Successful Diabetes Programs & Reimbursement

Objectives

- Describe critical aspects of providing optimal diabetes education
- Describe the most recent National Standards for Diabetes Self-Management Education and Support (DSMES) Programs
- State the diabetes services covered by Medicare (CMS)

3 Main Articles

- National Standards for Diabetes Self-Management Education and Support – ADA & AADE
- Diabetes Self-management Education and Support in Type 2 Diabetes 2020 – joint position statement –AADE, ADA, Academy of Nutrition and Dietetics
- Medicare Reimbursement Resources
- Posted in your resource tab
13% of adults have diabetes (34 mil)
21% of those don’t know they have diabetes
35% adults have pre diabetes (88 mil)
85% of those don’t know they have prediabetes

Diagnosed Diabetes by Ethnic Group

- Highest prevalence among
  - Indigenous people
  - Mexican and Puerto Ricans
  - Asian Indians and Filipinos

Socioeconomics – Diabetes Diagnosis

- Prevalence varied significantly by education level, an indicator of SES status
  - 7.5% - More than high school education
  - 9.7% - High school education
  - 13% - Less than high school education
Striving for Equity in Health Care

“Equitable care ensures optimal outcomes for all patients regardless of their background or circumstances.”

Equality SOUNDS fair.
Equity IS fair.

http://www.communityview.ca/index.html

Language of Diabetes Education

Old Way
- Control diabetes
- Test BG
- Patient
- Normal BG
- Non-adherent, compliant

New Way
- Manage
- Check
- Participant
- BG in target range
- Focus on what they are accomplishing

What we say matters
A Call to Action for Diabetes Specialists

- Participate in Population Health
- Embrace and Leverage Technology
- Implement Standardized Strategies
- Lead Workforce Training
- Reduce Fragmentation
- Develop Robust Interventions for Preventing Complications
- Measure Outcomes
- Advocate for Needed Resources That Affect SDOH

National Standards for Diabetes Self Management Education and Support (DSMES)

- What the standards ARE...
  - Evidence-based
  - Aimed to ensure wide applicability
  - Aimed to ensure quality
  - Meant to include people with diabetes and prediabetes
  - Applicable to Diabetes Care and Education Specialists (DCES) in solo practice as well as a large multi-center and everything in-between
  - Standards used for recognition and accreditation
  - Also serve as guide for non-recognized/accredited programs

Diabetes Self Management Programs

- Diabetes Education Services 2020®
- www.DiabetesEd.net
- Page 4
Diabetes Self-Management Education and Support (DSMES)

- All people with prediabetes and diabetes should participate in DSMES to facilitate the knowledge, skills and ability necessary to self-manage their diabetes.
- DSMES provides support to implement and sustain skills and behaviors needed for ongoing self-management.

Poll Question

- Which of the following are covered by Medicare Part B?
  - A. DSME group classes once a year
  - B. CDC Recognized Diabetes Prevention Program
  - C. Medications
  - D. Hospitalization

Diabetes Prevention Program

- Eat Smart Move More Prevent Diabetes
For population with pre-diabetes
Medicare and some Medicaid programs are now funding
Medicare Reimbursement based on attendance and goal achievement

Diabetes Prevention Program Recognition
Standards for CDC recognition include:
- Use of a CDC-approved curriculum.
- Offer lifestyle program within 6 mo's of receiving pending approval from CDC.
- Capacity and commitment to deliver program over 1 year, including at least 16 sessions during the first 6 mo's and at least 6 sessions during the last 6 mo's.
- Ability to regularly submit data on participants' progress— including attendance, weight loss, and physical activity
- Trained lifestyle coaches who can help build participants' skills and confidence to make lasting lifestyle changes.
- Possess the skills, knowledge, and qualities to provide content.
- Designated individual(s) to serve as diabetes prevention program coordinator.

Criteria for referral to Prevention Program
- Must meet the following requirements:
  - At least 18 years old and
  - Weight criteria (BMI≥25; ≥23 if Asian)
  - Have no previous diagnosis of diabetes and
  - 50% must have a blood test result in the prediabetes range within the past year:
    - Hemoglobin A1C: 5.7%–6.4% or
    - Fasting plasma glucose: 100–125 mg/dL or
    - Two-hour plasma glucose (after a 75 gm glucose load): 140–199 mg/dL or
  - Be previously diagnosed with gestational diabetes
What is Diabetes Self-Management Education and Support (DSMES)

- Ongoing process of facilitating necessary knowledge, skill and abilities for diabetes and prediabetes self care.
- Process incorporates
  - Needs, goals and life experiences of client
  - Guided by evidence-based standards
- Side note
  - Center for Medicare and Medicaid Services (CMS) refers to DSME as DSMT Diabetes Self Management Training

DSMES Makes a Difference

- Improves A1c by 0.6% in people with diabetes
  - Greater A1c reductions with DSMES of 10 hours +
- Positive effect on clinical, psychosocial and behavioral aspects
- Improves quality of life
  - Enhanced self-efficacy and increases healthy coping
  - Decreases diabetes distress and depression
- Increases behavior change
  - Eating healthfully
  - Regular exercise

Poll Question

- What percent of the people with type diabetes enroll in a structured diabetes education program?
  - A. Less than 10%
  - B. About a quarter
  - C. More than 50%
  - D. Majority of people with type 2
Only a few participate in DSMES

- 6.8% of individuals with new Type 2 and private health insurance enrolled in DSMES within a year of diagnosis.
- Less than 5% of Medicare enrollees received DSME/S or MNT.
- Work is needed to decrease barriers that are limiting provision of this vital service.

Diabetes Self Management Ed Benefits

- Improves knowledge
- Lowers A1c
- Less hypo
- Healthier eating
- Improved quality of life and coping
- Reduced all cause mortality
- Reduced health care costs

Diabetes Self Management Ed Benefits

- Increased primary care and preventive services
- Decreased diabetes distress
- Less frequent us of acute care and inpt admissions
- More likely to follow best practice recommendations (esp those with Medicare)
### DSMES vs Medications

<table>
<thead>
<tr>
<th>Criteria</th>
<th>DSMES/MDT</th>
<th>Metformin</th>
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<tbody>
<tr>
<td>Efficacy</td>
<td>High</td>
<td>High</td>
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<tr>
<td>Hypoglycemic risk</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Weight</td>
<td>Neutral/too low</td>
<td>Neutral/too low</td>
</tr>
<tr>
<td>Side effects</td>
<td>None</td>
<td>Gastrointestinal</td>
</tr>
<tr>
<td>Cost</td>
<td>Low/savings</td>
<td>Low</td>
</tr>
<tr>
<td>Psychosocial benefits*</td>
<td>High</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*Psychosocial benefits include improvements in 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 lipid levels and reductions in problems in managing diabetes, diabetes decline, and the risk of long-term complications (and prevention of acute complications).*

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### Insurance and Reimbursement

- Medicare
- Private Payor
- Rural health care
- Medicaid
- Indian Health Services, VA
- Cash pay
- Other
  - Hospital based – see only inpatient
  - Hospital based – see inpatient and outpatient
  - HMO/ Clinic based – see only outpatients
  - Private practice

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### Different Work Settings

- Hospital based – see only inpatient
- Hospital based – see inpatient and outpatient
- HMO/ Clinic based – see only outpatients
- Private practice
- Other
  - Medicare
  - Private Payor
  - Rural health care
  - Medicaid
  - Indian Health Services, VA
  - Cash pay
Billing Practices

- Insurance companies provide a variety of payment schedules and degrees of coverage
- Inform participant of out of pocket expenses for program
  - Deductible (worse at beginning of year)
  - Co-pay
- Financial agreement with clients
- Can’t charge less for program than Medicare rates
- If bill Medicare for services, other participants not allowed to attend for free

Medicaid Insurance Coverage

- Medicaid – partially federally funded, but administered by states
- Establishes its own eligibility standards
- Determines the type, amount, duration and scope of service
- Sets the rate of payment for services
- Administers its own program
- Moving many participants to HMOs
- Does not reimburse for DSME/S

Poll Question

Which of the following is accurate regarding Medicare Coverage?
A. Medicare Part A covers Diabetes Prevention Programs
B. Medicare Part B covers durable medical equipment and diabetes medications
C. Medicare Part D covers DSMES
D. Medicare Part A covers hospitalization
### Medicare Parts

**A = Hospital Insurance Program**
- Elective program (95% participate)
- Covers 80% - Outpt services, durable medical equipment, DSMT, MNT

**B = Supplemental Medical Insurance**
- Covers 80% - Outpt services, durable medical equipment, DSMT, MNT

**C = Medicare Advantage**

**D = Prescription Drug Coverage**

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### Medicare Part B

- Glucose Monitors and testing supplies (100 strips for 3 months if on oral meds.
- More strips for people on insulin
- Annual Wellness Visit
- Influenza vaccine and Pneumococcal vaccination
- Outpatient DSME management training and MNT therapy
- Foot exam every 6 months
- Annual glaucoma exam
- Some insulin pumps and CGMs
- Therapeutic shoes or inserts with a prescription

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### Medicare Advantage Part C:

- Medicare Advantage are offered by private insurance companies
- Combine Medicare A+B, plus offers additional benefits
- More expensive than original Medicare, but add more benefits
- To find out what is offered in your region medicare.gov/find-a-plan
Medicare Part D – Prescription Drug Program

- Under Part D, beneficiaries choose a Prescription Drug Plan run by a private insurance company approved by Medicare.
- Most Medicare Advantage plans offer prescription drug coverage.
- Each Medicare Prescription Drug Plan has its own list of covered drugs (formulary).
- Drugs in each tier have a different cost.
- Insulin and injection supplies are usually covered.

Medicare Criteria for Referral to DSMT

- Fasting BG 126 or greater x 2 or
- Random BG 200 or greater w/ symptoms or
- 2 hr post glucose challenge 200 or > x 2

Medicare - Final Regulation for DSMT

Have one year to complete:
- 9 hours group = 18 (½) hrs
- 1 hour individual = 2 (¼) hrs

After 12 months, can offer participant:
- 2 hours follow-up DSMT annually
- Need Provider order
- Use group codes even though ind

- Must be ADA or AADE Recognized DSMT
- Pt must meet criteria
Final Regulation for DSMT / MNT

- 3 hours initial benefit in first calendar year
- 2 hours follow-up annually
- Must be ADA or Recognized DSMT
- If DSMT and MNT services are provided on same date, only one service can be billed.

Telehealth Update – CMS

- All accredited diabetes self-management training providers may furnish and bill for telehealth services during the COVID-19 public health emergency. ADCES Advocacy Group
- No matter the health care setting, recognized DSMT programs that are eligible to bill Medicare Part B directly for DSMT services, can provide and bill for self-management training by accredited providers.
- The telehealth approval includes audio (if that is all that is available) as well as video platforms.

National Standards Program Recognition - Options

- American Diabetes Association
- American Association of Diabetes Educators (Diabetes Education Accreditation Program)
What do you need to Get Started?

- A Plan + lots of energy and tenacity
- Staff
  - Instructors
  - Secretary/person to bill/track data
- Place to see participants/teach class
- Advisory Committee
- People with diabetes
- Curriculum
- Administrative Support

DSMES Settings

- Solo practice
- Multi-Center Programs
- Care coordination programs
- Population health programs
- New and Emerging Models of care
  - Virtual visits
  - Person centered medical homes
  - Value based payment models
  - Telehealth

Critical Times to Provide Diabetes Support

- New diagnosis
- Annually for health maintenance and prevention of complications
- When new complicating factors influence self-management
- When there are transitions in care
Where do I start?

- Get by in from org and stakeholders
- Find out what my community needs
- Identify a leader
- Put a team together
- What will the program look like
- Person centered
- Measure success
- Ongoing support
- Quality Improvement

National Standards

1. Internal Structure
2. Stakeholder input
3. Evaluation of Population Served
4. Quality Coordinator Overseeing DSMES Services
5. DSMES Team
6. Curriculum
7. Individualization
8. Ongoing support
9. Participant progress
10. Quality improvement

Standard 1 – Internal Structure

- The provider(s) of DSMES will document an organizational structure, mission statement and goals.
- DSMES Services are incorporated within the organization – large, small or independently operated
Documenting Internal Structure

Portfolio includes:
- Organizational structure
- Channels of communication
- Mission Statement
- Clear goals and objectives
- Defined relationships/roles
- Lines of communication
- Managerial support
- Policies

No Diabetes Educator is an Island!

- Management
- Wonderful Support Staff and Others
  - Secretary
  - Accounting
  - Information Systems
  - Pharmacy
  - Case Management
  - Home Health
  - Others
  - Marketing

Mission Statement Example

Our Diabetes Education Program is here to help you feel your best, take charge of your diabetes and lower your risk of complications.
Example of Program Goals

For the following year

- 15 participants attend each class
- Increase revenue by $10,000 annually (25 grads)
- Increase community provider referrals to 300 year

Standard 2 – Stakeholder Input

- The provider(s) of DSMES will seek ongoing input from valued stakeholders and experts to promote quality and enhance participant utilization.

Benefit of External Input

- Seek input from stakeholders to better serve the “community”
- Foster ideas that will enhance the quality of the program and build sustainability.
- Social determinants related to the population served guide stakeholder selection and facilitate the connection between the DSMES services, the participant population, the health care providers, and the community.
Community Stakeholders could include:

- Health care professionals
- People with diabetes
- Community groups
- DSMES Participants

Stakeholders can help generate referrals and make sure services provided are relevant and person centered. Need to document strategy to engage stakeholder’s and community members.

Standard 3 – Evaluation of Population Served

- The provider(s) of DSMES will evaluate the communities they serve to determine resources, design, and delivery methods that will align with the population’s need for DSMES services.

Community Needs Assessment

- Clarify the specific population to be served.
- Understand:
  - self-management and support needs
  - special attention to those who do not usually attend clinic appointments
  - Demographics
  - Access issues and barriers to care
  - Creative solutions incorporating technology: apps, telehealth, downloading CGM reports
Defining your target population

- All people with diabetes in a catchments area
- Type 1, Type 2, both
- Gestational diabetes
- Disadvantaged groups
- Children and their families
- Vulnerable populations

After Assessment is Done

- Anticipated volume
- Timing of Classes
- How often
  - Per month/year
- Structure
- Location
- Strategies to overcome barriers

- Staffing needs
  - Instructors
  - Secretarial support
  - IT Support
  - Who will bill?

Standard 4 – Quality Coordinator

- A quality coordinator will be designated to ensure implementation of the Standards and oversee DSMES services. The quality coordinator is responsible for all components of DSMES, including evidence-based practice, service design, evaluation and continuous quality improvement
- Program Coordinator – Pivotal role
  - Ensure quality DSMES is person centered and delivers high quality outcomes
  - Most importantly, collects and evaluate data to identify gaps in DSMES
  - Job skills include informatics, marketing, health care administration and business management
  - Manages overall service and may also provide DSMES
Poll Question

LS wants to set up an ADA Recognized Diabetes Self-Management Education and Support (DSMES) program for her community. Based on the guidelines for setting up a Recognized DSMES program, which of the following is accurate?

A. At least one of the instructors needs to be a CDCES or BC-ADM
B. Under Medicare guidelines, participants can only attend DSMES group classes once every 5 years.
C. Participants must have an A1c greater than 7% to participate
D. A community member needs to be included in the advisory committee.

Standard 5 – DSMES Team

At least one of the team members responsible for facilitating DSMES Services will be a RN, RD or Pharmacist with training and experience pertinent to DSME, or be another health care professional holding certification as a diabetes educator, CDCES or BC-ADM.

Other health care workers or diabetes paraprofessionals can contribute with appropriate training and oversight by one of the team members listed.
Lay health, community workers and peer counselors
Can instruct, reinforce self-management skills, support behavior change, facilitate group discussion and provide social support.
They need training in diabetes management, teaching self-management skills, group facilitation, and support

- System must be in place that ensures a diabetes educator or other health care professional supervises the services provided by lay health, community workers, peer counselors and educators.

Diabetes Team
Who is on Your Team?
Instructors, Community Member, Providers, Volunteers.
Anyone passionate about diabetes or instrumental in your program’s success.

Keep it energized—person centered, dynamic and relevant

DSMES Instructors

- Need ongoing clinical and behavioral diabetes education and training
- Document CE or CDCES / BC-ADM that ensures mastery (beyond basics) to serve in their instructional, training and oversight role.
Disciplines that can be involved as Instructors include (but are not limited to)

- Physicians, psychologists & other mental health specialists.
- Physical activity specialists, optometrists, & podiatrists.
- Health educators (Certified Health Education Specialists [CHES])
- Certified Medical Assistants, case managers, lay health & community workers, & peer counselors or educators
- Determine who will maintain records of licenses, CE credits, etc. to prove eligibility.

Standard 6 – Curriculum

- A curriculum reflecting current evidence and practice guidelines, with criteria for evaluating outcomes, will serve as the framework for the provision of DSMES.
- The needs of the individual participant will determine which parts of the curriculum will be provided to that individual.

Developing the Curriculum

- Required Content Areas – (AADE 7)
  - Diabetes Disease Process, treatment options
  - Healthy Eating
  - Physical Activity
  - Medication usage
  - Monitoring and using pt generated health data (PGHD)
  - Preventing, detecting and treating acute and chronic complications
  - Healthy coping with psychosocial issues and concerns
  - Problem solving
Curriculum – Keep it Dynamic and Practical

Should be dynamic & flexible & reflect current evidence & practice guidelines

- Research endorses inclusion of:
  - practical, problem-solving approaches
  - collaborative care, psychosocial issues, behavior change
  - strategies to sustain self-management efforts
  - Supplemented with resources and supporting materials
  - Includes effective teaching strategies
  - Helps navigate health care system, promotes self-advocacy and is relative to individuals

Focus on Person Centered Needs

Go beyond the mere acquisition of knowledge

- Use creative, person centered, experience based delivery methods
- These are effective for supporting informed decision-making & meaningful behavior change and addressing psychosocial concerns

Standard 7 - Individualization

- The DSMES needs will be identified and led by the participant with assessment and support by one or more DSMES Team Members.
- Together, the participant and DSMES Team member(s) will develop an individualized DSMES plan.
Philosophy

- Regardless of their stage, people with diabetes have their own priorities and needs.
- DSMES practice must be designed using person-centered care practices, in collaboration, focusing on participants priorities and values.
- Most important, no participant is required to complete a DSMES structure.
- Initial intervention is complete when they achieve their goal.
- Ongoing support for lifelong condition

Assessment Process

- Identifies needs and facilitate selection of good fitting educational and problem solving strategies.
- Include assessment of:
  - Medical history, Age, functional and cognitive limitations
  - Cultural influences
  - Health beliefs, attitudes
  - Diabetes knowledge, self-management skills, behaviors
  - Emotional response to diabetes
  - Readiness to learn, literacy level, finances

Pt Centered Assessment Questions

- How is diabetes affecting your daily life and that of your family?
- What questions do you have?
- What is the hardest part right now about your diabetes, causing you the most concern or most worrisome to YOU about your diabetes?
- How can we best help you?
- What is one thing you are doing or can do better to manage your diabetes?
Evidence Based Communications Strategies

- Collaborative goal setting
- Action planning
- Motivational interviewing
- Shared decision making
- Cognitive behavioral therapy
- Problem solving
- Relapse prevention strategies

Meaningful Behavior Change : Considering the Process

- Use creative person centered experience based delivery methods
- Text messaging improves outcomes
- Apps and technology can enhance communications
- Incorporate the persons data to discuss problem solving
- Reassess during key times and transition periods
- Document assessment, education plan, intervention and outcomes
- Determine strategies to keep connected for the long run

Standard 8 – Ongoing Support

- The participant will be made aware of options and resources available for ongoing support of their initial education, and will select the option(s) that will best maintain their self-management needs.
Importance of Ongoing Support

While DSMES is necessary and effective, it does not guarantee a lifetime of effective diabetes care

- Initial improvements diminish over 6 months
- To sustain momentum, participants choose the resource or activity that best suits their self-management needs.
- Type of support includes:
  - Behavioral, educational, psychosocial or clinical

Ongoing Support Ideas

- Case management
- Diabetes support group or community program (ie Weight Watchers, or YMCA)
- Physical activity programs
- Smoking cessation
- Visiting health workers
- Apps and phone calling
- Agree to return for medical/education visits
- Subscribe to a diabetes magazine
- Diabetes chat rooms
- Ongoing education and MNT appts
- Peer support through networking and online Communities

Standard 9- Participant Progress

- The provider(s) of DSMES will monitor whether participants are achieving their personal diabetes self-management goals and other outcomes to evaluate the effectiveness of the educational intervention(s), using appropriate measurement techniques.
Standard 9 – Participant Progress

- Measure at regular intervals
- Participant defined self management goals
  - Activity, healthy eating, meds, monitoring etc..
- Outcomes
  - A1c, weight, blood pressure, lipids, etc..
- Rely on behavior change goal-setting strategies
- AADE 7 provides instructional framework

SMART Behavioral Goal

- Identify program goals and set individual behavioral goals
- SMART
  - specific
  - measurable
  - attainable
  - realistic
  - timely

Tracking Participant Data

- Develop system that works for your team
- Assessment of outcomes at appropriate intervals
- Administrative support critical
- Summarize monthly – compile yearly
- Report out to Advisory Committee
The DSMES services quality coordinator will measure the impact and effectiveness of the DSMES services and identify areas for improvement by conducting a systematic evaluation of process and outcome data.

Standard 10 – Quality Improvement

Systematic quality improvement framework

Recommended to help guide the process:

Fundamental questions
(Institute of Healthcare Improvement)

– What are we trying to accomplish?
– How will we know a change is an improvement?
– What changes can we make that will result in an improvement?

By measuring and monitoring both process and outcome data, improvements and adjustments in participant engagement strategies can be made.

Evaluation can contribute to sustainability.

Outcome measures indicate whether changes are actually leading to improvement and what caused those results.
Once You Achieve Recognition

- Meet with your billing department
- Show them proof – certificate
- Set up group and individual codes
- Determine rates
- Send a copy of the certificate and welcoming letter to your Medicare intermediary
- Monitor billing rates and actual revenue
- For Medicare, classes only “once in a lifetime”

Marketing

Our Diabetes Program Rocks!

Thank You

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