STANDARD 3 - Evaluation of population served

The provider(s) of DSME will determine whom to serve, how best to deliver diabetes education to that population, and what resources can provide ongoing support for that population.

Policy: We strive to meet the needs and accommodations of every patient.

Geographic Region: X County and surrounding counties.

Expected Volume: 15-20 participants monthly

County Statistics: (Source US Census Bureau, 2010 Census)
- Total population: 256,581 (White/Caucasian 69.6%, African/American 19.9%, Hispanic 9.0%, Other 2.5%)
  - Female 51.6%  Male 48.4%
  - Age: 0-17 = 18%  18-64 = 69.6%  >65 = 12.4%
- Socioeconomics: Median Household Income $44,702
  - Percent of persons below 100% of the PPL 24.2%
  - Percent of persons below 200% of the PPL 42.0%
  - Unemployment rate 4.3%
  - Percent with High School Diploma 92.5%
  - Percent with College Diplomas 51.7%
  - Non-Elderly (age 0-64) Uninsured 12.6%

Department Statistics: We are the only private Endocrinology office in the area.
- The VA hospital and University hospital have programs for their patients. Our patients are referred from their Primary Care Physicians for endocrinology issues. We see patients 18 years of age and older. Along with the many other endocrinology diagnoses we see patients with Type 1, 2 and gestational diabetes. Patients needing DSMES services are identified by our providers and are then referred for diabetes education.
- Insurance - Commercial, Medicare, some Medicaid, self-pay.
- Pt visits/week 300. 54% of those patients have a diagnosis of diabetes. Our largest patient population is 60-74 years of age

Physical Facility: (classroom, ramps, elevators, etc.) We can accommodate walkers, wheelchairs, scooters, stretchers and other devices designed to improve mobility.

Diabetes Treatments - Oral Anti-diabetes Medication
- Insulin and Concentrated insulin
- Injectable Anti-Diabetes Medication other than insulin
- Insulin pumps
- CGMS

Resources
- Space – Classroom dedicated to DSMES services and will accommodate 10-12 people.
- Staffing – 1 fulltime RN CDE. Approximately 80% of her time is dedicated to DSMES services as Quality Coordinator/Educator and 20% to clinic responsibilities that require a RN.
1 part-time RD, LD, CDE educator for DSMES services (50%) and MNT (50%).

**Scheduling** – support from Scheduling department who can schedule classes and appointments

**Insurance/Billing department** - assist in insurance issues and bills for the services.

**IT department** – support for IT issues

**Medical assistants** - provide support by performing vital signs, blood glucose and A1C testing in the clinic.

**Equipment** - classroom is equipped with tables and chairs, projector and screen, Whiteboard, laptop computer, food models, educational and teaching material. A color printer and copier, vital sign machine, scales, A1C machine is available in the clinic.

**Curriculum** - AADE DSME Curriculum 2nd edition

**Low vision** – Print augmentation, magnifier, 1:1 appointments, oral instructions with verbal acknowledgement of understanding.

**Interpreter Services** – Spanish speaking staff member.

**Hearing impaired** - Written educational materials. Deaf interpreter services are available from Center for Independent Living in our area to assist in sign language when necessary. 1:1 appointments. Can refer to our Audiology department for assistance.

**Multi-Language Education material** – While the majority of the target population is English speaking, educational material will be available in the other languages prevalent in the geographic areas served (Spanish). We have a full time employee who speaks fluent Spanish. Websites will be used if other language materials are needed.

**Disabled** – wheelchairs/scooters, handicap parking, ramps, elevators, wheelchair scale

**Low literacy** - low literacy handouts, 1:1 appointments

**Low income** - Include information on finding low-cost medications and services (Good Rx, etc.) Medication patient assistance from drug manufacturers and patient assistance programs. Co-pay cards for medications. Free meters

**Use of technology** - Our patient portal allows our patients to view appts, labs, and to send us messages. E-mails can also be received through our website. We use insulin pumps, meters, CGM’s. These are downloaded at each visit. We instruct patients on mobile apps for carb counting, CGM monitoring etc.

**Telehealth** – N/A

**EHR** – We have been using an EHR since 2004. Using Allscripts for past 10 years.

Any additional barriers and challenges discovered for members within the target population will be communicated to the participant’s primary care provider.

We were approved for grant funding by a private, not-for-profit 501(c) (3) organization and is the state designated local health council for 16 counties and specializes in health-related consultancy for clients and projects throughout the state. They have an initiative to improve and start DSMES services in our area. Classroom equipment, supplies, etc. were covered by the grant and a mentor was assigned to us to help in meeting the AADE accreditation program.

At least annually, an assessment of the target population will be performed to address access to services, cultural influences, barriers to education, and appropriate allocation of resources.