

Onsite Meeting Guide

AADE16

San Diego Convention Center
SAN DIEGO • CALIFORNIA
Friday, August 12 – Monday, August 15, 2016

Embrace Change, Strengthen Our Future, Celebrate!

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insulin glargine injection
100 Units/mL



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at the Lilly Diabetes booth

An insulin glargine option coming to you
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*Specific timing on product availability may vary by location.



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Thank You to Our Sponsors



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ENTER TO WIN A
**BLENDTEC®
BLENDER**
We're giving one
away each day!



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



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

- ✓ **Clinically proven** weight loss program
- ✓ **Low-GI meal plan** that meets the nutrition guidelines of the American Diabetes Association*
- ✓ **CDEs, dietitians and weight loss counselors** available to support your patients
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For detailed information about the **NUTRISYSTEM® D® PROGRAM VISIT** www.nutrisystem.com/shopdiabetes

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

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

*American Diabetes Association: Standards of Medical Care in Diabetes—2015. Diabetes Care 38 (suppl.1): S20-30

Welcome to AADE16

It's my honor and privilege to welcome you to San Diego for AADE's 2016 Annual

Conference, simply known as AADE16, or if you use social media, #AADE16! Everyone at AADE, from volunteers to staff, encourage you to engage with the theme of AADE16 — **embrace the changes** that surround us, **strengthen** the future of the profession of diabetes education, and **celebrate!** We will celebrate you and the successes you are

championing in your work. The general sessions, educational tracks and variety of CE learning opportunities ensure that attendees from across the spectrum of practice settings will find AADE16 enlightening and valuable.

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

to kick-off or as you stroll through the Exhibit Hall. You may just make a new friend.



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

learning on a session.

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

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

Hope Warsaw,
MMSc, RD, CDE, BC-ADM, FADE
AADE President

2016 ANNUAL CONFERENCE PROGRAM COMMITTEE MEMBERS

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Chicago, Illinois



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PhD, RN, BC-ADM, CDE, FADE
Sacramento, California

TYPE OF ACTIVITY

This activity includes elements that increase knowledge and application.

TARGET AUDIENCE

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

LEARNING OBJECTIVES

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

1. Apply knowledge gained through attending presentations, networking with peers, and learning about new products and services to advance one's practice and career.
2. Increase perspective on the changing face of health care, health care systems, payment models and diabetes and communication technologies to deliver clinically and cost-effective care to people at risk for and affected by diabetes.
3. Establish novel and innovative programs and collaborations with a broad array of diabetes stakeholders to advance the role of diabetes educators and promote our involvement in chronic disease prevention and management in diverse populations.
4. Identify expansive opportunities for professional development, role enhancement and career advancement.

LEARNING OUTCOMES

1. Learners will gain relevant knowledge on the changing face of health care, health care systems, and payment models collaborations to work with a broad array of diabetes stakeholders to advance the role of diabetes educators.
2. The diabetes educator will be able to use communication technologies that deliver clinically and cost-effective care to assist people at risk for and affected by diabetes.
3. Learners will appreciate and enhance their opportunities for professional development, role enhancement and career advancement.

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EX OFFICIO MEMBER MEMBER AFFILIATES LIAISON



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AADE16 Schedule at a Glance

THURSDAY, AUG. 11

1:00 pm – 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* Developing a Safe and Effective Exercise Program for People with Prediabetes and Type 2 Diabetes (4.0 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* Pharmacology Boot Camp (4.0 CE)
5:00 pm – 6:30 pm	Coordinating Body (CB) and Communities of Interest (COI) Networking Reception – Open to All Attendees (Marriott Marquis Hotel)
5:30 pm – 6:15 pm	Product Theater
5:30 pm – 7:30 pm	DSMA Live Twitter Chat (Sponsored by Roche)

FRIDAY, AUG. 12

6:30 am – 7:15 am	Product Theater
7:00 am – 3:00 pm	Registration
7:30 am – 9:00 am	General Session (1.0 CE)
9:00 am – 3:00 pm	Exhibit Hall Open & Poster Viewing
9:45 am – 10:45 am	Education Sessions (1.0 CE)
11:00 am – 12:00 pm	Education Sessions (1.0 CE)
12:15 pm – 1:15 pm	Product Theaters
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)
6:30 pm – 7:30 pm	Customer Appreciation Event/Special Symposium – Boston Scientific Event (Marriott Marquis Hotel) (1.0 CE)
8:00 pm – 10:00 pm	Customer Appreciation Event – Tandem (Fluor, 500 4th Avenue)

SATURDAY, AUG. 13

6:00 am – 7:00 am	Zumba
6:30 am – 7:15 am	Product Theater
7:00 am – 2:00 pm	Registration
7:30 am – 8:30 am	General Session (1.0 CE)
8:30 am – 4:00 pm	Exhibit Hall Open & Poster Viewing
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 – 12:45 pm	Product Theaters
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)
6:00 pm – 8:30 pm	Customer Appreciation Event - BD/Lilly Event (Marriott Marquis Hotel)

SUNDAY, AUG. 14

6:30 am – 7:15 am	Product Theater
7:00 am – 2:00 pm	Registration
7:30 am – 8:30 am	General Session (1.0 CE)
8:30 am – 2:00 pm	Exhibit Hall Open & Poster Viewing
9:15 am – 10:45 am	Education Sessions (1.5 CE)
10:00 am – 1:00 pm	Meet the Poster Authors (3.0 CE)
11:00 am – 12:00 pm	Education Sessions (1.0 CE)
12:15 pm – 1:15 pm	Product Theaters
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 – 8:00 pm	Corporate Symposia (Marriott Marquis Hotel) (1.5 CE)
8:00 pm – 10:00 pm	AADE Celebration (Marriott Marquis Hotel)

MONDAY, AUG. 15

6:00 am – 7:00 am	Zumba
7:00 am – 10:00 am	Registration
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)
11:45 am – 12:45 pm	Education Sessions (1.0 CE)
1:00 pm – 2:00 pm	Education Sessions (1.0 CE)

Events will take place at the
San Diego Convention Center,
111 West Harbor Drive,
San Diego, CA 92101

unless otherwise noted. Hours and schedule are subject to change. Daily CE
hours listed on page 26. *Additional fee required to attend these events.

CONSTRUCTING AN OPEN-AND-SHUT CASE

for the Practical Application of
New Insulin Formulations in Type 2 Diabetes

Sunday, August 14, 2016

6:00 – 6:30 PM Registration and Dinner
6:30 – 8:00 PM Educational Program

Marriott Marquis San Diego Marina
Pacific Ballrooms 22, 25, and 26

PROGRAM FACULTY



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**Will you be
able to shut
the box?**

ACTIVITY OVERVIEW

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

LEARNING OBJECTIVES

Upon completion of this activity, participants should be able to:

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

ACCREDITATION

This accredited educational symposium offers continuing education for nurses, dietitians, and pharmacists. Please visit www.aaade16.org for accreditation and continuing education credit information.

REGISTRATION INFORMATION

The AADE16 Corporate Symposium number for this activity is CS03. Corporate symposia are open to all AADE16 attendees, and 1.5 CEUs are available. No registration is required for this program, and attendees will be admitted on a first-come, first-served basis until the room reaches capacity.

Does The Shoe Fit?

Matching the Right Insulin Combination to Individual Patients With T2DM

SUNDAY, AUGUST 14, 2016

6:00 – 8:00 PM

Marriott Marquis San Diego
Pacific Ballroom 21
333 West Harbor Drive



Faculty



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



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Emory University School of Medicine
CEO and Chief Medical Officer
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Nurse Practitioner, Diabetes Specialist
Riverside Medical Associates, PA
Riverdale, Maryland
Adjunct Professor
Uniformed Services University
of the Health Sciences
Bethesda, Maryland

Activity Overview and Format

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

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

Learning Objectives

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

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

Accreditation

This accredited educational symposium offers continuing education for nurses, dietitians, and pharmacists; please visit <http://www.aademeeting.org/ce-credit-information/> for accreditation and continuing education credit information.

Registration Information

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



HOTELS

1	Marriott Marquis Hotel (HQ)	adjacent	1 minute
2	Hilton Bayfront	adjacent	1 minute
3	Omni San Diego Hotel	across street	2 minutes
4	Hard Rock	across street	2 minutes
5	Hilton Gaslamp	across street	1 minute
6	Grand Hyatt (The Manchester)	2 blocks	6 minutes
7	Hotel Solamar	2 blocks	6 minutes
8	Marriott Gaslamp	2 blocks	6 minutes
9	Residence Inn Gaslamp	2 blocks	6 minutes
10	Horton Grand	3 blocks	7 minutes
11	Westin Gaslamp Quarter	5 blocks	10 minutes
12	Andaz San Diego	7 blocks	11 minutes

TROLLEY DISTANCE

13	US Grant	behind hotel ¹	12 minutes
14	Westgate	behind hotel ¹	12 minutes
15	Bristol	behind hotel ¹	11 minutes
16	The Sofia Hotel	behind The Bristol Hotel ¹	11 minutes
17	Westin San Diego	1 block west ²	15 minutes
18	Renaissance San Diego Downtown	2.5 blocks west ²	16 minutes
19	Best Western Bayside	3 blocks north ³	21 minutes
20	Hampton Inn	.5 block north ³	23 minutes
21	Wyndham San Diego Bayside	3 blocks north ³	22 minutes

TRANSPORTATION INCLUDED

22	Porto Vista	Complimentary shuttle to and from SDCC 7:00am-6:30pm	26 minutes
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WALKING TIME

WALKING TIME



¹ Orange Line (Civic Center Station) to America Plaza Station, then take Green Line South to Gaslamp Quarter Station

² Green Line South (America Plaza Station) to Gaslamp Quarter Station

³ Green Line South (County Center/Little Italy Station) to Gaslamp Quarter Station

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SAN DIEGO
convention center
CORPORATION



Hotel Information

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

Andaz San Diego
600 F Street
619-849-1234

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

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

Hampton Inn
1531 Pacific Highway
619-233-8408

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

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

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

Horton Grand Hotel
311 Island Avenue
619-544-1886

Hotel Solamar
435 Sixth Avenue
619-819-9500

Grand Hyatt Manchester
1 Market Place
619-232-1234

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

Porto Vista Hotel
1835 Columbia Street
619-544-0164

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

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

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

The Sofia Hotel
150 West Broadway
619-234-9200

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

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

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

Westin San Diego
400 West Broadway
619-239-4500

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

■ Trolley Pass Hotels

Get the Most Out of **AADE16**

AADE16 RESOURCES FOR YOU

AADE16 APP AND PLANNER

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

Download through your app store or type m.core-apps.com/tristar-aaade16 into your browser.



The Online Planner, designed for desktop and laptop computers only, offers year-round access to online content. To access the planner, go to <https://n2a.goexpsoftware.com/events/aaade16/goExpo/user/listSeminars.php>.

AADE BOOTH AND BOOKSTORE

Booth #1627

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

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

AADE DIABETES PREVENTION PROGRAM

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

AADE EDUCATION AND RESEARCH FOUNDATION

As the philanthropic arm of the American Association of Diabetes Educators, the AADE Education and Research Foundation provides vital support for the association by allocating funds for Annual Conference scholarships. This year the Foundation is sponsoring the Pioneer Diabetes Technologies and Connected Health Modalities to Deliver Cost-Effective Care education track. To make a donation, visit the Registration Desk or go online to www.diabeteseducator.org/donate.

AADE FOOD VOUCHERS

Exhibit Hall CD

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

EDUCATION TOOLS

CONTINUING EDUCATION CREDIT

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

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

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

* Additional fees required.

POSTER PRESENTATIONS

Education Posters

Exhibit Hall B2

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

Industry Posters

Lobby D

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

SESSIONS ON DEMAND

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

ALL ATTENDEE EVENTS

AADE ANNUAL BUSINESS MEETING

1:00 pm – 2:00 pm

Sunday, Aug. 14

Exhibit Hall E

This is your opportunity to learn first-hand what your association has accomplished this past year, learn about our plans for the future, meet your 2017 officers and directors, and get briefed on AADE's allocation of financial resources for 2016 and beyond. This meeting is open to all AADE members and Annual Conference attendees who want to learn more about AADE. Show your support and connect with your association by attending this important meeting.

AADE CELEBRATION

8:00 pm – 10:00 pm

Sunday, Aug. 14

Marriott Marquis Hotel

Marina Terrace, Level 1, North Tower

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

CUSTOMER APPRECIATION EVENTS

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

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



6:30 pm – 7:30 pm Friday, Aug. 12

Supported by an unrestricted educational grant provided by Boston Scientific
*Marriott Marquis Hotel
San Diego Ballroom, Lobby Level, North Tower*

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

Tandem Customer Appreciation Event



8:00 pm – 10:00 pm Friday, Aug. 12

*Fluxx
500 4th Avenue*

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

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

BD/Lilly Customer Appreciation Event – Taste of the Games



6:00 pm – 8:30 pm Saturday, Aug. 13

*Marriott Marquis Hotel
Marina Ballroom, Level 3, South Tower*

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

NETWORKING RECEPTION

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

5:00 pm – 6:30 pm Thursday, Aug. 11

*Marriott Marquis Hotel
San Diego Ballroom, Lobby Level, North Tower*

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

GET INVOLVED

AADE CONNECTION CENTER

Lobby D

Sponsored by NSO/HPSO

Everyone has an opinion. What's yours? Head on over to the AADE16 conversation boards to share your advice, get ideas, or even start a conversation. Just grab a marker and tell us what you're thinking. Your answers could be featured on our social media pages!

DSMA LIVE TWITTER CHAT

Supported by Roche

5:30 pm – 7:30 pm

Thursday, Aug. 11

Lobby D

Join the conversation at #AADE16 with a Diabetes Social Media Advocacy live chat.

SOCIAL MEDIA

Join the #AADE16 conversation by following @AADEdiabetes on Twitter or liking AADE on Facebook. Connect with other attendees, find out what's going on each night and receive last minute updates for freebies, sessions, events and more. Don't forget to share your experiences using #AADE16.

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• Founded 1986 •

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Education makes a difference in the lives of people living with diabetes. Make a difference in your career and earn the Certified Diabetes Educator® (CDE®) credential.

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Get the Most Out of **AADE16**

REGISTRATION AND HOUSING DETAILS

BADGE/LANYARD

Sponsored by Insulet Corporation

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

REGISTRATION HOURS

Lobby D

Registration bags sponsored by Intarcia Therapeutics, Inc.

1:00 pm – 7:00 pm	Thursday, Aug. 11
7:00 am – 3:00 pm	Friday, Aug. 12
7:00 am – 2:00 pm	Saturday, Aug. 13
7:00 am – 2:00 pm	Sunday, Aug. 14
7:00 am – 10:00 am	Monday, Aug. 15

HOUSING DESK

Lobby D

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

TROLLEY TICKETS

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

PRODUCTS AND SERVICES

EXHIBIT HALL

Exhibit Hall CD

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

Exhibit Hall Hours

9:00 am – 3:00 pm	Friday, Aug. 12 Unopposed: 9:00 am – 9:45 am and 12:00 pm – 2:00 pm
8:30 am – 4:00 pm	Saturday, Aug. 13 Unopposed: 8:30 am – 9:15 am, 11:30 am – 1:00 pm and 2:30 pm – 3:45 pm
8:30 am – 2:00 pm	Sunday, Aug. 14 Unopposed: 8:30 am – 9:15 am and 12:00 pm – 2:00 pm



PASSPORT GAME

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

Passport Game Participating Companies

Abbott Diabetes Care	Booth #304
AgaMatrix	Booth #119
AZ's Fit2Me	Booth #640
BD Diabetes Care	Booth #519
Cinsulin	Booth #1405
Edwards Health Care Services (EHCS)	Booth #732
NutriSystem, Inc	Booth #1304
Trividia Health	Booth #1411

LOCAL INFORMATION

AIRPORT SHUTTLE

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

SAN DIEGO CONVENTION CENTER'S RESTAURANT AND CONCIERGE BOOTH

Lobby E

Local and experienced on-site concierge staff that will provide you with complimentary dining referrals and reservations, destination information, maps, directions, coupons, and tickets for some attractions and tours. Stop by for assistance daily from 9:00 am – 6:00 pm.

WHEN IN NEED

EMERGENCY RESPONSE

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

FIRST AID STATION

Lobby E

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

INFORMATION DESK

Lobby D

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

LOST AND FOUND

Lobby D

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

PRESENTATION MATERIALS

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

NUTS AND BOLTS

AMERICANS WITH DISABILITIES ACT

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

BUSINESS CENTER

Lobby D

A full service FedEx Office is onsite to help with your meeting needs. Hours of operation are:

8:00 am – 5:00 pm	Monday – Friday
9:00 am – 5:00 pm	Saturday – Sunday

CHILDREN

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

DRESS CODE

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



FUTURE AADE Annual Conferences

2017 Indianapolis, IN August 4-7

2018 Baltimore, MD August 17-20

2019 Houston, TX August 2-5



AMERICAN ASSOCIATION OF DIABETES EDUCATORS

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.



Merck-Pfizer Diabetes Alliance



REGENERON



TATE & LYLE

THE AADE16 MEETING APP!

AADE16

SAN DIEGO • CALIFORNIA

Friday, August 12 - Monday, August 15, 2016

Download on Google
Play or the App Store,
or visit [m.core-apps.com/
tristar_aade16](http://m.core-apps.com/tristar_aade16) on your
mobile device.



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





SAVE THE DATE

AADE17

INDIANAPOLIS, INDIANA



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

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

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



Application Base



Knowledge Base



Pharmacotherapeutic credit

Product Theater Ticketing Process

AADE16






















Embrace Change, Strengthen Our Future, Celebrate!

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

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

















Friday, Aug. 12 Details on page 32 – 40

	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	
6:30 am – 7:15 am	PRODUCT THEATER PT02 Helping to Prevent Pneumococcal Disease in Certain Adults (Supported by Merck Co., Inc.) Ballroom 20A			
7:30 am – 9:00 am	GENERAL SESSION GS01 Diabetes Management and Education in the Era of Healthcare Transformation – An Optimist's View Q 1 CE HR Hall E			
9:00 am – 3:00 pm	EXHIBIT HALL OPEN EXHIBIT Hall CD See Page 82 for details and complete listings			
9:45 am – 10:45 am	F06 Current State of DSMT Reimbursement and Healthcare Reform Q 1 CE HR Room 20D	F04 How to Build and Sustain a Hospital Unit-Based Diabetes Management Mentor Program Q 1 CE HR Room 20A	F01 Diversity - Working With Others Different From Ourselves and Understanding our Own Bias Q 1 CE HR Room 6A	
11:00 am – 12:00 pm		F09 Diabetes Educators and Care Coordinators Create a New Paradigm for Primary Care Q 1 CE HR Room 6DE F12 Motivational Interviewing: A Sense Making Approach Q 1 CE HR Room 20D		
12:15 pm – 1:00 pm	PRODUCT THEATER PT03 The Role of a Once-Weekly GLP-1 RA Therapy in Improving Glucose Control (Supported by AstraZeneca) Exhibit Hall CD – Product Theater A			
12:30 pm – 1:15 pm	PRODUCT THEATER PT04 The Value of Retrospective CGM Data in Shared Decision Making (Supported by Abbott Diabetes Care) Exhibit Hall CD – Product Theater B			
2:00 pm – 3:30 pm		F16 A New Model to Increase Access to Diabetes Education: Partner and Train Primary Care Staff Q 1.5 CE HR Room 20A	F13 Culinary Medicine Helps Overcome Hurdles to Healthy Eating Q 1.5 CE HR Room 6A	
3:45 pm – 4:45 pm	F22 How Diabetes Educators Can Work With Federal and State Policymakers to Promote Quality Diabetes Care and Education Q 1 CE HR Room 20A	F21 Inpatient Glycemic Management: How We Got Others To Follow Our Lead Q A 1 CE HR Room 6DE F24 Can Diabetes Educators Be Care Coordinators? Q 1 CE HR Room 20D	F23 CGM Before CSII Initiation – Reverse Your Thinking Q 1 CE HR Room 20BC	
5:00 pm – 6:00 pm	F31 Becoming a Certified Diabetes Educator (CDE): Facts, Common Myths, and Exciting News (No CE credit) Q Room 6C	F29 A Delivery System Reform Incentive Payment Project in a Multi-site Community-based Primary Care Setting Q 1 CE HR Room 20BC F30 Improving Diabetes Self-Management Education (DSME) Access, Medicaid Coverage, and Practice Outcomes across the U.S.: Lessons Learned from State Health Departments Q 1 CE HR Room 20D	F25 DSME/S for Older Adults with Cognitive Decline Q 1 CE HR Room 6A	
5:00 pm – 5:30 pm	RESEARCH SESSION F27A Knowledge and Attitudes of Certified Diabetes Educators Regarding Genetic Testing for Type 2 Diabetes Mellitus Q 0.5 CE HR Room 6DE			
5:30 pm – 6:00 pm	RESEARCH SESSION F27B Diagnosis and Treatment of Diabetic Retinopathy Q 0.5 CE HR Room 6DE			
6:30 pm – 7:30 pm	NETWORKING EVENT Boston Scientific Customer Appreciation Event/Special Symposium 1 CE HR Marriott Marquis Hotel, San Diego Ballroom, Lobby Level, North Tower			
8:00 pm – 10:00 pm	NETWORKING EVENT Tandem Customer Appreciation Event Fluxx, 500 4th Ave.			

Pathophysiology, Epidemiology, and Clinical Management of Prediabetes, Diabetes & Related Chronic Conditions		Psychosocial Issues and the Promotion of Lifestyle Behavior Change	Pioneer Diabetes Technologies and Connected Health Modalities to Deliver Cost-Effective Care (track sponsored by AADE Research and Education Foundation)
		<p>F02 Sleep: Implications of Interrupted, Insufficient Sleep on Metabolism, Obesity, Type 2 Diabetes Risk, and Glucose Management  </p> <p>1 CE HR Room 6B</p> <p>F05 Facilitating Healthy Behaviors to Prevent and Manage Diabetes: Results of the NDEP & AADE Diabetes HealthSense Study </p> <p>1 CE HR Room 20BC</p>	<p>F03 Telehealth: Professional Practice Considerations to Deliver Diabetes Care, Education and Support </p> <p>1 CE HR Room 6DE</p>
F10 Diabetes Management Across the Spectrum of Kidney Function  	1 CE HR Room 20A	<p>F07 Techniques to Integrate Mindfulness into Your Toolbox </p> <p>1 CE HR Room 6A</p>	<p>F08 Help Clients Overcome Diabetes Data Smog: Perspectives from a CEO with Diabetes </p> <p>1 CE HR Room 6B</p> <p>F11 FDA Guidance on Closed Loop Artificial Pancreas Systems: From DIY to FDA Approved </p> <p>1 CE HR Room 20BC</p>
<p>F14 Weight Loss Medications in Prediabetes and Type 2 Diabetes: Who, When, How?  </p> <p>1.5 CE HR Room 6B</p> <p>F17 Treatment and Care of Cystic Fibrosis Related Diabetes (CFRD): A Team Approach  </p> <p>1.5 CE HR Room 20BC</p>			<p>F15 FDA Guidance and an Educator's Perspective on the Avalanche of Apps </p> <p>1.5 CE HR Room 6DE</p> <p>F18 Demystify Twitter and Become a Tweeter: A Hands-On Workshop </p> <p>1.5 CE HR Room 20D</p>
<p>F20 Hypoglycemia in 2016: Detection, Treatment and Prevention  </p> <p>1 CE HR Room 6B</p>		<p>F19 Working From a New Mindset: Flourishing </p> <p>1 CE HR Room 6A</p>	
<p>F26 Looking Beyond A1C as the Gold Standard Diabetes Outcome </p> <p>1 CE HR Room 6B</p> <p>F28 Diagnosis and Treatment of Diabetic Retinopathy  </p> <p>1 CE HR Room 20A</p>			

Saturday, Aug. 13 Details on page 41 – 50

	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	
6:30 am – 7:15 am	PRODUCT THEATER PT05 Options in Basal Insulin: Basaglar® (Insulin Glargine Injection) Exhibit Hall – Product Theater A (Supported by Boehringer Ingelheim Pharmaceuticals, Inc. and Lilly USA, LLC)			
7:30 am – 8:30 am	GENERAL SESSION GS02 Embracing Change — Off Balance on Purpose Dan Thurmon 1 CR HR Hall E			
8:30 am – 4:00 pm	EXHIBIT HALL OPEN EXHIBIT Hall CD See Page 82 for details and complete listings			
9:15 am – 10:15 am	S01 Aligning Payment Models with Effective Diabetes Program Management 1 HR CE Room 6A S02 It Takes a Village: Improving Coordination of Care to Increase Access to DSME 1 HR CE Room 6B	S04 Professional Education – How to Activate other Members of the Healthcare Team to Support Diabetes Education in the Hospital and through Transition 1 CE HR Room 20A S05 Meeting National Guidelines in Inpatient Diabetes Care: A Performance Improvement Initiative 1 CE HR Room 20BC S06 Medicare's Everyone with Diabetes Counts (EDC) Program: Overview and What's Happening in California 1 CR HR Room 20D		
10:30 am – 11:30 am	S07 Shared Dietetic Appointments: A New Treatment Model for Enhanced Diabetes Education 1 CR HR Room 6A S08 Evidence-Based Nutrition Guidelines to Control the ABC's of Diabetes (Supported by Konsyl) 1 CR HR Room 6B		S09 Teens Helping Teens: A New Strategy for Group Diabetes Care 1 CE HR Room 6DE	
11:45 am – 12:00 pm	PRODUCT THEATER PT06 Going Further in the Treatment of Adults with T2DM: A Leading Option After Metformin (Supported by Janssen Pharmaceuticals, Inc.) Exhibit Hall CD – Product Theater A			
12:00 pm – 12:45 pm	PRODUCT THEATER PT07 The Impact of Blood Glucose Monitoring System Accuracy on Diabetes Management (Supported by Ascensia Diabetes Care) Exhibit Hall CD – Product Theater B			
1:00 pm – 2:30 pm		S15 Tailoring Treatment Plans and DSME for Food Insecure People with Diabetes 1.5 CE HR Room 6DE	S17 How Diabetes Educators Can Create Smooth Sailing for Kids, Parents and School Personnel 1.5 CE HR Room 20BC S18 Optimizing Pregnancy Outcomes with Diabetes Education: Before, During, and After Pregnancy 1.5 CE HR Room 20D	
2:45 pm – 3:30 pm	PRODUCT THEATER PT08 Integrating Diabetes Technology into Daily Life (Supported by Roche Diabetes Care, Inc.) Exhibit Hall CD – Product Theater A PRODUCT THEATER PT09 Toujeo® (Insulin Glargine Injection) 300 Units/mL — A Once Daily Basal Insulin: Clinical Overview and Features (Supported by Sanofi) Exhibit Hall CD – Product Theater B			
3:45 pm – 4:45 pm	SPECIAL SYMPOSIUM S22 Maximize Medication Adherence by Minimizing Barriers 1 CE HR Room 20A (Supported by Merck)			
3:45 pm – 4:45 pm			S20 Type WE: The Positive Power of Life Partners in Diabetes Self-Management 1 CE HR Room 6B S21 Off to College and Beyond: Resources and Programs to Launch Young Adults with Diabetes 1 CE HR Room 6DE	
5:00 pm – 6:00 pm	S25 The Joint DSMES Position Statement One Year Later: Use of Implementation Science to Integrate Into Practice 1 CE HR Room 6A	S31 Maintaining Your Certified Diabetes Educator (CDE) Credential: Remind Me Again – How Do I Renew? (No CE) Room 6C		
5:00 pm – 5:30 pm	RESEARCH SESSION S28A Using a Weight-Based Hypoglycemia Treatment Protocol for Insulin Pump Therapy 0.5 CE Room 20A			
5:30 pm – 6:00 pm	RESEARCH SESSION S28B Advanced Diabetes Training for the Community Pharmacist 0.5 CE HR Room 20A			
6:00 pm – 8:30 pm	NETWORKING EVENT BD/Lilly Customer Appreciation Event – Taste of the Games Marriott Marquis Hotel, Marina Ballroom, Level 3, North Tower			

Pathophysiology, Epidemiology, and Clinical Management of Prediabetes, Diabetes & Related Chronic Conditions		Psychosocial Issues and the Promotion of Lifestyle Behavior Change	Pioneer Diabetes Technologies and Connected Health Modalities to Deliver Cost-Effective Care (track sponsored by AADE Research and Education Foundation)
			S03 Research and Community: How the T1D Exchange is Amplifying the Patient Voice to Create a Worry-Free Life  1 CE HR Room 6DE
S12 A Healthy Beginning: Diabetes and Preconception Health   1 CE HR Room 20D	S11 Improve Patient Engagement Utilizing Coaching Technique  1 CE HR Room 20BC	S10 Anticipating the Availability of Artificial Pancreas Systems: What to Expect in the Clinic?  1 CE HR Room 20A	
S16 Insulin Therapy and Delivery Today and Tomorrow  1.5 CE HR Room 20A	S14 The Potent Power of Patient Leadership  1.5 CE HR Room 6B	S13 The Diabetes Technology Revolution: Utilizing Tools and Technology Data to Maximize their Use and Improve Patient Outcomes  1.5 CE HR Room 6A	
S24 Is Glucagon Ready for Prime Time?   1 CE HR Room 20D	S23 Beyond Depression – Serious Mental Illness & Diabetes: The Role of the Diabetes Educator  1 CE HR Room 20BC S19 Helping Individuals Deal with Diabetes Stigma and Guilt  1 CE HR Room 6A		
S27 Fetal Programming of Adult Diabetes and Obesity: Unintended Consequences  1 CE HR Room 6DE	S30 Transitioning Care from Parent to Young Adult Applying a Family Systems Approach  1 CE HR Room 20D	S26 Diabetes Technologies and Devices: From Accuracy to Cybersecurity  1 CE HR Room 6B S29 Diabetes Self-Management Education via Telemedicine in the Air Force  1 CE HR Room 20BC	


	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	
6:30 am – 7:15 am	PRODUCT THEATER PT10 MiniMed® System with SmartGuard™ Technology: Driving Patient Outcomes Through Automation (Supported by Medtronic) Exhibit Hall CD – Product Theater A			
7:30 am – 8:30 am	GENERAL SESSION GS03 Obesity Management in Diabetes Care and Education: Explore Our Current and Future Armamentarium Exhibit Hall E			
8:30 am – 2:00 pm	EXHIBIT HALL OPEN EXHIBIT Hall CD See Page 82 for details and complete listings			
9:15 am – 10:45 am	D01 Where the Jobs in Industry Are and the Skills You Need to Find Them Q 1.5 CE HR Room 6A	D03 Change Champions: Engage with Members Evolving Our Profession Q 1.5 CE HR Room 6DE D06 Strengthening Diabetes Prevention and Self-Management Education Programs Q 1.5 CE HR Room 20D		
10:00 am – 1:00 pm	Meet the Poster Authors 3 CE HR Exhibit Hall B2			
11:00 am – 12:00 pm		D07 Strategies to Achieve Joint Commission Certificate of Distinction for Inpatient Diabetes Care Q 1 CE HR Room 6A D08 Sugar Coating Oral Health: Things To Consider Q 1 CE HR Room 6B	D12 Glycemic Challenges in Patients with Cancer and Diabetes Q 1 CE HR Room 20D	
12:15 pm – 1:00 pm	PRODUCT THEATER PT11 Eye Health and the Diabetic Patient (Supported by Regeneron Pharmaceuticals, Inc.) Exhibit Hall CD – Product Theater A			
12:30 pm – 1:15 pm	PRODUCT THEATER PT12 The Importance of Utilizing a Comprehensive Approach when Managing Patients with T2DM (Supported by Sanofi) Exhibit Hall CD – Product Theater B			
1:00 pm – 2:00 pm	AADE Annual Business Meeting 1 CE HR Exhibit Hall E			
2:00 pm – 3:00 pm	D15 The Business of Diabetes America: Delivering Profitable Diabetes Care Q 1 CE HR Room 6DE	D18 Healthy Eating for All: Use of Food Insecurity Screening Tools to Improve Diabetes Outcomes Q 1 CE HR Room 20D	D16 Obesity, Insulin Resistance, and Gut Microbiota Q 1 CE HR Room 20A	
2:00 pm – 3:00 pm	SPECIAL SYMPOSIUM SS01 A Beginner's Guide to Continuous Glucose Monitoring (Supported by Dexcom, Medtronic and Tandem) 1 CE HR Room 6C			
3:15 pm – 4:15 pm	SPECIAL SYMPOSIUM SS02 Optimizing Insulin Therapy Through Applied CGM (Supported by Dexcom, Medtronic and Tandem) 1.5 CE HR Room 6C			
3:15 pm – 4:15 pm		D19 How to Monetize Your Services and Market Your Skills Q 1 CE HR Room 6A D20 The Art & Science of Safe and Effective Insulin Injections: What We Learned at the FITTER Congress in Rome Q A 1 CE HR Room 6B		
3:15 pm – 3:45 pm	RESEARCH SESSION D21A Characteristics and Self-Management Behaviors of Individuals with Prediabetes Q 0.5 CE Room 6DE			
3:45 pm – 4:15 pm	RESEARCH SESSION D21B Development of a Simplified Self-Reported "Diabetic-Behavior Scoreboard" as a Promising Assessment Tool to Key Diabetic Behavior Q 0.5 CE HR Room 6DE			
4:30 pm – 5:30 pm	D27 The National Diabetes Prevention Program and AADE's Diabetes Prevention Program Q 1 CE HR Room 6DE	D26 Inpatient Strategies to Drive Hospital Systems Towards The Triple Aim Goals in Diabetes Care Q 1 CE HR Room 6B D29 Mastering the "Why?", "Whether To?" and "How?" of Successful Behavior Change in Diabetes Care Q 1 CE HR Room 20BC D30 Explore and Embrace the AADE Practice Competencies Q 1 CE HR Room 20D		
6:00 pm – 8:00 pm	CORPORATE SYMPOSIA CS01 Achieving Partnerships and Improving Outcomes in Your Diabetes Patients CS02 Constructing an Open and Shut Case for the Practical Application of New Insulin Formulations in T2DM CS03 Does the Shoe Fit? Matching the Right Insulin Combination to Individual Patients with T2DM			
8:00 pm – 10:00 pm	NETWORKING EVENT AADE Celebration Marriott Marquis Hotel, Marina Terrace, Level 1, North Tower			


Prediabetes Day


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


Psychosocial Issues and the Promotion of Lifestyle Behavior Change

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


D04 Treatment and Management of Obesity as a Chronic Disease 
1.5 CE HR Room 20A


D05 Sharing Evidence-Based Hope with Your Clients 
1.5 CE HR Room 20BC


D02 The e-community: How eHealth Can Engage People and Providers 
1.5 CE HR Room 6B

D11 What Will it Take Prevent or Delay Type 1 and Type 2 Diabetes? 
1 CE HR Room 20BC


D10 It's Time to "FITT" Exercise into DSME Through Effective Exercise Counseling 
1 CE HR Room 20A

D09 Diabetes Educators as the Leaders in Digital Health 
1 CE HR Room 6DE


D13 What Do Diabetes Educators Need to Know About NAFLD and NASH? 
1 CE HR Room 6A



D14 Hot Topics in Nutritive and Nonnutritive Sweeteners 
1 CE HR Room 6B

D17 Can a Mobile Technology Increase the Value and Effectiveness of Diabetes Education? 
1 CE HR Room 20BC

D24 Drug Induced Dysglycemia – How Sweet It Is! 
1 CE HR Room 20D

D22 Helping Clients Achieve Acceptance with Cognitive Behavior Therapy and a Spiritual Approach 
1 CE HR Room 20A

D23 Diabetes Technology: the Hype, the Hope, and the Harvest 
1 CE HR Room 20BC






D25 Upsides and Downsides of SGLT2s  
1 CE HR Room 6A

D28 Blue Pill, Pink Pill? How to Manage Sexual Dysfunction in Women with Diabetes  
1 CE HR Room 20A

Marriott Marquis Hotel, Pacific Ballroom 18, North Tower, Level 1 1.5 CE HR
Marriott Marquis Hotel, Pacific Ballroom 25, North Tower, Level 1 1.5 CE HR
Marriott Marquis Hotel, Pacific Ballroom 21, North Tower, Level 1 1.5 CE HR

Monday, Aug. 15 Details on page 61 – 65

	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	
7:30 am – 9:00 am	GENERAL SESSION Current Challenges, New Ideas Q 1 CE HR Exhibit Hall E			
9:15 am – 10:15 am	M03 "Moonlighting" In the Diabetes Arena: Creative Ways to Supplement Your Income Q 1 CE HR Room 20A	M02 Insulin Pump Therapy Management : The Collaborative Art and Science of Supporting an Adult "Pumper" Q 1 CE HR Room 6B	M04 Diabetes Wheel of Fortune: Help People Choose the Best Mobile Health Solutions for Them Q 1 CE HR Room 20BC	
10:30 am – 11:30 am	M08 Money Matters in Medical Nutrition Therapy (MNT) & Diabetes Self-Management Training/Education (DSMT/E): Increase Your Insurance Reimbursement NOW! Q 1 CE HR Room 20BC	M05 The Role of Community Health Workers in Improving Diabetes Outcomes Q 1 CE HR Room 6A M06 Model for Delivering Patient Education in the Provider's Office Setting Q 1 CE HR Room 6B		
11:45 am – 12:45 pm		M11 Simple Strategies for Promoting DSME and Retaining Participants: What Diabetes Educators Can Learn from Marketers Q 1 CE HR Room 20A	M09 Using LEAN Problem Solving Methodology to Improve Diabetes Programs Q 1 CE HR Room 6A	
1:00 pm – 2:00 pm			M15 The Development and Implementation of A Diabetes Minor for Graduate Nursing Students at UCSF Q 1 CE HR Room 20A	
1:00 pm – 1:30 pm	RESEARCH SESION M13A Fingersticks and Fruit: Implications of Skin Preparation for Point of Care Glucose Testing Q 0.5 CE HR Room 6A			
1:30 pm – 2:00 pm	RESEARCH SESION M13B Beyond Diabetes Self-Management Training: Mind-Body Skills Training in a Group Health Coaching Setting Q 0.5 CE HR Room 6A			

	Pathophysiology, Epidemiology, and Clinical Management of Prediabetes, Diabetes & Related Chronic Conditions	Psychosocial Issues and the Promotion of Lifestyle Behavior Change	Pioneer Diabetes Technologies and Connected Health Modalities to Deliver Cost-Effective Care (track sponsored by AADE Research and Education Foundation)
	M01 How to Hook People on Exercise and Keep Them Engaged  1 CE HR Room 6A		
		M07 'Please Don't Cry!' Effective Ways to Handle Emotions (Yours and Your Patients')  1 CE HR Room 20A	
		M12 Food Psychology: Why We Eat More than We Think  1 CE HR Room 20BC	M10 Make the Primary Care Connection with Health Coach Support, Care Coordination & Digital Health  1 CE HR Room 6B
	M14 No Guts No Glory: Microbiota and Diabetes  1 CE HR Room 6B		

CE Credit Information

Earn Continuing Education Credit

AADE16 attendees can earn up to 31 credits of continuing education hours based on sessions you attend and the credentials you have.

Friday, Aug. 12	7.5
Saturday, Aug. 13	6.5
Sunday, Aug. 14	9
Monday, Aug. 15	5
Poster Viewing	3

Additional CE credits can be earned by viewing posters and 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. 30, 2016**.



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

REGISTERED NURSES

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

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

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

PHARMACISTS

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

REGISTERED DIETITIANS

The American Association of Diabetes Educators (AM001) is a Continuing Professional Education (CPE) accredited provider with the Commission on Dietetic Registration (CDR). CDR Credentialed Practitioners will receive 31 Continuing Professional Education units (CPEUs) for completion of these activities/materials. Continuing Professional Education Provider Accreditation does not constitute endorsement by CDR of a provider, program or materials.

CDR PERFORMANCE INDICATORS

5.1.2 — Applies understanding of informatics terminology and input and output devices (e.g. laptop, smart phones, flash drive).

8.1.5 — Applies medical nutrition therapy in disease prevention and management.

8.2.1 — Assess the physical, social and cultural needs of the individual, group, community or population.

8.3.1 — Maintains the knowledge and skill to manage a variety of disease states and clinical conditions.

LEARNING NEED CODE (LNC)

5190

PAs

This program is not yet approved for CME credit. The American Association of Diabetes Educators plans to request 28 hours of AAPA Category 1 CME credit from the Physician Assistant Review Panel. Total number of approved credits yet to be determined.

NURSE PRACTITIONERS

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



BOARD CERTIFIED ADVANCED DIABETES MANAGEMENT (BC-ADM)

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

CERTIFIED DIABETES EDUCATORS

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

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

Corporate Symposia

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

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

NEW! Seating is first come, first serve.

Sunday, Aug. 14 6:00 pm – 8:00 pm

CS01 Achieving Partnerships and Improving Outcomes in Your Diabetes Patients

Marriott Marquis Hotel, Pacific Ballroom 18, North Tower, Level 1

Supported by an unrestricted educational grant provided by AstraZeneca

LEARNING OBJECTIVES

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

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

PRESENTERS

Joshua J. Neumiller, PharmD, CDE, FASCP, Associate Professor, Washington State University

Virginia Valentine, APRN-CNS, BC-ADM, CDE, FADE, Clinical Nurse Specialist, Sage Specialty Care

Sandra Bollinger, PharmD, CDE, President/Owner, Health Priorities, Inc.

UPN: 0069-9999-16-188-L01-P

INC: 5190

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

Marriott Marquis Hotel, Pacific Ballroom 25, North Tower, Level 1

Supported by an unrestricted educational grant provided by Novo Nordisk

LEARNING OBJECTIVES

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

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

PRESENTERS

Debbie Hinnen, APRN, BC-ADM, CDE, FAAN, FADE, Advanced Practice Nurse, Memorial Hospital, University of Colorado Health System (Program Chair)

Daniel Einhorn, MD, FACP, FACE, Medical Director, Scripps Whittier Diabetes Institute

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

UPN: 0069-9999-16-190-L01-P

INC: 5190

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

Marriott Marquis Hotel, Pacific Ballroom 21, North Tower, Level 1

Supported by an unrestricted educational grant provided by Sanofi

LEARNING OBJECTIVES

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

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

PRESENTERS

Davida F. Kruger, MSN, APN-BC, BC-ADM, Certified Nurse Practitioner, Henry Ford Health System (Program Chair)

James R. Gavin III, MD, PhD, Chief Medical Officer and CEO, Healing Our Village, Inc.

Lucia M. Novak, MSN, APN-BC, BC-ADM, CDTC, Nurse Practitioner, Riverside Medical Associates

UPN: 0069-9999-16-191-L01-P

INC: 5190

Product Theaters

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

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

Ticketing Process

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

- If you change your mind about attending, return the ticket to the Product Ticket Desk.
- Doors will open 10 minutes before the scheduled start time for attendees with a ticket.
- Starting 5 minutes after the scheduled start

time, organizers reserve the right to allow walk-ins to fill vacant seats. At this time, tickets will be voided.

- If a ticket was not available at the Product Ticket Desk, check at the door 10 minutes prior to the event to see if space is available.

Thursday, Aug. 11
5:30 pm – 6:15 pm



PT01 GLP-1 Across the Continuum: From Metformin to Basal Insulin
Ballroom 20A

Supported by Novo Nordisk

This Product theater will describe the changing landscape for managing type 2 diabetes and how GLP-1 and insulin affect the core defects of type 2 diabetes. Explain the multifactorial nature of type 2 diabetes pathophysiology and role of GLP-1 in maintaining normal glucose homeostasis. Explain the shift in managing type 2 diabetes from a traditional to pathophysiologic approach. Outline clinical data related to use of basal insulin as add-on to GLP-1 therapy for the treatment of type 2 diabetes.

Melissa Magwire, RN, CDE, Endocrine Program Coordinator, Shawnee

Friday, Aug. 12
6:30 am – 7:15 am



PT02 Helping to Prevent Pneumococcal Disease in Certain Adults
Ballroom 20A

Supported by Merck Co., Inc.

Describe Clinical burden of pneumococcal diseases in adults; define categories of increased risk; and consider strategies to improve processes in your practice.

12:15 pm – 1:00 pm



PT03 The Role of a Once-Weekly GLP-1 RA Therapy in Improving Glucose Control

Exhibit Hall – Product Theater A

Supported by AstraZeneca

This presentation will demonstrate how glucose profiles differ amongst patients with type 2 diabetes and the opportunity to manage glucose fluctuations. The content includes a review of a study that evaluated a specific glucagon-like peptide-1 receptor agonist (GLP-1 RA) therapy using

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

Robert S. Busch, MD, FACE

12:30 pm – 1:15 pm



PT04 The Value of Retrospective CGM Data in Shared Decision Making
Exhibit Hall – Product Theater B

Supported by Abbott Diabetes Care

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

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

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

Saturday, Aug. 13
6:30 am – 7:15 am



PT05 Options in Basal Insulin: Basaglar® (Insulin Glargine Injection)
Exhibit Hall – Product Theater A

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

Eugene E. Wright, Jr., MD, Consulting Associate, Department of Medicine and Community and Family Medicine Duke University School of Medicine

11:45 am – 12:30 pm



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

Exhibit Hall – Product Theater A

Supported by Janssen Pharmaceuticals, Inc.

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

Debbie Hinnen, RN, ARNP, BC-ADM, CDE, FAAN, FAADE, *Advanced Practice Nurse, Memorial Hospital, University of Colorado*

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

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

12:00 pm – 12:45 pm



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

Exhibit Hall – Product Theater B

Supported by Ascensia Diabetes Care

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

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

2:45 pm – 3:30 pm

Roche

PT08 **Integrating Diabetes Technology into Daily Life**

Exhibit Hall – Product Theater A

Supported by Roche Diabetes Care, Inc.

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

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

2:45 pm – 3:30 pm



PT09 **Toujeo® (Insulin Glargine Injection) 300 Units/mL — A Once Daily Basal Insulin: Clinical Overview and Features**

Exhibit Hall – Product Theater B

Supported by Sanofi

Toujeo® (insulin glargine injection) 300 Unit/mL is a long-acting basal insulin indicated to improve glycemic control in adult patients with

diabetes mellitus. This presentation is intended to provide clinicians with a comprehensive overview of Toujeo®, including the pharmacologic profile and data from 4 EDITION clinical trials carried out in a range of adult patients with diabetes. Please see full prescribing information for Toujeo® at the Sanofi booth 1226.

Melissa Magwire RN, CDE, *Endocrine Program Coordinator, Shawnee Mission Endocrinology and Diabetes*

Sunday, Aug. 14
6:30 am – 7:15 am

Medtronic

PT10 **MiniMed® System with SmartGuard™ Technology: Driving Patient Outcomes Through Automation**

Exhibit Hall – Product Theater A

Supported by Medtronic

1 out of 2 patients with diabetes will experience nocturnal hypoglycemia at least once per night. 7 out of 10 alter their insulin due to fear of hypoglycemia. Come find out how the MiniMed® system with SmartGuard™ technology takes action against lows and can help you drive better outcomes for your patients.

Fran Kaufman, MD, *Pediatric Endocrinologist, Chief Medical Officer & Vice President, Global Medical, Clinical and Health Affairs*

12:15 pm – 1:00 pm

REGENERON

PT11 **Eye Health and the Diabetic Patient**

Exhibit Hall – Product Theater A

Supported by Regeneron Pharmaceuticals, Inc.

The goal of the Product Theater is to provide an overview of eye health, risks of diabetes on eye health, types of eye examinations, diabetic macular edema, treatment options and answer questions from attendees.

Atul Jain, MD, *San Diego Retina Associates*

12:30 pm – 1:15 pm



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

Exhibit Hall – Product Theater B

Supported by Sanofi

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

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

Pre-Conference Courses

Thursday, Aug. 11
8:00 am – 5:00 pm

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

8 CE available
Room 25

Sandra Bollinger, PharmD, FASCP, CGP, CDE, CPT, CFTs, President/
Owner, Health Priorities, Inc.

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

LEARNING OBJECTIVES

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

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

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

INC: 5190

1:00 pm – 5:00 pm

SP02 **Pharmacology Boot Camp***

4 CE available
Room 24

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

LEARNING OBJECTIVES

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

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

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

INC: 5190

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

4 CE available
Room 23 A

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

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

LEARNING OBJECTIVES

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

Many organizations and electronic medical records produce educational materials to help patients manage their diabetes. But how can diabetes educators judge which are actually comprehensible to patients? This workshop will illustrate ways to evaluate and reduce the cognitive demands of information given to patients. Participants will practice evaluating educational materials representing the AADE7™, during small-group, instructor-guided, problem-based exercises. They will also explore how to use these methods to select or create materials that are more cognitively accessible to all patient populations and to individualize them for individuals of low literacy or in cognitive decline.

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

INC: 5190

Education Tracks



Application Base



Knowledge Base



Pharmacotherapeutic credit

Advance Skills for Program and Business Management for Entrepreneurial Organizations

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

Innovative Diabetes Care and Education Across Diverse Populations

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

Psychosocial Issues and the Promotion of Lifestyle Behavior Change

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

SPO4 **Developing a Safe and Effective Exercise Program for People with Prediabetes and Type 2 Diabetes*** 

Room 23 C

Todd Galati MS, *Senior Director of Science & Research, American Council on Exercise®*

LEARNING OBJECTIVES

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

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, diabetes educators will learn the fundamentals of developing a safe and effective exercise program for individuals affected by prediabetes and type 2 diabetes, both in group and individual settings.

UPN: 0069-0000-16-072-101-P

INC: 5



Friday, Aug. 12 – Monday, Aug. 15
9:00 am – 5:00 pm

CCC01 **CORE Concepts Course*** 

Room 11



Kim DeCoste, RN, MSN, CDE, FADE, DSME, *Accreditation Coordinator, KY Diabetes Prevention and Control Program*

David Miller, RN, MSED, BSN, CDE, FADE, *Community Health Network*

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

Condit Steil, PharmD, RPh, CDE, *Professor of Pharmacy Practice, Belmont University School of Pharmacy*

Curtis Triplett, PharmD, CDE, *Clinical Associate Professor, Texas Diabetes Institute*

Patti Urbanski, M.Ed, RD, LD, CDE, *Diabetes Educator and Clinical Dietitian, St. Luke's Hospital*

LEARNING OBJECTIVES

1. Compare and contrast the natural history and pathophysiology of prediabetes, type 1 diabetes, type 2 diabetes and gestational diabetes
2. Discuss strategies to promote healthy eating for persons with diabetes and at risk of diabetes
3. Explore approaches to being active for persons with diabetes or at risk of diabetes
4. Discuss types, tools, frequency and targets of monitoring for persons with diabetes
5. Explain techniques for promoting safe medication use in persons with diabetes

Over four days, immerse yourself into the world of diabetes education. Explore the fundamentals of diabetes self-management education through case studies, interactive discussions and hands-on activities with other healthcare professionals while earning up to 22 CE.

The goal of CORE Concepts® is to illustrate clinical management and diabetes self-management education tools that are most appropriate for assuring successful outcomes to the AADE7 Self Care Behaviors™.

UPN: 0069-0000-15-012-H01-P

INC: 5190

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



7:30 am – 9:00 am
(1 CE Available)

Distinguished Service Award Industry Awards

GS01 **Diabetes Management and Education in the Era of Healthcare Transformation – An Optometrist's View**

Exhibit Hall E

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

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

UPN: 0069-0000-16-065-L01-P

INC: 5190

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

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

Room 6A

Peter Thomas, PhD, Licensed Psychologist, Holmer Psychiatric Group

LEARNING OBJECTIVES

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

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

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

INC: 5190

F02 **Sleep: Implications of Interrupted, Insufficient Sleep on Metabolism, Obesity, Type 2 Diabetes Risk and Glucose Management** 🔍 0.25 credits

Room 6B

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

LEARNING OBJECTIVES

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

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

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

INC: 5190

Education Tracks

🔍 Application Base 🔍 Knowledge Base 🔍 Pharmacotherapeutic credit

Advance Skills for Program and Business Management for Entrepreneurial Organizations

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

Innovative Diabetes Care and Education Across Diverse Populations

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

Psychosocial Issues and the Promotion of Lifestyle Behavior Change

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

F03 **Telehealth: Professional Practice Considerations to Deliver Diabetes Care, Education and Support** 

Room 6DE

Deborah Randall, JD, *Health Law Attorney and Telehealth Consultant*

LEARNING OBJECTIVES

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

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

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

INC: 5190

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

Room 20A

Elizabeth Barr, BSN, RN, CCTN, PCCN, *Staff Nurse and Diabetes Management Mentor, Cleveland Clinic*

Nick Galloway, BSN, RN, *Diabetes Educator, Cleveland Clinic*

Jane Lyon, BSN, RN, CCRN, *Staff Nurse and Diabetes Management Mentor, Cleveland Clinic*

Mary Beth Modic, DNP, RN, CNS, CDE, *Clinical Nurse Specialist, Cleveland Clinic*

LEARNING OBJECTIVES

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

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

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

INC: 5190

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

Room 20BC

Joanne Gallivan, MS, RD, *Director, National Diabetes Education Program at the National Institutes of Health*

Christine Mazzola Nicols MPH, MS, *Senior Vice President, Director of Strategic Planning & Research, Hager Sharp*

LEARNING OBJECTIVES

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

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

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

INC: 5190

F06 **Current State of DSMT Reimbursement and Healthcare Reform** 

Room 20D

Patty Telgener, RN, MBA, *Vice President of Reimbursement Services, Emerson Consultants, Inc.*

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-078-L01-P

INC: 5190

Friday, August 12

Saturday, August 13

Sunday, August 14

Monday, August 15

Poster Sessions

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

F07 Techniques to Integrate Mindfulness into Your Toolbox

Room 6A

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

LEARNING OBJECTIVES

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

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

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

INC: 5190

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

Room 6B

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

LEARNING OBJECTIVES

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

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

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

INC: 5190

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

Room 6DE

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

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

LEARNING OBJECTIVES

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

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

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

INC: 5190

F10 Diabetes Management Across the Spectrum of Kidney Function 1 credit

Room 20A

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

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

LEARNING OBJECTIVES

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

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

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

INC: 5190

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

Room 20BC

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

LEARNING OBJECTIVES

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

2. Provide updates on progress in clinical studies for Artificial Pancreas devices
3. Introduce future efforts to address the needs of patients with diabetes and their use of medical devices to treat their disease

Learn how to evaluate diabetes mobile medical apps for safety for your patients, and hear what the FDA has to say about app regulation.

UPN: 0069-0000-16-083-L01-P

INC: 5190

F12 **Motivational Interviewing: A Sense Making Approach**

Room 20D

Bruce Berger, BS, PhD, *President and Professor Emeritus, Berger Consulting, LLC and Auburn University School of Pharmacy*

LEARNING OBJECTIVES

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

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

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

INC: 5190

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

F13 **Culinary Medicine Helps Overcome Hurdles to Healthy Eating**

Room 6A

Leah Sarris, BS, *Program Director & Executive Chef, Goldring Center for Culinary Medicine at Tulane University*

LEARNING OBJECTIVES

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

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

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

INC: 5190

F14 **Weight Loss Medications in Prediabetes and Type 2 Diabetes: Who, When, How?** 0.75 credits

Room 6B

Charmaine Rochester, PharmD, CDE, BCPS, BCACP, *Associate Professor, University of Maryland School of Pharmacy*

Jessica Kerr, PharmD, CDE, *Associate Professor/Assistant Department Chair, Southern Illinois University-Edwardsville* **Lisa Meade, PharmD, CDE**

Lisa Meade, PharmD, CDE, *Associate Professor of Pharmacy Wingate University/CDE and Clinical Pharmacist, Wingate University School of Pharmacy*

Amanda Stahnke, PharmD, BCACP, *Clinical Assistant Professor, University of Missouri-Kansas City School of Pharmacy*

LEARNING OBJECTIVES

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

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

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

INC: 5190

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

Room 6DE



COI Spotlight Session-Diabetes Technology

Molly McElwee-Malloy, RN, CDE, *Head of Patient Engagement, TypeZero Technologies*

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

LEARNING OBJECTIVE

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

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

UPN: 0069-0000-16-087-L01-P

INC: 5190

Friday, August 12

Saturday, August 13

Sunday, August 14

Monday, August 15

Poster Sessions

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

F16 **A New Model to Increase Access to Diabetes Education: Partner and Train Primary Care Staff**

Room 20A

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

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

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-088-101-P

INC: 5190

F17 **Treatment and Care of Cystic Fibrosis Related Diabetes (CFRD): A Team Approach** 0.5 credits

Room 20BC

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

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

Margaret Potter, PharmD, *Discharge Pharmacist, Long Beach Memorial Medical Center*

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-089-101-P

INC: 5190

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

Room 20D

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

Bennet Dunlap, MSHC, *Founder, Strip Safely*

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

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

LEARNING OBJECTIVES

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

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

Education Tracks



Application Base



Knowledge Base



Pharmacotherapeutic credit

Advance Skills for Program and Business Management for Entrepreneurial Organizations

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

Innovative Diabetes Care and Education Across Diverse Populations

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

Psychosocial Issues and the Promotion of Lifestyle Behavior Change

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

scheduled on the first day in order to provide educators the opportunity to use twitter throughout the conference.

UPN: 0069-0000-16-0901-01-P

INC: 5190

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

F19 Working From a New Mindset: Flourishing

Room 6A

Boudewijn Bertsch, *Executive Advisor and Coach, Erasmus University Rotterdam*

Riva Greenberg, *CHC, Certified Health Coach, Diabetes Patient Expert*

LEARNING OBJECTIVES

1. Recognize the essential ingredients that foster resilience and cause people to create greater health
2. Lead "Strength-Based Dialogues" where people with diabetes discover their strengths and from which solutions naturally emerge
3. Develop a beginner's proficiency as a "Thinking Partner"

The current traditional treatment approach is designed to help people with diabetes (PWD) "cope" with their disease. It focuses on the defects of diabetes and aims to fix them. Based on more than 170 interviews with people with diabetes, the presenters gathered evidence that people with diabetes can do more than cope, they can flourish. Many are living thriving, productive, vital, healthy, happy and purposeful lives—not despite diabetes but because of it. The question arose: How can we extend our current treatment repertoire learning from diabetes patients who flourish? Based on our ongoing research we will present the principles of a Flourishing Treatment Approach and practice some of the tools. The Flourishing Treatment Approach is based on awakening the resilience capacity that we all as human beings possess and is supported by various scientific disciplines including medical sociology, psychology, system and complexity theory. We will put forward four ways in which healthcare professionals can engage their patients to help them flourish. Case studies from interviews and examples of where the approach has been shared and used will be presented.

UPN: 0069-0000-16-0911-01-P

INC: 5190

F20 Hypoglycemia in 2016: Detection, Treatment and Prevention 0.25 credits

Room 6B

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



LEARNING OBJECTIVES

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

This talk examines insights from hypoglycemia studies showing how both the young and elderly are particularly at risk of severe hypoglycemia. Diagnosis of hypoglycemia is elusive, but clues are illustrated, such as patterns of glycemia and insulin use that underlie hypoglycemia risk. Reversible adaptations like impaired hypoglycemia awareness prevent safe achievement of tight glucose control. Hypoglycemia's dangers are

caused mostly by its impact on the brain and heart. Specific tactics to improve the safety of insulin use are presented. Hypoglycemia prevention is critical. We will discuss how new technologies (pumps, CGM, and artificial pancreas) may help reduce hypoglycemia risk.

UPN: 0069-0000-16-0921-01-P

INC: 5190

F21 Inpatient Glycemic Management: How We Got Others To Follow Our Lead 0.5 credits

Room 6DE

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

Robert Rushakoff, MD, MS, *Professor of Medicine, University of California-San Francisco*

LEARNING OBJECTIVES

1. Discuss several strategies to improve insulin safety in the hospital setting
 2. Describe several ways to decrease clinical inertia to improve control in acute care
 3. State innovative ways to educate health care professionals in the hospital setting using technology as a tool
- Best practices have been identified that improve inpatient glycemic control.

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

UPN: 0069-0000-16-0931-01-P

INC: 5190

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

Room 20A

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-0941-01-P

INC: 5190

Friday, August 12

Saturday, August 13

Sunday, August 14

Monday, August 15

Poster Sessions

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

F23 **CGM Before CSII Initiation – Reverse Your Thinking**

Room 20BC

Aimee Jose, RN, BSN, CDE, CDTC, *Diabetes Educator, Palo Alto Medical Foundation*

Ruth Spirakis, MS, RD, CDE, CDTC, *Diabetes Educator, Palo Alto Medical Clinic*

LEARNING OBJECTIVES

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

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

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

INC: 5190

F24 **Can Diabetes Educators Be Care Coordinators?**

Room 20D

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-096-L01-P

INC: 5190

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

F25 **DSME/S for Older Adults with Cognitive Decline**

Room 6A

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. Describe the prevalence and increase in diabetes with elderly Americans
2. Explain the course of normal and abnormal cognitive decline and to identify relevant guidance documents
3. Anticipate DSM errors associated with cognitive decline and develop effective DSME/S to prevent them

By 2025, there will be over 12.5 million Americans age 65 and older with diabetes. The aging adult population poses a challenge because hypo and hyperglycemia can accelerate normal cognitive decline and increase the risk of dementia, resulting in a magnification and multiplication of DSM errors. This session will review case studies to explore new educational strategies and materials as recommendations for how diabetes educators can adjust DSME/S instruction to accommodate a patient's cognitive status.

UPN: 0069-0000-16-097-L01-P

INC: 5190

F26 **Looking Beyond A1C as the Gold Standard Diabetes Outcome**

Room 6B

Robert Vigersky, MD, *Medical Doctor, Medtronic Diabetes*

LEARNING OBJECTIVES

1. State the frequency, severity, and cost of hypoglycemia in patients with both Type 1 and Type 2 diabetes
2. Identify the pitfalls of using a just the A1c to assess the efficacy of diabetes interventions
3. Describe the variables and their weighting in a composite metric score

Most researchers and clinicians recognize that A1C insufficiently captures the quality of glycemic control because it gives no information about the prevalence and severity of hyper- and hypoglycemia or glycemic variability. Both the human and financial cost of hypoglycemia provides a compelling case for finding a way to simultaneously include it with A1C as a single outcome measure to assess effectiveness of a therapy and ongoing patient management if for no other reason that hypoglycemia is the rate-limiting factor in the intensification of glycemic control in diabetes. Yet, most interventions are rated by the FDA and third party payers on their effect on A1C alone. Thus, an intervention with a neutral effect on A1C but a reduction in the hypoglycemia rate may not be considered very effective by regulatory bodies and payers. A1C, rate/severity of hypoglycemia, weight change, cost, patient satisfaction and blood pressure change are among the clinically relevant variables that should be included in a composite score. There have been several attempts to devise composite endpoints including the glucose pentagon, the Q-score, and the hypoglycemia-A1C score. The advantages and disadvantage of these will be discussed.

UPN: 0069-0000-16-098-L01-P

INC: 5190

F28 **Diagnosis and Treatment of Diabetic Retinopathy**   0.25 credits

Room 20A

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-101-01-P

INC: 5190

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

Room 20BC

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-102-01-P

INC: 5190

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

Room 20D

Jacquelyn Houston, MPH, PHCNS-BC, RN, *Public Health Advisor, Centers for Disease Control and Prevention*

Gia Rutledge, MPH, BS, *Evaluation Team Lead, Centers for Disease Control and Prevention*

Magon Saunders, DHSc, MS, RDN, LD, *Public Health Advisor, Centers for Disease Control and Prevention*

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-103-01-P

INC: 5190

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

Room 6C

Tommy Johnson, PharmD, CDE, BC-ADM, FADE, *Board Chair, National Certification Board for Diabetes Educators*

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

LEARNING OBJECTIVE

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



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

Friday, August 12

Saturday, August 13

Sunday, August 14

Monday, August 15

Poster Sessions

Research Sessions

(0.5 CE Available per session)

5:00 pm – 5:30 pm

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

Room 6DE

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

LEARNING OBJECTIVES

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

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

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

INC: 5190

5:30 pm – 6:00 pm

F27B **Diagnosis and Treatment of Diabetic Retinopathy** 

Room 6DE

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

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

LEARNING OBJECTIVES

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


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

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

INC: 5190

Special Symposium (1 CE Available)

6:30 pm – 7:30 pm

SPOS **Erectile Dysfunction (ED) – It's not just about sex; The "LINK" between Diabetes, ED, and Cardiovascular Disease** 

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

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

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

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

Benno Schmidt III, Reporter and Patient Ambassador, Boston Scientific

LEARNING OBJECTIVES

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

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

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

INC: 5190

Education Tracks



Application Base



Knowledge Base



Pharmacotherapeutic credit

Advance Skills for Program and Business Management for Entrepreneurial Organizations

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

Innovative Diabetes Care and Education Across Diverse Populations

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

Psychosocial Issues and the Promotion of Lifestyle Behavior Change

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



GENERAL SESSION

7:30 am – 8:30 am
(1 CE Available)

Diabetes Educator of the Year Award

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

Exhibit Hall E

Dan Thurmon, *Author and Peak Performance Expert*

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

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

INC: 5190

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

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

Room 6A

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

LEARNING OBJECTIVES

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

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

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

INC: 5190

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

Room 6B

Nicole O'Kane, PharmD, *Clinical Director, HealthInsight Oregon*

Alison Shipley, *Project Manager, HealthInsight Nevada*

LEARNING OBJECTIVES

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

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

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

INC: 5190

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

Type 1 Diabetes Session

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

Room 6DE

Henry Anhalt, DO, Chief Medical Officer, T1D Exchange

Amy Bevan, BS, Content and Community Manager, Glu

Anna Floreen, MSWS, Advancement Outreach Manager, T1D Exchange

Jill Petrie, Director of Communication and Community Relations, T1D Exchange

LEARNING OBJECTIVES

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



T1D Exchange™

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

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

INC: 5190

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

Room 20A

Kristy Castillo, RN, CDE, Diabetes Educator, Scripps Diabetes Care and Prevention

Tamara Finger, MSN, RN, CNS, BC-ADM, Advanced Practice Nurse, Diabetes Careline, Scripps Diabetes Care and Prevention

Tracee Gamboa, MSN, RN, CNS-BC, CDE, Coordinator Diabetes Education Programs, Scripps Diabetes Care and Prevention

Laura Talavera, MSN, MPH, RN, CNS-BC, Manager, Inpatient Clinical Services, Scripps Diabetes Care and Prevention

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-108-L01-P

INC: 5190

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

Room 20BC

Tinea Canady, RN, BSN, Registered Nurse/Charge Nurse/Preceptor, Shawnee Mission Medical Center

Andrea Stafos, APRN, BC-ADM, Diabetes Clinical Specialist and Manager, Shawnee Mission Medical Center

LEARNING OBJECTIVE

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

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

UPN: 0069-0000-16-109-L01-P

INC: 5190

S06 **Medicare's Everyone with Diabetes Counts (EDC) Program: Overview and What's Happening in California** 

Room 20D

Athena Philis-Tsimikas, MD, *Corporate Vice President, Scripps Health, Diabetes and Prevention Services*

Jennifer Wieckowski, MSG, *State Program Director, Health Services Advisory Group*

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-110401-P

INC: 5190

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

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

Room 6A

Diane Dube, M.Ed., RDN, LDN, CDE, *Registered Dietitian Nutritionist, North Shore Physicians Group*

Evelina Sands, MS, *Director of Operations, North Shore Physicians Group*

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-111401-P

INC: 5190

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

Room 6B

Supported by Konsyl

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-112401-P

INC: 5190

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

Room 6DE

Geneva Foncannon, RD, CDE, *Outpatient Pediatric Dietitian, Pediatric Endocrine and Nutrition Services, Sutter Medical Center, Sacramento*

Rosanna Hannum, MSN, CNS, CDE, *Lead Clinic Nurse Coordinator, Pediatric Endocrine and Nutrition Services, Sutter Medical Center, Sacramento*

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-113401-P

INC: 5190

Friday, August 12

Saturday, August 13

Sunday, August 14

Monday, August 15

Poster Sessions

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

Type 1 Diabetes Session

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

Room 20A

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

LEARNING OBJECTIVES

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



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

UPN: 0069-0000-16-114-L01-P

INC: 5190

S11 Improve Patient Engagement Utilizing Coaching Technique

Room 20BC

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-115-L01-P

INC: 5190

S12 A Healthy Beginning: Diabetes and Preconception Health 0.5 credits

Room 20D

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-116-L01-P

INC: 5190

Education Tracks



Application Base



Knowledge Base



Pharmacotherapeutic credit

Advance Skills for Program and Business Management for Entrepreneurial Organizations

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

Innovative Diabetes Care and Education Across Diverse Populations

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

Psychosocial Issues and the Promotion of Lifestyle Behavior Change

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

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

S13 The Diabetes Technology Revolution: Utilizing Tools and Technology Data to Maximize their Use and Improve Patient Outcomes 🔍

Room 6A

Rick Altinger, CEO, Glooko

Jeff Dachis, MA, CEO and Founder, One Drop

Richard Laurits, President, DiaSend

Howard Look, President & CEO, Tidepool.org

Frank Westermann, CEO, mySugr GmbH

Moderator: Amy Tenderich, Patient Advocate, Diabetes Mine

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-117401-P

INC: 5190

S14 The Potent Power of Patient Leadership 🔍

Room 6B



Bennet Dunlap, MSHC, Founder, Strip Safely

Jeff Hitchcock, Founder, Children with Diabetes

Gene Kunde, CEO, Diabetes Hands Foundation

Anna Norton, MS, CEO, DiabetesSisters

Christina Roth, MPH, MS, Chief Executive Officer & Founder, College Diabetes Network, Inc.

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

Reactor Panel:

Aimee Jose, RN, BSN, CDE, CDTC, Diabetes Educator, Palo Alto Medical Foundation

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

Toby Smithson, MS, RDN, CDE, LDN, Diabetes Lifestyle Expert, Eos Health

LEARNING OBJECTIVES

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

Who is at the center of health care? Patients are, and the power of the patient voice is on the rise. Join this session for insight from respected leaders in the diabetes community, focusing on communication with both their peers and their providers, building community, and making a difference for people touched by diabetes. Panelists will share their experiences, challenge misconceptions, and poignantly illustrate how patient leadership can improve patient outcomes, quality of life and access for people touched by diabetes. Panel discussion moderated by Manny Hernandez.

UPN: 0069-0000-16-118401-P

INC: 5190

S15 Tailoring Treatment Plans and DSME for Food Insecure People with Diabetes 🔍

Room 6DE

Morgan Smith, RN, PHN, CNS, CDE, Manager, Interventions for Health, Feeding America

Sunny Smith, MD, Co-Medical Director, UCSD Student-Run Free Clinic Project

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-119401-P

INC: 5190

Friday, August 12

Saturday, August 13

Sunday, August 14

Monday, August 15

Poster Sessions

1:00 pm – 2:30 pm cont.
(1.5 CE Available per session)

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

Room 20A



COI Spotlight Session-Pharmacy

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

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

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

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

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-120-L01-P

INC: 5190

Type 1 Diabetes Session

S17 **How Diabetes Educators Can Create Smooth Sailing for Kids, Parents and School Personnel** 🔍

Room 20BC

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

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

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

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-121-L01-P

INC: 5190

S18 **Optimizing Pregnancy Outcomes with Diabetes Education: Before, During, and After Pregnancy** 🔍

Room 20D

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-122-L01-P

INC: 5190

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

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

Room 6A

Adam Brown, Senior Editor, diaTribe.org

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

LEARNING OBJECTIVES

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

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

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

INC: 5190

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

Room 6B

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

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

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-124-L01-P

INC: 5190

Type 1 Diabetes Session

S21 **Off to College and Beyond: Resources and Programs to Launch Young Adults with Diabetes** 

Room 6DE

Christina Roth, MPH, MS, Chief Executive Officer & Founder,
College Diabetes Network Inc

Emily Ike, Program Director, College Diabetes Network, Inc.

Kathleen Quain, Program Assistant, College Diabetes Network Inc

LEARNING OBJECTIVES

1. Identify and utilize resources available to clinical providers to assist them in offering young adult centered programs and support
2. Describe resources available to patients and families related to assisting young adults with type 1 diabetes through the college process
3. Identify transition process support systems available to patients and families and assist them in accessing these systems

This presentation will introduce attendees to elements of the College Diabetes Network's (CDN) Off to College Program as well as discuss the ways that providers can access different parts of the program. Examples of integrating these resources into clinical interactions with patients will be offered. Speakers will provide an overview of the feedback and insights learned from the first year of data from CDN's Off to College events and allow generous time for participants' questions.

UPN: 0069-0000-16-125-L01-P

INC: 5190



Friday, August 12

Saturday, August 13

Sunday, August 14

Monday, August 15

Poster Sessions

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

Special Symposium (1 CE Available)

3:45 pm – 4:45 pm

S22 **Maximize Medication Adherence
by Minimizing Barriers**   0.25 credits

Room 20A

Supported by Merck & Co., Inc.

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

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-126-L01-P

INC: 5190

S23 **Beyond Depression – Serious Mental Illness & Diabetes:
The Role of the Diabetes Educator** 

Room 20BC

Nicole Bereolos, PhD, MPH, CPH, CDE, Clinical Psychologist,
Private Practice

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-127-L01-P

INC: 5190

S24 **Is Glucagon Ready for Prime Time?**   0.5 credits

Room 20D

Featured Collaborator-American Association of Clinical Endocrinologists

George Grunberger, MD, FACP, FACE, Chairman, Grunberger
Diabetes Institute



LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-128-L01-P

INC: 5190

Education Tracks

 Application Base  Knowledge Base  Pharmacotherapeutic credit

Advance Skills for Program and Business Management for
Entrepreneurial Organizations

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

Innovative Diabetes Care and Education Across Diverse Populations

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

Psychosocial Issues and the Promotion of Lifestyle Behavior Change

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

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

S25 The Joint DSMES Position Statement One Year Later: Use of Implementation Science to Integrate Into Practice 

Room 6A

Joan Bardsley, MBA, RN, CDE, FADE, Research Scientist, International Diabetes Center at Park Nicollet

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

LEARNING OBJECTIVES

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

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

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

INC: 5190

S26 Diabetes Technologies and Devices: From Accuracy to Cybersecurity 



Room 6B

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

LEARNING OBJECTIVES

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

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

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

INC: 5190

S27 Fetal Programming of Adult Diabetes and Obesity: Unintended Consequences 

Room 6DE

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

LEARNING OBJECTIVES

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

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

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

INC: 5190

S29 Diabetes Self-Management Education via Telemedicine in the Air Force 

Room 20BC

Ellen Cobb, BSN, RN, CDE, CPT, Diabetes Educator, Wilford Hall Ambulatory Surgical Center, Lackland AFB

Nina Watson, MSN, RN, CDE, Outreach Certified Diabetes Educator, USAF

Doris Acuna, BSN, RN, Disease Manager, United States Air Force

LEARNING OBJECTIVES

1. Describe the role/value of DSME via telehealth modalities
2. Describe the telehealth technology available within the Air Force
3. Discuss the strengths and limitations of the telehealth program identified during the pilot program

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

UPN: 0069-0000-16-134-L01-P

INC: 5190

Friday, August 12

Saturday, August 13

Sunday, August 14

Monday, August 15

Poster Sessions

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

Type 1 Diabetes Session

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

Room 20D

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-135-L01-P

INC: 5190

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



Room 6C

Tommy Johnson, PharmD, CDE, BC-ADM, FADE, *Board Chair, National Certification Board for Diabetes Educators*

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

LEARNING OBJECTIVE

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

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

Research Sessions

(0.5 CE Available per session)

5:00 pm – 5:30 pm

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

Room 20A

Lindsay McTavish, MSN, *Clinical Nurse Specialist, Capital & Coast District Health Board*

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-132-L01-P

INC: 5190

5:30 pm – 6:00 pm

S28B **Advanced Diabetes Training for the Community Pharmacist** 🔍

Room 20A

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-133-L01-P

INC: 5190



GENERAL SESSION

7:30 am – 8:30 am
(1 CE Available)

Lifetime Achievement Award

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

Hall E

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

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

UPN: 0069-0000-16-066-101-P

INC: 5190

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

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

Room 6A



COI Spotlight Session-Diabetes Educators in Industry

Susan La Rue, RD, CDE, Associate Director Diabetes, AstraZeneca

Linda Parks, MS, RN, CDE, Director, Global Clinical Application

Richard Peng, MS, MBA, RCEP, CDE, Clinical Exercise Physiologist,
Healthcare Partners Medical Group

Laurel Fuqua, RN, MSN, CMC, Sr. VP Clinical Affairs, InSpark
Technologies, Inc.

LEARNING OBJECTIVES

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

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

diabetes educators, how to find them, how to use them and how to become a good mentor to someone else.

UPN: 0069-0000-16-137-101-P

INC: 5190

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

Room 6B

Perry Gee, PhD, RN, Nurse Scientist, Dignity Health

Deborah Greenwood, PhD, RN, CNS, BC-ADM, CDE, FADE,
Diabetes Clinical Improvement Consultant, Research Scientist, Diabetes
Program Director, Sutter Health

Dave deBronkart, "e-Patient Dave"

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-138-101-P

INC: 5190

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

D03 **Change Champions: Engage with Members Evolving Our Profession**

Room 6DE

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

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

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

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

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

LEARNING OBJECTIVES

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

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

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

INC: 5190

D04 **Treatment and Management of Obesity as a Chronic Disease**

Room 20A

Ted Kyle, RPh, MBA, *Founder and Principal, ConscientHealth*

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



LEARNING OBJECTIVES

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

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

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

INC: 5190

D05 **Sharing Evidence-Based Hope with Your Clients**

Room 20BC

Richard Jackson, MD, *Executive Director, Grass Roots Diabetes*

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

LEARNING OBJECTIVES

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

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

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

INC: 5190

Education Tracks



Application Base



Knowledge Base



Pharmacotherapeutic credit

Advance Skills for Program and Business Management for Entrepreneurial Organizations

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

Innovative Diabetes Care and Education Across Diverse Populations

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

Psychosocial Issues and the Promotion of Lifestyle Behavior Change

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

Prediabetes Session

D06 Strengthening Diabetes Prevention and Self-Management Education Programs 🔍

Room 20D



COI Spotlight Session-Public Health & Diabetes Prevention

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

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

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

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

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

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

LEARNING OBJECTIVES

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

Dialogue with a panel of public health ADE members about opportunities to work together to enhance care and support for people with diabetes or prediabetes. Discover ways that you can work with prevention and diabetes community-based programs. Enhance diabetes prevention efforts through DSME programs. Learn more about policies that may help increase the number of people who have access to and insurance coverage for DSME. Discover creative ways to engage and help educate disparate populations.

UPN: 0069-0000-16-142101-P

INC: 5190

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

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

Room 6A



COI Spotlight Session-Inpatient Management

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

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-143101-P

INC: 5190

D08 Sugar Coating Oral Health: Things To Consider 🔍

Room 6B

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-144101-P

INC: 5190

Friday, August 12

Saturday, August 13

Sunday, August 14

Monday, August 15

Poster Sessions

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

D09 Diabetes Educators as the Leaders in Digital Health

Room 6DE

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

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

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

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

LEARNING OBJECTIVES

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

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

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

INC: 5190

D10 It's Time to "FITT" Exercise into DSME Through Effective Exercise Counseling

Room 20A

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

LEARNING OBJECTIVES

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

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

To engage the audience, this session will utilize topic delivery, case studies, exercise demonstrations, and questions and answers.

UPN: 0069-0000-16-146-L01-P

INC: 5190

Prediabetes Session

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

Room 20BC

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



LEARNING OBJECTIVES

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

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

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

INC: 5190

D12 Glycemic Challenges in Patients with Cancer and Diabetes

Room 20D

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

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

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

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

LEARNING OBJECTIVES

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

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

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

INC: 5190

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

D13 **What Do Diabetes Educators Need to Know About NAFLD and NASH?** 

Room 6A

Jamie Wolosin, MD, *Chief, Department of Medical Specialties, Sharp Rees Stealy Medical Group*

LEARNING OBJECTIVES

1. Define and describe the spectrum of fatty liver disease including Nonalcoholic fatty liver disease (NAFLD) and Nonalcoholic steatohepatitis (NASH)
2. Describe epidemiology and prevalence of fatty liver disease
3. Review risk factors and etiologies of fatty liver
4. Review data regarding possible treatments of fatty liver

Obesity and insulin resistance remain the primary causes of nonalcoholic fatty liver disease (NAFLD) and the more severe form of nonalcoholic steatohepatitis (NASH). NAFLD and NASH are the leading causes of unexplained cirrhosis in the US, and the incidence has increased tremendously in the US. This presentation will review NAFLD and NASH including epidemiology, pathophysiology, prognosis, and treatment. We will also review the clinical presentation and differential diagnosis of conditions that involve abnormal liver tests.
UPN: 0069-0000-16-149-L01-P INC: 5190

D14 **Hot Topics in Nutritive and Nonnutritive Sweeteners** 

Room 6B

Alan Barclay, PhD, RD, *Accredited Practicing Dietitian & Self-Employed*

Claudia Shvide-Slavin, MS, RD, CDE, *Clinical Diabetes Specialist, Tandem Diabetes*

LEARNING OBJECTIVES

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



Excess dietary intake of foods and beverages with added sugars and the safety of non-nutritive sweeteners are a global public health concern. The

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

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

INC: 5190

D15 **The Business of Diabetes America: Delivering Profitable Diabetes Care** 

Room 6DE

Rosemarie Lajara, MD, *Endocrinologist, President and Medical Director, Diabetes America, PA*

LEARNING OBJECTIVES

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

Many diabetes education centers are closing their doors because of lack of profitability. After filing Chapter 11 in 2010, Diabetes America has reorganized, rebuilt, and created multiple paths to positive clinical outcomes and financial profitability. In this session, the Clinical Director of Innovation and Compliance, Senior Director of Operations, and Chief Medical Officer of Diabetes America discuss opportunities for other organizations to utilize strong business acumen and technology to promote positive clinical outcomes and growth.
UPN: 0069-0000-16-151-L01-P INC: 5190

D16 **Obesity, Insulin Resistance and Gut Microbiota** 

Room 20A

Kristina Martinez, PhD, RD, *Postdoctoral Scholar, University of Chicago*

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-152-L01-P

INC: 5190

Friday, August 12

Saturday, August 13

Sunday, August 14

Monday, August 15

Poster Sessions

2:00 pm – 3:00 pm cont.
(1 CE Available per session)

D17 **Can a Mobile Technology Increase the Value and Effectiveness of Diabetes Education?**

Room 20BC

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

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-153-L01-P

INC: 5190

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

Room 20D

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

Anne Gargano Ahmed, *Hunger Care Coalition Coordinator, Feeding America*

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-154-L01-P

INC: 5190

Special Symposium (1 CE Available)

2:00 pm – 3:00 pm

Supported by Dexcom, Medtronic and Tandem

SS01 **A Beginner's Guide to Continuous Glucose Monitoring**

Room 6C

Patricia Gaye Knutsen, MSN, ACNS-BC, *Program Coordinator, Division of Endocrinology, Metabolism and Lipid Research, Washington University School of Medicine*

Davida F. Kruger, MSN, APN-BC, BC-ADM, CNP, *Henry Ford Health System, Division of Endocrinology, Diabetes, Bone and Mineral Disease*

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

LEARNING OBJECTIVES


1. Apply CGM technology to overcome challenges faced in the management of diabetes.
2. Discuss the basic-function of continuous glucose monitors from the standpoint of the diabetes educator.
3. Implement an outcomes-driven, economically advantageous CGM program in clinical practice.

If you still haven't set the clock on your VCR (heck... if you still use a VCR), this program is for you. Learn the ins and outs of continuous glucose monitoring systems in simple, practical terms. Discover what they can and can't do, creative ways to use them to improve patient care, and how your practice can benefit from offering CGM as a management option. Sub-topics include personal vs. professional CGM, insurance coverage, and customizing CGM for the individual patient.

UPN: 0069-0000-16-232-L01-P

INC: 5190

Education Tracks

 Application Base  Knowledge Base  Pharmacotherapeutic credit

Advance Skills for Program and Business Management for Entrepreneurial Organizations

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

Innovative Diabetes Care and Education Across Diverse Populations

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

Psychosocial Issues and the Promotion of Lifestyle Behavior Change

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

Special Symposium (1.5 CE Available)

3:15PM – 4:45PM

Supported by Dexcom, Medtronic and Tandem

SS02 **Optimizing Insulin Therapy Through Applied CGM** 🔍

Room 6C

Patricia Gaye Knutsen, MSN, ACNS-BC, Program Coordinator,
Division of Endocrinology, Metabolism and Lipid Research,
Washington University School of Medicine

Davida F. Kruger, MSN, APN-BC, BC-ADM, CNP, Henry Ford
Health System, Division of Endocrinology, Diabetes, Bone and
Mineral Disease

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-233-L01-P

INC: 5190

Research Session (0.5 CE Available)

3:15 pm – 3:45 pm

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

Room 6DE

Cynthia Rothenberger, DNP, RN, ACNS, BC, Assistant Professor,
Nursing, Alvernia University

Ling-Wang An, MD, Doctor, Beijing Ruijing Diabetes Hospital

LEARNING OBJECTIVES

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

This presentation will provide information about the background, research questions, methodology, results, and implications of a

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

UPN: 0069-0000-16-157-L01-P

INC: 5190

Research Session (0.5 CE Available)

3:45 pm – 4:15 pm

D21B **Development of a Simplified Self-Reported "Diabetic-Behavior Scoreboard" as a Promising Assessment Tool to Key Diabetic Behavior** 🔍

Room 6DE

Hui-Chun Hsu, Chief, Lee's Endocrinologic Clinic

Ling-Wang An, MD, Doctor, Beijing Ruijing Diabetes Hospital

Yau Jiunn Lee, Director, Lee's Endocrinologic Clinic

Ruey-Hsia Wang, RN, Professor, College of Nursing, Kaohsiung Medical University

LEARNING OBJECTIVES

1. Learn an effective, simplified and convenient tool to assess diabetes behavior in daily practice
2. Know the diabetes behavior scoreboard is associated independently with patient's glycemic control
3. Know the diabetes behavior scoreboard is tested with high reliability and validity

A Chinese version of computerized behavior score was constructed to assess diabetes self-management behaviors, including self-reported eating, taking medication, exercise, blood glucose self-monitoring behaviors, status of problem-solving and health coping, and the behavior to reducing risk factors. Furthermore, to assess the psychological stress, a simplified Chinese version of PAID and WHO 5 well-being index questionnaire were also built into the system. There were 3,404 patients with type 2 diabetes mellitus (T2DM) that received the behavior dashboard evaluation at baseline and re-evaluated again 12-months later. The dashboard content validity index was calculated by the experts' ratings of item relevance. The CVI was 0.866~1.0, the inter-rater reliability ratings was 0.816-0.965 (p<.001 significantly (r=.140, p=.003), the difference in baseline and 12-month HbA1C level was significantly associated with the difference of baseline and 12-month total score. Diabetes Behavior Scoreboard may be a precise, convenient computer-based system to evaluate and follow the changes of diabetes related behavior in patients with T2DM.

UPN: 0069-0000-16-158-L01-P

INC: 5190

Friday, August 12

Saturday, August 13

Sunday, August 14

Monday, August 15

Poster Sessions

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

D19 **How to Monetize Your Services and Market Your Skills**

Room 6A

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

LEARNING OBJECTIVES

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

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

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

INC: 5190

D20 **The Art & Science of Safe and Effective Insulin Injections: What We Learned at the FITTER Congress in Rome** 0.25 credits

Room 6B

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

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

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

LEARNING OBJECTIVES

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

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

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

INC: 5190

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

Room 20A

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

LEARNING OBJECTIVES

1. List 5 stages of emotional adjustment to diabetes
2. Describe the 3 components (A-B-C's) of Cognitive Behavior Therapy
3. Describe the "four-pronged" approach to diabetes care

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

UPN: 0069-0000-16-159-L01-P

INC: 5190

Education Tracks



Application Base



Knowledge Base



Pharmacotherapeutic credit

Advance Skills for Program and Business Management for Entrepreneurial Organizations

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

Innovative Diabetes Care and Education Across Diverse Populations

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

Psychosocial Issues and the Promotion of Lifestyle Behavior Change

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

Prediabetes Session

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

Room 20BC

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-160-L01-P

INC: 5190

D24 Drug Induced Dysglycemia – How Sweet It Is!

Room 20D

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-161-L01-P

INC: 5190

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

D25 Upsides and Downsides of SGLT2s 0.5 credits

Room 6A

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

LEARNING OBJECTIVES

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

SGLT-2 inhibitors are the newest class of medication for the treatment of diabetes on the market. Since their release they have been successfully used in individuals with type 2 (on-label) and type 1 diabetes (off-label). As

with any new agent we learn as we use them. We have had amazingly good news on cardiovascular benefits from the Empa-Reg trial, which showed improvements in CVD outcomes and renal function. And we have learned about potential adverse events such as diabetic ketoacidosis, which can occur in individuals with both types of diabetes, although quite rarely in type 2 diabetes. This talk will discuss the benefits, risks and the role of these agents in our modern diabetes treatment paradigm.

UPN: 0069-0000-16-162-L01-P

INC: 5190

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

Room 6B

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-163-L01-P

INC: 5190

Prediabetes Session

D27 The National Diabetes Prevention Program and AADE's Diabetes Prevention Program

Room 6DE

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

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-164-L01-P

INC: 5190

Friday, August 12

Saturday, August 13

Sunday, August 14

Monday, August 15

Poster Sessions

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

D28 **Blue Pill, Pink Pill? How to Manage Sexual Dysfunction in Women with Diabetes**   0.75 credits

Room 20A

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

LEARNING OBJECTIVES

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

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

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

INC: 5190

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

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

Room 20BC

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

LEARNING OBJECTIVES

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

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

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

INC: 5190

D30 **Explore and Embrace the AADE Practice Competencies** 

Room 20D

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

Jane Dickinson, RN, PhD, CDE, Program Coordinator, Teachers College, Columbia University

Barbara Kocurek, BS, PharmD, BCPS, CDE, FADE, Program Manager, Baylor Scott and White Diabetes Program, Dallas, Texas

LEARNING OBJECTIVES

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

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

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

INC: 5190

Education Tracks

 Application Base  Knowledge Base  Pharmacotherapy credit

Advance Skills for Program and Business Management for Entrepreneurial Organizations

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

Innovative Diabetes Care and Education Across Diverse Populations

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

Psychosocial Issues and the Promotion of Lifestyle Behavior Change

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

GENERAL SESSION

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

**Rising Star Award
Innovative Use of Media and Technology Award**

GS04 **Current Challenges, New Ideas** 🔍

Exhibit Hall E

Steven Edelman, MD, Founder and Director, *Taking Control of Your Diabetes*

James Gavin III, MD, PhD, Chief Medical Officer and CEO, *Healing our Village, Inc*

Virginia Valentine, APRN-CNS, BC-ADM, CDE, FADE, Clinical Nurse Specialist, *Sage Specialty Care*

Martha Funnell, MS, RN, CDE, FADE, Research Scientist, Department of Learning Health Sciences, *University of Michigan Medical School*

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

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

INC: 5190

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

M01 **How to Hook People on Exercise
and Keep Them Engaged** 🔍

Room 6A

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-168-L01-P

INC: 5190

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

Room 6B

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

LEARNING OBJECTIVES

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

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

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

INC: 5190

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

M03 "Moonlighting" In the Diabetes Arena: Creative Ways to Supplement Your Income

Room 20A

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

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

LEARNING OBJECTIVES

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

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

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

INC: 5190

M04 Diabetes Wheel of Fortune: Help People Choose the Best Mobile Health Solutions for Them

Room 20BC

Laurel Fuqua, RN, MSN, CMC, Sr. VP Clinical Affairs, InSpark Technologies, Inc.

LEARNING OBJECTIVES

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

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

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

INC: 5190

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

M05 The Role of Community Health Workers in Improving Diabetes Outcomes

Room 6A

Vicki Hatfield, APRN, BC-ADM, CDE, APRN, Williamson Health and Wellness Center

LEARNING OBJECTIVES

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

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

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

INC: 5190

M06 Model for Delivering Patient Education in the Provider's Office Setting

Room 6B

Olivia Newby, DNP, FNP-BC, CDE, Family Nurse Practitioner, Certified Diabetes Educator, Primary Care Specialists, Inc.

James Newby II, MD, CDE, Director of Primary Care Specialists, Inc., Family Physician and Certified Diabetes Educator

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-173-L01-P

INC: 5190

M07 **'Please Don't Cry!' Effective Ways to Handle Emotions (Yours and Your Patients')** 

Room 20A

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

LEARNING OBJECTIVES

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

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

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

INC: 5190

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

Room 20BC

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-175-L01-P

INC: 5190

11:45 am – 12:45 pm
(1 CE Available per session)

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

Room 6A

Michael Baratz, BS, MBA, SSGB, CQE, CQA, *Vice President Operations Excellence, Baylor Scott and White Health*

Lisa Raynelle Shelley, MS, RD, LD, BC-ADM, CDE, *Dietitian II-Diabetes Educator and Diabetes Program Coordinator, Baylor Scott & White Health*

LEARNING OBJECTIVES

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

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

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

INC: 5190

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

Room 6B

Janet Duni, RN, BSN, CCM, MPA, *Director of Care Coordination, Vanguard Medical Group*

Edwin Fisher, PhD, *Professor, University of North Carolina*

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

LEARNING OBJECTIVES

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

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

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

INC: 5190

Friday, August 12

Saturday, August 13

Sunday, August 14

Monday, August 15

Poster Sessions

11:45 am – 12:45 pm cont.
(1 CE Available per session)

M11 Simple Strategies for Promoting DSME and Retaining Participants: What Diabetes Educators Can Learn from Marketers 

Room 20A

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

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-178-L01-P

INC: 5190

M12 Food Psychology: Why We Eat More than We Think 

Room 20BC

James Painter, PhD, RD, Emeritus Professor, Eastern Illinois University

LEARNING OBJECTIVES

1. Recognize that most people are not aware of their total consumption
2. List environmental factors that lead to over-consumption
3. Identify techniques that will help individuals to track their consumption and reduce weight

The presenter will explore how food portion sizes have increased over the past two decades and discuss ways to control food portions, including changing the dining environment; becoming more aware of the foods that we eat by using visual cues or a dietary journal; and limiting food availability. He will discuss current research regarding benefits of, and techniques to increase consumption of healthful foods by patients.

UPN: 0069-0000-16-179-L01-P

INC: 5190

1:00 pm – 2:00 pm
(1 CE Available per session)

M14 No Guts No Glory: Microbiota and Diabetes 

Room 6B

Meghan Jardine, MS, MBA, RDN, LD, CDE, Associate Director of Diabetes Nutrition Education, Physicians Committee for Responsible Medicine

LEARNING OBJECTIVES

1. Describe the human gut microbiota and its influence on health
2. Explain how disturbances in the microbiome contribute to metabolic dysfunction leading to obesity and diabetes
3. Discuss and describe strategies to improve host function with nutrition, prebiotics and probiotics

This presentation will review the complex relationship that gut bacteria has with its host and the evolution that has led to a collective change in the human microbiome. Many factors play a role in gut species, possibly altering host metabolism. The functionality of different microbiomes involves changes in fatty acid metabolism, inflammation and insulin resistance. How this all works together as well as how to modulate the microbiota to improve host health will be discussed.

UPN: 0069-0000-16-182-L01-P

INC: 5190

M15 The Development and Implementation of A Diabetes Minor for Graduate Nursing Students at UCSF 

Room 20A

Catherine Chesla, RN, PhD, FAAN, Professor and Shobe Endowed Chair, School of Nursing, UCSF

Maureen McGrath, PNP-BC, BC-ADM, Associate Clinical Professor, UCSF School Of Nursing

Carolina Noya, FNP-BC, PhD-C, Assistant Clinical Professor, UCSF School of Nursing

LEARNING OBJECTIVES

1. Discuss the rationale for the development of the diabetes minor for advanced practice registered nurses (D – APRN). Will include a description of the three core courses for the minor
2. List types of clinical rotations in which the students participate including a innovative model of the APN students working as nurse clinicians at a residential diabetes teen and family camps
3. Describe the demographics of the first three cohorts, follow-up evaluations and their employment status. Discuss requirements for the D-APRN minor (Project Planning Course/ masters comprehensive exams)

The UCSF School of Nursing has developed the nation's first APN program in diabetes at the graduate level. With the increase in diabetes worldwide, the program is designed to strengthen diabetes knowledge and practice in future primary care providers. The program was heavily subscribed in the first two years with 31 students completing minor and 45 completing some coursework. Students' ethnicities highly reflect populations that are disproportionately affected by diabetes (Latinos, African Americans, Asians) and > 50 percent of the first 2 cohorts speak Spanish. Outcomes: completion of the CDE and/or BC-ADM; employment in areas with a heavy burden of diabetes. Of the first two cohorts, 80 percent are currently employed in diabetes endemic areas (FQHC, VA, county clinics). This program offers insight to the early success of the minor, the lessons learned, and the need to disseminate this model.

UPN: 0069-0000-16-183-L01-P

INC: 5190

Research Session (0.5 CE Available)

1:00 pm – 1:30 pm

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

Room 6A

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

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-180-L01-P

INC: 5190

Research Session (0.5 CE Available)

1:30 pm – 2:00 pm

M13B **Beyond Diabetes Self-Management Training: Mind-Body Skills Training in a Group Health Coaching Setting** 🔍

Room 6A

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

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-181-L01-P

INC: 5190

Friday, August 12

Saturday, August 13

Sunday, August 14

Monday, August 15

Poster Sessions



Featured Collaborators

Friday, Aug. 12
3:45 pm – 4:45 pm (1 CE Available)



F20 **Hypoglycemia in 2016: Detection, Treatment and Prevention** 0.25 credits

Room 6B

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

LEARNING OBJECTIVES

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

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

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

INC: 5190

5:00 pm – 6:00 pm
(No CE Available)



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

Room 6C

Tommy Johnson, PharmD, CDE, BC-ADM, FADE, *Board Chair, National Certification Board for Diabetes Educators*

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

LEARNING OBJECTIVE

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

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

Education Tracks

Application Base Knowledge Base Pharmacotherapeutic credit

Advance Skills for Program and Business Management for Entrepreneurial Organizations

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

Innovative Diabetes Care and Education Across Diverse Populations

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

Psychosocial Issues and the Promotion of Lifestyle Behavior Change

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

Saturday, Aug. 13
9:15 am – 10:15 am (1 CE Available)



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

Room 6DE

Henry Anhalt, DO, Chief Medical Officer, T1D Exchange

Amy Bevan, BS, Content and Community Manager, Glu

Anna Floreen, MSWS, Advancement Outreach Manager, T1D Exchange

Jill Petrie, Director of Communication and Community Relations, T1D Exchange

LEARNING OBJECTIVES

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

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

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

INC: 5190

10:30 am – 11:30 am
(1 CE Available)



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

Room 20A

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

(Type 1 Day)

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-114-L01-P

INC: 5190

1:00 pm – 2:30 pm
(1.5 CE Available)



S14 The Potent Power of Patient Leadership 🔍

Room 6B

Bennet Dunlap, MSHC, Founder, Strip Safely

Jeff Hitchcock, Founder, Children with Diabetes

Gene Kunde, CEO, Diabetes Hands Foundation

Anna Norton, MS, CEO, DiabetesSisters

Christina Roth, MPH, MS, Chief Executive Officer & Founder, College Diabetes Network, Inc.

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

LEARNING OBJECTIVES

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

Who is at the center of healthcare? Patients are, and the power of the patient voice is on the rise. Join this session for insight from respected leaders in the diabetes community, focusing on communication with both their peers and their providers, building community, and making a difference for people touched by diabetes. Panelists will share their experiences, challenge misconceptions, and poignantly illustrate how patient leadership can improve patient outcomes, quality of life, and access for people touched by diabetes. Panel discussion moderated by Manny Hernandez.

UPN: 0069-0000-16-118-L01-P

INC: 5190

Featured Collaborators

Saturday, Aug. 13
3:45 pm – 4:45 pm (1 CE Available)



S24 **Is Glucagon Ready for Prime Time?** 🔍 🧪 1 credit

Room 20D

George Grunberger, MD, FACP, FACE, *Chairman, Grunberger Diabetes Institute*

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-128-L01-P

INC: 5190

5:00 pm – 6:00 pm
(1 CE Available)



S26 **Diabetes Technologies and Devices:
 From Accuracy to Cybersecurity** 🔍

Room 6B

David Klonoff, MD, FACP, FRCP, *Clinical Professor of Medicine, University of California, San Francisco*

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

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

INC: 5190

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



Room 6C

Tommy Johnson, PharmD, CDE, BC-ADM, FADE, *Board Chair, National Certification Board for Diabetes Educators*

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 information session, presented by NCBDE representatives, you'll learn more about the renewal practice requirement and the different paths for renewal, including details regarding online option to track your continuing education activities.

Sunday, Aug. 14
9:15 am – 10:45 am (1.5 CE Available)



D04 Treatment and Management of Obesity as a Chronic Disease



Room 20A

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

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

LEARNING OBJECTIVES

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

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

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

INC: 5190

11:00 am – 12:00 pm
(1 CE Available)



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

Room 20BC

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

(Prediabetes Day)

LEARNING OBJECTIVES

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

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

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

INC: 5190

2:00 pm – 3:00 pm
(1 CE Available)

D14 Hot Topics in Nutritive and Nonnutritive Sweeteners

Room 6B

Alan Barclay, PhD, RD, Accredited Practicing Dietitian & Self-Employed

Claudia Shwida-Slavin, MS, RD, CDE, Clinical Diabetes Specialist, Tandem Diabetes

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



LEARNING OBJECTIVES

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

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

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

INC: 5190





Communities of Interest (COI) Spotlight Sessions

THESE SESSIONS ARE PLANNED WITH LEADERS OF AADE'S COIs TO FOCUS ON TOPICS OF INTEREST RELATED TO SPECIFIC COIs.

Friday, Aug. 12
2:00 pm – 3:30 pm (1.5 CE Available)

Diabetes Technology COI

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

Room 6DE

Molly McElwee-Malloy, RN, CDE, Head of Patient Engagement, TypeZero Technologies

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

LEARNING OBJECTIVE

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

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

UPN: 0069-0000-16-087-101-P

INC: 5190

Saturday, Aug. 13
1:00 pm – 2:30 pm (1.5 CE Available)

Pharmacy COI

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

Room 20A

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

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

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

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

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-120-101-P

INC: 5190

Education Tracks

Application Base Knowledge Base Pharmacotherapeutic credit

Advance Skills for Program and Business Management for Entrepreneurial Organizations

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

Innovative Diabetes Care and Education Across Diverse Populations

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

Psychosocial Issues and the Promotion of Lifestyle Behavior Change

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

Sunday, Aug. 14
9:15 am – 10:45 am (1.5 CE Available)

Diabetes Educators in Industry COI

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

Room 6A

Susan La Rue, RD, CDE, *Associate Director Diabetes, AstraZeneca*

Linda Parks, MS, RN, CDE, *Director, Global Clinical Application*

Richard Peng, MS, MBA, RCEP, CDE, *Clinical Exercise Physiologist, Healthcare Partners Medical Group*

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

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-1374-01-P

INC: 5190

Public Health & Diabetes Prevention COI

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

Room 20D

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

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

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

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

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

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

LEARNING OBJECTIVES

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

Dialogue with a panel of public health ADE members about opportunities to work together to enhance care and support for people with diabetes or prediabetes. Discover ways that you can work with prevention and diabetes community-based programs. Enhance diabetes prevention efforts through DSME programs. Learn more about policies that may help increase the number of people who have access to and insurance coverage for DSME. Discover creative ways to engage and help educate disparate populations.

UPN: 0069-0000-16-1424-01-P

INC: 5190

Sunday, Aug. 14
11:00 am – 12:00 pm (1.5 CE Available)

Inpatient Management COI

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

Room 6A

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

Caroline Isbey, RN, MSN, CDE, *Associate Director, Disease-Specific Care Certification, The Joint Commission*

LEARNING OBJECTIVES

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

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

UPN: 0069-0000-16-1434-01-P

INC: 5190

POSTERS LOCATED IN EXHIBIT HALL B2

Poster Sessions

*as of June 16, 2016

- P01 **Walking the Line: Living and Working with Diabetes**
Maureen Seel, RDN, LDN
- P02 **Optimizing In-Patient Glycemic Control**
Marny Hall-Moriyasu, RN, MSN, DNP, CDE, BC-ADM
- P03 **Shared Medical Appointments for Diabetes in Primary Care**
Glenda Summerville, DNP, FNP-C, BC-ADM, CDE
Carl Goolsby, MD
- P04 **Management Considerations for the Diabetic Patient on Dialysis**
Candace Wishon, MSN, FNP-C, CDE, BC-ADM
- P05 **Bridging the Gap: Leveraging the Community to Expand Access**
Jessica Kirk, BSN, RN, CPN, CDE
- P06 **High Risk, High Reward: Reducing Recurrent DKA Admissions**
Leslie Touger, MD
Martha Kratchman, RN, CDE
Rachel Head, RD, CDE
- P07 **The Epidemiology of Type II Diabetes in the Pediatric Population**
Donna Fraysier, DNP, MSN, APN, ACNS-BC, CDE
- P08 **Enhancing Access to Diabetes and Pre-diabetes Education by Involving the Community Pharmacist**
Lynn Fletcher, PharmD, BC-ADM
Nicole Olenik, PharmD, CDE
Jasmine Gonzalvo, PharmD, BCPS, BC-ADM, CDE
- P09 **Brief Action Planning and Diabetes Self Management Education: An Effective Evidence-Based Approach to Behavior Change**
Joanne Duncan-Carnesciali, Ed.D(c), M.S., M.S., ACSM RCEP, CDE, CHES, CHC
- P10 **NODAT? What's That? Diabetes Educator Needed to Improve Transplant Patient Outcomes**
Carol Biondi, RN, MSN, CDE
Renee Meehan, RN, BSN, MA, CDE
- P11 **Improving Employee Health - Developing an Employer Endorsed Program for Employees with Diabetes**
Carol Biondi, RN, MSN, CDE
Renee Meehan, RN, BSN, MA, CDE
- P12 **Topical Treatments for Diabetic Neuropathy**
Pat Rafferty, PharmD, BCPS, CDE
- P13 **Using Automation to Detect Severe Hypoglycemia, Collect Causative Factors, and Inform Prevention Strategies Across a Large Health Care System**
Kathy Little, RN,BSN, CDE
Lisa James, RN, MSN, CDE
- P14 **Diabetes Camp: Helping Staff Nurses Earn Their Badges**
Diana Mercurio, RPH, CDE, CDOE, CVDOE
Karen Zarlenga, RN, BS, CDE, CDOE, CVDOE
- P15 **D.A.R.E. to Self-Care: A Model for Diabetes Education, Empowerment and Support in a Retreat Setting**
Cindi Goldman-Patin, MSN, RN, CDE, BA
Connie Hanham-Cain, RN, BSN, CDE, MSN(c)
Janet Ware Doucette, MA, IMHC
Judith Jones-Ambrosini
- P16 **The Role of Pharmacist Driven MTM in Managing Diabetes**
John Molsko, RPH, CDE
Charlotte Wilson, PharmD
- P17 **Medications and Glucose Lowering: Case Studies in Diverse Population**
Julie Sease, FCCP, BCPS, CDE, BCACP
Sara (Mandy) Reece, PharmD, CDE, BC-ADM
- P18 **Anti-Inflammatory Diet and Lifestyle**
Chuck Newcomb, MS, RD, CDE
- P19 **The Building Blocks of Evidence Based Insulin**
Sarah Rhodes, MSN, RN-BC, CDE
Sherry Davidson, BSN, RN, CDE
- P20 **Do I have the Flu? Uncovering the TRUTH About the Missed Diagnosis of Diabetes**
Susan Weiner, MS, RDN, CDE, CDN
Tom Karlya, BA
- P21 **Planning for a Healthy Pregnancy in Women with Type 1 Diabetes**
Susan Weiner, MS, RDN, CDE, CDN
Anna Norton, MS
- P22 **Reaching Underserved Adults with Diabetes Through Interactive Technology: Mobile Diabetes Detective (MoDD)**
Patricia Davidson, DCN, RDN, CDE, IDN, FAND
Arlene Smaldone, PhD, CPNP, CDE
Lena Mamykina, PhD
- P23 **Value Based Purchasing: Out with the Old, In with the New, What is the VALUE of You!!!**
Lucille Hughes, MSN, ED, CDE, BC-ADM, FADE
Marie Frazzitta, DNP, FNP-C, CDE, MBA
- P24 **The Diabetes Transition Dilemma: How Social Marketing Can Help**
Nicole Johnson, DrPH, MPH, MA
Stephanie Melton, PhD, MPH, MA
- P25 **Diabetes Pediatric to Adult Care: Challenges of Transitioning from Patient and Provider Viewpoints**
Ashley Wingert, MPH
Stephanie Melton, PhD, MA, MPH
Nicole Johnson, DrPH, MPH, MA
- P26 **An Assessment of Perceptions of the Diabetes Prevention Program**
Stephanie Melton, PhD, MPH, MA
Nicole Johnson, DrPH, MPH, MA
- P27 **Using a Social Marketing Approach to Understand Barriers to Diabetes Self-Management Education Utilization**
Nicole Johnson, DrPH, MPH, MA
Stephanie Melton, PhD, MPH, MA
- P28 **The Diabetes Mixer: An Innovative Program to Support Peer Health**
Michelle Litchman, PhD, FNP-BC
MJ Tran, BSN
- P29 **Out of the Box Opportunities for CDE to Support Clinic Revenue**
MJ Tran, BSN
Michelle Litchman, PhD, FNP-BC
- P30 **Finding Truth in the Failed Theories of Heart Disease**
James Painter, PhD, RD
- P31 **New Onset Kid/Teen Group DSME Class: Make it Fun, Relevant and Innovative. Fresh Ideas for Education Development and Implementation**
Peggy Scoggin, MSN, CNS, CDE
Heather Speer, MPH, CCRC, CHES, CDE
- P32 **Effects of Incretin Mimetics and SGLT-2 Inhibitors – Beyond Hyperglycemia**
Pat Rafferty, PharmD, BCPS, CDE
- P33 **Inpatient Diabetes Education and Assessing Affordability at the Bedside**
Melinda Leighton, BSN, RN, CDE
Mary Boyle, FNP-BC, MSN, MBA, CDE
- P34 **Enhancing Customer Service Skills at Your Workplace**
Jennifer Hall, MS, RDN, LDN, CDE
- P35 **Successes and Pitfalls in implementing an Insulin Pump Policy at a Major University**
Ann Marie Hasse, RN,BSN,CDE,CDTC
Patricia Garnica, RN,MSN,ANP-BC, CDE,CDTC
- P36 **Diabetes Education: There's an APP for That!**
Jenessa Henrie, MS, RD, CDE
Rachel McPhail, MS

- P37 **Physical Activity is for Every Body, Every Age**
Susan Pierce, MPT, CDE
Joy Sloan, RN, BSN, CDE
- P38 **Taking Control of Type 2: A Collaborative Community Health Initiative**
Kimberly Freeman, RN, CDE
Michael Hanlon, N/A
- P39 **Educating Adolescents and Young Adults on the Effect of High Risk Behaviors and Diabetes Management**
Allison Deisinger, RD, LD, CDE
Amy Poetker, MS, RD, LD, CDE
- P40 **Reduction of Severe Hypoglycemia in the NonCritical Care Setting: Baylor Scott & White's Journey**
Barbara Kocurek, BS, PharmD, BCPS, CDE, FADE
Cathy Raver, MD
- P41 **Inhaled Insulin: History, Benefits, Risks, Status and Promise**
Eric Zijlstra, PhD
- P42 **Lost in Transition: Moving from Pediatric to Adult T1D Care: What All CDE's Need To Know**
Pablo Mora, MD, FACE, Msc, CDE
Alicia Rowe, RD, LD, CDE
- P43 **CDE-Nurse Practitioner New Roles in Primary Care**
Susan Riley, DNP, FNP, CDE
- P44 **Increasing Physical Activity without Increasing Pain: Prescribing Safe and Effective Exercise for a Person with Diabetes and Physical Limitations**
Karen Kemmis, PT, DPT, MS, GCS, CDE, FADE
- P45 **Taming One CDE's Inner Control Freak: Incorporating Community Mental Health CHWs in a DSME Program**
Dawn Crane, MS, RN, ACNS-BC, CDE
Kelly Aho, RN, CDE
- P46 **Lower Extremity Limb Salvage versus Amputation among People with Diabetes: Financial Considerations for 2016 and Beyond**
Gary Rothenberg, DPM, CWVS
- P47 **Blood Glucose Management in the Peri-operative Environments**
Tracee Gamboa, MSN RN CDE
APN-BC
- P48 **Now the Rest of the Story-What Happens after Initial Diabetes Education**
Dianne Weisner, MSN, APRN, CPNP, CNS, CDE, CPN
- P49 **A Diabetes and Mental Illness Education and Support Collaborative**
Colleen Roethke, PharmD, BCACP, CDE
- P50 **Weight Loss Supplements: What is the Evidence - and Tips on How to Talk to Your Patients About Them**
Laura Shane-McWhorter, PharmD, BCPS, BC-ADM, CDE, FASCP, FADE
Joy Pape, MSN, RN, FNP-C, CDE, WOCN, CFCN, FADE
- P51 **Pioneering Diabetes Technology Education in Evolving Healthcare Systems**
Jewel Morin, RN, MSN, CDE
Catherine Moller, RN, CDE
- P52 **Solid Organ Transplant Diabetes Management: a unique multidisciplinary approach to improving outcomes in a complicated population**
Anna Simos, RD, CDE
Patsy Obayashi, MS, RD, CDE
- P53 **Making Sense of the Madness: Coaching Patients Through Pattern Management**
Mindy Saenz, RDN, LDN, CDE
- P54 **Insulin pump therapy and continuous glucose monitoring**
Mindy Saenz, RDN, LDN, CDE
- P55 **"D"-fying the Law of Gravity: Strategies for Preventing Falls among People with Diabetes**
Elizabeth Quintana, RN, ANP-BC, CDE
- P56 **Navigating complex diabetes self-management issues across the continuum of care in an underserved community – one freestanding diabetes center's model of care**
Robin Morrissey, RDN, LDN, CDE
- P57 **Enhance expertise in promotion of lifestyle behavior change through the development of a healthy living curriculum**
Monica Ruiz,
Robin Morrissey, RN, ANP-BC, CDE
- P58 **Achieving A1C Goal: A Telephonic Insulin Pump/CGM Patient Management Program with Increasing Levels of Support**
Karen Vincent, MA, RD, CDE
Robin Pendry, RN, CDE
- P59 **Development of a Pediatric Diabetes Transition Program for Emerging Adults**
Lisa Rasbach, PhD, RN, CPNP, BC-ADM
Kimber Abel, RN, BSN, CPN, CDE
Loretta Clark, RN BSN CDE
- P60 **Visual display of A1c trend on electronic health record improved patients' diabetes self-management in a diabetes clinic of a community-health center**
Chen-Yen Wang, ANP, CDE
- P61 **Knowledge and Availability of Glucagon for Patients at Risk for Severe Hypoglycemia**
Ellen Cobb, BSN, RN, CDE, CPT
Nina Watson, MSN, RN, CDE
- P62 **Catch the Moment: Provide Timely Diabetes Education in the Hospital Setting**
Aiqun Liu, MSN, RN, CDE
Martha Riley, MSN, RN, CDE
- P63 **Meeting National Guidelines in Inpatient Diabetes Care: A Performance Improvement Initiative**
Andrea Stafos, APRN, BC-ADM
Tinea Canady, RN, BSN
- P64 **Capturing Diabetes Education Needs of the Inpatient with an Innovative Screening Tool**
Catherine Rosenthal, RN, MSN, ACNS-BC, CDE
- P65 **Glycogenic Hepatopathy in Pediatric Type 1 Diabetes: What It Is and How the Diabetes Educator Can Help**
Kim Deluca, RN, MSN, CDE
- P66 **Motivating Hispanics by Applying Concepts of Health Belief Model**
Wanda Alverio-Sardina, MPH, RD, CDE
- P67 **A New Paradigm: Group Medical Appointments for Individuals with Diabetes Using Insulin Pumps**
Kathleen Brown, RN, BSN, CCRN, CDE, CPT
Cynthia A. Payonk, CRNP, CDE
- P68 **Re-Discovering the Diabetes: a video game to help children with type 1 diabetes to learn about their disease**
Valéria Sparapani
Lucila Nascimento, Associate Professor
Sidney Fels
- P69 **The use of therapeutic play in children's diabetes education: a brasilian case study**
Rebecca La Banca, Master in Nursing, Diabetes Educator
Circéa Ribeiro, Federal University of São Paulo, Paulista Nursing College, Pediatric Nursing Department
Regina de Borja, Federal University of São Paulo, Paulista Nursing College, Pediatric Nursing Department
- P70 **The effect of a Chinese peer support society based on smart phone and wechat platform on glycemic control of people with diabetes**
Ling-Wang An, MD
Hui-Chun Hsu
Yau Jiunn Lee
Li-nong Ji, MD
- P71 **Mis-injection in patients with diabetes receiving two insulin pens**
Der-Wei Hwu
Hui-Chun Hsu
Ling-Wang An
Yau Jiunn Lee
- P72 **New-Onset Type 1 Diabetes Education for Children and Their Families: An Integrative Review**
Neesha Ramchandani, PNP, CDE

● General

● Research

● Communities of Interest

● Students

Friday, August 12

Saturday, August 13

Sunday, August 14

Monday, August 15

Poster Sessions

- P73 **Assessing Numeracy in DSME outpatient Classes; A Pilot Study**
Susan Michael, RN, DNSc, CDE
Diane Harman, RN, BSN, CDE
Marissa Cuevas RD, CDE
- P74 **Increasing Capacity and Improving Collaboration in the Diabetes Health Care Team**
Karen Blekaitis, RD CDE
- P75 **Use of Televideo by Diabetes Education/Endocrinologist Teams to Improve Outcomes in Primary Care**
Jodi Lavin-Tompkins, RN, MSN, CDE, BC-ADM
- P76 **Expanding a Successful Program; Knowledge Improvement at free DSME classes in the Mississippi Delta**
Jane Pelkki, MPH, RD, LD
- P77 **Emergency Medical Identification in Pediatric Diabetes Patients: Prevalence, Preferences, and Opportunities for Improvement**
Jaclyn Pappas, RN, BSN
Rebecca Crespi, BA, RN, MSN, CPNP, CDE
- P78 **Developing An Inpatient Hypoglycemia Protocol to Achieve Better Patient Outcomes**
Janice Lucier, BSN CDE
- P79 **The paths of social support, resilience, and emotional distress on quality of life in patients with type 2 diabetes: a prospective study**
Ruey-Hsia Wang, Registered Nurse
- P80 **Age group differences on factors associated with quality of life in patients with type 2 diabetes**
Ruey-Hsia Wang, Registered Nurse
- P81 **Retrospective Review of Maternal and Fetal Outcomes for Indigent Gestational Diabetes Clinic**
Sara (Mandy) Reece, PharmD, CDE, BC-ADM
- P82 **Comparative use of smartwatches with continuous glucose monitoring during continuous glucose monitoring during alpine skiing**
Amelia Cooper
Julie Jones
Allison Jones
Blake Cooper, MD
- P83 **The effects of stress on glycemic control in a Type 1 diabetic compared to age matched control group.**
Amelia Cooper
Allison Jones
Julie Jones
Blake Cooper, MD
- P84 **Knowledge base of a typical diabetic patient seeking care in a Vitreoretinal Surgeons office**
Blake Cooper, MD
Amelia Cooper, current high school student
Melissa Magwire, RN CDE
- P85 **A Student-implemented Elective to Improve Medical Student Confidence in Providing Diabetes Self-Management Support**
Maryam Fazel, PharmD, BCPS, BCACP, CDE
- P86 **Patient perception of nurse administered review of basic diabetes self-management skills during hospitalization**
Maryam Fazel, PharmD, BCPS, BCACP, CDE
- P87 **Diabetes Education Through Shared Medical Appointment**
Aleyamma Baby, MSN, RN-BC, CDE
- P88 **The Identification and Management of Adult Prediabetic Patients in Primary Care**
Meghan Wallace, BSN, MN, APRN, FNPC
- P89 **Meta analysis of the glycemic outcomes with the use of the Conversation Map tools to deliver diabetes self-management education and support (DSME/S)**
Barbara Eichorst, MS, RD, CDE
Rachel Raia, MPH, CPHQ
- P90 **Relationships of Depression, Anxiety, and Stress with Self-management Behaviors and Biomarkers in African Americans with Type 2 Diabetes**
Diane Chlebowy, PhD, RN
Catherine Batscha, DNP, RN
Nancy Kubiak, MD, FACP
Timothy Crawford, PhD, MPH
- P91 **Evaluating the Impact of a Video Diabetes Education Module on Pre-Service and Experienced Teachers Knowledge and Confidence**
Melissa Bates, RN, MSN, CDE (Doctoral candidate)
- P92 **Many hats of diabetes education: Meeting the needs of a rural community**
Tammie Payne, RN, MSN, CDE
- P93 **Provider Perceptions of Diabetes Education**
Lacie Peterson, MS, RD, CDE
- P94 **Mississippi Racial Disparities by Diabetes Preventive Practices**
Lamees El-sadek, MHS
Dietrich Taylor, RN, CDE
Frances Moody, RN
- P95 **Implementing A Multiple-Behavior Self-Monitoring Intervention in Diabetes Education: Feasibility and Patient Engagement**
Jing Wang, PhD, MPH, RN
- P96 **Comparing Results of Office A1C to Laboratory A1C: Is it the definitive number to make decisions on diabetes care?**
Melanie Teslik, MS, RN, CDE, CPHQ
- P97 **Pharmacy COI Member Level of Confidence Providing Anti-Obesity Medication Education to Patients**
Amanda Stahnke, PharmD, BCACP
Kayce Shealy, PharmD, BCACP, CDE
Jessica Kerr, PharmD, CDE
- P98 **Kids Bites Feeding Study: The effect of nutrient dense food on skin carotenoid levels in school-age children**
Alissa Aguilar
- P99 **Diagnostic CGM/Sensor Placement and Interpretation: Evaluation of Patient Engagement and A1c Outcomes**
Kathleen Honick, MSN, ANP-C, CDE
- P100 **Comparing the effectiveness of educational tools for improving diabetes self-management**
Chiao yun Chen
- P101 **Clinical and Programmatic Outcomes of a Diabetes Self-Management Education Program at an Urban Academic Health Center**
Andrew Bzowickyj, PharmD Student, BCPS, CDE
Vincent Cascone, PharmD Candidate 2017
Elizabeth Rodman, PharmD-C
- P102 **Intensive Health Coaching in Corporate Wellness Programs That Incorporates Behavior Modification Strategies Improves Employee Hemoglobin A1c**
Janet Arenas, RDN, LDN, CDE
Kerry Clifford, MS, RD, LDN
- P103 **Do your patients have the correct diagnosis? Clinical presentations of MODY in the United States National Monogenic Diabetes Registry**
Lisa Letourneau, MPH, RD
- P104 **3-Year Outcomes of a Pharmacist-Run, Diabetes Education and Management Program**
Kirk Evoy, PharmD, BCACP, BC-ADM, CDE
Katelyn Campbell, N/A
Edward Battjes, PharmD, BCACP, BC-ADM, CDE
- P105 **Continuous Subcutaneous Insulin Infusion (CSII) Study: Care for Inpatients on an insulin pump**
Rachel Goldman, FNP-BC, CDE
Margaret Diliberto, ANP-BC, CDE
Marie Frazzitta, FNP-BC, CDE

- P106

Impact of a Multidisciplinary Specialty Clinic on Behavioral Outcomes for Patients with Diabetes

Shay Phillips, PharmD, BCPS, CDE, BC-ADM

Jamayla Culpepper, MD Madelyn Welch, BA

P107

Patient Satisfaction with Diabetes Education (PSDE): Development and Validation of a Satisfaction Measure

Jan Kavookjian, MBA, PhD

Gladys Ekong, BS, PhD Student

P108

Outcomes from Testing an Innovative Health Education Glucose Simulator with 4th/5th Graders to Prevent Childhood Obesity: A Feasibility Study

Susan Quelly, PhD, RN, CNE

P109

Improving glycemic control while reducing risks with the use of a bolus calculator meter

Colleen Miller-Owen, APN, CDE Stacy Centeno, MSN, APN, CDE

P110

Reliance on fasting blood glucose or hemoglobin A1C may underestimate prevalence of hyperglycemia in NHANES adolescents

Erika Davis, MS, RDN, LDN

Kathaleen Briggs Early, PhD, RDN, CDE David Gee PhD

P111

Improving Diabetes Care through Culturally Sensitive Outreach: Impact of a Health Plan Sponsored Initiative

Yiqiong Xie, PhD

Xiaoxue Chen, MPH

P112

Diabetes Self-management Education Attrition

Caralise Hunt, PhD, RN

Jan Kavookjian, MBA, PhD

P113

Evaluation of Diabetes Self-Management Practices in a Rural Setting

Lauren Daigle, BSPS

Dr. Matthew Strum, PharmD, CDE, BCACP

P114

Written Insulin Pump Back-Up Plans for Pediatric Patients with Type 1 Diabetes are Associated with Decreased Admissions for Diabetic Ketoacidosis

Anna Isfort, MD

Traci Carter, MA, RN, CDE

P115

Effectiveness of Diabetes Nurse-led Clinic in Treating Chinese with Type 2 Diabetes Mellitus

Elaine Lai Yee Leung,

P116

MEET ME @ 7 Diabetes Education

Meaghan Kim, MHA, RN, CDE

Heather SantaBarbara, MSN, RN, CDE

P117

Sweet Sadness....Identifying Depression in Diabetes

Marie Byrd, RN, MSN, CCRN, CDE

P118

Patient Centered Diabetes Care: Using Technology to Empower

Tearsanee Davis, DNP, APRN-BC

P119

Project ECHO Maximizes the Impact of Certified Diabetes Educators and Community Health Workers for Diabetes Self-Management Support in Rural and Underserved Areas

Andrea Zurawski, RN, MSN, CDE

P120

Post-discharge Self-Management Behaviors of Recently Discharged Older Adults with Pre-existing Diabetes

Jacqueline LaManna, PhD, ANP-BC, BC-ADM, CDE

Angeline Bushy, PHD, RN, FAAN, (PHCNS-BC)

P121

Integrate Approaches to Reduce Health Risks in Individuals with Diabetes

Trinie Ngyuen

P122

A Pharmacist, a Dietitian and a Counselor Walk Into a Room

Julie Adkison, PharmD, BCACP, CDE

P123

Beating the Boredom

Mechelle Coble, MS, RD, LD, CDE

P124

Providing Diabetes Tele-education Programs in Underserved Areas of Virginia

Alexa Painter, MPH

Joyce Green-Pastors, RD, MS, CDE

P125

The Effectiveness of Blood Glucose Pattern Management in the Treatment of Patients with GDM

Noriko Nakayama, RN

P126

Evaluation of Type 2 Diabetes Among Elderly Patients for Prevention of Hypoglycemia

Kathleen Palyo, RN, BSN, MSN, DNP, BC-ADM

P127

Impact of a Community Health Worker on Clinical Outcomes in a Patient-Centered Medical Home Pharmacist-Managed Diabetes Service

Micki Nadelson, MS, RDN, LD, CDE

P128

Everyone with Diabetes Counts: Reaching the Underserved Across the Nation

Karen Ten Cate, MA, RD, CDE

P129

Improving Patient Safety by Preventing Hypoglycemia Events

Becky Sidberry, RN, BSN, BA, CDE, DNP-Student

P130

Community Based Peer to Peer Development Pilot Program for Persons with Pre-Diabetes or Type 2 Diabetes

Dawn Fetzko, DNP, APRN-BC, ANP, GNP

P131

Growing CDEs Where You Live

Jane Myers, RDN, LRD, CDE

P132

Type 2 diabetes prevention interventions among youth in Indigenous communities: A review of the literature

Brittany Crawford

P133

Evidence for Plant-Based Nutrition for Diabetes

Meghan Jardine

Industry Posters (Located in Lobby D)

- 1

Higher Seroprotection Rates in Diabetic Adults Vaccinated With Two Doses of Investigational Hepatitis B Vaccine HbsAg-1018 (HEPLISAV-B) vs Three Doses of Licensed Vaccine Engerix-B

Lalith Akella, MS, Randall N. Hyer, MD, PhD, MPH, William Heyward, MD, MPH, Sam Jackson, MD, Robert S. Janssen, MD

Dynavax Technologies Corporation

2

Performance Comparison of the ReliOn® Prime, Freestyle Lite and OneTouch Ultra® 2 Against the ISO 15197:2013 Accuracy Criteria

Patricia Gill BA MLT, Julie Walker RN BSN PHN, Danielle Maher BS and John Gleisner BS PhD

Arkray USA, Inc.

3

Effects of Dapagliflozin (DAPA), a Sodium Glucose Cotransporter-2 Inhibitor, on 24-Hour Glycemic Control in Patients with Type 2 Diabetes (T2D)

Dr. Henry

AstraZeneca

4

Differential Effects of Dapagliflozin on Cardiovascular Risk Factors at Varying Degrees of Renal Function

Dr. Herrspink

AstraZeneca

5

Effect of Exenatide Once Weekly on Glycemic Fluctuations in Patients with Type 2 Diabetes

Dr. Juan Frias

AstraZeneca

6

Retrospective Study of the Association Between Adherence to Glucagon-Like Peptide-1 Receptor Agonist Therapy and Hospitalization Risk and Costs

Dr. Hiep Nguyen

AstraZeneca
- Viewing of Industry Posters is not designated for CME credit

Disclosure Statements

The following AADE 16 Annual Conference Planning Committee members reported relevant conflicts of interest.

PLANNING COMMITTEE MEMBER

CONFLICT STATEMENT

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

Employee at WellDoc

The following AADE 16 presenters reported relevant conflicts of interest.

PRESENTER

CONFLICT STATEMENT

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

Diabetes Boehringer Ingelheim (Speaker/Honoraria); Eli Lilly (Speaker/Honoraria); Insulet (Speaker/Honoraria)

Alan Barclay, PhD, RD
Accredited Practicing Dietitian & Self-Employed

Diabetes NSW (Speaker/Honoraria); Glycemic Index Foundation (Consultant/Advisory Board); Merisant (Consultant/Advisory Board); Roche (Consultant/Advisory Board)

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

Colgate Oral Health (Speaker/Honoraria)

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

Samepage Health (Employment, Ownership Interest)

Jane Dickinson, RN, PhD, CDE
Program Coordinator, Teachers College, Columbia University

Insulet (Consultant/Advisory Board); Medtronic (Consultant/Advisory Board)

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

American Medical Systems (Consultant/Advisory Board, Speaker/Honoraria); Coloplast (Consultant/Advisory Board, Speaker/Honoraria)

Daniel Einhorn, MD, FACP, FACE
Medical Director, Scripps Whittier Diabetes Institute

Lilly, Novo, Sanofi, Adocia, Astra Zeneca, Takeda, Janssen, Boehringer-Ingelheim (Consultant); Halozyme Therapeutics (Stock)

Martha Funnell, MS, RN, CDE, FADE
Research Scientist, Department of Learning Health Sciences,
University of Michigan Medical School

Eli Lilly (Advisory Board, Bristol-Myers Squibb/Astra Zeneca (Advisory Board); Novo Nordisk (Advisory Board); Sanofi-Aventis (Advisory Board)

Deborah Greenwood, PhD, RN, CNS, BC-ADM, CDE, FADE
Diabetes Clinical Improvement Consultant, Research Scientist,
Diabetes Program Director, Sutter Health

Welkin Health (Consultant/Advisory Board)

George Grunberger, MD, FACP, FACE
Chairman, Grunberger Diabetes Institute

Lilly, Novo, sanofi, AZ, Janssen, BI (Research Grant, Speaker/Honoraria)

Vicki Hatfield, APRN, BC-ADM, CDE
APRN, Williamson Health and Wellness Center

Sanofi-aventis (Speaker/Honoraria)

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

Dexcom (Consultant/Advisory Board); One Drop (Consultant/Advisory Board)

Debbie Hinnen, APRN, BC-ADM, CDE, FAAN, FADE
Advanced Practice Nurse, Memorial Hospital,
University of Colorado

Lilly/BI, Novo, Sanofi, Janssen, AZ, Roche (Speakers Bureau), Sanofi, Janssen, Lilly/BI, Novo, Roche, CeQur (Consultant)

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

Bayer Diabetes (Consultant/Advisory Board); Insulet (Consultant/Advisory Board, Speaker/Honoraria); Lilly Diabetes (Speaker/Honoraria); Medtronic Diabetes (stockholder); Tandem Diabetes (Consultant/Advisory Board, Speaker/Honoraria)

Aimee Jose, RN, BSN, CDE, CDTC
Diabetes Educator, Palo Alto Medical Foundation

Dexcom (Stock holder/Ownership Interest)

Jessica Kerr, PharmD, CDE
Associate Professor/Assistant Department Chair, Southern Illinois
University-Edwardsville

NovoNordisk (Research Grant)

PRESENTER

CONFLICT STATEMENT

Linda Kerr, DNP, RN, FNP-BC, CDE <i>Nurse Practitioner, Long Beach Memorial Medical Center</i>	Certified Insulin Pump Trainer for Medtronic Minimed
Davida Kruger, MSN, APN-BC, BC-ADM <i>Henry Ford Health System</i>	Dexcom (Stock), Novo, BI, Lilly, Janssen, Dexcom, Valritas (Speakers Bureau), Novo, BI, Janssen, Dexcom, Sanofi (Consultant)
Susan La Rue, RD, CDE <i>Associate Director Diabetes, AstraZeneca</i>	Employed by Astra Zeneca
Rosemarie Lajara, MD <i>Endocrinologist, President and Medical Director, Diabetes America, PA</i>	BMS (Speaker/Honoraria); Boehringer Ingelheim (Speaker/Honoraria); Insulet (Speaker/Honoraria); Janssen (Speaker/Honoraria); Novo Nordisk (Speaker/Honoraria)
Janice MacLeod, RDN, LDN, CDE <i>Director Patient Education, WellDoc</i>	Johnson & Johnson (Ownership Interest); WellDoc (Employment)
Molly McElwee-Malloy, RN, CDE <i>Head of Patient Engagement, TypeZero Technologies</i>	American Diabetes Association (writing articles for Diabetes Forecast Magazine); TypeZero Technologies (Employment)
David Miller, RN, MSED, BSN, CDE, FADE <i>Community Health Network</i>	Eli Lilly (Speaker's Bureau), Astra Zenica (Speaker's Bureau)
Cynthia Moore, MS, RD, CDE, FAND <i>Assistant Clinical Nutrition Manager-Ambulatory, University of Virginia</i>	GlaxoSmithKline (Ownership Interest)
Joyce Najarian, MSN, RN, CDE <i>Program Manager, Inpatient Diabetes, Lehigh Valley Health Network</i>	Eli Lilly (Ownership Interest); Merck (Ownership Interest); Sanofi Aventis (Ownership Interest)
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Olivia Newby, DNP, FNP-BC, CDE <i>Family Nurse Practitioner, Certified Diabetes Educator, Primary Care Specialists, Inc.</i>	Sanofi (Speaker/Honoraria)
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Linda Parks, MS, RN, CDE <i>Global Clinical Application</i>	Employee of Tandem Diabetes Care
Teresa Pearson, MS, RN, CDE, FADE <i>CEO, Innovative Health Care Designs, LLC</i>	Boehringer Ingelheim (Advisor); Eli Lilly and Company (Advisor); Johnson & Johnson Diabetes Institute (Speaker/Honoraria)
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Athena Philis-Tsimikas, MD <i>Corporate Vice President, Scripps Health, Diabetes and Prevention Services</i>	Dexcom (Consultant/Advisory Board); Lilly (Consultant/Advisory Board, Research Grant); Novo Nordisk (Consultant/Advisory Board, Research Grant); Sanofi (Consultant/Advisory Board, Research Grant); Voluntas (Consultant/Advisory Board)
William Polonosky, PhD, CDE <i>CEO, Behavioral Diabetes Institute</i>	Abbott Diabetes Care (Consultant/Advisory Board); Astra Zeneca (Consultant/Advisory Board); Boehringer Ingelheim (Consultant/Advisory Board); Dexcom (Consultant/Advisory Board); Eli Lilly (Consultant/Advisory Board); Intarcia (Consultant/Advisory Board); J&J (Consultant/Advisory Board); Novo Nordisk (Consultant/Advisory Board); Roche Diabetes Care (Consultant/Advisory Board); Sanofi (Consultant/Advisory Board)

Disclosure Statements

The following AADE 16 presenters reported relevant conflicts of interest.

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Janis Roszler, MS, RD, LD/N, CDE, FAND <i>Medical Adviser, Boston Scientific</i>	Boston Scientific (Speaker/Honoraria)
Benno Schmidt III <i>Reporter and Patient Ambassador, Boston Scientific</i>	Boston Scientific (Speaker/Honoraria)
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John Sink, PA-C, CDE, CLS, MPAS, <i>Physician Assistant The Jones Center for Diabetes & Endocrine Wellness</i>	Will discuss insulin referable to the bionic pancreas development
Condit Steil, PharmD, RPh, CDE <i>Professor of Pharmacy Practice, Belmont University School of Pharmacy</i>	Nipro (Speaker's Bureau), Sanofi Aventis (Speaker's Bureau)
Patty Telgener, RN, MBA <i>Vice President of Reimbursement Services, Emerson Consultants, Inc.</i>	Consultant- Senseonic, Dexcom, Medtronics
Donna Tomky, MSN, C-NP, ANP-BC, CDE, CDTC <i>Diabetes Nurse Practitioner and Certified Diabetes Educator, ABQ Health Partners, Department of Endocrinology and Diabetes</i>	BD (Consultant/Advisory Board); Voluntas (Consultant/Advisory Board)
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The following AADE 16 Annual Conference Planning Committee members reported no relevant conflicts of interest.

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AADE16
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EXHIBIT HALL



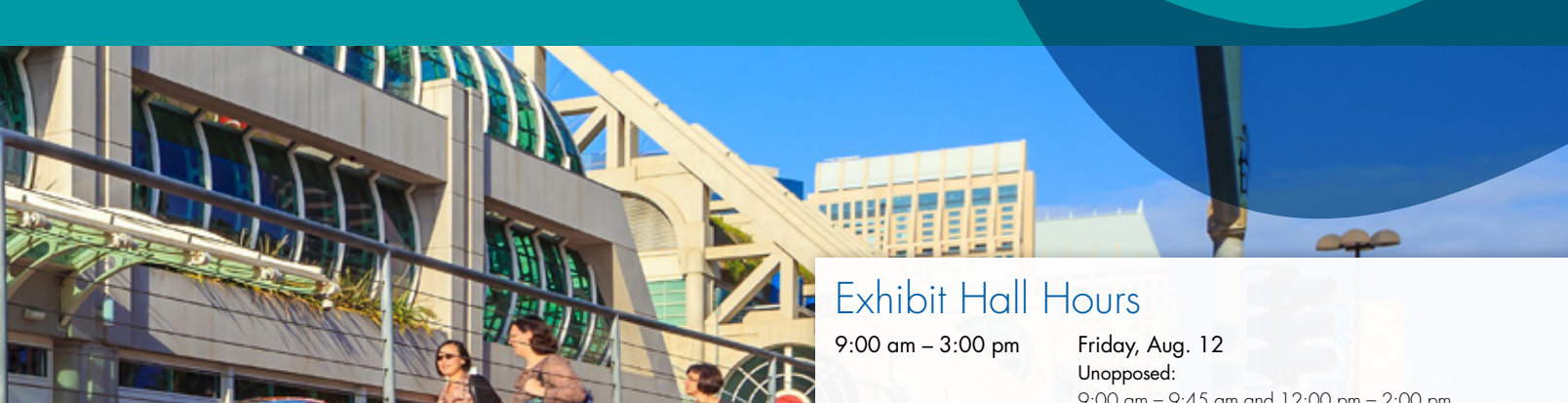


Exhibit Hall Hours

9:00 am – 3:00 pm

Friday, Aug. 12

Unopposed:

9:00 am – 9:45 am and 12:00 pm – 2:00 pm

8:30 am – 4:00 pm

Saturday, Aug. 13

Unopposed:

8:30 am – 9:15 am, 11:30 am – 1:00 pm
and 2:30 pm – 3:45 pm

8:30 am – 2:00 pm

Sunday, Aug. 14

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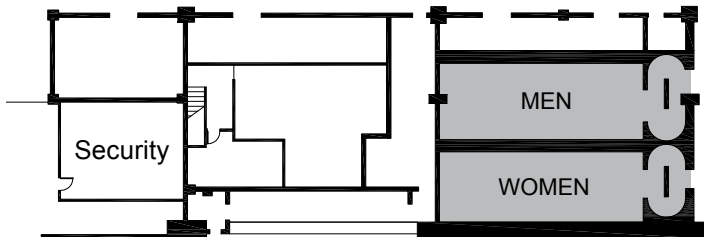
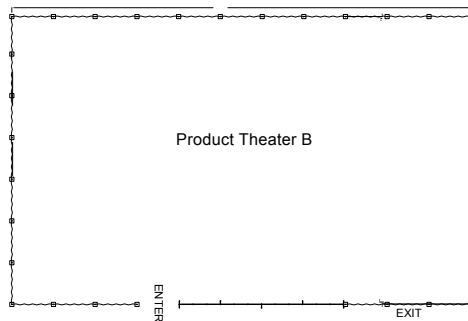


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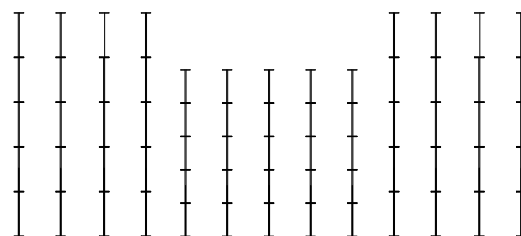
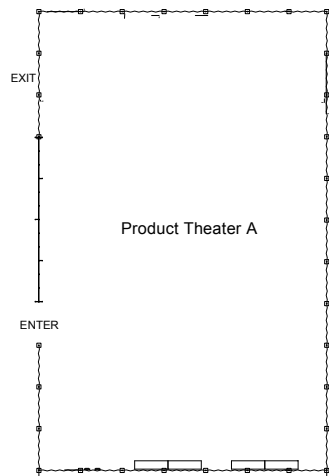
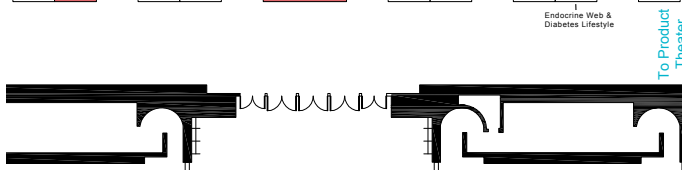
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Academy of Nutrition and Dietetics 530
www.dce.org


The Diabetes Care & Education (www.dce.org) practice group of the Academy of Nutrition and Dietetics (www.eatright.org) is one of the Academy's largest practice groups. DCE equips its members to be on the cutting-edge of diabetes prevention, management, and education. DCE's vision is "Empowering DCE members to be leaders in food, nutrition, diabetes care and prevention." DCE's vision is "optimizing the health of people impacted by diabetes using food, nutrition, and self-management education." DCE members have an interest in patient education, professional education, and research for the management and prevention of diabetes. DCE offers many opportunities for networking.

ACCUSPLIT, Make A Difference Programs 126

www.accusplitmadprograms.org
Stanford University Meta Study shows pedometer users increase physical activity by +26.9%, over 2,400 steps per day. ACCUSPLIT Certified Accurate Tracking Pedometers are a simple (1 or 2 button), easy-to-use (nothing to set models), affordable (under \$20 MSRP) and accurate (Certified Accurate for Research, at any tilt) way to start clients walking on the road to wellness.

Acon Laboratories, Inc. 1519
www.oncallmeters.com

Since 1996, ACON Laboratories (San Diego, CA) has been dedicated to improving patient health through affordable, high quality diagnostic products. Our On Call brand and private label blood glucose monitoring systems are trusted worldwide, with distribution in 120+ countries. At AADE16, we are featuring the On Call Express BGMS, with 50ct test strips available for less than most copays. ACON is also proud to introduce the On Call Connect Bluetooth Adapter, which adds mobile connectivity to any On Call meter, and the new On Call Stealth lancing device.

Adako USA 1410 
www.adakousa.com

Aegerion Pharmaceuticals 832
www.aegerion.com

AgaMatrix 119 
www.agamatrix.com

AgaMatrix is a leader in shaping the diabetes market through continuous innovations in next-generation biosensor technology, intelligent blood glucose monitoring, and connected health technology. The heart of our glucose monitoring technology is WaveSense™ Dynamic Electrochemistry®, a suite of patented technologies that uniquely applies in blood glucose measurement where a spectrum of information inaccessible in traditional static electrochemical methods can be extracted.

Alvarado Street Bakery 937
www.alvaradostreetbakery.com

Diabetic Lifestyles Bread, a Sprouted Whole Grain recipe, was submitted for testing to the Glycemic Research Institute in Washington, DC and was clinically proven to be Low Glycemic with a Low Glycemic Load when fed to diabetics. Clinical results show a Glycemic Index of 5.0 on the glucose scale (0-100) and Glycemic Load of 0.9 per serving. Made with organic sprouted whole wheat and sweetened only with organic fruit, this recipe contains no refined sugars, no GMOs, no added oil, and no flour.

AmbiMedInc 1335
www.AmbiMedInc.com

Since 1990, AmbiMedInc has been providing high quality and innovative products. We are a leading diabetes USA product manufacturer of reusable and disposable devices for collecting capillary blood samples as well as injection aids for the Diabetes markets. AmbiMedInc acquired much of the product line from Palco Labs in 2009. Our innovative product line consists of the Inject-Ease-Syringe Injector Aid, Insuleze-Syringe Magnifier, Insul-Cap, Insul-Totes, auto-Lancet, EZ-Vac, EZ-Lance and EZ-Lets.

American College of Foot and Ankle Surgeons 237 
www.acfas.org

American Council on Exercise 332 
www.acefitness.org

The American Council on Exercise (ACE) is the world's largest nonprofit health and fitness certifying organization, with over 60,000 currently certified fitness professionals.

American Diabetes Association 1004
www.diabetes.org

The American Diabetes Association leads the fight against the deadly consequences of diabetes and fight for those affected by diabetes. We fund research to prevent, cure and manage diabetes. We deliver services to hundreds of communities. We provide objective and credible information. We give voice to those denied their rights because of diabetes.

ARKRAY USA, Inc.**1319**www.arkrayusa.com

GLUCOCARD® blood glucose meters help patients take ownership of their health through affordable supplies and supportive education programs—ARK Care® diabetes management system and clinically based YouChoose™ Wellness & Support Program.

Ascensia Diabetes Care**105
IAC**www.bayer.com

Bayer HealthCare, Diabetes Care has a long history in diabetes management, and created the first home use blood glucose meter in 1970. Bayer's commitment to people with diabetes continues today, with its newest CONTOUR NEXT portfolio of high-accuracy blood glucose monitoring systems designed to meet individual patient needs. Bayer was recently awarded the 2014 JD Power award for highest customer satisfaction among blood glucose meters.

AstraZeneca**319
IAC**www.astrazeneca-us.com

AstraZeneca is a global, innovation-driven biopharmaceutical business that focuses on the discovery, development, and commercialization of prescription medicines, primarily for the treatment of cardiovascular, metabolic, respiratory, inflammation, autoimmune, oncology, infection, and neuroscience diseases. AstraZeneca operates in more than 100 countries and its innovative medicines are used by millions of patients worldwide.

Atkins Nutritionals, Inc.**124**www.atkins.com

Atkins™ manufactures and sells a variety of nutrition bars/shakes/snacks/frozen meals designed around Atkins Diet™ principles. Considered revolutionary when introduced by Dr. Robert C. Atkins in 1963, the Atkins Diet provides a long-term, well-balanced plan that teaches individuals to find their ideal carb balance. Backed by more than 80 published, peer-reviewed, independent studies & thousands of diet success stories, Atkins is the only time-tested and scientifically validated plan of its kind.

AZ's Fit2Me**640**www.fit2me.com**B****Barilla America and Wasa Crispbread 1606**www.barilla.com**BD Diabetes Care****143, 519
IAC**www.bd.com/us/diabetes

BD's leading technologies improve the comfort, convenience and safety of patients' injection experience, supporting earlier initiation and better adherence to prescribed therapies, to enable better diabetes treatment and outcomes.

Binson's Home Health Care Centers 1535www.binsons.com

Binson's Home Health Care Centers Since our inception in 1953, the Binson family has consistently served a vast array of customers with the same superior care and attention to detail instilled from our humble beginnings. Our customer base includes individuals, hospitals, doctor offices, nursing homes, and any other business in need of medical supplies. We truly are your single-source solution.

Boston Scientific**1404**www.bostonscientific.com

American Medical Systems (AMS), headquartered in Minnetonka, MN, is a diversified supplier of medical devices and procedures to treat benign prostatic hyperplasia (BPH), incontinence, sexual dysfunction, and other pelvic disorders in men. AMS continues to develop new therapies to restore bodily functions enabling people to regain control of their lives.

Byram Healthcare**108**www.byramhealthcare.com**C****Calmoseptine, Inc.****843**www.Calmoseptine.com

Calmoseptine® ointment protects and helps heal skin irritations from moisture such as urinary and fecal incontinence. It is also effective for irritations from perspiration, wound drainage, fecal and vaginal fistulas and feeding tube site leakage. Calmoseptine® temporarily relieves discomfort and itching. Free samples at our booth!

Canon U.S.A., Inc.**538
1st**www.usa.canon.com/eye-care

Canon will showcase its CR-2 PLUS AF Non-Myd 18 MP Retinal Camera System. Currently used for Diabetic Retinopathy Screenings, the camera is fast and easy to use. Featuring autofocus/capture, with high-resolution color retinal photography. Also incorporated is a set of software digital RGB filters for critical viewing of suspect pathologies. A non-invasive Fundus Autofluorescence imaging mode provides the ability to quickly assess the condition of the RPE layer.

Capella University**916**www.capella.edu

At Capella University, working adults gain the skills and knowledge to go further in business, IT, nursing, health care, counseling, education, and more. An accredited online university, Capella offers more than 145 options at the bachelor's, master's/MBA, doctoral, and certificate levels.

CDC - Division of Diabetes Translation 231www.cdc.gov/diabetes

The Division of Diabetes Translation at the Centers for Disease Control and Prevention is the leading federal agency for translating diabetes research findings into community level programs that reduce morbidity, mortality, and the cost associated with diabetes.

Center for Change**120**www.CenterForChange.com

Center for Change is a place of hope and healing that is committed to helping women and adolescent girls fully recover from their eating disorders. The Center uses a multi-disciplinary approach with specialized and intensive treatment under the care of a supportive and experienced staff. The Center offers an acute inpatient program, residential program, day and evening programs, and outpatient services, and includes a specialty program for co-occurring diabetes and eating disorders (ED-DMT1). Most importantly, the Center offers a loving and safe environment where individuals can reclaim their lives: body, mind, and spirit. Center for Change is accredited by The Joint Commission and AdvancED (NWAC), and is TRICARE® certified.



Passport Game Participant

1st First-Time Exhibitor

IAC IAC Member

Exhibitor List

Center for Hope of the Sierras 230
www.centerforhopeofthesierras.com

CINA Corp d/b/a/ Cinsulin.com 1405
www.cinsulin.com

CinSulin Water Extract of Cinnamon can help your patients promote healthy blood glucose levels (within the normal range). CinSulin is proven safe and effective in 5 peer-reviewed, published human clinical trials. Its concentrated 10:1 strength means just 2 capsules delivers the equivalent of 10 common cinnamon capsules. Stop by for free samples and to learn more. Available at all Costco and Sam's Clubs, and at many online sellers listed on cinsulin.com, including professionalchannel sales.

Colgate-Palmolive Company 1435
www.colgatetotal.com IAC

Colgate-Palmolive Company, a world leader in oral care, presents Colgate Total 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.

College Diabetes Network 232
www.collegediabetesnetwork.org

The College Diabetes Network (CDN) is a 501(c)3 non-profit organization whose mission is to provide innovative peer based programs which connect and empower students and young professionals to thrive with diabetes.

ConAgra Foods 729
www.ConAgraFoodsScienceInstitute.com

ConAgra Foods is one of North America's leading food companies with brands in 99 percent of America's households and the trusted name behind several leading brands including: Healthy Choice®, Hunt's®, Egg Beaters®, and PAM®.

ContextMedia Health 1604
www.contextmediahealth.com

In today's medical practice, patient satisfaction is vital. ContextMedia Health's Waiting-Room TV system and Exam Room tablets engage patients where and when they take action. Our award-winning media turns waittime into an informative experience.

Cooks Kitchen 1009
www.cookskitchen.net

D

Daiya Foods 1331
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 gluten. But what they do contain is creaminess, flavor and savory goodness.

Dannon 1315
www.dannon.com

The Dannon Company, Inc. is a leading producer of quality, cultured yogurt and probiotic dairy products. Dannon produces millions of cups of yogurt and other cultured dairy products daily: about 100 flavors, varieties, and sizes. The company's mission is to bring health through food to as many people as possible.

Dexcom Inc. 1205
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 G4® PLATINUM System with Share™, is the first FDA-approved CGM with remote mobile sharing capabilities.

Diabetes – What To Know 1530
www.diabeteswhattoknow.com 1st

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 Association 1237
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.

Diabetes Hands Foundation 122
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. We believe that together we become stronger and have the power to generate positive change in ourselves and our community. DHF provides platforms where people with diabetes and their loved ones can connect and have an open dialog about their experiences with this chronic condition. 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.

Diabetes Mall 1310
www.diabetesnet.com

The Diabetes UnConference 133
www.diabetesunconference.com 1st

DiabetesSisters 128
www.diabetessisters.org 1st

DiabetesSisters is a national nonprofit organization, focused on educating and supporting women living with diabetes. We offer a variety of online and in-person programs, including forums, blogs, articles, webinars, national conferences, leadership training, and monthly peer support group meet-ups.

Diabulimia Helpline 136**www.diabulimiahelpline.org**

Diabulimia Helpline is a non-profit organization dedicated to support, education and advocacy for people with diabetes and eating disorders, and their loved ones. Our 24 hour hotline (425-985-3635) is a place of hope offering immediate relief and understanding, as well as a Referral Service to help clients find the treatment center, doctor or therapist that will be the right fit. We also have an Insurance Specialist, three On-line Support Groups and a Healthcare Professionals Education Program.

Diasend, Inc. 1327**www.diasend.com****dLife – It's Your Diabetes Life! 1305****www.dlife.com**

dLife® is the #1 resource for millions of people with diabetes and their caregivers. Its comprehensive diabetes solutions include dLife.com and dLifeTV. Since its creation, dLife has been fulfilling its mission to empower those with diabetes to take better care of themselves and build good diabetes management skills to live longer, healthier diabetes lives.

Dr. Pepper Snapple Group 839**www.drpeppersnapplegroup.com**

Dr. Pepper Snapple Group offers more than 50 beverage brands that are synonymous with refreshment, fun and flavor. Our portfolio has a wide range of low- and no-calorie options, and more than half of our innovation projects are focused on reducing calories, smaller portions and improved nutrition. We also lead and support initiatives that promote active, balanced lifestyles, and we're committed to giving consumers the information they need to choose the products that are right for them and their families.

Dynavax Technologies Corporation 1619**www.dynavax.com**

Dynavax Technologies Corporation is a clinical-stage biopharmaceutical company with multiple product candidates in development for the prevention of infectious disease, the treatment of autoimmune and inflammatory diseases, and the treatment of cancer. We develop cutting edge

immunotherapies based on Toll-Like Receptor (TLR) biology and its ability to modulate the immune system.

E**Edwards Health Care Services (EHCS) 732****www.myehcs.com**

EHCS is an Approved Medicare Competitive Bid Winner for National Mail Order Diabetes Testing Supplies & Insulin Pumps who offer "Branded" product. We carry & offer most major manufacturers. We supply products for Medicare, Medicaid & Commercial Payers across the country EHCS provides testing supplies, monitors, insulin pumps & supplies and CGM-Continuous Glucose Monitoring products. We also offer Breast Pumps, Back & Knee Braces and Health & Wellness information.

Egg Nutrition Center 1612**www.eggnutritioncenter.org**

The Egg Nutrition Center (ENC) is the health education and research center of the American Egg Board, the national check-off program for eggs in the United States. ENC monitors nutrition science and regulations, and serves as a resource for health professionals in need of information to share with their patients and clients, students, and others. ENC also sponsors an annual research program focused on the nutritional benefits of eggs and egg-related nutrients.

Endocrine Today and Healio.com by SLACK Incorporated 728**www.healio.com/endocrinology**

SLACK Incorporated invites you to booth 728 to pick up a free copy of Endocrine Today, monthly clinical news on diabetes and endocrine disorders. Sign up for our free e-mail News Wire at Healio.com/Endocrinology.

EndocrineWeb & DiabetesLifestyle 1704**www.diabeteslifestyle.com****www.endocrineweb.com****Enovative Technologies 1514****Extend Nutrition 336****www.extendnutrition.com****F****FDA Office of Women's Health 130****www.fda.gov/womens**

The U.S. Food and Drug Administration Office of Women's Health addresses the health issues of the nation's women by disseminating free publications on a variety of health topics including diabetes, safe medication use and pregnancy. The office also funds scientific research and collaborates with national organizations to sponsor outreach initiatives.

FDA/Center for Food Safety & Applied Nutrition (CFSAN) 1610**www.fda.gov****Fifty 50 1036****www.fifty50.com**

FIFTY50 features great tasting Low Glycemic cereal, syrup, cookies, fruit spreads and confections with ingredients minimizing impact on blood sugar. Half our profits fund diabetes research—more than \$11.5 million to date.

Fit4D 1436**www.fit4d.com****Flexitol, LaConium Health 1534****www.laconiumhealth.com**

Flexitol® Heel Balm contains 25% urea and a synergistic blend of emollients - and is both clinically proven and diabetic-friendly. Flexitol® offers a sampling program to diabetes educators and podiatrists. Each shipment contains Flexitol® Heel Balm samples in a counter-top dispenser, Flexitol® OTC product recommendation sheets, and coupons to use in retail stores. To request a free kit, go online to www.flexitol.com/psp, e-mail usainfo@flexitol.com or call toll free 1-866-478-3338.

ForaCare, Inc. 226**www.foracare.com**

ForaCare is a health tech company, which offers a robust product line to healthcare professionals. We specialize in diabetes, hypertension management, and telehealth. With Bluetooth devices connecting to our mobile applications and auto-upload to our cloud, doctors, family members and caregivers have access to real-time data from any device web-browser.



Passport Game Participant

1st First-Time Exhibitor

IAC IAC Member

Exhibitor List

FRIO® Insulin Cooling Case 118

www.readycare.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!

G

The Gideons International 1512

www.gideons.org

Glooko 127

www.glooko.com

Glooko is the world's leading Unified Platform for Diabetes Management. Glooko provides an FDA-cleared, HIPAA-compliant Web and Mobile application designed to improve health outcomes for people with diabetes, which in turn reduces costs for payers and the healthcare system. Glooko syncs with over 50 blood glucose meters, insulin pumps and CGMs and major activity trackers and supplies timely, verified patient data such as blood glucose, carbs, insulin, blood pressure, diet and weight data.

Glytec Systems 1236

www.glytecsystems.com

1st

Goldring Center for Culinary Medicine 1719

www.culinarymedicine.org

The Goldring Center for Culinary Medicine at Tulane University offers an innovative, integrated approach to nutrition education for medical students and community members. For the first time, a medical school is implementing a fully integrated, comprehensive curriculum for doctors, medical students, chefs and community members focused on the significant role that food choices and nutrition play in preventing and managing obesity and associated diseases in America.

Good Measures, LLC 1427

www.goodmeasures.com

1st

GSK 1311

www.gsk.com

IAC

H

Hawaiian Moon 1515

Health Edco 1720

www.healthedco.com

Health Edco is proud to be known for our hands-on, 3-D models and informative health education materials. Our products cover topics of Alcohol, Tobacco, Drugs, Sex Education, Nutrition, Fitness, and much more. For more than 50 years, Health Edco has developed an extensive line of innovative materials that bring health education to life.

Health Monitor Network 1037

www.healthmonitor.com

Healthcare Providers Service Organization (HPSO)/Nurses Service Organization (NSO) 1621

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.

HealthLight 1538

www.healthlightus.com

1st

HealthSlate 1609

www.healthslate.com

From A to Z Health, the HealthSlate tablet was developed as the first tablet computer for diabetes educators. The HealthSlate tablet provides teaching aids, clinical resources and patient management tools that help diabetes educators teach, support patients and increase practice efficiency.

Heartland Foods 1734

www.splenda.com

1st

HTL-Strefa, Inc. 1531

www.htl-strefa.com

I

Idaho Plate Method, LLC 633

www.platemethod.com

Ideal Protein of America 1438

www.idealprotein.com

1st

Ideal Protein is a supervised, four-phase VLCD weight loss method utilizing foods of highly bio-available amino acids combined with lowered carbohydrate and fat intake. This is not a high protein diet. Rather, it is a medically sound, balanced diet wherein the dieter receives the ideal amount of protein as recommended by the FDA (.8g/kg of body weight), as well as vegetables, carbohydrates and other vitamins. The goal is to support and coach the dieter and then give them the education to maintain their weight loss for the long term.

iHealth Lab 913

www.ihealthconnect.com

iHealth Connect offers a full spectrum of FDA approved smart medical devices, mobile apps and a secure cloud infrastructure. Our solution is built around diabetes care, heart health and weight management. iHealth is a global leader in consumer-friendly mobile health devices and apps that enable individuals to take a more active role in managing their personal health. Follow us on LinkedIn, Twitter and Facebook.

Independent Living Systems 239

www.islhealthservices.com

1st

Independent Living Systems (ILS), in partnership with health plans, providers, hospitals, and community based organizations, is a leader in providing member-centric health and support solutions to millions of America's Medicaid, Medicare, dual eligible, Long Term Care, Special Needs, and PACE populations. Our programs, including home delivered meals and nutritional counseling, provide an alternative to facility based care that allow individuals to remain independent and in the community.

Infinite Trading Inc. 433

www.hidow.com

InSpark Technologies, Inc.www.insparktech.com

InSpark Technologies, a leader in diabetes pattern recognition, can help people with diabetes transform the significant amount of blood glucose data captured on a daily basis into actionable insight. Our lead product, called Vigilant™ is an mHealth solution that unobtrusively analyzes data and pushes actionable notifications to users in advance of periods of risk. It is available on Apple and Google Play App stores for download to smartphones.

733
1st**Insulet**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.

829
IAC**Intarcia Therapeutics, Inc.****331, 438**www.intarcia.com

Intarcia Therapeutics is a rapidly emerging biopharmaceutical company committed to developing innovative therapies that merge medicine with technology, and have the potential to transform therapeutic categories. We focus our efforts on serious diseases that are prevalent and poorly controlled. Our near-term goal is to deliver a game-changing therapy to patients with type 2 diabetes.

Intelligent Retinal Imaging Systems**1238**www.retinalscreenings.com**International Diabetes Center****1510**www.internationaldiabetescenter.com

International Diabetes Center (IDC) helps people live well with diabetes through products, programs and services that support diabetes care and education. Publications include BASICS diabetes education materials, clinical guidelines, low literacy materials and more. IDC also offers continuing education programs for diabetes educators including Diabetes Foundations for Diabetes Educators and Advanced Strategies for Diabetes Educators.

IriSys, LLCwww.irisys.com**J-K****Jenny Craig**www.jennycraig.com

Jenny Craig is a clinically proven, comprehensive program designed to provide structure and one-on-one support to help members lose weight and learn how to keep it off. The Jenny Craig for type 2 program is shown to result in a 9% weight loss as compared to 2.5% for usual care with greater improvements in HbA1c. Designed by Registered Dietitians, our menu provides 45% carb, 30% fat and 25% protein calories and includes over 80 items. Our Diabetes Guide bears the AADE Favorably Reviewed logo.

236
1st**1239**
IAC 1st**Johnson & Johnson
Diabetes Solutions Companies****1027**
IACwww.janssenpharmaceuticalsinc.com

Janssen Pharmaceuticals, Inc., a pharmaceutical company of Johnson & Johnson, provides medicines for an array of health concerns in several therapeutic areas, including: mental health, cardiovascular disease and diabetes. Our ultimate goal is to help people live healthy lives. We have produced and marketed many first-in-class prescription medications and are poised to serve the broad needs of the healthcare market—from patients to practitioners, from clinics to hospitals.

Kibow Biotech, Inc.**1721**www.kibowtech.com**Konsyl Pharmaceuticals****104**www.konsyl.com

Konsyl Original is the No. 1 doctor-recommended all natural fiber supplement. Konsyl Original psyllium fiber supplement is all natural, gluten-free and contains no sugar or sugar substitutes. Eating soluble dietary fiber helps to lower cholesterol levels and normalize blood glucose and insulin levels. Soluble fiber is found in many foods—and in supplements containing psyllium, such as Konsyl.

L**LabStyle Innovations DARIO****1039**
1stwww.usa.mydario.com

The Dario Smart Diabetes Management Solution—Daily diabetes management requires the right combination of tools, knowledge and motivation. Dario provides a comprehensive solution designed with the goal to achieve better outcomes in diabetes care and improve quality of life.

Laclede Inc.**731**www.lurenacare.com**Liberty Medical****1334**www.libertymedical.com

Liberty Medical—the nation's leading independent provider of insulin pumps, insulin pump supplies, continuous glucose monitoring systems and diabetes testing supplies, with a dedicated team of pump therapy consultants and 24/7 toll free patient support line. Liberty Medical also supplies urological, ostomy and lymphedema care products. Experienced clinicians provide outstanding support.

**LifeScan, Inc. & Animas Corporation,
Johnson & Johnson Diabetes Solutions****927**
IACwww.onetouch.com

LifeScan, Inc. is a world leader in blood glucose monitoring and Animas Corporation develops a wide range of innovative insulin delivery systems. As part of the Johnson & Johnson Family of Companies, both are dedicated to creating a world without limits for people with diabetes.

Lilly USA, LLC**405**
IACwww.lillydiabetes.com

Lilly has been a global leader in diabetes care since 1923, when we introduced the world's first commercial insulin. Today, through research and collaboration, a broad and growing product portfolio, and a continued commitment to providing real solutions—we strive to make life better for people affected by diabetes.



Passport Game Participant

1st First-Time Exhibitor

IAC IAC Member

Exhibitor List

Livliga 1139

www.LivligaHome.com

Livliga is elegant portion control tableware for everyday use in a healthier lifestyle. It's unique designs incorporate the psychology of eating by using visual cues, promoting the sense of feeling full at the end of a meal. It promotes right-sized portions with porcelain dinnerware, serveware and glassware in different patterns. It is Doctor and RD/Nutritionist approved. Products are lead-free, made of sustainable materials, dishwasher & microwave safe. Discover Livliga's healthier lifestyle!

M

Mahatma Rice 1537

www.mahatmarice.com

Mannkind Corporation 1426

www.mannkindcorp.com

Marlene Koch Culinary Nutrition 1008

www.marlenekoch.com

Medical Supply Co., Ltd. 632

www.medicalsupply.co.kr

Recently in many countries, secondary infection through disposable sterile medical devices has become a matter of great concern. So, we have developed a brand-new disposable lancet, "Safelan" which can prevent needlestick injury and secondary infection. In addition, we have also developed a lancing device "Safelan-Pro" which can prevent the transmitting blood-borne pathogens by used lancet. Those Safelan series can be a solution for general lancets and lancing devices.

MediPeds (Peds Legwear) 326

www.medipeds.com

Medipeds® is focused on products that promote healthy feet. Socks in the Medipeds® collection are all knit with branded fibers and high-tech features to maximize comfort and alleviate symptoms caused by diabetes, leg swelling and fatigue and dry skin.

Medtronic, Inc. 704

www.medtronic.com

Medtronic ITB™ Therapy (Intrathecal Baclofen Therapy) is an effective medical treatment for people with severe spasticity associated with cerebral palsy, brain injury, multiple sclerosis, spinal cord injury or stroke.

Merck 1117

www.merck.com

Today's Merck is working to help the world be well. Through our medicines, vaccines, biologic therapies, and consumer and animal products, we work with customers and operate in more than 140 countries to deliver innovative health solutions.

Merisant Co. (Equal & PureVia) 1419

www.equal.com

Equal, a trusted name in sweeteners.... Celebrating over 30 years! Thanks for making these the sweetest years ever! And for your patients/clients drawn to the emerging stevia class of sweeteners, we offer Pure Via all natural zero calorie sweetener—already a familiar brand on retail shelves. And it's now non-GMO!

Milner-Fenwick 1211

www.milner-fenwick.com

Milner-Fenwick is the leading producer of diabetes patient education videos and other resources. Most products are AADE favorably reviewed. In-facility delivery options include CCTV, and on-demand systems. Digital delivery options include web, smart phones, and tablets. We also offer PowerPoint units and patient handouts on CD-ROM. All content is sponsor-free.

Mini Pharmacy 529

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.

Myabetic LLC 1718

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.

MyGenetx 1431

www.mygenetx.com

mySugr 1005

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 U.S. and Europe.

N

NASCO 934

www.eNasco.com/nutrition

The Nasco Nutrition catalog features aids for dietitians in all settings including our full line of Lifeform® food and fat replicas as well as MyPlates, carb counting aids, foot care replicas and infusion or injection training simulators. The catalog features general nutrition games, multimedia, software, DVD's, cookbooks and scales in one-stop shopping. Visit booth #1308 to see the newest education products available.

National Certification Board for Diabetes Educators 1336

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 Pasteurized Eggs/ Safest Choice

1605

www.SafeEggs.com

National Pasteurized Eggs, Inc. is the leader in egg safety, pasteurizing millions of shell eggs. The Safest Choice™ all-natural, in-shell pasteurization process eliminates Salmonella and other dangerous bacteria and viruses. This precision process delivers risk-free eggs with exceptional culinary performance and was awarded the Seal of Approval by the American Culinary Federation.

Nature Hill NV

912

www.naturehillnv.com

NIH - NIDDK

1511

www.niddk.nih.gov

NIH's National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) conducts and supports medical research and translates findings to bring science-based tools and information to patients, health care providers, and the public. NIDDK addresses diabetes, obesity, nutrition; kidney, urologic, and digestive diseases; and some endocrine, metabolic, and blood disorders.

Nova Diabetes Care

1219

www.novabio.com

Nova Innovations

1705

www.novainnovations.net

Novo Nordisk Inc.

823, 917

www.NovoNordisk-US.com

Novo Nordisk is a global health care company with nearly a century of innovation and achievement in diabetes care. Our portfolio of diabetes treatments and delivery systems is one of the most comprehensive available. In everything we do, we are committed to driving change for people affected by diabetes.

Now Foods

1136

www.nowfoods.com

NuGo Nutrition

233

www.nugonutrition.com

NuGo Slim has a glycemic index of 24, the lowest tested and published glycemic index of any low sugar or sugar-free protein bar. Sweetened

only with chicory root fiber (no maltitol or artificial sweeteners) and lusciously coated in Real dark chocolate, NuGo Slim is a truly delicious protein bar that can help keep blood sugar steady. NuGo Slim Brownie Crunch contains 190 calories, 16g protein, 2g sugar, 7g fiber, and 5g net carbs.

Nutrisystem, Inc.

1304

www.nutrisystem.com

Discover a proven program designed to help you lose weight and manage your diabetes—so you can feel better than ever.

Nutrition Dimension/ ContinuingEducation.com

1038

www.continuingeducation.com/nutrition

Nutrition Dimension, part of ContinuingEducation.com is the leading provider of Continuing Education for Registered Dietitians, Dietetic Technicians, Diabetes Educators, licensed Nutritionists and related professionals. ContinuingEducation.com is a division of OnCourse Learning, a leader in Continuing Education for Nurses and Allied Health Professionals through online courses and print publications.

Nutrition411

1529

www.nutrition411.com

Health care professionals count on Nutrition411.com for FREE up-to-date nutrition information. Known as the "Google" of dietetics and nutrition, this downloadable library offers more than 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!



Oak Tree Health

630

www.oaktree-health.com

Oak Tree Health and Royal Medical Supplies is a Diabetes Manufacturer and supplier dedicated to product manufacturing, OEM, ODM, private labeling, innovation and technology. We offer world-class products, customer service and competitive pricing. With factories, warehouses and offices in Taiwan, south Korea, and USA, we are able to handle all your diabetes requirements.

The Obesity Society

1539

www.obesity.org

The Obesity Society (TOS) is the leading professional society with a focus on obesity science, treatment and prevention. Our 2,500 members are just like you: clinicians and care providers, basic and clinical researchers, educators, public health and policy professionals, and many others. They have all dedicated their careers to helping those affected by obesity. It would be our privilege to have you as a member too. Stop by to learn about the networking and career advancement benefits at TOS.

Omnis Health

1113

www.omnishealth.com

Omnis Health is committed to providing quality products including the Embrace® family of glucose monitoring systems. Our deepest understanding of diabetes and the challenges facing diabetes patients allows us to adapt to the ever-changing healthcare environment and deliver timely, dependable and affordable products. We're helping people with diabetes embrace life.

One Drop

129

www.onedrop.today

Orthofeet, Inc.

1209

www.orthofeet.com

Orthofeet is excited to introduce a new Diabetic Training Program. We want to supply all Diabetic Educators with the best tools available to be successful. Orthofeet, a leading designer and manufacturer of specialty footwear for patients with diabetes, announced a partnership with the American Association of Diabetes Educators (AADE) to develop a grassroots educational campaign promoting foot health for adults with diabetes. Please contact Andrea Buser at andrea.buser@orthofeet.com.

Otto Trading, Inc.

227, 1527

www.ottotrading.com



Passport Game Participant



First-Time Exhibitor



IAC IAC Member

Exhibitor List

Owen Mumfordwww.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.

219**Q-R****Quintiles**www.quintiles.com

Quintiles is the world's largest provider of biopharmaceutical development and outsourcing services. We helped develop or commercialize 100% 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.

330**Raw Amour Chocolate, LLC**www.rawamour.com**1630****1st****Regeneron Pharmaceuticals**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.

1518**IAC****Retractable Technologies, Inc.**www.vanishpoint.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.

1412**Roche Diabetes Care, Inc.**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

619**IAC****S****San Antonio Shoemakers**www.sasshoes.com

SAS continues its dedication to quality and comfort, while expanding the brand to include dozens of new styles and colors. Now, SAS's line features everything from walking and athletic shoes to pumps, flats, sandals, and even new boots for women. The men's line has expanded to include walking and athletic wear to dress shoes. SAS has a select number of styles that have been Medicare approved. Every day, SAS finds a way to help you keep moving.

228**1st****Sanofi US**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.

1012, 1226**IAC****Shasta Foodservice**www.shastafoodservice.com

Shasta Beverages has been in the beverage business for over 100 years providing great soft drinks in a variety of flavors in both regular and diet. They also produce other great products such as Faygo, Big Shot, Ritz, Rip It Energy beverages, La Croix Sparkling waters, and "Shasta Sparkling" a new healthy, good-for-you beverage.

1434**1st****Siemens Healthcare Diagnostics**www.siemens.com**Siggi's Dairy**www.siggisdairy.com

Siggi's dairy makes rather delicious yogurt products with simple ingredients and not a lot of sugar. Siggi's products do not contain artificial preservatives, thickeners, sweeteners, flavors, or colors and are made with milk from family farms that do not use growth hormones such as rBGH.

817**938****P****The Peanut Institute**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.

431**Phase 2 White Kidney Bean Extract 1308****Portion Clip**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.

1634**1st****Prevent Blindness**www.preventblindness.org

Prevent Blindness is the nation's leading eye health organization dedicated to fighting blindness and saving sight. We get the word out on better eye health for people with diabetes through brochures, fact sheets, public service announcements, media campaigns and the web. We train and equip diabetes educators with evidence-based patient education messages and materials about diabetic eye disease and proactive strategies for diabetics to maintain healthy vision for life.

939

Sol-Millennium Medical, Inc.www.sol-m.com**137**
1st**Sorghum Checkoff**www.sorghumcheckoff.com**1414**
1st**Sticky Jewelry**www.stickyj.com/medical-alert-jewelry**629**

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 1131 and see for yourself!

Stur Drinkswww.sturdrinks.com**631**

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.

The Sugar Associationwww.sugar.org**1439**

Since 1943, the Sugar Association has provided science-based publications on sugar's contribution to flavor, functionality and safety in our food supply. Based on the totality of scientific evidence, we support and promote sugar in moderation as a safe and useful part of a balanced diet and healthful lifestyle.

Sugar Medicalwww.sugarmedical.com**1430**
1st

Wow! That's a diabetic supply bag? Sugar Medical's line of stylish diabetic accessories will blow you away. Stop by to find a bag that truly fits your personality and life at Sugar Medical. Fun prints and colors can be found in our line of glucose supply cases, travel bags, pump pouches, purses and more.

Sun Pharmawww.riomet.com**1341****SweetLeaf Stevia Sweetener**www.SweetLeaf.com**1235**

SweetLeaf® is the award-winning stevia sweetener with zero calories, zero carbohydrates and non-glycemic response. What makes SweetLeaf® Stevia Sweetener a standout sweetening choice is that it has NO artificial ingredients. SweetLeaf is the stevia brand consistently winning numerous international awards for taste and innovation.

T**T1D Exchange**www.myglu.org**131****Taking Control of Your Diabetes**www.tcoyd.org**436**
1st**Tandem Diabetes Care, Inc.**www.tandemdiabetes.com**1105**

Tandem Diabetes Care, Inc. is a medical device company with an innovative, user-centric and integrated approach to the design, development and commercialization of products for people with diabetes who use insulin. The Company manufactures and sells the t:slim® Insulin Pump, the slimmest and smallest durable insulin pump currently on the market, and the t:flex™ Insulin Pump, the first pump designed for people with greater insulin requirements. Tandem is based in San Diego, CA.

Tate & Lylewww.dolciaprima.com**1505**
IAC

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.

TempraMed Incwww.tempramed.com**439**
1st

TempraMed Inc. markets ViVi Cap1 which

is FDA and CE registered replacement cap for insulin pens. It keeps insulin cool within safe temperatures below 29°C (84.2°F) for minimum of 12 hours, when the device is placed inside a personal handbag. The cap is 'reactivated'/'filled up' to provide safe storage conditions, without any special user intervention, whenever the ambient temperature gets below 26°C (78.8°F), for subsequent periods of 12 hours and for up to one year.

Texas Christian Universitywww.harriscollege.tcu.edu**1337**
1st

Drs. Howe and Walker are assistant nursing professors at Texas Christian University and will be conducting a study at AADE2016. We are surveying diabetes educators about their knowledge and skills related to health literacy, teaching, and communication techniques. We hope to gather surveys from you during our 4 days at AADE. All those who return the survey are eligible to enter in a raffle for a complimentary registration to AADE2017.

Today's Dietitianwww.gvpub.com**1138****Together 2 Goal®**www.amga.org**1717**
1st**TOPS Club, Inc.****(Take Off Pounds Sensibly)**www.tops.org**532**

TOPS Club Inc.® (Take Off Pounds Sensibly®) is a nonprofit, noncommercial network of weight-loss support groups. Founded more than 66 years ago, TOPS® offers evidence-based tools and programs for healthy living and weight management with exceptional group fellowship and recognition. TOPS® has chapters available all across North America.

Torbot Group Inc.www.torbot.com**628**

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.



Passport Game Participant

1st First-Time Exhibitor

IAC IAC Member

Exhibitor List

Trividia Health

www.niprodiagnostics.com

Based in Fort Lauderdale, Florida, Nipro Diagnostics, Inc. is a leading developer, manufacturer and marketer of diabetes monitoring and management products. The company offers a portfolio of high-quality blood glucose monitoring systems and diabetes management products available around the world. Nipro Diagnostics is the exclusive supplier of blood glucose monitoring systems, co-branded under the TRUE name, to the world's leading pharmacies, distributors and mail service providers.

1411



University of Florida

<http://pd.dce.ufl.edu/CDE>

Join the University of Florida Professional Development's self-paced, online Diabetes Education Program. When complete, the healthcare professional will have the knowledge and tools required to help people with diabetes more effectively manage their disease, and educate others on diabetes prevention. This course requires a minimum of 48 hours dedicated to videos, readings, quizzes, and homework.

1614

1st

Vitamix

www.vitamix.com

Improving the vitality of people's lives and liberating the world from conventional food and beverage preparation boundaries.

536

1st

Type 1 Diabetes TrialNet

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.

730

Uplife USA

www.techcaremassager.com

1526

1st

V-W-Y

Valeritas

www.valeritas.com

437

VeroScience LLC

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.

229

1st

U

U.S. Office of Minority Health

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.

1509

UltiMed, Inc.

www.ulticare.com

828

Visit Indy - AADE17

Stop by and learn about AADE 2017's host city, Indianapolis!

132

WA Dental Service Foundation

www.deltadentalwa.com/our-foundation

The Washington Dental Service Foundation is a non-profit that works to improve oral and overall health in Washington state and nationally. Using social media, brochures, fact sheets, and videos we educate people with diabetes and their healthcare team about the importance of oral health. We provide diabetes educators with messaging and materials to help patients understand the connection between diabetes and oral health and strategies for people with diabetes to take care of their oral health.

1715

1st

Walden Farms, Inc.

www.waldenfarms.com

Walden Farms makes over 50 different products that are all sugar free, calorie free, fat free, carb free and gluten free. We make dressings, sweet syrups, condiments, fruit spreads, peanut spreads and sweet dips. We are launching in 2015 five flavors of Coffee Creamers, all sugar free, fat free and calorie free.

1137

Walmart ReliOn

www.relion.com

537

Welch Allyn

www.welchallyn.com

533

1st

Wise Consumer Products

www.startuplv4u.com

1626

Yota Enterprise

www.startuplv4u.com

1528

1st



Passport Game Participant



1st First-Time Exhibitor



IAC IAC Member

Exhibitors | Want to Visit

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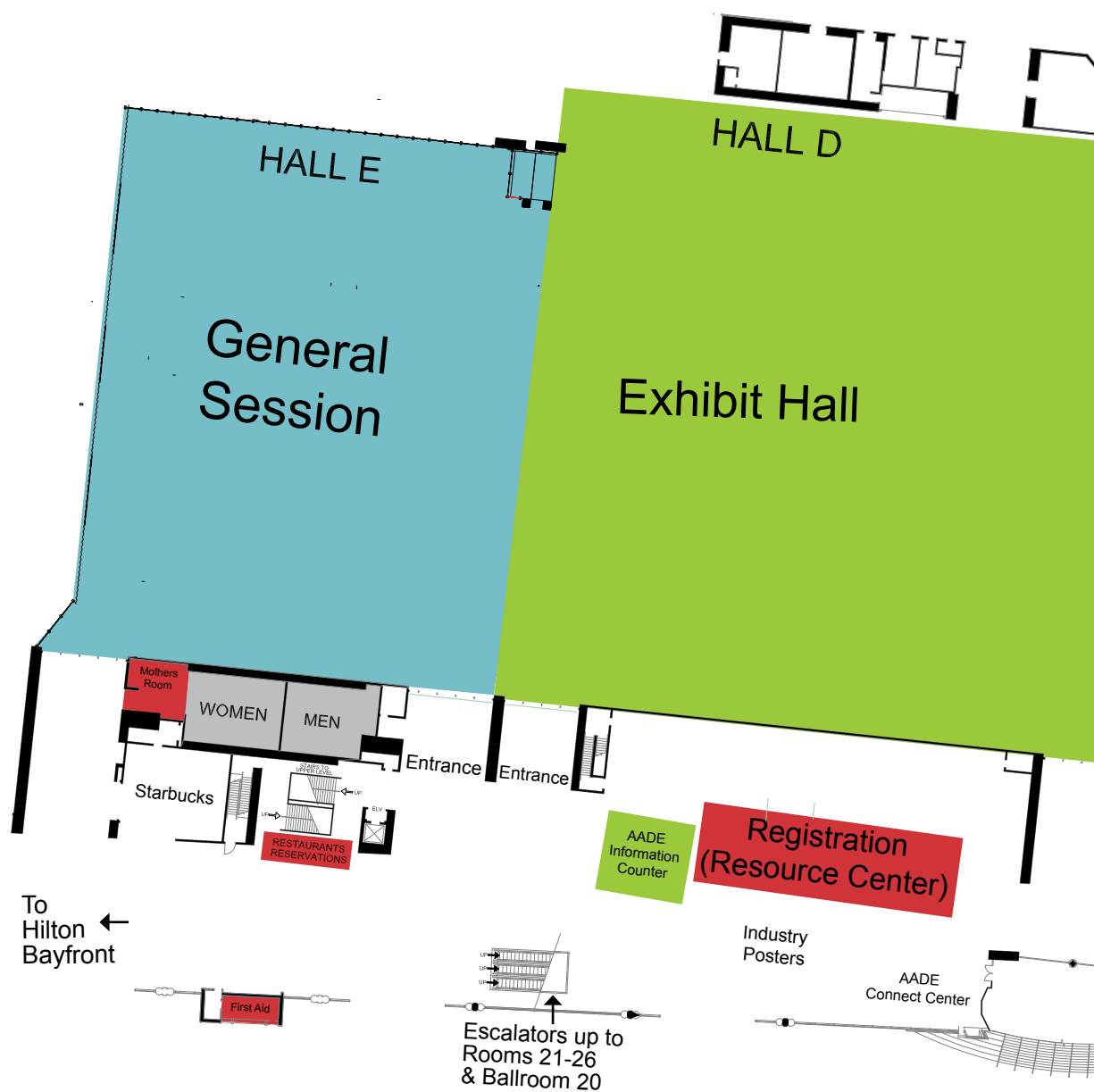
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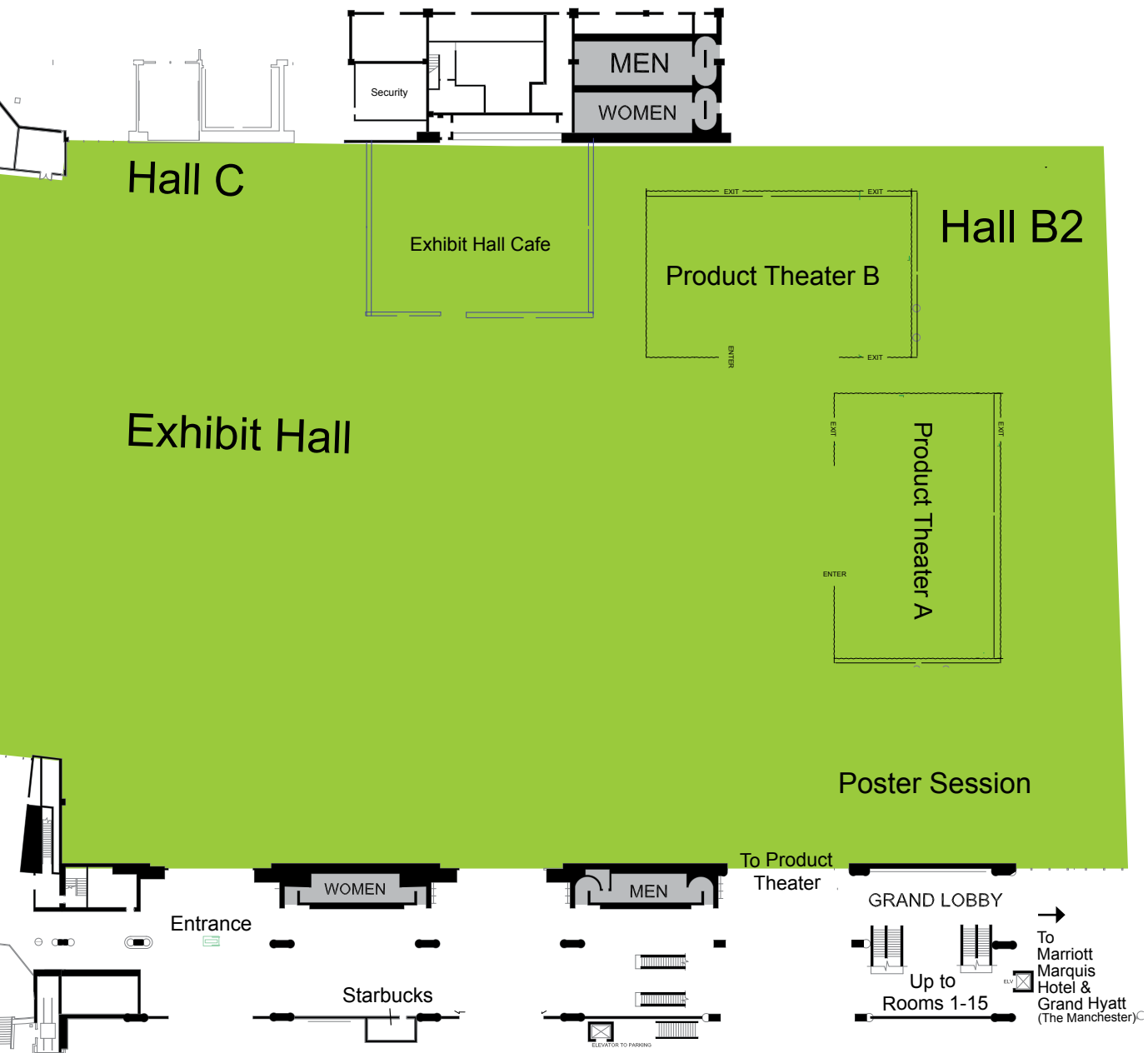
NASCO 934

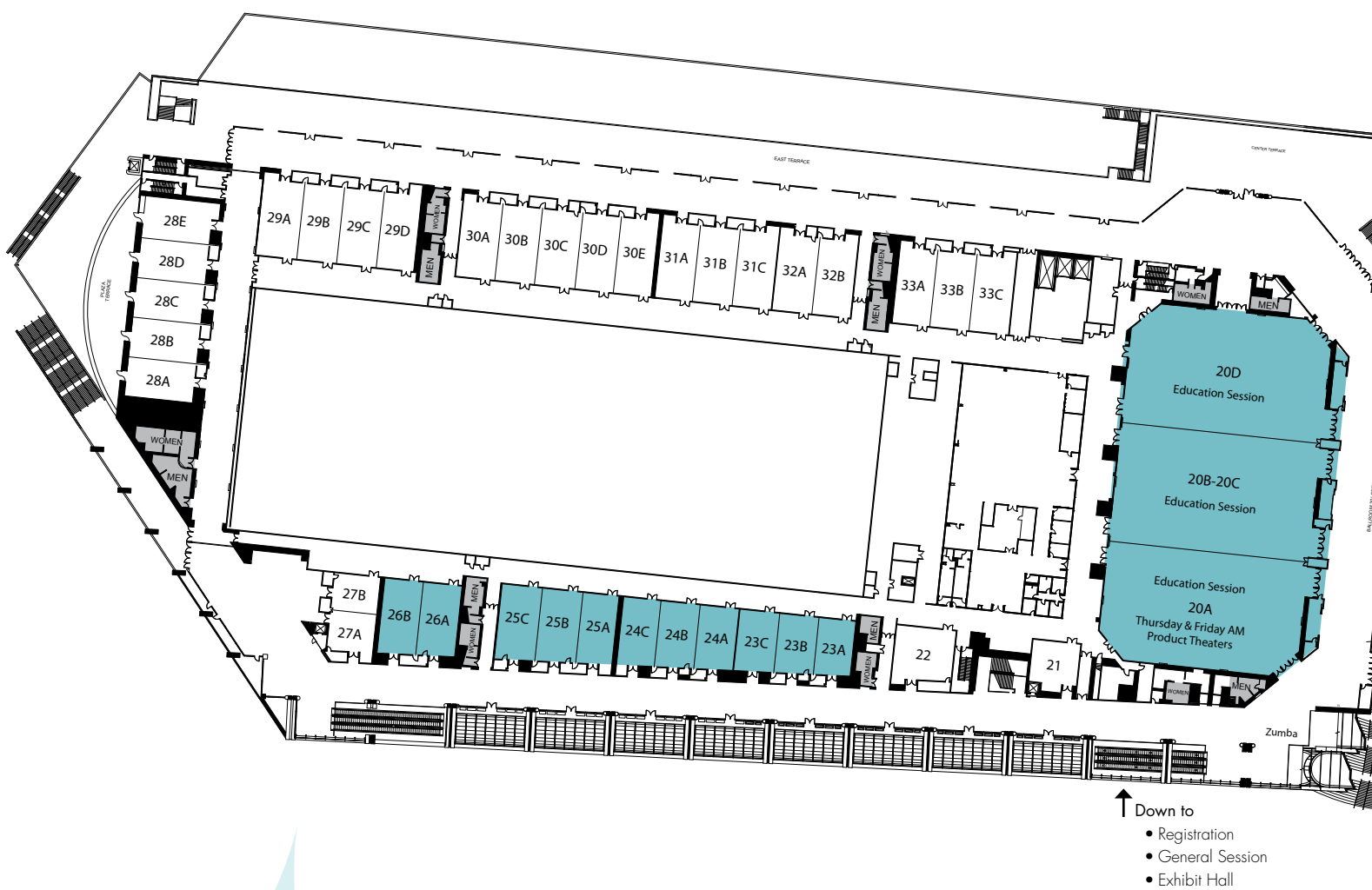




San Diego Convention Center

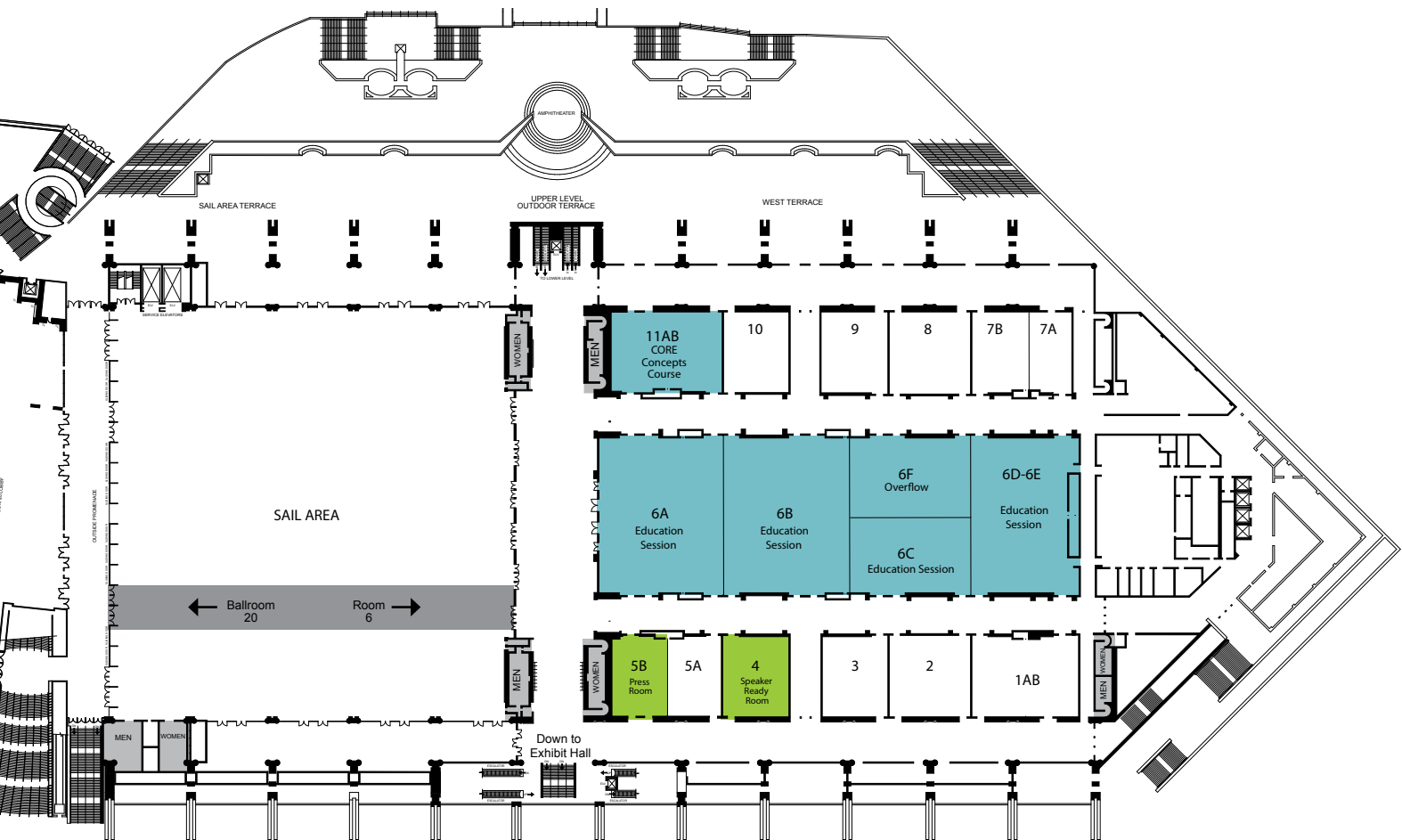
Lower Level

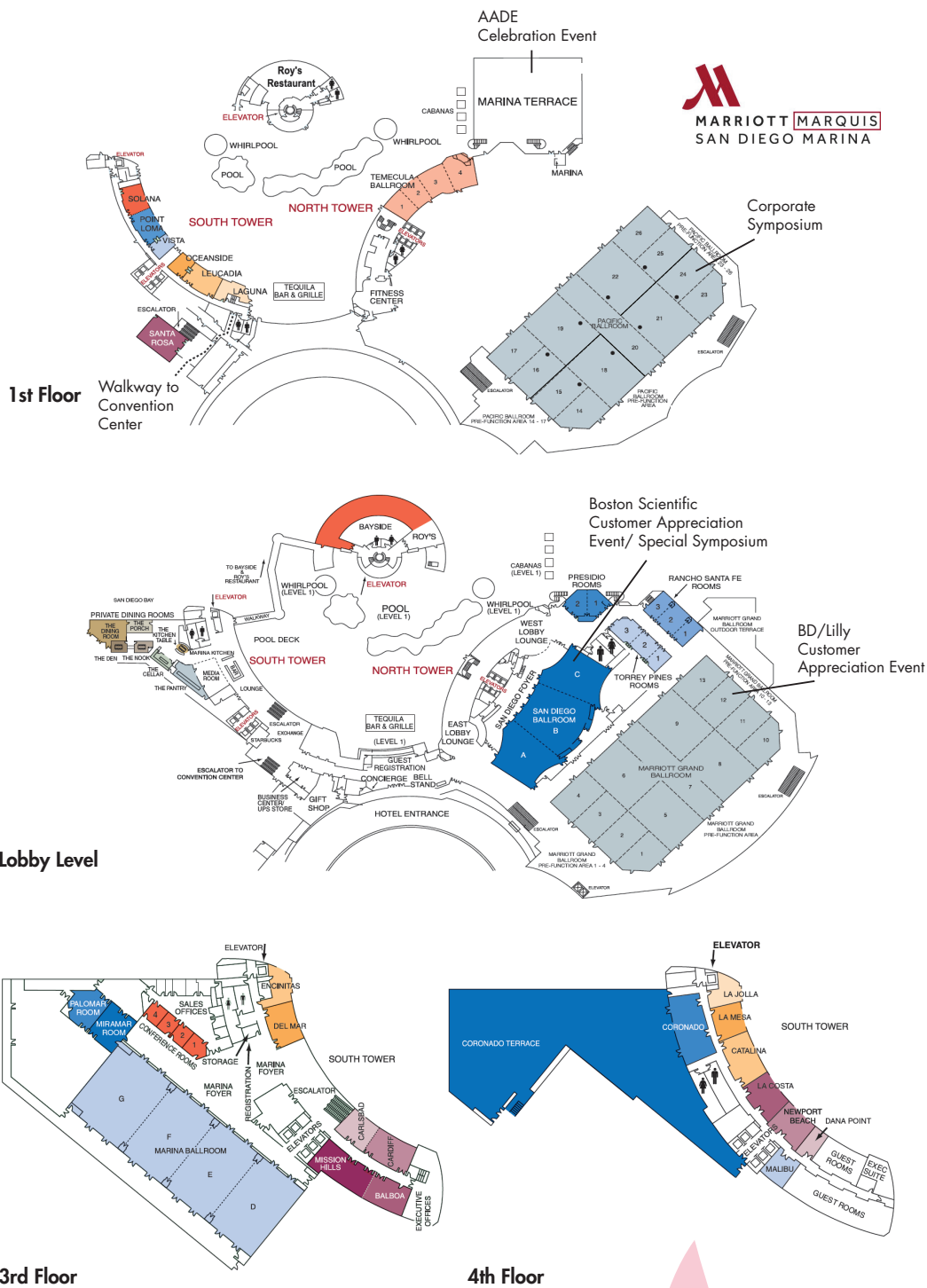




San Diego Convention Center

Upper Level





AADE16 Planner

This image shows a blank sheet of white paper with horizontal grey ruling lines. The lines are evenly spaced and run across the width of the page. At the bottom left corner, there are decorative pink wavy borders that overlap the bottom edge of the paper. The overall appearance is that of a clean, unused piece of stationery or a notebook page.

AADE16 Planner

Invokana[®]

canagliflozin tablets

MORE THAN
8 MILLION
PRESCRIPTIONS
TO DATE*

Please join us for a product theater

Speakers: **Debbie Hinnen, APN, BC-ADM, CDE, FAAN, FAADE**
Davida Kruger, MSN, APRN-BC, BC-ADM
Virginia Valentine, APRN-CNS, C-ADM, CDE, FAADE

Date: **Saturday, August 13, 2016**

Time: **11:45 AM to 12:30 PM**

Location: **Product Theater A**
Exhibit Hall B2

Learn more at **Booth 1027** and at **INVOKANAhcp.com**

*Data on file. Based on TRx data sourced from IMS NPA Database, weekly data through 4/8/16.

Reference: 1. Data on file. Janssen Pharmaceuticals, Inc., Titusville, NJ.

Janssen Pharmaceuticals, Inc.

**Canagliflozin is licensed from Mitsubishi
Tanabe Pharma Corporation.**



DIABETES TAKES
NO BREAKS.
NEITHER DO WE.
ALWAYS
BY YOUR SIDE.



Our family of field and customer care representatives are there every day (and night) to provide service, guidance and answers.

- Training and education
- StartRightSM program
- 24-Hour HelpLine
- Travel assistance
- Pump and CGM therapy advice

Medtronic is working with the global community to transform diabetes care together, for greater freedom and better health.

**Visit us at booth #704
to learn more.**