain carbs low on the Glycemic Index (GI) so they are digested slower and help maintain blood sugar levels. From cookies, wafers, chocolate bars and hard candies to peanut butter, oatmeal, syrup and pie crust we have a variety of products to chose from. Half our profits fund diabetes research - over $14 million to date.

Fit4D 621
www.fit4d.com

For payers seeking to improve health outcomes and pharmaceutical/device companies seeking to improve medication adherence, Fit4D is a technology-enabled personalized coaching solution that enables expert diabetes educators to scale their reach to deliver care by 5x. Unlike apps or call centers, Fit4D optimizes the mix between technology and expert clinicians to improve quality and health outcomes in an affordable manner and improve the lives of those living with diabetes.

Fitbit Health Solutions 617
www.fitbit.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/psp, email usainfo@flexitol.com or call toll free at 1-866-478-3338.

FRO® Insulin Cooling Case 1006
www.FRIOcase.com

FRO 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 FRO offers convenience, freedom, and peace of mind!
Global Health Products Inc.  ....... 209
www.globalhp.com

Global Health Products is a family owned company that designs, manufacturers and distributes nutritional supplements to address the needs of bariatric and cancer centers, dialysis centers, hospitals, nursing homes, wound centers as well as they every day healthy customer.

Glooko  ..................... 448
www.glooko.com

Glooko is a leading diabetes data management platform and is trusted by many of the world’s leaders in diabetes care. Over 1 million people with diabetes and 6,000 health systems in 27 countries use Glooko’s FDA-cleared, HIPAA-compliant Mobile, Population Health and Clinic Upload applications with an aim to improve health outcomes for people with diabetes. Glooko syncs with popular diabetes devices and activity trackers to supply personalized blood glucose, food, insulin, diet and weight data.

GlucoseZone  ............... 367
www.glucosezone.com

Hawaiian Moon  ............. 452
aloecream.biz

Our product is free of dyes, fragrance, parabens, sulfates, mineral oil, and any other harsh chemicals. Our cream penetrates the skin up to 7 layers deep, meaning it does not leave any type of greasy residue or film on the skin. As a result, once you apply the cream it absorbs into the skin instantly, and it will not wash off as it is IN the skin, not sitting on the skin. This also means there is no waiting time after its application to put on latex gloves.

Health Monitor Network  ......  1113
www.healthmonitor.com

Our Mission: to facilitate dialogue between patients and their healthcare professionals. Our Reach: more than 150 million consumers/patients through 200,000 medical offices, more than 400,000 physicians and healthcare professionals, and in patients’ homes. Our Integrated Solutions: reach patients in medical offices, at home, and on the go.

Healthcare Providers Service Organization (HPSO)  .......... 445
hpso.com

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.

Healthy Interactions  .......... 1101
www.healthyinteractions.com

Healthy Interactions is devoted to driving Personal Health Engagement. We create powerful educational approaches that inspire valuable insights and change personal health behaviors. Our digital tools empower health care consumers to move toward their goals by providing information, tracking, and ongoing interactions with peers and health educators. The result is that patients become more active partners in their health, which improves the outcomes of their diseases.

Healthy Living Medical Supply  .... 619
www.myhlms.com

Healthy Living has been a leading mail-order company for diabetes supplies and maintenance medications for over a decade. We’re in network with many insurance plans for testing supplies, insulin pumps & supplies, and CGM systems. Our full pharmacy offers insulin, syringes, and pen needles, and maintenance & respiratory medications. With a diabetes specialty, our team provides individualized, experienced, and knowledgeable service to our customers living with diabetes.

HERC Publishing  .............. 257
www.hercpublishing.com

HERC Publishing is recognized as one of the nation’s top providers of patient education products. We have been in business for over 25 years. Our goal is to help you provide your patients with the information necessary to make healthy choices and become active participants in their health care.

HTL-Strefa, Inc.  ............... 744
www.htl-strefa.com

Healthy Interactions is devoted to driving Personal Health Engagement. We create powerful educational approaches that inspire valuable insights and change personal health behaviors. Our digital tools empower health care consumers to move toward their goals by providing information, tracking, and ongoing interactions with peers and health educators. The result is that patients become more active partners in their health, which improves the outcomes of their diseases.
The Ideal Protein Weight Loss Protocol is medically designed and developed and is consistent with evidence-based guidelines, to help obese and overweight patients or clients achieve safe, long-term weight loss and maintain it.

Ingredion Incorporated 137
www.ingredion.us

Imagine doing more to create new or improved products that set you apart in the marketplace. Rely on Ingredion’s broad portfolio of ingredients and deep applications expertise to overcome your challenges in clean label, health and nutrition, and more. When you work with Ingredion, you can add or subtract ingredients to offer the health and nutrition claims consumers want. Deliver products that delight with Ingredion. Visit us at AACE, Booth 1040. Visit www.ingredion.us/hi-maize to learn more.

Insulet 611
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. Insulet Corporation; 800.591.3455; visit “MyOmniPod.com.”

Intelligent Retinal Imaging Systems 1001
www.retinascare.com

IRIS is on a mission to End Preventable Blindness. Diabetic retinopathy is the leading cause of blindness in adults, yet less than 50% of patients receive their annual retinal exam. The IRIS diagnostic solution brings the DRE to the primary point of care, providing access to more patients in order to find eye disease early and reduce the total cost of care.

International Diabetes Center 907
www.internationaldiabetescenter.com

International Diabetes Center (IDC) helps people live well with diabetes through research, 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 944
www.irisys.com

Scot-Tussin: OTC Cough, Cold and Allergy Products For Diabetics and Special Needs Patients Since 1956. First to Market: Scot-Tus sin was the first cough/cold product designed to meet the needs of the diabetic patient. Innovative: First pharmaceutical company to provide a full line of cough cold and allergy liquid medications to address special needs patients. Proven: Simply put great products stand the test of time. History: Founded in 1956 by Dr. Salvatore Scotti, with sixty years of brand heritage.

J & M Distribution 129
www.truestim.com

Janssen Pharmaceuticals, Inc. 635
www.janssen.com/us/ IAC

Janssen Pharmaceuticals, Inc., a pharmaceutical company of Johnson & Johnson, aims to create a world without disease. We bring together the best minds and pursue the most promising science in areas of critical need. We collaborate with the world for the health of everyone in it. Learn more at www.janssen.com.

JDRF 151
www.jdrf.org

JDRF is the leading global organization funding type 1 diabetes (T1D) research. Our strength lies in our exclusive focus and singular influence on the worldwide effort to end T1D.

KingFit Preventive Health 149
http://kingfit.io

Laclede Inc. 443
www.lurenacare.com

LifeScan, Inc. 557
www.onetouch.com IAC

About LifeScan Inc. LifeScan, Inc. is a world leader in blood glucose monitoring, and the Johnson & Johnson Diabetes Institute is a global initiative to improve care and better outcomes worldwide through education and training programs. Globally more than 20 million people depend on OneTouch® brand products to help them manage their diabetes. Learn more at www.OneTouch.com and www.JJDI.com.

Livliga 244
https://www.LivligaHome.com

Livliga is elegant portion control tableware for everyday use in a healthier lifestyle. Its unique designs incorporate the psychology of eating by using visual cues, promoting the sense of feeling full at the end of a meal. It supports right-sized portions with porcelain dinnerware, serveware and glassware in different patterns. It is Doctor and RD/Nutritionist approved. Products are lead-free, eco-friendly, dishwasher & microwave safe. Discover Livliga’s healthier lifestyle!

Lysulin, Inc 351
www.lysulin.com
Mannkind Corporation .......................... 939
www.mannkindcorp.com
MannKind Corporation is a biopharmaceutical company that focuses on the commercialization of therapeutic products based on Technosphere® technology for patients with diseases such as diabetes. MannKind manufactures Afrezza® (insulin human) inhalation powder which is being commercialized in the United States.

Med Angel ........................................... 845
www.medangel.com

Medi Lazer ........................................... 128
www.medilazer.net

Medscape ............................................. 1005
www.medscape.org
Medscape Education (Medscape, LLC) targets and engages members over 30 healthcare specialties, and combines proprietary technology, instructional expertise, and measurable impact to accelerate the adoption of scientific advancements in practice. Medscape Education continually innovates to better address clinician needs in order to improve the care and outcomes of patients. Medscape, LLC is Joint Accredited, and a leading online provider of continuing professional education.

Medtronic Inc ........................................ 329
www.medtronic.com
Medtronic Inc is a global health care leader working together with the global community to change the way people manage diabetes. The company aims to transform diabetes care by expanding access, integrating care and improving outcomes, so people living with diabetes can enjoy greater freedom and better health.

Merck .................................................... 800
www.merck.com
Merck is a global health care leader working to help the world be well. Merck is known as MSD outside the United States and Canada. Through our prescription medicines, vaccines, biologic therapies, and animal health products, we work with customers and operate in more than 140 countries to deliver innovative health solutions.

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Medtronic Inc ........................................ 329
www.medtronic.com

Merck .................................................... 800
www.merck.com
Merck is a global health care leader working to help the world be well. Merck is known as MSD outside the United States and Canada. Through our prescription medicines, vaccines, biologic therapies, and animal health products, we work with customers and operate in more than 140 countries to deliver innovative health solutions.

mySugr .................................................. 616
www.mysugr.com
Founded in 2012, mySugr specializes in all-around care for people with diabetes. Its apps and services beautifully combine diabetes coaching, therapy management, unlimited test-strips, automated data tracking, and seamless integration with a growing number of medical devices to ease the daily burden of living with diabetes. The company has offices in San Diego, California and Vienna, Austria with 47 employees across both locations. The mySugr App is available in 52 countries and 13 languages.

National Certification Board for Diabetes Educators ............................ 259
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.

National Confectioners Association ........................................ 252
www.candyusa.com
The National Confectioners Association is the trade organization that advances, protects and promotes chocolate, candy, gum and mints, and the companies that make these special treats. As the leading association for the U.S. confectionery industry, NCA helps ensure the public understands and appreciates the unique role that chocolate and candy can play in a happy, balanced lifestyle. We recently announced a commitment, the Always A Treat Initiative, with the Partnership For A Healthier America.

Mini Pharmacy ....................................... 539
www.minipharmacy.com
Mini Pharmacy is a California Corporation that has been family owned and operated since 1980. Patients can conveniently receive their diabetes supplies, prescriptions, nutritional formulas, wound care, ostomy supplies and durable medical equipment all from our pharmacy. Our mission at Mini Pharmacy is to meet the needs of the patients, physicians, facilities, and communities that we serve in a professional, friendly, and timely manner to ensure a positive experience for all of our customers.

Merritt （Equal and Whole Earth Sweeteners） .......................... 638
www.equal.com,
www.wholeearthsweetener.com
Equal sweetener and Whole Earth Sweetener Company provide a portfolio of great-tasting zero and lower calorie sweeteners. In addition to the familiar classic blue packets, the Equal brand is proud to introduce delicious Cafe Creamers and Equal Naturals sweetened with stevia. And for your patients/clients drawn to the emerging stevia class of sweeteners, we offer our Whole Earth zero and lower calorie sweetener line—already a familiar brand at Starbucks nationwide and on retail shelves.

Medscape ............................................. 1005
www.medscape.org
Medscape Education (Medscape, LLC) targets and engages members over 30 healthcare specialties, and combines proprietary technology, instructional expertise, and measurable impact to accelerate the adoption of scientific advancements in practice. Medscape Education continually innovates to better address clinician needs in order to improve the care and outcomes of patients. Medscape, LLC is Joint Accredited, and a leading online provider of continuing professional education.

Medscape ............................................. 1005
www.medscape.org
Medscape Education (Medscape, LLC) targets and engages members over 30 healthcare specialties, and combines proprietary technology, instructional expertise, and measurable impact to accelerate the adoption of scientific advancements in practice. Medscape Education continually innovates to better address clinician needs in order to improve the care and outcomes of patients. Medscape, LLC is Joint Accredited, and a leading online provider of continuing professional education.

Medtronic Inc ........................................ 329
www.medtronic.com
About the Diabetes Group at Medtronic (www.medtronicdiabetes.com) Medtronic is working together with the global community to change the way people manage diabetes. The company aims to transform diabetes care by expanding access, integrating care and improving outcomes, so people living with diabetes can enjoy greater freedom and better health.

Merck .................................................... 800
www.merck.com
Merck is a global health care leader working to help the world be well. Merck is known as MSD outside the United States and Canada. Through our prescription medicines, vaccines, biologic therapies, and animal health products, we work with customers and operate in more than 140 countries to deliver innovative health solutions.

mySugr .................................................. 616
www.mysugr.com
Founded in 2012, mySugr specializes in all-around care for people with diabetes. Its apps and services beautifully combine diabetes coaching, therapy management, unlimited test-strips, automated data tracking, and seamless integration with a growing number of medical devices to ease the daily burden of living with diabetes. The company has offices in San Diego, California and Vienna, Austria with 47 employees across both locations. The mySugr App is available in 52 countries and 13 languages.

National Certification Board for Diabetes Educators ............................ 259
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.

National Confectioners Association ........................................ 252
www.candyusa.com
The National Confectioners Association is the trade organization that advances, protects and promotes chocolate, candy, gum and mints, and the companies that make these special treats. As the leading association for the U.S. confectionery industry, NCA helps ensure the public understands and appreciates the unique role that chocolate and candy can play in a happy, balanced lifestyle. We recently announced a commitment, the Always A Treat Initiative, with the Partnership For A Healthier America.

Mini Pharmacy ....................................... 539
www.minipharmacy.com
Mini Pharmacy is a California Corporation that has been family owned and operated since 1980. Patients can conveniently receive their diabetes supplies, prescriptions, nutritional formulas, wound care, ostomy supplies and durable medical equipment all from our pharmacy. Our mission at Mini Pharmacy is to meet the needs of the patients, physicians, facilities, and communities that we serve in a professional, friendly, and timely manner to ensure a positive experience for all of our customers.

Merritt （Equal and Whole Earth Sweeteners） .......................... 638
www.equal.com,
www.wholeearthsweetener.com
Equal sweetener and Whole Earth Sweetener Company provide a portfolio of great-tasting zero and lower calorie sweeteners. In addition to the familiar classic blue packets, the Equal brand is proud to introduce delicious Cafe Creamers and Equal Naturals sweetened with stevia. And for your patients/clients drawn to the emerging stevia class of sweeteners, we offer our Whole Earth zero and lower calorie sweetener line—already a familiar brand at Starbucks nationwide and on retail shelves.

mySugr .................................................. 616
www.mysugr.com
Founded in 2012, mySugr specializes in all-around care for people with diabetes. Its apps and services beautifully combine diabetes coaching, therapy management, unlimited test-strips, automated data tracking, and seamless integration with a growing number of medical devices to ease the daily burden of living with diabetes. The company has offices in San Diego, California and Vienna, Austria with 47 employees across both locations. The mySugr App is available in 52 countries and 13 languages.

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National Library Service f/t BPH ........................................ 254
www.loc.gov/nls

Nestlé Health Science / Optifast ............................................. 653
www.optifast.com

NIH - NIDDK ........................................... 204
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.

Novo Nordisk Inc. ................................... 1017
www.NovoNordisk-US.com
Novo Nordisk, a global leader in diabetes care, has been committed to discovering and developing innovative medicines to help people with serious chronic conditions lead longer, healthier lives with fewer limitations. We’re working toward a future where fewer people get diabetes, everyone is diagnosed, and all patients receive adequate treatment.
NuGo Nutrition .......................... 449  
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.

Nutrition Dimension/ ContinuingEducation.com ........... 740  
www.continuingeducation.com/nutrition

www.oncourselearning.com/healthcare/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.

OMH Resource Center .............. 249  
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.

One Drop .......................... 542  
www.onedrop.today

One Drop offers the first-ever monthly subscription service that includes: Bluetooth BGM that seamlessly integrates with the One Drop app; 24/7 unlimited access to coaching from CDEs; and unlimited test strips delivered direct to your door — all for less than the cost of a monthly copay.

Optavia .......................... 155  
janeblum.optavia.com

Orthofeet, Inc. .......................... 304  
www.orthofeet.com

Orthofeet is excited to be a part of the annual AADE conference. 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 Lisa Calabro at lisa.calabro@orthofeet.com

Otto Trading, Inc. .............. 207  
www.unimedmassage.com

Owen Mumford .................... 933  
www.owenmumfordinc.com

For over 60 years, Owen Mumford has manufactured diabetes care products that offer exceptional quality and performance. Our range of medical devices and disposables are used by healthcare professionals and consumers worldwide. Our mission continues to be to design, develop and manufacture medical devices for hospital, primary and home healthcare that exceed expectations, encourage compliance and improve quality of life. For free samples please contact Customer Service at 1-800-421-6936.

Pharma Med USA ............. 356, 645  
http://pharmamedicus.com

Physicians Committee for Responsible Medicine / PCRM ........... 211

Premier Protein .................... 921  
www.premiernutrition.com

At Premier Protein, we believe that everyone should live a healthy, active life and nutrition is the cornerstone of that life. However, we know that eating healthy and staying active can be challenging, so we strive to be your health and nutrition partner—making healthy choices easy.

PRN Physician Recommended Nutraceuticals .............. 243  
www.prnomegaproducts.com

Procter & Gamble .................... 442  
www.pg.com

METAMUCIL® DAILY FIBER SUPPLEMENT samples and resources To order P&G Personal Healthcare Samples, go to www.pghealthsample.com www.metawellness.com www.pg.com We believe that everyone deserves to be healthier. We believe that more empowered and knowledgeable consumers will lead to a better healthcare system. We believe that with the right partners, we can build a new culture of health we can all be proud of. P&G Personal Health Care.

PTS Diagnostics .................... 629  
www.ptsdiagnostics.com

PTS Diagnostics is an innovative point-of-care medical device manufacturer that partners with clinicians to provide information that helps improve the health of patients. The company’s CardioChek® Family of products, which quickly measure patients’ cholesterol (lipids) and glucose results, have screened over 120 million patients worldwide. The A1CNow® product line provides ongoing chronic disease management by monitoring A1C results.

Quantum Medical Supply .......... 1105  
www.nocostshoes.com

Regeneron Pharmaceuticals ........ 620  
www.regeneron.com

Regeneron is a leading science-based biopharmaceutical company based in Tarrytown, New York that discovers, invents, develops, manufactures, and commercializes medicines for the treatment of serious medical conditions. Regeneron commercializes medicines for high LDL cholesterol, eye diseases, and a rare inflammatory condition and has product candidates in development in other areas of high unmet medical need. For additional information about the company, please visit www.regeneron.com

Otto Trading, Inc. .............. 207  
www.unimedmassage.com

P&G Personal Healthcare Samples, go to www.pghealthsample.com www.metawellness.com www.pg.com We believe that everyone deserves to be healthier. We believe that more empowered and knowledgeable consumers will lead to a better healthcare system. We believe that with the right partners, we can build a new culture of health we can all be proud of. P&G Personal Health Care.

CMT Dimensions .......................... 88  
Learn more at aade18.org

CMT Dimensions .......................... 88  
Learn more at aade18.org
Retractable Technologies, Inc. 222
www.retractable.com
VanishPoint® syringes, IV catheters, blood collection tube holders, and blood collection sets feature automated pre-removal activation, thus reducing exposure to the contaminated needle. Patient Safe® syringes are uniquely designed to reduce risk of bloodstream infections resulting from catheter hub contamination. All of these products protect patients and healthcare workers.

Roche Diabetes Care, Inc. 516
www.accu-chek.com
Roche invites you to experience the latest Accu-Chek® diabetes tools and technology designed to improve patient self-management and healthcare team collaboration for better informed therapy decisions.

SAGE 157
www.sagepub.com
Founded 50 years ago, SAGE is an independent company that publishes journals, books, and library products for the educational, scholarly, and professional markets.

Salix Pharmaceuticals 116
For almost 30 years, Salix Pharmaceuticals has been committed to the prevention and treatment of gastrointestinal diseases. Salix licenses, develops, and markets innovative products to improve patients’ lives and arm healthcare providers with lifechanging solutions. Salix is headquartered in Bridgewater, New Jersey.

Sanofi US 229
www.sanofi.com
Sanofi, a global and diversified healthcare leader, discovers, develops and distributes therapeutic solutions focused on patients’ needs. Sanofi has core strengths in the field of healthcare with seven growth platforms: diabetes solutions, human vaccines, innovative drugs, consumer healthcare, emerging markets, animal health and the new Genzyme.

Sanofi-Lexicon 657
Senseonics, Inc. 811
www.senseonics.com
Sharecare Diabetes Solution 352
www.sharecarediabetes.com

SidekickHealth 538
www.sidekickhealth.com
Founded by two physicians, SidekickHealth helps organizations prevent and manage chronic diseases like type 2 diabetes. Our digital health platform combines behavioral economics, gaming technology and AI for a highly engaging experience that incentivizes people to adopt healthier behaviors. Diabetes prevention programs and chronic disease management programs across the U.S. have successfully deployed SidekickHealth to improve health outcomes and reduce operational costs.

Siemens Healthcare 254
www.siemens.com/healthcare
Siemens Healthcare is committed to becoming the trusted partner of healthcare providers worldwide, enabling them to improve patient outcomes while reducing costs. Driven by our long legacy of engineering excellence and our pioneering approach to developing the latest advancements, we are a global leader in medical imaging, laboratory diagnostics, clinical IT, and services. We are dedicated to helping our partners be successful from prevention through diagnosis and treatment.

Sigi’s Dairy 753
www.siggisdairy.com
Sigi’s dairy makes rather delicious yogurt products with simple ingredients and not a lot of sugar. siggi’s products do not contain artificial preservatives, thickeners, sweeteners, flavors, or colors and are made with milk from family farms that do not use growth hormones such as rBGH.

Siren Care 343
https://siren.care
Siren Care makes injury-detecting socks to help people with diabetes avoid foot ulcers and amputations. The socks are machine washable, machine dryable and don’t need to be charged. Research has shown that temperature monitoring can reduce ulcers by 72%. Before a diabetic foot ulcer forms, the skin becomes inflamed, causing a rise in temperature. Tiny temperature sensors are seamlessly embedded in the fabric of the Siren Smart Socks to notify the user when there is a temperature increase.

Smart Meter Corp 300
www.glucose.com
Smart Meter, LLC introduces the iGlucose® Monitor, an affordable, cell-enabled blood glucose meter. People with diabetes can now create a Circle of Care (family and healthcare providers) that benefits from improved communication with real time BG data. The iGlucose® Platform provides a new level of easy connectivity for the person with diabetes, the healthcare professional, and the payer, resulting in improved diabetes management while saving time and money.

Splenda Sweeteners 550
www.splenda.com
Heartland Food Products Group, the makers of SQUEL® Sweeteners, strives to help people enjoy a sweet life without all the calories from added sugar with products including new SPLENDA® Naturals Stevia Sweetener. Visit Splenda Professional for patient educational materials and health professional resources, including how to sign-up for product samples. You can also follow the SPLENDA® Brand on Facebook and Twitter.

Springer Healthcare 349
www.springerhealthcare.com
Medicine Matters diabetes is a resource for healthcare professionals. Our objective is to provide information on the advances in diabetes medicine, to promote good clinical practice and improve patient care. Guided by a distinguished Editorial Board, Medicine Matters will: - Be a trusted online source of daily news - Provide updated, freely accessible peer-reviewed content from Springer Nature - Summarize clinical content into formats appealing to a broad range of healthcare professionals.

Sticky Jewelry 312
https://www.stickyj.com/medical-alert-jewelry
A Medical Alert Bracelet is no longer a bulky, un-stylish piece of jewelry that grandpa used to wear. Medical ID Bracelets have evolved into chic pieces of jewelry that still serve their primary role of providing safety. Our bracelets and pendants come in a wide variety of fashionable styles and materials tailored for every age group. Plus, they’re affordable! Please come and visit us at booth 1330 and see for yourself!
Structure House  ...............353
www.structurehouse.com

Structure House is an adult wellness program utilizing a holistic approach that integrates behavioral skills training, nutrition & movement in a healing and supportive environment to achieve lasting results. For 40 years, Structure House has built the foundation for healthy living, sustainable weight management, and recovery from emotional overeating. Our goal is to help you live the life you most want to live. Whatever that means for you, we believe that healthy living is a powerful foundation.

Sugar Medical  .................253
www.sugarmedical.com

Wow! That’s a diabetic supply bag? Sugar Medical’s line of stylish diabetic accessories will blow you away. Stop by to find a bag that truly fits your personality and life at Sugar Medical. Fun prints and colors can be found in our line of glucose supply cases, travel bags, pump pouches, purses and more.

Sun Pharma (Ranbaxy) ...........139
www.ranomet.com

Sun Pharma is the fifth largest specialty generic pharmaceutical company in the world. We provide high-quality, affordable medicines trusted by healthcare professionals & patients in the US and over 150 countries worldwide. Sun Pharma is also India’s largest and most trusted pharmaceutical company. Please visit our website at www.sunpharma.com

SweetLeaf Stevia Sweetener .... 545
www.SweetLeaf.com

SweetLeaf® is the award-winning stevia sweetener with zero calories, zero carbohydrates and non-glycemic 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.

Tandem Diabetes Care, Inc. ....1029
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 the t:slim X2™ Insulin Pump, the next-generation color touchscreen pump, the t:flex® Insulin Pump and the t:slim G4™ Insulin Pump, the first CGM-enabled pump with touch-screen simplicity.

Tate & Lyle  .................. 308
www.dolciaprima.com

Introducing DOLCIA PRIMA™ Allulose, the low-calorie sugar that delivers all the taste, texture and enjoyment of sugar—with 90% 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 non-glycemic, 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.

Teachers College Columbia University ........ 643
www.tc.edu/diabetes
The Master of Science in Diabetes Education and Management at Teachers College, the graduate school of health, education, psychology, and leadership at Columbia University. Accepting applications for online study.

TempraMed, Inc. ............... 212
www.my-vivi.com

TempraMed Inc. markets VIVI cooling products - small, small and hassle-free products intended to keep sensitive medications at the proper temperature as well as wirelessly reporting medication use. Our first products include VIVI CAP1 (FDA and CE registered) is now available for all major insulin brands. It is a hassle-free replacement cap to insulin pen cap that maintains the proper temperature of the drug cartridge below 25°C (77°F) when the pen is carried daily, with no care from the user.

The College Diabetes Network ....350
www.collegediabetessociety.org
The College Diabetes Network (CDN) is a 501c3 non-profit organization whose mission is to provide innovative peer based programs which connect and empower students and young professionals to thrive with diabetes.

The diaTribe Foundation .........120
www.diatribe.org
diaTribe seeks to empower our readers with useful, actionable information that helps them live happier, healthier, and more hopeful lives. diaTribe’s Senior Editor, Adam Brown, recently wrote a new book focused on actionable diabetes advice - Bright Spots & Landmines: The Diabetes Guide I Wish Someone Had Handed Me. You can sign up for a free copy of Bright Spots & Landmines at diatribe.org/brightspots. We will also have print copies available at our booth at AADE.

The Gideons International ....... 112
www.gideons.org

The Healthy Goat ...............465
www.thehealthygoat.com

The Peanut Institute ............745
www.peanut-institute.org/
The Peanut Institute is a non-profit organization that supports nutrition research and develops educational programs to encourage healthful lifestyles that include peanuts and peanut products.

The Sola Company ............. 1002
www.solasweet.com

The Sugar Association ..........339
www.sugar.org

The Sugar Association is the scientific voice of the U.S. sugar industry, making a difference by continuously supporting scientific research and sharing our knowledge of sugar to increase consumer understanding and confidence in the role that sugar plays in a nutritious, balanced and enjoyable diet.

Tidepool  .................... 651
www.tidepool.org

Tidepool is free software that integrates data from insulin pumps, blood glucose meters, and CGMs into a single, secure location for people with diabetes and their care teams.
Today’s Dietitian 850
www.todaysdietitian.com
Today’s Dietitian is the leading independent source for news, information, research, and industry trends among the nation’s influential community of nutrition professionals. Each month, Today’s Dietitian provides registered dietitians, certified diabetes educators, food-service managers, and culinary professionals with well-written content on essential topics that affect their clients, their profession, and their career development.

Topcon Healthcare Solutions 220
www.topconmedical.com
Visit our website at topconmedical.com

TOPS Club Inc. (Take Off Pounds Sensibly) 248
www.tops.org/
TOPS Club Inc. (Take Off Pounds Sensibly) is a nonprofit, noncommercial network if weight-loss support groups. Founded nearly 70 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. 341
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 supplies & wound care skin products.

TransformativeMed 852
www.transformativemed.com
TransformativeMed’s GlycemiCare is a glucose and insulin management decision support product embedded into the Cerner EHR. Improving inpatient glycemic care from admission to discharge, GlycemiCare continuously monitors EHR data and notifies clinicians before unsafe situations arise. Key product functions include automating your facilities IV titration protocols, integration with DynDoc to supply providers with actionable guidance, support of IV to SQ, and CBORD interface if desired.

Trividia Health 911
www.TrividiaHealth.com
Based in Florida, Trividia Health, 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. Trividia Health is the exclusive supplier of blood glucose monitoring systems, co-branded under the TRUE brand and store brand names, to leading pharmacies, distributors and mail service providers. For more information, visit: trividiahealth.com

Type 1 Diabetes TrialNet 138
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.

Valeritas 1011
www.valeritas.com
Valeritas is a commercial-stage medical technology company focused on improving health and simplifying life for people with diabetes. Valeritas’ flagship product VGo®, is a simpler and highly effective basal-bolus insulin delivery that is worn like a patch, improves adherence and can eliminate the need for taking multiple daily shots.

Visit Houston - ACADE19 150
Stop by and learn about ACADE 2019’s host city, Houston!

Voluntis, Inc. 451
www.voluntis.com
Pioneering therapeutic companion software, Voluntis innovates healthcare by embedding connectivity in therapeutics and medical intelligence in software. Dedicated to managing chronic conditions, Voluntis’ companion software aim to enable treatment personalization, to support team-care coordination and to improve real-world outcomes. Harnessing its proprietary technology, Voluntis has developed digital solutions for diabetes, cancer, anticoagulation treatments and hemophilia.

Walden Farms, Inc. 848
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 5 flavors of Coffee Creamers, all sugar free, fat free and calorie free.

Walmart ReliOn 549
www.reliion.com

WellDoc 749
www.bluestar diabetes.com
BlueStar is an in-app diabetes coach for adults with type 2 diabetes. It provides individualized coaching that learns & adapts based on a user’s medication regimen & lifestyle preferences. Our flagship educational resource BlueStar U, developed in partnership with the AAD, is based on the AAD’s healthy 7 behaviors, and is delivered in short lessons over 12 weeks. Stop by our booth to receive a demo of BlueStar, see how it works & can extend your reach & enrich your conversations! welldoc.com

Wise Consumer Products 439
www.frankincensemyrrh.com
Wise Consumer Products is the maker of Frankincense & Myrrh Neuropathy rubbing oil. For over 8 years Frankincense & Myrrh Neuropathy has given relief to those suffering from neuropathy. Frankincense & Myrrh Neuropathy is a plant extract formula that blends 3 homeopathic ingredients and 10 essential oils in a sunflower oil base. It temporarily calms down nerve pain, it doesn’t have side effect and will not interfere with medications. Its blended in a FDA register and inspected USA facility.

Wonderful Pistachios 920
www.getcrackin.com

WynnPharm Inc 342
www.wynnpharm.com
PreDia is a new and revolutionary dietary supplement for people who have prediabetes & metabolic syndrome. Often diet and exercise is needed to combat these conditions. Now, PreDia is there to help. It is powered by GSECM-50™ which is a source of the scientifically proven and patent pending dosage of Abscisic acid (ABA) that is made of vegetal origin. In addition, PreDia includes Chromium and Magnesium to help alleviate the typical markers associated with both prediabetes and metabolic syndrome.

Xeris Pharmaceuticals 131
www.xerispharma.com

Zero Gravity Skin 208
www.zerogravityskin.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 5 flavors of Coffee Creamers, all sugar free, fat free and calorie free.
## EXHIBITOR BY CATEGORY

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EXHIBIT HALL

Baltimore Convention Center
Level 100 — Halls D-G

EXHIBIT HALL HOURS
Friday, August 17
9:00 am – 3:00 pm
9:00 am – 9:45 am
12:00 pm – 2:00 pm
Saturday, August 18
8:30 am – 4:00 pm
8:30 am – 9:15 am
11:30 am – 1:00 pm
2:30 pm – 3:45 pm
Sunday, August 19
8:30 am – 2:00 pm
8:30 am – 9:15 am
12:00 pm – 2:00 pm

Learn more at aade18.org
ENTRANCE TO PRODUCT THEATERS, POSTERS, & GENERAL SESSIONS

Exhibit Hall Café

916 920821
Wonderful Pistachios
TransformativeMed
EndocrineWeb and OnTrack Diabetes
The Gideons International
Diabetes Translational Research Center
Capella University

444 Fifty 50
Sun Pharma (Ranbaxy)
Type 1 Diabetes TrialNet
Baylor Scott and White Health
The diaTribe Foundation
Common Sensing MediLazer
Xeris Pharmaceuticals
DM Educate – Pitt School of Pharmacy
FDA/Center for Food Safety & Applied Nutrition (CFSAN)
A. I. Care LLC
KingFit Preventive Health
Passport Dropoff
AADE and Meet DANA
DANA Tech Training Lab
Topcon Healthcare Solutions
Retractable Technologies, Inc.
Sanofi
PRN Physician Recommended Nutraceuticals
cali'flour Foods
National Library Services f/t BPH
WynPharm Inc
California Raisin Marketing Board
PharmaMed USA
Dynavax Technologies Corporation
Procter & Gamble Fitbit Health Solutions
PTS Diagnostics
Sanofi – Lexicon
Cabot Creamery Cooperative

Passport Game Participant AADE Booths
Special Events

160 Meet DANA
Train Lab DNA
DANA Tech
Exhibit Hall Cafe
LEVEL 200

SKYWALK to Inner Harbor and Hotels

(Open to space above)

Restaurant & Concierge Booth
AADE Connect Center

PRATT STREET

(Open to space below)
LEVEL 1

HILTON BALTIMORE

LEVEL 2
LEVEL 3

MAPS AND NOTES

HILTON BALTIMORE

OPEN TO KEY BALLROOM BELOW

SOUTH FOYER

PRATT STREET

EAST FOYER

Paca

Marshall

Carroll

Carroll

Tubman

Tubman

Brent

Chase

Stone

Douglass

Hillman

Hogans
See You Next Year

2019
HOUSTON, TEXAS
Friday, August 9 - Monday, August 12

2020
ATLANTA, GEORGIA
Friday, August 14 – Monday, August 17

2021
PHOENIX, ARIZONA
Friday, August 13 – Monday, August 16
Clinically Studied Water Extract of Cinnamon

† within the normal range

*These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.