

**Diabetes Care
and Education**

a dietetic practice group of the
**eat
right.** Academy of Nutrition
and Dietetics

www.dce.org

DCE | Annual Report

2015-2016



Mission

Empowering DCE members to be leaders in food, nutrition, diabetes care, and prevention.

Vision

Optimizing the health of people impacted by diabetes using food, nutrition and self-management education.

Goal 1:

The public trusts and recognizes DCE members as food, nutrition and diabetes experts.

Goal 2:

DCE members optimize the health of individuals and populations impacted by diabetes.

Goal 3:

Membership and prospective members view DCE as vital to professional success.

CHAIR/INDUSTRY RELATIONS CHAIR MESSAGE

“The road to change is paved with learning,” said Jim Meisenheimer. His action step stated, “Winning in the twenty-first century is all about overcoming new challenges and building new competencies to prevent complacency.” This sums up my year as Diabetes Care and Education (DCE) Chair. I have learned so much not only from you, the members, but from the many other organizations specializing in diabetes care with which I have been in contact. Our industry sponsors are all champions in developing technology for improving the care of people with diabetes.

This year DCE received an invitation to attend a consensus conference for the Expanded Use of Continuous Glucose Monitoring (CGM) Technology in the Care of People with Diabetes spearheaded by the American Association of Clinical Endocrinologists (AACE). JoJo Dantone, MS, RD, LDN, CDE, FAND, past DCE Chair, Laura Russell, MA, RD, CDE, a DCE member representing the Academy of Nutrition and Dietetics, and I attended the meeting. Among the key conclusions of the conference were:

- Data support the benefits of CGM for many people with diabetes
- Use of CGM has reduced the occurrence of hypoglycemia, ensuring patient safety
- Technological advances have improved reliability of the devices
- Access to CGM should be expanded to all people with proven benefits

Feedback from this meeting and our ongoing networking suggest the growing recognition of DCE, its mission, and its goals by other professional groups. Throughout this past year we have attended and networked with such organizations as The American Diabetes Association (ADA), American Association of Diabetes Educators (AADE), European Association for the Study of Diabetes, and International Diabetes Federation, as well as many industry partners. These alliances and our industry-sponsored events have aided in supporting the many goals of DCE.

Technology has exploded in this past year. I hope that all DCE members have been able to keep up with the many developments by visiting the Research and Technology section on our member website, dce.org. The president of AACE, George Grunberger, MD, FACP, FACE, sums up our goal in this area: “It’s crucial that we embrace the technological advances in diabetes management that enhance our capacity to provide the highest level of care to people with diabetes.”

The development of new technology requires **research**. As the Academy of Nutrition and Dietetics message states, “Research Matters, Get Involved Today.” DCE has supported this call for action by funding research projects. The four research highlights for this year are:

- 1) Completion of the DCE-funded prediabetes initiative, with more than 200 recorded patient visits that should help to establish the value of evidence-based nutrition practice guidelines



- 2) Review of numerous applications for the DCE Karen Goldstein Memorial Grant for Diabetes Medical Nutrition Therapy
- 3) Ongoing support of the Minnesota Heart Institute program to improve diabetes care in those with type 2 diabetes using Registered Dietitian Nutritionists (RDNs) in a telemedicine program
- 4) Support of a new project involving the investigation of diabetes practice knowledge skills needed for Academy members, with final development of educational tools

DCE has also been active in the arena of **public policy**, with many legislative bills involving diabetes in Congress. Congress is moving forward with the Medicare legislation Preventing Diabetes in Medicine Act. The other significant area involves Medicare's Competitive Bidding Program. Peer-reviewed articles have documented how disruption in access to diabetes testing supplies leads to increased mortality and hospitalizations and subsequent higher costs for Medicare beneficiaries. I encourage each of you to stay current and involved, visit dce.org for updates, respond to action alerts, and continue to visit your congressional offices to assist in the passage of these important pieces of legislation.

I also would like to highlight some additional committee work completed this past year using their goals as their guide.

Print Communication published three *On the Cutting Edge* issues on Technology and Diabetes Management, Chronic Kidney Disease and Diabetes, and Exercise and three *newsFLASH* issues. In addition, they published the handout *Ready, Set, Start Counting! Carbohydrate Counting*, translating it into Spanish using culturally sensitive material. The committee also surveyed leaders for upcoming desired topics for the newsletters.

Professional Development supervised the production of six educational webinars, monitored all ongoing research, and began review of scientific integrity principles with which all Academy Dietetic Practice Groups (DPGs) must be aligned. Any continuing professional education offerings must follow these principles, which also include ethical conduct and research principles.

Electronic Communications diligently monitored the website; answered many member questions; and kept the Twitter, Facebook, and other social media sites current with lots of news.

Nominating/Awards secured a 2016-2017 highly competent DCE leadership group and assisted with the nomination of a DCE member to the national board.

Membership represented DCE at various networking meetings to highlight the value of the DCE DPG.

Food & Nutrition Conference & Expo™ (FNCE®) in Boston in October should be a great conference. DCE is sponsoring a Spotlight session with Margaret Powers, PhD, RD, CDE, and Melinda Maryniuk, MEd, RD, CDE, titled "Type 2 Diabetes: Four Critical Times to Refer, Assess and Adjust Care." Also, available for the first time is a Diabetes Track at FNCE® designed for all Academy members. Stay tuned for details of the Membership and Awards Breakfast and the Joint Reception with Weight Management.

When I started my year as DCE Chair, my goal was to increase membership by informing members about benefits and the value of being part of such a dynamic group. I end my year by reporting that we are strong in our numbers and partnerships. However, I do not want to ever forget there is always room for improvement. Please help me in getting the word out about the benefits of being a DCE member. Remember that DCE is for anyone interested in improving diabetes care; they do not have to be a Certified Diabetes Educator (CDE) to join our group.

I want to congratulate Susan Yake, RDN, CD, CDE, CLT, 2016-2017 Chair, and Liz Quintana, EdD, RD, LD, CDE, Chair-Elect, as they assume their duties for DCE and wish them all the fun, excitement, and learning opportunities that were provided to me.

A special thank you to you, our members, for being a part of DCE.

Betty A. Krauss, RDN, CDE

Betty Krauss, RDN, CDE

INCOMING CHAIR'S MESSAGE

It was an honor to serve as the DCE Chair-Elect for 2015-2016 with the direction and support of Betty Krauss, RDN, CDE, Chair, JoJo Dantone, MS, RD, LDN, CDE, FAND, Past Chair, and our talented DCE executive committee. As I traveled this year, I found that our influence and recognition is expanding across the United States and around the world. During the upcoming DCE Spotlight Session at FNCE® in Boston, key DCE members who served on the development panel will brief you on the Diabetes Self-Management Education and Support in Type 2 Diabetes Joint Position Statement. It outlines recommendations for referral to diabetes education.

As the incidence of diabetes and prediabetes continues to rise, more skilled clinicians with up-to-date knowledge are needed. DCE is positioned perfectly to mentor students and RDNs seeking to expand their knowledge. The DCE Electronic Mailing List gives members an opportunity to ask questions and receive answers from experts. *On the Cutting Edge* now has 4 CPEUs per issue. By popular demand, DCE will be offering even more webinars, patient handouts, updates on technology, and recipes. A research group from DCE will be working with the Academy on the development of diabetes training modules.

DCE also has begun a translation project to produce culturally sensitive patient education materials, starting with a Spanish translation of *Ready, Set, Start Counting! Carbohydrate Counting* released in June 2016. Each year our handouts will be available in more languages and posted for members on the DCE website.

Carol Brunzell, RDN, LD, CDE, our Policy and Advocacy Leader, works year-round to expand reimbursement for prediabetes and diabetes education. I challenge you to join her every month by sending a message to your U.S. Representatives and Senators explaining that medical nutrition therapy (MNT) is the most cost-effective weapon we have against the diabetes epidemic.

Thank you for your support and dedication as I move into the Chair position. I pledge to continue to carry forward the DCE Vision: "Optimizing the health of people impacted by diabetes using food, nutrition, and self-management education."



Susan Yake, RDN, CD, CDE, CLT

Susan Yake, RDN, CD, CDE, CLT

PRINT COMMUNICATIONS

Sandra Parker, RDN, CDE

The newsletters *On the Cutting Edge* and *newsFLASH* are each published three times a year and continue to be among the top valued benefits of membership in DCE. *On the Cutting Edge* is a peer-reviewed publication, and each issue provides 3 to 4 hours of CPEUs. *newsFLASH* keeps members knowledgeable in the field of diabetes care and education. DCE distributes more than 7,000 issues of each publication to national and international members, RDNs, advocacy organizations, Academy spokespersons, and industry sponsors.

On the Cutting Edge themes in the past year were:

Volume 36, No 4: Overcoming the Nutritional and Educational Challenges of Chronic Kidney Disease and Diabetes. Theme Editor: Sharon R. Schatz, MS, RD, CSR, CDE

Volume 36, No 6: Going the Distance: Exercise Prescriptions for the Beginner, Intermediate, and Advanced Person with Diabetes. Theme Editor: Joanne Rinker, MS, RD, LDN, CDE

Volume 37, No 2: Living in the Now and the Future: Technology and Diabetes Management. Theme Editor: Toby Smithson, MS, RDN, LD, CDE

newsFLASH offers a variety of feature articles and regular columns, some of which include:

- Book reviews
- Journal article reviews
- Legislative updates
- Special topic articles

DCE patient education handouts are peer-reviewed, copy-ready, and highly valued by both DCE members and nonmembers, as evidenced by the number of visits to the DCE website.

In response to requests from DCE members, a Spanish language version of *Ready, Set, Start Counting! Carbohydrate Counting* with moderator's guide was developed. Future plans include development and adaptation of additional patient handouts in collaboration with Academy Member Interest Groups.

Alyce Thomas, RD

In accordance with DCE's strategic plan, the Professional Development Committee is dedicated to assisting DCE members in their recognition as food, nutrition, and diabetes experts. The committee accomplishes this task by providing leadership and guidance in the development of professional activities for DCE members in the areas of education, practice, and research. We work collaboratively with other Academy units to increase our members' knowledge and skills through webinars, research opportunities, and information on the latest in diabetes innovation and technology. The following highlights our committee's activities during 2015-2016:

Research

Arlene Monk, RD, LD, CDE

DCE continues to fund diabetes research projects that support the effectiveness of RDNs as well as their enhanced role in the treatment of diabetes. Current and upcoming projects include:

Preventing Diabetes Guidelines, Usage and Impact on Care

This DCE-funded research project was conducted by the Dietetics Practice Based Research Network (DPBRN)

- Phase 1 was completed in 2015. The article "Sense of competence impedes uptake of new Academy evidence-based practice guidelines: results of a survey" was published in April 2016 (*J Acad Nutr Diet.* 2016;116(4):695-705). A poster on the same topic was presented in December 2015 at the Conference on Science of Dissemination and Implementation in Bethesda, MD.
- Phase 2, which involved testing the effectiveness of the Preventing Diabetes Nutrition Practice Guidelines, included training of RDNs to implement the guidelines and collect outcome data. This phase was completed on April 30, 2016.
- Data analysis is underway and results will be presented at FNCE® 2016. An article reviewing the analysis will also be submitted.

Karen Goldstein Research Grant

(\$20,000 awarded every other year)

- Work is continuing on the Karen Goldstein Grant project: Registered Dietitians as Diabetes Case Managers: Defining Scope of Work and Documenting Diabetes Self-Management Education Outcomes in Outpatient Setting. Completion is expected in 2017.
- Ten grant applications were received for the 2016 Karen Goldstein Grant. Review of these applications and final selection is underway.

Research Project: Improving D5 Measures in Adults with Type 2 Diabetes: A Randomized, Controlled Trial of a Dietitian-led, Primary Care Integrated Telemedicine Program

- Study recruitment and intervention is underway in this 2-year project awarded to the Minnesota Heart Institute Foundation.

DCE/DPBRN Joint Research Project on Practice and Educational Needs in Diabetes MNT

- This upcoming project has two broad goals:
 - 1) Establish learning needs of RDNs in diabetes based on a member survey and practice audit, which will support the development of an Online Certificate of Training in Diabetes MNT
 - 2) Determine whether the Online Certificate of Training in Diabetes MNT changes knowledge and practice

Student Survey Policy Tailored to DCE

- The student survey policy for students who want to survey DCE members as part of a research project was adapted for DCE and approved by the Academy. It is posted on the DCE website at <http://www.dce.org/research/participate-in-research/>

Webinars

Sarah Williams, RD, LD, CDE

The following webinars were presented this year:

- Help Your Clients Make Sense of the Latest Science on Low- and No-calorie Sweeteners (with the American Beverage Association)
- Diabetes and Ramadan (with Muslims in Dietetics Member Interest Group)
- Big Fat Surprise: A Closer Look at the "Good" Side of Unsaturated Fats for Diabetes and Weight Management (with Weight Management DPG)
- Update on the National Institute of Health's Latest Clinical Research for Diabetes Prevention, Management, and Obesity: Applying the Findings of the Look AHEAD Study and Diabetes Prevention Clinical Trials
- Preventing Diabetes, an Update from the CDC Diabetes Prevention Program
- Let's Get Moving. Recommendations for Exercise in People with Diabetes

With several of these webinars, we paved the way for collaboration with other groups.

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Diabetes Innovation & Technology

Elizabeth (Libby) Downs, MS, RD, CDE

The Diabetes Innovations & Technology Committee continued to post updates on industry news and recalls, pending technologies for diabetes, and new posts in the E-Updates. We created an insulin pump comparison chart as well as a CGM comparison chart that were posted to the DCE website in summer 2015. Work continues to focus on updating old charts.

The goal for professional development for 2017 is to provide DCE members with cutting-edge knowledge through webinars; to educate and offer support for members who are or aspire to be involved

in research; and to offer updates on the latest information on diabetes medications, technology, and projects.

National Diabetes Education Program

Carolyn C. Harrington, RD, LDN, CDE

This committee submitted articles for publication in *newsFLASH*:

- “National Diabetes Education Program (NDEP)” discussed the release of the “Guiding Principles for the Care of People with or at Risk for Diabetes” of which the Academy was a supporting organization (Spring 2015).
- “Help Every Student with Diabetes Succeed Using NDEP Resources” (Fall 2015).

- “National Diabetes Education Program – Promoting Medication Adherence in Diabetes Resources” (Spring 2016).

The committee also facilitated the organization of a joint webinar between DCE and NDEP. I served as a panelist for the November 12, 2015, presentation “Update on NIH’s Latest Clinical Research for Diabetes Prevention, Management and Obesity.” During the presentation, I addressed the partnership between NDEP and the Academy/DCE.

Finally, we completed the survey on the Council on Future Practice’s “Change Drivers and Trends Driving the Profession: A Prelude to the Visioning Report 2017” as requested by the Academy.

MEMBERSHIP

Laura Yatvin, MPH, RD, CDE

DCE, one of the largest DPGs, is thriving, with a membership approaching 6,000 this year. Any Academy member with an interest in diabetes is encouraged to join. Our members continue to enjoy a variety of opportunities for professional support, including an excellent website, educational webinars and publications, and research grants and stipends, all made available with the generous support of our industry sponsors. Members and nonmembers both have commented upon the value of our excellent periodical *On the Cutting Edge*, which is published three times annually. This past year, the publications highlighted diabetes management and technology,

challenges of chronic kidney disease, and exercise for diabetes. Another particularly valued benefit is our DCE Electronic Mailing List. Not only does this resource allow members to share ideas, but it helps them connect with colleagues dealing with similar issues and collaborate to address recurring professional challenges.

To increase visibility for DCE and promote membership, the Membership Committee continued to staff a booth at the AADE Annual Meeting and Exhibit and at the DPG Showcase at FNCE®. The response was well worth the effort, with substantial traffic, interest, and new member recruitment. DCE leadership is continually seeking new ways to increase our

membership and create more value for our members. In the next year, we plan to expand our website, develop new educational handouts, increase use of social media, and seek new ways to reach younger members and students who are the future of DCE.

As the incidence of diabetes increases each year worldwide, DCE will continue to help meet the demand for education and care. For more information and to apply for membership, go to dce.org. Volunteers who want to become more involved can apply on the website through the volunteer tab. We look forward to another exciting year of service to our membership!

REIMBURSEMENT

**Jennifer Okemah, MS, RD, BCADM,
CDE, CSSD**

After randomly running into a former DCE Executive Committee member in a cab at AADE, I threw my hat into the ring as a candidate for the Reimbursement Chair. As an owner of four diabetes clinics, it has been imperative that I understand reimbursement, and I embraced the opportunity to teach others what I have learned and to have a platform to continue learning as health care and policies change. I started my 2-year position by meeting the rest of the Executive Committee at our Leadership Retreat in New Orleans in April 2015.

In June 2015, I attended the Academy's Public Policy Workshop to address the Treat and Reduce Obesity Act, prediabetes coverage in Medicare, and The Older Americans Act. This was my second time at the Public Policy Workshop but my fifth time on the Hill discussing policies that affect the health and nutrition of Americans. I left with an overwhelming sense of pride in our country and our organization to be represented by individuals who are trained so well that we can use our professional voices to

advocate for better policies and coverage. The Academy expends an enormous amount of money and time to train advocates, but we see the return on investment in increased reimbursement for our professional services.

I devoted much of this first year of my appointment to education regarding International Classification of Disease (ICD)-10 coding. In October, I attended a pre-FNCE® reimbursement workshop at which I met with other reimbursement chairs from state affiliates and other DPGs. The comprehensive workshop offered a wide variety of resources. Reimbursement is a convoluted, challenging, and dynamic beast that we are all learning as we go along. At one point during one of the talks the room was quiet for a brief period. In that moment, Siri piped up on somebody's unmuted iPhone, saying, "I don't understand." We all had a good laugh because Siri said out loud what we were all thinking to ourselves.

I attended Centers for Medicare & Medicaid Services (CMS) webinars in November 2015 and February 2016. The November meeting addressed "Preventive Services, Diabetes, Cardiovascular

Screening" and the February webinar was titled "End-stage Renal Disease, Disability Benefits." The webinars are archived and available at: <https://www.cms.gov/Outreach-and-Education/Outreach-and-Education.html>.

To further my understanding of ICD-10, I attended a webinar hosted by Mary Ann Hodorowicz, RD, MBA, CDE, who is a Certified Endocrinology Coder. The information she provided along with what I had already collected and implemented helped me create a presentation for the Minnesota Academy state meeting. In "Know the Code," I focused on Current Procedural Technology (CPT) codes and diagnostic codes and their respective requirements.

All through the year I answered a variety of questions from the Reimbursement List serve. As I continue to do this, my focus for 2016 has turned to updating the DCE Reimbursement page links and adding more content. I will once again attend the Public Policy Workshop to help ensure future reimbursement for treating obesity and prediabetes in the Medicare population. Finally, I look forward to hosting a webinar on "Know the Code."



Carol Brunzell, RD, LD, CDE

The Academy is continuing to work diligently on behalf of members for the passage of HR 1686 “Preventing Diabetes in Medicare Act.” As of July 2016 there are 45 cosponsors of HR 1686, and S 3082, the Senate version of the bill, was introduced by U.S. Senator Gary Peters. HR 1686 provides Medicare coverage for MNT delivered by an RDN to beneficiaries with prediabetes or with risk factors for developing type 2 diabetes. Currently, MNT services are only reimbursable under Medicare for patients with diabetes and non-end-stage renal disease.

During last year’s Public Policy Workshop, I prepared a statement in support of HR 1686 for the Diabetes Legislative Caucus briefing on Capitol Hill, which convened for the first time in 4 years on June 8, 2015. The purpose of the meeting was to provide information to staff on diabetes legislation in the 114th Congress, increase the number of cosponsors on diabetes legislation, and integrate advocacy groups into the outreach efforts of the Diabetes Caucus. In my testimony, I highlighted two very important studies showing both the effectiveness and cost savings of MNT. In a study published in 2012, Jennifer M. Anderson, MSPH, RD, concluded that MNT for prediabetes could be even more

cost-saving and/or cost-effective than intensive lifestyle interventions (Anderson JM. Achievable cost saving and cost-effective thresholds for diabetes prevention lifestyle interventions in people aged 65 years and older: a single-payer perspective. *J Acad Nutr Diet.* 2012;112(11):1747–1754). A very well-designed randomized, controlled clinical research trial by Anna R. Parker, DCN, MS, RD, and her associates showed that individualized MNT provided by RDNs is effective in decreasing hemoglobin A1c in patients with prediabetes (Parker AR, Byham-Gray L, Denmark R, Winkle PJ. The effect of medical nutrition therapy by a registered dietitian nutritionist in patients with prediabetes participating in a randomized controlled clinical research trial. *J Acad Nutr Diet.* 2014;114(11):1739–1748).

Additionally, the American Diabetes Association’s 2015 Standards of Medical Care in Diabetes [*Diabetes Care.* 2015;38(1)] stated:

“Nutrition therapy is an integral component of diabetes prevention, management, and self-management education. All individuals with diabetes should receive individualized medical nutrition therapy (MNT), preferably provided by a registered dietitian who is knowledgeable and skilled in providing diabetes MNT.”

Finally, I highlighted the new joint position statement from ADA, AADE, and the Academy, which was released during the ADA 75th Scientific Sessions in June 2015 and was published jointly in *Diabetes Care*, *The Diabetes Educator*, and the *Journal of the Academy of Nutrition and Dietetics*. This statement outlines a new algorithm for starting and advancing self-management education for people with type 2 diabetes but also states that the model is applicable for other types of diabetes, including prediabetes. Multiple studies have shown that people who see CDEs and RDNs have improved diabetes outcomes and quality of life, and such visits are cost-effective by reducing hospital admissions and readmissions.

Other organizations also presented on their respective bills during the briefing. Other diabetes legislation currently pending in Congress includes:

- National Clinical Care Commission Act (HR 1192/S 586). Establishes a National Diabetes Clinical Care Commission composed of experts in diabetes, including RDNs, to recommend how better to coordinate and leverage federal programs for people with prediabetes and diabetes and to identify how the federal government could better support clinicians in providing high-quality care to people with diabetes.



- Gestational Diabetes Act (HR 3658/S 84). Requires Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), and national health organizations to develop a multisite gestational diabetes research program to expand/enhance surveillance data and public health research on gestational diabetes.
- Medicare CGM Access Act (HR 1427/S 804). Amends Title XVIII (Medicare) of the Social Security Act to provide Medicare coverage of CGM devices furnished to an individual qualified for CGM.
- Access to Quality Diabetes Education Act (HR 1726/S1345). Improve access to diabetes self-management training by authorizing state-licensed or registered CDEs to provide diabetes self-management training services, including services provided as part of telehealth, under Medicare Part B.

The Affordable Care Act of 2010 included a new emphasis on disease prevention that extended preventive obesity-related health care services to millions of additional Americans. Medicare also pays for diabetes screening in the Welcome to Medicare Physical but does not cover MNT for beneficiaries diagnosed with prediabetes. Further, RDNs cannot directly bill for obesity under current law. The “Treat and Reduce Obesity Act” (HR 2404/S 1509) proposed by the Academy would remove the barriers that prevent RDNs from billing directly for obesity by allowing practitioners to independently provide services outside primary care settings for Medicare recipients.

The United States Preventive Services Task Force (USPSTF) issued their final diabetes screening guidelines in 2015. The Academy worked closely with the USPSTF to develop them. The guidelines recommend screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or

obese. The recommendation received a “B” grade, meaning that private health insurers are required to cover the screening at no cost to the patient, as outlined in the Affordable Care Act. The guidelines state that clinicians should offer or refer patients with abnormal glucose values to intensive behavioral counseling interventions to promote a healthful diet and physical activity, with multiple contacts over extended time periods. This is a major opportunity for new referrals for DCE members. The Academy continues to work with HHS and the CMS to ensure that implementation of these new diabetes screening guidelines includes opportunities for our members to help treat and manage diabetes and prediabetes.

On February 4, 2016, DCE provided a webinar on the National Diabetes Prevention Program (NDPP), featuring Ann Albright, PhD, RD, Director, Division of Diabetes Translation at the National Center for Chronic Disease Prevention and Health Promotion at the CDC. She identified multiple job opportunities for RDNs in the NDPP.

On March 23, 2016, the Secretary of HHS, Sylvia Burwell, announced that the independent Office of the Actuary in the CMS certified that expansion of the NDPP, a model funded by the Affordable Care Act, would reduce net Medicare spending. The expansion was also determined to improve the quality of patient care without limiting coverage or benefits. This is the first time that a preventive service model from the CMS Innovation Center has become eligible for expansion into the Medicare program. This new development builds on the Academy’s efforts to increase opportunities for persons with prediabetes to see an RDN.

The CDC will ensure the fidelity and rigor of the NDPP through the accreditation process of the established CDC Diabetes Prevention Recognition Program (DPRP). Accreditation helps ensure that decisions about individual participation, patient

referral, and health insurance benefits are based on accurate, reliable, and trustworthy information. Many of the organizations with DRPR accreditation rely on RDNs to lead programs in their communities. In addition, expanded coverage should offer new opportunities for nutrition and dietetic technicians, registered. Details of the proposed coverage are not known at this time, but the Academy will play an integral part in formulating the regulatory language that CMS will include in its CY 2017 Medicare Physician Fee Schedule proposed rule, scheduled for release this summer.

DCE has issued several Action Alerts during this past year related to HR 1686 and other diabetes legislation, most recently to suspend the harmful Medicare Competitive Bidding Program, which has resulted in 11 million older adults not having access to blood testing supplies, contributing to preventable hospital stays and avoidable deaths. A recent peer-reviewed article in *Diabetes Care* demonstrated that the Competitive Bidding Program for diabetes testing supplies has led to needless deaths, more hospitalizations, and increased costs (Puckrein GA, Nunlee-Bland G, Zangeneh F, et al. Impact of CMS Competitive Bidding Program on Medicare beneficiary safety and access to diabetes testing supplies: a retrospective, longitudinal analysis. *Diabetes Care*. 2016;39(4):563–571). Despite these findings, Medicare still plans to request new competitive bids on July 1, 2016. DCE leadership has been very active and voiced concerns for patients unable to receive needed supplies.

These bills will not be easy to pass without adequate support from Academy members. Approximately 8.1% of Academy members respond to Action Alerts. There is power in numbers, but only if members take action. Let’s all work together to ensure passage of these very important bills that should benefit all Medicare beneficiaries by ensuring access to MNT by RDNs.

2015-2016 FINANCIAL REPORT

Paula Leibovitz, MS, RDN, CDE, CDN

DCE's Executive Committee continues to be fiscally responsible, holding an ample amount of funds in reserve. The following financial report reflects our success in meeting our fundraising goals while maintaining low expenses.

REVENUE	YTD Actual	YTD Budgeted
Membership Dues	167,091	174,090
Merchandise Sales	120	600
Royalties	1,823	2,361
Grants/Contracts	207,732	152,986
Total Revenue	376,766	349,523
EXPENSES	YTD Actual	YTD Budgeted
Lodging	35,601	46,007
Subsistence	8,495	22,318
Transportation	37,298	61,460
Professional/Consulting	156,946	115,495
Postage	27,454	19,900
Mailing Service	1,402	2,000
Office Supplies	2,430	3,370
Telephone	556	0
Teleconference Expense	1,729	2,500
Website Hosting	588	0
Advertising/Promotion	1,004	2,000
Other Expense	127	66,360
Books/Subscriptions	27	0
Member Dues/Seminar Fees	17,723	22,687
Credit Card Processing Fee	4,807	4,720
Donations/Contributions	400	27,300
Outside Services	1,247	6,406
Donations To ADAF	26,035	6,000
Honorariums/Awards	15,100	20,200
Audio Visual	2,975	1,293
Expo/Meeting Services	522	1,000
Food Service	30,248	39,971
Printing/Copying	6,548	11,300
Total Expenses	379,262	482,437
Operating Excess-Deficit	-2,496	-132,914
Investment Income	5,990	0
Net Profit/(Loss)	3,494	(-132,914)
Net Investment Reserves	\$739,235	

2015-2016 DCE CORPORATE SPONSORS

The generous support of industry sponsors allows DCE to fulfill its mission and vision. We sincerely thank the following for their support of DCE initiatives during the fiscal year of June 1, 2015 through May 31, 2016.

PLATINUM SPONSORS

Lilly Diabetes

- Fall 2015 and Winter 2016 *newsFLASH*

Novo Nordisk Inc

- Recipes analysis

Sanofi US

- *newsFLASH*
- 2 e-Blasts
- Leadership Retreat 2016 dinner and professional group discussion

GOLD SPONSORS

Boehringer Ingelheim Pharmaceuticals, Inc, and Eli Lilly and Company

- *Ready, Set, Start Counting! Carbohydrate Counting Educational Handout Spanish Translation and Moderators Guide*

Johnson and Johnson/ Janssen Pharmaceuticals, Inc

- 2 e-Blasts
- 2 Webinars
- DCE dinner event at Leadership Retreat 2016

Roche Diagnostics Diabetes Care

- *On the Cutting Edge* Spring 2016 issue on Technology

SILVER SPONSORS

American Beverage Association

- FNCE® 2015 DCE Leadership Meeting dinner and professional group discussion
- Webinar

Daisy

- 2 eUpdates
- 2 e-Blasts

Hass Avocado Board

- *On the Cutting Edge* Summer 2016 issue on Pregnancy
- e-Blast in August 2016

Tandem Diabetes Care

- DCE Leadership Retreat 2016 dinner and professional group discussion

Zing Zero Calorie Stevia Sweetener

- 2 e-Blasts
- Product sample mailer to membership

BRONZE SPONSORS

Abbott Diabetes

- AADE Past Chair Breakfast

BiPro

- e-Blast

California Raisin Marketing Board

- e-Blast

California Strawberry Commission

- e-Blast

Heartland Food Products Group– Splenda Brand

- e-Blast

Johnson and Johnson/LifeScan, Inc.

- Distinguished Service Award sponsorship

Johnson and Johnson/McNeil Nutritionals, LLC

- Distinguished Service Award sponsorship

Madavor Media

- DCE DPG 2015 Diabetes Educator of the Year Award
- 1-year subscriptions of *Diabetes Self-Management Magazine*
- Complimentary DCE ad in *Practical Diabetology*
- Link to DCE's Find an RD website on Diabetes Self-Management website

Nestlé Waters

- FNCE® 2015 DCE EC Meeting

Siggi's Icelandic-style Yogurt

- AADE DCE breakfast with e-Blast notice to membership

Sunsweet

- e-Blast

2015-2016 DCE AWARD AND STIPEND RECIPIENTS

Patricia Davidson, DCN, RDN, CDE, LDN, FAND

Distinguished Service Award

Amy Hess Fischl, MS, RDN, LDN, BC-ADM, CDE

Diabetes Educator of the Year Award

Joy Hayes, MS, RD, LD, CDE

Publication Award

Anna Parker, DCN, MS, RD, CDE, CCRC

Champion Award

Bruce Taylor, Director, Healthcare Strategy and External Affairs
Roche Diagnostics Diabetes Care

Legislative Stipend

Donna M. Plyler, MEd, RD, LDN, CDE, CHC

Speaker Stipends

Charlene Dorcey, MS, RDN, LMNT, CDE
Linda Delahanty, MS, RD
Della B. Flanagan, RD, CDE, MEd
Carrie Swift, MS, RDN, BC-ADM, CDE

Educational Stipends

Lynn Grieger, RDN, CDE, CPT, CHWC
Lynn Parker Klees, MA, RD, CDE, LDN
Lisa Roche, RD, CD, MS, CDE
Jennifer Turesky, MS, RDN, CDN, CDE

ELECTRONIC COMMUNICATIONS

Laura Russell, MA, RD, CDE

Electronic communications continue to keep DCE members involved and provide valuable resources to members as well as the public. This year, we increased DCE's social media presence with the use of Twitter, Facebook, and Instagram. The website continues to be an invaluable resource for DCE members. In the past year, approximately 73,000 users visited dce.org,

a 12% increase from last year. Educational handouts and DCE publications continue to be the most visited pages. The website includes access to valuable news related to diabetes, current research, public policy, and reimbursement updates. It also links members with ways to volunteer, awards and scholarships, a member market site, upcoming events, and resources categorized by diabetes type. The public can search for DCE RDNs, learn about our

leadership committee, view the recipe archives, and have access to educational materials.

The Electronic Mailing List consistently involves more than 1,500 members actively sharing information, questions, tools, and ideas. We also connect with members monthly with an e-Update and send out timely information through e-Blasts.

2015-2016 EXECUTIVE COMMITTEE

BACK ROW LEFT TO RIGHT:

Carol Brunzell, RDN, LD, CDE; Daisy Seremba, MS, RDN, LD, CDE; Sandra Parker, RDN, CDE; Linda Flanagan Vahl; Alyce Thomas, RDN; Paula Leibovitz, MS, RDN, CDE, CDN; Claudia Shwide-Slavin, MS, RDN, BCADM, CDE; Laura Yatvin, MPH, RDN, CDE; Liz Quintana, EdD, RDN, LD, CDE

FRONT ROW LEFT TO RIGHT:

Susan Yake, RDN, CDE, CLT, CD; Betty Krauss, RDN, CDE; JoJo Dantone, MS, RDN, LDN, CDE, FAND



2016-2017 EXECUTIVE COMMITTEE

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