AMERICAN ASSOCIATION OF DIABETES EDUCATORS

June 25, 2007

The Honorable Leslie Norwalk
Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Blvd.
Baltimore, MD 21244-1850

Re: Medicare Program; Application by the American Diabetes Association (ADA) for Continued Recognition as a National Accreditation Program for Accrediting Entities To Furnish Outpatient Diabetes Self-Management Training - CMS-3181-PN

Dear Administrator Norwalk,

On behalf of the American Association of Diabetes Educators (AADE), I am pleased to respond to the May 25, 2007 proposed notice of the application by the American Diabetes Association (ADA) for continued recognition as a national accreditation program for accrediting entities that furnish outpatient diabetes self management training (DSMT) to Medicare beneficiaries: CMS-3181-PN.

AADE is a multi-disciplinary professional membership organization dedicated to advancing the practice of diabetes self-management training and care as integral components of health care for persons with diabetes, and lifestyle management for prevention of diabetes. AADE currently has 105 local chapters and 19 specialty practice groups, and represents more than 12,000 members, including nurses, dietitians, pharmacists, physicians, social workers, exercise physiologists and other members of the diabetes teaching team.

DSMT is arguably the single most critical component of care for people with diabetes who want to improve their overall health and reduce the serious risks and complications of diabetes. As an organization dedicated to improving the health of people with diabetes, AADE promotes strong standards to ensure that patients receive the highest level of quality care by a diabetes educator, physician or other provider in the outpatient setting. Our members are licensed healthcare professionals who specialize in diabetes management and care. AADE members have the ability to earn two different advanced credentials: either as a Certified Diabetes Educator (CDE), or as Board Certified in Advanced Diabetes Management (BC-ADM).

While we applaud the ADA for taking steps to ensure quality diabetes care for Medicare beneficiaries in developing its recognition program based on the National Standards for Diabetes Self Management Education, we are concerned that some accrediting requirements do not reflect the current state of health care practice for many DSMT programs. In particular, extensive requirements pertaining to data collection, documentation requirements, location requirements, fees, program participation, and the like can be overly onerous for small DSMT practices that may operate outside of a large, hospital-based setting.

Indeed, even some larger hospital DSMT programs have closed in recent years, due to a variety of factors that include the burdensome administrative requirements of accreditation combined with overall low reimbursement for DSMT services. DSMT has long been an underutilized benefit within the Medicare program, and the reduction in the number of accredited DSMT programs has exacerbated an already existing problem of access to care for persons with diabetes. With the prevalence rate of diabetes in the U.S. tripling over the last generation, we believe it is imperative that all Medicare beneficiaries have access to qualified diabetes educators who provide self management training and education to help manage the disease.

As part of our efforts to reach our goal of successful self management for all people with diabetes, AADE has worked in conjunction with the University of Pittsburgh to develop new tools to promote diabetes education in a variety of practice settings. This new system, the AADE7 ™ System, is designed to enhance patient tracking and improve compliance, by helping diabetes educators and their patients establish, track and report on any changes in clinical measures or goal setting.

AADE7 ™ reflects the Best Practices of diabetes self management training, and encompasses the 7 self-behavior modifications which AADE has identified as crucial to successful self management of diabetes: 1) ensuring healthy eating, 2) becoming and staying physically activity, 3) learning self monitoring, 4) following a prescribed medication regimen, 5) adopting problem solving techniques, 6) adopting tools for self-coping, and 7) learning how to reduce other diabetes related health risks. The AADE7 ™ System is only one of the many ways we are working to promote individual skills training and foster better patient outcomes for people with diabetes.

For these reasons, while we support the ADA as a national accreditation program, we respectfully request that ADA be urged to adopt program criteria that are more appropriate for small, non-hospital based practice settings. Examples include: mobile diabetes education vans that are better able to reach inner-city and rural communities, diabetes-focused health clinics, or situations where diabetes educators may wish to provide services in tandem with other wellness-oriented group practice clinics. Criteria for these smaller

programs could incorporate findings from the AADE and University of Pittsburgh research in this area.

The adoption of more up to date, so-called 'small practice setting' program criteria would result in better integration of DSMT into various small and rural hospitals as well as non-hospital settings that are equally appropriate for conducting DSMT services, would foster the growth of additional needed high quality programs, and would promote better access to care for beneficiaries with diabetes who may need such services provided in a community-oriented setting better suited to their physical or cultural needs.

Thank you for the opportunity to comment on this important issue. On behalf of AADE, we look forward to working with CMS on ways to improve access to DSMT through the adoption of additional accrediting criteria that will ensure better access to care for more people with diabetes.

Thank you for consideration of our comments.

Respectfully submitted,

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