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
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
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.
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.
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.
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
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 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 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
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
Earn up to 28 credits of continuing education hours!
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
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
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
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!