

Standard 9

National Standard	Essential Highlights	Interpretive Guidance	Checklist
<p>Standard 9: Participant Progress</p> <p><i>The provider(s) of DSMES services 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.</i></p>	<p>The provider of DSMES will rely on behavior change goal setting strategies to help participants meet their personal targets.</p> <p>The role of the DSMES team is to aid the goal setting process and adjust based on participant needs and circumstances. Validly measuring the achievement of SMART goals (specific, measurable, achievable, relevant, and time-bound) and action planning, including assessment of confidence and conviction is essential.</p> <p>To demonstrate the benefits of DSMES, it is important for DSMES providers to track relevant evidence-based DSMES outcomes such as knowledge, behavior, clinical, quality of life, cost-savings, and satisfaction outcomes.</p> <p>Tracking and communication of individual outcomes must occur at appropriate intervals, for example, before and after engaging in DSMES.</p>	<p>Standard 9 focuses on participant progress in behavioral and clinical outcome measures, and the effectiveness of the educational interventions.</p> <p>Goal Setting The AADE7™ Self-Care behaviors serve as a useful framework for documenting behavior change. Participants do not need to work on all seven behaviors at once. Most will select one or two initial goals and all goals must be SMART goals (specific, measurable, achievable, relevant, and time-bound).</p> <p>Other Measures Clinical outcome measurements need to be chosen based on the population served, organizational practices, and availability of the outcome data. In order to determine the impact of DSMES services, the coordinator must compare outcomes after engagement in DSMES services with a baseline.</p> <p>Communication to Provider DSMES providers must communicate individual outcomes back to the referring provider. A summary of the education provided and the participant outcomes, both clinical and behavioral, demonstrates the benefits of DSMES.</p>	<p>23. De-identified chart must also show evidence of:</p> <p>a. At least one SMART behavioral goal with follow up and measured achievement</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>b. Documentation of at least one clinical outcome measure to evaluate the effectiveness of the educational intervention</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>24. For all Medicare Providers, there must be communication back to the referring provider including the education provided, and the participant outcomes</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

Participant Progress:

The provider(s) of DSMES services 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.

AADE Interpretive Guidance:

Standard nine focuses on establishing individualized clinical outcomes and behavioral goals

SMART- Specific, Measureable, Achievable, Reasonable, and Timely.

In addition, these behavior goals must relate to the AADE7™ (Healthy Eating, Being Active, Monitoring, Taking Medication, Problem Solving, Healthy Coping and Reducing Risks).

Participants do not need to work on all seven behavioral goals at once. Most will select one or two initial goals.

Clinical outcome measurements need to be chosen based on:

- the population served
- organizational practices
- availability of the outcome data

Examples include but are not limited to: A1c, weight, B/P, BMI, waist circumference, lipids etc...

The DSMES Chart must reflect assessment of the individual participant’s achievement of goals including any review and/or adjustments made to the educational plan or goals.

Documentation Requirements for Standard 9:

The components for this standard are:

- De-identified chart must also show evidence of:
 - a. At least one SMART behavioral goal with follow up and measured achievement
 - b. At least one other outcome measure to evaluate the effectiveness of the educational intervention
- Communication back to the referring provider including the education provided, and the participant outcomes (required for all Medicare participants)

De-identified chart must have at least one SMART goal (specific, measurable achievable, relevant, and time-bound) and follow up on the goal

- Action planning and assessment of confidence and conviction(importance) is recommended
- AADE 7 serves as a useful framework for documenting behavior change

De-identified chart must have at least one clinical outcome comparing baseline value to post DSMES value. Each DSMES will determine the timeframe for pre and post data.

Clinical outcome measurements need to be chosen based on the population served, organizational practices, and availability of the outcome data, and may include but are not limited to:

- Knowledge
- Quality of life or reduction in diabetes distress
- Participant satisfaction
- % body weight lost
- HbA1c
- BP
- BMI
- Foot exams
- Eye exams

If Medicare provider, chart must also show communication with the referring provider, including the educational content taught and the participant's behavioral and clinical outcomes.

- Recommend you provide this information in a brief, easy to read format, such as a table with pre-program versus post program outcomes, or a bulleted list of education topics and outcomes achieved.
- If communication with referring providers occurs directly through the EMR, please clarify in your policy for Standard 9.

Additional Resources and Samples from AADE accredited programs

These examples are from actual applications submitted by coordinators managing accredited programs.

- [Sample 1](#)
- [Sample 2](#)
- [Sample 3](#)
- [Sample 4](#)

AADE Resources Available

[Optimizing Goal Setting for Better Patient Outcomes](#)

[AADE7 Goal Sheet](#)

Examples of letters to referring providers from AADE accredited programs

- [Sample 1](#)
- [Sample 2](#)
- [Sample 3](#)