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<td>☑ Description of the diabetes related demographics and additional considerations including SDOH and other barriers that impact the target population</td>
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<tr>
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<tr>
<td>☑ Description of how the assessment process is administered and informs a collaborative person-centered plan for the DSMES intervention. Include how the participant is involved throughout the DSMES plan and overall intervention.</td>
<td>14-17</td>
</tr>
<tr>
<td>☑ Provide evidence of at least one DSMES intervention within the last 12 months as documented in the medical record—See DEAP Chart Audit Tool</td>
<td>18-35</td>
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<tr>
<th>STANDARD 6:</th>
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<tbody>
<tr>
<td>☑ A Plan for collecting outcome data for evaluation and improvement of overall DSMES services and reporting to ADCES as part of Annual Status Report:</td>
<td></td>
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<tr>
<td>☑ Every year: One CQI project will be reported to DEAP as part of Annual Status Report</td>
<td></td>
</tr>
<tr>
<td>☑ Two Outcome Measures will be chosen by DSMES team and reported in aggregate as part of Annual Status Report</td>
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</table>

1. Clinical or Behavioral Outcome Measure:
2. Clinical or Behavioral or Process Outcome Measure:
## STANDARD 1: SUPPORT FOR DSMES SERVICES

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Support for DSMES Services

Diabetes Education Accreditation Program (DEAP)
125 S. Wacker Dr.
Ste 600
Chicago, IL 60606

March 11, 2022

To Whom It May Concern,

This letter is in recognition that [Redacted], a pharmacist employee, is an employee in good standing and is more than capable of rendering and providing diabetes services to [Redacted] patients. As the owner of [Redacted], I plan to support this program with the needed financial means and administrative support in order to ensure success of this endeavor.

Please feel free to contact me if you have any questions regarding this matter. Thank you for your time and consideration.

Regards,

[Redacted]
RPh
Owner, [Redacted] Pharmacy
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Pharmacy Diabetes Education Center
Access and Target Population

Geography of [Redacted]
- [Redacted] is a semi-urban, semi-suburban town in [Redacted] with a total population of 8.27K people (Source: datausa.io, 2019).

Demographics of [Redacted]
- The largest ethnic group in [Redacted] is White, consisting of 84.19% of the population and is primarily English-speaking. (Source: datausa.io)
  - Other ethnic groups include Asian (Non-Hispanic) (5.13%), Black or African American (Non-Hispanic) (3.66%), and Other (Hispanic) (2.79%).
- “In 2019, the median age of all people in [Redacted] was 44.3 years old.” (Source: datausa.io)
- A majority of residents in [Redacted] (37.17%) have attained a high-school graduate education level. (Source: worldpopulationreview.com)
- In addition to diabetes rate, [Redacted] also has a medium-high adult obesity rate of 25.7% (Highest obesity rate in the state: 39% in [Redacted] County). (Source: datausa.io)

Diabetes and Data Trends for [Redacted] USA:
- [Redacted] County where our facility is located has a medium-high diabetes rate of 10.9%. (Highest rate in the state: 15.6% in [Redacted] County). (Source: datausa.io)

Target Population for Diabetes Education:
- “94.9% of the population of [Redacted] has health coverage, with 57.4% on employee plans, 7.38% on Medicaid, 16.3% on Medicare, 13.3% on non-group plans, and 0.556% on military or VA plans.” (Source: datausa.io)
- The most common first-listed diagnosis and reason for hospitalization in adults with diabetes in [Redacted] was diabetic ketoacidosis, according to CDC data from 2013.
  - A DSME program such as can directly benefit this population early in a diagnosis of diabetes by teaching appropriate self-management strategies and prevent subsequent hospitalization.

Expected Program Volume: 20 or less participants monthly
Setting Descriptors:
In-person diabetes education will take place at the Center, which adjoins the same space occupied by . More specifically:

- In-person group classes will be held in the Center’s large conference room.
- In-person individual sessions will be held in the Center’s smaller patient rooms.

Telehealth education via a HIPAA-compliant web-based platform (eg. Zoom) will be used alternatively if desired by the patient.

Community Site: not applicable

Barriers to Access in Target Population & Solutions:

- **Barrier 1:** Residents in have a majority high-school education level. This also may reflect a lower health literacy level, which must be accounted for when providing diabetes education.
- **Solution 1:** In addition to using simple, real-life examples to reinforce concepts – our program will aim to provide different modes of information to strengthen patient understanding. Modes of information we will supplement our educational sessions with consist of: visual (provided via printed brochures/handouts/slideshows with images) and written (eg. worksheets that may assist patients with more complex numerical tasks such as carbohydrate counting). Supplemental modes of information provided can be tailored to individual patient preference and the learning style that is most effective for them.

- **Barrier 2:** Limited accessibility to in-person care during COVID-19 pandemic, including in our area.
- **Solution 2:** Patients will be given the option to attend classes through a secure, HIPAA-compliant telehealth platform for individual appointments/Zoom for group classes if they are unable or feel unsafe coming to our location for in-person education.

- **Barrier 3:** Lack of access to primary care due to COVID-19. According to census data from datausa.io, 12.8% of adults in New Jersey have not seen a primary care doctor in 12 months, due to COVID-19.
- **Solution 3:** Pharmacy is adjoined at the same address by (which has been performing large volumes of COVID-19 testing). The Wellness Center is overseen by a medical director and staffed by a nurse practitioner once a week for adult internal medicine patients and a pediatrician twice a week. This shared location is a perfect segway for our pharmacy patient stream to reconnect with primary care and through provider referral, have access to our pharmacy’s diabetes education program.
Diabetes Education Accreditation Program (DEAP)  
125 S. Wacker Dr.  
Ste 600  
Chicago, IL 60606  
03/10/2022

To Whom It May Concern,

I attest that our DSMES Team members are licensed pharmacists with training and experience pertinent to DSMES. Please see copies of their license and Continuing Education pertinent to Diabetes Education as part of our application. I attest that all instructors will maintain their professional license in good standing, in addition to renewing their CE training annually.

Regards,

[Signature]

[Title]

Program Quality Coordinator
### STANDARD 3: DSMES TEAM

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</table>
Standard 3.2

Instructional Staff Job Responsibilities & Mechanisms for meeting needs outside of scope of practice

Instructional Staff: [Redacted] PharmD

Policies and Procedures Applicable to Standard 5:
Pharmacy instructors will provide DSME and diabetes self-management support (DSMS). The instructor responsible for designing and planning DSME and DSMS will be a pharmacist with training and experience pertinent to DSME with certification in diabetes care and education.

Job Descriptions: Primary Qualified Instructors (PQI)

TITLE: Professional Diabetes Program Instructor/Primary Qualified Instructor (PQI)

REPORTS TO:
- [Redacted] PharmD
- [Redacted] RPh
- [Redacted]

SUPERVISES: All diabetes educators named in the organizational chart in Standard 1. Including, but not limiting, all educating pharmacists, educating healthcare professionals, and scheduling techs and billing coordinators.

POSITION OVERVIEW:
Provides individualized diabetes self-management education/training to individuals and groups according to the Scope of Practice, Standards of Practice, and Standards of Professional performance for Diabetes Educators.

DUTIES AND RESPONSIBILITIES:
100% (Instruction of program participants):
- Performs DSME/T program participant assessment data, in a collaborative and ongoing manner.
- Collaboratively develops educational goals, learning objectives and a plan for educational content and teaching methods with DSME/T program participants.
- Provides educational interventions that utilize primarily interactive, collaborative, skill-based training methods and maximizes the use of interactive training methods.
• Collaboratively develops an individualized follow-up plan with each program participant.
• Evaluates effectiveness of educational services provided by measuring attainment of learning objectives.
• Conducts a follow-up assessment upon completion of DSME/T program services.
• Documents assessment data, educational plan, educational services provided and evaluation results in each participant’s educational records.
• Utilizes a team approach to provide services and collaborates and communicates with team members when needed.
• Identifies when a program participant’s needs are outside the scope of the instructor’s practice and expertise, plus arranges for additional services to meet needs.
• Communicates relevant participant information to primary care provider
• Participates in the development of training materials.
• Contributes to, and participates in, a continuous quality improvement process to measure DSME/T program and to identify and address opportunities for improvement.
  - Appraises his performance to identify areas of strength and area for improvement and to develop a plan for improvement and growth.
• Participates in peer review process to evaluate performance of other professional instructional staff.
• Maintains 15 hours of continuing education annually specific to diabetes, diabetes related topics and behavior change and self-management education strategies.

**KNOWLEDGE, SKILLS AND ABILITIES:**
• In-depth knowledge about current diabetes treatment management.
• Ability to lead and effectively manage groups.
• Ability to develop a collaborative, therapeutic alliance with individuals.
• Basic computer skills (use of Internet and e-mail).
State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE Board of Pharmacy

HAS LICENSED

Signature of Licensee/Registrant/Certificate Holder

09/29/2021 TO 04/30/2023
VALID

LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

Scanned with CamScanner
Participant Name: 
NABP e-Profile ID: 
CPE Activity Date Range: 03/14/2020 to 03/14/2022 
Total CPE Hours Earned: 46.75

Recorded CPE activity for the period of 03/14/2020 to 03/14/2022. Please allow 35 days for the CPE Provider to process your CPE and submit it through the CPE Monitor System. If it has been more than 35 days since you submitted the necessary information for CPE credit, please contact the CPE Provider.

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Disclaimer:
The National Association of Boards of Pharmacy® (NABP®) generated this Activity Transcript (Transcript) or Analysis/Status Report (Report) from NABP's systems. The Transcript or Report contains information provided to NABP from the Accreditation Council for Pharmacy Education (ACPE) and, if applicable, information from you, the non-ACPE activity participant (Participant). The Transcript or Report can be used as proof of credit for ACPE-accredited Continuing Pharmacy Education (CPE) or credit for ACPE certificate programs (if listed) (jointly termed as ACPE Data). The ACPE provider is responsible for the accuracy of the ACPE Data and Participant is responsible for the accuracy of the non-ACPE Data on this Transcript or Report. Requests for changes to ACPE Data must be directed to the ACPE-accredited provider that offered the ACPE activity. NABP affirms that it matches the identifying information of the ACPE Data with corresponding identifying information in the NABP systems. Following the match, NAB adds the ACPE Data to NABP systems. If there is a discrepancy between this Transcript or Report and the ACPE Data contained in the NABP systems, the ACPE Data in the NABP systems is the correct data. Participant attested that any non-ACPE activity data submitted to NABP is true and correct, that Participant complied with the NABP Terms of Use, and accepts full responsibility for all information submitted to NABP.
## STANDARD 4: DELIVERY AND DESIGN OF DSMES SERVICES

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## ADCES

**Association of Diabetes Care & Education Specialists**

125 S. Wacker Dr. Suite 600
Chicago, IL 60606

Phone: (312) 601-4800

### Invoice

**Invoice No.**

### Sold To:

### Ship To:

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03/10/2022 02:48:14 PM
Diabetes Education Accreditation Program (DEAP)
125 S. Wacker Dr.
Ste 600
Chicago, IL 60606

To Whom It May Concern,

I attest that as DSMES Quality Coordinator, I have reviewed curriculum content and understand how to apply it to our DSMES program. I further attest that all future team members will review the curriculum and understand its content.

Regards,

[Signature]

Pharm.D. RPh
Program Quality Coordinator
Pharmacy Diabetes Education Center

Support for DSMES Services

The Pharmacy Diabetes Self-Management Education program will primarily take place at the W[redacted], which is located at the same physical address as the pharmacy and has small patient rooms and a large conference room to accommodate individual and group education classes. Classes will also be accessible through a video conferencing platform such as Zoom for patients who opt in and prefer to participate in classes virtually.

Our main referral stream will be through [redacted]'s medical director, Dr. and her internal medicine practice, The Institute for Medicine and Aesthetics which sees patients at V[redacted] on a regular basis. Currently, we have a nurse practitioner onsite at V[redacted] once a week who sees adult internal medicine patients and will refer eligible patients to our program. We also plan to advertise our diabetes self-management education program to our local physicians of diabetic patients at Pharmacy. Other referral avenues include advertising directly to patients of Pharmacy and of our three other mutually-owned pharmacy locations: Pharmacy, Pharmacy, and The Pharmacy at.
## STANDARD 5: PERSON-CENTERED DSMES

<table>
<thead>
<tr>
<th>REQUIRED DOCUMENTS:</th>
<th>PAGE #</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Description of how the assessment process is administered and informs a</td>
<td>14-17</td>
</tr>
<tr>
<td>collaborative person-centered plan for the DSMES intervention. Include how the</td>
<td></td>
</tr>
<tr>
<td>participant is involved throughout the DSMES plan and overall intervention.</td>
<td></td>
</tr>
<tr>
<td>☑ Provide evidence of at least one DSMES intervention within the last 12 months</td>
<td>18-35</td>
</tr>
<tr>
<td>as documented in the medical record.</td>
<td></td>
</tr>
<tr>
<td>☑ DSMES Assessment</td>
<td></td>
</tr>
<tr>
<td>☑ DSMES Plan</td>
<td></td>
</tr>
<tr>
<td>☑ Each DSMES Visit including date/time and topic areas covered with plan for</td>
<td></td>
</tr>
<tr>
<td>follow up</td>
<td></td>
</tr>
<tr>
<td>☑ Behavior Goal (ADCES7) and progress</td>
<td></td>
</tr>
<tr>
<td>☑ Outcomes of intervention communicated to referring physician/qualified</td>
<td></td>
</tr>
<tr>
<td>healthcare professional</td>
<td></td>
</tr>
</tbody>
</table>
DIABETES SELF-MANAGEMENT EDUCATION ASSESSMENT

Patient Information:

Patient's Last Name [redacted]  First Name [redacted]  Middle Name [redacted]
Date of Birth [redacted]  Gender: □ Male □ Female

Primary Language: □ English □ Spanish □ Other:

Ethnicity: □ Hispanic □ Non-Hispanic

Referring Provider: [redacted]

Prior Diabetes Education: □ Yes □ No If yes, please specify

Family Environment and Support:
Do you live alone? □ Yes □ No If no, how many people live with you?
Who is your primary caregiver if not self? □ n/a □ Caregiver is Self
Do you prepare your own meals? □ Yes □ No If no, who does?
Do you have support from family or others to deal with your diabetes? □ Yes □ No

Other psychosocial factors impacting diabetes management: (check all that apply)
- Work Schedule (meal prep/planning issues)
- Need to study w/ free time - pharmacy/timer preparing for NAPLEX
- Meal planning trouble w/ time
- Access to care/healthy food
- Time to exercise
- Insurance coverage, meds

Ideal - 6/7 of healthy eating 1/7 + cheat day
Medical Information:
Type of Diabetes: T2DM  Age: 28  Height: 5'11"  Weight: 205
Medication Allergies: y✓ NKA
Food Allergies: n✓ NKA
Environmental Allergies: NKA

Exam Results:

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HgbA1C</td>
<td>7.9</td>
<td>3/1/22</td>
</tr>
<tr>
<td>Fasting Blood Glucose</td>
<td>123</td>
<td>3/1/22</td>
</tr>
<tr>
<td>LDL-C</td>
<td>154</td>
<td></td>
</tr>
<tr>
<td>Annual Foot Exam</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Annual Eye Exam</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you currently taking oral medications for diabetes? Yes
If no, Have you ever taken oral medications to control your diabetes? No
Are you taking insulin to control your diabetes? No
If no, Have you ever taken insulin to control your diabetes? No
Have you ever taken steroids, such as prednisone to control your diabetes? No

How often do you measure your blood sugar? Continuously measured
What does your blood sugar usually range? 120-220
How often are physically active on average? Very rarely
What are some examples of physical activity you enjoy? Soccer
Do you follow a meal plan? If yes, describe your meal plan: No

Do you currently smoke? Yes or No: Yes
What do you smoke? Cigarettes  How often? Sometimes
Do you drink alcohol? Yes or No: No
How much do you drink and how often?
Do you have High Blood Pressure? Yes or No: Yes
How often? 194/112 current (150/88 two days ago)
Do you have pain from your diabetes? Yes or No: Yes
If yes, please describe the pain: Just pain - chronic neck/back muscle (6-8 severity up to 8)

15
Cultural Factors:

Is there anything specific to your culture that you think influences your ability to manage your diabetes?  
Other than time/work schedule - no.

Do your cultural beliefs influence your ability to manage your diabetes?  
Yes.

Are there certain types of foods important to your culture?  
No.

Does having diabetes or having a serious illness cause you stress?  
Yes.

Are there any religious or cultural factors that affect how you eat?  
No.

How do you feel about having diabetes (for example, OK, anxious, depressed or overwhelmed)?  
Sad, Hungry

Other cultural factors that impact the management of your diabetes:

Individual Educational Plan:

Would you like help with any of the following? (Check all that apply)

☑ Communicate better with my doctor  
☑ Eating healthier/following meal plan

☐ Giving myself injections correctly  
☐ Increase blood sugar monitoring

☐ Increase my exercise/physical activity  
☐ Increase support from family/friends

☐ Manage my depression  
☐ Setting achievable weight loss goals

☐ Treat complications from diabetes  
☐ Understanding my diabetes

Identify the top three (3) problems that you struggle with related to your diabetes:

Carb Cram
Carb Counting
Time management related to healthy meal prep

Identify barriers to managing your diabetes successfully:

Busy life style - not enough time
Not enough time to go to gym/other exercise
cRash/eczema/skin problems with injections/insulin
Glucometer/transmitter out of order
**DIABETES SELF-MANAGEMENT EDUCATION ASSESSMENT**

**Medication List:** (can attach patient medication profile)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Frequency</th>
<th>Ordering Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humalog (Decay)</td>
<td>via insulin pump</td>
<td>Q week</td>
<td></td>
</tr>
<tr>
<td>O2enpic</td>
<td>0.5 mg</td>
<td>Q day</td>
<td></td>
</tr>
<tr>
<td>Dexcom Sens</td>
<td>Unknown</td>
<td>As needed</td>
<td></td>
</tr>
<tr>
<td>Lusopril</td>
<td>5 mg</td>
<td>QD</td>
<td></td>
</tr>
<tr>
<td>Lantus (in case of pump)</td>
<td>1 inj X2 failure</td>
<td>(if needed)</td>
<td></td>
</tr>
<tr>
<td>Tandem Tslim X2 failure</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Individual Problems/Needs/Goals:**

**Participant’s Readiness for Change:** will be ready to implement after taking the NAPLEX.

- Action Contemplative □ Pre-Contemplative □ Maintenance □ Relapse
- Action Contemplative □ Pre-Contemplative □ Maintenance □ Relapse

**Participant's Initial Goals:**

1) **Making time/planning healthy meals.**

2) **Learn how to count carbs appropriately / strategies to manage, carbs carbohydrates.**

3) **Incorporate basic regular physical activity (a exercise plan).**

**Accommodation for Participant’s Individual Education Needs (i.e. Visual, Learning, Mobility, Other Disability):**

- no disabilities

**Summary of Plan:**

We will work on learning ways to better manage condition using meals, sticks with accessibility to meal planning. Seeing PCP will review carb counting methods to increase medication adherence, and guidelines for safe exercise.

**DSME Staff (Print):**

**DSME Staff Signature:**

**Date:** 3/8/22

During this assessment, educational goal(s) and learning objectives and the plan for educational content and method(s) will be developed collaboratively between the participant and educator. During the initial assessment, any additional participant needs outside the scope of practice for the educator will be appropriately referred will be an integral part of the entire DSMT process.
<table>
<thead>
<tr>
<th>Standard 5: Person Centered DSMES</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral for DSMES in chart: see diabetescorner.org/refersmests for template &amp; guidelines for Medicare – reviewed by DEAP auditors to support programs to ensure they are being reimbursed for DSMT appropriately.</td>
<td>18</td>
</tr>
</tbody>
</table>
| **Assessment:**  
  Health Status: type of diabetes, clinical needs, health history, disabilities, physical limitations, SDOH and health inequities (e.g., safe housing, transportation, access to nutritious foods, access to healthcare, financial status, and limitations), risk factors, comorbidities, and age  
  Psychosocial Adjustment: emotional response to diabetes, diabetes distress, diabetes family support, peer support (e.g., in-person or via social networking sites), and other potential promoters and barriers  
  Learning Level: diabetes knowledge, health literacy, literacy, numeracy, readiness to learn, ability to self-manage, developmental stage, learning disabilities, cognitive/developmental disabilities (e.g., intellectual disability, moderate-severe autism, dementia), and mental health impairment (e.g., schizophrenia, suicidality)  
  Lifestyle Practices: self-management skills and behaviors, health service or resource utilization, cultural influences, alcohol and drug use, lived experiences, religion, and sexual orientation | 19-34 |
| **Document at least once throughout DSMES intervention:**  
  How (group, individual)  
  What (Assessment of ADCES7 Self Care Behaviors and needs – to be determined collaboratively between participant and DSMES team)  
  When (how many visits anticipated and how often they will come for DSMES)  
  Where (in person, telehealth (audio or audio-video) combination)  
  Why: Purpose for DSMES, diagnosis, complications, etc. | 19-34 |
| **Document for each participant at every session:**  
  When: Date of Service and Plan for Follow Up (timing for next DSMES session)  
  Who: DSMES Instructor/Team and Participant/family in attendance  
  What: Topics Covered (ADCES7 Self Care Behaviors)  
  How: Participant’s progress with learning  
  Why: Participant’s current progress with SMART goal and action plan; then next steps (what will participant work on between now and next DSMES session) | Documented in each encounter |
| **Communication back to referring provider** that includes summary of DSMES provided, participant outcomes and plan for follow up. | 35 |
Diabetes Self-Management Education/Training (DSME/T)

Check type of training services and number of hours requested

- Initial group DSME/T: 10 hours or ___ no. hrs. requested
- Follow-up DSME/T: 2 hours or ___ no. hrs. requested
- Telehealth

Patients with special needs requiring individual (1 on 1) DSME/T

Check all special needs that apply:

- Vision
- Cognitive Impairment
- Additional training
- Telehealth

DSME/T Content

- Monitoring diabetes
- Psychological adjustment
- Nutritional management
- Medications
- Prevent, detect and treat chronic complications

Telehealth

Medical Nutrition Therapy (MNT)

Check the type of MNT and/or number of additional hours requested

- Initial MNT: 3 hours or ___ no. hrs. requested
- Annual follow-up MNT: 2 hours or ___ no. hrs. requested
- Telehealth: Additional MNT services in the same calendar year, per RD

Additional hrs. requested

Please specify change in medical condition, treatment and/or diagnosis:

Medicare coverage: 3 hrs initial MNT in the first calendar year, plus 2 hrs follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis.

Definition of Diabetes (Medicare)

Medicare coverage of DSMT and MNT requires the physician to provide documentation of a diagnosis of diabetes based on one of the following:

- a fasting blood sugar greater than or equal to 126 mg/dl on two different occasions;
- a 2 hour post-glucose challenge greater than or equal to 200 mg/dl on 2 different occasions; or
- a random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes.


Other payors may have other coverage requirements.

Today's Date: 3/10/22  
Class Topic: Reducing risks, Meds.

<table>
<thead>
<tr>
<th>Weight</th>
<th>Blood Pressure</th>
<th>A1C/Date</th>
<th>FSBG</th>
</tr>
</thead>
<tbody>
<tr>
<td>210 lbs</td>
<td>136/80</td>
<td>7.9 (3/11/22)</td>
<td>131</td>
</tr>
</tbody>
</table>

Have you had any medication changes since your last class? Yes or No

If yes, what changed? ____________

One thing I will change after this class is: ____________

I will start this goal by doing the following: following up w/ MD

+ [ ] Eye Dr. for check up + medication

I know if I can make this change it will have the following impact on my health/life:

- [ ] A1C  
- [ ] Diabetes related side effects on eye

Are there any providers I need to see at this time? [ ] Eyes, Feet, [ ] PCH, Dentist, Other

Are there any labs I need to ask my doctor about? No

For Instructor Use Only:

Did patient report being successful in making their desired change? Yes [ ] Partially [ ] No

Document any additional interventions recommended here:

VISION CHANGES - Start wearing eyeglasses you had previously + follow up + get an eye checkup.

Instructor Signature ____________________________  3/10/22

Date
Today's Date: 3/15/22  

Class Topic: Coping, Healthy Eating, Meds

<table>
<thead>
<tr>
<th>Weight</th>
<th>Blood Pressure</th>
<th>A1C/Date</th>
<th>FSBG</th>
</tr>
</thead>
<tbody>
<tr>
<td>200</td>
<td>132/80</td>
<td>7.9</td>
<td>127</td>
</tr>
</tbody>
</table>

Have you had any medication changes since your last class? Yes or No
If yes, what changed? No

One thing I will change after this class is: Medication compliance

I will start this goal by doing the following: following up w/ MD regarding Ozempic PP

I know if I can make this change it will have the following impact on my health/life:

Decrease portion sizes = decrease HbA1c

Are there any providers I need to see at this time? Eyes, Feet, PCP, Dentist, Other
Are there any labs I need to ask my doctor about? No

**For Instructor Use Only:**

Did patient report being successful in making their desired change? Yes Partially No

Document any additional interventions recommended here: No retinopathy observed, cut a poor eye appt as reported by patient - wearing eyeglasses helped & he is following up to make appt w/ both primary & opthalmologist.

Instructor Signature  

3/15/22  

Date  

20
Patient Class Intake Form

Today's Date: 3/17/22          Class Topic: Meds.

<table>
<thead>
<tr>
<th>Weight</th>
<th>Blood Pressure</th>
<th>A1C/Date</th>
<th>FSBG</th>
</tr>
</thead>
<tbody>
<tr>
<td>212</td>
<td>128/74</td>
<td>7.9</td>
<td>147</td>
</tr>
</tbody>
</table>

Have you had any medication changes since your last class? Yes or No
If yes, what changed? No

One thing I will change after this class is: Pursuing MD's intended
Drug regime.
I will start this goal by doing the following: Follow up w/MD off.
Call ins company.

I know if I can make this change it will have the following impact on my health/life: \( \checkmark \) AIC

Are there any providers I need to see at this time? Yes, Feet, PCP, Dentist, Other
Are there any labs I need to ask my doctor about? No

For Instructor Use Only:

Did patient report being successful in making their desired change? Yes \( \checkmark \) Partially No

Document any additional interventions recommended here: Delays in starting
tolermie - which MD prescribed for weight loss/better BA control.
Educated regarding diet/carb counting (patient understanding)
Encouraged follow up w/ medications to start therapy.

Instructor Signature

Date 3/17/22
Patient Info:

- Patient Name
- DOB

Today's Date: 3/21/22

Class Topic: Monitoring, Healthy Eating, Medications

<table>
<thead>
<tr>
<th>Weight</th>
<th>Blood Pressure</th>
<th>A1C/Date</th>
<th>FSBG</th>
</tr>
</thead>
<tbody>
<tr>
<td>208</td>
<td>144/74</td>
<td>7.9</td>
<td>110</td>
</tr>
</tbody>
</table>

Have you had any medication changes since your last class? Yes or No

- Yes

If yes, what changed?

- Vytorin - Binge Eating Treatment
- Vitamin D3 - Crestor

One thing I will change after this class is:

- Improve carb counting
- Improve bolus calculation

I will start this goal by doing the following:

- Using apps such as Bitesnaps and other nutrition-based websites

I know if I can make this change it will have the following impact on my health/life:

- Lower peak glucose levels

Are there any providers I need to see at this time? Yes, Feet, PCP, Dentist, Other

Are there any labs I need to ask my doctor about?

For Instructor Use Only:

Did patient report being successful in making their desired change? Yes, Partially, No

Document any additional interventions recommended here: Patient saw PCP, followed up to start Vytorin for binge eating, Statin for cholesterol.

Discussed easier methods of carb counting, e.g. Apps - Bitesnap, takes a picture of what you eat + helps estimate calories, re-emphasized importance of carb counting.

Instructor Signature

Date: 3/21/22
Today's Date: 3/23/22  

Class Topic: Healthy Eating, Meals, Reducing Risks

<table>
<thead>
<tr>
<th>Weight</th>
<th>Blood Pressure</th>
<th>A1C/Date</th>
<th>FSBG</th>
</tr>
</thead>
<tbody>
<tr>
<td>705</td>
<td>130/80</td>
<td>7.9</td>
<td>110</td>
</tr>
</tbody>
</table>

Have you had any medication changes since your last class? Yes or No  

If yes, what changed?

One thing I will change after this class is: Further improving portion size and Carb counting.

I will start this goal by doing the following: Medication compliance, New pump, decreased insulin during eating.

I know if I can make this change it will have the following impact on my health/life: 

- Further reduce chances of long term diabetic side effects or neuropathy.

Are there any providers I need to see at this time? Yes, feet, PCP, dentist, other.  

Are there any labs I need to ask my doctor about?

For Instructor Use Only:

Did patient report being successful in making their desired change? Yes Partially No

Document any additional interventions recommended here: Discussed following up w/podiatrist + effects of diabetes on nerves - no complaints of tingling sensation thus far. Improved on being able to carb count + accurately estimate 
bolus insulin dose post meal.

Instructor Signature

Date: 3/23/22
Patient Class Intake Form

Today's Date: 3/25/22  
Class Topic:  Monitoring, Meds/Problem Solving

<table>
<thead>
<tr>
<th>Weight</th>
<th>Blood Pressure</th>
<th>A1C/Date</th>
<th>FSBG</th>
</tr>
</thead>
<tbody>
<tr>
<td>203</td>
<td>139/79</td>
<td>7.9</td>
<td>110 (pre)</td>
</tr>
</tbody>
</table>

Have you had any medication changes since your last class? Yes or No

Yes, what changed?  OZEMPIC

One thing I will change after this class is: Making sure to take new medications on time: OZEMPIC, VIVANASE, OZEMPIC

I will start this goal by doing the following: Setting alarms on phone to remind me

I know if I can make this change it will have the following impact on my health/life:

\[ \text{Carb Craving} \]
\[ \text{Cholesterol} + TG \]
\[ \text{A1C, weight and BMI} \]

Are there any providers I need to see at this time? Eyes, Feet, PCP, Dentist, Other

No

For Instructor Use Only:

Did patient report being successful in making their desired change? Yes \[ \text{Partially} \] No

Document any additional interventions recommended here: Alarms to remember medication doses - technology has helped w/ compliance in the past. Now has more meds after MD visit so remembering doses w/ reminders on phone can help.

Instructor Signature  
Date 3/25/22
Today's Date: 3/28/22

Weight  Blood Pressure  A1C/Date  FSBG
207     135/70         7.9        110

Have you had any medication changes since your last class? Yes or No
Yes

If yes, what changed?

One thing I will change after this class is: Nutrition Control

I will start this goal by doing the following: eating more regularly during day so I don't eat all at once at night - eating breakfast

I know if I can make this change it will have the following impact on my health/life:

- A1C, weight, BMI, cholesterol

Are there any providers I need to see at this time? Eyes, Ear, PCP, Dentist, Other

Are there any labs I need to ask my doctor about?

For Instructor Use Only:

Did patient report being successful in making their desired change? Yes Partially No

Document any additional interventions recommended here: Alarm reminders helped remember to take doses of new meds Patient reports trouble with eating will work on eating more regular meals earlier in day to prevent eating a large amount at once at night.

Instructor Signature

Date 3/28/22

Breakfast alarm reminders in AM.

25
Today's Date: 3/30/22  

Class Topic: Being Active

<table>
<thead>
<tr>
<th>Weight</th>
<th>Blood Pressure</th>
<th>A1C/Date</th>
<th>FSBG</th>
</tr>
</thead>
<tbody>
<tr>
<td>205</td>
<td>135/80</td>
<td>7.9</td>
<td>110</td>
</tr>
</tbody>
</table>

Have you had any medication changes since your last class? Yes or No

If yes, what changed?

One thing I will change after this class is: recording how many minutes of exercise makes blood sugar drop.

I will start this goal by doing the following:

- Monitoring blood sugar during workouts
- Observing types of exercise that makes sugar go low

I know if I can make this change it will have the following impact on my health/life:

- Exercise
- Cholesterol, weight / BMI

Are there any providers I need to see at this time? Yes, PCP, Dentist, Other

Are there any labs I need to ask my doctor about? No

For Instructor Use Only:

Did patient report being successful in making their desired change? Yes Partially No

Document any additional interventions recommended here: Discussed previous exercise + how to consider re-incorporating physical activity as a daily routine. Previously mentioned exercising was difficult due to being choppy and wasn't seen. Will monitor + look for types of exercise that might be safe, 34 x per week.

Instructor Signature

Date: 3/30/22

26
Patient Class Intake Form

Today's Date: 4/1/22

Class Topic: Healthy Eating/Nuts/Staying Active

<table>
<thead>
<tr>
<th>Weight</th>
<th>Blood Pressure</th>
<th>A1C/Date</th>
<th>FSBG</th>
</tr>
</thead>
<tbody>
<tr>
<td>204</td>
<td>132/80</td>
<td>7.9</td>
<td>110 target</td>
</tr>
</tbody>
</table>

Have you had any medication changes since your last class? Yes or No
If yes, what changed? Vyvanse switched to Adderall

One thing I will change after this class is: Start working out to BG.

I will start this goal by doing the following:
Light warm up → wait + check sugar. Couple min
then continue break based on numbers.

I know if I can make this change it will have the following impact on my health/life:

↑ activity
↑ mood
↓ weight/BMI

Are there any providers I need to see at this time? Eyes, Free, PCP, Dentist, Other
Are there any labs I need to ask my doctor about? No

For Instructor Use Only:
Did patient report being successful in making their desired change? Yes Partially No

Document any additional interventions recommended here: Encouraged light-moderate activity & waiting & checking blood sugar midway to ensure activity does not cause hypoglycemia - also making sure albuterol inhaler is close by in case of asthma. Said it sometimes helps him.

Instructor Signature

Date 4/1/22

27
<table>
<thead>
<tr>
<th>Scale 1-3 (1-never, 2-in progress, 3-always)</th>
<th>Session 1</th>
<th>Session 2</th>
<th>Session 3</th>
<th>Session 4</th>
<th>Session 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>States guidelines for safe exercise</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Understands action and use of oral</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>medications/insulin</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Identifies symptoms/treatment of</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>hyperglycemia and hypoglycemia</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Understands the effects of illness on</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>diabetes management</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Verbally describes proper meal planning</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>and goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understands how to plan for travel</td>
<td>2</td>
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<td>Verbalizes proper hygiene in preventing</td>
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<tr>
<td>complications (skin, foot &amp; dental)</td>
<td>1</td>
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<td>3</td>
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<tr>
<td>Properly identifies complications</td>
<td>2</td>
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<tr>
<td>(neuropathy, eye, urinary, etc.)</td>
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<tr>
<td>Understands diabetes-related lab values</td>
<td>2</td>
<td>3</td>
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<tr>
<td>(A1c, etc.)</td>
<td>3</td>
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<tr>
<td>Displays proper glucose testing technique</td>
<td>1</td>
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<tr>
<td>(in &lt; CMM)</td>
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<td>Makes healthy food choices and can</td>
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<td>verbalize best choices for substitutions</td>
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1 - never, 2 - in progress, 3 - always
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<th>Session 2</th>
<th>Session 3</th>
<th>Session 4</th>
<th>Session 5</th>
<th>Session 6</th>
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<td>medications/insulin</td>
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<td>hyperglycemia and hypoglycemia</td>
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<td>Verbally describes proper meal planning</td>
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<td>Verbalizes proper hygiene in preventing</td>
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<td>3(eye)</td>
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<td>(on CGM)</td>
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</tbody>
</table>

1 never
2 in progress
3 always
This quiz was taken ___ pre-education ___ post education

Patient Name: ______________ Date: 4/1/22

Please circle your level of confidence on a scale from 1 (not confident) to 5 (very confident).

Not Confident ——> Very Confident

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know how to check my blood sugars. (monitoring)</td>
<td></td>
<td></td>
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</tr>
<tr>
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<tr>
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</tr>
</tbody>
</table>

1. Do you know your current A1c? Yes or No If yes please write it here: 7.9

2. When I first wake up my fingerstick blood sugar should be 100 mg/dl

3. Two hours after a meal my fingerstick blood sugar should be 110 mg/dl

4. I do / do not have a blood glucose monitor. List name of meter here: Dексомет 6 + One touch Verio

5. My next PCP Doctor’s appointment is on TBD

30
<table>
<thead>
<tr>
<th></th>
<th>Class 1</th>
<th>Class 2</th>
<th>Class 3</th>
<th>Class 4</th>
<th>Class 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date</strong></td>
<td>3/8/22</td>
<td>3/10</td>
<td>3/15</td>
<td>3/17</td>
<td>3/21</td>
</tr>
<tr>
<td><strong>Class Topic</strong></td>
<td><em>see below</em></td>
<td>5, 7</td>
<td>2, 3, 5</td>
<td>5</td>
<td>1, 3, 5</td>
</tr>
<tr>
<td><strong>Weight</strong></td>
<td>205 lbs</td>
<td>205 lbs</td>
<td>205 lbs</td>
<td>212 lbs</td>
<td>208 lbs</td>
</tr>
<tr>
<td><strong>Blood Pressure</strong></td>
<td>109/71</td>
<td>136/80</td>
<td>142/80</td>
<td>128/74</td>
<td>144/79</td>
</tr>
<tr>
<td><strong>A1c/date</strong></td>
<td>7.9</td>
<td>7.9</td>
<td>7.9</td>
<td>7.9</td>
<td>7.9</td>
</tr>
<tr>
<td><strong>FSBG</strong></td>
<td>173</td>
<td>131</td>
<td>147</td>
<td>110</td>
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</tr>
<tr>
<td><strong>Ind/Group</strong></td>
<td>Individual</td>
<td>Individual</td>
<td>Individual</td>
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</tr>
<tr>
<td><strong>Session Time</strong></td>
<td>1 hr</td>
<td>1 hr</td>
<td>1 hr</td>
<td>1 hr</td>
<td>1 hr</td>
</tr>
</tbody>
</table>

*1 Monitoring, 2 Coping, 3 Healthy Eating, 4 Being Active, 5 Medications, 6 Problem Solving, 7 Reducing Risks

At the end of Class 5, which selfcares were achieved?

- Calorie counting/
  - Healthy eating
- Med management
<table>
<thead>
<tr>
<th>Date</th>
<th>Class 6</th>
<th>Class 7</th>
<th>Class 8</th>
<th>Class 9</th>
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<td>3/23</td>
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<td>3/25</td>
<td>3/28</td>
<td>3/30</td>
<td>4/1</td>
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<td>Class Topic</td>
<td>*see below</td>
<td>1, 5, 6</td>
<td>3, 5, 6</td>
<td>4</td>
<td>3, 4, 5</td>
</tr>
<tr>
<td>Weight</td>
<td>205 lbs</td>
<td>203 lbs</td>
<td>207 lbs</td>
<td>205 lbs</td>
<td>204 lbs</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>130/80</td>
<td>139/79</td>
<td>135/70</td>
<td>135/80</td>
<td>132/80</td>
</tr>
<tr>
<td>A1c/date</td>
<td>7.9 (3/12/20)</td>
<td>7.9 (3/14/20)</td>
<td>7.9 (3/19/20)</td>
<td>7.9 (3/21/20)</td>
<td>7.9 (3/23/20)</td>
</tr>
<tr>
<td>FSBG</td>
<td>110 (110)</td>
<td>110 (110)</td>
<td>110 (110)</td>
<td>110 (110)</td>
<td>110 (110)</td>
</tr>
<tr>
<td>Individual or Group</td>
<td>Individual</td>
<td>Individual</td>
<td>Individual</td>
<td>Individual</td>
<td>Individual</td>
</tr>
<tr>
<td>Session Time</td>
<td>1 hr.</td>
<td>1 hr.</td>
<td>1 hr.</td>
<td>1 hr.</td>
<td>1 hr.</td>
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</table>
March 8, 2022

Attention: [Redacted], NP

Re: Follow up to Referral for Diabetes Self-Management Education

Patient Name: [Redacted]  DOB [Redacted]

This letter is to update your patient was seen and evaluated on 03/08/2022. Thank you for the referral and order that you authorized. After initial consultation with the patient, the following items will be focused on in educating this patient specifically:

1. Carbohydrate counting
2. Healthy meal prep/managing carb cravings
3. Incorporating a regular physical activity routine

In addition to this focus, we will begin this patient’s education in our small group classes this month, which will further provide a general education covering the seven self-care behaviors including eating healthy, being active, monitoring, taking medication, problem solving, healthy coping, and reducing risks. I will send another follow up letter after this patient’s small group education is complete.

Please let us know if we can help with anything further.

[Redacted]  03/08/2022
Pharmacist Signature  Date

Pharm.D. RPh
This quiz was taken [ ] pre-education [ ] post education

Patient Name: ___________________________ Date: 3/9/22

Please circle your level of confidence on a scale from 1 (not confident) to 5 (very confident).

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
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<td>3</td>
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</tr>
<tr>
<td>I know how to eat right as a diabetic. (healthy eating)</td>
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<td>V</td>
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<tr>
<td>I know how to safely exercise. (being active)</td>
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<td>V</td>
<td></td>
</tr>
</tbody>
</table>

1. Do you know your current A1c? [ ] Yes or No [ ] If yes please write it here: 7.4

2. When I first wake up my fingerstick blood sugar should be 110 mg/dl

3. Two hours after a meal my fingerstick blood sugar should be 110 mg/dl

4. I do / do not have a blood glucose monitor. List name of meter here: Dexcom CareLink Sensor

5. My next PCP Doctor's appointment is on 3/10/22

34
Pharmacy: Diabetes Education Center

April 1, 2022

Attention: [Redacted] NP

Re: Follow up to Referral for Diabetes Self-Management Education

Patient Name: [Redacted] DOB: [Redacted]

This letter is to update you that ten hours of diabetes education has been completed with your patient. Thank you for the referral and order that you authorized.

Upon referral the patient presented with a history of A1C of 7.9, based on lab results your office provided from 3/1/22 - will follow up to observe for any improvements/changes from baseline when next A1C is taken. Patient presented weighing 210 lbs and finished our program weighing at 204 lbs.

Education was focused on optimizing use of medications, carb counting, preventing diabetes-related complications, and incorporating regular activity. The patient had a high baseline level of knowledge about diabetes and how medications worked due to his background as a pharmacy intern. However, his main obstacle was adherence and getting his medications/cGM supplies since he had not seen a primary care practitioner for the past year. Other areas he needed assistance with were dietary control (type/portion of food consumed), carb counting, and staying active. Since starting diabetes education, he has been able to follow up with primary care and has become more adherent to medications with the help of technology and use of alarms/reminders. He has also become more motivated to incorporate dietary changes and learned ways to monitor himself for safe physical activity on a regular basis.

Please let us know if we can help with anything further.

Pharmacist Signature

4/1/2022

Date

Pharm.D. RPh
<table>
<thead>
<tr>
<th>REQUIRED DOCUMENTS:</th>
<th>PAGE #</th>
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</thead>
<tbody>
<tr>
<td>☑ Initial applicants will provide a plan for collecting outcome data for evaluation and improvement of overall DSMES services and reporting to ADCES as part of Annual Status Report.</td>
<td>36-37</td>
</tr>
<tr>
<td>☐ Existing programs will provide a minimum of one program level clinical or behavioral outcome aggregated and reported to ADCES as part of Annual Status Report</td>
<td></td>
</tr>
<tr>
<td>☑ Minimum of one other program level outcome (can be part of CQI) will be aggregated and reported to ADCES annually</td>
<td>36-37</td>
</tr>
<tr>
<td>☐ One CQI project will be reported with related outcomes each year as part of Annual Status Report</td>
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</table>
CONTINUOUS QUALITY IMPROVEMENT PROJECT

Plan (This is the section to complete for new plan each year)
What change are you testing (what problem are you trying to solve)? Explain the current situation and what you hope to change about it.

Improvement in diabetes-specific patient outcomes (such as A1c, blood pressure, or weight) before and after a patient undergoes 10 hours of diabetes self-management education.

What do you predict will happen and why?
A patient’s diabetes-specific markers should improve (lower A1c and blood pressure) following 10 hours of diabetes self-management education. Improvement in markers, if seen can reflect the degree to which the patient learned and implemented lifestyle changes (dietary and physical activity) and enhanced medication management/adherence after undergoing diabetes self-management education.

Who will be involved?
Patient will report outcome data at each class using their progress tracking form. If participating remotely, patient will be responsible to take measurements such as blood pressure and report them during their visit.

Program instructor will collect data initially and at the program conclusion for each patient. If necessary, labs such as A1c will be ordered by the patient’s provider to measure for changes/improvement.

When will the change happen and how long will it take to implement? (timeline)
We will measure for a change in outcome before and after 10 hours of diabetes self-management education (DSME). This may take 1.5-2 months based on how quickly the patient is able to complete their full 10 hours of education.

What resources will be needed?
- Blood pressure monitor (Available onsite)
- Labs (Phlebotomy services available onsite – can be sent out to lab)

(Note: If participating remotely, patient will need to use a home cuff to measure blood pressure. If A1C needs to be retaken, they will need to come in-person to our facility or a local lab to get blood drawn.)

What data need to be collected and when? (timeline) - Outcome Measures:
1. Blood pressure (initial / each class/ final)
2. A1C (initial / final)

Do (Complete this section as you are doing your test of change)
Carry out the change on a small scale. Collect data you identified in your plan. Explain here what you did and how you did it.

Document observations, including any problems and unexpected findings here.

<table>
<thead>
<tr>
<th>Study (Complete this section once you have completed your test of change and have your data)</th>
<th></th>
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<tbody>
<tr>
<td>Analyze the data. Did the change result in the expected outcome?</td>
<td></td>
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<tr>
<td>Were there implementation lessons? Summarize what was learned.</td>
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<tr>
<td>Were there any unintended consequences, surprises, successes, failures?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Act (Complete this section AFTER you have evaluated your data and are deciding what to do with the results, i.e. next steps)</th>
<th></th>
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<tbody>
<tr>
<td>Based on what was learned from the test, select one of the following and elaborate:</td>
<td></td>
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<tr>
<td>☐ Adapt — modify the changes and repeat PDSA cycle.</td>
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<tr>
<td>☐ Adopt — consider expanding the changes in your organization.</td>
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<tr>
<td>☐ Abandon — change your approach and repeat PDSA cycle.</td>
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