



## ANNUAL STATUS REPORT INSTRUCTIONS

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### When is my Annual Status Report due?

All Association of Diabetes Care & Education Specialists (ADCES) Diabetes Education Accreditation Program (DEAP) programs are required to submit an annual status report within 30 days before or after accreditation date. Your programs accreditation date is found on your DEAP certificate, and in the DEAP Dashboard. Accreditation is awarded for 4 years and expires on the date on your certificate. *Please note that your Annual Status Report must be submitted with or before your renewal application\*\**

*\*\*Do not let your certificate expire. Medicare will deny claims after the expiration date passes!*

### How do I submit the Annual Status Report?

Submit the Annual Status Report online via the DEAP Dashboard. Instructions on how to do so are found below.

### How is my program's data used?

DEAP data is used to support and advocate for DEAP programs and DSMES in general. DEAP provides subsets of aggregated data to CMS as a National Accrediting Organization (NAO) for DSMT Certification and to CDC. While ADCES strives to obtain the most accurate data consistently across over all their accredited

programs nationally, please do your best to stay current by tuning in or listening to recently recorded DEAP webinars!

### **What else is required for my annual status report (ASR)?**

- Continuous Quality Improvement (CQI) Plan documentation.
  - The results of last year's CQI Plan (review of plan, data and results).
  - Your CQI Plan for the upcoming 12 months.

The purpose of your CQI Plan is to measure the impact and effectiveness of the DSMES services and identify areas of improvement by conducting a systematic evaluation of process and outcome data. Three fundamental questions should be answered by the CQI Project:

- What are we trying to accomplish?
- How will we know a change is an improvement?
- What changes can we make that will result in improvement?

For more details and templates to guide you through the CQI process, please review more detail in our DEAP Manual regarding Standard 10 [here](#).

- Attestations listed on the ASR. You will be asked to attest by responding “**yes**” to confirm the following statements are true:
  - The quality coordinator has obtained the minimum 15 hours of continuing education required.
  - All instructors obtained the minimum 15 hours of continuing education in the field of Diabetes.
  - There have been no changes to our target population.
  - Our program has reviewed its curriculum and updated it as needed.
  - All instructors have maintained their license.
  - My CQI Plan has been shared with my advisory board.

### **What if I am unable to attest to some of the above?**

If you are unable to attest to one of the attestations, please email [deap@adces.org](mailto:deap@adces.org) and provide a timeline of when you are able to do so; you may be scheduled for a call with the DEAP director to discuss further. This could delay approval of your ASR. If you are at time of renewal this may also delay your renewal causing your program to expire and the potential for claims to be denied.

### **What data am I required to submit?**

The following pages provide high level overview in addition to a data deep dive for those coordinating with IT departments to build spreadsheets or EMR solutions for data collection and reporting.

**The following data must be reported to ADCES DEAP every year:**

**Total number of participants seen in the last 12 months for DSMES**

- Track unique number of people who attended at least one DSMES session.
- Keep in mind, this is anyone seen for DSMES. (Medicare **and** everyone else)
- *This data is used to assess DEAP programs' reach to people with diabetes.*

**OPTIONAL: Breakdown of ALL DSMES participants (as highlighted in bullet above) by:**

Age:

- \*Under 18
- 18-24:
- 25-34:
- 35-44:
- 45-54:
- 55-64:
- 65+:

Race/Ethnicity:

- White (For example, German, Irish, English, Italian, Polish, French):
- Black (For example, Jamaican, Haitian, Nigerian, Ethiopian, Somalian):
- Asian (For example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese):
- Hispanic, Latino or Spanish Origin (For example, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Columbian):
- Middle Eastern or North African (For example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian):
- American Indian, Alaskan Native (For example, Navajo Nation, Blackfoot Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community):
- Native Hawaiian/Other Pacific Islander (For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese):
- Other:

Diabetes Type:

- Type 1:
- Pediatrics:
- Gestational:
- Type 2:
- Pre-Diabetes:
- \*Other:

\*Please note green font indicates fields that are not yet available in the dashboard, but coming soon.

**Total number of participants that completed their DSMES PLAN in the past 12 months.**

- The quality coordinator will determine what defines the completion of an individual's DSMES plan; the plan will differ based on their individual learning needs.
- **Completion of the DSMES plan does not require you to cover every area in your curriculum**, unless that is what you as the dces and your participant together determined will meet their needs. It also does NOT mean that they can't come back if additional needs arise. It's a metric.
- Questions to ask yourself:
  - Did I answer their questions and address their concerns?
  - Did I address key areas of need that we identified together during their assessment, or at least document what resources/referrals were provided?
  - Did I ask about and document progress on their goals/action plan?
  - Do I know who/where they get support (at home, outside of DSMES) and what helps them make progress toward their goals?
  - Do I know what else they need? Do they need another referral for MNT or other services? Do they need a new referral next year for follow up DSMES?
  - Did I report all this back to the referring provider and thank them for the referral?
- Consider this: Comprehensive DSMES assessment is completed annually. When talking with your participant, together you will prioritize what areas they need most and develop a plan that considers their willingness, other commitments (ability to attend), as well as what they can mentally absorb.

### **Pre and Post DSMES data for behavior goals from the last 12 months**

ASR DATA TABLE	Healthy Eating	Being Active	Monitoring	Taking Medication	Problem Solving	Reducing Risks	Healthy Coping
A. # of participants who chose this goal.							
B. # of participants who chose this goal and completed the program.							
C. Actual # of participants who reported success.							
D. Actual % of participants who Reported Success	This comes from dividing the number in row C by the number in row B. C/B The DEAP dashboard does the calculation for you after you enter the data.						

**Track a minimum of one behavior goal from baseline to follow up with each participant and categorize by AADE7 topic area for report:**

- Healthy Eating
- Being Active
- Monitoring
- Reducing Risks
- Taking Medication
- Healthy Coping
- Problem Solving

Then, you'll further break down that data by:

#### **Total # of participants choosing goals in each the categories (AADE7)**

- Subset from above: total participants who chose goal and completed plan as defined by DSMES.
  - Do not include participants "lost to follow up".
  - Includes at least one goal (one category) per participant
- # of participants who reported success.
  - You define success. It could mean "most or all of the time", 5 on a 1-5 Likert Scale, Met or not met, etc. Just be consistent with your definition and reporting.
  - % of participants who reported success and completed DSMES plan as defined.

**Pre and Post DSMES data from another outcome measure (minimum of one required) of who completed DSMES plan over the last 12 months.**

Clinical Outcome	Average at baseline (before DSMES)	Average after DSMES	Comments if Applicable
A1C			
Blood Pressure Systolic			
Blood Pressure Diastolic			
Weight			
Telehealth Usability Score			
Other Outcomes	Average at baseline	Average at follow up	Comments if Applicable
Diabetes Distress Scale Score			
Participant Satisfaction score			
ER Visits related to Diabetes in last 12 months	# reported in last 12 months	# reported in last 12 months	
Hospitalizations related to diabetes in last 12 months	# reported in last 12 months	# reported in last 12 months	
Process outcomes: Referrals, Reimbursement, Wait times, follow up.			Please report outcome and metric chosen here.
Self-reported outcomes	Baseline	After DSMES	Total
Foot Exam	# of participants who reported having exam in the 12 months prior to starting DSMES	# of participants who reported having exam in the 12 months prior to starting DSMES	
Eye Exam	# of participants who reported having exam in the 12 months prior to starting DSMES	# of participants who reported having exam in the 12 months prior to starting DSMES	

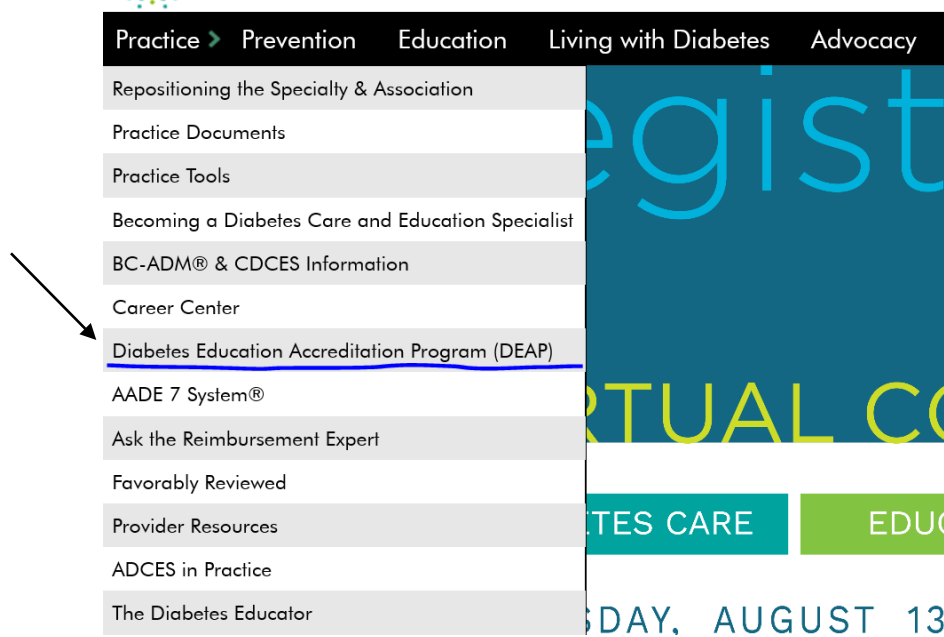
The quality coordinator is required to track and aggregate at least **ONE** more outcome measure. Please only include participants who have completed their DSMES Plan for clinical and behavioral outcomes. But remember, process outcomes can also be included, per Standard 10 of ADCES Interpretive Guidance.

- This will require tracking two data points: **Pre (at baseline) and Post (after DSMES)**.
  - This means that you define the time points, for example Pre could include data up to 6 months prior to DSMES and Post could include data up to 6 months after DSMES.
- Other outcome data may be gathered at a follow up visit, survey or phone call, while many of these outcome measures can be gathered through chart review at pre-determined timeframes after DSMES.
- Examples of other outcome data include, but are not limited to:
  - Participant satisfaction
  - Diabetes Distress
  - ER visits and/or Hospitalizations

- Telehealth Usability Questionnaire Scores
- Referrals
- Program attrition
- Wait times

## How to Submit an Annual Status Report Via the DEAP Dashboard

1. Go to [www.diabeteseducator.org](http://www.diabeteseducator.org)
2. Hover your mouse over, “Practice” and double-click on, “Diabetes Education Accreditation Program (DEAP)”:



3. Click on the red “DEAP Dashboard” button.

Whether you're trying to find out more about accreditation, you've done all the work and are ready to apply, or you have already been accredited and are looking for updates or resources, we have what you are looking for.



- Log in with your program email address and password. Your program email address is the email that receives the automated Annual Status Report reminder emails.

## Sign-in or Create an Account

Please sign-in or create a new user account. If your sign-in information is displayed below, then you are already signed in.

[Haven't signed into our new system yet or having trouble?](#)

**Login**

E-Mail Address

[Not sure which e-mail address to use?](#)

Password

[Login](#)

Remember Me

[Forgot Your Password?](#)

**Not a Registered User?**

If you are a visitor and do not have an account, please create one below:

E-Mail Address

- Click on, "Manage Application" next to your **current** term date

### Existing Applications



Organization	Application Type	Status	Create Date	Term	Program Coordinator	
Rock Star Diabetes Specialists	New	Approved	08/15/2019	08/05/2020 - 08/04/2024	Uelmen Sacha	<a href="#">Manage Application</a>



## 6. Click on the plus sign to start an Annual Status Report.

### Annual Status Report





If you are doing a Reaccreditation, please fill out your Annual Status report here first before starting the Reaccreditation process below.

Year	Status	Last Modified	
2020	Submitted	11/23/2020	 

If you have already started an Annual Status Report, please click the pencil icon.

### Annual Status Report

If you are doing a Reaccreditation, please fill out your Annual Status report here first before starting the Reaccreditation process below.

Year	Status	Last Modified	
2020	Started	01/05/2021	   

## 7. Fill In/Select an entry for the required fields. Click, "Save and Continue" when you are done.

## Annual Status Report | Program Status Updates

### Organization Information

Organization Name: Rock Star Diabetes Specialists

Year:  Required

### Program Status Update

The program coordinator obtained the minimum 15 hours of continuing education required:  Required

All instructors obtained the minimum 15 hours of continuing education in the field of diabetes:  Required


There have been no changes to our target population:  Required

Our program has reviewed its curriculum and updated it as needed:  Required

Number of patients seen last 12 months:  Required

Number of patients that completed the program in the past 12 months:  Required

All instructors have maintained their license:  Required



8. Fill in the outcome measures fields to the best of your ability. **Please note: this page is optional.** If you do not have this data, please click, “Save and Continue” to continue your Annual Status Report.

## Annual Status Report | Outcome Measures

What is the percentage breakdown of patients seen in your DSMES program in the past 12 months:

Age:

18-24:  25-34:  35-44:  45-54:  55-64:  65+:

Race / Ethnicity:

White:  For example, German, Irish, English, Italian, Polish, French

Black:  For example, Jamaican, Haitian, Nigerian, Ethiopian, Somali

Asian:  For example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese

Hispanic, Latino or Spanish Origin:  For example, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Columbian

Middle Eastern or North African:  For example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian

American Indian, Alaskan Native:  For example, Navajo Nation, Blackfoot Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community

Native Hawaiian / Other Pacific Islander:  For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese

Other:

Diabetes Type:

Type 1:  Pediatrics:  Gestational:  Type 2:  Pre-Diabetes:

9. If you have additional sites, please enter how many patients have attended each site. Click, “Save and Continue” when you are done. If you do not have additional sites click, “Save and Continue” to move to the next page

## Annual Status Report | Patients Per Site

What is the total number of patients seen per each additional site for this DSMES program in the past 12 months (unique enrollments)?

Type:	Location:	Number of Patients Seen:

- Enter Pre and Post DSMES Data for at least one behavioral goal, as well as target percentage of patient goal achievement for next year (the percent of success you are aiming to achieve for each goal in the next 12 months).

## Annual Status Report | AADE 7 Self-Care Behaviors

In each of 7 Self-Care Behaviors you will be asked to put the following information in:

Entry Values	Definitions
a. Number of Patients who Chose this Goal	This is the total number of patients seen at least once in DSMES Service who chose a goal in the topic area.
b. Number of Patients who Chose this Goal and Completed Program **	This is the number of patients who chose the goal and completed DSMES as defined.
c. Actual Number of Patients who Reported Success **	This is the actual number of patients who reported success with this goal and completed the program.
d. Actual Percentage of Patients who Reported Success (c/b) **	This will be calculated for you when you entered b & c. (c/b)
e. Target Percentage of Patient Goal Achievement **	This is the Target Percentage of Patient Participant Goal Achievement that you set for each goal at the beginning of this reporting period. When you have finished entering the rest of your Annual Status Report data, please click, "Save and Continue" even if this field is blank.

\*\* This value should not include patients who were lost to follow up.

	Healthy Eating	Being Active	Monitoring	Taking Medication	Problem Solving	Reducing Risks	Healthy Coping
a. Number of Patients who Chose this Goal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Number of Patients who Chose this Goal and Completed Program	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Actual Number of Patients who Reported Success	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Actual Percentage of Patients who Reported Success (c/b)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Target Percentage of Patient Goal Achievement	<input type="text" value="75.00"/>	<input type="text" value="75.00"/>	<input type="text" value="75.00"/>	<input type="text" value="75.00"/>	<input type="text" value="75.00"/>	<input type="text" value="75.00"/>	<input type="text" value="75.00"/>
If an individual does not meet their goal, describe your process for working with the patient:	<input type="text"/>						
Target Percentage of Patient Goal Achievement for Next Year:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Required	Required	Required	Required	Required	Required	Required

11. Enter pre and post DSMES data for at least one clinical measure. If the clinical measure you tracked is not listed below, please enter your measures in one of the comments boxes.

### Annual Status Report | Aggregate Patient Clinical Outcomes Information

Your program is required to track at least one of the following clinical data outcomes.

Please only include patients who have completed your program for the following questions.

Clinical Outcome	Average Baseline Before DSMT	Average after Completion of DSMT Education and Follow-Up	Comments if applicable
A1C	<input type="text"/>	<input type="text"/>	<input type="text"/>
Blood Pressure systolic	<input type="text"/>	<input type="text"/>	<input type="text"/>
Blood Pressure diastolic	<input type="text"/>	<input type="text"/>	
BMI	<input type="text"/>	<input type="text"/>	<input type="text"/>
Weight	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

Indicator	Number of patients who completed the exam in the 12 months prior to starting DSMT	Number of patients who had the exam completed after starting DSMT	Total	Comments if applicable
Foot Exam	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Eye EXam	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Upload at least one document for “Last Year Results” (the previous year’s CQI and the results of your CQI Plan from the past 12 months) and “Plan Current Year” (CQI plan for the next year) by clicking the “Upload Document” buttons and following the on-screen prompts.

### Annual Status Report | Continuous Quality Improvement Plan

#### Last Year Results

Please upload results of CQI Project for the past year

Document	Upload Date	<input type="button" value="+ Upload Document"/>

#### Plan Current Year

Please upload CQI Project plan for this year

Document	Upload Date	<input type="button" value="+ Upload Document"/>

13. Select whether your CQI Plan was shared with your advisory board or not. If you would like, provide a brief description of your CQI Plan.

Note-CQI plans must be shared with the programs advisory board

Our CQI plan was shared with our advisory board:  Required

Please Describe Your CQI Plan:

Save and Continue Previous Step Save and Exit

14. Enter your name and title. Check the box next to, “I am ready to submit this report”. To submit your report for final review, click, “Submit”.

## Annual Status Report | [Submit Report](#)

- As an accredited Diabetes Self-Management Education Program I attest that the National Standards for Diabetes Self-Management Education Program (NSDSMEP) quality standards, accreditation program policies and procedures and the instructions for AADEs accreditation process have been and will continue to be complied.
- The administrator responsible for the program verifies that the information included in this annual status and performance measurement report is true and accurate.
- It is the responsibility of the program coordinator to notify appropriate entities and comply with their requirements in order to receive reimbursement.

Name of person completing report:  Required

Title of person completing report:  Required

I am ready to submit this report

Submit Previous Step Save and Exit

**Please do not hesitate to contact us with any questions or concerns!**

**Phone:** 800-338-3633 x6

**Email:** [deap@adces.org](mailto:deap@adces.org)

