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.
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:

<table>
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<tr>
<th>FedEx (Recommended):</th>
<th>General Mail:</th>
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| 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](http://diabetes.org/sastraining).

For more information, contact **Crystal Woodward, director of Safe at School**.

**Diabetes and Kidney Disease Resources for DSMES Participants**

[Image: diabetes.org/kidney]
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?

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.

**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.
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: 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 DDP 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.

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!
Small Steps Add Up To Big Results
Simple drink swaps to cut calories, avoid blood sugar spikes, and manage a healthy weight.6-8

<table>
<thead>
<tr>
<th>INSTEAD OF SUGARY DRINK</th>
<th>SIMPLE SWAP</th>
<th>EVERY 90 DAYS CUT</th>
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<tbody>
<tr>
<td>16.9oz Soda</td>
<td>Diet Soda</td>
<td>26 cups sugar</td>
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<tr>
<td>200 calories</td>
<td>with Liquid</td>
<td>18,000 calories</td>
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<td></td>
<td>Water</td>
<td>Or up to 5 pounds</td>
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<tr>
<td>16oz Fruit Juice</td>
<td>16oz Water</td>
<td>20 cups sugar</td>
</tr>
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<td>200 calories</td>
<td>with Fresh H</td>
<td>18,000 calories</td>
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<td>eat</td>
<td>Or up to 5 pounds</td>
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<tr>
<td>16oz Sweet Tea</td>
<td>20oz (unsweetened) Tea with Zero Calorie Sweetener Packets</td>
<td>21 cups sugar</td>
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<tr>
<td>170 calories</td>
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<td>14,850 calories</td>
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<td>Or up to 4 pounds</td>
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<tr>
<td>16oz Iced Latte</td>
<td>16oz Iced Latte with Unsweetened Almond Milk and Zero Calorie Sweetener Packets</td>
<td>13 cups sugar</td>
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<tr>
<td>190 calories</td>
<td></td>
<td>10,800 calories</td>
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<td></td>
<td>Or up to 3 pounds</td>
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Visit Splenda.com for drink recipes and more!

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