

Diabetes Alliance of Idaho 5/3/13

Advisory Committee Notes: Group Discussion

What is missing from Diabetes Self-Management Programs in Idaho?

- **Access to Care** - in rural areas (miles to appointments, getting time off, etc.). What can we do in terms of remote education? Do we charge for services, could we get a plan to provide diabetes education without charging?
- **Reimbursement** – charging for services, billing for services, we need more information and better data in this area. Cost is a barrier to patients and reimbursement a barrier to providing services. The programs that make a difference see patients over and over. A1C is not recognized as a diagnostic value for Medicare. Some spoke in support of the changing healthcare reform changing from fee-for-service to fee-for-value.
- **Collaboration** - education in different clinics, bringing people to the table to share resources. DSME programs and community resources that support DSME are fractured.
- **Networking groups** - geographically we've got almost two different states, rural and urban. Networking groups would be helpful to CDEs in addressing the different cultures.
- **Licensure** - diabetes educators are not currently licensed in Idaho. What would licensure mean to Idaho? There are two other states that have moved to licensure, we need to keep an eye on how this defines who can become a CDE. We need to protect those attempting to become CDE's.
- **Increase number of CDEs in Idaho** – we need to identify ways to grow the profession. AADE has a mentor program; however, only one person in our state had signed up to participate. We need to have future discussions with universities and education groups to learn more about other programs and how to promote the profession.
- **Cultural disconnect** - Idaho has a need for additional ethnic groups to learn about diabetes. Hispanic population is not being seen. Is it a cost factor? Family Health Services is providing the services free of charge and they're still not coming in. Make appointments and no-show. People don't want to change or have other barriers they are facing. Also, sometimes things for free aren't often valued. Does the setting make a difference? The physician makes a big difference. If the physician says they need to do it, they are more apt to attend.

Can we prioritize these topics?

- No consensus, all issues discussed are important. However, majority of time was spent discussing reimbursement, referrals, and access (patient barriers, and increasing number of CDEs in Idaho).

Other suggestions?

- We need to have diabetes educators in the primary care setting.
- We need sustainable health programs. Often times funding goes away. Where is the funding going to come from? Everyone wants to do a great job but how do we do so with no money?
- Legislation: AADE should be pressing for RNCE's to be preferred providers. This would allow programs to keep going.