



# The Burden of Diabetes

## Overview of National Diabetes Programs

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AADE

# THE EPIDEMIC OF DIABETES: 2015 Stats

2

**Prevalence:** 30.3 million Americans, or 9.4% of the population

◦ Approximately 1.25 million American children and adults have type 1 diabetes.

**Undiagnosed:** Of the 30.3 million adults with diabetes, 23.1 million were diagnosed, and 7.2 million were undiagnosed.

**Prevalence in Seniors:** The percentage of Americans age 65+ remains high, at 25.2%, or 12.0 million seniors (diagnosed and undiagnosed).

**New Cases:** 1.5 million Americans are diagnosed with diabetes every year.

**Prediabetes:** In 2015, 84.1 million Americans age 18 and older had prediabetes. Only 11% were aware. Present in nearly half of adults age 65+.

**Deaths:** 7th leading cause of death in the United States

# Review of a few National Programs

- Everyone with Diabetes Counts (EDC)
- CDC: Diabetes and Pre-Diabetes
- Diabetes Self-Management Education And Support (DSMES)
- Diabetes Prevention Program (DPP)

# Everyone with Diabetes Counts (EDC)

- 5-year Centers for Medicare and Medicaid Services (CMS) nation health disparities reduction program (8/1/2014 to 7/31/2019)
- Administered by Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs)
- Goal: to improve diabetes management and prevention
  - Better care
  - Better health and health equity by improving health literacy
  - Lower cost for minority and rural beneficiaries with diabetes and prediabetes across 50 states and three territories

# Core Components

- Community members trained as lay diabetes educators
- Provider practices with large percentages of minority and rural patients
- Six weekly group sessions with evidence-based, peer-led curriculum pre-approved by CMS (Stanford and DEEP)
- Partnerships with state health departments
- Mentoring clinicians and students in EDC to become CDEs

# People Reached Nationally (Aug 2014-July 2016)

- Total completers=13,760
  - 71% Rural
  - 29% Urban
  - 33% African American
  - 33% White
  - 13% Hispanic
- 2,350 trainers trained

# Next Steps

- Pre and post participant knowledge and health behavior survey
- Pre and post clinical measures
  - A1c
  - BP
  - Weight
  - Lipids
  - Foot exams
  - Eye exams
  - Testing frequency

<http://qioprogram.org/EDC>

# CDC has Invested in State Health Departments' DSMES Efforts



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™

SEARCH



CDC A-Z INDEX ▾

## Diabetes Home

**84 MILLION AMERICANS HAVE  
PREDIABETES. EVEN PUPPY LOVERS.**

**DoIHavePrediabetes.org**



### WHAT'S NEW

Keep informed about the latest releases from CDC on Diabetes and related topics.

[More >](#)



### THE BASICS OF DIABETES

Are you at risk? Learn about diabetes and prediabetes.

[More >](#)



### DATA & STATISTICS

The latest on the collection, analysis and interpretation of diabetes data.

[More >](#)



### PROGRAMS & INITIATIVES

What CDC is doing to support the prevention of diabetes.

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American Association  
of Diabetes Educators



# Health Department Funding - 1305

- CDC funds all 50 states and District of Columbia to increase participation in DSMES
- 45 states focusing on expanding access to: participation in & coverage for DSMES
- Emphasis on ADA-recognized or AADE-accredited programs that meet national quality standards


# Desired Outcomes for this Funding

- Increase the number of DSMES programs in place, particularly in underserved areas
- Increase participation in DSMES
- Secure Medicaid reimbursement for DSMES in states that do not have it


## Diabetes State Burden Toolkit


[CDC](#)




[CONTACT](#) | [TECHNICAL DOCUMENTATION](#) 

Select State (USA)

 Health Burden

 Economic Burden

 Mortality

## DIABETES STATE BURDEN TOOLKIT

Use this tool to report the health, economic, and mortality burden of diabetes in your state. To get started, select your state from the drop down list or the map below and then choose one of the modules.

Location

National



Module



HEALTH BURDEN



ECONOMIC BURDEN



MORTALITY

# Utilization of DSMES

**DSMES** provides the foundation to help people with diabetes navigate decisions and activities and have been shown to improve health outcomes.

Greatly Underutilized:

- 6.8% of individuals with newly diagnosed T2D with private health insurance received DSMES within 12 months of diagnosis
- 4% of Medicare participants received DSMES

Duncan et al. Diab Educ. 2009; 35:752-760  
Li et al. MMWR. 2014;63:1045-1049

# CDC Collaboration with AADE & ADA

- Promoting the benefits of DSMES
- Providing data annually for each state on participation
- Training state health department staff
- Mapping DSMES programs to identify gaps in services

<http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm>



American Association  
of Diabetes Educators

# Mapping of existing programs


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Diabetes education is a recognized part of your diabetes care and is covered by Medicare and most health insurance plans when it is offered through an accredited diabetes education program, which has met vigorous criteria set by the U.S. Department of Health & Human Services.

Two organizations, AADE and the American Diabetes Association, accredit diabetes education programs. Search for an accredited diabetes education program in your area:

### ADA-recognized and AADE-accredited DSME Program Site Listing through 3/31/2017

*This map shows ADA-recognized and AADE-accredited DSME program sites through 3/31/2017. ADA-recognized sites are noted in lavender markers. AADE-accredited sites are noted in yellow markers.*

Name
1 "O" Street Hy-Vee Diabetes Education Program
2 'Specially for Children Diabetes Education Program Capital Plaza
3 'Specially for Children Diabetes Education Program Cedar Park
4 139 Medical Facility/Muhammed Haque MD
5 1400 Noriega Street, San Francisco, CA 94122
6 4 Health Family Medicine
7 84th Neighborhood Health Center and CHPG Family Medicine Clinic
8 87th ave site
9 A New DEAL DSME Program/FDOH in Duval
10 AAAWM Diabetes PATH
11 Aaron E. Henry Community Health Services Cent Inc.
12 Abbeville General Hospital Outpatient Diabetes S Management Training
13 ABC Health Systems
14 Abington Health Center-Schilling Campus
15 Abington Hospital
16 ABQ Health Partners Regional Diabetes Program
17 Abraham Medical Clinic
18 Absolute Primary Care
19 Academic Endocrinology

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# AADE - Systematic Review of DSMES

Objective of this study was to...

Assess effect of diabetes self-management education and support methods, providers, duration, and contact time on glycemic control in adults with type 2 diabetes



# Process and Outcomes

- Systematic review published in November 2015 issue of *Patient Education and Counseling*
- Included 118 unique interventions, with 61.9% reporting significant changes in A1C.
- Engaging adults with type 2 diabetes in DSMES results in statistically significant and clinically meaningful improvement in A1C - average absolute reduction in A1C of 0.57.
- DSMES is most effective when provided by a team (i.e. includes a diabetes educator)
- Group + individual appears to be the most effective mode of DSMES delivery
- DSMES improves A1C across the range of baseline A1C though more effective in those in poorer control (A1C > 9)
- >10 hours of DSMES better insures efficacy of the intervention



## 2016 DSME Data from AADE/DEAP

Annual Status Reports from 614 programs that reported A1C outcomes

From average of 8.6 to 7.3 (1.3% reduction)



# DSME Benefits

1% reduction in A1C levels has been found to be associated with the following risk reductions:

- 21% Diabetes Related Deaths
- 14% Heart Attacks
- 37% Microvascular Complications  
(Eyes ~ Kidney ~ Nerves)



# Diabetes Education Algorithm – Joint effort by AADE, ADA and AND

- Provides an evidence-based visual depiction of when to identify and refer individuals with type 2 diabetes to DSMES
- Defines 4 critical time points for delivery and outlines key information on the self-management skills that are necessary at each of these critical periods.
- Can be used by health care systems, staff, or teams, to guide when and how to refer to and deliver diabetes education
- Can also be used by individuals with diabetes to point out important times to seek care

# Four Critical Times for Referral



## New diagnosis of T2DM

- Assess emotional response
- Identify barriers
- Focus on immediate questions, survival skills, provide support



## Annually

- Assess knowledge, skills, behaviors
- Particular focus on those at higher risk
- Involve family members
- Explore patient choices and problem solving skills



## Complicating factors

- Diabetes complications and co-morbidities
- Physical limitations
- Psychosocial and emotional factors
- Social factors



## Transitions

- Changes in age, health status, living condition, health insurance coverage
- Clear, written communications to connect all HCP, patient and family

## Diabetes Self-Management Education and Support for Adults with Type 2 Diabetes: **ALGORITHM of CARE**

ADA Standards of Medical Care in Diabetes recommends all patients be assessed and referred for:



### FOUR CRITICAL TIMES TO ASSESS, PROVIDE, AND ADJUST DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT

**1**

**AT DIAGNOSIS**

**2**

**ANNUAL ASSESSMENT OF EDUCATION, NUTRITION, AND EMOTIONAL NEEDS**

**3**

**WHEN NEW COMPLICATING FACTORS INFLUENCE SELF-MANAGEMENT**

**4**

**WHEN TRANSITIONS IN CARE OCCUR**

### WHEN PRIMARY CARE PROVIDER OR SPECIALIST SHOULD CONSIDER REFERRAL:

- ☐ Newly diagnosed. All newly diagnosed individuals with type 2 diabetes should receive DSME/S
- ☐ Ensure that both nutrition and emotional health are appropriately addressed in education or make separate referrals

- ☐ Needs review of knowledge, skills, and behaviors
- ☐ Long-standing diabetes with limited prior education
- ☐ Change in medication, activity, or nutritional intake
- ☐ HbA<sub>1c</sub> out of target
- ☐ Maintain positive health outcomes
- ☐ Unexplained hypoglycemia or hyperglycemia
- ☐ Planning pregnancy or pregnant
- ☐ For support to attain or sustain behavior change(s)
- ☐ Weight or other nutrition concerns
- ☐ New life situations and competing demands

#### CHANGE IN:

- ☐ Health conditions such as renal disease and stroke, need for steroid or complicated medication regimen
- ☐ Physical limitations such as visual impairment, dexterity issues, movement restrictions
- ☐ Emotional factors such as anxiety and clinical depression
- ☐ Basic living needs such as access to food, financial limitations

#### CHANGE IN:

- ☐ Living situation such as inpatient or outpatient rehabilitation or now living alone
- ☐ Medical care team
- ☐ Insurance coverage that results in treatment change
- ☐ Age-related changes affecting cognition, self-care, etc.

Powers MA, Bardley J, Cypress M, Duker P, Fennell MM, Fischl AH, Maryutuk MD, Simimario L, Vivian E. Diabetes Self-management Education and Support in Type 2 Diabetes: A Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics. Diabetes Care 2015; 38:1372-1392; The Diabetes Educator 2015;41:417-430; Journal of the Academy of Nutrition and Dietetics 2015;115:1323-1334. (Adapted August 2014)



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


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

AT DIAGNOSIS	ANNUAL ASSESSMENT OF EDUCATION, NUTRITION, AND EMOTIONAL NEEDS	WHEN NEW <b>COMPLICATING FACTORS</b> INFLUENCE SELF-MANAGEMENT	WHEN <b>TRANSITIONS</b> IN CARE OCCUR
PRIMARY CARE PROVIDER/ENDOCRINOLOGIST/CLINICAL CARE TEAM: AREAS OF FOCUS AND ACTION STEPS			
<ul style="list-style-type: none"> <li>□ Answer questions and provide emotional support regarding diagnosis</li> <li>□ Provide overview of treatment and treatment goals</li> <li>□ Teach survival skills to address immediate requirements (safe use of medication, hypoglycemia treatment if needed, introduction of eating guidelines)</li> <li>□ Identify and discuss resources for education and ongoing support</li> <li>□ Make referral for DSME/S and medical nutrition therapy (MNT)</li> </ul>	<ul style="list-style-type: none"> <li>□ Assess all areas of self-management</li> <li>□ Review problem-solving skills</li> <li>□ Identify strengths and challenges of living with diabetes</li> </ul>	<ul style="list-style-type: none"> <li>□ Identify presence of factors that affect diabetes self-management and attain treatment and behavioral goals</li> <li>□ Discuss impact of complications and successes with treatment and self-management</li> </ul>	<ul style="list-style-type: none"> <li>□ Develop diabetes transition plan</li> <li>□ Communicate transition plan to new health care team members</li> <li>□ Establish DSME/S regular follow-up care</li> </ul>
DIABETES EDUCATION: AREAS OF FOCUS AND ACTION STEPS			
<p>Assess cultural influences, health beliefs, current knowledge, physical limitations, family support, financial status, medical history, literacy, numeracy to determine which content to provide and how:</p> <ul style="list-style-type: none"> <li>□ Medication – choices, action, titration, side effects</li> <li>□ Monitoring blood glucose – when to test, interpreting and using glucose pattern management for feedback</li> <li>□ Physical activity – safety, short-term vs. long-term goals/recommendations</li> <li>□ Preventing, detecting, and treating acute and chronic complications</li> <li>□ Nutrition – food plan, planning meals, purchasing food, preparing meals, portioning food</li> <li>□ Risk reduction – smoking cessation, foot care</li> <li>□ Developing personal strategies to address psychosocial issues and concerns</li> <li>□ Developing personal strategies to promote health and behavior change</li> </ul>	<ul style="list-style-type: none"> <li>□ Review and reinforce treatment goals and self-management needs</li> <li>□ Emphasize preventing complications and promoting quality of life</li> <li>□ Discuss how to adapt diabetes treatment and self-management to new life situations and competing demands</li> <li>□ Support efforts to sustain initial behavior changes and cope with the ongoing burden of diabetes</li> </ul>	<ul style="list-style-type: none"> <li>□ Provide support for the provision of self-care skills in an effort to delay progression of the disease and prevent new complications</li> <li>□ Provide/refer for emotional support for diabetes-related distress and depression</li> <li>□ Develop and support personal strategies for behavior change and healthy coping</li> <li>□ Develop personal strategies to accommodate sensory or physical limitation(s), adapting to new self-management demands, and promote health and behavior change</li> </ul>	<ul style="list-style-type: none"> <li>□ Identify needed adaptations in diabetes self-management</li> <li>□ Provide support for independent self-management skills and self-efficacy</li> <li>□ Identify level of significant other involvement and facilitate education and support</li> <li>□ Assist with facing challenges affecting usual level of activity, ability to function, health benefits and feelings of well-being</li> <li>□ Maximize quality of life and emotional support for the patient (and family members)</li> <li>□ Provide education for others now involved in care</li> <li>□ Establish communication and follow-up plans with the provider, family, and others</li> </ul>

Powers MA, Bardsley J, Cypress M, Duker P, Funnell MM, Fischl AH, Marynski MD, Stimiano L, Vivian E. Diabetes Self-management Education and Support in Type 2 Diabetes: A Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics. Diabetes Care 2015; 38:1372-1392; The Diabetes Educator 2015; 41:417-430; Journal of the Academy of Nutrition and Dietetics 2015; 115:1323-1334. (Adapted August 2016)











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Home / Practice / Educator Tools / Joint Position Statement Toolkit



### In This Section

#### Practice Resources

- Practice Documents
- Educator Tools**
- Diabetes Prevention Program
- Diabetes Education Accreditation Program (DEAP)
- AADE7 System
- Ask the Reimbursement Expert
- Entrepreneurial Diabetes Educator
- Favorably Reviewed
- Provider Resources

## Joint Position Statement Toolkit

The evidence is clear: Diabetes self-management education and support (DSMES) improves clinical outcomes. What was less defined was the key times when DSMES makes the greatest difference.


In 2015, AADE, the American Diabetes Association and the Academy of Nutrition and Dietetics, along with assistance from the National Diabetes Education Program, issued a joint position statement that defines the four times when a referral for DSMES is needed.

The organizations have taken the next step and created a toolkit to assist diabetes educators and others with sharing the information and recommendations included in the joint position statement.

### Related Resources

- [Position Statements](#)
- [Practice Papers](#)
- [Practice Levels](#)
- [Competencies](#)
- [Systematic Review](#)
- [National Practice Survey](#)

### Toolkit Materials



#### [Diabetes Self-Management Education and Support in Type 2 Diabetes: A Joint Position Statement of the ADA, AADE and AND](#)

Powers MA, Bardsley J, Cypress M, Duker P, Funnell MM, Hess Fischl A, Maryniuk MD, Siminerio L, Vivian E. *Diabetes Educ*. 2015 Aug;41(4):417-20.

# Accreditation



# Diabetes Self Management Education and Support Services

The Centers of Medicare & Medicaid Services (CMS) approved two National Accrediting Organizations (NAO)

1. AADE, approved in 2009
2. ADA has been providing recognition since 1986, became a NAO in 1997

# Locations of accredited programs

- Outpatient Hospital
- Pharmacies
- Physician Offices
- Federally Qualified Health Clinics (FQHCs)
- Health Departments
- Community Health Centers and Clinics
- Indian Health Services (Tribal Communities)
- Virtual Program
- And more.....

# How to Get Started?

## Use the 10 National Standards as Your Guide

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

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 **American Diabetes Association.**  
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## Education Recognition Program



To promote quality education for people with diabetes, the American Diabetes Association (ADA) endorses the [National Standards for Diabetes Self-Management Education and Support](#). If you are seeking reimbursement for diabetes education, it is appropriate to apply for ADA Recognition of your diabetes education program or service. [Learn more about the benefits of ADA Education Recognition.](#)

+ Applying for Recognition

+ Maintaining Recognition: Resources & Tools

+ Recognition Toolkits & FAQs

+ Education Recognition Program Monthly Q/A Conference Calls

+ Application Resources: Instructions, Fees, Templates and Policies / Procedures

**Education Recognition Program**

[Benefits of Education Recognition](#)

[Diabetes Educator Resources](#)

[Recognition Requirements](#)

+ [Applying for Recognition](#)

+ [Maintaining Recognition: Resources & Tools](#)

[Chronicle Diabetes](#)

[ERP Portal Login](#)

[Recognition News](#)

[DSMES in Type 2 Diabetes Position Statement](#)

[ERP 40% discount on Publications and Books](#)

[Listing of Recognized Education Programs](#)

<http://professional.diabetes.org/diabetes-education>

The screenshot shows the AADE website's 'Applying for Accreditation' page. The header includes the AADE logo, navigation links (Find a Diabetes Educator, MY AADE NETWORK, Online Store, Annual Meeting, About AADE, JOIN AADE), and a secondary navigation bar (Practice, Patient Resources, Education & Career, News & Publications, Research, Advocacy, Sign In). The main content area is titled 'Applying for Accreditation' and features a sidebar with 'Practice Resources' (Practice Documents, Educator Tools, Diabetes Education Accreditation Program (DEAP), AADE7 System, Ask the Reimbursement Expert, Entrepreneurial Diabetes Educator, Favorably Reviewed, Diabetes Prevention Program, Provider Resources). The main text describes the simplified application process and offers a 'My DEAP Application' section with a 'Start Your Application' button. Below this is a 'Getting Started and Applying for Accreditation' section with a list of resources: National Standards, Essential Elements and Interpretive Guidance, Checklist for Supporting Documents, FAQs, and Site Description. The 'Standard Samples' section provides a list of 10 sample documents for review, including Mission Statements, Advisory Groups, Target Populations, Mechanisms to Ensure Patient Needs, Individual Assessments, Initial Patient Self-Assessments, De-identified Patient Charts, Follow-up Plans, Follow-up Plans for Adults, Personalized Plans for Ongoing Diabetes Self Care, Ongoing Self-Management Support, Goal Sheets, SMART Goal Sheets, and CQI Plans.

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**In This Section**

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- Practice Documents
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- Ask the Reimbursement Expert
- Entrepreneurial Diabetes Educator
- Favorably Reviewed
- Diabetes Prevention Program
- Provider Resources

## Applying for Accreditation

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

**My DEAP Application:**

[Start Your Application](#)

## Getting Started and Applying for Accreditation

To begin, review the following:

- [National Standards, Essential Elements and Interpretive Guidance](#)
- [Checklist for Supporting Documents](#)
- [FAQs](#)
- [Site Description](#)

## Standard Samples

Please review these samples to help guide you as you put your application together.

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

**Related Resources**

- [Application](#)
- [Pricing](#)
- [FAQ](#)
- [Change of Status](#)
- [Annual Status](#)
- [Reaccreditation](#)

[https://www.diabeteseducator.org/practice/diabetes-education-accreditation-program-\(deap\)/applying-for-accreditation](https://www.diabeteseducator.org/practice/diabetes-education-accreditation-program-(deap)/applying-for-accreditation)

# Additional AADE Resources

- Workshops and Live Courses
  - Building your Diabetes Education and Prevention Program
  - Advanced Workshops – Beyond Accreditation – Sustainability
- State trainings
- Workforce training
- Online education: Webinars, courses, exam prep
- Career Path Certificate program
- Annual meeting
  
- Website resources: [www.diabeteseducator.org](http://www.diabeteseducator.org)





# The National Diabetes Prevention Program



# What is the CDC National Diabetes Program?



CDC National Diabetes Prevention Program (National DPP):  
Using the evidence-based Lifestyle Change Program to  
prevent or delay type 2 diabetes

The evidence based year-long program helps participants  
make real lifestyle changes such as eating healthier,  
including physical activity into their daily lives, and improving  
problem-solving and coping skills





# CDC National Diabetes Prevention Program:

- Evidence Based
- Year Long Program (2 Phases)
  - Months 1-6
  - Months 7-12
- Classroom Based
- Group Format
- In-person delivery & some approved online/virtual platforms
- To help those at high risk or very high risk prevent or delay type



# Who Can Participate in the National DPP?

## Eligibility Requirements:

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### OVERWEIGHT ADULTS:

Limited to persons ages 18 years and older with a BMI of 24 or greater (Asian Americans: 22 or greater)

### ADULTS WITH PREDIABETES:

Participants must have prediabetes diagnosed through blood test (FPG, OGTT, HbA1c) or have a history of Gestational Diabetes (can be self reported)

OR

Eligible if screen positive for prediabetes based on National Diabetes Prevention Program Risk Test

*A physician's referral is not required to participant*



# CDC's Four Components of the National DPP

## National Diabetes Prevention Program COMPONENTS



### **Training: Increase Workforce**

Train the workforce that can implement the program cost effectively.



### **Recognition Program: Assure Quality**

Implement a recognition program that will:

- Assure quality.
- Lead to reimbursement.
- Allow CDC to develop a program registry.



### **Intervention Sites: Deliver Program**

Develop intervention sites that will build infrastructure and provide the program.



### **Health Marketing: Support Program Uptake**

Increase referrals to and use of the prevention program.

# AADE DPP IS the National DPP

AADE works with our network of sites, consultants and stakeholders to address and or assist within all four components of the National DPP



# DSMES Sites and Diabetes Prevention Services

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In the 2015 AADE survey completed by DEAP programs, 80.3 % of DEAP sites reported that they implement a prevention program/service.

In the same survey, 0.42% responded that they were able to bill for and receive reimbursement for prevention services.





# The AADE DPP Model: Implementing DPP within DSMES sites:

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## Nationally Certified DSMES Programs Guarantee:

- Large pool of eligible participants
- HIPAA compliance
- Oversite from a Diabetes Educator/CDE
- Educated DPP Lifestyle Coaches
- Third-party payment processing (NPI Number)
- Linkage with local primary care providers
- Strong background in diabetes
- Linkage with DSMES for people with type 2 diabetes
- Linkage to other clinical services as needed



# AADE DPP Model: A Proven Success

In September 2016, The Diabetes Educator published a manuscript demonstrating the AADE DPP model over three years within 25 programs.

CDC created a customized  
AADE poster



# As of May 2017, CDC's Diabetes Prevention Recognition Program Registry:

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## 1402 Recognized Programs

- 314 DEAP/ERP – About ¼ of the total number of DPRP programs that are also Certified Medicare DSMES Programs (AADE DPP model)
- 110 - Total number of DPRP's that are Fully Recognized programs
  - Almost half of all fully recognized DPRP programs are also DSMES certified

Source: CDC DPRP Registry: [https://nccd.cdc.gov/DDT\\_DPRP/Programs.aspx](https://nccd.cdc.gov/DDT_DPRP/Programs.aspx) , May 2017

ADA's list of active ERP's, May 2017

AADE list of active DEAP, May 2017





# Insights After 4+ Years of Delivery:

## Pro's:

- ❖ Costs seem to be comparable to other large in-person DPP providers
- ❖ AADE DPP's are meeting or exceeding DPRP requirements
- ❖ Our programs seem to have high rates of referral compared to others since they are already connected with local physicians in their DSME work and tend to have feedback loops already in place
- ❖ Have a streamlined ability to become Medicare DPP Suppliers

## Challenges:

- ❖ AADE DPP Program Coordinators usually do not have the time, skills, contacts and resources to “sell” the program to new payers

**Development of the AADE Prevention Network to address these challenges to support DPP programs for data and marketing**





AACE model supports new coverage  
from Medicare: MDPP coming in 2018

# Medicare Coverage of Prediabetes

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CMS concluded that the National DPP:

- Increases health quality
- Reduces health care costs

DSMES Programs are already providing Diabetes Education for Medicare and are well suited and fast-tracked to be quality MDPP Suppliers



# What can programs do now to prepare to be a MDPP Supplier/ DPP Provider?

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- ✓ Decide system for DPP data collection and support network
- ✓ Develop Budget, business case, pricing, cost and ROI
- ✓ Apply and maintain CDC Recognition and attend webinars
- ✓ Begin to promote referrals, especially for Medicare covered lives, set up a provider referral loop
- ✓ Attend workshops, trainings, webinars and research Networks that offer services to prepare and support your program for successful and sustainable DPP implementation



# DPP Services and Tools from AADE

- ❑ Lifestyle Coach Trainings- AADE is listed on CDC website as a LSC training entity
- ❑ AADE Workshops- Designed to help program coordinators to become a successful CDC DPRP and MDPP Supplier
- ❑ AADE Prevention Network- Subscribe to gain access to ongoing education, tools, payment, coverage information and access to a cloud-based participant data base analytics system (DAPS)

Diabeteseducator.org/dpp or Email [dpp@aadenet.org](mailto:dpp@aadenet.org) to receive email updates.





diabeteseducator.org/practice/diabetes-prevention-program/data-analysis-of-participants-system

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**In This Section**

**Practice**

- Practice Documents
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- AADE7 System
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- Entrepreneurial Diabetes Educator
- Favorably Reviewed
- Provider Resources

# DAPS | data analysis of participants system™

With your subscription to the AADE Prevention Network, you receive access to DAPS, a customized database for diabetes prevention programs.

## DAPS is...

### SECURE

- Cloud Based
- HIPAA Compliant
- SSL Certified
- Password Protected

### CONVENIENT

- Dashboard format provides at-a-glance, live analysis of organization level, cohort level, site level and participant level data views with printer friendly formatting.
- Easy import of excel-based data
- One-click export into the CDC-required report format
- Ability to pull your own data in CSV format at any time

**Sample DAPS Data (click to enlarge):**

The dashboard displays several key metrics and charts:

- Top Metrics:** 17, 13, 12.5, 5, 5.7%, 5.7%
- Bar Charts:** 54%, 54%, 100%, 99%
- Line Charts:** 69%, 31%, 6.5, 46.2
- Additional Data Analytics:** 6.5, 46.2



# For more information:



<http://www.diabeteseducator.org/dpp>

# Questions

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# Diabetes Self-Management Education

Tailoring to Your Population  
Utilizing the AADE7 Self-  
Care Behaviors Framework

# Targeted Assessment-Ask about:

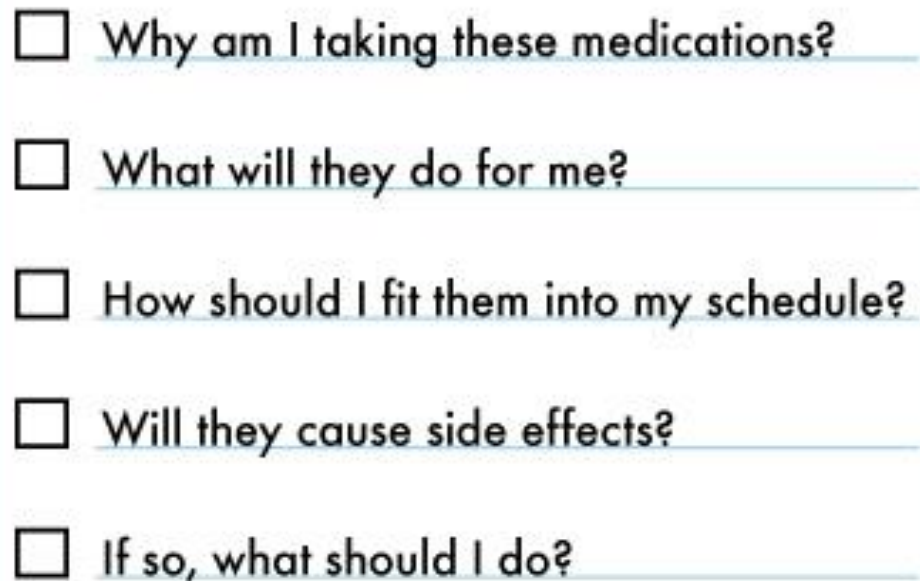
- Other health problems
- Current health status-"How do you feel about your health right now?"
- Physical limitations
- Cultural influences
- Health Beliefs and Attitudes-"What are 3 things that come to mind when you think of diabetes?"
- Health Behaviors and goals-"What are some challenges you face when you try to eat healthy?" "How much physical activity do you do?" "What do you know about what your medication is for and how to take it?" "Do you have any goals for your health over the next year?"
- Support Systems-"Do you have anyone you can turn to for support in managing your diabetes or coping with it?"
- Financial status

# Monitoring

[illegible]

- How to use a meter for testing blood sugar
- When are the best times to test
- What the numbers mean
- What to do if numbers are off target
- How to record results and keep track over time
- What other tests are needed to monitor health
  - BP, Cholesterol, kidneys, eyes, feet

# Medications

- 
- ☐ Why am I taking these medications?
  - ☐ What will they do for me?
  - ☐ How should I fit them into my schedule?
  - ☐ Will they cause side effects?
  - ☐ If so, what should I do?



# Healthy Eating

A HEALTHY MEAL PLAN  
SHOULD INCLUDE:

## FIBER

beans, whole grains, fruits & vegetables



## LOTS OF VEGETABLES

especially the green, leafy ones



## COMPLEX CARBOHYDRATES

whole grain bread, oatmeal, potatoes, brown or wild rice



## PROTEIN

fish, chicken or turkey (without skin), eggs or egg whites, Select or Choice grades of beef trimmed of fat



## LIMITED AMOUNTS OF HEART-HEALTHY FATS

olive, peanut or canola oil, walnuts, almonds & flax seed



- Counting carbs
- Reading food labels
- Portions/serving size
- Preventing high and low blood sugar

# Being Active

Lowers  
blood  
sugar

Lowers  
cholesterol

Improves  
blood  
pressure

Lowers  
stress and  
anxiety

Improves  
mood

## SIMPLE WAYS TO BE MORE ACTIVE:

### AT HOME

Walk your dog and play fetch  
Work in your garden  
Clean your house  
Lift weights, march  
in place or walk  
around the room  
while watching TV



### AT WORK

Walk at lunch  
Exercise in your chair  
Take the stairs  
Stand while  
on the phone,  
reading or  
eating  
Talk face-to-face  
with your  
coworkers



### WHEN YOU'RE OUT

Go dancing  
Do tai chi  
Take a walk  
after dinner  
Park far away  
from the door  
Wear a  
pedometer



# Reducing Risks

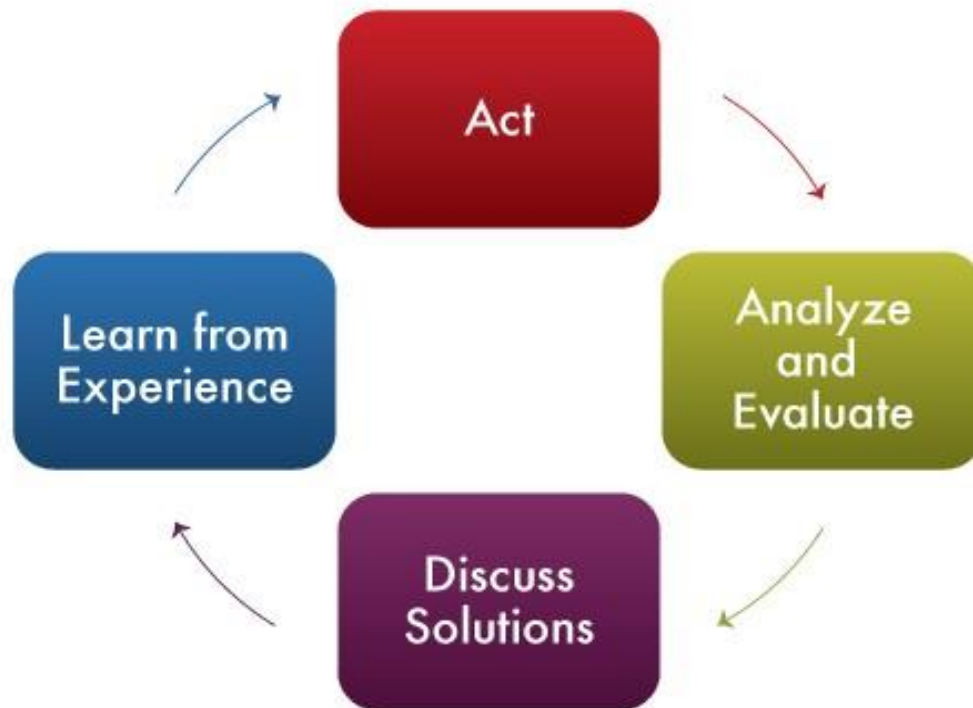


# Healthy Coping



# Problem Solving

## THE DIABETES PROBLEM-SOLVING CYCLE:





# Checking Understanding

- Teach back- What is your understanding of what you need to do?
- How would you explain it to a friend?
- Return Demonstration
- Knowledge quiz pre and post



# Small group activity:

## PAIR UP AND SELECT ONE TIP SHEET

1. What are the potential problem areas around \_\_\_\_\_ (*your selected AADE7 self-care behavior*) in your population?
2. What teaching tools other than handouts could you use to enhance learning for this topic?
3. What method would you use to check understanding?

Now each group *share with the others* at your table how you answered the 3 questions for your self-care behavior during the small group activity





American Association  
of Diabetes Educators

# Thank You!

## QUESTIONS???