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- Certificates will be emailed out to you within two weeks

# Overview of Diabetes Self-Management Education:

- ◆ **DSME Program Certification Requirements**
  - ◆ **National Standards of DSMES**
- ◆ **Needs Assessment and Program Designs**
  - ◆ **Curricula and Tips for Success**



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# Learning Objectives

1. Name the 3 major building blocks of the 2012 National Standards for Diabetes Self-Management Education.
2. Name the overarching goal of DSME.
3. Name the objectives of a DSME program and of the educators.
4. List the benefits of a DSME program.
5. Identify the requirements and process to become an AADE-accredited or ADA-recognized DSME program.
6. Name 2 types of DSME program curricula for purchase.
7. List commonly-cited barriers to patient attendance in programs.
8. Explain the proven strategies for reducing these barriers.

# Key Definitions

- DSME = Diabetes Self-Management Education
  - Term the American Diabetes Association (ADA) and American Association of Diabetes Educators (AADE) use to cover full range of diabetes self-management education services
- DSMP = Diabetes Self-Management Program
  - Term that Stanford University uses for its diabetes self-management program
- DSMT = Diabetes Self-Management Training
  - Term the Centers for Medicare & Medicaid Services (CMS) uses for DSMT benefit available to Medicare beneficiaries

# Key Definitions

- DSMS = Diabetes Self-Management Support
  - Type of support provided can be behavioral, educational, psychosocial or clinical
  - Receipt of a customized DSMS plan for patient with diabetes (PWD) is required, per the NSDSME

# Key Definitions

- NSDSMES = National Standards of Diabetes Self-Management Education and Support, 2012; implemented 1-1-14
  - Developed by joint task force of ADA and AADE, and other stakeholders in 2012
  - DSMT program must adhere for achieving:
    - Accreditation AADE or recognition by ADA
      - 2 organizations approved by CMS for granting certification to DSMT programs
      - Certification process is primarily based on NSDSMES

# Diabetes Self-Management Education Defined

- According to American Association of Diabetes Educators (AADE), DSME defined as:  
*“a collaborative process through which people with or at risk for diabetes gain the knowledge and skills needed to modify behavior and successfully self-manage the disease and its related conditions. The intervention aims to achieve optimal health status, better quality of life and reduce the need for costly healthcare.”*<sup>4</sup>
- Certified diabetes educators (CDEs) utilize DSME curricula that engage participants in informed decision-making, and reinforces self-care, problem-solving behaviors and a collaborative approach with their healthcare providers to improve clinical outcomes.<sup>5</sup>

# Overarching Goal of Diabetes Self-Management Education

- **Goal:** To achieve optimal health status, better quality of life and reduce the need for costly healthcare. <sup>4</sup>
- Diabetes is serious public health concern in U.S.:
  - 7th leading cause of death in U.S. in 2011. <sup>1</sup>
  - For PWDs, risk of death is 2 times that of person of similar age who does not have disease. <sup>2</sup>
  - Nearly 26 million adults and children have diabetes.<sup>3</sup>
  - 79 million have pre-diabetes; many do not know it.<sup>3</sup>
  - Diabetes is 7 times more prevalent in people  $\geq 65$  yrs compared to those in 20-44 age group.<sup>3</sup>

# Overall Objectives of Diabetes Self-Management Education Program and of Educators <sup>5</sup>

- Improve entire spectrum of patient's outcome measures by:
  - Motivating and empowering the PWD to participate in informed decision making about his/her care and treatment with members of the health care team
  - Reinforcing and supporting the patient's diabetes problem solving
  - Diabetes educators actively collaborating with patient's health care team in care and treatment decisions
  - Reinforcing and supporting the patient's healthy diabetes key self-care behaviors

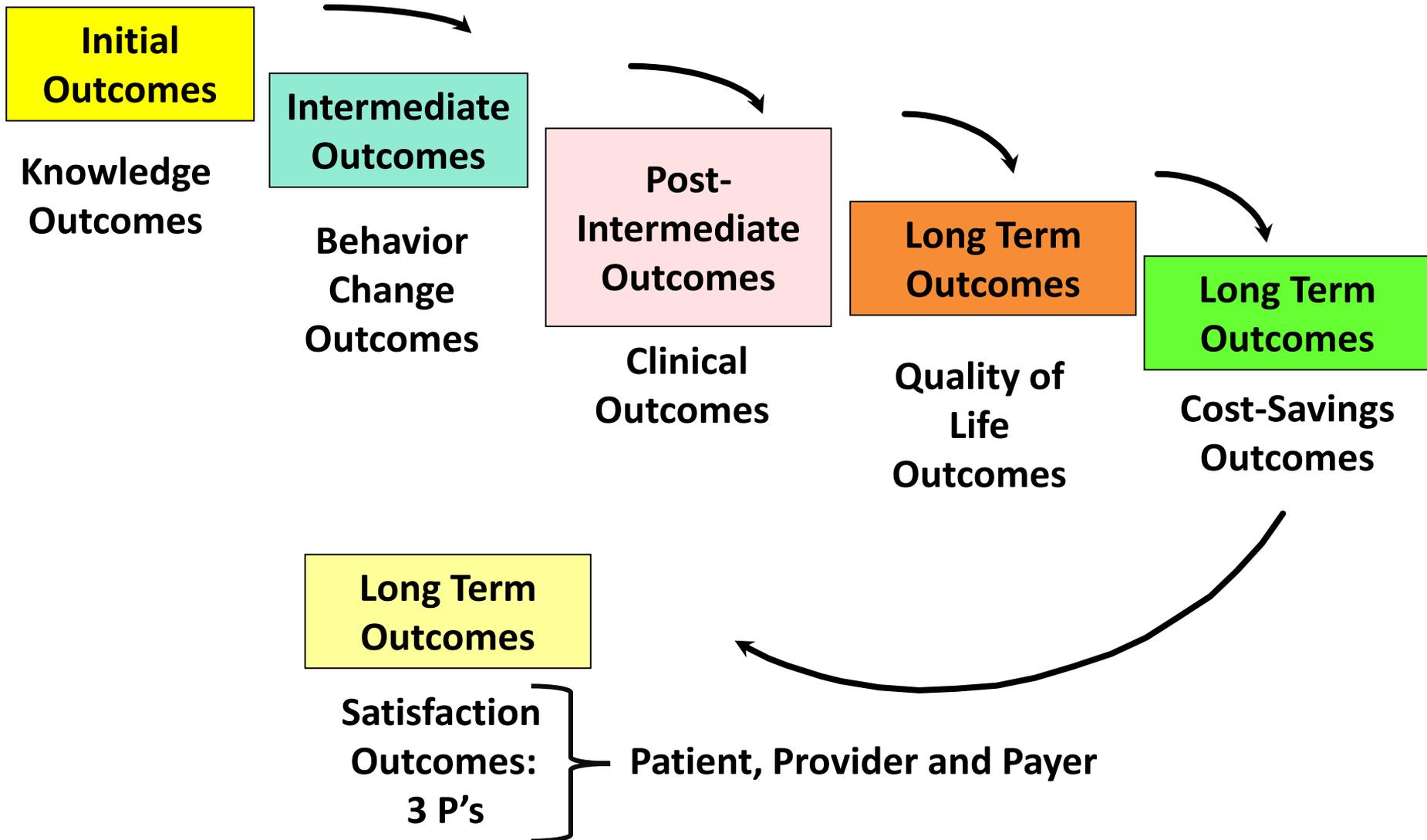
# AADE7 Self-Care Behaviors™ 6



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**Healthy eating**  
**Being active**  
**Monitoring**  
**Taking medications**  
**Problem solving**  
**Healthy coping**  
**Reducing risks**

# DSME Patient Outcome Measures



# Why Have a Diabetes Self-Management Education Program?

- **Healthy People 2010** objective regarding DSME: 60% of PWD should receive formal diabetes education.<sup>6</sup>
- Proportion of PWDs who receive DSME is very small!<sup>4</sup>
  - Estimates vary from 1% to more than 50%
  - National (2005) survey data: 54.3% of PWDs had attended some type of DSME class
  - Per 2007 Roper U.S. Diabetes Patient Market Study: out of 16,660,000 PWDs, 26% or 4,249,000 have seen diabetes educator in past 12 months
  - CMS reimbursement data: 1% of Medicare beneficiaries with diabetes received DSMT in '04 and '05

# Why Have a Diabetes Self-Management Education Program?

- Per **ADA's 2015 Standards of Medical Care in Diabetes<sup>7</sup>**:
  - *“People with diabetes should receive DSME according to National Standards for Diabetes Self-Management Education and Support at diagnosis and as needed thereafter.*
  - *Effective self-management, quality of life are key outcomes of DSME; should be measured, monitored as part of care.*
  - *DSME should address psychosocial issues, since emotional well-being is associated with positive outcomes.”*

# Why Have a Diabetes Self-Management Education Program?

- Increase **revenue** in your organization via health care insurance reimbursement for DSME/T:
  - Medicare Party B pays for DSMT; 2015 rates are:

## ***Rates\*, Facility and Non-Facility:***

G0108, individual, 30 min: \$48.46 – \$68.11

G0109, group, 30 min: \$12.05 – \$18.43

*\*Rates also vary per geographic region.*

# Why Have a Diabetes Self-Management Education Program?

- Most private and commercial plans cover and pay for DSMT/E in primary care settings:
  - At least 46 states required private payor coverage for diabetes-related services/supplies
  - Many specifically require DSME/T coverage
- Increased **revenue** via your DSME patients receiving other diabetes-related services in organization:
  - Lab tests...vaccinations...therapies...medical exams and treatments....Rx medications....etc.

# Why Have a Diabetes Self-Management Education Program?

- Increased **revenue** via your DSME patients receiving other non-diabetes related services in organization:
  - Surgeries
  - Inpatient admissions
  - Etc.
- Is vehicle of 'goodwill' in the community for your organization

# AADE Accreditation and ADA Recognition of DSME Programs

## Comparison:

- Both support the NSDSME
- Either can certify your DSME program, which is required for Medicare Part B reimbursement
- Differences:
  - Organizations themselves
  - Slight differences in:
    - Interpreting NSDMSE and essential elements
    - Application process and requirements

# Benefits of Accreditation and or Recognition: Spell **V.I.T.A.L.**

<b>V</b>	<b>V</b> alue of DSME program to patients, providers, payers
<b>I</b>	<b>I</b> ndividualized education and support furnished <b>I</b> ncreased provider referrals to DSME program <b>I</b> ncreased revenue to sponsoring organization
<b>T</b>	<b>T</b> rusted quality of DSME program
<b>A</b>	<b>A</b> dherence to evidence-based standards by instructors <b>A</b> bility of organization to bill Medicare* for program
<b>L</b>	<b>L</b> earned instructors with the required education and experience to furnish program according to NSDSMES

**\*Other private/commercial payers may also require for reimbursement.**

# Community Needs Assessment: Identifying Your Target Diabetes Population



**Prevalence**

**Type**

**Demographics**

**Needs and Expectations**

# Community Needs Assessment: Identifying Your Target Diabetes Population

Example: Assessment of **Prevalence** and **Type** of Diabetes Population in State and Local Area

- Daley County: Mostly Type 2 diabetes, >50 y/o
- Madison County: 11.4% >30 y/o with Type 2 diabetes compared to 8.2% in state
- State: 15% of pregnant women get GDM (elsewhere in US: 2-10% of pregnancies)\*

\*Reference: NIH Publication No. 11–3892, February 2011

# Needs Assessment: Patients in Target Population

## Assessment of Local Patients' Demographics:

**Age**

**Educational status**

**Literacy/Numeracy**

**Race/Ethnicity**

**Marital status**

**Community type**

**Transiency**

**Work status/setting**

**Leisure habits**

**Economic status**

# Needs Assessment: Patients in Target Population

## Assessment of Local Patients' Needs and Expectations:

**Where do they  
receive medical care?**

**What are their needs  
and expectations?**



# Needs Assessment: Patients in Target Population

## Assessment of Local Patients' Needs and Expectations:

### Availability

- Convenient hours
- Frequency of new group formation
- Appointments within reasonable time frame
- Emergency visits
- Tele-DSME
- Program locations

### Services

- MNT/dietitian availability
- Weight loss program
- Classes (exercise, cooking, etc.)
- Grocery store tours
- Pump therapy
- Support group

### Other

- Where they receive medical care
- Quality / empathy of practitioner
- Insurance coverage
- Complimentary initial class?
- Patients' DSME health needs met

# Needs Assessment: Patients in Target Population

## Assessment of Local Patients' Needs and Expectations:

### Find Groups

- Association meetings
- Fitness centers
- Grocery stores
- Church activities
- School activities

### Ask Questions

- What other services would you like us to offer?
- What days and times should classes be scheduled?
- What locations would work better for you?
- What type of guest speakers would you like?
- How would you like us to communicate with you between visits?

**Review of the:**  
**National Standards for Diabetes**  
**Self-Management**  
**Education and Support**



# National Standards for Diabetes Self-Management Education and Support

By the most recent estimates, 18.8 million people in the United States have been diagnosed with diabetes, and an additional 7 million are believed to be living with undiagnosed diabetes. At the same time, 79 million people are estimated to have blood glucose levels in the prediabetes range. Thus, more than 100 million Americans are at risk of developing the devastating complications of diabetes.<sup>1</sup>

Diabetes self-management education (DSME) is a critical element of care for all people with diabetes and is necessary to prevent or delay the complications of diabetes.<sup>2-6</sup> Elements of DSME related to lifestyle change are also essential for people with prediabetes, as part of efforts to prevent the disease.<sup>7,8</sup> The National Standards for Diabetes Self-Management Education are designed to define quality DSME and support and to assist diabetes educators in providing evidence-based education and self-management support. The standards are applicable to educators in solo practice as well as those in large multicenter programs—and everyone in between. There are many good models for the provision of diabetes education and support. The standards do not endorse any one approach but rather seek to delineate the commonalities among effective and excellent self-management education strategies. These are the standards used in the field for recognition and accreditation. They also serve as a guide for nonaccredited and nonrecognized providers and programs.

Because of the dynamic nature of health care and diabetes-related research, the standards are reviewed and revised approximately every 5 years by key stakeholders and experts within the diabetes education community. In the fall of 2011, a task force was jointly convened by the

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American Association of Diabetes Educators

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PROFESSIONAL RESOURCES

Educational Programs & Products  
Diabetes Education Accreditation Program (DEAP)

National Standards, Essential Elements and Interpretive Guidance

Applying for Accreditation

Pricing

Accredited Programs

Annual Status

Reaccreditation

Additional Resources

DEAP FAQs

Change of Status

Annual Meeting & Exhibition

AADE7™ System

Research

Practice Documents

Certification

Diabetes Resource Connection

AADE7 Self-Care Behaviors™

AADE Career Network

Journal & Newsletters

Resource Library

Awards & Scholarships

AADE Blog

Comparative Effectiveness Research

APPLYING FOR ACCREDITATION



We offer a simplified and streamlined application process that meets the highest quality requirements set forward by the Centers for Medicare & Medicaid Services. In addition, we now offer one complimentary membership to all new and renewing programs.

Getting Started and Applying for Accreditation

To begin, review the following:

- National Standards, Essential Elements and Interpretive Guidance
- Paper Accreditation Application
- Online Accreditation Application
- Checklist for Supporting Documents
- Additional Site Considerations
- FAQs
- Site Description

Samples for your reference: Please review these samples to help guide you as you put your application together.

- Standard 1 - Mission Statement/Goals, Organizational Chart/Structure, Policies, and Job Descriptions
- Standard 2 - Advisory Group
- Standard 3 - Target Population
- Standard 5 - Sample Mechanism to Ensure Patient's Needs are Met
- Standard 7 - Individual Assessment, Education Plan
- Standard 7 - Example Initial Patient Self-Assessment
- Standard 7 - Checklist for De-Identified Patient Chart
- Standard 8 - Follow-up Plan
- Standard 8 - Example Follow-Up Plan for Adults
- Standard 8 - Example Personalized Plan for Ongoing Diabetes Self Care
- Standard 8 - Example of Ongoing Self-Management Support
- Standard 9 - Goal Sheet
- Standard 9 - SMART Goal Sheet
- Standard 10 - CQI Plan
- Standard 10 - Second Example, CQI Plan

All ADA Resources

SEARCH

Advanced Search

Home

Clinical Corner

Diabetes Education

Research & Grants

Membership

Continuing Education & Meetings



Learn about Chronicle Diabetes - a diabetes education documentation tool that will allow you to document your education process according to Recognition guidelines.

«    **9th Edition Review Criteria** »

**Education Recognition Program**

- » [Recognition Requirements](#)
- » [Interested in ADA Recognition?](#)
- » [Recognition Resources](#)
- » [Recognition News](#)
- » [Order Your "Living Well With Diabetes" Booklet](#)
- » [ERP 40% ADA Publication Discounts](#)
- » [KRAMES On-Demand](#)
- » [Listing of Recognized Education Programs](#)

**New!** To make our website more user friendly we have updated the navigation of our site. All of the previous document links and forms are still housed here. To find where a page has moved, please view the [expanded menu PDF](#).

To promote quality education for people with diabetes, the American Diabetes Association (ADA) endorses the [National Standards](#) for Diabetes Self-Management Education and Support. To support this goal, the ADA Education Recognition Program (ERP) assesses whether applicants meet the National Standards for Diabetes Self Management Education and Support. The Standards are designed to be flexible enough to be applicable in any health care setting, from physicians' offices and HMOs to clinics and hospital outpatient settings. The ADA ERP is one of two and the most experienced Centers for Medicare and Medicaid Services (CMS) deemed certifying bodies for Diabetes Self Management Training. **If you are seeking reimbursement for diabetes education, it is appropriate to apply for ADA Recognition of your diabetes education program or service.** The application fee for a single primary site is \$1100.00 for a 4-year Recognition cycle. Each additional site costs \$100.00 and can be added at any time during the recognition cycle.



For questions regarding the Education Recognition Program, please contact ADA staff at [ERP@diabetes.org](mailto:ERP@diabetes.org) or 888-232-0822.

**Resources**

The *Where Do I Begin?* booklet is the first step to helping your patients get the information they need at diagnosis. Encourage them to take the next step and enroll in the free Living With Type 2 Diabetes program to get ongoing information and support over their



# The 3 Major Building Blocks of the 10 NSDSMES

- 1. Structure**
- 2. Process**
- 3. Outcomes**



# Structure Standards



**Standard One** – Internal Structure

**Standard Two** – External Input

**Standard Three** – Access

**Standard Four** – Program Coordination

# Process Standards



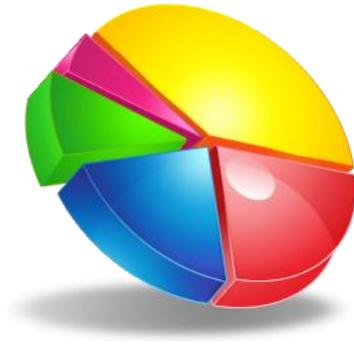
**Standard Five – Instructional Staff**

**Standard Six – Curriculum**

**Standard Seven – Individualization**

**Standard Eight – Ongoing Support**

# Outcome Standards



**Standard Nine – Patient Progress**

**Standard Ten – Quality Improvement**

# Standard 1: Internal Structure

The provider(s) of DSME will document an organizational structure, mission statement, and goals.

For those providers working within a larger organization, that organization will recognize and support quality DSME as an integral component of diabetes care.

# Standard 1: Essential Elements/Indicators

## AADE

- Clearly documented organizational structure of DSME Program illustrating the clear channels of communication to the program from sponsorship
- Documentation of program mission
- Documentation of program goals
- Letter of support from your sponsoring organization

## ADA

- There is evidence of the program's:
  - a. Organizational structure
  - b. Mission statement
  - c. Goals
- There is evidence of the larger organization's support and commitment to the DSME program  
Examples:
  - a. Letter of support
  - b. Participation of senior administrative personnel in the advisory process or onsite audit

# Standard 2: External Input

The provider(s) of DSME will seek ongoing input from external stakeholders and experts to promote program quality.

# Standard 2: Essential Elements/Indicators

## AADE

- Program has a documented plan for seeking outside input
- The program's outreach to community stakeholders and the input from these stakeholders must be documented and available for review, annually and periodically as requested

## ADA

- There is evidence of a process for seeking external input and/or describing activities involving diverse stakeholders providing input or feedback for program improvement or development.
- Single discipline programs must also have a healthcare professional(s) of a different discipline-other than that of the single discipline program.
- There is documented evidence of at least annual input from external stakeholders of the program.

# Standard 3: Access

The provider(s) of DSME will determine whom to serve, how best to deliver diabetes education to that population, and what resources can provide ongoing support for that population.

# Standard 3: Essential Elements/Indicators

## AADE

- Documentation identifying your population is required and is reviewed at least annually
- Documented allocation of resources to meet population specific needs. (E.g. room, materials, curriculum staff, support etc...)
- Identification of and actions taken to overcome access related problems as well as communication about these efforts to stakeholders

## ADA

- Documentation exists that reflects an annual assessment of:
  - a. Population served
  - b. Program resources relative to the population served
  - c. Plan to address any identified needs

# Standard 4: Program Coordination

A coordinator will be designated to oversee the DSME program.

The coordinator will have oversight responsibility for planning, implementation, and evaluation of education services.

# Standard 4: Essential Elements/Indicators

## AADE

- Coordinator's resume (reflecting experience managing a chronic disease, facilitating behavior change, and experience with program and/or clinical management)
- Job description describing program oversight (must include planning, implementation and evaluation of the DSMT program)
- Documentation that the Program Coordinator received a minimum of 15 hours of CE credits per year (program management, education, chronic disease care, behavior change) OR credential maintenance (CDE or BC-ADM)

## ADA

- There is documentation of one program coordinator as evidenced by a job description, performance appraisal tool, or other.
- Curriculum Vitae, resume or job description of the coordinator reflects appropriate qualifications.
- Coordinator is CDE or BC-ADM, or annually accrues 15 hours of CE credits based on program anniversary date.

# Standard 5: Instructional Staff

One or more instructors will provide DSME and, when applicable, DSMS. **At least one of the instructors** responsible for designing and planning DSME and DSMS will be an **RN, RD or pharmacist** with training and experience pertinent to DSME, or another professional with certification in diabetes care and education, such as a CDE or BC-ADM. **Other health workers** can contribute to DSME and provide DSMS with appropriate training in diabetes with supervision and support.

# More About Staffing

- Many, many variables impact your staffing needs...thus there is no tried-and-true formula or ratio!
- Following variables are to be considered: 
- 1 RN or RD or pharmacist required by NSDSME does **not** have to be full time
- Hours assigned for above, plus additional diabetes educator hours vary, based on:
  - If program at one location, or >1
  - If CHWs and/or secretary will be part of program
  - Total budget for program, and allotment for educators, CHWs, secretary

# More About Staffing

- Other responsibilities of educators, such as:
  - Data management
  - Marketing
  - Inpatient DSME
  - Operational activities
  - In-service education and training programs (e.g., for CHWs)
  - Quality management (CQI) duties

# More About Staffing

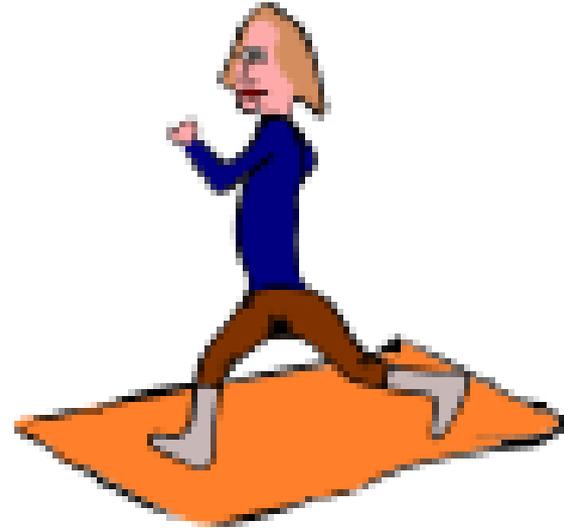
- Volume of patient referrals to program
- Number of classes in a program
- Percent of patients who require individual DSME
- How often each class scheduled (e.g., morning and afternoon on same day)

***When determining staffing, variables are not lacking!***

# More About Staffing

○ If other services are offered:

- Support groups
- Exercise classes
- Cooking classes
- Grocery store tours
- Weight loss program
- Medical nutrition therapy
- Continuous glucose management
- Insulin pump initiation and management



# Standard 5: Essential Elements/Indicators (1 of 2)

## AADE

- Document that at least one of the instructors is an RN, RD or pharmacist with training and experience pertinent to DSME, or another professional with certification in diabetes care and education, such as a CDE or BC-ADM
- Current credential for instructor(s) (including licensure and/or registration proof)
- Instructor's resume is current and reflects their diabetes education experience
- 15 hours of CE credits per year for all instructors annually

## ADA

- At least one RN or one RD or one pharmacist or one certified diabetes professional (e.g. CDE or BC-ADM) is involved as an instructor in the education of program participant(s).
- Clinical Instructor(s) must have valid, discipline-specific licenses and/or registrations.
- **Paraprofessional instructors** must have supervision by a clinical or healthcare professional instructor (identified in A.1. above) supervision can be demonstrated by job description, performance appraisal tool or other.
- **Paraprofessional** staff must demonstrate training or competencies in specific areas determined by the program.

# Standard 5: Essential Elements/Indicators (2 of 2)

## AADE

- There is documentation of successful completion of a standardized training program for CHWs (Training includes scope of practice relative to role in DSME)
- ***Documentation that **community health workers (CHWs)** are supervised by the named diabetes educator(s) in program***
- Policy that identifies a mechanism for ensuring participant needs are met if needs are outside of instructor's scope of practice and expertise

## ADA

- All instructors must demonstrate ongoing training in DSME/S topics.
  - a. Non-certified diabetes educators must accrue 15 hours CE annually based on program anniversary date.
    - b. Paraprofessional instructors must accrue 15 hours of in-services annually based on program anniversary date.***
- Guidelines must be in place for determining procedure for meeting participants' educational needs when they are outside the scope of practice of instructor(s).

# Standard 5: Essential Elements/Indicators (2 of 2)

- **Community health workers (CHWs)**, aka **paraprofessionals** in DSME programs:
  - Serve as bridges between their ethnic, cultural, or geographic communities and health care providers
  - Typically of same ethnic background as program's diverse population
    - Thus, community people have increased trust in CHWs

# Standard 5: Essential Elements/Indicators (2 of 2)

- Fill key non-technical, non-clinical roles/responsibilities:
  - Strengthening existing community networks for care
  - Identifying program participants in community
  - Leveraging trust of community's diverse populations to urge those who would benefit from DSME to enroll
  - Collaborating with program's diabetes educators by:
    - Gathering patient and program
    - Inputting data into software systems
    - Teaching participants on non-technical topics:
      - ❖ How to cook ethnic foods with less fat and salt
      - ❖ How to 'fit in' exercise on busy work days

# Standard 5: Essential Elements/Indicators (2 of 2)

- Helping participants:
  - ❖ Problem solve to better adhere to behavior goals (decrease barriers)
  - ❖ Receive tests, vaccines, etc. on timely basis
  - ❖ Schedule classes so that attendance increased
  - ❖ Find avenues of ongoing support in community when initial DSME program ends
- Must obtain from program's diabetes educators:
  - Initial + ongoing training in specific areas per program requirements
  - Supervision and guidance when fulfilling their roles and responsibilities as appropriate

# Standard 6: Curriculum

Written curriculum reflecting current evidence and practice guidelines, with criteria for evaluating outcomes, will serve as the framework for the provision of DSME.

The needs of the individual participant will determine which parts of the curriculum will be provided to that individual.

# Standard 6: Essential Elements/Indicators

## AADE

- Evidence of a written curriculum, tailored to meet the needs of the target population, is submitted and includes all content areas listed in the essential elements
- The curriculum adopts principles of AADE7™ behaviors
- The curriculum is reviewed at least annually and updated as appropriate to reflect current evidence, practice guidelines and its cultural appropriateness
- Curriculum reflects maximum use of interactive training methods

## ADA

- Validate that education process is guided by reference curriculum with learning objectives, methods of delivery and criteria for evaluating learning for populations served (incl. pre-diabetes, diabetes type 1, type 2, GDM or pregnancy complicated by diabetes) in the 9 content areas.
- There are supporting materials relevant to the population served.
- There is evidence of regular review and revisions as needed (at least annually), of the curriculum and/or course materials by DSME instructor(s) and/or advisory group.
- There is documentation in curriculum (methods) or other supporting document which demonstrates that instruction is tailored/individualized and involves interaction.

# Standard 7: Individualization

The diabetes self-management, education, and support needs of each participant will be assessed by one or more instructors.

The participant and instructor(s) will then together develop an individualized education and support plan focused on behavior change.

# Standard 7: Essential Elements/Indicators

## AADE

- The education process is defined as an interactive, collaborative process which assesses, implements and evaluates the educational intervention to meet the needs of the individual
- Individualized educational plan of care based on assessment and behavioral goal
- Documented individualized follow-up on education and goals

## ADA

- An assessment of participant is performed in following domains in prep for DSME:
  - a. Clinical (diabetes and other pertinent clinical history)
  - b. Cognitive (self management skills knowledge, functional health literacy)
  - c. Psychosocial (emotional response to diabetes)
  - d. Diabetes distress, support systems
  - e. Behavioral (readiness for change, lifestyle practices, self care behaviors)
- Parts of the complete assessment may be deferred if applicable and the rationale for deferment documented.
- There is evidence of ongoing education planning and behavioral goal-setting based on assessed and/or re-assessed needs of participant.

# Standard 7: Essential Elements/Indicators

## AADE

- De-identified patient chart must include evidence of the following elements:
  - a. Collaborative participant initial assessment includes minimally:
    - Medical history, age, cultural influences, health beliefs and attitudes, diabetes knowledge, diabetes self-management skills and behaviors, emotional response to diabetes, readiness to learn, literacy level (encompassing health literacy and numeracy), physical limitations, family support, and financial status

## ADA

- Education is provided based on participant need(s) and education plan.
- Documentation in the participant chart includes evidence of the education process: referral from provider (if applicable), assessments, education plan and educational interventions.

## EDUCATIONAL RECORD REVIEW FORM

Item						Comments
Referral for DSME/T in chart (Medicare requirement)						
Relevant medical history						
Present health status						
Physical limitations						
Risk factors						
Current health service or resource utilization						
Diabetes knowledge						
Diabetes self-management skills and behaviors						
Emotional response to diabetes						
Cultural influences						
Health beliefs and attitudes						
Health behaviors and goals						
Support systems						
Readiness to learn, literacy level (encompassing health literacy and numeracy)						
Financial Status						
Collaborative participant assessment						
Individualized educational plan of care based on assessment and behavioral goal						
Documented individualized follow-up on education and goals						
On-going Self-Management Support options reviewed with the Participant (Standard 8)						
Communication to the health care team						

Use the following checklist to review at least one patient record of each program component (1:1 or group) to ensure that each element is included. A minimum of 5 charts from the data period and 5 current charts must be reviewed. If you have more than 6 patient records to review, initiate a second sheet.

Place a ✓ in the box to indicate if an item is present and leave the space blank if the item is not present. The coordinator may point out to you the location of an item if it is not clearly evident.

Documentation in permanent record:	Patient Record					
	#1	#2	#3	#4	#5	#6
<b>Program component (please write component in the space provided i.e. Individual, Group):</b>						
<b>1. Provider referral if insurance requires one. Medicare requires a referral.</b>						
<b>2. Participant assessment:</b>						
• Clinical: Relevant medical history, diabetes history						
• Cognitive: Functional health literacy, Age, Self-management skills and diabetes-related behaviors based on the 9 content areas:						
- Describing the diabetes disease process and treatment options						
- Incorporating nutritional management into lifestyle						
- Incorporating physical activity into lifestyle						
- Using medications safely (if applicable)						
- Monitoring blood glucose and other parameters; interpreting and using results						
- Preventing, detecting and treating acute complications.						
- Preventing, through risk reduction behaviors, detecting, and treating chronic complications						
- Developing personalized strategies to address psychosocial issues and concerns						
- Developing personalized strategies to promote health and behavior change (goal setting, behavior change strategies aimed at risk reduction e.g. preconception care, etc.)						
• Psychosocial and self care behaviors: (i.e., cultural influences, health beliefs, health behavior, lifestyle practices, support systems, barriers to learning, relevant socioeconomic factors, experience and behavior change potential )						
<b>3. Education Plan based on assessment including:</b>						
• Patient selected behavioral goal/objective (at least one)						
<b>4. Summary of education intervention:</b>						
• Date						
• Content taught						
• Name of instructor						
<b>5. Evaluation of Learning, including</b>						
• progress toward/or achievement of behavioral objectives and related outcomes						
<b>6. Diabetes Self Management Support Plan (DSMS)</b>						
<b>7. Evidence of Communication with other health care team members involved in the pt's care</b>						
• *Education plan or education provided						
• *Pt outcomes						
• DSMS Plan						
• Additional education needed if applicable.						

\*communication to be patient specific in nature and may not be the same items for all patients.

# Standard 8: Ongoing Support

The participant and instructor(s) will together develop a personalized follow-up plan for ongoing self-management support.

The participant's outcomes and goal and the plan for ongoing self-management support will be communicated to other members of the healthcare team.

# Standard 8: Essential Elements/Indicators

## AADE

- De-identified chart must also include the following:
  - a. On-going Self-Management Support options reviewed with the Participant
  - b. Communication to the health care team includes participant's plan for ongoing support

## ADA

- There must be evidence of a personalized follow-up plan for Diabetes Self Management Support (DSMS) as part of the education process either within or outside of the DSME program.
- There must be evidence of communication with other health care team members (e. g. referring provider, social services agency staff, school nurse, etc.) regarding education plan or education provided, outcomes and the DSMS plan.

# Standard 9: Patient Progress

The provider(s) of DSME and DSMS will monitor whether participants are achieving their personal diabetes self-management goals and other outcome(s) as a way to evaluate the effectiveness of the educational intervention(s), using appropriate measurement techniques.

# Standard 9: Essential Elements/Indicators

## AADE

- De-identified chart must also show evidence of:
  - a. Collaborative development of behavioral goals with interventions provided and outcomes evaluated
  - b. Documentation and assessment of at least one clinical outcome measure

## ADA

- DSME program has a process for follow-up to evaluate and document at least one of each of the following:
  - a. Behavioral goal achievement (e.g. healthy eating, being active, other)
  - b. Other participant outcome: (e.g. clinical, quality of life, satisfaction)

# Standard 10: Quality Improvement

The provider(s) of DSME will measure the effectiveness of the education and support and look for ways to improve any identified gaps in services or service quality, using a systematic review of process and outcome data.

# Standard 10: Essential Elements/Indicators

## AADE

- Evidence of aggregate data collected and used for analysis of both behavioral and clinical outcomes is clearly identified at time of application
- Annual report documenting the ongoing CQI activities following initial accreditation

## ADA

- There is documentation of a CQI plan/process. (e. g. written policy, annual program plan, CQI meeting minutes)
- There is evidence of aggregate data and summary for use or application for improvement of DSME/S (e. g. description of project, summary of aggregate data, written plan for improvement, using data)

# Other AADE Accreditation Requirements

- Submission of 1 complete de-identified record of patient who completed entire DSME program
- Submission of documents in record showing evidence of:
  - Collaborative participant initial assessment
  - Collaborative development of  $\geq 1$  behavioral goal(s) with education provided and outcomes evaluated
  - Assessment of  $\geq 1$  clinical outcome measure
  - Individualized patient educational plan
  - Educating participant in area(s) of assessed need(s)

# Other AADE Accreditation Requirements

- Individualized patient support plan
- Participation of all educators in program, and communication among
- Communication to referring provider after each visit
- Individualized follow-up on patient's DSME and goals
- Telephone interview or on-site audit
  - 5% of new applications selected for an audit are identified randomly from all initial (new) applications

# Other AADE Accreditation Requirements

- Submission (electronically or hard-copy) of other various documents:
  - Mission and vision statement
  - Evidence of sponsoring organizational support
  - DSME program organizational chart that represents the sponsoring organization's commitment to program
  - Sample patient education handout
  - Re: DSME curriculum:
    - Copy of table of contents or of title page
  - Names of members on program's advisory committee

# Other AADE Accreditation Requirements

- DSME referral from provider
- For program coordinator, each level/type of instructor and each level/type of non-clinical staff (CHWs):
  - Job descriptions
  - Resumes/CVs
  - Certificate of credential(s)
  - Continuing education certificates of completion
  - Active licenses and/or registration numbers

# Other **ADA** Recognition Requirements

Nearly identical to AADE, but with these key differences:

	<b>AADE</b>	<b>ADA</b>
Behavioral goals in patient record	≥1	≥2
Reporting time frames for new and renewal applications	Non-specific	Specific
Evidence of DSME curriculum	Copy of table of contents or of title page	Copy of full section of 1 assigned content area of curriculum
On-site audits conducted annually		5% or up to total of 70 of recognized programs
Average length of time to review application & supporting documentation	2 - 6 weeks	Up to 30 days
Communications regarding application review and status	Call via telephone and email by Director and/or Manager	All, via online portal on ADA website

# DSME Program Certification Cycle

Both AADE and ADA have the same specific requirements to maintain accreditation/recognition

4 year cycle:

- Annual status report
- Change of status report
- Audits
  - Medicare
  - AADE or ADA

# AADE Accreditation Structure

AADE Accreditation Regulations	BRANCH SITES	COMMUNITY SITES
<b>Sites are within same healthcare entity</b>	Required. Sites cannot be from different business entity umbrella	Not required (can be library, fitness center)
<b>Sites have independent operations</b>	Yes. Operate semi-independently from parent site.	Do not operate independently from parent site
<b>DSME program and oversight structure</b>	Must be same as parent site (is copy of with minor alterations for specific target population needs).	Must be same as parent site (is copy of with minor alterations for specific target population needs). Site offers extended copy of program.
<b>Same state as parent site</b>	Yes. Sites must be in same state.	Yes. Sites must be in same state.
<b>Cost</b>	Each branch location that receives own certificate requires additional \$100 fee	No additional cost for $\leq 10$ sites on original application
<b>Target population</b>	Can be different from parent site	Must be same as at parent site

# AADE Accreditation Structure

AADE Accreditation Regulations	BRANCH SITES	COMMUNITY SITES
<b>Curriculum</b>	Can be different from parent site	Must be same as parent site (carbon copy)
<b>Staff</b>	Can be different from parent site	Must be same as at parent site
<b>Program coordinator</b>	Must be same as at parent site. All communications between AADE DEAP for branches and program as a whole will go through program coordinator	Must be same as at parent sit. All communications between AADE DEAP for sites and program as a whole will go through program coordinator
<b>Advisory group</b>	Must be same as parent site	Must be same as at parent site
<b>CQI</b>	Can be different from parent site	Must be same as at parent site
<b>P &amp; P</b>	Can be different from parent site	Must be same as at parent site
<b>Forms</b>	Can be different from parent site	Must be same as at parent site
<b>Accreditation certificate</b>	Get separate, customized certificate. Certificates generated with ID number and name of parent site DSME program but branch site programs can also add additional ID number qualifier to allow for separate billing	No separate certificate. Gets copy of parent site's certificate with its community site's name on it
<b>Billing</b>	Can bill separately and independently under own NPI	Parent site bills under its NPI
<b>Audit</b>	Have potential to be audited even if parent site not chosen for an audit	Not audited
<b>Website posting</b>	Listed separately	Unlisted

# ADA Recognition Structure

## Distinctions between multi-sites and expansion sites

	<b>Multi-site</b>	<b>Expansion Site</b>
<b>Curriculum</b>	Can be different from primary site	Must be same as at parent multi-site
<b>Staff</b>	Can be different from primary site	Must come from same pool of staff as at parent multi-site
<b>CQI</b>	Can be different from primary site	Must be same as at parent multi-site
<b>Policies and Procedures</b>	Can be different from primary site	Must be same as at parent multi-site
<b>Forms</b>	Can be different from primary site	Must be same as at parent multi-site
<b>Certificate</b>	Site receives separate Recognition certificate	Site receives an approval letter not a certificate
<b>ERP Website</b>	Program is listed and searchable by zip code on ERP website.	Expansion sites are not listed or searchable on ERP website.
<b>Fee</b>	\$100 per additional multi-site per Recognition Cycle	No additional fee for unlimited expansion sites within the same state or 100 miles of the multi-site

Parent multi-site is the site that the expansions site expands out from.

# AADE and ADA Initial and Renewal Fees

## AADE

Initial and Renewal application fees per program accreditation 4 year cycle:

- a. DSME program initial and renewal application fee: \$900.00
- b. Community Sites: free
- c. Branch Locations: \$100.00 per each location

## ADA

Initial and Renewal application fees as of **April, 2015** per program recognition 4 year cycle:

- a. DSME program initial and renewal application fee: \$1,100.00
- b. Expansion Sites: free
- c. Multi Sites: \$100.00 per additional site

# Estimated Time Frame for Achieving AADE Accreditation or ADA Recognition

- Just like with determining your staffing needs, many variables affect how long it will take to achieve this gold standard of quality:
  - How many **people** and how many **hours** per day or per week can be dedicated to the work
  - Pre-existing knowledge of these people of NSDSME and requirements
  - If DSME program already implemented (as  $\geq 1$  patient must completed entire program as part of application)
    - If not, if approvals must be sought by administration (may require written proposal)

# Estimated Time Frame for Achieving AADE Accreditation or ADA Recognition

- If staff must be hired....and trained
- If relationship with area providers needs to be developed as DSME referral is required documentation in DSME patient record submitted with application
- **BIGGEST VARIABLE: If all turn-key materials required for accreditation/recognition available to worker-bees**

## **Examples:**

- *DSME Program Policy and Procedure Manual that aligns with current 10 NSDSME*
- Patient handouts, forms, worksheets
- Provider forms
- Medical record forms and templates
- Medicare compliant referral form

# Estimated Time Frame for Achieving AADE Accreditation or ADA Recognition

Bottom line estimates on next slide....

Please note that these are author's **'best guesses'**

based on her experience and networking with

educators across the U.S. for many years!

# Estimated Time Frame for Achieving AADE Accreditation or ADA Recognition

	Estimated Time Frames* for Achieving Accreditation or Recognition	
Dedicated Time to Achieving Certification <b>without Turn-Key Materials*</b>	No DSME Program Implemented	DSME Program Already Implemented
5 hours per week	24 months	18 months
10 hours per week	20 months	14 months
15 hours per week	16 months	10 months
20 hours per week	12 months	6 months

**\*With turn-key materials, estimated time frames reduced by 50%!**

# DSME Program Curricula

- NSDSME require approved written curriculum which:
  - Reflects current diabetes self-management evidence and practice guidelines
  - Has content outline
  - Specifies topics to teach
  - Suggests teaching strategies, patients' clinical and behavior goals, etc.
  - Defines participant learning objectives
  - Suggests methods of delivery
  - Suggests strategies for evaluation of learning

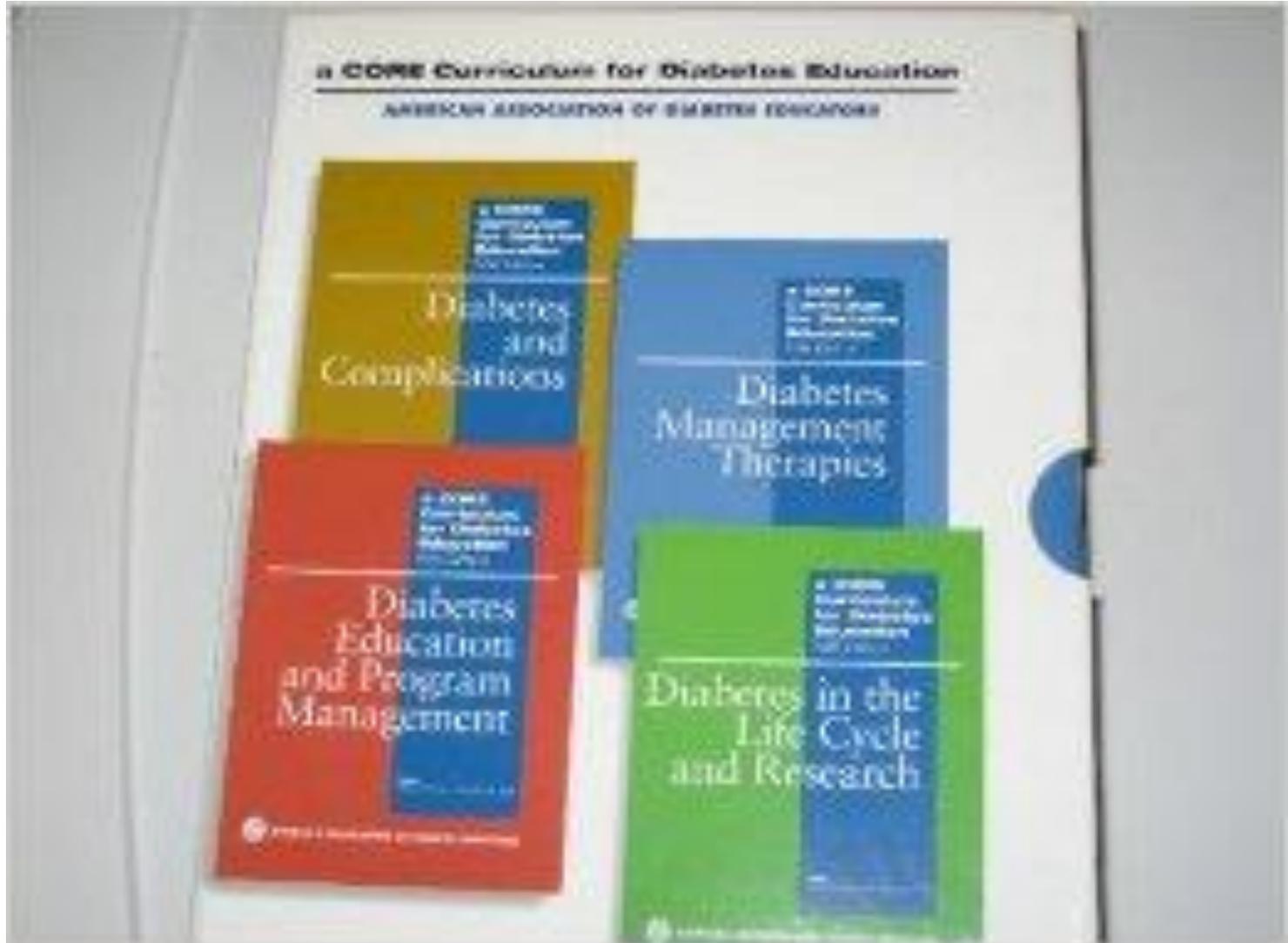
# DSME Program Curricula

- Several ready-made, quality DSMES curricula are for purchase
- Complete curriculum must include:
  - Learning objectives
  - Methods of teaching
  - Methods to evaluate whether learning has taken place
- Per NSDSME, entire core curriculum may be taught by an instructor from one discipline: RD or RN or pharmacist

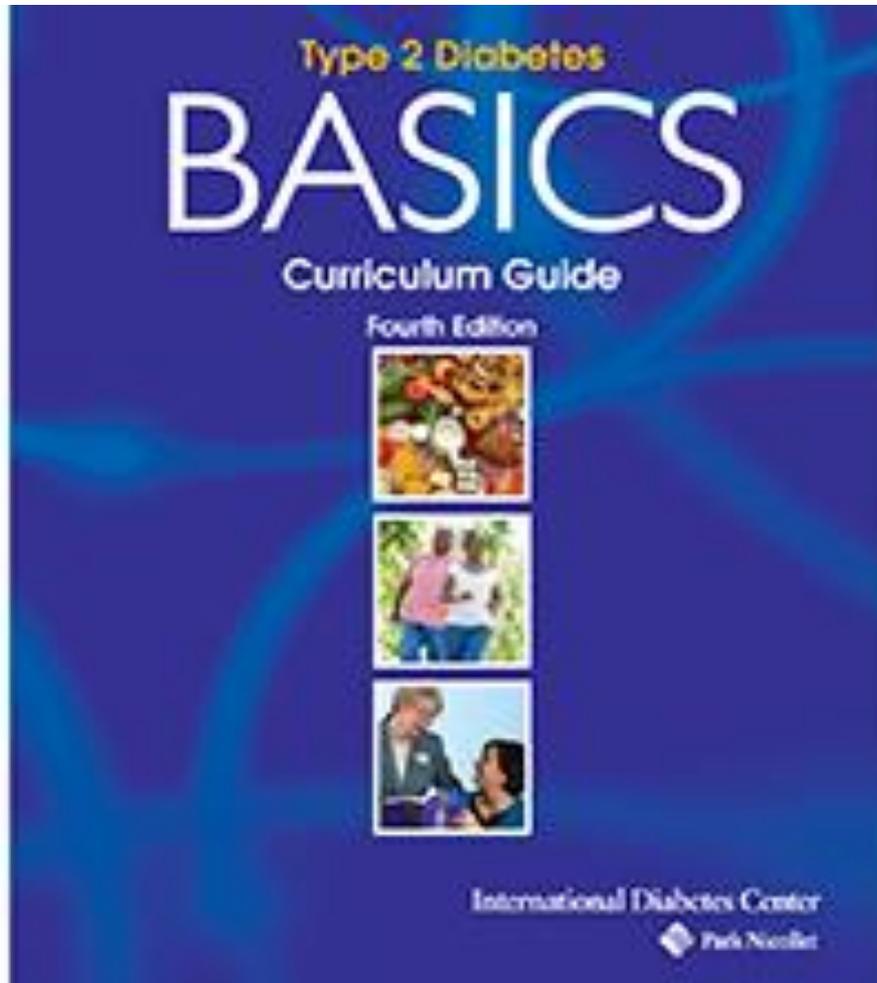
# DSME Program Curricula

- Examples of published curricula:
  - American Diabetes Association
  - American Association of Diabetes Educators
  - International Diabetes Federation
  - International Diabetes Center, Park Nicollet

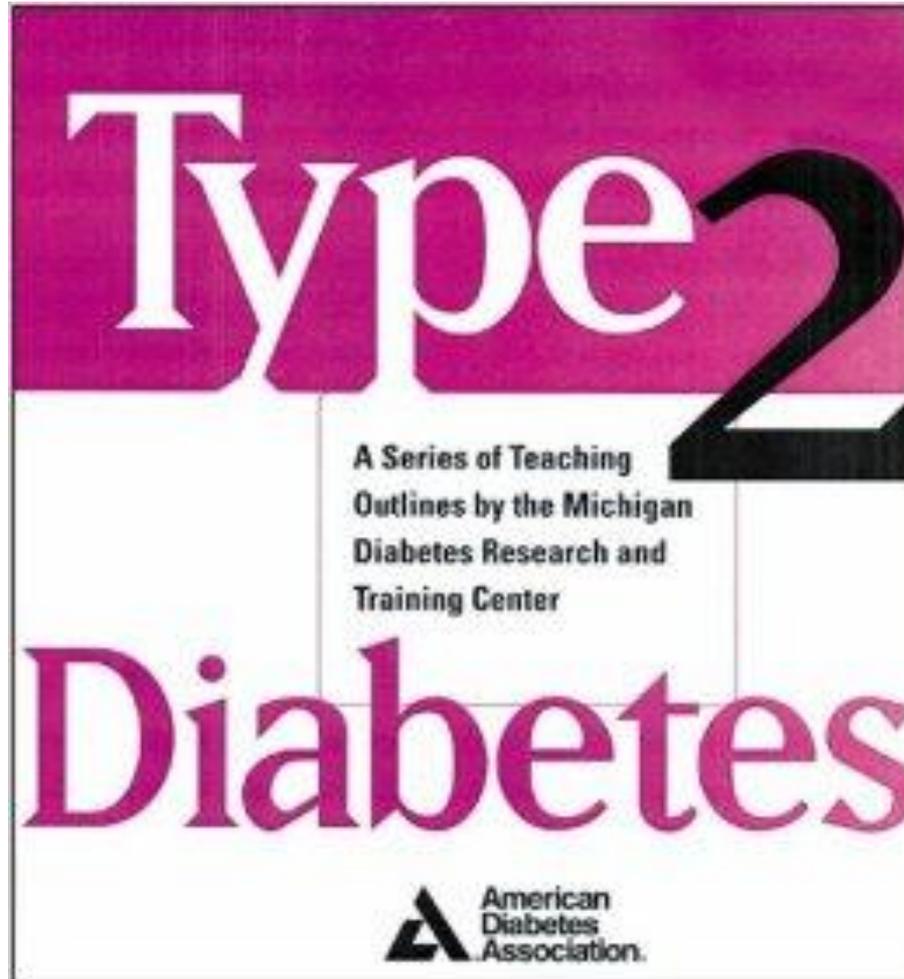
# DSME Program Curricula



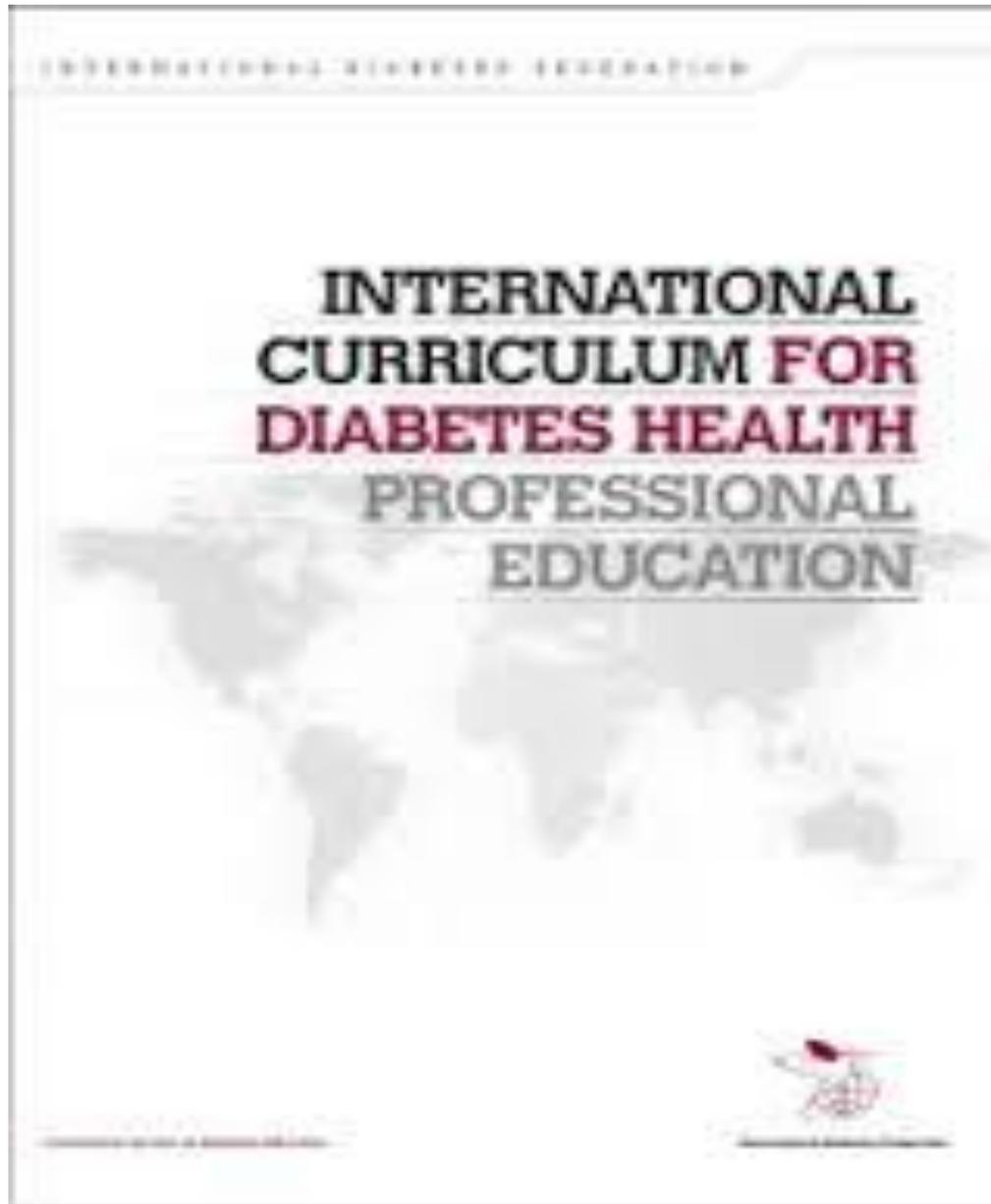
# DSME Program Curricula



# DSME Program Curricula



# DSME Program Curricula



# DSME Program Curricula

- **Maine Diabetes Self-Management Training (DSMT) Curriculum**
  - Maine Diabetes Prevention and Control Program, Division of Population Health, Maine Center for Disease Control and Prevention

<http://www.maine.gov/dhhs/mecdc/population-health/dcp/documents/DSMTProgramManual2013.pdf>

# DSME Program Curricula: Example of Lesson Plan

## LESSON PLANS FOR DIABETES SELF-MANAGEMENT TRAINING

### MODULE 1: DIABETES OVERVIEW

#### I. Purpose

To provide an overview of diabetes as a chronic disease process, including its causes and its effect on body systems.

#### II. Educational Objectives

At the end of this session the participant will be able to:

- A. State that diabetes is a chronic disease.
- B. Describe the role of insulin in normal body function.
- C. Describe what happens in the body when insulin is not available or the cells cannot use insulin properly.
- D. Describe the difference between type 1 and type 2 diabetes.
- E. State two groups of people at risk for diabetes.
- F. Identify at least two reasons why good diabetes control is important.
- G. State signs and symptoms of diabetes.
- H. State that a diabetes care plan is based upon:
  1. Meal planning and carbohydrate counting (diet).
  2. Exercise (physical activity).
  3. Medication (not always necessary for type 2 diabetes).
  4. Self-monitoring (primarily blood glucose).
  5. Preventive measures to reduce the risk of diabetes problems.

# DSME Program Curricula: Example of Lesson Plan

## **III. Pre-Teaching Guide for the Instructor**

- A. Review diabetes physiology, metabolism and insulin resistance.
- B. Review the Diabetes Control and Complications Trial (DCCT) and the United Kingdom Prospective Diabetes Study (UKPDS).
- C. Review transparencies 1 through 11. Prepare discussion relating the key and car to insulin and body cells. Note: Other educational materials (overheads, etc.) may be used to teach this concept; for some patient groups the educator may choose not to use the auto analogy.
- D. Review pamphlet on “Take the Test ... Know Your Score.” Prepare for discussion on the role of excess weight to insulin resistance.
- E. Review the types, management and treatment of diabetes.

## **IV. Supplies and Materials Needed for Teaching**

- A. Overhead transparencies 1 through 11.
- B. Identification bracelet sample.
- C. Identification card samples.
- D. Individual meal plans and types of medication.
- E. Black Board or Flip Chart (optional).
- F. See Handouts and Resources in Section V below.

## **V. Handouts and Resources for Participants**

- A. American Diabetes Association: “Diabetes Take the Test ... Know the Score.”

**DSME Program Structural Design:**

**Align with Medicare**

**DSMT Reimbursement Coverage Rules**

# DSME Program Structural Design: One Example

- Goal of this 6 week DSMT program design is to provide each participant with an individual assessment and education plan that has been developed collaboratively by participant and instructor(s) to direct the selection of appropriate education, interventions and self-management support strategies:

<b>Workshop Overview – Activity</b>	<b>Session 1</b>	<b>Session 2</b>	<b>Session 3</b>	<b>Session 4</b>	<b>Session 5</b>	<b>Session 6</b>
Overview of self-management and diabetes: <b>Reducing Risk</b>	✓					
Making an action plan: <b>Reducing Risk</b>	✓	✓	✓	✓	✓	✓
Monitoring: <b>Monitoring</b>	✓	✓	✓	✓	✓	✓
Nutrition/Healthy Eating: <b>Healthy Eating</b>	✓	✓	✓	✓		
Feedback/problem-solving: <b>Problem Solving</b>		✓	✓	✓	✓	✓
Preventing low blood sugar: <b>Reducing Risk</b>		✓				
Preventing complications: <b>Reducing Risk</b>			✓			
Fitness/exercise: <b>Being Active</b>			✓	✓		
Stress management: <b>Healthy coping</b>			✓			
Relaxation techniques: <b>Healthy coping</b>			✓	✓		
Difficult emotions: <b>Healthy coping</b>				✓		
Monitoring blood sugar: <b>Monitoring</b>					✓	
Depression: <b>Healthy coping</b>					✓	
Positive thinking: <b>Healthy coping</b>					✓	
Communication: <b>Healthy coping</b>					✓	
Medication: <b>Taking medication</b>					✓	
Working with healthcare professional: <b>Reducing Risk</b>						✓
Working with healthcare system: <b>Reducing Risk</b>						✓
Sick days: <b>Healthy coping</b>						✓
Skin and foot care: <b>Monitoring</b>						✓
Future plans: <b>Reducing Risk</b>						✓

# DSME Program Structural Design: Topic Table Mats

- Conversation Maps™ for DSME by Healthy Interactions:
  - Embody principles of adult learning
  - 3' by 5' map visual featuring pictures and metaphors that promote discussion and learning throughout the class and beyond
  - Educators trained to use support materials to:
    - Stimulate engaging discussions
    - Guide patients toward developing individualized personal action plan

[http://c.ymcdn.com/sites/www.chronicdisease.org/resource/resmgr/diabetes\\_projects/edge\\_implementation\\_kit\\_fina.pdf](http://c.ymcdn.com/sites/www.chronicdisease.org/resource/resmgr/diabetes_projects/edge_implementation_kit_fina.pdf)



<b>Name of Conversation Map Tool</b>	<b>Conversation Map Tool Content</b>	<b>Diabetes Self-care Behaviors**</b>
On the Road to Better Managing Your Diabetes*	<ul style="list-style-type: none"> <li>✦ Understanding what diabetes is and how it works</li> <li>✦ Dealing with feelings about diabetes</li> <li>✦ Checking your blood glucose levels</li> <li>✦ Healthy eating</li> <li>✦ Keeping active</li> <li>✦ Diabetes medicines</li> <li>✦ Your support network</li> </ul>	<ul style="list-style-type: none"> <li>✦ All 7 Self-care behaviors</li> </ul>
Diabetes and Healthy Eating*	<ul style="list-style-type: none"> <li>✦ The relationship between diabetes and food</li> <li>✦ Feelings about food and healthy eating</li> <li>✦ How what you eat, how much you eat and when you eat can affect your blood glucose</li> <li>✦ Meal planning and other strategies for healthy eating</li> </ul>	<ul style="list-style-type: none"> <li>✦ Healthy eating</li> </ul>
Monitoring Your Blood Glucose*	<ul style="list-style-type: none"> <li>✦ What blood glucose and insulin are</li> <li>✦ Blood glucose targets and reactions to out of range levels</li> <li>✦ What can cause blood glucose to go up and down and preventing high and low blood glucose</li> <li>✦ Using your monitoring results to manage your diabetes</li> </ul>	<ul style="list-style-type: none"> <li>✦ Monitoring</li> <li>✦ Healthy coping</li> </ul>
Continuing Your Journey with Diabetes*	<ul style="list-style-type: none"> <li>✦ The natural course of diabetes</li> <li>✦ The potential long-term complications of diabetes</li> <li>✦ How to delay or reduce the risk of long-term complications of diabetes</li> <li>✦ Knowing your ABC's</li> </ul>	<ul style="list-style-type: none"> <li>✦ Taking medication</li> <li>✦ Problem solving</li> <li>✦ Reducing Risks</li> </ul>
Caring for Gestational Diabetes	<ul style="list-style-type: none"> <li>✦ What gestational diabetes is</li> <li>✦ Feeling about being diagnosed with gestational diabetes and trying to manage it</li> <li>✦ Caring for gestational diabetes</li> <li>✦ What to expect after pregnancy and the risk of getting type 2 diabetes</li> </ul>	<ul style="list-style-type: none"> <li>✦ All 7 Self-care behaviors</li> </ul>

# DSME Program Structural Design: Mary Ann's Own Design

- **8 visits total (individual and group) to furnish:**
  - **10 hours of initial DSME**, and
  - **3 hours of initial Medical Nutrition Therapy (MNT)**
    - Design matches maximum number of hours reimbursed by Medicare for each benefit
    - Refer to separate hard copy of this design furnished as supplement to presentation

<b>Visit #1</b>	1 Hr <b>Group DSME</b>	<p><b>Medicare DSMT coverage:</b></p> <ul style="list-style-type: none"> <li>• 10 initial hrs in 12 consecutive months: <ul style="list-style-type: none"> <li>○ Required: 9 hrs group if no special needs Rx'd</li> <li>○ Optional: 1 hr individual</li> </ul> </li> </ul> <p><b>Medicare MNT coverage:</b></p> <ul style="list-style-type: none"> <li>• 3 hrs in initial calendar yr: <ul style="list-style-type: none"> <li>○ Group or individual</li> </ul> </li> </ul>
<b>Visit #2</b>	2 Hrs <b>Group DSME</b>	
<b>Visit #3</b>	2 Hrs <b>Group DSME</b>	
<b>Visit #4</b>	2 Hrs <b>Group MNT</b>	
<b>Visit #5</b>	1 Hr <b>Individual MNT</b>	
<b>Visit #6</b>	2 Hrs <b>Group DSME</b>	
<b>Visit #7</b>	1 Hr <b>Individual DSME</b>	
<b>Visit #8</b>	2 Hrs <b>Group DSME</b>	

**On next 3 slides is complete, actual design of Mary Ann's 13 hour combined DSME/MNT Program. Also see separate Word document of same.**

# ABC HOSPITAL DIABETES SELF-MANAGEMENT EDUCATION PROGRAM

## DIABETES SELF-MANAGEMENT EDUCATION AND MEDICAL NUTRITION THERAPY RECORD and PROGRESS NOTE

Patient: \_\_\_\_\_ Provider: \_\_\_\_\_  Initial  Subsequent Yr Follow-Up

<b>DSME RECORD: VISIT #1</b> (1 Hr Group Scheduled)	<b>ACTUAL</b>	<b>PROGRESS NOTE: Visit #</b> _____ <b>Date:</b> _____
<input type="checkbox"/> Individual assessment <input type="checkbox"/> Education needs; behavior $\Delta$ tools <sup>^</sup>	Date: _____ Initials: _____	<b>Behavior <math>\Delta</math> tools used<sup>^</sup>:</b>
<input type="checkbox"/> BG goals + targets <input type="checkbox"/> Diabetes outcomes <input type="checkbox"/> Behavior goals	Hrs: 0.5 1 2 3	<b>A1C:</b> _____ <b>BP:</b> _____ <b>BMI:</b> _____ <b>Ht:</b> _____
<input type="checkbox"/> Program schedule and visit dates <input type="checkbox"/> A1c test	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<b>Wt:</b> _____ <input type="checkbox"/> $\downarrow$ <input type="checkbox"/> $\uparrow$ _____ # <b>Wt Goal:</b> _____
<input type="checkbox"/> Monitoring* of BS + meter receipt; meter name =	Also present:	<b>BG:</b> _____
<input type="checkbox"/> Pt--selected topics:	<input type="checkbox"/> Family <input type="checkbox"/> Friend	
<input type="checkbox"/> Other:	<input type="checkbox"/> Caregiver <input type="checkbox"/> Other	
*Monitoring of BS Goal is:		
<b>DSME RECORD: VISIT #2</b> (2 Hrs Group Scheduled)	Date: _____ Initials: _____	<b>Other Outcomes:</b> <input type="checkbox"/> See Separate Form Attached
<input type="checkbox"/> Diabetes biology <input type="checkbox"/> Diabetes identification <input type="checkbox"/> Food + BG logs	Hrs: 0.5 1 2 3	
<input type="checkbox"/> What $\uparrow$ $\downarrow$ BG <input type="checkbox"/> Healthy eating* <input type="checkbox"/> Body wt	<input type="checkbox"/> Group <input type="checkbox"/> Individual	
<input type="checkbox"/> Pt--selected topics:	Also present:	
<input type="checkbox"/> Other:	<input type="checkbox"/> Family <input type="checkbox"/> Friend	
	<input type="checkbox"/> Caregiver <input type="checkbox"/> Other	
<b>DSME RECORD: VISIT #3</b> (2 Hrs Group Scheduled)	Date: _____ Initials: _____	<b>Diabetes Meds:</b> <input type="checkbox"/> None <input type="checkbox"/> No change <input type="checkbox"/> Request $\Delta$
<input type="checkbox"/> Pattern management with pts' logs <input type="checkbox"/> Monitor health status	Hrs: 0.5 1 2 3	
<input type="checkbox"/> Taking meds* <input type="checkbox"/> OTC meds <input type="checkbox"/> Sick day care	<input type="checkbox"/> Group <input type="checkbox"/> Individual	
<input type="checkbox"/> Being active* <input type="checkbox"/> Reducing risks: hypo and hyperglycemia	Also present:	
<input type="checkbox"/> Pt--selected topics:	<input type="checkbox"/> Family <input type="checkbox"/> Friend	
<input type="checkbox"/> Other:	<input type="checkbox"/> Caregiver <input type="checkbox"/> Other	

Refer to separate Word document furnished as supplement to this presentation!

<b>MNT RECORD: VISIT #4</b> (2 Hrs Group Scheduled)	Date: Initials: Hrs: 0.5 1 2 3 <input type="checkbox"/> Group <input type="checkbox"/> Individual Also present: <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Caregiver <input type="checkbox"/> Other
<input type="checkbox"/> Carb-protein-fats <input type="checkbox"/> SF foods <input type="checkbox"/> Fiber, <u>stanols</u> <input type="checkbox"/> Sodium	
<input type="checkbox"/> Recipe mod. <input type="checkbox"/> Dining out <input type="checkbox"/> Alcohol <input type="checkbox"/> Food labels	
<input type="checkbox"/> Pt--selected topics:	
<input type="checkbox"/> Other:	
<b>MNT RECORD: VISIT #5</b> (1 Hr Individual Scheduled)	Date: Initials: Hrs: 0.5 1 2 3 <input type="checkbox"/> Group <input type="checkbox"/> Individual Also present: <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Caregiver <input type="checkbox"/> Other
<input type="checkbox"/> Individualized meal plan <input type="checkbox"/> Other:	
<b>DSME RECORD: VISIT #6</b> (2 Hrs Group Scheduled)	Date: Initials: Hrs: 0.5 1 2 3 <input type="checkbox"/> Group <input type="checkbox"/> Individual Also present: <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Caregiver <input type="checkbox"/> Other
<input type="checkbox"/> Reducing risks*: chronic complications <input type="checkbox"/> Pattern management	
<input type="checkbox"/> Obstacles to change <input type="checkbox"/> Healthy coping + stress* <input type="checkbox"/> Foot care	
<input type="checkbox"/> Pt--selected topics:	
<input type="checkbox"/> Other:	

Other Meds:  BP  lipids  depression/anxiety

**\*Behavior Goals Set related to:**  Separate Form Attached

- \*Healthy eating  \*Being active  \*Taking meds  
 \*Reducing risks  \*Monitoring  \*Healthy coping  
 \*Problem-solving

Notes:  PHYSICIAN ACTION REQUESTED

**DSME RECORD: VISIT #7 (1 Hr Individual Scheduled)**

Pt--selected topics:

Date:      Initials:  
Hrs: 0.5 1 2 3  
 Group    Individual  
Also present:  
 Family    Friend  
 Caregiver    Other

**DSME RECORD: VISIT #8 (2 Hrs Group Scheduled)**

- Initial assessment review + correct knowledge deficits
- Behavior goals  $\Delta$  achievement + other diabetes outcomes
- Reducing risks\*: DKA + NKHHS       Problem solving\*
- DSM support plan    DSME follow-up    Pattern management
- Pt--selected topics:
- Other:

Date:      Initials:  
Hrs: 0.5 1 2 3  
 Group    Individual  
Also present:  
 Family    Friend  
 Caregiver    Other

**SEE ADDENDUM NOTE ATTACHED**

**^ K =↑ Knowledge   S =↑ Skill   G = Goal Setting   B = Behavior Contracts   C =↑ Confidence   O =↓ Obstacles   P =↑ Problem Solving   H =Handouts   DS = Discussion   D = Demo   V=Video**

**Educator Signature/Initials:**

**Educator Signature/Initials:**

# DSME Program Structural Design: Mary Ann's Own Design

- **6 visits total (individual and group) to furnish:**
  - **10 hours of initial DSME**
    - Design matches maximum number of hours reimbursed by Medicare for DSME benefit
    - Refer to separate hard copy of this design furnished as supplement to presentation

<b>Visit #1</b>	1 Hr <b>Group DSME</b>
<b>Visit #2</b>	2 Hrs <b>Group DSME</b>
<b>Visit #3</b>	2 Hrs <b>Group DSME</b>
<b>Visit #4</b>	2 Hrs <b>Group DSME</b>
<b>Visit #5</b>	1 Hr <i>Individual DSME</i>
<b>Visit #6</b>	2 Hrs <b>Group DSME</b>

**Medicare DSMT coverage:**

- 10 initial hours in 12 consecutive months:
  - Required: 9 hrs group if no special needs Rx'd
  - Optional: 1 hr individual

**On next 3 slides is complete, actual design of Mary Ann's 10 hour DSME Program. Also see separate Word document of same.**

ABC HOSPITAL DIABETES SELF-MANAGEMENT EDUCATION PROGRAM

**DIABETES SELF-MANAGEMENT EDUCATION PROGRAM RECORD and PROGRESS NOTE**

Patient: \_\_\_\_\_ Provider: \_\_\_\_\_  Initial  Subsequent Yr Follow-Up

<b>RECORD VISIT # 1</b> (1 Hr Group Scheduled)	<b>ACTUAL</b>	<b>PROGRESS NOTE: Visit # _____ Date: _____</b>
<input type="checkbox"/> Individual assessment <input type="checkbox"/> Education needs; behavior $\Delta$ tools <sup>^</sup>	Date:	<b>Behavior <math>\Delta</math> tools used<sup>^</sup>:</b>
<input type="checkbox"/> BG goals + targets <input type="checkbox"/> Diabetes outcomes <input type="checkbox"/> Behavior goals	Initials:	<b>A1C:                      BP:                      BMI:                      Ht:</b>
<input type="checkbox"/> Program schedule and visit dates <input type="checkbox"/> A1c test	Hrs: 0.5 1 2 3	<b>Wt:                      <input type="checkbox"/>↓ <input type="checkbox"/>↑ _____ # Wt Goal:</b>
<input type="checkbox"/> Monitoring* of BS + meter receipt; meter name =	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<b>BG:</b>
<input type="checkbox"/> Pt-selected topics:	Also present:	
<input type="checkbox"/> Other:	<input type="checkbox"/> Family <input type="checkbox"/> Friend	
	<input type="checkbox"/> Caregiver <input type="checkbox"/> Other	
*SMBG goal:		
<b>RECORD VISIT # 2</b> (2 Hrs Group Scheduled)	Date:	<b>Other Outcomes:                      <input type="checkbox"/> See Separate Form Attached</b>
<input type="checkbox"/> Diabetes biology <input type="checkbox"/> Diabetes identification <input type="checkbox"/> Food + BG logs	Initials:	
<input type="checkbox"/> What $\uparrow$ $\downarrow$ BG <input type="checkbox"/> Healthy eating* <input type="checkbox"/> Food labels <input type="checkbox"/> Body wt	Hrs: 0.5 1 2 3	
<input type="checkbox"/> Pt-selected topics:	<input type="checkbox"/> Group <input type="checkbox"/> Individual	
<input type="checkbox"/> Other:	Also present:	
	<input type="checkbox"/> Family <input type="checkbox"/> Friend	
	<input type="checkbox"/> Caregiver <input type="checkbox"/> Other	

Refer to separate Word document  
furnished as supplement to this presentation!

**RECORD VISIT # 3** (2 Hrs Group Scheduled)

Pattern management with pts' logs  Monitor health status

Taking meds\*  OTC meds  Sick day care

Being active\*  Reducing risks: hypo + hyperglycemia

Pt-selected topics:

Other:

Date:

Initials:

Hrs: 0.5 1 2 3

Group  Individual

Also present:

Family  Friend

Caregiver  Other

Diabetes Meds:  None  No change  Request  $\Delta$

Other Meds:  BP  lipids  depression/anxiety

**RECORD VISIT # 4** (2 Hrs Group Scheduled)

Reducing risks\*: chronic complications  Pattern management

Obstacles to change  Healthy coping + stress\*  Foot care

Pt-selected topics:

Other:

Date:

Initials:

Hrs: 0.5 1 2 3

Group  Individual

Also present:

Family  Friend

Caregiver  Other

\*Behavior Goals Set related to:  Separate Form Attached

\*Healthy eating  \*Being active  \*Taking meds

\*Reducing risks  \*Monitoring  \*Healthy coping

\*Problem-solving

<b>RECORD VISIT # 5</b> (1 Hr Individual Scheduled)	Date:	<input type="checkbox"/> Handouts provided
<input type="checkbox"/> Pt-selected topics or other:	Initials:	<b>Notes:</b> <input type="checkbox"/> <b>PHYSICIAN ACTION REQUESTED</b>
	Hrs: 0.5 1 2 3	
	<input type="checkbox"/> Group <input type="checkbox"/> Individual	
	Also present:	
	<input type="checkbox"/> Family <input type="checkbox"/> Friend	
	<input type="checkbox"/> Caregiver <input type="checkbox"/> Other	
<b>RECORD VISIT # 6</b> (2 Hrs Group Scheduled)	Date:	
<input type="checkbox"/> Initial assessment review + correct knowledge deficits	Initials:	
<input type="checkbox"/> Behavior goals $\Delta$ achievement + other diabetes outcomes	Hrs: 0.5 1 2 3	
<input type="checkbox"/> Reducing risks*: DKA + NKHHS <input type="checkbox"/> Problem solving*	<input type="checkbox"/> Group <input type="checkbox"/> Individual	
<input type="checkbox"/> DSM support plan <input type="checkbox"/> DSME follow-up <input type="checkbox"/> Pattern management	Also present:	
<input type="checkbox"/> Pt-selected topics:	<input type="checkbox"/> Family <input type="checkbox"/> Friend	
<input type="checkbox"/> Other:	<input type="checkbox"/> Caregiver <input type="checkbox"/> Other	
		<input type="checkbox"/> <b>SEE ADDENDUM NOTE ATTACHED</b>
^ K =↑ Knowledge S =↑ Skill G = Goal Setting B = Behavior Contracts C =↑ Confidence O =↓ Obstacles P =↑ Problem Solving H =Handouts DS = Discussion D = Demo V=Video		
Educator Signature/Initials:	Educator Signature/Initials:	

ABC HOSPITAL DIABETES SELF-MANAGEMENT EDUCATION PROGRAM

**INITIAL DIABETES SELF-MANAGEMENT EDUCATION RECORD and PROGRESS NOTE**

Patient: \_\_\_\_\_ Provider: \_\_\_\_\_  Initial  Subsequent Yr Follow-Up

**ADDENDUM NOTE**

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Thank  
You



A green tree snake is coiled on a dark branch. The snake's body is tightly wrapped around the branch, with its head in the center. The snake has a bright green color with a fine, grid-like pattern on its scales. To the right of the snake, there is a large yellow thought bubble with a red outline. Inside the bubble, the text reads: "I just want to curl up and go to sleep after THAT talk!". Three small yellow circles with red outlines are positioned between the snake and the thought bubble, suggesting a thought process.

**I just want  
to curl up  
and go to  
sleep after  
THAT talk!**



# Resources for DSME and MNT

1. American Association of Diabetes Educators
2. AADE Guidelines for the Practice of Diabetes Self-Management Education and Training (DSME/T) ©2009,
3. American Diabetes Association
4. Juvenile Diabetes Research Foundation
5. Academy of Nutrition and Dietetics
6. American Association of Clinical Endocrinologists
7. National Diabetes Education Program
8. Diabetes Action Research and Education Foundation

## 9. Diabetes Care and Resources Toolbox

[www.nehc.med.navy.mil/bumed/diabetes/diabetes/diabet](http://www.nehc.med.navy.mil/bumed/diabetes/diabetes/diabet)

## 10. Diabetes Care Quality Improvement: Resource Guide, US

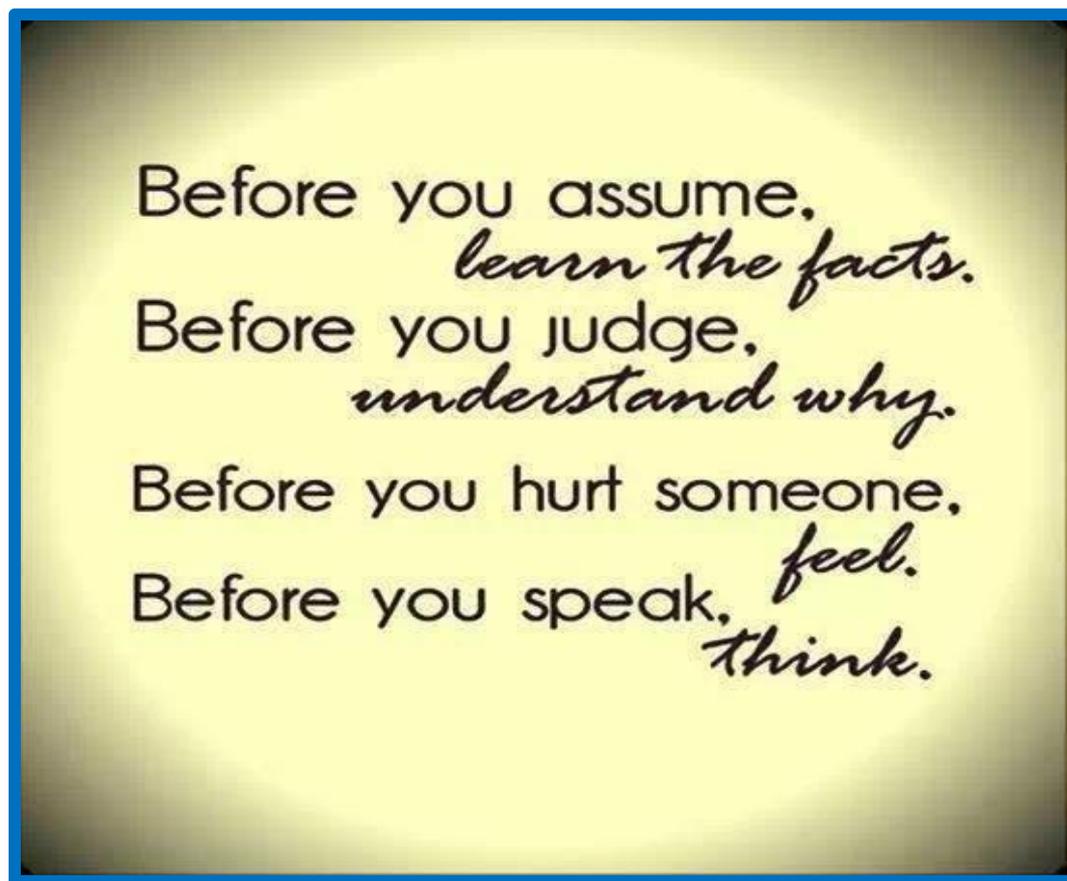
Dept. of Health and Human Services, Agency for  
Healthcare Research and Quality, National Institute of  
Diabetes, Digestive and Kidney Diseases

## 11. State-Based Diabetes Prevention and Control Programs

## 12. National Diabetes Education Initiative

13. American College of Physicians Diabetes Portal
14. American Heart Association
15. National Kidney Foundation and State Affiliates
16. Medline Plus (service of U.S. National Library of Medicine, National Institutes of Health)
17. National Kidney and Urologic Diseases Information Clearinghouse
18. National Kidney Disease Education Program
19. Weight-Control Information Network
20. Diabetes Exercise and Sports Association
21. Endocrine Society

22. National Diabetes Information Clearinghouse
23. Centers for Disease Control and Prevention
24. National Certification Board for Diabetes Educators
25. Dept. of Veteran Affairs, Veterans Health Administration



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1. Centers for Disease Control and Prevention. (2013, January 11). Leading Causes of Death. Retrieved from <http://www.cdc.gov/nchs/fastats/lcod.htm>
2. Centers for Disease Control and Prevention/Nat'l Center for Chronic Disease Prevention & Health Promotion. (2012). Diabetes Report Card 2012. Atlanta, GA.
3. American Diabetes Association. (2013, March 6). The Cost of Diabetes. Retrieved from <http://www.diabetes.org/advocate/resources/cost-of-diabetes.html>
4. American Association of Diabetes Educators. (2013). Diabetes Education Definitions and Fact Sheet. Retrieved from <http://www.diabeteseducator.org/DiabetesEducation/Definitions.html>
5. Funnell, M.M., Brown, T.L., Childs, B.P., Haas, L.B., Hosey, G.M., Jensen, B., ... Weiss, M.A. (2012, January). National Standards for Diabetes Self-Management Education. Retrieved from [http://www.ncpanet.org/pdf/conferences/2013/daspa/national\\_standards\\_for\\_d\\_sme.pdf](http://www.ncpanet.org/pdf/conferences/2013/daspa/national_standards_for_d_sme.pdf).
6. American Association of Diabetes Educators. (2013). AADE7 Self-Care Behaviors. Retrieved from <http://www.diabeteseducator.org/ProfessionalResources/AADE7/>.
7. American Diabetes Association, *Diabetes Care*, Standards of Medical Care in Diabetes, 2015, Vol. 38, Supplement 1, Jan. 2015

# References

8. Centers for Disease Control and Prevention. (2011, May 23). 2011 Diabetes Fact Sheet. Retrieved from <http://www.cdc.gov/diabetes/pubs/estimates11.htm#12>.
9. National Diabetes Education Program. (2011, June). Redesigning the Health Team: Diabetes Prevention and Lifelong Management. Retrieved from [http://www.ndep.nih.gov/media/NDEP37\\_RedesignTeamCare\\_4c\\_508.pdf?redirect=true](http://www.ndep.nih.gov/media/NDEP37_RedesignTeamCare_4c_508.pdf?redirect=true).
11. Burt, C.W., McCaig, L.F., & Rechtsteiner, E.A. (2010, April 6). NCHS Health E-Stat. Retrieved from <http://www.cdc.gov/nchs/data/hestat/estimates2004/estimates2004.htm#fig4>.
12. Steinsbekke, A. (2012). Group based diabetes self-management education compared to routine treatment for people with type 2 diabetes mellitus. A systematic review with meta-analysis. BM Health Services Research.
13. Department of Health and Human Services. (2011, May). Retrieved from <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-NetworkMLN/MLNProducts/downloads/DiabetesSvcs.pdf>.

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14. Department of Health and Human Services. Centers for Medicare and Medicaid Services. (2002, Oct 4). Program Memorandum Carriers Transmittal B-02-062. Retrieved from <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/b02062.pdf>.
15. American Association of Diabetes Educators. (2013). DEAP FAQs. Retrieved from <http://www.diabeteseducator.org/ProfessionalResources/accred/FAQs.html>.