Your Guide to Navigating the Diabetes Education Program Accreditation Jungle

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Disclosures

- No financial or other conflicts to disclose
Learning Objectives

Describe the American Association of Diabetes Educators (AADE) diabetes education program accreditation process

Summarize the American Diabetes Association (ADA) diabetes education program accreditation process

Compare and contrast the differences between the AADE and ADA program accreditation processes and requirements

Outline how the Pennsylvania Pharmacists Association (PPA) can assist your pharmacy in becoming accredited
What is Diabetes Self Management Education (DSME)?

- Ongoing process of facilitating the knowledge, skill, and ability necessary for diabetes self-care
- Process incorporates the needs, goals, and life experiences of the person with diabetes or prediabetes and is guided by evidence-based research
- Overall objectives
  - Support informed decision making, self-care behaviors, problem solving, and active collaboration with the health care team
  - Improve clinical outcomes, health status, and quality of life

Why DSME?

- **Statistics**
  - 30.3 million people in the United States have diabetes
  - More than 114 million Americans at risk for developing complications of diabetes

- **Joint statement between ADA, AADE, and Academy of Nutrition and Dietetics**
  - Critical part of diabetes care
  - Provider should consider referral to DSME at four identified times

- **Reimbursement**
  - Centers for Medicare and Medicaid Services (CMS)
  - Private payers

At which of the following times should a provider consider referral to DSME?

- A) Diagnosis
- B) Annually
- C) When new complicating factors occur
- D) When transitions of care occur
- E) All of the above
National Standards for DSME

1) Internal Structure
2) External Input
3) Access
4) Program Coordination
5) Instructional Staff
6) Curriculum
7) Individualization
8) Ongoing Support
9) Patient Progress
10) Quality Improvement

Guiding Principles and Key Elements of Initial and Ongoing DSME

- Engagement
- Information sharing
- Psychosocial and behavioral support
- Integration with other therapies
- Coordination of care across specialty care, facility-based care, and community organizations

Question #2

Which of the following is a national standard for DSME?

- A) Curriculum
- B) Reimbursement
- C) Engagement
- D) A and C
- E) All of the above
American Association of Diabetes Educators
Essential Elements

- **Standard 1: Internal Structure**
  - Documented organizational structure of DSME Program
  - Program mission
  - Program goals
  - Letter of support from your sponsoring organization

- **Standard 2: External Input**
  - Documented plan for seeking outside input
  - Outreach to community stakeholders and the input from these stakeholders must be documented and available for review
Essential Elements Cont.

- **Standard 3: Access**
  - Documentation identifying your population is required and is reviewed at least annually
  - Documented allocation of resources to meet population specific needs
  - Identification of and actions taken to overcome access related problems as well as communication about these efforts to stakeholders

- **Standard 4: Program Coordination**
  - Coordinator’s resume
  - Job description describing program oversight
  - Documentation that the Program Coordinator received a minimum of 15 hours of CE credits per year OR credential maintenance
Essential Elements Cont.

- **Standard 5: Instructional Staff**
  - Document that at least one of the instructors is an RN, RD, or pharmacist with training and experience pertinent to DSME
  - Current credential for instructor(s)
  - Instructor’s resume is current and reflects their diabetes education experience
  - 15 hours of CE credits per year for all instructors annually

- **Standard 6: Curriculum**
  - Evidence of a written curriculum, tailored to meet the needs of the target population
  - Adopts principles of AADE7™ behaviors
  - Curriculum is reviewed at least annually and updated as appropriate
  - Curriculum reflects maximum use of interactive training methods
Essential Elements Cont.

- **Standard 7: Individualization**
  - Education process is defined as an interactive, collaborative process
  - De-identified patient chart must include the following:
    - 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
    - Documented individualized follow-up on education and goals

- **Standard 8: 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
Essential Elements Cont.

- Standard 9: 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 10: 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
What Steps Do I Need to Take?

- Step 1: Make sure you meet recognition requirements
- Step 2: Gather paperwork
- Step 3: Apply!
American Diabetes Association
Step 1: Recognition Requirements

<table>
<thead>
<tr>
<th>Education Process</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Identifying a medical provider for patient</td>
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<tr>
<td></td>
<td>Assess patient to establish education needs</td>
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<tr>
<td></td>
<td>Formulate education plan</td>
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<tr>
<td></td>
<td>Educate patient in areas of needs</td>
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<tr>
<td></td>
<td>Evaluate educational intervention, including follow up</td>
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<tr>
<td></td>
<td>Developing a Diabetes Self Management Support (DSMS) Plan</td>
</tr>
<tr>
<td></td>
<td>Communicate with other healthcare team members</td>
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<tr>
<td></td>
<td>Maintain education record</td>
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</tbody>
</table>

Step 1: Recognition Requirements Cont.

<table>
<thead>
<tr>
<th>Organizational Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>One sponsoring organization</td>
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<tr>
<td>Advisory group</td>
</tr>
<tr>
<td>Identified population served</td>
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<tr>
<td>Designated program coordinator</td>
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<tr>
<td>Qualified personnel</td>
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</tbody>
</table>

Organizational Structure

Step 1: Recognition Requirements Cont.

- Reference curriculum
  - Content outline
  - Participant learning objectives
  - Identified methods of delivery
  - Identified strategies for evaluating participant learning

- Program evaluation
  - Identified process in place for program performance improvement (CQI)
  - At least 2 outcomes must be tracked as a measure of program success:
    - Participant defined goals
    - Other participant outcome with measure of attainment
Step 1: Recognition Requirements Cont.

<table>
<thead>
<tr>
<th>Program Identified Reporting Period</th>
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<tbody>
<tr>
<td>Original Application</td>
<td>Start up to 6 months beforehand and last 1-6 months</td>
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<tr>
<td>Renewal Application</td>
<td>Start up to 12 months beforehand and last 1-12 months</td>
</tr>
<tr>
<td>All Applications</td>
<td>No more than 3 months from end of reporting period to date of submission Minimum of 1 patient in most cases</td>
</tr>
</tbody>
</table>
Step 2: Supporting Documentation

- Documented evidence of Sponsoring Organizational support
- Copies of or verification of program coordinator and professional instructor’s current credentials
- Proof of 15 CE’s if applicable
- Paper Audit Items
  - Documentation of Advisory Group activity
  - A full section of one assigned content area of the curriculum
  - A description of a CQI project
  - A copy of one de-identified participant chart
- Payment

Step 3: Apply!

- Three application types
  - Original
  - Renewal
  - Additional site(s) applications
    - Expansion
    - Multi-site

- Three parts to application
  - Part 1: General Information
  - Part 2: Site and Staff Information
  - Part 3: Documentation and Payment
Utilize ADA Toolkits

- Auditing
  - 5%, up to 70 programs annually, go through an onsite audit
  - Required documentation, worksheets, and resources

- CQI
  - Explanation of what is required by ADA
  - Sample worksheets, templates, and examples
Question #3

- Which of the following recognition requirements is required by the ADA? (Choose all that apply)
  - A) Reference curriculum
  - B) Program evaluation
  - C) Organizational structure
  - D) Documented evidence of Sponsoring Organizational support
  - E) All of the above
  - F) None of the above
How Can PPA Help You Become Accredited?

- Toolkit
- Mentoring
- Technical assistance
- Billing help
- Help you through the application process
Question #4

How can PPA help me through the accreditation process? (Choose all that apply)

- A) Provide resources such as a toolkit and mentoring
- B) Help with the application process
- C) Provide technical assistance
- D) Help with billing
- E) All of the above
References


Questions?
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