

A View of DEAP from a member of the AADE Professional Practice Committee

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Diabetes has reached epidemic proportions. The numbers continue to climb and there are not sufficient accredited programs available to serve everyone with the disease. Many programs are not able to receive reimbursement for their diabetes education services without the support of an accrediting organization. AADE recognizes this need to expand to more diverse settings.

Accreditation of a program requires structure, process and outcomes that can be documented and tracked. Providers seek accreditation to demonstrate there is value in their educational programs and to increase reimbursement from insurance payors such as Centers for Medicare and Medicaid Services (CMS).

AADE is now one of the national accrediting organizations approved by the Centers for Medicare and Medicaid Services to accredit entities/programs providing diabetes self-management training. AADE's accreditation process is comparable to the other two accrediting bodies currently available. All offer application processes that ensure a program is meeting high quality standards aligned with the National Standards for Diabetes Self-Management Education.

Questions you may need to ask when seeking accreditation are:

- Will my organization support this? Organizational support is critical to moving forward with the application.
- Has a coordinator been designated for the program? A coordinator is required for the application process. A job description also needs to be created and available for review.
- Has our organization obtained a community assessment to determine the needs of the population, are there providers who will refer to the program and do we have the staff necessary to meet the needs? Knowing the needs and having the staff to meet those needs will lead to a more successful program.
- Do you have an advisory committee of key stakeholders? Members may include: registered nurses, registered dietitians, registered pharmacists, physicians, social workers and community affiliates. Not all of these are required but support from multiple disciplines needs to be accessible.
- What kind of data will be required for application? Both the ADA and the AADE require data collection to ensure your program's quality. AADE asks applicants to submit a de-identified chart that illustrates how the needs of the patient are met and that the program is conducted according to the National Standards. ADA requires 3 months of data collection prior to application. Both data requirements are important for the quality of the program, but with AADE, the submission does not require a waiting period of cumulative data allowing for quicker approval and easier application.

- Have you established a continuous quality improvement (CQI) process for your program? Both the AADE and the ADA require a CQI process to be identified. This is another way to ensure high quality.

Curriculum plans should include the National Standards for Diabetes Self-Management Education which is the basis for AADE's accreditation. The National Standards were created in 2000 by a Task Force and are designed to define quality evidence-based self-management education. The standards are reviewed and revised approximately every five years to keep current with the ever changing health care environment. The most recent revision occurred in 2007 with the assembly of the American Association of Diabetes Educators, the Veteran's Health Administration, the Centers for Disease Control and Prevention, the Indian Health Service and the American Pharmaceutical Association. The principles included provide ongoing support, goal setting, empowerment and culture and age appropriate education as the keys to better self-management. The Task Force then applied these principles again when reviewing the ten standards. AADE's website provides a guide of the essential elements and interpretive guidance for each standard to assist your organization with meeting the standard's requirement.

Quality diabetes programs track data for reporting outcomes. Data assists in the continuous quality improvement needs of the program. AADE offers members the software needed for tracking and reporting patient information. The software guides the educator in gathering information related to the National Standards. Goal setting is one of the behaviors documented in the research as an important component of diabetes self-management. The AADE7 goal sheet is included in the software tracking system. Diabetes educators have the tools available on the website <http://www.diabeteseducator.org> necessary to track and empower the patient in attaining better outcomes.

Education is the cornerstone for diabetes care. AADE supports diabetes educators in an effort to provide quality self-management diabetes education. Access to care is more important than ever in these harsh economic times. AADE supports the need expressed for additional settings capable of offering quality accredited DSME/T programs.