



Montana Diabetes Project

“Partnership and Collaboration: Providing the Provider with Education”

Increasing Access to and the Quality of
Diabetes Education in a Rural State:

The Montana Quality Diabetes Education
Initiative, 2000 - 2007



DSME is an integral component of diabetes care, but skilled educators and recognized programs are not uniformly available in rural areas.



Montana... “Big Sky Country”

- Large geographic area (147,000 sq. miles)
- “Frontier” state... < 1 million people
 - 5 people per square mile
- Limited access to diabetes education





Quality Diabetes Education Initiative

- Overall Goal of QDEI: To increase access to and the quality of diabetes education in Montana
 - Increase the skills of individual health care professionals through a self-study and peer-mentoring program tailored to the individual
 - Provide resources and technical assistance to assist outpatient settings in developing diabetes education programs



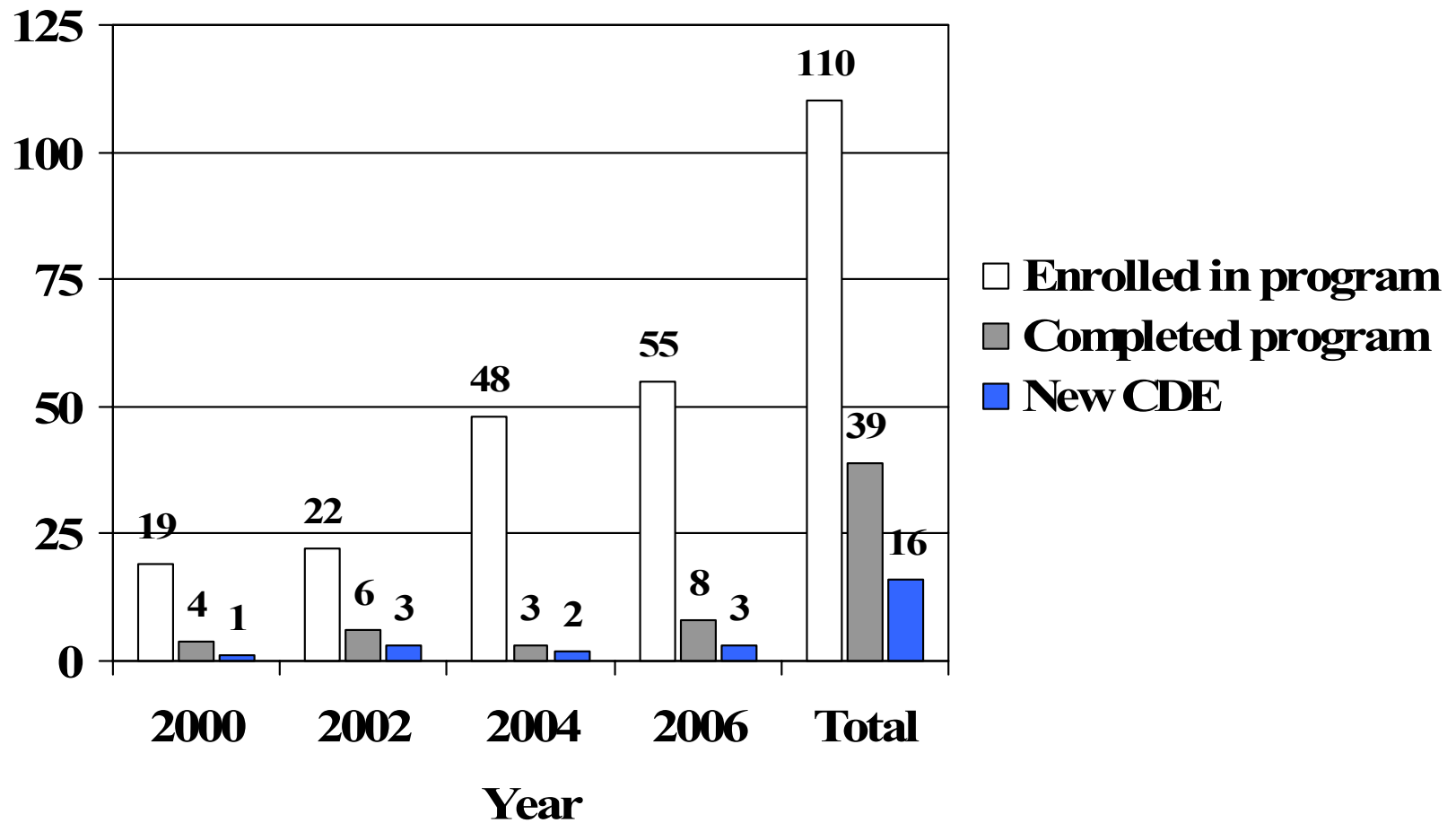
Collaborating to develop diabetes educators: Mentoring Program

- Self-study program with defined reading materials (tailored to the needs of the individual)
 - Options: basic, intermediate, and advanced
- Pair the learning individual with a CDE-mentor...partnered with MAADE

(CDE-mentors are all MAADE members)



Number of health professionals enrolled and completing the mentoring program, Montana, 2000-2006



Number of CDE's in Montana, 2000 - 2006

- 1995 = 35 (???)
- 2000 = 52*
- 2006 = 77*

Statewide increase of 48% from 2000 to 2006

- 42% of CDEs reside in rural areas, many providing service in these areas
- 16 new CDEs via mentoring program; most provide services in frontier counties (63%)

*(per NCBDE data)

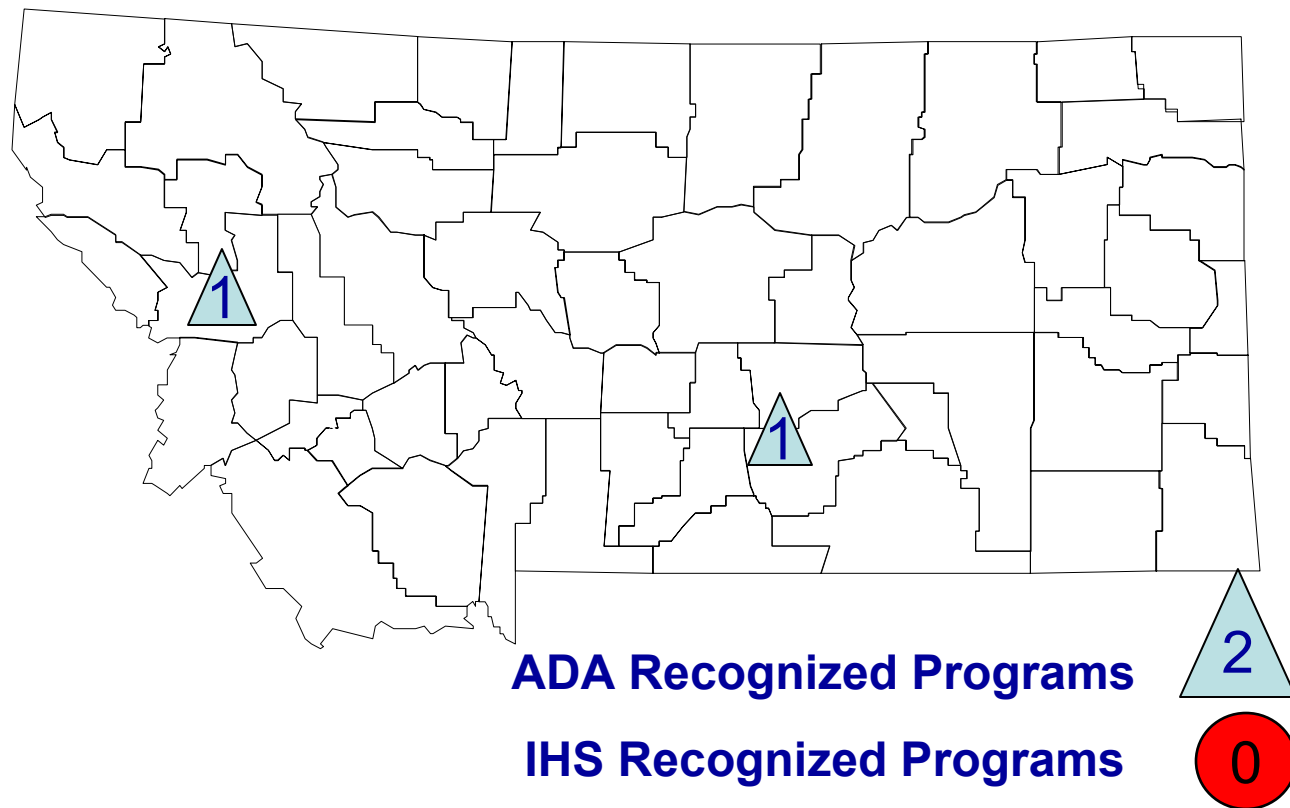


Collaborating to develop education programs in Montana...

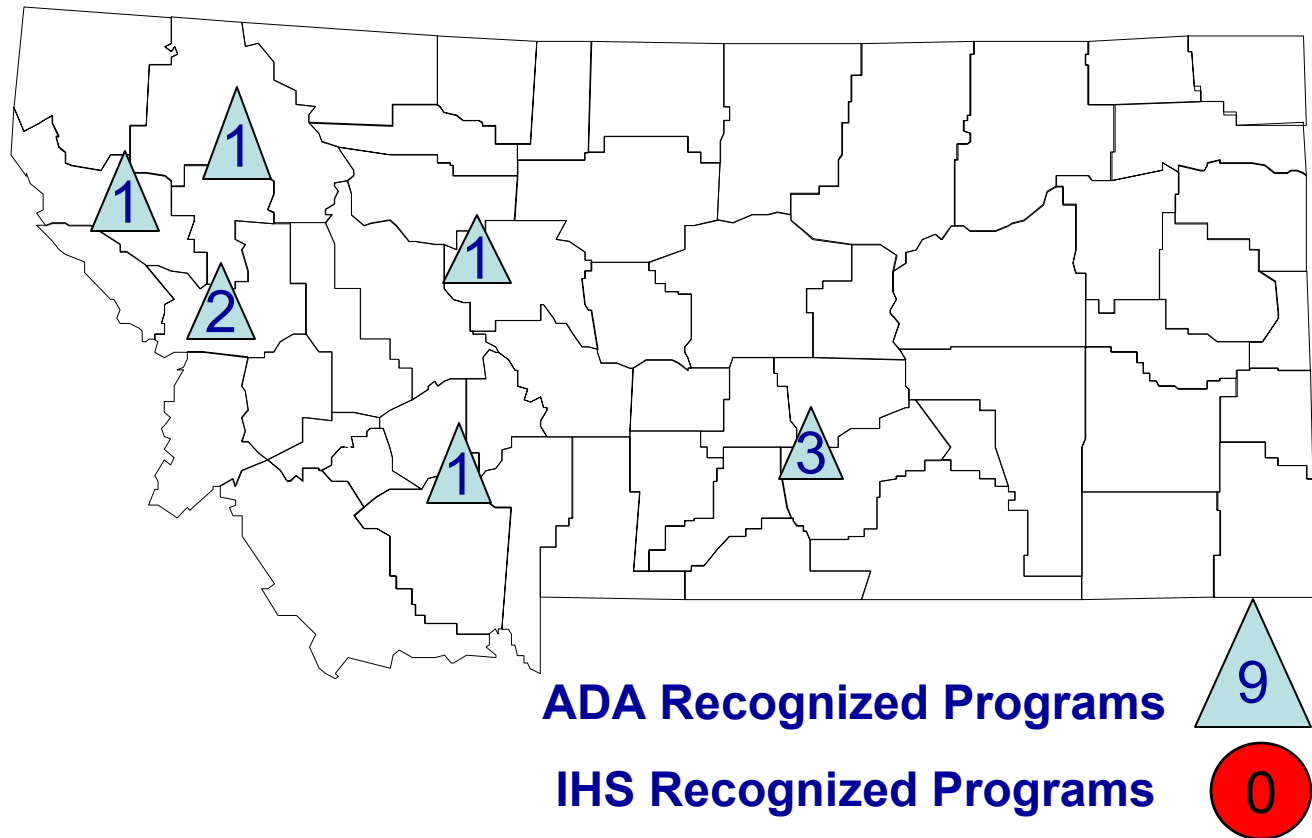
- Technical support for those wanting to start diabetes education programs
 - Resources, sample curricula
 - On-site visits/technical assistance
- Quickly grew into assisting programs in preparing the application for ADA- and IHS-recognition



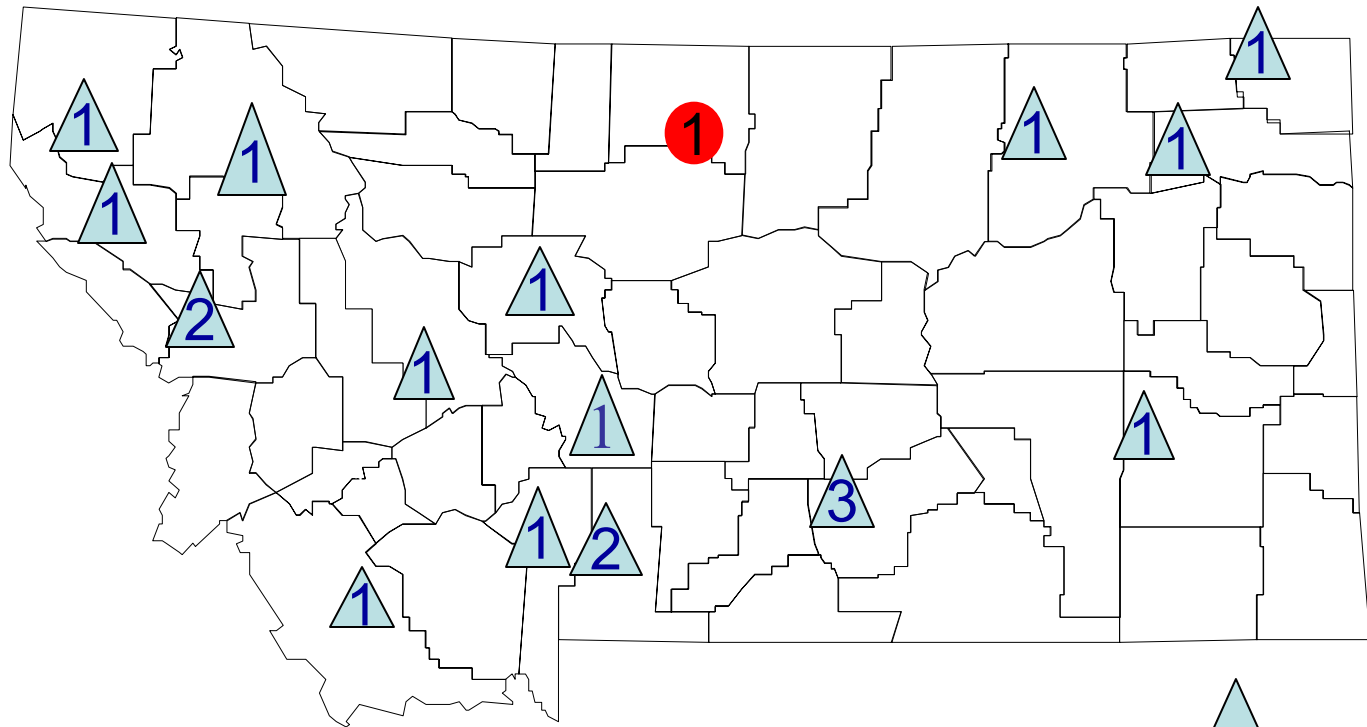
ADA and IHS recognized diabetes education programs, Montana, 1999



ADA and IHS recognized diabetes education programs, Montana, 2001



ADA and IHS recognized diabetes education programs, Montana, 2003



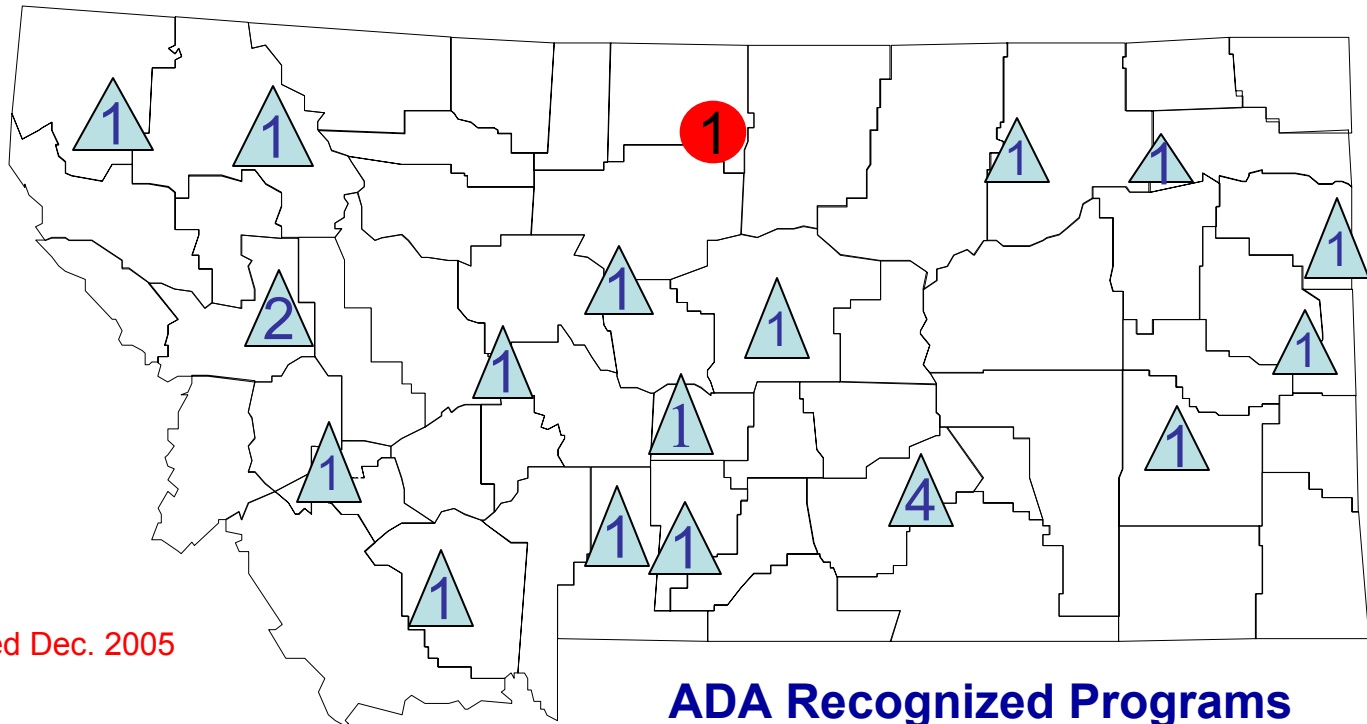
ADA Recognized Programs

19

IHS Recognized Programs

1

ADA and IHS recognized diabetes education programs, Montana, 2005



Updated Dec. 2005

ADA Recognized Programs

IHS Recognized Programs

21

1

Overall, diabetes education programs have increased in Montana:

- 2 recognized programs in 1999
- 21 recognized programs by the end of 2005
- 10 of these programs (48%) were located in rural counties.

Diabetes education is more accessible than ever before in MT...even in rural areas!



Conclusion:

Peer-mentoring and technical support are effective approaches to build manpower and skills for DSME and to increase access to quality diabetes education in a rural state.

Butcher, et al, *The Diabetes Educator*: Nov/Dec.2006



“Pearls...”

- Partnering with local chapter of AADE (MAADE) has been an invaluable collaboration!!
 - Many MAADE members volunteered to be CDE-mentors
 - MAADE helps disseminate information about the mentoring program
 - MAADE assisted with recognition workshops
 - MAADE members help each other with recognition issues as well as education issues



Challenges/Barriers:

- Since the end of 2005, MT has lost several diabetes education programs.
 - Possible reasons:
 1. Reimbursement for DSMT is low, but pressure to make \$\$ is high.
 2. Recognition process is expensive and laborious (perceived as more so for rural programs)
 3. Staffing issues, especially for small, rural programs



Montana's QDEI is working to help diabetes education programs “stay afloat”

- Diabetes education has expanded into the rural areas of Montana, making it more accessible than ever before.
- We do not wish to see that diminish, so QDEI is working with many partners and organizations to ensure that diabetes education remains accessible to those that need it.



“Let us put our minds together and see what
life we can make for our children.”

- Sitting Bull



“Improving Access to Quality
Diabetes Education in a Rural
State: The Montana Quality
Diabetes Education Initiative”

Butcher, et al
The Diabetes Educator,
Nov/Dec 2006



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