Implementing a DSME Program

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Diabetes education programs are developed to serve the diabetes community by offering quality education that meets a set of standards and is then eligible for third-party insurance reimbursement.
Accreditation/recognition supports the provision of quality DSME, is essential for reimbursement, and offers public acknowledgment of accomplishment. Three organizations (ADA, AADE, and HIS) have been authorized by the U.S. Centers for Medicare and Medicaid Services to determine whether diabetes education programs meet required standards. Each of these organizations supports the NSDSME and the need for more quality DSME programs. (1)
Situation:

You have just been asked by your organization to implement an ADA Recognized DSME Program over the next year.

Where do you begin?
Who can seek Recognition for an education program?

- Any entity that provides diabetes self-management education (DSME) is eligible to apply for Education Program Recognition when and as long as it has demonstrated that the education program meets the National Standards for Diabetes Self-Management Education (NSDSME).

- Eligibility for ADA Recognition status is *only* for diabetes education services in the non-acute setting, including Licensed Home Health agencies. (5)
The 2012 Revised National Standards for Diabetes Self-Management Education and Support are the framework for the 9th Edition ADA Education Recognition application requirements. (5)
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.
The provider(s) of DSME will seek ongoing input from external stakeholders and experts in order to promote program quality.
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.
Standard #4: Program coordination

A coordinator will be designated to oversee the DSME program. The coordinator will have oversight responsibility for the planning, implementation, and evaluation of education services.
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.
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.
Required Curriculum Topics

Describing the diabetes disease process and treatment options (includes pre-diabetes)

Incorporating nutritional management into lifestyle

Incorporating physical activity into lifestyle

Using medication(s) safely and for maximum therapeutic effectiveness
NATIONAL STANDARDS FOR DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT

Curriculum Topics-Continued

Preventing, detecting, and treating acute complications

Preventing, detecting, and treating chronic complications

Developing personal strategies to address psychosocial issues and concerns

Developing personal strategies to promote health and behavior change
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.
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.
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.
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.
A program will need to meet the following criteria prior to applying for Recognition:

- The Diabetes Self-Management Education (DSME) program must be providing "out-patient" services and currently be billing Medicare for services.

- The DSME program must have fully implemented the National Standards for Diabetes Self-Management Education and Support.

- Programs seeking Recognition for the first time must contact ERP in order to be entered into the system and be provided access to submit the application.
**Steps for ADA Recognition**

**Information to Gather**

1. Comprehensive/Initial and Post Program Data:
   - Average Number of hours participants spend in DSME
   - Participants by Age
   - Participants by Type of DM and Age

2. Average number of hours each educator spends in the DSME program per month during the reporting period

3. Statistics
   - # of years the program has provided DSME
   - # of participants seen in one year
   - Other services provided at site
4. Ethnic/Racial Groups Served

5. Special Needs and Unique Program Features Identified (See application for choices)

6. Behavioral Outcomes and Other Participant Outcomes
   • Target and Actual Outcomes by %
STEPS FOR ADA RECOGNITION

Documentation
- Evidence of Administrative Support
- Program Coordinator’s Professional License/Registration/Certification
- Program Coordinator’s proof of CEUs if not a CDE or BC-ADM
- Professional Instructor/s: Verification of current credentials. Dietitians must submit proof of CDR; State license is NOT accepted
- Professional Instructors’ proof of CEUs if not a CDE or BC-ADM
- Paraprofessional instructors’ proof of training (diploma, certificate, etc..) (If applicable)
- Paraprofessional instructors’ proof of 15 hours of training in diabetes or diabetes related topics annually (If applicable)
Documentation - Paper Audit Items

- Documentation of advisory group activity reflecting program input gained from the activity within the last 12 months.
- Program Coordinator’s Job description AND CV or Resume.
- A Formal CQI Plan/process with a current project, targets and planned outcomes must be in place for new programs. Renewing programs must also have aggregate project outcomes, review and plans for improvement when applicable.
An assigned section of the Written Curriculum - the computer will randomly assign a specific section of the curriculum. Please send only the assigned section of the curriculum. The assigned section of the curriculum must include the learning objectives, content, method of delivery and method of evaluating learning.
A de-identified patient chart reflecting the initial comprehensive DSME cycle to include: provider referral (if insurance requires a referral), DSME assessment and education plan based on the assessment, education intervention with outcomes, behavioral goal-setting, and follow-up with evaluation of goal achievement, and follow-up on other patient outcomes (clinical or other) the patient selected plan for Diabetes Self-Management Support (DSMS) and communication of the DSMS plan and education plan, education provided or outcomes to another healthcare provider involved with the patient’s care.
Steps for ADA Recognition

Payment Information

- Original applications: $1,100.

For more information log onto the American Diabetes Association DiabetesPro - Professional Resources Online

http://professional.diabetes.org
REFERENCES

1. Diabetes Spectrum January 21, 2010 vol. 23 no. 1 65-78


Thank you!

Questions?