

## **STANDARD 9 PARTICIPANT PROGRESS**

This is an outline of the components to include in your application and binder for Standard 9.

1. De-identified chart must have at least one SMART goal (specific, measurable achievable, relevant, and time-bound) and follow up on the goal
  - a. Action planning and assessment of confidence and conviction(importance) is recommended
  - b. AADE 7 serves as a useful framework for documenting behavior change
2. De-identified chart must have at least one clinical outcome, measured after engagement in DSMES services and compared to a baseline value.
  - a. 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:
    - i. Knowledge
    - ii. Quality of life or reduction in diabetes distress
    - iii. Patient satisfaction
    - iv. % body weight lost
    - v. HbA1c
    - vi. BP
    - vii. BMI
    - viii. Foot exams
    - ix. Eye exams
3. 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.
  - a. 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. See samples on the website.
  - b. If you communicate with the providers through the EMR, make sure you have that written into your Standard 9 policy.