

Selected Evidence-Based Strategy Overview for Local Health Departments to Address Diabetes

Title of Strategy: Diabetes Education Recognition Program (DERP)

Strategy Description:

Diabetes Self-Management Education (DSME) is an evidence-based intervention that can result in better glucose control in people with diabetes. In North Carolina, DSME is reimbursable by Medicaid, Medicare and private insurance; however, only accredited programs can be reimbursed for offering DSME. Many local health departments provide DSME through North Carolina's accredited Diabetes Education Recognition Program (DERP). DERP is a partnership between local health departments, the NC Division of Public Health (DPH) and the NC Public Health Foundation. Local health departments provide DSME, and the NC Division of Public Health maintains the accreditation and provides technical assistance and training to local health department staff and the NC Public Health Foundation facilities program administration. All education provided through this program is recognized through the American Diabetes Association (ADA) and is delivered using a curriculum developed and maintained by the American Association of Diabetes Educators.

The cost to participate in the DERP program is \$250 per year which is payable in two installments to the NC Public Health Foundation. Funds are used to offset the cost of the application fee, help provide continuing education to DERP staff, facilitate data collection and analysis, and offset unreimbursed program-related expenses for state diabetes staff. Local health departments must also pay an initial start-up fee of \$100 per site within their catchment area that is to become recognized.

All DERP sites must comply with ADA requirements which include quality improvement activities, continuing education requirements and use of Chronicle, a free web-based data collection tool. Reimbursement for services to people initially diagnosed with diabetes is based on ten hours of education. Reimbursement for education following initial diagnosis is based on two hours per year. While some of the education can be delivered by health educators, the program must be overseen by a nurse, registered dietitian, pharmacist or certified diabetes educator.

How Health Departments Might Support This Strategy:

For Health Departments Already Participating in DERP

- Maintain DERP within health department.
- Continue uploading data into Chronicle, and notify DERP state staff or regional consultants of suggestions for improvement.
- Document, in your annual interim State of the County Health (SOTCH) report, actions you are taking to address this evidence-based strategy in your county. When applicable, include this strategy when conducting and submitting your next Community Health Assessment (CHA).

For Health Departments Not Currently Participating in DERP

- Implement DERP if there is adequate capacity. (Work with state staff and regional consultants to determine if there is capacity.)
- Work with a neighboring DERP county to establish one or more satellite sites. (There is an initial fee for this to the ADA, but we will work with you if the fee is a barrier.)
- Establish a referral relationship with a local DSME provider (either AADE or ADA).
- Notify state staff of your decision so that we can provide appropriate technical assistance.
- Document, in your annual interim State of the County Health (SOTCH) report, actions you are taking to address this evidence-based strategy in your county.

Include this strategy when conducting and submitting your next Community Health Assessment (CHA).

Resources:

- <http://professional.diabetes.org/Recognition.aspx?typ=15&cid=84040>
- <http://professional.diabetes.org/admin/UserFiles/2014%20ERP/9th-edition-recognition-requirements.pdf>
- http://professional.diabetes.org/ERP_List.aspx

Expected State Outcome(s):

Actions at the state and local level will contribute to better health for all North Carolinians.

Local Health Departments Will:

Increase access, referrals and reimbursement for AADE-accredited, ADA-recognized, state-accredited/certified or Stanford-licensed Diabetes Self-Management Education (DSME).

Healthy NC 2020 Diabetes-Related Objective:

Increase the percentage of adults reporting good, very good or excellent health.

Contact Person(s):

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Community and Clinical Connections for Prevention and Health Branch, CDI

NC County Health Departments Working on this Strategy:

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|------------|-----------|-------------|------------|
| Anson | Currituck | Macon | Randolph |
| Avery | Dare | Martin | Richmond |
| Bertie | Gates | McDowell | Rutherford |
| Bladen | Graham | Mitchell | Scotland |
| Brunswick | Halifax | Nash | Tyrell |
| Camden | Hertford | Northampton | Union |
| Chatham | Hoke | Pasquotank | Warren |
| Chowan | Iredell | Pender | Washington |
| Clay | Johnston | Perquimans | Wayne |
| Cleveland | Jones | Person | Wilkes |
| Craven | Lenoir | Pitt | Wilson |
| Cumberland | Lincoln | Polk | Yancey |

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This overview was produced by Community and Clinical Connections for Prevention and Health Branch, Chronic Disease and Injury Section, Division of Public Health, NC Department of Health and Human Services. If you have any questions about the Selected Evidence-Based Strategy Overview for Local Health Departments to Address Diabetes, please email Mary Bea Kolbe at marybea.kolbe@dhhs.nc.gov. For more information on the Community and Clinical Connections for Prevention and Health Branch, please visit