Mission Hospital is an 800-bed, not-for-profit, independent community hospital system located in Asheville, North Carolina. The Health Education Center, an outpatient program of Mission, includes the Diabetes Center, which is accredited through the American Diabetes Association. The Diabetes Center has a sister diabetes program at McDowell Hospital, in Marion, North Carolina, that provides diabetes education for adults in that region.

For patients with or at risk for diabetes, one of the advantages conferred by the Diabetes Center’s relationship with Mission Hospital is that the center shares the hospital’s mission of serving all individuals in western North Carolina and the surrounding region. A second advantage is that the Health Education Center has the financial backing to conduct yearly community programs to reach underserved and minority populations, with no charge to the participants. The events serve 100-300 people each year and include screening for hyperglycemia, measurement of high blood pressure, and calculation of body mass index. Education in the areas of basic diabetes pathophysiology, nutrition, and exercise is provided by certified diabetes educators and physicians. Participants also receive healthy snacks and recipes and are given blood glucose meters and taught how to use them.

Mission sees value in educating health professionals about diabetes. Since 2000, Mission, along with the Mountain Area Health Education Center and other community and regional organizations, has planned and held an annual professional diabetes clinical workshop for medical, nursing, pharmacy, and nutrition professionals. This workshop reaches 180-250 health professionals per year and covers the most up-to-date research and trends in diabetes care.

Twenty-four percent of inpatients discharged from Mission have a diagnosis of diabetes or hyperglycemia. Two years ago, Mission started a diabetes-resource program for nurses. This is a comprehensive diabetes education program for bedside nurses, who, by expanding their knowledge base, are thus better equipped to provide education about diabetes-associated survival skills to inpatients with diabetes. Part of this training is to reinforce the importance of ensuring that patients receive a referral to outpatient diabetes self-management training at the time of discharge, either at one of Mission’s diabetes centers or at another outpatient education center in the region.

Another advantage of being based in a hospital system is that patients can receive care and services from a multidisciplinary team of professionals. Our outpatient diabetes education team includes an endocrinologist, who serves as our medical director, and 10 certified diabetes educators from the nursing, nutrition, and pharmacy professions. Our team also includes an exercise specialist and a clinical social worker. The ability to refer patients for multiple types of services within the same program is convenient for both patients and clinicians. Also, having professionals with multiple backgrounds available to discuss issues such as treatments, disease cases, and patient-related challenges is a tremendous advantage for the clinicians/educators.

Having such a large team also enables us to offer comprehensive services, including diabetes self-care classes, an insulin pump course, a gestational diabetes course, medical nutrition therapy, initiation of continuous glucose monitoring, a program on pediatric diabetes, individual consultations for diabetes and nutrition education, diabetes support groups, and employer-sponsored disease management programs. Of note, patients participating in the disease management programs undergo long-term follow-up by our clinicians and are seen quarterly for clinical assessment, goal setting, monitoring, and drug therapy review. In this population, we have seen significant improvements in hemoglobin A1c and lipid levels, decreased per-patient medical costs, and reduced numbers of sick days.

These services are not a significant source of revenue for Mission. Their value is instead found in the community-level health and wellness benefits they yield, as well as in the satisfaction exhibited by the patients who visit us and by the team of professionals available to care for them.

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North Carolina has 122 ADA-recognized programs, with 200 sites in total; >30% are health departments. The NCDERP has 42 programs, with a total of 51 sites.

DSME significantly affects the complications of diabetes in the target population, and it has been shown that providing DSME to vulnerable populations has an effect on participants’ health and quality of life. Studies have found that improved glycemic control benefits people who have type 1 or type 2 diabetes: in general, each percentage point decrease in a person’s hemoglobin A1c level can reduce their risk of microvascular complications (ie, eye, kidney, and nerve diseases) by 40% [1]. NCDERP sites have seen almost 3,000 patients since the program’s inception. Unpublished data from December 2010 show that the average hemoglobin A1c level for patients beginning the program is 7.98% and that the average level for those who complete the program is 7.0%. More than 62% of patients who complete the program have a hemoglobin A1c level of ≤7.0%.

While the program clearly increases the quality of life and decreases diabetes-related complications for participants, the reimbursement issues for local health departments remain a source of frustration. The Centers for Medicare and Medicaid Services made an online manual change, effective April 19, 2010, stating that health departments can no longer enroll as Part B providers. Enrollment as Medicare Part B providers allows health departments to bill and be reimbursed for...