Operationalizing the 2017 National Diabetes Self-Management Education and Support (DSMES) Standards

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Learning Objectives

- Identify what is required to be an American Diabetes Association (ADA) Recognized DSMES service (ERP) and an American Association of Diabetes Educator (AADE) Accredited DSMES service (DEAP)
- Describe the processes for the Medicare (CMS) DSMES National Accrediting Organization (NAOs) to operationalize the revised DSMES standards
- Understand the ADA Review Criteria and Indicators and the AADE Interpretive Guidance that DSMES services must have operationalized for Recognition/Accreditation.

Medicare DSMES National Accrediting Organizations NAOs

ADA Recognition (ERP)
AADE Accreditation (DEAP)
Recognition/Accreditation
4 Year Cycle

- Operationalize the Standards
- Online application, support document and fee submission
- Annual Status Report
  - Both: report aggregated outcomes and attest to meeting all the standards
  - AADE: changes to program and CQI plan
  - Be audit ready at all times

Annual Audits

- Medicare contractor conducts 30 audits
  - Desk audits
- ADA and AADE are required to audit 5% or a max of 70 DSMES services annually
  - Audits are on-site
  - Audits are randomly selected
  - Services get a 10 day notice of audit

NAOs
Operationalize the Standard

ADA Recognition (ERP)
AADE Accreditation (DEAP)
NAOs Operationalize the Standards

- Revised DSMES standards are accepted by CMS as meeting or exceeding CMS's diabetes self-management training (DSMT) regulations
- ADA and AADE present the revised standards to their national committees to revise their interpretive guidance of the standards
- Revised interpretive guidance are submitted to CMS for approval
- Once the interpretive guidance are accepted by CMS applications, annual status reports, tools, template, and forms are revised

ADA Review Criteria and Indicators

The element of a standard that a DSMES service must have operationalized for Recognition

The documented evidence that reflects adherence to the standard

AADE Interpretive Guidance

Highlights from the standards document

The element of a standard that a DSMES service must have operationalized for Accreditation

The documented evidence that reflects adherence to the standard
DSMES Services
Operationalize the 2017 Standard
ADA Recognition ERPs
May 1, 2018
AADE Accreditation DEAPs
June 1, 2018

A Walk Through
Operationalizing the
2017 National DSMES Standards

Standards Walk Through

Red Underlined
Reflects DSMES revisions

AADE
Reflects elements
Unique to AADE
Standard 1: Internal Structure

- Organizational Structure/Org Chart
  - Reflects where the DSMES services fits in the larger organization
  - Reflects the channels of communication

- Mission Statement

- Program Goals

- Evidence annually of organization supports the DSMES service

Standard 2: Stakeholder Input

- A minimum of an annual external stakeholder activity
  - Conference calls, Surveys, Emails, In person meeting

- Documentation reflecting stakeholder input to improve the DSMES services, referrals, utilization, or/and completion

- Stakeholder names are reflected on the annual activity document

- Single discipline services to have a healthcare provider of a different discipline as a stakeholder

Standard 3: Evaluation of Population Served

- Evaluation of the population the DSMES service serves and plans to serve

- AADE: need to document and understand community demographics where the services are being provided

- Evaluation of the DSMES services to meet the populations’ needs

- Documentation of any gaps in services and plan to meet the gaps
Standard 4: Quality Coordinator Overseeing DSMES Services

- Organizational documentation reflecting a Quality Coordinator (QC) is responsible for all components of DSMES service
  - Services are evidence-based, team members are qualified, service design, continuous quality improvement
  - Can be reflected in position description or performance evaluation tool

- Coordinator resume/CV

- CDE, BD-ADM or 15 hours of continuing education (CE) annually

Standard 5: DSMES Team

- At least one team member is an RN, RD, pharmacist, CDE or BC-ADM
- All team members have valid and current credentials
- Team members are CDE or BC-ADM or earn 15 hours of CEs
- Paraprofessionals may contribute with appropriate training and supervision
  - Must have experience or training in diabetes or related field
  - Supervised by the QC or a professional team member
  - Annual documentation of 15 hours of training
  - Annual documentation reflecting competency in areas they teach

- All services must have a process for meeting participant needs if outside of the DSMES team members' scope of practice

Standard 6: Curriculum

Documentation reflecting: A service's curriculum with 9 topic areas

- Diabetes pathophysiology and treatment options
- Healthy eating
- Physical activity
- Medication use
- Monitoring and using patient generated health data (PGHD)
- Preventing, detecting, and treating acute complications
- Preventing, detecting, and treating chronic complications
- Healthy coping with psychosocial issues and concerns
- Problem solving
Standard 6: Curriculum

2 of the 9 Topic Areas must reflect specific elements

- Preventing, detecting, and treating acute complications
  - Including hypoglycemia, hyperglycemia, diabetes ketoacidosis, sick day guidelines, and severe weather or situation crisis and diabetes supplies management

- Preventing, detecting, and treating chronic complications
  - Including immunizations and preventive eye, foot, dental, and renal examinations as indicated per the individual participant’s duration of diabetes and health status

Standard 6: Curriculum

Documentation reflecting:

- Each of the 9 topic areas must have:
  - Content
  - Learning objectives
  - Methods of delivery
  - Criteria for evaluating learning for population served

- Supporting material relevant to the population served

- Review and/or revisions of curriculum and/or supporting materials as needed or at least annually

- The instruction method is individualized and tailored to the participant’s needs and involves problem solving
Standard 7, 8, and 9: The DSMES Chart

- Standard 7: Individualization
- Standard 8: Ongoing Support
- Standard 9: Participant Progress
The DSMES Assessment

An Assessment in the following 12 areas is required:

- Diabetes disease process
- Nutrition management
- Physical activity
- Using medications
- Monitoring blood glucose
- Preventing, detecting, and treating acute complications
- Preventing, detecting, and treating chronic complications
- Cognitive (knowledge of self-management skills, functional health literacy)
- Psychosocial (emotional response to diabetes)
- Clinical (diabetes and other pertinent clinical history)
- Diabetes distress and support systems
- Behavioral (readiness for change, lifestyle practices, self-care behaviors)

If part of the assessment is deferred, the reason for deferment needs to be documented.

The Participant Education Record
The Support Plan (DSMS Plan)

- DSMES participant selects a Diabetes Self-Management Support plan
- DSMS Plan must be outside of the DSMES service
- List of support options, including those specific to community
- The support options must be reviewed or revised at least annually

Outcome Measured & Communication

- At least one participants’ selected behavioral goal outcome is measured
- At least one other participant outcome is measured
- DSMES education planned or provided and outcomes are communicated with referring provider (if applicable) or with another healthcare provider outside of the DSMES services regarding the education planned or provided and participant outcome
  - DSMS plan communication is no longer part of this communication requirement
Standard 10: Quality Improvement

Standard 10
Quality Improvement Toolkit
Standard 10: Quality Improvement

2017 Standard Revision

- CQI program can does not have to be based on an aggregated behavioral goal or other participant outcome.
- Can now be based on a programmatic or process outcome

ADA Resources

- Quality Coordinator Guide
- CQI Toolkit
- ERP Live Symposiums (7.25 CEUs)
- Monthly and Quarterly Q and A networking calls

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