Referring Your Patients for Diabetes Self-Management Education (DSME) to Improve Patient Outcomes

ADA Symposium   November 18, 2016
Learning Objectives:

1. Identify issues to consider when telling a patient he/she has Type 2 Diabetes Mellitus (T2DM).

2. Define DSME/S and identify the benefits for providers and people with diabetes (PWD).

3. List the American Association of Diabetes Educators (AADE) 7 Self Care Behaviors.

4. Discuss the 4 critical times for assessing the need for a referral for DSME/S.
Diabetes by the Numbers in the US

29.25 million PWD in US in 2015

Prevalence of diabetes in 2015:

  in US: 12.8%
  in Indiana: 11.7%

Health expenditure per person with diabetes (2015): $10,941.70 - $19,172.40

Prevalence of Diabetes in Indiana

Pre-diabetes in Indiana

✔ An estimated 36% Hoosiers have pre-diabetes
✔ Without intervention, 15% to 30% of people with pre-diabetes will develop type 2 diabetes within 5 years

Source: www.diabetes.org/in-my-community/local-offices/indianapolis-indiana

Diabetes in Indiana

✔ Population 2015 ≈ 6.5 million
✔ More than 750,000 Hoosiers have diabetes

Source: Centers for Disease Control and Prevention
The Conversation:
New Diagnosis of Type 2 Diabetes
“You have diabetes.”
New Type 2 Diabetes Diagnosis:
6 Things To Tell Your Patients

- It’s not your fault. (?)
- Don’t panic!
- You don’t need special foods.
- Being active helps.
- You’re not alone.
- Learning to master your diabetes is critical:
  
  *See a diabetes educator.*

“All people with diabetes should participate in Diabetes Self Management Education to acquire the knowledge, skills, and ability necessary for diabetes self-care.”

Source:
Diabetes Self-Management Education (DSME): The ongoing process of facilitating the knowledge, skill, and ability necessary for diabetes self-care.

Diabetes Self-Management Support (DSMS): Assist persons with diabetes in implementing and sustaining the behaviors to manage diabetes on an ongoing basis.

Diabetes Self-Management Training (DSMT): CMS uses the term DSMT.

Diabetes education is covered by Medicaid, Medicare and most health plans

Source: http://care.diabetesjournals.org/content/early/2015/06/02/dc15-0730
During 2011-2012, an estimated 6.8% of privately insured, newly diagnosed adults participated in Diabetes Self-Management Education and Training during the year after diagnosis of diabetes.

Why is DSME underutilized?

1. Lack of knowledge about benefits of DSME.
2. Lack of awareness about local DSME programs.
3. No DSME programs in local area.
4. Concerns about insurance issues/cost to patient.
5. Previous bad experience with referral to DSME program.
6. No evening or weekend classes available.
7. Patient not willing to go to DSME program.
8. Lack of transportation.
9. Too busy...don’t have enough time for long classes
Benefits of DSME

Studies have shown people who receive diabetes education are more likely to:

- Use primary care / prevention services
- Take medications as prescribed
- Control glucose, blood pressure, LDL cholesterol
- Have lower health costs
Benefits of DSME

A diabetes educator can help you:

✔ Help patients improve outcomes
✔ Help delay the onset of diabetes
✔ Track and monitor patients’ progress
✔ Increase efficiency
✔ Meet insurers’ pay-for-performance and QI goals
✔ Meet standards of recognition for PCMHs and standards of accreditation for ACOs

Source: https://www.diabeteseducator.org/practice/educator-tools/reaching-prescribers
A diabetes educator can help your patients:

- Develop self-management skills
- Achieve better metabolic control
- Improve lipid levels
- Reduce blood pressure
- Improve quality of life: less blurred vision, frequent urination, fatigue
- Lower health care costs

Source: https://www.diabeteseducator.org/practice/educator-tools/reaching-prescribers
Purpose of study: Determine impact of DSME in improving processes/outcomes of diabetes care.

Conclusion: Participation in a Recognized DSME Program is strongly associated with improvement in a 5-component diabetes bundle and decline in A1C versus usual care.

Recommendation: Strongly support value of DSME program in treating PWD given low operating costs of DSME programs.

Finding a DSME Program

- DSME programs must meet 10 national standards.
- Two organizations approved by CMS to certify DSME programs:
  1. American Association of Diabetes Educators (AADE)
  2. American Diabetes Association (ADA)

Programs accredited by the AADE:
AADE Accredited Programs Search

Programs recognized by the ADA:
American Diabetes Association Programs Search

Programs in the state of Indiana:
http://www.in.gov/isdh/files
ISDH Activities

- Address limited DSME programs in state relative to burden.
- Can convene with stakeholders for planning to address gaps in program availability.
- Assist diabetes programs become AADE Accredited or ADA Recognized.
- Promote alternate locations for delivery DSME that are appealing to both patients and referring providers (e.g., telehealth, pharmacies, churches, community centers, etc.).
- Promote other resources like Purdue Extension and Qsource.

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Coverage for DSME by Insurers

✓ Reimbursed by majority of private/commercial insurers.

✓ 46 States plus District of Columbia have state insurance laws that mandate coverage of DSME by private payers.

✓ Individuals buying insurance on the marketplace may select a low monthly premium with a high deductible→ this can mean the patient may be paying out of pocket for DSME until their deductible is met.
Coverage by Medicare Part B of DSMT

✓ 10 hours covered in the first continuous 12 months as a once-in-a-lifetime benefit.
✓ 2 hours of follow-up annually until death.
✓ Treating physician or mid-level referral required (must be Medicare provider or in opt-out status)
✓ Multiple approved places of services.
✓ Multiple approved billing providers.
✓ Reimbursement rate has tripled in last 5 years.
✓ Telehealth is approved by Medicare for rural beneficiaries.
✓ Beneficiary eligibility lab criteria must be documented.
✓ Beneficiary entitled required: enrolled in Part B.
Coverage of DSMT is limited to the following clinical circumstances:

- Receipt of a diagnosis of diabetes.
- Receipt of a diagnosis that represents a significant change in the patient's symptoms or condition.
- Re-education or refresher training.

Medicaid coverage: 4 hours per member, per rolling calendar year.

Providers can request authorization for additional units through the standard prior authorization (PA) process.
Has anyone had a bad experience when you referred a patient for DSME?
Limited hours of service at local DSME program

- No evening classes
- No weekend classes
- Offer only 8 hour class
- Other concerns?
Patients that do not want to go to DSME
So when is a good time to consider referring a patient to a DSME program?
# Diabetes Self-management Education and Support Algorithm: Action Steps

## Four critical times to assess, provide, and adjust diabetes self-management education and support

<table>
<thead>
<tr>
<th>At diagnosis</th>
<th>Annual assessment of education, nutrition, and emotional needs</th>
<th>When new complicating factors influence self-management</th>
<th>When transitions in care occur</th>
</tr>
</thead>
</table>

### Primary care provider/endocrinologist/clinical care team: areas of focus and action steps

- Answer questions and provide emotional support regarding diagnosis
- Provide overview of treatment and treatment goals
- Teach survival skills to address immediate requirements (safe use of medication, hypoglycemia treatment if needed, introduction of eating guidelines)
- Identify and discuss resources for education and ongoing support
- Make referral for DSME/S and MNT

### Diabetes education: areas of focus and action steps

- Assess cultural influences, health beliefs, current knowledge, physical limitations, family support, financial status, medical history, literacy, numeracy to determine content to provide and how:
  - Medications—choices, action, titration, side effects
  - Monitoring blood glucose—when to test, interpreting and using glucose pattern management for feedback
  - Physical activity—safety, short-term vs. long-term goals/recommendations
  - Preventing, detecting, and treating acute and chronic complications
  - Nutrition—food plan, planning meals, purchasing food, preparing meals, portioning food
  - Risk reduction—smoking cessation, foot care
  - Developing personal strategies to address psychosocial issues and concerns
  - Developing personal strategies to promote health and behavior change

- Review and reinforce treatment goals and self-management needs
- Emphasize preventing complications and promoting quality of life
- Discuss how to adapt diabetes treatment and self-management to new life situations and competing demands
- Support efforts to sustain initial behavior changes and cope with the ongoing burden of diabetes

- Develop diabetes transition plan
- Communicate transition plan to new health care team members
- Establish DSME/S regular follow-up care

- Identify needed adaptations in diabetes self-management
- Provide support for independent self-management skills and self-efficacy
- Identify level of significant other involvement and facilitate education and support
- Assist with facing challenges affecting usual level of activity, ability to function, health beliefs, and feelings of well-being
- Maximize quality of life and emotional support for the patient (and family members)
- Provide education for others now involved in care
- Establish communication and follow-up plans with the provider, family, and others
AADE7™ Self-Care Behaviors:

- Healthy eating
- Being active
- Monitoring
- Taking medication
- Problem-solving
- Healthy coping
- Reducing risks
Healthy Eating

A diabetes educator can help your patient to learn about:

✓ Eating healthy most of the time
✓ Counting carbohydrates
✓ Reading food labels
✓ Reducing portion sizes
✓ Developing a healthy eating plan
✓ Fitting healthy eating into my culture
✓ Preventing high or low blood sugars
✓ Setting goals for healthy weight loss

Source: https://www.diabeteseducator.org/patient-resources/aade7-self-care-behaviors/healthy-eating
Being Active

- Can improve cholesterol, blood pressure, ability to cope with stress and anxiety, and mood.
- Can also help keep blood sugars closer to normal.
- A diabetes educator can help your patients to develop an activity plan.

Source: https://www.diabeteseducator.org/patient-resources/aade7-self-care-behaviors/being-active
Monitoring

• Why checking blood glucose is a good idea.
• How to use a blood glucose meter.
• When to check blood sugar and how to interpret the result.
• What to do if blood sugars are high or low.
• Common causes of falsely elevated readings.

Taking Medications

• How do I take my medications properly?
• What do each of these medications do?
• What side effects are common?
• How do I give myself an insulin injection?
• What kinds of things cause insulin to go bad?
• Is reusing needles okay?

Problem-Solving

✔ Dealing with hyperglycemia, hypoglycemia, profound hypoglycemia (glucagon), ketones.
✔ How to modify your regimen when sick or before surgery
✔ How to modify your regimen when your activity level changes
✔ What to do if you cannot afford medications or supplies

Healthy Coping

- Psychosocial aspects of diabetes
  - Depression
  - Social isolation
  - Educational or occupational accommodations
- Engagement in support groups
- Waxing and waning motivation
- Knowledge of available resources

https://www.diabeteseducator.org/patient-resources/aade7-self-care-behaviors/healthy-coping
Reducing Risks

✓ Looking after their diabetes can reduce the chances of your patients developing serious complications.

✓ A diabetes educator can talk to your patients about other things they can do to reduce risks:

✓ *Don’t Smoke*
  ✓ See their doctor regularly
  ✓ Take care of their feet
  ✓ Get their yearly flu vaccine
  ✓ Visit the eye doctor at least once a year
  ✓ Don’t forget the dentist
  ✓ Listen to their body

https://www.diabeteseducator.org/patient-resources/aade7-self-care-behaviors/reducing-risks
Delivering the difficult news of a type 2 diabetes diagnosis: Six things to tell your patients

ADA 2016 Standards of Care

Finding a diabetes educator
http://www.ncbde.org/find-a-cde/
Find a CDE Search: Zip Code Search. Enter a US-based zip code and select the proximity you would like to search. Within _Miles from Zip Code
https://www.diabeteseducator.org/patient-resources/find-a-diabetes-educator

Finding a DSME program
AADE Accredited Programs Search
American Diabetes Association Programs Search
Brenda Jagatic RN, Certified Diabetes Educator
Diabetes Education Coordinator, Indiana State Department of Health
bjagatic@isdh.in.gov

DSME referral forms

“Diabetes Services Order Form Background on Diabetes Self-Management Education/Training and Medical Nutrition Therapy Services”
https://www.diabeteseducator.org/docs/default-source/legacy-docs/_resources/pdf/general/Diabetes_Services_Order_Form_Backgrounder_Final.pdf

DSME referral algorithm
http://care.diabetesjournals.org/content/early/2015/06/02/dc15-0730
Dr Mick’s Treasure Chest

Healthy Eating
https://www.diabeteseducator.org/patient-resources/aade7-self-care-behaviors/healthy-eating

Being Active
https://www.diabeteseducator.org/patient-resources/aade7-self-care-behaviors/being-active

Problem-Solving

Healthy Coping
https://www.diabeteseducator.org/patient-resources/aade7-self-care-behaviors/healthy-coping

Reducing Risks
https://www.diabeteseducator.org/patient-resources/aade7-self-care-behaviors/reducing-risks
Smoking Cessation resources for patients
1.800.QUIT_NOW (1.800.784.8669)
www.QuitNowIndiana.com

Smoking Cessation resources for providers:
Consider becoming a Preferred Provider
www.QuitNowIndiana.com
In.gov/quitline
1. To enhance patient and family engagement, it is important to talk to patients about the importance of self-management to achieve treatment and quality-of-life goals.

2. It is also important to stress that DSME and ongoing support throughout a lifetime of diabetes is essential.

3. Please consider referring your patients with diabetes to a DSME program ... it’s beneficial to both you and your patient.

Thank you!
• American Association of Diabetes Educators, DSMT Order Form and Backgrounder to Assist in Referrals and Patient Access  http://www.diabeteseducator.org/ProfessionalResources/Library/ServicesForm.html


Bibliography


• https://www.diabeteseducator.org/patient-resources/find-a-diabetes-educator

• http://www.ncbde.org/find-a-cde/

Bibliography


