



American Association
of Diabetes Educators

ADVOCACY

WHAT'S IN THE WIND AT THE STATE AND FEDERAL LEVEL FOR DIABETES EDUCATORS

PRESENTED BY:

JAMES E. SPECKER, MBA MIS

**STRENGTHENING THE IMPACT OF AADE MEMBERS AND DIABETES SELF-MANAGEMENT
EDUCATION IN IDAHO**

**FRIDAY, JUNE 21, 2013
ST. LUKE'S MEDICAL CENTER
BOISE, IDAHO**

Disclosures to Participants

Conflicts Of Interest and Financial Relationships Disclosures:

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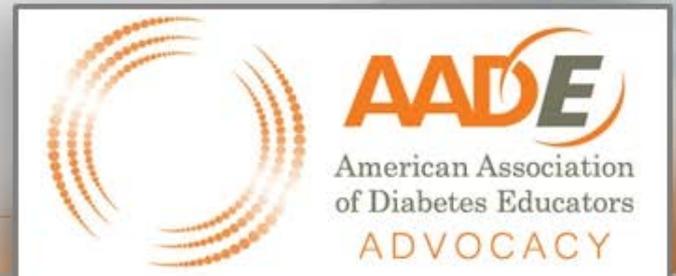
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Learning Objectives

- Summarize the major goals and components of the ACA that have an impact on the delivery of DSMT
- Recognize and analyze the need for state legislation that affects diabetes education/educators
- Discuss the basics of advocating and grassroots activities for diabetes education/educators



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Overview

- AADEs Policy and Advocacy Goals
- Federal Efforts
- The Changing World of Health Care Delivery
 - The ACA
- Advocating For the Future Roles of the DE
- The State Experience
- The Significance of Advocacy
- AADE's Policy and Advocacy Goals



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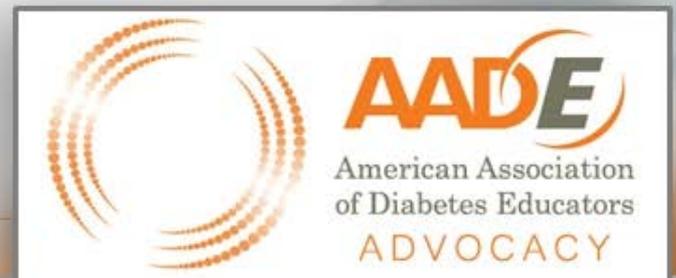
AADE's Policy and Advocacy Goals

- Influencing the future of diabetes education and the role of the diabetes educator in health care
- Advocating for policies that improve access to DSMT
- Attaining and maintaining reasonable reimbursement
- Providing advocates with tools and resources to stay engaged in public policy and be better equipped to advocate on their own behalf.
- Supporting programs and initiatives that detect diabetes or serve to prevent more people from developing the disease.
- Educating Congress, State legislators, and other professional organizations and stakeholders about AADE's advocacy priorities.



Federal Efforts

- **ACCESS TO QUALITY DIABETES EDUCATION ACT OF 2013 - S. 945 AND H.R. 1274: AADE**
 - SENATE: SHAHEEN (D-NH) AND COLLINS (R-ME)
 - HOUSE: WHITFIELD (R-KY) AND DEGETTE (D-CO)
- **GESTATIONAL DIABETES ACT AND MEDICARE DIABETES PREVENTION ACT (H.R. 962, S. 452): *American Diabetes Association***
- **NATIONAL DIABETES CLINICAL CARE COMMISSION ACT (H.R. 1074, S. 539):**
American Association of Clinical Endocrinologists
- **PREVENTING DIABETES IN MEDICARE ACT (H.R. 1257):** Academy of Nutrition and Dietetics



The Changing World of Health Care Delivery



The Affordable Care Act (ACA)

The intent is Better Health, Better Health Care and Lower Costs

The Congressional Budget Office (CBO) estimates that the ACA will extend coverage to 33 million uninsured nonelderly Americans, leading to a coverage rate of 92% (excluding unauthorized residents).



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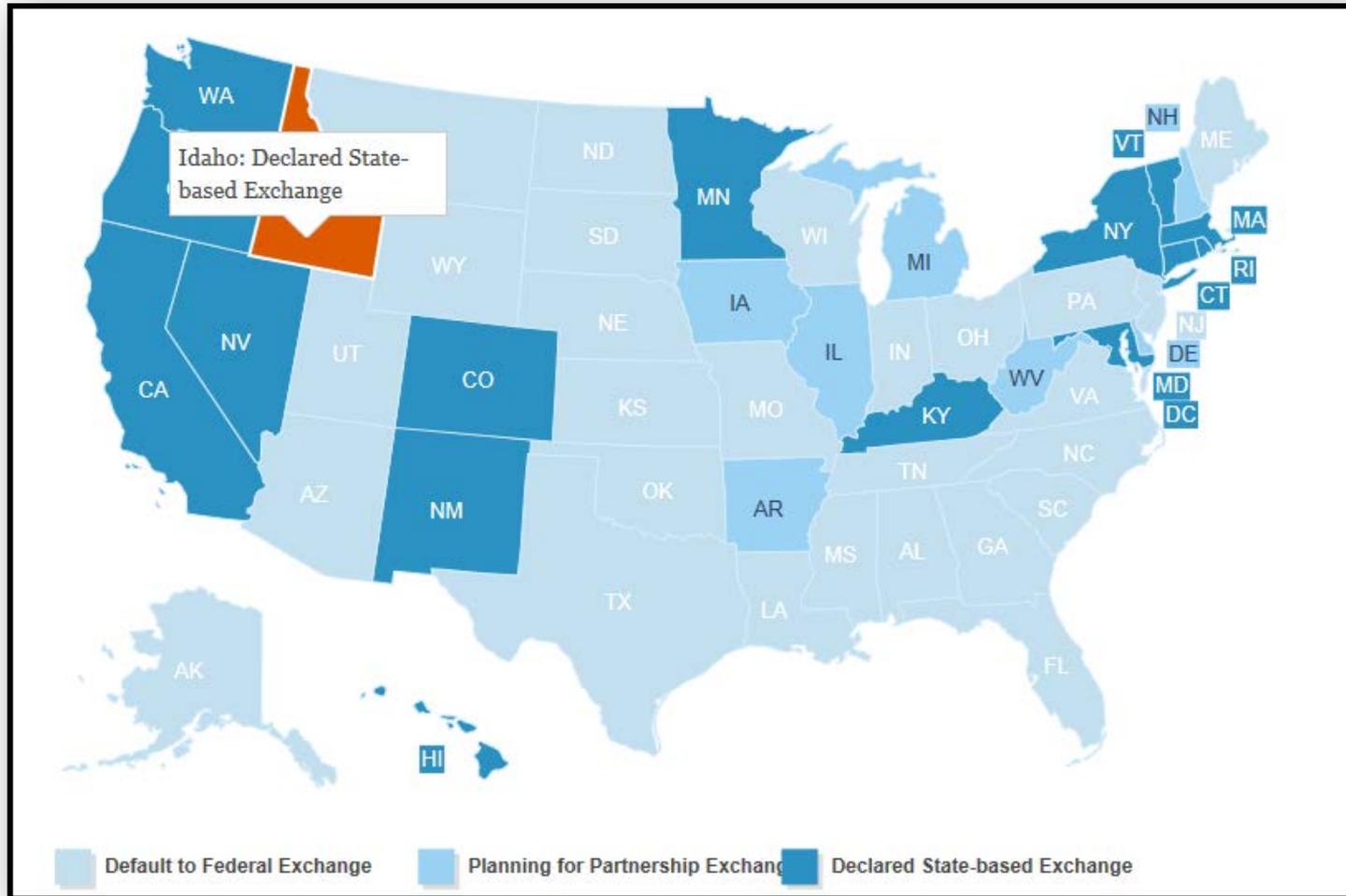
The Affordable Care Act (ACA)

- Require most U.S. citizens and legal residents to have health insurance.
- Create state-based American Health Benefit Exchanges through which individuals can purchase coverage and create separate Exchanges through which small businesses can purchase coverage.
- Impose new regulations on health plans in the Exchanges and in the individual and small group markets.
- Essential Health Benefits packages
- Expand Medicaid to 133% of the federal poverty level.



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State's Exchange Decisions



Source: "State Decisions For Creating Health Insurance Exchanges in 2014." The States - Kaiser Health Reform. Kaiser Family Foundation. Accessed May 30, 2013. Available at <http://healthreform.kff.org/the-states.aspx>.



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Key Diabetes Provisions

- Diabetes Report Card: HHS to track preventive care practices, trend analysis, and health outcomes (every 2 years)
- CDC Diabetes Prevention: establishes a community prevention program; funds can be used for outreach, training, prevention and evaluation;
- Study on Diabetes Medical Education: HHS and IoM to study the impact of diabetes and level of medical education needed to address diabetes crisis
- Prevention and wellness visits: Includes DSMT and diabetes screening in list of preventive services (coins./ded. still applies for DSMT)
- Medicaid Grant Program to Promote Healthy Lifestyles: including preventing the onset of diabetes and "improving the management of their (diabetic's) condition";



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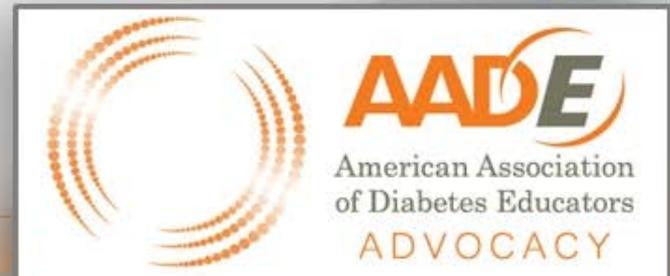
Other Provisions of Interest to the Diabetes Community:

- Insurance reforms and affordability provisions:
Designed to increase insurance coverage options and provide protect consumers: e.g. eliminate pre-existing condition exclusions; eliminate life-time caps on benefits; and limit on out of pocket expenses; Medicare drug 'donut hole' benefit reduction.
- Medicaid expansion:
to all individuals under 65 up to 133% of poverty: estimates show that 15-16 million new individuals may become eligible to obtain services through state Medicaid programs;
- Ensuring adequate provider workforce:
Workforce/Health Workforce Commission; nursing loan repayment



Provisions of Interest, cont.

- School Based Health Grant program:
prevention and primary services to students, focusing on the uninsured and underprivileged
- Employer wellness and prevention programs:
allows insurance premium discounts in certain cases for wellness programs
- Preventive Services Task Force and a Community Preventive Services Task Force:
- Childhood obesity:
demonstration program to reduce obesity through education and counseling.



New Delivery Models

- Accountable Care Organizations (ACO)
- Patient-Centered Medical Home (PCMH)
- Community Health Centers
- Consumer Oriented and Operated Plan – “CO-OPs”.
- Wellness and Prevention/Chronic Care



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Advocating For the Future DE Roles



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ACA Power to the States

- **State-Based Health Insurance Exchanges**
- **Basic Coverage Elements**
- **Essential Health Benefits package:** a set of health care service categories that must be covered by certain plans in all states, starting in 2014 include: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; **preventive and wellness services and chronic disease management**; and pediatric services, including oral and vision care.



Essential Health Benefits and the Qualified Healthcare Provider

- States looking to define the QHCP
- How do you determine qualification (for payment) – State Scope of Practice
- Those who have the license have the qualification
- A license defines the profession and their abilities to deliver care



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Scope of Practice

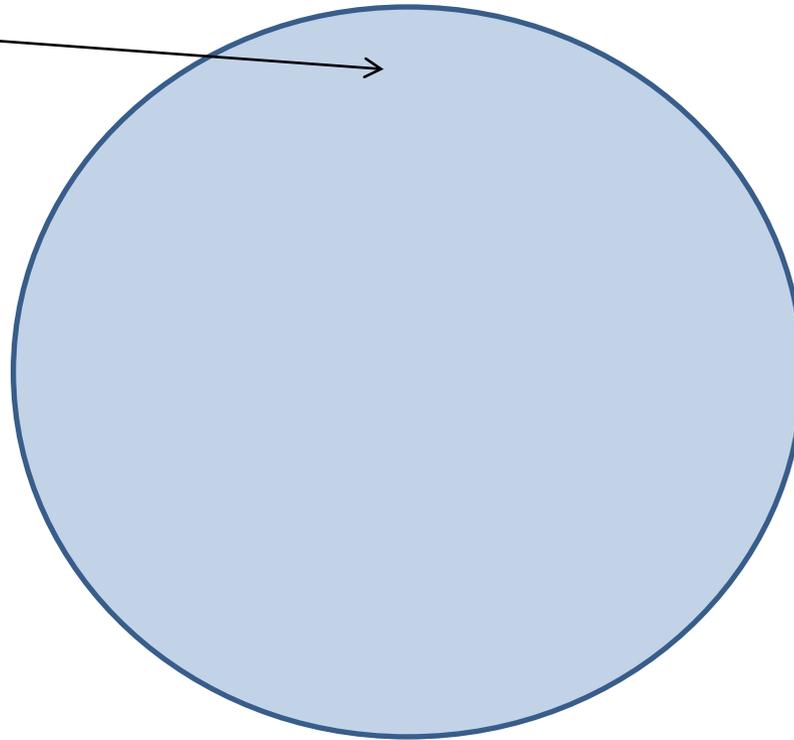
The “scope of practice” is legal definition (narrative) of the difference between a licensed healthcare professional and the untrained person.



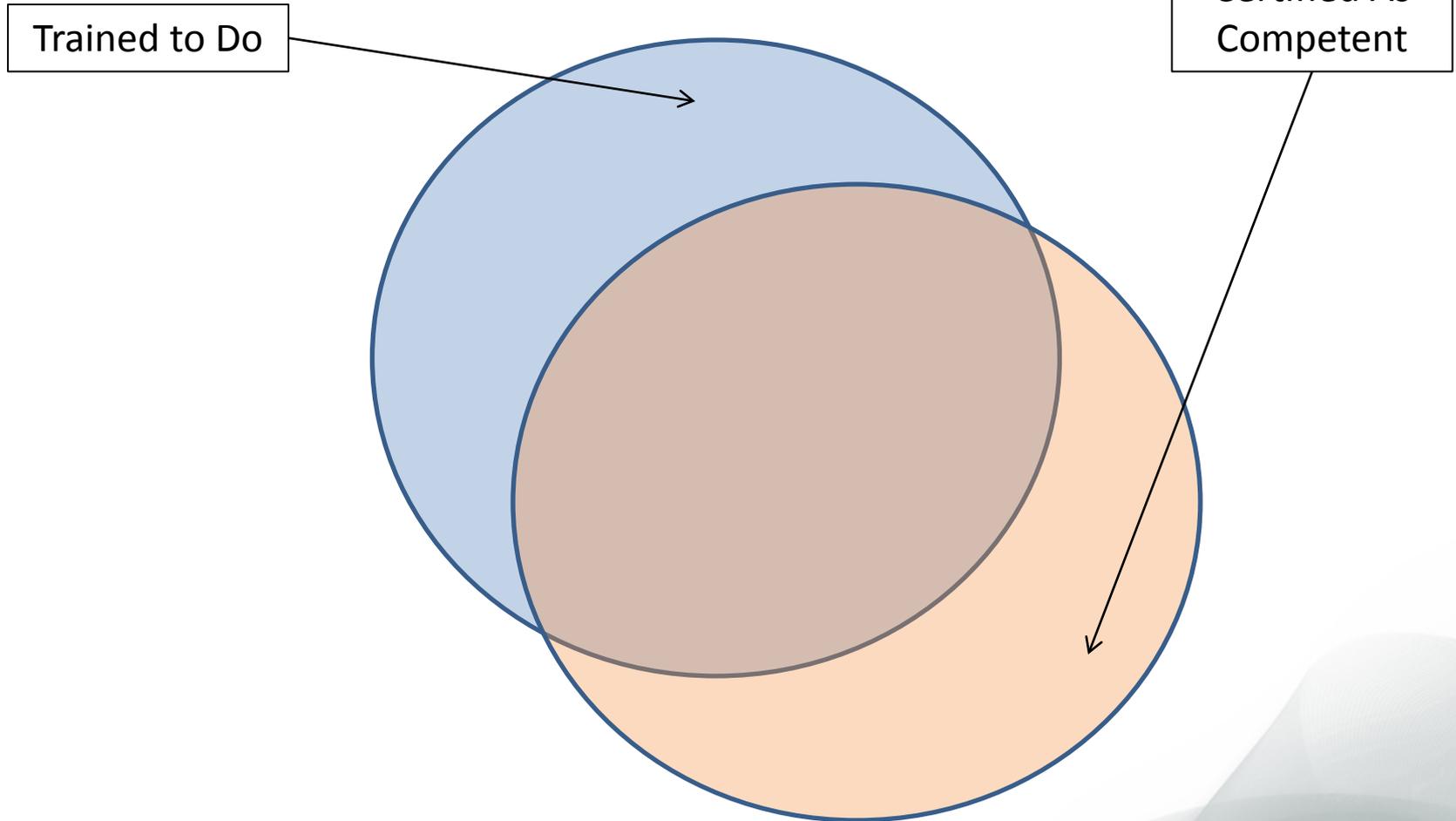
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EDUCATION

Trained to Do



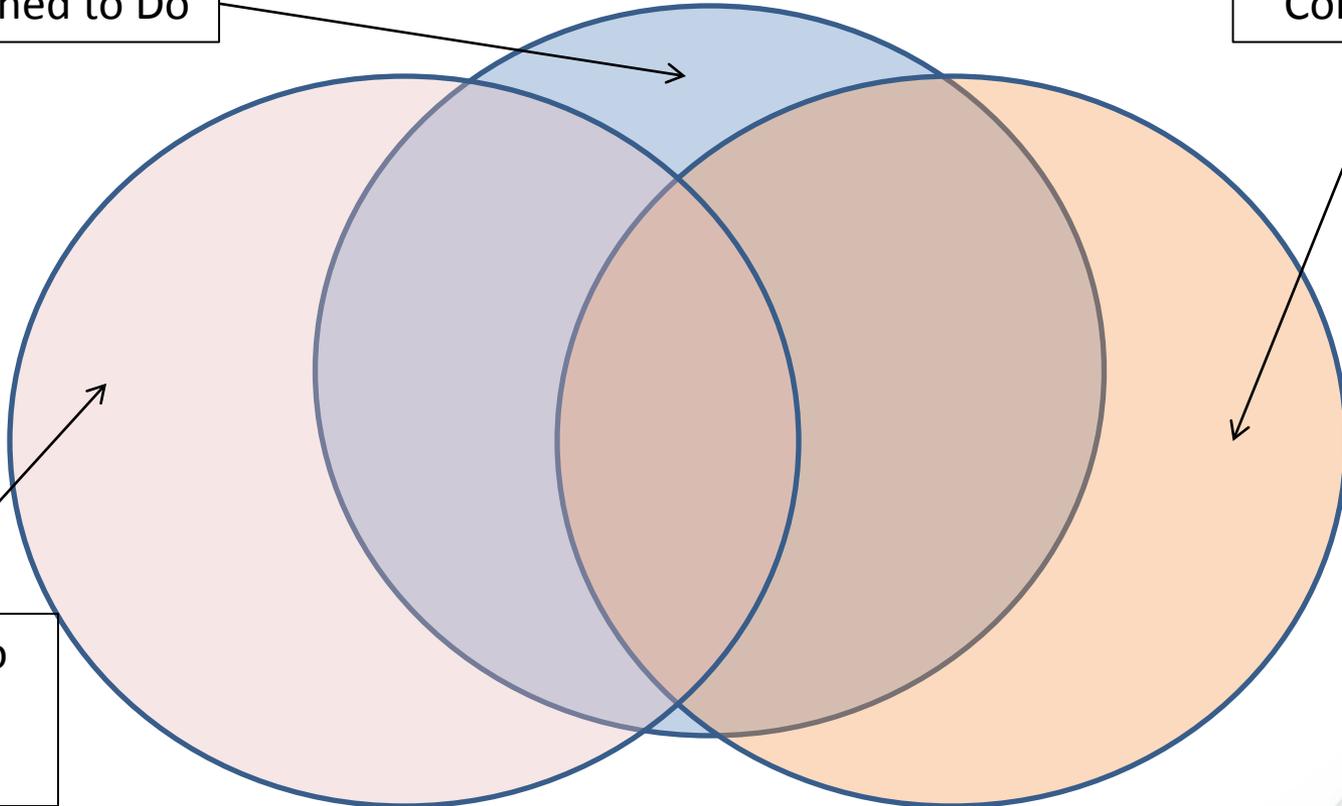
CERTIFICATION



LICENSURE

Trained to Do

Certified As
Competent



Licensed to
Practice
Legally

What's the Constant?

- educated (has been trained to do the skill or role), AND
- certified (has demonstrated competence in the skill or role), AND
- licensed (has legal authority issued by the State to perform the skill or role)



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Who is Providing DSMT?

- 16,000+ credentialed DEs (CDEs and BC-ADMs);
- Many well trained experienced DEs (without credentials); and
- Many Unqualified and Under-Qualified Providers



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DSMT Delivery and Payment

- Medicare (Accredited Programs)
 - No provider number all credentialed DEs
 - Limited service to Medicare Population (1.5% Utilization Rate)
- Medicaid
 - Some states have a DSMT mandate
- Private insurer
 - Not all cover DSMT



Licensed Healthcare Providers

- MDs/DOs
- DPMs
- NPs/APNs
- RNs
- LDs
- Pharmacists
- LCSWs
- Others

All Have A Legal Primary
Scope of Practice

All include some aspect of
DSMT.



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Diabetes Educators

- Licensed Health Care Professionals
- Credentialed as CDE or BC-ADM
- Some voluntarily opt out of pursuing a credential
- Legal Scope of Practice for each discipline.
- Voluntary credentials. No Legal Scope of Practice.

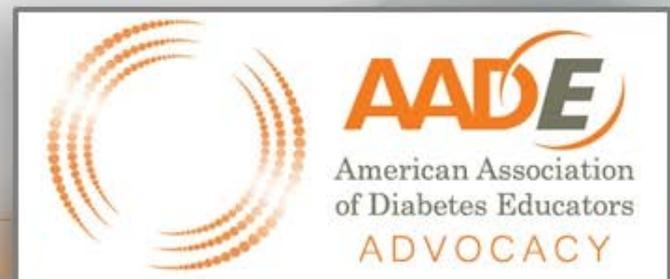


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Scope of Practice

What is DSMT?	CDE/ BC- ADM	RN	RD	Pharm	LCSW
 HEALTHY EATING	<input type="checkbox"/>		<input type="checkbox"/>		
 BEING ACTIVE	<input type="checkbox"/>		<input type="checkbox"/>		
 MONITORING	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
 TAKING MEDICATION	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
 PROBLEM SOLVING	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
 REDUCING RISKS	<input type="checkbox"/>	<input type="checkbox"/>			
 HEALTHY COPING	<input type="checkbox"/>				<input type="checkbox"/>

There are roughly 30,000 qualified diabetes educators throughout the US and of those only 16,000+ hold a CDE or BC-ADM. However, they all have one thing in common and that is none of them have all of the aspects of DSMT in their primary scope of practice and therefore are not legally practicing when providing full DSMT.



Reason to Pursue – Federal Experience

Our experience with efforts to gain Medicare provider status for the Credentialed Diabetes Educators has taught us that there is no legal definition of the diabetes education provider.

Therefore the AADE was charged with the task of pursuing licensure by the Board of Directors.



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State Licensure of the DE

- Intended for the health care professional who has a defined role as a diabetes educator:
 - The diabetes educator (defined by AADE Competency Level 3) not yet credentialed; and
 - Credentialed Diabetes Educators - Certified Diabetes Educator (CDE) or DE board certified in advanced management (BC-ADM).
 - Aim to achieve a Qualified Health Care Provider (QCHP) status for the Diabetes Educator



Developing a Case for Licensure - What We Know:

- Diabetes is common:
 - 26 Million Americans Have Diabetes (Projected 53 Million by 2025)
 - 79 Million have pre-diabetes and 70% will progress to type 2 without intervention
- Diabetes is Expensive:
 - \$218 Billion spent on diabetes each year
 - \$58 Billion in lost economic output each year
 - 1 in 3 Medicare Dollars spent on people with diabetes
- Diabetes is a serious chronic condition – It is the 7th leading cause of death and can lead to serious complications
- **DSMT plays an essential role in the management of diabetes**
- **Patients who receive DSMT have fewer complications**
- **Properly managed diabetes reduces healthcare costs**
- **Management of diabetes is complex**
- **There is NO LEGAL scope for DSMT**



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Professional Licensure has Numerous Purposes

- Consumer protection,
- Professional recognition and
- Setting quality guidelines for the profession.



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Diabetes Knowledge

Diabetes management is complex and all health care providers need sufficient diabetes knowledge to provide safe, competent care to persons with or at risk for diabetes. Licensure of the Diabetes Educator will provide the minimum standards for patient safety.

It is very important that the health care professionals who set themselves out as Diabetes Educators be well educated and appropriately credentialed in the delivery of quality Diabetes Education.



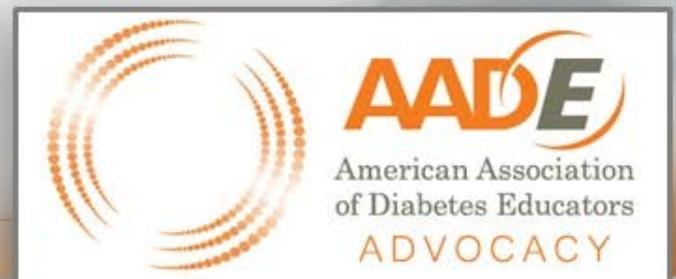
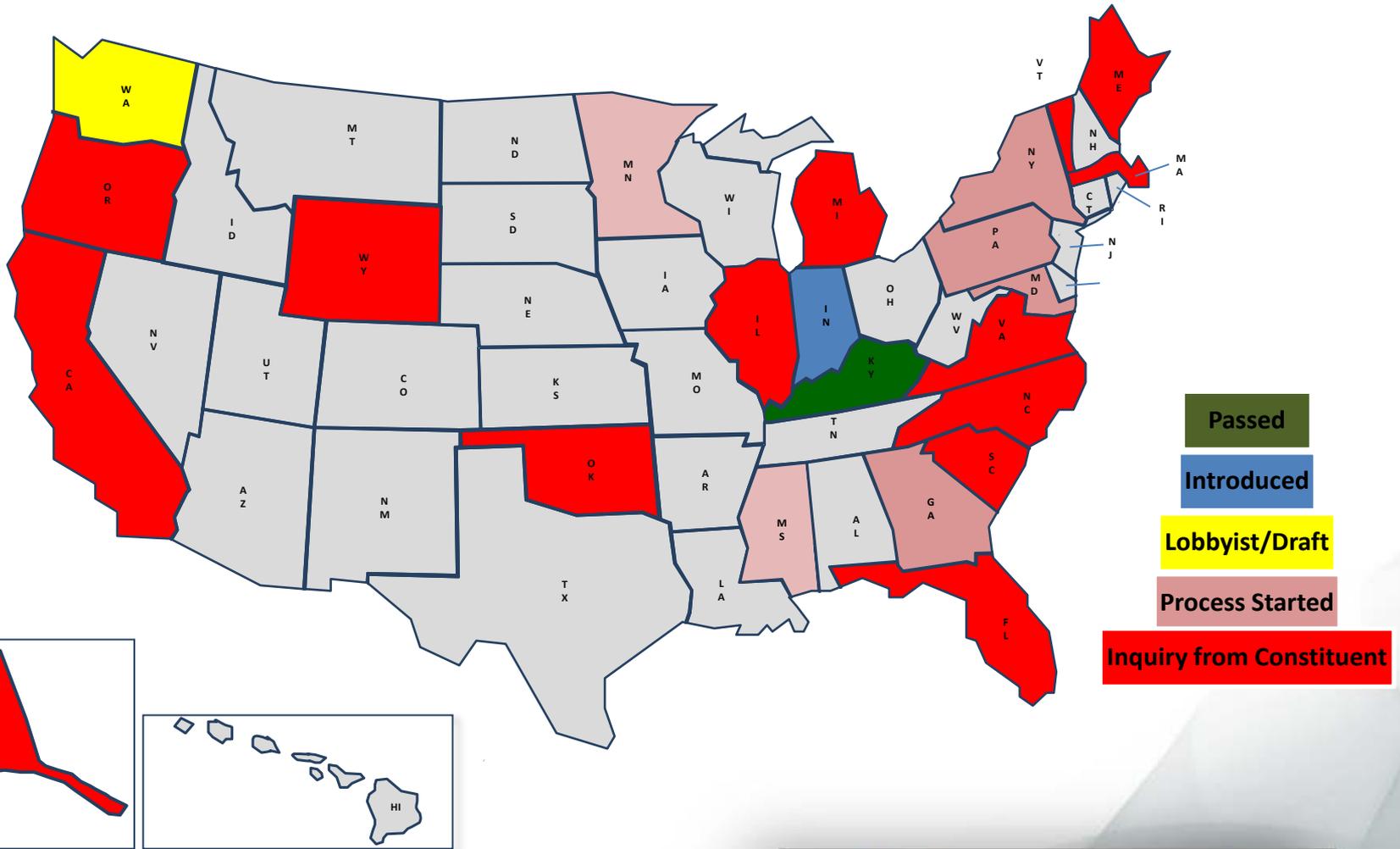
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The Licensed Diabetes Educator

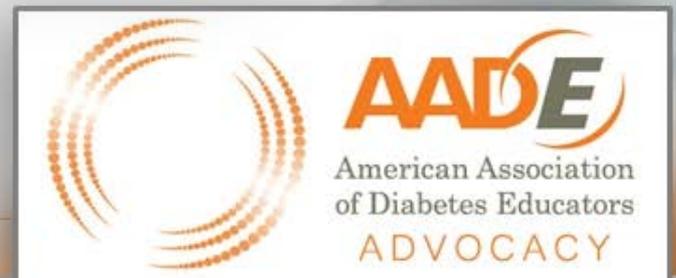
- Diabetes Educators who have a CDE or BC-ADM credential will qualify for licensure without additional education or practice requirements.
- Licensure encourages growth in the profession by opening up employment opportunities which provide the practice hours needed to qualify for the advanced credentials.



State Licensure



The Significance of Advocacy



Grassroots Advocacy

AADEs Grassroots Advocacy department works on many legislative issues at the state and federal levels that support the recognition of the professional (diabetes educator), setting quality guidelines for the practice of diabetes education and addressing issues related to reimbursement most commonly how to get more and better compensation for the service that diabetes educators provide.

Your Role As Advocate

- Two Approaches to Grassroots
 - ✓ Just the Facts
 - ✓ Personal Information
- Communication
 - ✓ Contact your representatives
 - ✓ Deliver your message
 - ✓ Get to know your MOC's staff



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Be a Resource

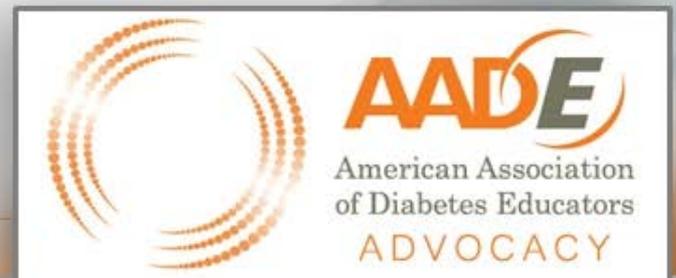
- Your Expertise
- Your Ability to Find Answers
- Your Sphere of Influence



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The State Legislative Coordinator

- Coordinating bodies and Local Networking Groups are an integral part of the success of AADE's advocacy efforts
- In order to be effective, every CB should have one member designated as a State Legislative Coordinator (SLC)



The State Legislative Coordinator

THE SLC IS:

- Main Advocacy contact for the State
- Conduit for advocacy Information

THE SLC WILL:

- Receive and communicate AADE legislative initiatives to state leaders and members
- Serve as the Advocacy expert in their state*
- Coordinate “calls to action” on national and statewide legislative and reimbursement issues
- Identify and establish relationships with local state legislators and congressional Reps and Staff
- Work closely with the AADE Advocacy team
- Help develop alliances

* AADE will provide state and federal trainings



How We Expect the Information to Move in the MYAADE Era



**AADE National
Communicates With the
State Legislative
Coordinator (SLC) as part
of the Coordinating Body**

**The SLC will push the
information out to the
state and LNG advocates
via the MY AADE
NETWORK with an
emphasis on time
sensitive action alerts**

**The LNGs and State members
will take action where
applicable with the hope and
understanding that all action
alerts will be forwarded to
those that support the AADE
legislative Agenda**

Advocacy Forum

The screenshot shows the AADE Advocacy Forum website. At the top left is the AADE logo (American Association of Diabetes Educators) and the MY AADE NETWORK logo. A navigation bar includes links for MY AADE NETWORK, My State Network, My Communities, Other States, Members, and AADE Home. The main content area features a banner with the text "e-advocacy, advice and announcements" and a description: "The MY AADE NETWORK Advocacy Forum is a place where you can connect online with other diabetes educators to discuss legislative and regulatory issues; find answers to questions; connect with peers and find support for your grassroots activities and public policy issues related to diabetes education and care." Below the banner are three sections: "Forum" with two discussion topics, "File Library" with one file, and "Blogs" with one blog post. A "Links" box contains "Advocacy Tools and Resources".

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MY AADE NETWORK | My State Network | My Communities | Other States | Members | AADE Home

Communities Home | Admin Options

AADE Advocacy

Community Home | Actions

e-advocacy, advice and announcements

The MY AADE NETWORK Advocacy Forum is a place where you can connect online with other diabetes educators to discuss legislative and regulatory issues; find answers to questions; connect with peers and find support for your grassroots activities and public policy issues related to diabetes education and care.

Forum

- AADE Advocacy:AADE Advocacy Announcements
- AADE Advocacy:AADE Advocacy Discussion

File Library

- AADE Advocacy:AADE Advocacy Files
None

Blogs

- AADE Advocacy Blog
None

Links

- Advocacy Tools and Resources

- Connect
- Discuss
- Support
- Research
- Learn
- Advocate



Better Communication Leads to Better Outcomes

FEDERAL:

- DE Provider Recognition
- Inclusion of DE in Team Health
- Prevention Services
- Medicaid Coverage for DSMT

STATE:

- Licensure of the Diabetes Educator
- Medicaid Coverage for DSMT

PASSED



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THANK YOU!

QUESTIONS?



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