An Overview of AADE

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Outline

- About AADE
- AADE's outcomes work
- The state of diabetes education

About AADE

- AADE is a multidisciplinary association of healthcare professionals dedicated to integrating **successful self-management** as a key outcome in the care of people with diabetes and related conditions.

AADE: A History of Growth

- December 6,1973: 18 diabetes educators met in Chicago and decided to form AADE
  - Currently (2005) at 11,000 members: 55% RNs, 28% RDs, 6% Pharmacists, 11% other
- October, 1974: First AADE Annual Meeting held in Chicago, bringing 272 diabetes educators from 38 states and Canada
  - August 2005: 32nd Annual Meeting held in Washington, DC hosted over 4,000 educators from 16 countries and the US

AADE: Governance & Organizational Structure

- 18-member Board of Directors, elected for a 3-year term
  - Provides for strong leadership continuity
- Committees, workgroups and task forces
  - Develop all program content
  - Advance AADE strategic priorities
- 104 Chapters nationwide
  - Local networking, education & advocacy
- 19 Specialty Practice Groups
  - Develop position statements

AADE Mission & Vision

- **Mission:** Driving professional practice to promote healthy living through **self-management** of diabetes and related conditions
- **Vision: Successful self-management** for all people with diabetes and related conditions

AADE's Strategic Goal Areas:

AADE's Strategic Alliances

AADE Outcomes Project

Integrating AADE's Strategic Vision for Diabetes Education

AADE Outcomes Project

- Project mission:
  - To promote standards-driven measurement of diabetes education (behavioral) outcomes
  - To isolate and measure the clinical impact of diabetes educators' interventions
- Advancing the mission by:
  - Testing the NDEOS tools in controlled settings at UPMC Diabetes Institute
  - Testing the tools across multiple data input platforms
    - Web, telephone, touch-screen
  - Testing integration into an EMR

National Standards for DSMT

Structure

- #1: Organization
- #2: Target Population
- #3: Governance
- #4: Coordinator
- #5: Instructional Team
- #6: Staff Continuing Ed
- #7: Curriculum

Process

- #8: Assess/Intervene Evaluate
- #9: Documentation

Outcome

- #10: CQI

DSMT Outcomes Standards (AADE)

#1. Behavior Change: The unique outcome measurement for DSMT

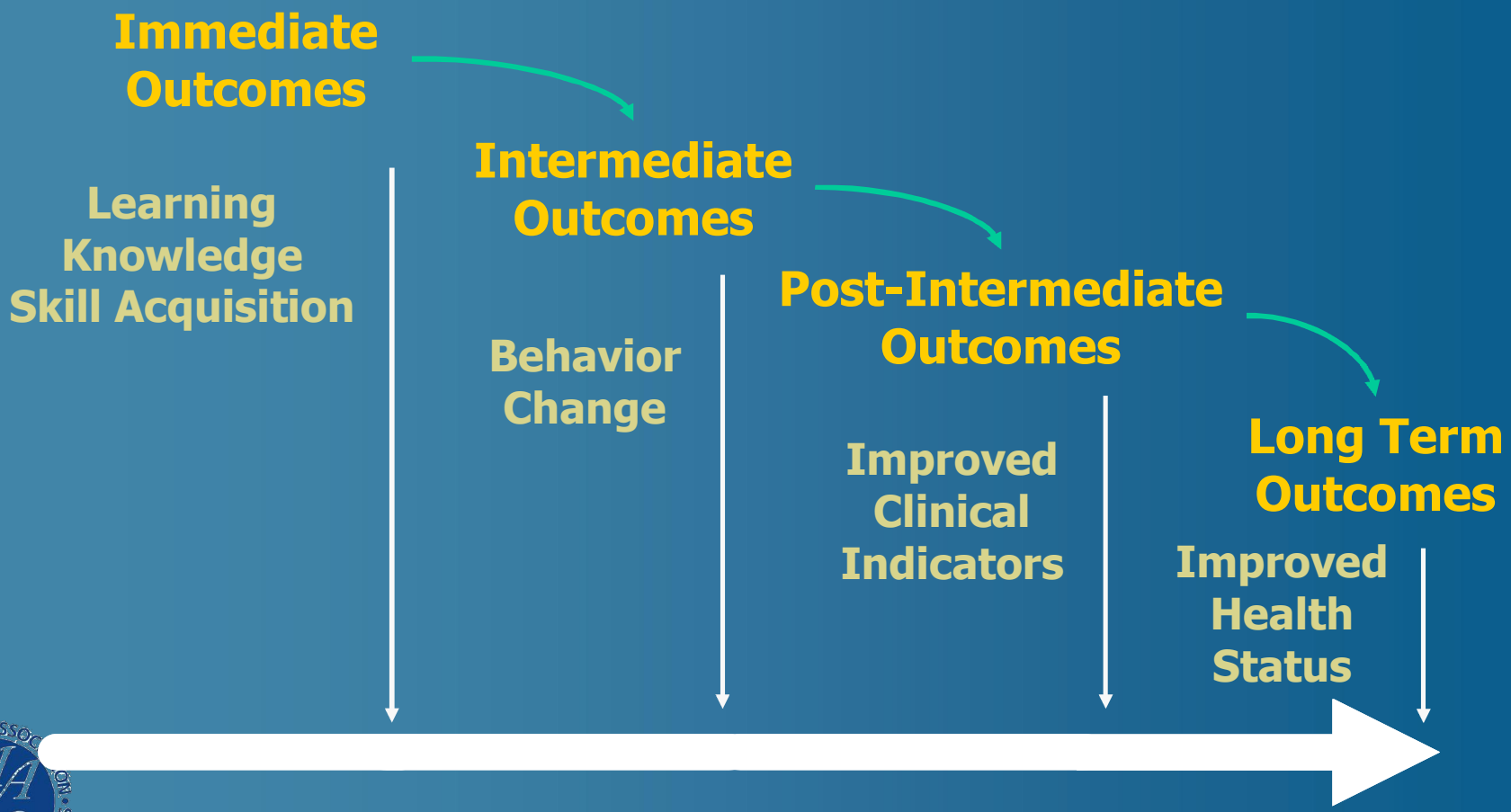
#2. AADE7 Seven Self-care Behaviors: To measure effectiveness of DSMT at individual and population levels

#3. Measurement Interval: Behaviors should be evaluated at baseline and at regular intervals

#4. Outcomes Continuum: To demonstrate the link between DSMT and behavior change

#5. Individual & Aggregate Outcomes: To guide both patient care and services/CQI in the diabetes program

Health Care Outcomes Continuum



AADE7 Self-Care Behaviors™

- Standardized framework to:
  - Assess and facilitate behavior change
  - Determine effectiveness of patient program
  - Compare patient performance with recognized benchmarks
  - Establish the contribution of diabetes self-management training in overall diabetes care

AADE7 Self-Care Behaviors™

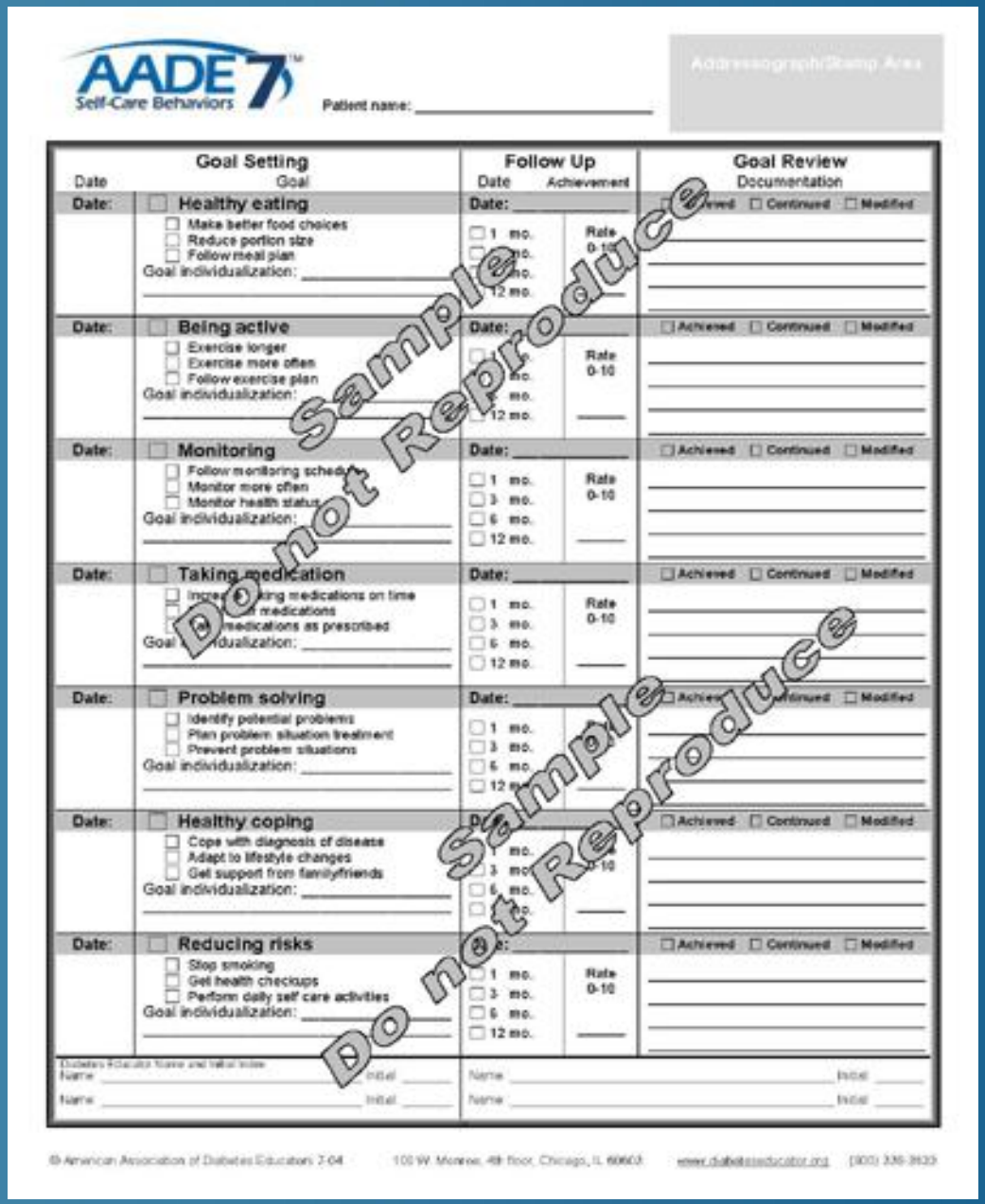
- Appropriate framework for ALL chronic disease states
  - Cardiovascular Disease
  - Chronic Obstructive Pulmonary Disease
  - Arthritis
  - Obesity
  - Depression
  - Other co-morbidities

AADE7 Self-Care Behaviors

- Healthy eating
- Being active
- Monitoring
- Taking medications
- Problem solving
- Healthy coping
- Reducing risks

Simple, paper-based tools: AADE7 Goals Tearsheet

- Three-part carbonless form to assist diabetes educators
  - Introduce patients to the 7 self-care behaviors
  - Use as a “menu” to help patients select self-care behaviors they are interested in changing
  - Work with patients in goal setting
  - Tracking and measuring individual behavior change over time
  - Document outcomes – use as part of a Continuous Quality Improvement (CQI) tool



AADE7™ Self-Care Behaviors

Patient name: _____

Addressograph/Stamp Area

Date	Goal Setting: Goal	Follow Up: Date / Achievement	Goal Review: Documentation
Date:	☐ Healthy eating ☐ Make better food choices ☐ Reduce portion size ☐ Follow meal plan Goal individualization: _____	Date: _____ ☐ 1 mo. ☐ 3 mo. ☐ 6 mo. ☐ 12 mo. Rate 0-10 _____	☐ Achieved ☐ Continued ☐ Modified
Date:	☐ Being active ☐ Exercise longer ☐ Exercise more often ☐ Follow exercise plan Goal individualization: _____	Date: _____ ☐ 1 mo. ☐ 3 mo. ☐ 6 mo. ☐ 12 mo. Rate 0-10 _____	☐ Achieved ☐ Continued ☐ Modified
Date:	☐ Monitoring ☐ Follow monitoring schedule ☐ Monitor more often ☐ Monitor health status Goal individualization: _____	Date: _____ ☐ 1 mo. ☐ 3 mo. ☐ 6 mo. ☐ 12 mo. Rate 0-10 _____	☐ Achieved ☐ Continued ☐ Modified
Date:	☐ Taking medication ☐ Increase taking medications on time ☐ [illegible] medications ☐ Take medications as prescribed Goal individualization: _____	Date: _____ ☐ 1 mo. ☐ 3 mo. ☐ 6 mo. ☐ 12 mo. Rate 0-10 _____	☐ Achieved ☐ Continued ☐ Modified
Date:	☐ Problem solving ☐ Identify potential problems ☐ Plan problem situation treatment ☐ Prevent problem situations Goal individualization: _____	Date: _____ ☐ 1 mo. ☐ 3 mo. ☐ 6 mo. ☐ 12 mo. Rate 0-10 _____	☐ Achieved ☐ Continued ☐ Modified
Date:	☐ Healthy coping ☐ Cope with diagnosis of disease ☐ Adapt to lifestyle changes ☐ Get support from family/friends Goal individualization: _____	Date: _____ ☐ 1 mo. ☐ 3 mo. ☐ 6 mo. ☐ 12 mo. Rate 0-10 _____	☐ Achieved ☐ Continued ☐ Modified
Date:	☐ Reducing risks ☐ Stop smoking ☐ Get health checkups ☐ Perform daily self care activities Goal individualization: _____	Date: _____ ☐ 1 mo. ☐ 3 mo. ☐ 6 mo. ☐ 12 mo. Rate 0-10 _____	☐ Achieved ☐ Continued ☐ Modified

Diabetes Educator Name and Initial Index

Name _____ Initial _____

Name _____ Initial _____

Name _____ Initial _____

Name _____ Initial _____

 100 W. Monroe, 4th floor, Chicago, IL 60603 www.diabeteseducator.org (800) 338-3633

Available at http://www.aadenet.org/AADE7/goalsheet.html

The State of Diabetes Education

Preliminary Results from the 2005 National Practice Survey

October 2005

2005 National Practice Survey

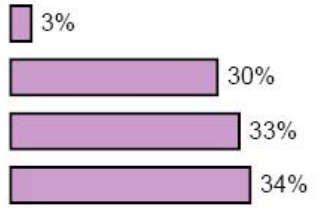
- Followup to AADE's environmental scan
- Pilot NPS designed and completed in June 2005
- Full NPS sent July 2005 to all AADE members
- Intend to administer some or all of the NPS annually to track trends
- 9,322 AADE members were invited to respond
- 1,781 members responded – 21% rate of return
- For the purposes of this survey, we defined a diabetes education program as any structured, organized delivery of education occurring in any practice setting – this broad definition was designed to help capture the variations within diabetes education

NPS Highlights: Program profile

- Good geographic distribution among respondent programs – at least 6 in every state and over 100 in two states (TX, CA)
- Even 1/3 split between urban, suburban and rural programs

16. Where is your program located?
(Please select all that apply)

	Number	%
Indian Health Service (tribal)	*13*	**2.9%**
Rural	*133*	**29.8%**
Suburban	*147*	**32.9%**
Urban	*154*	**34.5%**
Total (some selected more than 1 choice)	*447*	

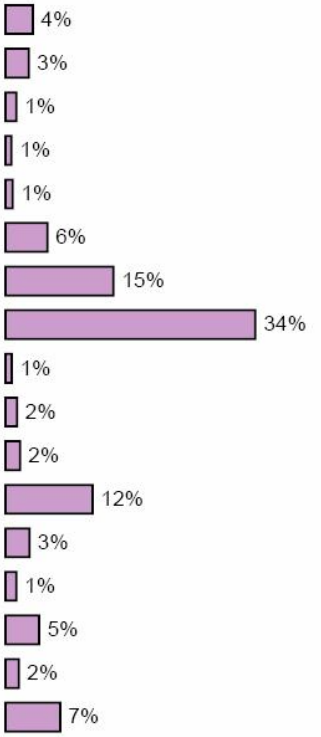


NPS Highlights

1. Diabetes education is provided in a wide variety of settings and this variety is increasing.

6. What is your primary setting for providing diabetes education?
(Check all that apply)

	Number	%
Community agency	87	3.7%
Community education center	75	3.2%
Community pharmacy	35	1.5%
Elder center	19	0.8%
Fitness center	23	1.0%
Health System Ambulatory Clinic	134	5.7%
Hospital inpatient	346	14.8%
Hospital outpatient	800	34.2%
Long-term care facility	20	0.9%
Managed Care	37	1.6%
Patient's home (home health agency)	47	2.0%
Physician's office	279	11.9%
Private educator office (self-employed, independent)	77	3.3%
University Affiliated-Hospital inpatient	35	1.5%
University Affiliated-Hospital outpatient	108	4.6%
Work-site health clinic	43	1.8%
Other	175	7.5%
Total (some selected more than 1 choice)	2,340	

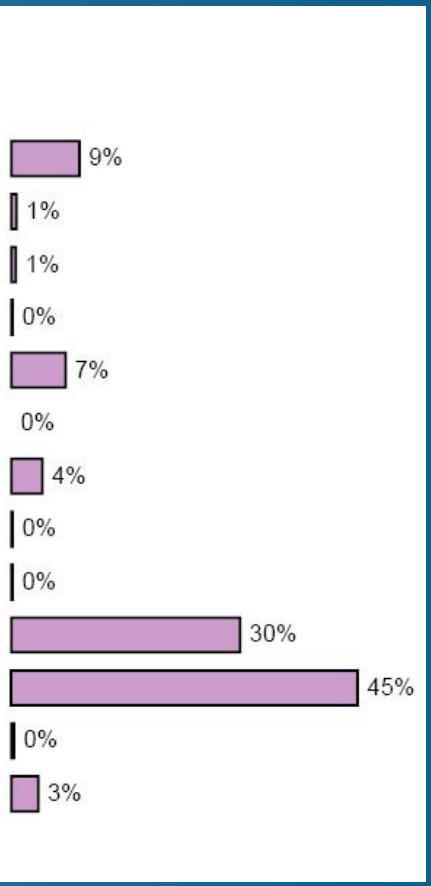


NPS Highlights

2. Diabetes educators' major disciplines remain nursing and dietetics, with pharmacy and "other" growing.

9. Please identify your discipline.

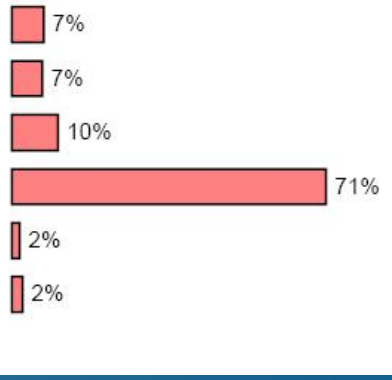
		Number	%
	Clinical Nurse Specialist	141	8.8%
	Exercise Physiologist / PT	10	0.6%
	MD – Endocrinologist	9	0.6%
	MD – Primary Care	2	0.1%
	Nurse Practitioner	112	7.0%
	Ophthalmologist		0.0%
	Pharmacist	64	4.0%
	Podiatrist	2	0.1%
	Psychologist or Behavioral Specialist	2	0.1%
	Registered Dietitian	474	29.7%
	Registered Nurse	718	45.0%
	Social Worker	5	0.3%
	Other	55	3.5%
Total		1,594	



NPS Highlights

3. While Type 1 diabetes predominates, diabetes educators are seeing a growing number of patients with pre-diabetes.

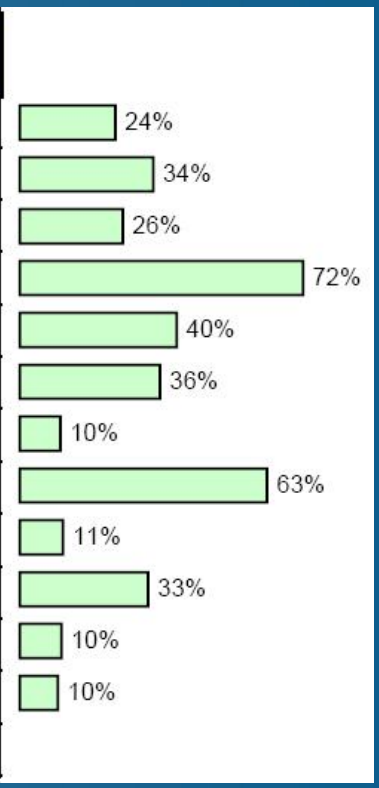
21. What is the distribution of the diabetes seen in your program?		
	% Gestational diabetes	7.2%
	% Pre-diabetes (impaired glucose tolerance or impaired fasting glucose)	6.9%
	% Type 1	10.4%
	% Type 2	71.2%
	% Other (steroid induced, surgical, etc.)	1.8%
	% Don't know	2.4%
Total		100.0%



NPS Highlights

4. Diabetes programs offer a wide range of professional services

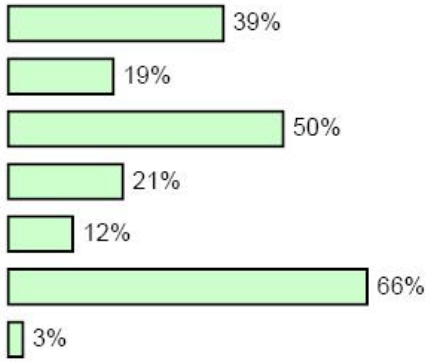
32. Your program's range of professional services include: (Check all that apply)			
	Case management	*109*	**24.3%**
	Clinical (medical management)	*152*	**33.9%**
	Counseling services	*117*	**26.1%**
	Diabetes Self-management Education	*323*	**72.1%**
	Disease management	*179*	**40.0%**
	Health Care Professional Education	*160*	**35.7%**
	Home-care diabetes education	*46*	**10.3%**
	Medical Nutrition Therapy	*282*	**62.9%**
	Research	*49*	**10.9%**
	Telephone care management	*146*	**32.6%**
	Activities unrelated to diabetes	*47*	**10.5%**
	Other	*43*	**9.6%**
Total eligible respondents		*448*	



NPS Highlights

5. Diabetes education is not “information delivery” – educators deploy a number of behavioral strategies and interventions.

34. Your program utilizes the following Behavioral Strategies: (Check all that apply)		
Cognitive reframing	*176*	**39.3%**
Conviction and confidence scaling	*86*	**19.2%**
Patient contracts	*225*	**50.2%**
Relapse prevention training	*94*	**21.0%**
Stimulus control	*53*	**11.8%**
Situational problem-solving	*294*	**65.6%**
Other	*12*	**2.7%**
Total eligible respondents	*448*	

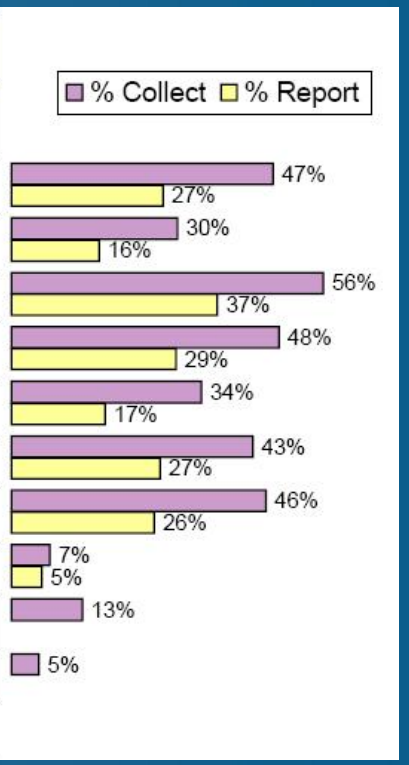


NPS Highlights

6. Diabetes educators collect and report behavioral outcomes within the framework of the AADE7 Self-Care Behaviors™

39. What *behavioral outcomes* does your program collect and report?
(Check all that apply)

	Number Collect	% Collect	*Number Report*	% Report
Eating	*834*	**47%**	*484*	**27%**
Healthy coping	*529*	**30%**	*279*	**16%**
Monitoring (SMBG)	*994*	**56%**	*656*	**37%**
Physical activity	*854*	**48%**	*525*	**29%**
Problem-solving (especially for high, low and sick day blood sugars)	*606*	**34%**	*299*	**17%**
Reducing risks of diabetes complications	*770*	**43%**	*474*	**27%**
Taking medications	*811*	**46%**	*455*	**26%**
Other	*122*	**7%**	*97*	**5%**
None collected	*227*	**13%**		
Don't know	*88*	**5%**		
Total eligible respondents	*1,781*		*1,781*	



Thank you!
Questions?

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