

Becoming a CDCES[®]: The Short and Sweet of It

APANP Presentation – November 17, 2022

Presenters



Becky Sulik, RDN, LD, CDCES®
2022 CBDCE Board Chair



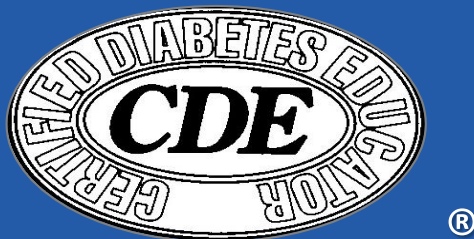
Sheryl Traficano, MBA, CAE
CEO

National Certification Board for Diabetes Educators



1986

Certified Diabetes
Educator

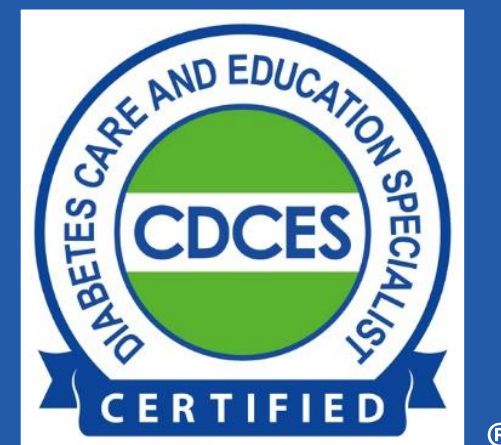


Certification Board for Diabetes Care and Education



2020

Certified Diabetes Care and
Education Specialist[®]



Fast Facts about Diabetes

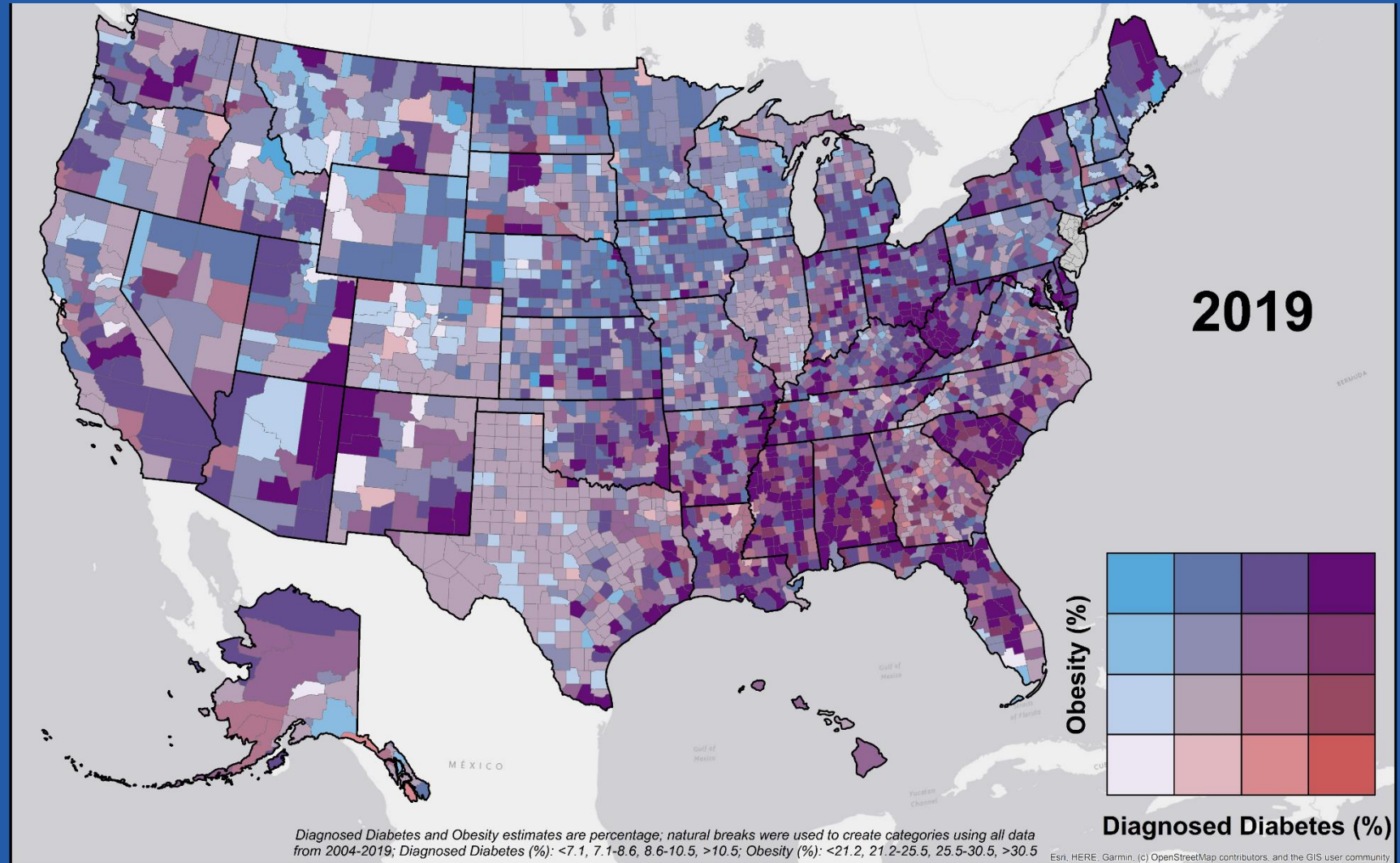
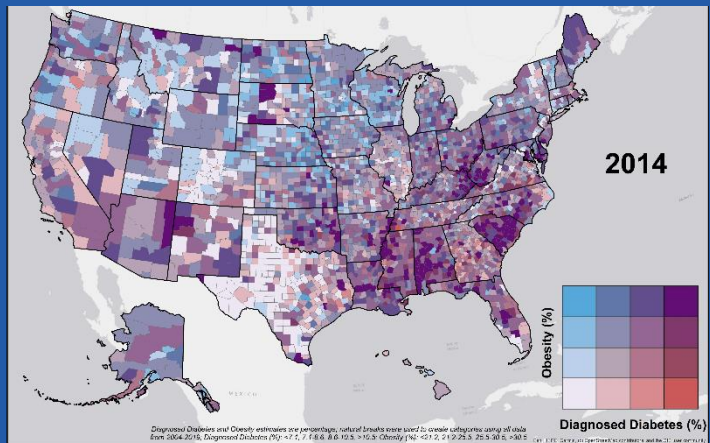
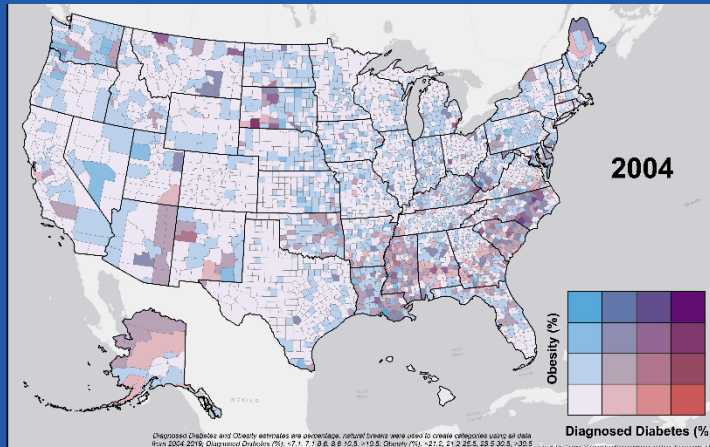
Diabetes

- **Total:** 37.3 million people have diabetes (11.3% of the US population)
- **Diagnosed:** 28.7 million people, including 28.5 million adults
- **Undiagnosed:** 8.5 million people (23.0% of adults are undiagnosed)

Prediabetes

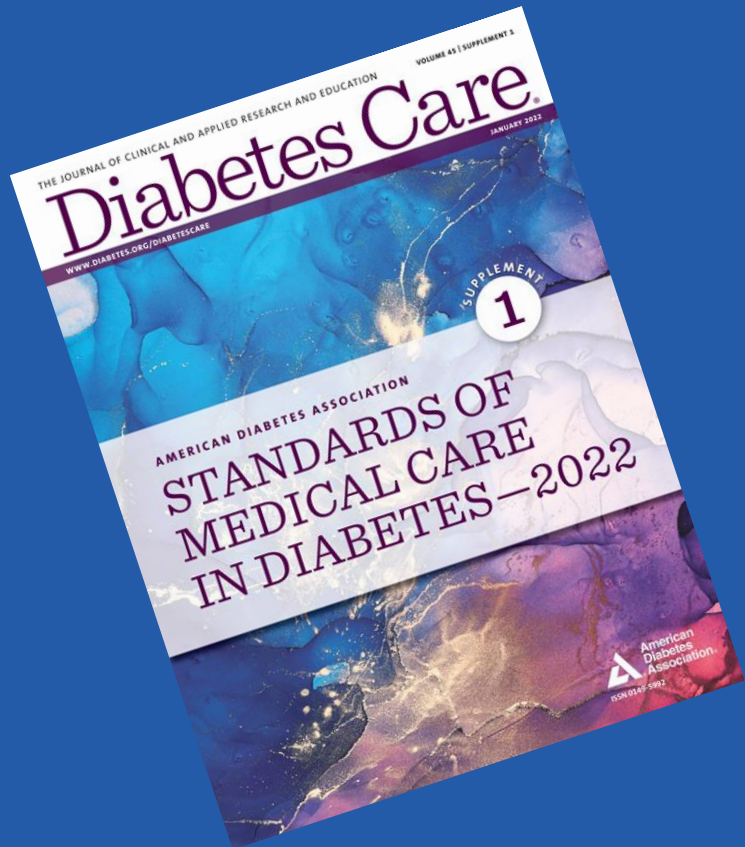
- **Total:** 96 million people aged 18 years or older have prediabetes (38.0% of the adult US population)
- **65 years or older:** 26.4 million people aged 65 years or older (48.8%) have prediabetes

Age-Adjusted Prevalence of Diagnosed Diabetes and Obesity Among Adults, by County, US



<http://www.cdc.gov/diabetes/data>, CDC's National Center for Chronic Disease Prevention and Health Promotion; Data from CDC's Behavioral Risk Factor Surveillance System (BRFSS) and from the US Census Bureau's Population Estimates Program were used for county level estimates of diagnosed diabetes and obesity

DSMES, aka, Diabetes Education: Component of Standard Diabetes Care



*“... Ongoing patient self-management education and support are **critical** to preventing acute complications and reducing the risk of long-term complications ...”*¹

You may also know diabetes education as ‘diabetes self-management education and support’ or ‘DSMES’

1. ADA. Standards of Medical Care. *Diabetes Care* (2022), 45(Supplement 1):

DSMES

- *Evidence-based foundation to empower people with diabetes navigate self-management decisions and activities.*
- *DSMES is a cost-effective tool proven to help improve health behaviors and health outcomes for people with diabetes.*
- *HOWEVER, utilization of DSMES services is suboptimal. In the U.S., less than 5% of Medicare beneficiaries with diabetes and 6.8% of privately insured people with diagnosed diabetes have used DSMES services.*

Table 3—Comparing the benefits of DSMES/MNT vs. metformin therapy (17)

Criteria	Benefits rating	
	DSMES/MNT	Metformin
Efficacy	High	High
Hypoglycemia risk	Low	Low
Weight	Neutral/loss	Neutral/loss
Side effects	None	Gastrointestinal
Cost	Low/savings	Low
Psychosocial benefits*	High	N/A

N/A, not applicable. *Psychosocial benefits include *improvements* to quality of life, self-efficacy, empowerment, healthy coping, knowledge, self-care behaviors, meal planning, healthier food choices, more activity, use of glucose monitoring, lower blood pressure and lipids and *reductions* in problems in managing diabetes, diabetes distress, and the risk of long-term complications (and prevention of acute complications).

DSMES

Did you know about this report, aka, the Joint Position Statement on DSMES?

Diabetes Self-Management Education and Support in Adults With Type 2 Diabetes: A Consensus Report of the American Diabetes Association, the Association of Diabetes Care & Education Specialists, the Academy of Nutrition and Dietetics, the American Academy of Family Physicians, the American Academy of PAs, the American Association of Nurse Practitioners, and the American Pharmacists Association²

Published originally 2015; updated 2020

2. Joint Position Statement on DSMES. 2020: <https://doi.org/10.2337/dci20-0023>

DSMES

- The four critical times to provide and modify DSMES:
 - At diagnosis
 - Annually and/or when not meeting treatment targets
 - When complicating factors develop
 - When transitions in life and care occur



Becoming a CDCES



Why Become a CDCES...

- Contribute to positive outcomes for PWD and the health care team that works with PWD
- Demonstrate to consumers you hold knowledge **needed** for quality diabetes care and education
- Help peers and providers to recognize your role and ability to contribute as a member of the healthcare team
- Distinguish yourself in a competitive market
- Expand your professional and personal opportunities



Why Become a CDCES...

Certificants are **CONFIDENT & FULFILLED***

97% say certification provides personal and professional growth and accomplishment

87% believe the credential helps to increase their marketability

92% said certification enhances their confidence

97% value their credential

95% believe the certification enhances their credibility

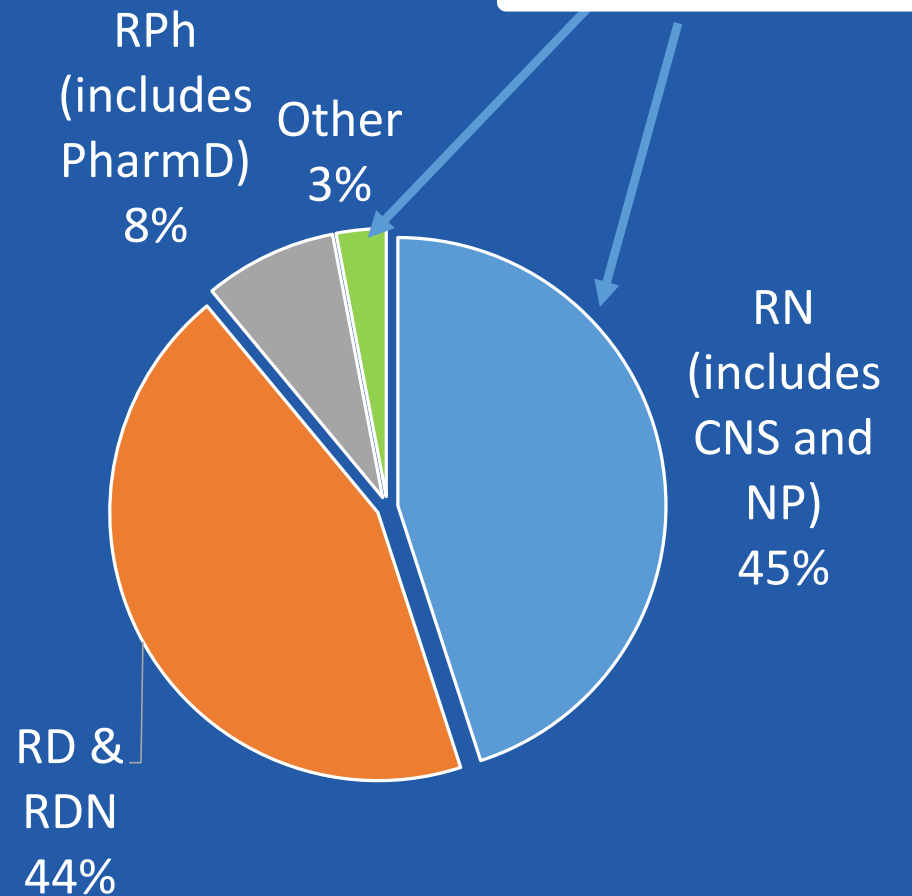
90% feel that the credential sets them apart from their peers

*2017 Value of Certification Survey

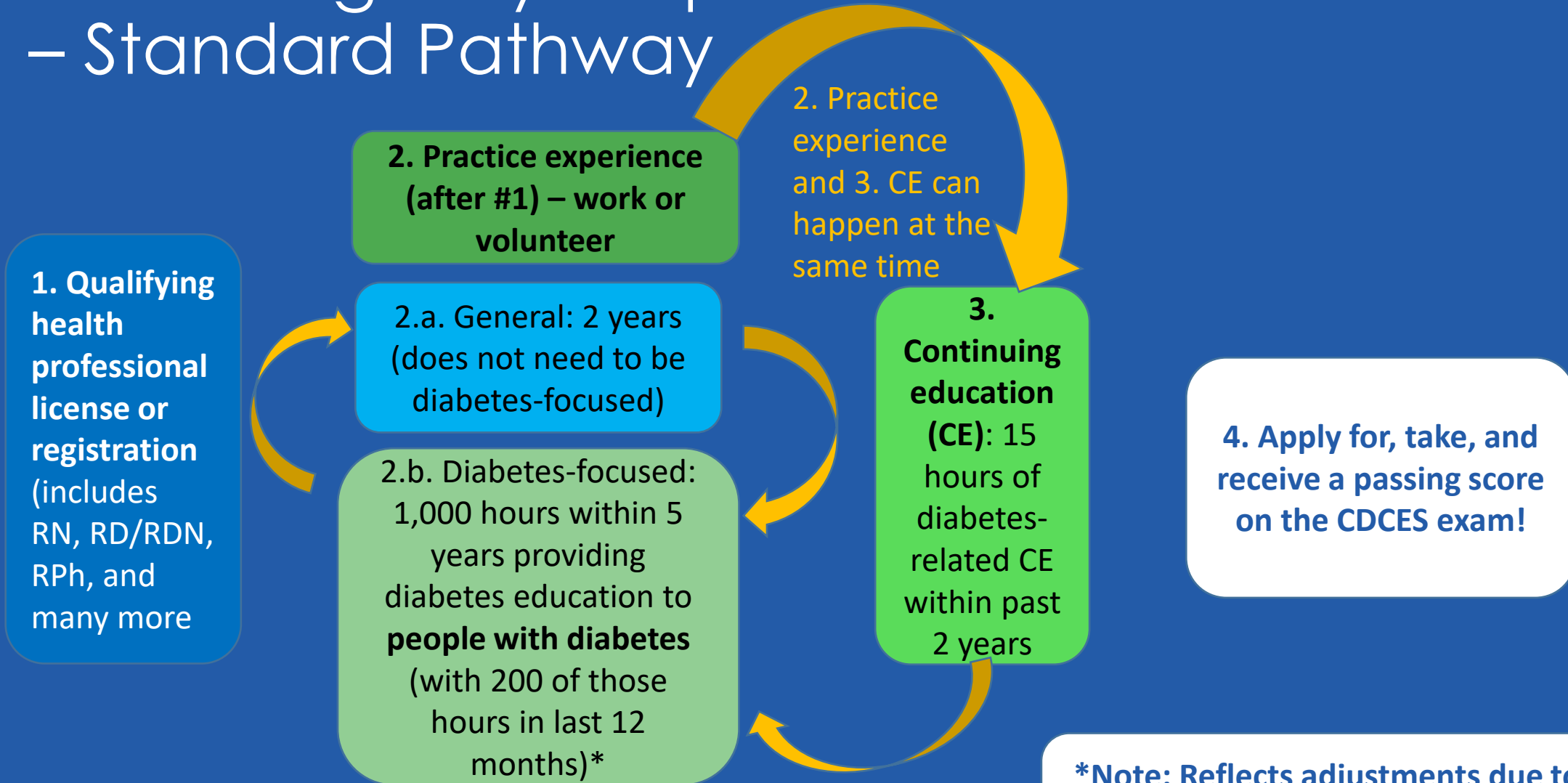
Over 19,500 CDCESs

(as of Mar 2022)

Reflects 9% NPs and
less than 1% of PAs



CDCES Eligibility Requirements – Standard Pathway



Both 2.a. yearly and 2.b. hourly requirements can, BUT don't have to be done at the same time

*Note: Reflects adjustments due to pandemic for this requirement. Refer to Pandemic Adjustments slide.

CDCES Eligibility Requirements – Unique Qualifications Pathway

- Pathway for those individuals providing diabetes care and education under a master's or doctorate degree with a health-related major/concentration, but who do not hold one of the qualifying licenses/registrations or advanced degree in social work identified in standard pathway.
- *Most common examples: master's degree in exercise physiology, nutrition*
- *Important – **think about your ultimate goal** - the CDCES credential does not expand the scope of work a person is able to do under their qualifying degree/discipline. Individuals who attain certification via this pathway may encounter challenges in finding positions other than the one they use to qualify for certification. While CBDCE wants individuals to become certified, the organization is not able to devote resources to promoting this pathway to employers or insurers.*

Pandemic Adjustments to Diabetes Focused Experience Requirement

To address the impact of the COVID-19 pandemic on the ability to accrue practice hours for health professionals pursuing the CDCES credential, the CBDCE Board of Directors has approved changes for the professional practice requirement relating to diabetes care and education (DCE) for initial certification.

Scholarship Program

- Recipients receive voucher to cover initial certification application fee (\$350 value)
- Categories
 - Diversity and Inclusion
 - Young Professional
 - Veterans/Military Service
 - Profession Expansion
 - Under-Resourced Populations
- Recipients also gain access to practice exam at no cost (\$55 value)
- [Learn more](#)

Mentorship Program

- Optional mentorship program partners experienced CDCESs with health professionals who are interested in gaining experience in providing diabetes education.
- Helps the individuals accrue experience in order to meet the practice requirement to sit for the CDCES exam.
- CDCESs volunteer as mentors – provide avenue for the mentee to accrue hours providing DSMES to people with diabetes
- As partnerships are completed, mentors can accrue equivalent CEs towards renewal by CE requirements
- Mentor Spotlight Award – annual – launched 2020
- [Learn more on the cbdce.org site](http://cbdce.org)



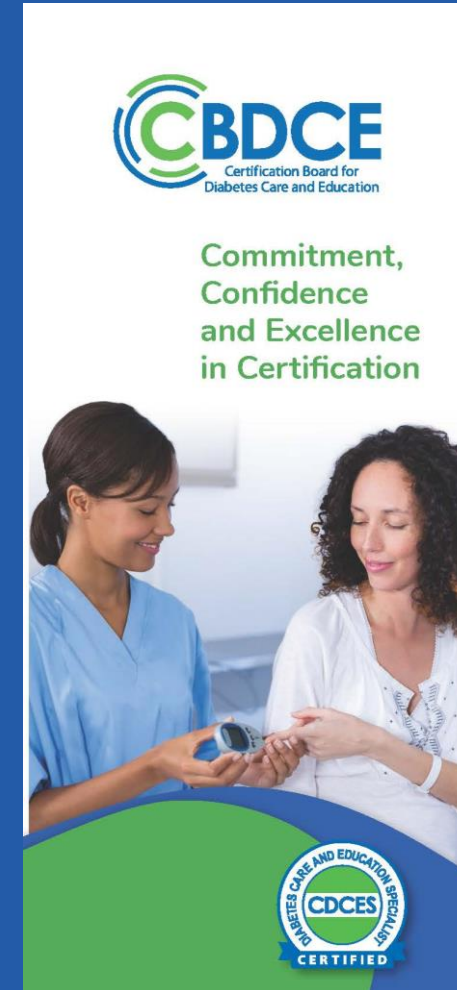
Applying/Taking the Exam

- Ways to take the Exam
 - Year-Round Application Submission and Testing
 - Simplified Application
 - In-person test centers
 - Live remote proctoring (launched 2022)

Becoming a CDCES

Exam Details & Preparation

Learn more by visiting the CBDCE website at cbdce.org and/or downloading the examination handbook





www.cbdce.org • info@cbdce.org

Phone: 847.228.9795

**Certification Board for Diabetes Care and Education
Schaumburg, IL (as of 10/2022)**



Why I Became a CDCES...

“It is crucial to have a CDCES as a team member in the hospital, as well as, outpatient setting...Not only does the CDCES educate, they also encourage and collaborate on how to manage and improve care. CDCESs are a vital part of the diabetes management team and have the time to spend with patients that physicians do not always have to help achieve the best outcomes.”

Rebecca Morrison, BSN, RN, CDCES
Marietta, GA

Why I Became a CDCES...

“Every CDCES that I have met at local and national meetings are so excited to share their ideas; it is like one big family who really cares about treating people with diabetes and helping each other to do better in our careers. How can someone not be excited to join such a group!”

Julie Stading, PharmD, CDCES
Creighton University, Eagle, NE

Why I Became a CDCES...

“The most rewarding part of being a CDCES is helping people with diabetes overcome barriers and improve their health. My decision to becoming certified was the best career move I have taken as a Registered Dietitian!”

Debra D'Angelo, RDN, CDCES
Dietitian/Diabetes Educator,
Regal Medical Group, Camarillo, CA