American Diabetes Association

Education Recognition Program Overview

A brief history of the National Standards for Diabetes Self-Management Education and Support and a walk through the 10 DSME/S standards as they apply to the ADA Recognition process and requirements

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Maryland Department of Health and Mental Hygiene

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2 Action Steps

- View the American Diabetes Association's Education Recognition Programs Review Criteria and Indicators to enhance understanding of ADA Recognition requirements for DSME/S.

- View other sample DSME/S forms and templates on the ADA ERP website. www.diabetes.org/erp

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Diabetes Self Management Education

BACKGROUND

- The National Standards for Diabetes Self Management Education and Support (NSDSMES) were developed and first published in 1984

- First Recognized programs in 1987 using a review process based on the standards

- Standards Revised in 1995, 2000, 2007, and 2012

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Education Recognition Program "ERP"

- ADA's National Accrediting Body for identifying and recognizing diabetes education programs that meet the National Standards for Diabetes Self Management Education

- ADA is one of only two organizations that accredits programs on behalf of CMS

- Operations located in the National Office in Alexandria, Va.

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Why Be Recognized?

Recognition ensures the DSME program is providing **quality evidence-based** education that **Empowers the participant** with the knowledge and skills to support informed decision making, self-care behaviors, problem solving and active collaboration with the health care team to **improve clinical outcomes, health status and Quality of Life.**

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What is Required to become Recognized?

- Must meet the criteria of the 10 National DSMES Standards as defined by ADA and accepted by CMS
- Take at least 1 patient through the initial comprehensive DSMES cycle
- Submit application
- Once application approved DSMES program is Recognized for a 4 year cycle

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What is Required to Maintain Recognition?

- Maintain adherence to the 10 DSMES standards criteria
- Complete an annual status report
  - Attest to maintaining all standards
  - Demographics, Volume and Outcomes reported
- Be prepared at any time for a randomly selected ADA or CMS audit.

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2012 National Standards for Diabetes Self Management Education

❖ Structure

Standard 1 – 5

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Standard 1 Internal Structure

- **The provider(s) of DSME will document their 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.**
- Criteria/Evidence:
  - Evidence of Organizational support
  - Organizational Structure
  - Mission Statement
  - Mission Related Goals

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Standard 2 External Input

- **The provider(s) of DSME will seek ongoing input from external stakeholders and experts in order to promote program quality.**
- Criteria/Evidence:
  - Document listing advisory board members and roles that include the above
  - Documentation of activities of group, at least annually
  - Quality input gained from the activity

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Standard 3 Access

- **The provider(s) of DSME will determine who to serve, how best to deliver diabetes education to that population, and what resources can provide ongoing support for that population.**
- Criteria/Evidence:
  - Annual assessment of population served
  - Assessment of resources related to population assessment
  - Plan to meet identified gaps in service

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Standard 4 Program Coordinator

- **A coordinator will be designated to oversee the DSME program. The coordinator will have oversite responsibility for the planning, implementation, and evaluation of the education**
- Criteria/Evidence:
  - Coordinator CV or resume
  - Coordinator Job Description
  - Coordinator credentials (licenses, certificates and/or CE credits)
  - PC does not have to be an instructor in the program

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Standard 5 Instructional Staff

One or more instructors will provide DSME and, when applicable, DSMS. At least one of the instructors responsible for designing and planning DSME and DSMS will be a registered nurse, registered dietitian, 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 and with supervision and support.

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Instructional Staff

Professional Instruction Staff

- Registered Nurse, Dietitian or Pharmacist, CDE or BC-ADM
- Registered Nurse, Dietitian or Pharmacist are not CDE or BC-ADM 15 hrs of diabetes or diabetes related CEUs annually per recognition year

Para-professional Instructional Staff

- **Must have proof of previous training or experience**
- **Must be supervised by Professional Instructor**
  - **Documentation of 15 hrs of training per recognition year**
  - **Documentation of competency in the topics taught**
  - **Once above is documented Professional Instructor does not have to be present for the para-professional to teach**
  - **Cannot do assessments**

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2012 National Standards for Diabetes Self Management Education

❖Process

Standards 6 - 8

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Standard 6 Curriculum

A 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.

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Standard 6

- Criteria/Evidence:
  - Curriculum for nine content area (standard or program developed)
  - Content areas apply to all types of diabetes, including pre-diabetes, GDM and pregnancy complicated by diabetes.
  - Curriculum reviewed or revised annually

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Std 6: 9 Curriculum Topics

- Curriculum Topics:
  - **Diabetes** disease process and treatment options
  - Incorporating **nutrition** management into lifestyle
  - Incorporating **physical activity** into lifestyle
  - **Monitoring blood glucoses** and other parameters and interpreting and using the results for self management decision making
  - Using **medications** safely and for maximum therapeutic effectiveness
  - Preventing, detecting and treating **acute complications**
  - Preventing, detecting and treating **chronic complications**
  - Developing personal strategies to address **psychosocial issues/concerns**
  - Developing personal strategies to **promote health and behavior change**

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Standard 6

Each of the 9 Topics must have:

- Learning Objectives
- Content
- Method of Delivery
- Method of Evaluating Learning

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Standard 7 Individualization

The diabetes self-management, education, and support needs of each participant will be assessed by one or more instructors. The participant and instructor(s) will then together develop an individualized education and support plan focused on behavior change.

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Standard 7

- Criteria/Evidence:
  - Evidence of a comprehensive assessment performed in the following domains: clinical, cognitive and psychosocial/self care behaviors
  - Evidence of ongoing education planning and behavior goal setting based on assessed needs
  - Evidence of a process for evaluating learning and achievement of goals
  - Documentation of the education process including referral, assessment, education plan, interventions, outcomes and follow-up.

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DSME cycle

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Standard 8 Ongoing Support

- **The participant and instructor(s) will together develop a personalized follow-up plan for ongoing self-management support. The participant's outcomes and goals and the plan for ongoing self-management support will be communicated to other members of the health care team.**
- Criteria/Evidence:
  - Evidence of a personalized follow-up plan for Diabetes Self Management Support
  - Evidence that the DSMS plan has been communicated to another healthcare provider involved in the patient's care

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2012 National Standards for Diabetes Self Management Education

❖Outcomes

Standards 9 10

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Standard 9 Patient Progress

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

  The DSME program has a process for follow-up to evaluate and document at least one of each of the following:

  a. Behavioral goal achievement

  (e. g. Healthy eating, being active, other)

  b. Other participant outcome

  (e.g. clinical, quality of life, satisfaction)

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Standard 10 Quality Improvement

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

- Criteria/Evidence:
  - Evidence of a CQI plan/process
  - Documentation of a current project following the CQI plan
  - Evidence of application of results of the project (program improvement)

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ADA ERP Sites

1,839 Programs (26)

941 Multi-Sites (13)

899 Expansion Sites (3)

3,679 Sites (42)

Patient's seen in last year: 879,408

ADA ERP Educators: 8,120

(Maryland Programs)

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Maryland ADA Recognized DSME/S Programs & States of Similar Population Size

State	*2013 est Population	2010 Census	# DSME Primary Sites	Add'l Multi -Sites	Expan-sion Sites	Total # sites	State total Pts per Year	% of * that received DSME/S	9.3% of *2013 est
Maryland	5,928,814	5,773,552	26	13	3	42	18,183	0.30%	551,380
Wisconsin	5,742,713	5,686,986	59	79	37	175	42,375	0.74%	534,072
Minnesota	5,420,380	5,303,925	63	106	50	219	18,427	0.34%	504,095
Colorado	5,268,367	5,029,196	25	17	14	56	12,595	0.23%	489,958

Census and *2013 est per Wikipedia

Per CDC 2012 - 9.3% US has DM* with 28%undiagnosed

2010 - 8.3% US has DM* with 37% undiagnosed

*DM - diagnosed and undiagnosed.

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ADA ERP Program Types

1,457 Multi Discipline

382 Single Discipline

RN – 188

RD – 147

Pharm – 9

Other - 38

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ERP Top Site Settings

Outpatient Hospital	1,788	(31 in MD)
Physician Practice	698	(5 in MD)
Community Based	466	(1 in MD)
Gov't – Public Health	152	(1 in MD)

Gov't = *FQHC, HIS, #RHC, Military, Veterans, DOH, Other

Note: FQHC CMS only reimburses for 1;1

(Maryland ERP site Settings)

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ERP Sites – Other Settings

Pediatric Practice	94	RD	94 (1 in MD)
Nurse Practitioner	63	Pharmacy	34
Tele-Medicine	28	PCMH	21
Home Health	9	LTC	9
Work Site	7	SNF	3

HD and NH do not receive separate reimbursement for DSME

(Maryland ERP site Settings)

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Program Coordinator Disciplines

- RN – 1,068 (13 in MD)
- RD – 593 (10 in MD)
- Pharm – 24 (0 In MD)
- Other – 154 (3 in MD)
  - Exercise Physiologist-4
  - Physical Therapist-2
  - Physician-17
  - Physician Assistant-7
  - Social Worker-5
  - Not specified-119

(Maryland ERP site Settings)

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Resources for Recognition

- Recognition website:
  - ✓ Tools for supporting process, e.g.. Forms, curriculum format,
  - ✓ Audit tools
  - ✓ Instructions
  - ✓ 9th Edition FAQs
  - ✓ Newsletters
- Q & A sessions (conference calls)
- New Program Coordinator Conference Calls
- Customer Focused Staff

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ERP site

DiabetesPro - Diabetes Educ

professional.diabetes.org/HomeDiabetesEducationAndRecognition.aspx?hsid=4

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Professional Resources Online

All ADA Resources

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American Diabetes Association. Education Recognition Program

The American Diabetes Association is your premier National Accrediting Organization.

Learn the benefits of becoming a Recognized Education Program today.

« Education Recognition Program | Chronicle Diabetes | KRAMES On-Demand *FREE education curriculum tools* | 9th Edition Review Criteria »

Education Recognition Program

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

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

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

For questions regarding the Education Recognition Program, please contact ADA staff at ERP@diabetes.org or 888.232.0822

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Recognition Resources - Dia

professional.diabetes.org/Recognition.aspx?typ=15&cid=93574

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Professional Resources Online

All ADA Resources

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PRINT SEND

Recognition Resources

Thank you for choosing the American Diabetes Association-Education Recognition Program (ERP) as the National Accrediting Organization for your diabetes education program recognition.

For questions regarding the Education Recognition Program, please contact ADA staff at ERP@diabetes.org or 888-232-0822.

Auditor's Worksheets - 9th Edition

- Auditor Site Review Form
- Participant Record/Chart Review Form
- Staffing List
- Auditor's Review Criteria, Indicators and Audit Summary

Resources

- American Diabetes Association (1-800-DIABETES)
- Living Well With Diabetes Booklets: Both English and Spanish workbooks are available, free, from the American Diabetes Association to help your patients make good daily decisions about their diabetes.
- The ADA Diabetes Go-To-Guide
- **ADA Publications:** The Association's ERP members enjoy an exclusive 40% savings on all our consumer andprofessional titles including the Life with Diabetes curriculum. Learn more about the Association's ERP discount titles program>>Living Well With Diabetes Both English and Spanish workbooks are available, free, from the American Diabetes Association to help your patients make good daily decisions about their diabetes.
- MyFood Advisor: This is a unique calorie and carbohydrate counting tool that can help with diabetes management and nutrition.
- American Association of Diabetes Educators
- Reimbursement Contacts
- Academy of Nutrition and Dietetics
- National Institute of Diabetes, Digestive & Kidney Diseases (NIDDK)

- Education Recognition Program
- Recognition Requirements
- Interested in ADA Recognition?
- Recognition Resources
  - Recognition Requirements
  - ERP Portal
  - Chronicle Diabetes
  - Chronicle Login
  - 9th Edition FAQ
  - Application Fees and Templates
  - Invoice Request Form
  - Change of Information Form
  - Continuing Education
  - ERP Connect
- Recognition News
- Order Your "Living Well With Diabetes" Booklet

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Questions

Email: ERP@diabetes.org

Phone: 1-800-232-0822

Website:

www.diabetes.org/erp

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