ANNUAL CONFERENCE ONSITE MEETING GUIDE



KEEP YOUR DRIVE ALIVE



JOIN THE CONVERSATION #AADE17

STRATEGIES TO IMPROVE ADHERENCE TO INSULIN FDC IN PATIENTS WITH T2D: ARE YOU UP TO SPEED?

SUNDAY, AUGUST 6, 2017

REGISTRATION & DINNER TIME: 6:00 PM - 6:30 PM

PRESENTATION: 6:30 PM - 8:00 PM

LOCATION: JW MARRIOTT INDIANAPOLIS 10 S WEST STREET, INDIANAPOLIS, IN

ROOM: BALLROOM 1-5 - 3RD FLOOR

AGENDA

6:00 – 6:30 РМ **Dinner Buffet and Registration**

6:30 – 6:45 РМ Introduction and Pre-Assessment Davida F. Kruger, MSN, APN-BC, BC-ADM (Chair)

6:45 – 7:00 рм **T2D Treatment Today:** The Need for a Physiologic Approach Davida F. Kruger, MSN, APN-BC, BC-ADM

7:00 – 7:20 РМ A Closer Look at Emerging Treatment Options Curtis Triplitt, PharmD, CDE

7:20 – 7:30 РМ Strategies for Breaking Down Patient **Communication Barriers** Margaret Powers, PhD, RD, CDE

7:30 – 7:45 РМ Case Challenaes: Are You Ready for New FDC Insulin Therapies? All Faculty

7:45 – 8:00 РМ **Conclusions and Post-Assessment** Davida F. Kruger, MSN, APN-BC, BC-ADM

Medscape

Supported by an independent educational grant from Sanofi





CHAIR Davida F. Kruger, MSN, APN-BC, BC-ADM Nurse Practitioner Henry Ford Health System Detroit, Michigan

PANELISTS



Curtis Triplitt, PharmD, CDE Associate Director, Research Texas Diabetes Institute; Associate Professor-Clinical Department of Medicine/Diabetes University of Texas Health Science Center at San Antonio San Antonio, Texas

Margaret Powers, PhD, RD, CDE



Research Scientist International Diabetes Center at Park Nicollet Minneapolis, Minnesota

GOAL

The goal of this activity is to provide participants with an increased awareness of diabetes physiology and pharmacologic mechanisms of action, particularly with regard to emerging T2D treatment options

TARGET AUDIENCE

This activity is intended for nurses, pharmacists, dietitians.

LEARNING OBJECTIVES

Upon completion of this activity, participants will:

- Have increased knowledge regarding the
 - Safety and efficacy data for new injectable fixed-dose insulin combination therapeutic regimens
- Demonstrate greater competence in
 - Overcoming barriers related to effective insulin use in T2D management
 - Patient education on new insulin combination therapeutic regimens for T2D
 - Decision making regarding when and how to manage T2D with new fixed-dose insulin combination regimens

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Indianapolis Convention Center, Level 1	96
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JW Marriott Hotel 1	00

Please Join Us for a Product Theater Lunch Presentation at AADE17



INTRODUCING THE CONTOUR®NEXT ONE METER AND CONTOUR®DIABETES APP: Providing Remarkable Accuracy and Smart **Diabetes Management**

Saturday, August 5, 2017 · 12:00 PM – 12:45 PM

Indianapolis Convention Center Exhibit Hall, Product Theater B Indianapolis, Indiana

Gary Scheiner, MS, CDE

Owner, Clinical Director Integrated Diabetes Services Wynnewood, Pennsylvania

PROGRAM DESCRIPTION

Self-monitoring of blood glucose is an important tool utilized by patients with diabetes and their health care providers to assess the effectiveness and safety of their diabetes management plan on glycemic control.¹ The accuracy of the patient's blood glucose monitoring system (BGMS) plays a key role in detecting and properly managing hypoglycemia, titrating medication doses, adjusting diet and activity, and improving overall decision making.1 This product theater presentation will discuss the value of BGMS accuracy, and provide specific information on the proven remarkable accuracy of the CONTOUR®NEXT ONE smart meter and integrated CONTOUR®DIABETES app, which can help patients manage their diabetes, smarter.

In accordance with Ascensia Diabetes Care's policies and the AdvaMed Code of Ethics on Interactions with Health Care Professionals, attendance at this educational program is limited to health care professionals.

Value transfers to licensed health care professionals by pharmaceutical and medical device companies may need to be reported according to certain state laws, as well as federal Sunshine Act provisions. Facilitated by PRI Healthcare Solutions.

Product Theaters are open to all AADE17 professional attendees and CE is not available.

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WELCOME TO AADE17

DRIVING CHANGE AND INNOVATION

I AM THRILLED AND HONORED to welcome you to Indianapolis for AADE17. Whether it's your first AADE conference or you are a longtime attendee, you will find

opportunities over the next few days to drive change and innovation, advance the profession, and advocate for improved care for persons with, or at risk for diabetes.

AADE17 is the largest meeting of diabetes educators in the country and

the only conference dedicated to topics focusing on diabetes education. This year promises some thought-provoking panel discussions, stimulating educational sessions and a vibrant exhibit hall. You'll have opportunities to network with noted influencers and thought leaders in diabetes care, get insights from dynamic keynote speakers, and learn about the newest advancements in diabetes self-management education and support.

But don't forget to have some fun while you're in Indy! Join us for the many after-hours events or take some time to catch up with colleagues over a fabulous Midwestern meal. I encourage you to share your experiences and connect with other educators on social media using **#AADE17**. Follow us on Instagram and Twitter

@AADEdiabetes or search AADE on Facebook to stay up-to-date with conference events, sessions and celebrations.

This year's special conference

events will include our second annual Prediabetes Day on Friday, our opening day, dedicated to learning about diabetes prevention and AADE's efforts in this space. Sunday will focus on technology and give you a first-hand look at the drivers of innovation that can be implemented into your care strategies.

This is your time, so seize the day and take advantage of every opportunity to learn, share and find new avenues to implement change in your own practice settings.

This year I will challenge each of you to step "outside your box" and stop by two of our many exhibitor booths that you would not normally visit. This is your chance to explore, learn and grow as a diabetes educator, and to expand your horizons as a healthcare professional.

To quote Leonardo da Vinci; "Learning never exhausts the mind." I look forward to learning with you as we embark on a successful AADE17. Let's fuel our passion for diabetes care by Driving Change and Innovation!

Nancy D'Hondt, RPh, CDE, FAADE **AADE** President

2017 ANNUAL CONFERENCE PROGRAM COMMITTEE MEMBERS

AADE PRESIDENT

Nancy D'Hondt, RPh, CDE, FAADE Clinical Pharmacist and Diabetes Educator St. John Providence Hospital and Medical Center

Grosse Pointe, MI

CHAIR

Susan Cornell, PharmD, CDE, FAPhA, FAADE

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Inpatient Diabetes Educator Mercv Health Fairfield Fairfield, OH

Ansley Dalbo Founder/CFO Diabetes- What To Know

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TREASURER CDE La Jolla, CA



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Indiana State Department

4 Learn more at aade17.org



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Carrie S. Swift, MS, RD, BC-

Christine Memering, BSN,

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, and other healthcare professionals who care for individuals with diabetes and other related conditions.

LEARNING OBJECTIVES

At the conclusion of AADE17, participants should be able to:

- 1. Apply knowledge gained through attending presentations, networking with peers, and learning about new products and services to advance one's practice and career.
- 2. Increase perspective on the changing face of health care, healthcare systems, paymen<u>t models</u> and diabetes and communication technologies to deliver clinically- and cost-effective care to people at risk for and affected by diabetes.
- 3. Establish novel and innovative programs and collaborations with a broad array of diabetes stakeholders to advance the role of diabetes educators and promote involvement in chronic disease prevention and management in diverse populations.
- 4. Identify expansive opportunities for professional development, role enhancement and career advancement.

LEARNING OUTCOMES

- Learners will gain relevant knowledge on the changing face of healthcare, healthcare systems, and payment model collaborations to work with a broad array of diabetes stakeholders to advance the role of diabetes educators.
- 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.



Events will take place at the Indianapolis Convention Center, 100 South Capitol, unless otherwise noted.

Hours and schedule are subject to change.

Daily CE hours listed on page 26.

* Additional fee required to attend these events.

THURSDAY, AUGUST 3

7:00 am – 7:00 pm	Registration
8:00 am – 5:00 pm	Pre-Conference Course* Sustaining Your Diabetes Education Program: Take Your Program to the Next Level (8.0 CE)
1:00 pm – 5:00 pm	Pre-Conference Course* How to Select or Create Materials Your Patients Will Actually Understand (4.0 CE)
1:00 pm – 5:00 pm	Pre-Conference Course* Activity Rx for Prediabetes and Management of Type 2 Diabetes (4.0 CE)
1:00 pm – 5:00 pm	Pre-Conference Course* Best Practices for the National Diabetes Prevention Program (4.0 CE)
1:00 pm – 5:00 pm	Pre-Conference Course* Pharmacology Boot Camp (4.0)
5:00 pm – 6:30 pm	Coordinating Body (CB) and Community of Interest (COI) Networking Reception - Open to all attendees (JW Marriott Hotel)
5:30 pm - 6:15 pm	Product Theater
7:30 pm - 9:00 pm	DSMA Live Twitter Chat

FRIDAY, AUGUST 4

6:00 am – 3:00 pm	Registration
6:30 am - 7:15 am	Product Theater
7:30 am - 9:00 am	President's Address & General Session (1.0 CE)
9:00 am – 3:00 pm	Exhibit Hall Open
9:45 am - 10:45 am	Education Sessions (1.0 CE)
11:00 am - 12:00 pm	Education Sessions (1.0 CE)
12:00 pm – 1:00 pm	Meet the Poster Authors (1.0 CE)
12:15 pm – 1:00 pm	Product Theater
12:30 pm – 1:15 pm	Product Theater
2:00 pm – 3:30 pm	Education Sessions (1.5 CE)
3:45 pm -4:45 pm	Education Sessions (1.0 CE)
5:00 pm – 6:00 pm	Education Sessions (1.0 CE)
6:00 pm – 7:30 pm	Customer Appreciation Event/Special Symposium - Boston Scientific Event (JVV Marriott Hotel) (1.0 CE)

SATURDAY, AUGUST 5

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 CE)
8:30 am – 4:00 pm	Exhibit Hall Open
9:15 am – 10:15 am	Education Sessions (1.0 CE)
10:30 am - 11:30 am	Education Sessions (1.0 CE)
11:45 am – 12:30 pm	Product Theater
12:00 pm - 12:45 pm	Product Theater
12:00 pm - 1:00 pm	Meet the Poster Authors (1.0 CE)
1:00 pm – 2:30 pm	Education Sessions (1.5 CE)
2:45 pm – 3:45 pm	Product Theaters
3:45 pm – 4:45 pm	Education Sessions (1.0 CE)
5:00 pm – 6:00 pm	Education Sessions (1.0 CE)
5:45 pm – 7:15 pm	Corporate Symposium (JW Marriott Hotel) (1.5 CE)
7:00 pm – 9:00 pm	Customer Appreciation Event - BD/Lilly Event (Lilly Corporate Center)

SUNDAY, AUGUST 6

4 0	
0:30 am - 7:15 am	Product I heater
7:00 am – 2:00 pm	Registration/Evaluation Station
7:30 am - 8:30 am	General Session (1.0 CE)
8:30 am – 2:00 pm	Exhibit Hall Open
9:15 am - 10:45 am	Education Sessions (1.5 CE)
11:00 am - 12:00 pm	Education Sessions (1.0 CE)
12:00 pm - 1:00 pm	Meet the Poster Authors (1.0 CE)
12:15 pm – 1:00 pm	Product Theater
12:30 pm – 1:15 pm	Product Theater
1:00 pm – 2:00 pm	AADE Annual Business Meeting (1.0 CE)
2:00 pm - 3:00 pm	Education Sessions (1.0 CE)
3:15 pm – 4:15 pm	Education Sessions (1.0 CE)
4:30 pm – 5:30 pm	Education Sessions (1.0 CE)
6:00 pm – 7:30 pm	Corporate Symposium (JW Marriott Hotel) (1.5 CE)
8:00 pm - 10:00 pm	AADE Celebration* (IW Marriott Hotel)

MONDAY, AUGUST 7

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 CE)
9:15 am - 10:15 am	Education Sessions (1.0 CE)
10:30 am - 11:30 am	Education Sessions (1.0 CE)
12:00 pm – 1:00 pm	Education Sessions (1.0 CE)
1:15 pm – 2:15 pm	Education Sessions (1.0 CE)

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6 Learn more at aade17.org

Baltimore Convention Center • Baltimore, MD Friday, August 17 – Monday, August 20

HOTEL INFORMATION

<u>NO</u> shuttle service offered due to the close proximity of hotels and the availability of skywalks.

1923



	HOTELS	CONVENTION CENTER
1	JW Marriott (Headquarter Hotel)	Adjacent, Connected via Skywalk
2	Conrad Indianapolis	2 Blocks, Connected via Skywalk
3	Courtyard by Marriott Downtown	Adjacent, Connected via Skywalk
4	Crowne Plaza Indianapolis Downtown Union Station	Adjacent, Connected via Skywalk
5	Fairfield Inn & Suites	Adjacent, Connected via Skywalk
6	Hampton Inn Downtown	2 Blocks
7	Hilton Garden Inn Indianapolis	5 Blocks
8	Hilton Indianapolis	3 Blocks
9	Holiday Inn (Formerly the Comfort Inn & Suites)	2 Blocks
10	Holiday Inn Express	2 Blocks
11	Home2 Suites	4 Blocks
12	Hyatt Regency	Adjacent, Connected via Skywalk
13	Marriott Downtown	Adjacent, Connected via Skywalk
14	Omni Severin	1 Block, Connected via Skywalk
15	Springhill Suites Downtown	Adjacent, Connected via Skywalk
16	Staybridge Suites	2 Blocks
17	Westin Indianapolis	Adjacent, Connected via Skywalk

Conrad Indianapolis 50 W. Washington Street 317-713-5000

Courtyard by Marriott Downtown 601 W. Washington Street 317-822-9029

Crowne Plaza Hotel Union Station 123 W. Louisiana Street 317-631-2221

Fairfield Inn & Suites Downtown 501 W. Washington Street 317-636-7678

Hampton Inn Downtown Indianapolis 105 S. Meridian Street 317-261-1200

Hilton Garden Inn Indianapolis Downtown 10 E. Market Street 317-955-9700

410 S. Missouri Street 317-822-6400 Holiday Inn Indianc

Holiday Inn Expre Centre

515 S. West Street 317-631-9000

317-972-0600

Home2 Suites by H Downtown 115 N. Pennsylvania A 317-423-3636

Hyatt Regency Indi 1 S. Capitol Avenue 317-632-1234

Indianapolis Marri 350 W. Maryland Stre 317-822-3500

ss Hotel & Suites City	Headquarter Hotel 10 S. West Street 317-860-5800
	Omni Severin 40 W. Jackson Place 317- 634-6664
apolis Downtown	SpringHill Suites by Marrie Downtown 601 W. Washington Street 317-972-7293
lilton Indianapolis	Stavbridge Suites
Avenue	Indianapolis City Centre 535 S. West Street 317-536-7500
ianapolis	Westin Indianapolis 241 W. Washington Street 317-262-8100
ott Downtown	

GET THE MOST OUT OF AADE17

AADE17 RESOURCES FOR YOU

AADE17 ONLINE PLANNER & APP

The **Online Planner**, designed for desktop and laptop computers only, offers year-round access to online content. To access the planner, go to https://plan. core-apps.com/tristar_aade17. You can use the Online Planner to browse sessions and create an agenda of sessions, events and exhibitors you would like to explore.



AADE17

The **AADE Mobile Event App** provides everything you need to navigate the meeting using your mobile

device (iOS iPhone or iPad, or Android phone or tablet). Use this cutting-edge technology to customize your meeting itinerary and interact with other attendees like never before. Sync your app to your Online Planner schedule by tapping Settings («gear» icon on the top of the dashboard) and select «Planner Sync.»

Download the AADE 2017 app through your app store (search "AADE17") or type m.core-apps.com/tristar-aade17 into your mobile device browser.

AADE BOOTH AND BOOKSTORE

Booth #512

Your one-stop shop for all things AADE! Learn more about member benefits, workforce development, DEAP, the BC-ADM credential and examination, AADE's Diabetes Prevention Network, AADE's advocacy efforts, and how to get involved with AADE. Be sure to visit the AADE Bookstore for the latest professional development opportunities. Place an order during AADE17 and receive free shipping* and 15 percent off the AADE member price for books, online courses, live webinars, and AADE17 Sessions on Demand. All products ship after the Annual Conference.

*Minimum order for free shipping is \$10.00. Free standard shipping within the Continental U.S. only. Alaska and Hawaii shipping: \$20.00. International shipping: \$45.00 Discounts and free shipping available only on orders placed at the AADE Bookstore August 4 – 6. Credit or debit cards only. Excludes live programs, recorded webinars, Career Path programs, and bundles.

AADE DIABETES PREVENTION NETWORK

Stop by the AADE Booth (#512) and meet AADE DPP Program Coordinators (during unopposed exhibit floor hours). They will be there to share their experiences with implementing a DPP program within their DSME programs and answer any questions you may have.

AADE EDUCATION AND RESEARCH FOUNDATION

As our philanthropic arm, the AADE Education and Research Foundation provides vital support for the association's members. From funding support for this year's Sunday General Session to scholarships to the Annual Conference and other events, the Foundation works to support the professional development of you and your peers. To make a donation, visit the Registration Desk or go online to www.diabeteseducator.org/donate.

AADE IN PRACTICE/THE DIABETES EDUCATOR JOURNAL Booth #509

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.

Friday	1:00 pm – 2:00 pm
Saturday	12:00 pm – 1:00 pm

AADE FOOD VOUCHERS

Exhibit Hall HI

AADE17 full 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 1400. The menus include healthy and nutritious selections, in addition to the normal lunchtime offerings, making it the perfect option for a quick lunch while visiting with exhibitors.

EDUCATION TOOLS

CONTINUING EDUCATION CREDIT

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

A Continuing Education Statement of Credit — reflecting hours attended at educational sessions and poster viewing — will be generated at the completion of the online evaluation process. Attendees will receive an email containing the evaluation link for easy completion either on-site, 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 on-site. **Evaluations need to be completed no later than Friday, Sept. 29, 2017.**

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

*Additional fees required.

Pharmacists

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).

POSTER PRESENTATIONS

Education Posters

Exhibit Hall J

Posters will be displayed during exhibit hall hours Friday through Sunday. See pages 72–75 for a listing of posters. Meet the Poster Authors sessions are Friday – Sunday from 12:00 pm – 1:00 pm.

Industry Posters

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

SESSIONS ON DEMAND

Catch select AADE17 sessions online after the conference! Order our package of sessions on demand and earn over 20 CE credits.

ALL ATTENDEE EVENTS

NEW! SIDEKICKHEALTH & AADE WELLNESS CHALLENGE

12:00 pm – 7:00 pm THURSDAY, AUGUST 3 Georgia Street Cube Lobby Supported by SidekickHealth



Kickstart your conference experience with the SidekickHealth & AADE Wellness Challenge! As a fun feature of AADE17, we challenge all attendees to participate in a three-day health competition with prizes! SidekickHealth's mobile platform helps you stay focused on physical activity, diet and mindfulness. Throughout the conference, you can earn points and altruistic rewards by completing short health missions for steps, hotel workouts, food, moments of relaxation and more... all on your phone! Visit the SidekickHealth & AADE Wellness Challenge booth on Thursday, and we'll help you download the app and enter the conference code, and you'll be ready to go. You can also swing by the SidekickHealth booth (#1332) anytime to register and complete some quick missions to earn points on the spot. The challenge runs concurrently with the exhibit hall from 9:00 am Friday through 2:00 pm Sunday. Good luck!

NETWORKING RECEPTION

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

5:00 pm – 6:30 pm • THURSDAY, AUGUST 3 JW Marriott Hotel

JW Grand Ballroom 1-4, Level 3

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

AADE ANNUAL BUSINESS MEETING

1:00 pm – 2:00 pm • SUNDAY, AUGUST 6 Exhibit Hall F

Through the Annual Business Meeting, members have a direct line of communication to the organization's leaders. AADE President Nancy D'Hondt, RPh, CDE, FAADE, and the full Board of Directors invite you to meet with them to discuss current and future drivers that will shape diabetes education over the next decade. AADE officers will also share the organizational goals, accomplishments and challenges from 2016, as we set the path and take our first steps toward creating a long-term vision for the profession. Show your support and connect with your association by attending this important meeting. All conference attendees are welcome.

AADE CELEBRATION

8:00 pm - 10:00 pm • SUNDAY, AUGUST 6 JW Marriott Hotel JW Grand Ballroom Foyer, Level 3

Enjoy music, dancing, desserts, and libations! Tickets can be purchased at the Registration Desk during registration hours for \$25 each.

CUSTOMER APPRECIATION EVENTS

Please note: Several states prohibit state government employees from receiving or being provided gift items, which may include educational materials and meals. Please consult your state regulations and ethics laws to see if such prohibition would apply to you. Your AADE17 badge must be worn for admittance to these events.

Diabetes and ED: Your Role in Helping Couples Cope – Candid Conversations with Couples Who Have Conquered ED (1.0 CE) 6:00 pm – 7:30 pm • FRIDAY, AUGUST 4

JW Marriott Hotel • White River Ballroom A-E, Level 1 Supported by an unrestricted educational grant provided by Boston Scientific Familiarize educators with an interactive outline diagnostic and informational



tool they can use with patients with diabetes-related Erectile Dysfunction (ED). Educators also will learn how to identify and treat ED-related emotional issues by observing 3 couples and an ED treatment specialist/ CDE who will share their ED related experiences. **This program is for 1 continuing education credit.** Light refreshments will be served.

BD/Lilly Customer Event

7:00 pm - 9:00 pm • SATURDAY, AUGUST 5 Lilly Corporate Center

A Toast to You hosted by Lilly Diabetes and Becton, Dickinson and Company

We are looking forward to celebrating with the AADE 2017 attendees at this year's Lilly/BD Customer Event on Saturday, August 5 held at Lilly Corporate Center. Please join us as we toast to you for a job well done!

Transportation will be provided beginning at 6:30 pm to the Lilly Corporate Center (LCC). Shuttles will be stationed





DIABETES

at The Indiana Convention Center, Monument Circle and Lucas Oil Stadium. Return transportation from LCC will begin at 8:30 pm to the same locations. In an effort to avoid delays, please wear your AADE conference badge as it will be scanned as you board the shuttles. Due to limited access and security, it is essential that you participate in the pre-arranged transportation and not make separate arrangements to LCC. For any questions or concerns, please look for our representatives wearing red shirts at each shuttle location.



Supported by an unrestricted education grant provided by Abbott and Dexcom This activity is joint-provided by the American Association of Diabetes Educators and AACE

GET THE MOST OUT OF AADE17

GET INVOLVED

AADE CONNECTION CENTER

Crossroads Lobby

Sponsored by NSO/HPSO

Everyone has an opinion, what's yours? Head over to the #AADE17 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!

DSMA LIVE TWITTER CHAT

7:30 pm - 9:00 pm • THURSDAY, AUGUST 3 *Hoosier Hallway* Supported by Roche Join the conversation at #AADE17 with a Diabetes Social Media Advocacy live chat.

SOCIAL MEDIA

Join the **#AADE17** 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 **#AADE17**.

NEW! TWITTER LOUNGE

Booth #1041

Supported by Johnson & Johnson Diabetes Institute (JJDI) Stop by to relax and enjoy the Twitter Chats. Don't know how to tweet? Classes ranging from introductory to advanced will take place throughout AADE during exhibit hall hours.

Friday, August 4 1:30 pm Beginner: Introduction to Twitter, Set Up Twitter Account

Saturday, August 5 12:30 pm Intermediate: Twitter Best Practices, Tips for Twitter Chat Engagement

Saturday, August 5 2:45 pm Advanced: Tips to Grow Twitter Following and Engagement with Tweets



REGISTRATION AND HOUSING DETAILS

BADGE/LANYARD

Sponsored by Insulet Corporation

This is your admission to all meeting functions including the Exhibit Hall. Please wear it at all times while attending program sessions and networking functions. Badges are 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

Georgia Street Cube

Get a head start on your evaluations by visiting the registration area to complete your evaluations. Evaluations also can be completed in the comfort of your own home.

7:00 am – 7:00 pm	Thursday, August 3
5:00 am – 3:00 pm	Friday, August 4
7:00 am – 2:00 pm	Saturday, August 5
7:00 am – 2:00 pm	Sunday, August 6
7:00 am – 10:00 am	Monday, August 7

HOUSING DESK

Georgia Street Cube

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

PRODUCTS AND SERVICES

EXHIBIT HALL

Exhibit Hall HI

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

sessions

Exhibit Hall Hours P:00 am – 3:00 pm	Friday, August 4 Unopposed Time:* 9:00 am - 9:45 am 12:00 pm - 2:00 pm
3:30 am – 4:00 pm	Saturday, August 5 Unopposed Time:* 8:30 am - 9:15 am 11:30 am - 1:00 pm 2:30 pm - 3:45 pm
3:30 am - 2:00 pm *Unopposed time does no	Sunday, August 6 Unopposed Time:* 8:30 am – 9:15 am 12:00 pm – 2:00 pm t conflict with education

PASSPORT GAME Dropbox Kiosk located in Booth #508

Play to win. Your registration bag will include a passport game card. To win,

you must visit participating booths and receive a sticker from each booth. Once you've visited all the participating booths and filled out your game card, turn it in to the kiosk located in Booth #508 to be entered into a drawing to win free AADE18 registration. Three fully completed game cards will be chosen at random, at the conclusion of the conference to win an AADE18 registration.

Passport Game Participating Companies:

Abbott Diabetes Care
BD Booth #2013
BD Diabetes Care
CINA Corp d/b/a Cinsulin.com Booth #903
Edwards Health Care Services (EHCS) Booth #1440
Premier Protein
Sun Pharma (Ranbaxy)
Trividia Health

NEW! SPECIAL EVENTS PAVILION & COOKING DEMONSTRATIONS

Booth #1113

The pavilion will feature discussions and demonstrations on a variety of topics. In addition, cooking demonstrations will take place during the lunch break. Be sure to stop by booth #1113 for a full schedule of activities taking place during exhibit hall hours.

Schedule (as of July 1):

Friday, August 4	9:15 am	WellDoc
Friday, August 4	12:15 pm	Heartland Foods
Saturday, August 5	8:45 am	SidekickHealth
Saturday, August 5	12:00 pm	Heartland Foods

LOCAL INFORMATION

INDIANAPOLIS CONVENTION CENTER'S RESTAURANT AND CONCIERGE BOOTH

Hoosier Lobby

Local and experienced on-site concierge staff that will provide you with complimentary dining referrals and reservations, destination information, maps, directions, coupons and tickets for some attractions and tours. Stop by for assistance daily from 9:00 am – 5:00 pm.

WHEN IN NEED

EMERGENCY RESPONSE

Should you witness an emergency, dial 3350 from any emergency red house telephone to contact security. In the event you cannot locate a red phone, dial 317-262-3350.

FIRST AID OFFICE

Crossroads

The First Aid Office is open during meeting hours. It is staffed by an emergency medical technician who is responsible for treating medical emergencies.

INFORMATION DESK

Georgia Street Cube

Have questions regarding the Annual Conference? Stop by the Information Desk for assistance.

LOST AND FOUND

Georgia Street Cube

If you lose an item - or find one - please stop by the AADE Information Desk to drop off or claim an item.

PRESENTATION MATERIAL

Presentation materials are accessible electronically via the AADE17 online planner, app and website. Presentations are continuously updated from speakers throughout the conference. Attendees may continue to download materials from the AADE17 online planner and website after the Annual Conference.

NUTS AND BOLTS

AMERICANS WITH DISABILITIES ACT

In accordance with the federal law, AADE only uses facilities that are in compliance with the 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

Speedway Hallway (directly across from Room 116)

Ricoh Business Center Office is on-site to help with your meeting needs. Hours of operation are:

8:30 am – 4:30 pm	Monday – Friday
8:00 am – 4:00 pm	Saturday
8:00 am – 5:00 pm	Sunday

There is also a full service FedEx Office located in the JW Marriott Hotel and Westin Hotel for your additional needs.

CHILDREN

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

DRESS CODE

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

FUTURE AADE ANNUAL CONFERENCES

2018 Baltimore, MD Friday, August 17 – Monday, August 20

2019 Houston, TX Friday, August 2 – Monday, August 5

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



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.

AADE17 NOTES



14 Learn more at aade17.0



AADE17 NOTES



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Scan the QR code at left, or point the browser on your mobile device to m.core-apps.com/ tristar_aade17.



Search "AADE17"





The AADE17 App is compatible with iPhone, iPad, Android and most tablets.

SAVE THE DATE A A DE 18

Baltimore Convention Center • Baltimore, MD Friday, August 17 – Monday, August 20



SESSIONS & EVENTS AT-A-GLANCE

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

:00 am – :00 pm	PRE-CONFERENCE COURSE SP01 Sustaining Your Diabe 8 CE HR • Room 203-204
	PRE-CONFERENCE COURSE SP02 Pharmacology Boot C 4 CE HR • Room 238-239
:00 pm -	PRE-CONFERENCE COURSE SP03 Best Practices for the 4 CE HR • Room 231-233
:00 pm	PRE-CONFERENCE COURSE SP04 How to Select or Cree 4 CE HR • Room 242
	PRE-CONFERENCE COURSE SP05 Activity Rx for Predia 4 CE HR • Room 240
:00 pm – :30 pm	NETWORKING EVENT Coordinating Body (CB) and Co JW Marriott Hotel, JW Grand Ballroom 1-4, Level 3
:30 pm – :15 pm	PRODUCT THEATER PT02 Therapeutic Dosing with Dexco Patients (Supported by Dexcom) Room 135-139
:30 pm – :00 pm	NETWORKING EVENT DSMA Live Twitter Chat (Support Hoosier Hallway

* These courses require a separate registration fee from AADE17, and space is limited.

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ates Education Program: Take Your Program to the Next Level* ろ
Camp* 🔏 🚨
National Diabetes Prevention Program* 🔍
ate Materials Your Patients Will Actually Understand* 🔍
ibetes and Management of Type 2 Diabetes* 💪
ommunity of Interest Networking Reception (Open to All Attendees)
om G5 CGM: The New Standard of Care for Intensive Insulin-Requiring
ted by Roche)
http://www.com/acomposition Base 🗘 Application Base 🤇 Knowledge Base
RAME OF REAL

FRIDAY, AUGUST 4 | PREDIABETES FOCUS DAY • DETAILS ON PAGE 32

	Advance Skills for Program and Business Management for Entrepreneurial Organizations	Build Skills to Provide Diabetes Education and Support within Evolving Healthcare Systems	Innovative Diabetes Care and Education Across Diverse Populations	Pathophysiology, Epidemiology, and C & Related C	linical Management of Prediabetes, Diabetes Chronic Conditions	Pioneer Diabetes Technologies and Connected Health Modalities to Deliver Cost-Effective Care	Psychosocial Issues and the Promotion of Lifestyle Behavior Change
6:30 am - 7:15 am	PRODUCT THEATER PT03 MiniMed Through	™ 670G System with SmartGuard™ HCL Te Automation (Supported by Medtronic and a	echnology Driving Patient Outcomes Ascensia Diabetes Care) • Room 135-139				
7:30 am – 9:00 am	PRESIDENT'S ADDRESS Nancy D'F GENERAL SESSION GSO1 Obesity	londt, RPh, CDE, FAADE Management and Prevention Q 1 CE HR	• Exhibit Hall F				
9:00 am - 3:00 pm	EXHIBIT HALL OPEN Exhibit Hall	• See Page 82 for details and complete list	ings				
9:45 am – 10:45 am			 F02 Strategies to Get Action and Commitment from Your Toughest Patients Q 1 CE HR • Room 135-139 	F01 Dialysis and Transplant for Dia 1 CE HR • Room 130-133	abetes Educators ۹ 3	 F05 An Educator's Use of Outpatient Insulin Dosing Decision Support Software Q ▲ 1 CE HR • Room 236-239 F06 Connected Health and Digital Connections: A look into the Future Q 1 CE HR • Room 243-245 	 F03 Intuitive Eating: Helping Patients Make Peace with Food Q 1 CE HR • Room 143-145 F04 Sharing Evidence-Based Hope Q 1 CE HR • Room 231-235
11:00 am - 12:00 pm		 F09 Diabetes Educators: Driving Public Health Through DSMES and DPP- The Montana Experience 1 CE HR • Room 143-145 F10 Diagnosis or Death: How to Prevent the Missed Diagnosis of Diabetes 1 CE HR • Room 231-235 		 F07 Diabetic Eye Disease: Preventing Blindness and the Role of the Diabetes Educator Q 1 CE HR • Room 130-133 F12 Shedding Pounds with Pharmacc Diabetes: Is It Worth It? Q A 1 CE HR • Room 243-245 	 F08 Beyond Metformin: Practical Tips for Drug Selection in Patients with Type 2 Diabetes Q ▲ 1 CE HR • Room 135-139 clogic Agents for Obesity in Patients with 	F11 The Power of "Me Too": An Analysis of Peer Health in the Diabetes Online Community Q 1 CE HR • Room 236-239	
12:00 pm - 1:00 pm	MEET THE POSTER AUTHORS 1 CE	HR • Exhibit Hall J					
12:15 pm - 1:00 pm	PRODUCT THEATER PT04 Insulin Monotherapy for Patients with Type 2 Diabetes and Uncontrolled Blood Glucose on High Doses of Insulin (Supported by Lilly USA, LLC) • Exhibit Hall – Product Theater A						
12:30 pm - 1:15 pm	PRODUCT THEATER PT05 A Patien (Supporte	t-Centered Approach to Help Awaken a Tr ad by Janssen Pharmaceuticals, Inc.) • Exh	r <mark>ansformation for Adults With T2DM</mark> ibit Hall – Product Theater B				
2:00 pm - 3:30 pm		 F13 What to Do About Rejected Medication and Reimbursement Claims Q 1.5 CE HR • Room 130-133 	 F15 Global Diabetes Education Perspectives: Similarities, Differences and Opportunities Q 1.5 CE HR • Room 143-145 	 F14 The National Diabetes Prevention 1.5 CE HR • Room 135-1 F16 Reducing Hypoglycemia Risk 1.5 CE HR • Room 231-2 F17 Hot Topics in Nutrition Manage Diabetes Spectrum: Translatin 1.5 CE HR • Room 236-2 	n Program (DPP) and the AADE DPP Model 39 39 35 gement and Dietary Patterns Across the 19 Research into Practice 39		F18 Anatomy of a Recipe: Creating Professionally-Crafted Recipes That Resonate! Q 1.5 CE HR • Room 243-245
3:45 pm - 4:45 pm		 F21 Proof that Diabetes Educators Do It Better: Supporting Persons with Diabetes Q 1 CE HR • Room 143-145 	 F24 All Are Not the Same: Dietary Variations Among Hispanics and Latinos with Diabetes 1 CE HR • Room 243-245 	 F19 Surgical Limb Salvage: Proven Methods to Improve Quality of Life for People with Diabetes Q 1 CE HR Room • 130-133 F20 How Weight Bias Stands in the Way of Addressing Childhood Obesity Q 1 CE HR Room • 135-139 	 F22 Hyperglycemia/Hypoglycemia and Glycemic Variability in the Hospital Q ▲ 1 CE HR • Room 231-235 F23 Review of FDA Guidance on Cardiovascular Outcomes for Diabetes Medication Trials and Application to Clinical Management Q ▲ 1 CE HR • Room 236-239 		
5:00 pm - 6:00 pm	F31 Becoming a Certified Diabetes Educator: Facts, Common Myths, and Exciting News Q No CE • Room 140-142	F28 The Revised 2017 National Standards for Diabetes Self-Management Education and Support Q 1 CE HR • Room 231-235	F29 Food Insecurity and Diabetes Management Q 1 CE HR • Room 236-239	F25 Using the AACE Algorithm to G 1 CE HR • Room 130-133	Get to Goal with Combination Therapy Q 🎍	F30 Leveraging Diabetes and Digital Technology to Develop Pro Cyclists with Diabetes and Eliminate Diabetes Stigma Q 1 CE HR • Room 243-245	F26 Addressing the Psychosocial Needs of Patients During Diabetes Education Q 1 CE HR • Room 135-139
5:00 pm - 5:30 pm							RESEARCH SESSION F27A Program Active II: A Comparative Effectiveness Trial to Treat Major Depression in T2DM Q 0.5 CE HR • Room143-145
5:30 pm - 6:00 pm							RESEARCH SESSION F27B Motivational Interviewing (MI) for Diabetes Medication Adherence: Development of Structured MI Conversation Tools for Addressing Adherence Challenges Q 0.5 CE HR • Room 143-145
6:00 pm - 7:30 pm	NETWORKING EVENT Boston Scientifi	c Customer Appreciation Event/Special Sympos	um 1 CE HR • JW Marriott Hotel, White River Ballroom A-E, Level 1		ð	Application Base 🔍 Knowledge Be	ase 🗟 Pharmacotherapeutic credit 🛛 19

SATURDAY, AUGUST 5 | TYPE 1 FOCUS DAY • DETAILS ON PAGE 42

	Advance Skills for Program and Business Management for Entrepreneurial Organizations	Build Skills to Provide Diabetes Education and Support within Evolving Healthcare Systems	Innovative Diabetes Care and Education Across Diverse Populations	Pathophysiology, Epidemiol Management of Prediabe Related Chronic C		
6:30 am -	PRODUCT THEATER PTO6 T	he Next Generation Omnipod Systems (Supported by Insulet) • Exhibit Hall – Product Theater A]		
7:30 am - 8:30 am	GENERAL SESSION GS02 Professional Growth Q 1 CE HR • Exhibit Hall F					
8:30 am - 4:00 pm	EXHIBIT HALL OPEN Exhibit Hall • See Page 82 for details and complete listings					
9:15 am - 10:15 am		S01 Oral Health and Diabetes Management: Pathways to Success Q 1 CE HR • Room 130-133	S04 Beating the Boredom: Using Different Teaching Techniques Q 1 CE HR • Room 231-235	 S03 A Novel Strategy for the Inpatient Hyperglycemic Type 2 Diabetes Q 1 CE HR • Room 14 S05 The Diabetic Ear: Collad Audiologist and Diabete 1 CE HR • Room 23 S06 Walking Down the OTC Patients with Diabetes C 1 CE HR • Room 24 		
10:30 am – 11:30 am		 S08 Finding New Ways to Deliver DSMES to Cut Through the Clutter Q 1 CE HR • Room 135-139 S11 Evaluation of CDC Investments to Increase DSMES Access and Utilization: Lessons Learned from Work with State Health Departments, the American Association of Diabetes Educators, and the American Diabetes Association Q 1 CE HR • Room 236-239 S12 The Algorithm for DSMES Referrals: A Toolkit Made for Diabetes Educators to Share Critical Referral Times Locally and Nationally Q 1 CE HR • Room 243-245 	S07 Student Centered Care: 21st Century School Nursing Practice Q 1 CE HR • Room 130-133			
11:45 am – 12:30 pm	PRODUCT THEATER PT07 It's Time to Rethink Professional CGM: the New FreeStyle Libre Pro System (Supported by Abbott Diabetes Care) Exhibit Hall – Product Theater A					
12:00 pm - 12:45 pm	PRODUCT THEATER PT08 Introducing the CONTOUR®NEXT ONE Meter and CONTOUR™DIABETES App: Providing Remarkable Accuracy and Smart Diabetes Management (Supported by Ascensia) ● Exhibit Hall - Product Theater B					
12:00 pm - 1:00 pm	MEET THE POSTER AUTHORS	1 CE HR • Exhibit Hall J				
1:00 pm - 2:30 pm		 S15 How Are Diabetes Educators Revitalizing DSMES Programs Before They Close? 1.5 CE HR • Room 143-145 S16 The Changing Marketplace: The Nutrition Facts Label, Evolving Consumer Values, and Putting Sugars in Context 1.5 CE HR • Room 231-235 	S17 OpenAPS and DIY Diabetes Q 1.5 CE HR • Room 236-239	 S13 Zebras in the Herd - The Types of Diabetes Q 1.5 CE HR • Room I S14 The Use of Continuous GI with Multiple Daily Injection and T2D: The DIAMOND 1.5 CE HR • Room I S18 Updates on GDM: New I and Future Risks to Mom 1.5 CE HR • Room 2 		
2:45 pm - 3:30 pm	PRODUCT THEATER PTO9 Sin Ext PRODUCT THEATER PT10 Did	nple Solutions for Improving Adherence and Engagement (Supported by Roche, the makers of Accu-Chek) hibit Hall – Product Theater A abetes: Treatment and Management (Supported by Sanofi) • Exhibit Hall – Product Theater B		1		
3:45 pm - 4:45 pm		 S20 Transitioning the Patient from Hospital to Home: It's Complicated Q 1 CE HR • Room 135-139 S22 Money Matters in Medical Nutritional Therapy (MNT) and Diabetes Self-Management Education (DSME): Increase Your Insurance Reimbursement Q 1 CE HR • Room 231-235 		 S21 Seniors with Diabetes: W Different? Q ▲ 1 CE HR • Room 14. S24 Effective Nutrition Counse Cutting Through the Con Discovering the Evidence 1 CE HR • Room 24 		
5:00 pm - 6:00 pm		 S27 Seeking Answers to the Burning Questions: Research in Diabetes Education Q 1 CE HR • Room 143-145 S30 Why Not Make It Plain? Incorporating Plain Language Strategies in Diabetes Education Q 1 CE HR • Room 243-245 S31 Maintaining Your Certified Diabetes Educator Credential: Remind Me Again - How Do I Renew? Q No CE • Room 140-142 	 S25 Healthy Baby, Healthy Mom: Lessons Learned from a Nutrition and Diabetes Expert with Type 1 Diabetes Q 1 CE HR • Room 130-133 S28 Improving Employee Health: Developing an Employer-Endorsed Program for Employees with Diabetes Q 1 CE HR • Room 231-235 	 S26 An In-Depth Look at Met New Uses for an Old D 1 CE HR • Room 13. S29 Sugar-Coating Oral Heal Want to Consider Q 1 CE HR • Room 23. 		
5:45 pm - 7:15pm	CORPORATE SYMPOSIUM CS	 Standardized Glucose Reporting – The New EKG for Diabetes (Supported by an unrestricted education grant provided by Abbott and Dexcom) 1.5 CE HR JW Marriott Hotel, JW Grand Ballroom 1-5, Level 3 				
7:00 pm - 9:00 pm	NETWORKING EVENT BD/Lill	y Customer Appreciation Event Lilly Corporate Center		C.		

ology, and Clinical petes, Diabetes & Conditions	Pioneer Diabetes Technologies and Connected Health Modalities to Deliver Cost-Effective Care	Psychosocial Issues and the Promotion of Lifestyle Behavior Change
the Management of ia in Patients with 43-145 aboration of the stes Educator Q 36-239 C Aisle: Self-Care for Q \triangleq 43-245	S02 Diabetes Technology in the Wild: What Matters to Patients and How to Keep Up Q 1 CE HR Room 135-139	
		S10 Screening for Diabetes Distress and Depression: What Should the Diabetes Educator Do? Q 1 CE HR Room 231-235
	I	I
ne Less Common	S19 Technology Works Best	
130-133 Glucose Monitoring tions of Insulin in T1D ID Study Q 135-139 v Insights on Nutrition	When it is Accurate Q 1.5 CE HR Room 130-133	
m and Baby Q 243-245		
	1	1
Why Are They		
43-145 seling for Diabetes: ontroversies and ce Q 43-245		
etformin: Potential Drug Q 35-139 alth: Things You May 36-239		
	·	

SUNDAY, AUGUST 6 DETAILS ON PAGE 51

	Advance Skills for Program and Business Management for Entrepreneurial Organizations	Build Skills to Provide Diabetes Education and Support within Evolving Healthcare Systems	Innovative Diabetes Care and Education Across Diverse Populations	Pathophysiology, Epidemiology, and Clinical Management of Prediabetes, Diabetes & Related Chronic Conditions	Pioneer Diabetes Technologies and Connected Health Modalities to Deliver Cost-Effective Care	Psychosocial Issues and the Promotion of Lifestyle Behavior Change
6:30 am - 7:15 am	PRODUCT THEATER PT11 The Role of Inhaled Insulin in the Management of Patients with Diabetes (Supported by MannKind) • Exhibit Hall – Product Theater A					
7:30 am - 8:30 am	GENERAL SESSION GS03 Healthcare Transformation	n 🭳 (Sponsored by AADE Research and Education Found	ation) 1 CE HR • Exhibit Hall F			
8:30 am - 2:00 pm	EXHIBIT HALL OPEN Exhibit Hall • See Page 82	2 for details and complete listings				
9:15 am – 10:45 am				 D02 The New Concentrated Insulins: Is U-500 Insulin Becoming a Dinosaur? Q ▲ 1.5 CE HR • Room 135-139 D04 Metabolic Surgery: Therapeutic Outcomes and the Role of Continuous Glucose Monitoring in the Management of Hypoglycemia Q 1.5 CE HR • Room 231-235 	 D05 New Models of Care: Diabetes and the Triple Aim Q 1.5 CE HR • Room 236-239 D06 Population Health Diabetes Education: Leveraging Digital Health and Patient Generated Health Data (PGHD) Q 1.5 CE HR • Room 243-245 	 D01 Mental Health, Diabetes, and the Need to See Beyond A1C Q 1.5 CE HR • Room 130-133 D03 Transitions in Care: The Female Patient Throughout the Lifecycle Q 1.5 CE HR • Room 143-145
11:00 am - 12:00 pm		 D09 Medication De-Prescribing in Patients with Diabetes After Implementing Lifestyle Changes Q ▲ 1 CE HR • Room 143-145 D10 May the Force Be with You: Super-Creative Diabetes Self-Management Education Program Community Marketing Activities Q 1 CE HR • Room 231-235 		D07 Diabetes Outcomes Beyond A1C: Time in Range and Beyond Q 1 CE HR • Room 130-133	 D12 Success Beyond A1C: How Social Support Networks Help Improve Diabetes Outcomes Q 1 CE HR • Room 243-245 	 D11 Insulin Omission and Diabulimia: A Focus on Therapeutic Approaches Q 1 CE HR • Room 236-239
12:00 pm - 1:00 pm	MEET THE POSTER AUTHORS 1 CE HR • Exhibit Hal	IJ				
1:00 pm	PRODUCT THEATER PT12 Considerations for Insulin	Therapy in Adult Patients with T2DM (Supported by Sanofi	i) • Exhibit Hall – Product Theater A			
12:30 pm - 1:15 pm	PRODUCT THEATER PT13 Pneumococcal Disease in A (Supported by Merck Co.,)	Adults Age less than 65 years with Diabetes and other sel Inc.) • Exhibit Hall – Product Theater B	ect Chronic Conditions			
1:00 pm – 2:00 pm	SPECIAL EVENT AADE Annual Business Meeting 7 Cl	E HR • Exhibit Hall F				
2:00 pm - 3:00 pm	 D14 Leveraging Diabetes Education and Disease Management Programs to Meet the Needs of Patients and a Changing Healthcare Industry Q 1 CE HR • Room 135-139 		D17 Perioperative 'Sweet' Success Q 1 CE HR • Room 236-239	D13 Precision Medicine in the Prevention of Type 2 Diabetes Q 1 CE HR • Room 130-133	 D16 How Can Educators Harness the Potential of Digital Health? Q 1 CE HR ● Room 231-235 	D18 Why Words Matter in Diabetes Education Q 1 CE HR • Room 243-245
2:00 pm - 2:30 pm					RESEARCH SESSION D15A Non-FDA Approved Activity Related to RTCGM Use Identified Through Photo Surveillance Q 0.5 CE HR • Room 143-145	
2:30 pm – 3:00 pm					RESEARCH SESSION D15B Lived Experiences of Longevity of Type 1 Diabetes Within a Self-Care Framework Q 0.5 CE HR • Room 143-145	
3:15 pm - 4:15 pm		 D19 Making Sense of Glucose Data - Meters and CGM Q 1 CE HR • Room 130-133 D23 DAWN2 and Ethnicity: What Do Diabetes Educators Need to Know Q 1 CE HR • Room 236-239 D24 What Skills Do I Use? A Sense Making Approach to Motivational Interviewing Q 1 CE HR • Room 243-245 		D22 The Classification of Diabetes Mellitus 1 CE HR • Room 231-235		 D20 Educating the 'Difficult' Patient Q 1 CE HR • Room 135-239 D21 Empowering Young Adults with Diabetes into Independence: Resources for off to College and Beyond Q 1 CE HR • Room 143-145
4:30 pm - 5:30 pm		 D25 Different Generations, Different Strategies: A Workshop in Customizing DSMES Q 1 CE HR • Room 130-133 D28 Lessons Learned on the Journey to Standardizing Inpatient Diabetes Care and Maintaining It Q 1 CE HR • Room 231-235 D31 Board Certified Advanced Diabetes Management (BC-ADM) Q 1 CE HR • Room 140-142 	 D27 Blindness and Vision Impairment: A Common Yet Overlooked Complication of Diabetes Q 1 CE HR • Room 143-145 D30 'Sugar Surfing' or Dynamic Diabetes Management Q 1 CE HR • Room 243-245 	D29 Intensifying Insulin Therapy with GLP-1 Receptor Agonists Q A 1 CE HR • Room 236-239	D26 Real World Experience with the Hybrid Closed-Loop Insulin Delivery System ♀ 1 CE HR • Room 135-139	
6:00 pm - 7:30 pm	CORPORATE SYMPOSIA CS02 Improving Adheren grant provided by S CS03 Zeroing in on AIC (Supported by an u 1.5 CE HR • JW	Ce with New Fixed-Dose Insulin Combination Therapy (Sup Sanofi) 1.5 CE HR • JW Marriott Hotel, JW Grand Bc Fargets: Pinpointing the Optimal Basal Insulin Strategy in Ev nrestricted education grant provided by Sanofi) V Marriott Hotel, JW Grand Ballroom 6–10, Level 3	ported by an unrestricted education Ilroom 1–5, Level 3 ery Patient with Type 2 Diabetes			
8:00 pm- 10:00 pm	NETWORKING EVENT AADE Celebration* JW Marrio	tt Hotel, JW Grand Ballroom Foyer, Level 3			Application Base 🔍 Knowled	ge Base ዾ Pharmacotherapeutic credit 23

MONDAY, AUGUST 7 DETAILS ON PAGE 61

	Advance Skills for Program and Business Management for Entrepreneurial Organizations	Build Skills to Provide Diabetes Education and Support within Evolving Healthcare Systems	Innovative Diabetes Care and Education Across Diverse Populations		Pathophysiology, Epidemiology, and Clinical Management of Prediabetes, Diabetes & Related Chronic Conditions	
7:30 am – 9:00 am	am - GENERAL SESSION GS04 An Engaging Panel of Key Industry Thought Leaders Q 1 CE HR • Exhibit Hall F					
9:15 am – 10:15 am		 M02 Current and Future Community Diabetes Self-Management Models Q 1 CE HR • Room 135-139 M03 Mode Matters: Matching Patient Goals with the Appropriate Exercise Regimen to Improve Diabetes Related Health Outcomes Q 1 CE HR • Room 143-145 	M01 Interprofessional Collaboration: Can Physical Therapists Be Part of the Diabetes Management Team? Q 1 CE HR • Room 130-133		M04 Cardiovascular Risk Management in Diabetes Mellitus Q 1 CE HR • Room 231-235	
10:30 am – 11:30 am		M06 Certified Diabetes Educators (CDE) Force Multiplier: How Inpatient Diabetes Educators Can Have Maximum Impact with Scarce Resources Q 1 CE HR • Room 135-139			M08 Insulin Dosing for Fat and Protein Q 1 CE HR • Room 231-235	
10:30 am – 11:00 am		RESEARCH SESSION MO7A CDE Pharmacists in the United States Q 0.5 CE HR • Room 143-145				
11:00 am – 11:30 am		RESEARCH SESSION MO7B Association Between Lifestyle Coach Training and Retaining Participants in CDC-recognized Lifestyle Change Programs for the Prevention of Type 2 Diabetes: A Mixed-Methods Analysis Q 0.5 CE • Room 143-145				
12:00 pm - 1:00 pm		M11 Medical Home Collaborative Care Can Work: The Community Volunteer in Medicine (CVIM-PA) Experience Q 1 CE HR • Room 143-145	 M09 Self-Monitoring of Blood Glucose for Older Adults: Hazards and Strategies Q 1 CE HR • Room 130-133 M12 Hypoglycemia Safety Initiative: Choosing Wisely; for the Wise Diabetes Educator Q A 1 CE HR • Room 231-235 		 M10 Medical Nutrition Therapy for Cancer and Diabetes: How Can Nutrition Reduce Cancer Risk for Persons with Diabetes? How Do You Nutritionall Manage the Dual Diagnosis of Cancer & Diabetes? Q 1 CE HR • Room 135-139 	
1:15 pm - 2:15 pm	M13 Advocating for the Future of Diabetes Education Q 1 CE HR • Room 130-133		M15 Culinary Medicine: Principals and Practices Q 1 CE HR • Room 143-145	-	M14 Gut Check: The Microbiota's Role in Obesity and Diabetes 1 CE HR • Room 135-139	

	Pioneer Diabetes Technologies and Connected Health Modalities to Deliver Cost-Effective Care	Psychosocial Issues and the Promotion of Lifestyle Behavior Change
	M05 Vital DSM Technology Acquisition; Policy vs Need: Obtaining Coverage for and Using CGM Technology in Infants and Very Young Children Q 1 CE HR • Room 130-133	
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EARN CONTINUING EDUCATION CREDIT

REGISTERED NURSES

The American Association of Diabetes

Educators is accredited as a provider

of continuing nursing education by

the American Nurses Credentialing

depending on sessions attended.

Center's Commission on Accreditation. This

educational program will provide a maximum of

31 contact hours of continuing education credit,

The American Association of Diabetes Educators

including 5.75 pharmacotherapeutic credits,

CE Credit Information

AADE17 attendees can earn up to 31 credits of continuing education hours based on sessions you attend and the credentials you have.

Friday, August 4	7.5
Saturday, August 5	6.5
Sunday, August 6	9
Monday, August 7	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, Sept. 29, 2017.



AADE17 attendees can earn up to 28 credits of continuing education hours based on sessions you attend. Up to three additional hours of credit can be offered to registered nurses, nurse practitioners and registered dietitians. Registered dietitians also may gain additional hours of credit for exhibit viewing through their accreditation body.

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 tomanage a variety of disease states and clinical conditions.

Learning Need Code (LNC) 5190

PAs

This program was planned in accordance with AAPA CME standards for Live Programs and for Commercial Support of Live Programs.

NURSE PRACTITIONERS

The AADE17 education activity will be submitted for continuing education credit to the American Association of Nurse Practitioners for approval of up to 28 contact hours of accredited education.

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.

CORPORATE SYMPOSIA



opportunities accommodated.

SATURDAY, AUGUST 5

5:45 pm - 7:15 pm

CS01 Standardized Glucose Reporting - The New EKG for Diabetes Q

JW Grand Ballroom 1-5, Level 3

Supported by an unrestricted education grant provided by Abbott and Dexcom This activity is joint-provided by the American Association of Diabetes Educators and Americal Association of Clinical Endocrinologists

LEARNING OBJECTIVES

- 1. Describe the concept of going "beyond A1c."
- 2. Identify the plethora of available glucometric techniques
- 3. Recognize the value of a standard graphical glucometric presentation.

This corporate symposium will address the importance of offering a standard format for blood glucose reporting, no matter the device. Because various glucose meters, CGMs and now Flash Glucose Monitoring (FGM) report in different formats, it is difficult for the providers and patients to navigate the reports. In turn, that has made it difficult to use the technology to promote quality, safety and improve health outcomes. Through lectures and case studies, attendees will learn how standardized reporting like Ambulatory Glucose Profile (AGP) may drive efficiency and provide better therapeutic advantages to patients with diabetes and their healthcare providers.

Presenters

Timothy S. Bailey, MD, FACP, FACE, ECNU Director, AMCR Institute Clinical Associate Professor of Medicine, University of California

Richard M. Bergenstal, MD, Executive Director, International Diabetes Center George Grunberger, MD, FACP, FACE, Chairman, Grunberger Diabetes Institute Amy Hess Fischl, MS, RDN, LDN, BC-ADM, CDE, Teen Transition Program Coordinator, University of Chicago Kovler Diabetes UPN: 0069-9999-17-230-L01-P LNC: 5190



is accredited as a provider of continuing nursing education by the California Board of Registered Nursing (CEP# 10977). AADE is an Iowa Board of Nursing approved provider, #366. AADE awards this program 33.6 contact hours or 3.36 CEUs (1 contact hour = 50 minutes, or 0.1 CEUs). This certificate

PHARMACISTS

The American Association of Diabetes Educators is accredited by the Accreditation Council for

Pharmacy Education as a provider of continuing pharmacy education. This program provides for a maximum of 28 contact hours (2.8 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 (AMOO1) is a Continuing Professional Education (CPE) Accredited Provider with

Academy of Nutritio the Commission on Dietetic Registration (CDR). CDR Credentialed Practitioners will receive 31 Continuing Professional Education units (CPEUs) for completion of these activities/materials. Continuing Professional Education Provider Accreditation does not constitute endorsement by CDR of a provider, program, or materials.

must be retained by the licensee for a period of four years.

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CPE

Accredited

Provider

Commission on Dietetic Registration

Corporate Symposia provides attendees with additional education and information

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

All events held at the JW Marriott Hotel. Doors will open 45 minutes before scheduled start time and will include a buffet dinner.

SEATING IS FIRST COME, FIRST SERVE • 1.5 CE AVAILABLE PER SESSION.

SUNDAY, AUGUST 6

6:00 pm – 7:30 pm

CS02 Improving Adherence with New Fixed-Dose Insulin Combination Therapy Q

JW Grand Ballroom 1-5, Level 3

Supported by an unrestricted education grant provided by Sanofi This activity is joint-provided by the American Association of Diabetes Educators and Medscape Education.

LEARNING OBJECTIVES

- 1. Describe the safety and efficacy data for new injectable fixed-dose insulin combination therapeutic regimens.
- 2. Describe barriers related to effective insulin use in T2D management.
- 3. Interpret when and how to manage T2D with new fixed-dose insulin combination regimens.

In this Corporate Symposium, the learner will demonstrate greater competence in overcoming barriers related to effective insulin use in T2D management. New insulin + GLP-1 receptor agonist combination therapies have the potential to revolutionize diabetes management. When available, clinicians -especially diabetes educators - will be required to have a deep understanding of the clinical safety and efficacy these new products so they can educate patients appropriately.

Presenters

Davida F. Kruger, MSN, APN-BC, BC-ADM, Certified Nurse Practitioner, Henry Ford Medical Group

Curtis Triplitt, PharmD, CDE, Clinical Associate Professor, UTHSCSA/Texas Diabetes Institute

Margaret Powers, PhD, RD, CDE, Clinician/Research Scientist, Powers and Associates

UPN: 0069-9999-17-220-L01-P

LNC: 5190

CS03 Zeroing in on AIC Targets: Pinpointing the Optimal Basal Insulin Strategy in Every Patient with Type 2 Diabetes Q JW Grand Ballroom 6-10, Level 3

Supported by an unrestricted education grant provided by Sanofi This activity is joint-provided by the American Association of Diabetes Educators and E+S MedEd Group, Inc.

For session information, please see the mobile app.

PRODUCT THEATERS

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

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

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



THURSDAY, AUGUST 3

5:30 pm - 6:15 pm

PTO2 Therapeutic Dosing with Dexcom G5 CGM: The New Standard of Care for Intensive Insulin-Requiring Patients

Dexcom

Supported by Dexcom

Room 135-139

Highly interactive, didactic presentations from world renown diabetes healthcare professionals and leaders in the field of advanced, real-time continuous glucose monitoring and therapeutic dosing. You will additionally experience hands-on demonstrations of the Dexcom G5® CGM System as well as have the opportunity to actively participate in question and answer sessions with the faculty Presenters and the Dexcom Team.

Davida F. Kruger MSN, APN-BC, BC-ADM, Henry Ford Health System, New Center One, Certified Nurse Practitioner Henry Ford Health System Division of Endocrinology, Diabetes, Bone and Mineral Disease

Keri J. Leone MS, RD, CDE, Senior Director, Global Professional Education, Dexcom, Inc.

FRIDAY, AUGUST 4

6:30 am - 7:15 am

PTO3 MiniMed[™]670G System With SmartGuard[™] HCL Technology: Driving Patient Outcomes Through Automation

Room 135-139

Supported by Medtronic and Ascensia Diabetes Care



Come learn about the MiniMed 670G system-the world's first FDA-approved Hybrid Closed Loop System for the management of type 1 diabetes. The presenters will share clinical evidence from the pivotal trial as well as realworld experience, best practices and patient case studies

Jennifer Sherr, MD, PHD, Pediatric Endocrinologist, Associate Professor Yale School of Medicine

Trish Comrie-Scheer, RD, CDE, Regional Clinical Manager, Medtronic

12:15 pm - 1:00 pm

PTO4 Insulin Monotherapy for Patients with Type 2 Diabetes and Uncontrolled Blood Glucose on High Doses of Insulin

Exhibit Hall – Product Theater A

Supported by Lilly USA, LLC



The program is about a concentrated human insulin indicated to improve glycemic control for specific patients. Identify patients who may benefit from treatment, debunk myths pertaining to critical efficacy and safety information, and learn how to integrate the use of the product into your practice with effective dosing algorithms.

Lowell R. Schmeltz, MD, FACE, Associate Professor, Oakland University William Beaumont School of Medicine Royal Oak, Chief, Division of Endocrinology and Metabolism, Medical Center Huron Valley-Sinai Hospital Commerce

12:30 pm - 1:15 pm

PT05 A Patient-Centered Approach to Help Awaken a Transformation for Adults With T2DM

Exhibit Hall – Product Theater B

Supported by Janssen Pharmaceuticals, Inc.



This program will provide an overview of the sodium-glucose co-transporter 2 (SGLT2) inhibitor for the treatment of patients with type 2 diabetes. Topics include the pathophysiology of type 2 diabetes and associated cardiometabolic risk factors, how SGLT2 inhibitors work, results from activecontrolled and real-world evidence studies supporting the use of SGLT2 inhibitors vs 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.

Eden Miller, DO, Diabetes Nation

Curtis Triplitt, PharmD, CDE, BCPS, Clinical Associate Professor, Medicine/ Diabetes UTHSCSA, Texas Diabetes Institute

SATURDAY, AUGUST 5

6:30 am - 7:15 am

PT06 The Next Generation Omnipod Systems

Exhibit Hall – Product Theater A

Insulet Corporation

Supported by Insulet Learn about the future of innovation including Omnipod Dash platform. There will be an exclusive update on the clinical progress of Omnipod Horizon Automated Glucose Control System.

Irang Ly, MBBS, FRACP, PhD, Vice President and Medical Director, Insulet Corporation

Jason O'Connor, Director of Advanced Technologies, Insulet Corporation

11:45 am - 12:30 pm

PTO7 It's Time to Rethink Professional CGM: the New FreeStyle Libre Pro System

Exhibit Hall – Product Theater A

Supported by Abbott Diabetes Care

Welcome to a new era of simplicity and convenience in Professional Continuous Glucose Monitoring. Introducing the

FreeStyle Libre Pro

new FreeStyle Libre Pro System - an innovative glucose assessment tool that provides a complete glycemic profile to help healthcare professionals make more informed treatment decisions.

Etie Moghissi MD, FACP, FACE, Associate Clinical Professor of Medicine, UCLA David Geffen School of Medicine, Marina Diabetes and Endocrinology Center

12:00 pm - 12:45 pm

PTO8 Introducing the CONTOUR®NEXT ONE Meter and CONTOUR[™]DIABETES App: Providing Remarkable Accuracy and Smart Diabetes Management

Exhibit Hall – Product Theater B

Supported by Ascensia

ASCENSIA

Roche

Self-monitoring of blood glucose is an important tool utilized by patients with diabetes and their healthcare providers to assess the effectiveness and safety of their diabetes management plan on glycemic control. The accuracy of patients' blood glucose monitoring systems (BGMS) plays a key role in detecting and properly managing hypoglycemia, titrating medication doses, adjusting diet and activity, and improving overall decision-making. This product theater presentation will discuss the value of BGMS accuracy, and provide specific information on the proven remarkable accuracy of the CONTOUR®NEXT ONE smart meter and integrated CONTOUR™ DIABETES app, which can help patients to manage their diabetes smarter.

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

2:45 pm - 3:30 pm

PT09 Simple Solutions for Improving Adherence and Engagement

Exhibit Hall – Product Theater A

Supported by Roche, the makers of Accu-Chek

As healthcare providers feel more pressure to better manage patients with diabetes and the cost for patients to manage their condition rises, simple solutions are essential to promote patient engagement and adherence. Join us to learn how the Accu-Chek Guide system simplifies the testing experience and makes it easy for patients to afford testing, while providing relief to your office through simplified training and eliminating worry about formulary coverage and call backs about prior authorization.

Debbie Hinnen, APN, BC-ADM, CDE, FAAN, FAADE, Advanced Practice Nurse and Certified Diabetes Educator, University of Colorado Health-Memorial Hospital Diabetes Center

2:45 pm - 3:30 pm

PT10 Diabetes: Treatment and Management

Exhibit Hall – Product Theater B

Supported by Sanofi

Unpredictable fluctuations in blood glucose levels is one of the many limiting factors in basal insulin use. It is important to consider patients have had their options broadened and it is important for HCPs to know these options. This presentation will examine the pharmacologic, efficacy and safety profiles of a long-acting basal insulin for adult patients.

Jodi Strong, DNP, FNPBC, APNP, CDE, BCADM, Clinician and Diabetes Educator, Ministry Medical Group

SUNDAY, AUGUST 6

6:30 am - 7:15 am

PT11 The Role of Inhaled Insulin in the Management of Patients with Diabetes

Exhibit Hall – Product Theater A



Supported by MannKind

This program will introduce practical use of Afrezza® (insulin human) Inhalation Powder in the management of patients with diabetes. Considerations for appropriate patient selection, identification of common adverse events, and proper dosing of Afrezza® will be discussed. Attendees will be provided with the inhalation device and FEV1 demonstrations.

Jerry Meece, RPh, CDE, FACA, FAADE, Director of Clinical Services, Plaza Pharmacy and Wellness Center

12:15 pm - 1:00 pm

PT12 Considerations for Insulin Therapy in Adult Patients with T2DM

Exhibit Hall – Product Theater A

Supported by Sanofi

Explore an approach for adult patients uncontrolled with basal insulin or a GLP-1 receptor agonist that could be used as an adjunct to diet and exercise. This presentation will provide a comprehensive overview of the safety and efficacy of a therapeutic option. It will also cover how to address the multiple pathophysiologic defects that manifest in the disease and may help patients work towards glycemic control.

Jonathan G. Marguess, PharmD, CDE, FAPhA, President, The Institute for Wellness and Education, Inc.

12:30 pm - 1:15 pm

PT13 Pneumococcal Disease in Adults Age Less than 65 years with Diabetes and other Select Chronic Conditions

Exhibit Hall – Product Theater B



Supported by Merck Co., Inc.

Describe Pneumococcal Disease in Adults Age less than 65 years with Diabetes and other select Chronic Conditions. Review CDC Recommendations with Pneumococcal Vaccinations and this population.



SANOFI



PRE-CONFERENCE COURSES

THURSDAY, AUGUST 3

8:00 am - 5:00 pm

SPO1 Sustaining Your Diabetes Education Program: Take Your Program to the Next Level* 🍊

8 CE Available • Room 203-204

Jerry Meece, RPh, CDE, FACA, FAADE, Director or Clinical Services, Plaza Pharmacy and Wellness Center

Mary Ann Hodorowicz, RDN, MBA, CDE, CEC, Owner, Mary Ann Hodorowicz Consulting, LLC

LEARNING OBJECTIVES

- 1. Analyze the six essential components of a DSMES program business plan
- 2. Describe strategies to survive a Medicare and on-site audit.
- 3. Apply strategies for monitoring and reporting DSMES outcomes to providers.

In the context of a successful DSMES program that is ready to expand, this one-day workshop will share how to maximize resources, stimulate creativity and give the learner guidance on thinking like a business, with the goal of increasing referrals.

UPN: 0069-0000-17-113-L01-P

LNC: 5190

1:00 pm - 5:00 pm

Pharmacology Boot Camp* 🥠 3.0 Pharma Credit SPO2

4 CE Available • Room 238-239

Susan 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 type 2, and gestational diabetes).
- 2. Analyze 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 your patients, or if you need a refresher on the latest drug classes, the Pharmacology Boot Camp is just what you need to strengthen your diabetes medication knowledge. UPN: 0069-0000-17-114-L01-P LNC: 5190

Best Practices for the National Diabetes Prevention Program* Q

4 CE Available • Room 231-233

Ann Albright, PhD, RDN, Director, Division of Diabetes Translation, Centers for Disease Control and Prevention

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

Teresa Brown, MPH, RD, LD, CDE, Nutrition and Diabetes Education Supervisor, Norman Regional Health System

Diana Echenique, MPH, CHI, Senior Program Analyst, Hispanic/Latino Communities, Office of Minority Health Resource Center

Carl Ellison, Interim President and CEO, Indiana Minortity Health Coalition

Anne Graves, MS, ACSM-CEP, Executive Director of Healthy Living, YMCA of Greater Indianapolis

Sara Nelms, MS, RDN, LDN, CDE, Diabetes Education Program Coordinator, Woman's Hospital Diabetes Education Services

LEARNING OBJECTIVES

- 1. Describe the National Diabetes Prevention Program (National DPP) and the Lifestyle Change Program
- 2. Identify various models and implementation of the National DPP and various populations who are eligible for the National DPP, understand program recruitment processes and best practices for specific populations.
- 3. Identify successful facilitation techniques from Lifestyle Coaches. Explore best practices for Lifestyle Coaches to increase recruitment and retention in the National DPP.

This first of its kind event is geared toward Program Coordinators and Lifestyle Coaches of the National Diabetes Prevention Program (National DPP). Hear from CDC's perspective on the National DPP, learn from the largest in person DPP Networks, and listen as Program Coordinators describe how they have set up their programs to implement the National DPP with various specific populations. You will learn what you can do prepare for Medicare Reimbursement in 2018, and explore best practices and facilitation techniques to increase participant recruitment and retention rates.

UPN: 0069-0000-17-115-L01-P LNC: 5190

How to Select or Create Materials Your Patients Will SP04 Actually Understand (

4 CE Available • Room 242

Linda Gottfredson, PhD, Professor Emeritus, School of Education, University of Delaware

Kathy Stroh, MS, RD, LDN, CDE, Certified Diabetes Educator, Westside Family Healthcare

LEARNING OBJECTIVES

- 1. Define cognitive accessibility and explain why it is important in diabetes education.
- 2. Identify materials that are needlessly complex for all patients
- 3. Select or create DSMES materials that are cognitively accessible to patients or populations that are cognitively compromised.

This workshop will illustrate ways to evaluate and reduce the cognitive demands of information given to patients. You will practice evaluating educational materials during small group, instructor-guided, problem-based exercises. You will also explore how to use these methods to select or create materials that are more cognitively accessible to all patient populations and to individualize them for individuals of low literacy or in cognitive decline.

UPN: 0069-0000-17-116-L01-P INC: 5190

SP05 Activity Rx for Prediabetes and Management of Type 2 Diabetes* 🥠

4 CE Available • Room 242

Anthony Wall, MS, CPT, Director of Strategic Partnerships, American Council on Exercise

IFARNING OBJECTIVES

- 1. Describe at least three ways that exercise benefits the management of prediabetes and type 2 diabetes.
- 2. Explain several factors that influence the likelihood that a person will participate in a physical-activity program.
- 3. Develop and implement a plan to incorporate physical activity into both individual and group based diabetes prevention and treatment programs or interventions.

Diabetes educators are the go-to experts in helping optimize health behaviors to prevent and treat type 2 diabetes. Physical activity and exercise are fundamental to an effective treatment program. In this workshop, you will learn the fundamentals of developing a safe and effective exercise program for clients affected by prediabetes and type 2 diabetes, both in-group and individual settings. UPN: 0069-0000-17-117-L01-P LNC: 5190



🗛 Application Base 🔍 Knowledge Base 👗 Pharmacotherapeutic credit

FRIDAY, AUGUST 4. - MONDAY, AUGUST 7

9:00 am - 5:00 pm

CCC01 Core Concepts Course* 🗸

22 CE Available • Room 205

Kim DeCoste, RN, MSN, CDE, MLDE, FAADE, Certified Diabetes Educator and Nurse Manager, Diabetes Center of Excellence

David Miller, RN, MSED, BSN, CDE, FAADE, Champion of Health Education and Life Promotion and Professional Training and Coaching Consultant, Community Health Network

Cecilia Sauter, MS, RD, CDE, FAADE, Clinical Project Manager University of Michigan Health System

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, Certified Diabetes Education and Clinical Dietitian, St. Luke's Diabetes Care Program

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 risk of diabetes.
- 3. Explore approaches to being active for persons with diabetes or at risk of diabetes.

Over 4 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 AADE Self-Care Behaviors™. UPN · 0069-0000-17-210-101-P INC: 5190

*These courses require a separate registration fee from AADE17 and space is limited

CONFERENCE COURSES

GENERAL SESSION



7:30 AM - 9:00 AM • (1 CE AVAILABLE)

President's Address, Nancy D'Hondt, RPh, CDE, FAADE, AADE President Allene Van Son Distinguished Service Award Industry Awards

GS01 Knowing What to Eat, Refusing to Swallow It 📿

Exhibit Hall F

David Katz, MD, MPH, FACPM, FACP, Founding Director (1998) of Yale University's Yale-Griffen Prevention Research Center and President, American College of Lifestyle Medicine Supported by an Independant Medical Education Grant from Merck, Inc.

LEARNING OBJECTIVES

- 1. Increase knowledge of current health-related events.
- 2. Identify ways to turn the tide on the epidemic of obesity.
- 3. Apply the skills of detecting marketing deceptions while learning to teach clients to identify and choose healthful foods.

This talk will then look closely at the body of evidence relating dietary pattern to human health and make the case that we are NOT clueless about the basic care and feeding of our species. Endless debate about the

details of optimal diets, and an insatiable pop culture fascination with scapegoats and silver bullets-distract us from the well-known fundamentals of healthful eating, and forestall the stunning advances in public health that would ensue were we to turn what we know into what we do. The discussion will cover some of the most salient controversies about diet and health, and will demonstrate that past the din and discord, there is an evidence-based, consensus-based set of reliable principles we know full well- but can't get people to swallow. Solutions to this problem will be proposed. UPN: 0069-0000-17-211-L01-P LNC: 5190

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

F01 Dialysis and Transplant for Diabetes Educators 🔍

Room 130-133

Andrew Narva, MD, Director, National Kidney Disease Education Program, NIDDK, National Institutes of Health

LEARNING OBJECTIVES

- 1. Discuss the treatment choices for kidney failure.
- 2. Describe the challenges to glucose management associated with dialysis and transplant.
- 3 Identify medications that may increase risk for new onset diabetes after kidney transplant.

Diabetes is the major cause of kidney failure in the U.S. Coping with kidney failure and its treatment is challenging for people with diabetes, and many people with failing kidneys are not prepared to deal with their treatment choices. This presentation will provide diabetes educators with information for their patients with progressive kidney disease, so they can participate in shared decision-making and self-management as they manage with these serious diabetes related complications.

UPN: 0069-0000-17-118-L01-P

LNC: 5190

F02 Strategies to Get Action and Commitment from Your Toughest Patients Q

Room 135-139

Debbie Hinnen, APN, BC-ADM, CDE, FAAN, FAADE, Advanced Practice Nurse and Certified Diabetes Educator, University of Colorado Health Sam Thompson, Training and Coaching Consultant, Sam Thompson Consulting

LEARNING OBJECTIVES

- 1. Consider the importance of motivation with education.
- 2. Examine five steps to develop meaningful action plan.
- 3. Use five levels of motivation to connect action to diabetes self-management.

Complex patients require advanced communication strategies. Do you have patients that have lost their momentum for diabetes self-management? Has the person on dialysis "given up"? What does the conversation look like to help people with diabetes identify their internal motivation? Do you push or pull? This interactive session will focus on communication skills to develop meaningful action plans, help people self-discover motivation, identify barriers and then gain commitment for moving to action. Participants will discuss with a partner a difficult patient, and strategies for a five-level deep conversation. Goal clarification and in establishing priorities and actions will be described based on mutual understanding with the patient. Action plans, measuring confidence and identifying barriers will be explored. Closing with accountability for timely follow up will be demonstrated. This session will enhance the interactions of the advanced clinician and educator who councils difficult patients with diabetes UPN: 0069-0000-17-119-L01-P LNC: 5190

F03 Intuitive Eating: Helping Patients Make Peace with Food Q

Room 143-145

Holly Paulsen, RD, LD, CEDRD, Registered Dietitian, Jones Regional Medical Center-Diabetes Education

LEARNING OBJECTIVES

- 1. Define Intuitive Eating and identify its 10 principles.
- 2. Discuss evidence-based research studies that support an Intuitive Eating approach in favor of restrictive eating plans for weight management and blood glucose goals.
- 3. List three techniques to assist individuals in relying on internal cues of hunger and fullness instead of external eating cues.

The diagnosis of diabetes, along with subsequent meal plans and efforts at weight-management, can create frustration and a sense that eating can no longer be enjoyed. In their efforts to control their food intake, many individuals actually end up overeating and gaining weight. 'Intuitive Eating is an evidence-based approach created to help individuals achieve a healthy relationship with food and their bodies "even with diabetes." The 'Intuitive Eating' method reteaches us to respond to our internal cues of hunger and fullness and to avoid using food to soothe emotions. In the process, eating patterns tend to normalize. Research has shown that both weight loss and better glucose control can occur as a result. This session will explore the 'Ten Principles of Intuitive Eating' and offer strategies to help others with implementation. We were all born with the wisdom to eat intuitively; we may just need help in uncovering it again. UPN: 0069-0000-17-120-L01-P LNC: 5190

F04 Sharing Evidence-Based Hope 📿

Room 231-235

William Polonsky, PhD, CDE, President, Behavioral Diabetes Institute Richard Jackson, Executive Director, Grass Roots Diabetes

IFARNING OBJECTIVES

- 1. Identify the key reasons why patients with diabetes often feel hopeless about long-term complications.
- 2. Discuss the key research findings that illustrate the remarkably good news about long-term complications.
- 3. Describe innovative strategies for sharing the good news with their patients.

Despite the best efforts of healthcare providers (HCPs), many people with diabetes remain disengaged from, or even disinterested in, their own care. Given this sense of despair and hopelessness, the role of the HCP in helping patients to understand their real risk of long-term complications is key. HCPs are typically skilled at conveying fear-inducing messages that highlight the need for good diabetes care, but these messages can be inaccurate as well as profoundly demotivating. Indeed, there is good news about diabetes care in the 21st century that patients never hear, especially

FDUCATION TRACKS Application

- Advanced Skills for Program and Business Management for Entrepreneurial Organizations
- Build Skills to Provide Diabetes Education and Support within Evolving Healthcare Systems
- Innovative Diabete Education Across Populations
- Pathophysiology, I and Clinical Mana Prediabetes, Diabe **Related Chronic Conditions**

in regards to their long-term complications risks. This presentation will review the surprisingly favorable data from recent long-term trials and discuss how HCPs can identify people who are unreasonably fearful about future complications. By providing patients with accurate and personalized risk information, HCPs can relieve anxiety, enhance quality of life and inspire patients' sense of engagement. UPN: 0069-0000-17-121-L01-P LNC: 5190

F05 An Educator's Use of Outpatient Insulin Dosing Decision Support Software 📿 👗 0.5 credit

COI Spotlight Session-Inpatient Management

Room 236-239

Bruce Bode, MD, FACE, Practice Partner, Atlanta Diabetes Associates Lisa Kiblinger, RN, NP-C, CDE, Medical Staff, Atlanta Diabetes Associates

LEARNING OBJECTIVES

- 1. Describe the steps in the process of insulin dose titration.
- 2. Identify three commercially available decision support software tools.
- 3. Describe what it would be like to work in a virtual insulin dosing clinic.

The outpatient management of clients requiring basal bolus insulin titration is difficult, time consuming and necessitates clinical proficiency to be safe and effective. There are many alternative medicines and methods available to the clinician other than insulin to control hyperglycemia. Ultimately, insulin remains the most effective. Insulin-dosing decision support software can be used by educators to help standardize the process of basal and bolus insulin titration while allowing for patient personalization interaction, communication and charting. UPN: 0069-0000-17-122-L01-P LNC: 5190

F06 Connected Health and Digital Connections: A Look into the Future \mathbf{Q}

Room 243-245

Deborah Greenwood, PhD, RN, CNS, BC-ADM, CDE, FAADE, President, Deborah Greenwood Consulting

Paul Lasiuk

Paula LeClair

Malinda Peeples, MS, RN, CDE, VP Clinical Advocacy, WellDoc

Rita Saltiel-Berzin, RN, MPH, CDE, CHES, Worldwide Clinical Education Specialist, BD

This panel of digital health leaders will discuss the current support that using technology can provide to the diabetes educator. The panelists will discuss how technology has evolved and how digital health is becoming a companion in new models of care. Come join us for an opportunity to discuss how technology enabled self-management tools can support you, the diabetes educator. UPN: 0069-0000-17 -248-L01-P LNC: 5190

Base 🔍 Knowledge Bas	e Ӓ Pharmacotherapeutic credit
es Care and Diverse	Pioneer Diabetes Technologies and Connected Health Modalitie to Deliver Cost-Effective Care
pidemiology, gement of ates and	Psychosocial Issues and the Promotion of Lifestyle Behavior Change

FRIDAY, AUGUST 4 | PREDIABETES FOCUS DAY

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

FO7 Diabetic Eye Disease: Preventing Blindness and the Role of the Diabetes Educator Q

Room 130-133

Louis Cantor, MD, Chair and Professor, Eugene and Marilyn Glick Eye Institute, Indiana University School of Medicine

LEARNING OBJECTIVES

- 1. Describe how glaucoma can lead to vision loss.
- 2. Define the stages and treatment of diabetic eye disease.
- 3. Identify the important role of the diabetes educator in preventing vision loss.

Worldwide, diabetes is a leading cause of preventable blindness. Diabetic retinal damage (retinopathy) is the result of damage to the small blood vessels in the eye, resulting in poor circulation in the eye, leakage, and bleeding. This leads eventually to the growth of new blood vessels, which only serves to cause more complications and vision loss. The keys to preventing loss of vision are early diagnosis of diabetes and aggressive efforts to control blood glucose. When diabetic retinopathy does develop, there are many effective steps that can be taken to prevent or minimize the risk of blindness. The diabetes educator can play a key role in avoiding unnecessary vision loss. UPN: 0069-0000-17-123-L01-P LNC: 5190

FO8 Beyond Metformin: Practical Tips for Drug Selection in Patients with Type 2 Diabetes 📿 👗 0.75 credit

Room 135-139

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

Lalita Prasad-Reddy, PharmD, BCPS, BCACP, CDE, MS, Clinical Assistant Professor, Chicago State University

Brian Cryder, PharmD, BCACP, Associate Professor of Pharmacy Practice, Midwestern University, Chicago College of Pharmacy

Jennifer D'Souza, PharmD, BC-ADM, CDE, Associate Professor, Midwestern University, Chicago College of Pharmacy

LEARNING OBJECTIVES

- 1. Describe recent updates in pharmacotherapy management guidelines for the treatment of type 2 diabetes.
- 2. Discuss advantages and disadvantages of the various medication classes used to treat type 2 diabetes.
- 3. Assess the appropriateness of SGLT-2 inhibitors, DPP-4 inhibitors, GLP-1 agonists, and newer concentrated insulins based on specific patient characteristics.

Type 2 diabetes mellitus (T2DM) is reaching endemic proportions. The patient factors that guide drug therapy selection are extremely important. This session will describe medication updates in diabetes management including recent clinical guidelines and treatment algorithms. While guidelines agree that Metformin is first-line therapy, there is a lack of consensus on what to use after Metformin, or in those that cannot tolerate Metformin. Therefore, practitioners need an in-depth understanding of each of the medication classes' efficacy, tolerability, safety, and cost profile, so that they can choose the best treatment for their individual patients with T2DM. The advantages and disadvantages of available therapeutic classes will be discussed, as well as a focus on newer medications and formulations and how they compare. This session will include active learning activities with patient case studies. UPN: 0069-0000-17-124-L01-P LNC: 5190

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F09 Diabetes Educators: Driving Public Health Through
       DSMES and DPP-The Montana Experience Q
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Room 143-145

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

LEARNING OBJECTIVES

- 1. Describe the role of state health departments in improving access to DSMES and DPP.
- 2. Identify how building and expanding the skill set of diabetes educators is a key strategy in expanding the DPP successfully.
- Describe AADE's role in the National Diabetes Prevention Program 3 and how diabetes educators can 'plug in' to prevention opportunities.

AADE's 2017 National Diabetes Educator of the Year, Marci Butcher, will discuss Montana's experience in building and expanding diabetes education infrastructure across a large rural state. The presentation will show how the state health department (Montana Diabetes Program) supported the development of individual diabetes educators through a peer-mentoring program, which, in turn, increased the number of diabetes education programs statewide. In cooperation with the state chapter of AADE, the program provided technical assistance for recognition and accreditation at sites throughout the state. The state diabetes program was then able to use the existing DSMES structure to pilot and expand access to the DPP lifestyle intervention. Montana is a leader in utilizing the expertise and talent of diabetes educators across the diabetes continuum to impact public health.

UPN: 0069-0000-17-125-L01-P LNC: 5190

F10 Diagnosis or Death: How to Prevent the Missed Diagnosis of Diabetes Q

Room 231-235

Susan Weiner, MS, RDN, CDE, CDN, Registered Dietitian-Nutritionist, Certified Diabetes Educator, Susan Weiner Nutrition, PLLC

Tom Karlya, BA, Vice President Diabetes Research Institute Foundation, Diabetes Research Institute Foundation (DRIF)

LEARNING OBJECTIVES

- 1. Identify three initiatives to increase diabetes symptom awareness for health professionals, parents and the community-at-large.
- 2. Discuss specific legislative policy efforts, which are aimed at reducing the incidence of missed diagnosed diabetes
- 3. Discuss three financial or economic issues associated with the missed diagnosis of diabetes.

We are painfully aware of the growing number of children and adults suffering irreversible complications or death because of delayed or completely missed diagnosed diabetes. Diabetes educators are often affected by the heartbreaking stories of people, many of whom are children, whose type 1 diabetes mellitus (T1DM) was not detected when symptoms were first reported. With the rise of the incidences of both type 1 and type 2 diabetes being diagnosed via diabetic ketoacidosis, this presentation will discuss the latest groundbreaking data available from well-respected diabetes registries throughout the United States. Susan Weiner, the 2015 AADE Diabetes Educator of the Year, Tom Karlya, VP of the DRIF and Anna Floreen, Education and Outreach Manager for T1D Exchange will discuss the remarkable initiatives currently available on diabetes symptom awareness. The presentation will share pro-active solutions for educating medical professionals, parents and the community-at-large. UPN: 0069-0000-17-126-L01-P LNC: 5190

F11 The Power of "Me Too": An Analysis of Peer Health in the Diabetes Online Community Q

Room 236-239

Michelle Litchman, PhD, FNP-BC, FAANP, Assistant Professor, Family Nurse Practitioner, University of Utah

Heather Gabel, MS, Research Assistant, PhD Student, University of Illinois at Chicago

Perry Gee, PhD, RN, Nurse Scientist, Dignity Health Rachel Head, RD, CDE, Certified Diabetes Educator, One Drop

LEARNING OBJECTIVES

- 1. Describe peer health and provide two examples where peer health activities can occur.
- 2. Identify three outcomes related to use of the diabetes online community.
- 3. Discuss ethical and legal implications for integrating diabetes online community content into practice.

Individuals are increasingly accessing the Internet for health information, yet, most patients are not discussing their online health seeking behaviors with their healthcare providers. The Diabetes Online Community encompasses a collection of individuals who are affected by diabetes for the purpose of engaging in diabetes-related conversations, providing/receiving emotional and informational support. The social context of diabetes management is known to improve health outcomes and even mortality. This presentation will review emerging research focused on online peer health support, a critical aspect of which healthcare diabetes educators should be keenly aware. Further, real-world implications for integrating online peer health support into clinical practice will be addressed.

UPN: 0069-0000-17-127-L01-P

F12 Shedding Pounds with Pharmacologic Agents for Obesity in Patients with Diabetes: Is It Worth It? 🔾 👗 0.5 credit

LNC: 5190

Room 243-245

Jennifer Clements, PharmD, BCPS, CDE, BCACP, Associate Professor, Presbyterian College School of Pharmacy, Department of Pharmacy Practice

LEARNING OBJECTIVES

- 1. Interpret guidelines on the recommendation of pharmacologic agents for long-term weight loss.
- 2. Evaluate the use of Qsymia, Belviq, Contrave, and Saxenda in patients with prediabetes and diabetes.
- 3. Construct a therapeutic regimen using new weight loss agents for specific patient cases.

The prevalence of obesity has increased significantly over the past three decades, and exceeds 20 percent in all four regions of the United States. Clinicians should offer and/or refer persons with a body mass index of 30 kilograms per meters squared or higher to intensive, multicomponent behavioral interventions. Lifestyle modifications including caloric reduction, physical activity and behavioral modifications are key elements in a successful weight loss program. If lifestyle modifications do not lead to successful weight loss of 5 to 10 percent from baseline in six months, then pharmacologic therapy could be recommended for a patient. Since 2012, four agents have been



approved for long-term weight loss - lorcaserin; phentermine with topiramate; bupropion with naltrexone; and liraglutide. This presentation will review the mechanism of action, clinical drug-drug interactions, and dosing of each agent. The evidence of each pharmacological agent in patients with prediabetes and diabetes will be discussed in terms of efficacy, safety, limitations, clinical application, and future implications. UPN: 0069-0000-17-128-L01-P

LNC: 5190

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

F13 What to Do About Rejected Medication and Reimbursement Claims 📿

Room 130-133

Sandra Bollinger, PharmD, FASSCP, CGP, CDE, CPT, CFts, President/Owner, Health Priorities, Inc.

LEARNING OBJECTIVES

- 1. Identify common reasons drug claims are rejected.
- 2. Describe solutions to deal with rejected drug claim
- 3. Explain how to counsel patients to access and find key information in their drug formulary.

Studies show that whenever patients are nonadherent to their prescribed medications it results in poor therapeutic outcomes, progression of disease, and an estimated burden of billions per year in avoidable direct healthcare costs. There are various factors that affect medication nonadherence including: medication side effects, duration of treatment, frequency of doses, complexity of treatment, severity of the disease, cognitive decline, and the cost of medications to name some of them. When medications are not covered by insurance or when the drug claim is rejected at the pharmacy level, the patient often goes without the medication because of their inability to afford the cost of the medication. Oftentimes the failure to fill such a prescription is not communicated with the prescriber. There are key steps that the diabetes educator can take to assist patients who get rejected drug claims or can't afford the medication that has been prescribed. Common causes of rejected drug claims will be discussed as well as solutions to addressing the rejections. In addition, ways to determine alternative medications that might available for a reduced copay will be addressed.

UPN: 0069-0000-17-129-L01-P

LNC: 5190



Friday,

F14 The National Diabetes Prevention Program (DPP) and the AADE DPP Model \mathbf{Q}

Room 135-139

Joanna Craver DiBenedetto, BS, MNM, Consultant, DPP SME

Jon Fritz, BA, CEP, CDE, Employee & Community Wellness Supervisor, Heart of the Rockies Regional Medical Center

Linda Schoon, RD, CDE, Coordinator, Diabetes Prevention Program, Poudre Valley Hospital

LEARNING OBJECTIVES

- 1. Explain the evidence base for the Centers for Disease Control and Prevention (CDC) National Diabetes Prevention Program (National DPP).
- 2. Describe AADE's delivery model and role in the National Diabetes Prevention Program and the opportunities it creates for DSME programs and diabetes educators.
- 3. Discuss current landscape for reimbursement of the National DPP and understand the challenges of existing AADE DPPs and resources available to start their own successful and sustainable DPP program.

The American Association of Diabetes Educators (AADE) has partnered with the Centers for Disease Control and Prevention (CDC) to implement the National Diabetes Prevention Program (DPP) using our "AADE DPP" model of implementing the National DPP within certified Diabetes Self-Management Education and Support (DSMES) programs across the nation. This presentation will include a panel of AADE DPP Network program coordinators to discuss the barriers, challenges and successes of implementing the National DPP within their DSMES program (prior to Medicare Reimbursement) and what to consider in the current landscape to obtain DPP success and sustainability. UPN: 0069-0000-17-130-L01-P LNC: 5190

F15 Global Diabetes Education Perspectives: Similarities,

Differences and Opportunities Q

Room 143-145

Amparo Gonzalez, MPH, RN, CDE, FAADE, (Moderator)

Senior Director Global Professional Education, Johnson & Johnson Diabetes Institute

Nancy D'Hondt, RPh, CDE, FAADE, Clinical Pharmacist/Diabetes Educator, 2017 AADE President, Ascension Health St John

Diana Sherifali, PhD, Assistant Professor, McMaster University

Melinda Maryniuk, RD, MEd, CDE, Director, Care Programs, Joslin Innovations, Joslin Diabetes Center

Milena Alvarez, RD, CDE, Professional Education Specialist, Johnson & Johnson Diabetes Institute

Rachel Freeman, MSc, APD, CDE, Professional Services Manager, Australian Diabetes Educators Association

FDUCATION TRACKS

- Advanced Skills for Program and Business Management for Entrepreneurial Organizations
- Build Skills to Provide Diabetes Education and Support within Evolving Healthcare Systems

LEARNING OBJECTIVES

- 1. Discuss the role of the diabetes educator in a variety of countries
- 2. Identify diabetes education implementation strategies around the world
- 3. Demonstrate how to communicate the value of a diabetes educator and diabetes education to referring providers.

Diabetes educators from across the world will come together to discuss similarities, differences and opportunities in diabetes education. The panel will cover WHO delivers diabetes education, WHERE diabetes education is delivered, WHAT type of education is provided and HOW diabetes educators show their value to referring providers. You don't want to miss this opportunity to see how things differ and what you can learn from those differences. UPN: 0069-0000-17-215-L01-P

LNC: 5190

F16 Reducing Hypoglycemia Risk Q

Room 231-235

Elizabeth Seaguist, MD, Professor and Director, Division of Diabetes and Endocrinology, Pennock Family Chair in Diabetes Research, Department of Medicine, University of Minnesota

Cari Berget, RN, MPH, CDE, Pediatric Nurse Diabetes Educator, Research Coordinator and Research Team Manager, University of Colorado, Barbara Davis Center for Diabetes

Belinda Childs, ARNP, MN, CDE, BC-ADM, Executive Director/Diabetes Nurse Specialist, Great Plains Diabetes

LEARNING OBJECTIVES

- 1 Describe the frequency with which patients with diabetes experience hypoglycemia.
- 2. Identify the impact of hypoglycemia on mortality.
- Define the impact of hypoglycemia on cardiovascular morbidity. 3.

Hypoglycemia is the limiting factor in the glycemic management of type 1 and type 2 diabetes affecting all ages in all settings. This presentation will review the recommendations by the International Hypoglycemia Study Group adapted by the American Diabetes Association in their 2017 Standards of Medical Care in Diabetes. The updated definitions for hypoglycemia will be reviewed including clinical data that influenced the recommendations. Identifying those at risk for hypoglycemia will guide prevention strategies as well as treatment guidelines. Hypoglycemia associated autonomic failure or reduced hypoglycemia awareness will be discussed, including the psychosocial implications. Strategies to reduce hypoglycemia unawareness, including the role of the continuous glucose monitors, automated insulin pumps, and education strategies will be addressed.

Pioneer Diabetes Technologies and

Promotion of Lifestyle Behavior

Deliver Cost-Effective Care

Psychosocial Issues and the

Connected Health Modalities to

UPN: 0069-0000-17-223-L01-P LNC: 5190

Change

- Innovative Diabetes Care and Education Across Diverse **Populations**
- Pathophysiology, Epidemiology, and Clinical Management of Prediabetes, Diabetes and Related Chronic Conditions

F17 Hot Topics in Nutrition Management and Dietary Patterns Across the Diabetes Spectrum: Translating Research into Practice Q

Room 236-239

Gretchen Youssef, MS, RD, CDE, Program Director, MedStarDiabetes Insititute, MedStar Health

Hope Warshaw, MMSc, RD, CDE, BC-ADM, FAADE, Owner, Hope Warshaw Associates, LLC

Patti Urbanski, MEd, RD, LD, CDE, Certified Diabetes Education and Clinical Dietitian, St. Luke's Diabetes Care Program

Alison Evert, MS, RD, CDE, Manager of Nutrition and Diabetes Programs, University of Washington Neighborhood Clinics

LEARNING OBJECTIVES

- 1. State two key research findings and two clinical practice recommendations for nutrition management in the prevention and/or delay of type 2 diabetes.
- 2. State two key research findings and two clinical practice recommendations for nutrition management of type 2 diabetes and weight management.
- 3. State two key research findings and two clinical practice recommendations for nutrition management of type 1 diabetes and latent autoimmune diabetes in adults.

Three diabetes nutrition experts will concisely explore the current research in nutrition management and dietary patterns on one of three types of diabetes that is reflected in current clinical practice recommendations. The three types of diabetes are: prevention and/or delay of type 2 diabetes mellitus (T2DM), T2DM and weight management, and type 1 diabetes mellitus (T1DM) and latent autoimmune diabetes in adults (LADA). Each speaker will then translate the research and offer key pointers for application to clinical practice. Each speaker will lead a rapid-fire discussion on their presentation. The moderator will set the stage, present the critical questions to which each speaker will respond, and conclude the program by reviewing key themes and take home lessons.

UPN: 0069-0000-17-131-L01-P LNC: 5190

F18 Anatomy of a Recipe: Creating Professionally-Crafted Recipes That Resonate! Q

Room 243-245

Marlene Koch, RDN, Culinary Nutritionist, Marlene Koch Culinary Nutrition

LEARNING OBJECTIVES

- 1. Explain the two key components of the body of a recipe with two examples of how to list ingredient measures.
- 2. Explain why most recipes are not copyrighted, and how to distinguish a recipe to ensure it is protected.

Recipes that resonate with patients, clients and consumers are powerful tools for promoting healthy lifestyle changes. Whether you blog, counsel patients or work with corporate partners, this 'nuts and bolts' session will walk you through on how to write, refine and professionally polish your recipe writing skills. From a powerful captivating headnote, proper terminology, measurements, instructions, nutrition information and copyright concerns, to trends and culinary creativity, you will learn how to hone the perfect recipe for any professional needs.

UPN: 0069-0000-17-132-L01-P



3:45 pm – 4:45 pm • (1 CE Available per session)

F19 Surgical Limb Salvage: Proven Methods to Improve Quality of Life for People with Diabetes Q

Room 130-133

John Steinberg, DPM, Professor,

Georgetown University School of Medicine FOOT & ANKLE

Susan Weiner, MS, RDN, CDE, CDN,

Registered Dietitian-Nutritionist, Certified Diabetes Educator, Susan Weiner Nutrition, PLLC

LEARNING OBJECTIVES

- 1. Describe three causes of diabetic foot ulcerations.
- 2. Describe the team approach to limb salvage in the person with diabetes.
- 3. Identify the importance of foot and ankle surgery for amputation prevention in a person with diabetes.

A team approach to diabetic limb salvage and amputation prevention is an effective clinical intervention. The roles of each team member in the surgical and non-surgical aspects of care should be integrated to the care. Insight into the advancing subspecialty of diabetic limb salvage foot and ankle surgery will be presented with case studies. Knowing when, which, and how to refer high-risk patients for surgical evaluation is critical. The role of the Certified Diabetes Educator in peri-operative education for these patients will be discussed in detail. If you are not part of a limb salvage team yet, then this presentation will provide you with motivation and skills to help explore that added element to your practice.

UPN: 0069-0000-17-133-L01-P

LNC: 5190

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TAKE A NEW LOOK AT

SURGEONS

F20 How Weight Bias Stands in the Way of Addressing Childhood Obesity Q

Room 135-139

Theodore Kyle, RPh, MBA, Principal and Founder, ConscienHealth

LEARNING OBJECTIVES

- 1. Describe trends in childhood obesity and its impact on health.
- 2. Describe common biases about obesity and people living with obesity.
- 3. Discuss how biases interfere with progress in efforts to reduce the health impact of childhood obesity.

Both obesity and its stigma begin at a very early age. Although some reports suggest favorable trends in obesity among subsets of children, others have questioned those findings. Severe obesity is rising faster among children than less severe forms. Approximately five million American children currently have severe obesity, which has a profound lifelong effect on health and quality of life. Evidencebased care can greatly reduce the health impact of severe obesity and improve quality of life. But the resources to provide such care are so limited that most children are not recipients. Two types of bias affect every aspect of efforts to address obesity. First, bias directed at children, their parents, and adults with obesity is pervasive. Harm to health, quality of life, and economic productivity are welldocumented. Second, intellectual biases favor personal convictions about obesity, its causes, its prevention and its treatment and interfere with the objective pursuit of evidence-based interventions to prevent obesity and reduce the harm it causes. This presentation will describe the problems that result from bias, as well as ways to reduce effects of bias on clinical care and public policy.

UPN: 0069-0000-17-134-L01-P





Friday, August 4

F21 Proof that Diabetes Educators Do It Better: Supporting Persons with Diabetes Q

Room 143-145

Julie Gee, PhD RN, Director of MSN Program, Weber State University

LEARNING OBJECTIVES

- 1. Describe beliefs (as measured by CS-PAM) of diabetes educators towards the patient as self-manager.
- 2. Describe support strategies (as measured by Clinician Self-Management scale) used by diabetes educators.
- 3. Discuss findings and implications of study.

This presentation describes a quantitative, descriptive study conducted with diabetes educators (n=225) with training and experience pertinent to DSMES, working in AADE accredited diabetes education programs. The purpose was to examine diabetes educators' beliefs about the importance of the patient role in self-management and the relationship between diabetes educator-reported strategies used in supporting patient self-management. Diabetes educator characteristics of discipline, age, gender, and years worked as a diabetes educator were assessed for differences regarding to beliefs and support strategies used. Beliefs were assessed using the Clinician Support-Patient Activation Measure. Support strategies were assessed with the Clinician Self-Management Scale. Bivariate and multivariate analyses were used to examine the relationship between beliefs and support strategies used when working with patients. Results indicated educators strongly value patient participation in their care (CS-PAM 77.7). A significant (p < .001) positive relationship was found between diabetes educator beliefs and strategies used. In conclusion, more positive educator beliefs towards the patient role in self-management suggests the more likely diabetes educators are to engage with patients using effective support strategies as measured by the Clinician Self-Management scale. There were no statistically significant differences between beliefs and support strategies used by the educators and their characteristics.

UPN: 0069-0000-17-046-L01-P

LNC: 5190

F22 Hyperglycemia/Hypoglycemia and Glycemic Variability in the Hospital Q 🙆 0.5 credit

Room 231-235

Roma Gianchandani, MD, Associate Professor, University of Michigan Francisco Pasquel, MD, MPH, Assistant Professor of Medicine, Emory University School of Medicine

LEARNING OBJECTIVES

- 1. List two strategies for decreasing the risk of hyper and hypoglycemia in hospitalized patients with diabetes.
- 2. Review a few common inpatient scenarios involving hyperglycemia.
- Describe outcomes related to hypo and hyperglycemia during inpatient management of patients on insulin, oral agents, dialysis, and tube feedings.

This presentation will provide an overview of safe and effective glucose management in the hospital setting to prevent hypoglycemia and manage hyperglycemia and glucose variability. Clinical and practical strategies to reduce these risks will be provided as case studies to help manage patients with different scenarios in the hospital. UPN: 0069-0000-17-136-L01-P LNC: 5190 F23 Review of FDA Guidance on Cardiovascular Outcomes for Diabetes Medication Trials and Application to Clinical Management Q 🕹 1.0 credit

Room 236-239

Melissa Max, PharmD, BC-ADM, CDE, Associate Professor of Pharmacy Practice, Harding University College of Pharmacy

Katherine O'Neal, PharmD, MBA, BCACP, BC-ADM, CDE, AE-C, Associate Professor, University of Oklahoma College of Pharmacy

LEARNING OBJECTIVES

- Explain pathophysiologic defects associated with diabetes and explain the role of GLP-1 agonists/SGLT2 inhibitors in addressing these defects.
- 2. Discuss outcomes of recent clinical studies pertaining to cardiovascular safety of GLP-1 agonists and SGLT2 inhibitors.
- 3. Translate clinical trial results and apply this information to individualized drug therapy selection.

Patients with diabetes are at an increased risk of cardiovascular (CV) complications. The latest data on CV risks states that CV disease rates are 1.7x higher than those without diabetes. This risk, along with other factors, contributed to the FDA issuing new guidance for approval of diabetes medications. This presentation will review the significance of CV complications, the FDA guidance, and recent clinical studies (i.e., SA-VOR-TI/N153, EMPA-REG, LEADER, SUSTAIN) highlighting cardiovascular safety and possible benefit of newer pharmacotherapeutic agents in the glucagon-like peptide 1 receptor agonist and sodium glucose cotransporter 2 inhibitor drug classes. Cased-based application of patient-specific drug therapy selection will be utilized.

INC: 5190

UPN: 0069-0000-17-137-L01-P

F24 All Are Not the Same: Dietary Variations Among Hispanics and Latinos with Diabetes Q

Room 243-245

Nilda Benmaor, MS, RDN, CDE, Consultant, Self-Employed

LEARNING OBJECTIVES

- 1. Select culturally appropriate foods for Hispanics and Latinos with diabetes.
- 2. Identify the nutrient composition of traditional foods and the impact on postprandial glucose levels.
- 3. Devise an individualized meal plan that includes patient's preferred foods from country of origin.

There is a rapidly growing incidence of diabetes among Hispanics/Latinos in the United States. Healthcare providers face the challenge in providing care to improve diabetes outcomes while being sensitive to cultural differences. The contemporary diet of Hispanics/Latinos is influenced by traditional dietary patterns of their countries of origin (e.g., Mexico, Puerto Rico, Cuba, Central America and South America), as well as adopted dietary practices of their new communities. Many regional differences exist between Hispanic subgroups, in terms of diet composition, traditional cooking styles, eating habits, meal patterns and food availability. Diabetes educators can improve patients adherence to dietary recommendations with a basic understanding of patient health beliefs, food choices and culturally appropriate nutrition interventions affecting blood glucose levels. This presentation will include Diabetes Medical Nutrition Therapy that will incorporate foods from different countries, individualized meal plans, time of meals, portion sizes, sources of carbohydrate, protein and fats and ethnic foods nutrition fact labels. Case studies will be presented to encourage audience participation. UPN: 0069-0000-17-138-L01-P LNC: 5190

5:00 pm – 6:00 pm • (1 CE Available per session)

F25 Using the AACE Algorithm to Get to Goal with Combination Therapy Q A 0.5 credit

Room 130-133

Kittie Wyne, MD, PhD, FACE, FNLA, Director, Adult Type 1 Diabetes Program

The Ohio State University Wexner Medical Center

LEARNING OBJECTIVES

- 1. Explain the rationale for using A1C levels to guide therapeutic choices based on the AACE Diabetes Guidelines.
- 2. Use the AACE Diabetes Guidelines to develop a therapeutic plan for combination therapy targeted at attaining and maintaining A1C at an individualized target.
- Discuss the major organ systems to consider at risk with different diabetes agents and explain how to incorporate those risks in to a therapeutic plan.

There is a strong rationale for the implementation of aggressive, early combination therapy, based on pathophysiology that targets attaining and maintaining A1C goals, while minimizing side effects. The American Association of Clinical Endocrinologists (AACE) diabetes guideline will be used as a framework to discuss strategies to progress from metformin to combination regimens that include both oral and injectable agents. The decision-making process will focus on consideration of risks/contraindications and benefits of each agent in the context of what sequence to add agents.

UPN: 0069-0000-17-139-L01-P LNC: 5190

F26 Addressing the Psychosocial Needs of Patients During Diabetes Education Q

Room 135-139

Jennifer Markee, LMSW, CDE, Certified Diabetes Educator, Program Coordinator, BarnesCare - Corporate Health Services, BJC Healthcare

LEARNING OBJECTIVES

- 1. Recognize psychosocial components within diabetes self-management education.
- 2. Identify behavior modification techniques that can facilitate behavior change in patients with diabetes.
- Identify at least two questions to use to establish a connection with patients, identify the level of knowledge, or assess for signs of depression.

What do you get when you mix a social worker with a Certified Diabetes Educators (CDE) who has type 1 diabetes mellitus (T1DM)? This presentation is designed to address the psychosocial components that often feel like 'unchartered waters' for diabetes educators. Even when diabetes educators are well-versed in the lifestyle components of diabetes self-management education and support (DSMES), we often struggle to identify and address the many social, emotional and mental barriers to diabetes self-management behaviors. The use of behavior modification techniques by diabetes educators can assist each individual meet the goals and targets that are set to improve outcomes - not only health measures, such as blood sugars, blood pressure or weight, but also those changes for an individual's own quality of life. Adding to our behavior change skills as diabetes educators is a key component in prevention as well as management. Directly addressing the psychosocial components that affect people with diabetes serves



to increase quality of life satisfaction and empower those individuals to make behavior changes and improve health outcomes. If you are interested in learning a few techniques to make your role as a diabetes educator a little bit easier, this session is for you.

UPN: 0069-0000-17-140-L01-P

F28 The Revised 2017 National Standards for Diabetes Self-Management Education and Support Q

Room 231-235

Deborah Greenwood, PhD, RN, CNS, BC-ADM, CDE, FAADE, President, Deborah Greenwood Consulting

Joni Beck, PharmD, BC-ADM, CDE, Clinical Professor & Clinical Programs Director, University of Oklahoma Health Sciences Center, College of Medicine, Department of Pediatrics and Harold Hamm Diabetes Center - Children's

LEARNING OBJECTIVES

- 1. Describe the review process used to update the standards.
- 2. List three changes incorporated into the 2017 standards.
- 3. Describe one myth about the implementation of the national standards.

The Revised National Standards for Diabetes Self-Management Education and Support will be presented along with the review process undertaken by the national workgroup. Common misconceptions about the standards when they are integrated into practice will be highlighted.

UPN: 0069-0000-17-143-L01-P

LNC: 5190

F29 Food Insecurity and Diabetes Management Room 236-239

Lara Rondinelli-Hamilton, RD, CDE, Registered Dietitian, Certified Diabetes Educator, DuPage Medical Group, American Diabetes Association Cookbook Author

Jennifer Bucko Lamplough, MBA, Director of Nutrition Programs & Executive Chef, Cookbook Author, Northern Illinois Food Bank, American Diabetes Association

LEARNING OBJECTIVES

- 1. Describe the paradigm of food insecurity and the effect it has on people with chronic diseases, especially diabetes.
- Identify interventions that will help in the management of diabetes and other chronic diseases for individuals who are food insecure.
- 3. Describe interventions in the field such as at food banks, food pantries and within their own healthcare systems.

This session will help diabetes educators understand the paradigm of food insecurity and the effect it has on people with chronic diseases, especially diabetes. Diabetes educators will learn about interventions for those individuals who are food insecure that will help in the management of diabetes and other chronic diseases. These interventions can take place in the field such as at food banks, food pantries and within their own healthcare systems. UPN: 0069-0000-17-144-L01-P LNC: 5190 F30 Leveraging Diabetes and Digital Technology to **Develop Pro Cyclists with Diabetes and Eliminate** Diabetes Stigma 🔾

Room 243-245

Charlotte Hayes, MMSc, MS, RDN, CDE, ACSM, CCEP, Director of Research and Education, Team Novo Nordisk

Zach Monette, Senior Director of Digital Media, Team Novo Nordisk

LEARNING OBJECTIVES

- 1. List three tactics diabetes educators can use to build a strategic and engaged digital audience for their programs.
- 2. Describe how diabetes and performance technology can enable an athlete to optimize glucose management and maximize performance potential.
- 3. Use social media from #AADE17 to amplify a message to inspire, educate and empower people affected by diabetes.

Team Novo Nordisk (TNN) is a global all-diabetes sports team of cyclists, triathletes and runners, spearheaded by the world's first all-diabetes professional cycling team. The team's mission is to inspire, educate and empower people affected by diabetes, by showing what may be possible and encouraging them to pursue their dreams. TNN's ultimate goal is to send cyclists with diabetes to the Tour de France by the year 2021, the 100th anniversary of the discovery of insulin and of life for people with diabetes. The team has invested in diabetes technology and digital media to support achievement of this goal. In this session we will: (1) Describe how digital media is used to raise awareness about the team, create a passionate and strategic digital audience, and amplify grass-roots efforts to change the lives of people with diabetes around the globe. (2) Describe how use of diabetes, health, and performance technology enhances the ability of TNN athletes, coaching and medical staff to maximize an athlete's performance potential. (3) Engage session participants in digital media messaging around #AADE2017 and eliminating stigma about diabetes.

UPN: 0069-0000-17-145-L01-P LNC: 5190,

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

Room 140-142

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

LEARNING OBJECTIVES

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

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

LNC: 5190

RESEARCH SESSIONS

5:00 pm - 5:30 pm • (0.5 CE Available)

F27A Program Active II: A Comparative Effectiveness Trial to Treat Major Depression in T2DM Q

Room 143-145

Mary de Groot, PhD, Associate Professor of Medicine, Indiana University School of Medicine

Guy Hornsby, PhD, Associate Professor, West Virginia University Chanda Saha, PhD, Associate Professor of Medicine, Indiana

University School of Medicine

Yegan Pillay, PhD, Associate Professor, Ohio University

Kieren Mather, MD, Professor of Medicine, Indiana University School of Medicine

Jay Shubrook, DO, Professor, Touro University California

LEARNING OBJECTIVES

- 1. State the prevalence of depression in patients with type 2 diabetes.
- 2. Describe the impact of depression on diabetes outcomes.
- 3. Describe the effectiveness of two behavioral approaches to the treatment of depression in adults with type 2 diabetes.

Program ACTIVE II is a multi-state comparative effectiveness study of cognitive behavioral therapy (CBT) and community-based exercise (EXER) on depression and glycemic outcomes in adults with major depressive disorder (MDD) and T2DM. Participants were randomized to: CBT (10 individual sessions), EXER (12 weeks), CBT+EXER (concurrent interventions over 12 weeks) or usual care (UC). Participants from 3 states were paired with community partners in mental health and exercise for their interventions. 140 T2DM adults, mean age 56 years (SD=10.7), 77 percent female, 71 percent white, 52 percent married and 34 percent completed high school were enrolled. At post-intervention, all 3 intervention groups reported fewer depressive symptoms (all p < .05), negative automatic thoughts (all p < .03)), improved physical quality of life (QOL; p < .03), and decreased diabetes distress (p < .01). EXER reported improved diabetes-specific QOL (p < .01) compared to UC. Remission from MDD for CBT and EXER groups were 12.6 and 5.8 times more likely than UC, respectively (p < .03), In EXER resulted in a clinically meaningful 0.7 percent improvement in HbA1c (baseline A1c > /=7.0 percent; p < .04). Program ACTIVE enables behavioral health and exercise professionals to extend the availability of depression treatment options for T2DM patients in ways that are complementary to medical care.

UPN · 0069-0000-17-141-101-P

INC: 5190

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

F27B Motivational Interviewing (MI) for Diabetes **Medication Adherence: Development** of Structured MI Conversation Tools for Addressing Adherence Challenges Q

Room 143-145

Jan Kavookjian, PhD, Associate Professor of Health Outcomes Research and Policy, Harrison School of Pharmacy

Gladys Ekong, PhD-c, Graduate Research Assistant, PhD Candidate. Harrison School of Pharmacy

Amie Hardin, RD, LD, CDE, Director, Diabetes, Clinical Nutrition, and Endocrinology and Metabolism, East Alabama Medical Center

LEARNING OBJECTIVES

- 1. Describe the process of identifying adherence challenge topics that prevail in a particular diabetes patient population.
- 2. Identify the process of using identified adherence challenge topics to develop MI-based conversation tools for talking with patients about problem-solving and goal setting for those challenges.
- 3. Describe educator perceptions of how the MI-based conversation tools contributed to the patient encounter for medication taking, problem-solving and goal-setting.

This presentation reports the two-phased study that developed conversation aids for educators to use in a motivational interviewing (MI)-based conversation about medication adherence challenges with diabetes patients. An initial survey was implemented in a convenience sample to identify prevalent adherence challenges topics; in phase two of the study, paper-andpen-based conversation tools were developed for each of six identified topics and were pre-tested for content and face validity by diabetes educators with a small sample of patients. Educator perceptions of the usefulness of the MI-based tools were assessed and reported. Educators felt the tools increased their confidence in using a patient-centered conversation with MI by helping guide the conversation while remaining patient-centered, and expressed a perception that the patients seemed to respond well to the visual aid of the conversation tool.

LNC: 5190

EDUCATION TRACKS 🥠 Application Base 🔍 Knowledge Base 👗 Pharmacotherapeutic credit

and Business Management for Entrepreneurial Organizations

UPN: 0069-0000-17-142-L01-P

Build Skills to Provide Diabetes Education and Support within Evolving Healthcare Systems

Innovative Diabetes Care and

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

Populations

Advanced Skills for Program

SPECIAL SYMPOSIUM 6:00 pm – 7:30 pm • (1 CE Available)

Diabetes and ED: Your Role in Helping Couples

SS01 Cope - Candid Conversations with Couples Who Have Conquered ED Q

JW Marriott-White River Ballroom A-E, Level 1

Donna Rice, MBA, BSN, RN, CDE, FAADE, Senior Medical Director, Sanofi

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

Benno C. Schmidt, III, Diabetes Patient Advocate, Boston Scientific

LEARNING OBJECTIVES

- 1. Identify three ways educators can use edcure.org website to help educate their patients with diabetes-related ED.
- 2. List three emotional issues couples with diabetes-related erectile dysfunction experience.
- 3. Name at least three treatment options educators can provide or suggest to help couples deal with emotional and physical issues related to diabetes related ED.

Familiarize the educators with the online tool that can be utilized with their patients who have ED as a result of diabetes. The tool will help diagnose the severity of the ED, review the full range of treatment options, provide information about FREE educational seminars for patients to attend and help them locate an ED specialist in their area if they want to address the condition. UPN: 0096-0000-17-232-L01-P LNC: 5190

Monday, August

Poster Sessions

Education Across Diverse

- Pioneer Diabetes Technologies and Connected Health Modalities to Deliver Cost-Effective Care
- Psychosocial Issues and the Promotion of Lifestyle Behavior Change

GENERAL SESSION

7:30 AM - 8:30 AM • (1 CE AVAILABLE)

2018 Diabetes Educator of the Year Award

GS02 Why Negativity Sticks and What to Do about It 📿

Exhibit Hall F

Alison Ledgerwood, PhD, Associate Professor of Psychology, University of California, Davis Supported by an Independent Medical Education Grant from Merck, Inc.

LEARNING OBJECTIVES

- 1. Describe how to reach beyond our current experience to cross gaps that separate self from other, now from future, here from there, and us from them
- 2. Identify ways to have meaningful conversations, plan what to do next week, and relate to others.
- 3. Use social psychological tools that humans have developed to help them reach distances personally and professionally.

Why do negative events seem to stick in our heads so much longer than positive ones? And is there anything we can do about it? Behavioral science research suggests that the human mind may be wired to look

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

SO1 Oral Health and Diabetes Management: Pathways to Success Q

Room 130-133

ADA American Dental Association® America's leading advocate for oral healt!

Director Council on Advocacy for Access and Prevention, American Dental Association

LEARNING OBJECTIVES

Jane Grover, DDS, MPH,

- 1. Define dental disease and its role in diabetes management.
- 2. Identify current dental therapies and home care strategies to enhance oral health status for patients with diabetes.
- 3. Develop a team-based system of care with collaborative dental offices to effectively manage health status of patients with diabetes.

Optimal oral health in diabetes management is extremely important to the well-being of the patient. The current training of dental students in interprofessional care will be described as well as the trend of today's dental team in interacting with medical experts in diabetes management. Data from the American Dental Association Health Policy Institute show the opportunity for dentists to engage in patient education, screening and referrals to medical providers for patients with diabetes. Enhanced patient outcomes are accompanied by program cost savings, along with increased patient satisfaction and compliance. Oral health services can assist the medical team in chronic disease management. Team building with dental offices can be a way to capture patients with diabetes: statistics show that millions of Americans visit a dentist, but claim to have no "medical home." Attendees of this session will have a greater understanding of the oral disease process and its impact on patients with diabetes.

UPN: 0069-0000-17-147-L01-P

LNC: 5190

for negative information and to hold onto it. This tendency for our minds to tilt toward the negative has important consequences for understanding how people react in the face of stress and negative events. The good news is that we can also retrain our brains — if we put some effort into it — so that we start to weigh the good and the bad a little more evenhandedly. This talk will leverage recent research to (1) understand some of the key psychological factors behind the burnout that both educators and patients can experience, and (2) suggest some evidence-based coping strategies for combating burnout and promoting resilience. UPN: 0069-0000-17-212-L01-P LNC: 5190

> S02 Diabetes Technology in the Wild: What Matters to Patients and How to Keep Up Q

Room 135-139 Adam Brown, Senior Editor, diaTribe.org Amy Tenderich, MA, Editor-in-Chief, DiabetesMine

LEARNING OBJECTIVES

- Identify "usable" devices and manage patient expectations. 1.
- 2. Differentiate between devices, train patients on them, and support ongoing use.
- 3. Appraise the patient community's reactions to new devices and apps.

This session will delve into real-world usability of diabetes technology versus FDA and industry notions of "human factors" and will share best practices for patient training and managing patient expectations on insulin pumps, CGM, apps and data tools, and new automated insulin devices. UPN: 0069-0000-17-148-L01-P LNC: 5190

S03 A Novel Strategy for the Management of Inpatient Hyperglycemia in Patients with Type 2 Diabetes Q

Room 143-145

Guillermo Umpierrez, MD, FACP, FACE, Professor of Medicine, Emory University

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

LEARNING OBJECTIVES

- 1. Outline current recommendations for the treatment of hyperglycemia in patients hospitalized with type 2 diabetes.
- 2. Discuss the appropriate times to stop and start diabetes meds for patients undergoing surgery.
- 3. Assess the effect of hypoglycemia on clinical outcomes and the importance of avoiding it in hospitalized patients with type 2 diabetes.

Dr. Guillermo Umpierrez shares strategies for managing inpatient hyperglycemia in patients with type 2 diabetes and outlines the impact on clinical outcomes. He will also review strategies for starting and stopping diabetes medications in patients undergoing surgery and discuss the role of DPP-4 inhibitors for the treatment of inpatient hyperglycemia in type 2 diabetes patients. UPN: 0069-0000-17-241-L01-P LNC: 5190

SO4 Beating the Boredom: Using Different Teaching Techniques Q

Room 231-235

Mechelle Coble, MS, RD, LD, CDE, MLDE, Diabetes Coordinator, Lincoln Trail District Health Department

LEARNING OBJECTIVES

- 1. Define at least two ways boredom can decrease learning.
- 2. Apply at least one interactive and one passive style of learning.
- 3. State at least one reason to and one reason not to use specific learning techniques.

An interactive presentation discussing education across generations. We'll teach how to capture and hold the audience's attention. This presentation is designed to provide tools and techniques for educators to prevent educational burnout. It is also designed to give tools to keep the audience engaged. Creative and interactive teaching techniques will be shared, some involving interactive learning, while others more passive learning (movies, storytelling). UPN · 0069-0000-17-149-101-P INC: 5190

S05 The Diabetic Ear: Collaboration of the Audiologist and Diabetes Educator 📿

Room 236-239

Kathryn Dowd, MEd, AuD, FNAP, Audiologist/President, Hearing Solution Center, Inc.

Joanne Rinker MS, RD, CDE, LDN, FAADE, Director of Practice and Content Development, American Association of Diabetes Educators

IFARNING OBJECTIVES

- 1. Recognize the research and pathophysiology of hearing loss and balance issues related to diabetes.
- 2. Describe the identification and evaluation of hearing and balance by screening and evaluation tools.
- 3. Characterize the diabetes educator's role in active counseling with the person with diabetes for hearing/ balance problems.

EDUCATION TRACKS 🥠 Application Base 🔍 Knowledge Base 👗 Pharmacotherapeutic credit

- Advanced Skills for Program and Business Management for Entrepreneurial Organizations
- Build Skills to Provide Diabetes Education and Support within Evolving Healthcare Systems
- Education Across Diverse Populations
- Pathophysiology, Epidemiology, and Clinical Management of Prediabetes, Diabetes and **Related Chronic Conditions**



Diabetes affects hearing and balance in ways similar to the way diabetes affects the eyes! Research is clear about the pathophysiology of hearing and balance effects from diabetes. The need for audiology management of patients with diabetes is now being recognized by the CDC and the three audiology organizations. Hearing loss is an invisible handicap and not easily recognized by the patient. The incidence of diabetes related hearing loss exceeds diabetic eye disease and is a silent epidemic. The diabetes educator can incorporate this emerging co-morbid condition into their diabetes self-management education and support classes and learn how to address concerns about audiology hearing healthcare with their patients.

UPN: 0069-0000-17-150-L01-P

LNC: 5190

S06 Walking Down the OTC Aisle: Self-Care for Patients with Diabetes 📿 🛓 0.25 credit

Room 243-245

Miranda Wilhelm, PharmD, Clinical Associate Professor, Southern Illinois University Edwardsville (SIUE) School of Pharmacy

LEARNING OBJECTIVES

- 1. Describe the pertinent sections of the over-the-counter medication drug facts label.
- 2. Explain how nonprescription medications can affect blood alucose and blood pressure.
- 3. Select appropriate nonprescription medications for the minor conditions of cold, cough and headache.

The over-the-counter (OTC) medication aisle can be overwhelming for patients, with more than 300,000 nonprescription medications marketed in the United States. Add in a chronic medical condition, like diabetes, and it becomes very challenging to select appropriate nonprescription medications and self-care strategies to treat common minor ailments. Using a case-based active learning approach, participants will discuss selection of appropriate nonprescription medications for colds, coughs and headaches. The OTC drug facts label will be used to identify sugar and alcohol content, as well as active inaredients that may affect blood glucose concentrations or blood pressure levels. Common drugdrug interactions with nonprescription medications and diabetes specific prescription medications will be discussed.

UPN: 0069-0000-17-151-L01-P

Poster Sessions

Pioneer Diabetes Technologies

- Innovative Diabetes Care and
- Psychosocial Issues and the Promotion of Lifestyle Behavior Change

to Deliver Cost-Effective Care

and Connected Health Modalities

43

10:30 am – 11:30 am • (1 CE Available per session)

S07 Student Centered Care: 21st Century School Nursing Practice Q

Room 130-133

Nina Fekaris, MS, BSN, RN, NCSN, President, National Association of School Nurses



LEARNING OBJECTIVES

- Explain the role of the school nurse in caring for students with diabetes.
- 2. Describe the 21st Century Framework for school nursing practice in caring for students with diabetes.
- 3. Support the concept of advocacy care and working within interdisciplinary teams to promote health and academic success.

The role of the school nurse is providing innovative 'advocacy' care for students with diabetes in the schools. Care coordination, chronic disease management, interdisciplinary collaboration, student-centered self-empowerment, and transition planning are the tools school nurses use to promote health and academic success for students with diabetes. Working closely with healthcare providers, health educators, families, and community resources, school nurses are critical in the connection that can drive positive health outcomes.

UPN: 0069-0000-17-152-L01-P LNC: 5190

S08 Finding New Ways to Deliver DSMES to Cut Through the Clutter Q

Room 135-139

Neal Kaufman MD, MPH, Chief Medical Officer & Co-Founder, Canary Health

Scott Johnson, Communications Lead, MySugr

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

LEARNING OBJECTIVES

- 1. Describe how to overcome challenges in delivering DSMES in today's fast-paced world.
- 2. Assess the role digital healthcare technology can play in DSMES.

3. Identify when digital vs. live coaching is beneficial.

Information overload, busy schedules and ever-shortening attention spans make it harder and harder to get quality diabetes education to your patients. Learn how three pioneering companies are using alternative delivery modes of DSMES to nix the noise and get through to people with diabetes in this engaging panel discussion. UPN: 0069-0000-17-153-L01-P LNC: 5190

Room 231-235

Mary de Groot, PhD, Associate Professor of Medicine, Indiana University School of Medicine

LEARNING OBJECTIVES

- Describe the prevalence and impact of diabetes-related distress in patients with type 1 and type 2 diabetes.
- 2. Identify measures to screen for diabetes distress and depressive symptoms.

3. Describe intervention tools to address diabetes-related distress and depression.

Cumulative evidence now points to high rates of both diabetes distress and depressive symptoms in patients with type 1 and type 2 diabetes. The point prevalence of diabetes-related distress is 18-22 percent while rates of elevated depressive symptoms are between 21-27 percent in adults with type 1 and type 2 diabetes. Diabetes distress is associated with difficulties with adherence to diabetes self-management and worsened A1c values. Depressive symptoms are associated with clinical depression, poorer adherence, more severe diabetes complications and worsened functional disability and early mortality. Diabetes educators are in a key position in the health care delivery system to screen for both diabetes-related distress and depressive symptoms. This invited lecture will focus on the following elements: 1) an overview to the prevalence and impact of diabetes-related distress and depression in diabetes; 2) an overview of the measures that can be used to assess these constructs; 3) appropriate procedures to screen for these conditions; and 4) referral procedures and intervention tools educators can use to address these conditions.

UPN: 0069-0000-17-154-L01-P LNC: 5190

S11 Evaluation of CDC Investments to Increase DSMES Access and Utilization: Lessons Learned from Work with State Health Departments, the American Association of Diabetes Educators, and the American Diabetes Association Q

Room 236-239

Magon Saunders DHsc, MS, RDN, LD, Program Development Consultant, Centers for Disease Control and Prevention

Jacquelyn Houston, MPH, PHCNS-BC, RN, Program Consultant, Centers for Disease Control and Prevention

LEARNING OBJECTIVES

- 1. Describe current national DSMES goals, activities, and supporting utilization data.
- Describe CDC's partnership with ADA and AADE to increase participation in and access to DSMES.
- Articulate findings from the CDC evaluation of state health departments' efforts to increase access to/participation in DSMES, including barriers and facilitators to program participation.

Since 2013, the Centers for Disease Control and Prevention (CDC) has funded state health departments to increase access to, participation in, and reimbursement for diabetes self-management education and support (DSMES) in community settings. All 50 states have been working to increase participation in DSMES, and 45 states are focusing on enhanced activities. State performance has been tracked at the national level through data from both the American Diabetes Association (ADA) and the American Association of Diabetes Educators (AADE). State health departments have reported barriers and facilitators impacting DSMES utilization as well as lessons learned. As a part of the DSMES national evaluation, CDC has conducted a qualitative and quantitative analysis of performance measures and barriers and facilitators reported in state annual evaluation reports. This session will share state progress in increasing use and expanding the reach of DSMES programs, lessons learned from the national evaluation, barriers and facilitators influencing DSMES access and participation, and next steps for the CDC and its partners relative to expanding DSMES utilization. UPN: 0069-0000-17-155-L01-P LNC: 5190

S12 The Algorithm for DSMES Referrals: A Toolkit Made for Diabetes Educators to Share Critical Referral Times Locally and Nationally Q

Room 243-245

Joan Bardsley MBA, BS, RN, CDE, FAADE, AVP Special Projects, MedStar Health Research Institute

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

LEARNING OBJECTIVES

- 1. Describe the four critical times to assess, provide, adjust, and refer for DSMES.
- 2. List three tools available to utilize to support the dissemination of the recommendations stated in the Joint position statement.
- 3. Summarize how individual tools can be utilized based on the unique characteristics of the intended audience.

A joint position statement (Statement) on diabetes self-management education and support (DSMES) was recently released by three stakeholder diabetes organizations - the American Diabetes Association, the American Association of Diabetes Educators and the Academy of Nutrition and Dietetics, as well as the National Diabetes Education Program. The Statement identifies four critical times for assessing the need for a person with diabetes to be referred for DSMES. The times are at diagnosis, on a yearly basis for health maintenance and prevention of complications, when new complicating factors influence self-management, and when transitions of care occur. In addition to providing the evidence for the need for education at these times, an algorithm was developed to summarize the critical times to assess, provide and adjust self-management education and support. The algorithm also identifies areas of focus and action steps that should be considered by the healthcare provider, educator and the person with diabetes at each of these times. The intent of the algorithm is to provide clear guidance on when to refer, what self-management needs and support are needed at each critical time, and outlines suggested focus areas for the clinical and education teams. A tool kit of materials has been developed to aid in disseminating the recommendations in the Statement and increasing referrals for DSMES by implementing the recommendations of the Statement. These support materials are intended to be used in a variety of settings and are customizable to the user's local venue. This presentation will provide a background examination of the Statement and algorithm, and examine each tool in the kit for its goal, audience, and intended use. UPN: 0069-0000-17-216-L01-P LNC: 5190

1:00 pm - 2:30 pm • (1.5 CE Available per session)

S13 Zebras in the Herd - The Less Common Types of Diabetes Q

Room 130-133

Lucia Novak, MSN, ANP-BC, BC-ADM, CDTC, Director, Riverside Diabetes Center, Riverside Medical Associates, P. A.

Karen Shidler, RN, MS, BC-ADM, CDE, Clinical Education Coordinator, North Central Indiana Area Health Education Center Lisa Letourneau, MPH, RD, LDN, Research Study Coordinator and Dietitian, University of Chicago Kovler Diabetes Center

LEARNING OBJECTIVES

- 1. Identify the less common types of diabetes mellitus.
- 2. Distinguish the clinical characteristics of monogenic, immune-mediated and idiopathic diabetes mellitus.
- Formulate a treatment/patient plan that considers the underlying defects and risk for complications.

The goal of this presentation is to introduce the less common types of diabetes mellitus (monogenic, idiopathic and Latent Autoimmune Diabetes of Adult [LADA]). Distinguishing the characteristics of these less common types of diabetes will assist the clinician to better identify patients 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 plan that considers the underlying defect, the natural progression of disease as well as risk for development of microvascular complications associated with these less common types of diabetes. *UPN: 0069-000-17-157-101-P LNC: 5190*

S14 The Use of Continuous Glucose Monitoring with Multiple Daily Injections of Insulin in T1D and T2D: The DIAMOND Study

Room 135-139

Richard Bergenstal, MD, Executive Director, International Diabetes Center at Park Nicollet

Xiaomei Peng

Laura Young, MD, PhD

LEARNING OBJECTIVES

- Summarize how the DIAMOND study results can impact dayto-day management of patients with diabetes.
- Describe how to effectively use continuous glucose monitoring (CGM) to improve care of individuals with T1D on multiple daily insulin injections (MDI).
- 3. Describe how use of CGM improves T2D management.

This presentation will focus on the findings and implications of the DIAMOND Study. This study considers the number of type 1 and type 2 insulin users and how those users access and are delivered technology. The session will focus on the technology that can be used to deliver insulin as well as to monitor blood glucose, using CGM. Additionally, throughout this session, the participant will understand the DIAMOND study design. This includes; whether or not using CGM in patients who take multiple daily injections of insulin (MDI) is beneficial, describes the impact of CGM in Type 1 diabetes pts on MDI, reviews A1c outcomes, CGM outcomes, how patient characteristics influence outcomes, etc. Lastly, the presenter will review the impact of the DIAMOND study on clinical practice, which patients benefit most from CGM, how CGM improves glucose control, best approaches to educating patients about how to use CGM to improve diabetes outcomes. This session is aimed to answer the question about what future research is needed to answer additional questions regarding the use of CGM in diabetes care.

UPN: 0069-0000-17-233-L01-P

LNC: 5190

S10 Screening for Diabetes Distress and Depression: What Should the Diabetes Educator Do?

S15 How Are Diabetes Educators Revitalizing DSMES Programs Before They Close? Q

Room 143-145

Marie Frazzitta, DNP, FNP-c, CDE, Senior Director Chronic Disease Management, Northwell Health

Becki Thompson, RN, BSN, CDE, MLDE, DSME Coordinator, Healthy Living with Diabetes, Kentucky Department for Public Health, Kentucky Diabetes Prevention & Control Program, Department for Public Health

Julie Pierantoni, RN, MSN, CDE, Diabetes Program Coordinator, Sentara RMH Medical Center

Megan Barriger, MA, RD, LD, CDE, MLDE, CSO, Program Coordinator, Diabetes Education, Norton Healthcare

Lynn Kihm, RN, CDE, Care Coordinator, Helen Newberry Joy Hospital and Healthcare Center

Leslie Kolb RN, BSN, MBA, Vice President of Science and Practice, American Association of Diabetes Educators

LEARNING OBJECTIVES

- 1. Describe ways to help improve referrals.
- 2. Understand new services that can be implemented in your DSMES program.
- 3. Discuss effective ways to speak in a business language not clinical.

Come hear your peers discuss some of the changes they have made to successfully turn around their Diabetes Self-Management Education and Support programs (DSMES). The panel will discuss a variety of innovative approaches they used to save and even grow their program. Your peers have learned how to add new services, change outdated processes and speak the "business language." Did you know you could affect HEDIS measures and help your providers get higher rates? Increase referrals, no problem! All while showing amazing outcomes! The panel is multidisciplinary and represents a variety of settings and models of care. Panel members will present their programs story, which will include lessons learned, tips to help and what did not work so well. Once their presentations are completed, we will have plenty of time for questions and discussion.

UPN: 0069-0000-17-217-L01-P

S16 The Changing Marketplace: The Nutrition Facts Label, Evolving Consumer Values, and Putting Sugars in Context Q

Room 231-235

Robert Post, PhD, MEd, MSc, Senior Director, Chobani Nutrition, Center and Regulatory Affairs, Chobani, LLC

IFARNING OBJECTIVES

- 1. Identify the upcoming changes in the Nutrition Facts Label for foods and beverages sold to consumers.
- 2. Describe evolving consumer demands for values-based information on food labeling, which go beyond the Nutrition Facts, changing the marketplace today and challenging health educators in their work to guide clients.
- State the issues surrounding added sugars and the context for 3. talking about them in a way that aligns with the dietary recommendations to consume more nutrient dense foods and beverages.

FDA's rules on the next iteration of the Nutrition Facts Label (NFL) will be a force of change to help consumers make better decisions about the healthfulness of foods and beverages they buy at the grocery store. With bolded calories, new nutrient values, a new fiber definition, an added sugars declaration, and new serving sizes, among the changes, the food sector is likely to be challenged to innovate and tell their products' nutrition stories. The new label comes at a time when the marketplace is evolving to a new set of factors related to health, lifestyle, social impact, personalization, and transparency, which are driving consumer food choices. Health professionals and consumers will be challenged to interpret the new NFL and put it into the proper context for today's complex marketplace. This presentation will give insights on pending label changes and the challenges and opportunities for health educators in light of a new, empowered consumer. It will highlight important changes around carbohydrates/sugars in the context of today's consumer values. Lastly, added sugars and their role in foods will be described with an overview of possible public health concerns toward the goal of accommodating less added sugar.

UPN: 0069-0000-17-158-L01-P LNC: 5190

Pioneer Diabetes Technologies and

Promotion of Lifestyle Behavior

Deliver Cost-Effective Care

Psychosocial Issues and the

Change

Connected Health Modalities to



EDUCATION TRACKS

- Advanced Skills for Program and Business Management for Entrepreneurial Organizations
- Build Skills to Provide Diabetes Education and Support within Evolving Healthcare Systems

- Innovative Diabetes Care and Education Across Diverse **Populations**
- Pathophysiology, Epidemiology, and Clinical Management of Prediabetes, Diabetes and Related Chronic Conditions

S17 OpenAPS and DIY Diabetes Q

Room 236-239

Dana Lewis, Founder, OpenAPS

LEARNING OBJECTIVES

- 1. Articulate why a patient might DIY an artificial pancreas or other diabetes tool.
- 2. Describe an example of open source diabetes technology.
- 3. List several things an educator should keep in mind when a patient brings in DIY technology or an unfamiliar app/tool.

What do you do when your patient walks in the door with a self-built artificial pancreas? This is happening around the world, and educators must be prepared to deal with patients who are embracing the #WeAreNotWaiting movement and building their own diabetes tool. Dana Lewis will give examples from the open source diabetes community, explain innovations like #OpenAPS, and give tips for educators to support patients who build their own solutions or bring in apps that educators don't know about (yet). UPN: 0069-0000-17-159-L01-P INC: 5190

S18 Updates on GDM: New Insights on Nutrition and Future Risks to Mom and Baby Q

Room 243-245

Alyce Thomas, RDN, Nutrition Consultant, St. Joseph's Regional Medical Center

Diane Reader, RD, CDE, Manager, Diabetes Professional Education, International Diabetes Center

LEARNING OBJECTIVES

- 1. Describe at least four changes to the updated nutrition practice guidelines.
- 2. Discuss post-partum topics related to prevention of recurrence of GDM (including PCOS).
- 3. Discuss the possible long-term outcomes of children born to women with GDM and areas of future research.

In recent years, research has shown that medical nutrition therapy and the long-term effects to the mother and her infant are two of the factors that have shifted the management of GDM. Nutrition practice guidelines recently revised by the Academy of Nutrition and Dietetics may result in changes to some commonly held beliefs and practices. Intervention in the postpartum period may reduce or even prevent the development of type 2 diabetes in the future. This session will discuss the most recent nutrition practice guidelines and type 2 risk reduction strategies in women with previous GDM and their children.

UPN: 0069-0000-17-160-L01-P

INC: 5190

3:45 pm – 4:45 pm • (1 CE Available per session)

S19 Technology Works Best When It Is Accurate Q

Room 130-133

David Klonoff, MD, FACP, FRCP (Edin), Fellow AIMBE, Medical Director, Diabetes Research Institute, Mills-Peninsula Medical Center

LEARNING OBJECTIVES

- 1. Define accuracy for diabetes devices.
- 2. Summarize the benefits of technical standards for diabetes devices.
- 3. Practice safe behavior to improve the cybersecurity of diabetes devices.

Diabetes technology uses engineered materials and processes to deliver information, analyze the information, and act upon the information with the support of software. Digital health is a new paradigm for diabetes therapy. This term refers to a combination of a wearable sensor, a reader (such as a smartphone) and software that either provides decision support advice, delivers instructions, or controls a device, such as an insulin pump or a closed loop system. Accurate input is vital for accurate output of a digital health system. Recent evidence has indicated that there can be a difference in the accuracy of blood glucose monitors, continuous glucose monitors, and insulin infusion systems. Furthermore, insulin delivery software can be designed to include various physiological factors that will affect dosing. Better accuracy of these devices will result in better outcomes. Standards can set a target for manufacturers to meet and the technical performance of industries tends to improve when standards are adopted. Recent new cybersecurity standards will lead to greater safety of medical devices, which meet these standards.Coalitions of academia and industry are currently working on new standards for diabetes technology products that will improve their performance. This session is spotlighted by Office and Clinic Based COI.

UPN: 0069-0000-17-224-L01-P

LNC: 5190

S20 Transitioning the Patient from Hospital to Home: It's Complicated Q

Room 135-139

Virginia Peragallo-Dittko, RN, BC-ADM, CDE, FAADE, Executive Director, Diabetes and Obesity Institute/Professor of Medicine Winthrop University Hospital, An Affiliate of NYU Langone Health, Stony Brook School of Medicine

LEARNING OBJECTIVES

- 1. Identify two healthcare trends that impact transition from hospital to home.
- 2. List one reason transitioning is complicated and one creative system employed.
- 3. Identify a place to start in building a transition program.

There has been a shift in the patterns and characteristics of people seeking acute medical care. They are sicker, more frail and have complex medical conditions and treatment plans. Shorter hospital stays and financial pressures to discharge to home are coupled with community systems and care management that can't keep up or may not even be in place. Diabetes is rarely the presenting diagnosis and limited resources contribute to the approach of "what bleeds, leads." Transitioning the patient with diabetes from hospital to home is complicated. This session will challenge participants to take a fresh look through a review of the barriers, creative ideas and evolving role of the CDE in care coordination. UPN: 0069-0000-17-161-L01-P LNC: 5190



Saturday, August 5

Poster Sessions

47

S21 Seniors with Diabetes: Why Are They Different? QA 0.25 credit

Room 143-145

Sara (Mandy) Reece, PharmD, BC-ADM, CDE, Vice Chair and Assistant Professor, Department of Pharmacy Practice, Philadelphia College of Osteopathic Medicine Georgia Campus, School of Pharmacy

Terry Compton, RN, MS, CDE, Diabetes Education Program Manager, St. Tammany Parish Hospital

LEARNING OBJECTIVES

- 1. Describe the specific care needs of the older adult with diabetes
- 2. Develop customized glycemic goals and prevent hypoglycemia in given older adult diabetes patient scenarios.
- 3. Identify appropriate drug and nutrition therapy for various older adult patients with diabetes.

The demand for diabetes care in senior adults has soared in recent years as the baby boomers are now in their golden years. Geriatric patients have unique diabetes care needs due to comorbidities, co-existing diseases and functional disabilities. This presentation will provide an update on the management of the senior adult with type 2 diabetes and recommended treatment regimens. Choosing the best treatment option at the appropriate time for geriatric adult in the progression of diabetes is critical for achieving the goal outcomes and preventing complications.

UPN: 0069-0000-17-162-L01-P LNC: 5190

S22 Money Matters in Medical Nutritional Therapy (MNT) and Diabetes Self-Management Education (DSME): Increase Your Insurance Reimbursement Q

COI Spotlight Session-Inpatient Management

Room 231-235

Mary Ann Hodorowicz, RDN, MBA, CDE, CEC, Owner, Mary Ann Hodorowicz Consulting, LLC

IFARNING OBJECTIVES

- 1. Describe the Medicare beneficiary eligibility criteria for DSMT and MNIT
- 2. List three of the Medicare coverage guidelines for telehealth MNT and DSMT.
- 3. Name the practice setting from which Medicare does not allow off-site locations for furnishing DSMT.

This detailed presentation is exactly what you need to pocket insurance reimbursement for medical nutritional therapy (MNT) and diabetes self-management education, examination (DSME)/E. Reviewed are Medicare's latest coverage guidelines on referrals, laboratory criteria, approved locations, utilization limits, criteria for all individual diabetes self-management education training (DSMET), beneficiary entitlement, provider eligibility, telehealth guidelines, required Current Procedural Terminology (CPT) codes, International Classification of Diseases 10th edition (ICD-10) and revenue codes, quality standards, Advance Beneficiary Notice of Noncoverage (ABN) use, approved practice settings, and the benefits' tiered payment rates. You will also receive a '10-Step Action Plan' to increase private payer reimbursement. UPN: 0069-0000-17-163-L01-P

LNC: 5190

S23 How to Hook People on Exercise and Keep Them Engaged Q

Room 236-239

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

LEARNING OBJECTIVES

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

This presentation is an educational journey describing and explaining the many positive effects of regular exercise for people on the continuum from normoglycemia to prediabetes and type 2 diabetes. A major focus of this presentation is a thorough discussion of over 10 evidence-based strategies to help people successfully engage with and adhere to an exercise program over time. Key points on effective motivation plans to incorporate with all patients will be discussed. All participants will learn how to complete metabolic profiles for their patients. With metabolic profile methodology, professionals can seamlessly integrate movement activities with each person's individual lifestyle. This program will also cover the current recommendations for aerobic and resistance training for health and clinical populations. Every participant will leave with a tool box of approaches to reduce sedentary behavior and get patients moving for health.

UPN: 0069-0000-17-164-L01-P INC: 5190

S24 Effective Nutrition Counseling for Diabetes: Cutting Through the Controversies and Discovering the Evidence Q

Room 243-245

Janice MacLeod, MA, RDN, CDE, Director Clinical Innovation WellDoc Marion Franz, MS, RDN, CDE, Owner Nutrition Concepts by /Franz, Inc.

Catherine Brown, MS, RDN, CDE, Manager, Content Development, WellDoc

LEARNING OBJECTIVES

- 1. State the effectiveness of evidence-based diabetes nutrition therapy recommendations and interventions.
- 2. Address common diabetes nutrition controversies head-on by reviewing current evidence based nutrition therapy recommendations for adults with diabetes.
- 3. Integrate evidence based diabetes nutrition therapy recommendations into diabetes education sessions.

Controversies in diabetes nutrition recommendations abound. This presentation will address these controversies head-on by presenting evidence-based nutrition therapy practice guidelines for type 1 and type 2 diabetes in adults from the recently updated online Evidence Analysis Library of the Academy of Nutrition & Dietetics. Evidence-based recommendations for providing medical nutrition therapy (MNT) for adults with diabetes include revised recommendations for energy intake, individualizing macronutrient composition, carbohydrate management strategies (carbohydrate counting alone and using insulin-to-carbohydrate ratios,

food lists, plate method), protein intake, cardioprotective eating pattern, sweeteners, alcohol intake, fiber, physical activity, and glucose monitoring. Using the nutrition care process, evidence is strong for the effect of medical nutrition therapy on glycemia, improvements in medication adjustments, and quality of life. The updated nutrition guidelines and recommendations for diabetes are a critical update for all members of the healthcare team involved in providing evidence-based diabetes care and education to patients. UPN: 0069-0000-17-165-101-P INC: 5190

5:00 pm – 6:00 pm • (1 CE Available per session)

S25 Healthy Baby, Healthy Mom: Lessons Learned from a Nutrition and Diabetes Expert with Type 1 Diabetes 📿

Room 130-133

Marina Chaparro, RDN, CDE, MPH, Registered Dietitian/Diabetes Educator, Nutrichicos; Founder, Joe DiMmaggio Children's Hospital

LEARNING OBJECTIVES

- 1. State the physiologic changes throughout each trimester of pregnancy and how they relate to diabetes management.
- 2. Identify the challenges faced by pregnant women with pre-existing diabetes and make practical recommendation to improve care.
- 3. Identify technological tools used to advance the care of women with type 1 diabetes during pregnancy.

Pregnancy is a challenging time for women with pre-existing diabetes. Most resources available focus on gestational diabetes or type 2 diabetes due to the increase in prevalence. There is a lack of meaningful resources available to help women with type 1 diabetes mellitus (T1DM) manage the demands required during pregnancy. Women with T1DM are particularly at risk for hypoglycemia, retinopathy and serious conditions like diabetic ketoacidosis. Although current standards of care for the management of women with pre-existing diabetes are available, they don't often translate into meaningful or realistic solutions for the patient. The use of technology like insulin pumps, continuous glucose monitors, sensor augmented pumps and mobile applications offer tremendous advantages to pregnant women with diabetes. Lessons learned from CDE's can offer insight and provide effective, patient-centric tools others can apply. Glycemic control is challenging for any person with diabetes, but even more so in women who have diabetes and are considering pregnancy. UPN: 0069-0000-17-166-L01-P LNC: 5190



S26 An In-Depth Look at Metformin: Potential New Uses for an Old Drug Q

Room 135-139

Curtis Triplitt, PharmD, CDE, BCPS, Clinical Associate Professor, Medicine/Diabetes UTHSCSA, Texas Diabetes Institute

LEARNING OBJECTIVES

- 1. Describe what kind of compound metformin is and how it may relate to potential benefits
- 2. Identify cancers that metformin may be used in their algorithms to improve outcomes or reduce toxicities.
- 3. Describe why metformin may have a potential to extend life and may have anti-inflammatory properties.

In this offering, we will explore what metformin is, and the different disease states that metformin is being researched for potential benefit. Emphasis will be from a diabetes educator/clinician standpoint.

UPN: 0069-0000-17-242-L01-P

LNC: 5190

S27 Seeking Answers to the Burning Questions: Research in Diabetes Education Q

Room 143-145

Jacqueline LaManna, PhD, ANP-BC, BC-ADM, CDE, Assistant Professor, University of Central Florida College of Nursing

Jane Dickinson, RN, PhD, CDE, Program Director, Lecturer, Teachers College, Columbia University

Michelle Litchman, PhD, FNP-BC, FAANP, Assistant Professor, Family Nurse Practitioner, University of Utah

LEARNING OBJECTIVES

- 1. Discuss how a diabetes educator can identify a gap in the literature and generate research questions.
- 2. Identify the basic types of research and what is involved in conducting research.
- 3. Discuss ways the diabetes educator can translate research findings into practice.

Diabetes educators are increasingly called upon to contribute to the body of evidence that validates the clinical and economic contribution of diabetes self-management education and support (DSMES) practices within an evolving health delivery system. In other words, diabetes educators have questions that need answers. The 2016-2018 AADE Strategic plan identifies "a research agenda that continues to support the value of DSMES." The AADE Research Committee has been charged with identifying gaps in the diabetes literature that may be amenable to future study and grant funding by the diabetes education community. This presentation by members of the Research Committee will provide diabetes educators with an overview of the research process (problem identification, common methodologies, human subjects protections, funding sources, data analysis, dissemination, and translation of findings to policy and practice), guidance on how diabetes educators can incorporate research and evidence into DSMES practice, and next steps on how diabetes educators can increase involvement in DSMES research activities. UPN: 0069-0000-17-167-L01-P LNC: 5190

S28 Improving Employee Health: Developing an **Employer-Endorsed Program for Employees with** Diabetes Q

Room 231-235

Carol Biondi, RN, MSN, CDE, Diabetes Nurse Specialist, Tampa General Hospital

Renee Meehan, RN, BSN, MA, CDE, Diabetes Nurse Specialist, Tampa General Hospital

LEARNING OBJECTIVES

- 1. State the benefits and challenges of an employer-based wellness program for employees with diabetes.
- 2. List the results and recommendations derived from the Survey Monkey on how to improve DSMES programs.
- 3. Identify the special considerations needed for a successful DSMES program dedicated to employees.

In 2014, employee wellness at a large teaching hospital launched a program titled "Living with Diabetes." There were 130 participants during the first year. In 2015, enrollment increased to 258 people. The program was opened to spouses/partners who were on the Employer's medical insurance. Employees/covered spouses who complete the program requirements receive up to \$400 on a Health Reimbursement Account for the following year. Another \$400 can be earned, delivered on the employee's paycheck/spouse gift card. Employees/participating spouses must meet program requirements and complete optional activities for reimbursement. An example of an optional activity is completion of a 10-hour diabetes self-management education and support (DSMES) class, worth \$300. Of concern, of the 258 people enrolled in Living with Diabetes 2015, half did not attend a DSMES class. Literature review clearly supports that completion of a DSMES class can help the person with diabetes achieve favorable outcomes. A goal of the Diabetes Education Department at this healthcare facility is to increase employee/spouse participation in a DSMES class. A Survey Monkey was used to identify ways to increase enrollment. A DSMES class was designed to meet the special needs of the employees with diabetes. UPN: 0069-0000-17-168-L01-P LNC: 5190

S29 Sugar-Coating Oral Health: Things You May Want to Consider Q

Room 236-239

Jerry Brown, DMD, CDE, Certified Diabetes Educator, Health Learning Facilitator, University of South Florida Department of Internal Medicine

LEARNING OBJECTIVES

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

Oral manifestations and complications in patients with diabetes mellitus have been recognized and reported recently as an important complication of diabetes mellitus. There is increasing evidence that chronic oral complications in patients with diabetes adversely affect blood glucose control. Periodontitis has a bidirectional effect on glycemic control in patients with diabetes. Prevention and management of oral complications, especially periodontal disease, in patients with diabetes is important due to their possible adverse effect on glycemic control. Promotion of a healthy oral cavity in patients with

diabetes is vital. Patient assessment and criteria for a dental referral as described in the ADA's Standards of Medical Care in Diabetes are critical skills. UPN: 0069-0000-17-169-L01-P LNC: 5190

S30 Why Not Make It Plain? Incorporating Plain Language Strategies in Diabetes Education Q

Room 243-245

Betsy Rodriguez, MSN, DE, Deputy Director, CDC Division of Diabetes Translation National Diabetes Education Program

Alexis Williams, MPH, MS, CHES, Public Health Advisor, CDC Division of Diabetes, Health Education and Promotion Team

LEARNING OBJECTIVES

- 1. Describe plain language principles as a strategy to improve written and oral communication for diabetes management.
- 2. Identify the characteristics of print and oral communication that employ plain language techniques.
- 3. Identify resources and strategies to support assessing print and oral communication for plain language.

Many people have trouble following diabetes instructions and recommendations, not because they are noncompliant, but because they do not understand the information provided by healthcare professionals. Approximately one in three adult Americans have low health literacy, low numeracy or both. Among people with diabetes, this is associated with lower disease-specific knowledge, worse performance of required self-care activities and impaired glycemic control. Diabetes educators can play an important role by communicating in ways that improve patient understanding of health information and their ability to apply recommendations to everyday disease self-management behaviors. Among the recommendations for addressing health literacy is the use of plain language strategies, which make complex oral and print communication easier to understand. Plain language strategies address the content being presented, the organization of information and cultural considerations. Plain language communication moves beyond simply addressing the reading level of health information into a more comprehensive approach to providing easy-to-understand and meaningful patient communications. In this presentation, a diabetes educator and a health educator will explain the basic principles of plain language communication, resources available to support the use of plain language communication in practice, and the role of diabetes educators in advocating for the use of plain language strategies. UPN: 0069-0000-17-170-L01-P LNC: 5190

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

Room 140-142

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

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

LEARNING OBJECTIVES

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

SUNDAY, AUGUST 6

GENERAL SESSION

7:30 AM - 8:30 AM • (1 CE AVAILABLE)

2017 Lifetime Achievement Award

GS03 Let's Get Digital Q

Exhibit Hall F

Chris Bergstrom, MBA, Digital Health Lead, Boston Consulting Group Supported by an Independent Medical Education Grant from Merck, Inc.

LEARNING OBJECTIVES

- 1. Apply skills to leverage technology to decentralize healthcare, empower patients and providers, and disrupt inefficient economic models.
- 2. Describe how to transition from mainstream healthcare to connected health.
- 3. Describe how to be able to craft a digital health strategy, identify key partnerships, and map out go-to-market models.

We're in a collision of science, technology, data, personal health, and value based care. Could digital health be our moonshot? Does it work? What do patients think? What would Apple do? Let your patient's body talk! UPN: 0069-0000-17-213-L01-P LNC: 5190

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

DO1 Mental Health, Diabetes, and the Need to See Beyond A1C Q

Room 130-133

Kelly Close, MBA, Founder and Chair of the Board, The diaTribe Foundation

Richard Wood, MBA, CEO, dQ&A

David Marrero, PhD, Director of the Diabetes Translational Research Center, University of Indiana School of Medicine

LEARNING OBJECTIVES

- 1. Describe the impact of diabetes on mental health, emotional well-being, and quality of life.
- 2. Articulate the importance of looking beyond hemoglobin A1c when evaluating the success of therapies and diabetes self-management.
- 3. Describe the daily experience of living with diabetes.

People with diabetes (PWD) are more than twice as likely to experience depression and other mental health conditions compared to the general population. There is no denying that diabetes and mental health are closely intertwined, yet few PWD receive the care they need to support their emotional and psychological well-being. This presentation will explore the need to see beyond hemoglobin A1c when treating people with diabetes, and how considering quality of life and depression scores may improve overall health and well-being.

UPN: 0069-0000-17-172-L01-P LNC: 5190



Sunday, August 6

Saturday, August

Friday, August 4

D02 The New Concentrated Insulins: Is U-500 Insulin Becoming a Dinosaur? 📿 실 0.5 credit

Room 135-139

Wendy Lane, MD, Endocrinologist/Director of Clinical Research, Mountain Diabetes and Endocrine Center

LEARNING OBJECTIVES

- 1. Describe conditions leading to increasing insulin requirements in patients with type 2 diabetes.
- 2. Discuss concentrated insulin products and their PK/PD profiles and how to use them therapeutically in appropriate patients.
- 3. Discuss adjunct therapies to lower the insulin requirement in high dose insulin-treated patients.

The global obesity epidemic has led to increasing insulin requirements in a large percentage of patients with insulin resistant type 2 diabetes. USOOR insulin, indicated for patients requiring over 200 units of insulin per day, can meet the insulin requirements of many of these patients. U500R has limitations including an unphysiologic time-action profile leading to excessive risk of hypoglycemia and excessive glycemic variability, especially when used by inexperienced practitioners or patients. Several new concentrated insulin formulations, including U200 lispro (Humalog), U200 degludec (Tresiba) and U300 glargine (Toujeo) have been introduced into clinical practice in the past three years. These concentrated insulin analogue formulations allow for more physiologic insulin replacement than U500R insulin in patients with high insulin requirements. This presentation will review best clinical practices in managing high dose insulin therapy in insulin-resistant patients with type 2 diabetes and high insulin requirements. We will focus on the clinical benefits and uses of the newest concentrated insulin products. This presentation will review the pharmacokinetic and pharmacodynamic profiles of concentrated insulin analogues and present case studies demonstrating how to use them to most effectively manage the high-dose insulin patient. UPN: 0069-0000-17-173-L01-P LNC: 5190

DO3 Transitions in Care: The Female Patient Throughout the Lifecycle Q

Room 143-145

Jennifer Cacciotti, PhD, MEd, RN, Assistant Professor, University of Pittsburgh

Amy Hess Fischl, MS, RD, LD, BC-ADM, CDE, Teen Transition Program Coordinator, Diabetes Educator, University of Chicago

Anna Norton, MS, CEO, DiabetesSisters

LEARNING OBJECTIVES

- Describe the impact of diabetes on women's health across the lifespan.
- 2. Understand diabetes across the lifespan of women's health.
- 3. Incorporate women's health information into their patient education.

This session will focus on transition care in the adolescent and teen population, focusing on females. The participant will understand how to address the transition needs of teens and adolescents with diabetes and provide resources for successful transition. This session discusses Preconception Counseling (PC). PC is an integral part of primary care for all women of reproductive age. A developmentally-appropriate PC program was developed specifically for female adolescents with diabetes mellitus (DM) called: READY-Girls (Reproductive-health Education and Awareness of Diabetes in youth). READY-Girls (RG) targets female adolescents starting at puberty and focuses on the importance of preventing unplanned pregnancies, benefits of tight metabolic control before conception, how to plan a pregnancy that is safe and wanted, effective use of birth control and to decrease risky behaviors. These latter topics are also relevant for STI education for adolescents as well. This session will also focus on menopause in women living with diabetes, including the relationship between insulin and estrogen, hormone use and A1C outcomes, as well as weight gain during menopause. The participant will understand how to address women's needs as they enter menopause, provide examples of real life experiences and suggest solutions for managing menopausal women with diabetes more effectively. UPN: 0069-0000-17-218-101-P INC: 5190

D04 Metabolic Surgery: Therapeutic Outcomes and the Role of Continuous Glucose Monitoring in the Management of Hypoglycemia Q

Room 231-235

Veronica Brady, PhD, RN, FNP-BC, BC-ADM, CDE, Nurse Practitioner, Reno School of Medicine, Division of Endocrinology

Pat Rafferty, PharmD, BCPS, CDE, Associate Professor, St. Louis College of Pharmacy

LEARNING OBJECTIVES

- Describe the recommendations of the Diabetes Surgery Summit and the mechanisms of diabetes improvement following metabolic surgery.
- 2. Identify interventions to address hypoglycemia following bypass surgery.
- 3. Recognize the role of CGM in the management of hypoglycemia following gastric bypass.

There are approximately 2.1 billion obese people in the world, representing 30 percent of the world population, and per projections, 50 percent of the adult population will be obese by 2030. Metabolic surgical methods include Rouxend-Y gastric bypass, sleeve gastrectomy, biliopancreatic diversion, and gastric banding. Metabolic surgery not only leads to substantial weight loss but also to type 2 diabetes (T2DM) remission in many patients. One of the potential side effects particularly of bypass procedures is hypoglycemia; continuous glucose monitoring (CGM) may be a helpful alternative for glycemic management when diet and oral agents are unsuccessful. The Diabetes Surgery Summit in 2015 lead to the publication of guidelines recommending metabolic surgery to treat T2DM in patients with class III obesity (BMI >=40 kg/ m2) and in those with class II obesity (BMI 35.0 - 39.9 kg/m2) *UPN: 0069-0000-17-174-L01-P LNC: 5190*

D05 New Models of Care: Diabetes and the Triple Aim Q Room 236-239

Robert Gabbay, MD, PhD, FACP, Chief Medical Officer and Senior Vice President, Joslin Diabetes Center

LEARNING OBJECTIVES

- 1. Understand the role of reimbursement changes and their potential impact on care.
- 2. Describe new roles for diabetes educators in a value-based system.
- 3. Understand key aspects of population management, risk stratification, and care management.

Healthcare delivery is in the midst of a revolutionary change, driven in large part by a change in payment models. This shift in reimbursement is resulting in reorganizing healthcare to improve outcomes and reduce healthcare costs. This is good news for us in the world of diabetes because complication prevention is high value. Diabetes educators have a critical role in improving diabetes outcomes and an opportunity to embrace care models to increase their value to health system. We will discuss in an open forum the potential roles for diabetes educators in care management, practice coaching, and expansion of their services. UPN: 0069-0000-17-225-L01-P LNC: 5190

Pioneer Diabetes Technologies and

Connected Health Modalities to

Promotion of Lifestyle Behavior

Deliver Cost-Effective Care

Psychosocial Issues and the

Change

Application Base 🔍 Knowledge Base 👗 Pharmacotherapeutic credit

EDUCATION TRACKS

- Advanced Skills for Program and Business Management for Entrepreneurial Organizations
- Build Skills to Provide Diabetes Education and Support within Evolving Healthcare Systems

Pathophysiology, Epidemiology, and Clinical Management of Prediabetes, Diabetes and Related Chronic Conditions D06 Population Health Diabetes Education: Leveraging Digital Health and Patient Generated Health Data (PGHD) Q

Room 243-245

Janice MacLeod, MA, RDN, CDE, Director Clinical Innovation, WellDoc

Malinda Peeples, MS, RN, CDE, VP Clinical Advocacy, WellDoc

LEARNING OBJECTIVES

- Explain population health diabetes education and a new framework for educators.
- Describe patient-generated health data sources, connected health devices, and the complete feedback loop for linking the patient and the healthcare team.
- Examine the power of patient-generated health data (PGHD) to build diabetes self-management skills and facilitate shared clinical decision making to improve patient quality of life and timely medication management.

Population health strategies for diabetes care are being championed with the transitions from fee-for-service to value-based care. At the same time, the digital health revolution is here and providing large amounts of patient-generated health data (PGHD). The diabetes educator has the unique skill set of understanding patient self-management and how to utilize PGHD for patient education, ongoing support and treatment optimization. In this presentation, we will present a framework for expanding the role of the diabetes educator in population health diabetes education and provide strategies for educators to lead clinical transformation efforts leveraging digital health.

UPN: 0069-0000-17-175-L01-P LNC: 5190

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

D07 Diabetes Outcomes Beyond A1C: Time in Range and Beyond Q

Room 130-133 Aaron Kowalski, PhD, Chief Mission Officer, JDRF

LEARNING OBJECTIVES

- Define the pros, cons and value proposition of diabetes outcomes beyond the A1C including hypoglycemia, time in range, DKA and PRO's.
- 2. Describe the T1D Outcomes Program's consensus of definitions for each of these outcomes.
- Describe the importance of additional outcome measures such as hypoglycemia and time in range for the development of future advanced diabetes treatment options.

Hemoglobin A1c (A1C) is the gold standard for measuring glycemic control in people with diabetes and for evaluating the efficacy of new treatment options in research and in clinical practice. However, the A1C does not capture critical information that is of significant importance to people with diabetes and to diabetes educators. The A1C is representative of the mean blood glucose and does not capture hypoglycemia exposure or glycemic variability. The A1C also does not capture the impact of diabetes management on quality of life. While the A1C will remain an important measure in the clinic, it is time to move to better/additional metrics to measure diabetes treatment. To address this vital issue, the T1D stakeholder community (including AADE) launched T1D Outcomes Program to develop consensus definitions for a set of priority outcomes for T1D. UPN: 0069-0000-17-176-L01-P LNC: 5190

Room 143-145

Rohit Moghe, PharmD, MSPH, CDE, Advanced Practice Pharmacist, Jefferson University Hospital

Caroline Trapp, DNP, ANP-BC, CDE, FAANP, Diabetes Nurse Practitioner, Premier Internists, A Div. of the Millennium Medical Group, P.C.

LEARNING OBJECTIVES

- Design an approach using deprescribing algorithm to reduce or remove medications in persons with diabetes.
- 2. Explain what a successful lifestyle medicine implementation looks like.
- 3. Formulate, implement, and document cases in which desprescribing was utilized.

Medications used to treat diabetes carry a Food & Drug Administration (FDA) approved label/indication. The long-term adverse effects are not known for decades after the drug has been on the market. Given these safety concerns, patients are increasingly requesting medication reduction(s) and/or discontinuation. This is leading more and more clinicians to increase counseling of lifestyle medicine (dietary habits and patterns, increasing activity, reducing stress, increasing rest/sleep, and reducing risks). De-prescribing is the art of methodically reducing medications based on both discussion of patients' wants and wishes, but also balancing the clinical benefit/effectiveness with safety. Canada has established a center for the study and promulgation of de-prescribing. The need to have such an educational activity is to increase understanding of the benefits of de-prescribing as well as an approach to increase lifestyle medicine. This lecture will focus on examples of utilizing various structured approaches to de-prescribing medications using case-based examples in type 2 diabetes mellitus (T2DM) after lifestyle changes have been successfully implemented.

UPN: 0069-0000-17-177-L01-P

LNC: 5190

SUNDAY, AUGUST 6

D10 May the Force Be with You: Super-Creative Diabetes Self-Management Education Program Community Marketing Activities Q

Room 231-235

Mary Ann Hodorowicz, RDN, MBA, CDE, CEC, Owner, Mary Ann Hodorowicz Consultina, LLC

LEARNING OBJECTIVES

- 1. State the nine goals of community marketing activities for DSME programs.
- 2. Describe the five target markets for community marketing activities.
- 3. Restate eight of the 16 proven community marketing activities for a DSMES program

Many people believe in the saying "If you build it, they will come." But when it comes to diabetes self-management education and support (DSMES) programs, this is usually not true. To help your program thrive, rather than just limp along, community marketing activities (CMAs) are a must. These activities are targeted to, or planned to incent locals to self-refer to your program. CMAs also include diabetes screening events with home-based blood glucose meters; screenings for type 2 diabetes and beyond. All of these super clever, proven, successful community marketing activities should be active, fun, "edu-taining" and non-intrusive. Come to this session and we will outline all these activities, and thus make you CMA experts! Then sit back and watch an increase of self-referrals and provider referrals roll in! UPN: 0069-0000-17-178-L01-P LNC:5190

D11 Insulin Omission and Diabulimia: A Focus on Therapeutic Approaches Q

Room 236-239

Lalita Prasad-Reddy, PharmD, BCPS, BCACP, CDE, MS, Clinical Assistant Professor, Chicago State University

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

LEARNING OBJECTIVES

- 1. Compare and contrast diabulimia from other encountered eating disorders.
- 2. Describe the clinical consequences of disordered eating in patients with diabetes.
- 3. Outline an optimal therapeutic plan for a patient with diabulimia, taking into account psychosocial and pharmacological treatment options.

Adolescence is a time of self-discovery that is manifested through changes emotionally, socially and psychosocially. In individuals with diabetes, the changes that accompany maturity may complicate overall disease state management. This is especially true for patients with eating disorders. Individuals with type 1 diabetes mellitus (T1DM) tend to be more concerned with their weight compared to those without a chronic disease. There are higher rates of disordered eating, which can manifest as insulin omission (diabulimia), negative or restrictive eating habits, and purging. These behaviors have multiple negative sequelae, including hypoglycemia or hyperglycemia, weight alterations, and other systemic effects. This presentation will discuss the unique approach to the management of eating disorders in the patient with diabetes, including clinical manifestations of disease, diagnosis, clinical consequences, and the overall approach to treatment. UPN: 0069-0000-17-179-L01-P LNC: 5190

D12 Success Beyond A1C: How Social Support Networks Help Improve Diabetes Outcomes Q

Room 243-245

Anna Norton, MS, CEO, DiabetesSisters

Jeff Hitchcock, BS, President, Children with Diabetes

Lorena Drago, MS, RD, CDN, CDE, Certified Diabetes Educator, Senior Associate Director

Manny Hernandez, M.Eng., SVP, Member Experience/Strategic Product Partnerships Livongo Health

LEARNING OBJECTIVES

- 1. Cite examples of diabetes online communities.
- 2. Describe how diabetes online communities can offer support to people with diabetes.
- 3. List opportunities for diabetes educators to collaborate with diabetes online communities

In addition to healthcare teams, patients have found social support networks to be integral to diabetes management during all stages of the condition. Diabetes Educators can enhance their current practices by embracing the Diabetes Online Community as a resource to help with the social and emotional aspects of diabetes. The Diabetes Online Community (DOC) allows people with diabetes to share resources, ask questions, and voice concerns. These networks provide participants with an essential element of support and gives educators an opportunity to learn from peer-to-peer discussions.

UPN: 0069-0000-17-226-L01-P LNC: 5190

2:00 pm - 3:00 pm • (1 CE Available per session)

D13 Precision Medicine in the Prevention of Type 2 Diabetes Q

American Diabetes Association

Room 130-133

Brenda Montgomery, RN, MSHS, CDE, President, Health Care & Education, American Diabetes Association

LEARNING OBJECTIVES

- 1. Identify subpopulations of people with prediabetes that will benefit from particular diabetes prevention interventions.
- 2. Learn about the evaluation of various pharmacologic agents in the prevention of diabetes.
- 3. Review genetic factors that may affect the selection of diabetes prevention interventions.

This lecture is about the present and future of precision medicine in the prevention of type 2 diabetes. It will begin with a discussion of the data from the DPP about how particular subpopulations benefited from lifestyle intervention versus metformin treatment, and how these findings affected clinical practice recommendations. Next will be a review of studies evaluating different diabetes medications in the prevention space, including a discussion on whether this data can provide additional guidance on the types of people likely to benefit from a particular pharmacologic agent. Finally, the lecture will conclude with a review of research into the genetic factors involved in the relative effectiveness of different diabetes prevention interventions.

UPN:0069-0000-17-243-L01-P LNC: 5190 D14 Leveraging Diabetes Education and Disease Management Programs to Meet the Needs of Patients and a Changing Healthcare Industry Q

Room 135-139

Marie Frazzitta, DNP, FNP-c, CDE, Senior Director Chronic Disease Management, Northwell Health

Debra Marotta, MSN, RN, CDE, Ambulatory Care Services-Nurse Manager, Staten Island University Hospital /Northwell Health

LEARNING OBJECTIVES

- 1. Define the triple aim and affordable care act.
- 2. Define value based health care and the impact it has on patient care
- 3. Identify the role of diabetes education and disease management programs on meeting the deliverables of the changing healthcare industry.

In 2007, the Institute for Healthcare Improvement launched the initiative to translate the concept of the 'Triple Aim' into specific actions for change, thereby transforming the way we deliver health care. With the goals of improving quality of care, enhancing the patient care experience and reducing per capita cost many value-based programs began to emerge. Health care providers are examining how they manage their patients' chronic conditions, especially diabetes. Diabetes is a significant driver in the success of chronic disease management and education programs primarily due to the prevalence and cost. Secondly, diabetes is often seen as a co-morbid condition in the overall treatment plan, impacting the quality of outcomes. Diabetes education and disease management programs play an integral role in supporting the 'Triple Aim' objectives of improving quality, enhancing the patient experience and decreasing costs. This session will focus on the strategies and opportunities that these programs have to add value to meeting the deliverables and improving care. UPN: 0069-0000-17-180-L01-P LNC: 5190

D16 How Can Diabetes Educators Harness the Potential of Digital Health? \mathbf{Q}

Room 231-235

Kevin Clauson, PharmD, Associate Professor, Lipscomb University

LEARNING OBJECTIVES

- 1. Define digital health.
- 2. List drivers of digital health development and momentum
- 3. Delineate how digital health tools enhance diabetes care and self-care.

- Advanced Skills for Program and Business Management for Entrepreneurial Organizations
- Build Skills to Provide Diabetes Education and Support within Evolving Healthcare Systems
- Innovative Diabetes Care and Education Across Diverse Populations
- Pathophysiology, Epidemiology, and Clinical Management of Prediabetes, Diabetes and **Related Chronic Conditions**

This presentation will provide an overview of the digital health arena for patients with diabetes. It will feature emerging technologies that diabetes educators can leverage to augment provision of care and empower patients via enhanced self-care. The scientific, financial, and patient-related influences driving the advancement of digital health will be reviewed. Categories of digital health as well as specific tools will be explored during this session. Potential obstacles, risks, and resources will also be discussed.

UPN: 0069-0000-17-227-L01-P LNC: 5190

🔲 D17 Perioperative 'Sweet' Success 📿

Room 236-239

Jennifer Simpson, RN, MSN, CNS, BC-ADM, Inpatient Diabetes Coordinator, Cone Health

Kendra Martin, BSN, CDE, Inpatient Diabetes Coordinator, Cone Health

IFARNING OBJECTIVES

- 1. Review current research regarding glycemic control in surgical patients.
- 2. Outline the process of standardizing diabetes care and education in the surgical population.
- 3. Discuss the outcomes of an evidenced based pilot in "Pre-admission Testing" for patients with diabetes.

Literature shows that patients with diabetes and adequate glycemic control have decreased complications such as hypoglycemia, hyperglycemia, ketoacidosis, and other infections. Glycemic control also helps maintain fluid and electrolyte balance. Inconsistent practices were observed in patients with diabetes in pre-admission testing (PAT), pre-operatively, intraoperatively and post-operatively, therefore standardized blood glucose management was necessary. This presentation will describe a hospitals process in standardizing practice for patients with diabetes before, during and after surgery. The process began with standardizing pre-operative medication instructions for patients based on type of diabetes, type of medication/insulin regimen and timing of surgery/medications. The next step consisted of piloting the process of standard A1C checks and blood sugar monitoring. Finally, the PAT nurses were trained on how to educate patients prior to surgery on the importance of glycemic control and medication instructions. The results of this evidenced-based pilot empowered nurses to provide more inclusive instructions for patients with diabetes and also improved day of blood sugars by 13 percent (from 83 percent of blood sugars within goal (71-180 mg/dL) to 94 percent within goal). Further, the pilot allowed for better collaboration between all disciplines including anesthesia, surgeons, nursing and hospitalists. LNC: 5190

UPN: 0069-0000-17-183-L01-P



D18 Why Words Matter in Diabetes Education Q

Room 243-245

Jane Dickinson, RN, PhD, CDE, Program Director/Lecturer, Teachers College Columbia University

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

Melina Maryniuk, RD, MEd, CDE, Director, Care Programs, Joslin Innovations Joslin Diabetes Center

LEARNING OBJECTIVES

- 1. Identify three examples of language that is problematic in diabetes.
- 2. Summarize the research supporting a re-evaluation of how we talk about diabetes and people who live with it.
- 3. Discuss the Joint Paper on the Use of Language in Diabetes care and education.

The language referring to persons with diabetes can either intentionally or unintentionally express negative and disparaging attitudes. How we talk to, and about, people with diabetes plays an important role in patient engagement, the effectiveness of communications, conceptualization of diabetes and its management, treatment outcomes, and psychosocial well-being. In 2015, a writing committee representing the American Association of Diabetes Educators and the American Diabetes Association convened to discuss and draft a joint position statement on language in diabetes. This session will present the problems with language use in diabetes, including real-life examples, support from the research, and practical guidance on replacing problematic language. The joint position statement on the "Use of Language in Diabetes" will be introduced and explained.

UPN: 0069-0000-17-184-L01-P

LNC: 5190



RESEARCH SESSIONS

2:00 pm – 2:30 pm • (0.5 CE Available)

D15A Non-FDA Approved Activity Related to RT-CGM Use Identified Through Photo Surviellance 📿

Room 143-145

Michelle Litchman, PhD, FNP-BC, FAANP, Assistant Professor / Family Nurse Practitioner, University of Utah

LEARNING OBJECTIVES

- 1. Define photosurveillance.
- 2. List two non-FDA approved activities related to RT-CGM use occurring in the real world.
- 3. Describe the diabetes educator role in understanding non-FDA approved activities related to RT-CGM use occurring in the real world.

Individuals with diabetes are using social media to share information about their health via the Diabetes Online Community, including photo-sharing websites such as Instagram. Real-time continuous glucose monitor (RT-CGM) users posting photographs of their experiences and using hashtags to optimize conversations with others. If a picture is worth a thousand words, a diabetes-related photo posted on social media is worth a million 'likes'. This study utilizes photosurveillance to examine non-FDA approved activity among RT-CGM users tagging their photos on Instagram with the hashtag, #dexcom. Diabetes educators must be keenly aware of how their patients may deviate from clinical recommendations with regards to RT-CGM use. UPN: 0069-0000-17-181-L01-P

LNC: 5190

2:30 pm – 3:00 pm • (0.5 CE Available)

D15B Lived Experiences of Longevity of Type 1 Diabetes Within a Self-Care Framework Q

Room 143-145

Kathleen Palyo, RN, BSN, MSN, DNP, BC-ADM, Nurse Practitioner, Lutheran Medical Group

LEARNING OBJECTIVES

- 1. Identify the self-care behaviors practiced among those who have lived 65 years or longer with type 1 diabetes.
- 2. Describe the Psychophenominological Method and how it applies to the lived experience of those with type 1 diabetes.
- 3. Apply Orem' Self-Care Deficit Theory when developing strategies for Diabetes Self-Management Education to improve self-care behaviors/health outcomes.

This presentation provides insight into the self-care activities utilized by those who have lived with type 1 diabetes for 65 years or longer. Examination of the daily lives of those who have lived many years with type 1 diabetes promotes an in-depth understanding of their self-care needs. Their stories evoke distinct meanings in relationship to the self-care behaviors utilized to maintain their health and prevent complications over an extended period of time. Learning how people have cared for themselves in relation to universal, developmental, and health-deviation self-care requisites provides diabetes educators with knowledge that can be utilized to develop more individualized diabetes self-management education for health promotion and prevention of complications as they live and cope with diabetes. UPN: 0069-0000-17-182-L01-P LNC: 5190

3:15 pm – 4:15 pm • (1 CE Available per session)

D19 Making Sense of Glucose Data - Meters and

Room 130-133

Alison Evert, MS, RD, CDE, Manager of Nutrition and Diabetes Programs, University of Washington Neighborhood Clinics

LEARNING OBJECTIVES

- 1. Describe how to evaluate glucose data from glucose meters and continuous glucose monitoring (CGM) reports.
- 2. State pros and cons of use of personal or professional CGM.
- 3. Evaluate glucose data from a case scenario to formulate treatment recommendations.

This session will provide attendees an overview on "how-to" evaluate self-blood glucose monitoring (SMBG) and continuous glucose monitoring (CGM) reports to assist patients with glucose management. Case studies utilizing SMBG and personal and professional CGM will be used to provide real-life patient care scenarios.

LNC: 5190

UPN: 0069-0000-17-113-L01-P

D20 Educating the 'Difficult' Patient Q

Room 135-139

Marjorie Cypress, PhD, C-NP, CDE, Diabetes Nurse Practitioner/ Consultant

LEARNING OBJECTIVES

- 1. Discuss the concept of brain friendly teaching/learning.
- 2. Describe patient centered care approaches.
- 3. Identify specific strategies to facilitate participation in diabetes self-management education and diabetes self-management.

Working with a "difficult" patient can be frustrating, but understanding how our brains change with learning and how we are motivated, (or not) can help. Several strategies and communication techniques have been shown to improve patient engagement and motivation to change unhealthy behaviors. This session will discuss approaches to interacting with patients, factors that can influence behavior, and strategies that health care professionals can utilize to facilitate self management. Several case studies will be discussed.

UPN: 0069-0000-17-185-L01-P LNC: 5190

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Poster Sessions

D21 Empowering Young Adults with Diabetes into Independence: Resources for off to College and Beyond \mathbf{Q}

Room 143-145

Emily Ike, MS, Program Director, The College Diabetes Network Dan Browne, Program Coordinator, The College Diabetes Network

Christina Roth, CEO & Founder, The College Diabetes Network

LEARNING OBJECTIVES

- 1. Act as an ally for teen and young adult patients with diabe-
- 2. Identify challenges of transitioning to independent diabetes management, and how to partner with College Diabetes Network (CDN) to improve outcomes.
- 3. Identify resources available to patients, their families, and clinicians to help transition from high school to college with diabetes, and how to best utilize them.

This presentation will introduce attendees to all elements of CDN's Off to College program, and other resources for young adults with diabetes. We will discuss the ways in which providers can access the different parts of this program, including our "Off to College Event Host Guide", and audience specific booklets for teens and parents. We will provide examples of how to integrate these resources into attendees' clinical interactions with patients, as well as other CDN programs that interconnect with these program offerings. In closing, we will also provide an overview of the feedback and insights we have learned from data collected from the Off to College Event Host Guide, as well as from the audience specific booklets. Generous time will be left for Q&A.

UPN: 0069-0000-17-186-L01-P

LNC: 5190

D22 The Classification of Diabetes Mellitus Q

Room 231-235

Fernando Ovalle, MD, Professor of Medicine, University of Alabama at Birmingham

LEARNING OBJECTIVES

- 1 Understand the classification of diabetes
- 2. Explain the classification of diabetes mellitus subtypes.
- 3. Differentiate between diabetes mellitus subtypes.

Discuss the current classification of diabetes mellitus, the prevalence and phenotype of different Diabetes Subtypes, and the clinical Implications.

UPN: 0069-0000-17-234-L01-P

LNC: 5190

Saturday, August 5

Sunday, August 6

Monday, August

SUNDAY, AUGUST 6

D23 DAWN2 and Ethnicity: What Do Diabetes Educators Need to Know Q

Room 236-239

Martha Funnell, MS, RN, CDE, FAADE, Associate Research Scientist, University of Michigan Medical School

LEARNING OBJECTIVES

- Describe three implications for DSMES learned as a result of DAWN2 U.S.
- 2. Identify three strategies to address diabetes-related distress.
- 3. Demonstrate active listening and behavioral goal-setting skills consistent with DAWN2 messages.

This interactive session will include a presentation of the U.S. DAWN2 study ethnicity data, focusing on specific, practical implications for diabetes educators. Self-reports include ethnic differences of self-management, frequency and perceived family member support and need for improvements in social perceptions of diabetes. No ethnic showed consistently a higher or lower predisposition or success across all domains. The results suggest that diabetes educators should assist people to identify behaviors that are personally important and ethnically relevant. The session will include quantitative and qualitative data about people with diabetes and adult family members of adults with diabetes. *UPN: 0069-0000-17-187-L01-P LNC: 5190*

D24 What Skills Do I Use? A Sense Making Approach to Motivational Interviewing Q

Room 243-245

Bruce Berger, PhD, President, Berger Consulting, LLC and Professor Emeritus, Auburn University, Berger Consulting, LLC and Auburn University

LEARNING OBJECTIVES

- Distinguish between the acronym-based approach to motivational interviewing and a sense making approach to motivational interviewing.
- 2. Differentiate between the application of various motivational interviewing skills and reason, based on when they are used.
- 3. Apply the motivational interviewing skills used in each step of a sense making approach.

This session will assist diabetes educators in knowing what specific motivational interviewing (MI) skills should be used to improve the chance of health behavior change. Acronym-based approaches to motivational interviewing often cause problems for health care professionals (HCPs). The acronym-based approach was originally developed for clinical psychologists whose training is substantially different than HCPs. HCPs often have difficulty remembering what each letter of each acronym stands for and, specifically, when to use that letter in the acronym. Our

EDUCATION TRACKS

- Advanced Skills for Program and Business Management for Entrepreneurial Organizations
- Build Skills to Provide Diabetes Education and Support within Evolving Healthcare Systems

sense-making approach to motivational interviewing will be reviewed and then very specific applications of new MI skills we have developed for HCPs will be presented with case examples. UPN: 0069-0000-17-188-L01-P LNC: 5190

4:30 pm – 5:30 pm • (1 CE Available per session)

D25 Different Generations, Different Strategies: A Workshop in Customizing DSMES Q

Room 130-133

Laurel Fuqua, RN, MSN, Sr. Vice President Clinical & Operations, Canary Health

Toby Smithson, MS, RDN, LD, CDE, Diabetes Lifestyle Expert, Livongo Health

R. Keith Campbell, RPH, CDE, Retired Associate Dean and is the Distinguished Professor in Diabetes Care/Pharmacotherapy, Washington State University College of Pharmacy

Asha Brown, CEO, We Are Diabetes

LEARNING OBJECTIVES

- 1. Identify the defining events of each generation that shape characteristics.
- 2. Use knowledge of generational traits to structure learning experiences in order to facilitate better DSMES.
- 3. Create bridges across generations to enhance the communication and learning.

When you look at many diabetes educational programs, you'll notice clients from different generations present within every program. There may be the 42-year-old just diagnosed with type 2 diabetes mellitus (T2DM), a 20-something college student just diagnosed with type 1 diabetes mellitus (T1DM) and a 74-year-old diagnosed with pre-diabetes. Much like gender, socioeconomics and race, our generational affiliation strongly influences how we think, learn and communicate. The generations we are most likely to encounter in our diabetes education careers include five generational groups: the Silent Generation, Baby Boomers, Generation X. Millennial and Generation Z. It is important that diabetes educators understand the individual generational elements that can impact their diabetes care and how can we best approach different generations to achieve our desired educational outcome. In this session, three diabetes health professionals from different disciplines and a peer educator (all from different generations) will conduct an engaging workshop on generational characteristics, the impact of these differences both in the workforce and patient care and present and discuss generational specific strategies for diabetes self-management education support (DSMES), and care. The presenters will also share their personal story on how diagnosis within a certain generation affected their DSMES.

UPN: 0069-0000-17-189-L01-P

LNC: 5190

Connected Health Modalities to

Promotion of Lifestyle Behavior

Deliver Cost-Effective Care

Psychosocial Issues and the

Change

Application Base 🔍 Knowledge Base 🙆 Pharmacotherapeutic credit

- Innovative Diabetes Care and Education Across Diverse Populations
- Pathophysiology, Epidemiology, and Clinical Management of Prediabetes, Diabetes and Related Chronic Conditions

D26 Real World Experience with the Hybrid Closed-Loop Insulin Delivery System Q

Room 135-139

Beth Olson, BAN, RN, CDE, Program Manager, Research, International Diabetes Center

Shannon Beasley, APRN, CPNP, CDE, Nurse Practitioner, Park Nicollet Pediatric Endocrinology

LEARNING OBJECTIVES

- Explain the impact of the 670G Hybrid Closed-Loop system on safety and efficacy of glycemic parameters.
- 2. Identify the practical applications for implementation of the Hybrid Closed-Loop system.
- 3. Assess patient, caregivers and provider expectations of the 670G Hybrid Closed-Loop system.

The diabetes community has waited for many years for the artificial pancreas. In September 2016, the FDA approved the Medtronic 670G Hybrid Closed-Loop System. This first-in-class system uses a controller algorithm to translate glucose sensor information that directs the insulin pump to automatically deliver the correct dose of insulin. Proper patient selection is important. Knowing how to support patients who use this system, system components, safety features and practical troubleshooting tips will improve chances for treatment success. Firsthand, real-world experience working with the hybrid closed-loop insulin delivery system with teens and adults in observational and free living conditions will be shared.

D27 Blindness and Vision Impairment: A Common Yet Overlooked Complication of Diabetes Q

Room 143-145

J. John Pimentel, RN, BSN, CDOE, Diabetes Program Manager, Insight (Vision Rehabilitation Center)

LEARNING OBJECTIVES

- State common behaviors and assumptions by healthcare professionals which create barriers to effective interactions with blind/vision impaired persons with diabetes.
- Identify specific physical, emotional and cultural challenges which are unique to the blind/vision impaired person with diabetes and effective approaches to overcome them.
- 3. Integrate suggested approaches and simple "blindness courtesy" rules for blind/vision impaired persons with diabetes to prevent dysfunctional interactions.

The presenter is a practicing legally blind (guide dog user) RN diabetes educator who works exclusively with the blind/vision impaired (B/VI) population. Cultural sensitivity in dealing with B/VI clients is a challenge for many healthcare professionals, including diabetes educators. Studies have shown that healthcare workers at all levels have no more cultural sensitivity to this group than does the general public. There are potential barriers or conflicts, which can occur as a result, but simple blindness courtesy rules as well as simple strategies for dealing with challenges can be implemented.

UPN: 0069-0000-17-191-L01-P

Care and Pioneer Diabetes Technologies and

D28 Lessons Learned on the Journey to Standardizing Inpatient Diabetes Care and Maintaining It Q

Room 231-235

Betsy Gaudian, MSN, RN-BC, RD, CDE, Inpatient Diabetes Nurse Clinician, Saint Francis Hospital and Medical Center

LEARNING OBJECTIVES

- Describe the interventions of the multidisciplinary team necessary to achieve Joint Commission Certification in Advanced Inpatient Diabetes Care.
- 2. List different methods of education used to improve diabetes care and the resulting outcomes.
- Identify potential roadblocks to achieving Advanced Inpatient Diabetes Care Certification and how they may be overcome.

Saint Francis Hospital and Medical Center in Hartford, Connecticut was the 84th hospital to achieve the Advanced Inpatient Diabetes Care Certification from the Joint Commission on November 20, 2015, after two years of standardizing care. The speaker will review the clinical journey of challenges, successes and outcomes on the details of the necessary input from the hospital-wide interdisciplinary team, the evidence-based practice methods used to educate and re-educate direct and indirect staff, how hypoglycemia was treated, documented and reduced, revision of survival skills and the delegation of basic bedside education, the management of insulin pumps, methods of documentation since the Electronic Medical Record (EMR) was introduced during the process with the positive effect the EMR offered, the role of diabetes champions to channel new information as it is constantly developed and making diabetes resources available 24/7 since there is only one Inpatient Clinician. Metric data outcomes, the resulting improved quality care and future challenges will also be shared. UPN: 0069-0000-17-192-L01-P LNC: 5190

Monday, August 7

MONDAY, AUGUST 7

D29 Intensifying Insulin Therapy with GLP-1 Receptor Agonists 📿 👗 1.0 credit

Room 236-239

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

John Bucheit, PharmD, BCACP, CDE, Assistant Professor, VCU School of Pharmacy

LEARNING OBJECTIVES

- 1. Compare traditional basal-bolus insulin therapy with insulin plus GLP-1 receptor agonists based on efficacy, hypoglycemia, weight change, and simplicity.
- 2. Evaluate patient specific factors to determine which patients are appropriate for addition of GLP-1 receptor agonists to insulin therapy.
- 3. Discuss the role of fixed-dose combination products containing basal insulin plus GLP-1 receptor agonists in contemporary management of patients with type 2 diabetes.

Basal-bolus insulin is an effective treatment strategy to achieve glycemic goals for patients with type 2 diabetes. Although multiple insulin products and concentrations are now available, patients continue to struggle with hypoglycemia, weight gain, and poor satisfaction with multiple daily injections. The role of GLP-1 receptor agonists (GLP-RAs) has recently expanded to include addition to insulin therapy. This presentation will use case examples to determine which patients might benefit most from the addition of GLP-RAs to their insulin reaimen. Clinical trial data comparing basal-bolus insulin alone and in combination with GLP-RAs will be evaluated. Both in practice and in clinical trials, patients consistently report better satisfaction with fewer injections per day. The new fixed-dose combinations of basal insulin plus GLP-1 receptor agonists offer a solution to the disadvantages of basal-bolus therapy. This presentation will evaluate to what extent these new combination products meet this goal. UPN: 0069-0000-17-193-L01-P LNC: 5190



D30 Sugar Surfing' or Dynamic

Diabetes Management Q

Room 243-245

Stephen Ponder, MD, CDE, Professor of Pediatrics, Baylor Scott and White Healthcare

LEARNING OBJECTIVES

- 1. Describe the difference between static and dynamic diabetes self-management methods.
- 2. Describe at least three methods to educate patients how to effectively steer or influence a glycemic trend pattern in the moment.
- 3. Identify common glycemic trending patterns on a CGM device and their meaning.

'Sugar Surfing', also known as 'Dynamic Diabetes Management', is a progressive and effective style of diabetes self-care now embraced in over 35 countries. Based on the concept of frequent pattern management, 'Sugar Surfing' leverages proactive and reactive approaches to self-management of persons with type 1 diabetes using continuous glucose monitoring technologies. This presentation will describe the underpinnings and core methodology behind the education and support of persons with diabetes who seek to better manage their disease "in the moment." Practical examples and suggestions will be shared. 'Sugar Surfing' is about making choices and learning from actions and omissions. There is no dependency on a specific device, pharmaceutical product or nutritional approach to the successful application. Diabetes educators will learn through a more dynamic style of approaching and motivating patients with diabetes, which will complement many of our current static approaches to care based on formal dosing algorithms, preprogrammed insulin pump settings or "sliding scales." UPN: 0069-0000-17-194-L01-P

LNC: 5190

D31 Board Certified-Advanced Diabetes Management (BC-ADM) Q

Room 140-142

Barbara Schreiner, PhD, RN, CPLP, BC-ADM, CDE, Senior Director, Assessment Content and Research, Elsevier, Inc.

Melissa Young, PharmD, BC-ADM, CDE, Clinical Pharmacy Specialist - Primary Care, VA Healthcare System

LEARNING OBJECTIVES

- 1. Appraise the value of BC-ADM credential.
- 2. Examine strategies for exam preparation.
- 3. Summarize the criteria for recertification.

The roles of diabetes educators are evolving, and the impact of advanced diabetes management has accelerated momentum in the practice of diabetes. The number of BC-ADM holders is increasing, yet not meeting the increasing demand for these highly trained specialists in diabetes from multi-disciplinary professions that skillfully manage complex patient needs and assist patients with therapeutic problem solving within their specific profession's scope of practice. We will examine the BC-ADM growth in the past decade. There will be testimonials from BC-ADM experienced professionals that found the BC-ADM certification conduit to receive recognition from their peers, patients and clients as the advanced diabetes experts.

UPN: 0069-0000-17-195-L01-P

LNC: 5190

GENERAL SESSION

7:30 AM – 9:00 AM • (1 CE AVAILABLE)

Rising Star Award

Innovative Use of Media Technology Award

GS04 An Engaging Panel of Key Industry Thought Leaders 🔘

Exhibit Hall F

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



Virginia Valentine, APRN-CNS, BC-ADM, CDE, FAADE, Executive Director, Health Scripts Care

Kelly Close, MBA, Founder and Chair of he Board, The diaTribe Foundation



Control and Prevention

Ann Albright, PhD, RDN, Director, Division

of Diabetes Translation. Centers for Disease



David Weingard, Founder and CEO, Fit4D, Type 1 Diabetes, Entrepreneur, Athlete and Patient Advocate

LEARNING OBJECTIVES

- 1. Increase knowledge of the changing world of diabetes education and support.
- 2. Establish an understanding of evidence-based diabetes programs.
- 3. Identify new models of care.

Join our expert panel as they discuss what's driving health care and how these dynamics can impact your practice. They will explore the tenets of the quadruple aim and the movement from volume to value in care delivery as well as the digital disruption in health care. This promises to be a thought provoking session you won't want to miss! UPN: 0069-0000-17-214-L01-P LNC: 5190

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

M01 Interprofessional Collaboration: Can Physical Therapists Be Part of the Diabetes Management Team? Q

Room 130-133

Linda Gilham, PT, DPT, CCRP, Physical Therapist, Legacy Health

LEARNING OBJECTIVES

- 1. State ICF language to describe diabetes.
- 2. Identify team members and their roles in diabetes management.
- 3. Describe the patient with diabetes experience in rehab and the potential for improved behavior change in diabetes management.

The World Health Organization (WHO) has developed the International Classification of Functioning, Disability, and Health (ICF) to provide a common language for healthcare providers to improve patient-centered care and inter-professional communication. Using the ICF language, diabetes is a body function impairment that has the potential to limit activity and restrict participation. Though individuals do not come to a physical therapist (PT) to treat diabetes, they come with diabetes, and the activities in which they participate during rehab can have short- and long-term effects on blood glucose levels. The information they have received about their diabetes management does not always translate into behavior change. The frequency and duration of rehabilitation visits give therapists many opportunities to educate and monitor patients in blood glucose management in the context of improving activity tolerance. This session highlights the possibility of including PTs as a unique part of a collaborative diabetes management team. UPN: 0069-0000-17-196-L01-P LNC: 5190

M02 Current and Future Community Diabetes Self-Management Models Q

Room 135-139

Linda Siminerio, RN, PhD, CDE, Professor of Medicine, University of Pittsburgh

Athena Philis-Tsimikas, MD, Corporate Vice President, Scripps Whittier Diabetes Institute

LEARNING OBJECTIVES

- 1. Describe the need for ongoing support.
- 2. Discuss community specific support models.
- 3. Articulate the need to explore future delivery models (like technology).

Diabetes mellitus (DM) is a chronic disease that requires the person with DM to make a multitude of daily self-management decisions and perform complex care activities. Diabetes self-management education and support (DSMES) provides the foundation to help people with DM navigate these decisions and activities and has been shown to improve health outcomes. DSME is the process of facilitating the knowledge, skill and ability necessary for diabetes self-care. DSMS refers to the support that is required for implementing and sustaining coping skills and behaviors needed to self-manage on an on-going basis. Community based models are being used to provide the ongoing support necessary to sustain the benefits of DSME. Project Dulce and the PRISM models will be presented that represent effective DSMS models.

UPN: 0069-0000-17-197-L01-P

Saturday, August . Сл

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MONDAY, AUGUST 7

M03 Mode Matters: Matching Patient Goals with the **Appropriate Exercise Regimen to Improve Diabetes** Related Health Outcomes Q

Room 143-145

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

LEARNING OBJECTIVES

- 1. Explain unique clinical benefits of various modes of exercise for patients with diabetes, obesity and related co-morbidities across the adult lifespan.
- 2. Recommend specific exercise modes to match a patients clinical profile and personal exercise goals.
- 3. Use practical measurement tools within the clinical setting to evaluate a patient's exercise progress and to address barriers.

Various exercise modes can be recommended for people with diabetes. These include resistance training, aerobic training, yoga meditation and flexibility training. There are physiological benefits of each exercise type for patients with diabetes relating to functional quality of life and co-morbid conditions. Practical clinical therapy recommendations and examples on how and when a diabetes educator or practitioner should promote a specific mode of exercise. Part of this process involves evaluating an individual patient's clinical markers and health outcome goals. Demonstration, case study examination and informal questions and answers be used during the presentation. LNC: 5190

UPN: 0069-0000-17-198-L01-P

M04 Cardiovascular Risk Management in Diabetes Mellitus 📿

Room 231-235

Anthony McCall, MD, PhD, FACP, James M. Moss Professor of Diabetes in Internal Medicine, University of Virginia School of Medicine

LEARNING OBJECTIVES

- 1. Discuss appropriate BP targets for people with diabetes and the rationale for the recommendations.
- Identify controversies about lipid and dyslipidemia management in 2. diabetes mellitus.
- 3. Relate how diabetes medications may affect cardiovascular risk.

The purpose of this lecture is to illustrate contemporary issues in cardiovascular risk management of diabetes mellitus. Although in the long term glucose control is beneficial to the heart, most of the emphasis is on management of traditional risk factors in diabetes including hypertension, hyperlipidemia, and the emerging issue of the choice of diabetes medications as potentially cardioprotective. UPN: 0069-0000-17-228-L01-P LNC: 5190

EDUCATION TRACKS

- Advanced Skills for Program and Business Management for Entrepreneurial Organizations
- Build Skills to Provide Diabetes Education and Support within Evolving Healthcare Systems

10:30 am – 11:30 am • (1 CE Available per session)

M05 Vital DSM Technology Acquisition; Policy vs. Need: Obtaining Coverage for and Using CGM Technology in Infants and Very Young Children Q

Room 130-133

Claudia Harris, RN, CDE, Educator, Diabetes Self-Management Program Manager, St. Luke's Pediatric Endocrinology

LEARNING OBJECTIVES

- 1. Identify and describe results of two key research studies supporting the use of continuous glucose monitoring in the pediatric population.
- 2. Discuss two ways CGM can benefit and potentially reduce stress to caregivers (parents) and cost of care in the pediatric population.
- 3. Identify three key requirements (research, historical report, economic impact, case studies) of an appeal process for use of CGM in the pediatric population where policy does not cover use.

Continuous Glucose Monitoring (CGM) arrived on the diabetes technology scene over 10 years ago, but has remained difficult to obtain for many pediatric patients because of outdated insurance coverage policies and lack of pediatric study data. With the recent approval of the Dexcom G 5 System for ages 2-17 years and additional studies, insurers may be willing to take another look. Insurer policies may be changed, and CGM access increased for your patients, if one reviews the literature and develops a sound knowledge base. Topics to be discussed in this presentation include brief CGM history regarding insurance coverage, pediatric studies identifying benefits of CGM use, writing appeals to insurers, how to affect policy change regarding CGM use for children and 3 case studies reviewing experience using CGM in infants under 12 months of age. UPN: 0069-0000-17-199-L01-P INC: 5190

M06 Certified Diabetes Educators (CDE) Force Multiplier: How Inpatient Diabetes Educators Can Have Maximum Impact with Scarce Resources Q

Room 135-139

Tamara Swigert, MSN, RN, CDE, Diabetes Educator, Denver Health & Hospital Authority

Lindsay Schlichting, BSN, RN, CDE, CCRN, Diabetes Educator, Denver Health & Hospital Authority

LEARNING OBJECTIVES

- 1. Describe the role and challenges of the inpatient diabetes educator
- 2. Verbalize strategies to magnify efforts and impact of the inpatient diabetes educator, including "diabetes champion" programs and staff training events.

Application Base 🔍 Knowledge Base 🚨 Pharmacotherapeutic credit

- Innovative Diabetes Care and Education Across Diverse **Populations**
- Pathophysiology, Epidemiology, and Clinical Management of Prediabetes, Diabetes and Related Chronic Conditions
- Connected Health Modalities to Deliver Cost-Effective Care
 - Psychosocial Issues and the Promotion of Lifestyle Behavior Change

Pioneer Diabetes Technologies and

3. Summarize characteristics and uses of the inpatient diabetes education tools, including insulin teaching kits, the Self-care Skills Flipchart and others.

With increasing burdens of diabetes prevalence in hospitals, shorter lengths of stay, demands on inpatient nursing staff, and budget constraints, inpatient diabetes educators must find creative and effective ways to use resources and magnify their impact. This presentation highlights the challenges of meeting the diabetes-related needs of hospitalized patients and healthcare organizations, while inpatient diabetes educators are spread so thin. In a "force multiplier" model of care, the hospital diabetes educator becomes a facilitator and support person for unit "front-line staff": the bedside nurses and support personnel, who in turn provide their patients with accurate, consistent diabetes survival skills education. Presenters will review information in the literature regarding inpatient diabetes education, including statistics on multiple facets of this issue. Highlighted in this session are strategies to help diabetes educators do more with less, including, utilizing a "diabetes champion" model, cost-effective staff options, low-cost tools to standardize education, and other strategies. UPN · 0069-0000-17-200-101-P INC: 5190

M08 Insulin Dosing for Fat and Protein Q

Room 231-235 Howard Wolpert, MD, VP, Medical Innovation, Lilly Cambridge Innovation Center

Diabetes Care and Education a dietetic practice group of the Academy of Nutrition

LEARNING OBJECTIVES

- 1. Describe the limitations of carbohydrate counting and carbohydrate-based insulin dose calculation.
- 2. Describe the impact of dietary fat and protein on glucose metabolism and insulin requirements.
- 3. Examine insulin dose adjustments for dietary fat and protein.

Current approaches for meal-time insulin dosage calculation are based on carbohydrate counting. There is evidence that other dietary macronutrients, in particular fat and protein, can affect glucose metabolism and insulin requirements. This expanding evidence-base has important implications for meal-time insulin dose calculation and nutrition counseling. LNC: 5190

UPN: 0069-0000-17-229-L01-P

RESEARCH SESSIONS

10:30 am - 11:00 am • (0.5 CE Available)

MOTA CDE Pharmacists in the United States Q

Room 143-145

Jasmine Gonzalvo, PharmD, BCPS, BC-ADM, CDE, LDE, Clinical Associate Professor/Clinical Pharmacy Specialist, Purdue University/Eskenazi Health

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

LEARNING OBJECTIVES

- 1. Recognize the role of pharmacists in the provision of DSMES.
- 2. Identify the specific practice settings of CDE® pharmacists.
- 3. Discuss the implications of a greater number of pharmacists obtaining diabetes credentials.



This session will present the results of a research study conducted across all pharmacist CDEs in the United States. The CDE credential is widely held by nurses and dieticians, although only 7 percent of all CDEs are pharmacists. Pharmacists provide DSMES and other related services to individuals with diabetes; although, research has not yet elucidated the settings in which these pharmacists practice. Furthermore, the perceptions and barriers of the process to obtain and maintain the CDE credential for pharmacists, have not been identified. UPN: 0069-0000-17-201-101-P INC: 5190

11:00 am - 11:30 am • (0.5 CE Available)

M07B Association Between Lifestyle Coach Training and Retaining Participants in CDC-recognized Lifestyle Change Programs for the Prevention of Type 2 Diabetes: A Mixed-Methods Analysis Q

Room 143-145

Michelle Papalii, PhD, MS, ORISE Research Fellow, Centers for Disease Control and Prevention

Susan Van Aacken, MSPP, Public Health Advisor, Centers for Disease Control and Prevention

LEARNING OBJECTIVES

- 1. Describe the CDC's National Diabetes Prevention Program.
- 2. Explain the impact of providing additional training for CDC-recognized lifestyle change program lifestyle coaches on participant outcomes.
- 3. Discuss strategies to provide additional training for CDC-recognized lifestyle change program lifestyle coaches.

Since 2012, six national organizations — American Association of Diabetes Educators, America's Health Insurance Plans, Black Women's Health Imperative, National Association of Chronic Disease Directors, OptumHealth Care Solutions, and YMCA of the USA — have collaborated with the Centers for Disease Control and Prevention's (CDC's) National Diabetes Prevention Program through a cooperative agreement to establish and expand multistate networks to deliver evidence-based lifestyle change programs consistent with the CDC's Diabetes Prevention Recognition Program (DPRP) Standards. The DPRP Standards were designed to ensure quality and fidelity of type 2 diabetes prevention programs as evidenced in the Diabetes Prevention Program randomized controlled trial and translational studies. CDC full recognition is granted to organizations meeting all 11 DPRP Standards requirements after implementing the program for at least two years. Over 90 percent of the funded sites met the DPRP requirement for average attendance during months 1-6, but less than 30 percent met the requirement for average attendance during months 7-12. This presentation aims to provide an overview of the implementation of CDC-recognized lifestyle change programs among the six national grantees and their 132 affiliated sites, and evaluate whether requiring additional lifestyle coach training is associated with retaining participants in the year-long lifestyle change program. UPN: 0069-0000-17-202-L01-P LNC: 5190

Friday, August 4

12:00 pm - 1:00 pm • (1 CE Available per session)

M09 Self-Monitoring of Blood Glucose for Older Adults: Hazards and Strategies

Room 130-133

Kathy Stroh, MS, RD, LDN, CDE, Certified Diabetes Educator, Westside Family Healthcare,

Linda Gottfredson, PhD, Professor Emeritus, School of Education, University of Delaware

LEARNING OBJECTIVES

- Describe the importance of accurate and actionable SMBG results for effective blood glucose control.
- 2. Identify hazards and complexities in SMBG that can result in patient errors which lower BG accuracy.
- Describe two DSMES strategies for helping older adults with physical and cognitive declines avoid errors that reduce BG accuracy and actionability.

Self-monitoring of blood glucose (SMBG) produces important patient-generated health data (PGHD) from persons with diabetes. Unlike the A1C, it can reveal a patient's range of blood glucose (BG) levels and frequency or length of hypo- and hyperglycemia. A hazards analysis can identify the multiple opportunities for patient error ("hazards") in self-monitoring, explain how errors cumulate to degrade the accuracy and clinical value of BG results, and describe instructional strategies to help patients avoid such errors. Strategies include making DSMES more cognitively accessible and focusing on how to maintain BG accuracy and interpretability throughout the process, from meter selection (including the Medicare Competitive Bidding Program) to BG log design. We focus on the instructional needs of older adults, because normal aging brings declines in the cognitive and physical capacities required to deal effectively with the complexities of SMBG. These include the ability to learn, solve problems, see clearly and execute the fine motor control required for testing. UPN: 0069-0000-17-203-L01-P LNC: 5190

M10 Medical Nutrition Therapy for Cancer and Diabetes: How Can Nutrition Reduce Cancer Risk for Persons with Diabetes? How Do You Nutritionally Manage the Dual Diagnosis of Cancer & Diabetes?

Room 135-139

Linda Yarrow, PhD, RDN, LD, CDE, Instructor, Kansas State University, Dept of Food, Nutrition, Dietetics & Health/Clay County Medical Center

Kirsten, Angell, RD, LD, CDE, Registered Dietitian/Certified Diabetes Educator/Owner, Link 4 Nutrition/Link 4 Diabetes

LEARNING OBJECTIVES

- Describe the relationship between diabetes and cancer and how to reduce cancer risk through diet and lifestyle.
- 2. Identify the nutritional and medical challenges related to glucose management with co-existing diabetes and cancer.
- Discuss nutrition recommendations and nutritional management of treatment side effects for persons with diabetes undergoing cancer treatment.

Evidence supports increased risk of certain cancers among individuals with type 2 diabetes mellitus (T2DM). Shared risk factors include overweight/ obesity; diet patterns high in processed foods and low in fruits, vegetables, and whole grains; and sedentary behaviors. A person dealing with

cancer and diabetes diagnoses at the same time faces many challenges in maintaining glucose control and optimal health. Nutrition is an important part of cancer treatment. Knowing the optimal way to eat while undergoing treatment can help individuals manage glucose and side effects while working to avoid malnutrition often associated with cancer. UPN: 0069-0000-17-204-L01-P LNC: 5190

M11 Medical Home Collaborative Care Can Work: The Community Volunteer in Medicine (CVIM-PA) Experience Q

Room 143-145

Patricia Davidson, DCN, RDN, CDE, LDN, FAND, Assistant Professor, West Chester University-PA

Betty Colletta, RN, BSN, CDE, Diabetes Case Manager, Community Volunteers in Medicine

Mary Wirshup, MD, FAAFP, Vice President of Medical Affairs, Community Volunteers in Medicine

LEARNING OBJECTIVES

- Describe factors that have led to a paradigm shift in our patient-centered medical home that promotes inter-professional collaborative care including health and behavioral health.
- Describe the evolving and unique components of a Volunteer in Medicine (VIM) model of health care that embraces inter-professional collaborative care as its foundation.
- Describe the outcomes utilizing an inter-professional collaborative care model that ensures mutual respect and a shared value for patient-centered problem solving.

The purpose of this session is to describe a collaborative care model in a patient-centered, primary care medical home providing free healthcare to uninsured, low-income individuals and families who have no other place to turn to for care. This session will describe factors that have led to a paradigm shift in our practice that promotes inter professional collaborative care including both health and behavioral health. The unique components of a Volunteers in Medicine (VIM) model of health care that embraces interprofessional collaborative care as its foundation will also be described. Using a case presentation format, the presenters will demonstrate outcomes, utilizing this interprofessional collaborative care model that ensures mutual respect and shared value for patient-centered problem solving.

UPN: 0069-0000-17-205-L01-P LNC: 5190

M12 Hypoglycemia Safety Initiative: Choosing Wisely; for the Wise Diabetes Educator Q 🙆 0.25 credit

Room 231-235

Sharon Watts, DNP-FNP-BC, CDE, ONS Clinical Nurse Advisor, Metabolic Syndrome & Diabetes FAC, United States Department of Veteran Affairs

Sandra Hedin, PharmD, BCACP, Clinical Pharmacy Specialist – Rural Health, US Department of Veteran Affairs

Mary Julius, RDN, CDE, Clinical Coordinator Diabetes Self-Management Education and Support, US Department of Veteran Affairs

LEARNING OBJECTIVES

- 1. Identify patient groups at risk for hypoglycemia.
- Implement actions to mitigate hypoglycemia in patients at risk.
- 3. List national evidence sources focused on reducing the incidence of severe hypoglycemia.

This panel will discuss the Hypoglycemia Safety Initiative-Choosing Wisely; national campaign endorsed by CDC, FDA , HHS, NIH/ NIDDK & ABIM to promote hypoglycemia safety. The audience will understand why you cannot apply the A1C target from the UKPDS trials to all patients with diabetes. Long & short-term deleterious effects of hypoglycemia will be outlined. Patients at most risk for hypoglycemia will be identified as those with: low A1C , advanced age (65 & older), those with dementia or cognitive impairment, on insulin or sulfonylurea, having poor renal function, those missing a meal and food insufficiency. Goals to mitigate risks such as shared decision making on safe A1C range, and interventions to address limited health literacy/numeracy, food insufficiency and medication safety will be addressed. A successful VHA enterprise intervention utilizing electronic medical records and interprofessional team approaches will be outlined. Case studies will be included for audience participation. UPN: 0069-0000-17-206-L01-P LNC: 5190

1:15 pm - 2:15 pm • (1 CE Available per session)

M13 Advocacting for the Future of Diabetes Education 📿

Room 130-133

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

LEARNING OBJECTIVES

- 1. List the policy and political challenges facing diabetes educators.
- 2. Describe how to influence policy and policy makers on issues of importance to diabetes educators.
- 3. Identify tools needed to enact change.

During this session learn how diabetes educators can play a role in influencing policy makers and policy through concerted and organized activity. This organized activity can take the form of social media campaigns, letter writing campaigns, district visits and phoine calls. This presentation will explore all of those possibilities. UPN: 0069-0000-17-207-L01-P LNC: 5190 Saturday, August 5

Sunday, August 6

Monday, August 7

Poster Sessions

M14 Gut Check: The Microbiota's Role in Obesity and Diabetes Q

Room 135-139

Meghan Jardine, MS, MBA, RD, LD, CDE, Associate Director of Diabetes Nutrition Education, Physicians Committee for Responsible Medicine

LEARNING OBJECTIVES

- Describe the development and function of the human gut microbiota and its influence on health.
- 2. Describe the factors that contribute to dysbiosis and how this leads to metabolic dysfunction and chronic disease including obesity, diabetes, and other disorders.
- Explain how nutrition, prebiotics, and probiotics, as well as other healthy lifestyle behaviors can improve the metabolic activity of the microbiota and the health of the host.

The human microbiota has become a topic of great interest and research over the last 10 to 15 years due to the advancement in technologies that study its functions and how it influences health. An unhealthy gut microbiota can lead to an altered immune response, leading to a higher risk of chronic disease. Nutrition throughout the lifecycle plays a key role in shaping the microbiota, as well as the metabolites produced by certain bacteria. This presentation will review the recent literature on the factors that contribute to the composition and metabolic activity of the gut bacteria; how it interacts with the host immunity, potentially leading to chronic inflammation; and disease susceptibility. Eating patterns, food groups, probiotics, and prebiotics will be presented, as well as other lifestyle factors, such as stress management and exercise, that can improve the health of the human microbiota, reducing the risk of disease and slowing down the aging process UPN · 0069-0000-17-208-101-P INC: 5190

M15 Culinary Medicine: Principals and Practices Room 143-145

Leah, Sarris, RD, LDN, Director of Operations/Executive Chef, Goldring Center for Culinary Medicine at Tulane University

LEARNING OBJECTIVES

- 1. Define culinary medicine.
- 2. Implement culinary medicine programming for community members, medical students and medical professionals.
- 3. Design culinary medicine programming to fit your practice.

Culinary medicine programming and research initiatives for community members, medical students and medical professionals has been developed by the Goldring Center for Culinary Medicine at Tulane University. There are challenges and ways to successfully implement culinary medicine programming and methods to fit culinary medicine principals into individual practices.

UPN: 0069-0000-17-209-L01-P

LNC: 5190

COLLABORATING ORGANIZATIONS

FRIDAY, AUGUST 4

AMERICAN ACADEMY

3:45 pm - 4:45 pm • (1 CE Available per session)

F07 Diabetic Eye Disease: Preventing Blindness and the Role of the Diabetes Educator Q

11:00 am - 12:00 pm • (1 CE Available)

Room 130-133

Louis Cantor, MD, Chair and Professor, Eugene and Marilyn Glick Eye Institute, Indiana University School of Medicine

LEARNING OBJECTIVES

- 1. Describe how glaucoma can lead to vision loss.
- 2. Define the stages and treatment of diabetic eye disease.
- 3. Identify the important role of the diabetes educator in preventing vision loss.

Worldwide, diabetes is a leading cause of preventable blindness. Diabetic retinal damage (retinopathy) is the result of damage to the small blood vessels in the eye, resulting in poor circulation in the eye, leakage, and bleeding. This leads eventually to the growth of new blood vessels, which only serves to cause more complications and vision loss. The keys to preventing loss of vision are early diagnosis of diabetes and aggressive efforts to control blood glucose. When diabetic retinopathy does develop, there are many effective steps that can be taken to prevent or minimize the risk of blindness. The diabetes educator can play a key role in avoiding unnecessary vision loss.

UPN: 0069-0000-17-123-L01-P LNC: 5190



Room 130-133

John Steinberg, DPM, Professor, Georgetown University School of Medicine

Susan Weiner, MS, RDN, CDE, CDN, Registered Dietitian-Nutritionist, Certified Diabetes Educator, Susan Weiner Nutrition, PLLC

LEARNING OBJECTIVES

- 1. Describe 3 causes of diabetic foot ulcerations.
- 2. Describe the team approach to limb salvage in the person with diabetes.
- 3. Identify the importance of foot and ankle surgery for amputation prevention in a person with diabetes.

A team approach to diabetic limb salvage and amputation prevention is a proven effective clinical intervention. The roles of each team member in the surgical and non-surgical aspects of care should be integrated to the care. Insight into the advancing subspecialty of diabetic limb salvage foot and ankle surgery will be presented with case studies. Knowing when, which and how to refer high risk patients for surgical evaluation is critical. The role of the Certified Diabetes Educator in peri-operative education for these patients will be discussed in detail. If you are not part of a limb salvage team yet, then this presentation will provide you with motivation and skills to help explore that added element to your practice.

UPN: 0069-0000-17-133-L01-P

LNC: 5190

F20 How Weight Bias Stands in the Way of Addressing Childhood Obesity Q

Room 135-139

Theodore Kyle, RPh, MBA, Principal and Founder, ConscienHealth

Application Base 🔍 Knowledge Base 👗 Pharmacotherapeutic credit

LEARNING OBJECTIVES

- 1. Describe trends in childhood obesity and its impact upon health.
- 2. Describe common biases about obesity and people living with obesity.
- 3. Discuss how biases interfere with progress in efforts to reduce the health impact of childhood obesity.

EDUCATION TRACKS

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

Both obesity and its stigma begin at a very early age. Although some reports suggest favorable trends in obesity among subsets of children, others have questioned those findings. Severe obesity is rising faster among children than less severe forms. Approximately 5 million American children currently have severe obesity, which has a profound lifelong effect on health and quality of life. Evidence-based care can greatly reduce the health impact of severe obesity and improve quality of life. But the resources to provide such care are so limited that most children are not recipients. Two types of bias affect every aspect of efforts to address obesity. First, bias directed at children, their parents, and adults with obesity is pervasive. Harm to health, guality of life, and economic productivity are well-documented. Second, intellectual biases favor personal convictions about obesity, its causes, its prevention, and its treatment interfere with the objective pursuit of evidence-based interventions to prevent obesity and reduce the harm it causes. This presentation will describe the problems that result from bias, as well as ways to reduce effects of bias on clinical care and public policy.

UPN: 0069-0000-17-134-L01-P LNC: 5190

5:00 pm - 6:00 pm • (1 CE Available)

F25 Using the AACE Algorithm to Get to Goal with Combination Therapy 📿 丛 0.5 credit

Room 130-133

Kittie Wyne, MD, PhD, FACE, FNLA, Director, Adult Type 1 Diabetes Program, The Ohio State University Wexner Medical Center

LEARNING OBJECTIVES

- 1. Explain the rationale for using A1C levels to guide therapeutic choices based on the AACE Diabetes Guidelines.
- 2. Use the AACE Diabetes Guidelines to develop a therapeutic plan for combination therapy targeted at attaining and maintaining A1C at an individualized target.
- 3. Discuss the major organ systems to consider at risk with different diabetes agents and explain how to incorporate those risks in to a therapeutic plan. There is a strong rationale for the implementation of aggressive, early combination therapy, based on pathophysiology that targets attaining and maintaining A1C goals, while minimizing side effects.

The American Association of Clinical Endocrinologists (AACE) diabetes guideline will be used as a framework to discuss strategies to progress from metformin to combination regimens that include both oral and injectable agents. The decision-making process will focus on consideration of risks/contraindications and benefits of each agent in the context of what sequence to add agents.

UPN: 0069-0000-17-139-L01-P LNC: 5190







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FOOT & ANKLE

SURGEONS

SATURDAY, AUGUST 5

9:15 am - 10:15 am • (1 CE Available)

S01 Oral Health and Diabetes Management: Pathways to Success Q

Room 130-133

Jane Grover, DDS, MPH, Director Council on Advocacy for Access and Prevention, American Dental Association



LEARNING OBJECTIVES

- 1. Define dental disease and its role in diabetes management.
- 2. Identify current dental therapies and home care strategies to enhance oral health status for patients with diabetes.
- 3. Develop a team-based system of care with collaborative dental offices to effectively manage health status of patients with diabetes.

Optimal oral health in diabetes management is extremely important to the well-being of the patient. The current training of dental students in interprofessional care will be described as well as the trend of today's dental team in interacting with medical experts in diabetes management. Data from the American Dental Association Health Policy Institute show the opportunity for dentists to engage in patient education, screening and referrals to medical providers for patients with diabetes. Enhanced patient outcomes are accompanied by program cost savings, along with increased patient satisfaction and compliance. Oral health services can assist the medical team in chronic disease management. Team building with dental offices can be a way to capture patients with diabetes; statistics show that millions of Americans visit a dentist, but claim to have no "medical home." Attendees of this session will have a greater understanding of the oral disease process and its impact on patients with diabetes. UPN: 0069-0000-17-147-L01-P LNC: 5190

10:30 am - 11:30 am • (1 CE Available)

S07 Student Centered Care: 21st Century School Nursing Practice Q

Room 130-133

Nina Fekaris, MS, BSN, RN, NCSN, President, National Association of School Nurses

STASN

LEARNING OBJECTIVES

- 1. Explain the role of the school nurse in caring for students with diabetes.
- 2. Describe the 21st Century Framework for school nursing practice in caring for students with diabetes.
- 3. Support the concept of advocacy care and working within interdisciplinary teams to promote health and academic success.

The role of the school nurse is providing innovative 'advocacy' care for students with diabetes in the schools. Care coordination, chronic disease management, interdisciplinary collaboration, student-centered self-empowerment, and transition planning are the tools school nurses use to promote health and academic success for students with diabetes. Working closely with health care providers, health educators, families, and community resources, school nurses are critical in the connection that can drive positive health outcomes.

UPN: 0069-0000-17-152-L01-P LNC: 5190

COLLABORATING ORGANIZATIONS

SATURDAY, AUGUST 5

3:45 pm - 4:45 pm • (1 CE Available)

S19 Technology Works Best When it is Accurate

Room 130-133



David Klonoff, MD, FACP, FRCP (Edin), Fellow AIMBE, Medical Director, Diabetes Research Institute, Mills-Peninsula Medical Center

LEARNING OBJECTIVES

- 1. Define accuracy for diabetes devices.
- 2. Summarize the benefits of technical standards for diabetes devices.
- 3. Practice safe behavior to improve the cybersecurity of diabetes devices.

Diabetes technology uses engineered materials and processes to deliver information, analyze the information, and act upon the information with the support of software. Digital health is a new paradigm for diabetes therapy. This term refers to a combination of a wearable sensor, a reader (such as a smartphone) and software that either provides decision support advice, delivers instructions, or controls a device, such as an insulin pump or a closed loop system. Accurate input is vital for accurate output of a digital health system. Recent evidence has indicated that there can be a difference in the accuracy of blood glucose monitors, continuous glucose monitors, and insulin infusion systems. Furthermore, insulin delivery software can be designed to include various physiological factors that will affect dosing. Better accuracy of these devices will result in better outcomes. Standards can set a target for manufacturers to meet and the technical performance of industries tends to improve when standards are adopted. Recent new cybersecurity standards will lead to greater safety of medical devices, which meet these standards.Coalitions of academia and industry are currently working on new standards for diabetes technology products that will improve their performance. This session is spotlighted by Office and Clinic Based COL

UPN: 0069-0000-17-224-L01-P LNC: 5190

SUNDAY, AUGUST 6

11:00 am - 12:00 pm • (1 CE Available)

D07 Diabetes Outcomes Beyond A1C: Time in Range and Beyond Q

Room 130-133

Aaron Kowalski, PhD, Chief Mission Officer, JDRF



LEARNING OBJECTIVES

- 1. Define the pros, cons and value proposition of diabetes outcomes beyond the A1C including hypoglycemia, time in range, DKA and PRO's.
- 2. Describe the T1D Outcomes Program's consensus of definitions for each of these outcomes.
- 3. Describe the importance of additional outcome measures such as hypoglycemia and time in range for the development of future advanced diabetes treatment options.

Hemoglobin A1c (A1C) is the gold standard for measuring glycemic control in people with diabetes and for evaluating the efficacy of new treatment options in research and in clinical practice. However, the A1C does not capture critical information that is of significant importance to people with diabetes and to diabetes educators. The A1C is representative of the mean blood glucose and does not capture hypoglycemia exposure or glycemic variability. The A1C also does not capture the impact of diabetes management of a person with diabetes guality of life. While the A1C will remain an important measure in the clinic, it is time to move to better/additional metrics to measure diabetes treatment. To address this vital issue, the T1D stakeholder community (including AADE) launched T1D Outcomes Program to develop consensus definitions for a set of priority outcomes for T1D.

UPN: 0069-0000-17-176-L01-P

Application Base 🔍 Knowledge Base 🙆 Pharmacotherapeutic credit

LNC: 5190

Pioneer Diabetes Technologies and

Promotion of Lifestyle Behavior

Deliver Cost-Effective Care

Psychosocial Issues and the

Change

Connected Health Modalities to

2:00 pm - 3:00 pm • (1 CE Available)

D13 Precision Medicine in the Prevention of Type 2 Diabetes Q

Room 130-133 Brenda Montgomery, RN, MSHS, CDE,

President, Health Care & Education, American Diabetes Association



LEARNING OBJECTIVES

- 1. Identify subpopulations of people with prediabetes that will benefit from particular diabetes prevention interventions.
- 2. Learn about the evaluation of various pharmacologic agents in the prevention of diabetes.
- 3. Review genetic factors that may affect the selection of diabetes prevention interventions.

This lecture is about the present and future of precision medicine in the prevention of type 2 diabetes. It will begin with a discussion of the data from the DPP about how particular subpopulations benefited from lifestyle intervention versus metformin treatment, and how these findings affected clinical practice recommendations. Next will be a review of studies evaluating different diabetes medications in the prevention space, including a discussion on whether this data can provide additional guidance on the types of people likely to benefit from a particular pharmacologic agent. Finally, the lecture will conclude with a review of research into the genetic factors involved in the relative effectiveness of different diabetes prevention interventions.

UPN: 0069-0000-17-243-L01-P LNC: 5190

MONDAY, AUGUST 7

9:15 am - 10:15 am • (1 CE Available)

M04 Cardiovascular Risk Management in Diabetes Mellitus 📿



ENDOCRINE SOCIETY

Anthony McCall, MD, PhD, FACP, James M. Moss Professor of Diabetes in Internal Medicine, University of Virginia School of Medicine

LEARNING OBJECTIVES

- 1. Discuss appropriate BP targets for people with diabetes and the rationale for the recommendations.
- 2. Identify controversies about lipid and dyslipidemia management in diabetes mellitus.
- 3. Relate how diabetes medications may affect cardiovascular risk.

The purpose of this lecture is to illustrate contemporary issues in cardiovascular risk management of diabetes mellitus. Although in the long term glucose control is beneficial to the heart, most of the emphasis is on management of traditional risk factors in diabetes including hypertension, hyperlipidemia, and the emerging issue of the choice of diabetes medications as potentially cardioprotective.

UPN: 0069-0000-17-228-L01-P LNC: 5190

- EDUCATION TRACKS
- Advanced Skills for Program and Business Management for Entrepreneurial Organizations
- Build Skills to Provide Diabetes Education and Support within Evolving Healthcare Systems
- Innovative Diabetes Care and Education Across Diverse Populations
- Pathophysiology, Epidemiology, and Clinical Management of Prediabetes, Diabetes and Related Chronic Conditions

68 Learn more at aade17.org

10:30 am - 11:30 am • (1 CE Available)

M08 Insulin Dosing for Fat and Protein Q

Room 231-235

Howard Wolpert, MD, VP, Medical Innovation, Lilly Cambridge Innovation Center

Diabetes Care and Education a dietetic practice group of the Academy of Nutrition right. and Dietetics

LEARNING OBJECTIVES

- 1. Describe the limitations of carbohydrate counting and carbohydrate-based insulin dose calculation.
- 2. Describe the impact of dietary fat and protein on glucose metabolism and insulin requirements.
- 3. Examine insulin dose adjustments for dietary fat and protein.

Current approaches for meal-time insulin dosage calculation are based on carbohydrate counting. There is evidence that other dietary macronutrients, in particular fat and protein, can affect glucose metabolism and insulin requirements. This expanding evidence-base has important implications for meal-time insulin dose calculation and nutrition counseling. UPN: 0069-0000-17-229-101-P INC: 5190



FRIDAY, AUGUST 4

9:45 am - 10:45 am • (1 CE Available)

Diabetes Technology COI

F05 An Educator's Use of Outpatient Insulin Dosing Decision Support Software 📿 丛 0.5 credit

Room 236-239

Bruce Bode, MD, FACE, Practice Partner, Atlanta Diabetes Associates Lisa Kiblinger, RN, NP-C, CDE, Medical Staff, Atlanta Diabetes Associates

LEARNING OBJECTIVES

- 1. Describe the steps in the process of insulin dose titration.
- 2. Identify three commercially available decision support software tools.
- 3. Describe what it would be like to work in a virtual insulin-dosing clinic

The outpatient management of clients requiring basal bolus insulin titration is difficult, time consuming and necessitates clinical proficiency to be safe and effective. There are many alternative medicines and methods available to the clinician other than insulin to control hyperglycemia. Ultimately, insulin remains the most effective. Insulin-dosing decision support software can be used by educators to help standardize the process of basal and bolus insulin titration while allowing for patient personalization, interaction, communication and charting. UPN: 0069-0000-17-122-L01-P LNC: 5190

SATURDAY, AUGUST 5

3:45 pm – 4:45 pm • (1 CE Available)

Advanced Practice COI

S22 Money Matters in Medical Nutritional Therapy (MNT) and Diabetes Self-Management Education (DSME): Increase Your Insurance Reimbursement Q

Room 231-235

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. Name the practice setting from which Medicare does not allow off-site locations for furnishing DSMT.

This detailed presentation is exactly what you need to pocket insurance reimbursement for medical nutritional therapy (MNT) and diabetes self-management education/examination (DSME)/E. Reviewed are Medicare's latest coverage guidelines on referrals, laboratory criteria, approved locations, utilization limits, criteria for all individual diabetes self-management education/training (DSME/T), beneficiary entitlement, provider eligibility, tele-health guidelines, required Current Procedural Terminology (CPT) codes, International Classification of Diseases 10th edition (ICD-10) and revenue codes, quality standards, Advance Beneficiary Notice of Noncoverage (ABN) use, approved practice settings, and the benefits' tiered payment rates. You will also receive a '10-Step Action Plan' to increase private payer reimbursement. LNC: 5190

UPN: 0069-0000-17-163-L01-P

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These sessions are planned with leaders of AADE's COI's to focus on topics of interest related to specific COI's. EDUCATION TRACKS Application Base 🔍 Knowledge Base 👗 Pharmacotherapeutic credit Pioneer Diabetes Technologies and Advanced Skills for Program Innovative Diabetes Care and and Business Management for Education Across Diverse Connected Health Modalities to Deliver Cost-Effective Care Entrepreneurial Organizations Populations Build Skills to Provide Diabetes Pathophysiology, Epidemiology, Psychosocial Issues and the

- Education and Support within Evolving Healthcare Systems Chronic Conditions
- and Clinical Management of Prediabetes, Diabetes and Related
- Promotion of Lifestyle Behavior Change

























POSTER SESSIONS

POSTERS LOCATED IN EXHIBIT HALL J

MEET THE POSTER AUTHORS • 12:00 pm - 1:00 pm • Friday, August 4 - Sunday, August 6

- PO1 Diabetes Self-Management Support Across the Continuum of Care: Communicating Person-Centered Goals Gwen Klinkner, MS, RN, APRN, BC-ADM, CDE
- PO2 Diabetes Teaching Tools for Clinical Nurses: Engaging, Energizing and Effective Mary Beth Modic, DNP, RN, CNS, CDE Annemarie Cvijanovic, BSN, RN, BC Maria Sack, BSN,RN Catherine Prince, BSN, RN,
- PO3 Advancing the Knowledge of Diabetes Inpatient Management for Bedside Nurses: The Ever-Evolving Diabetes Education Fair Mary Beth Modic, DNP, RN, CNS, CDE Elizabeth Barr, BSN, RN, PCCN, CCTN Jane Lyon, BSN, RN, CCRN Jennifer, Denton, MN, RN
- PO4 Turn of the Page: Creating a Healthcare System Diabetes Self-Management Curriculum Mary Beth Modic, DNP, RN, CNS, CDE Sue Cotey, RN, CDE Shannon Knapp, BSN, RN, CDE
- P05 Diabetes Education using Electronic Modules in Rural Communications Kendell Henderson, MSN, RN Caralise Hunt, PhD, RN
- PO6 Yoga in Healthcare: Is There a Role for Certified Diabetes Educators (CDE)? Cynthia Moore, MS, RD, CDE, FAND
- PO7 Understanding the 'In's and Out's' of Diabetes Distress and It's Impact on **Diabetes Self-Management** Eliot Lebow, LCSW, ČDE
- PO8 Engaging in Social Media to Market Diabetes Self-Management and Support Services to People with Diabetes (PWD): A Collaboration Between the American Diabetes Association and the Indiana State Department of Health Brenda Jagatic, BScN, RN, CDE
- PO9 Exercise Guidance Based on Real Time Glucose LaurieAnn Scher, MS, RD, CDE
- P10 Blood Glucose Management During **Outpatient Chemotherapy - Practice** Guidelines for Diabetes Education and Glucose Management at the Onset of Chemotherapy Elizabeth Givan, RN, BSN, MA, CDE Tracy Snow, RN, BSN, CDE

- P11 Starting Early: Preparing Future Nurses to Care for the Person with Diabetes Nataliva Shaforost DNP ENP CDE Linda Cohen, RN, MPH, MSN, CDE,
- P12 Expanding the Roles of Certified Diabetes Educators at a Tertiary Care Center Aigun Liu, MSN, RN, CDE

BC-ADM

- P13 Flatbush' Diabetes: A Variant of the Typical Classification Sharnee Cederberg, MSN, RN, CDE
- P14 The Pathophysiology of Diabetes Mellitus and Vitamin C Deficiency Thomas Levy, MD, ID
- P15 Frequency, Intensity, Time and Type (FITT) – Using Exercise to Create Change Anthony Wall, MS, CPT
- P16 Health Coaching for Diabetes Educators Anthony Wall, MS, CPT
- P17 Blood Glucose Management During Outpatient Chemotherapy-Practice Guidelines for Diabetes Éducation and Glucose Management at the Onset of Chemotherapy Elizabeth Givan, RN, BSN, MA, CDE
- P18 Multifamily Group Problem-Solving Intervention for Adherence Challenges in Pediatric Insulin-Dependent Diabetes Kimberly Shoe, MSN, CPNP, CDE Johanna Carpenter, PhD ulia Price, PhD Megan Cohen, PhD
- P19 Hope Versus Contention: Helping Our Clients Self Manage the Inevitable Catherine Genthner, MAS, RD, LDN, CDE
- P20 Getting in Touch with Diversity and Unconscious Bias Workshop Starlin Haydon-Greatting, MS, PharmD. CDM FAPhA Wendy Mobley-Bukstein, PharmD, BCACP, CDE
- P21 The Neurobiology of Food Addictions, Obesity, and Chronic Disease Neal Barnard, MD, FACC
- P22 Health Coaching Implementation to Improve Health Outcomes in Diabetes Management in a Federally Qualified Health Center Wendy Mobley-Bukstein, PharmD, BCACP. CDE Riley Poe Elise Damman

- P23 Real Life Diabetes in an Urban Setting Mariellen DeSmit, RN, BSN, CDE
- P24 Clinical Outcomes of RN-Led DSME Group Classes at a Federally Qualified Health Center Tamara Swigert, MSN, RN, CDE
- P25 Promoting Positive Partnerships with Indiana Šchool Nurses and Certified Diabetic Educators for Students with Diabetes Cheryl Coffey, BSN
- P26 Promoting Good Health and Wellness in Indian Country: Stories from the Winnnebago Tribe of Nebraska Sue McLaughlin, MOL, RD, CDE, IMNT Lorelei Decora, RN, BSN Michele Smith, RN, BSN, CDE Annemarie Higgins, RN, BSN, CDE
- P27 Foundations for the Future Rural Health and Diabetes Outcomes Kimberly Freeman, RN, CDE, CIC, TTS Michael Hanlon
- P28 Implementation of Educator Continuous Glucose Monitor Training Protocols Within a Multi-Provider Pediatric Endocrinology Practice Rebecca Allen, MS, RD, LD, BC-ADM CDF Joni Beck, PharmD, BC-ADM, CDE David Sparling, MD, PhD
- P29 Implementing a Work-Place Based Diabetes Prevention Program: Strategy, Tips and Lessons Learned Melissa Max, PharmD, BC-ADM, CDE
- P30 Improving Mealtime Insulin Administration in the Hospital Settina: One Hospital's Initiative Janice Lucier, BSN, CDE
- P31 Collaborative Diabetes Education: Bridaina the Care in Patients Undergoing Total Pancreatectomy with Islet Transplantation Shana Nicholson, BSN, RN, PCCN Beth Ackerman, MS, RD, CDE
- P32 Innovative Educational Approach to Programming: Empowering Patients to Engage in Self-Management Courtney Melrose, MPH, RDN, CDN, CDF

Kelly Gumpel, RDN, CDN, CDE

P33 Diabetes and Smoking: A Deadly Combination Gabriella Douglass, PharmD, BCACP, AAHIVP. BC-ADM

- P34 The Demystification of Diabetes Medications: Practical Counseling to Empower Patients Sneha Srivastava, PharmD, BCACP, CDF Lalita Prasad-Reddy, PharmD, BCPS, BCACP, CDE, MS
- P35 Launching a Diabetes Support Group: Creating Community Elizabeth Whelan, MSN, RN, BA, CDE
- P36 Diabetes Computer Simulation to Support Diabetes Education Gail Kongable, MSN, FNP
- P37 Comacâ ¢ Descriptor and Psycholinguistically Tailored Communication to Promote Self-Management in Patients with Type-2 Diabetes: A Study Ésen Gokpinar-Shelton, MA Ulla Connor, PhD Lucina Kessler, MSN, APRN, ACNS-BC, CDE
- P38 Psycholinguistic Communication Tools for Improved Adherence: An Online Intervention/ Implementation Study Ulla Connor, PhD Lucina Kessler, MSN, APRN, ACNS BC CDF Marv de Groot, PhD Robert Mac Neill, MBA
- P39 Empowering Patients to Improve Adherence to Diet and Medications Diana Isaacs, PharmD, BCPS, BC-ADM, CDE Emily Bostin, MS, RDN, LD Dawn Noe, RDN, LD, CDE
- P40 Lifestyle Education Delivery Sources Alanna Landry, RN, CDE Marissa Town, RN, BSN, CDE Kathrvn Hitchcock
- P41 Lifestyle Change, Weight Loss: A Personal Journey Told from a Native American Perspective Lvle Etsittv
- P42 The Road to Recognition Jamie Lee, RN, CDĚ, MLDE Vicky Albertson, RN, CDE Janet Cowherd, RN, BSN, LDE
- P43 Development and Preliminary Findings of DiabetesSistersVoices - An Online Community to Engage Women with Diabetes About **Research and Healthcare Priorities** Anna Norton, MS Peiiin Han, MD Wendy Bennett, MD, MPH Wanda Nicholson, MD, MPH, MBA

- P44 Diabetic Ketoacidosis (DKA), Quality & Costs: Why Writing down a Back-Up Plan Saves Money and Lives Traci Ċarter, MA, RN, CDF
- P45 Pathophysiology of Lipid Metabolism and the Effect of Hyperglycemia Tina Copple, DNP, FNP-BC, BC-ADM, CDE, CLS
- P46 Management of Diabetes in a Rural Community: Improving Transitions of Care Tammie Payne, RN, MSN. CDF
- P47 Identifying and Overcoming Challenges in a Diabetes Prevention Program Rachael Clipson, BSN, RN, CDE Christine Higgins, RD, LD
- P48 Student Perceptions on Diabetes Camp Participation Katherine O'Neal, PharmD, MBA, BCACP, BC-ADM, CDE, AE-C
- P49 Diabetes Management from Hospital Admission Through Post-Discharae Raja Hanania, RPh, BCPS, CDM, CDE Jennifer Reiter, PharmD, BCPS, BCACP, BC-ADM
- P50 Diabetes Education Exam A Unique and Innovative Model for Accreditation Karen Hershkop, RD, PhD Baruch Weinreb, MD Sharon Furman-Assaf, BPharm, RPh, MSc, PhD Daniella Pirian, RD, Bsc Itamar Raz, MD
- Bridging the Gap Between Cultural Differences and Effective P.51 DSME: Motivational Interviewing Karen Hershkop, RD, PhD Orly Tamir, PhD, MSc, MHA
- P52 Impact of a Diabetes Patient Simulation Activity on Pharmacy Students Rachel Franks, PharmD, BCACP, CDE Wendy Updike, PharmD, BCPS
- P53 Diabetes Educators' Use of Evidence Based Health Literacy **Communication Techniques** Carol Howe, PhD, RN, CDE
- P54 Improving Adherence and Helping Patients Overcome Barriers to Diabetes Self-management Through Innovative Technology-Enabled Coaching Teresa McArthur, MS, RD, CDE, LDN Sherine Brown-Fraser, PhD, RD, CPT

Sherri Isaak, MS, RD, CDE, BC-ADM

P55 Show Me Your Sites! The Educator's Role in Prevention and Treatment of Lipohypertrophy Renee Meehan, RN, BSN, MA, CDE Carol Biondi, RN, MSN, CDE

P56 Diabetes Self-Management in Texas - Marketing Research Study, Carol Filer, MS, RD, LD

P57 Treatment Patterns of Patients 80 Years of Age and Older with Diabetes in a Rural Primary Care Setting lennifer Clements, PharmD, BCPS, CDE. BCACP Emily Huneycutt, PharmD-c, Chase, Board, PharmD-c

P58 Diabetes Outcomes When Pharmacist Provider Is Aware of Patients' Health Literacy Cheyenne, Newsome, PharmD

P59 Nutrition Education of the Newly Diagnosed Patient in Type 1 Diabetes (DM 1) Janilene Pescuma Ana Lucia Rodriaues Ariane Severine Lilian Castilho

P60 Group Lifestyle Balance (GLB) Program and Diabetes Prevention in the United States Air Force Austin Hoover, ACSM, CEP Nina Watson, MSN, RN, CDE Iana Wardian, PhD

P61 Pharmacy Student Perceptions of Conversation Maps as a Tool for Diabetes Education Jessica Kerr, PharmD, CDE Sarah Joachim, PharmD-c

P62 The Process of Supporting Blood Glucose Pattern Management of People with Diabetes by Certified Nurses in Diabetes Nursing in Japan Yasuko Shimizu, RN Mika Mizuno Kvoko Uchiumi, RN Natsuko Seto, RN

P63 The Prevalence of Diabetes in Deaf Patients Ronald Feinstein, MD Danielle Davoli, [']MSHC, CI/CT, NIC Julia Schulman, RN, MSN, CDE Eric Weiselberg, MD

P64 The National Action Plan for Adverse Drug Event Prevention and Diabetes Agents: What You Need to Know Clydette Powell, MD, MPH, FAAP Ndome Essoka, MPH Mary Ghods, RPh Christopher St Clair, PharmD

P65 Foot Exam Frequency Improvement at Free Community Diabetes Classes Jane Pelkki, MPH, RD, LD

Friday, August 4

Saturday, August Сл

Monday, August



POSTER SESSIONS



- P66 Bee Aware': A Multidisciplinary Point-of-Care Intervention for Inpatient Glycemic Control Sandra Chmelnik, RD, CDE
- P67 Diabetes Education and Advanced Disease State Management in Primary Care, a Collaborative Approach for Better Outcomes! Ritesh Patel, PharmD, CPP, BC-ADM, CDE Christina Dauer, RD, MPH, LDN, CDE
- P68 Balancing Diabetes and Parenting: Factors That Affect Parenting Stress, Self-Agency and Diabetes Outcomes Nicole Johnson, DrPH, MPH Stephanie Melton, PhD, MA, MPH Samantha Barry, PhD
- P69 Assessment of Pharmacist-Patient and Dietitian-Patient Follow-up Sessions on Diabetes-Related **Outcomes Following Completion** of an Accredited Diabetes Self-Management Education Group Class Jessica Triboletti, PharmD, BCACP, BC-ADM, CDE
- P70 Assessing the Relationship of Spirituality on Health Related Indicators in Adults with Type 2 Diabetes Jane O'Friel, DNP, MSN, RN-BC, CDE
- P71 Impact of a Community Health Worker on Clinical Outcomes in a Patient-Centered Medical Micki Nadelson, MS, RD/N, LD, CDE
- P72 Understanding the Biological and Psychological Risk Factors for Disordered Eating with Diabetes Dawn Lee-Akers, BA Judy Simon, MS, RD, CD, CHES Joel Jahraus, MD, FAED, CEDS
- P73 UAB Diabetes Scholars Program Donna Stevens, DNP, FNP-C, BC-ADM, CDF

- P74 ADVANCE with the Advanced Practice COI Donna Stevens, DNP, FNP-C, BC-ADM, CDF Susan Weiner, MS, RDN, CDE, CDN
- P75 Preventing Diabetes Among Multiracial College Students Loraine Mongiello, PHD, RDN, BC-ADM, CDE
- P76 Prediabetes: Lifestyle Modifications and Beyond Samantha Karr, PharmD, FCCP, BCPS, BCACP, BC-ADM Kristi Kelley, PharmD, FCCP, BCPS, CDTC, BC-ADM, CDE Melody Hartzler, PharmD, AE-C, BCACP, BC-ADM
- **P77** Innovative Interdisciplinary Approach for Providing Services to People with Diabetes and Those at Risk (with Emphasis on Eye Health) Sossity Riordan, PharmD, BCPS, BC ADM Laura Alexander, OD Shirley Burris, RN, CDE
- P78 Global Perspective on Providing Group Diabetes Self-Management Education (DSME) Using Conversation Map Tools Barbara Eichorst, MS, RD, CDE
- Supporting Young Adults with T1DM Through Life Transitions Using **P79** mHealth - An Evaluation of the Diabetes YES Study Ashley Ng, MDiet, BFS&N (Hons), BHSc

Bodil Rasmussen, RN, BSN, MED, PhD Tim Crowe, BHc(Hons), MNutrDiet, PhD Kylie Ball, BA(Psych), PhD

P80 Eat Less, Exercise More: Sounds Easy, So Why Is It so Hard? Laurencia "Laurie" Klipfel, RN, MSN, ANP-BC, CDE, WCC

POSTERS LOCATED IN EXHIBIT HALL J

- **P**81 Developing Culturally Appropriate Educational Materials for a Rural Population in El Salvador: Application to U.S. Populations Rita Saltiel-Berzin, RN, MPH, CDE, CHFS Rosa Lemic, RN, BSN Tania Whalen, BFA
- A Facebook Support Group for P83 Diabetes Educators with Type 1 Diabetes Joan Geohegan, RN, BSN, CDE Ruth Kingkade, BSN, RN, CDE, MLDE
- P84 Professional CGM Use Among Healthcare Professionals in the Pharmacy COI Jessica Kerr, PharmD, CDE
- P85 Can Medical Students Improve Diabetes Knowledge in a Residency Staffed Primary Care Clinic? Kendra Jackson Hannah Chacon
- P86 Group Diabetes Education Class on a Behavioral Health Unit Using the Conversation Map Margaret Diliberto, ANP-BC, CDE Ashley Olivieri, RD, CDE
- P87 Health Literacy in Diabetes Care: An Introductory Assessment and Evaluation Hannah Fudin, PharmD, BCACP Hanna Raber, PharmD, BCPS, BCACP Austin Ulrich, Logan Peterson Laura Shane-McWhorter, PharmD, BCPS, BC-ADM, CDE, FASCP, FAADE
- P88 Partnership Between Providers and Community-Based Health Coaches to Improve Diabetes Outcomes in Primary Care Jamillah Hoy-Rosas, MPH, RD, CDEMSc
- P89 Inpatient Insulin Pump Comanagement-A Concept Analysis Eileen Faulds, MS, RN, FNP-BĆ, CDE
- P90 Factors Related to Diabetes Medication Adherence at a Full Service Open Admission Health Clinic Patricia Davidson, DCN, RDN, CDE, LDN, FAND Leah Kuntz Loagan Leshko Candace Bordner,
- **P91** Built for Veterans: the Shared Nursing Appointment (SNA) for Diabetes Case Management Anna Fletcher, BSN, BA, MS, RN, CDE Susan Lohse, BSN, BS, RCP, RN-BC

P92 Inpatient Insulin Pump Comanagement-A Concept Analysis Eileen Faulds, MS, RN, FNP-BĆ, CDE

- P93 Understanding Cystic Fibrosis Related Diabetes (CFRD): A Review of Detection and Management Michele Olbrich, RN
- P94 Patient Reported Psychosocial Barriers and Facilitators in **Diabetes Self-management After** Completion of an Accredited Education Program Nicole Olenik, PharmD, CDE, BC-ADM Chris Gildea, PharmD Wendy Lantaff, PharmD, MS
- P95 Evaluating the Effectiveness of Supplemental Training Programs on Improving Medical Student Confidence in Providing Diabetes Self-Management Education and Support to Patients Marya Fazel, PharmD, BCPS, BCACP, CDÉ

P96 Reducing Diabetes, Increasing Resiliency: Spreading Awareness Through Partner Engagement Merritt Bates-Thomas, RDN, LD Abby Beerman Paul, MPH

- Associated with Lipodystrophy: Low Fat Diet Not Ideal Elaine Cochran, MSN, CRNP, BC-ADM Amber Courville, PhD, RD lennifer Myles, BS, RD Areli Valencia, BS Rebecca Brown, MD, MHSc
- P98 Your Healthy Journey Susan Kreager, RDN, LD Renee Lawson, RN

P99 Designing and Implementing a Competency-Based Skills Fair to Improve Home Health Nurse's Diabetes Knowledge Judi Labenske, RN, MSN. CDF

INDUSTRY POSTERS (LOCATED IN EXHIBIT HALL J)

- IP1 Aligned Clinician and Patient/ Caregiver Education in T2D Amy Larkin, PharmD Colleen Healy, MA Susan Grady, MSN, RN-BC Anne Le, PharmD MedScape
- IP2 A New Qualified Health Claim for Reduced Risk of Type 2 Diabetes: What is the Role of High-Amylose Maize Resistant Starch? Maria Stewart Inaredion
- IP3 Evaluation of the Relion Premier Voice Audio-Enabled Blood Glucose Monitoring System's Ease of Use Julie Walker Arkray
- IP4 Performance of the ReliOn Premier Voice Blood Glucose Monitoring System Compared to FDA 2016 Guidance Julie Walker Arkray
- Wear Adherence and Clinical IP5 Benefit of a Long Term Implantable Glucose Sensor in the PRECISE Study Patricia Haney Senseonics, Incorporated
- IP6 iGlarLixi Reduces BeAM Values More than Optimized Insulin Glargine 100 U/mL (iGlar) in Patients With T2D Vanita Aroda MedStar Health Research

- IP7 Insulin Glargine 300 U/mL (GLA-300) Provides More Stable and More Evenly Distributed Steady-State Pharmacodynamic/ Pharmacokinetic Profiles Compared with Insulin Degludec in Type 1 Diabetes (T1DM) Timothy Bailey, MD, FACE AMCR Institute
- IP8 Characteristics and Glycemic Outcomes of T2D Patients (Pts) Titrated to 60 U/day with Insulin Glargine/Lixisenatide Fixed-Ratio Combination (iGlarLixi) vs. Insulin in the LixiLan-L Trial Lawrence Blonde Ochsne
 - Improved Glycemic Control and Lower Hypoglycemia Risk With Reduced Prior Oral Antidiabetes Drug (OAD) Therapy in Patients (Pts) With T2D Treated With Insulin Glargine 300 U/mL (Gla-300) George Dailey Scripp Whitier Diabetes Institute

IP9

- IP10 Impact of Lixisenatide (LIXI) Dose Range on Glycemic Outcomes With Fixed-Ratio Combination τ2D Juan Pablo Frias National Research Institute
- IP11 Improved Treatment Engagement Among Patients Receiving Insulin Glargine 300 Units/mL Who Enrolled and Received Live Support through the Coach Patient Support Program lennifer Goldman MCPHS University

P97 Hypertriglyceridemia and Diabetes

(FRC) iGlarLixi in Patients (pts) with

P100 Assessment of a Multidisciplinary, AADE-Accredited Group DSME/S Program in an Underserved Patient Population

Amy Carter, MA, RD, CD, CDE Emily Dawkins, MS, RD, CD Lauren Gunn, RD, CD

P101 Exploring the Relationship Between Autonomy Support in Shared Decision Making and Patient Activation of Diabetes Selfcare Behaviors Carol Hamersky, PhD, MBA, RDN, CDF

P102 Diabetes Clinic in a Federally Qualified Health Center Lynn Fletcher, PharmD, BC-ADM, ĆDE, LDE Maureen Moynihan, PharmD

IP12 Achievement of HbA1c Targets in the Diabetes Unmet Need With Basal Insulin Evaluation (DUNE) Real-World Study Luigi Meneghini UT Southwestern Medical Center

- IP13 iGlarlixi Reduces A1C to a Greater Extent than Basal Insulin Therapy Regardless of A1C Levels at Screening Elisabeth Niemoeller Sanofi
- IP14 Insulin Glargine 300 U/mL vs 100 U/mL in Older People With T2DM: Results From a Randomized Trial Robert Ritzel Stadtisches Klinikum
- IP15 Low Incidence of Gastrointestinal Adverse Events Over Time with a Fixed-Ratio Combination of Insulin Glargine and Lixisenatide vs. Lixisenatide Alone Jennifer Trujillo University of Colorado Skagas
- IP16 Lower Risk of Hypoglycemia and Less Health Care Utilization in Basal Insulin-Treated Patients with Type 2 Diabetes (T2D) After Switching to Insulin Glargine 300 Units/mL (GLA-300) vs. Other Basal Insulins in Real-World Clinical Settings Fang Liz Zhou Sanofi, US

Friday, August 4

Saturday, August . Сл

Sunday, August 6

Monday, August

Poster Sessions

General

Research

Communities of Interest

DISCLOSURE STATEMENTS

The following AADE17 Planning Committee members reported relevant conflicts of interest.

PRESENTER	CONFLICT STATEMENT
Susan Cornell, PharmD, CDE, FAPhA, FAADE Associate Director of Experiential Education/Associate Professor of Pharmacy Practice, Midwestern University Chicago College of Pharmacy	Sanofi (Speaker's Bureau) NovoNordisk (Advisory Board)
Nancy D'Hondt, RPh, CDE, FAADE Clinical Pharmacist/Diabetes Educator, St. John Providence Hospital and Medical Center	Lilly, Dexcom (Speakers Bureau) Lilly (Advisory Board)
Martha Funnell, MS, RN, CDE Associate Research Scientist, University of Michigan Medical School	Bristol-Meyers Squibb Foundation (Research Support) Eli Lilly (Advisory Board, Consultant) Sanofi-Aventis (Consultant)
Laurel Fuqua, RN, MSN Sr. VP Clinical & Operations, Canary Health, Inc.	Diabetes Digital Health (Salary/Stock Holder)
Deborah Hinnen, RN, ARNP, BC-ADM, CDE, FAAN, FAADE Advanced Practice Nurse/Certified Diabetes Educator, Memorial Hospital Diabetes Center	Alliance, Eli Lilly & Boehringer Ingelheim (Consultant, Speaker/ Honoraria) Janssen (Consultant, Speaker/Honoraria) NovoNordisk (Consultant, Speaker/Honoraria) Sanofi-Aventis (Consultant, Speaker/Honoraria)
Davida F. Kruger, MSN, APN-BC, BC-ADM Certified Nurse Practitioner, Henry Ford Health System	Dexcom (Stock); Abbott Laboratories; AstraZeneca Pharmaceuticals LP; Boehringer Ingelheim Pharmaceuticals, Inc.; Dexcom, Inc; Eli Lilly and Company; Janssen Pharmaceuticals; Novo Nordisk; Valeritas, Inc. (Speakers Bureau); Abbott Laboratories; Dexcom, Inc.; Eli Lilly and Company; Intarcia Therapeutics, Inc.; Janssen Pharmaceuti- cals; Novo Nordisk (Consultant); AstraZeneca Pharmaceuticals LP; Dexcom, Inc; Eli Lilly and Company; Hemsley Foundation; Lexicon Pharmaceuticals, Inc; Novo Nordisk (Research Grant)
Becky Sulik, RDN, CDE, LD Director of Education, Rocky Mountain Diabetes & Osteoporosis Center	Lilly Diabetes (Speakers Bureau) Medtronic Diabetes (Consultant) Animas (Consultant) Tandem Diabetes (Consultant) Insulet (Consultant) Roche (Consultant)

DISCLOSURE STATEMENTS

The following AADE17 presenters reported relevant conflicts of interest.

PRESENTER	CONFLICT S
Kirsten Angell, RD, LD, CDE Registered Dietitian/Certified Diabetes, Educator/ Owner, Link 4 Nutrition/Link 4 Diabetes	Animas (Con
Richard Bergenstal, MD Executive Director, International Diabetes Center at Park Nicollet	Abbott Diabe (Consultant, C ceived grants (Consultant, C (stocks, stock Novo Nordis company pro Speaker/Hor
Bruce Berger, PhD President, Berger Consulting, LLC; Professor Emeritus, Auburn University	Innovative H Honoraria)
Adam Brown Senior Editor, diaTribe.org	Dexcom (Ho
Jerry Brown, DMD, CDE Certified Diabetes Educator/Health Learning Facilitator, University of South Florida Department of Internal Medicine	Colgate Ora
Belinda Childs, ARNP, MN, CDE, BC-ADM Executive Director/Diabetes Nurse Specialist, Great Plains Diabetes	American Dia support of re (Received gra fi-Aventis (Co
Kevin Clauson, PharmD Associate Professor, Lipscomb University	AIDS Institute support of re- grants or fund Organization
Marjorie Cypress, PhD, C-NP, CDE Diabetes Nurse Practitioner/Consultant	BD (Consulta
Alison Evert, MS, RD, CDE Manager, Nutrition and Diabetes Education Programs, University of Washington Neighborhood Clinics	Senseonics, I
Martha Funnell, MS, RN, CDE, FAADE Associate Research Scientist, University of Michigan Medical School	Bristol-Meyer Board/ Cons
Jasmine Gonzalvo, PharmD, BCPS, BC-ADM, CDE, LDE Clinical Associate Professor/Clinical Pharmacy Specialist, Purdue University/Eskenazi Health	Eli Lilly (Othe
Susan Guzman, PhD Director of Clinical/Educational Services Behavioral Diabetes Institute	AstraZeneca
Claudia Harris, RN, CDE Educator, Diabetes Self Management, Program Manager, St. Luke's Pediatric Endocrinology	Abbott Diabe terest excludi stock options
Charlotte Hayes, MMSc, MS, RDN, CDE, ACSM, CCEP Director of Research and Education, Team Novo Nordisk	Novo Nordis
Amy Hess Fischl, MS, RD, LD, BC-ADM, CDE Teen Transition Program Coordinator, Diabetes Educator, University of Chicago	Sanofi-Aventi
Neal Kaufman, MD, MPH Chief Medical Officer & Co-fouder, Canary Health	Canary Heal options, or o (Employment ownership in

STATEMENT

nsultant); Insulet (Consultant); VMS Biomarketing (Consultant)

etes (Consultant, Other Research Support, Speaker/Honoraria); Dexcom Other Research Support, Speaker/Honoraria); Eli Lilly (Consultant, Res or funds in support of research of related company products); Medtronic Other Research Support, Speaker/Honoraria); Merck: Ownership Interest options, or other ownership interest excluding diversified mutual funds); sk (Consultant, Received grants or funds in support of research of related oducts, Speaker/Honoraria); Roche (Consultant, Other Research Support, noraria); Sanofi (Consultant, Other Research Support, Speaker/Honoraria)

ealth Care Speakers Bureau: (Speaker/Honoraria);Novartis (Speaker/

noraria)

al Health Speaker's Network (Speaker/Honoraria)

abetes Association (Royalties); Carlibra (Received grants or funds in esearch of related company products); Novo Nordisk (Consultant); Roche ants or funds in support of research of related company products); Sanoonsultant)

e (Consultant); Janssen Healthcare Innovation (Received grants or funds in search of related company products); McKesson Foundation (Received ids in support of research of related company products); World Health n (Consultant)

ant)

Inc. (Clinical Advisory Board)

rs Squibb Foundation (Other Research Support); Eli Lilly (Advisory sultant); Sanofi-Aventis (Consultant)

er Research Support, U-500 Advisory Board)

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etes: Ownership Interest (Stocks, Stock Options, or other ownership ining diversified mutual funds); Sanofi-Aventis: Ownership Interest (stocks, s, or other ownership interest excluding diversified mutual funds)

sk (Team Novo Nordisk receives financial support from Novo Nordisk)

tis (Speaker/Honoraria)

Ith (Employment – includes retainer), Ownership Interest (stocks, stock other ownership interest excluding diversified mutual funds); Medtronic t – includes retainer), Ownership Interest (stocks, stock options, or other nterest excluding diversified mutual funds)

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www.colbydavisofboston.com

Colby Davis of Boston is a sterling silver, 18k and glass enamel jewelry line all made in the USA. Run by two sisters and a mother, we pride ourselves in our family roots and Boston home where we find great inspiration for our designs. We create meaningful, timeless designs that can be passed through generations and enjoyed by every woman! Each pendant is engraved with meaningful words on the reverse that bring strength and courage into the lives of many.

Colgate - Palmolive Company 708 www.colgatetotal.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.

collegediabetesnetwork.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.

www.companion-medicalcom

D

www.daiyafoods.com

At Daiya (pronounced "Day-ah"), we focus on people's favorite ways to enjoy cheese with our delicious dairy-free cheese alternatives. We've created Shreds, Blocks, Slices, Cream Cheese Style Spreads, Pizzas, Cheezecake, Cheezy Mac and Greek Style Yogurt. All Daiya products are free of three of the most common allergens: dairy (casein, whey and lactose), soy and aluten. But what they do contain is creaminess, flavor and savory goodness.

www.usa.mydario.com

The Dario Smart Diabetes Management

Solution provides an all-in-one, compact Smart Glucose Meter - lancing 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.

Davidson's (National Pasteurized Eggs)1335 SafeEggs.com

National Pasteurized Eggs, Inc. is the leader in egg safety, pasteurizing millions of shell eggs. The Safest Choice™ all-natural, in-shell pasteurization process eliminates Salmonella and other dangerous bacteria and viruses. This precision process delivers risk-free eggs with exceptional culinary performance and was awarded the Seal of Approval by the American Culinary Federation.

IAC 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.

www.diabete-ezy.com

Diabete-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 1302 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

Diabetes Education & Camping www.diabetescamps.org

Diabetes camps help children affected by diabetes lead healthier, happier, and more productive lives through good diabetes management and wholesome fun. The Diabetes Education and Camping Association (DECA) provides leadership and education to better enable diabetes camps to fulfill this purpose.

www.diabeteshandsfoundation.org

Diabetes Hands Foundation (DHF) is a 501(c)3 nonprofit foundation that, since 2008, has brought together people touched by diabetes to achieve our mission that no one living with this condition should ever feel alone. Through our three primary programs: the TuDiabetes.org and EsTuDiabetes.org online communities, the Big Blue Test program, and Diabetes Advocates, we seek to understand, connect, and energize the millions of people living with this condition.

www.diabnext.com

DIABNEXT® is an artificial intelligence tool integrating a suite of interactive software and connected hardware that automatically collects and analyzes the main health metrics of Diabetes. It brings mobile solutions, cloud technology, and connected devices together to optimize diabetes management. Physicians and patients are connected through a single platform.

dLife -It's Your Diabetes Life!1306 www.dlife.com

dLife® is the #1 resource for millions of people with diabetes and their caregivers. Its comprehensive diabetes solutions include dLife.com and dLifeTV. Since its creation, dLife has been fulfilling its mission to empower those with diabetes to take better care of themselves and build good diabetes management skills to live longer, healthier diabetes lives.

www.drpeppersnapplegroup.com

Dr Pepper Snapple Group offers more than 50 beverage brands that are synonymous with refreshment, fun and flavor. We offer a wide range of low- and no-calorie options, and more than half of our innovation projects are focused on reducing calories, smaller portions and improved nutrition. We also lead and support initiatives that promote active, balanced lifestyles, and we're committed to giving consumers the information they need to choose the products that are right for them and their families.

www.sturdrinks.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.

F

Edwards Health Care www.myehcs.com

EHCS is a mail order diabetes supplier who participates with most major commercial insurance carriers and over 40 state Medicaid programs nationally. EHCS is an approved supplier of insulin pump and pump supplies for Traditional Medicare. EHCS provides testing supplies, monitors, insulin pumps & supplies and CGM-Continuous Glucose Monitoring products. We carry and offer Breast Pumps, Back and Knee Braces, Urological, Ostomy, Wound Care Products as well as Health and Wellness information.

www.eggnutritioncenter.org

Eggs are a nutrition powerhouse. One large egg has 6 grams of high-quality protein, varying amounts of 13 essential vitamins and minerals, and the antioxidants lutein and zeaxanthin, all for 70 calories. The Egg Nutrition Center is the science and nutrition education division of the American Egg Board. Its mission is to be a credible source of nutrition and health information and the acknowledged leader in research and education related to eggs.

Endocrine Today and Healio.com www.healio.com/endocrinology

SLACK Incorporated invites you to booth 1309 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.



www.endocrineweb.com www.diabeticlifestyle.com

EndocrineWeb (EW) and DiabeticLifestyle (DL) are two of the leading diabetes patient and professional education sites on the web. We offer FREE content on type 1 diabetes, type 2 diabetes, prediabetes and related conditions. Check out our healthy eating articles, hundreds of CDE-approved recipes, monthly webinars and podcasts, weekly e-newsletters, blogs, medication guides, and more.

www.enovativetech.com

FDA/Center for Food Safety & Applied Nutrition (CFSAN)......807 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.

www.fifty50.com

FIFTY50 features great tasting Low Glycemic cereal, syrup, cookies, fruit spreads and confections with ingredients minimizing impact on blood sugar. Half our profits fund diabetes research — over \$11.5 million to date.

www.fit4d.com

For pharmaceutical companies with a branded drug or device, and payers seeking to improve health outcomes, Fit4D is a technology-enabled personalized health coaching solution that leverages intelligent care pathways to enable expert diabetes educators to increase their capacity to deliver care by 5x. Unlike apps or call centers, Fit4D optimizes the mix between technology and clinicians to improve health outcomes in an affordable manner

www.flexitol.com

Flexitol[®] Heel Balm contains 25 percent urea and a syneraistic 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.

FRIO[®] Insulin Cooling Case 1008 www.FRIOCase.com

FRIO is the evaporative insulin cooling case that never needs icepacks or refrigeration. After activating with water, it retains its cooling properties for a minimum of two days. To re-activate, just soak in water. With no chain to refrigeration, the FRIO offers convenience, freedom, and peace of mind!

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G. S. Innovations							15	53	2
dermalactives.com									

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.

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.

www.glycomark.com

GlycoMark® is the only blood test that specifically indicates recent hyperalycemia in patients with diabetes. The GlycoMark test provides a clinically proven one- to two-week measure of glycemic excursions, often related to post prandial sugar spikes.

www.goodmeasures.com

Good Measures combines clinical and behavior change expertise with digital technology to improve health outcomes. Good Measures RDNs and CDEs provide personalized coaching by phone, by email, or in person - daytimes, evenings, and weekends. Our digital tools help people see how well they are meeting their nutrient needs and provide meal and snack suggestions. Good Measures' diabetes support includes an American Diabetes Association-recognized diabetes self-management education program.

Hawaiian Moon.....712 www.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.

www.healthmonitor.com IAC

Healthcare Providers Service Organization (HPSO).....1540 www.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.

healthlightpnllc.com

Infrared Light Therapy is cleared by the FDA for improving local circulation and relieving pain and inflammation. These complaints occur in a large number of medical situations including diabetic, statin and chemotherapy induced related peripheral neuropathy. Tens of thousands of individuals, through clinics and at home, have experienced significant relief from the pain, tingling, numbness, inflammation and swelling. There is no known cure but there is symptomatic relief.

www.splenda.com

Heartland Food Products Group, the makers of SPLENDA® 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.

www.htl-strefa.com

www.idealprotein.com

Ideal Protein is a supervised, 4-phase VLCD weight loss method utilizing foods of highly bio-available amino acids and lowered carbohydrate & fat intake. This is not a high protein diet. It is a medically sound, balanced diet wherein the dieter receives the ideal amount of protein as recommended by the FDA (.8g/kg of body weight), as well as vegetables, carbohydrates & other vitamins. The goal is to support and coach the dieter and give them the education to maintain their weight loss long-term.

www.ihealthnext.com

iHealth Next offers a full spectrum of FDA approved smart medical devices, mobile apps and a secure cloud infrastructure. Our solution is built around diabetes care, heart health and weight management. iHealth is a global leader in consumer-friendly mobile health devices and apps that enable individuals to take a more active role in managing their personal health. For more information please visit ihealthnextcom and follow us on LinkedIn, Twitter and Facebook.

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 AADE, Booth 1040. Visit www.ingredion.us/hi-maize to learn more.

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 www.retinalscreenings.com

IRIS is on a mission to End Preventable Blindness. Diabetic retinopathy is the leading cause of blindness in adults, yet less than 50 percent 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 1303

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.

www.irisys.com

Scot-Tussin: OTC Cough, Cold and Allergy Products For Diabetics and Special Needs Patients Since 1956. First to Market: Scot-Tussin 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.

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www.jennycraig.com

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Jenny Craig is a clinically proven, comprehensive program designed to provide structure and one-on-one support to help members lose weight and learn how to keep it off. The Jenny Craig for type 2 program is shown to result in a 9 percent weight loss as compared to 2.5 percent for usual care with greater improvements in HbA1c. Designed by Registered Dietitians, our menu provides 45 percent carb, 30 percent fat and 25 percent protein calories and includes over 80 items. Our Diabetes Guide bears the AADE Favorably Reviewed logo.

Johnson & Johnson Diabetes www.onetouch.com

A collaboration of Johnson & Johnson operating companies that are committed to advancing science that supports people with diabetes across the continuum of care. These include LifeScan. Inc., Animas Corporation, Calibra Medical, Inc., Johnson & Johnson Diabetes Institute, LLC; and Janssen Pharmaceuticals, Inc.



Johnson & Johnson Diabetes Care Companies

1223 IAC

www.janssenpharmaceuticalsinc.com

Janssen Pharmaceuticals, Inc., a pharmaceutical company of Johnson & Johnson, provides medicines for an array of health concerns in several therapeutic areas, including: mental health, cardiovascular disease and diabetes. Our ultimate goal is to help people live healthy lives. We have produced and marketed many first-in-class prescription medications and are poised to serve the broad needs of the healthcare market – from patients to practitioners, from clinics to hospitals.

www.konsyl.com

Konsyl Original is the #1 doctor-recommended all natural fiber supplement. Konsyl Original psyllium fiber supplement is all natural, gluten-free and contains no sugar or sugar substitutes. Eating soluble dietary fiber helps to lower cholesterol levels and normalize blood alucose and insulin levels. Soluble fiber is found in many foods—and in supplements containing psyllium, such as Konsyl.

www.kyoui.com

www.lurenacare.com

www.libertymedical.com

Liberty Medical - a leading independent provider of all brand insulin pumps, insulin pump supplies, continuous glucose monitoring systems and preferred brand diabetes testing supplies, with a dedicated team of pump therapy consultants and 24/7 toll-free patient support line. Experienced clinicians including Certified Diabetes Educators, Registered Pharmacists, pump trainers, registered dietitians and nurses, provide diabetes education and insulin pump training through a variety of channels.

www.lillydiabetes.com

Lilly has been a alobal leader in diabetes care since 1923, when we introduced the world's first commercial insulin. Today, through research and collaboration, a wide range of therapies, and a continued commitment to providing real solutions—we strive to make life better for people affected by diabetes.

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www.senegence.com

www.LivligaHome.com

Livliga is elegant portion control tableware for everyday use in a healthier lifestyle. It's unique designs incorporate the psychology of eating by using visual cues, promoting the sense of feeling full at the end of a meal. It supports right-sized portions with porcelain dinnerware, serveware and glassware in different patterns. It is Doctor and RD/Nutritionist approved. Products are leadfree, eco-friendly, dishwasher & microwave safe. Discover Livliga's healthier lifestyle!

www.livonlabs.com

LivOn Laboratories has been the industry leader formulating high performance dietary supplements that offer genuine health benefits for the past 13 years. LivOn Labs Lypo-Spheric™ Vitamin C was the world's first unidose Liposomal vitamin C gel. Each Lypo-Spheric™ product is formulated with one goal in mind: to provide effective doses of nutrients without the use of binders, fillers, artificial colors or artificial flavors. LivOn Labs' invites you to visit booth #1133 and sample our products,

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www.mahatmarice.com

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.

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 advances 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.

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.

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

Merisant (Equal and Whole www.equal.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.

www.metaboliccarecenter.com

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.

www.myabetic.com

Myabetic is a Diabetes Fashion brand that produces stylish lifestyle products for people with diabetes. Our products include fashionable diabetes supply cases and insulin pump cases, cooling pouches and T-Shirts. Shop online at www.myabetic.com and contact us for brochures at info@myabetic.com! You can also find us in the diabetes section in Target Stores nationwide.

www.mysugr.com

Founded in 2012 by people with diabetes, mySugr creates digital health solutions for people with diabetes. Their products are characterized by the intelligent combination of design, technology, and medical expertise focused on diabetes. Particularly well-known are mySugr Logbook and mySugr Academy with more than 300,000 registered users across the US and Europe. More Info: www.mysugrcom.

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www.eNasco.com/nutrition

The Nasco Nutrition catalog features teaching aids for Diabetes Educators in hospitals, schools, pharmacies, food service, and many community programs. We offer our full line of Lifeform[®] food and fat replicas as well foot models and other replicas. MyPlates, nutrition games, multimedia programs, software, DVD's, cookbooks and scales are all in one handy shopping location. Visit booth #2003 to see the newest products available.

National Certification Board for 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 Institute of Diabetes and Digestive and Kidney 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

National Library Service f/t BPH . . . 605 www.loc.gov/nls

www.naturehillnv.com

www.nightscoutfoundation.org

Nova Diabetes Care.....1406 www.novacares.com

Nova's Allegro™ analyzer* is a compact, POC analyzer that features a comprehensive test menu to monitor alvcemic control effectiveness, assess the risk of diabetes complications, and make therapeutic adjustments. All tests are measured with ready-to-use, disposable cartridges or test strips, and are easily performed by capillary finger stick sampling. Nova Max[®] Plus[™] has the most comprehensive features for fast, easy, error-free blood glucose and ketone monitoring. *CE-MARKED ONLY.

www.novainnovations.net

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.

NSP Medicals Supply, LLC. 603 www.nspmedicals.com

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.

www.nutrition411.com

Health care professionals count on Nutrition411.com for FREE up-to-date nutrition information. Known as the "Google" of dietetics and nutrition, this downloadable library offers more than 2500 peer-reviewed, customizable materials, including patient handouts, PowerPoint presentations, conversation starters, fact sheets, videos, professional refreshers, diet information, and much, much more. Visit Nutrition411.com today!

Nutrition Dimension/ 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. www. continuingeducation.com/nutrition.

www.oaktree-health.com

Oak Tree Health and Royal Medical Supplies is a Diabetes Manufacturer and supplier dedicated to product manufacturing, OEM, ODM, private labeling, innovation and technology. We offer world-class products, customer service and competitive pricing. With factories, warehouses and offices in Taiwan, south Korea, and USA, we are able to handle all your diabetes requirements. For more information visit our website: www.oaktree-health.com or www. royalmedicalsuppliescom.

www.omnishealth.com

Omnis Health is committed to providing quality products including the Embrace® family of glucose monitoring systems. Our deepest understanding of diabetes and the challenges facing diabetes patients allows us to adapt to the ever-changing healthcare environment and deliver timely, dependable and affordable products. We're helping people with diabetes embrace life.

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 co-pay.

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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@orthofeetcom

Otto Trading, Inc. . . . 1607, 1806, 1832 www.ottotrading.com

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.



Phase 2 White Kidney

phase2info.com Phase 2 is a white kidney bean extract that reduces starch digestion by inhibiting the amylase enzyme. When used as directed, up to 60 percent of the starch in potatoes, rice, noodles, bread, cakes and cookies may not be absorbed at that meal. This is for your clients and patients that do not use a measuring cup and portion control for their meals. Stop by and talk to the Registered Dietitian/Nutritionists about the ingredient. Staffed by RDNs from Realtime Nutrition. Phase2info.com.

Point of Care Network/ America's Top Diabetes Educator. . 1802

www.portionclip.com

The Portion Clip provides the right portion for cereal, snacks nuts, frozen fruit...etc. The Portion Clip has 3 sizes in 1 and clips right on the bag! We can put your logo right on the Portion Clip to hand out for clients, events, employees...etc.

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.

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.

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.

ce.pharmacy.purdue.edu

Purdue University College of Pharmacy's Office of Continuing Education promotes the enrichment of a collaborative approach to continuing pharmacy and medical education and professional development. Through an understanding of the importance of connecting talents, learning styles, and lifelong learning opportunities, Purdue's benchmark is to attain the ultimate goal of enhancing healthcare systems and patient outcomes.

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www.quintilesims.com

Quintiles is the world's largest provider of biopharmaceutical development and outsourcing services. We helped develop or commercialize 100 percent of the best-selling products or compounds on the market. We proactively pursue new and better solutions, driving us to be the best in the industry and shape its future. A career at Quintiles can create an opportunity to make a real impact on global patient health like nowhere else. www.guintiles.com/careers.

Regeneron Pharmaceuticals803 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.regeneroncom.

Retractable Technologies, Inc. . . . 1345 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.

www.ridingoninsulin.org

Riding On Insulin is a 504c that serves children, teens, and adults with type 1 diabetes through experiential education and mentoring by participation in action sports.

IAC 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.

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.

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.

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.

www.siemens.com/healthineers

Siemens Healthineers 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.

www.siren.care

40 percent of diabetics suffer from severe nerve damage, due to which a small injury can become an ulcer, infection, gangrene or amputation. After a lower leg amputation, 4/5 diabetics pass away within 5 years. Research has shown that temperature monitoring can prevent ulcers by 72 percent. Siren Care's smart socks with sensors in the fabric detect inflammation (temperature). Our tool helps diabetics learn from data-driven insights and stay vigilant in the fight against diabetic foot ulcers!

Smart Meter Corp1402 www.iglucose.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. www.SmartMeterCorporationcom.

www.hospitalmedicine.org

The Society of Hospital Medicine (SHM) Glycemic Control (GC) Program supports the development and implementation of glycemic control at multiple member sites with the goal of aiding them in optimizing the care of inpatients with hyperglycemia and diabetes and preventing hypoglycemia.

www.sol-m.com

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.

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!

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.

www.riomet.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 http://www.sunpharmacom.

SweetLeaf Stevia Sweetener1430 www.SweetLeaf.com

SweetLeaf® is the award-winning stevia sweetener with zero calories, zero carbohydrates and non-glycemic response. What makes Sweet-Leaf[®] 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.

www.myglu.org

Tandem Diabetes Care, Inc.1503 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 touchscreen simplicity.

Introducing DOLCIA PRIMA™ Allulose, the low-calorie sugar that delivers all the taste, texture and enjoyment of sugar—with 90 percent fewer calories than sucrose. When consumed, DOLCIA PRIMA™ Allulose is absorbed but not metabolized by the body, making it nearly calorie-free. Unlike caloric sugars, allulose is 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.

www.my-vivi.com

TempraMed Inc. markets VIVI cooling products smart, 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) which is now available for all the major insulin brands. VIVI CAP1 is a hassle-free replacement cap to insulin pen cap that maintains the proper temperature of the drug cartridge below 29°C (84.2°F) when the pen is carried daily, without requiring any care from the user.

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 805 www.gideons.org

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.

www.solasweet.com

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.

www.todaysdietitian.com

Today's Dietitian is the leading independent source for news, information, research, and industry trends among the nation's infl uential community of nutrition professionals. Each month, Today's Dietitian provides registered dietitians, certifi ed diabetes educators, foodservice managers, and culinary professionals with well-written content on essential topics that affect their clients, their profession, and their career development.

Tom and Jenny's Candy Company . .704 www.tomandjennys.com

Tom & Jenny's Candy makes the first sugar-free caramel that's great for you, without sacrificing the delectable taste. Dr. Jenny, a dentist, heard patients complain that sugar-free options taste awful. With her husband, Tom, Dr. Jenny worked in her home kitchen to create a naturally-sweetened, sugar-free candy that doesn't leave consumers feeling deprived. They partnered with a James Beard pastry chef to perfect their recipes, which have up to 50 percent fewer net carbs than sugar-caramels.

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.

www.torbot.com

Torbot manufactures Skin Tac adhesive for use with insulin pumps and CGM's, Tacaway adhesive remover and Stomacare skin soothing aloe wipes. We also distribute a full line of ostomy and wound skin care products.

www.transcendfoods.com

www.niprodiagnostics.com

Based in Fort Lauderdale, Florida, Nipro Diagnostics, Inc. is a leading developer, manufacturer and marketer of diabetes monitorina and management products. The company is the exclusive supplier of blood glucose monitoring systems, co-branded under the TRUE name, to the world's leading pharmacies, distributors and mail service providers. For more information, please visit: www.niprodiagnosticscom.

www.diabetestrialnet.org

Type 1 Diabetes TrialNet (TrialNet) is an international network of researchers who are exploring ways to prevent, delay and reverse the progression of type 1 diabetes.

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U.S. Office of Minority Health 2034 www.minorityhealth.hhs.gov

The Office of Minority Health is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities. The Office of Minority Health Resource Center is a one-stop source for minority health literature, research and referrals for consumers, community organizations and health professionals.

www.ulticare.com

UltiMed, Inc. has been in business for over 25 years manufacturing premium quality injection devices including insulin syringes, pen needles and safety syringes. UltiMed is also a world leader in safe needle disposal. Our exclusive packaging system, the UltiGuard, combines premium quality needles and a sharps container all in one system ensuring used needles are properly disposed.

www.valeritas.com

Valeritas is a commercial-stage medical technology company focused on improving health and simplifying life for people with diabetes by developing and commercializing innovative technologies. We designed our first commercialized product, the V-Go Wearable Insulin Delivery Device, or V-Go, to help patients with Type 2 diabetes who require insulin to achieve and maintain their target blood glucose goals.

www.veroscience.com

VeroScience is a biotechnology company focused on the development of therapies to improve human health. A major platform technology is Circadian Neuroendocrine Resetting Therapy[®], an example of which is Cycloset[®]. The circadian timed daily administration of Cycloset, a quick release form of bromocriptine mesylate and a unique insulin sensitizer that works to reduce sympathetic activity and improve insulin-mediated glucose disposal, is FDA approved for the treatment of type 2 diabetes.

www.baltimore.org

Stop by the Visit Baltimore Booth to learn about the city where AADE18 will be held, August 17-20.

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.





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.

www.relion.com

www.welldoc.com

www.bluestardiabetes.com

BlueStar is an in-app diabetes coach for adults with type 2 diabetes. It provides individualized coaching that learns and adapts based on a user's medication regimen and lifestyle preferences. Our flagship educational resource BlueStar U, developed in partnership with the AADE, is based on the AADE's healthy seven behaviors, and is delivered in short lessons over 12 weeks. Stop by our booth to receive a demo of BlueStar, see how it works and can extend your reach & enrich your conversations!

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 U.S.A facility.

www.zerogravityskin.com

EXHIBITOR BY CATEGORY

BLOOD GLUCOSE MONITORING

Abbott Diabetes Care
Acon Laboratories, Inc 613
AgaMatrix
ARKRAY USA, Inc
Ascensia Diabetes Care
BANDI Wear
Binson's Home Health Care Centers 1009
BlueLoop: MyCareConnect
Byram Healthcare
Dario Health
Dexcom Inc
DIABNEXT
Edwards Health Care Services (EHCS)1440
Glooko1206
HTL-Strefa, Inc
iHealth Lab
Johnson & Johnson Diabetes
Care Companies
Liberty Medical LLC
Medtronic Inc
Mini Pharmacy
Nova Diabetes Care
Oak Tree Health
Omnis Health
Owen Mumford
PTS Diagnostics
Roche Diabetes Care, Inc
Siemens Healthineers
Smart Meter Corp1402
Voluntis, Inc

BLOOD SAMPLING

AmbiMedInc	
Dario Health	
HTL-Strefa, Inc	
Owen Mumford	
PTS Diagnostics 1202	

CERTIFICATION

American Council on Exercise	1242
National Certification Board for	
Diabetes Educators	. 606

DIETARY/WEIGHT MANAGEMENT

ACCUSPLIT Make A Difference Programs 2117
dLife -It's Your Diabetes Life!
Good Measures, LLC
Daiya Foods
DIABNEXT
Heartland Foods
Ideal Protein of America
International Diabetes Center 1303



Jenny Craig
Konsyl Pharmaceuticals
Livliga
Merisant Co. (Equal & PureVia)1732
mySugr
NASCO
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) 1305
NuGo Nutrition
Phase 2 White Kidney Bean Extract 1304
Portion Clip
Premier Protein
Sidekick Health
Structure House
Tom and Jenny's Candy Company 704
TOPS Club, Inc. (Take Off Pounds Sensibly)
Walden Farms, Inc

EDUCATIONAL BOOKS/VIDEOS

American Council on Exercise 1242
American Diabetes Association 1232
Diabetes - What To Know
Diabetes Education & Camping Association
EndocrineWeb and DiabeticLifestyle1443
International Diabetes Center
Livliga
NASCO
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) 1305
Nutrition Dimension/ ContinuingEducation.com1131
Riding On Insulin
The diatribe Foundation
TOPS Club, Inc. (Take Off Pounds Sensibly)

EXERCISE PROGRAMS & EQUIPMENT

ACCUSPLIT Make A Difference Programs . 2117	
ANDI Wear	
Viabetes Education & Camping Association	
Glooko	
NASCO	

Riding On Insulin
SidekickHealth
TOPS Club, Inc. (Take Off Pounds Sensibly)

FOOD/NUTRITIONAL

Abbott Nutrition
ACCUSPLIT Make A
Difference Programs
CINA Corp d/b/a/ Cinsulin.com903
Daiya Foods
Davidson's (National Pasteurized Eggs) 1335
Diabetes Education &
DIABNEXT
dLife -It's Your Diabetes Life!
Dr Pepper Snapple Group
Egg Nutrition Center
Fifty 50
Global Health Products Inc
Glooko1206
Heartland Foods
Ideal Protein of America
Ingredion
Jenny Craig
Konsyl Pharmaceuticals
LivOn Laboratories
Merisant Co. (Equal & PureVia)1732
Mini Pharmacy
mySugr
NASCO
NuGo Nutrition
Phase 2 White Kidney Bean Extract1304
, Portion Clip
Premier Protein
Structure House
Sweetleaf Stevia Sweetener
1430
Tate & Lyle
The diatribe Foundation
The Peanut Institute
Tom and Jenny's Candy Company 704
TOPS Club, Inc. (Take Off Pounds Sensibly)

FOOT CARE/FOOT WEAR

American College of Foot and
Ankle Surgeons 1840
HealthLight
NASCO
Orthofeet, Inc
Siren Care
Wise Consumer Products

IMPOTENCE TREATMENT

AmbiMedInc										110	8	
Owen Mumford										. 81	3	

INJECTORS (AUTOMATIC/NEEDLELESS)

INSULIN DELIVERY SYSTEMS

AmbiMedInc	
BANDI Wear1343	
BD Diabetes Care	
BlueLoop: MyCareConnect	
Companion Medical	
DIABNEXT	
Edwards Health Care Services (EHCS) 1440	
HTL-Strefa, Inc	
Insulet	
Johnson & Johnson Diabetes	
Care Companies	
Liberty Medical LLC	
Medtronic Inc	
Mini Pharmacy	
Owen Mumford	
Retractable Technologies, Inc 1345	
Roche Diabetes Care, Inc	
Tandem Diabetes Care, Inc 1503	
UltiMed, Inc	
Valeritas	

INTERNET

Diabetes - What To Know	
Diabetes Hands Foundation	
dLife -It's Your Diabetes Life!	
Edwards Health Care Services (EHCS) 1440	
Good Measures, LLC	
Medscape	
mySugr	
SidekickHealth1332	
Siren Care	
Springer Healthcare	
The diatribe Foundation	
U.S. Office of Minority Health	
Voluntis, Inc	

LIFESTYLE CENTER/INPATIENT TREATMENT PROGRAMS

ACCUSPLIT Make A Difference Programs . 2117
BANDI Wear
Center for Change
Center for Hope of the Sierras703
Fit4D
mySugr1603
Portion Clip
Riding On Insulin
Structure House

NEEDLE/LANCET DISPOSAL

BD Diabetes Care	911
Edwards Health Care Services (El	HCS)1440
Oak Tree Health	1233
Mini Pharmacy	1207

NUTRACEUTICALS/SUPPLEMENTS

Global Health Products Konsyl Pharmaceuticals LivOn Laboratories . . . Mini Pharmacy. Procter & Gamble. . . .

ORAL HEALTH/DENTAL CARE

Colgate - Palmolive Con

PHARMACEUTICALS

AstraZeneca
IriSys, LLC
Johnson & Johnson Diak Care Companies
Johnson & Johnson Diak Care Companies
Konsyl Pharmaceuticals
Lilly USA, LLC
Mannkind Corporation
Merck
Mini Pharmacy
Novo Nordisk Inc
QuintilesIMS
Springer Healthcare
Sun Pharma (Ranbaxy).
Twitter Lounge supporte
VeroScience LLC

PUBLICATIONS

AACE
American Diabetes Asso
CDC - Division of Diabe
Endocrine Today and He SLACK Incorporated
EndocrineWeb and Dia
FDA/Center for Food So Nutrition (CFSAN)
International Diabetes C
National Institute of Diak Digestive and Kidney Di
Nutrition Dimension/ ContinuingEducation.com
Springer Healthcare
The diatribe Foundation
Today's Dietician

SELF-MANAGEMENT SOFTWARE

BlueLoop: MyCareConnect	2230
DIABNEXT	2035
dLife -It's Your Diabetes Life!	1306
Glooko	1206

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Good Measures, LLC	. 928
iHealth Lab	1935
mySugr	1603
SidekickHealth	1332
Siren Care	. 729
Voluntis, Inc	. 908

SKIN CARE

Calmoseptine, Inc	713
Global Health Products Inc	709
Hawaiian Moon	712
Siren Care	729
Torbot Group Inc 1	408

SUPPLIES (CONSUMER/INSTITUTION)

ACCUSPLIT Make A Difference Programs . 2117
BANDI Wear
Edwards Health Care Services (EHCS)1440
FRIO® Insulin Cooling Case 1008
Mini Pharmacy
Myabetic LLC
Oak Tree Health
Portion Clip
TempraMed, Inc
Torbot Group Inc

TECHNOLOGY/MOBILE COMMUNICATIONS

BlueLoop: MyCareConnect
ACCUSPLIT Make A Difference Programs . 2117
Dario Health
DIABNEXT
dLife -It's Your Diabetes Life!
Fit4D
Glooko
Good Measures, LLC
Health Lab
mySugr1603
SidekickHealth1332
Siren Care
The diatribe Foundation
Voluntis, Inc

VISION CARE

Canon U.S.A., Inc	1441
Intelligent Retinal Imaging Systems	1640

WOUND CARE

Binson's Home Health Care Centers	1009
Byram Healthcare	. 812
Calmoseptine, Inc	.713
Global Health Products Inc	. 709
HealthLight	1934
Mini Pharmacy	1207
NASCO	2003
Siren Care	. 729

INDIANAPOLIS CONVENTION CENTER





MAPS AND NOTES

INDIANAPOLIS CONVENTION CENTER



98 Learn more at aade17.org

MAPS AND NOTES

CONFERENCE LEVEL 1



LEVEL 2





MAPS AND NOTES

AADE17 NOTES

AADE17 NOTES

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Please join us for a product theater

- Speakers: Eden Miller, DO CDE, BCPS
 - Date: Friday, August 4, 2017
 - Time: 12:30 pm to 1:15 pm
- Location: Product Theater B –

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Curtis Triplitt, PharmD,

Exhibit Hall

Learn more at **Booth 1223**



070646-170718

ALWAYS BY YOUR SIDE





TRAINING & EDUCATION

Experienced training and diabetes education team.



STARTRIGHTsM PROGRAM

Personal coaching program to start pump or sensor therapy..



Our helpline team is available around the clock.



GLOBAL ASSISTANCE

Our global service gives you peace of mind wherever you go..

INTRODUCING THE MINIMED™ 670G SYSTEM*

The World's First Hybrid Closed Loop System

Visit us at booth #1411 to learn more.

*Approved for people with type 1 diabetes, ages 14 and over. Prescription required. For more, see bit.ly/670gRisks.

WARNING: Medtronic performed an evaluation of the MiniMed 670G system and determined that it may not be safe for use in children under the age of 7 because of the way that the system is designed and the daily insulin requirements. Therefore this device should not be used in anyone under the age of 7 years old. This device should also not be used in patients who require less than a total daily insulin dose of 8 units per day because the device requires a minimum of 8 units per day to operate safely.

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Medtronic