



Board Update

To: ADCES Coordinating Bodies and Members
From: Chuck Macfarlane, CEO
Board Meeting Date: January 25-26, 2020

On January 22, 2020, the American Association of Diabetes Educators officially changed its name and organizational brand to align with the newly positioned title of the specialty. The Board of Directors of the Association of Diabetes Care and Education Specialists (ADCES) was convened for its first official meeting on January 25-26, 2020. The Board discussed several items of interest to the members, which are briefly highlighted below.

From Strategy Identification to Implementation and Advancement

Over the last two years the Board has initiated several strategic changes to position the specialty for the future. These include:

A Vision for the Specialty – to ensure ongoing relevance and alignment with an ever-changing healthcare environment, an expanding array of technology from devices to digital therapeutics, and the evolving needs of those with and affected by diabetes.

Repositioning the name of the specialty to Diabetes Care and Education Specialist – in order to more accurately reflect the entirety of our members' role and function, which bridges the clinical and self-management components of care.

The Association of Diabetes Care and Education Specialists – a new name and brand for the association that reflects the knowledge, skills and passion our members bring to the care team and in service to people with diabetes.

Individually these are major changes. Together they represent a significant shift within our specialty that will impact many stakeholders in the diabetes care ecosystem. As such, the Board spent much of its time together considering how to effectively lead these changes to improve awareness of our services, expand access, and ensure practice opportunities that will engage us at the forefront of care.

Successfully Leading Strategic Change

Prior to the meeting, the Board read *On Change Management*, A compendium of ten Harvard Business Review articles on the drivers and barriers to implementing change. During the meeting, the Board discussed the book and considered the underlying principles in the articles, how those principles and concepts are reflected in the changes that the specialty is enacting, and finally, the lessons to be learned when applied to our short- and long-term objectives.

Several themes emerged that will assist the Board, volunteer leaders, staff, and members to work in concert toward these goals. They include: being tenacious in communicating the vision

to our stakeholders; reflecting the changes in all aspects of the association's activities; building a coalition of support to assist in driving the change; proactively identifying barriers so they can be managed; and developing a level of resilience when setbacks occur.

Physician Dialogue

Diabetes Care and Education Specialists play a critical role in the care of the person with or at risk for diabetes. However, that role cannot be considered in a vacuum. To achieve its greatest effectiveness, it must be considered through the lens of the care team or system of care. In its second conversation of the meeting, the Board sought to explore and understand the “physician’s perspective” on the current state of medical practice, and what they anticipate in the future. Understanding this perspective will help the Board define the avenues it may have available to advance the role of the DCES.

To that end, the Board invited four physicians to the meeting for an in-depth dialogue on the state of diabetes care, the value of the DCES role, and opportunities for ADCES to advance the specialty as part of an integrated care team. The guest physicians were:

Robert A. Gabbay, MD, PhD – Endocrinologist

Chief Medical Officer, Senior Vice President

Joslin Diabetes Center

Clinical Investigator

Associate Professor of Medicine, Harvard Medical School

Lawrence R. Wu, MD – Payor

Medical Director

Blue Cross Blue Shield of North Carolina

Francis X. Solano, MD – Primary Care

Internal Medicine – Primary Care Physician

University of Pittsburgh Medical Center

Alex Montero, MD, MPH - Hospitalist

Hospital Medicine

MedStar Georgetown University Hospital

The dialogue was open and frank. The participants acknowledged that they and their colleagues have faced a sea of change in the practice of medicine in the last two decades that are impacting the internal motivators, as well as the economic drivers of a career in medicine. Coupled with the reduced time with patients, more administrative burdens, an enormous amount of emerging research, and rapidly expanding diabetes devices and technology, these ongoing changes leave physicians challenged and frustrated. The panelists did, however, see the value of the DCES to the care team, to the person with diabetes, and ultimately to the system. It was clear that understanding and addressing the different needs of each of those groups is paramount and that it rests with the individual diabetes care and education specialist to carry those messages to their constituents.

Diversity and Inclusion

Finally, the Board turned its attention to diversity and ensuring that as a professional association we actively cultivate a welcoming and inclusive environment, with the goal of building a specialty that reflects the communities it serves and that services reach all the communities where they are needed. This discussion is an outgrowth of the 2016-19 Strategic Plan, which was the catalyst for reviewing the existing data available to the Board. The topic of diversity and inclusion can be very broad. As with any major multi-year strategy, reaching consensus on clear and measurable goals is critical to retaining focus and gauging impact.

- The 2021 National Practice Survey will be used to capture the overall makeup and demographics of the specialty, and as such, will be updated approximately every three years.
- An assessment of the association's approach and initiatives toward a more inclusive and welcoming environment will be developed as a tool to both guide and assess our efforts at the association level.
- The association will take a deeper look at the alignment or lack of alignment between access to a DCES across various communities.

Planning and Programmatic Activities and Discussion

The Board reviewed and approved advocacy priorities for 2020, which include continued focus on advancing the *Expanding Access to Diabetes Self-Management Training Act* and related healthcare legislation, improving payment and coverage for diabetes care and education, increased outreach to regulatory agencies and payors, collaboration, member engagement, and communication.

The Certification Board for Diabetes Care and Education (CBDCE) (formerly NCBDE) worked closely with ADCES in its positioning of the specialty and our associated credentialing functions. The 2020 CBDCE Chair Jasmine Gonzalvo, and CEO Sheryl Traficano attended a portion of the Board meeting to share the communication, reception in the field, and ongoing activities for the changes to the Certified Diabetes Care and Education Specialist (CDCES) (formerly CDE) credential. Discussion focused on collaboratively advancing these changes and ensuring we closely align our activities and communication to ensure consistent messaging and a supportive member experience with both organizations.

In addition, the Chair discussed the formation of a joint work group to assess credentialing in diabetes care in light of the new vision for the specialty and positioning of diabetes care and education specialists. The workgroup is expected to convene in the second half of the year and report its findings in early 2021.

The organizations also agreed to jointly fund a supervised 3-year research fellowship, in part to assess and build the evidence on the value of the DCES role.

Other Business

The Board discussed its role in the identification of leadership talent for the upcoming Board election cycle. We also reviewed the Board members' role as liaison to state Coordinating

Bodies. Modest revisions to the role were approved to encourage greater outreach and communication with the CBs during this time of change.

In line with the action taken by the AADE Foundation Board of Trustees, the ADCES Board of Directors approved a change in the Foundation's name to The Association of Diabetes Care and Education Specialists Foundation (ADCES Foundation).

Finally, the Board discussed and delivered its annual assessment of the Chief Executive Officer's Performance.

As a reminder, each Coordinating Body has a Board member appointed to serve as its liaison to the Board. These individuals are happy to talk with you about any issues that are concerning to your state. Find out who your Board liaison is [HERE](#). In addition, your Board Liaison will be reaching out to discuss scheduling a call with your leaders to present the branding changes.