
Grassroots of Diabetes Education Advocacy and Legislation
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Objectives

At the end of this presentation, the participant will be able to:


1. Describe rationale for Diabetes Educator (DE) licensure.
2. Discuss the process and outcome of the DE licensure experience in Kentucky.
3. Discuss the basics of grassroots advocacy for diabetes educators and legislation that affects the profession.



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Overview

- The Changing World of Health Care Delivery
- Advocating for the Future Roles of the Diabetes Educator
- The State Experience for Diabetes Educator Licensure
- The Basics of Grassroots Advocacy



Diabetes statistics in California

- 4 million; 1 in 7 adults
- Insurance is expensive
- Exclusions for pre-existing conditions
- 23% of adults with diabetes on Medi-Cal
- 21% of adults with diabetes uninsured

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The Affordable Care Act (ACA)

- Expands coverage to uninsured
- Promotes care coordination
- Makes coverage more affordable
- Improves private insurance coverage
- Includes Prevention

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The Affordable Care Act (ACA)

- Require most U.S. citizens and legal residents to have health insurance.
- Create state-based Health Exchanges
 - Individuals can purchase coverage
 - Small businesses can purchase coverage
- Impose new regulations
- Expand Medicaid/Medi-Cal

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The Affordable Care Act (ACA)

- Created high risk pools for individuals denied insurance
 - California received \$761 million
 - 2,000 individuals enrolled
- After 2014 California coverage expansion
 - Expected to be largest of the states-3.4 million
 - 1.7 newly insured in Medi-Cal
 - 1.7 newly insured in private insurance through exchange
 - 3 million will remain uninsured

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The Affordable Care Act (ACA)

- Current Medi-Cal eligibility based on categorical need and poverty
 - Low income children and their parents
 - Low income pregnant moms
 - Low income who qualify with a disability
 - Low income childless adults generally excluded
- Beginning in 2014 everyone < 65 years up to 133% of federal poverty level will be eligible
 - \$15,028 for single person; \$30,843 for family of 4

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The Affordable Care Act (ACA)

- Managed Medi-Cal- A means to improve care coordination
 - Reduce unnecessary tests/procedures
 - Reduce high cost hospitalizations
 - Improve quality
 - Supports **medical home model** promoted in federal reform

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The Affordable Care Act (ACA)

- Private Insurance Access
 - Insurance Exchanges (farmers market)
 - Standardized products
 - Compete on price
 - No preexisting condition exclusion
 - Guaranteed issue
 - Mandatory coverage of preventive care

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The Affordable Care Act (ACA)

- Primary care shortages
 - When uninsured gain coverage health care use rate expected to increase ~70%
 - California will need ~1000 new primary care providers to meet this demand
- Inability to expand workforce capacity to meet an anticipated increase in demand is a key barrier to success of ACA

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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 condition";



Provisions of Interest

- **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
- **Patient-Centered Medical Home**
- Community Health Centers
- Consumer Oriented and Operated Plan – “CO-OPs”.
- Wellness and Prevention Focus



DSME/T Delivery and Payment

- Medicare
 - No provider number for the DE
 - Limited service
- Medi-Cal
 - Restrictive DSME/T benefit
- Private insurer
 - Not all cover DSME/T



Who is Providing DSME/T?

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



ACA Power to the States

- State-based health insurance exchanges
- Basic coverage elements
 - How will diabetes educators fit in?



Qualified Healthcare Provider

- States 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



Diabetes Educators

- Licensed Health Care Professional
- Credentialed as CDE or BC-ADM
- Legal Scope of Practice for each discipline.
- Voluntary credentials. No Legal Scope of Practice.



Licensed Healthcare Providers

- MDs/Dos
- DPMs
- NPs/APNs
- RNs
- LDs
- Pharmacists
- Others
- Legal Scope of Practice
- All include some aspect of DSME/T.



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).
 - Intended to achieve a Qualified Health Care Provider (QCHP) status for the Diabetes Educator





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Federal Activities

- Reintroduction of the “Medicare Diabetes Self-Management Training Act of 2011”.
 - Addition of telehealth provision
- Adding DSMT to the “Preventing Diabetes in Medicare Act”. A bill to extend Medicare coverage to medical nutrition therapy services for people with pre-diabetes.
- HR 2787 S 1468

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Reason to pursue – Federal experience

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

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Developing a Case for KY Licensure - What We Know:

- Diabetes is common in Kentucky – 9.9% of adults have diagnosed diabetes
- Diabetes is a serious chronic condition – It is the 6th leading cause of death in KY and can lead to serious complications
- Diabetes is expensive
- DSMT plays an essential role in the management of diabetes.
- Patients who receive DSMT have fewer complications.
- Management of diabetes is complex.



KY Diabetes Educators

- In Kentucky, 324,000 adults have diagnosed diabetes, another 81,000 are undiagnosed, and 235,000 adults have diagnosed pre-diabetes. (2009 statistics)
- There are 225 CDEs in the state.
- There are also very well trained experienced DEs. [Many who have trouble qualifying for the NCBDE – hours required.]



Professional Licensure has Numerous Purposes

- consumer protection
- professional recognition
- setting quality guidelines for the profession.



Diabetes Knowledge

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 minimum standards for patient safety.



Defining the Diabetes Educator

Diabetes Educators Licensure:

•is intended for the health care professional who has a **defined role as a diabetes educator**, not for those who may perform some diabetes related functions as part of or in the course of other routine occupational duties.

•sets the baseline requirements for professionals **who may pursue an additional credential to demonstrate their professional development and career advancement.**



Licensure of the Diabetes Educator

Provides a Scope of Practice and minimum provider qualifications and will address the current workforce shortage of qualified professionals who can deliver diabetes education.



Diabetes Educators

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.**

Does being an RN alone qualify you to be a Diabetes Educator?



The Credentialed 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 credential.



The Kentucky Experience with DE Licensure



Kentucky DE Leadership

- Met with the Kentucky Diabetes Network the primary diabetes coalition to introduce the concept of a DE Scope of Practice
- KY DE leadership talked with KY DEs



Contracted with a State Lobbyist to Guide the Process

- Not necessary but highly recommended having a professional with experience to navigate the politics (sponsors) and process (committees).
- From experience, this is a valuable commodity.



2010 - First Introduction of the DE Licensure Bills



Kentucky DE Activities

- Letters and calls to legislators from DEs to sponsor the DE bills.
- Key KY DEs on call and testified before committees of jurisdiction on the DE licensure
- Developed FAQs and responded to both legislators and DEs questions on the proposal.
- DEs lobbied during KY Diabetes Day at the Capitol

2011 – Reintroduce and Do All Over Again

- Lessons learned
- Started with Senate introduction (politics)
- Letters and calls to legislators from DEs to sponsor the DE bills.
- Key KY DEs on call and testified before Committees of jurisdiction on the DE licensure
- DEs and patients lobbied during KY Diabetes Day at the Capitol





Success!!!

Passed by both Houses and signed into law by the Governor



In Kentucky, Now the Really Hard Work Begins

- Appointment of the Kentucky Board of Licensed Diabetes Educators
- Development of Regulations.



Basics of Grassroots Advocacy



Advocacy

Advocare (Latin)-to be called as a witness, to add your voice.

The act of arguing on behalf of a particular issue, idea or person.

-Wikipedia



Advocacy In Action

- Know Your Message
- Communicating With Your Legislator
- Staying the Course



Know Your Message

- What are we asking legislators to do?
- Why is it critical?





Communicating With Your Legislator

• E-mail



• Mail



• Fax



• Phone



• Personal Visit



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Personal Visit



• Meet in their Legislative Office or back in the District

• Be Prepared

• Be Political

• Be Responsive

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Staying the Course

• Invite your legislator to participate in a local event.

• Give your legislator an award.

• Thank your legislator through the media.

• Form a communication network with other educators, people with diabetes and other community members who have an interest in diabetes to advocate about diabetes-related issues affected by legislation.

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Community Mobilization and Coalition Building

- Grassroots networks are devoted to increasing participation by people sharing similar views on issues facing society.
- Grassroots networks and coalitions are about creating a role for everyone to participate and contribute something to reaching the goal.
- Matching a willing person's skills to the needs of the tasks is what helps to build the network.

"Daddy, Do we have to wait?"





The Overarching Message

- Diabetes educators can help reduce the \$174 billion toll diabetes takes on American healthcare each year.
- Access to Diabetes Education and Educators prevents complications.

Your State Message

Your Federal Message



Will you take action?



“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.”

- Margaret Mead



Thank You!
Questions?
