

DEAP and the Revised National Standards for Diabetes Self-Management Education and Support

PRESENTED BY:

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Conflicts Of Interest and Financial Relationships Disclosures:

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Sponsorship / Commercial Support: None

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Goals/Objectives

- Explain how the 2012 Revised National Standards for Diabetes Self-Management Education and Support can be implemented in your program.

Goals/Objectives - Continued

- Identify the requirements and process to apply for a Diabetes Education Accreditation Program (DEAP) with AADE
- List resources and locate contact information for AADE DEAP program requirements and staff

Poll

- How many of you are familiar with the 2012 revised National Standards for Diabetes Self-Management Education and Support ?
 - The 2007 National Standards for DSME?
- How many already have an accredited program?
- How many of you are considering accreditation?

Accreditation/Recognition

- Is there a difference?
- Do you need both?
- Who are the key players?

How do you Become Accredited or Recognized?

- Chose AADE or ADA
- **Adhere to the National Standards for Diabetes Self-Management Education and Support
- Follow the application and compliance processes

***We are going to discuss this one further*

Overview of the National Standards

- Last revision was 2007
- 2011 Joint project
 - American Association of Diabetes Educators
 - American Diabetes Association
- Public comment period – Input requested from different stakeholders

Summary of 2012 Revisions

- Increased emphasis of ongoing support and continuum of self-management
 - Name change—DSMES
 - DSMS messages integrated throughout document
- Widened criteria for eligible instructors
 - Added CDE or BC-ADM to list of eligible solo instructors
 - Added additional examples of who could offer diabetes education (including OT, CHES)

Summary of 2012 Revisions

- Increased clarity to help ensure broad applicability
 - Reaching institutionally based and solo providers
 - “DSME entity” became “provider(s) of DSME”
- Increased attention to behavior change
- Removed language that creates barriers to DSME and DSMS

Summary of 2012 Revisions

- Increased emphasis on prevention and pre-diabetes
 - Included pre-diabetes in definition and throughout
- Updated references, particularly in support of:
 - Use of community health workers and others in diabetes education
 - Use of innovative education approaches and technology
 - Addressing emotional and psychosocial needs
- Easy-to-read
 - Streamlined
 - Cue words (subtitles) for each standard

Two updated Definitions

- Diabetes Self-Management Education
 - DSME
 - DSMT
- Diabetes Self-Management Support
 - DSMS

Diabetes Self-Management Education

The ongoing process of facilitating the knowledge, skill, and ability necessary for prediabetes and diabetes self-care. This process incorporates the needs, goals, and life experiences of the person with diabetes or prediabetes and is guided by evidence-based standards. The overall objectives of DSME are to support informed decision making, self-care behaviors, problem solving, and active collaboration with the health care team and to improve clinical outcomes, health status, and quality of life.

Diabetes Self-Management Support

Activities that assist the person with prediabetes or diabetes in implementing and sustaining the behaviors needed to manage his or her condition on an ongoing basis beyond or outside of formal self-management training. The type of support provided can be behavioral, educational, psychosocial, or clinical

The National Standards for Diabetes Self-Management Education and Support

AADE Revisions to our interpretive guidance
and more...

AADE Accreditation requires programs to adhere to the *National Standards for Diabetes Self-Management Education and Support*

The revisions to the interpretive guidance will take place starting January 1, 2014

National Standards for Diabetes Self-Management Education and Support

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

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

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

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The National Standards are available on our website at all times:

<http://www.diabeteseducator.org/export/sites/aade/resources/pdf/general/2012NationalStandards.pdf>

CROSSWALK FOR AADE'S DIABETES EDUCATION ACCREDITATION PROGRAM



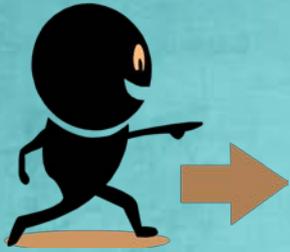
CROSSWALK FOR AADE'S DIABETES EDUCATION ACCREDITATION PROGRAM NATIONAL STANDARDS FOR DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT (ESSENTIAL ELEMENTS AND INTERPRETIVE GUIDANCE)

National Standard	Essential Elements	Essential Elements Checklist	Interpretive Guidance
<p>Standard 1</p> <p>Internal Structure:</p> <p>The provider(s) of DSME will document an organizational structure, mission statement, and goals. For those providers working within a larger organization, that organization will recognize and support quality DSME as an integral component of diabetes care.</p>	<p>A) There is documentation that describes or depicts Diabetes Education as a distinct component within the organization's structure and articulates the program's mission and goals. Documentation of an organizational structure, mission statement, and goals can lead to efficient and effective provision of DSME and DSMS.</p> <p>B) Documentation of an organizational structure that delineates channels of communication and represents institutional commitment to the educational entity is critical for success.</p>	<p>1. Clearly Documented organizational structure of DSME Program illustrating the clear channels of communication to the program from sponsorship</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>2. Documentation of program mission</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>3. Documentation of program goals</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>4. Letter of support from your sponsoring organization</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	<p>Standard one relates to your programs formalized internal structure.</p> <p>The Organizational Chart is a graphic or narrative depiction of formal relationships within the Organization that identifies areas of responsibility, accountability relationships and channels of communication.</p> <p>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 program's present capabilities, customer focus, and activities. The audience is identified in the mission statement.</p> <p>The Goals identify the intended activities needed to accomplish the mission.</p> <p>AADE will review the programs mission statement, goals and letter of support from your sponsoring organization. If your program is small and you are the sponsoring organization please write a statement of support for the DSME program demonstrating the program's commitment to the people with</p>



Very Important Tabs on our Website Include:

- Application Instructions
- *National Standards, Essential Elements. Interpretive Guidance*
- Paper Accreditation Application
- Online Application
- Additional Site Consideration
- FAQs



AADE website is very helpful during the application process.

ABOUT US ABOUT DIABETES EDUCATION PROFESSIONAL RESOURCES POLICY & ADVOCACY AADE FOUNDATION MEMBER CENTER

PROFESSIONAL RESOURCES

- Educational Programs & Products
- Diabetes Education Accreditation Program (DEAP)
 - National Standards, Essential Elements and Interpretive Guidance
 - Applying for Accreditation
 - Pricing
 - Accredited Programs
 - Annual Status
 - Reaccreditation
 - Additional Resources
 - DEAP FAQs
- CE Programs Database
- Annual Meeting Attendee Information
- Annual Meeting Exhibitor and Corporate Partner Information
- Research
- Practice Documents
- Journal & Newsletters
- AADE7™ Self-Care Behaviors
- Career Network
- Certification
- Resource Library
- Awards & Scholarships
- AADE Blog

AADE LOGIN

USER ID:

PASSWORD:

APPLYING FOR ACCREDITATION

We offer a simplified and streamlined application process that meets the highest quality requirements set forward by the Centers for Medicare and Medicaid Services.

Getting started and Applying for accreditation

To begin, review the following:

- Initial Application Instructions
- National Standards, Essential Elements and Interpretive Guidance
- Paper Accreditation Application
- Online Accreditation Application
- Additional Site Considerations
- FAQs

WEBCAST Getting started and what to expect - the application process

Samples for your reference:

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

Does your program meet the standards for accreditation? If so, complete the application and submit it to AADE with all required/requested documentation and fee (non-refundable):

- For programs with up to 10 sites where services are provided: \$800
- For programs with 11-20 sites where services are provided: \$1,200
- For programs with over 20 sites where services are provided, please contact AADE at (800) 338-3633, ext 4885

Once your application is submitted and reviewed, you will be contacted within two weeks to set up a phone interview or a site audit.

Questions? Email us at DEAP@aadenet.org or call 800.338.3633

Visit AADE

www.diabeteseducator.org/accreditation

How to use the Crosswalk

Standards - Required expectations about structure, processes and/or outcomes.

Essential Elements - Specify what the program must do to fulfill requirements of each standard.

Essential Elements Checklist – Use for actual application.

Interpretative Guidance - Information that clarifies terms, provides examples or offers suggestions; not an official part of the requirement.

REVIEW TIME



Three Major Building Blocks of the National Standards



Structure
Process
Outcomes

Structure Standards

Standard One – Internal Structure

Standard Two – External Input

Standard Three – Access

Standard Four – Program Coordination



Process Standards

Standard Five – Instructional Staff

Standard Six – Curriculum

Standard Seven – Individualization

Standard Eight – Ongoing Support



Outcome Standards

- Standard Nine – Patient Progress
- Standard Ten – Quality Improvement



So what does this all mean???



Standard 1

Internal Structure

CROSSWALK FOR AADE'S DIABETES EDUCATION ACCREDITATION PROGRAM

NATIONAL STANDARDS FOR DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT (ESSENTIAL ELEMENTS AND INTERPRETIVE GUIDANCE)

National Standard	Essential Elements	Essential Elements Checklist	Interpretive Guidance
<p>Standard 1</p> <p>Internal Structure:</p> <p>The provider(s) of DSME will document an organizational structure, mission statement, and goals. For those providers working within a larger organization, that organization will recognize and support quality DSME as an integral component of diabetes care.</p>	<p>A) There is documentation that describes or depicts Diabetes Education as a distinct component within the organization's structure and articulates the program's mission and goals. Documentation of an organizational structure, mission statement, and goals can lead to efficient and effective provision of DSME and DSMS.</p> <p>B) Documentation of an organizational structure that delineates channels of communication and represents institutional commitment to the educational entity is critical for success.</p>	<p>1. Clearly Documented organizational structure of DSME Program illustrating the clear channels of communication to the program from sponsorship</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>2. Documentation of program mission</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>3. Documentation of program goals</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>4. Letter of support from your sponsoring organization</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	<p>Standard one relates to your programs formalized internal structure.</p> <p>The Organizational Chart is a graphic or narrative depiction of formal relationships within the Organization that identifies areas of responsibility, accountability relationships and channels of communication.</p> <p>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 program's present capabilities, customer focus, and activities. The audience is identified in the mission statement.</p> <p>The Goals identify the intended activities needed to accomplish the mission.</p> <p>AADE will review the programs mission statement, goals and letter of support from your sponsoring organization. If your program is small and you are the sponsoring organization please write a statement of support for the DSME program demonstrating the program's commitment to the people with diabetes in your community.</p>

Standard 1

Essential Elements

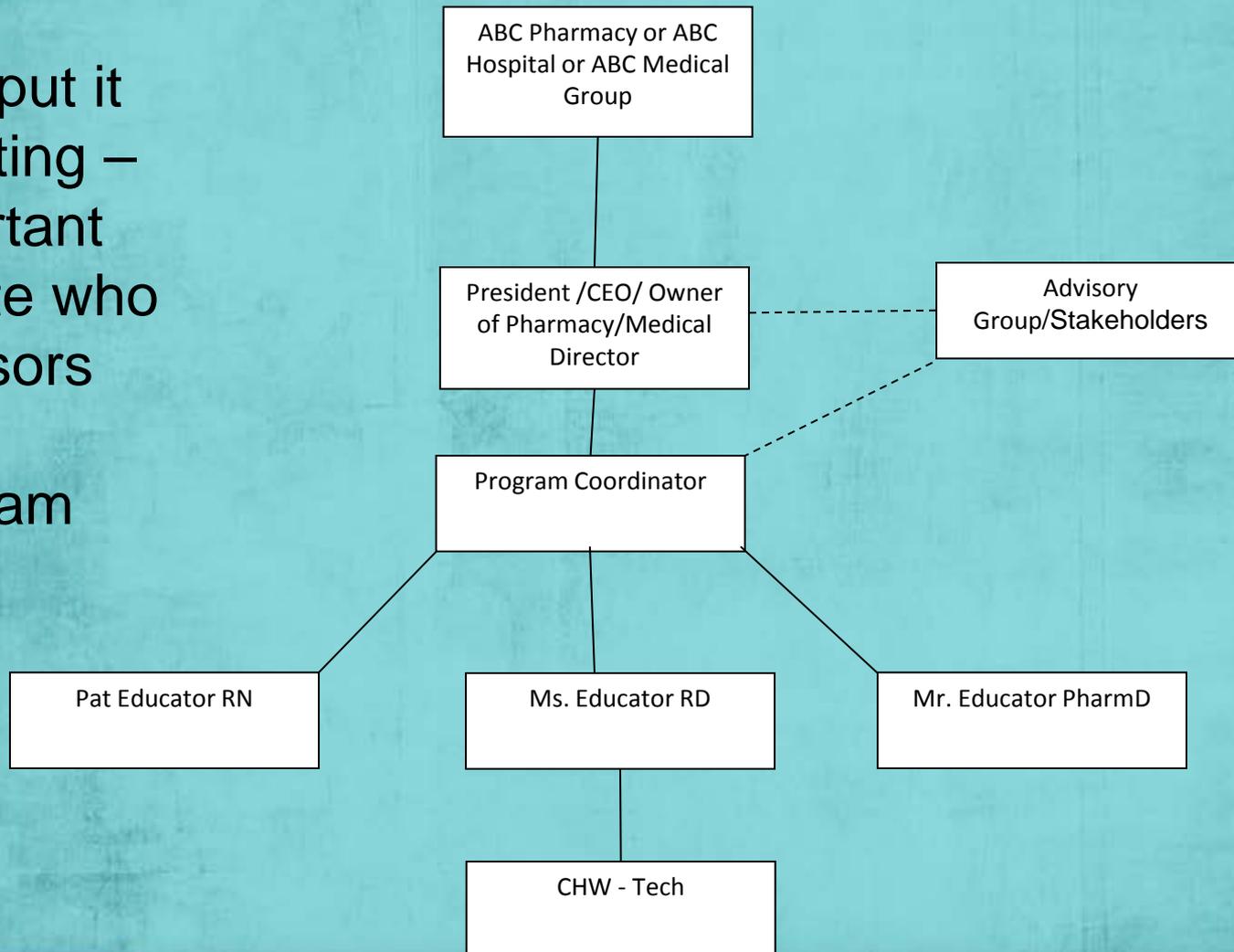
Internal Structure

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

Standard 1-Interpretive Guidance Internal Structure

Sample Organizational Chart:

Or... put it
in writing –
Important
to note who
sponsors
the
program



Mission Statement

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 program's present capabilities, customer focus, and activities. The audience is identified in the mission statement.

Program Goals

The Goals identify the intended activities needed to accomplish the mission.

Sample Mission Statement and Goals

MISSION STATEMENT

Our mission is to empower the people with diabetes with the self-care management skills necessary to improve their quality of life.

PROGRAM GOALS

Impact the lives of people with diabetes through the education and training we provide.

Provide current, evidence-based education in an open and conducive environment.

Letter of Support

AADE will review the programs mission statement, goals and letter of support from your sponsoring organization. If your program is small and you are the sponsoring organization please write a statement of support for the DSME program demonstrating the program's commitment to the people with diabetes in your community.

Standard 2

External Input

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National Standard	Essential Elements	Essential Elements Checklist	Interpretive Guidance
<p>Standard 2</p> <p>External Input:</p> <p>The provider(s) of DSME will seek ongoing input from external stakeholders and experts to promote program quality.</p>	<p>A) For both individual and group providers of DSME and DSMS, external input is vital to maintain an up-to-date, effective program. Broad participation of community stakeholders, including people with diabetes, health professionals, and community interest groups, will increase the program's knowledge of the local population, and allow the provider to better serve the community. The DSME and DSMS provider(s) must have a documented plan for seeking outside input and acting on it.</p> <p>B) The goal of external input and discussion in the program planning process is to foster ideas that will enhance the quality of the DSME and/or DSMS being provided, while building bridges to key stakeholders.</p> <p>C) The result is effective, dynamic DSME that is patient-centered, more responsive to consumer-identified needs and the needs of the community, more culturally relevant, and more appealing to consumers</p>	<p>5. Program has a documented plan for seeking outside input</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>6. The program's outreach to community stakeholders and the input from these stakeholders must be documented and available for review, annually and periodically as requested</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	<p>Standard two relates to the programs seeking input from key stakeholders and experts in their community.</p> <p>Input can be completed by phone, survey, email or face to face. However, interactions with stakeholders and subsequent follow-up needs to be documented along with the details of the interaction and the content of the discussions including; participating Stakeholders, Program changes, Access issues, CQI action plans, DSMS.</p> <p>Stakeholder Feedback; a program must have an annual report reflecting this input available for review</p> <p>Suggested stakeholders include but are not limited to: people with diabetes, health professionals, and community interest groups</p> <p>A suggested timeline for new programs include: reaching out to stakeholders within the first six months of accreditation, and at the end of the first year This initial 6 month outreach will allow for input</p>

Standard 2

Essential Elements

External Input

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

Standard 2

Interpretive Guidance

External Input

Input can be completed by phone, survey, email or face to face. However, interactions with stakeholders and subsequent follow-up needs to be documented along with the details of the interaction and the content of the discussions including; participating Stakeholders, Program changes, Access issues, CQI action plans, DSMS.

Stakeholder Feedback; a program must have an annual report reflecting this input available for review

Standard 2

Interpretive Guidance

External Input

Suggested stakeholders include but are not limited to: people with diabetes, health professionals, and community interest groups

A suggested timeline for new programs include: reaching out to stakeholders within the first six months of accreditation, and at the end of the first year This initial 6 month outreach will allow for input early on and will help shape and formalize new programs.

Standard 3

Access

CROSSWALK FOR AADE'S DIABETES EDUCATION ACCREDITATION PROGRAM

NATIONAL STANDARDS FOR DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT (ESSENTIAL ELEMENTS AND INTERPRETIVE GUIDANCE)

National Standard	Essential Elements	Essential Elements Checklist	Interpretive Guidance
<p>Standard 3</p> <p>Access:</p> <p>The provider(s) of DSME will determine whom to serve, how best to deliver diabetes education to that population, and what resources can provide ongoing support for that population.</p>	<p>A) Understanding the community, service area, or regional demographics is crucial to ensuring that as many people as possible are being reached, including those who do not frequently attend clinical appointments</p> <p>B) Different individuals, their families, and communities need different types of education and support. The provider of DSME needs to work to ensure that the necessary education alternatives are available.</p> <p>C) It is essential to determine factors that prevent people with diabetes from receiving self-management education. The assessment process includes the identification of these barriers to access. These barriers may include the socio-economic or cultural factors mentioned above, as well as, for example, health insurance shortfalls and the failure of other health providers to encourage their patients to pursue diabetes education.</p>	<p>7. Documentation identifying your population is required and is reviewed at least annually</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>8. Documented allocation of resources to meet population specific needs. (E.g. room, materials, curriculum staff, support etc...)</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>9. Identification of and actions taken to overcome access related problems as well as communication about these efforts to stakeholders</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	<p><i>Standard three relates to the program's knowledge and understanding of the population they serve and could potentially serve in their community.</i></p> <p>Provider must identify and understand their programs population demographic characteristics, such as ethnic/cultural background, gender, and age, as well as their levels of formal education, literacy, and numeracy. Understanding their population also entails identifying resources outside of the provider's practice that can assist in the ongoing support of the participant.</p> <p>Allocation of resources must be reviewed, and documented items which are based on assessment of the population's specific needs including but not limited to: room, materials, curriculum, staffing, support, how classes are structured and when they are offered.</p>

Standard 3

Essential Elements

Access

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

Standard 3

Interpretive Guidance

Access

Provider must identify and understand their programs population demographic characteristics, such as ethnic/cultural background, gender, and age, as well as their levels of formal education, literacy, and numeracy. Understanding their population also entails identifying resources outside of the provider's practice that can assist in the ongoing support of the participant.

Allocation of resources must be reviewed, and documented items which are based on assessment of the population's specific needs including but not limited to: room, materials, curriculum, staffing, support, how classes are structured and when they are offered.

Guidance

Easy as **1 2 3**

You do not need to be a statistician!! The important things are that you **ASSESS** your population and **KNOW** what they need & **PROVIDE** what they need!

Standard 4

Program Coordination

CROSSWALK FOR AADE'S DIABETES EDUCATION ACCREDITATION PROGRAM

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National Standard	Essential Elements	Essential Elements Checklist	Interpretive Guidance
<p>Standard 4</p> <p>Program Coordination:</p> <p>A coordinator will be designated to oversee the DSME program. The coordinator will have oversight responsibility for planning, implementation, and evaluation of education services.</p>	<p>A) Coordination is essential to ensure that quality diabetes self-management education and support is delivered through an organized, systematic process.</p> <p>B) The coordinator's role may be viewed as that of coordinating the program (or education process) and/or as supporting the coordination of the many aspects of self-management in the continuum of diabetes and related conditions when feasible.</p> <p>C) This oversight includes designing an education program or service that helps the participant access needed resources and assists him or her in navigating the health care system.</p> <p>D) Coordinators are to follow the continuing education requirements of their professions (a minimum of 15 hours continuing education is required annually)</p>	<p>10. Coordinator's resume (reflecting experience managing a chronic disease, facilitating behavior change, and experience with program and/or clinical management):</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>11. Job description describing program oversight (must include planning, implementation and evaluation of the DSMT program):</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>12. Documentation that the Program Coordinator received a minimum of 15 hours of CE credits per year (program management, education, chronic disease care, behavior change) OR credential maintenance (CDE or BC-ADM)</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	<p>Standard four focuses on the leadership of the program through the program coordinator.</p> <p>The breadth and depth of responsibilities of the program coordinator will vary with the program size and complexity, but, at a minimum, the coordinator must have the ability to be responsible for planning, implementation and evaluation of services.</p> <p>The program coordinator must have skills and experience of working with managing a chronic disease, facilitating behavior change, in addition to experience with program and/or clinical management.</p> <p>The program coordinator must complete 15 hours of continuing education on an annual basis as it relates to diabetes care as well as their profession i.e. program management, education, chronic disease care, behavior change. (If the program Coordinator is a CDE or BC-ADM they do not need the 15 hours in the year prior to accreditation but must attest to receiving these hours on an annual basis, moving forward after accreditation.)</p>

Standard 4

Essential Elements

Program Coordination

Coordinator's resume (reflecting experience managing a chronic disease, facilitating behavior change, and experience with program and/or clinical management)

Job description describing program oversight (must include planning, implementation and evaluation of the DSMT program)

Documentation that the Program Coordinator received a minimum of 15 hours of CE credits per year (program management, education, chronic disease care, behavior change) OR credential maintenance (CDE or BC-ADM)

Standard 4

Interpretive Guidance

Program Coordination

The breadth and depth of responsibilities of the program coordinator will vary with the program size and complexity, but, at a minimum, the coordinator must have the ability to be responsible for planning, implementation and evaluation of services.

The program coordinator must have skills and experience of working with managing a chronic disease, facilitating behavior change, in addition to experience with program and/or clinical management.

Standard 4

Interpretive Guidance

Program Coordination

The program coordinator must complete 15 hours of continuing education on an annual basis as it relates to diabetes care as well as their profession i.e. program management, education, chronic disease care, behavior change. {If the program Coordinator is a CDE or BC-ADM they do not need the 15 hours in the year prior to accreditation but must attest to receiving these hours on an annual basis, moving forward after accreditation.}

Standard 5

Page 1-2

Instructional Staff

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NATIONAL STANDARDS FOR DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT (ESSENTIAL ELEMENTS AND INTERPRETIVE GUIDANCE)

National Standard	Essential Elements	Essential Elements Checklist	Interpretive Guidance
<p>Standard 5</p> <p>Instructional Staff:</p> <p>One or more instructors will provide DSME and, when applicable, DSMS. At least one of the instructors responsible for designing and planning DSME and DSMS will be an RN, RD or pharmacist with training and experience pertinent to DSME, or another professional with certification in diabetes care and education, such as a CDE or BC-ADM. Other health workers can contribute to DSME and provide DSMS with appropriate training in diabetes with supervision and support.</p>	<p>A) Resumes and proof of licenses, registration and/or certification shall be maintained to verify that program staff is comprised of instructor(s) who have obtained and maintained the required credentials.</p> <p>B) If Community Health Workers (CHW) are a part of the DSMT program team, there is documentation of successful completion of a standardized training program for CHWs and additional and on-going training related to diabetes self-management.</p> <p>a. Training includes scope of practice relative to role in DSMT</p> <p>C) If CHWs are part of the DSMT program's team, there shall be documentation that they are directly supervised by, the named diabetes educator(s) in the program.</p> <p>D) Professionals serving as instructors must document appropriate continuing education or comparable activities to ensure their continuing competence to serve in their instructional, training and oversight roles:</p> <p>a. Instructors: 15 hours of continuing education annually for all instructors. If instructor is a CDE they must maintain the CE requirement of their certification if the instructor is a BC-ADM they must maintain the requirements to maintain certification these</p>	<p>13. Document that at least one of the instructors is an RN, RD or pharmacist with training and experience pertinent to DSME, or another professional with certification in diabetes care and education, such as a CDE or BC-ADM</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>14. Current credential for instructor(s) (including licensure and/or registration proof)</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>15. Instructor's resume is current and reflects their diabetes education experience</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>16. 15 hours of CE credits per year for all instructors annually</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	<p>Standard five focuses on meeting the needs of the population the program serves through qualified instructional staff and outside referrals as needed.</p> <p>Expert consensus supports the need for specialized diabetes and educational training beyond academic preparation for the primary instructors on the diabetes team</p> <p>A number of studies have endorsed a multi-disciplinary team approach to diabetes care, education, and support, reflecting the evolving health care environment,</p> <p>Continuing education for instructional staff needs to be diabetes-specific, diabetes-related, and/or behavior change self-management education strategies-specific (e.g., AADE7 self-care behaviors)</p> <p>Lay health, community workers and peer counselors or educators may contribute to the provision of DSME instruction and provide DSMS if there is documentation of their having received training in diabetes self-management, the teaching of self-management skills, group facilitation, and emotional support.</p> <p>The annually reviewed and updated documentation of appropriate training</p>

Standard 5

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Instructional Staff

CROSSWALK FOR AADE'S DIABETES EDUCATION ACCREDITATION PROGRAM

NATIONAL STANDARDS FOR DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT (ESSENTIAL ELEMENTS AND INTERPRETIVE GUIDANCE)

	<p>hours must be from a nationally recognized accrediting body.</p> <p>E) For programs, particularly those that have solo instructors, there shall be a policy that identifies a mechanism for ensuring participant needs are met if needs are outside of instructor's scope of practice and expertise.</p> <p>F) There shall be documentation of: A process for ensuring that appropriate care coordination among the diabetes care team occurs and Team coordination and interaction.</p>	<p>17. There is documentation of successful completion of a standardized training program for CHWs (Training includes scope of practice relative to role in DSME):</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>18. Documentation that the CHWs are supervised by, the named diabetes educator(s) in the program</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>19. Policy that identifies a mechanism for ensuring participant needs are met if needs are outside of instructor's scope of practice and expertise</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	<p>needs to be signed by the program coordinator. This documentation must be available for review and because this level staff may not qualify for Continuing Education. Documentation can be a certificate of completion or a competency checklist. CHW must receive training on an annual basis specific to their role.</p> <p>A system is in place that ensures supervision of the services the CHW provides. The nature of this supervision by a named diabetes educator or other health care professional and professional back-up to address clinical problems or questions beyond their training must be documented</p> <p>This supervision can be in person, by phone using a protocol for suggesting follow-up with the diabetes educator or other health care professional.</p> <p>Mechanisms for meeting needs outside a scope of practice includes: referrals to other practitioner and/or partnering with a professional with additional expertise (e.g., exercise physiologist or behavioral specialist) and is clearly documented.</p>
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Standard 5

Essential Elements

Instructional Staff

Document that at least one of the instructors is an RN, RD or pharmacist with training and experience pertinent to DSME, or another professional with certification in diabetes care and education, such as a CDE or BC-ADM

Current credential for instructor(s) (including licensure and/or registration proof)

Instructor's resume is current and reflects their diabetes education experience

15 hours of CE credits per year for all instructors annually

Standard 5

Essential Elements

Instructional Staff

There is documentation of successful completion of a standardized training program for CHWs (Training includes scope of practice relative to role in DSME)

Documentation that the CHWs are supervised by, the named diabetes educator(s) in the program

Policy that identifies a mechanism for ensuring participant needs are met if needs are outside of instructor's scope of practice and expertise

Standard 5

Interpretive Guidance

Instructional Staff

Continuing education for instructional staff needs to be diabetes-specific, diabetes-related, and/or behavior change self-management education strategies-specific (e.g., AADE7 self-care behaviors)

Lay health, community workers and peer counselors or educators may contribute to the provision of DSME instruction and provide DSMS if there is documentation of their having received training in diabetes self-management, the teaching of self-management skills, group facilitation, and emotional support.

Standard 5

Interpretive Guidance

Instructional Staff

This supervision can be in person, by phone using a protocol for suggesting follow-up with the diabetes educator or other health care professional.

Mechanisms for meeting needs outside a scope of practice includes: referrals to other practitioner and/or partnering with a professional with additional expertise (e.g., exercise physiologist or behavioral specialist) and is clearly documented.

Standard 6

Curriculum

CROSSWALK FOR AADE'S DIABETES EDUCATION ACCREDITATION PROGRAM

NATIONAL STANDARDS FOR DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT (ESSENTIAL ELEMENTS AND INTERPRETIVE GUIDANCE)

National Standard	Essential Elements	Essential Elements Checklist	Interpretive Guidance
<p>Standard 6</p> <p>Curriculum:</p> <p>Written curriculum reflecting current evidence and practice guidelines, with criteria for evaluating outcomes, will serve as the framework for the provision of DSME. The needs of the individual participant will determine which parts of the curriculum will be provided to that individual.</p>	<p>A) The curriculum must be dynamic and reflect current evidence and practice guidelines.</p> <p>B) The following core topics are commonly part of the curriculum taught in comprehensive programs that have demonstrated successful outcomes. Describing the diabetes disease process and treatment options:</p> <ul style="list-style-type: none"> a. Incorporating nutritional management into lifestyle b. Incorporating physical activity into lifestyle c. Using medication(s) safely and for maximum therapeutic effectiveness d. Monitoring blood glucose and other parameters and interpreting and using the results for self-management decision making e. Preventing, detecting, and treating acute complications f. Preventing detecting, and treating chronic complications g. Developing personal strategies to address psychosocial issues and concerns. h. Developing personal strategies to promote health and behavior change. 	<p>20. Evidence of a written curriculum, tailored to meet the needs of the target population, is submitted and includes all content areas listed in the essential elements</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>21. The curriculum adopts principles of AADE7™ behaviors</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>22. The curriculum is reviewed at least annually and updated as appropriate to reflect current evidence, practice guidelines and its cultural appropriateness</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>23. Curriculum reflects maximum use of interactive training methods</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	<p><i>Standard six specifies curriculum teaching strategies utilized. Programs using a purchased curriculum must describe how the curriculum has been adapted to meet the needs of the population served.</i></p> <p>While the content areas listed in the essential elements provide a solid outline for a diabetes education and support curriculum, it is crucial that the content be tailored to match each individual's needs. This includes adaptation as necessary for the following: Assessed need, age and type of diabetes (including <u>prediabetes</u> and diabetes in pregnancy), cultural factors, health literacy and numeracy, and comorbidities, learning style preferences. The content areas must also be adapted and modified to fit the program's practice setting.</p> <p>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 effective.</p>

Standard 6

Essential Elements

Curriculum

Evidence of a written curriculum, tailored to meet the needs of the target population, is submitted and includes all content areas listed in the essential elements

The curriculum adopts principles of AADE7™ behaviors

The curriculum is reviewed at least annually and updated as appropriate to reflect current evidence, practice guidelines and its cultural appropriateness

Curriculum reflects maximum use of interactive training methods

Standard 6

Interpretive Guidance

Curriculum

While the content areas listed in the essential elements provide a solid outline for a diabetes education and support curriculum, it is crucial that the content be tailored to match each individual's needs. This includes adaptation as necessary for the following: Assessed need, age and type of diabetes (including prediabetes and diabetes in pregnancy), cultural factors, health literacy and numeracy, and comorbidities, learning style preferences. The content areas must also be adapted and modified to fit the program's practice setting.

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 effective.

You do not need to reinvent the wheel.....

There are several very good curriculums out there to implement into your DSME/T program.



AADE7™ Self-Care Behaviors





AADE7™ SELF-CARE BEHAVIORS

HEALTHY COPING

Diabetes can affect you physically and emotionally. Living with it every day can make you feel discouraged, stressed or even depressed. It is natural to have mixed feelings about your diabetes management and experience highs and lows. The important thing is to recognize these emotions as normal. Take steps to reduce the negative impact they could have on your self-care.

The way you deal with your emotional lows is called “coping.” There are lots of ways to cope with the upsets in your life—and not all of them are good for your health (smoking, overeating, not finding time for activity, or avoiding people and social situations).

However, there are healthy coping methods that you can use to get you through tough times (faith-based activities, exercise, meditation, enjoyable hobbies, joining a support group).

Having a support network is key to healthy coping. Be sure to develop and nurture partnerships in your personal life with your spouse, loved ones and friends. Go to group educational sessions where you can meet and relate to other people going through the same experiences. Build healthy relationships—and remember that you’re not alone.

Did You Know?

Physical activity can influence your mood. If you are sad, anxious, stressed or upset, go for a walk, stand up and stretch, or take a bicycle ride. Exercise actually increases the chemicals in your brain that help make you feel good!

TRUE OR FALSE?

Nobody wants to hear about your problems. When you are feeling down, you should keep it to yourself.

FALSE. You need to talk about your emotions with friends, family, or your healthcare provider. Sometimes just talking about a problem will help you solve it...and loved ones can help you gain perspective.

AADE7™ Self-Care Behaviors Free Handouts

[www.diabeteseducator.org/DiabetesEducation/Patient Resources/AADE7_PatientHandouts.html](http://www.diabeteseducator.org/DiabetesEducation/PatientResources/AADE7_PatientHandouts.html)

They are also available in Spanish



CONDUCTAS PARA EL CUIDADO PERSONA DE AADE7™

AFRONTAMIENTO SALUDABLE

La diabetes puede afectarte física y emocionalmente. Vivir con ella todos los días puede hacerte sentir desanimado, estresado o, incluso, deprimido. Es natural tener sentimientos mezclados sobre el control de tu diabetes y experimentar altibajos. Lo importante es que reconozcas que estas emociones son normales. Toma medidas para reducir el impacto negativo que estas emociones podrían tener en tu cuidado personal.

La manera en que manejas tus bajones emocionales se denomina "afrontamiento". Hay muchas maneras de sobrellevar los disgustos en tu vida y no todas son buenas para tu salud (fumar, comer en exceso, no encontrar tiempo para hacer actividad física o evitar personas y situaciones sociales).

Sin embargo, existen métodos de afrontamiento saludables que puedes utilizar para atravesar los momentos difíciles (actividades basadas en la fe, ejercicio, meditación, pasatiempos agradables, unirse a un grupo de apoyo).

¿Lo sabías?

La actividad física puede influir en tu estado de ánimo. Si estás triste, ansioso, estresado o molesto, puedes salir a caminar, levantarte y estirarte, o dar un paseo en bicicleta. El ejercicio aumenta las sustancias químicas en tu cerebro que te ayudan a sentirte bien.

¿VERDADERO O FALSO?

Nadie quiere escuchar tus problemas. Cuando te sientes desanimado, debes guardarte tu tristeza.

FALSO. Necesitas hablar sobre tus

Standard 7

Page 1 of 2

Individualization

CROSSWALK FOR AADE'S DIABETES EDUCATION ACCREDITATION PROGRAM
NATIONAL STANDARDS FOR DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT (ESSENTIAL ELEMENTS AND INTERPRETIVE GUIDANCE)

National Standard	Essential Elements	Essential Elements Checklist	Interpretive Guidance
<p>Standard 7</p> <p>Individualization:</p> <p>The diabetes self-management, education, and support needs of each participant will be assessed by one or more instructors. The participant and instructor(s) will then together develop an individualized education and support plan focused on behavior change.</p>	<p>A) Each Participants needs must be individualized. An assessment process must be used to identify what those needs are, and to facilitate the selection of appropriate educational and behavioral interventions and self-management support strategies, guided by evidence.</p> <p>B) The assessment must garner information about the individual's medical history, age, cultural influences, health beliefs and attitudes, diabetes knowledge, diabetes self-management skills and behaviors, emotional response to diabetes, readiness to learn, literacy level (including health literacy and numeracy), physical limitations, family support, and financial status.</p> <p>C) The education and support plan that the participant and instructor(s) develop will be rooted in evidence-based approaches to effective health communication and education while taking into consideration participant barriers, abilities, and expectations.</p> <p>D) The assessment and education plan, intervention, and outcomes will be documented in the education/health record. Documentation of participant encounters will guide the education process, provide evidence of communication among instructional staff and other members of the participant's healthcare team, prevent duplication of services, and demonstrate adherence to guidelines.</p>	<p>24. The education process is defined as an interactive, collaborative process which assesses, implements and evaluates the educational intervention to meet the needs of the individual</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>25. De-identified patient chart must include evidence of the following elements</p> <p>Collaborative participant initial assessment includes minimally:</p> <ul style="list-style-type: none"> • Medical history, age, cultural influences, health beliefs and attitudes, diabetes knowledge, diabetes self-management skills and behaviors, emotional response to diabetes, readiness to learn, literacy level (encompassing health literacy and numeracy), physical limitations, family support, and financial status 	<p>Standard seven focuses on ensuring that the education provided is individualized to each participant. The instructor will assess each participant in order to individualize the best educational and behavioral intervention and support strategies.</p> <p>This assessment can be done individually or in group. It may include a self-assessment completed by the individual prior to the first meeting. This process should be appropriate for the population the program serves as well as being tailored to meet the needs of any individual participant.</p> <p>There needs to be a complete, individualized education plan for each participant that includes interventions and desired outcomes. The education plan needs to be developed collaboratively with the participant and family or others involved with the participants care as required. This will guide the process of working with the participant and must be documented in the education records.</p> <p>Programs also need to document an individualized follow-up support plan. A variety of assessment modalities include: telephone follow-up and use of other information technologies (e.g., Web-</p>

Standard 7

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Individualization

CROSSWALK FOR AADE'S DIABETES EDUCATION ACCREDITATION PROGRAM

NATIONAL STANDARDS FOR DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT (ESSENTIAL ELEMENTS AND INTERPRETIVE GUIDANCE)

National Standard	Essential Elements	Essential Elements Checklist	Interpretive Guidance
	<p>E) The instructor will employ clear health communication principles, avoiding jargon, making information culturally relevant, using language- and literacy-appropriate education materials, and using interpreter services when indicated. Evidence-based communication strategies such as collaborative goal-setting, motivational interviewing, cognitive behavior change strategies, problem-solving, self-efficacy enhancement, and relapse prevention strategies are also effective.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <ul style="list-style-type: none"> Individualized educational plan of care based on assessment and behavioral goal <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <ul style="list-style-type: none"> Documented individualized follow-up on education and goals <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	<p>based, text-messaging, or automated phone calls), and may be used to augment face-to-face follow-up, progress assessments.</p> <p>An action-oriented behavioral goal/objective plan, clearly documents the plan and guides follow up discussion of progress towards achieving goals, or identifies gaps.</p>

Standard 7

Essential Elements

Individualization

The education process is defined as an interactive, collaborative process which assesses, implements and evaluates the educational intervention to meet the needs of the individual

Standard 7

Essential Elements

Individualization

De-identified patient chart must include evidence of the following elements:
Collaborative participant initial assessment includes minimally:

- Medical history, age, cultural influences, health beliefs and attitudes, diabetes knowledge, diabetes self-management skills and behaviors, emotional response to diabetes, readiness to learn, literacy level (encompassing health literacy and numeracy), physical limitations, family support, and financial status
- Individualized educational plan of care based on assessment and behavioral goal
- Documented individualized follow-up on education and goals

EDUCATIONAL RECORD REVIEW FORM

Item	Comments
Referral for DSME/T in chart (Medicare requirement)	
Relevant medical history	
Present health status	
Physical limitations	
Risk factors	
Current health service or resource utilization	
Diabetes knowledge	
Diabetes self-management skills and behaviors	
Emotional response to diabetes	
Cultural influences	
Health beliefs and attitudes	
Health behaviors and goals	
Support systems	
Readiness to learn, literacy level (encompassing health literacy and numeracy)	
Financial Status	
Collaborative participant assessment	
Individualized educational plan of care based on assessment and behavioral goal	
Documented individualized follow-up on education and goals	
On-going Self-Management Support options reviewed with the Participant (Standard 8)	
Communication to the health care team includes participant's plan for ongoing support - (Standard 8)	
Collaborative development of behavioral goals with interventions provided and outcomes evaluated (Standard 9)	
Documentation and assessment of at least one clinical outcome (Standard 9)measure (Standard 9)	

Standard 7

Interpretive Guidance

Individualization

This assessment can be done individually or in group. It may include a self-assessment completed by the individual prior to the first meeting. This process should be appropriate for the population the program serves as well as being tailored to meet the needs of any individual participant.

There needs to be a complete, individualized education plan for each participant that includes interventions and desired outcomes. The education plan needs to be developed collaboratively with the participant and family or others involved with the participants care as required. This will guide the process of working with the participant and must be documented in the education records.

Standard 7

Interpretive Guidance

Individualization

Programs also need to document an individualized follow-up support plan. A variety of assessment modalities include: telephone follow-up and use of other information technologies (e.g., Web-based, text-messaging, or automated phone calls), and may be used to augment face-to-face follow-up, progress assessments.

An action -oriented behavioral goal/objective plan, clearly documents the plan and guides follow up discussion of progress towards achieving goals, or identifies gaps.

Guidance

You must be in operation long enough to take someone through your program to follow-up before applying



Standard 8

Ongoing Support

CROSSWALK FOR AADE'S DIABETES EDUCATION ACCREDITATION PROGRAM

NATIONAL STANDARDS FOR DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT (ESSENTIAL ELEMENTS AND INTERPRETIVE GUIDANCE)

National Standard	Essential Elements	Essential Elements Checklist	Interpretive Guidance
<p>Standard 8</p> <p>Ongoing Support:</p> <p>The participant and instructor(s) will together develop a personalized follow-up plan for ongoing self-management support. The participant's outcomes and goal and the plan for ongoing self-management support will be communicated to other members of the healthcare team.</p>	<p>A) Because self-management takes place in participants' daily lives and not in clinical or educational settings, patients will be assisted to formulate a plan to find community-based resources that may support their ongoing diabetes self-management.</p> <p>B) DSME and DSMS providers will work with participants to identify such services and, when possible, track those that have been effective with patients, while communicating with providers of community-based resources in order to better integrate them into patients' overall care and ongoing support.</p> <p>C) Primary responsibility for diabetes education belongs to the provider(s) of DSME, participants benefit by receiving reinforcement of content and behavioral goals from their entire health care team.</p> <p>D) Many patients receive DSMS through their primary care provider. Thus, communication among the team regarding the patient's educational outcomes, goals and DSMS plan is essential to ensure that people with diabetes receive support that meets their needs and is reinforced and consistent among the healthcare team members.</p>	<p>De-identified Chart must also include the following:</p> <ul style="list-style-type: none"> On-going Self-Management Support options reviewed with the Participant YES <input type="checkbox"/> NO <input type="checkbox"/> Communication to the health care team includes participant's plan for ongoing support YES <input type="checkbox"/> NO <input type="checkbox"/> 	<p>Standard eight focuses on the importance of ongoing support above and beyond the initial DSME.</p> <p>While DSME is necessary and effective, it does not in itself guarantee a lifetime of effective diabetes self-care. Initial improvements in participants' metabolic and other outcomes have been found to diminish after approximately 6 months.</p> <p>DSMS (Diabetes Self-Management Support) is defined as: Activities that assist the person with <u>prediabetes</u> or diabetes in implementing and sustaining the behaviors needed to manage his or her condition on an ongoing basis beyond or outside of formal self-management training. The type of support provided can be behavioral, educational, psychosocial, or clinical.</p> <p>Programs need to identify community opportunities/resources that may benefit their participants and support their commitment to their chosen behavioral modifications. The options available need to be offered patient preferences documented. Community programs need to be reviewed periodically to insure that participants are provided with current information. The community programs can also</p>

Standard 8

Essential Elements

Ongoing Support

De-identified Chart must also include the following:

On-going Self-Management Support options reviewed with the Participant

Communication to the health care team includes participant's plan for ongoing support

Standard 8

Interpretive Guidance

Ongoing Support

While DSME is necessary and effective, it does not in itself guarantee a lifetime of effective diabetes self-care. Initial improvements in participants' metabolic and other outcomes have been found to diminish after approximately 6 months.

DSMS (Diabetes Self-Management Support) is defined as: Activities that assist the person with prediabetes or diabetes in implementing and sustaining the behaviors needed to manage his or her condition on an ongoing basis beyond or outside of formal self-management training. The type of support provided can be behavioral, educational, psychosocial, or clinical.

Standard 8

Interpretive Guidance

Ongoing Support

Programs need to identify community opportunities/resources that may benefit their participants and support their commitment to their chosen behavioral modifications. The options available need to be offered patient preferences documented. Community programs need to be reviewed periodically to insure that participants are provided with current information. The community programs can also provide external input to meet elements in Standard two.

Standard 9

Patient Progress

CROSSWALK FOR AADE'S DIABETES EDUCATION ACCREDITATION PROGRAM

NATIONAL STANDARDS FOR DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT (ESSENTIAL ELEMENTS AND INTERPRETIVE GUIDANCE)

National Standard	Essential Elements	Essential Elements Checklist	Interpretive Guidance
<p>Standard 9</p> <p>Patient Progress:</p> <p>The provider(s) of DSME and DSMS will monitor whether participants are achieving their personal diabetes self-management goals and other outcome(s) as a way to evaluate the effectiveness of the educational intervention(s), using appropriate measurement techniques.</p>	<p>A) Effective diabetes self-management can be a significant contributor to long-term, positive health outcomes. The provider(s) of DSME and DSMS will assess each participant's personal self-management goals and his or her progress toward those goals</p> <p>B) The AADE Outcome Standards for Diabetes Education specify behavior change as the key outcome and provide a useful framework for assessment and documentation. The "AADE7™" lists seven essential factors: <i>physical activity, healthy eating, medication taking, monitoring blood glucose, diabetes self-care related problem solving, reducing risks of acute and chronic complications, and psychosocial aspects of living with diabetes</i>; which serve as a useful format.</p> <p>C) Assessments of participant outcomes must occur at appropriate intervals. The interval depends on the nature of the outcome itself and the timeframe specified based on the participant's personal goals. For some areas, the indicators, measures, and timeframes will be based on guidelines from professional organizations or government agencies.</p>	<p>De-identified chart must also show evidence of:</p> <ul style="list-style-type: none"> Collaborative development of behavioral goals with interventions provided and outcomes evaluated YES <input type="checkbox"/> NO <input type="checkbox"/> Documentation and assessment of at least one clinical outcome measure YES <input type="checkbox"/> NO <input type="checkbox"/> 	<p>Standard nine focuses on establishing individualized clinical outcomes and behavioral goals</p> <p>All goals, including behavioral goals, must be: SMART- specific, measurable, achievable, reasonable, and timely.</p> <p>In addition, these behavior goals must relate to the AADE7™ (Healthy Eating, Being Active, Monitoring, Taking Medication, Problem Solving, Healthy Coping and Reducing Risks).</p> <p>Patients do not need to work on all seven behavioral goals at once. Most patients will select one or two initial goals.</p> <p>Clinical outcome measurements need to be chosen based on the population served, organizational practices and availability of the outcome data. Examples include but are not limited to: A1c, weight, B/P, BMI, waist circumference, lipids etc...</p> <p>The participant medical record must reflect assessment of the individual participant's achievement of goals including any review and / or adjustments made to the educational plan or goals.</p>

Standard 9

Essential Elements

Patient Progress

De-identified chart must also show evidence of:

Collaborative development of behavioral goals with interventions provided and outcomes evaluated

Documentation and assessment of at least one clinical outcome measure

Standard 9

Interpretive Guidance

Patient Progress

All goals, including behavioral goals, must be: SMART-specific, measureable, achievable, reasonable, and timely.

In addition, these behavior goals must relate to the AADE7™ (Healthy Eating, Being Active, Monitoring, Taking Medication, Problem Solving, Healthy Coping and Reducing Risks).

Patients do not need to work on all seven behavioral goals at once. Most patients will select one or two initial goals.

Standard 9

Interpretive Guidance

Patient Progress

Clinical outcome measurements need to be chosen based on the population served, organizational practices and availability of the outcome data. Examples include but are not limited to: A1c, weight, B/P, BMI, waist circumference, lipids etc...

The participant medical record must reflect assessment of the individual participant's achievement of goals including any review and / or adjustments made to the educational plan or goals.

Standard 10

Quality Improvement

CROSSWALK FOR AADE'S DIABETES EDUCATION ACCREDITATION PROGRAM

NATIONAL STANDARDS FOR DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT (ESSENTIAL ELEMENTS AND INTERPRETIVE GUIDANCE)

National Standard	Essential Elements	Essential Elements Checklist	Interpretive Guidance
<p>Standard 9</p> <p>Patient Progress:</p> <p>The provider(s) of DSME and DSMS will monitor whether participants are achieving their personal diabetes self-management goals and other outcome(s) as a way to evaluate the effectiveness of the educational intervention(s), using appropriate measurement techniques.</p>	<p>A) Effective diabetes self-management can be a significant contributor to long-term, positive health outcomes. The provider(s) of DSME and DSMS will assess each participant's personal self-management goals and his or her progress toward those goals</p> <p>B) The AADE Outcome Standards for Diabetes Education specify behavior change as the key outcome and provide a useful framework for assessment and documentation. The "AADE7™" lists seven essential factors: <i>physical activity, healthy eating, medication taking, monitoring blood glucose, diabetes self-care related problem solving, reducing risks of acute and chronic complications, and psychosocial aspects of living with diabetes</i>; which serve as a useful format.</p> <p>C) Assessments of participant outcomes must occur at appropriate intervals. The interval depends on the nature of the outcome itself and the timeframe specified based on the participant's personal goals. For some areas, the indicators, measures, and timeframes will be based on guidelines from professional organizations or government agencies.</p>	<p>De-identified chart must also show evidence of:</p> <ul style="list-style-type: none"> Collaborative development of behavioral goals with interventions provided and outcomes evaluated YES <input type="checkbox"/> NO <input type="checkbox"/> Documentation and assessment of at least one clinical outcome measure YES <input type="checkbox"/> NO <input type="checkbox"/> 	<p>Standard nine focuses on establishing individualized clinical outcomes and behavioral goals</p> <p>All goals, including behavioral goals, must be: SMART- specific, measurable, achievable, reasonable, and timely.</p> <p>In addition, these behavior goals must relate to the AADE7™ (Healthy Eating, Being Active, Monitoring, Taking Medication, Problem Solving, Healthy Coping and Reducing Risks).</p> <p>Patients do not need to work on all seven behavioral goals at once. Most patients will select one or two initial goals.</p> <p>Clinical outcome measurements need to be chosen based on the population served, organizational practices and availability of the outcome data. Examples include but are not limited to: A1c, weight, B/P, BMI, waist circumference, lipids etc...</p> <p>The participant medical record must reflect assessment of the individual participant's achievement of goals including any review and / or adjustments made to the educational plan or goals.</p>

Standard 10

Essential Elements

Quality Improvement

Evidence of aggregate data collected and used for analysis of both behavioral and clinical outcomes is clearly identified at time of application

Annual report documenting the ongoing CQI activities following initial accreditation

Standard 10

Interpretive Guidance

Quality Improvement

Programs must have a process/system in place in order to collect, aggregate and analyze clinical outcomes measures and behavioral goal achievement. Evidence of this process with data will need to be submitted at time of application and annually.

Continuous Quality Improvement (CQI) insures program engagement, intentional and systematic service improvement with intention of increasing positive outcomes. CQI is a cyclical, data-driven process which is proactive, not reactive. Data for the CQI plan is collected and used to makes positive changes—even when things are going well—rather than waiting for something to go wrong and then fixing it.

Standard 10

Interpretive Guidance

Quality Improvement

All DSMT sites, including new entities by the six month mark, must be able to show implementation of the CQI plan. A program may be randomly selected within the first year of accreditation to submit their CQI plan.

Examples include but are not limited to: wait times, program attrition, referrals, reduction in A1Cs, education process, weights, foot and eye exams, reimbursement issues, number of referrals, follow up, etc.

Sample Tool for Data Collection

Annual Status Report

AADE7 Category	Number of patients who chose goal	* Number of Patients who Chose This Goal and Completed your Program	Number Reporting Success (Based on your Policy)	Percentage of Patients who Achieved their Behavioral Goal	Benchmarked Percentage (Aggregate Average is Currently at 70%)
Healthy Eating					
Being Active					
Monitoring					
Taking Medication					
Problem-Solving					
Reducing Risks					
Healthy Coping					

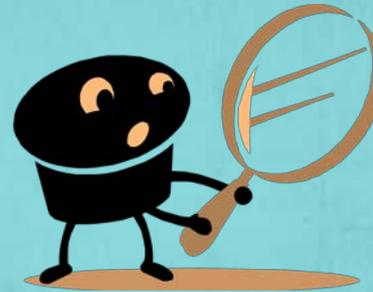
Sample Tool for Data Collection

Annual Status Report continued

Clinical Outcome	Average Baseline	Average after completion of DSMT Education and follow-up	Comments
A1C			
B/P			
BMI			

Indicator	Number of patients who completed in Past 12 Months	Referred or Completed Exam after Initial Assessment	Comments
Foot Exam			
Dilated Eye Exam			

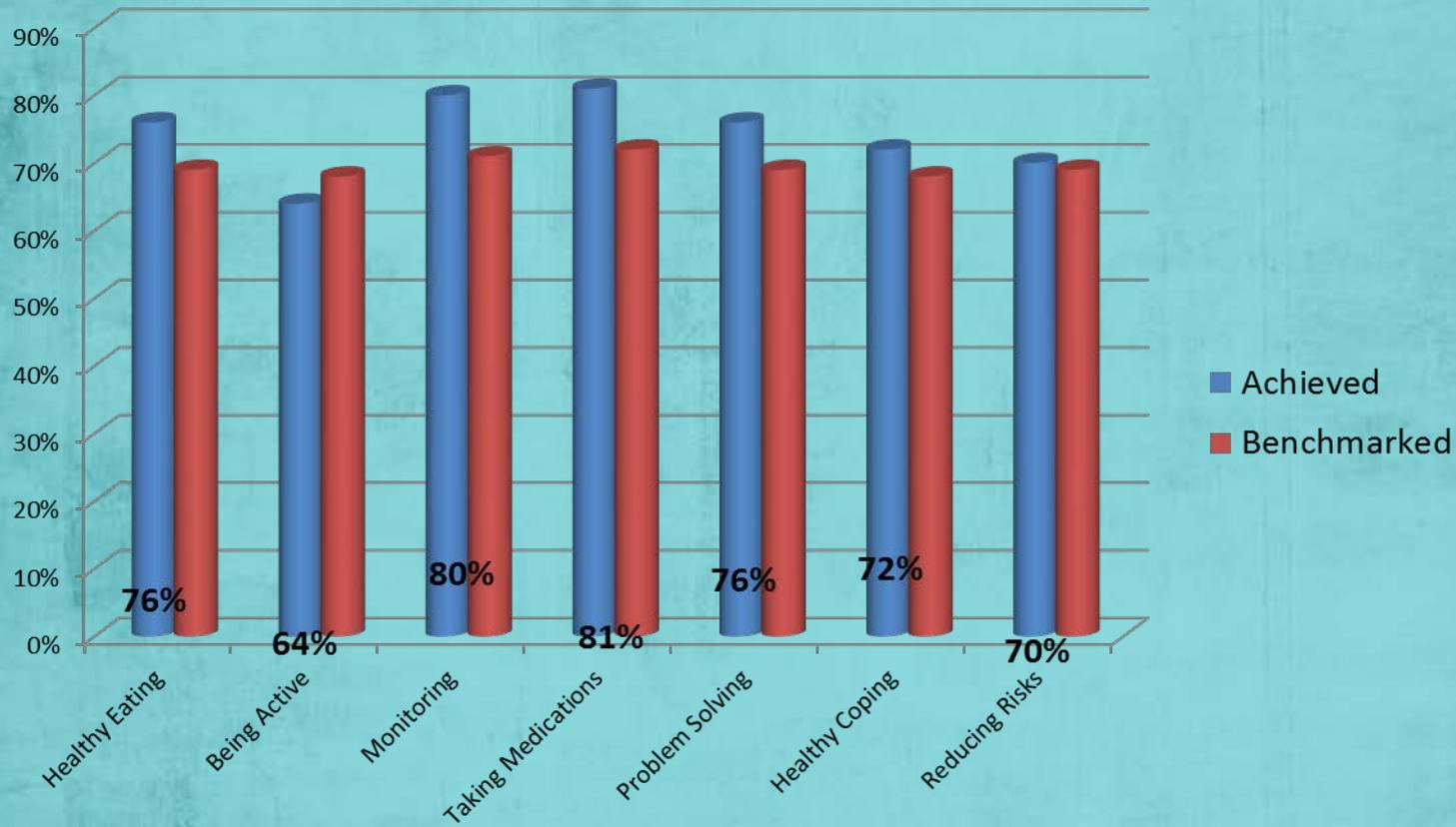
Guidance



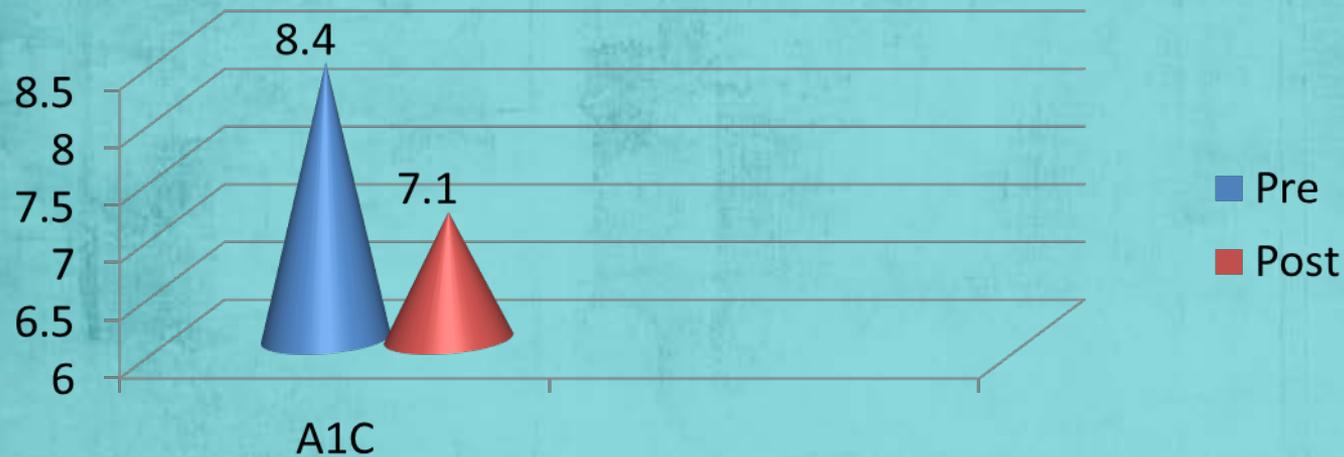
Make sure you define your denominator & data collection period.

Do not look at data when you are not able to collect the outcomes. Separate issue – Possible CQI Process

Current Aggregated Data (Annual Reports 2012)



Outcome Measures (Annual Reports 2012)



Examples of where current programs are focusing their CQI efforts:

- A1Cs
- Blood Pressure
- Weight/BMI
- Lipids
- Patient Satisfaction
- Follow-up
- Referrals

Sample Continuous Quality Improvement Plan Policy and Procedure

Standard 10

The Diabetes Self-Management Education Program will measure the effectiveness of the education process and determine opportunities for improvement using a written continuous quality improvement (CQI) plan that describes and documents a systematic review of the entities' process and outcome data. Please see sample CQI below:

Continuous Quality Improvement Process

Identified Problem:

Patient with Type 2 diabetes who are referred to our DSME Program do not always have a recent HgbA1c.

PLAN:

Improve the percentage of patients referred who have a current (within the past 3 months) HgbA1c.

DO:

Each patient enrolled in classes or individual track will be entered into the AADE7 software program (**This is not a requirement**).

At the end of each quarter, a report will be compiled of the percentage of patients enrolled last quarter who have recent HgbA1c values on enrollment.

Identify barriers to drawing and reporting HgbA1c values by discussion with referring

Guidance



Look at your data:

Program improvement should be based on data deficiencies that have been analyzed with the input from your external stakeholders

Questions on the Standards



And there's more...

General Information

- Important numbers
- Who can bill
- How do you become an accredited program
- Resource to help

Important Numbers

- 4970 – Total current sites providing DSME
- 600 Programs accredited by AADE
- 1500+ Sites – from the AADE Programs
- 1.5% is the utilization number from Medicare
- G0108 – Individual session \$53.49/30 min.
- G0109 – Group session \$16.34/30 min.
- 2-20 – Group size as per Medicare
- 10 hours – first year
- 2 hours – additional years

Who can Bill for DSME

- Providers who can bill Medicare for DSMT are:
 - RDs
 - Physicians (MDs and DOs)
 - Physician assistants, Nurse practitioners, Clinical nurse specialists
 - Hospitals/diabetes centers/FQHC
 - Pharmacies
- RDs are eligible to bill on behalf of an entire DSMT program as long as the provider has a Medicare provider number

Applying for Accreditation

1. Research AADE or ADA
2. Fill out an application
3. Pay the fee
4. Pull all supporting documents
5. Submit

AADE

- Can be done online or through paper documentation
- Will review all the information
- Notify you if anything is missing
- Assist where we can
- Set up phone interview or on-site visit

Accreditation

- Good for 4 years
- Annual Reports
- Change of Status reports
- Renewal application
- 10% of programs are audited annually
- Medicare also audits programs annually

Questions?



DEAP Resources & Contact Information

Ask a Question: DEAP@aadenet.org

AADE Website: www.diabeteseducator.org

DEAP Main Website Page: www.diabeteseducator.org/accreditation

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Thank you!!