



AADE – an update

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ABOUT AADE

- ▶ **Mission:** Empower diabetes educators to expand horizons of innovative education, management and support
- ▶ **Vision:** Optimal health and quality of life for person with, affected by or at risk for diabetes and chronic conditions
- ▶ **Principles:**
 - ▶ The person with, affected by or at risk for diabetes is at the center of the diabetes care team.
 - ▶ The diabetes educator is an essential member of the diabetes care team.
 - ▶ Evidence is the basis of our science and practice.
 - ▶ Quality diabetes prevention and diabetes self-management education and support should be accessible to all individuals.
 - ▶ Diabetes self-management education and support must evolve through innovation to reach its greatest impact

National Standards for DSMES

- ▶ **The AADE and the ADA convened a task force** in the fall of 2016 to review the current evidence and revise the 2012 National Standards for Diabetes Self-Management Education and Support.
- ▶ The 20-member task force **included experts from numerous healthcare disciplines and individuals** impacted by diabetes.
- ▶ The National Standards for DSMES **define quality and assist with the implementation** of individualized DSMES services.

Proposed Standard Changes

2012

- ▶ “The DSME Entity”
- ▶ Stakeholder input through advisory board
- ▶ Program Coordinator
- ▶ Participant Progress
- ▶ CQI as quality tool

2017

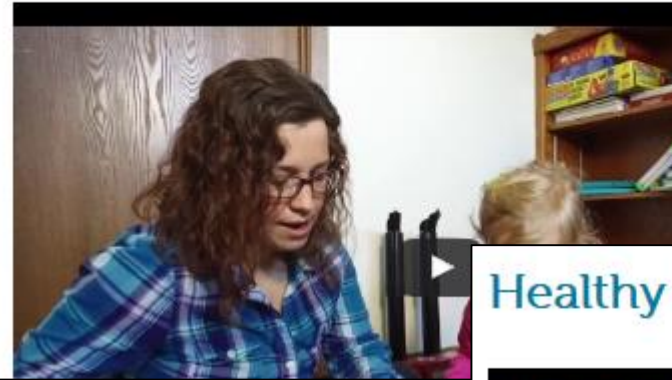
- ▶ “The provider of DSMES”
- ▶ Seek ongoing input from stakeholders
- ▶ Quality Coordinator Overseeing DSMES
- ▶ Outcomes
- ▶ Various methods

A greater focus on patient centered care, less focus on over communication with referring provider. Incorporate patient-generated health data into the curriculum

New Video Resources: AADE7 Self-Care Behaviors

- ▶ AADE has co-developed a **video resource** that focus on the AADE 7 Self-Care Behaviors.
- ▶ The videos are available in both **English and Spanish**
- ▶ Videos are available offered through The Wellness Network's library of patient education programming **available in hospitals and health systems** nationwide.
- ▶ **AADE Members get exclusive access through the AADE website**
 - ▶ <https://www.diabeteseducator.org/practice/educator-tools/videos>

Reducing Risks



Healthy Coping



Two New Practice Papers

- ▶ ***Diabetes and Kidney Disease***

- ▶ Recommendations to prevent and manage renal disease progression.

- ▶ ***Diabetes and Disabilities***

- ▶ Helps diabetes educators ensure that the process and content of the DSMES they provide is accessible and meaningful for patients with disabilities

Diabetes & Kidney Disease: Key Points

- ▶ **Maximize opportunities for glycemic control** through nutrition meal timing and carbohydrate consistency.
- ▶ **Limit dietary sodium** to 2,300 milligrams per day
- ▶ **Protein intake** of 0.8gm/kg per day is recommended
- ▶ **Dietary management of nontraditional risk factors** including abnormal mineral and electrolyte metabolism (calcium, phosphorus, and potassium) may be needed
- ▶ **Review dietary treatment of dyslipidemia.**
- ▶ **Monitor vitamin D supplementation** as may increase risk of hypercalcemia and hyperphosphatemia.

Diabetes & Disabilities: Key Points

- ▶ Locating DSMES services in a building that is **accessible to wheelchairs**.
- ▶ Using an **alternative method of communication**, such as TTY or a sign language interpreter, for a person who is deaf.
- ▶ Providing DSMES **take-home materials in audio format** for persons who have dyslexia or low vision.
- ▶ **Using pictograms** for people with cognitive issues, **teaching smaller amounts** of material with more frequent visits for persons with short attention spans.
- ▶ **Allowing service animals** in conferences or offices.
- ▶ Provide DSMES for persons with disabilities in a way that allows them to **optimize goals**.

Diabetes & Disabilities: Key Points, Cont.

- ▶ **Incorporate principles of universal design** in the planning, implementation, follow-up, and evaluation of DSMES programs.
- ▶ **Include assessment of both obvious and hidden disabilities** for each individual.
- ▶ When working with an individual who has a disability, **assume responsibility for learning about both the effect of that disability** on DSMES and the tools and techniques available for self-management with that disability.
- ▶ With permission from the patient, **communicate with other rehabilitation professionals** involved in the care of that patient.
- ▶ **Make referrals to rehabilitation services** as appropriate and to consumer disability organizations when these are available
- ▶ **Encourage manufacturers and publishers** of both diabetes consumer technology and diabetes instructional materials to adopt universal design principles.

Role of Diabetes Educators in Formulary Decisions: Coming Soon!

- ▶ **New Position Statement will soon be published to the AADE website – just approved by the AADE Board of Directors**
- ▶ **Diabetes educators should be included** in decisions when determining medication and related device decision making for individuals with diabetes.
- ▶ **Financial support for educating patients** in regards to their medications, medication delivery and monitoring devices.
- ▶ **Advocacy** of diabetes educators for PWD who are effected by formulary changes.

Role of Diabetes Educators in Formulary Decisions: Coming Soon!, Cont.,

- ▶ Involvement of diabetes educators as **part of Pharmacy & Therapeutics committees**, as active members or expert consultants.
- ▶ More research should be undertaken to determine both the **clinical and economic impact** of involvement of the diabetes educators in these roles.

Use of Language in Diabetes Care and Education: Coming Soon!

- ▶ **Language Use paper will soon be published to the AADE website – just approved by the AADE Board of Directors**
- ▶ Joint Project with ADA | Consensus Report/Position Statement
- ▶ Published in both *The Diabetes Educator* and *Diabetes Care*
- ▶ **Position:** Language is powerful, has a strong impact on perceptions as well as behavior, and that there are effective ways of communicating about diabetes.
- ▶ **Focus:** Language used by healthcare professionals and others when discussing diabetes through spoken or written words – whether directed to people with diabetes, colleagues, or the general public.

Hypoglycemia Integrative Review: In Progress!

- ▶ **Hypoglycemia Integrative Review**
 - ▶ Review of research to be completed June 2017
 - ▶ Publication date TBD
 - ▶ **Focus on emerging roles in preventing and mitigating treatment related hypoglycemia**
 - ▶ In varying healthcare setting and collaborative practice
 - ▶ With varying providers in the continuum

AADE & Diabetes Prevention

▶ **Background**

- ▶ In 2012, CDC selected AADE as one of six partner grant organizations to assist in expanding the reach of the National DPP.
- ▶ AADE is currently funding a total of 45 AADE-accredited and/or ADA-recognized DSME sites in 17 states to implement the National DPP.
- ▶ As CDC grant funding finishes, AADE is scaling its model and launching a DPP Network and suite of services

AADE & Diabetes Prevention



AADE Prevention Network – Launched April 3

- ▶ One stop shop for **tools and resources**, templates and guidance
- ▶ **Discussion forum** for program coordinators
- ▶ **Updates on payer coverage**, reimbursement and policy information
- ▶ Unlimited use of Data Analysis of Participants System (DAPS™) - a **complete data tracking and analysis tool**
- ▶ www.preventionsimplified.com – 1 year subscription

AADE & Diabetes Prevention



AADE Prevention Network – Next Steps

- ▶ Working with **individual programs**
- ▶ Expanding relationships to **State Departments of Health**
 - ▶ Scale and reach
 - ▶ Collaborative research opportunities
- ▶ Forging new partnerships with **payers and employer groups** for access to AADE Network

AADE's Health Care Reform Position

- ▶ Nearly 30 million Americans have diabetes and an additional 86 million adults are at risk of developing the disease.
- ▶ By 2050, it is estimated that one out of every three Americans will have diabetes.
- ▶ The annual cost of this public health emergency has skyrocketed to \$322 billion.
- ▶ **Review the position on the AADE website**
 - ▶ <https://www.diabeteseducator.org/advocacy/aade-policy-positions-statements/aade-position-on-healthcare-reform>

AADE's Health Care Reform Position

▶ **Three Over-Arching Principles**

- ▶ Maintain and build on access gains achieved in the last eight years
- ▶ Ensure affordability, particularly for people with chronic diseases
- ▶ Support high-quality care and guarantee coverage of a comprehensive set of essential health services

▶ **Specific Provisions**

- ▶ Preserve Elimination of Pre-existing Condition Exclusions
- ▶ Maintain Dependent Coverage to Age 26
- ▶ Prioritize Prevention
- ▶ Prohibit Discrimination in Plan Design

AADE17 Indianapolis: August 4-7

AADE17
INDIANAPOLIS, INDIANA
FRIDAY, AUGUST 4–MONDAY, AUGUST 7, 2017



Earn up to 28 credits of continuing education hours!

AADE17 Indianapolis: August 4-7

▶ **Preconference Courses: August 3**

- ▶ Sustaining Your Diabetes Education Program: Take Your Program to the Next Level
- ▶ Best Practices for the National Diabetes Prevention Program
- ▶ Activity Rx for Prediabetes and Management of Type 2 Diabetes
- ▶ Pharmacology Boot Camp
- ▶ How to Select or Create Materials Your Patients Will Actually Understand

AADE17 Indianapolis: August 4-7

▶ **Educational Tracks:**

- ▶ Advanced Skills for Program and Business Management for Entrepreneurial Organizations
- ▶ Build Skills to Provide Diabetes Education and Support within Evolving Healthcare Systems
- ▶ Innovative Diabetes Care and Education Across Diverse Populations
- ▶ Pathophysiology, Epidemiology, and Clinical Management of Prediabetes, Diabetes & Related Chronic Conditions
- ▶ Psychosocial Issues and the Promotion and Lifestyle Behavior Change
- ▶ Pioneer Diabetes Technologies and Connected Health Modalities to Deliver Cost-Effective Care

AADE17 Indianapolis: August 4-7

▶ Keynote Speakers

- ▶ **David Katz, MD, MPH, FACPM, FACP**, Founding Director, Yale-Griffin Prevention Research Center, President, American College of Lifestyle Medicine
- ▶ **Alison Ledgerwood, PhD**, Associate Professor of Psychology, University of California, Davis
- ▶ **Chris Bergstrom, MBA**, Digital Health Lead, Boston Consulting Group

AADE17 Indianapolis: August 4-7

- ▶ **Keynote Panel: *Current Challenges, New Ideas***
 - ▶ **Ann Albright**, Director, Division of Diabetes Translation, CDC
 - ▶ **Kelly Close**, *Founder and Chair of the Board, diaTribe Foundation*
 - ▶ **Virginia Valentine**, **APRN-CNS, BC-ADM, CDE, FAADE**, *Clinical Nurse Specialist
Sage Specialty Care*

Join AADE

- ▶ **Membership open to all diabetes educators**
 - ▶ Multi-disciplinary
 - ▶ CDE **NOT** required for membership
- ▶ **Group Discounts Program available**
 - ▶ **Step 1:** Join forces with **five or more current or new AADE members in your organization**
 - ▶ **Step 2:** Register online and enter code **GROUP135**
 - ▶ **Step 3:** **Save \$30 each** when you and/or your colleagues become a new AADE member or renew*

Join AADE

- ▶ **Attend** the AADE Annual Conference at discounted member rates
- ▶ **Enjoy** free membership in your State Coordinating Body and Local Networking Group
- ▶ **Access** information and collaborate with peers through AADE's members-only social network,
- ▶ **Obtain** patient education and practice resources, including downloadable patient tip sheets, teaching tools and practice guidelines.
- ▶ **Receive** advice and guidance from a reimbursement expert.
- ▶ **Gain** knowledge and skills with online courses, webinars, certificate programs and more. 20 hours CE available free.
- ▶ **Dive** into the latest research and peer-reviewed articles with your free member subscriptions to: *The Diabetes Educator* journal, *AADE in Practice* magazine and eFYI newsletter.
- ▶ **Gain** exposure with a free listing in the Find a Diabetes Educator online referral source.
- ▶ **Serve** on the board, on national committees and on leadership teams for Communities of Interest, State Coordinating Bodies and Local Networking Groups.
- ▶ **Elevate** your experience with a multitude of AADE volunteer opportunities.



▶ THANK YOU!