11th Scope of Work (SOW)
11th SOW Desired outcomes:

- improve clinical outcomes of HbA1c, Lipids, Blood Pressure and Weight control
- decrease lower extremity amputations due to DM
- improve health literacy
- increase adherence to **clinical** guidelines for practitioners
Develop and implement programs to:

- increase the number of diabetic educators, CDEs and CHWs,
- work with providers to educate them on CMS DSMT and MNT benefits,
- facilitate the development of statewide accredited DSME/DSMT training sites and
- promote and encourage the continuation of the programs after the QIN-QIO work is completed (July 2019).
Pieces to the Puzzle

- Health System
- Community
- Patient and Family Engagement
EMPOWERING versus FIXING
Self-management support is an important part of patient-centered care and care coordination in primary care settings.

Self-management support is the help given to people with chronic conditions that enables them to manage their health on a day-to-day basis.

Self-management support can help and inspire people to learn more about their conditions and take an active role in their health care.

Source: ARHQ
The primary goal of the DEEP™ program is to empower the patients in diabetes self-management efficacy. The DEEP™ program is not designed to provide formal diabetes education nor develop an individualized medical plan. This is not a substitute for reimbursable Diabetes Self-Management Training (DSMT).
The Basics: DSME/T vs DEEP™

<table>
<thead>
<tr>
<th>Diabetes Self-management Education/Training (DSME/T)</th>
<th>Diabetes Empowerment Education Program (DEEP)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Billable to CMS</strong></td>
<td><em>Not billable to CMS</em></td>
</tr>
<tr>
<td>(Provider staff treats their patients, therefore they can bill for services)</td>
<td>(Facilitators do not treat patients, therefore providers can’t bill for our time with their patients during workshops)</td>
</tr>
<tr>
<td><strong>Taught by clinicians</strong></td>
<td><strong>Taught by anyone who is certified in the program</strong></td>
</tr>
<tr>
<td>(Exception: a CHW who works for the provider and is supervised by a clinician)</td>
<td></td>
</tr>
<tr>
<td><strong>Mostly clinical, increasing in community settings</strong></td>
<td><strong>Mostly community settings, but increasing in clinical settings</strong></td>
</tr>
<tr>
<td>Provides enhanced and individualized TREATMENT to patients, can be taught to individual patients or group settings</td>
<td>Provides tools to help patients with self-management in GROUP settings only NO EXCEPTIONS</td>
</tr>
</tbody>
</table>
The Diabetes Empowerment Education Program (DEEP)
Overview of the Program

- Developed by the Midwest Latino Health Research, Training and Policy Center at the University of Illinois at Chicago;
- Built on previous efforts by Latino Health Access in Santa Ana, California;
- Format includes a training-of-trainers and an educational curriculum;
- Training-of-Trainees targets community health workers;
- Educational curriculum designed to engage community residents in self-management practices for prevention and control of diabetes;
- TOT in four countries and 12 states within the US.
Goals

- To reduce diabetes care disparities among minorities in the US;
- To prevent and/or reduce adverse health outcomes related to diabetes.
Objectives

- To reduce diabetes risk factors, including obesity and hypertension;
- To increase knowledge of diabetes and its risk factors (including obesity and hypertension);
- To *increase self-management skills* (starting with self-monitoring);
- To manage psychosocial issues;
- To facilitate short- and long-term behavioral change.
Program Methodology

- Based on **empowerment** principles;
- Applies Freire’s principles of adult education;
- Incorporates participatory techniques;
- Delivered by community health workers – health promoters, peer educators.
- Encourages involvement of family and friends of participants with diabetes.
Freire’s Principles

- The vocation of all human beings is to become more fully human through engaging in critical, dialogical praxis.
- No one should prevent another from becoming more fully human (no one should oppress another).
- We should seek to create a world that enables people’s humanization
- We should seek to transform existing structures that impede the pursuit of humanization – the task of liberation.
- Educators and others who assume positions of responsibility in society should side with the oppressed and seek to promote a more human world.
How do adults learn?

- Adults are self-motivated.
- Learn best by building on what they already know.
- Wish to be respected for their experience in life.
- Learn in different ways.
- Learn best when they are actively engaged, when they "learn by doing."
- Adults are ready to take action and make decisions about their lives.
Implementation

- 6 weekly educational sessions conducted by two trained promoters/educators;
- Session duration: 2 hours;
- Monthly follow-up: support groups, informational meetings;
Learning Strategies

- Making group rules (M1)
- Demonstrations
- Group learning activities and games
- Discussions
- Brief lectures using visuals
- Problem-solving activities
- Practice: blood glucose self-monitoring, exercise

UIC- Midwest Latino Health Research, Training and Policy Center
Module Content

1: Beginning session- Understanding the human body;
2: Understanding diabetes and its risk factors;
3: Monitoring your body;
4: Get up and Move! The importance of physical activity;
5: Health management through nutrition;
6: Diabetes complications: Identification and prevention;
7: Medication and medical care- Communicating with your provider;
8: Stress and Coping - Mobilizing your family and friends.
Module Design

For Facilitators
- Goals
- Learning objectives
- Preparation and materials checklist
- Content outline
- Colored boxes guide educational activities
- Evaluation

Lesson Plan
- Opening/what we will cover
- Content/Activities
- Review
- Weekly action plan
- Closing

UIC - Midwest Latino Health Research, Training and Policy Center
Lesson Plan

**Opening the Session**
- Briefly introduces module/session objectives and topics.
- Opportunity to connect with participants as group.
- Reflect on issues and progress in implementing personal action plans.
- Use this time for announcements.

**Closing the Session**
- Thank participants for coming and sharing.
- Allow participants to reflect, share issues, and answer questions.
- Make announcements and instructions for next session.
- Use a culturally-appropriate prayer, proverb (“dicho”), or song. It must always be positive.
Weekly Action Plan

- Encourages step-by-step behavioral change;
- Measures progress toward the desired goals;
- Suggests activities to try between sessions;
- Allows participants to choose actions that are important to them.

Selection Criteria

- Easy to do? Is it safe?
- How much time?
- Do I feel comfortable doing it?
- Is it easy to remember? Are reminders needed?
- Costs?
- Results?
WEEKLY ACTION PLAN:
FIRST STEPS TOWARD CONTROL

This week I promise to:

___ Invite someone to exercise with me.
___ Exercise with elastic bands.
___ Identify two places where I can exercise.
___ Talk to my doctor about what exercises I should do.
___ Go dancing with ____________________________
___ Rent an exercise video, watch it, and do it.
___ Walk _____ (distance) at least _____ times a week.
I will walk these days: (Monday, Thursday, etc) _______________________
___ Examine my feet before exercising.
___ Buy a pair of good walking shoes.
(Other actions): _______________________________________________________

If I achieve my goals, I will reward myself with _______________________
_________________________________________________________________

Signed: __________________________

Date: ___________________________ Witness: ___________________________
Conclusions:

- DEEP is an educational curriculum was originally designed to address the health literacy and self-management needs of African American and Hispanic/Latino minorities with type 2 diabetes.
- It incorporates adult education and empowerment principles, and participatory techniques.
- It facilitates changes in knowledge, and behavioral and clinical indicators.
DEEP™ (Diabetes Empowerment Education Program)

- Participants will be encouraged to communicate regularly with all the members of their health care team. Their providers will be notified of their attendance and/or other medical information provided the proper disclosures are signed.
In addition, participants will be highly encouraged (empowered) to continue their diabetes education and to develop an individualized program through collaboration between their provider and local CDE or recognized diabetes program.
The quality of the DEEP™ classes will be monitored using, but not limited to, the following criteria:

- pre and post knowledge/relevancy instruments;
- A1c, RBS, BMI, BP changes;
- reported behavioral changes in self-care;
- random monitoring of sessions by the local medical professional and/or the principle diabetes self-management educator;
- data analysis of both internal data sources plus local and statewide medical utilization records.
The DEEP™ Management Structure

- Wyoming Program Lead (primary community organizer and liaison)
- Principle Diabetes Self-Management Educator (facilitator trainer and monitor, subject expert)
- Local Medical Professional (trained as a facilitator, serves as a coach or backup and assists at the local level)
- Facilitator/Coach (leads/facilitates the DEEP™ sessions at the local level)
• Perform medical infrastructure assessment with emphasis on diabetes/pre-diabetes patient care and the education and support for patient self-management.

• Encourage the development of collaborative enterprises, coalitions and discussions to bridge service gaps and foster continuity of care where needed.
Support the development and use of local or regional Medicare/Medicaid recognized diabetes education programs and increase the number of Certified Diabetes Educators and/or Board Certified Diabetes Educators.
Recruit, train, support and monitor DEEP™ facilitators/coaches. Assist in facilitating DEEP™ classes in the region. There are six 2-hour sessions per class. A certificate of graduation will be awarded participants upon completion of at least five sessions. DEEP™ classes are designed to be lead by peers not medical professionals. However, licensed medical professionals will provide assistance and oversight.
Questions?

This material was developed by Mountain-Pacific Quality Health, the Medicare quality improvement organization - quality innovation network (QIO-QIN) for Montana, Wyoming, Alaska, Hawaii and the Pacific Territories of Guam and American Samoa and the Commonwealth of the Northern Mariana Islands, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Contents presented do not necessarily reflect CMS policy. 11SOW-MPQHF-WY-B2-15-04
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