AACE DIABETES CENTER of EXCELLENCE

AACE DIABETES CENTER OF EXCELLENCE STANDARDS

LEADERSHIP

LEADERSHIP STANDARD 1: Has institutional support for obtaining and maintaining AACE Center of Excellence designation

LEADERSHIP STANDARD 2: Establish an endocrinologist-led committee/ leadership group to oversee QI, Educational Excellence and Disease state specific standards to meet and maintain AACE's CoE Standards. This group must:

a. Reflect the multi-disciplinary and/or interprofessional team who provides endocrine care
b. Include a majority of endocrinologists (as defined by AACE's FACE committee) who are AACE members and at least one AACE member non-endocrinologist)
c. Include at least one endocrinologist who has obtained/ committed to pursuing AACE's FACE designation
d. Adopt AACE's Guidelines for Diabetes, or similar *evidence-based* clinical guidance/ standards of care applicable to the region/country
e. Meet regularly to act on needed changes as identified through Quality Improvement efforts

QUALITY IMPROVEMENT

QUALITY IMPROVEMENT STANDARD 1: Has a team that implements quality improvement (QI) initiatives that includes endocrine team members and staff from other areas/departments as needed for successful QI efforts

QUALITY IMPROVEMENT STANDARD 2: Engages the team in meetings and QI efforts with regularity to support QI efforts and goals

QUALITY IMPROVEMENT STANDARD 3: Has the ability to access data on the performance of the Endocrine Care team and patient health status and outcomes

QUALITY IMPROVEMENT STANDARD 4: Implements quality improvement to drive better care and outcomes for patients with diabetes

EDUCATION

EDUCATION EXCELLENCE STANDARD 1: Participation in CE Conferences: Requires all CoE endocrinologists (as defined by AACE's FACE committee) to participate in professional society and/or academic continuing education programs via international/national/ regional conferences at a minimum of once per year (in-person, preferred, as available). AACE designated/sponsored programs, as available, are preferred.

EDUCATIONAL EXCELLENCE STANDARD 2: Participation in Education tailored to QI efforts: Facilitates and supports endocrine care team members' involvement/participation in educational offerings that help address areas of need identified through QI efforts

EDUCATIONAL EXCELLENCE STANDARD 3: Participation in Center-driven Education: Provides center-specific education based on educational needs of the endocrine care team

EDUCATIONAL EXCELLENCE STANDARD 4: Mentorship: Provides mentorship opportunities for endocrine care team members in support of improvement goals

EXCELLENCE IN DIABETES CARE: STANDARDS OF CARE PRINCIPLES

Clinical guidance documents and/or processes used by an AACE Diabetes Center of Excellence in their management of persons with diabetes must align with AACE Standards of Care Principles.[1]

COE STANDARDS OF CARE 1: Recommend individualized lifestyle interventions for patients with diabetes
- Promote lifestyle considerations as the cornerstone of diabetes prevention and management
- Recommend evidence-based nutrition plans, considering a person's health status, culture, and preferences.
- Encourage and support regular physical activity adapted to age, comorbidities, and physical ability

COE STANDARDS OF CARE 2: Provide patient education on diabetes to support self-management
- Offer and share educational resources patients can use to help them both understand and manage diabetes
- Ensure that education/educational resources address issues such as literacy, health literacy, and cultural differences

COE STANDARDS OF CARE 3: Define individualized goals for patients with diabetes
- Define realistic, personalized targets for A1C or Time in Range (TIR), weight, blood pressure, lipid levels, and lifestyle
- Reassess goals regularly in response to life changes, disease progression, or new evidence

COE STANDARDS OF CARE 4: Utilize appropriate, accessible evidence-based therapies and glucose monitoring strategies
- Recommend therapies based on evidence, ease of use, availability and/or access
- Consider CGM, as available; or point in time self-monitoring of blood glucose

COE STANDARDS OF CARE 5: Regularly review and document patient weight and height
- Record and evaluate height and weight at each visit
- Use these data to assess metabolic risk, track progress, and guide treatment decisions

COE STANDARDS OF CARE 6: Optimize patient A1c using individualized glycemic targets
- Personalize A1C targets based on age, diabetes duration, comorbidities, risk of hypoglycemia, and patient preferences
- Use TIR as a complementary metric to A1C, especially when using CGM

COE STANDARDS OF CARE 7: Prevent and manage hypoglycemia in patients
- Routinely assess hypoglycemia risk
- Educate patients and caregivers on recognizing and treating low blood glucose

COE STANDARDS OF CARE 8: Address and manage comorbidities for patients with diabetes
- Screen and manage comorbidities, including but not limited to hypertension, dyslipidemia, cardiovascular disease, kidney disease, MASLD, and mental health disorders

[1]AACE Diabetes Center of Excellence Standards of Care Principles align with the Principles of the AACE Comprehensive Type 2 Diabetes Management Algorithm: American Association of Clinical Endocrinology Consensus Statement: Comprehensive Type 2 Diabetes Management Algorithm – 2023 Update; Samson, Susan L. et al., Endocrine Practice , Volume 29, Issue 5, 305 - 340

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