

**APPROACHES TO DIABETES
SELF-MANAGEMENT EDUCATION
PROGRAM
ACCREDITATION/RECOGNITION FOR
ORGANIZATIONS OFFERING THE
STANFORD CURRICULUM**

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APPROACHES TO DIABETES SELF-MANAGEMENT EDUCATION PROGRAM ACCREDITATION/RECOGNITION FOR ORGANIZATIONS OFFERING THE STANFORD CURRICULUM

Overview

Historically, the Centers for Disease Control and Prevention’s (CDC’s) National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) has provided funding for state chronic disease programs for specific chronic conditions and risk factors, releasing separate funding opportunity announcements (FOAs) to address cardiovascular disease, diabetes, and obesity. However, chronic diseases have a high incidence of comorbidity, and the burden of these diseases has continued to rise.

In recognition of these issues, CDC has adopted a more integrated approach to chronic disease prevention and control, increasing opportunities for coordination across related diseases and risk factors. This approach allows public health programs to work together to be more efficient and achieve more significant and lasting outcomes. One recent FOA that embraces this approach is the State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health program (CDC-RFA-DP13-1305, hereafter referred to as 1305).

As 1305 grantees are exploring and testing innovative approaches to their work, they can also learn from the successes of other organizations outside of the public health sector. The goal of the *Emerging Practices in Diabetes* series is to summarize and share information on these approaches and lessons learned to guide the work of grantees and others working in these same areas. This report focuses on diabetes self-management education (DSME) programs utilizing Stanford University’s Diabetes Self-Management Program (DSMP) curriculum (Stanford curriculum). As defined by the 2012 National Standards for Diabetes Self-Management Education and Support (National Standards¹), DSME is the ongoing process of facilitating the knowledge, skill, and ability necessary for diabetes self-care. This process incorporates the

The Four Domains of Chronic Disease Prevention

To optimize public health’s efficiency and effectiveness, CDC recommends coordinating chronic disease prevention efforts in four key areas or domains:

1. Epidemiology and surveillance—to monitor trends and track progress.
2. Environmental approaches—to promote health and support healthy behaviors.
3. Health care system interventions—to improve the effective delivery and use of clinical and other high-value preventive services.
4. Community programs linked to clinical services—to improve and sustain management of chronic conditions.

The four domains help organize and focus the effective work the public health community has been doing for many years. At the same time, they help concentrate efforts to strengthen programs and build expertise to address gaps in services. Finally, they help government agencies, state and local grantees, and diverse public and private partners find new ways to work together and support each other’s efforts.

needs, goals, and life experiences of people with diabetes and is guided by evidence-based standards. The overall objectives of DSME are to support informed decision making, self-care behaviors, problem solving, and active collaboration with the health care team and to improve clinical outcomes, health status, and quality of life.¹

The Stanford curriculum is typically delivered to people with type 2 diabetes in community settings (e.g., churches, community centers) over a period of 6 weeks via 2.5-hour weekly workshops. The recommended size for the workshops is 12 to 16 participants. Trained lay leaders facilitate the workshops using a curriculum based on a detailed manual. A programmatic requirement is that the workshops are led by a team of two lay leaders, one (or both) of whom is a peer (i.e., a person with diabetes). Topics covered include management of diabetes symptoms and related issues, which include fatigue, pain, hyperglycemia, hypoglycemia, depression, anger, fear, and frustration. Other topics include physical activity, healthy eating, and taking medication.²

Delivery of the Stanford curriculum as described above does not meet the National Standards. To receive reimbursement from Medicare, from some state Medicaid programs, and from many private health plans, a DSME program must receive certification from the Centers for Medicare & Medicaid Services (CMS). CMS certification is provided to organizations whose DSME programs have been accredited by the American Association of Diabetes Educators (AADE) or recognized by the American Diabetes Association (ADA). Accreditation or recognition requires full compliance with all of the National Standards for DSME. This document provides details of how three organizations built DSME programs using the Stanford curriculum and also met all of the National Standards to receive AADE accreditation or ADA recognition.

Better Choices, Better Health-Dallas

Background

Better Choices, Better Health-Dallas (BCBH-Dallas) is a project of a nonprofit agency that has worked with Stanford University's DSMP curriculum since 2010. In September 2012, under the leadership of the Community Council of Greater Dallas (CCGD), BCBH-Dallas became the first program in Texas to successfully achieve AADE accreditation using the Stanford curriculum. BCBH-Dallas was first prompted to use the Stanford curriculum upon review of the Healthy People 2020 Initiatives. BCBH-Dallas saw the Stanford curriculum as key to its objective of improving chronic disease control in Dallas County.

Approach

Contacts at the U.S. Department of Health and Human Services Administration on Aging (AOA) and other agencies helped BCBH-Dallas understand the importance of incorporating the National Standards into the Stanford DSMP and becoming accredited. An additional motivator for pursuing accreditation was the chief financial officer's interest in how accreditation could help BCBH-Dallas maintain a sustainable program through Medicare reimbursement.

BCBH-Dallas took a number of actions toward accreditation. First, CMS requires a National Provider Identifier (NPI) number for billing purposes. BCBH-Dallas partnered with an agency with an NPI number; this medical provider also provided a registered nurse (RN) to serve as a DSME instructor. This helped BCBH-Dallas meet the National Standards requirement that at least one of the instructors responsible for designing and planning DSME be an RN, registered dietitian, or pharmacist with diabetes training and experience. To meet the National Standards' infrastructure requirement, BCBH-Dallas created an advisory board of major stakeholders, including an RN and another health care professional. BCBH-Dallas also ensured that they met all other National Standards requirements, including continuing education for DSME instructors.

BCBH-Dallas achieved accreditation within 9 months and with minimal resources, succeeding due to the efforts of motivated staff, volunteers, and support from the CCGD executive director and the Dallas Area Agency on Aging director. In addition, the medical provider serving as the agency partner was highly enthusiastic, and AOA's support was vitally important.

BCBH-Dallas found that program accreditation did not require any adjustments to the curriculum, because the Stanford curriculum covers the AADE Seven Self-Care Behaviors required under the National Standards. One adjustment BCBH-Dallas made since its first class was to move from having a partnering medical provider with an NPI number to having a medical provider within BCBH-Dallas and using the CCGD's NPI number.

Challenges

One of the challenges BCBH-Dallas encountered in offering its accredited program involved class scheduling. The classes, offered in multiple locations, needed to be scheduled to accommodate the one RN staff member's availability. If the RN was not present, the class was not billable under Medicare. Typically, the peer educator taught the Stanford curriculum and sometimes helped the RN with preliminary paperwork. The RN was available during the classes to respond to questions.

Another challenge was that many eligible people with diabetes were not being reached by the program. To address this challenge, BCBH-Dallas is marketing the program. BCBH-Dallas distributes cards titled "Empower You to Better Choices, Better Health." The cards describe DSME and provide contact information. In addition, CDs and DVDs were developed by CCGD to market the DSME program to the public. BCBH-Dallas staff also visit assisted living facilities, libraries, and other community organizations. During these visits, they give presentations about the DSME program and sometimes hold diabetes "popcorn and bingo" events to increase interest in and awareness of the program.

Incentives

Due to costs and implications for sustainability, BCBH-Dallas does not offer incentives to encourage participation. BCBH-Dallas does provide healthy refreshments where possible, and it also promotes the benefits of receiving a workbook and a certificate of completion, which are part of the program. In addition, BCBH-Dallas offers its DSME classes on evenings and weekends upon request.

Recommendations

BCBH-Dallas advises other organizations seeking DSME accreditation or recognition for programs using the Stanford curriculum to start by reviewing, learning, and applying the National Standards. A resource BCBH-Dallas developed that others may find useful is a PowerPoint presentation titled “The Real Skinny on Medicare Billing through an Accredited Diabetes Self-Management Program.” It is available online at <http://docplayer.net/1006488-The-real-skinny-on-medicare-billing-through-an-accredited-diabetes-self-management-program.html>.

Summary

BCBH-Dallas found accreditation to be a smooth process. They followed the National Standards carefully, and took advantage of partnerships and available support to achieve accreditation in less than a year.

Dignity Health St. Rose Dominican: Siena Campus

Background

Dignity Health (DH), St. Rose Dominican, Siena Campus in Henderson, Nevada has had an ADA-recognized DSME program since 2004. DH has offered the Stanford DSMP curriculum since 2008 and obtained AADE accreditation in 2014 for the program, which it calls Stanford Plus. The decision to use the Stanford curriculum was put into effect in all of the hospitals under the DH umbrella in 2008. The corporate office of DH worked in collaboration with a consultant from the AOA to implement this decision for the hospital system.

Approach

The decision to use the Stanford curriculum was based on many considerations, including DH’s understanding that the Stanford curriculum is evidence-based and has proven to be successful in achieving health outcomes. Pairing the Stanford curriculum with a clinical component was a benefit for their patients’ education and also for program sustainability. In addition, DH wanted to cover the entire spectrum of needs for patients with diabetes. It decided to offer both the Stanford Plus program and an ADA-recognized DSME program. DH implemented Stanford Plus for those type 2 diabetes patients who know what they have to do to manage their diabetes, but are uncertain how to do it or where to begin. These patients typically have a longstanding type 2 diabetes diagnosis and need ongoing support. DH’s ADA-recognized DSME program focuses more on medication management and includes comprehensive education for those with newly diagnosed type 2 diabetes and also those with type 1 diabetes.

DH achieved accreditation within about 5 months, thanks to expert guidance from an AOA consultant. The factor that required the most time was preparation for the first DSME class. This was because DH wanted to make sure that it was covering all National Standards and had appropriately identified the staff and lay leaders who would be delivering the program.

In its efforts to gain accreditation, DH developed a DSME program infrastructure (including one-on-one visits with clinical professionals, direct physician communication, an advisory council, and

other required components to maintain program fidelity) and recruited a health care professional to the program. In the accredited DSMP program, health care professionals complete assessments with individual patients to identify topic areas of particular interest or need (e.g., meal planning). DH did not make adjustments to the Stanford curriculum for purposes of accreditation, because staff felt it was very structured and not amenable to modification.

In the Stanford Plus program, participants attend DSMP classes delivered by two trained lay leaders. The lay leaders follow the Stanford curriculum and guide participants in increasing self-efficacy and improving their health status. Techniques include action planning, problem solving, and brainstorming. Lay leaders also use persuasion and modeling to encourage participants to achieve their goals. A health care professional is always present during class sessions. Lay leaders are overseen by the health care professionals and also by the program coordinator, who is a DSMP master trainer. Upon completion of Stanford Plus, the patient meets with the health care professional for follow-up.

Challenges

DH has encountered a number of challenges in offering Stanford Plus. First, DH was one of the pioneers in integrating the Stanford curriculum into an accredited DSME program. This was challenging because DH had one successful (ADA-recognized) DSME program and was trying to incorporate another. A second challenge for DH has been deciding which of the organization's DSME programs (the ADA-recognized DSME program or the AADE-accredited Stanford Plus DSME program) should be undertaken by a given patient. A third challenge involves reimbursement. Under Medicare, reimbursement is limited to 10 hours of diabetes education during the first year (beginning at the time of initial referral to DSME), and the Stanford Plus program at DH includes six sessions (2.5 hours each, 15 hours total) over 6 weeks and follow-up with a health care professional. As a result, DH has found that a substantial amount of the time involved cannot be billed.

Program Promotion

DH helped in the development of diabetes education toolkits and uses them in a variety of ways to promote both Stanford Plus and its ADA-recognized DSME program. The toolkits were created by the State of Nevada Department of Public and Behavioral Health in collaboration with the Nevada Diabetes Stakeholder Group, of which DH is a part. The toolkits address the importance of referring patients to DSME and include AADE tools (e.g., the AADE Seven Self-Care Behaviors). DH uses these toolkits to promote DSME in Nevada when speaking to health care providers and payers. DH is also actively marketing Stanford Plus to physicians' offices; a nurse on staff at DH makes one-on-one visits to offices, using the toolkits as marketing tools.

Program Details and Incentives

At this time, the Stanford Plus program is offered Monday through Friday during standard business hours at nine sites in the community. Although the schedules of the 10 or so DSMP lay leaders would allow DH to offer the Stanford Plus program during evenings and weekends, DH has not identified a need for this. To broaden its reach, DH trains lay leaders to offer DSMP in both English and Spanish, and it is building videoconferencing capability for further expansion

into rural areas. Although DH does not offer incentives to patients who enroll in Stanford Plus, it does consider the education itself and the workbook provided as part of the program to be appropriate motivators for participation.

Recommendations

DH advises other organizations interested in DSME accreditation or recognition using the Stanford curriculum to make sure they have both the necessary infrastructure and a point person for data collection, recordkeeping, and other administrative and logistical functions. DH also advises ensuring that lay leaders receive continuing education as required by the National Standards.

Summary

DH offers both a traditional ADA-recognized DSME program and an AADE-accredited DSME program that uses the Stanford curriculum (Stanford Plus). The steps taken for accreditation of the Stanford Plus program were readily accomplished by DH, although issues around adequate reimbursement have proven challenging.

The Upper Peninsula Commission for Area Progress Community Diabetes Education Program

Background

The Upper Peninsula Commission for Area Progress (UPCAP) Community Diabetes Education Program initiated the process to offer DSME using the Stanford DSMP curriculum in the fall of 2013. It received accreditation for its DSME program using the Stanford curriculum in January 2014 and has offered the program since that time.

Approach

UPCAP's decision to create an accredited DSME program using the Stanford curriculum was based on its extensive experience with the Stanford DSMP. As an Area Agency on Aging for the Upper Peninsula region of Michigan, UPCAP has been using the Stanford curriculum for community programs since 2008. In addition, UPCAP is the lead agency for the Stanford DSMP in its region, serving as a point of contact for finding classes, training and supporting group facilitators, coordinating and scheduling workshops, and ensuring program fidelity. UPCAP leadership felt that developing an accredited DSME program using the Stanford curriculum would be consistent with the program's scope and mission to serve older adults in need and in rural areas.

UPCAP worked to meet accreditation requirements according to the National Standards. To meet the infrastructure requirement, UPCAP formed an advisory group that included a physician. Staffing requirements were fulfilled by having the registered dietitian (RD)/program coordinator and one of the DSMP leaders at UPCAP, an RN/Certified Diabetes Educator (CDE), serve as the program instructors. UPCAP also developed policies and procedures conforming to the National Standards.

The DSME program at UPCAP begins with an individual assessment of the patient with one of the instructors. This is followed by the 6-week Stanford DSMP. Upon completion of the DSMP, the patient has a follow-up visit with one of the instructors. The group sessions are usually led by a community health worker (CHW) with an instructor who is a health care professional. The CHW's role is to facilitate the session and to provide general information. The instructor is available to provide more in-depth information, as needed. For example, if someone has questions about their diabetes medication or specific dietary needs, the instructor can answer those questions, whereas the CHW cannot. The instructor also signs off on the education record after each session, verifying the content that was provided.

UPCAP offers its accredited DSME program in nontraditional settings (e.g., senior centers, Area Agency on Aging centers), since traditional settings have had lower attendance. By establishing accredited DSME programs in nontraditional settings, UPCAP felt it could better serve the needs of those who would benefit from such a program.

Efforts toward DSME program accreditation were not resource intensive for UPCAP; they received accreditation in less than 6 months. The program coordinator at UPCAP availed herself of the AOA Diabetes Self-Management Training (DSMT) toolkit, which proved very helpful. A link to an updated version of this resource is available at http://www.aoa.gov/AoA_Programs/HPW/Diabetes/docs/AoA-DSMT-Toolkit-2015.pdf. The Detroit Area Agency on Aging also provided helpful information. Lastly, UPCAP administration also provided support; they encouraged the program coordinator throughout the process, allowing her the time and resources needed, including attendance at the AADE annual conference to network with other diabetes educators. They were aware that the program would not be profitable initially, and were willing to invest in a program that would take time to grow. They believed that providing services to older adults who might otherwise not have access to accredited DSME programs would be worth the investment. UPCAP found the process toward accreditation to be smooth and would recommend the model used.

Challenges

UPCAP provides DSME only to Medicare beneficiaries and has found it challenging to assemble a large enough group to offer the Stanford curriculum. UPCAP aims to have at least six to eight participants for meaningful group discussion/activities. This challenge has been overcome by refining program marketing and by delaying group start dates until a sufficient number of participants are recruited.

Program Promotion

UPCAP advertises its programs online, through local senior centers, and in newspapers, and individuals self-refer to the DSME program. When individuals call to register for the class, UPCAP obtains their physician contact information, along with other essential patient information. UPCAP then sends a referral form to the physician by telefax, stating that their patient is requesting services from UPCAP's diabetes education program, and asking them to include a diagnosis and to sign and return the referral form.

DSME Billing, Expansion, and Program Details

UPCAP is billing Medicare for the DSME program and is receiving reimbursement for these services; it plans to bill other payers in the future to expand its DSME program. UPCAP leadership believes the program would benefit from additional support from organizations like AADE, ADA, CDC, or CMS as it works toward expansion. UPCAP has not had to develop partnerships to bill for its DSME program, as both UPCAP and the program coordinator have an NPI number that can be used for billing purposes.

Though UPCAP currently provides DSME only to the Medicare population, it hopes to expand the reach of its program to additional populations in the future. Although UPCAP does not offer incentives to encourage participation, it does offer its DSME program on evenings and weekends for added convenience. UPCAP currently offers its DSME program at two sites and is planning to add one more.

Summary

UPCAP leadership advises other organizations using the Stanford curriculum and seeking DSME accreditation to use the AOA toolkit as a resource. UPCAP also recommends implementing a pilot program because it allows DSME providers to see how their policies and procedures, and their programs as a whole, work in a live setting. UPCAP's experience with pilot programs illustrates the importance of allowing enough time to recruit appropriate patients to participate.

References

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