Survival Strategies:
A Panel Discussion to Manage and Grow a Successful Diabetes Education Service

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Disclosure to Participants

• Notice of Requirements For Successful Completion
  – 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

• Conflict of Interest (COI) and Financial Relationship Disclosures:
  – Presenter: Melinda Maryniuk – Consultant: Diabetes What to Know; Harvard Medical School; Day Two
  – Presenter: Linda Siminerio – Research funding: Becton Dickinson
  – Presenter: Mary Jean Christian – No COI
  – Presenter: Meaghan Kim – No COI

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Objectives

• Recognize the operational crisis facing diabetes education services and the need for better business models.
• Describe strategies employed in diverse settings to provide more cost-effective services.
• Discuss resources designed for quality coordinators and diabetes educators to improve business and operational outcomes.
2015 National Practice Survey

- Patients are not getting DSME within first year of diagnosis
  - The majority of respondents (46%) reported <25% pts recv'd DSME within 1 year of diagnosis

- Patients are not completing programs
  - Only 27% indicated that more than 75% enrollees complete the program

2017 National Practice Survey

- Time spent on documentation – 25% spent > than 7 hours/week
- Only 22% reporting seeing >500 pts/year (9.6/week)
- Only 12% of patients completed >75% of the DSMES sessions

Proportion of participants completing all DSMES sessions
There is room for improvement!

The business of DSMES

Steps for Providing DSMES Services:
1. Assessment
2. Goal Setting
3. Planning
4. Implementation
5. Evaluation / Monitoring / Documentation

Domain V: Program and Business Management*:
- Designs innovative strategies to improve program effectiveness and enhance care continuity.
- Analyzes current system; recognizes system failures and develops strategies for improvement
- Provides leadership in system design
- Uses principles of business management to plan, develop and execute successful programming

*selected examples

AADE Resources

Sample Resources:
Table 11.3  Sample Business Plan
Table 11.4  Budget Planning Worksheet
Table 11.8  Educator Productivity Metrics
Table 11.7  AIDE assessment
Table 11.7  CQI 7 Step Case Examples

AADE Competencies for Diabetes Educators and Diabetes Paraprofessionals.  2016.

AADE Resources
AIDE Assessment
Areas to Improve in Diabetes Education

Chart shows a sample of 8 of 15 questions
Mary Milam, M.C. Chapter 11. AADE Art and Science Text. 4th ed 2017

Survival Strategies:
Real world examples

• UPMC; Pittsburgh
• UCI Health; California
• AtlantiCare; New Jersey
UPMC: Diabetes Services Summary

- Population served: Pennsylvania (western/central)
- 55 ADA Recognized – Hospital based clinics, primary specialty sites, insurer-based
- Features: Medical management, telemedicine, population health, data-driven

Diabetes Education Services in UPMC Database

<table>
<thead>
<tr>
<th>Education Type</th>
<th>Number (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSME only</td>
<td>1,512 (12%)</td>
</tr>
<tr>
<td>MNT only</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>DSME and MNT</td>
<td>672 (5%)</td>
</tr>
<tr>
<td>Neither DSME or MNT</td>
<td>10,561 (83%)</td>
</tr>
</tbody>
</table>

Value based care in a fee-for-service environment.


UPMC: Operational Challenges and Successes

- Implement and evaluate DSMES referrals, participation and outcomes
  - In primary care
  - With an insurer based model
  - Through technology

What gets in our way??

- Accessibility
  - Transportation/Parking
- Low referrals
- Patient/provider uninformed
- Traditional approaches
  - Expectation to attend long program
  - Lectures
  - Face to face f/u
- Deductibles
  - Poor reimbursement
UPMC: Operational Challenges and Successes

Patient Centered Medical Home

Patient-Centered Medical Home

Through our Insurer & Telemedicine
UCI: Diabetes Services Summary
- Diverse population – Orange Co.
- ADA Recognized – 2 locations
- # Endos: 8  # DE: 2.1 (split btwn inpt & outpt)
- Features: Medical care, DSMES, MNT

UCI Health: Operational Challenges and Successes
- Using health coaches
  - Training
  - Roles
  - Supervision
  - Outcomes

AtlantiCare
Diabetes Services Summary
- Population served: Urban/Suburban
- ADA recognized:6 multi-sites
- # Endos: 3  # DE: 2 (inpatient); 3 (outpatient)
- Features:
AtlantiCare: Operational Challenges and Successes

- Moved focus to population health
- Reorganized program – CDE’s Located in primary care
- Leverage EMR to identify pts for DSMES
  - Risk stratification
  - Transitions of Care
- Standardized DSMES across the system
  - Input from focus groups
  - MEET ME @ 7

AtlantiCare
MEET ME @ 7

Transition of Care
Questions and Discussion

Resources