

Diabetes Self-Management Education (DSME) Umbrella License - Alaska

Under an umbrella arrangement, the Alaska Division of Public Health would function as the sponsor and the local sites that provided the DSME would function as the recognized sites. The role of the sponsor is funding and coordination. The role of a site is to provide DSME.

There are many advantages to an umbrella license. The overarching advantage is that the state carries the administrative burden. This means the following:

- There is only one Advisory Committee
- Audit is done at the State level, so this takes that burden off of the local sites
- Annual training is multiple sites at one time is more cost effective
- Resource sharing can occur between sites
- We can jointly determine how to remain current regarding ADA and AADE standards
- We can do multi-site trainings
- There is one place to track licenses and CEUs
- The State pays the license fees
- Annual updates are submitted by the State
- If a site is coordinated by an RD, then having a statewide RN coordinator allows that site to function as a multi-disciplinary site. This would enable the RD to reduce the number of contact hours that they are required to receive.

The umbrella licensing agreement exists in three other states. I have spoken with the coordinators of those licenses and no one identified a down side to this arrangement.

In order for a diabetes education program to even come close to being self-sustaining much effort needs to be put into recruiting primary care providers to refer participants, recruiting and retaining participants, conducting both individual assessments and diabetes education training (and making sure that education is of high quality so that participants return), tracking participants behavioral goals, communicating the results of the education back to the primary care provider and most importantly having someone that can navigate insurance billing while at the same time acquire 15 hours of continuing education each year.

In North Carolina, our most rural and under resourced counties also have high rates of diabetes. For these counties it is only feasible to designate part of a staff person's time to conduct the basic components of the program. For a part-time person or even a full-time person if they are solely responsible for all of the diabetes education this can consume more than their allotted work time. And this is not all that is required for having an accredited program. Programs must also:

- have documented organization structure including an Advisory board, mission statement and goals that are reviewed annually,
- have a designated program manager that is responsible for planning, implementing and evaluating the DSME,
- conduct an annual review of the curriculum that is used,
- complete the annual status report,
- have a formal quality improvement process that includes at least two goals that are tracked and evaluated,
- conduct program reviews (to include a chart review),
- track the credentials and CEUs of all staff involved in the program

The umbrella program for our state covers all the bulleted items in the list as well as identifies continuing education opportunities and technical assistance providers who can help with program issues especially billing.