

ACCELERATING DIABETES CARE **FOR_LIFE**



American
Diabetes
Association®

Overcoming
**Therapeutic
Inertia**

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Therapeutic Inertia: An Educator's Perspective

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How is therapeutic inertia impacting the practice/organization/group?

- Frustrated and dissatisfied patient
- Provider burnout and dissatisfaction
- Value of DSMES/MNT and outcomes are proven but grossly underutilized^{1,2}
- No-shows and poor reimbursement impact long-term viability
- Reimbursement and penalties assessed due to preventable hospital admissions/readmissions/ED visits, and not achieving targeted diabetes metrics.

1. Strawbridge LM, Lloyd JT, Meadow A, et al. Use of Medicare's diabetes self-management training benefit. Health Education Behavior 2015;42:530-8.

2. Li R et al. Diabetes Self-Management Education and Training Among Privately Insured Persons with Newly Diagnosed Diabetes — United States, 2011–2012. MMWR Morb Mortal Wkly Rep. 2014 Nov 21; 63(46): 1045–1049.

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Overcoming
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What is the practice/organization/group doing to address therapeutic inertia?

National Level

- Expanding Access to DSMES Bill (Diabetes Advocacy Alliance)¹
- Future role of the diabetes educator (AADE vision)
- Joint statement on DSMES in Type 2 diabetes²

1. Diabetes Advocacy Alliance. DAA Regulatory Position Statement.

http://www.diabetesadvocacyalliance.org/pdf/DAA_DSMT_statement_022717.pdf

2. Powers MA, Bardsley J, Cypress M, et al. Diabetes self-management education and support in type 2 diabetes. A joint position statement of the American Diabetes Association, the American Association of Diabetes Educators and the Academy of Nutrition and Dietetics. The Diabetes Educator. 2015; 41(4):417-30.

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What is the practice/organization/group doing to address therapeutic inertia?

System Level

- Risk Stratification
- Individualizing and addressing barriers
- Shared Decision Making
- Change in delivery of education
- Visit logistics
- eVisits
- Ongoing Support
- PCP DSMES survival skills training

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Magee MF, Fernandez S, Huang C-C, et al. Diabetes Boot Camp Reduces A1C and Health Services Utilization for Patients with Uncontrolled Type 2 Diabetes. Submitted for publication, 2018



What are the barriers?

Persons with Diabetes

- Skills, knowledge and ongoing support to effectively self-manage
- Social Determinants of Health that impact self-care behaviors and care including:
 - Safe places to perform physical activity
 - Poor access to affordable food to promote eating healthy
 - Cost prohibitive medications
 - Transportation to medical visits
- Diabetes distress
- Health literacy and numeracy

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What are the barriers?

Persons with Diabetes

- Affordable and accessible healthcare
- Lack of mental health benefits
- Access to DSMES – 5% of newly diagnosed Medicare Beneficiaries use DSMES services
 - Limited providers can and do refer
 - Limited hours allowed beyond the first year
 - DSMT and MNT services not allowed on the same day
 - Co-pay
 - Service locations

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What are the barriers?

Providers

- Not meeting the person “where they are”
- Low reimbursement rates
- Limited CDE providers to support primary care – 19,584 CDEs in US¹
- Fragmented/siloed healthcare system
- Practicing in the crevasse of fee for service and value based care

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What has been successful? What was done, why did it work?

- Executive leadership support based on evidence of improved patient outcomes and upstream cost saving
- Intervention's cost savings support CDEs and NPs salaries
- CDEs working at the top of their scope of practice
- Real time BG monitoring
- Virtual DSMES/MNT and medication management
- Frequent patient contact
- Flexible schedules
- Meeting the patient "where they are"
- Celebrating success

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What has not been successful? What was done, why did it not work?

- Not making the business case for the value of DSMES
- Continuing to do what we have done in the past as a practice
 - Location of the DSMES services
 - Siloed care
 - Fee for service
- Medicare DSMES/MNT requirements

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What does the practice/organization need from other stakeholder groups to address therapeutic inertia?

- Investment in emerging technologies and tools to improve outcomes
- Quality EHRs
- Continue Advocacy to support:
 - Expanding Access to DSMES Bill
 - Reimbursement of eVisits
 - Increase reimbursement for DSMES/MNT services
 - Better understanding of reimbursement of remote monitoring

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What does the practice/organization need from other stakeholder groups to address therapeutic inertia?

- Training and mentoring of healthcare professionals
- DSMES/MNT become quality measures
- Coverage for DSMES/MNT by all payers
- Coordinated, integrated, and interdisciplinary approach to diabetes prevention, treatment and management

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