

2017 National Standards for Diabetes Self- Management Education and Support

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By the most recent estimates, 30.3 million people in the U.S. have diabetes. An estimated 30.3 million have been diagnosed with diabetes and 7.2 million are believed to be living with undiagnosed diabetes. At the same time, 84.1 million people are at increased risk for type 2 diabetes. Thus, more than 114 million Americans are at risk for developing the devastating complications of diabetes (1).

Diabetes self-management education and support (DSMES) is a critical element of care for all people with diabetes and those at risk for developing the condition. DSMES is the ongoing process of facilitating the knowledge, skills, and ability necessary for prediabetes and diabetes self-care, as well as activities that assist a person in implementing and sustaining the behaviors needed to manage his or her condition on an ongoing basis, beyond or outside of formal self-management training. In previous National Standards for Diabetes Self-Management Education and Support (Standards), DSMS and DSME were defined separately, but these Standards aim to reflect the value

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Standards History

- The National Standards for Diabetes Self Management Education and Support (NSDSMES) were developed and first published in 1984
- American Diabetes Association (ADA) became a National Accrediting organization (NAO) in 1986
- American Association of Diabetes Educators (AADE) became a NAO in 2009
- First recognized programs in 1987 using a review process based on the standards
- Centers for Medicare and Medicaid Services (CMS) began reimbursing for Diabetes Self Management Education and Support (DSMES) in 1997
- Standards Revised in 1995, 2000, 2007, 2012, and 2017

National Standards 2017 Revision

- ▶ ADA and AADE- Numerous disciplines
- ▶ Evidence Based & Expert Consensus
- ▶ Revisions every 5 years but.....
- ▶ DSMES: Diabetes Self Management Education and Support

2017 Language Change

- Program to **Service**
 - reflecting that DSMES is individualized and not a packaged program that is the same for all participants
 - We will also indicate “**service**” in this webinar
- DSME/S to **DSMES**
 - reflect that DSME and DSMS should not be separate services, rather one continuous on-going lifelong undertaking that includes both elements
- Program Coordinator to **Quality Coordinator**
 - to emphasize the importance of the position in monitoring and using quality outcomes to increase DSMES service referrals and utilization
- Patients to **Participants**
 - better reflecting the people utilizing the services as living with and managing a chronic disease rather than being ill

National Standards

- ▶ Designed to define quality DSMES
- ▶ Assist those who provide DSMES services to implement evidence based DSMES.
- ▶ Applicable to educators in all settings
- ▶ Do not endorse any ONE approach
- ▶ Seek to delineate commonalities among effective evidenced based strategies
- ▶ Used in the field for recognition by the American Diabetes Association and the American Association of Diabetes Educators
- ▶ Serve as a guide for nonaccredited and non recognized providers of diabetes education

Standard 1

Internal Structure

- ▶ The provider(s) of DSMES services will define and document a mission statement and goals. The DSMES services are incorporated within the organization- large, small or independently operated.
- ▶ Purpose
Business literature: importance of clear and shared missions, goals and defined relationships. Defined leadership is needed, development of lines of communication. Joint Commission requires this.

Standard 2

Stakeholder input

- ▶ The provider(s) of DSMES services will seek ongoing input from valued stakeholders and experts to promote quality and enhance participant utilization.
- ▶ Purpose:
 - ▶ Gather information, foster ideas to improve utilization, quality, measurable outcomes, & sustainability of the DSMES services.
 - ▶ Planned documented strategy to engage and elicit input from stakeholders shapes how the DSMES is utilized, monitored and evaluated.
 - ▶ Goal: Provide DSMES services- participant centered, culturally relevant, and responsive to referring provider and participant needs

Standard 3

Evaluation of population served

- ▶ The provider(s) of the DSME services will evaluate the communities they serve to determine the resources, designs, and delivery methods that will align with the population's needs for DSME services
- ▶ Purpose:
 - ▶ Understand demographics, cultural background, sex, age, level of education, literacy, numeracy
 - ▶ Insurance issues,
 - ▶ Identify barriers preventing access
 - ▶ Creative solutions incorporating technology to reach population

Standard 4

Quality coordinator overseeing DSMES services

- ▶ A quality coordinator will be designated to ensure implementation of the Standards and oversee DSMES services. The quality coordinator is responsible for all components of DSMES, including evidence based practice, service design, evaluation and continuous quality improvement.
- ▶ Purpose
 - ▶ Emphasize quality as a priority. Reflects need to address quality within all levels of DSME services concurrent with implementation.
 - ▶ Designee responsible for collecting, evaluating data to ID gaps in DSMES, provide feedback to team members, referring providers, and organization's administration

Standard 5

DSME team

- ▶ At least one of the team members responsible for facilitating DSMES services will be a registered nurse, registered dietitian nutritionist, or pharmacist with training and experience pertinent to DSMES or be another health care professional holding certification as a diabetes educator (CDE) or Board Certification in Advanced Diabetes Management (BC-ADM). Other health care workers or diabetes paraprofessionals may contribute to DSMES services with appropriate training in DSMES and with supervision and support by at least one of the team members listed above.

Standard 5 (continued)

DSME team

- ▶ Purpose
 - ▶ Literature continues supporting nurses, dietitians and pharmacists as providers of DSMES responsible for curriculum development. Expert consensus- specialized knowledge in diabetes & behavior change.

Standard 6

Curriculum

- ▶ A curriculum reflecting current evidence and practice guidelines, with criteria for evaluating outcomes, will serve as the framework for the provision of DSMES. The needs of the individual participant will determine which elements of the curriculum are required.
- ▶ Purpose
 - ▶ Evidence based curriculum specifies teaching strategies, resources, evaluating outcomes, collaborative care, psychosocial issues, behavior change, and sustainability efforts. Must be tailored to individual-adapted as necessary for age, developmental stage, type of DM, cultural factors, health literacy & numeracy, comorbidities.

Standard 6 (continued)

Core content areas

- ▶ Diabetes pathophysiology and treatment options
- ▶ Healthy Eating
- ▶ Physical Activity
- ▶ Medication usage
- ▶ Monitoring & using patient generated health data
- ▶ Preventing, detecting and treating acute & chronic complications
- ▶ Healthy coping with psychosocial issues & concerns
- ▶ Problem solving
- ▶ Education of navigating health system, self advocacy, ehealth education

Standard 6

2 Topics 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 7

Individualization

- ▶ The DSMES needs will be identified and led by the participant with assessment and support by one or more DSMES team members. Together, the participant and DSMES team members will develop an individualized DSMES plan.
- ▶ Purpose
 - ▶ Research indicates importance. Assessment is collaborative. Incorporates all aspects of participant. Use of technology-strong evidence that incorporating text messaging into DSMES interventions improves outcomes.
 - ▶ Reassessment during key times, transitions in care, use of different modalities

Standard 8

Ongoing support

- ▶ The participant will be made aware of options and resources available for ongoing support of their initial education, and will select the option(s) that will best maintain their self management needs.
- ▶ Purpose
 - ▶ Initial DSMES necessary but not sufficient to sustain life long diabetes self management. Variety of strategies for ongoing support -internal or external group meetings, connection to community and peer groups in community or online, continuing education, physical activity programs, trained peers, community based programs, web,

Standard 9

Participant Progress

- ▶ The provider(s) of DSME services will monitor and communicate whether participants are achieving their personal diabetes self management goals and other outcomes(s) to evaluate the effectiveness of the educational intervention(s), using appropriate measurement techniques.
- ▶ Purpose
 - ▶ Effective DSMES significant contributor to long term, positive health outcomes
 - ▶ Proven steps based on goal setting theory to improve outcomes
 - ▶ SMART goals

GOALS.

- ▶ **WHAT IS Goal individualization?**
- ▶ **Single specific behavior derived from goal**
- ▶ **Achievable in short period of time**
- ▶ **More step by step process to get to long term goal**
- ▶ **Observable and measurable**
- ▶ **Determines success or failure**

Source: Bastable SB (2003) Nurse as Educator: Principles of teaching and learning for nursing practice.

Why develop goals?

- ▶ *Forces* the educator to organize content and focus on learners role
- ▶ *Orients* educator & learner to specific end result of instruction
- ▶ *Makes it easier* for learner to visualize performing the actions

- ▶ How will anyone else know what goals have been set?
- ▶ How will the educator evaluate and document success or failure?
- ▶ How will patients keep track of their progress?

Source: Bastable SB (2003) *Nurse as Educator: Principles of teaching and learning for nursing practice.*

SMART GOALS

- ▶ S - SPECIFIC
 - ▶ M - MEASUREABLE
 - ▶ A- ACHIEVABLE
 - ▶ R- REALISTIC
 - ▶ T- TIME SPECIFIC
-
- ▶ Start walking or Start walking 20 minutes on Monday, Wednesday & Friday for the next 2 weeks

Standard 10

Quality Improvement

- ▶ The DSMES services quality coordinator will measure the impact and effectiveness of the DSMES services and identify areas for improvement by conducting a systematic evaluation of process and outcome data.
- ▶ Purpose
 - ▶ Must be responsive to advances in knowledge, treatments, educational strategies, psychosocial interventions, changing health care environment, consumer trends,
 - ▶ Focus on quality is part of overall medical quality initiatives

Standard 10

Quality Improvement (continued)

- ▶ Institute for Healthcare Improvement
 - ▶ What are we trying to accomplish?
 - ▶ How will we know a change is an improvement?
 - ▶ What changes can we make that will result in an improvement?

Standard 10

Quality Improvement (continued)

- ▶ Measures
- ▶ Behavior-participants report of self management activities, diabetes distress
- ▶ Clinical-changes in weight or A1C
- ▶ Operational- participant satisfaction, financial indicators, no show rates, results of marketing efforts
- ▶ Process-# of participants receiving services, referrals ...

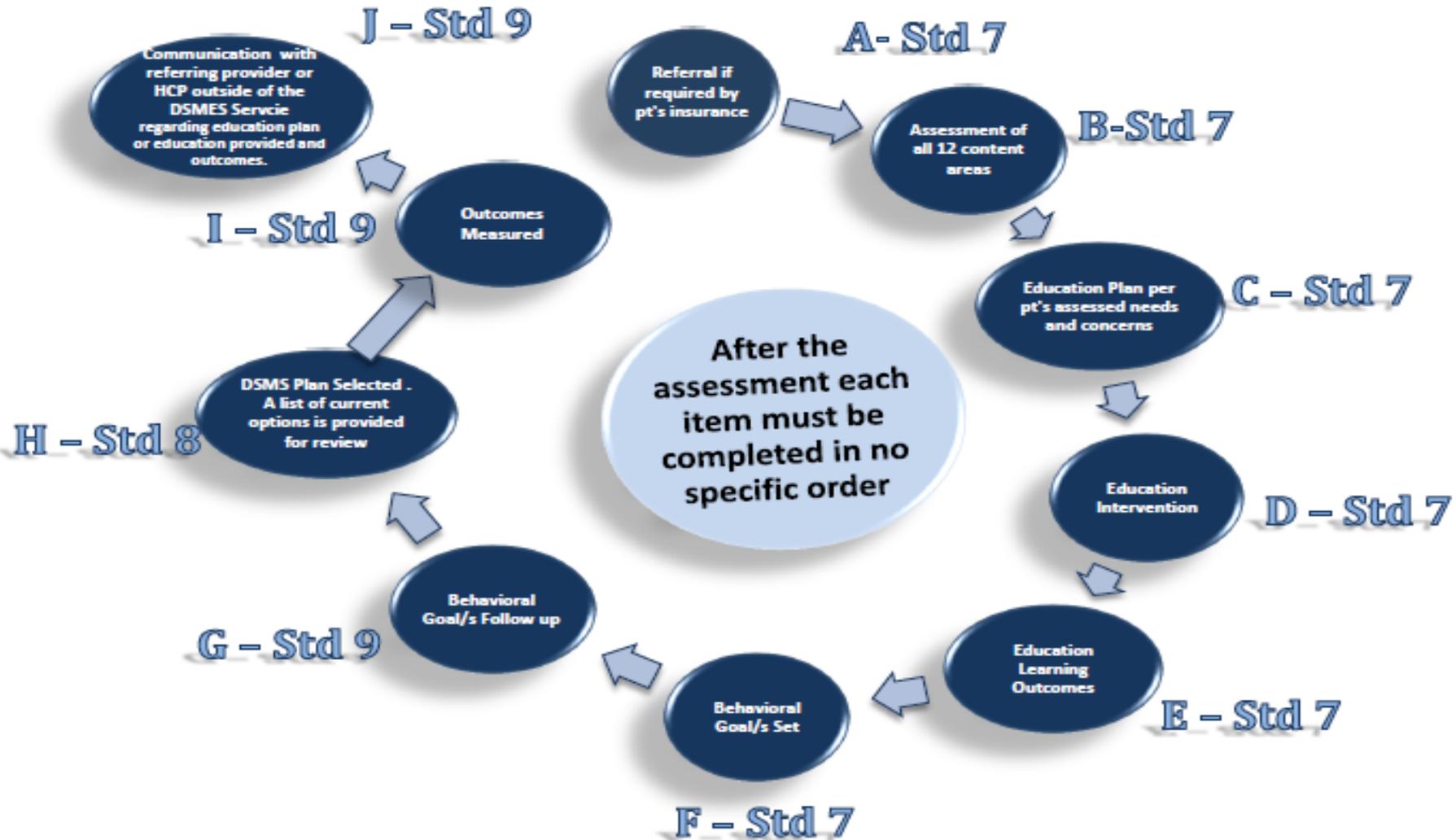
Standard 10

- Medicare is now requiring CQI projects to have outcomes measured at least every 6 months if not more frequently
- New DSMES services CQI project must be assessed with outcome measures within 6 months of the first day of the original application reporting period.
- Current and renewing DSMES services must have CQI project assessment data at least every 6 months on an ongoing basis.

The DSMES Cycle



Initial Comprehensive DSMES Cycle—Standards 7, 8, 9



Resources

- ▶ Diabetes Care 2017 October 40(10), 1409.
- ▶ The Diabetes Educator 2017 Oct. 43(5), 1439.
- ▶ <https://professional.diabetes.org/diabetes-education>
- ▶ [https://www.diabeteseducator.org/practice/diabetes-education-accreditation-program-\(deap\)](https://www.diabeteseducator.org/practice/diabetes-education-accreditation-program-(deap))

Benefits of accreditation, recognition

ADA

- ▶ Access to Krames educational materials
- ▶ 40% discount on ADA books
- ▶ Free Chronicle Diabetes-web based system
- ▶ Quarterly newsletter
- ▶ Audit Prep toolkit
- ▶ CQI Process Toolkit

AADE

- ▶ Complimentary AADE membership
- ▶ Ensures Diabetes program abides by the Standards that ensures quality education to improve patient outcomes