# Diabetes Self-Management Education and Support (DSMES)

## Guidance Manual for Building and Sustaining a Quality DSMES Service

Developed by

*The Florida Diabetes Alliance, In*c.

Based on
2017 DSMES
Standards

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Dear Diabetes Educator:

Welcome to the **Guidance Manual for Building and Sustaining a Quality Diabetes Self-Management Education and Support (DSMES) Service.** This manual has been developed by the Florida Diabetes Alliance, Inc. to provide you with practical guidance on developing DSMES services. Our goal is to assist you as you are putting together your DSMES Program, guide you in setting up high-quality services, and get it ready for accreditation or recognition by one of the two agencies that the Centers for Medicare and Medicaid (CMS) authorize to accredit DSMES – AADE or ADA. Additional tips are included to assist you in keeping your DSMES Program audit-ready and attain long-term sustainability.

What you will find inside this manual:

- Statutory authority for Diabetes Self-Management Training (DSMT)
- Explanation of the two accredited agencies and their respective processes for accreditation or recognition
- Guidance on each standard and how to apply it to your services
- Sample documents for each standard, including templates for policies, documentation forms, etc.
- Guidance on staffing and other essential resources
- A checklist for all the supporting documentation you'll need when you submit your final application
- Sample de-identified patient chart with key areas highlighted
- Guidance and mock audit tools to assist you should your DSMES Program be chosen for audit
- Tips to facilitate your Program's process in getting reimbursed from Medicare and/or private payers
- Marketing strategies and best practices from other successful DSMES services
- DSMES Outcomes Tracking Tools
- Other frequently asked questions regarding DSMES services

We know that developing a DSMES Program can seem an overwhelming task. Our hope is that this manual will simplify this for you and your organization. Our goal at the Florida Diabetes Alliance, Inc. is to increase access to quality DSMES across the state of Florida and ensure that your DSMES Program adheres to quality standards.

We look forward to working with you!

Sincerely,

*The Florida Diabetes Alliance, Inc.*

*DSMES Mentors*

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# Introduction

*(The following is excerpted from the **2017** National Standards for
Diabetes Self-Management Education and Support)*

Every five years, the National Standards for Diabetes Self-Management Education and Support (DSMES) are updated. The standards provide guidelines for operating a DSMES program. It is required that all programs that are accredited/recognized by AADE and ADA meet these guidelines to bill for Medicare. This **Guidance Manual for Building and Sustaining a Quality Diabetes Self-Management Education and Support (DSMES) Service** is based on the most recent version of the standards that were reviewed and published in 2017.

The Standards define timely, evidence-based, quality DSMES services that meet or exceed the Medicare diabetes self-management training (DSMT) regulations; however, these standards do not guarantee reimbursement. These Standards provide evidence for all diabetes self-management education providers, including those that do not plan to seek reimbursement for DSMES. The current Standards' evidence clearly identifies the need to provide person-centered services that embrace the ever-increasing technological engagement platforms and systems.

The Standards are designed to define quality DSMES and assist those who provide DSMES services to implement evidence-based DSMES. Four critical time points for providing DSMES — at diagnosis, annually, when complicating factors occur, and during transitions in care.

The Standards are applicable to educators in solo practice as well as those in large multicenter programs, care coordination programs, population health programs, and technology-enabled models of care. The Standards do not endorse any one approach but rather seek to delineate the commonalities among effective and evidence-based DSMES strategies. These Standards are used for recognition by the American Diabetes Association (ADA) and accreditation by the American Association of Diabetes Educators (AADE). They also serve as a guide for non-accredited and non-recognized providers of diabetes education.

Previous Standards have used the term *program*; however, when focusing on the needs of an individual, this term is no longer relevant. The use of DSMES *services* more clearly delineates the need to individualize and identify the elements of DSMES appropriate for an individual. This revision encourages providers of DSMES to embrace view of the complexities of the evolving health care landscape.

For the complete publication of the 2017 National Standards for DSMES please go to
http://care.diabetesjournals.org/content/diacare/early/2017/07/26/dci17-0025.full.pdf.

**Statutory Authority for Diabetes Self-Management Training (DSMT)**

Section 4105(a) of the Balanced Budget Act of 1997 (BBA) (pub. L. 105-33), enacted on August 5, 1997, provides for Medicare coverage for DSMT services provided by a "certified provider." Section 4105 of the BBA amended section 1861 of the Social Security Act (The Act) by adding a new section (q)(q).

Section 1861(q)(q) of the Social Security Act (the Act) provides CMS with the statutory authority to regulate Medicare outpatient coverage of DSMT services.

- The term "diabetes outpatient self-management training services" is defined at 1861(q)(q)(1) of the Act as "educational and training services furnished…to an individual with diabetes by a certified provider…in an outpatient setting by an individual or entity who meets the quality standards…, but only if the physician who is managing the individual's diabetic condition certifies that such services are needed under a comprehensive plan of care related to the individual's diabetic condition to ensure therapy compliance or to provide the individual with necessary skills and knowledge (including skills related to the self-administration of injectable drugs) to participate in the management of the individual's condition.
- The term "certified provider" is defined at section 1861(q)(q)(2)(A) of the Act as "a physician, or other individual or entity designated by the Secretary, that, in addition to providing diabetes outpatient self-management training services, provides other items or services for which payment may be made under this title."

Section 1861(q)(q)(2) provides that the Secretary may recognize a physician, individual, or entity that is recognized by an organization as meeting standards for furnishing these services as a certified DSMT provider. This statute also provides that a physician or other individual or entity shall be deemed to have met such standards if they meet applicable standards originally established by the National Diabetes Advisory Board.

Section 1861(q)(q)(2)(B) of the Act states that "a physician, or such other individual or entity, meets the quality standards… if the physician, or individual or entity, meets quality standards established by the Secretary, except that the physician or other individual or entity shall be deemed to have met such standards if the physician or other individual or entity meets applicable standards originally established by the National Diabetes Advisory Board and subsequently revised by organizations who participated in the establishment of standards by such Board, or is recognized by an organization that represents individuals (including individuals under this title) with diabetes as meeting standards for furnishing the services."

Additionally, section 4105(c)(1) of the BBA requires the Secretary to establish outcome measurements for purposes of evaluating the improvement of the health status of Medicare beneficiaries with diabetes.

A final rule (65 FR 83130) was published in the Federal Register on December 29, 2000 which implemented the BBA provisions addressing the coverage, payment, quality standards, and accreditation requirements for DSMT. This final rule also implemented the DSMT regulations that are codified at Title 42 of the Code of Federal Regulation (CFR) sections 410.140 to 410.146.

The CMS regulations at 42 CFR 410.144 provide the authority for the CMS to require the DSMT Accrediting Organizations (AOs) to use one of the following types of accreditation standards: (1) the accreditation standards set forth at §410.144(a); (2) the accreditation standards issued by the National Standards for Diabetes Self-Management Education Support (NSDSMES) (§410.144(b)); or (3) other accreditation standards, so long as they have been submitted to CMS and approved as meeting or exceeding the CMS quality standards described at §410.144(a).

> *The American Diabetes Association (ADA) and the American Association of Diabetic Educators (AADE) are the two national DSMT AOs approved by CMS to accredit entities that furnish DSMT services.*

These DSMT AOs are approved by CMS for six-year terms. Section 410.143(a) sets forth the ongoing responsibilities of the DSMT AOs. The requirement at section 410.143(b) sets forth the oversight activities that CMS, or its agent, will perform to ensure that a CMS approved DSMT AO, and the entities the organization accredits, continue to meet a set of quality standards described at §410.144.

Section 410.145 of the regulations specifies requirements that DSMT entities must meet. Section 410.146 requires that the approved entity must collect and record, in an organized systematic manner, patient assessment information on a quarterly basis, at least, for a beneficiary who receives DSMT training.

**The American Diabetes Association (ADA) Education Recognition Program (ERP)**

- All entities that provide diabetes self-management education and support that are operating under the current National Standards for DSMES are eligible to apply for ADA Recognition of the DSMES program.

- The new online DSMES program application requires an individual to contact the ADA ERP Department to be set up in the application portal. Application supporting documents (outlined in the online application) must be uploaded into the application portal, or faxed, emailed or sent via postal mail to the ADA ERP Department prior to the application being placed in the application review queue. The supporting document submission options and instructions are listed within the online application.

- The application is reviewed by an ERP team member, and the applicant is notified via the application portal of its approval for a 4-year recognition period. The applicant will also be notified via the portal if the application is not approved and provided guidance of documentation reflecting specific recognition elements required for the application approval.

- ADA recognized DSMES programs and their locations can be searched via ZIP code at: https://professional.diabetes.org/erp_list_zip.

- The ADA performs a random site visit audit of less than 5 percent of all recognized programs each year.

- The entity is notified 10 working days prior to the onsite audit, and there are no unannounced site visits. The entity is provided with the Audit Preparation Toolkit to guide the DSMES Quality Coordinator in audit preparation and documentation required reflecting adherence to the DSMES standards. The Audit Preparation Toolkit can be viewed at: https://professional.diabetes.org/sites/professional.diabetes.org/files/media/erp-audit-toolkit-9-2016.pdf.

- There were 1,614 DSMES programs recognized by the ADA with an additional 2,119 sites associated with them as of November 2017. ADA considers these as 3,733 active DSMES program locations.


**Education Recognition Requirements 9th Edition** *(from ADA website)*

**Download PDF Version (link is external)**


I. Who can seek Recognition for an education program?

Any entity that provides diabetes self-management education (DSME) is eligible to apply for Education Program Recognition when and as long as it has demonstrated that the education program meets the National Standards for Diabetes Self-Management Education (NSDSME). Eligibility for ADA Recognition status is only for diabetes education services in the non-acute setting, including Licensed Home Health agencies.

## II. What are the requirements?

The 2012 Revised National Standards for Diabetes Self-Management Education and Support are the framework for the 9th Edition ADA Education Recognition application requirements.

a) The following education process must be established for all participants of a Program seeking Recognition and maintained for the full 4- year recognition period:

1. Identifying a medical provider for the participant (referring provider) if insurance requires a referral.
2. Assessing the participant to establish her/his diabetes education need(s)
3. Formulating an education plan (including behavior goal setting), that involves the participant and is based on her/his assessed need(s)
4. Educating the participant in the area(s )of assessed need(s)
5. Evaluating the educational intervention, including follow-up assessment of behavioral and other goal achievement.
6. Developing a Diabetes Self-Management Support (DSMS) Plan
7. Communicating with the participant's other healthcare team members including summary of education plan or education provided, outcomes and DSMS plan.
8. Maintaining an education record for the participant which documents all of above (1-7) elements.

b) The following organizational structure must be established and/or in place at all times during the 4-year recognition period:

1. One sponsoring organization
2. An advisory group consisting of external stakeholder/s. If the Program is single discipline, there must also be another healthcare provider of a different discipline than the Program instructor/s.
3. An identified population served to allow the Program to determine how best to deliver diabetes education to that population and what resources can provide ongoing support for the population.
4. A designated Program Coordinator responsible for planning, implementing and evaluating the DSME.
5. Qualified personnel responsible for the delivery of education. (instructional staff)

c) In support of the process and as a main tool for guiding education, the Program must have a reference curriculum (https://professional.diabetes.org/sites/professional.diabetes.org/files/media/erp-sample-curriculum.pdf) with the following elements:

1. Content Outline
2. Participant learning objectives
3. Identified methods of delivery that is tailored/individualized and involves interaction
4. Identified strategies for evaluating participant learning

d) Program Evaluation:

　　(I) There must be an identified process in place for program performance improvement also known as continuous quality improvement (CQI) based on participant outcomes.
　　(II) At least 2 outcomes must be tracked as a measure of program success:

1. Participant defined goals and measure of goal attainment
2. Other participant outcome (metabolic, clinical, quality of life) with measure of attainment

e) Program Identified Reporting Period:

　　**Original Applications:** (new programs) the reporting period can start up to 6 months prior to the online application submission date and be 1 month up to 6 months in length.
　　**Renewal Applications:** the reporting period can start up to 12 months prior to the online application submission date and can be 1 month to 12 months in length.
　　**All Applications:** There can be no more than 3 months from the end of the reporting period to the date of the online application submission. A minimum of 1 patient must have been completed the education process in the specified reporting period at each site except at an expansion site.

f) Support Documentation Package includes:

1. Documented evidence of Sponsoring Organizational support (e.g. letter signed by official of the Sponsoring Organization responsible for the diabetes education program.)
2. Copies of or verification of Program Coordinator and professional instructor's current credentials (Commission on Dietetic Registration [CDR] card or verification of CDR for RDs) to include verification of CDE or BC-ADM if applicable.
3. Copy of official certificate or verification of 15 continuing education credits if the Coordinator or professional instructional staff do not hold a current CDE or BC-ADM.
4. Paper Audit Items: (Note all four required for new or original applicants; one randomly assigned for renewing/additional site applicants)
   a. Documentation of Advisory Group activity including quality input obtain from group within 12 months prior to the application submission.
   b. A full section of one assigned content area of the curriculum (please see above for required elements for each section or content area of the curriculum).
   c. A description of a CQI project based on at least one of standard 9's aggregated program outcomes (patient behavioral goal outcomes or other participant outcomes) using a formal plan/process.
   d. A copy of one de-identified participant chart demonstrating the complete education process.
5. Payment (if paying by check; the check number will be needed for completion of the online application, if you do not have a check number you may enter your program ID number).

*The support package must be received in the ADA office within 14 calendar days of the date of the online application submission. The package can be uploaded with the online application, faxed, or mailed. Please see ERP contact information below. Program ID number must be indicated on all documents included in the support package.

# ADA: Staff Requirements and Definitions

**Professional instructional staff**

- Credentials current during 4-year recognition period
- *CEUs if not a CDE or BC-ADM required
- Include on applications

**Para-professional instructional staff**

- Proof of training/experience prior to joining DSME Program
- Proof of 15 hrs. of training per recognition year
- Proof of training in areas of DSME she/he teaches each recognition year
- Include on applications

*\*CEUs and credentials must be kept from the ones submitted with the most recent Program application and during the 4-year Recognition Period. \*Recognition year is the month of recognition one year to the month of recognition the next year.*

**Temporary instructional staff**

- Two types of Temporary Instructors

   1. May be a professional instructor that fills in while permanent instructor is on vacation

   2. A permanent professional instructor can be a temporary instructor for the first 4 months after hire (not para-professional) to allow time to obtain CEUs

      - Do not include on application
      - Credentials must be current
      - Keep proof of hire date in case of an audit

**Resource instructor**

- Professional instructor
- Credentials and CEUs do not have to be kept by Program
- Do not include on application
- Must teach less than 10% of the Program

**Administrative staff**

- Does not provide education
- No credentials or CEUs required
- Do not include on application

**Referring providers**

- Are not instructional staff
- Do not include on application
- Credentials and CEUs do not have to be kept in DS[DM2]MES Recognition

## CEU Guidelines

**Annual Professional Educator and Para-Professional Educator Training Requirements**

- Professional Educators that are not a CDE or BC-ADM require documentation reflecting 15 hours of CEUs annually per these guidelines
- Para-professional educators
    - require documentation reflecting 15 hours of training annually per these guidelines
    - The CEUs and training required
- At the time of an application
- The past 12 months prior to the application submission
- During 4-year Recognition Cycle
    - The annual requirements are based on the Program's Recognition anniversary month

**CEU Providers and Topics**

- Professional educator CEUs must be diabetes related per the NCBDE exam content areas which can be found on page 22 – 24 of the link: http://www.ncbde.org/assets/1/7/Handbook_Current.pdf
- The CEU must be provided by a NCBDE approved CEU organization found at: http://www.ncbde.org/assets/1/7/Handbook_Current.pdf

**CEU Topics**

- Diabetes Specific
- Diabetes Related: nutrition, exercise, retinopathy, nephropathy, neuropathy, cardiovascular disease, stroke, lipids, obesity, metabolic syndrome, etc.
- Psychosocial: psychological, behavioral or social content related to diabetes, self-management or chronic disease.
- Education: knowledge assessment, learning principles, education, training or instructional methods
- Program Management: operations of the DSME, including business operations, performance improvement, case and disease management.

*If the Program title does not fit one of the above: Include a copy of the official Program brochure with objectives or a copy of the official course outline.*

**CEU Certificates and Logs**

- The CEU certificate must display the following
    - Educator's name
    - Title of the CEU Program
    - Date/s the CEU hours were earned
    - Number of CE hours
    - Name of the NCBDE approved credentialing body
- RD or CDE logs are not accepted because they are populated by the RD
- Continuing Professional Education (CPE) logs are accepted
    - CPE (Accreditation Council for Pharmacy Education) will no longer provide CEU certificates.
    - CPE populates the logs with the CEU data

**CEUs - Not accepted**

- Exhibit hall hours
- Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) courses
- Poster Sessions: unless accompanied by objectives provided during the session
- Academic credits (college credits) unless the college or university:
    - is approved by an NCBDE recognition organization
    - the college/university converts the credits to CEU hours and provides verification of conversion on official letterhead

**Para-professionals**

- Para-professionals require 15 hours of training each program recognition year or the previous 12 months prior to a program new or renewal application
- Para-professionals require annual documentation reflecting they are competent in the areas of DSME they teach
- Program must have documentation reflecting para-professionals experience prior to joining the DSME Program
- Para-professionals cannot do the participant evaluations or set the education plans
- Para-professionals should be trained to defer questions outside of their scope or clinical questions back to a professional educator
- The professional educator does not have to present for the para-professional to teach within their scope of practice per their annual documented training
- Para-professional instructors do not determine if a program is a single discipline or multi-discipline program

**Information about the AADE Diabetes Education Accreditation Program (DEAP)**

- The AADE has a one-level accreditation program. Applications are accepted by any Diabetes Self-Management Training entity that meet the National Standards for Diabetes Self-Management Education and Support.
- The AADE's website for completing an application is www.diabeteseducator.org/practice/diabetes-education-accreditation-program-(deap)/applying-for-accreditation.
- The process for programs seeking AADE accreditation will consist of an in-depth and comprehensive review that determines the extent to which all quality standards are being implemented.
- Once the program is approved, the accreditation period is valid for four years.
- A (map) list of recognized DSMT Programs can be found on the website at https://www.diabeteseducator.org/patients/find-a-diabetes-educator.

**American Association of Diabetes Educators (AADE)**

**Diabetes Education Accreditation Program (DEAP)**

***(from the AADE website)***

AADE offers a simplified and streamlined application process that meets the highest quality requirements set forward by the Centers for Medicare & Medicaid Services. In addition, they offer one complimentary one-year AADE membership to all new applicants.

To help you make the application process easier and reduce delays, they have set up three sections for you to read and discuss with your team (as available) as you begin the process of setting up your DSMES services and preparing your accreditation application.

### Section 1:  Initial Application Pre-work

This section provides useful questions for you and your team to use as a guide for groundwork as you prepare to set up your services

**Q: Have I done a scan of the region to see where other similar services are offered, if there is a perceived need, if there are enough providers willing and able to refer?**

**Suggested groundwork:**

- Understand the competition
- Determine needs of the community
- Determine perceived needs of potential referring providers
- Come up with a marketing strategy based on the above

**Q: Do I have the support of my organization?**

**Organizational support may include:**

- A letter of support from at least one level above you in your sponsoring organization on their letterhead
- Funds to pay for the application
- A DSMES Quality Coordinator job description
- IT support for data collection and aggregation
- IT support for documentation and reporting
- Support for attaining required continuing education hours
- Support of method for obtaining stakeholder input
- Support for conducting a continuous quality improvement project
- Billing and coding support

**Q: Do I understand how to bill for my services and do I have everything in place to be able to bill once accredited?**

**Considerations:**

- The most common reason for program closure is billing/reimbursement issues.  Therefore, it is vital that you become knowledgeable in this area in order to sustain your services.
- Find out who your Medicare administrative contractor (MAC) is. You will need to provide your accreditation certificate to your MAC in order to bill for diabetes education services.  They can also answer billing questions.
- Determine if you will be billing under a specific provider's National Provider Identification (NPI) or the organization's NPI and make sure the name of your Program matches the name of the billing entity.
- Please note: Medicare or AADE can audit you even if you are not billing for your services. Set a goal to see at least 10 patients per year, whether you are billing or not in order to have data to maintain accreditation.  The items an auditor will look for during an audit are listed here:  **Auditor Checklist for 2017 Standards**
- Meet with your billing specialists to make sure you both know what codes to use to bill for DSMES (G0108 and G0109) and that you understand CMS's rules for coverage of diabetes education.

**Q: What will the structure of the DSMES services look like and what level of staffing will I need?**

**Considerations:**

- Structure is not rigid; it needs to be flexible enough to meet individual learning needs of participants. Standards 1-4 outline the structure needed to provide DSMES services
- Class times and frequency should be accessible without long wait times after diagnosis and should match what works best for your target population. Medicare defines a group as 2-20 participants.  Groups can be a mix of Medicare beneficiaries and participants with other insurance plans.
- There are no standard staffing ratios for diabetes education. Start with finding out the size of your pool of potential participants and then estimate your referral rates.

**Q: Do I have a referral champion?**

**Considerations:**

- Reaching out to providers in your institution and your community to discuss your services and create referring relationships is essential for sustainability.
- Consider including a referring provider as a stakeholder for providing input when evaluating your services.
- Cultivating a "referral champion" who can spread the word to other referring providers in the community will only strengthen your chances of success so that you can reach as many participants who need your services as possible.

**Section 2: What Else Do I Need To Know?**

This section helps you understand other aspects you need to consider as you prepare your application.

You need to:

1. Become familiar with the **National Standards** and **Interpretive Guidance**
2. Identify who the Quality (Program) Coordinator and team members will be and ensure they have current credentials and licenses (see Standards 4 and 5)
3. Know sources and estimated cost for diabetes-related continuing education
4. Line up training and competencies for any paraprofessionals on your team in order to submit them as qualified instructors/team members (see Standard 5)
5. Two documents you need to submit for your application are time-sensitive:
   - continuing education must be obtained within the 12 months prior to the application date
   - your de-identified chart must be for a participant that went through your services within 6 months prior to the application date
6. Research whether you need to list community or branch locations in addition to your main site. Here is a tool to help you differentiate between them: **Additional Sites Defined**

**Section 3:  Application Process**

**This section walks you through preparing documentation to meet the 10 National Standards**

**You have 90 days to complete your application, once started**.  The average time to approval after you submit a "clean" application is about 4-6 weeks.  Online payment with a credit card is the quickest method of payment.  Once payment has been processed, your application is considered submitted and will go into review.

**STEP 1: Develop policies and procedures and supporting documents that meet each of the 10 Standards.**

- Use the outlines along with the Interpretive Guidance as your guide.  (see *Putting Together Your Documentation*)
- Do them in chronological order starting with Standard 1.
- Create a separate document file for each standard, as you will need to upload them separately in the online application.
- Please upload ONLY the documents and information specified in the Interpretive Guidance/Checklist.

**STEP 2: Once you have all of your documents completed and ready to upload, you will need to create an AADE account, unless you are already an AADE member.**

You will need to provide the following information:

- Your name
- Your preferred address
- Your preferred email address (all AADE communication will be sent to this email)

**STEP 3: Complete the online application**

Have the following information ready:

- Name and address of your sponsoring organization
- Name of your Program (this will be the name on your accreditation certificate, so make sure it matches the name of your billing entity)
- Quality (Program) Coordinator name, address, phone number
- Name and address for any branch or community sites

- Names and credentials for all team members (professional instructors and community health workers)
- If paying online, have credit card ready. If paying by check, make sure to indicate when prompted and mail using a method that provides tracking information.

Plan to submit the entire application in one sitting. Upload the supporting documents for each standard separately; do not combine them into one large PDF.

Once your application and payment are submitted, the staff will review for completeness and you will be contacted to set up a phone interview. All communication with the staff should be sent to **DEAP@aadenet.org**.

**Putting Together Your Documentation**

Use the following outlines for each Standard to learn what components you need to include in your supporting documents for your application.

**New sample documents for each standard coming soon.**

- **Standard 1 - Internal Structure**
- **Standard 2 - Stakeholder Input**
- **Standard 3 - Evaluation of Population Served**
- **Standard 4 - Quality Coordinator Overseeing DSMES Services**
- **Standard 5 - DSMES Team**
- **Standard 6 - Curriculum**
- **Standard 7 - Individualization**
- **Standard 8 - Ongoing Support**
- **Standard 9 - Participant Progress**
- **Standard 10 -Quality Improvement**

**My DEAP Application:**

Once you have thoroughly reviewed all of the steps and guidance, have your supporting documents ready to upload, can complete the application from start to finish in one sitting (allow up to an hour).

**DEAP Pricing**

**Initial and Renewal Application Fees**

$1,100.00 for all Programs

- Community Sites - free
- Branch Locations - $100.00 per location

**Corporations and Large Organizations -** *Due to necessary regulatory and oversight provisions, corporate and commercial entities wishing to seek accreditation for multiple locations need to contact AADE for further discussion and pricing.*

**Administrative Fees for Currently Accredited Programs**

- Name Change/Correction for Program and/or Site: $100.00 each
- Certificate reprint: $50.00 each
- Adding Branch Locations: $100.00 each

**\*\*Making Payment**

Please make checks payable to American Association of Diabetes Educators. In the memo, please add DEAP and your Program ID number *(if you have one, new applicants will **not** have a Program ID number), your Program name as submitted and your DEAP Coordinator's name.* Mail to:

AADE
Attn:  DEAP
200 W Madison St, Suite 800
Chicago, IL  60606

All checks *must* be mailed using a service that allows tracking.  AADE is not responsible for delays for lost checks.

\*\*Please be advised that all fees associated with initial or renewal applications are non-refundable.

If you are paying through the online DEAP Dashboard with a credit card, DO NOT submit payment until your application is complete and you have uploaded all required

documents. Payment is the **final** step to submit your initial application or renewal and will result in your application going into review, prohibiting any further document uploads.

Questions regarding payment should be sent to deap@aadenet.org.

**Expanding Services to Additional Sites**

AADE has now defined sites to better meet the needs of its programs. This change should make identifying your sites easier, marketing of your sites clear, and reimbursement less confusing to your payers.

**<u>Community Site</u>**

For DSME programs that wish to expand accessibility to their community. Community Sites offer the same program as the main location and are simply an extended copy of the accredited diabetes education program. All billing for these services goes through the main location. These sites are not posted on the website and will not receive a separate accreditation certificate.

- No additional cost
- Copy of the same program with minor alterations for specific target population needs
- Same Quality Coordinator
- No separate certificate needed
- No location website posting

*A note about hospital-based programs that want to expand into the community:*

**CMS stated in the CY 2017 Proposed Physician Payment Rule: "When the DSMT services are furnished by an entity that is a hospital outpatient department (HOPD), these DSMT services must be furnished in the hospital (including a provider-based department) and cannot be furnished at alternate non-hospital locations.**

No further clarification has been provided by CMS at a national level. It is recommended that you reach out to your local Medicare Administrative Contractor (MAC) for further clarification.

*<u>Learn more about MACs</u>.*

**Branch Location**

For DSME Programs that wish to establish another educational location that would operate semi-independently from the primary Program base location.

These locations must be establishments within the same healthcare system entity. They fall under the original Program's oversight structure and are required to follow all accreditation guidelines established by AADE and the Program.

Branches must have the same Program Coordinator, and the same stakeholder group. All communications between AADE DEAP for the branches and Program as a whole will go through the Program Coordinator. It is the responsibility of the Program Coordinator to distribute information as needed.

Because of their semi-independent nature, these locations have the potential to be audited even if the main location is not chosen. Branch locations get a customized certificate and can bill separately. Certificates for branch sites have the same ID number and name as the main diabetes education site.  All of the branches are listed on the AADE website. Each branch location requires an additional $100 fee for processing and administrative oversight. Branch locations cannot be from a different business entity umbrella.

- $100 fee per location
- Extension of the same Program, but run semi-independently and altered for specific target population
- Website posting
- Same Quality Coordinator
- All change of reports and communications are submitted by the Quality Coordinator
- Can have different staff
- Can have different target population
- May be audited

 **Corporations and Large Organizations**

Due to necessary regulatory and oversight provisions, corporate and commercial entities wishing to seek accreditation for multiple locations need to **contact AADE** for further discussion and pricing.

**When is a DSME Program Eligible for AADE DEAP?**

- A Diabetes Self-Management Education/Training (DSME/T) Program is eligible for accreditation if it provides "out-patient" services that has fully implemented the National Standards (National Standards for DSME).
- Your Program must be up and running and you must have taken at least one patient through the complete Program.

**AADE:  Staffing Definitions**

**Program Coordinator**
- Professional with experience or educational training in chronic disease and Program management
- 15 hours of CEUs
- May also be an instructor

**Instructional Staff**
- At least one of the instructors must be a RN, RD or Pharm D or one Instructor must have CDE or recent experiential preparation in diabetes education
- All instructors (including CDE's) must have at least 15 hours of CEUs yearly in diabetes related topics
- Program Coordinator may also teach if they meet instructor criteria

**Community Health Workers**
- Non-technical or clinical instructional responsibilities
- Must receive ongoing training
    - 15 hours of training annually

**AADE Curriculum**

- AADE Diabetes Education Curriculum: A *Guide to Successful Self-Management*
- Written curriculum requirements:
    - Tailor to needs of target population
    - Specific content areas relating to patient understanding of self-management skills, knowledge and behavior change; reflects maximum use of interactive training methods
- Based on national standards and show adoption of principles of AADE7™ behaviors (Healthy Eating, Being Active, Monitoring, Taking Medications, Problem Solving, Healthy Coping, Reducing Risks)
- Curriculum reviewed and updated annually

**AADE Compliance Policy (excerpt)**

Once DSMT Programs achieve accreditation from AADE, it is expected that the National Standards for Diabetes Self-Management Education and Support (NSDSMES) will be maintained on an ongoing basis.  To ensure maintenance of these standards, accredited Programs will submit information periodically for review by AADE and may be randomly selected for an onsite audit as often as AADE deems necessary.

**PROCEDURE**

Annual Status Report

An Annual Status Report will be submitted annually and include the following information:
- Sponsoring organization name
- Program name
- Program ID number
- Address
- Coordinator
- Data contained in the Annual Status Report will allow AADE to monitor the extent to which accredited DSMT Programs are fully implementing the NSDSMES in a continuous manner.  Programs will be required to report the following:
  - Any changes in their population they serve
  - Any changes made to address access issues or to meet the needs of the population served
  - The results of a continuous quality improvement project for the past year and the plan presented to and approved by stakeholders for the coming year
  - Number of total participants seen in the Program in the past year (Programs must see at least one participant to keep their accreditation)
  - Information about Program performance measures (behavior change goal achievement and clinical and/or other post intermediate long-term outcome measure).
  - Attestation of following all the National Standards
  - Attestation that all instructors have the required training and continuing education hours or a CDE or BC-ADM certificate
  - Documentation of presentation to stakeholders and their input

Annual Status Reports are due on the anniversary date of Program accreditation. This will occur every year after initial accreditation throughout the four-year accreditation cycle.  There will be a sixty-day window in which to submit the annual status report.  Example: If the Program's anniversary is June 30th, then the report will be due after May 30th and no later than July 30th.  Non-compliance with this report may result in loss of accreditation.

The Annual Status and Performance Measurement report is mandatory.  It is the responsibility of the Program to notify AADE immediately if the DSMT Program will not be able to comply within the designated timeframe.  If the report is not received, an email will be sent with any actions to complete and a warning date of when accreditation status may be lost.  If there is no response to the email, AADE staff try to reach someone by phone.

**Change of Status Form**

DSMT Programs must submit a Change of Status to notify AADE of any of the following changes within thirty days. This can be done online and by email.

- Change in ownership and/or transfer of accreditation status

- o Change in Program Coordinator or instructors. Must submit professional license, registration and certifications of the new instructors if CDE or BC-ADM.  If not, an official transcript or copies of the CEU certificates for the required 15 hours of continuing education must be submitted.
- o A resume or curriculum vita (CV) must be submitted for the new Coordinator and any paraprofessional staff.
- o  Contact information change (phone, fax, e-mail, address)
- o Change in Program name
- o Significant change in organizational structure
- o  Program merges
- o Addition of branch locations or community sites where education is provided

**Contact Information for CMS-Designated DSMT Accrediting Organizations**

**American Diabetes Association (ADA)**
2451 Crystal City Drive
Suite 800
Arlington, VA 22202
703-549-1500
Phone: 800-342-2383
Website:  http://www.diabetes.org

**American Association of Diabetes Educators (AADE)**
200 W. Madison
Suite 800
Chicago, IL 60606
Phone: 800-338-3633
Website: https://www.diabeteseducator.org

**Oversight and Validation Process for DSMT Accrediting Organizations Accreditation Processes**

- CMS must provide external oversight of the DSMT AOs to ensure that federal requirements are met by the DSMT entities that are accredited by those AOs.
- The DSMT oversight and validation process, implemented in 2005, was developed by CMS to evaluate the performance of CMS approved DSMT AOs.
- The oversight and validation of the DSMT AOs accreditation process assists the CMS in its efforts to determine whether approved DSMT AOs are functioning in the manner required under Medicare regulations.
- CMS uses a contractor to perform the oversight and validation process and report their findings to CMS.
- The oversight and validation process consist of implementing a survey tool and use of a scoring mechanism.

Questions about the DSMT Accreditation Program may be submitted to the DSMT Accreditation email box at DSMTAccreditations@cms.hhs.gov.

# DSMES Position Statement[LR3][KM4]

**Position Statement**

- [Diabetes Self-Management Education and Support in Type 2 Diabetes: A Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics.](#)
  This report provides an algorithm & guidance to HCPs on when to refer patients to diabetes educators and others. Powers MA, Bardsley J, Cypress M, Duker P, Funnell MM, Hess Fischl A, Maryniuk MD, Siminerio L, Vivian E.
  *Diabetes Educ.* 2015 Aug;41(4):417-30.

https://professional.diabetes.org/sites/professional.diabetes.org/files/media/algorithm_action_steps.pdf
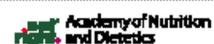


Diabetes Self-Management Education and Support for Adults with Type 2 Diabetes: **ALGORITHM ACTION STEPS**

Four critical times to assess, provide, and adjust diabetes self-management education and support

| AT DIAGNOSIS | ANNUAL ASSESSMENT OF EDUCATION, NUTRITION, AND EMOTIONAL NEEDS | WHEN NEW COMPLICATING FACTORS INFLUENCE SELF-MANAGEMENT | WHEN TRANSITIONS IN CARE OCCUR |
|---|---|---|---|
| **PRIMARY CARE PROVIDER/ENDOCRINOLOGIST/CLINICAL CARE TEAM: AREAS OF FOCUS AND ACTION STEPS** | | | |
| □ Answer questions and provide emotional support regarding diagnosis<br>□ Provide overview of treatment and treatment goals<br>□ Teach survival skills to address immediate requirements (safe use of medication, hypoglycemia treatment if needed, introduction of eating guidelines)<br>□ Identify and discuss resources for education and ongoing support<br>□ Make referral for DSME/S and medical nutrition therapy (MNT) | □ Assess all areas of self-management<br>□ Review problem-solving skills<br>□ Identify strengths and challenges of living with diabetes | □ Identify presence of factors that affect diabetes self-management and attain treatment and behavioral goals<br>□ Discuss impact of complications and successes with treatment and self-management | □ Develop diabetes transition plan<br>□ Communicate transition plan to new health care team members<br>□ Establish DSME/S regular follow-up care |
| **DIABETES EDUCATION: AREAS OF FOCUS AND ACTION STEPS** | | | |
| Assess cultural influences, health beliefs, current knowledge, physical limitations, family support, financial status, medical history, literacy, numeracy to determine which content to provide and how:<br>□ Medication – choices, action, titration, side effects<br>□ Monitoring blood glucose – when to test, interpreting and using glucose pattern management for feedback<br>□ Physical activity – safety, short-term vs. long-term goals/recommendations<br>□ Preventing, detecting, and treating acute and chronic complications<br>□ Nutrition – food plan, planning meals, purchasing food, preparing meals, portioning food<br>□ Risk reduction – smoking cessation, foot care<br>□ Developing personal strategies to address psychosocial issues and concerns<br>□ Developing personal strategies to promote health and behavior change | □ Review and reinforce treatment goals and self-management needs<br>□ Emphasize preventing complications and promoting quality of life<br>□ Discuss how to adapt diabetes treatment and self-management to new life situations and competing demands<br>□ Support efforts to sustain initial behavior changes and cope with the ongoing burden of diabetes | □ Provide support for the provision of self-care skills in an effort to delay progression of the disease and prevent new complications<br>□ Provide/refer for emotional support for diabetes-related distress and depression<br>□ Develop and support personal strategies for behavior change and healthy coping<br>□ Develop personal strategies to accommodate sensory or physical limitation(s), adapting to new self-management demands, and promote health and behavior change | □ Identify needed adaptations in diabetes self-management<br>□ Provide support for independent self-management skills and self-efficacy<br>□ Identify level of significant other involvement and facilitate education and support<br>□ Assist with facing challenges affecting usual level of activity, ability to function, health benefits and feelings of well-being<br>□ Maximize quality of life and emotional support for the patient (and family members)<br>□ Provide education for others now involved in care<br>□ Establish communication and follow-up plans with the provider, family, and others |

Powers MA, Bardsley J, Cypress M, Duker P, Funnell MM, Fischl AH, Maryniuk MD, Siminerio L, Vivian E. Diabetes Self-management Education and Support in Type 2 Diabetes: A Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics. Diabetes Care 2015; 38:1372-1382; The Diabetes Educator 2015;41:417-430; Journal of the Academy of Nutrition and Dietetics 2015;115:1323-1334. (Adopted August 2016)

https://professional.diabetes.org/sites/professional.diabetes.org/files/media/diabetes_self-management_education_and_support_for_adults_with_type_2_diabetes.pdf

# STANDARD 1

## Internal Structure

**The provider(s) of DSMES services will define and document a mission statement and goals. The DSMES services are incorporated within the organization—large, small, or independently operated.**

*Supporting Documents:*

- Letter of Organizational Support (must be on organization's letterhead)
- Organizational Chart
- DSME Structure and Process
- Mission and Goals

Documentation of a defined structure, mission, and goals supports effective provision of DSMES. Mission defines the core purpose of the organization and assists in developing professional practice and services. Business literature, case studies, and reports of successful organizations emphasize the importance of clearly shared missions, goals, and defined relationships.

Providers of DSMES working within a larger organization will have the organization document recognition and support of quality DSMES as an integral component of their mission.

Smaller or independent providers of DSMES will identify and document their own appropriate mission, goals, and structure to fit the function in the community they serve.

# Sample Letter 1

American Association of Diabetes Educators
ATTN: DEAP
200 W. Madison Street
Suite 800
Chicago, IL 60606


To Whom It May Concern:

Any Organization, Inc. supports the efforts of ABC in their application for the Diabetes Education Accreditation Program (DEAP) offered through the American Association of Diabetes Educators (AADE).

The application for accreditation for the DEAP will be submitted to the AADE sometime in June 2017.


Sincerely,


John Smith
Chief Executive Officer
Any Organization, Inc.
111 Diabetes Lane
Somewhere, Florida 33333

**Sample Letter 2**

Date

American Diabetes Association Education Recognition Program 1701 North Beauregard Street Alexandria, VA 22311

Dear Sir or Madam:

The application of Education Recognition for the diabetes self-management education Program at (insert name of sponsoring organization) was (or will be) submitted on or about (insert date). (Insert name of sponsoring organization) supports the efforts of (insert name of program).

Sincerely,


Name of Administrative Overseer Title

# Sample DSMES Organizational Chart 1

# Sample DSMES Organizational Chart 2

```
                    ┌─────────────────────────────┐
                    │        President/CEO         │
                    └──────────────┬──────────────┘
                                   ↓
              ┌────────────────────────────────────┐
              │   Diabetes Self-Management         │ - - - - - ┐
              │     Education Program              │           │
              └──────────────┬─────────────────────┘           │
                             │                        ┌─────────────────┐
              ┌──────────────────────────────┐        │    Advisory     │
              │     Program Coordinator       │ - - - -│   Committee     │
              └──────────────┬───────────────┘        └─────────────────┘
```

| Diabetes Educator | Diabetes Educator | Diabetes Educator | Instructor RD/CDE |
|---|---|---|---|
| Community Health Worker | Associate Diabetes Educator(s) – Clinic Nurses or RD(s) | Associate Diabetes Educator(s) - LCSWs | |
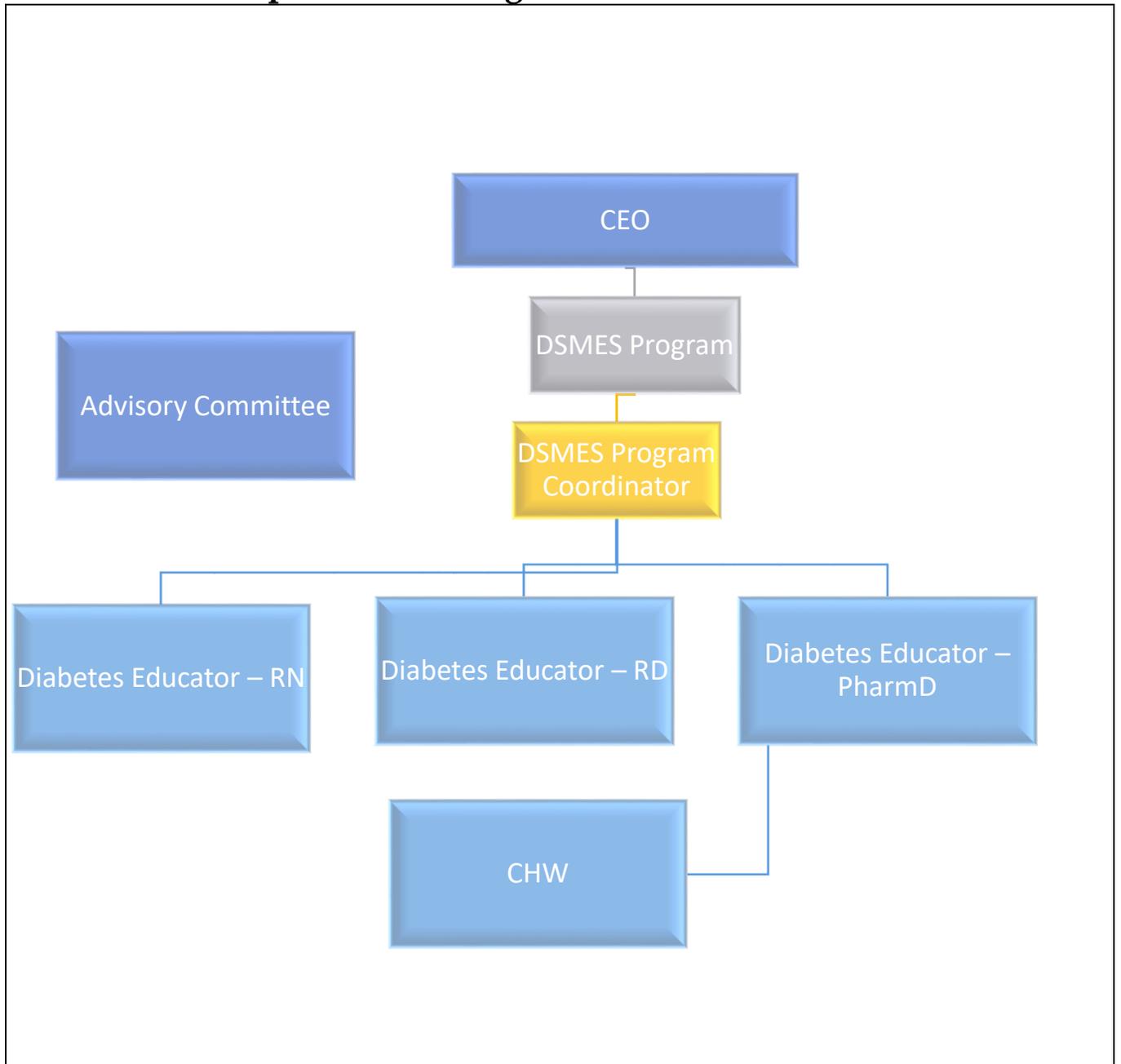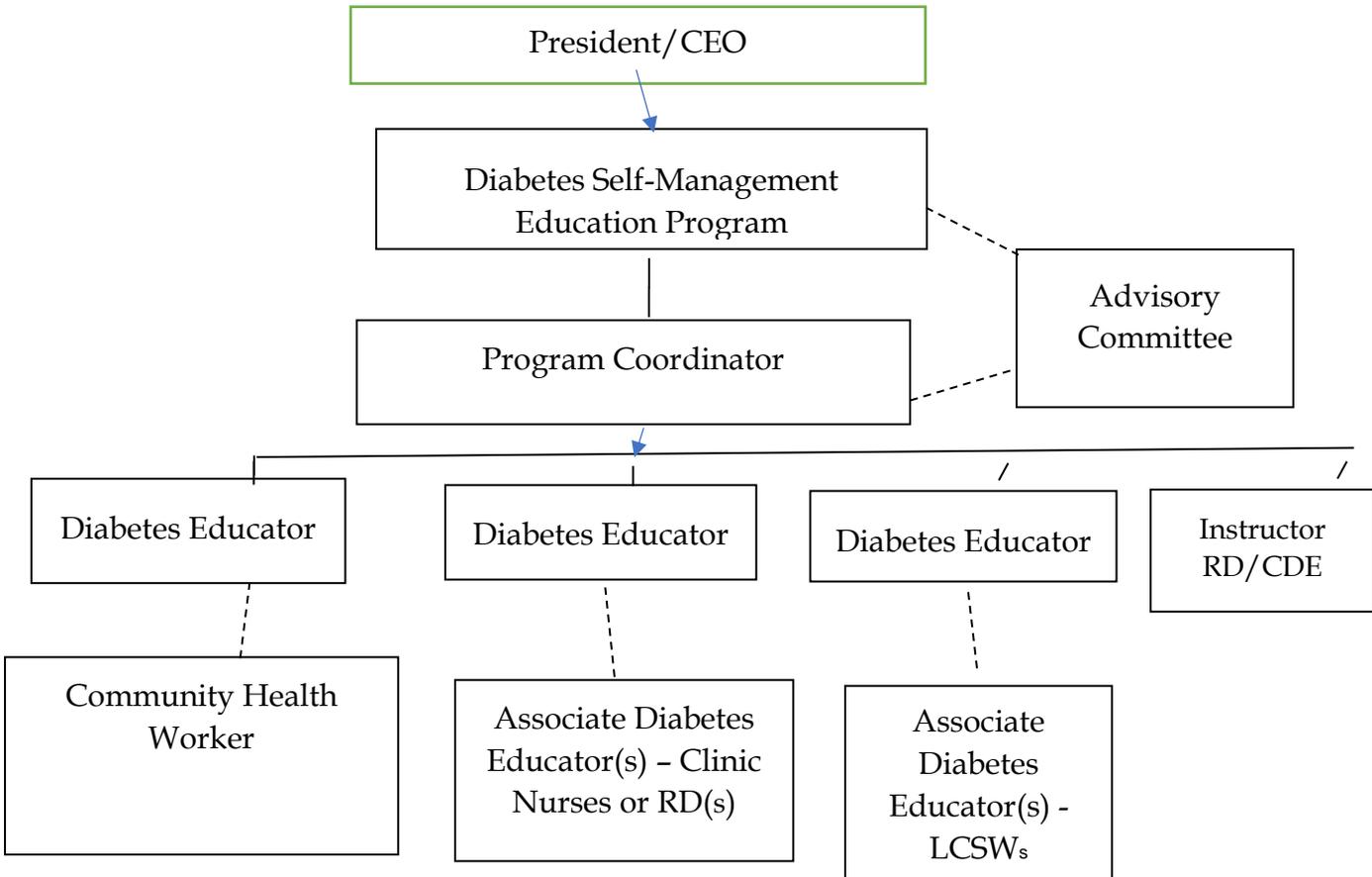
## Sample DSME Structure and Process Narrative

The ABC Diabetes Self-Management Education (DSME) Program is an initial ten-hour Program which is delivered through individual visits with the diabetes educator (full- time RN/RD, contracted part-time RN, CDE or ARNP). The Program begins with a referral from the provider at any of the seven ABC clinics. Each participant meets with the diabetes educator at the clinic of choice for a detailed individual assessment.  Based on the results of the individual assessment, the diabetes educator develops a collaborative comprehensive education plan. A key component of the individual assessment and education plan is the establishment of individualized goals and self-management support behavior strategies.

After completion of the assessment (typically a one-hour session), the individual participates in up to nine more hours of individual instructional and behavioral sessions using the AADE Diabetes Self-Management Education curriculum.  Participants make action plans to support carrying out their individualized self-management behaviors.

Primary care providers (PCPs) and other health professionals at ABC, including LPNs and Community Health Workers (CHWs), offer follow-up support during clinic visits based on the participants' individualized education plans.

At the completion of the ten hours of training sessions, each participant will complete a follow-up assessment to review their effectiveness in achieving the behavior goals in his or her individualized education plan. This review provides the diabetes educator with an opportunity to augment and modify the participant's diabetes self-management plan, if necessary. The diabetes educator will monitor whether participants are achieving their personal diabetes self-management goals and other outcome(s) to evaluate the effectiveness of the educational intervention(s), using appropriate measurement techniques. All follow-up and on-going support plans are communicated by the diabetes educator to both the participant and the referring PCP. Participants who have already been through a comprehensive DSME Program are encouraged to return to meet with the diabetes educator for a two-hour follow-up each year, upon a written referral from the provider.

The DSME instructional materials are provided to the Advisory Committee as part of our continual quality improvement review process and are reviewed annually for updates and/or revisions.

## Sample Mission Statement 1

Our mission is to provide quality, comprehensive diabetes self-management education to our patients. By utilizing what they have learned from this education, our patients will have the skills necessary to better manage their diabetes, avoid complications, and improve their quality of life.

## Sample Mission Statement 2

The mission of the diabetes team at this facility is to provide quality comprehensive diabetes self-management education. We believe that education is the key to empowering the person with diabetes to better manage his or her disease and avoid the complications of diabetes and achieve an optimum health status.

## Sample Goals 1:

- To develop and deliver a quality DSME Program in all seven ABC Medical Clinics based on the National Standards for Diabetes Self-Management Training/Education.
- To support the professional development of the DSME staff in evidence-based education and behavior change.
- To enable our patients to take charge of their health through interactive education, self-management coaching, and empowerment.
- To apply for AADE Diabetes Education Accreditation.

**Sample Goals 2**

ABC'S Diabetes Program Goals

Goals reviewed for last year and new goals for 20 __are:

- To transfer diabetes education documentation from paper to the new ABC organization-wide EMR and continue to capture the educational outcomes and the entire DSME education process from referral (when insurance requires), assessments, education plan, education intervention, behavioral goals set, DSMS plan, follow-up for goal and other participant outcome and communication with other health care team members (e.g. referring providers, social services agency staff, school nurse) regarding DSMS plan and any relevant information.
- Hire, train and document annually competency of two new paraprofessional educators to teach the following three of 9 topic areas (Diabetes Mellitus Disease Process, Self-Monitoring of Blood Glucose, Exercise). Assign each of the paraprofessional educators a supervising professional educator.
- Revamp ABC's Diabetes CQI project from physician satisfaction to a project based on a regularly aggregated patient-centered Program outcome.
Contract out to the top three referring physician practices and to create multi-sites at their locations.

Dated: May 31, 20__

*Guidance #1 – Date all documents.*

*Guidance #2 – Review all Policies/Guidelines annually.*

## STANDARD 2

### Stakeholder Input

**The provider(s) of DSMES services will seek ongoing input from valued stakeholders and experts to promote quality and enhance participant utilization.**

*Supporting Documents:*

- Evidence of documented process for seeking outside input (includes a list of identified stakeholders)

- The Program's outreach to community stakeholders and the input from these stakeholders must be documented annually and available for review as requested.

### Method

A formal advisory board or committee is not required, but the DSMES provider must engage key stakeholders to elicit input on DSMES services and outcomes. Input can be completed by phone, survey, email or face-to-face.

### Stakeholders

Stakeholders should be representative of the community in which the services are provided and can be identified from DSMES participants, referring practitioners, and community-based groups that support DSMES (e.g., health clubs and health care professionals, both within and outside of the organization) who provide input to promote value, quality, access, and increased utilization.

### Timing

**Programs will attest to the completion of stakeholder input on their annual status report and will be required to submit evidence of this documentation during onsite or desk audits** by AADE or ADA and/or Medicare.

# Sample 1 Advisory Committee Minutes

| Meeting Name: Advisory Meeting for Safeway Pharmacy Minutes | | | |
|---|---|---|---|
| **Chair / Facilitator:** Mini Mouse/Mickey Mouse | | **Note Taker:** Mickey Mouse | |
| **Date:** 1/31/13 | **Time:** 8-9 am | **Location:** Pharmacy Education Room | |
| **In Attendance:** | Mini, Mickey, Donald........ | | |
| **Not In Attendance:** | Dr. Goofy | | |
| **Guests from the community** | YMCA, Local Senior center representative | | |
| **Topic** | **Item** | **Responsibilities / Action** | **Reporter** |
| | | | |
| Review / Approval Meeting Minutes | • Meeting was called to order ____8_am <br> • Review of minutes | Approved | |
| Announcements | | | |
| Quality | CQI reviewed <br> Goals reviewed and continued | Approved, Agreed with move to improve tracking and follow up, no additional suggestions | Mini |
| People | Education/CE's completed <br> Discussed program underwriting for scholarship/staff ed | Staffing Education from donated funds | Committee |
| Growth | Marketing Opportunities reviewed | Work with Physician marketing services. New MDs expected to staff | Dr. Goofy & Mickey |
| Community outreach discussed | YMCA to give free 1 month membership | YMCA will give free 1 month membership if a patient completes the DSME Program | YMCA Representative |
| Community outreach discussed | Senior Center to Provide Room for Support Group | Senior program to provide room for support group once a month. Prior to support group Pharmacist will provide DSME to residents as needed and referred by treating physician | Senior Center Representative |
| Access | Transportation | Local hospital has agreed to use their shuttle services to get participants to and from the program. Community center has agreed to allow program to rent space for an additional site | Mini |
| Adjournment | Motion to adjourn | | |
| **Next Meeting Date:** 2014 TBD | **Time:** | **Location:** | |

Approval:     Mini and Dr. Goofy

## STANDARD 3

### Evaluation of Population Served

**The provider(s) of DSMES services will evaluate the communities they serve to determine the resources, design, and delivery methods that will align with the population's need for DSMES services.**

*Supporting Documents:*

- Documentation of community demographics for the area where DSMES services are provided

- Documented allocation of resources to meet population-specific needs

- Documentation of actions taken to overcome access-related problems

Standard 3 relates to the Program's knowledge and understanding of the population they currently serve and potentially serve in their community.

### Demographic Data

In order to design services that align with the characteristics and needs of the community served, the provider of DSMES services must document and review available demographic data for their area and update as needed.

### Resources

Determine factors that prevent people with diabetes from attending DSMES. Services such as learning session frequency and length should be designed based on the population's needs and accessibility. Considerations must be made for space, equipment, materials, curriculum, staff, interpreter services, and accommodations for low vision, hearing impairment, disabilities, low literacy and other special needs.

### Sample Description of Target Population and Application of Appropriate Resources

The target population is all ABC adult patients with type 1, type 2, or gestational diabetes. If the individual and the provider believe there is a need or benefit for the DSME then that individual will be accepted into the Program.

The ABC clinics are in BBB, CCC, GGGG, HHHH, LLL, WWW, and AAA counties.  All of these, except for BBB, are designated as entirely "rural" counties in Florida's central areas.

From 2012 to 2014, the number of ABC patients diagnosed with diabetes increased from 656 to 1,017, a 55% increase, demonstrating the need for services to promote diabetes self-management.

DSME services will be provided at each clinic named above.

Many individuals within our service area have significant economic barriers, behavioral risk factors, and high rates of morbidity and mortality due to diabetes at least as severe as the state overall, and in most cases, worse than Florida as a whole.

Each session is individualized to the patient and his or her needs. To address the challenge of meeting the needs of low-income participants, the Program includes information on finding low-cost medication and services.  Any additional barriers and challenges discovered for individuals within the target population will be communicated to the participant's primary care provider.  All resources expended in support of this DSME will be allocated to meet the needs of this target population.

At least annually, an assessment of the target population will be performed to address access to healthcare services, cultural influences, barriers to education, and appropriate allocation of resources.  Resources allocated include funding for Program intervention and assessment, physical space, etc.

**Resources to Determine Demographics**

- Diabetes Data & Trends: https://www.cdc.gov/diabetes/data/index.html
- Diabetes Public Health Resources:
- http://www.cdc.gov/diabetes/atlas
- Health Literacy:
- http://www.cdc.gov/healthliteracy/
- Florida Charts:
- http://www.Flhealthcharts.com/charts/Default.aspx

## Sample from CDC Website
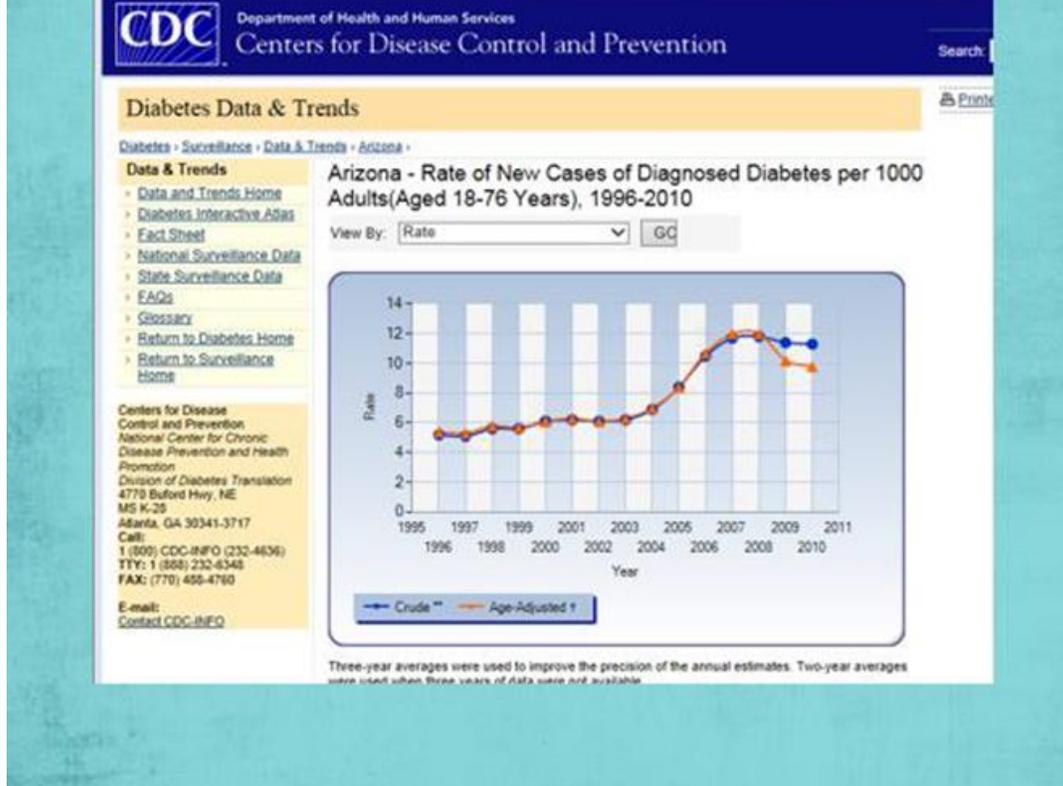
Guidance #3: The Quality (Program) Coordinator should utilize stakeholders to provide input to solve access problems and gaps in services.

# STANDARD 4

## Quality Coordinator Overseeing DSMES Services

**A Quality Coordinator will be designated to ensure implementation of the standards and oversee the DSMES services. The Quality Coordinator is responsible for all components of DSMES, including evidence-based practice, service design, evaluation, and continuous quality improvement.**

*Supporting Documents:*

- Program (Quality) Coordinator's resume and/or CV
- Evidence of documentation that the Quality Coordinator provides oversight of DSMES services, which includes:
- Implementation of the Standards:
  - o Ensuring services are evidence-based
  - o Making sure service design incorporates population needs
  - o Ensuring ongoing service evaluation and continuous quality improvement plan is reviewed at least annually
- Documentation that the Quality (Program) Coordinator obtained a minimum of 15 hours of CE credits within 12 months prior to accreditation and annually throughout the accreditation 4-year cycle OR maintains current CDE or BC-ADM certification.

Standard 4 focuses on the leadership of the services through the Quality Coordinator.

### Qualifications

Quality Coordinators must be aggregators of data and able to communicate outcomes to key stakeholders. The Quality Coordinator's resume or CV must reflect experience with chronic disease management, facilitating behavior change, and experience with managing clinical services; it should list the current position as providing oversight of DSMES services.

To provide adequate oversight, the Quality Coordinator may need to expand his or her skills in business-related areas such as Program management, education, chronic disease care, and behavior change.

### Oversight of DSMES Services

The Quality Coordinator is responsible for implementation of the standards, ensuring services are evidence-based, making sure service design incorporates population needs, ensuring ongoing service evaluation and continuous quality improvement plan is reviewed at least annually.  Examples of documentation of the Coordinator's oversight include but are not limited to a resume or CV, a job description, competencies, or a performance review.

**Continuing Education Documentation**

Documentation of continuing education must be on an official transcript or copies of CE certificates; a listing or spreadsheet generated by the team member is not adequate.

Documentation must be collected annually based upon calendar year or accreditation date but must be consistent throughout the 4-year accreditation cycle.  Initial accreditation requires credits to be obtained within the 12 months prior to applying for accreditation.

## Sample Organizational Policy Regarding Quality Coordination of DSMES

The ABC Diabetes Self-Management Program will maintain the services of a Quality Coordinator. The Quality Coordinator has the responsibility of ensuring implementation of the National Standards of Diabetes Self-Management Education and Support.  The Coordinator will provide oversight of the DSMES Program, including planning, implementation, and evaluation of education services.

**Sample Job Description**

**Diabetes Education Program Coordinator**

REPORTS TO:  President/CEO

SUPERVISES:  DSME/T Program staff at all clinics

POSITION OVERVIEW:
- Provides oversight for planning, implementation and evaluation of the DSME/T Program and ensures the systematic and coordinated day-to-day operations of diabetes educational services at all sites. Ensures that the National Standards for Diabetes Self-Management and Support (NSDSMES) are met and maintained.

DUTIES AND RESPONSIBILITIES:
- Provides direction for the selection, and ongoing review, of the curriculum and educational materials to ensure they meet the needs of the population targeted.
- Directs marketing activities.
- Develops and directs the implementation of an annual Program evaluation plan and performance improvement activities, including Continuous Quality Improvement (CQI) projects.
- Ensures that DSME/T Program accreditation requirements are met and maintained.
- Oversees the diabetes educational process and ensures that services are provided in an individualized and fiscally feasible manner.
- Develops and maintains relationships and partnerships with community groups, payers and potential referral sources.
- Interfaces with the Advisory Committee.
- Maintain 15 hours of continuing education annually as it relates to the profession.

KNOWLEDGE, SKILLS AND ABILITIES:
- Knowledge about chronic disease management and disease self-management educational processes
- Supervisory abilities
- Knowledge about Program management
- Proficient in various computer applications, including spreadsheets
- Marketing skills

EXPERIENCE/EDUCATION:
- Minimum of Bachelor's degree required, Master's preferred
- Education and/or experience in Program management
- Education in, and/or experience with, chronic diseases and disease self-management

**STANDARD 5**

**DSMES Team**


**At least one of the team members responsible for facilitating DSMES services will be a registered nurse, registered dietitian/nutritionist, or pharmacist with training and experience pertinent to DSMES, or be another health care professional holding certification as a diabetes educator (CDE®) or Board Certification in Advanced Diabetes Management (BCADM). Other health care workers or diabetes paraprofessionals may contribute to DSMES services with appropriate training in DSMES and with supervision and support by at least one of the team members listed above.**


*Required Documents:*

- Resume/CV
- Job Description
- Continuing education: 15 hours of CE per year (Program management, education, chronic disease care, behavior change) or credential maintenance of CDE or BC-ADM
- Paraprofessional education should be specific to the role performed
- Document such as a policy on how participant's needs are met if they are outside the instructors' scope of practice


Standard 5 focuses on the DSMES team and the maintenance of training and credentials.

**Maintenance of Credential**

Professional educators must maintain their current credentials. Professional team members must document appropriate continuing education of diabetes-related content, which can include chronic disease management, diabetes specific or related content, behavior change, marketing, and healthcare administration.

**Paraprofessionals**

Paraprofessionals with additional training in DSMES effectively contribute to the DSMES team. Paraprofessional team members need continuing education specific to the role they serve within the team and clear documentation of that training. Examples of this training can include structured training such as the AADE Career Paths, Stanford, the Diabetes Empowerment Education Program (DEEP), or other state-specific certification training Programs in diabetes. Another example can be training designed by an organization and should include competencies specific to the paraprofessional's role in DSMES.  A resource for paraprofessional competencies can be found in the Competencies for Diabetes Educators and Diabetes Paraprofessionals at https://www.diabeteseducator.org/docs/default-source/practice/practice-resources/comp003.pdf?sfvrsn=2

Training obtained within the required timeframe may also fulfill the continuing education requirement for paraprofessionals.

**Documentation of Continuing Education**

Documentation of continuing education must be on an official transcript or copies of CE certificates; a listing or spreadsheet generated by the team member is not adequate.

Documentation must be collected annually based upon calendar year or accreditation date, but it must be consistent throughout the 4-year accreditation cycle.  Initial accreditation requires credits to be obtained within the 12 months prior to applying for accreditation.

Professional instructional team member
- A licensed or credentialed healthcare provider that is eligible to sit for the CDE exam
- Credentials current during 4-year recognition period
- *CEUs required if not a CDE or BC-ADM
- Include on applications

Para-professional instructional team member
- Proof of training/experience prior to joining DSMES service
- Proof of 15 hrs. of training per recognition year
- Proof of competency in areas of DSMES service she/he teaches each recognition year
- Include on applications

*All CEUs and credentials must be kept on file during the 4-year recognition cycle including the CEUs and credentials submitted with the most recent service application.

**Mechanisms for meeting the needs outside of the scope of practice include:**

1. Referral to other practitioners
2. Partnering with a professional with additional expertise (e.g., exercise physiologist or behavioral specialist)

**Sample 1 – Out of Scope of Practice Policy (*Required by ADA ERP)*

**Purpose**
To provide guidance when a Diabetes Self-Management Education and Support (DSMES) participant's education needs are outside of the scope of practice of the DSMES service's team members.

**Procedure**
When a DSMES participant has needs that are outside of the scope of practice of the DSMES team members the following will occur:

▪ The DSMES participant will be provided a list of providers who can provide the service/s needed.

▪ The referring provider will be notified of the DSMES participant's needs not being provided because they were outside of the scope of practice of the DSMES team members.

▪ The communication to the referring provider will be documented in the participant's medical record.

**Sample 2 - Referral Process Policy**

| |
|---|
| **Subject**: Outpatient Diabetes Referral Process |
| **Policy:** Standard procedures guide outpatient diabetes referrals to ensure that licensed professionals are meeting the participant's needs.<br><br>**Procedure:**<br>1. The Clinical Dietitian/CDE will document outpatient initial nutrition counseling session using the standard intake form.<br><br>2. If during the initial session it is determined that the individual needs additional counseling outside the profession or ability of the Clinical Dietitian/CDE an appropriate referral will be made.<br><br>3. The individual may be referred to a host of licensed professionals available throughout the community. The following list of professionals is not all-inclusive: Exercise Physiologist through Somewhere Hospital, Licensed Professional Counselors working with the Counselors R Us, Wound Care Department at Somewhere Hospital, Outpatient Cardiac Rehab Team, Vision Eye Associates.<br><br>4. A copy of the individual's counseling record will be forwarded to the referring physician's office. Recommendations for additional counseling would be included in this documentation. |

**Sample Documentation Form for Maintaining Staff Records**

| Staffing List<br>Program Name: | | | | | |
|---|---|---|---|---|---|
| Program Coordinator<br>*List Name/Credentials for each individual* | Resume/<br>CV<br>Y/N | Required 15 hrs. CE<br>Y/N | Hire Date | Exit Date | Auditor Notes<br>*Use to validate qualifications, experience and 15 hrs. of annual training* |
| | | | | | |
| | | | | | |
| Professional Instructional Staff<br>*List Name/Credentials for each individual* | Resume/<br>CV<br>Y/N | Required 15 hrs. CE<br>Y/N | Hire Date | Exit Date | Auditor Notes<br>*Use to validate qualifications, experience and 15 hrs. of annual training* |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Paraprofessional Instructional Staff<br>*List Name/Qualifications, topics taught for each individual* | Resume/<br>CV<br>Y/N | Required Education/<br>Certification<br>Y/N | Hire Date | Exit Date | Auditor Notes<br>*Use to validate qualifications, experience and 15 hrs. of annual training* |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Resource Staff (only required for ADA)<br>*Provides less than 10% of the DSME Program*<br>*List Name/Credentials* | List Topics Taught | | | | Auditor Notes<br>*Proof of Credentials and CEUs not required* |
| | | | | | |
| | | | | | |
| | | | | | |

# STANDARD 6

## Curriculum

**A curriculum reflecting current evidence and practice guidelines, with criteria for evaluating outcomes, will serve as the framework for the provision of DSMES. The needs of the individual participant will determine which elements of the curriculum are required.**

*Supporting Documents:*

Documentation of an evidence-based curriculum that is reviewed at least annually and updated as appropriate to reflect current evidence, practice guidelines and cultural appropriateness

## Curriculum

Adaptation of the curriculum must also consider learning style preferences and may involve practical problem-solving approaches.

Creative, patient-centered, experience-based delivery methods—beyond the mere acquisition of knowledge—are effective for supporting informed decision-making and meaningful behavior change and addressing psychosocial concerns. Approaches to education that are interactive and patient-centered have been shown to be most effective. An education plan based on the individual assessment will determine which elements of the curriculum are required for each participant.

**Core Content Areas** (for Type 1 &2, gestational diabetes mellitus, secondary diabetes, pregnancy complicated by diabetes):

- Pathophysiology and treatment options; healthy eating
- Physical activity
- Medication usage
- Monitoring, including pattern management
- Preventing, detecting and treating acute problems (e.g. hypo/hyper, Diabetic Ketoacidosis [DKA]), sick days, severe weather or crisis supply management) and chronic complications (e.g. immunizations, eye, foot, dental, exams and kidney function testing, as indicated); healthy coping
- Problem solving

The curriculum must be supplemented with appropriate resources and supporting educational materials, and it must be dynamic.

It is crucial that the content be tailored to match the individual's needs and adapted as necessary for age, developmental stage, type of diabetes, cultural factors, health literacy and numeracy, and co-morbidities.

**Examples of Acceptable Curricula**

- AADE – "Diabetes Education Curriculum: A Guide to Successful Self-Management"
- ADA – "Life with Diabetes;" Michigan Diabetes Research and Training Center
- International Diabetes Center BASICS Diabetes Curriculum
- Journey for Control: Conversation Maps

### Sample Description of DSMES Utilization of a Curriculum

ABC Diabetes Self-Management Education Program has adopted the AADE Diabetes Education Curriculum: A Guide to Successful Self-Management. The curriculum is designed for diabetes educators to use with their patients with diabetes and prediabetes. The curriculum is based upon the AADE7 Self-Care Behaviors. The handouts utilized to complement the educational and behavioral interventions of the staff are the AADE7 Self Care Behavior Information Sheets and additional Diabetes Tip Sheets. These handouts are available in both English and Spanish to support the multilingual needs of population.

The content is tailored to meet the individual's needs. All information is adapted as necessary based on assessed need, age and type of diabetes, cultural factors, health literacy and numeracy, co-morbidities, and learning style preferences.

# STANDARD 7

## Individualization

**The DSMES needs will be identified and led by the participant with assessment and support by one or more DSMES team members. Together, the participant and DSMES team member(s) will develop an individualized DSMES plan.**

*Supporting Documents:*

- A completely de-identified patient chart must include evidence of ongoing education planning and behavioral goal setting with follow-up, based on collaboratively identified participant needs.
- Evidence that assessment is performed in the following areas to prepare the education plan

People with diabetes should engage in DSMES at various stages after being diagnosed. Regardless of the stage, people with diabetes have their own priorities and needs. Research indicates the importance of individualizing DSMES to each participant. The DSMES services should be designed using person-centered care practices, in collaboration with the participant, focusing on the participant's priorities and values.

Guidance #4: It is essential to appreciate that no participant is required to complete a set DSMES structure.

When participants have achieved their goals, they may determine that their initial DSMES intervention is complete. However, it should be stressed that DSMES is most beneficial when it is a lifelong process with ongoing assessments of AADE7 Self-Care Behaviors and continual support.

### Individual Assessment

The assessment must incorporate the individual's:

Health Status
- *Relevant medical and diabetes history*
- *Physical limitations*
- *Hospitalizations or emergency room (ER) visits related to diabetes*

Psychosocial Adjustment
- *Emotional response to diabetes/diabetes distress*
- *Social support systems*
- *Readiness to change*
- *Financial means*

Learning Level
- *Diabetes knowledge*
- *Health literacy and numeracy*

Lifestyle Practices
- *Cultural influences*
- *Health beliefs and attitudes*
- *Diabetes self-management skills and behaviors*

The assessment can be done individually or in a group.  The participant may complete a self-assessment before the initial visit.  The process should be appropriate for the population served and documented in the health record.

The assessment focuses on the individualization for each participant.  Professional members of the team will assess each participant to collaboratively determine the best interventions and support strategies for them.

**De-Identified Chart**

According to the Health Insurance Portability and Accountability Act (HIPAA) regulations, name, date of birth, address, provider names, addresses, telephone numbers, email addresses, medical record numbers, health plan beneficiary numbers, and account numbers, must be deleted from the record.

**Education Plan**

The health care professional uses the information gleaned from assessment to determine the appropriate educational and behavioral interventions, including enhancing the participant's problem-solving skills. The plan should be developed collaboratively with the participant and family or others involved with the participant's care, as required. This will guide the process of working with the participant and must be documented in the education records.

**Sample Education Process**

Participants enter the Program upon referral from their primary care provider. The referral form is completed by the provider and includes diagnosis, reason for referral, complications/ comorbidities, training, and any learning variables. Current laboratory tests and medications and the last encounter note are provided with the referral form.

Each new participant will undergo a 1:1 in-person assessment with the Diabetes Educators. The assessment will include information about the individual's relevant medical history, age, cultural influences, health beliefs and attitudes, diabetes knowledge, self-management skills and behaviors, readiness to learn, health literacy level, physical limitations, family support, and financial status.

*See the current assessment tool below. This is subject to modification as part of ongoing quality improvement efforts.*

# Sample Assessment 1

## DIABETES SELF-MANAGEMENT EDUCATION ASSESSMENT

**Patient Information:**

_____

Patient's Last Name          First Name          Middle Name

Date of Birth ____/____/____      Gender: □ Male    □ Female

_____

Street Address          City          State      Zip Code

_____

Home Phone          Cell Phone          Email Address

Primary Language: □ English     □ Spanish     □ Other: _____

Ethnicity: □ Hispanic □ Non-Hispanic

---

**Emergency Contact Information:**

_____

Last Name          First Name          Middle Name

_____    _____

Phone Number          Relationship

**Billing Information:**

_____    _____    _____

Primary Insurance          Policy Number    Medicaid Number

Referring Provider: _____

Prior Diabetes Education: □ Yes     □ No   If yes, please specify_____

**Family Environment and Support:**

Do you live alone? □ Yes     □ No   If no, how many people live with you? _____

Who is your primary caregiver? _____

Do you prepare your own meals? □ Yes   □ No   If no, who does? _____

Do you have support from family or others to deal with your diabetes? □ Yes   □ No

Other psychosocial factors impacting diabetes management: _____

_____

**Medical Information:**

Type of Diabetes: _____     Age: _____     Height: _____  Weight: _____

Medication Allergies: _____

Food Allergies: _____

Environmental Allergies: _____

Exam Results:

| Test | Result | Date |
|---|---|---|
| HgbA1C | | |
| Fasting Blood Glucose | | |
| LDL-C | | |
| | Yes | No |
| Annual Foot Exam | | |
| Annual Eye Exam | | |

| | Yes | No |
|---|---|---|
| Are you currently taking oral medications for diabetes? | | |
|    Have you ever taken oral medications to treat your diabetes? | | |
| Are you currently taking insulin to control your diabetes? | | |
|    Have you ever taken insulin to control your diabetes? | | |
| Have you taken any steroids like prednisone that impacted your diabetes? | | |
|    How did it impact your diabetes? | | |
| How often do you measure your blood sugar? | | |
|    What is your usual blood sugar level range? | | |
| How often are you physically active? | | |
|    Name examples of physical activity: | | |

| | Yes | No |
|---|---|---|
| Do you follow a meal plan? | | |
|    If yes, what is your meal plan | | |
| Do you currently smoke? | | |
|    If yes, what do you smoke?         How often? | | |
|    If no, when did you stop? | | |
| Do you currently drink alcohol? | | |
|    If yes, how much and how often? | | |
| Do you have high blood pressure? | | |
|    Are you on any medications for your blood pressure? | | |

| Do you have pain from your diabetes? | | |
| --- | --- | --- |
| If yes, describe the pain: | | |

**Cultural Factors**:

Is there anything specific to your culture that you think influences your ability to manage your diabetes?

_____

_____

Do your cultural beliefs influence your ability to manage your diabetes?

_____

_____

Are there certain types of foods important to your culture?

_____

_____

Does having diabetes or having a serious illness create culture stress?

_____

_____

Are there any religious or cultural factors that affect how you eat?

_____

_____

How do you feel about having diabetes (for example, OK, anxious, depressed or overwhelmed)?

_____

Other cultural factors that impact the management of your diabetes:

_____

**Individual Educational Plan:**

Would you like help with any of the following? (Check all that apply)

□ Communicate better with my doctor     □ Eating healthier/following meal plan
□ Giving myself injections correctly      □ Increase blood sugar monitoring
□ Increase my exercise/physical activity  □ Increase support from family/friends
□ Manage my depression                    □ Setting achievable weight loss goals
□ Treat complications from diabetes       □ Understanding my diabetes

Identify the top three (3) problems that you struggle with related to your diabetes:

_____

_____

_____

Identify barriers to managing your diabetes successfully:

_____

_____

_____

**Medication List:**

| Medication | Dose | Frequency | Ordering Provider |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Individual Problems/Needs/Goals:**

Participant's Readiness for Change:  □ Action     □ Preparation     □ Contemplative
                                     □ Pre-Contemplative     □ Maintenance     □ Relapse

Participant's Initial Goals: _____

_____

_____

_____

_____

Accommodation for Participant's Individual Education Needs (i.e. Visual, Learning, Mobility, Other Disability)

_____

_____

_____

_____

Summary of Plan: _____

_____

_____

_____

_____

_____          _____
DSME Staff (Print)                                    DSME Staff Signature            Date


During this assessment, educational goal(s) and learning objectives and the plan for educational content and method(s) will be developed collaboratively between the participant and educator. During the initial assessment, any additional participant needs[DM6] outside the scope of practice for the educator will be appropriately referred will be an integral part of the entire DSMT process.

This plan will also include a personalized follow-up plan for ongoing self-management support that will be developed collaboratively by the participant and educator. The patient's outcomes and goals and the plan for ongoing self-management support will be communicated and documented in the diabetes education record.  Participants will identify at least one behavioral goal during the initial assessment, and this shall be documented on the AADE7 Behavior Goal sheet, with a copy going home with participant.  The follow-up plan for ongoing self-management support will focus on long-term self-management that occurs after the DSME sessions end.  Also, during this assessment, each participant is provided a workbook which includes the AADE7 Health Behaviors and appropriate Diabetes Tip Sheets for that participant.  The Diabetes Educator reviews relevant information in the workbook consistent with the assessment and provides his/her contact information (telephone and email) with an invitation for participant to contact them with any follow-up questions or concerns.

To provide an ongoing evaluation of the participant's attainment of educational goals, the educator will continue discussions with the participant during the on-going comprehensive DSME interventions to measure attainment of patient-defined goals and patient outcomes at regular intervals.  This will be completed using appropriate measurement techniques to evaluate the effectiveness of the educational intervention. The assessment and any follow-up documentation will be provided by the diabetes educator to the referring provider and the educator will be available to discuss the assessment and plan with the provider.

The diabetes educators will further engage in regular communication with one another during the comprehensive DSME to ensure that the participant's plan is appropriate and to address any challenges, questions, lack of information, or other support the participant may need from either the educator, primary care provider or another professional.  The diabetes educator will document regularly all communication in the participant's medical record.

Various instructional approaches are used throughout the individual sessions.  These include lecture, discussion, and demonstration, return demonstration, video presentations and other educational materials/handouts.

# DIABETES SELF-MANAGEMENT EDUCATION
## INTERVENTIONS AND PROGRESS NOTES

**Patient Name:** _____

| ^ 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 |

**Diabetes Educator Signature:**_____ **Initials:**_____

**Diabetes Educator Signature:**_____ **Initials:**_____

| EDUCATIONAL CONTENT | DATE | INITIALS | ASSESS NEED Y (YES) or N (NO) | INTERVENTION DS, D, V, H, P, G | RESULT K-S-B-C-O | FOLLOW-UP DATE | RESULT K-S-B-C-O | PROGRESS NOTES TIP SHEETS OTHER RESOURCES |
|---|---|---|---|---|---|---|---|---|
| **INTRO TO DIABETES** | | | | | | | | ☐ Initial Assess Completed |
| • Initial Assess | | | | | | | | |
| • BG Goals + Targets | | | | | | | | |
| • BG Meter | | | | | | | | |
| • Behavior Goals | | | | | | | | ☐ AADE7 Behavior Goal Sheet<br>☐ BG Meter Provided<br>☐ BG Tracker |
| • Program Overview | | | | | | | | ☐ AADE 7 Handouts |
| • Patient Selected Topics | | | | | | | | ☐ Patient Selected Topics<br>_____<br>_____<br>_____ |
| **HEALTHY EATING** | | | | | | | | ☐ Personal Meal Plan<br>☐ AADE7 Healthy Eating<br>☐ Healthy Football Season<br>☐ Healthy Summer Picnics<br>☐ Thanksgiving<br>☐ Season Eating |
| • Carb Counting | | | | | | | | |
| • Food Labels | | | | | | | | ☐ Conquering the Grocery Store |
| • Portion Control | | | | | | | | |
| • Personal Meal Plan | | | | | | | | |
| • BG ↑and ↓ | | | | | | | | |
| • Behavior Goals | | | | | | | | |
| **BEING ACTIVE** | | | | | | | | ☐ AADE7 Being Active |
| • Benefits | | | | | | | | |
| • Creating a FITT Plan | | | | | | | | |

Revised 6/18

–

| EDUCATIONAL CONTENT | DATE | INITIALS | ASSESS NEED Y or N | INTERVE NTION DS, D, V, H, P, G | RESULT K, S, B, C, O | FOLLOW-UP DATE | RESULT K, S, B, C, O | PROGRESS NOTES TIP SHEETS OTHER RESOURCES |
|---|---|---|---|---|---|---|---|---|
| **MONITORING** | | | | | | | | ☐ AADE7 Monitoring |
| • BG Targets | | | | | | | | ☐ BG Meter Provided<br>☐ BG Tracker |
| • Meter Skill | | | | | | | | |
| • When to Test | | | | | | | | |
| • A1C Target | | | | | | | | |
| • Pattern Management | | | | | | | | |
| **TAKING MEDICATION** | | | | | | | | ☐ AADE7 Taking Medication |
| • Understanding Diabetes Meds | | | | | | | | |
| • How and When to Take Meds | | | | | | | | |
| • Side Effects | | | | | | | | |
| • Insulin/Injectables | | | | | | | | ☐ Understanding Insulin<br>☐ How to Inject Insulin<br>☐ Tips for Better Injections |
| **PROBLEM SOLVING** | | | | | | | | ☐ AADE7 Problem Solving<br>☐ Sexuality and Diabetes<br>☐ Tips for Traveling<br>☐ Aging and Diabetes |
| • High BG | | | | | | | | |
| • Low BG | | | | | | | | ☐ Understanding Hypoglycemia |
| • Causes | | | | | | | | |
| • Treatment | | | | | | | | |
| • Sick Days | | | | | | | | |
| • Eating Out | | | | | | | | |
| **HEALTHY COPING** | | | | | | | | ☐ AADE7 Healthy Coping |
| • Emotions | | | | | | | | |
| • Coping Activities | | | | | | | | |
| • Support System | | | | | | | | ☐ Diabetes On-Line Community |
| **REDUCING RISKS** | | | | | | | | ☐ AADE7 Reducing Risks |
| • Medical F/U | | | | | | | | |
| • Smoking | | | | | | | | |
| • Flu Shots | | | | | | | | ☐ Protect Against the Flu |
| • Eye Exam | | | | | | | | |
| • Foot Checks | | | | | | | | |
| • CV Risks – Weight, BP, Cholesterol | | | | | | | | |

**Patient Name:** _____

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**Documentation Forms That May Be Required**

- Referral Form
- Assessment/Intake Form
- Baseline and Follow-up: behavioral, knowledge and/or confidence
- Clinical Outcome Measure: pre- and post-Program
- Individualized Educational Plan of Care – includes interventions and outcomes (at each visit)
- Behavior Goal Tracking Sheet: baseline, and appropriate intervals
- Documented Individualized Follow-up: at completion of Program
- DSMS Plan
- Communication with HCP[DM8] Team

    Examples available at:

    - https://www.diabeteseducator.org/practice/diabetes-education-accreditation-Program-(deap)
    - http://professional.diabetes.org/diabetes-education

**Outcomes Tracking: Behavioral Goals**

**Behaviors**

- Healthy Eating
- Being Active
- Monitoring
- Taking Medication
- Problem Solving
- Reducing Risks
- Healthy Coping

    ➤ *Number of Patients Who Choose this Goal*
    ➤ *Number of Patients Who Reported Success with this Goal*
    ➤ *Average Percentage of Patients who Reported Success with this Goal*
    ➤ *Aggregate Patient Goal Achievement*

# Developing Behavioral Goals - Sample
## SMART Goals Worksheet

**Draft Goal**:

_____

_____

| | Answers at time of development | Follow-up | Follow-up |
|---|---|---|---|
| **Specific**<br>• What is the desired result? (who, what, when, why, how) | | | |
| **Measurable**<br>• How can you quantify (numerically or descriptively) completion?<br>• How can you measure progress? | | | |
| **Achievable**<br>• What skills are needed?<br>• What resources are necessary?<br>• How does the environment impact goal achievement?<br>• Does the goal require the right amount of effort? | | | |
| **Relevant**<br>• Is the goal in alignment with the overall mission or strategy? | | | |
| **Time-bound**<br>• What is the deadline?<br>• Is the deadline realistic? | | | |

**Final Goal**:

_____

_____

# Example of Comprehensive DSME Cycle

Communication to other HCP

Referral

Initial Assessment

Outcomes measured

All Must Be Completed in no specific order

Individualized Education Plan, Interventions and Outcomes

DSMS Plan Set & Communicated

Clinical & Behavioral Goal f/u

Behavioral Goals Set

Open to Program Variability

*Florida Diabetes Alliance, Inc.*

Adapted from ADA ERP

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# Sample De-Identified Education Record

**AADE** American Association of Diabetes Educators

| Referral is a Medicare Requirement for Reimbursement |
|---|

lf-Management Education/Training utrition Therapy Services Order Form

**Patient Information**

Patient's Last Name     First Name     Middle

Date of Birth _____/_____/_____    Gender: ☐ Male   ☐ Female

Address     City     State   Zip Code

Home Phone     Other Phone     E-mail address

Diabetes self-management education and training (DSME/T) and medical nutrition therapy (MNT) are individual and complementary services to improve diabetes care. Both services can be ordered in the same year. Research indicates MNT combined with DSME/T improves outcomes.

### Diabetes Self-Management Education/Training (DSME/T)

*Check type of training services and number of hours requested*

☐ Initial group DSME/T:   ☐ 10 hours or   _____ no. hrs. requested
☐ Follow-up DSME/T:   ☐ 2 hours or   _____ no. hrs. requested
☐ Telehealth

Patients with special needs requiring individual (1 on 1) DSME/T
*Check all special needs that apply:*

☐ Vision   ☐ Hearing   ☐ Physical
☐ Cognitive Impairment   ☐ Language Limitations
☐ Additional training   ☐ additional hrs requested _____
☐ Telehealth   Other _____

**DSME/T Content**

☐ Monitoring diabetes   ☐ Diabetes as disease process
☐ Psychological adjustment   ☐ Physical activity
☐ Nutritional management   ☐ Goal setting, problem solving
☐ Medications   ☐ Prevent, detect and treat acute complications
☐ Preconception/pregnancy management or GDM
☐ Prevent, detect and treat chronic complications

Medicare coverage: 10 hrs initial DSMT in 12 month period from the date of first class or visit

**DIAGNOSIS**

*Please send recent labs for patient eligibility & outcomes monitoring*

☐ Type 1   ☐ Type 2
☐ Gestational   Diagnosis code _____

**Complications/Comorbidities**
*Check all that apply:*

☐ Hypertension   ☐ Dyslipidemia   ☐ Stroke
☐ Neuropathy   ☐ PVD
☐ Kidney disease   ☐ Retinopathy   ☐ CHD
☐ Non-healing wound   ☐ Pregnancy   ☐ Obesity
☐ Mental/affective disorder   Other _____

### Medical Nutrition Therapy (MNT)

*Check the type of MNT and/or number of additional hours requested*

☐ Initial MNT   ☐ 3 hours or   _____ no. hrs. requested
☐ Annual follow-up MNT   ☐ 2 hours or   _____ no. hrs. requested
☐ Telehealth   ☐ Additional MNT services in the same calendar year, per RD

Additional hrs. requested _____

Please specify change in medical condition, treatment and/or diagnosis:

| Free referral found on AADE's Website. http://www.diabeteseducator.org/ex port/sites/aade/_resources/pdf/gener al/Diabetes_Services_Order_Form_v4. |
|---|

Medicare coverage: 3 hrs initial MNT in the first calendar year, plus 2 hrs follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis.

**Definition of Diabetes (Medicare)**

Medicare coverage of DSMT and MNT requires the physician to provide documentation of a diagnosis of diabetes based on one of the following:

• a fasting blood sugar greater than or equal to 126 mg/dl on two different occasions;

• a 2 hour post-glucose challenge greater than or equal to 200 mg/dl on 2 different occasions; or

• a random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes.

Source: Volume 68, #214, November 7, 2003, page 63261/Federal Register.

Other payors may have other coverage requirements.

Signature and NPI # _____ Date _____/_____/_____

Group/practice name, address and phone: _____

Revised 5/2011 by the American Association of Diabetes Educators and the American Dietetic Association.

[LR9][KM10][KM11]

**AADE** American Association of Diabetes Educators

# Diabetes Patient Assessment

Please fill out this double-sided questionnaire and bring it to your first appointment. We will use this information to help you take care of your diabetes. All information is confidential.

## General Information:

Date: ~~█████~~
Name (last): ~~█████~~ (First) ~~█████~~
Date of Birth: ~~█████~~ Age: ~~███~~
Primary Physician: _____
Referring Physician: _____
How did you hear about this program? ~~█████~~
Home phone: ~~(█████)~~ Work phone: _____
May we call you at your work number if necessary? ☒Yes

**Present Health Status**

Sex: ☐Male ☒Female
Check your racial/ethnic group:
☒ White/Caucasian   ☐ Asian/Pacific Islander
☐ Hispanic/Mexican/Latino   ☐ Native American
☐ African American /Black   ☐ Other_____

**Cultural**

Marital Status: ☐Single   ☐Divorced
☐Widowed   ☒Married (Spouse's name ~~███~~ )

**Support Systems**

**Financial can be furthered assessed through insurance verification**

## _____ History:

Do you work? ☐No ☒Yes ☐Retired ☐Disabled ☐Student
Type of job and work hours? billing clerk   4 - 7ens
Who lives with you? Spouse
How far did you go in school? 3 years college
What language do you use at home? English

**Educational Learning**

Do you have worries about the cost of diabetes care? ☐No ☒Yes !
If you have insurance, does it cover your diabetes supplies? ☒No ☐Yes ☐Not sure
Having diabetes makes me feel (check all that apply):
☐Angry   ☐Frustrated
☐Scared   ☐Accepting
☐Depressed   ☐Resigned
☐Alone   ☒Other take an aggressive stance

**Emotional Response**

What things, if any, will make it hard for you to take care of your diabetes?
☐Transportation   ☐Family   ☐Illness   ☐Reading
☒Money   ☐Work   ☐Vision / hearing   ☐Other_____
Who supports you in your efforts to manage your diabetes?
☒spouse   ☐mother/father   ☐friends   ☐Doctor   Other_____
☐children   ☐relatives   ☐co-workers   ☐Nurse   ☐ No one

**Support Systems**

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## Diabetes History:

What type of diabetes do you have?

☒ Type 2                    ☐ Not sure

☐ Type 1    ☐ Gestational Diabetes    For how long?_____

Have you had diabetes education before? ☒ No   ☐ Yes When / Where?_____

**Monitoring:**

Do you check your blood sugar? ☒ No   ☐ Yes If yes, what brand meter?_____

How often do you check your blood sugar?

     ☐ Less than once daily      ☐ 4-5 times daily

     ☐ Once daily              ☐ more than 5 times daily

     ☐ 2-3 times daily        ☐ Other_____

What times do you check your blood sugar?_____

Have you ever had a low blood sugar? (less than 70) ☐ No   ☐ Yes

     How often?_____      When?_____

Have you ever had a high blood sugar? (over 250?) ☒ No   ☐ Yes

     How often?_____      When?_____

Do (or did) any of your family members have diabetes? ☒ No   ☐ Yes Who?_____

Have you seen a doctor in the past 12 months? ☐ No   ☒ Yes

     For what reason? *well check*        Date?_____

Have you been to the Emergency Room in the last year? ☒ No   ☐ Yes

     For what reason?_____      Date?_____

**Present Health Status**

**Diabetes Self-Management Skills and Behaviors**

**Relevant Medical History**

## Medical History: Have you ever or do you now have any of the following:

| Condition | Explain |
|---|---|
| ☐ High Cholesterol | |
| ☒ Heart Disease | mvp |
| ☐ High blood pressure | |
| ☐ Stroke | |
| ☐ Poor leg circulation | |
| ☐ Eye Disease | |
| ☐ Skin Problems | |
| ☐ Recent/Frequent infections | |
| ☒ Kidney Problems | stones |
| ☒ Lung Disease / Asthma mild | |
| ☐ Dental Disease | |
| ☐ Depression | |
| ☐ Foot Problems | |
| ☐ Sexual Problems | |
| ☐ Chronic Pain / Chronic Fatigue | |
| ☐ Thyroid Disease | |
| ☐ Mental health problems | |
| ☐ Osteoporosis | |

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☐ Amputation

☐ Cancer

☐ Seizure Disorder

☐ Sexually Transmitted Disease

☐ Other problems:

**Present Health Status**

Surgeries: List any surgeries (and date) you have had: _shoulder × 2 (Recurrent dislocations)_ _Kidneystones (stent placement & lithotripsy)_ _female surg._

Do you smoke or use tobacco? ☒ No  ☐ Yes  ☐ I quit (date)_____

If yes, for how long?_____ How much?_____

**Risk Factors**

If yes, would you like information about quitting? ☐ No  ☐ Yes

Do you drink alcohol? ☒ No  ☐ Yes

How often do you usually drink?  ☐ Daily  ☐ 2-4 times / week

☐ Once a week  ☐ Occasionally

What type of drinks?

**Current Health Service or resource Utilization**

☐ Beer  ☐ Wine  ☐ Mixed drinks  ☐ Distilled liquor  ☐ Other____

Vaccinations: Do you get flu shots? ☐ No  ☒ Yes  Date of last flu shot: _2010_

Have you ever had a pneumonia shot? ☒ No  ☐ Yes  Date of last pneumonia shot:_____

Dental: When was your last dental exam? _years ago_

Eye Exam: When was your last eye exam? ✓ _3 or 4 years_

**ALLERGIES**

Are you allergic to any medications? ☒ Yes  ☐ No

Which medication(s) _Damerol & ERYC_

Any food allergies? _no_ ✓   Seasonal allergies? _no_

## Medication:

Please list all your medications. Include those needing a prescription and those not needing a prescription "over-the-counter" (for example, pain relievers, aspirin)

| Name of Medication | Dose and When Taken | What is it for? |
|---|---|---|
| Tylenol or Advil | occasionally | |
| Multivitamin/mineral | 1 tab daily | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Insulin: Do you use Insulin? ☒ No  ☐ Yes

Diabetes Outpatient Training Sites

3

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# Questions some programs ask for Readiness to Learn and Cultural influences

If yes, when and where? _____

9.) Last grade of school completed: *college grad* <span>**Educational Learning**</span>

8.) How do you learn best? ☑Written materials ☐Verbal discussions ☐
☑ Computer ☐ Demonstration

9.) What areas of diabetes would you like to learn more about?

☑ What is diabetes?    ☑ Diet              ☑ Blood glucose testing
☑ Pills for diabetes    ☑ Exercise          ☑ Complications
☑ High blood sugar     ☐ Low blood sugar ☑ Sick days
☑ Stress               ☐ Insulin           ☐ Pregnancy and diabetes
☐ Other: _____

MARCH 3 CLASS

## Stress

1.) What is your stress level? 1-10 scale 1=no stress, 10=extremely stressful _2_
If yes, explain _Work related_
2.) What do you do to relax? _Watch TV_

## Cultural Influences

**Cultural Influences**

1.) Do you have any special religious observances?
☐yes ☑no  Please explain: _____
2.) What is your language preference? Spoken _English_
Written _"_

## Learning objectives

Please check the box that best describes how you feel:     **Readiness to Learn**
☐ I am not considering any kind of changes in my habits at this time
☐ I am considering making a change in the next year
☐ I am considering making a change in the next 6 months
☐ I am considering making a change in the next 6 weeks
☑ I have already started making a change

Please list any changes you have made or are considering making because of
diabetes: _Diet and Exercise_
_MEASURING CHO 40-55/MEAL_
_READING LABELS + MEASURING_
Why is this change important to you? _To live healthy life._
_____

What will happen if you don't make this change? _____
_____

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If yes, do you use:   ☐ a syringe   ☐ an insulin pen   ☐ Insulin pump

**Supplements:**

Please list any vitamins, herbs, supplements or home remedies you use

| Vitamin / supplement / herbs / home remedy / tea | What do you take it for? How often? |
|---|---|
|  |  |
|  |  |
|  |  |
|  |  |

## Exercise/Activity:

Do you exercise? ☐ No   ☒ Yes: What type of exercise do you do? *stationary bike, stepper, or jog*
How often: *5~6 days week*      How long each session? *@ least 30 min.*
Does your work involve exercise or physical activity? ☒ No   ☐ Yes
What level of activity is required? ☐ high activity   ☐ medium   ☐ low   ☒ sedentary

**For Women only:**
Number of pregnancies: *2*   Number of children born alive: *2*   Birth weights: *6 & 7 lbs*
Did you have any problems with your pregnancies? ☒ No   ☐ Yes *(dx'd MVP ā 1st one)*
Do you plan on becoming pregnant? ☐ Yes   ☒ No
Do you use birth control? ☐ No   ☐ Yes  What method? _____
Are you still menstruating? ☐ Yes   ☐ No     If yes, date of last period: _____
Sexual Concerns:

**For Men only:**
Do you have any sexual concerns? ☐ No   ☐ Yes  If Yes, check all that apply:
☐ difficulty getting / maintaining an erection   ☐ Sexual arousal   ☐ Other _____
Have you had a PSA test (prostate specific antigen)? ☐ No   ☐ Yes: Date:

## Foot Care History

Have you ever seen a podiatrist? ☐ Yes   ☒ No
If yes, when and for what? _____
What kind of shoes do you wear? *boots, Runners*  Do you go barefoot? ☐ Yes   ☒ No
Do you shave the top of your feet or toes? ☐ Yes   ☒ No

Have you ever had or do you have any of the following: (please check all that apply)

☐ Foot pain                     ☒ Cold feet
☐ Numbness in feet              ☐ Leg cramps while walking
☐ Burning in feet               ☐ Foot or leg ulcers
☐ Tingling in feet              ☐ Problem toenails (describe) _____
☒ Leg or foot cramps at night *sometimes*   ☐ Foot surgery (describe) _____

Diabetes Outpatient Training Sites

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What do you think is a healthy weight for you? _125 - 124_
As an adult, what has been your lowest weight? _127_ Your highest weight? _140_
Have you ever tried to lose weight with a diet or exercise? ☒Y ☐N
    If yes, please explain _Wt Watchers_
Do you eat for reasons other than hunger? ☒Yes ☐No
    If Yes, in what types of situations? (parties, boredom, stress, at work, family gatherings, etc)
_____

Do you have certain foods that cause you to overeat? ☒Yes ☐No
    If yes, please list these foods _sweets or snacks_
Do you want to make changes in what you eat? ☒Y ☐N
If yes, what type of changes? _drop sweets & all second helpings_
_____

Is there anything you especially want to learn from the dietitian?_____

Thank you for filling out this information. It will help the dietitian and nurse in preparing your diabetes education plan.

## Please bring this questionnaire to your first class.

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Appendix D: Pre- and Post-Test

Check one: Pre-Program ☐   Post-Program ☐

Date _9-8-11_

Name: ▓▓▓▓▓▓

You will take this survey before your first session and after your la___ ass. It will tell ___ w well we did in teaching you diabetes care. Please circle a number from 1 – 5 to rate how sure you are about d___ e task listed. The numbers are in a range – number 1 is the least of the scores and number 5 is the best.

**Diabetes Knowledge**

| Self-Care Behavior | Confidence Level | | | | |
|---|---|---|---|---|---|
| 1. How sure are you that you can check your blood sugars correctly? | Not at all sure 1 | 2 | 3 (circled) "well done, if" | 4 | Very sure 5 |
| 2. How sure are you that you know how to make healthy food choices? | Not at all sure 1 | 2 | 3 (circled) | 4 | Very sure 5 |
| 3. How sure are you that you can tell which foods are carbohydrates? | Not at all sure 1 | 2 | 3 (circled) | 4 | Very sure 5 |
| 4. If you are taking medicine - How sure are you that you know about your diabetes medicine and the possible side effects? | Not at all sure 1 | 2 | 3 | 4 | Very sure 5 |
| 5. How sure are you that you know how to exercise regularly and safely? | Not at all sure 1 | 2 (circled) | 3 | 4 | Very sure 5 |
| 6. How sure are you that you can find diabetes information and support when you need it? | Not at all sure 1 | 2 | 3 (circled) | 4 | Very sure 5 |
| 7. How sure are you that you can notice and then do the right things for a low blood sugar reaction? | Not at all sure 1 | 2 (circled) | 3 | 4 | Very sure 5 |
| 8. How sure are you that you can check your feet for problems and take care of them properly? | Not at all sure 1 | 2 | 3 (circled) | 4 | Very sure 5 |
| 9. How sure are you that you can work with your doctor to get the complete, regular diabetes exam? | Not at all sure 1 | 2 | 3 (circled) | 4 | Very sure 5 |

rw 6-09

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Appendix D: Pre- and Post-Test, cont.

Please do your best to answer the questions below: Circle the correct answer.

1. My A1C level is: ___6.1___ (write in) ☐ Don't Know

2. The goal for my A1c is: _below 5(non diabetic)_
   a) 6.5% or below      c) 10%
   b) 7.5% or below      d) Don't know

3. When I first wake up, my blood sugar level should be:
   a) 80-140      c) under 70
   b) 70-110      d) Don't know ⃝

4. Two hours after I eat, my blood sugar level should be:
   a) under 70    c) 160-200
   b) 80-140      d) Don't know ⃝

5. The highest blood pressure for people with diabetes should be:
   a) 200/140     c) 130/80 ⃝
   b) 140/90      d) Don't know

6. I should see my doctor for diabetes every:
   a) 3 to 6 months ⃝    c) 5 years
   b) year                d) Don't know

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| Test Name | Result | Units | Flag | Reference Range |
|---|---|---|---|---|
| | | | | Run by: CG on 7/27/2011 10:27 AM |
| Hemaglobin A1C | | | | |
| HEMAGLOBIN A1c | 6.4 | % | HIGH | 4.8 - 6.0 |
| Mean Plasma Glucose Estimate | 150.5 | | | |



| Test Name | Result | Units | Flag | Reference Range |
|---|---|---|---|---|
| | | | | Run by: CG on 8/1/2011 8:49 AM |
| Hemaglobin A1C | | | | |
| HEMAGLOBIN A1c | 6.1 | % | HIGH | 4.8 - 6.0 |
| Mean Plasma Glucose Estimate | 130.9 | | | |

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**Individualized Educational plan of care**

| | Session One | Session Two | Session Three | Session Four | Session Five | Session Six |
|---|---|---|---|---|---|---|
| Date | 9/8/11 | 9/15/11 | 9/22/11 | 9/29/11 | | |
| States guidelines for safe exercise | 5 | 5 | 5 | 5 | | |
| Demonstrates proper action and use of oral diabetes medications / insulin | N/A | N/A | N/A | N/A | | |
| Identifies symptoms/treatment of hyperglycemia and hypoglycemia | 1 Instructed | 2 Instructed | 3 | 5 | | |
| Describes the effects of illness/DKA on diabetes management | 1 | 1 | 3 Instructed | 5 | | |
| Verbalizes appropriate response to illness/DKA | 1 | 1 | 3 Instructed | 5 | | |
| Plans for travel | | | | | | |
| Verbalizes the importance of proper hygiene (skin/foot/dental) in preventing complications | 1 | 3 | 4 | 5 Instructed | | |
| States benefits and responsibilities of self management program | 4 | 5 | 5 | 5 | | |
| Describes an ongoing management plan to minimize risks for diabetes complications | 1 | 4 | 5 | 5 | | |
| Able to list pertinent community resources; ADA Support Group Contact Phone Numbers | 1 | 5 | 5 | 5 | | |
| Follow up dates with PCP | | | | NOV 2011 | | |
| SMBG recommendations | 5 | 5 | 5 | 5 | | |
| Comments | gave & taught glucometer use Diabetic Foot Exam | used a scale + measuring cups & food labels | shared recipes | Very excited about BS readings | | |
| Educator Signature | PRichardson | PR | PR | PR | | |

Key    1. Never Demonstrates    2. Rarely Demonstrates    3. Sometimes Demonstrates
4. Often Demonstrates    5. Always Demonstrates    N/A – Not applicable    ☑ Instructed

Educational materials and instructional methods as per Diabetes Self Management Program Curriculum

Carondelet Diabetes Care Center
St. Mary's Hospital
1601 W. St. Mary's Road
Tucson, AZ 85745
(520-872-8065
Fax (520) 872-8567

Carondelet Diabetes Care Center
St. Joseph's Hospital
350 N. Wilmot Road
Tucson AZ 85711
(520) 873-3968
Fax (520) 873-3684

| Label |
|---|

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**Quality Indicator Form**

Workbook given _9-8-11_

_____ Type 1   _____ Type 2   _____ Controlled   _____ Uncontrolled   _____ Duration of DM

| Indicator | Session 1 | Session 2 | Session 3 | Session 4 | Session 5 | Session 6 |
|---|---|---|---|---|---|---|
| Class Duration | 1° | 3½° | 3½° | 1.5° | | |
| Type of Service | Individual hrs | DSMT comply | DSMT/com make | DSMT/Avndy Complication | | |
| Date of Service | 9/8/11 | 9/15/11 m | 9/22/11 | 9-29-11 | | |
| **General** | | | | | | |
| Meter Relion -pt | 97 | 90 | 97 | 84 | | |
| BG (pt/dept) Accudochiny | 113 | 125 | 100 | 106 | | |
| Fasting / Postprandial | | | | | | |
| Blood Pressure (<130/80) | 112/62 | 100/60 | 90/50 | 90/60 | | |
| Height= 5'3" | | | | | | |
| Weight | 133# | 131# | 130# | 129 | | |
| Body Mass Index | | | | | | |
| **Labs / Date** | | | | | | |
| A1C <6.5% | 6.4 (7/6/11) | 6.1 (8/1/11) | | | | |
| Fasting BG | 84 | 72 | 75 | 84 | | |
| Cholesterol<200   7/27/11 | 148 | | | | | |
| Triglyceride<150 | 41 | | | | | |
| HDL (>40 men, >50 women) | 113 | | | | | |
| LDL<100 | 72 | | | | | |
| Microalbumin | N/A | | | | | |
| Creatinine | 0.6 | | | | | |
| GFR | 109.5 | | | | | |
| ALT/SGPT | N/A | | | | | |
| **Interventions** | | | | | | |
| Oral Agents (Y/N) | N | N | N | N | | |
| Insulin (Y/N) | N | N | N | N | | |
| Injectables (Y/N) | N | N | N | N | | |
| ACE / ARB (Y/N) | N | N | N | N | | |
| ASA (Y/N) | N | N | N | N | | |
| Lipid lowering medication (Y/N) | N | N | N | N | | |
| Ankle/ Brachial Index(ABI) Y/N * | N | N | N | N | | |
| Vaccine Dates: Flu / Pneumonia | Flu Fall 2010   N/A | — | — | will get in Oct. | | |
| Dental Exam | Refer | | | | | |
| Eye Exam | 2007 | | | going to make appt | | |
| Foot Exam / Risk Level | 9/8/11 / 0 | | | | | |
| Foot Care referral (Y/N) | 6 | — | — | — | | |
| Pain Assessment | 6 | — | — | — | | |
| Translator used / type | N/A | | | | | |
| Educator Signature | PRichardson | PR | PR | PR | | |

| Self Care | #1 9/9/11 | #2 9/15/11 | #3 9/24/11 | #4 9/28/11 | | |
|---|---|---|---|---|---|---|
| Date 9/8/11 | | | | | | |
| Meal Plan | 7 carb choices/day | She is counting carbs - Reading labels - Following Basic Diet guidelines ✗ Trying new Recipes | - counting carbs - reading labels | - counting carbs - reading labels | (unreadable) | |
| Calculating Kcals + carbs/Day 133×11 = 1463 (Kcals) for Wt loss: 1463 - 500 = 963 Kcals Calculating carbs: 0.45 × 963 = 433.35 433 ÷ 8 = 108 / carbs per day | | | | | | |
| Physical Activity Type Frequency / Duration | stationary bike, stair stepper, jog 5-6 Days/wk 30 min each day | Stationary Bike 4-5 daily/wk Stair-stepper 30 min - they (unreadable) | Stationary Bike 4-5 daily/wk Stair-Stepper 30-40 min 6 Days/wk | Stationary bike or walk/jog or stair mast 5 Days/wk 30-40 min | | |
| Monitoring (Y/N, freq.) | N | Y (Daily) | Y (Daily) | Y (Daily) | | |
| Blood Sugar Range: Fasting / pp | Set her up to a glucomtr | 69 - 92 77 - 104 | 75 - 91 87 - 91 | 68 - 90 86 - 97 | | |
| Tobacco Use | N | N | N | N | | |
| Medication Instruction Y N | N/A | N/A | N/A | N/A | | |
| **Recommendations** | | | | | | |
| Follow up: PCP | 8/1/11 | | | NOV 2011 | | |
| Ophthalmologist | | | | TBA | | |
| Dentist | | | | Referral | | |
| Podiatrist | | | | N/A | | |
| Promotora | | | | --- | | |
| Labs 7/27/11 | 8/1/11 | | | Nov 2011 | | |
| Medications | N/A | N/A | N/A | N/A | | |
| Comments | | Very engaged & willing to learn | very disciplined | Very determined to have a good A1c in Nov | | |
| Educator Signature | P. Richardson | PR | PR | PR | | |

Key: N/A = Not applicable, TBA = to be arranged

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# Behavioral Goals – Steps to Your Health

| Goal 1 | |
|---|---|
| | **Individualized Educational plan of care based on assessment and behavioral goals** |

The health change I want to make is  (be specific: What, When,

I will complete all classes in the Diabetes Self Management Series.

The benefits of meeting this goal will be: *avoid/delay DM*

What will make it hard for me to meet my goal? *genetics ?*

My confidence that I can achieve my goal:
Not at all confident  1  2  3  4  (5)  6  7  8  9  ⬤  Extremely Confident

*How well did I meet my goal?*
Not at all  1  2  3  4  5  6  7  8  9  10  Always

---

## Goal 2

The health change I want to make is: *better diet – carb counting*

The benefits of meeting this goal will be: *learning how & what to count*

What will make it hard for me to meet my goal? *lack of discipline or time for myself*

My confidence that I can achieve my goal:
Not at all confident  1  2  3  (4)  5  6  7  8  9  10  Extremely Confident

*How well did I meet my goal?*
Not at all  1  2  3  4  5  6  7  ⬤  9  10  Always

Patient Signatur _____  Date Goal Set: *9-8-11*
Educator Signa _____  Date reviewed: _____

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CHECK-IN FORM

HOW ARE YOU DOING?

Please fill this out so we can help you manage your diabetes.

Name: ████████ Date: 9-14-11

**Medication**
Have you had any changes in your medications since the last visit?
☒No ☐Yes    If yes, please explain _____

**Exercise**
Have you been exercising? ☐No ☒Yes
If yes, how often and what type? _Stationary bike x_ _days plus stepper on_
How long each session? _____

**Blood Sugars**
Look at your blood glucose logbook. Over the last week:
How often did you check your blood glucose?
☐ I am not checking          ☐ 2 times /day
☐ Less than 1 time per day   ☐ 3 or more times/day
☐ 1 time/day                 ☐ 4 or more times/day

When are you checking? _____
If you are checking fasting levels (first thing when you wake up):
    What was your lowest reading? _____ Your highest reading? _____
If you are checking 2 hours after meals:
    Your lowest reading? _____          Your highest reading? _____
If you are checking before meals:
    Your lowest reading? _____          Your highest reading? _____
Have you had any low blood sugars (below 70mg/dl)? ☐Yes ☐ No
If yes, when? _____
What did you do about it? _____

**Nutrition**
Are you currently:   ☒Following basic diet guidelines   ☐ Using Plate Method
☒Counting carbs      ☒Reading labels

**Medical Care:**
Date of your next doctor's visit        _____
Date of your next lab tests             _____
Date of your next dilated eye exam      _____
Date of next dental exam                _____

Are you having any pain today? ☐ Yes ☒No
On a scale of 1 to 10 rate your pain (10 being the worst pain) _____
Are you doing/taking anything to help with the pain? ☐No
    ☐Yes _____

## CHECK 'N FORM

## HOW ARE YOU DOING?

Please fill this out so we can help you manage your diabetes. 24

Name: ████████████████ Date: 9-22-11

**Medication**
Have you had any changes in your medications since the last visit?
☒No ☐Yes    If yes, please explain_____

**Exercise**
Have you been exercising? ☐No ☒Yes
If yes, how often and what type? _4-5 days - Stationary Bike / Stairstepper_
How long each session? _30 min - 40 min_

**Blood Sugars**
Look at your blood glucose logbook. Over the last week: 8
How often did you check your blood glucose?
☐ I am not checking          ☒2 times /day
☐Less than 1 time per day    ☐ 3 or more times/day
☐ 1 time/day                 ☐ 4 or more times/day

When are you checking? _FBS_
If you are checking **fasting levels** (first thing when you wake up):
What was your lowest reading? _75_    Your highest reading? ☒ 91
If you are checking **2 hours after meals:**
Your lowest reading? _87_           Your highest reading? _91_
If you are checking **before meals:**
Your lowest reading? _____       Your highest reading?_____
Have you had any **low blood sugars** (below 70mg/dl)? ☐Yes  ☒No
If yes, when? _____
What did you do about it? _____

**Nutrition**
Are you currently:    ☐ Following basic diet guidelines   ☐ Using Plate Method
☒Counting carbs      ☒Reading labels

**Medical Care:**
Date of your next doctor's visit    _____
Date of your next lab tests         _____
Date of your next dilated eye exam  _____
Date of next dental exam            _____

Are you having any **pain** today? ☐ Yes ☒No
On a scale of 1 to 10 rate your pain (10 being the worst pain) _____
Are you doing/taking anything to help with the pain? ☐No
☐Yes_____

**Thank you!** Created with

Check one: Pre-Program ☐     Post-Program ☒

Date __9-29-11__     Name: ███████████

You will take this survey before your first session and after your last class. It will tell us how well we did in teaching you diabetes care. Please circle a number from 1 – 5 to rate how sure you are about doing the task listed. The numbers are in a range – number 1 is the least of the scores and number 5 is the best.

| Self-Care Behavior | Confidence Level | | | | |
|---|---|---|---|---|---|
| 1. How sure are you that you can check your blood sugars correctly? | 1 Not at all sure | 2 | 3 | 4 | (5) Very sure |
| 2. How sure are you that you know how to make healthy food choices? | 1 Not at all sure | 2 | 3 | 4 | (5) Very sure |
| 3. How sure are you that you can tell which foods are carbohydrates? | 1 Not at all sure | 2 | 3 | 4 | (5) Very sure |
| 4. If you are taking medicine - How sure are you that you know about your diabetes medicine and the possible side effects? | N/A 1 Not at all sure | 2 | 3 | 4 | 5 Very sure |
| 5. How sure are you that you know how to exercise regularly and safely? | 1 Not at all sure | 2 | 3 | 4 | (5) Very sure |
| 6. How sure are you that you can find diabetes information and support when you need it? | 1 Not at all sure | 2 | 3 | 4 | (5) Very sure |
| 7. How sure are you that you can notice and then do the right things for a low blood sugar reaction? | 1 Not at all sure | 2 | 3 | 4 | (5) Very sure |
| 8. How sure are you that you can check your feet for problems and take care of them properly? | 1 Not at all sure | 2 | 3 | 4 | (5) Very sure |
| 9. How sure are you that you can work with your doctor to get the complete, regular diabetes exam? | 1 Not at all sure | 2 | 3 | (4) | 5 Very sure |

Please do your best to answer the questions below: Circle the correct answer.

1. My A1C level is: __6.1__ (write in)  ⬛Don't Know
2. The goal for my A1c is:
   (a) 6.5% or below     c) 10%
   b) 7.5% or below     d) Don't know
3. When I first wake up, my blood sugar level should be:
   a) 80-140     c) under 70
   (b) 70-110     d) Don't know
4. Two hours after I eat, my blood sugar level should be:
   a) under 70     c) 160-200
   (b) 80-140     d) Don't know

5. The highest blood pressure for people with diabetes should be:
   a) 200/140     (c) 130/80
   b) 140/90     d) Don't know
6. I should see my doctor for diabetes every:
   (a) 3 to 6 months     c) 5 years
   b) year     d) Don't know

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## Post/Final EVALUATION

| Rating Scale | Strongly Disagree .1 | Disagree .2 | No Opinion .3 | Agree 4 | Strongly Agree 5 |
|---|---|---|---|---|---|

| | Please circle your choices |
|---|---|

|  |  |  |  |  |  |
|---|---|---|---|---|---|
| 1. The class times were convenient for me. | 1 | 2 | 3 | 4 | ⑤ |
| 2. The classes were a reasonable length. | 1 | 2 | 3 | 4 | ⑤ |
| 3. There were enough breaks during the classes. | 1 | 2 | 3 | 4 | ⑤ |
| 4. The Workbook was helpful. | 1 | .2 | 3 | 4 | ⑤ |
| 5. The slides and class materials were helpful. | 1 | 2 | 3 | 4 | ⑤ |
| 6. The staff and Instructors were courteous. | 1 | 2 | 3 | 4 | ⑤ |
| 7. My classes started on time. | 1 | 2 | 3 | 4 | ⑤ |
| 8. The teachers were knowledgeable about diabetes. | 1 | 2 | 3 | 4 | ⑤ |

## We want your feedback!

Please comment on ways we could Improve our classes -

What did you especially like about the Diabetes Workbook?
Just having one for resourse.

Please comment on ways we could improve the Workbook -
Make It match the slide show — would be easier to follow!. Some slides go with pages I didn't even have!.

How will you use what you learned In the Diabetes Management Program in your life?
Diet info very helpful & Real life suggestions when eating away from home.

Who were the instructors that taught your classes?
?... knowledgable

Management Support

Diabetes Outpatient Training Sites
Diabetes Self-Management Support Plan

Name: ████████████████  MRN: Sample class  Date: 9-29-11

This is your Diabetes Self-Management Support Plan. You are being asked to commit to activities that will give you access to educational or motivational support in managing your diabetes.

Choose one or more activities from the options below.

☐ Subscribe to a diabetes magazine
- o Diabetes Forecast (www.diabetes.org)
- o Diabetes Self Management (www.diabetesselfmanagement.com)
- o Diabetes Health (www.diabeteshealth.com)

☑ Access diabetes informational websites
- o www.diabeteseducator.org (American Association of Diabetes Educators)
- o www.diabetes.org (American Diabetes Association)
- ✓ www.dLife.com (Diabetes Life)
- o www.americanheart.org (American Heart Association)
- o www.eatright.org (American Dietetic Association)
- o www.ndep.nih.gov (National Diabetes Education Program)

☐ Visit with a Dietitian

☐ Join a fitness center, gym or YMCA

☐ Meet with a Personal Fitness Trainer

☐ Contact your health insurance company to ask about their Diabetes Management Programs

☐ Join a weight loss program

☐ Attend a healthy cooking class

☑ Other marksdailyapple.com
ManagingDiabetes @ EverydayHealth.com

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Date: 9-29-11

RE: ███████████████ DOB: ████████
Patient Name

Communication with
healthcare team

Dear Doctor ████████████████████

Your patient has completed the 10-hour Diabetes Self-Management Education Program offered by Carondelet Diabetes Care Center.

Results

| Outcomes | First Session Date: 9/8/11 | Final Session Date: 9/29/11 | 3-Month Post Class Outcomes |
|---|---|---|---|
| A1c (result/date) | 6.4 on 7/27/11 | | |
| Blood Pressure | 112/62 | 90/60 | |
| Weight / BMI | 133# | 129 | . |
| Blood Glucose | 97 | 86 | |
| Other | | | |

Foot Assessment and Monofilament Test: Date: 9-8-11  Risk Category: Ø
Risk Category: 0= No loss of protective sensation, 1= Loss of protective sensation (no weakness, deformity, callus, pre-ulcer, or hx of ulceration), 2=Loss of protective sensation with weakness, deformity, pre-ulcer or callus but no hx of ulceration. 3= History of plantar ulceration.

Your patient was instructed on diabetes care and skills according to the Standards of Care established by the American Diabetes Association. Topics covered included:
*   basic pathophysiology of Type 1 and Type 2 diabetes
*   use of blood glucose meter and target blood glucose levels
*   an individualized meal plan with a focus on carbohydrate counting
*   exercise and travel guidelines
*   pharmacological agents (orals and insulin)
*   sick-day management, hypo- and hyperglycemia
*   detection and prevention of chronic complications
*   foot assessment with monofilament.

Your patient was instructed to contact you regarding his/her ongoing diabetes care.

Thank you very much for your referral to our program. Please feel free to contact us if you have any questions or concerns.
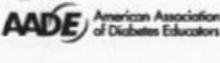
Comments: ████ FBS has ranged from 68-92 , RBS 71-128.

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# More Examples of Collaborative Goal Development and Follow-up

https://educator.aade7.com/reports_static/patient_goals/index.php?patie

**AADE 7** System

**Patient Goals Summary**

Report Generated Date: Jan 3, 2013

**AADE** American Association of Diabetes Educators

| Site | | Site Phone | Site Fax |
|---|---|---|---|
| Diabetes Education Center | | | |

| Educator | Educator Phone | Educator Fax |
|---|---|---|
| Steven Program Instructor/Pharmacy Owner, Program Instructor/Pharmacy Owner | | |

## Patient:

## Living with Diabetes

**Goal: - Write a letter to a family or friend in your support group thanking them for their support**

| Review Date | Review | Change Rate | Behavior Strategies | Documentation |
|---|---|---|---|---|
| Nov 27, 2012 | Achieved | 10 | | |
| Nov 14, 2012 | Started | 1 | Other | |

## Physical Activity

**Goal: - Incorporate resistance training 2 times per week**

| Review Date | Review | Change Rate | Behavior Strategies | Documentation |
|---|---|---|---|---|
| Dec 19, 2012 | Continued | 5 | Barrier resolution | |
| Nov 27, 2012 | Continued | 5 | Situational problem solving | |
| Nov 14, 2012 | Continued | 1 | Goal setting Barrier resolution | |
| Nov 7, 2012 | Started | 1 | Knowledge education Skill training | Patient was instructed to incorporate resistance exercise by using large rubber bands. Patient can do various exercises during the commercials of her favorite tv shows. Patient is expecting at least 30-35 minutes of resistance training per session. |

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**Goal: - Rotate injection sites to allow at least 14 days to pass before coming back to that site**

| Review Date | Review | Change Rate | Behavior Strategies | Documentation |
|---|---|---|---|---|
| Nov 27, 2012 | Achieved | 10 | Skill training Confidence building | |
| Nov 14, 2012 | Continued | 5 | | |
| Oct 30, 2012 | Started | 1 | Knowledge education Skill training | Patient does injections a combined 6 times a day. Patient was only injecting around the navel area in a clock method. Patient was basically only allowing 2 days before coming back to same injection site and was noticing some skin toughness. Instructed to use all areas of abdomen and least 2 inches from navel and to also use thigh. |

## Monitoring

**Goal: - Check blood sugar at least 3 to 4 times daily (fasting, pre-meal, and post-dinner)**

| Review Date | Review | Change Rate | Behavior Strategies | Documentation |
|---|---|---|---|---|
| Oct 3, 2012 | Achieved | 10 | Knowledge education Goal setting | |
| Sep 18, 2012 | Started | 1 | Knowledge education Skill training Goal setting | Patient is currently on Byetta before breakfast and at dinner, Humalog at breakfast lunch and dinner, and Lantus at bedtime. This schedule will help see effects of medication and glucose control. |

## Nutrition

**Goal: - Smaller Meals with Snacks in between (at least 5 eating intervals)**

| Review Date | Review | Change Rate | Behavior Strategies | Documentation |
|---|---|---|---|---|
| Oct 30, 2012 | Achieved | 10 | Knowledge education Situational problem solving | |
| Oct 3, 2012 | Started | 1 | Knowledge education Skill training Barrier resolution | |

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## STANDARD 8

## Ongoing Support

**The participant will be made aware of options and resources available for ongoing support of their initial education, and will select the option(s) that will best maintain their self-management needs.**

*Supporting Documents:*

De-identified chart that includes documentation of ongoing self-management support options specific to the community where the DSMES services are delivered, with participant preferences noted.

**Support** can include internal or external group meetings (connection to community and peer groups online or locally), ongoing medication management, continuing education, resources to support new, or adjustments to existing, behavior change goal setting, physical activity Programs, weight loss support, smoking cessation and psychological support, among others. Peer support using social networking sites improves glucose management, especially in people with Type 2 diabetes. It may be useful to highlight the benefits and accessibility of online diabetes communities as a resource to help participants learn from others living with the condition, facing similar issues, and is available 24 hours a day, 7 days a week.

**Community Resources**

DSMES providers need to identify community resources that may benefit their participants and support their ongoing efforts to maintain their achievements reached during active participation in the DSMES services. The community resource ongoing support list must be reviewed periodically to keep it up-to-date. Examples of community resources include the local YMCA, activity-related classes at a senior center, a local support group, grocery store tours at the local grocer, local food shelf, a walking group or list of local walking trails, community center swimming pool, church group, dental school for discounted or free cleanings, and local mental health services.

Each participant will receive diabetes self-management support materials. In addition, a diabetes self-management support plan will be developed and reviewed with the participant and the referring provider. The Diabetes Self-Management Support (DSMS) Plan will be documented on the Program DSMS Plan form

# Sample Diabetes Self-Management Support (DSMS) Plan

<div style="border:1px solid blue; padding:10px;">

### <u>DIABETES SELF-MANAGEMENT SUPPORT (DSMS) PLAN</u>

**Patient Name:**_____

This is your Diabetes Self-Management Support Plan.  You are being asked to commit to activities that will give you access to educational or motivational support in managing your diabetes.

**Recommendations**:

☐ Subscribe to a diabetes magazine
     Diabetes Forecast (www.diabetes.org)
     Diabetes Self-Management (www.diabetesselfmanagement.com)
     Diabetes Health (www.diabeteshealth.com)

☐ Access diabetes informational websites
     www.diabeteseducator.org  (American Association of Diabetes Educators)
     www.diabetes.org  (American Diabetes Association)
     www.dlife.com  (Diabetes Life)
     www.americanheart.org  (American Heart Association)
     www.eatright.org  (American Dietetic Association)
     www.ndep.nih.gov  (National Diabetes Education Program)

☐ Visit with a Registered Dietitian

☐ Join a Fitness center, Gym or YMCA

☐ Contact your health insurance company to ask about their diabetes management programs

☐ Join a weight loss program

☐ Attend a healthy cooking class

☐ Dining for Diabetes

☐ Other_____
_____

**Written Support Materials Given:**

☐ Diabetes Brochures (List title, author, and date given) _____
_____
_____

☐ Support Plan Shared With Provider    Date:_____

Diabetes Educator Signature:_____ Date:_____

</div>

# STANDARD 9

## Participant Progress

**The provider(s) of DSMES services will monitor and communicate whether participants are achieving their personal diabetes self-management goals and other outcome(s) to evaluate the effectiveness of the educational intervention(s), using appropriate measurement techniques.**

*Supporting Documents:*

- Description of participant progress is captured and documented
- De-identified participant chart with:
  - At least one SMART behavioral goal with follow-up and measured achievement
  - Documentation of at least one clinical outcome measure to evaluate the effectiveness of the educational intervention
- For all Medicare Providers, there must be communication back to the referring provider, including the education provided and the participant outcomes.

The provider of DSMES will rely on behavior change goal setting strategies to help participants meet their personal targets.

The role of the DSMES team is to aid in the goal-setting process and make adjustments based on participant needs and circumstances. Accurately measuring the achievement of SMART goals (specific, measurable, achievable, relevant, and time-bound) and action planning, including assessment of confidence and conviction, is essential.

To demonstrate the benefits of DSMES, it is important for DSMES providers to track relevant evidence-based DSMES outcomes such as knowledge, behavior, clinical, quality of life, cost-savings, and satisfaction outcomes.

Tracking and communication of individual outcomes must occur at appropriate intervals, for example, before and after engaging in DSMES.

The DSMES team focuses on participant progress in behavioral and clinical outcome measure and the effectiveness of the educational interventions.

## Goal Setting

The AADE7™ Self-Care behaviors serve as a useful framework for documenting behavior change. Participants do not need to work on all seven behaviors at once. Most will select one or two initial goals and all goals must be SMART goals (specific, measurable, achievable, relevant, and time-bound).

**Other Measures**

Clinical outcome measurements need to be chosen based on the population served, organizational practices, and the availability of the outcome data. To determine the impact of DSMES services, the Coordinator must compare outcomes after engagement in DSMES services with a baseline.

**Communication to Provider**

DSMES providers must communicate individual outcomes back to the referring provider. A summary of the education provided and the participant outcomes, both clinical and behavioral, demonstrates the benefits of DSMES.

## Sample Description of Participant Progress

The Diabetes Self-Management Education/Training (DSME/T) Program will measure attainment of participant-defined goals and outcomes to evaluate the effectiveness of educational interventions. The performance measurement plan will begin at the initial assessment between the participant and primary instructor. The plan may be increased and/or modified during the 10 hours of intervention based on collaborative input from participant, primary instructor, and the multidisciplinary team.

**Patient-Defined Goals and Patient Outcomes**

**Data Collection**

Individualized data is provided in initial assessment with Diabetes Educator.

Participant-defined behavior change will be measured based on the AADE7 self-care behavior framework spreadsheet. This self-care framework is based upon the belief that behavior change can be most effectively achieved using the following seven behaviors as a framework:

1) healthy eating
2) being active
3) monitoring
4) taking medication
5) problem solving
6) reducing risks
7) healthy coping

Participants will be asked to provide progress in the following health outcomes areas: weight, hemoglobin A1C, and medication compliance and monitoring during the follow-up session conducted at the final visit. Data will be indicated on the participant's goal sheet as part of their overall educational record.

Long-term outcome measures will be tracked through the AADE electronic data collection tool. The resulting data will provide the Program Coordinator with a data set to perform CQI. The results of this Program data analysis will be reported to the Program Advisory Committee at each meeting.

Results will be evaluated, and Program changes will be made based on the analysis of:
- Aggregate data
- Participant-defined behavior change, measured using a database, based on the AADE7 self-care behavior framework.

**Frequency of Measurement**

Individual self-care behavior change data and selected health outcomes will be documented in the database at three points during the ten hours of intervention. Those times are:
- Prior to beginning the Program.
- Midway through the Program, between hours 5 and 6.
- Hour 10 will be a follow-up session by the diabetes educator. Major changes in health outcomes occurring outside of this timeline will also be noted.

Individual self-care behavior change data will guide the education/training process. Diabetes Educators will work with the participant if data analysis suggests self-care improvements are not made by a participant.

# STANDARD 10

## Quality Improvement

**The DSMES service Quality Coordinator will measure the impact and effectiveness of the DSMES service and identify areas for improvement by conducting a systematic evaluation of process and outcome data.**

*Supporting Documentation:*

AADE requires a written procedure for collecting aggregate data to use for analysis of clinical, behavioral and process outcomes.

ADA requires documentation of a CQI project measuring the effectiveness and impact of the DSMES services that identifies areas of improvement through the evaluation of process and outcome data. This is reviewed and reported annually.

AADE requires a written description of CQI plan and completion of one cycle within six months of approval.

➢ Formal quality improvement strategies can lead to improved diabetes outcomes.

➢ By measuring and monitoring both process and outcome data on an ongoing basis, providers of DSMES can identify areas of improvement and adjust participant engagement strategies and service offerings accordingly. Evaluation can contribute to the sustainability of the service.

➢ Once areas of improvement are identified, the DSMES Quality Coordinator determines timelines and important milestones, including data collection, analysis, and presentation of results.

➢ Process measures are often targeted to those processes that affect the most important outcomes.

➢ A variety of methods can be used for quality improvement initiatives, such as the Plan Do Study Act model, Six Sigma, Lean, Re-AIM, and workflow mapping.

Guidance #5: Standard 10 relates to the process that the DSMES uses to evaluate their operations, including the delivery of education and support.[LR12]**[KM13]**

**Collecting and Reporting Data**

DSMES providers must have a procedure in place to collect, aggregate, analyze, and report clinical and process outcomes and behavioral goal achievement.  Evidence of this procedure will need to be submitted at the time of application.  Examples of outcomes to measure include but are not limited to:

**Process** – wait times, Program attrition, referrals, education process, reimbursement issues, follow-up

**Clinical** – A1c's, % of body weight lost, foot and eye exams, ER visits, newborn weight, Cesarean section delivery rate, hospitalization days, ER visits

**Behavioral** - Participant satisfaction, behavioral goal achievement, reduction in diabetes distress


Three fundamental questions should be answered by the CQI project:

1. What are we trying to accomplish?

2. How will we know a change is an improvement?

3. What changes can we make that will result in an improvement?


**Timing**

CQI is a cyclical, data-driven process, which is proactive, not reactive.  Data for the CQI plans is collected and used to make positive changes-even when things are going well, rather than waiting for something to go wrong and then fixing it.

All DSMES sites, including new entities, must be able to show implementation of the CQI plan by the six-month mark.  ADA ERP requires one completed CQI cycle with initial application. A Program may be randomly selected by AADE DEAP within their first year of accreditation to submit their CQI plan.

Annually, DSMES providers will need to submit a report of their CQI project from the previous 12 months through their anniversary date, and their CQI plan for the next 12 months.

# Sample Description of CQI Process

The Program Coordinator will monitor the following areas of the DSMES Program on an ongoing basis. CQI reports will be shared with the Advisory Committee at each meeting.

Aggregate data will guide the Advisory Committee in determining CQI projects on an annual basis. The Advisory Committee will define the outcome measures that they want to review and will submit these to the Program Coordinator to complete. The Advisory Committee will provide quality benchmarks for the Program. Lastly, the Advisory Committee will work with the Program Coordinator to determine interventions to improve Program quality benchmarks.

**Identified Problem**
Patients who are referred to our DSME Program do not always show up for their agreed upon scheduled appointments.

**Plan**

Improve the percentage of patients referred who keep their appointments or appropriately cancel and reschedule their appointments.

**Do**

Each patient with a scheduled appointment will be tracked using the AADE7 software Program. At the end of each quarter, a report will be compiled of percent of appointment no shows. Attempts will be made to contact individuals who did not keep their scheduled appointments to determine their reason for not keeping appointment.

**Study**

Monitor percentage of patients who do not keep scheduled appointments, quarterly. Determine reason for patient not keeping scheduled appointments.

**Act**

Create a plan to increase compliance with keeping of scheduled appointments, such as reminder phone calls/texts, increasing patient awareness of benefits of DSME, etc.

# DSMT Reimbursement Tips

## Who Can Bill for DSMT?

*The entity or individual must bill CMS for other services to be reimbursed for DSMT.*

| Entities | Individuals |
|---|---|
| Clinic | Clinical Nurse Specialist |
| DMEPOS: Durable Medical Equipment Prosthetics, Orthotics and Supplier | Clinical Social Worker |
| FQHC (must be provided 1:1 and in person on a separate day of another medical service) | Nurse Practitioner |
| Health Department | Physician |
| Home Health Agency | Physician Assistant |
| Hospital – Outpatient only | Psychologist, Clinical |
| Pharmacy (must be part B provider, provide services such as Urgent Care/Flu Vaccines) | Dietitian/Nutrition Professional |
| Skilled Nursing Facility | |
| Reference:  page 4 and 5 http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM5433.pdf | |

## Who Cannot Bill for DSMT?

- CDE (if no other credential that is encompassed in the CMS provider list)
- End-stage Renal Facility (Dialysis Center)
- Hospice Service
- Hospital Inpatient Service
- Nurse (not a specialist)
- Nursing Home
- Pharmacist
- Rural Health Clinics (RHC)

Reference:  page 7 https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R13BP.p

The accreditation or Recognition process through AADE or ADA is essential to obtain Medicare reimbursement for DSMT. However, it is a separate process and does not guarantee Medicare payment. In addition to the accreditation process, a DSMT Program should do the following:

- The Sponsoring organization must have an NPI number as well as be enrolled as a Medicare provider for services other than DSMT.
    - o The website to use to access electronic NPI application forms is  https://nppes.cms.hhs.gov.  For a paper application, call 800-465-3203.
    - o If new to Medicare, the organization needs to submit Form 855I to enroll as a Medicare provider (obtain forms through local Medicare Administrative Contractor (MAC).
    - o DME/Pharmacy providers must also enroll as a Part B provider to bill for DSMT services.
- Must submit notice of AADE accreditation or ADA Recognition to local Medicare Administrative Contractor (MAC).
- Confirm that the HCPCS codes for billing DSMT are loaded in billing system (G0108 and G0109).
- Submit accreditation notice to contracted commercial payers and verify that DSMT codes G0108 and G0109 are included in contract.
- If off-site locations are added to accredited Program, follow process and recommended steps included on AADE website.
- Consider purchasing reimbursement resources such as AADE's "Navigating the Maze: Overcoming the Obstacles to Reimbursement for Diabetes Self-management."
- Members of AADE can seek additional information from the AADE "Reimbursement Expert" located in our Member Center. Please review the FAQs first because your question may have already been answered.

**Initial DSME/T Medicare Billing**

Initial DSME/T is a once-in-a-lifetime Medicare benefit.

- 10 hours of DSMT/T are allowed by Medicare the first consecutive 12 months after first DSME visit.

- If the participant has received DSME/T paid by another insurance company, he or she is still eligible to receive the 10 hours of initial DSME/T coverage as a Medicare benefit.

- If more than 10 hours of DSME/T is billed in the first 12 months, the bill resulting in more than 10 hours will be rejected by Medicare.

- If the beneficiary does not use the entire 10 hours in the first 12 consecutive months of DSME/T, the balance of the 10 hours is forfeited.

**Guidance #6: Informing your DSME/T participants of the above is VERY IMPORTANT.**

# DSMT Audit Guidance

**American Diabetes Association Education Recognition Program (ERP)**

Audit Preparation

An audit is a randomly selected onsite visit that allows the Education Recognition Program to verify a Recognized entity was compliant with the National Standards criteria at the time of most recent application and has remained compliant during the current Recognition cycle. Medicare (CMS) requires the ADA to audit 5%, up to 70 Recognized DSMES services annually. If the service refuses the onsite audit, Recognition will be withdrawn per CMS guidelines. Information for ADA Audits and sample materials can be found at the ADA website: https://professional.diabetes.org/diabetes-education.

# ADA Audit Tools

# Audit Toolkit

## Contents

- **Onsite Audit: What, When, Where & Why?** (Pg. 2-4)
- **Audit Overview** (Pg. 5,6)
- **Quality Coordinator Guide** (Pg. 7)
- **De-identified DSMES Participant Chart Requirements** (Pg. 8,9)
- **Required Documentation – Audit Checklist** (Pg. 10 - 12)
- **Helpful Tips for Audit Preparation** ( Pg. 13-14)
- **Auditor Worksheets and Resources** (Pg. 15)
- **Frequently Asked Questions** (Pg. 16)

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# What & Why?

## What?

An audit is a randomly selected onsite visit that allows the American Diabetes Association (ADA) Education Recognition Program (ERP) to verify a Recognized DSMES service was operating under the National Standards for Diabetes Self-Management and Support (DSMES) at the time of the most recent application and has continued to meet the National Standards during the current recognition period.

## Why?

 Medicare (CMS) requires the ADA to audit 5%, up to 70 recognized DSMES services annually.  If the service refuses the onsite audit, recognition will be withdrawn per CMS guidelines.

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# When?

## When do onsite audits take place?

If a service is chosen for an audit, the quality coordinator will be notified **10** business days prior to the onsite audit date.  This allows the service to prepare for the audit as well as address any questions or concerns with ERP staff.   The lead auditor will contact the quality coordinator once the service has confirmed receipt of the audit notification. This allows the auditor to answer any questions and confirm meeting arrangements and/or logistics.  *Onsite audits occur throughout the entire calendar year.*

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# Where?

## Where does the onsite Audit take place?

The onsite audit will take place at the DSMES service's primary location on file with ERP unless other arrangements are made between the service and the two person audit team.  The quality coordinator will need to supply the auditors with a quiet, well-lit room from 9:00 AM through 3:00 PM unless other arrangements have been made.

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# Audit Overview
# 3 Phases of the Onsite Audit

**Phase 1: Opening Meeting**
The audit team will briefly (15-30 minutes) meet with the quality coordinator (QC) and any other staff or service representatives prior to starting the actual audit.

**Phase 2: Auditor Investigation**
Please provide the auditors with a quiet well lit room from 9am to 3pm during this audit phase. The QC does not have to be present during this phase but available should questions arise.

**Phase 3: Closing Conference**
After phase 2, the audit team will meet with the QC to review findings and then the QC is welcome to invite other service representatives for the closing meeting.

**NOTE:** If the QC is not available on the audit date, another DSMES service representative can be identified and to perform the QC duties. This needs to be communicated to ADA.

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# Audit Overview
# The Two Periods of Audit Documentation

## Reporting Period

The reporting period is based on the reporting period used by the DSMES service's most recent renewal or original application.   The reporting period can be found on your Audit Notification Letter.

Documentation reflecting that each standards' indicators were in operation during the reporting period needs to be presented during the audit.

## Current Operations

The current operations refers to the 6 month period prior to the audit date in relation to the **complete** participant charts (Std. 7,8,9) required for the audit.  At least one element of the DSMES cycle (A-J) must have occurred during this 6 month period.

For standards 1-6 and 10 the current period documentation must be from the past 12 months of the onsite audit date.

**It is important to note that during an audit auditors can request documentation reflecting adherence to the 10 standards during any time during the services 4 year Recognition cycle.**

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# Quality Coordinator Guide (QCG)
## & Required Documentation

## Did You Know?

If your DSMES service is using the QCG and it is up to date with the required elements, your QCG will have all of the required documents for the audit except for the team member list.  Please complete the team member list and present to the auditors during the opening meeting.

If the QCG does not have the actual complete DSMES charts indicated on page 50 of the QCG, please add the charts with each element (A-J) identified.  The DSMES Chart Review form on page 51 of the QCG can assist with this step.

If you are not using the QCG, please continue with this toolkit which will guide you through audit preparation and documentation presentation steps.

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# De-Identified Patient Charts (Pg. 1 of 2)

| Chart Audits per Multi-Site | |
|---|---|
| #Multi-Sites | # Charts from current period and data period of each Multi-Site |
| Parent Site Included | |
| 1-2 Multi-Sites | 5 Charts each period |
| 3-4 Multi-Sites | 3 Charts each period |
| 5+ Multi-Sites | 2 Charts each period |

**EMR Charts** not printed are covered by the confidentiality agreement signed by the service and the auditor prior to the audit. You will be required to access and navigate the electronic charts and stay with the auditor during the entire chart review.

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De-identified
Patient Chart
(Pg. 2 of 2)

Initial Comprehensive DSMES Cycle–Standards 7, 8, 9

Use sticky tabs to indicate each item (A, B, C etc.) of the education cycle in the de-identified patient chart. (See diagram on the right)

A complete chart should have a sticky tab for A through J.
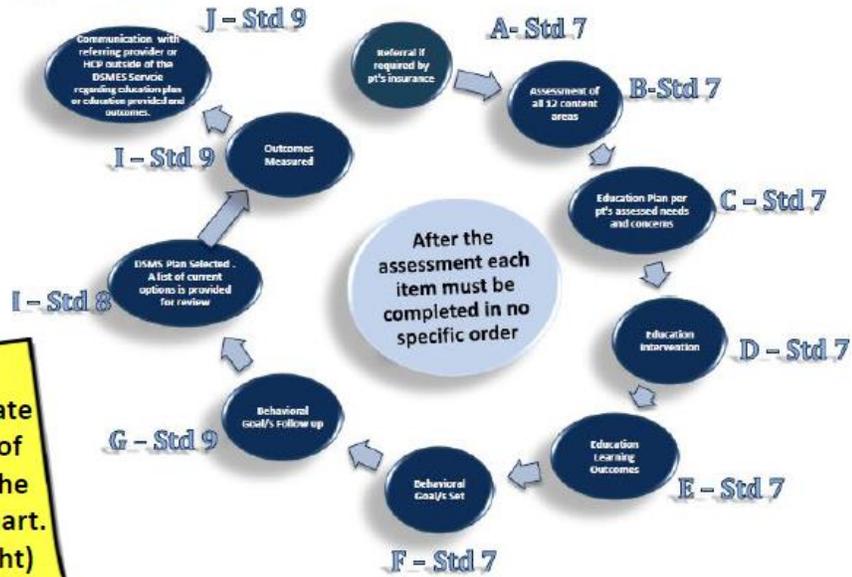
On the next two pages you will find the Audit Documentation Checklist for both the Reporting Period and Current Operations. The DSMES Team can use these checklists to ensure all documentation is present for the auditors.

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**Required Documentation**
**Audit Documentation Checklist – Reporting Period**

The audit team will require the following documentation from the **Reporting Period** of the most recent renewal or original application and from the **Current Operation Period.**

**Reporting Period:** From most Recent Application: _____/_____/_____ to _____/_____/_____

☐ Standards 1:
- Documentation reflecting organizational support of the DSMES service within 12 months of the application submission.
- Documentation reflecting organization structure that includes the DSMES service.
- Documentation reflecting the DSMES service goals set within 12 months of the application submission and the review of the goals

☐ Standard 2:
- Documentation reflecting the within 12 months prior to the online application submission.
- Advisory activity documentation reflects date, members and service input gained from the activity.

☐ Standard 3:
- Documentation reflecting population served and planned to serve assessment performed 12 months prior to the online application submission.
- Documentation reflecting evaluation of the DSMES service's resources and assets and any gaps identified in meeting the needs of the population served and planned to serve performed 12 months prior to the online application submission.
- Documentation of the plan to address any gaps identified.

☐ Standard 4 and 5
- Completed DSMES Team List
- Licenses, CDR cards and CDE/BC-ADM certificates (if applicable) for all DSMES professional educators and the quality coordinator
- For non- CDE/BC-ADM professional educators and quality coordinator documentation reflecting 15 hours of CEU's the 12 months prior to the online application and each DSMES service year.

☐ Standard 4:
- The reporting period's Quality Coordinator's job description or evaluation tool reflecting the QC roles and responsibilities.
- The reporting period's Quality Coordinator's CV or resume.

☐ Standard 5:
- Documentation reflecting paraprofessional educators experience prior to joining the DSMES service.
- Documentation reflecting paraprofessional educators' 15 hours of training the 12 months prior to the online application and each DSMES service year.
- Documentation reflecting paraprofessional educators' competency in the areas taught the 12 months prior to the online application and each DSMES service year.
- DSMES service Out of Scope of Practice Policy.

☐ **Standard 6:**
- The evidence based DSMES curriculum used during the reporting period and documentation of the curriculum or supporting material's annual review/revision 12 months prior to the online application submission.

☐ **Standards 7, 8, and 9:**
- At least 5 complete DSMES participant charts from each multi-site, reflecting the population served. Remove all participant identifiers from charts.
- At least one element of the DSMES cycle must have occurred within the Reporting period
  - Please indicate on each chart the location of the DSMES cycle elements (A through J). See Initial Comprehensive DSMES Cycle
  - **Please Note:** The number of required DSMES participant charts will vary if the DSMES service has 3 or more multi-sites. (See Chart Requirements on Page 9 of the Audit Toolkit).

☐ **Standard 10:**
- Documentation reflecting a CQI Project, Plan & Outcomes (if not a new DSMES service) 12 months prior to the online application submission.

## Audit Documentation Checklist – Current Operations

*Note: The DSMES service recognition year is a 12month period based on the date reflected on the recognition certificate.*

**Current DSMES service Recognition Year:** _____ to _____ .
**Previous DSMES service Recognition Year:** _____ to _____ .

☐ **Standards 1:**
- Documentation reflecting organizational support of the DSMES service for the current or previous DSMES service recognition year.
- Documentation reflecting the current organization structure that includes the DSMES service.
- Documentation reflecting the DSMES service goals set and reviewed during the current or previous DSMES service recognition year.

☐ **Standard 2:**
- Documentation reflecting the advisory group activity for the current or previous DSMES service recognition year.
- Advisory activity documentation reflects date, members and service input gained from the activity.

☐ **Standard 3:**
- Documentation reflecting population served and planned to serve assessment for the current or previous DSMES service recognition year.
- Documentation reflecting evaluation of the DSMES service's resources and assets and any gaps identified in meeting the needs of the population served and planned to serve performed during the current or previous DSMES service recognition year.
- Documentation of the plan to address any gaps identified during the current or previous DSMES service recognition year.

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☐ **Standard 4 and 5**
  - Completed DSMES Team List
  - Licenses, CDR cards and CDE/BC-ADM certificates (if applicable) for all DSMES professional educators and the quality coordinator
  - For non- CDE/BC-ADM professional educators and quality coordinator documentation reflecting 15 hours of CEU's during the current or previous DSMES service recognition year.

☐ **Standard 4:**
  - The current Quality Coordinator's job description or evaluation tool reflecting the QC roles and responsibilities.
  - The current period's Quality Coordinator's CV or resume.

☐ **Standard 5:**
  - Documentation reflecting paraprofessional educators experience prior to joining the DSMES service.
  - Documentation reflecting paraprofessional educators' 15 hours of training for the current or previous DSMES service recognition year.
  - Documentation reflecting paraprofessional educators' competency in the areas taught during the current or previous DSMES service recognition year.
  - DSMES service Out of Scope of Practice Policy.

☐ **Standard 6:**
  - The evidence based DSMES curriculum currently in use and documentation of the curriculum or supporting material's review/revision during the current or previous DSMES service recognition year.

☐ **Standards 7, 8, and 9:**
  - At least 5 complete DSMES participant charts from each multi-site, reflecting the population served. Remove all participant identifiers from charts.
  - At least one element of the DSMES cycle must have occurred within the 6 months prior to audit date.
    - Please indicate on each chart the location of the DSMES cycle elements (A through J). See Initial Comprehensive DSMES Cycle
    - Please Note: The number of required DSMES participant charts will vary if the DSMES service has 3 or more multi-sites. (See Chart Requirements on Page 9 of the Audit Toolkit).

☐ **Standard 10:**
  - Documentation reflecting a CQI Project, Plan & Outcomes  for the current or previous DSMES service recognition year.
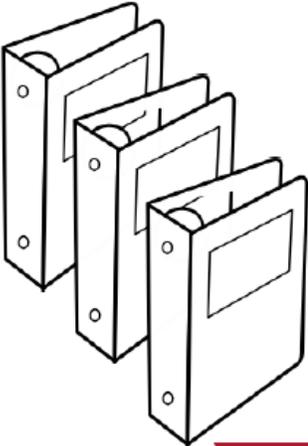
# Helpful Tips & Recommendations for Audit Preparation
## Organizing Required Documentation (Pg. 1 of 2)
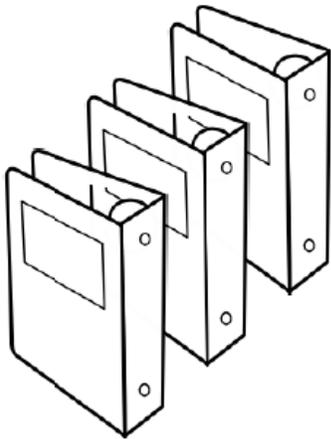
**Recommendations:**

- Use the Audit Documentation Checklist to ensure you have the required documents
- Provide separate binders/folders for the reporting period documents and for the current operation documents

- Label each documentation section accordingly
- **Ensure that all documents include the date the activity occurred.**

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# Helpful Tips & Recommendations for Audit Preparation
## Organizing Required Documentation (Pg. 2of 2)

## Applications & Annual Status Reports

Services have access to previous Applications and Annual Status Reports through the Applications/ASRs tab of the ERP Portal.  The Application/ASR can be printed by clicking on the magnifying glass next to the appropriate application.

The auditors will ask to see documentation to support the reported behavior goals and other participant outcomes reflected on the most recent Application and ASR.

# Worksheets & Resources

*ERP has many resources but the **top four**
listed below will be especially helpful for your audit preparation*

- [ERP Quality Coordinator Guide – 2017 Standards Edition](#)

- [*10th Edition Review Criteria, Indicators and Audit Summary](#)

- [*Participant Record/Chart Review Form](#)

- [Initial Comprehensive DSMES Cycle](#)

  <u>*</u>Indicates the forms used by the audit team

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# **F**requently **A**sked **Q**uestions

**Q: Is the Audit date negotiable?**
**A:** The audit date is **NOT** negotiable per CMS guidelines.

**Q: What if I refuse the audit?**
**A:** Refusing the audit will result in the loss of your DSMES service's ADA Recognition.

**Q: When will I be notified of the audit outcome?**
**A:** The DSEMS service will receive notification of the audit outcome 30-45 business days after the audit date.

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# Thank you!

*It is ADA's intention for your DSMES service's audit experience to be positive and pleasant. We are simply visiting your service to ensure the DSMES participants are receiving the high quality education and support they deserve. In addition CMS also requires that ADA verifies recognized DSMES services' compliance with the standards. In addition audits also provide the ADA staff and auditors the opportunity to observe, recognize and highlight best practices. Audits also afford the opportunity for DSMES services to receive coaching and support when requested or a need is identified.*

*On behalf of the ADA ERP National Committee, ERP volunteers and ADA staff – thank you and your team for what you do for people living with diabetes and their families and loved ones.*

Please visit www.diabetes.org/erp to learn more about all of the new resources available to your DSMES service.

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# SAMPLE AUDITOR MATERIALS

| Std. # | DSMES Chart Review Form 10th Edition Form Key: (Y=Present) and (N= Not present) | DSMES Cycle | Charts | | | | |
|---|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| | Provider referral if insurance requires one. Medicare requires a referral. | A | | | | | |
| | Participant assessment: | | | | | | |
| | • Clinical: Health history | B | | | | | |
| | • Cognitive: Functional health literacy and numeracy | B | | | | | |
| | • Diabetes Distress and Support Systems | B | | | | | |
| | **Assessment of the 9 Topic Areas** | | | | | | |
| | ▪ Ability to describe the **Diabetes Disease Process** and treatment options. | B | | | | | |
| | ▪ Ability to incorporate **Nutritional** management into lifestyle | B | | | | | |
| | ▪ Ability to incorporate **Physical Activity** into lifestyle | B | | | | | |
| | ▪ Ability to use **Medications** safely (if applicable) | B | | | | | |
| 7 | ▪ Ability to **Monitor** blood glucose and other parameters; interpreting and using results | B | | | | | |
| | ▪ Ability to prevent, detect and treat **Acute Complications**. | B | | | | | |
| | ▪ Ability to prevent detect and treat **Chronic Complications** | B | | | | | |
| | ▪ Ability to develop personalize strategies to address **Psychosocial Issues** and concerns - Examples: Psychosocial and Self Care Behaviors: Emotional Response to Diabetes, Cultural Influences, Health Beliefs, Health Behavior, Lifestyle Practices, Barriers to Learning, Relevant | B | | | | | |
| | ▪ Ability to develop personalize strategies to **Promote Health and Behavioral Change** Example: goal setting, behavioral change strategies aimed at risk reduction such as preconception care, readiness to change | B | | | | | |
| | Education Plan based on participant concerns and assessed needs | C | | | | | |
| | Summary of education intervention with date, content taught and instructor's name | D | | | | | |
| | Education learning outcomes | E | | | | | |
| | Participant selected behavioral goal set | F | | | | | |
| 9 | Participant selected behavioral goal follow up | G | | | | | |
| 8 | Participant selected Diabetes Self-Management Support (DSMS) plan selected. A list of current options provided for review. | H | | | | | |
| 9 | Other participant outcome/s measured | I | | | | | |
| 9 | Documentation reflecting communication with referring provider or HCP outside of the DSMES service regarding education plan, or education provided and outcomes | J | | | | | |

Audit ready Tip: Identify 5 completed DSMEs charts per multisite at a minimal every 6 months or identify one chart every month.                    10th Edition – revised 09/2017

| Staffing List | | | | | |
|---|---|---|---|---|---|
| Please have this form completed and available for the Audit Team to return to ADA | | | | | |
| Program Number: _#00_____    Site Name: | | | | | |
| **Program Coordinator** List Name/Credentials for each individual | DSME Program Hire Date | DSME Program Exit Date | Reporting Period Yes/No | Current Operations Yes/No | **Auditor Notes** Use to validate credentials and CEUs, |
| | | | | | |
| | | | | | |
| **Professional Instructional Staff** List Name/Credentials for each individual | DSME Program Hire Date | DSME Program Exit Date | Reporting Period Yes/No | Current Operations Yes/No | **Auditor Notes** Use to validate credentials and CEUs. See * below for Temp Instructor guidelines. |
| | | | | | |
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| Paraprofessional Instructional Staff<br>List Name/qualifications, topics taught for each individual | DSME Program Hire Date | DSME Program Exit Date | Reporting Period Yes/No | Current Operations Yes/No | Auditor Notes<br>Use to validate qualifications, experience and 15 hrs. of annual training |
|---|---|---|---|---|---|
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

| Resource Staff<br>Provides less than 10% of the DSME program<br>List Name and Credential | List Topics Taught | Data Period Yes/No | Current Operations Yes/No | Auditor Notes<br>Proof of Credentials and CEUs not required |
|---|---|---|---|---|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Temp Instructor Guidelines: If a professional instructor is not the only professional instructor, they can be considered a temp instructor the first 4 months after hire to allow time to get their 15 hours of CEUs in diabetes or diabetes related topics. Temp instructor credentials must be valid and current at the time of hire.

[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]

# DSME Staff Type

- **Professional instructional staff**
    - Credentials current during 4 year recognition period
    - *CEU's if not a CDE or BC-ADM required
    - Include on applications
    -
- **Para-professional instructional staff**
    - Proof of training/experience prior to joining DSME program
    - Proof of 15 hrs of training per recognition year
    - Proof of training in areas of DSME she/he teaches each recognition year
    - Include on applications

*CEUs and credentials must be kept from the ones submitted with the most recent program application and during the 4 year Recognition Period

*Recognition year is the month of recognition one year to the month of recognition the next year

- **Temporary instructional staff**
    - Two types of Temporary Instructors
        1. May be a professional instructor that fills in while permanent instructor is on vacation
        2. A permanent professional instructor can be a temporary instructor for the first 4 months after hire (not para-professional) to allow time to obtain CEUs
    - Do not include on application
    - Credentials have to be current
    - Keep proof of hire date in case of an audit

- **Resource instructor**
    - Professional instructor
    - Credentials and CEUs do not have to be kept by program
    - Do not include on application
    - Must teach less than 10% of the program

- **Administrative staff**
    - Does not provide education
    - No credentials or ceus required
    - Do not include on application

- **Referring providers**
    - Are not instructional staff
    - Do not include on application
    - Credentials and CEUs do not have to be kept in DSME files

American Diabetes Association

Site/Location: _____
Services #: _____ Audit Date: _____
Auditors: _____
Service's Anniversary Date: _____

**American Diabetes Association's Education Recognition Program**
**Review Criteria and Indicators: 10ᵗʰ Edition**

Reporting Period:                          Current Period:

| Standard #1: Internal Structure | | | | |
|---|---|---|---|---|
| *The provider(s) of Diabetes Self-Management Education and Support (DSMES) will define and document a mission statement and goals.  The DSMES services are incorporated within the organization - large, small, or independently operated.* | | | | |
| A. *The DSMES service will have documentation that addresses its organizational structure, mission and goals and its relationship to the larger sponsoring organization annually.* | 1. There is evidence of the DSMES service's: <br> a. Organization structure <br> b. Mission statement <br> c. Service goals and their outcomes reviewed annually. | ❏ ❏ ❏ | ❏ ❏ ❏ | |
| | 2. There is annual evidence of the organization's support and commitment to the DSMES services. <br><br> (e.g.  Letter of support, participation of senior administrative personnel in the advisory process or onsite audit) | ❏ | ❏ | |
| Standard met? | Circle: **Yes**   or   **No** | | | |

*Findings / Notes:*

<span style="background-color: yellow">**Starting May 1, 2018** services must have documentation reflecting annual proof of organization support</span>

Site/Location: _____

Services #: _____ Audit Date: _____

Auditors: _____

Service's Anniversary Date: _____

**American Diabetes Association's Education Recognition Program**
**Review Criteria and Indicators: 10<sup>th</sup> Edition**

Reporting Period:                                    Current Period:

| Standard #2: Stakeholder Input | | | | |
|---|---|---|---|---|
| *The provider(s) of DSMES will seek ongoing input from valued stakeholders and experts to promote quality and enhance participant utilization.* | | | | |

| **Review Criteria** | **Indicators** | **Yes** | **No** | **N/A** |
|---|---|---|---|---|
| A. *An Advisory Group is in place and is representative of diabetes stakeholders in the provider's service community.* | 1. There is evidence of a process for seeking external input and/or describing activities involving diverse stakeholders providing input or feedback for the DSMES services development, access, and/or improvement.<br><br>(e.g. of documentation: meeting minutes, stakeholder emails, conference call documentation, surveys, or ballots)<br><br>(e.g. of external stakeholders – person with diabetes, person affected by diabetes, community group representative/s, and healthcare professionals outside of the DSMES service) | ❑ | ❑ | |
| | 2. Single discipline DSMES services must also have a healthcare professional/s of a different discipline-other than that of the single discipline DSMES service and this must be reflected in the documentation of the activity. | ❑ | ❑ | ❑ |
| B. *Activities of the Advisory Group, reflecting its input in enhancing the quality of the DSMES service are documented at least annually.* | 1. There is documented evidence of at least annual input from external stakeholders of the services.<br><br>(e.g. meeting minutes, or/and stakeholder ballots, surveys, documented phone consults, or emails) | ❑ | ❑ | |
| | 2. The names of the external stakeholders are identified and reflected on the annual activity documentation. | ❑ | ❑ | |
| Standard met? | Circle: **Yes** or **No** | | | |

Findings / Notes

**No new indicators or elements were added to Standard 2 only clarification language.**

**American Diabetes Association's Education Recognition Program**
**Review Criteria and Indicators: 10<sup>th</sup> Edition**

Reporting Period:                                   Current Period:

| | | Yes | No | N/A |
|---|---|---|---|---|
| **Standard #3: Evaluation of Population Served** *The provider(s) of DSMES services will evaluate the communities they serve to determine the resources, design, and delivery methods that will align with the population's need for DSMES services.* | | | | |
| **Review Criteria** | **Indicators** | **Yes** | **No** | **N/A** |
| A. *The DSMES service will identify who to serve in its community, and assess factors that may prevent the population served from accessing the DSMES service.* | 1. Documentation exists that reflects an annual assessment of: <br><br> a. The population served and <br> b. The population the DSMES services wish to serve. <br><br> (e. g. demographics, cultural influences, access to healthcare services, and barriers to education) | ❏ ❏ | ❏ ❏ | |
| | 2. Documentation exists that reflects the DSMES resources relative to the population served and the population the DSMES services wish to serve. <br><br> (e. g. physical space, staffing, scheduling, equipment, interpreter services, multi-language education materials, low literacy materials, large print education materials, mobile devices, and upload software) | ❏ | ❏ | |
| | 3. Documentation exists reflecting a plan to address any identified gaps in services. <br><br> (e. g. identification of DSMES resources, additional services, locations, hours of operations, and group services times) | ❏ | ❏ | |
| Standard met? | Circle: **Yes**   or   **No** | | | |

*Findings*

> No new indicators or elements were added to Standard 3 only clarification language.

**American Diabetes Association's Education Recognition Program**
**Review Criteria and Indicators: 10th Edition**

Reporting Period:                                    Current Period:

| Standard #4: Quality Coordinator Overseeing DSMES Services |
|---|
| *A quality coordinator will be designated to ensure implementation of the Standards and oversee the DSMES services. The quality coordinator is responsible for all components of DSMES, including evidence-based practice, service design, evaluation, and continuous quality improvement.* |

| Review Criteria | Indicators | Yes | No | N/A |
|---|---|---|---|---|
| A. The DSMES service has a designated coordinator who oversees the planning, implementation and evaluation of the service at all sites. | 1. There is documentation of one quality coordinator as evidenced by a position description or performance appraisal tool. | ❑ | ❑ | |
| B. The coordinator is academically or experientially prepared in areas of chronic disease care, patient education and/or program management. | 1. Curriculum Vitae, resume or position description of the coordinator reflects appropriate qualifications. | ❑ | ❑ | |
|  | 2. The coordinator is a **CDE®** or **BC-ADM,** or annually accrues **15 hours** of CE credits provided by NCBDE approved CE providers based on DSMES service's anniversary month.<br><br>(e. g. of CE topics: chronic disease care, patient education, marketing, healthcare administration, and business management.) | ❑ | ❑ | |
| Standard met? | Circle: **Yes** or **No** | | | |

Findings / Notes:

<div style="border:2px solid red; background:yellow; text-align:center;">
No new indicators or elements have been added to Standard 4.
</div>

**American Diabetes Association's Education Recognition Program**
**Review Criteria and Indicators: 10$^{th}$ Edition**

Reporting Period:                Current Period:

### Standard #5: DSMES Team

*At least one of the team members responsible for facilitating DSMES will be a registered nurse, registered dietitian nutritionist, or pharmacist with training and experience pertinent to DSMES, or be another health care professional holding certification as a diabetes educator (CDE®) or Board Certification in Advanced Diabetes Management (BC-ADM). Other health care workers or diabetes paraprofessionals may contribute to DSMES services with appropriate training in DSMES and with supervision and support by at least one of the team members listed above.*

| Review Criteria | Indicators | Yes | No | N/A |
|---|---|---|---|---|
| A. The DSMES team must include at least one RN **or** one RD/N **or** one pharmacist **or** one CDE® **or** one BC-ADM. | 1. At least one RN **or** one RD/N **or** one pharmacist **or** one CDE® **or** one BC-ADM is part of the DSMES team and is involved in the education of service participant/s. | ❑ | ❑ | |
| B. Professional DSMES team members must be qualified and provide diabetes education within each discipline's scope of practice. | 1. Professional team members must have valid, discipline-specific licenses and/or registrations.<br>2. Professional team members must demonstrate ongoing training in DSMES topics. | ❑ | ❑ | |
| | a. Non-CDE®s or BC-ADMs professional team members must have documentation reflecting 15 hours CE from an NCBDE approved CE providers annually based on DSMES services anniversary month. The CEU must be a topic included in the NCBDE examination content outline. | ❑ | ❑ | |
| | b. Non-CDE® or BC-ADM Professional team members who do not have 15 hours of diabetes or diabetes related CE within the 12 months of joining the DSMES team must accrue 15 CE within the first four months of joining the DSMES service as a team member. | ❑ | ❑ | |

Site/Location: _____
Services #: _____ Audit Date: _____
Auditors: _____
Service's Anniversary Date: _____

**American Diabetes Association's Education Recognition Program**
**Review Criteria and Indicators: 10<sup>th</sup> Edition**

Reporting Period:                                   Current Period:

| | | | | |
|---|---|---|---|---|
| C. *Paraprofessional DSMES team members must be qualified and provide diabetes education within each discipline's scope of practice.* | 1. Paraprofessional team members must demonstrate previous experience or training in: diabetes, chronic disease, health and wellness, healthcare, community health, community support, and/or educational methods as evidences by resume or certificate. <br> (e.g. lab tech, medical technician medical aid, or community health worker, etc.) | ❏ | ❏ | ❏ |
| | 2. Paraprofessional DSMES team members must have supervision by the quality coordinator or healthcare professional DSMES team member (identified in A.1. above) Supervision can be demonstrated by position description or performance appraisal tool. | ❏ | ❏ | ❏ |
| | 3. Paraprofessional team members must demonstrate ongoing training in DSMES topics. | | | |
| |     a. Paraprofessional team members must have documentation reflecting 15 hours of training in diabetes or diabetes related topics <span style="color:red">initially before instructing participants</span> and annually based on DSMES services anniversary month. (e.g. documented inservice training, drug or device training, etc. | ❏ | ❏ | ❏ |
| |     b. Paraprofessional instructors must have <span style="color:red">initial</span> and annual documentation based on the DSMES services anniversary month reflecting competency in the area/s of the DSMES services they instruct. | ❏ | ❏ | ❏ |

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Site/Location: _____

Services #: _____ Audit Date: _____

Auditors: _____

Service's Anniversary Date: _____

**American Diabetes Association's Education Recognition Program**
**Review Criteria and Indicators: 10<sup>th</sup> Edition**

| Reporting Period: | Current Period: | | | |
|---|---|---|---|---|
| D.   A mechanism must be in place to meet the needs of participants if they cannot be met within the scope of practice of the DSMES team. | 1.   Documentation reflecting procedure for meeting participants' educational needs when they are outside the scope of practice of the DSMES tea member/s. | ❏ | ❏ | ❏ |
| Standard Met? | Circle: **Yes**   or   **No** | | | |

Findings / Notes:

**Starting May 1, 2018** services must have the new red underlined elements operationalized.

Site/Location: _____

Services #: _____ Audit Date: _____

Auditors: _____

Service's Anniversary Date: _____

**American Diabetes Association's Education Recognition Program**
**Review Criteria and Indicators: 10<sup>th</sup> Edition**

Reporting Period:            Current Period:

| | **Standard #6: Curriculum** | | | |
|---|---|---|---|---|
| | A curriculum reflecting current evidence and practice guidelines, with criteria for evaluating outcomes, will serve as the framework for the provision of DSMES. The needs of the individual participant will determine which elements of the curriculum are required. | | | |

| **Review Criteria** | **Indicators** | **Yes** | **No** | **N/A** |
|---|---|---|---|---|
| A. *A written curriculum, with learning objectives and criteria for methods of delivery and evaluating successful learning outcomes, is the framework for the DSMES.* | 1. Documentation is present validating that the education process is guided by a reference curriculum with content, learning objectives, methods of delivery and criteria for evaluating learning for the populations served (including pre-diabetes, type 1 diabetes, type 2 diabetes, secondary diabetes, gestational diabetes, or pregnancy complicated by diabetes) in the following 9 content areas.<br><br>  a. Diabetes pathophysiology and treatment options<br>  b. Healthy eating<br>  c. Physical activity<br>  d. Medication usage<br>  e. Monitoring and using patient-generated health data (PGHD)<br>  f. Preventing, detecting and treating acute complications including <span style="color:red">hypoglycemia, hyperglycemia, diabetes ketoacidosis, sick day guidelines, and severe weather or situation crisis and diabetes supplies management</span><br><br>  g. <span style="color:red">Preventing, detecting and treating chronic</span> complications including <span style="color:red">immunizations and preventive eye, foot, dental, and renal examinations as indicated per the individual participant's duration of diabetes and health status</span><br><br>  h. Healthy coping with psychosocial issues and concerns<br>  i. Problem solving<br><br>2. There are supporting materials relevant to the population served. | a ☐ b ☐ c ☐ d ☐ e ☐ f ☐<br><br><br><br>g ☐<br><br><br>h ☐<br>i ☐<br><br>☐ | a ☐ b ☐ c ☐ d ☐ e ☐ f ☐<br><br><br><br>g ☐<br><br><br>h ☐<br>i ☐<br><br>☐ | |
| B. *There is periodic review and revisions of the curriculum and/or course materials to reflect current evidence.* | 1. There is evidence of regular review and/or revisions as needed or at least annually, of the curriculum and/or materials by the DSMES team and/or advisory group. | ☐ | ☐ | |

**American Diabetes Association's Education Recognition Program**
**Review Criteria and Indicators: 10<sup>th</sup> Edition**

| Reporting Period: | Current Period: | | | |
|---|---|---|---|---|
| C. *There is evidence that the teaching approach is interactive, patient-centered, and incorporates problem solving.* | 1. There is documentation in the curriculum or other supporting documents which demonstrate that instruction is tailored/individualized and involves interaction. | ❏ | ❏ | |
| Standard Met? | Circle: **Yes**   or   **No** | | | |

*Findings / Notes:*

**Starting May 1, 2018** the red items in f and g above must be found in one of the curriculum topics. They do not necessarily have to be in f or g but they must be present. These items were most likely already in the service curriculum or support materials but now they must be in the curriculum. Services can have addendums to their curriculum with these elements if needed.

**American Diabetes Association's Education Recognition Program**
**Review Criteria and Indicators: 10<sup>th</sup> Edition**

Reporting Period:                     Current Period:

| **Standard #7: Individualization** | | | | |
|---|---|---|---|---|
| The DSMES needs will be identified and led by the participant with assessment and support by one or more DSMES team members. Together, the participant and DSMES team members will develop an individualized DSMES plan. | | | | |
| **Review Criteria** | **Indicators** | **Yes** | **No** | **N/A** |
| A. *Participants receive a comprehensive assessment, including baseline diabetes self-management knowledge and skills, and readiness for behavior change.* | 1. An assessment of the participant is performed in the following areas in preparation for the education plan.<br><br>a. Diabetes disease process<br>b. Nutritional management<br>c. Physical activity<br>d. Using medications<br>e. Monitoring blood glucose<br>f. Preventing, detecting and treating acute complications<br>g. Preventing, detecting and treating chronic complications<br>h. Clinical (diabetes and other pertinent clinical history)<br>i. Cognitive (knowledge of self- management Skills and functional health literacy)<br>j. Psychosocial (emotional response to diabetes)<br>k. Diabetes distress and support systems<br>l. Behavioral (readiness for change, lifestyle practices, and self-care behaviors)<br><br>2. Parts of the complete initial assessment may be deferred if applicable and the rationale for deferment is documented. | a ☐<br>b ☐<br>c ☐<br>d ☐<br>e ☐<br>f ☐<br><br>g ☐<br><br>h ☐<br><br><br>i ☐<br><br><br><br>j ☐<br><br>k ☐<br><br>l ☐<br><br><br><br>☐ | a ☐<br>b ☐<br>c ☐<br>d ☐<br>e ☐<br>f ☐<br><br>g ☐<br><br>h ☐<br><br><br>i ☐<br><br><br><br>j ☐<br><br>k ☐<br><br>l ☐<br><br><br><br>☐ | |

**American Diabetes Association's Education Recognition Program**
**Review Criteria and Indicators: 10<sup>th</sup> Edition**

| Reporting Period: | Current Period: | | | |
|---|---|---|---|---|
| B. *Participants concerns, needs, and self-management skills and knowledge lead the development of the individualize education plan and assessment.* | 1. There is evidence of ongoing education planning and behavioral goal-setting based on the assessed and/or re-assessed needs led by the participant's individual needs. | ❑ | ❑ | |
| C. *There is implementation of the education plan.* | 1. Education is provided based on participant need/s and education plan. | ❑ | ❑ | |
| D. *The education process is documented in the permanent record.* | 1. Documentation in the participant's health record includes the DSMES professional team member's assessment of the participant's service needs, education plan, intervention, and outcomes of education provided. | ❑ | ❑ | |
| Standard Met? | Circle: **Yes** or **No** | | | |

Findings / Notes:

No new indicators or elements were added to standard 7, only clarification language

**American Diabetes Association's Education Recognition Program**
**Review Criteria and Indicators: 10<sup>th</sup> Edition**

Reporting Period:                                    Current Period:

| **Standard #8: Ongoing Support** |
|---|
| *The participant will be made aware of options and resources available for ongoing support of their initial education, and will select the option(s) that will best maintain their self-management needs.* |

| Review Criteria | Indicators | Yes | No | N/A |
|---|---|---|---|---|
| A. *Participants will have a plan for post education self-management support for ongoing diabetes self-care beyond the formal self-management education process.* | 1. The DSMES participant will select their personalized support plan outside of the DSMES services.<br><br>(e. g. worksite programs, support groups, community programs, on-line diabetes support services, exercise programs, or walking groups, etc.) | ❏ | ❏ | |
| | 2. The DSMES provider has a current list of participant support options that the participant may consider when selecting their support plan. | ❏ | ❏ | |
| | 3. The listing of support options is reviewed/revised when needed or annually at a minimum. | ❏ | ❏ | |
| Standard Met? | Circle: **Yes** or **No** | | | |

Findings / Notes:

> **Starting May 1, 2018**
> - The DSMS plan the participant selects must be outside of the DSMES service.
> - The DSMES provider must have a current list of participant support options, with "other" as an option, that the participant may consider when selecting their support plan.
> - The listing of support options is reviewed/revised when needed or annually at a minimum.

American Diabetes Association

Site/Location: _____
Services #: _____ Audit Date: _____
Auditors: _____
Service's Anniversary Date: _____

**American Diabetes Association's Education Recognition Program**
**Review Criteria and Indicators: 10$^{th}$ Edition**

Reporting Period: _____ Current Period: _____

| Standard #9: Participant Progress |
|---|

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

| Review Criteria | Indicators | Yes | No | N/A |
|---|---|---|---|---|
| A. The DSMES service measures the effectiveness of the educational intervention(s) through the evaluation of goals and other outcomes for each participant. | 1. The DSMES service 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 | ❏ | ❏ | |
| | b. active, monitoring, or other)Other participant outcome (e.g. clinical, quality of life, satisfaction, hospital days, ER visits, baby weight, C-section delivery rate, DKA, or A1C one year after insulin initiation/diagnosis, etc.). | ❏ | ❏ | |
| | 2. Behavioral goal/s and other participant outcome/s assessment is personalized and reviewed at appropriate intervals. | ❏ | ❏ | |
| | 3. There must be evidence of communication with the referring provider or if no referring provider then with another healthcare provider outside of the DSMES services regarding the education planned or provided and participant outcomes. Note: Medicare and many insurers require a referral for reimbursement of DSMES services and for these participants the communication would need to be with the referring Provider. | ❏ | ❏ | |
| Standard Met? | Circle: **Yes** or **No** | | | |

**Starting May 1, 2018** services will be required to have evidence of communication with the referring provider or if no referring provider then with another healthcare provider outside of the DSMES services regarding the education planned or provided and participant outcomes.

Site/Location: _____

Services #: _____ Audit Date: _____

Auditors: _____

Service's Anniversary Date: _____

**American Diabetes Association's Education Recognition Program**
**Review Criteria and Indicators: 10th Edition**

Reporting Period:                                   Current Period:

| Standard #10:  Quality Improvement |
|---|
| The DSMES services quality coordinator will measure the impact and effectiveness of the DSMES services and identify areas for improvement by conducting a systematic evaluation of process and outcome data. |

| Review Criteria | Indicators | Yes | No | N/A |
|---|---|---|---|---|
| A. The DSMES service provider has a quality improvement process and plan in place for evaluating the education process and service outcomes. | 1. There is evidence of aggregation of the following participant outcomes:<br>a. At least one participant behavioral goal outcome<br>b. At least one other participant outcome. | ❑<br>❑ | ❑<br>❑ | |
| | 2. There is documentation of a Continuous Quality Improvement (CQI) project which will include:<br>a. Opportunity for DSMES service improvement or change (what are you trying to improve, fix, or accomplish)<br>b. Baseline project achievement (new providers may not have a baseline measure at the time of application)<br>c. Project target outcome<br>d. Outcome assessment and evaluation schedule. | a❑<br><br>b❑<br><br>c❑<br>d❑ | a❑<br><br>b❑<br><br>c❑<br>d❑ | |
| B. Quality improvement is based on regular aggregation of DSMES outcomes data and application of results to enhance quality of the DSMES and address gaps in service. | 1. DSMES service providers will have documentation reflecting an ongoing quality improvement project and implementation of new project when applicable.<br>a. Existing DSMES service providers will have documented quality improvement project outcomes.<br>b. Quality improvement outcomes will be measured annually at a minimum.<br>c. Existing DSMES service providers will have documented plans and actions based on project outcome. | a❑<br><br>b❑<br><br>c❑ | a❑<br><br>b❑<br><br>c❑ | a❑<br><br>b❑<br><br>c❑ |
| Standard Met? | Circle: **Yes** or **No** | | | |

Starting November 1, 2017 DSMES services CQI plan does not have to be based on a behavioral goal or other participant outcome.  It can be based on a program or process outcome.
Starting May 1, 2018 the one red element must be operationalized.

Site/Location: _____

Services #: _____ Audit Date: _____

Auditors: _____

Service's Anniversary Date: _____

**American Diabetes Association's Education Recognition Program**
**Review Criteria and Indicators: 10<sup>th</sup> Edition**

Reporting Period:                                    Current Period:

**SUMMARY:**

*SERVICE STRENGTH/S:*

*OPPORTUNITY FOR SERVICE DEVELOPMENT/GROWTH:*

*RECOMMENDATION/S:*

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# Required Documentation
## Audit Documentation Checklist – Reporting Period

The audit team will require the following documentation from the **Reporting Period** of the most recent renewal or original application and from the **Current Operation Period.**

**Reporting Period:** From most Recent Application: \_\_\_\_/\_\_\_\_/_____ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_

☐ **Standards 1:**
- Documentation reflecting organizational support of the DSMES service within 12 months of the application submission.
- Documentation reflecting organization structure that includes the DSMES service.
- Documentation reflecting the DSMES service goals set within 12 months of the application submission and the review of the goals

☐ **Standard 2:**
- Documentation reflecting the within 12 months prior to the online application submission.
- Advisory activity documentation reflects date, members and service input gained from the activity.

☐ **Standard 3:**
- Documentation reflecting population served and planned to serve assessment performed 12 months prior to the online application submission.
- Documentation reflecting evaluation of the DSMES service's resources and assets and any gaps identified in meeting the needs of the population served and planned to serve performed 12 months prior to the online application submission.
- Documentation of the plan to address any gaps identified.

☐ **Standard 4 and 5**
- Completed DSMES Team List
- Licenses, CDR cards and CDE/BC-ADM certificates (if applicable) for all DSMES professional educators and the quality coordinator
- For non- CDE/BC-ADM professional educators and quality coordinator documentation reflecting 15 hours of CEU's the 12 months prior to the online application and each DSMES service year.

☐ **Standard 4:**
- The reporting period's Quality Coordinator's job description or evaluation tool reflecting the QC roles and responsibilities.
- The reporting period's Quality Coordinator's CV or resume.

☐ **Standard 5:**
- Documentation reflecting paraprofessional educators experience prior to joining the DSMES service.
- Documentation reflecting paraprofessional educators' 15 hours of training the 12 months prior to the online application and each DSMES service year.
- Documentation reflecting paraprofessional educators' competency in the areas taught the 12 months prior to the online application and each DSMES service year.
- DSMES service Out of Scope of Practice Policy.

**Page 2 of 3**

☐ **Standard 6:**
- The evidence based DSMES curriculum used during the reporting period and documentation of the curriculum or supporting material's annual review/revision 12 months prior to the online application submission.

☐ **Standards 7, 8, and 9:**
- At least 5 complete DSMES participant charts from each multi-site, reflecting the population served. Remove all participant identifiers from charts.
- At least one element of the DSMES cycle must have occurred within the Reporting period
  - Please indicate on each chart the location of the DSMES cycle elements (A through J). See Initial Comprehensive DSMES Cycle
  - **Please Note:** The number of required DSMES participant charts will vary if the DSMES service has 3 or more multi-sites. (See Chart Requirements on Page 8 of the Audit Toolkit).

☐ **Standard 10:**
- Documentation reflecting a CQI Project, Plan & Outcomes (if not a new DSMES service) 12 months prior to the online application submission.

# Audit Documentation Checklist – Current Operations

*Note: The DSMES service recognition year is a 12month period based on the date reflected on the recognition certificate.*

**Current DSMES service Recognition Year: _____ to _____.**
**Previous DSMES service Recognition Year: _____ to _____.**

☐ **Standards 1:**
- Documentation reflecting organizational support of the DSMES service for the current or previous DSMES service recognition year.
- Documentation reflecting the current organization structure that includes the DSMES service.
- Documentation reflecting the DSMES service goals set and reviewed during the current or previous DSMES service recognition year.

☐ **Standard 2:**
- Documentation reflecting the advisory group activity for the current or previous DSMES service recognition year.
- Advisory activity documentation reflects date, members and service input gained from the activity.

☐ **Standard 3:**
- Documentation reflecting population served and planned to serve assessment for the current or previous DSMES service recognition year.
- Documentation reflecting evaluation of the DSMES service's resources and assets and any gaps identified in meeting the needs of the population served and planned to serve performed during the current or previous DSMES service recognition year.
- Documentation of the plan to address any gaps identified during the current or previous DSMES service recognition year.

☐ **Standard 4 and 5**
- Completed DSMES Team List
- Licenses, CDR cards and CDE/BC-ADM certificates (if applicable) for all DSMES professional educators and the quality coordinator
- For non- CDE/BC-ADM professional educators and quality coordinator documentation reflecting 15 hours of CEU's during the current or previous DSMES service recognition year.

☐ **Standard 4:**
- The current Quality Coordinator's job description or evaluation tool reflecting the QC roles and responsibilities.
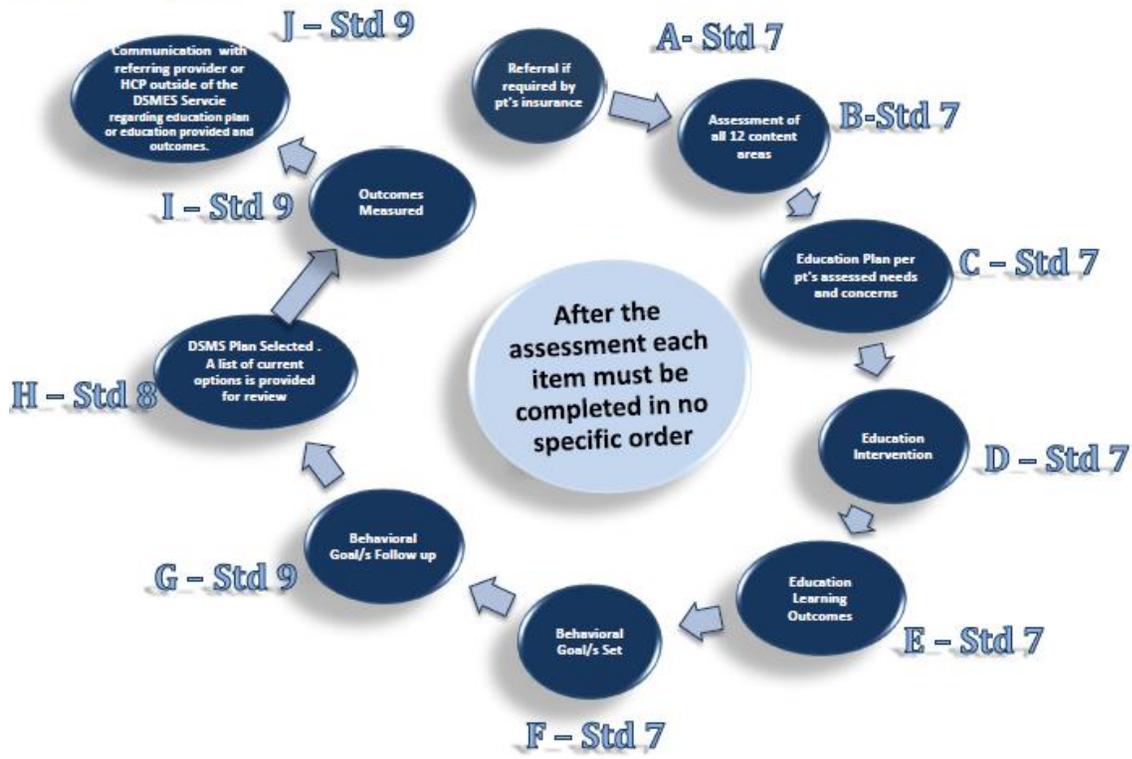- The current period's Quality Coordinator's CV or resume.

☐ **Standard 5:**
- Documentation reflecting paraprofessional educators experience prior to joining the DSMES service.
- Documentation reflecting paraprofessional educators' 15 hours of training for the current or previous DSMES service recognition year.
- Documentation reflecting paraprofessional educators' competency in the areas taught during the current or previous DSMES service recognition year.
- DSMES service Out of Scope of Practice Policy.

☐ **Standard 6:**
- The evidence based DSMES curriculum currently in use and documentation of the curriculum or supporting material's review/revision during the current or previous DSMES service recognition year.

☐ **Standards 7, 8, and 9:**
- At least 5 complete DSMES participant charts from each multi-site, reflecting the population served. Remove all participant identifiers from charts.
- At least one element of the DSMES cycle must have occurred within the 6 months prior to audit date.
  - Please indicate on each chart the location of the DSMES cycle elements (A through J). See Initial Comprehensive DSMES Cycle
  - **Please Note:** The number of required DSMES participant charts will vary if the DSMES service has 3 or more multi-sites. (See Chart Requirements on Page 8 of the Audit Toolkit).

☐ **Standard 10:**
- Documentation reflecting a CQI Project, Plan & Outcomes for the current or previous DSMES service recognition year.

# Initial Comprehensive DSMES Cycle–Standards 7, 8, 9



**J – Std 9**
Communication with referring provider or HCP outside of the DSMES Servcie regarding education plan or education provided and outcomes.

**A- Std 7**
Referral if required by pt's insurance

**B-Std 7**
Assessment of all 12 content areas

**I – Std 9**
Outcomes Measured

**C – Std 7**
Education Plan per pt's assessed needs and concerns

**H – Std 8**
DSMS Plan Selected . A list of current options is provided for review

After the assessment each item must be completed in no specific order

**D – Std 7**
Education Intervention

**G – Std 9**
Behavioral Goal/s Follow up

**E - Std 7**
Education Learning Outcomes

**F – Std 7**
Behavioral Goal/s Set

# AADE Audit Guidance

All accredited DSME Programs will be subject to selection for an onsite audit annually, using a random process.  Five percent of all DEAP accredited Programs, with a minimum of 44 and up to 70 Programs, will be chosen on an annual basis.

- If a Program is selected for an onsite audit the Program Coordinator will be notified within ten working days prior to the audit date by email notification.

- The notification will include an overview of what the on-site audit will entail. The following information will need to be ready for review:

    o A Program Binder with all your supporting documentation ready for review broken down by Standard

    o Five de-identified charts ready for the auditor to review to ensure all DSMT documentation is in place as required by the National Standards for Diabetes Self-Management Education and Support. The Program will be given the Education Record Review form that will help them pull their charts together and should identify for the auditor where to find each item from the Education Record Review in the charts, either by listing the page number, placing a sticker/arrow or highlighting the information.

    o Most recent aggregate outcomes data on the AADE7 Self-Care Behaviors and any clinical outcomes they are tracking

    o The Program is to have a room or area that is private, so the auditor can review the binder and the charts privately.

- One auditor shall conduct the review process, which will begin with an interview with the Coordinator and instructional staff.

    o The primary function of the auditors is to collect information related to NSDSMES compliance and this will be done by using the following methods:

        ▪ Interviews with staff

        ▪ Participant record review (minimum of five – charts should represent all Program components)

- Other evidence to validate information provided at the time of application or re-application and that substantiates compliance with the NSDSMES

- Auditors will use the AADE Auditor Checklist and the Education Record Review.

- o Auditors will not make compliance decisions during the onsite audit.

- o Auditors will be in communication throughout the visit and report any discrepancies of data to allow DSMT Program staff the opportunity to present and/or explain any missing or discrepant materials or information.

- o Auditors will report their findings to AADE staff and submit onsite audit documentation tools within ten working days.

- o A compliance decision will be made by AADE with input from the Volunteer Auditor.

- Decision-making will be based upon criteria outlined in Policy 3:

  - o Decision-making process and the verification of information provided during initial application, reapplication processes, and Change of Status and Annual Status Report forms.

  - o If no change in accreditation status is decided, the Program Coordinator is notified by email.

  - o If deficiencies are noted, then the Deficiency Notification and Corrective Action process will ensue.

- There are 830 DSMT Programs currently accredited by the AADE as well as an additional 2066 sites associated with these 830 Programs. (Statistics from December 2017)

- Programs are randomly selected for site visits. If a Program is selected for a site visit, the Program Coordinator will be notified ten working days prior to the audit date by email.

A compliance decision is made by AADE staff within two weeks of the site visit.

# Auditor Checklist

Date of Audit:

Program Name and ID#:

Auditor:

Location (city, state):

YES ☐ NO ☐ Certificate is posted in area where participants are seen and not expired

YES ☐ NO ☐ Complaints and Patient Rights posters posted in area where participants are seen

YES ☐ NO ☐ Classroom size is adequate for population

YES ☐ NO ☐ Resources sufficient to meet population needs (e.g. materials, curriculum staff, support)

| Standard 1: | INTERPRETIVE GUIDANCE | AUDITOR'S COMMENTS |
|---|---|---|
| 1. Clearly Documented organizational structure<br>YES ☐  NO ☐<br><br>2. Documentation of mission statement and Program goals<br>YES ☐  NO ☐<br><br>3. Letter of support from sponsoring organization/owner<br>YES ☐  NO ☐ | *Standard one relates to your service's formalized internal structure.*<br><br>ORGANIZATION CHART – illustrating where the DSMES services fit into the greater organization and clear channels of communication to the service from sponsorship, including all DSMES team members.<br><br>The MISSION STATEMENT is a brief description of the Program's fundamental purpose. It answers the question, "Why do we exist?" This statement broadly describes the service's present capabilities, customer focus, and activities.<br>The GOALS identify the intended activities needed to accomplish the mission.<br><br>LETTER OF SUPPORT – Program must submit with application. Support must come from administrative level to which the Program reports. If your | |

| | Program is small and you are the sponsoring organization or owner please write a statement of support for the DSMES service demonstrating the Program's commitment to the people with diabetes in your community. Examples of administrators from your sponsoring organization who could provide your letter of support are CEO, President, Director, Clinical Manager, Quality Manager or Director, Owner, Supervisor, etc. | |

| Standard 2: | INTERPRETIVE GUIDANCE | AUDITOR'S COMMENTS |
|---|---|---|
| 4. Evidence of a documented process for seeking outside input and includes a list of identified stakeholders<br>YES ☐    NO ☐<br><br>5. The Program's outreach to community stakeholders and the input from these stakeholders must be documented annually and available for review as requested<br>YES ☐    NO ☐ | *Standard two relates to the service seeking input from key stakeholders and experts in their community.*<br><br>METHOD<br>A formal advisory board or committee is not required, but the DSMES provider must engage key stakeholders to elicit input on DSMES services and outcomes. Input can be completed by phone, survey, email or face-to-face.<br><br>STAKEHOLDERS<br>Stakeholders should be representative of the community where the services are provided and  can be identified from DSMES participants, referring practitioners, and community based groups that support DSMES (e.g, health clubs and health care professionals [both within and outside of the organization] who provide input to promote value, quality, access, and increased utilization.<br><br>TIMING<br>Programs will attest to the completion of stakeholder input on their annual status report and will be required to submit | |

| | | |
|---|---|---|
| | evidence of this documentation during onsite/desk audits by AADE and/or Medicare. | |

| Standard 3: | INTERPRETIVE GUIDANCE | AUDITOR'S COMMENTS |
|---|---|---|
| 6. Documentation of community demographics for the area where DSMES services are provided<br>YES ☐    NO ☐<br><br>7. Documented allocation of resources to meet population specific needs<br>YES ☐    NO ☐<br>8. Documentation of actions taken to overcome access-related problems<br>YES ☐    NO ☐ | *Standard 3 relates to the service's knowledge and understanding of the population they serve and could potentially serve in their community.*<br><br>DEMOGRAPHIC DATA<br>In order to design services that align with the characteristics and needs of the community served, the provider of DSMES services must document and review available demographic data for their area and update as needed.<br><br>RESOURCES<br>Determine factors that prevent people with diabetes from attending DSMES. Services such as learning session frequency and length should be designed based on the population's needs and accessibility.<br>Considerations must be made for space, equipment, materials, curriculum, staff, interpreter services, accommodations for low vision, hearing impaired, disabled, low literacy, etc.<br><br>NOTEWORTHY PRACTICE<br>Quality Coordinator should utilize stakeholders to provide input to solve access problems and gaps in services. | |

| Standard 4: | INTERPRETIVE GUIDANCE | AUDITOR'S COMMENTS |
|---|---|---|
| 9. Evidence of Coordinator's resume and/or CV<br>YES ☐    NO ☐ | *Standard 4 focuses on the leadership of the services through the Quality Coordinator.*<br><br>QUALIFICATIONS | |

| | | |
|---|---|---|
| 10. Evidence of documentation that the Quality Coordinator provides oversight of DSMES services, which includes:<br><br>•Implementation of the standards<br>•Ensuring services are evidence-based<br>•Making sure service design incorporates population needs<br>•Ensuring ongoing service evaluation and continuous quality improvement plan is reviewed at least annually<br>YES  ☐   NO  ☐<br><br>11. Documentation that the Quality Coordinator obtained a minimum of 15 hours of CE credits within 12 months prior to accreditation and annually throughout the accreditation 4-year cycle OR maintain current CDE or BC-ADM certification.<br>YES  ☐      NO   ☐ | Quality Coordinators must be aggregators of data and be able to communicate outcomes to key stakeholders. Resume and/or CV must reflect experience with chronic disease management, facilitating behavior change, and experience with managing clinical services and lists current position as providing oversight of DSMES services.<br>In order to provide adequate oversight, the Quality Coordinator may need to expand their skills in business-related areas such as Program management, education, chronic disease care, behavior change.<br><br>OVERSIGHT OF DSMES SERVICES<br>The Quality Coordinator is responsible for implementation of the standards, ensuring services are evidence-based, making sure service design incorporates population needs, ensuring ongoing service evaluation and continuous quality improvement plan is reviewed at least annually.  Examples of documentation of the Coordinator's oversight include but are not limited to a resume or CV, a job description, competencies, or a performance review.<br><br>CONTINUING EDUCATION DOCUMENTATION<br>Documentation of continuing education must be on an official transcript or copies of CE certificates; a listing or spreadsheet generated by the team member is not adequate.<br><br>Documentation must be collected annually based upon calendar year or accreditation date, but must be consistent throughout the 4-year | |

| | | |
|---|---|---|
| | accreditation cycle.  Initial accreditation requires credits to be obtained within the 12 months prior to applying for accreditation. | |

| | | |
|---|---|---|
| **Standard 5:**<br>12. Documentation explaining a mechanism for ensuring participant needs are met if needs are outside of the diabetes professional or paraprofessional's scope of practice and expertise<br>YES ☐   NO ☐<br><br><u>Professional Team Members</u><br>13.  Document that at least one of the team members is an RN, RD or pharmacist with training and experience pertinent to DSMES, OR<br> a member of a health care discipline that holds certification as a CDE or BC-ADM | **INTERPRETIVE GUIDANCE**<br>*Standard 5 focuses on the members of the DSMES team, their training and credentials.*<br><br>MAINTENANCE OF CREDENTIAL<br>Professional educators must maintain their current credentials. Professional team members must document appropriate continuing education of diabetes-related content, which can include chronic disease management, diabetes specific or related content, behavior change, marketing, and healthcare administration.<br><br>PARARPROFESSIONALS<br>Paraprofessionals with additional training in DSMES effectively contribute to the DSMES team. Paraprofessional team members need continuing education specific to the role they serve within the team and clear documentation of that training. Examples of this training can include structured training such as the AADE Career Paths, Stanford, or DEEP, other state-specific certification training Programs in diabetes.  Another example can be training designed by an organization and should include competencies specific to the paraprofessional's role in DSMES.  A resource for paraprofessional competencies can be found in the Competencies for Diabetes Educators and Diabetes Paraprofessionals at<br>https://www.diabeteseducator.org/docs/default-source/practice/practice-resources/comp003.pdf?sfvrsn=2%20%20%20%20praclev2016.pdf<br><br>Training obtained within the required timeframe may also fulfill the continuing education requirement for paraprofessionals.<br><br>DOCUMENTATION OF CONTINUING EDUCATION | **AUDITOR'S COMMENTS** |

| | | |
|---|---|---|
| YES ☐ NO ☐<br><br>14. Evidence of current credentials for every professional team member including valid licensure, registration and/or certification | Documentation of continuing education must be on an official transcript or copies of CE certificates; a listing or spreadsheet generated by the team member is not adequate.<br><br>Documentation must be collected annually based upon calendar year or accreditation date, but must be consistent throughout the 4-year accreditation cycle. Initial accreditation requires credits to be obtained within the 12 months prior to applying for accreditation. | |
| YES ☐ NO ☐<br><br>15. Evidence of at least 15 hours of diabetes-related continuing education annually for all professional team members OR evidence of current CDE or BC-ADM credential. | | |
| YES ☐ NO ☐<br><br>Paraprofessional Team Members<br>16. Must demonstrate previous experience or training, in diabetes, chronic disease, health and wellness | | |

| | | |
|---|---|---|
| community health, community support, healthcare, and/or education methods either through a resume or certificate. <br> YES ☐ NO ☐ <br><br> 17. Evidence of at least 15 hours of diabetes-related continuing education annually specific to the role they serve within the team <br> YES ☐ NO ☐ <br><br> 18. Documentation that the diabetes paraprofessional directly reports to the Quality Coordinator (if a healthcare professional) or one of the professional DSMES team members <br> YES ☐ NO ☐ | | |

| | | |
|---|---|---|
| | | |

| **Standard 6:** | **INTERPRETIVE GUIDANCE** | **AUDITOR'S COMMENTS** |
|---|---|---|
| 19. Documentation of an evidence-based curriculum that is reviewed at least annually and updated as appropriate to reflect current evidence, practice guidelines and cultural appropriateness (see Interpretive Guidance for core content areas).<br><br>YES ☐     NO ☐ | *Standard six specifies the type of curriculum and how it will be utilized to meet the participants' needs.*<br><br>CURRICULUM<br>Adaptation of the curriculum must also take into account learning style preferences and may involve practical problem-solving approaches.<br><br>Creative, patient-centered, experience-based delivery methods—beyond the mere acquisition of knowledge—are effective for supporting informed decision-making and meaningful behavior change and addressing psychosocial concerns. Approaches to education that are interactive and patient-centered have been shown to be most effective.<br><br>An education plan based on the individual assessment will determine which elements of the curriculum are required for each participant.<br><br>CORE CONTENT AREAS<br>(Type 1 &2, GDM, secondary, pregnancy complicated by diabetes) in the following topic areas:<br>•        Pathophysiology and treatment options<br>•        Healthy eating<br>•        Physical activity<br>•        Medication usage<br>•        Monitoring, including pattern management | |

| | | |
|---|---|---|
| | • Preventing, detecting and treating acute (hypo/hyper, DKA, sick days, severe weather or crisis supply management) and chronic complications (immunizations, eye, foot, dental, exams and kidney function testing as indicated)<br>• Healthy coping<br>• Problem solving | |
| | | |

| Standard 7: | INTERPRETIVE GUIDANCE | AUDITOR'S COMMENTS |
|---|---|---|
| 20. Completely de-identified patient chart must include evidence of ongoing education planning and behavioral goal setting with follow-up, based on collaboratively identified participant needs<br>YES ☐  NO ☐<br><br>21. Evidence that assessment is performed in order to prepare the education plan (see interpretive guidance for areas that must be assessed)<br>YES ☐  NO ☐ | *Standard 7 focuses on ensuring that the education provided is individualized for each participant. Professional members of the team will assess each participant to collaboratively determine the best interventions and support strategies for them.*<br><br>DE-IDENTIFIED CHART<br>According to HIPAA regulations, name, date of birth, address, provider, names, addresses, telephone numbers, email addresses, medical record numbers, health plan beneficiary numbers, and account numbers, need to be deleted from the record.<br>INDIVIDUAL ASSESSMENT<br>**Individual Assessment**<br>The assessment must incorporate the individual's:<br>Health status<br>• relevant medical and diabetes history<br>• physical limitations<br>• hospitalizations or ER visits related to diabetes<br>Psychosocial adjustment<br>• emotional response to diabetes/diabetes distress<br>• social support systems | |

<table>
<tr><td></td><td>
- readiness to change
- financial means

Learning level
- diabetes knowledge
- health literacy and numeracy

Lifestyle practices
- cultural influences
- health beliefs and attitudes
- diabetes self-management skills and behaviors

The assessment can be done individually or in a group. The participant may complete a self-assessment before the initial visit. The process should be appropriate for the population served and documented in the health record.

EDUCATION PLAN
The health care professional uses the information gleaned on assessment to determine the appropriate educational and behavioral interventions, including enhancing the participant's problem-solving skills. The plan needs to be developed collaboratively with the participant and family or others involved with the participant's care as required. This will guide the process of working with the participant and must be documented in the education records.
</td><td></td></tr>
</table>

| Standard 8: | INTERPRETIVE GUIDANCE | AUDITOR'S COMMENTS |
|---|---|---|
| 22. De-identified Chart must also include documentation of ongoing self-management support options specific to the community where the DSMES services | *Standard 8 focuses on the importance of ongoing support beyond the initial DSMES services.*<br><br>SUPPORT<br>Support can include internal or external group meetings (connection to community and peer groups online or locally), ongoing medication | |

| are delivered, with participant preferences noted<br>YES ☐   NO ☐ | management, continuing education, resources to support new or adjustments to existing behavior change goal setting, physical activity Programs, weight loss support, smoking cessation and psychological support, among others.<br>Peer support using social networking sites improves glucose management, especially in people with Type 2 diabetes.  It may be useful to highlight the benefits and accessibility of online diabetes communities as a resource to help participants learn from others living with the condition, facing similar issues, available 24 hours a day, 7 days a week, when it is convenient for them to engage.<br><br>COMMUNITY RESOURCES<br>DSMES providers need to identify community resources that may benefit their participants and support their ongoing efforts to maintain their achievements reached during active participation in the DSMES services. The community resource ongoing support list must be reviewed periodically to keep it up to date. Examples of community resources include the local YMCA, activity-related classes at a senior center, a local support group, grocery store tours at the local grocer, local food shelf, a walking group or local walking trails, community center, swimming pool, church group, dental school for discounted or free cleanings, local mental health services, etc. | |

| **Standard 9:** | **INTERPRETIVE GUIDANCE** | **AUDITOR'S  COMMENTS** |
|---|---|---|
| 23. De-identified chart must also show evidence of: | *Standard 9 focuses on participant progress in behavioral and clinical outcome measures, and the* | |

| | | |
|---|---|---|
| a.at least one SMART behavioral goal with follow-up and measured achievement<br><br>YES ☐ NO ☐<br><br>b. Documentation of at least one clinical outcome measure to evaluate the effectiveness of the educational intervention<br>YES ☐ NO ☐<br><br>24. For all Medicare Providers, there must be communication back to the referring provider including the education provided, and the participant outcomes<br>YES ☐ NO ☐ | *effectiveness of the educational interventions.*<br><br>GOAL SETTING<br>The AADE7™ Self-Care behaviors serve as a useful framework for documenting behavior change. Participants do not need to work on all seven behaviors at once. Most will select one or two initial goals and all goals must be SMART goals (specific, measurable, achievable, relevant, and time-bound).<br><br>OTHER MEASURES<br>Clinical outcome measurements need to be chosen based on the population served, organizational practices, and availability of the outcome data. In order to determine the impact of DSMES services, the Coordinator must compare outcomes after engagement in DSMES services with a baseline.<br><br>COMMUNICATION TO PROVIDERS<br>DSMES providers must communicate individual outcomes back to the referring provider. A summary of the education provided and the participant outcomes, both clinical and behavioral, demonstrates the benefits of DSMES. | |

| Standard 10: | INTERPRETIVE GUIDANCE | AUDITOR'S COMMENTS |
|---|---|---|
| 25. Evidence of a procedure for collecting aggregate data to use for analysis of clinical, behavioral and process outcomes<br>YES ☐ NO ☐ | *Standard 10 relates to the process by which Programs assess their operations, including the delivery of education and support.*<br><br>COLLECTING AND REPORTING DATA<br>DSMES providers must have a procedure in place to collect, aggregate, analyze, and report clinical and process | |

| | | |
|---|---|---|
| 26. Documentation of a CQI project measuring the effectiveness and impact of the DSMES services that identifies areas of improvement through the evaluation of process and outcome data and is reviewed and reported annually<br><br>YES ☐    NO ☐ | outcomes and behavioral goal achievement.  Evidence of this procedure will need to be submitted at the time of application.<br>Examples of outcomes to measure include but are not limited to:<br>Process outcomes:  wait times, Program attrition, referrals, education process, reimbursement issues, follow-up<br>Clinical outcomes:  A1c's, % of body weight lost, foot and eye exams, ER visits, newborn weight, C-section delivery rate,  hospitalization days, ER visits<br>Behavioral outcomes:   participant satisfaction, behavioral goal achievement, reduction in diabetes distress<br><br>Three fundamental questions should be answered by the CQI project:  1. What are we trying to accomplish?  2. How will we know a change is an improvement?  3. What changes can we make that will result in an improvement?<br><br>TIMING<br>CQI is a cyclical, data-driven process, which is proactive, not reactive.  Data for the CQI plans is collected and used to make positive changes-even when things are going well, rather than waiting for something to go wrong and then fixing it.<br><br>All DSMES sites, including new entities, must be able to show implementation of the CQI plan by the six-month mark. A Program may be randomly selected within their first year of accreditation to submit their CQI plan. | |

| | | |
|---|---|---|
| | Annually, DSMES providers will need to submit a report of their CQI project from the previous 12 months through their anniversary date, and their CQI plan for the next 12 months. | |

# EDUCATIONAL RECORD (CHART) REVIEW FORM

| Category | Item | Comments |
|---|---|---|
| Referral Order | Referral for DSME/T in chart (Medicare requirement) | |
| Assessment of Health Status | Relevant medical and diabetes history | |
| | Physical limitations | |
| | Current health service or resource utilization (hospitalizations, ER visits related to diabetes) | |
| Assessment of Psychosocial Adjustment | Emotional response to diabetes/diabetes distress | |
| | Social Support systems | |
| | Readiness to learn | |
| | Financial Means | |
| Assessment of Learning Level | Diabetes knowledge | |
| | Literacy and numeracy level | |
| Assessment of Lifestyle Practices | Cultural influences | |
| | Health beliefs and attitudes | |
| | Diabetes self-management skills and behaviors | |
| Standard 7 | Ongoing education planning and behavioral goal setting with follow-up, based on collaboratively identified participant needs | |
| | Documented individualized follow-up on education and goals | |
| | For Medicare participants, communication back to the referring provider including the education provided, and the participant outcomes | |
| Standard 8 | Ongoing self-management support options specific to the community where the DSMES services are delivered, with participant preferences noted | |
| Standard 9 | At least one clinical outcome measure to evaluate the effectiveness of the educational intervention | |
| | Collaborative development of at least one SMART behavioral goal with follow-up and measurement achievement | |
| | For Medicare participants, communication back to referring provider with education provided and participant outcomes | |

# DSMES Outcomes and Tracking Software

Demonstrating improvements in outcomes is essential for a DSMES Program.  The key types of outcomes are knowledge or skill-based, behavioral, clinical, cost-savings, satisfaction surveys and quality of life.  The types of outcomes tracked may vary by Program.  Some types of outcomes may be evaluated in the short term while others may need months or years of documentation.

*Knowledge or skill-based* outcomes may include an increase in knowledge about a topic. For example, using a pre-test and a post-test before and after education provide a way to measure an increase in knowledge based on the information taught.  For a skill-based outcome, an example may be teaching someone how to use a glucose meter and then having them demonstrate the proper usage.  While knowledge or skill-based outcomes are ways to measure what DSMES participants know, they do not necessarily lead to changes in behavior or clinical outcomes.

*Behavioral outcomes* for a DSMES Program include changes in lifestyle or daily life that work toward improved health and management of glucose. Some examples of behavior outcomes may include an increase frequency of glucose monitoring, taking medications as prescribed, changing dietary intake, increasing activity, and risk reduction such as getting an annual eye exam or foot exam.

*Clinical outcomes* may include changes in laboratory values or reductions in complications that improve health. Some examples may include:

- Glucose control
- HbA1c reduction
- Weight change
- Blood pressure
- Cholesterol
- Improved nutritional status
- Fewer amputations
- Fewer hospitalizations
- Improved mental health

*Cost-savings outcomes* demonstrate the DSMES Program's ability to reduce the burden of cost to their Program, the participant, and/or the health care system.  For example, quantifying how many dollars were saved in a given year due to fewer hospitalizations or urgent care visits for the management of diabetes can help to identify a cost-savings.

*Satisfaction survey outcomes* help to quantify how participants feel about their experience with your Program.  They can also be conducted with community partners and referring providers.  This type of outcome can be utilized to identify some of the strengths and weaknesses in your Program.  While this type of outcome does not directly improve participant health, they will provide your DSMES Program with valuable information on how to better serve your participants.

*Quality of life outcomes* capture the participant's perspective of his or her health and needs.  This type of outcome is subjective but can be used to supplement the clinical outcomes. Some examples of outcomes measurements may include reported changes in the following:

- Pain
- Sleep
- Energy
- Physical function or mobility
- Ability to conduct daily activities of living
- Ability to manage diabetes
- Ability to manage stress

To demonstrate the benefits of DSMES, it is important to include a variety of measurements of Program outcomes.  While it is not necessary to track all types of outcomes, tracking a few key outcomes for DSMES Program is essential.

**Reminder**

Clinical outcome measurements need to be chosen based on the population served, organizational practices, and availability of the outcome data.  To determine the impact of DSMES services, the Coordinator must compare outcomes after engagement in DSMES services with a baseline.

Once DSMES Program outcomes to be tracked have been identified, goals must be set for each outcome.  If baseline data is available for the DSMES Program, this data should be considered when determining the goal for outcomes. If a DSMES Program does not have baseline data, other sources such as Healthy People 2020 (www.healthypeople.gov), or county and state data that can be located in Florida Charts (www.floridacharts.com), may be utilized.

**Tracking Defined Outcomes**

Each outcome measure that is chosen needs to be tracked and analyzed before and after DSMES services. Some electronic medical records may be designed to allow these outcomes to be tracked and reports pulled to allow evaluation of the data. If you do not have electronic medical records or they are not designed for this purpose, there are other options for tracking your data. A spreadsheet can be used to track data as in the example below. Additionally, there are specific programs available which are specifically designed to track DSMES Program outcomes. One example is the American Association of Diabetes Educators offers their AADE7 System to track DSMES patient data.

## SAMPLE SPREAD SHEETS

*(These are examples only and are not meant to be inclusive of all potential outcomes a DSMES may choose to track.)*

# Demographics

| MR # | Sex | Class | 1:1 | F/U | T1 | T2 | Pre | Race | | | | | |
|------|-----|-------|-----|-----|----|----|-----|------|---|---|---|---|---|
|      | M/F | Hrs. |     | Hrs. |   | x  |     | W | B | A | N | H | ME |
| 5678 | M | 8 | 1 |   |   | x |   | x |   |   |   |   |   |
| 1234 | F | 9 | 1 | 1 |   | x |   | x |   |   |   |   |   |
| 4387 | F | 9 | 1 | 1 |   | x |   |   | x |   |   |   |   |
| 2186 | M | 6 | 1 |   |   | x |   |   |   |   |   | x |   |
| 7395 | F | 4 | 1 |   |   | x |   | x |   |   |   |   |   |
|      | M | 9 | 1 | 1 |   | x |   | x |   |   |   |   |   |

# Behavior Goals

| MR # | Eating (% success) | Activity (% success) | Monitoring (% success) | Taking Medication (% success) | Risk Reduction (% success) | Coping (% success) | Problem Solving (% success) |
|------|------|------|------|------|------|------|------|
| 5678 | X (20%) |   |   |   |   |   |   |
| 1234 |   | X (100%) |   |   |   |   |   |
| 4387 | X (50%) |   |   |   |   |   |   |
| 2186 | X (90%) |   |   |   |   |   |   |
| 7395 |   |   |   |   | X (100%0 |   |   |
|      |   |   |   |   |   |   |   |
| Total # (% chosen) | 3 (60%) | 1 (20%) |   |   | 1 (20%) |   |   |
| % Success | 53% | 100% |   |   | 100% |   |   |
|      |   |   |   |   |   |   |   |

**Average Behavior Goal Achievement for all participants = 84%**
**Examples of Types of Data to Measure:**

- Number and Percent of Patients Who Choose this Goal
- Percent Reported Success with this Goal
- Average Percentage of Patients Who Reported Success with this Goal
- Aggregate Patient Goal Achievement

# Clinical Goals

| MR# | A1c | | Weight | | BP | | BMI | | Eye Exam | Flu Shot | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Pre | Post | Pre | Post | Pre | Post | Pre | Post | | | | | |
| 5678 | 9.4 | 8.2 | 185 | 180 | 152/90 | 138/82 | | | | | | | |
| 1234 | 8.6 | 7.8 | 210 | 202 | 138/78 | 128/72 | | | | | | | |
| 4387 | 8.1 | 7.2 | 148 | 140 | 122/68 | 120/70 | | | | | | | |
| 2186 | 7.8 | 7.9 | 174 | 175 | 110/72 | 112/68 | | | | | | | |
| 7395 | 8.3 | 7.5 | 152 | 140 | 138/80 | 130/78 | | | | | | | |
| | | | | | | | | | | | | | |
| Change | 0.7 % ↓ | | 6.4 ↓ | | | | | | | | | | |

# Operational/Process Outcomes

| MR # | Class hrs. | 1:1 | Complete | FU | No Show | |
|---|---|---|---|---|---|---|
| 5678 | 8 | 1 | yes | yes | | |
| 1234 | 5 | 1 | yes | yes | | |
| 4387 | 9 | 1 | yes | yes | | |
| 2186 | 2 | .5 | no | no | x | |
| 7395 | 6 | 1 | yes | yes | | |
| | | | | | | |
| Average | 6 | 0.9 | 80% | 80% | 20% | |

Information on the AADE7 System can be found at:
https://www.diabeteseducator.org/practice/aade7-system

Information on the American Diabetes Association's Chronicle Diabetes DSMES
Documentation Platform can be found at:
https://professional.diabetes.org/content/chronicle-diabetes

# Marketing and Sustaining DSMES

## Marketing Plan

*This Marketing Plan is a portion of a business plan guidance package*
[*file:///C:/Users/Kathy/Documents/DSMES%20Standards%20Templates/DSME%20Standards%20%20Templates/DSMES%20Standards%20Templates/DSME_Business_Tool_Kit_COMM.pdf*](file:///C:/Users/Kathy/Documents/DSMES%20Standards%20Templates/DSME%20Standards%20%20Templates/DSMES%20Standards%20Templates/DSME_Business_Tool_Kit_COMM.pdf)
*It has been provided by the Centers for Medicare & Medicaid Services by Quality Improvement Organization (QIO) Program and Mary Ann Hodorowicz, LLC, RD, MBA, CDE, Certified Endocrinology Coder. If you need further assistance, please contact your state's Quality Innovation Network-Quality Improvement Organization (QIN-QIO). You can find contact information for your QIN-QIO at [www.qioProgram.org/contact-zones?map=qin](http://www.qioProgram.org/contact-zones?map=qin) .*

## Definition of Marketing

Marketing is the action or business of promoting and selling products or services, including market research and advertising.

The 7 Ps Marketing Mix is a tool used by businesses and marketers to help determine a product or brands' offering. The seven categories are **product, packaging, promotion, place, processes and procedures, price and people.** Defining each of these categories and building your marketing plan will help develop your brand and help motivate your target markets (Person with Diabetes [PWDs[DM14]] and providers) to choose your DSME Program over the

Set your goal to be more than 10% better than your competition in more than one of the seven categories.

Be sure to include these when describing your staff:

- Interpersonal skills – Your team can work collaboratively, respectfully and cooperatively with each other, providers and PWDs. They use evidence-based, patient-centered counseling and less ineffective compliance counseling.

- Proficiency in DSME – Your educators are knowledgeable in the current standards of care for diabetes and related co-morbidities. Indicators of proficiency include:

    o CDE or BC-ADM credential

    o Other credentials and licensure

    o Peer-to-peer testing and observation once per year

- o   CEU requirements are met

- o   Positive PWDs' evaluations of educators

- o   Supervisor's annual evaluation of educators

- o   Adherence to evidence-based standards to guide decisions

- o   Positive patient outcomes

- Teamwork Skills and Leadership. Each educator is assigned roles and responsibilities matching her or his skills, training and education, credentials and licensure and experience.

**FQHCs and RHCs**

When developing your marketing plan in these practice settings, it's important to note that Medicare only reimburses for individual DSME, not a group session.

Use the 7 Ps marketing mix approach to develop your marketing plan for the DSME Program. Your **product** is the service of diabetes self-management education. When describing your product, use the language of your target market and your sponsoring organization (SO).

> Example: A DSME Program for a Patient Centered Medical Home (PCMH) will mention that the Program provides team-based continuity of care, culturally and linguistically appropriate materials and evidence-based practices.  The goal of packaging the DSME service is to convey your big four selling points - service, brand, value and quality.

Your DSME Program provides a medical service. Knowledge is transferred from teacher to student.

Your **brand** encompasses everything the public sees or knows about your Program - name, colors, logo, tagline, the tone of voice and language used.  Most importantly, your brand depends on the perception of value and quality you offer.

Your Program's perceived **value** is the importance, worth or usefulness of your product in the eyes of your target markets.

Your Program's perceived **quality** is the standard of DSME as measured against other similar products.

**Guidance #6: Be so good they can't ignore you.**

**Promotion** for your Program is how you tell your target market about your service. Opportunities to advertise include newspaper ads, brochures, fliers, emails, phone book ads, social media ads, direct mail pieces, cooking demonstrations, your website, other websites, media interviews, press releases, newsletters, booths at health fairs, public speaking engagements, hot topic consumer seminars, etc. You can also offer a free DSME introductory class to get consumers into the classes.

**Place** – The location of your Program needs to exhibit value and quality by being accessible and familiar to your target market. Choose locations where PWDs live, work and gather to encourage attendance and decrease attendance barriers. Ideally, your Program classes will be held at an easy-to-find location that is handicap accessible with free parking.

> Examples: churches, recreation departments, community centers, fitness centers, libraries, community colleges, physical therapy centers, independent walk-in clinics, nursing homes and hospitals without an outpatient DSME Program.

## Policies and Procedures

Your Program's policies and procedures must be patient-centered, as opposed to curriculum- and clinician- centered. Make sure to advertise your policies that make the Program more agreeable and inviting to your consumers. Examples:

- Hours of operation include evenings and Saturdays
- Each group DSME class offered in both daytime and early evening
- Referral for self-referred PWD within one week and patients scheduled within one week of provider's referral
- Educator starts visit within 15 minutes of appointment time
- PWDs reminded of appointment within 24 hours before class and phone calls returned within 24 hours
- Topics for each class shared during the first class and PWDs encouraged to bring guests
- Billing and collections are accurate and timely
- Patients' outcomes are tracked
- Continuous Quality Improvement Plan revised when policies and procedures are not working

**Price** -Your Program's price is the quantity of payment or compensation given by one party to another in return for your DSME services. Your organization must determine the price for a 30-minute unit of G0108 (an individual DSME service) and a 30-minute unit of G0109 (group DSME.) Factors to evaluate to determine the price of the DSME (per one 30-minute unit of G0108 and G0109):

- Insurance reimbursement rates: Medicare, Medicaid and private insurance
- What the market will bear (per market research for similar services)
- Competitors' DSME fees
- PWDs' and providers' perceived value of the DSME
- Revenue and profit desired from DSME and similar services
- How many work hours are available
- Expenses indirectly related to providing the service (fixed and variable)

**People** – The educators, Coordinators and support staff that make up your Program's team need to display excellent interpersonal skills, DSME content proficiency, teamwork skills and leadership in order to produce a high-quality product. It is important to show your target market(s) the quality of your DSME team members and that they have the requisite skills and abilities to deliver DSME.

- **Guidance #7: Your people are your greatest asset.**

# Sustainability

*The following is a reprint from the Diabetes Initiative*

The Diabetes Initiative, a national program of the Robert Wood Johnson Foundation (RWJF), was intended to demonstrate feasible and successful models of self-management in primary care and community sites around the country, and to promote replication of such programs. One of the goals of the Initiative was to develop and implement models that would be sustainable after grant funding ended.

### What is Sustainability?

*Sustainability can be defined as the "capacity to maintain program services at a level that will provide ongoing prevention and treatment for a health problem after termination of major financial, managerial, and technical assistance from an external donor."*

In a follow-up study of 14 sites funded through the Diabetes Initiative, few reported cuts to their programs after funding ending. Sustained program elements included:

- Classes – e.g., diabetes self-management, chronic disease self-management, nutrition, and exercise

- Support groups – e.g., structured meetings led by professionals and less-structured meetings led by peers or group participants

- Clubs and informal gatherings – e.g., breakfast clubs, snack clubs, walking clubs

- Use of promotoras – e.g., informally in the community, in support groups, and as part of clinic staff

- Changes in the clinic system of care – e.g., group medical visits, depression screening, dental screening, staging patients on readiness to change, and increased emphasis on patient-centered care

- Organizational partnerships – e.g., clinic-community partnerships and inter-organizational partnerships

- Other program elements – e.g., worksite wellness programs, supermarket tours, case management services, and use of social marketing strategies.

**Key Approaches to Sustainability**

The grantees of the Diabetes Initiative reported four key approaches to sustainability:

**Broaden Program Scope and Reach:** Because most diabetes self-management strategies are applicable to other chronic diseases, program managers can look for opportunities to integrate successful strategies into systems of care for other chronic illnesses or work to incorporate them into chronic disease prevention and control programs. That occurred in Diabetes Initiative projects in many ways including collaborations with programs that focused on cardiovascular disease, women's health, depression, worksite wellness and obesity. A strategy used to increase the reach of diabetes self-management Programs was replication of successful Program models or strategies in other communities and clinics.

o **Systematize Quality Improvements**: Improvements that can permanently change the capacity of providers and service delivery systems have the best chance of being sustained. In some cases, Diabetes Initiative grantees made improvements in usual care to support self-management which then became improved care for all patients. Some of those changes were programmatic, such as integrating promotoras into teams and systems of care, and others involved improvements in tracking and monitoring systems. In other cases, extensive training of providers and staff permanently changed how those staff understood and executed their roles in supporting patient self-management. Training of new staff as they were hired helped sustain the gains in capacity.

o **Increase Expectations**: Satisfied patients and providers create demand for continuation of high-quality programs and services. Patients' expectations in the Diabetes Initiative were changed by providing interactive opportunities that engaged them in learning about self-management and developing skills to take responsibility for managing their disease. Provider buy-in was increased when systems worked efficiently, and patients did well. Both formal communication about successes and word-of mouth communication were reported to increase expectations and promote sustainability.

**Successful Sustainability of Diabetes Self-Management Programs**
[www.diabetesinitiative.org](www.diabetesinitiative.org)

**Threats to Sustainability**

- Time and effort necessary to maintain effective partnerships

- Staff turnover

- Need for continual grant writing

- Thinking about sustainability too late

**Build New Partnerships or Expand the Role of Existing Partnerships**

Working closely with partners provides opportunities to sustain, and even expand, Programs and services. In Diabetes Initiative projects, partnership efforts sometimes resulted in new financial support for Program sustainability, but more often, working together created synergy among partners and opportunities to strengthen and expand Program services.

**Critical Success Factors**

Despite Programs having different components and different strategies for sustaining all or parts of their Programs, two factors emerged as critical to successful sustainability. Consistent with factors commonly cited in the literature as being important for sustaining health Programs, key ingredients identified by the Diabetes Initiative grantees included having data to support the work and the passion to carry it out.

**Data to Support Work**

Many kinds of data were useful in promoting sustainability for self-management services among administrators, insurers and others:

- Clinical outcomes

- Patient expectations/demand for services

- Self-management behavior changes

- Quality improvement process data

- Patient and providers satisfaction

    o Program Examples:

      1. Based on outcome data from a telephonic diabetes self-management Program, Maine General Health (Waterville, ME) was able to get reimbursement for their services from employers who were self-insured.

      2. Data demonstrating success of the Program at Holyoke Health Center (Holyoke, MA) resulted in buy-in from administrators who then made continued efforts to sustain it.

**Passion**

There was universal agreement among Diabetes Initiative grantees that among the most critical ingredients in building a sustainable diabetes self-management Program is passion – dedication and enthusiasm for the work. An example mentioned frequently was the work of community health workers/promotoras who routinely worked above and beyond expectations, regardless of compensation. No less important is the passion of Program leaders, providers and staff who were committed to achieving excellence in providing self-management supports. Grantees observed that their enthusiasm helped them connect with the people they served, which in turn created more successful and satisfying results.

### Lessons Learned and Implications for Practice

The Diabetes Initiative demonstrated that there are key strategies that can increase the likelihood of Program sustainability, especially if considered early in the process of Program planning and development. Indeed, those processes of building for sustainability were at least as important as having effective Programs and services to sustain.

Secondly, in addition to collecting data, it was critical to build capacity among grantee staff for using data to improve quality and measure effectiveness of their services. Programs became stronger as a result, and the increased skill among staff will likely benefit future Programs as well.

Finally, it was clear from the experience of Diabetes Initiative projects that getting more money was not in and of itself the only mechanism for sustainability. These projects demonstrated creative and practical ways to create synergy with other Programs and services, create interest in and demand for their services, and build strategic relationships.

The full report, **"Sustainability: A Retrospective Assessment of Diabetes Initiative Projects,"** is available at: www.diabetesinitiative.org  *The Diabetes Initiative of the Robert Wood Johnson Foundation included 14 projects around the United States, all demonstrating that self-management of diabetes is feasible and effective in diverse, real-world settings. For more information, publications, and other materials, visit: www.diabetesinitiative.org*

# Summary

The Florida Diabetes Alliance, Inc.'s purpose and mission is a statewide partnership of health care professionals, health care facilities, community-based organizations, faith-based organizations and interested individuals who wish to work together to build local community networks and to communicate ideas and best practices that promote quality and access to diabetes prevention, education, and care resources. These local activities strengthen the state diabetes health system and improve public health in Florida.

As a measure of fulfilling our mission, we hope this manual has provided you with a comprehensive resource for developing quality DSMES services, achieving ADA Recognition or AADE Accreditation, and promoting long-term sustainability.

For ongoing support, The Florida Diabetes Alliance, Inc. has a network of experienced diabetes educators who serve as DSMES Mentors. Should you desire mentor support, please reach out to the Alliance for information and further assistance.

Contact Information:

Kathy Mulcahy – DSMES Mentor Coordinator, kathinflorida@gmail.com

Sharon Hatch – Alliance Chairperson, hatchs@aetna.com

# Appendix 1 - Acronyms

- AADE – American Association of Diabetes Educators

- ADA – American Diabetes Association

- BC-ADM – Board Certified in Advanced Diabetes Management

- CDE – Certified Diabetes Educator

- CUE – Continuing Education Unit

- CHW – Community Health Worker

- CMS – Centers for Medicaid and Medicare Services

- CQI – Continuous Quality Improvement

- DEEP – Diabetes Empowerment Education Program

- DSME - Diabetes Self-Management Education

- DSME/S – Diabetes Self-Management Education and Support

- DSMT -Diabetes Self-Management Training (term Medicare uses)

- ERP – Education Recognition Program

- FQHC – Federally Qualified Health Center

- HIPAA – Health Insurance Portability and Accountability Act

- LPH – Licensed Practical Nurse

- MAC – Medicare Administrative Contractor

- MNT – Medical Nutrition Therapy

- NAO – National Accrediting Organization

- NCBDE – National Credentialing Board for Diabetes Educators

- NPI – National Provider Identifier

- NSDSMES – National Standards for Diabetes Self-Management and Support

- PCP – Primary Care Provider

- PWD – Person with Diabetes

- RD – Registered Dietician

- RHC – Rural Health Clinic

- RN – Registered Nurse

*Note:  DSME/S, DSME and DSMT are used interchangeably.*