2017 Revision of the National Standards for Diabetes Self-Management Education and Support

Friday, August 4, 2017

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Presentation Overview

- The ***Draft*** Revised National Standards for Diabetes Self-Management Education and Support
  - Standards 1-5
- The ***Draft*** Revised National Standards for Diabetes Self-Management Education and Support
  - Standards 6-10
- Question and Discussion Period

History of the National Standards

- The National Standards for Diabetes Self Management Education and Support (NSDSME) were developed and first published in 1984
- ADA became a National Accrediting Organization (NAO) in 1986; AADE in 2009
- Programs were first recognized in 1987 using a review process based on the Standards
- Centers for Medicare and Medicaid Services (CMS) began reimbursing for DSME in 1997
- Standards revised in 1995, 2000, 2007, 2012 and 2017

Workgroup Members

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Workgroup Member Duties

Representatives from diverse healthcare practices were charged to:

- Review the 2012 Standards for:
  - Appropriateness
  - Relevance
  - Scientific basis
- Update the Standards based on:
  - Available evidence
  - Expert consensus

Timeline and Process

- AADE and ADA assigned co-chairs
- AADE and ADA each invited 10 inter-professional representatives
- Two face-to-face meetings were held:
  - September 2016 at AADE
  - February 2017 at ADA
- Numerous conference calls over approximately eight months

Timeline and Process

- An AADE and an ADA representative were assigned to each standard
  - Review the literature
  - Present back to the workgroup for expert opinion and group consensus (February 2017)
  - Edit the Standard text
- Workgroup members provided suggestions for the introduction

Timeline and Process

- Medical writer integrated draft into one voice
- Draft went out for public comment April/May 2017
- Co-chairs and AADE and ADA representatives edited upon analysis of comments
- Manuscript sent to *The Diabetes Educator* and *Diabetes Care* for concurrent publication in the fall of 2017

Public Comment

- Dates:
  - April 26, 2018 to May 2, 2017
- Responses:
  - 118 individuals officially responded by public comment
- Various organizations were notified to provide feedback
- Health care professionals directly sent feedback to the workgroup

Public Comment

- 118 individuals commented on each of the ten Standards (1,180 total comments)
  - 101 positive/supportive comments
  - 857 no specific recommendation for an edit to the draft Standards as proposed
  - 176 suggested edits or had questions
  - 46 comments did not relate to the Standards

CMS and Interpretive Guidance

- ADA and AADE will adapt their interpretive guidance to reflect the new, revised Standards
  - AADE interpretive guidance = Crosswalk
  - ADA interpretive guidance = Review Criteria
- Medicare must approve both ADA and AADE interpretive guidance

Diabetes Self Management Education and Support - DSMES

The ongoing process of facilitating the knowledge, skills, and ability necessary for prediabetes and diabetes self-care, as well as the activities that assist the person with diabetes or prediabetes in implementing and sustaining the behaviors needed to manage his or her condition on an ongoing basis, beyond or outside of formal self-management training.

Diabetes Self Management Education and Support - DSMES

- Incorporates the needs, goals, and life experiences of the person with diabetes or prediabetes
- Is guided by evidence-based Standards
- Support (behavioral, educational, psychosocial, clinical)
  - Helps decision making, self-care behaviors, problem solving, and collaboration with the health care team
  - Improves clinical outcomes, health status, and quality of life

DSME/S now DSMES

2017 Standards

- Aim to reflect the value of ongoing support and multiple services
- DSMES is applicable to solo practices, large multi-center services, care coordination roles, population health, technology-enabled models of care

Program now Services

2017 Standards

- Aim to delineate the need to *individualize* and identify the elements of DSMES appropriate for an individual
  - No longer a *scripted* "program"

Standards and Reimbursement

It is critical to keep in mind:

- Reimbursement does *not* define the Standards
- The Standards define timely, evidence-based DSMES services *to ensure wide application and quality*
- The hope is that payers will view the Standards as a tool for reviewing DSMES reimbursement and consider change to align with their beneficiaries' education engagement preferences

Standard 1

Internal Structure

The provider(s) of DSMES services will define and document a mission statement and goals. The DSMES services are incorporated within the organization - large, small, or independently operated.

Standard 1

- DSMES Services
  - Mission statement
  - Goals
  - Defined leadership and lines of communication
  - Organizational support
- Key components to successful entities in health care and business

Standard 2

Stakeholder Input

The provider(s) of DSMES will seek ongoing input from valued stakeholders and experts to promote quality and enhance participant utilization.

Standard 2

- DSMES Services
  - Stakeholders (reflects those working with your services for optimal/successful outcomes)
    - Local YMCA Director
    - Pastor
    - Referring health care professionals
  - Provide ongoing input, information and help foster ideas
  - Improve the utilization, quality, measurable outcomes, and sustainability of the DSMES services

Standard 2

- DSMES Services
  - A planned and documented strategy
    - Engage and elicit input from stakeholders
      - Shape how the DSMES is:
        - Developed
        - Utilized
        - Monitored
        - Evaluated

Standard 3

Evaluation of Population Served

The provider(s) of DSMES will evaluate the communities they serve to determine the resources, design, and delivery methods that will align with the population's need for DSMES services.

Standard 3

- DSMES Services
  - Understand the communities they serve to ensure the necessary educational alternatives are available to meet the communities preferences
    - Who is coming to education?
    - Who do you *want to educate* that is *not* coming?
  - Identify barriers (socio-economical, perceived lack of need, etc.) that prevent access to DSMES
  - Technology-enabled DSMES can increase access

Standard 4

Quality Coordinator Overseeing DSMES Services

A quality coordinator will be designated to ensure implementation of the Standards and oversee the DSMES services. The quality coordinator is responsible for all components of DSMES, including evidence-based practice, service design, evaluation, and continuous quality improvement.

Standard 4

- The DSMES Services
  - One qualified Quality Coordinator
  - A Quality Coordinator manages the overall services
    - A Quality Coordinator may be in a solo practice environment
    - A Quality Coordinator may be *part* of the DSMES team
    - A Quality Coordinator may only do this role for the DSMES services

Standard 4

Quality Coordinator Title Change

- Reflects the importance and role of the coordinator
- Aligns with new models of care and payment methods evolving
  - DSMES services need to show how they contribute to improved overall participant outcomes
- Position description title does *not* have to be "quality coordinator" but duties/responsibilities of the position must align

Standard 5

DSMES Team

At least one of the team members responsible for facilitating DSMES will be a registered nurse, registered dietitian nutritionist, or pharmacist with training and experience pertinent to DSMES, or be another health care professional holding certification as a diabetes educator (CDE®) or Board Certification in Advanced Diabetes Management (BC-ADM). Other health care workers or diabetes paraprofessionals may contribute to DSMES services with appropriate training in DSMES and with supervision and support by at least one of the team members listed above.

Standard 5

- Key elements of DSMES Services
  - Professional educators must maintain his or her current credentials
  - Professional team members must document appropriate continuing education of diabetes-related content such as:
    - Chronic disease management
    - Marketing
    - Healthcare administration

Standard 5

- Key elements of DSMES Services
  - Paraprofessional team members need continuing education specific to the role they serve within the team
  - Paraprofessional team members directly report to the quality coordinator or one of the qualified DSMES team members

Standard 5

- Team Member Roles
  - Professional team members can perform all the DSMES services including the clinical assessments
  - Paraprofessional team members can instruct, reinforce self-management skills, support behavior change, facilitate group discussion, and provide psycho-social support and ongoing self-management support

Standards 6-10

Standard 6

Curriculum

A curriculum reflecting current evidence and practice guidelines, with criteria for evaluating outcomes, will serve as the framework for the provision of DSMES. The needs of the individual participant will determine which elements of the curriculum are required.

Standard 6

- Key elements of DSMES Services:
  - Dynamic, practical problem solving, psychosocial, behavior change to sustain self-management
  - AADE7™ Self-Care Behaviors, pathophysiology and treatment options
  - Individualized education plan for participant need
  - Navigating the health care system, learning self-advocacy and e-health education

Standard 7

Individualization

The DSMES needs will be identified and led by the participant with assessment and support by one or more DSMES team members. Together, the participant and DSMES team member(s) will develop an individualized DSMES plan.

Standard 7

- Key elements of DSMES Services:
  - Person-centered, focusing on priorities and values
  - Collaborative assessment:
    - disease and treatment burden
    - peer support (in person or via social networking sites)
  - Reassessment at 4 key times
  - Documentation of assessment, education plan, intervention, and outcomes

Standard 7

- Key elements of DSMES Services:
  - Interactive teaching styles, not static lecture
    - Goal setting, action planning
    - Shared decision making, teach back
    - Motivational interviewing, CBT
  - Problem solving using data to change behavior
    - Patient generated health data (PGHD), BG & CGM

Standard 7

- Key elements of DSMES Services:
  - Team member(s) will use clear health communication principles:
    - Plain language
    - Avoid jargon
    - Culturally relevant
  - Incorporate validated assessment tools to evaluate progress

Standard 7

- Key elements of DSMES Services:
  - No participant is required to complete a set DSMES Structure/program
  - When participant **achieves their goal**, they can determine that their ***initial*** **DSMES** intervention is complete
  - DSMES is an **ongoing, lifelong** process

Standard 7

- Technology-enabled DSMES
  - Text/SMS, apps, social media
  - Empowers and enables
  - Improves A1C

Caution – Not currently reimbursable by Medicare

Systematic review of reviews of technology enabled diabetes self-management education and support. **Greenwood, DA, Gee, PM, Fatkin, K, Peeples, M.** 2017, DJST. E-pub 5/31/17

Standard 8

Ongoing Support

The participant will be made aware of options and resources available for ongoing support of their initial DSMES, and will select the option that best supports their self-management needs.

Standard 8

- Key elements of DSMES Services:
  - Defined as resources which help implement and sustain the ongoing skills, knowledge, and behavior changes needed to manage their diabetes
  - Strategies available for ongoing support within and outside of the DSMES Services

Standard 8

- The evidence shows effectiveness of Support:
  - Variety of opportunities via clinicians, paraprofessional, community programs or technology etc.
  - Peer support using social networking sites improves glucose management, especially in people with type 2 diabetes.

**Highlight the benefit of online diabetes communities as a resource to learn from others, facing similar issues, available 24/7*

Standard 9

Participant Progress

The provider(s) of DSMES will monitor and communicate whether participants are achieving their personal diabetes self-management goals and other outcome(s) to evaluate the effectiveness of the educational intervention(s), using appropriate measurement techniques.

Standard 9

- Key elements of DSMES Services:
  - Goal setting strategies to meet personal targets
  - Measure achievement of SMART goals (specific, measurable, achievable, realistic, and time-bound)
    - action planning, confidence and conviction
  - Behavior change is key outcome

Standard 9

- Key elements of DSMES Services:
  - Tracking and communication of individual outcomes
    - Clinical, quality of life, satisfaction
  - AADE7™ Self-Care Behaviors (healthy eating, being active, taking medication, monitoring, problem solving, reducing risk, and healthy coping) provide a framework for assessment, documentation, and evaluation
  - Select validated measurement tools

Standard 10

Quality Improvement

The DSMES quality coordinator will measure the impact and effectiveness of the DSMES services and identify areas for improvement by conducting a systematic evaluation of process and outcome data.

Standard 10

- Key elements of DSMES Services:
  - A plan to:
    - Conduct a systematic evaluation of process and outcome data
    - Measure the impact and effectiveness of the DSMES services (continuous quality Improvement (CQI) plan)
- *Address the focus on quality initiatives including pay-for-performance and the Medicare Access and CHIP Reauthorization Act (MACRA), which has shifted provider payment based on productivity to one that focuses on quality and outcomes.*

Standard 10

- **Outcome measures** indicate the result of a process
  - Are changes are leading to improvement
- **Process measures** provide information about what caused those results
  - Ideally process measures target processes that impact the most important outcomes

Standard 10

- Measures for DSMES services include:
  - **Behavioral measures** (e.g., participant's report of self-management activities, psychosocial behaviors, diabetes distress)
  - **Clinical measures** (e.g., changes in weight or A1C)
  - **Operational measures** (e.g., participant satisfaction, financial indicators, no-show rates, or results of marketing efforts)
  - **Process measures** (e.g., participants receiving services, referral to DSMES, or referral for an eye exam)

Standard 10

- The Institute for Health Care Improvement: 3 important questions for an improvement process:
  - What are we trying to accomplish?
  - How will we know a change is an improvement?
  - What changes can we make that will result in an improvement?
- A variety of methods can be used for quality improvement:
  - Plan Do Study Act
  - Six Sigma
  - Lean
  - Re-AIM
  - Workflow mapping

Key Changes

- **DSMES** – Support included in DSME
- **Service** instead of program
- **Participant** instead of Patient
- **Quality Coordinator** instead of Program Coordinator
- Technology-enabled self-management (TES) feedback loop
- New Models of Care to incorporate DSMES
- Standard 4 and 10 – stronger focus on quality
- Recognition of the CDC/DPRP

TITLE CHANGES

Standard	Old Title	New Title
2	External Input	Stakeholder Input
3	Access	Evaluation of Population Served
4	Program Coordinator	Quality Coordinator Overseeing DSMES Services
5	Instructional Staff	DSMES Team
9	Patient Progress	Participant Progress

Glossary

- Assessment
- Assessment Tools
- Behavioral Goal Setting
- Capacity
- Cognitive computing
- Data mining
- Diabetes professional
- Diabetes paraprofessional
- Diabetes self-management education and support (DSMES)
- Disease burden
- Electronic Health Record (EHR)
- Goals
- Health care Stakeholder
- Mission
- National Diabetes Prevention Program (National DPP)
- Patient-generated health data (PGHD)
- Person-centered care practice
- Prediabetes
- Service
- Social determinant