

Karen Ten Cate
MA, RDN, CDE

Diabetes and Cardiac Task Teams
Quality Innovation Network National
Coordinating Center

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Everyone with Diabetes Counts and How You Can Increase Your Patient Reach

- Karen Ten Cate, MA, RDN, CDE, Diabetes Education Specialist
- Ardis Reed, MPH, RD, LD, CDE, Diabetes Educator
- Merle Shapera, MS, RD, LDN, CDE, Diabetes Program Specialist
- Sarah Smith, MAT, RD, LD, CDE, Quality Specialist




Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES



EDC
Everyone with Diabetes Counts

www.qioprogram.org/edc

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Ardis A. Reed
MPH, RD, LD, CDE
CCHWI
Health Disparities Team
Diabetes Content Expert


TMF Health Quality Institute
Austin, Texas

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 - Please refer to learning goals and objectives.
 - Learners must attend the full activity and complete the evaluation in order to claim continuing education credit/hours.
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 - Presenter: Merle Shapera, MS, RD, LDN, CDE - No COI/Financial Relationship to disclose
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Merle Shapera
MS, RD, LDN, CDE
Diabetes Program Specialist

Telligen QIN-QIO
Oakbrook, Illinois

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Sarah P. Smith
 MA, RD, LD, CDE
 Quality Specialist, CDE
 Atlantic Quality Innovation Network - SC
 Bluffton, SC

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Everyone with Diabetes Counts

- Five-year Centers for Medicare and Medicaid Services quality improvement contract in 50 states and three territories
- Administered by the Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs)
- Find your state's QIN-QIO: <http://qioprogram.org/locate-your-qio>



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Overview

- Purpose and Components
- Train-the-Trainer Model
- DSMES Implementation
- Outcomes and Progress to Date
- Sustainability
- Passion into Action

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Purpose

- Higher rates of diabetes in seniors
- Higher rates of diabetes in ethnic/racial minorities than in whites
 - African-Americans: 1.8 times
 - Hispanic: 1.7 times
 - American Indian/Alaska Native: 2.4 times
- Higher rates of diabetes in rural areas (16.7 vs 13.5%)
- Lack of DSMT programs in rural and minority areas

CDC, National Diabetes Statistics Report, 2017

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Objectives

- Explain the main purpose of Everyone with Diabetes Counts (EDC).
- Name at least two setting types where EDC is being implemented.
- Develop at least one partnership with a clinical or community site to mentor or supervise lay leaders to sustain quality DSMES in underserved areas.

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Contract

- August 2014 – July 2019
- Target Population: Medicare and Medicare/Medicaid beneficiaries
 - of ethnic/racial minorities, or living in
 - federally designated rural zip codes,
 - zip codes with a high area deprivation index, and
 - primary care health professional shortage areas (HPSAs)

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Optimize Health System Performance

- Improve the individual experience
 - Beneficiary DSMES classes
 - Provider technical assistance
- Improve Health and Quality of Care
 - Clinical data results, patient activation survey
- Lower Costs
 - Return on Investment (ROI) via Medicare claims

Estimated cost savings: Everyone with Diabetes Counts (EDC) program. Family and Community Health, Feb. 27, 2018, online ahead of print @ doi: 10.1097/FCH.0000000000000189

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Train-the-Trainer Model - DSMES

- Improves access to evidence-based DSMES curricula
- Improves dissemination of DSMES in more areas that may not have a certified diabetes center
- Provides avenue for non-profits to extend their educational missions in their communities

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Components

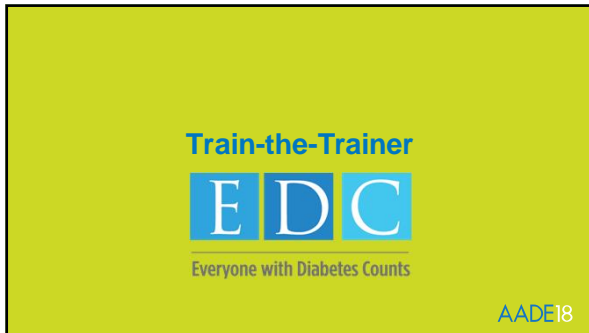
- Train-the-Trainer – identify and train clinical staff or lay leaders
- Participants – recruit and educate beneficiaries of the target population
- Providers – assist primary care with:
 - starting or sustaining DSMES
 - referral processes to DSMES
 - quality improvement in diabetes care
- Sustainability – assist community and clinical DSMES programs to sustain trainers, improve quality, operations, billing, become accredited/recognized, grow CDEs

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Criteria for the Curricula Approved

- Evidence-based documentation of efficacy of the curriculum
- Uses adult learning theory and techniques
- Uses participatory facilitation
- Implements action planning skill development
- Ability to use in a Train-the-Trainer format
- Conducted in 6-10 weeks to allow for behavioral change growth

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Curricula Approved for EDC

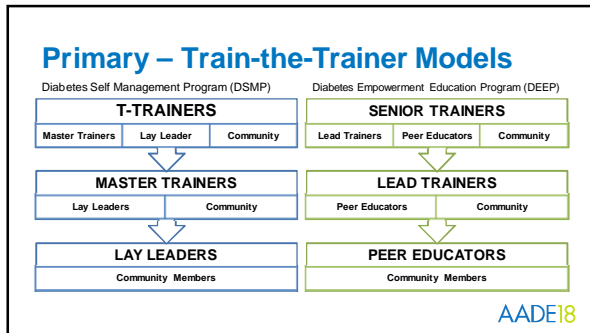
National Level

- Diabetes Self-Management Education Program (DSMP)
- Diabetes Empowerment and Education Program (DEEP)
- Project Dulce

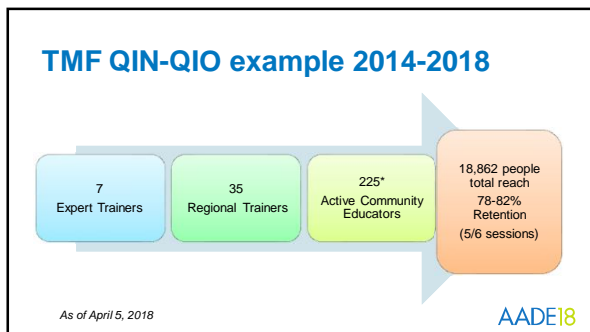
TMF QIN-QIO

- Gateway Diabetes and Cardiovascular Disease Self-Management Program
- Yo Si Puedo
- Wisdom, Power and Control
- Total Wellness program

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- ### Who are our Educators?
- QIN-QIO staff
 - Clinical medical professionals
 - Non-profit organization educators
 - Community Health Workers
 - Faith-based peers (Population Health-Sat. 3:45)
 - Community members that want to help their community members
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- ### Who are our Participants?
- People with diabetes
 - Spouses and family support members
 - Caregivers
 - People with risk to develop diabetes
 - People with pre-diabetes
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- ### Retention of Educators
- | | |
|--|--|
| <h4>Educators Trained</h4> <ul style="list-style-type: none"> • Total trained = 1,004 • Active educators between Dec. 2017 – Feb. 2018 = 225 | <h4>Lessons Learned</h4> <ul style="list-style-type: none"> • Invest time with your organization to choose educators wisely • Ask, do not “Volun-tell” • Look for passion, personality, and drive - not credentials |
|--|--|
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- ### Who are our Partners?
- | | |
|---|--|
| <ul style="list-style-type: none"> • Food Banks • Area Agency on Aging (AAA) • Managed Care Organizations • PCP-medical clinics • Housing groups • State Department of Health • Local Health Departments | <ul style="list-style-type: none"> • Tribal Boards • FQHC’s • Foundations • Senior and Aging Initiatives • City Initiatives • Professional Associations • University groups |
|---|--|
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Monitoring Fidelity and Scope of Practice

- As part of the Train-the-Trainer model, the expert level and regional level trainers
 - Workshop observations are conducted to assure that the curricula are being facilitated as trained following the approved curricula.
 - Reinforce that the community educators need to stay basic, and when any questions arise specific to treatment plans, the participant is empowered to ask their provider.

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DSME Class Target Population

- Medicare and Medicare/Medicaid beneficiaries
 - of ethnic/racial minorities, or living in
 - federally designated rural zip codes
 - zip codes with a high area deprivation index
 - primary care health professional shortage areas (HPSAs).

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Keeping the Educators Engaged

- Bring all educators together to provide them with a report of how their work is impacting at the state and regional level, highlight their successes, discuss and strategize solutions for their barriers
- Providing continuing education opportunities at the regional meetings based on their needs
- Offer virtual learn at lunch educational series for continued growth

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Diabetes Empowerment Education Program (DEEP)

- Evidence-based
- Created for ethnic/racial minority populations
- Engaging, emphasis on self-empowerment
- Six consecutive weekly classes, two hours each
- Can be taught by one person
- Emphasizes weekly behavior goal setting
- Must complete five of six classes to graduate

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DSMES Implementation



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Diabetes Self-Management Education Program (DSMP)

- Evidence-based
- Comprehensive education
- Provide participant notebook/relaxation CD
- Six consecutive week classes, two hours each class
- Must have two instructors teaching each class
- Must complete four of six classes to graduate

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DSMES Learning Goals

- Healthy eating/meal planning/label reading
- Goal identification and action-planning
- Understanding diabetes
- Monitoring blood sugar and routine tests
- Decreasing stress and relaxation strategies
- Finding enjoyable and safe physical activities
- Preventing and delaying complications
- Effectively communicating with healthcare team

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Site Host and Beneficiary Recruitment

- Make contact with appropriate site hosts
- Assess ability to host/deliver eligible participants
- Assess participants' attendance barriers
- Coach hosts on overcoming participant barriers
- Identify what agency/facility gains by hosting
- Offer recognition for hosting classes
- Offer recognition for beneficiaries graduating from DSMES

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Class Site Selection

- Low-income independent senior residences
- Assisted living centers
- Community centers
- Supplemental meal programs
- Primary care clinics and physician offices
- Community hospitals
- Churches
- Public libraries
- Area Agencies on Aging

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Class Forms

- Participant registration and pre-patient activation survey (PAS) before session 1
- Weekly action plan at end of each session
- Medical Release Form for Clinical Data Collection
- Post-patient activation survey (PAS) at end of session 6

Patient Activation Survey, validated, 14 questions, measures knowledge(4), behavior(5), and self-efficacy(5)

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Class Site Selection

- Emerging Sites for DSMES Classes:
 - Food pick up locales/depositories
 - Behavioral health centers
 - Agencies for people with disabilities
 - Cultural community centers (Chinese, Korean, etc.)
 - Head Start programs (while grandparents wait)
 - Community pharmacies

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Clinical Data


- Clinical Data
 - A1C and Lipid Panel
 - Weight and Blood Pressure
 - Eye and Foot Exams (Checking to see if being performed at recommended frequencies.)


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Seniors Need Frequent Education

- One DSMES Class Series is NOT ADEQUATE
- Research: 10% retention
- How much do your patients retain?








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Outcomes and Progress to Date



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Partnering with QIN-QIO DSMES

- Accredited or recognized diabetes centers are optimal for DSMES for PWD to:
 - Receive individualized glucose, medication, and nutrition-specific management from skilled clinicians
 - Utilize their insurance benefits
 - Receive focused clinical guidance and support coordinated with other chronic medical conditions

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EDC Completers' Demographics

- August 2014 - January 31, 2018
- 55,873 DSMES Completers
- 43,480 age 65+ (77.8%)
- Racial/ethnic breakdown
 - African American: 34.4%
 - Hispanic: 19.8%
 - Asian: 4.7%
 - Native American: 2.7%
- Rural: 31.2%
- Taught to 16+ different language populations

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Partnering with QIN-QIO DSMES

- QIN-QIO DSMES is ideal for PWD who:
 - Have never attended a DSMES workshop
 - Are apprehensive about going to a diabetes center in clinical setting
 - Have used up insurance benefits but need support
 - Cannot afford co-pay required by insurance plan

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Trained Trainers: 5,300

RN/APRN	RD	LCSW, MSW, DSW	LPN	Physician Assistants	CHW	Trained Caregiver	Other
741	144	71	68	4	1,091	156	2,992

August 2014 - January 31, 2018

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Patient Activation Survey (PAS) Results

- 10,092 beneficiary completers
- Survey given before session 1 and end of session 6
- 14 questions: knowledge, self-efficacy, behavior
- Each question was analyzed pre to post
- For each question, a statistically significant percent of completers showed improvement.

Time period analyzed was April 2015 - April 2016. A second year is being analyzed.



Clinical Data, continued

- Blood Pressure: Seeing improvements in systolic. (possible publication)
- Monitoring documentation of annual foot and eye exams
 - Encouraging communication between specialists and primary care.
 - Promote use of CMS Quality Measure



Patient Activation Survey Sample Questions

- Knowledge - How does exercise help your blood sugar?
- Self-Efficacy - Do you feel you can make a plan with goals that will help control your diabetes?
- Behavior - In the last week, how many days did you check your feet?



CDEs and Accredited/Recognized Programs

New CDEs	Increase in AADE accredited & ADA recognized DSMES
306	220




Clinical Data not for public distribution, publication

DSMES Completers	N	Pre-DSMES (Conf Intvl)	Post-DSMES (Conf Intvl)	Change of Mean
*HbA1C ≥ 7% Pre-DSMES	708	8.51% (8.39%-8.63%)	7.83% (7.72-7.93%)	-0.68%
*Weight ≥ 200 lb Pre-DSMES	537	242.4 (239.1-245.7)	239.6 (236.3-243.1)	-2.7 lb
Weight <200 lb Pre-DSMES	694	165.3 (163.6-166.9)	165.3 (163.4-167.1)	-0.01 lb
*LDL Chol ≥ 100mg/dL	287	128.9 (125.9-132.1)	115.2 (111.0-119.3)	-13.8


Data period: August 2014-July 2017
*The mean change pre to post was statistically significant.



DSMES Sustainability



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Sustainability of DSMES

Certification is Essential!

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Technical Assistance

In order to become certified for diabetes self-management education and support, there are requirements that must be followed.

 A Guide to Completing Your AADE Application

<https://qioprogram.org/diabetes-prediabetes-and-cardiovascular-preventive-services>

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Certifying Organizations

- American Diabetes Association (ADA)
 - Recognition
- American Association of Diabetes Educators (AADE)
 - Accreditation
- Is there one preferred over the other?
 - NO!

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Eligible Organizations

- Medical practices, including federally qualified health centers and rural health clinics
- Hospitals (outpatient)
- Pharmacies
- Community sites

The organization must be a **Medicare provider** and have an **NPI number** for the program to be reimbursed after receiving certification.

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Why become certified to provide DSMES?

- Shows adherence to the *National Standards for DSMES for quality of education provided
- Required for reimbursement for sustainability

Beck, J. 2017 National Standards for Diabetes Self-Management Education and Support. Diabetes Care 2017; 40: 1409-1419

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What is involved?

- Support of the organization's leadership
- Ability of organization to provide DSMES
- Extensive application process that can take up to six months to complete
- Demographics of service area

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Quality Improvement (QI) Assistance

Quality Improvement
vs
Process Improvement

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Connect with Your QIN-QIO



<http://qioprogram.org/locate-your-qio>

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DSMT Technical Assistance Operations, Billing, Marketing

Quality Improvement Advisor
and/or
National Reimbursement Expert

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Karen Ten Cate, MA, RDN, CDE karen.tencate@area-G.hcqs.org	Merle Shapera, MS, RD, LDN, CDE Merle.shapera@area-D.hcqs.org
Sarah P. Smith, MA, RD, LDN, CDE ssmith@thecarolinascenter.org	Ardis Reed, MPH, RD, LD, CDE Ardis.reed@tmf.org

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Call to Action

- DSMES Quality Coordinators, RNs, RDs, and pharmacists are needed to be aligned with EDC programs to:
 - improve clinical quality
 - oversee the lay leaders after EDC contract ends to meet Standard 5 of the National Standards of DSMES
 - serve as quality coordinators
 - drive financial sustainability

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Questions?

www.qioprogram.org/edc




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