



Charting for DSMT

WEBINAR FOR DEAP QUALITY COORDINATORS
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Presenter



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Learning Objectives

1. Define DSMT and list the components required to be documented in a DSMT chart
2. Select targeted questions for each area of the initial assessment
3. Illustrate how to document an individualized education plan
4. Discuss the use of validated tools in DSMT documentation

Disclaimers

- The examples shown are by no means the only acceptable ways to meet the standards
- The validated tools listed on the slides may or may not be accessible, may have a cost, may be copyrighted; it's up to the user to contact the author for permission if necessary.

What is DSMT?

- Medicare benefit called Diabetes Self-Management Training (DSME/T, DSMES)
- In order to bill for DSMT, must have accreditation showing meet standards and be a Medicare part B supplier
- There are only 2 billable codes: G0108 (individual) & G0109 (group) and are billed in 30 minute increments
- The billing NPI must match the name of the sponsor of the accredited program (name on accreditation certificate)
- Requires a referral order from a certified provider that is “managing the beneficiary’s diabetes”
 - Certified providers include MD/DO, NP, CNS,PA
 - referral is only good for one year
- Is NOT an incident-to service, so provider does not have to be present or sign your notes

Benefit has 2 parts

• Initial Benefit

- Coverage is for 1 hour of individual and 9 hours of group
- Must be used within 12 consecutive months after the 1st G code billing
- Is a once-in-a-lifetime benefit
- May offer more of the 10 hours as individual if beneficiary has “special needs”
 - Hearing problems
 - Visual problems
 - Cognitive problems
 - Doesn’t speak the language
 - There is no group within 2 months of the referral
 - Beneficiary needs more individual instruction per provider on referral order
 - Older, needs to learn injections, etc
 - Order should specify the additional number of individual hours versus group out of the 9 hrs

• Follow up benefit

- Coverage for 2 hours per calendar year, either group or individual, after initial benefit

What is DSMT continued

- Do **not** have to be a CDE to provide DSMT
- DSMT groups can be a mix of Medicare beneficiaries and non-Medicare beneficiaries
- Medicare defines a group as 2-20 people
- If a group is scheduled and only one person shows up, you ask the beneficiary if they agree to make that an individual visit, since there is a difference in copay, or they may have already used their 1 hour of individual coverage OR you could bill G0109 (you are down-coding)

Documentation follows the coding

- Always document according to the code you are billing for the visit
 - MNT documentation has different requirements than DSMT, but both are provided by an RD
 - MNT and DSMT cannot be provided on the same day, so can only code for one and documentation should follow coding
 - Therefore, may want to have a different note template for each

Reporting follows the coding and/or documentation

- Include all participants that you billed G0108 or G0109 for in your Annual Status Report
- If not billing, include all participants that you saw in your program and documented a DSMT visit for
- AADE encourages programs to provide other services for sustainability, such as the DPP and MNT, but for reporting purposes, we are looking for a report focusing solely on the outcomes of DSMT as defined
- Do not include participants who **ONLY** received MNT; if they receive **BOTH** MNT and DSMT, include them

***So what does a DSMT
chart look like?***

Components of a DSMES/DSMT chart



Initial Assessment

- For all participants who are new to your practice and/or newly diagnosed
- Even if participant is referred only for meter teaching or for insulin teaching or for CGM download, you still need to document pertinent assessment
 - Keep in mind that the assessment piece is what makes diabetes education unique and effective
- In subsequent years you would do follow up assessment on pertinent items

Self-Audit Tool (on our website)



EDUCATIONAL RECORD (CHART) REVIEW FORM

4 assessment areas

Category	Item	Comments
Referral Order	Referral for DSME/T in chart (Medicare requirement)	
Assessment of Health Status	Relevant medical and diabetes history	
	Physical limitations	
	Current health service or resource utilization (hospitalizations, ER visits related to diabetes)	
Assessment of Psychosocial Adjustment	Emotional response to diabetes/diabetes distress	
	Social Support systems	
	Readiness to learn	
	Financial Means	
Assessment of Learning Level	Diabetes knowledge	
	Literacy and numeracy level	
Assessment of Lifestyle Practices	Cultural influences	
	Health beliefs and attitudes	
	Diabetes self-management skills and behaviors	
Standard 7	Ongoing education planning and behavioral goal setting with follow up, based on collaboratively identified participant needs	
	Documented individualized follow-up on education and goals	
	For Medicare participants, communication back to the referring provider including the education provided, and the participant outcomes	
Standard 8	Ongoing self-management support options specific to the community where the DSMES services are delivered, with participant preferences noted	
Standard 9	At least one clinical outcome measure to evaluate the effectiveness of the educational intervention	
	Collaborative development of at least one SMART behavioral goal with follow up and measurement achievement	
	For Medicare participants, communication back to referring provider with education provided and participant outcomes	

1. Assessment of Health Status (can be in other parts of the chart)

- Relevant Medical history Comorbidities, diabetes complications
 - Medications
 - History of GDM
 - Date of last eye exam, dental exam
 - Labs
- Physical limitations
 - Do you have any physical problems that prevent you from doing any activities?
- Relevant Diabetes history/Health Svc Utilization/Financial
 - Hospitalizations, ER, EMT for diabetes-related problems
 - Date of diagnosis, diabetes Type
 - Diabetes medication hx (including any intolerances or side effects), device history plus any issues affording diabetes medications/supplies
 - Previous diabetes education?
 - Significant family history (diabetes, thyroid, e.g.)
 - Hx hypoglycemia, DKA
 - How much has diabetes changed what you do every day?
 - What do you know about diabetes?

Michigan Diabetes Research and Training Center's Revised Diabetes Knowledge Test^a

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. The diabetes diet is:
a. the way most American people eat
b.^b a healthy diet for most people
c. too high in carbohydrate for most people
d. too high in protein for most people</p> | <p>9. For a person in good control, what effect does exercise have on blood glucose?
a.^b Lowers it
b. Raises it
c. Has no effect</p> | <p>17. If you have taken rapid-acting insulin, you are most likely to have a low blood glucose reaction in:
a.^b Less than 2 hours
b. 3-5 hours
c. 6-12 hours
d. More than 13 hours</p> |
| <p>2. Which of the following is highest in carbohydrate?
a. Baked chicken
b. Swiss cheese
c.^b Baked potato
d. Peanut butter</p> | <p>10. What effect will an infection most likely have on blood glucose?
a. Lowers it
b.^b Raises it
c. Has no effect</p> | <p>18. You realize just before lunch that you forgot to take your insulin at breakfast. What should you do now?
a. Skip lunch to lower your blood glucose
b. Take the insulin that you usually take at breakfast
c. Take twice as much insulin as you usually take at breakfast
d.^b Check your blood glucose level to decide how much insulin to take</p> |
| <p>3. Which of the following is highest in fat?
a.^b Low fat (2%) milk
b. Orange juice
c. Corn
d. Honey</p> | <p>11. The best way to take care of your feet is to:
a.^b look at and wash them each day
b. massage them with alcohol each day
c. soak them for 1 hour each day
d. buy shoes a size larger than usual</p> | <p>19. If you are beginning to have a low blood glucose reaction, you should:
a. exercise
b. lie down and rest
c.^b drink some juice
d. take rapid-acting insulin</p> |
| <p>4. Which of the following is a "free food"?
a. Any unsweetened food
b. Any food that has "fat free" on the label
c. Any food that has "sugar free" on the label
d.^b Any food that has less than 20 calories per serving</p> | <p>12. Eating foods lower in fat decreases your risk for:
a. nerve disease
b. kidney disease
c.^b heart disease
d. eye disease</p> | <p>20. A low blood glucose reaction may be caused by:
a.^b too much insulin
b. too little insulin
c. too much food
d. too little exercise</p> |
| <p>5. A1C is a measure of your average blood glucose level for the past:
a. day
b. week
c.^b 6-12 weeks
d. 6 months</p> | <p>13. Numbness and tingling may be symptoms of:
a. kidney disease
b.^b nerve disease
c. eye disease
d. liver disease</p> | <p>21. If you take your morning insulin but skip breakfast, your blood glucose level will usually:
a. increase
b.^b decrease
c. remain the same</p> |
| <p>6. Which is the best method for home glucose testing?
a. Urine testing
b.^b Blood testing
c. Both are equally good</p> | <p>14. Which of the following is usually <u>not</u> associated with diabetes:
a. vision problems
b. kidney problems
c. nerve problems
d.^b lung problems</p> | <p>22. High blood glucose may be caused by:
a.^b not enough insulin
b. skipping meals
c. delaying your snack
d. skipping your exercise</p> |
| <p>7. What effect does unsweetened fruit juice have on blood glucose?
a. Lowers it
b.^b Raises it
c. Has no effect</p> | <p>15. Signs of ketoacidosis (DKA) include:
a. shakiness
b. sweating
c.^b vomiting
d. low blood glucose</p> | <p>23. A low blood glucose reaction may be caused by:
a.^b heavy exercise
b. infection
c. overeating
d. not taking your insulin</p> |
| <p>8. Which should <u>not</u> be used to treat a low blood glucose?
a. 3 hard candies
b. 1/2 cup orange juice
c.^b 1 cup diet soft drink
d. 1 cup skim milk</p> | <p>16. If you are sick with the flu, you should:
a. Take less insulin
b. Drink less liquids
c. Eat more proteins
d.^b Test blood glucose more often</p> | |

^aFor non-US patient populations, we recommend reviewing the terms used in items 1, 2, 3, 4, and 8 for appropriateness.
^bCorrect answer.

Validated tools to assess diabetes knowledge

The Diabetes Educator, Fitzgerald et.al.
Volume 42, Number 2, April 2016, p178-187
The Diabetes Knowledge Test 2 (DKT2)

2. Assessment of Psychosocial Adjustment

Sample Questions

- Social Support Systems
 - Where do you get support for helping manage your diabetes?
- Emotional response to diabetes/diabetes distress
 - How do you feel about your diabetes?
 - What is one thing about your diabetes that drives you crazy? (Bill Polonsky, Diabetes Behavioral Institute)

OR
- Circle any words that describe how you currently feel about your diabetes
 - Burdened Overwhelmed Angry
 - Out of control Hassled Challenged
 - Ok Not a problem Alone

OR
- Do you feel you are able to manage your diabetes?
- If no, what makes it difficult?
 - time
 - money
 - lack of support
 - living situation/family
 - not knowing what to do
 - job

Validated Tools

The Diabetes Distress Scale (DDS) (short form)

- A two-question initial screening tool to assess diabetes-specific distress (followed by the full 17-item scale when indicated) available in English and Spanish
http://www.annfammed.org/content/suppl/2008/05/08/6.3.24.6.DC1/Fisher_Apps1-5_new.pdf

The WHO (Five) Well-Being Index

- Validated in many languages, is a reliable measure of emotional functioning and screen for depression and has been used extensively in research and clinical care including the DAWN2 study (Diabetes Attitudes, Wishes and Needs 2) <https://www.psykiatri-regionh.dk/who-5/who-5-questionnaires/Pages/default.aspx>

3. Readiness to Learn/Change

- Check all that apply:

- I am thinking about changing
- I have made changes in the past 6 months
- I have made a healthy change for greater than 6 months
- I do not plan to make any changes this year
- I plan changes in the next 6 months
- I plan to change this month

OR

- How do you feel about making healthy changes in your life?

OR

- Readiness to learn:

- Eager
- Receptive
- Communication barriers
- Sensory/cognitive impairment
- Fatigue/pain/illness
- Unreceptive

- Readiness to Change Ruler

Not prepared
to change

Already
changing



4. Assessment of Learning Level

Examples

Literacy

- “How confident are you filling out medical forms by yourself?”
 - 1-Extremely 2-Quite a bit 3-Somewhat
 - 4- A little 5-Not at all

OR

- There are literacy concerns for this participant Y N

Numeracy

- Here is a nutrition label. Can you tell me how many servings are in this item?

Validated Tools

Three-item screen

- A tool to measure health **literacy**. It asks how often someone needs help reading hospital materials, how confident they are filling out forms, and how often they have difficulty understanding their medical condition <https://afmc.org/wp-content/uploads/2017/01/Literacy-Tools-UAMS-CHL-DHS-2017.pdf>

Newest Vital Sign

- Tests for **numeracy, reading ability and comprehension skills**. Available in English and Spanish https://www.pfizer.com/files/health/nvs_flipbook_english_final.pdf

The DNT 5 (Diabetes Numeracy Test)

- Tests numeracy skills in people with diabetes. Can be written or orally administered. Estimated to take 5-10 minutes. <https://www.mc.vanderbilt.edu/documents/CDTR/files/DNT5.pdf>

5. Assessment of Lifestyle Practices

- Cultural Influences

- Is there any religious or other tradition or practice that affects how you manage your diabetes?

OR

- Do you have any religious or cultural concerns or restrictions regarding healthcare?

OR

- Does your culture influence your decisions about diabetes? (special foods, fasting, religious observances) If yes, how?

OR

- Do you have any spiritual or cultural beliefs we should know about to help us plan your care?

6. Health beliefs and attitudes

Examples

- Check if you agree or disagree

- I have some control over whether I get complications from high blood sugar

Agree Disagree

- Diabetes controls my life

Agree Disagree

OR

- How do you feel about your health?

OR

- What do you see as your individual strengths to help you deal with your diabetes?

OR

- What one thing has made the biggest difference in managing your diabetes?

OR

- How do you rate your health?

- Excellent - good - fair - poor

OR

- Answer yes or no

- I find it hard to believe I really have diabetes

YES NO

- I have difficulty managing my diabetes

YES NO

- I feel unhappy/depressed because I have diabetes

YES NO

- All things considered, I feel satisfied with my life

YES NO

7. Diabetes Self-Management skills and behaviors

Examples

- Walk me through a typical day: when do you wake up, test your blood sugar, take your meds, eat your meals, snacks, beverages, work hours, exercise, go to bed
- Questions specific to taking insulin
 - Injection sites/rotation
 - Storage
 - Disposal
 - Dose and time
 - Technique
- AADE7 framework: Healthy Eating, Being Active, Taking Meds, Monitoring, Problem Solving, Reducing Risk, Healthy Coping
 - These are being revised this year
 - Can use AADE tools for this or use your own questions

Validated Tools

Self-Care Inventory (SCI-R)

- A survey that measures what people with diabetes do versus what they are advised to do in their diabetes treatment plan. For scoring, items are averaged and converted to a 0 to 100 point scale. A high score indicates high levels of self-care. To request permission to use the SCI, contact alagreca@miami.edu.

Summary of Diabetes Self-Care Activities (SDSCA)

- An 11-item or expanded 25-item measure of diabetes self-care behaviors
https://diabetesclinicvaluation.weebly.com/uploads/9/5/6/7/9567609/summary_of_diabetes_self-care_activities.pdf

Diabetes Self-Efficacy Scale

- An eight-item self-report scale designed to assess confidence in performing diabetes self-care activities

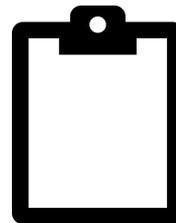
https://www.selfmanagementresource.com/docs/pdfs/English_-_self-efficacy_diabetes.pdf

Individualized Education Plan

- Based on assessment and participant's self-identified needs



- Decision support (coaching)





G

Get their story

Tell me about yourself.

A

Ask about their values

What's important to you?

S

**Seek to understand
their concerns**

What is it about XX (health condition)
that drives you crazy?

*Fill the tank (Relationship) with G.A.S.
to keep the patient moving forward*

Documenting an Individualized Education Plan

Examples

- Identify the top 3 issues that impact your ability to manage your diabetes

OR

- Check the areas you would like help with
 - Eating healthier
 - Increasing my activity level
 - Monitoring my blood sugar
 - Increasing support from family/friends
 - Setting achievable weight loss goals
 - Increasing my understanding of diabetes
 - Improving my ability to manage stress and/or emotions that affect my diabetes
 - Increasing my ability to handle complications (such as vision problems, low energy, mobility issues, painful feet, bleeding gums)
 - Increasing my ability to use the medical system effectively (communicating with my provider)
 - Increasing my ability to give myself injections

OR

- How do you rate your understanding of the following?

	Poor		Good		Excellent
	1	2	3	4	5
Overall diabetes care					
Coping with stress					
Meds you are taking					
Eating for blood sugar control					
Role of activity in diabetes					
What makes blood sugar go up?					
Knowing what my test results mean					

Documenting an Individualized Education Plan cont'd

Examples

- Mark the topics you would like to learn about

OR

- What do you hope to gain from this session?
 - improve blood sugar
 - improve eating habits
 - lose weight
 - feel better
 - learn how to start exercising safely

- Topics needed per assessment and participant's request

OR

- Check the topics you feel you need to learn more about so you can manage your diabetes

OR

- For staff use: check any of the following educational needs

Another example

Diabetes Clinic Individual Patient Education Plan

Patient

Name: _____

Date of Initial Visit: _____

<input type="checkbox"/>	Introduction to Diabetes					
	Knowledge Score	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
<input type="checkbox"/>	Healthy Eating					
	Knowledge Score	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
<input type="checkbox"/>	Being Active					
	Knowledge Score	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	Taking Medication					
	Knowledge Score	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
<div style="border: 1px solid black; padding: 5px;"> <p><u>Knowledge Score Scale</u></p> <p>0 = No Knowledge</p> <p>4 = Extensive Knowledge</p> </div>						

Another example

MY DIABETES EDUCATION PLAN

Patient Signature: _____

Date: 12 Jun 18

I want to learn how to start changing my behaviors in the key areas that I checked below when I'm ready (and not before) in order to get better control of my diabetes and reduce risk of complications.

<input checked="" type="checkbox"/> Healthy eating	Menu planning, label reading, healthy cooking, portion control, dining out, holiday eating, carbohydrate, vitamins, minerals, fiber, sugar, sugar-free foods, omega 3 fats, dietary cholesterol, saturated fat, etc.
<input checked="" type="checkbox"/> Being active	Easy ways to simple exercises into your everyday life, and why (great benefits).
<input checked="" type="checkbox"/> Reducing risks	Risks of complications of uncontrolled diabetes: heart disease, problems with teeth, kidney disease, infections, nerve and vision problems, etc.
<input type="checkbox"/> Monitoring	Monitoring of blood glucose, blood pressure, cholesterol, other health indicators.
<input type="checkbox"/> Taking medications	How medication works, how to take it, precautions, side effects, how to prevent.
<input type="checkbox"/> Healthy coping	Coping with diabetes, adapting to lifestyle changes at work, home, etc.
<input type="checkbox"/> Problem-solving	Solving problems with high/low blood glucose, stress/anxiety, traveling, etc
<input checked="" type="checkbox"/> Support after program	Diabetes self-care support resources I can tap into, other than education program.

To achieve this, my education plan is to (check all those that apply):

- Schedule and attend 6 visits (5 group, 1 individual) of the Education Program at
- Try to re-schedule a visit I missed as soon as possible by calling.
- Complete a diabetes assessment before the very first class and arrive 45 minutes early to do this.
- Ask these person(s) to also attend program at *no extra charge* to help me learn better/achieve goals:
 spouse adult child parent friend caregiver neighbor co-worker
- Also learn about:
 - What diabetes is, my treatment options and what makes my blood glucose go up and down.
 - The other diabetes benefits my healthcare insurance pays for, including follow-up education.
- Individualized by education plan and my behavior and clinical/health goals (blood glucose, A1C, etc.)
- Have educators use these tools that help me learn best:
 - Knowledge education Skill building
 - Goal setting Behavior contracting Confidence building Handouts to take home
 - Reducing obstacles to change Problem solving/reducing Group discussion in class

SMART goals and achievement of goals

- SMART means: Specific, Measurable, Achievable, Relevant and Timebound
- The AADE7 self care behaviors are not SMART goals, they are self-care behaviors
 - Think of them as a framework or goal topics: Healthy Eating is NOT a smart goal, e.g.
 - A goal should be documented as a change in self-care behavior, not a recommendation or instruction

General Instructions	Recommendation	SMART goal
	Drink plenty of fluids	Will use a pre-measured drink container to make sure I get at least XX ounces of water every day
	Test more often to see the effects of your meals on your blood sugar	Will test pre and 2 hours post large meal at least one time per week.
Increase your insulin by 10 units daily.		Will rotate insulin injections to different areas of abdomen using clock method every day.
Make an appointment to see behavioral health.		Will listen to Meditation app every other day for at least 10 minutes

SMART goals and goal achievement

Examples

My Diabetes Self-Management Plan

Name _____

Date _____



1. One way I want to improve my health is (choose one of the topics in the circles above):

2. My goal is (the goal should be related to the topic you chose in number 1):

3. When will I do what I listed as my goal?

4. Where will I do what I listed as my goal?

5. How often will I do what I listed as my goal?

6. What might get in the way of following through on my plan to reach my goal?

7. What can I do about what I listed above that might get in the way of reaching my goal?

Example: I want to improve my health by "Being Active". My goal is to walk in the mornings before breakfast, at the park Monday through Thursday. Rain or snow might get in the way. On those days, I'll go to the store to walk.

How confident am I that I can reach this goal? (circle one)

0	1	2	3	4	5	6	7	8	9	10
Not at all	A little		Somewhat			Very sure		Totally		

If less than 8, what can I do to increase my confidence? _____

Diabetes Self-Management Plan

Goal Ideas

TOPIC	GOALS (what to aim for)	ACTION PLAN (how you will get there) Specific, measurable, achievable, relevant, timebound=SMART
HEALTHY EATING	<input type="checkbox"/> Follow eating schedule better <input type="checkbox"/> Eat better foods <input type="checkbox"/> Overeat less often	
BEING ACTIVE	<input type="checkbox"/> Exercise more often <input type="checkbox"/> Exercise longer	
MONITORING	<input type="checkbox"/> Check blood sugar more often <input type="checkbox"/> Miss fewer blood sugar checks <input type="checkbox"/> Focused testing	
TAKING MEDICATIONS	<input type="checkbox"/> Miss fewer medications <input type="checkbox"/> Take medications on time more often	
PROBLEM SOLVING	<input type="checkbox"/> Prevent and treat high blood sugar <input type="checkbox"/> Prevent and treat low blood sugar <input type="checkbox"/> Manage diabetes when ill	
REDUCING RISKS	<input type="checkbox"/> Stop smoking <input type="checkbox"/> Check feet daily <input type="checkbox"/> Lose weight _____ <input type="checkbox"/> Get blood pressure under control <input type="checkbox"/> Get preventative help	
HEALTHY COPING	<input type="checkbox"/> Cope with diabetes <input type="checkbox"/> Get support from family/friends <input type="checkbox"/> Get support from your medical team	

SMART goals cont'd

Examples

Self-Management SMART Goals

Specific Measurable Attainable Realistic Timely

Name _____ Date _____

The healthy change I want to make is (remember to be specific)

Here is what I can do:

How much:

When:

How often:

The things that could make it difficult to achieve my goal include:

My plan for overcoming these difficulties includes:

Support and resources I will need to achieve my goal include:

On a scale of 1-10 how sure are you that you can achieve this goal?

Not sure Very Sure

1 2 3 4 5 6 7 8 9 10

Follow up date: _____ With _____

(health team member)

How often did [patient name here] achieve goal?

_____ % of time

Goal # _____

I want to improve my health by (please check one):

- Eating a healthy diet (e.g. make better food choices, reduce portion sizes, follow meal plan)
- Being physically active (e.g. exercise longer, exercise more often)
- Monitoring my blood sugar
- Taking my medication
- Problem-solving (e.g. prevent/plan how to deal with problem situations)
- Coping with stress (e.g. schedule pleasant/relaxing activities)
- Reducing Risks (e.g. stop smoking, perform daily self-care activities, get eye exam, see dentist)

My Specific goal: (e.g. walk for 20 minutes, 3 times a week)

My Plan:

When will I do it? (e.g. Mondays, Wednesdays and Fridays)

Who can I turn to for help or support? (e.g. I will ask my friend if she wants to walk with me)

Obstacles and alternatives:

What might get in the way of my plan? (e.g. Rain, bad weather)

What can I do about it? (e.g. I will exercise inside instead of walking outside)

Reward:

What will I give myself as a reward when I meet my goal? (e.g. go to the movies)

Education provided (both group and individual)

EMR example

- Acute Complications:**
- Hyperglycemia (causes, signs, symptoms, prevention): Demonstrates Comprehension
 - Hyperglycemia treatment: Demonstrates Comprehension
 - DKA guidelines: Demonstrates Comprehension
 - Hypoglycemia (causes, signs, symptoms, prevention): Demonstrates Comprehension
 - Hypoglycemia and Rule of 15: Demonstrates Comprehension
 - Medic Alert ID: Demonstrates Comprehension
- Sick Day Guidelines:**
- Method: Booklet/Handout, Demonstration, Explanation
- Education Complete: Yes
- Chronic Complications:**
- Topics Covered:**
- Principles of eye health: Demonstrates Comprehension
 - Principles of skin and foot care: Demonstrates Comprehension
 - Principles of dental care: Demonstrates Comprehension
 - Principles of sexual health: Demonstrates Comprehension
 - Principles of nephropathy: Demonstrates Comprehension
 - Principles of neuropathy: Demonstrates Comprehension
 - Relationship of diabetes and heart disease: Demonstrates Comprehension
 - Tobacco cessation: Demonstrates Comprehension
 - Target BP: Demonstrates Comprehension
 - Benefits and risks of glucose control: Demonstrates Comprehension
 - When to seek medical advice: Demonstrates Comprehension
- Method: Booklet/Handout, Explanation
- Education Complete: Yes
- Goal Setting and Problem Solving:**
- Psychosocial Concerns:**
- Topics Covered:**
- Strategies to reduce risk factors: Demonstrates Comprehension
- Method: Explanation
- Education Complete: Yes
- Health and Behavior Change:**
- Topics Covered:**
- Personal strategies for behavior change: Demonstrates Comprehension
 - Promoting personal health: Demonstrates Comprehension
 - Community resources: Demonstrates Comprehension
 - Goal setting: Demonstrates Comprehension
- Method: Explanation
- Education Complete: Yes
- Nutrition:**
- Topics Covered:**
- Basic diet survival skills: Demonstrates Comprehension
 - Carb counting: Demonstrates Comprehension
 - Label reading: Needs Reinforcement
 - Meal timing: Demonstrates Comprehension
 - Sugar substitutes: Needs Reinforcement
 - Healthy eating: Demonstrates Comprehension
 - Weight management: Demonstrates Comprehension
- Method: Booklet/Handout, Demonstration, Explanation, Food labels, Food models, Online resource
- Education Complete: Yes
- Physical Activity:**
- Topics Covered:**
- Types of activities: Demonstrates Comprehension
 - Activity and blood glucose: Demonstrates Comprehension
 - Safety precautions: Demonstrates Comprehension

Paper Example

DIABETES SELF-MANAGEMENT EDUCATION PROGRAM RECORD and PROGRESS NOTE

Patient: _____ Provider: _____ Initial Subsequent Yr Follow-Up

DSME VISIT #	(Hrs Group Scheduled)	ACTUAL	PROGRESS NOTE: Visit # 3
DSME VISIT # 1	(2 Hrs Group Scheduled)	<input type="checkbox"/> Individual assessment <input type="checkbox"/> Education needs; behavior Δ, tools <input type="checkbox"/> DM risk factors + causes <input type="checkbox"/> Diagnostic Testing/BG ranges <input type="checkbox"/> Symptoms of high/low BG <input type="checkbox"/> Diabetes impact + outcomes <input type="checkbox"/> BG goals / targets / monitoring <input type="checkbox"/> Behavior goals <input type="checkbox"/> Program schedule and visit dates <input type="checkbox"/> Intro to healthy eating with DM <input type="checkbox"/> Intro to physical activity <input type="checkbox"/> Pt-selected topics: <input type="checkbox"/> Other: *SMBG goal:	Date: _____ Initials: _____ Hrs: 0.5 1 2 3 <input type="checkbox"/> Group <input type="checkbox"/> Individual Also present: <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Caregiver <input type="checkbox"/> Other
DSME VISIT # 2	(1.5 Hrs Group Scheduled)	<input type="checkbox"/> DM biology <input type="checkbox"/> BG self-monitoring <input type="checkbox"/> Food/BG/exercise logs <input type="checkbox"/> What ↑ ↓ BG <input type="checkbox"/> Healthy eating* <input type="checkbox"/> Food labels / MyPlate <input type="checkbox"/> Hypo/hyperglycemia <input type="checkbox"/> Sick day care <input type="checkbox"/> Body wt <input type="checkbox"/> Pt-selected topics: <input type="checkbox"/> Other:	Date: _____ Initials: _____ Hrs: 0.5 1 2 3 <input type="checkbox"/> Group <input type="checkbox"/> Individual Also present: <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Caregiver <input type="checkbox"/> Other
DSME VISIT # 3	(1.5 Hrs Group Scheduled)	<input checked="" type="checkbox"/> Pattern management with pts' logs <input checked="" type="checkbox"/> Monitor health status <input checked="" type="checkbox"/> Taking meds* <input checked="" type="checkbox"/> Carb counting/meal planning <input checked="" type="checkbox"/> Being active/stretching* <input checked="" type="checkbox"/> Reducing risks: hypo+ hyperglycemia <input type="checkbox"/> Pt-selected topics: <input type="checkbox"/> Other:	Date: 6-25-18 Initials: SR Hrs: 0.5 1 2 3 <input checked="" type="checkbox"/> Group <input type="checkbox"/> Individual Also present: <input checked="" type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Caregiver <input type="checkbox"/> Other
DSME VISIT # 4	(1.5 Hrs Group Scheduled)	<input type="checkbox"/> Medications: understanding + mgmt. <input type="checkbox"/> Exercise: aerobic <input type="checkbox"/> Questions to ask your Dr. <input type="checkbox"/> Dining out <input type="checkbox"/> Pt-selected topics: <input type="checkbox"/> Other:	Date: _____ Initials: _____ Hrs: 0.5 1 2 3 <input type="checkbox"/> Group <input type="checkbox"/> Individual Also present: <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Caregiver <input type="checkbox"/> Other
DSME VISIT # 5	(1.5 Hrs Group Scheduled)	<input type="checkbox"/> Reducing risks*: chronic complications, micro + macro. Heart, Brain, Kidneys, Eyes, Legs/feet, Nerves, Gums <input type="checkbox"/> Exercise: strengthening, resistance <input type="checkbox"/> Foot care <input type="checkbox"/> Pt-Selected topics or other: <input type="checkbox"/> Other:	Date: _____ Initials: _____ Hrs: 0.5 1 2 3 <input type="checkbox"/> Group <input type="checkbox"/> Individual Also present: <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Caregiver <input type="checkbox"/> Other
DSME VISIT # 6	(1.5 Hrs Group Scheduled)	<input type="checkbox"/> Initial assessment review + correct knowledge deficits <input type="checkbox"/> Behavior goals Δ achievement + other diabetes outcomes <input type="checkbox"/> Healthy coping + stress* <input type="checkbox"/> Obstacles <input type="checkbox"/> Problem solving* <input type="checkbox"/> Importance of working with healthcare providers <input type="checkbox"/> DSM support plan <input type="checkbox"/> DSME follow-up <input type="checkbox"/> Pattern management <input type="checkbox"/> Pt-selected topics: <input type="checkbox"/> Other:	Date: _____ Initials: _____ Hrs: 0.5 1 2 3 <input type="checkbox"/> Group <input type="checkbox"/> Individual Also present: <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Caregiver <input type="checkbox"/> Other

PROGRESS NOTE: Visit # 3

Behavior Δ tools used: Behavior Goals
 Expanded Quality of Life Outcome

A1C: _____ BP: _____ BMI: _____ Ht: _____

Wt: _____ # Wt Goal: _____

BG: _____

Other Outcomes: See Separate Form Attached

Diabetes Meds: None No change Request Δ

Other Meds: BP lipids depression/anxiety

*Behavior Goals Set related to Separate Form Attached

*Healthy eating *Being active *Taking meds
 *Reducing risks *Monitoring *Healthy coping
 *Problem-solving *Feet
 Handouts provided Carb counting, meds
 PHYSICIAN ACTION REQUESTED

Notes: Foot care kit

This week we followed-up on _____ main behavior goal: ↑ physical activity that is purely for existing purposes. states "time" is a challenge. He + spouse continue to focus on carb counting very regularly.

SEE ADDENDUM NOTE ATTACHED

* K = Knowledge S = Skill G = Goal Setting B = Behavior Contracts C = Confidence O = Obstacles P = Problem Solving H = Handouts DS = Discussion D = Demo V = Video
 Educator Signature/Initials: _____

Ongoing support plan

When? Any time, most commonly during last visit

Example

Resources Available for Ongoing Support

Health and Wellness

Exercise

- Community Walking Trails- Bloch Park, Valley Grand, RiverWalk- ALL FREE!!!
- YMCA of Selma/Dallas County
 - Offers Silver Sneakers classes
 - <http://www.ymcaofselma.org/>
 - 874-9622
 - 1 YMCA Drive
- InShape Fitness
 - Offers a variety of classes and equipment
 - 875-7500
 - 630 Medical Center Parkway

Health Information

- Living with Type 2 Diabetes Program – FREE subscription
 - You were enrolled as part of the program!!
- Dallas County Extension Office
 - <http://offices.aces.edu/dallas/family-health/>
 - 875-3200
 - 429 Lauderdale Street
- Health Department
 - www.alabamapublichealth.gov/diabetes/index.html

Prescription Assistance

- HealthLink – provides prescription assistance to patients without insurance, low income persons, or other qualified individuals.
 - 418-8800
 - 1432 Broad Street

Internet Access

- Selma/Dallas County Public Library
 - www.selmalibrary.org
 - 874-1725
 - 1103 Selma Avenue

If you have a specific need, we will do our best to help you find a resource and solution!

• Include things like:

- Magazines
- ADA, JDRF
- Peer support online communities
- Apps
- Websites
- Smoking cessation programs
- Walking trails
- Mall walking groups
- Senior center fitness classes
- Diabetes support groups
- Behavioral health resources
- Pharmaceutical financial assistance programs
- Electronic newsletters
- Weight management groups, programs
- Food assistance programs
- Specialists for oral health, foot health, eye health, kidney health, etc

Communication to the referring provider

- Required if Medicare beneficiary, but also good way to market your program and outcomes
 - Should include the education provided and participant outcomes achieved (both behavioral *and* clinical)
- If communicate via EMR, make sure stated in your Standard 9 policy

Communication with referring provider

Examples

Sample letter to referring provider

Date of Service: Diabetes Self-Management Education and Support (DSMES) Service

Patient Name: Date of Birth:

Referring Provider:

Dear Dr X,

Thank you for your referral of RT. He completed all 3 sessions of DSMES and was provided the following education:

Day 1	Day 2	Day 3
What is diabetes?	Meal planning, continued	Exercise and benefits
Types of Diabetes	Oral agents	Chronic complications
Hyperglycemia, s/s, causes, treatment	Insulin overview	Foot care
Hypoglycemia, s/s, causes, treatment	Stress management	Effects of smoking
Target blood glucose and HbA1c	Sick day care	Personal diabetes ID
Nutrition and Meal Planning	Community resources	Blood glucose monitoring
Balancing meals, medications and exercise for glucose control	Immunizations	

Other Outcomes RT achieved:

Pre-education knowledge test score=55%; Post-education knowledge test score=84%

Comprehension assessment=good to excellent; Readiness for change=good to excellent

Labs: Blood glucose=99mg/dl, BP=142/68

Concerns and Recommendations:

- RT was attentive and asked numerous questions during the sessions. He is receptive to learning more about diabetes and how to better manage it. He was accompanied by his wife at all sessions.
- RT has a blood glucose meter and continues to check once daily, as you prescribed. I provided a new lancing device and he return demonstrated successfully. He was instructed to contact you for readings trending >150mg/dl.
- He continues on Metformin 1000mg BID and has not had any side effects or missed doses.
- RT may benefit from a visit with a registered dietitian for Medical Nutrition Therapy.
- He has been very excited by his 18lb weight loss since diagnosis and his reduction in A1c.
- I provided my phone number if he has any questions related to anything we discussed. As a reminder, Medicare covers up to 2 hours of DSMES every calendar year as needed with a new referral.

Thank you for allowing me to participate in the education of your patient. I look forward to continuing to work with you and your patients in the future.

Sincerely,

Diabetes Educator

Sample Letter to Referring Provider

Date: _____

RE: _____ DOB: _____

Patient name: JL

Dear Provider,

JL has completed Diabetes Self-Management Education and Support Services offered by D Health Center. Here are JL's results:

Clinical Outcomes		
	Baseline	After Participation in DSMES
A1c		
Blood Pressure		
Weight/BMI		
Lipids		
Behavioral Outcomes		
	Baseline	After Participation in DSMES
Healthy Eating		
Being Active		
Healthy Coping		
Taking Medications		
Reducing Risks		
Problem Solving		
Monitoring		

JL was instructed on diabetes care and skills according to the Standards of Care established by the American Diabetes Association and the Diabetes Education Curriculum: A Guide to Successful Self-Management by the American Association of Diabetes Educators. Topics covered included:

- Basic pathophysiology of Type 1, 2 diabetes
- Use of blood glucose meter and target blood glucose levels
- Meal planning with a focus on carbohydrate counting
- Exercise and travel guidelines
- Pharmacological agents (orals, injectables, insulin)
- Sick day management, hypo/hyperglycemia
- Detection and prevention of chronic complications

JL was instructed to contact you regarding her ongoing diabetes care.

Thank you very much for your referral to our program. Feel free to contact us if you have any questions or concerns. Medicare provides coverage for up to 2 hours as needed each calendar year with a new referral. We would be happy to continue to work with JL if needed.

Diabetes Educator: _____

Charting Tips

- Keep in mind that an auditor has a checklist of items they are looking for in the chart, so make it easy for them to find it!
- If a standard calls for documentation of X, make X a heading in your chart template; don't bury it in narrative



Thank You!

