



What is a REDC Eating Disorders Center of Excellence?

The Residential Eating Disorders Consortium (REDC) Center of Excellence (COE) white paper outlines the minimum standards that must be met to deliver the kind of high-quality care that warrants a designation as a COE.

Why does this matter?

Eating disorders are biologically based mental illnesses that affect an estimated 30 million Americans; the vast majority of whom do not receive the care they need. As treatment options expand to serve those in need, a clear definition of what constitutes excellence in eating disorders treatment is critical.

1. Accreditation

1. Maintain accreditation through The Joint Commission (TJC) or CARF.*
2. Meet state licensing requirements.
3. Be active in ongoing advocacy for clear and strong standards at state & national levels.

** CARF is an independent body that accredits health and human services organizations. TJC is an independent body that accredits and certifies health care organizations and programs.*



2. Qualified Staff

1. Employ accomplished, highly trained, and fully credentialed clinicians. Staff must all receive the best available training in eating disorders care.
2. Include all of the following: licensed and qualified medical, psychiatric and nursing professionals, psychotherapists, other mental health providers, and registered dietitians.
3. Recognize the commitment, professionalism, and tenacity required of people working in this field & actively promote & support staff self-care.

3. Evidence-Based Treatment

1. Offer clinical services that are grounded in a three-pronged approach: scientific evidence published in peer-reviewed journals; clinical expertise considered practice-based evidence; & patient values, preferences, and characteristics.
2. Ensure treatment is up-to-date and evolving as the evidence expands.
3. Collaborate with interested researchers to bridge the gap between research and practice.

4. Performance, Quality & Process-Improvement Measurement Systems

1. Track results utilizing tool and frequency recommendations by CARF and TJC.
2. Collect and report clinical/patient outcomes.
3. Collect and report quality and process-improvement metrics.
4. Be honest and transparent in the way that data are presented in shaping expectations about realistic treatment outcomes.



5. Sound & Ethical Business Practices

1. Commit to transparency about the services and care that the program is capable of providing and provide financial transparency without financial incentives to prospective patients.
2. Perform a comprehensive assessment to determine the best clinical fit for patients.
3. Employ messaging that is truthful, fair, non-deceptive, capable of being substantiated, and in all respects lawful.
4. Ensure patients are well-informed about the expected insurance coverage, the cost of services and their financial responsibility for services.
5. Offer need-based financial assistance resources.

6. Full Continuum of Care

1. COEs are excellent providers of the levels of care that they offer, transparent about whether and how their offerings match the patient's needs, and provide a seamless experience to those who may need to transfer to other levels of care.
2. Upon discharge, connect all patients to affordable and appropriate care, to the best of their abilities given the resources in the patient's region and communicate this plan to the receiving treatment team.

7. Care for Co-Occurring Disorders

1. Provide evidence-based treatment by appropriate staff with skills and training to treat co-occurring disorders.
2. COEs understand the limitations of their service offerings and never claim to treat certain conditions, including any co-occurring conditions, for which they are not qualified.
3. COEs use a pre-admission screening to identify which patients require substance use treatment and have proper systems to refer out appropriately. COEs are transparent about what treatments for substance use disorders the program does and does not offer.
4. COEs identify evidence-based treatments for trauma and train clinical staff to be able to engage in trauma treatment when clinically indicated.

8. Collaboration with Families

1. Commit to involving & engaging families.
2. Recognize the impact of eating disorders on families.
3. Support and encourage self-care among family members.



9. Collaboration with Payers

1. Respect payers' obligations to be fiscally responsible.
2. Maintain an unwavering focus on treating patients according to American Psychiatric Association (APA) criteria and guidelines.
3. Evaluate whether an expense is truly necessary and will promote efficient patient progress.

10. Education

1. Recognize the need for rigorous, peer-reviewed scholarship and research.
2. Engage with academic institutions and scholarly bodies.
3. Seek opportunities to educate health professionals about early identification, treatment, and referral.
4. Structure site visits as opportunities for education or legitimate marketing activities, not entertainment.



11. Advocacy

1. Advocate for patients and ensure access to health insurance benefits due to them.
2. Work to advance the field by engaging in advocacy at the local, state, and national levels.
3. Participate in responsible media opportunities aimed at educating audiences and raising awareness.



12. Technology & Data Systems

1. Incorporate cutting-edge tools in business, treatment, and recovery processes.
2. Implement technology platforms and electronic health records systems that are robust and HIPPA-compliant.



REDC Members

Aloria Health
Alsana Treatment Centers
Center for Change
Center for Discovery
Center for Hope of the Sierras
Cambridge Eating Disorder Center
Carolina House
Eating Recovery Center
Fairhaven Treatment Center

Focus Treatment Centers
Laureate Eating Disorders Program
Magnolia Creek
McCallum Place
Monte Nido & Affiliates
Montecatini
Reasons Eating Disorder Center
Rosewood Centers for Eating Disorders
The Emily Program

The Meadows Ranch
The Renfrew Center
Timberline Knolls
Veritas Collaborative
Walden Behavioral Care

For more information visit us at:
<http://www.residentialeatingdisorders.org/>