

Education for Life.



Education
Recognition
Program

Greetings from the Education Recognition Program (ERP) team!

This spring, we are excited to provide you with updates on the latest Know Diabetes by Heart™ and Focus on Diabetes® initiatives as well as registration details on our upcoming ERP Reimbursement Symposium. We are also highlighting the important work of one of our services, The Christ Hospital Diabetes Education Services.

We would like to thank each and every one of you for all that you do for people with diabetes.

What's New

ERP Announcement

ERP Reimbursement Symposium

The **ERP Reimbursement Symposium** is an accredited health care provider program that will award attending physicians, physician assistants, nurses, dietitians, pharmacists, and certified diabetes care and education specialists up to six continuing education (CE) credits. The program's goal is to increase participant access to quality, evidence-based, and sustainable diabetes self-management education and support services.

The one-day course will take a deep dive into billing for diabetes self-management training (DSMT), medical nutrition therapy (MNT), and other services that are provided to people with diabetes at various locations such as hospitals, physician offices, registered dietitian nutritionist (RDN) private practices, federally qualified health centers, state health departments, and pharmacies.

Steps required by pharmacies to become a Medicare DSMT provider and DSMT billing will be explained in detail. Current and post-pandemic DSMT and MNT telehealth Medicare coverage guidelines will also be discussed. The program is designed for adult learners, is interactive, and promotes networking and best practice sharing.

- **When:** Friday, April 28
- **Time:** 11:00 a.m.–5:00 p.m. ET
- **Cost:** \$150.00
- **CE Credits:** Up to 6
- **Where:** Zoom

[Register Now](#)

Application Payment Update

Note: This message is intended for services that will be submitting an original, renewal, or additional multi-site application in the near future.

We have noticed that check payments are taking longer than usual to be received and processed by our processing department. **To alleviate this issue and prevent any delay in your application processing, we encourage you to pay via credit card through the application in the portal.**

The last step in the application process is to either pay via credit card or indicate that you will be submitting a check for payment. If payment for your application can only be made via check, we encourage you to send the check at least **90 days** prior to your service expiration date.

Payment address options:

FedEx (Recommended):	General Mail:
American Diabetes Association Education Recognition Program 1150 Conrad Street Hagerstown, MD 21740	American Diabetes Association Attn: Service Center – Education Recognition Program PO Box 7023 Merrifield, VA 22116-7023

Invoice requests: Invoices can be downloaded from the ERP Portal on the left menu, through the Invoice Request Form.

Advocacy Corner

New Safe at School Training Resources Now Available

The Safe at School[®] campaign of the American Diabetes Association[®] (ADA) is pleased to offer new and updated training resources reflecting changes in diabetes technology and treatment in the school and childcare settings. Pediatric diabetes health care professionals and school nurses should use these resources and tools to train non-clinical school and childcare staff and increase staff awareness of diabetes. The following Safe at School resources align with best practices in the school setting

and legal protections for children with diabetes:

- [*Helping the Student with Diabetes Succeed: A Guide for School Personnel*](#) provides school diabetes management information, recommendations, and important forms for school nurses and administrators, school staff, pediatric diabetes providers, families, and policy makers.
- [*Diabetes Care Tasks at School: What Key School Personnel Need to Know*](#) consists of 19 separate PowerPoint slide decks covering diabetes tasks including, but not limited to, continuous glucose monitoring (CGM), insulin administration, glucagon administration, type 2 diabetes, and other diabetes care tasks for use by diabetes educators, school nurses, and other health care professionals responsible for training non-clinical school and childcare staff.
- [*Diabetes Medical Management Plan*](#) is a fillable form for use by schools and pediatric diabetes providers to enable a more standardized and efficient completion of a student's school diabetes care order.
- [*Guidelines for the Use of Continuous Glucose Monitoring*](#) provides information about the use of CGMs in the school setting.
- Other updated resources such as case studies for school nurses, insulin concentration information for school nurses, and a tip sheet for teachers are available at diabetes.org/sastraining.

For more information, contact [Crystal Woodward, director of Safe at School](#).

Diabetes and Kidney Disease Resources for DSMES Participants


The advertisement features a dark red background with a repeating pattern of stylized kidneys. At the top left is the American Diabetes Association logo with the tagline "Connected for Life". At the top right is the Davita logo with the text "National Sponsor of Living with Diabetes". The main text reads: "Having diabetes puts your kidney health at risk. Prioritize your kidneys by visiting our online resource, Living with Diabetes: Kidney Care, to learn how to prevent or slow the progression of chronic kidney disease. Better kidney health starts with you." At the bottom, there is a white rounded rectangle containing the URL "diabetes.org/kidney" and a magnifying glass icon.

[View the Journey](#)


Know Diabetes by Heart Offers Cutting-Edge Resources for Providers, Including Case-based Learning App and Webinars



Let's Talk About Diabetes, Heart Disease, & Stroke



What is My Risk?
→




What Can I Do?
→



How Can I Be an Active Member of My Health Care Team?
→

Know**Diabetes**by**Heart**™



KNOW DIABETES BY HEART.

Heart disease is a major risk for people living with diabetes. People living with type 2 diabetes are 2x more likely to develop and die from things like heart attacks, heart failure and strokes than people who do not have diabetes.

Take Charge of Your Health

Join us for our free **Ask the Experts Q&A** series created to help tackle issues commonly faced by people living with diabetes and their families. Ask a question of our clinical experts and learn more about the relationship between diabetes, heart disease, stroke, and kidney disease.

- How to Take the Lead in Your Health Care: What to Discuss with Your Diabetes Team**
January 10, 2:00 p.m. ET
- Prevention and Treatment of Heart Disease and Stroke**
February 14, 2:00 p.m. ET
- How to Prevent and Treat Kidney Disease**
March 14, 2:00 p.m. ET
- Labs, Scans and More!**
April 11, 2:00 p.m. ET
- Managing Your Blood Pressure may Help Preserve Your Heart and Kidneys**
May 9, 2:00 p.m. ET
- Just do it! Being Active May be the Most Important Contribution to Your Health**
June 13, 2:00 p.m. ET

REGISTER NOW



FOUNDER SPONSOR: American Heart Association
NATIONAL SPONSOR: American Diabetes Association

Share the NEW patient eModule with your patients with type 2 diabetes to help them learn about their risk for heart disease and stroke. They will find out how to talk about health risks and what to do about them. _

The most recent interactive Know Diabetes by Heart workshop, *Advancing Health Equity Skills for Health Care Providers*, was held on March 6 and focused on the urgent need to address social determinants of health in underserved patient populations with type 2 diabetes and cardiovascular disease. [View a listing of previous and upcoming webinars](#)

Advancing Health Equity Skills for Health Care Professionals

Join **Know Diabetes by Heart™** for our workshop on Monday, March 6, 2023, 1:00–2:15 PM EST

Enrique Caballero, MD
Brigham and Women's Hospital

Ruban Dhaliwal, MD, MPH
Upstate University Hospital

Tiffany Powell-Wiley, MD, MPH
National Institutes of Health

REGISTER NOW
[KnowDiabetesbyHeart.org/Webinars](https://www.knowdiabetesbyheart.org/webinars)

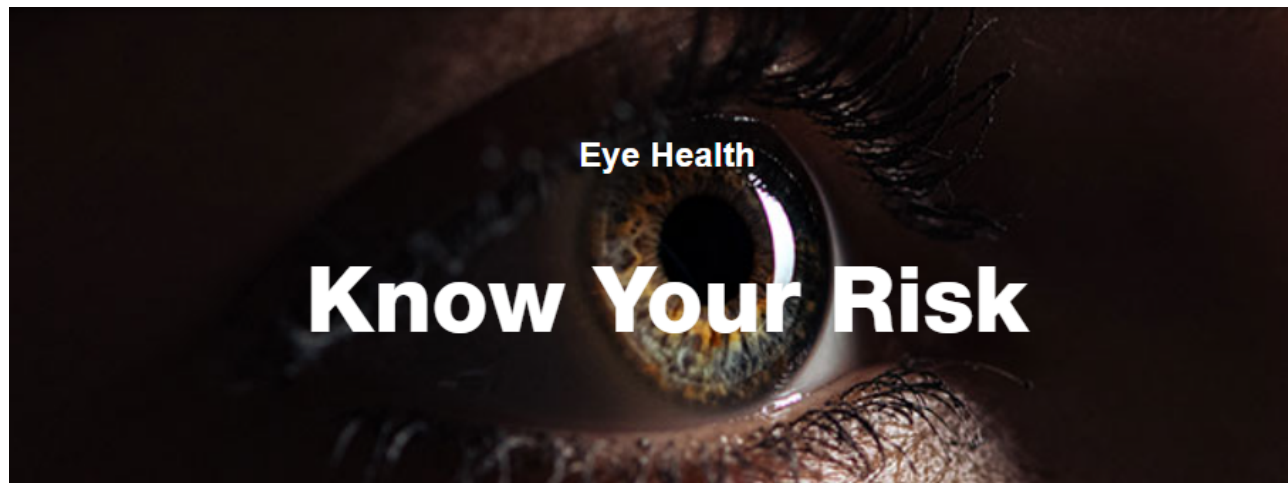
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Focus on Diabetes

Know Your Risk for Vision Loss

Vision loss due to diabetes can be prevented with early detection, timely treatment, and preventive lifestyle changes. With this free resource, you can better understand the risk factors, calculate your risk, and learn simple steps you can take to prevent vision loss.

[Learn More](#)



Creative Cooking Ideas for People Living with Diabetes



Learning how to cook healthy can be daunting for those with diabetes. Our live cooking classes are a fun and easy way to learn how to cook by going step-by-step through the process of making tasty diabetes-friendly meals. [Encourage your patients to join our free cooking classes.](#)

Diabetes Prevention Program (DPP)



DPP *Express*

DPP *Express*: Do More with Your Data

Simplify data collection and reporting for your Centers for Disease Control and Prevention (CDC)–recognized lifestyle change programs with DPP *Express*.

If you have a CDC-recognized lifestyle change program as part of the National Diabetes Prevention Program, you know how difficult it can be to collect and report data accurately and meet all the requirements of the CDC's Diabetes Prevention Recognition Program (DPRP). If you are tired of spending hours tracking the evaluation data required by the DPRP and manually generating required reports, it is time to try the ADA's DPP *Express*!

Introducing Multiple Organization Codes Capabilities


Do you deliver a lifestyle change program with multiple delivery modes? With DPP *Express*, you can now easily enter and export data for each of your organization's DPRP organization codes with a single account. See all your program data in one place and run reports across delivery modes. Streamline your DPRP reporting and take the stress out of managing multiple organization codes.

[Learn more about DPP *Express* and its capabilities or to join.](#)

Coming to ERPU

The webinars below will be added to ERP University (ERPU) from March to June. Please be sure to check ERPU in the coming months to access these recordings.

Access ERPU at diabetes.org/erpu and use password “ERP1986” to log in.



March 24, 2023

Building the R.I.G.H.T. Online Brand as a Health Care Professional—The Who, What, & Where




April 24, 2023

DSMES Program From A-Z

PRESENTER
Jennifer D'Souza, PharmD, CDCES, BC-ADM

PRESENTER
Michelle Standl, MS, BSN, RN, CDES

PRESENTER
Rozalina G. McCoy, M.D. M.S.



May 24, 2023

Grow Your DSME Program with Person-Centered CGM Technology

Alexis McKee
MD, CDCES

Gina Patnoe
RN, BSN, PHN, CDCES

Mandy Reece
PharmD, CDCES, BC-ADM, BCACP, FADCES, FCCP

Hails Kaan Akturk, MD

A Message from Splenda

Millions of people are drinking sugar-filled beverages daily, including people with diabetes. In fact, sugar-sweetened beverages are the leading source of added sugars in the U.S. diet. Consuming these beverages can make it difficult for people with diabetes to achieve health goals, including blood glucose management and weight loss. We're helping by working with the ADA to help people with diabetes rethink their drink.

Swapping out sugar for a low- and no-calorie sweetener in drinks will help your patients see results that will build their confidence to keep making changes. Splenda Zero Calorie Sweeteners can help reduce calories, carbs, and added sugar when used in place of sugar in drinks like iced coffee, sweet tea, lemonade, smoothies, and more. Check out recipes from the ADA's Diabetes Food Hub® for delicious Splenda drink recipes like this [Southern Sweet Tea](#) and [Chocolate Cherry Smoothie](#).


[Download and print](#) this Rethink Your Drink handout for your patients to help them start making simple zero-sugar drink swaps today!

RETHINK YOUR DRINK

The smallest change you can make with the **BIGGEST** result.

The Bitter Truth About Sugary Drinks

Sugary drinks are the #1 source of added sugars in the American diet.¹



Americans consume 17 teaspoons of added sugars on an average day. That is double or more the recommended daily limit.^{2,3}



People who have sugary drinks often are more likely to develop:

- Obesity⁴
- Type 2 Diabetes⁴
- Heart Disease⁴
- Cavities⁵



The hidden sugars in your drinks add up—having too many comes with health risks!

What are Hidden Sugars?

HIDDEN SUGARS are added sugars disguised as lesser-known names. They are found in drinks you wouldn't expect, like bottled fruit juices and teas.



SPOT HIDDEN SUGARS IN YOUR DRINKS

Look for these alternative names for sugar on labels.

•Raw sugar	•Beet sugar	•Fructose	•Honey	•Corn Syrup
•Brown sugar	•Invert sugar	•Glucose	•Agave Nectar	•High-fructose corn syrup
•Date sugar	•Cane sugar	•Maltose	•Molasses	•Malt syrup
•Coconut sugar	•Cane juice	•Sucrose	•Maple syrup	

SEE BACK TO START MAKING SIMPLE DRINK SWAPS!

Small Steps Add Up To Big Results

Simple drink swaps to cut calories, avoid blood sugar spikes, and manage a healthy weight.⁶⁻⁸

INSTEAD OF SUGARY DRINK	SIMPLE SWAP	EVERY 90 DAYS CUT*
 <p>16.9oz Soda 200 calories</p> <p>RETHINK →</p>	 <p>20oz Sparkling Water with Liquid Water Enhancer 0 calories</p>	<p>26 cups sugar</p> <p>18,000 calories</p> <p>Or up to 5 pounds</p>
 <p>16oz Fruit Juice 200 calories</p> <p>RETHINK →</p>	 <p>16oz Water with Fresh Fruit 0 calories</p>	<p>20 cups sugar</p> <p>18,000 calories</p> <p>Or up to 5 pounds</p>
 <p>16oz Sweet Tea 170 calories</p> <p>RETHINK →</p>	 <p>20oz Unsweetened Tea with Zero Calorie Sweetener Packets 5 calories</p>	<p>21 cups sugar</p> <p>14,850 calories</p> <p>Or up to 4 pounds</p>
 <p>16oz Iced Latte 190 calories</p> <p>RETHINK →</p>	 <p>16oz Iced Latte with Unsweetened Almond Milk and Zero Calorie Sweetener Packets 70 calories</p>	<p>13 cups sugar</p> <p>10,800 calories</p> <p>Or up to 3 pounds</p>



Visit Splenda.com for drink recipes and more!

1. U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025, 9th Edition. Published December 2020. DietaryGuidelines.gov 2. U.S. Department of Agriculture, Agricultural Research Service. 2020. Food Patterns Equivalents Intakes from Food: Mean Amounts Consumed per Individual, What We Eat in America, NHANES 2017-2018. 3. Johnson RK, Appel LJ, Brands M, et al. Dietary sugars intake and cardiovascular health: a scientific statement from the American Heart Association. Circulation. 2009;120(11):1011-1020. doi:10.1161/CIRCULATIONAHA.109.199627 4. Malik VS, Popkin BM, Bray GA, Desjardis JP, Hu FB. Sugar-sweetened beverages, obesity, type 2 diabetes mellitus, and cardiovascular disease risk. Circulation. 2010;121(10):1356-1364. doi:10.1161/CIRCULATIONAHA.109.187685 5. Lariodo N, Sanders AE, Godfrey EM, Salazar CR, Badner VM. Sugar-sweetened beverage consumption and caries experience: An examination of children and adults in the United States. National Health and Nutrition Examination Survey 2011-2014. J Am Dent Assoc. 2020;151(10):762-769. doi:10.1016/j.jadl.2020.06.018 6. Wanshaw H, Ekelman SV. Practical Strategies to Help Reduce Added Sugars Consumption to Support Glycemic and Weight Management Goals. Clin Diabetes. 2021;39(1):47-56. doi:10.2337/cldi20-0034 7. Piccolini ND, Khan TA, Wang L, et al. Association of Low- and No-calorie Sweetener Beverages as a Replacement for Sugar-Sweetened Beverages With Body Weight and Cardiometabolic Risk: A Systematic Review and Meta-analysis. JAMA Netw Open. 2022;5(3):e222092. Published 2022 Mar 1. doi:10.1001/jamanetworkopen.2022.2092 8. Tei SL, Salehi NB, Henry J, Forbes CG. Effects of aspartame, monk fruit, stevia, and sucrose-sweetened beverages on postprandial glucose, insulin and energy intake. Int J Obes (Lond). 2017;41(3):450-457. doi:10.1038/sj.ijo.2016.225 *Estimated cutting 3,500 calories results in 1lb of weight loss when not replaced with other calories.

This content is brought to you by Splenda[®], a proud supporter of the ADA.



ERP Spotlight – From the Desk of The Christ Hospital Diabetes Education Team

The Christ Hospital Diabetes Education Services has maintained its ADA Recognition for over 20 years. When the pandemic hit, we quickly began the process of implementing telehealth to keep our program up and running and we began to see patients for both telephone and Zoom visits.

We consider ourselves to be both an inpatient and outpatient team, providing support to one another. The outpatient team, who provides DSMT, consists of three nurses and six dietitians. Four of our team members are certified pump trainers. We support ten endocrinologists and four nurse practitioners at six different locations. We also provide support to a seventh location, which is a primary care office with a high population of patients with diabetes. We see patients diagnosed with type 1 and type 2 diabetes, gestational diabetes, and prediabetes. The entire team is trained in CGM education and insulin instruction. Since the pandemic began, we have been doing individual visits. Our in-person group visits are still on hold, but we hope to resume soon. We have the capability to do group video visits and continue to work to build interest in this visit type.

Patients have been so appreciative of the ability to receive education more quickly by not having to wait for an in-person visit. With visitor limitations, telehealth has created more flexibility to allow for more support persons to be present during the visit. Since we can share video links, people do not even need to be in the same physical space as one another! Let's not forget that sometimes it's safer to stay at home—like during COVID-19 surges, other illnesses, or poor weather conditions. A program participant stated, "I was diagnosed with cataracts in both my eyes and need corrective surgery for both. This was one of the main reasons that I agreed to the virtual education. It made scheduling seamless and allowed me to do so from the comfort of my home."

That same participant appreciated that all education materials were made available to him, even though he was not coming to the office. Some patients choose to have materials sent through our online patient portal, MyChart, while others still prefer hard copies in the mail.

We have continued to be successful in our patient outcomes through the pandemic. You can see in the chart below how we are achieving our patient goals overall—but we notice even greater results with telehealth participants.

A1C
goal: 75% of patients (who complete Comp Edu) will show decrease

	AVG BEFORE	AVG AFTER	DECREASE
ALL	8.4%	6.7%	1.6%
PERSON	8.2%	6.8%	1.4%
PHONE	8.6%	6.9%	1.7%
VIDEO	8.3%	6.4%	1.9%

	% with decrease
ALL	81%
PERSON	78%
PHONE	80%
VIDEO	87%



The idea of telehealth was daunting at first, but we have been successful in meeting all our patient needs through this channel. All it takes is some creativity and a willingness to try! The world is changing, and we know we must be willing to change with it. Expect some bumps along the way but do not be afraid of them—take those as opportunities to grow and improve.





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askada@diabetes.org | 1-800-DIABETES
Learn more at diabetes.org.