



Together, our
voices elevate° all.

Elevate

*Diabetes Self-Management and Education Support
(DSMES)*

June 23, 2022

THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.





Packaging and implementing evidence-based transformational strategies for safety-net providers

Bringing science, knowledge, and innovation to practice



Cheryl Modica

*Director,
Quality Center*



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*Deputy Director,
Quality Center*



Oliver Conrad

*Manager,
Quality Center*



Addison Gwinner

*Specialist,
Quality Center*

Joining Today's Call

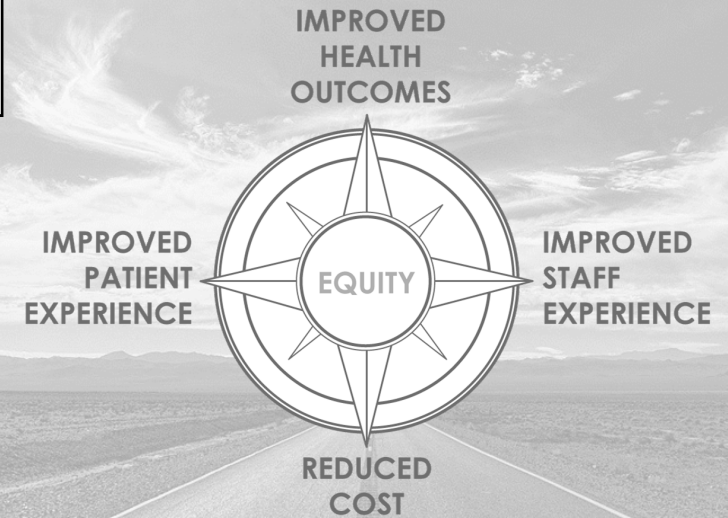


Sacha Uelmen, RDN, CDCES
Director of Diabetes Education & Prevention Programs

ELEVATE 2022 JOURNEY

-  Leadership
-  Empanelment
-  Population Health: Risk Stratification
-  Payment
-  Care Teams
-  Care Management
-  **Evidence-Based Care**
-  Social Drivers of Health (SDOH)
-  Improvement Strategy
-  Workforce
-  Health Information Technology
-  Patients
-  Partnerships
-  Policy
-  Cost
-  Patient-Centered Medical Home

Make patient care decisions using a process that integrates clinical expertise and best-practice research with patient values and self-care motivators.





DSMES in federally qualified health centers (FQHCs) Increase quality, reduce burden

Sacha Uelmen, RDN, CDCES | Director of Diabetes Education & Prevention Programs

Learning Objectives

Attendees will have an increased understanding of:

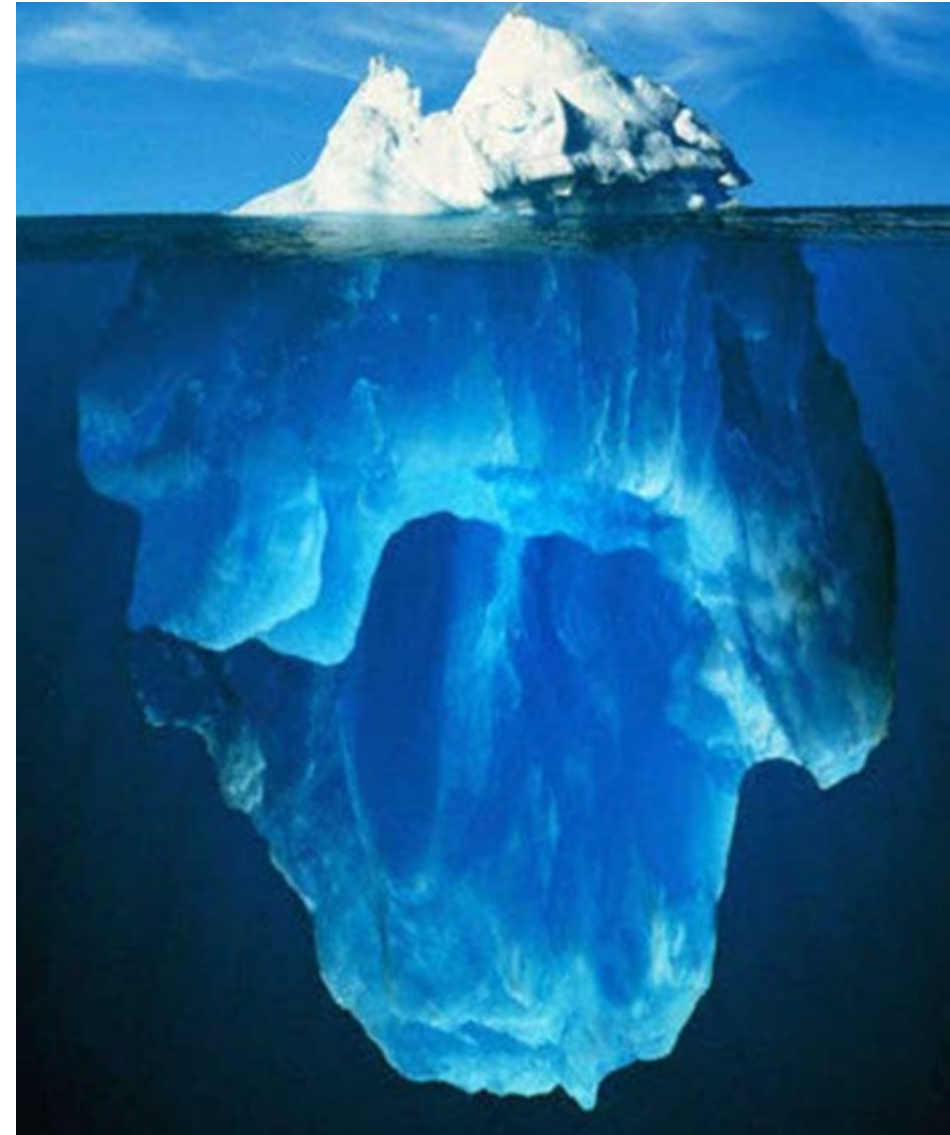
- What is DSMES?
- Why is DSMES important in an FQHC?
- How is DSMES implemented?
- How to get reimbursed for DSMT: sustainability

Diabetes in America

37.3 million adults with diabetes
14.7%

96 million adults with prediabetes
38.0%

Overweight and obesity
Hypertension
Hyperlipidemia
Gestational diabetes
Non-alcoholic fatty liver disease
Polycystic ovary syndrome
Pancreatitis
Sleep apnea
Joint pain
Depression



Diabetes and Health Equity



37.3 million American adults have diabetes

About 1 in 4 don't know it

Prevalence increases with age

Prevalence is highest among American Indians, people of Hispanic origin, non-Hispanic African Americans, and some Asian and Pacific Islander

Diabetes and Health Equity: Rural America



**17%
higher
prevalence**

Healthcare tsunami?

If millions more people develop Type 2 diabetes in the next 25 years, it will have a catastrophic impact on our country, healthcare systems, healthcare centers, insurance industry, and economy—affecting all aspects of the Quintuple Aim

Achieve the Quintuple Aim with DSMES



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What is DSMES?

Diabetes Self Management Education & Support

DSMES interventions include activities that support people with diabetes (PWD) to implement and sustain the self-management behaviors and strategies to improve diabetes and related cardiometabolic conditions and quality of life on an ongoing basis.



What is DSMT?

DSMT: Diabetes Self Management Training

- Medicare benefit for DSMES
- Established in 1997 - final rule published in 2000
- Regulations state that a DSMT program must be accredited to meet the National Standards for DSMES (or the CMS Quality Standards)
- Accreditation required to be reimbursed by CMS
- ADCES is one of two accrediting organizations for Medicare today



What is the purpose of DSMES?

“...to give PWD the knowledge, skills, and confidence to accept responsibility for their self-management. This includes:

- collaborating with their healthcare team
- making informed decisions
- solving problems
- developing personal goals and action plans
- coping with emotions and life stresses.”



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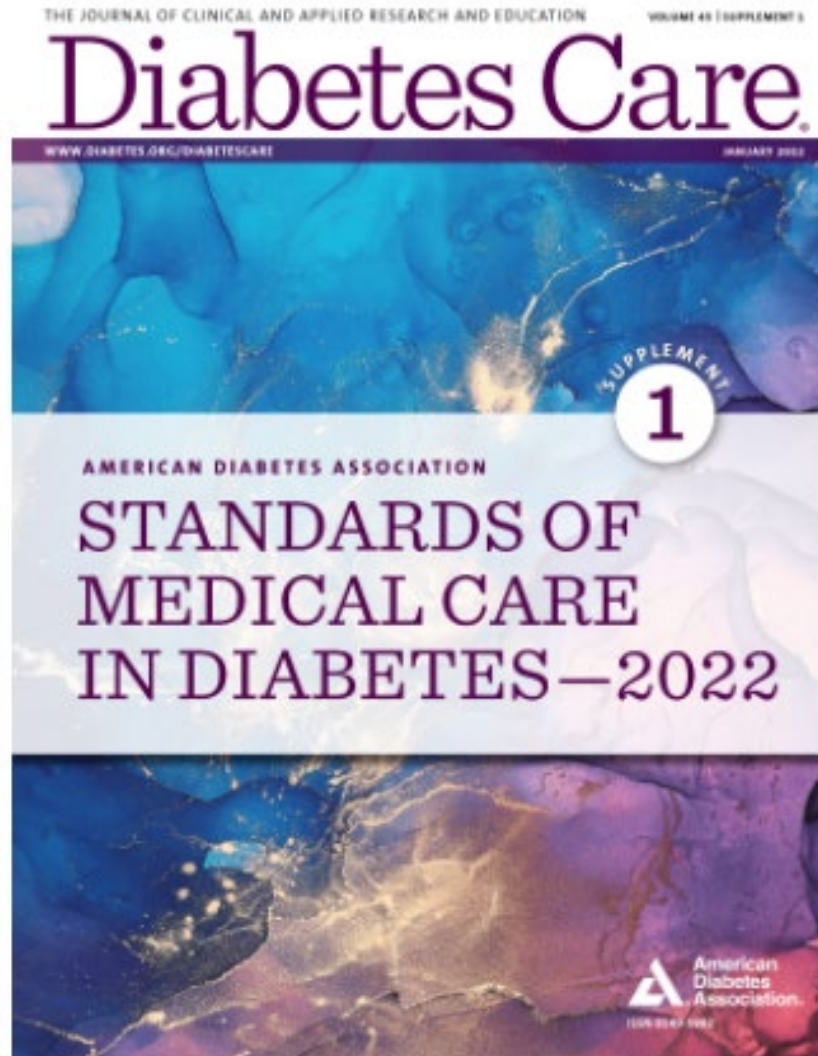
When is DSMES recommended?



4 Critical to refer PWD to DSMES:

- At Diagnosis
- Annually and/or when not meeting treatment targets
- When complicating factors develop
- When transitions in life and care occur

DSMES: A Standard of Care



Diabetes Self-Management Education and Support

Recommendations

- 5.1 In accordance with the national standards for diabetes self-management education and support, all people with diabetes should participate in diabetes self-management education and receive the support needed to facilitate the knowledge, decision-making, and skills mastery for diabetes self-care. **A**
- 5.2 There are four critical times to evaluate the need for diabetes self-management education to promote skills acquisition in support of regimen implementation, medical nutrition therapy, and well-being: at diagnosis, annually and/or when not meeting treatment targets, when complicating factors develop (medical, physical, psychosocial), and when transitions in life and care occur. **E**
- 5.3 Clinical outcomes, health status, and well-being are key goals of diabetes self-management education and support that should be measured as part of routine care. **C**
- 5.4 Diabetes self-management education and support should be patient-centered, may be offered in group or individual settings, and should be communicated with the entire diabetes care team. **A**
- 5.5 Digital coaching and digital self-management interventions can be effective methods to deliver diabetes self-management education and support. **B**
- 5.6 Because diabetes self-management education and support can improve outcomes and reduce costs **B**, reimbursement by third-party payers is recommended. **C**
- 5.7 Barriers to diabetes self-management education and support exist at the health system, payer, provider, and patient levels. **A** Efforts to identify and address barriers to diabetes self-management education and support should be prioritized. **E**
- 5.8 Some barriers to diabetes self-management education and support access may be mitigated through telemedicine approaches. **B**

Diabetes Self-Management Education and Support in Adults with Type 2 Diabetes: A Consensus Report

Published Online June 2020

A joint report from:

American Diabetes Association

Association of Diabetes Care & Education Specialists

Academy of Nutrition and Dietetics

American Academy of Family Physicians

American Academy of PAs

American Association of Nurse Practitioners

American Pharmacist Association

To access the DSMES consensus report and other
resources visit: DiabetesEducator.org/ConsensusReport

What are the benefits of DSMES?

- Provides critical education and support for implementing treatment plans.
- Reduces emergency department visits, hospital admissions and hospital readmissions.
- Reduces hypoglycemia.
- Reduces all-cause mortality.
- Lowers A1C.
- Improves quality of life.
- Promotes lifestyle behaviors including healthful meal planning and engagement in regular physical activity.
- Enhances self-efficacy and empowerment.
- Increases healthy coping.
- Addresses weight maintenance or loss.
- Decreases diabetes-related distress.

No negative side effects | Medicare and most insurers cover the costs

If DSMES were a pill, would you prescribe it?

Comparing the benefits of DSMES/MNT vs metformin therapy

CRITERIA	Benefits rating	
	DSMES/MNT	METFORMIN
Efficacy	High	High
Hypoglycemia risk	Low	Low
Weight	Neutral/Loss	Neutral/Loss
Side effects	None	Gastrointestinal
Cost	Low/Savings	Low
Psychosocial benefits*	High	N/A

N/A, not applicable. *Psychosocial benefits include *improvements to* 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 lipids and *reductions in* problems in managing diabetes, diabetes distress, and the risk of long-term complications (and prevention of acute complications).

DSMT Medicare Benefit

Requires specific referral from qualified professional (MD, DO, NP, APRN, PA) overseeing patient's diabetes

- 10 hours initial training: once per beneficiary's life and to be used within 12 consecutive months
 - Hours do not roll over
- 2 hours of follow-up available every year starting year two

DSMT is approved for telehealth:
audio only and audio/video (PHE)

MEDICARE HEALTH INSURANCE

Name/Nombre: JOHN L SMITH

Medicare Number/Número de Medicare: 1EG4-TE5-MK72

Entitled to/Con derecho a: HOSPITAL (PART A) 03-01-2016
MEDICAL (PART B) 03-01-2016

ORDER FORM | Diabetes Self-Management Education & Support/Training & Medical Nutrition Therapy Services

MEDICARE COVERAGE: Diabetes self-management education and support/training (DSMES/T) and medical nutrition therapy (MNT) are separate and complementary services to improve diabetes self-care. Individuals may be eligible for both services in the same year. Research indicates MNT combined with DSMES/T improves outcomes.

DSMES/T: 10 hours initial DSMES/T in 12-month period from the date of first session, plus 2 hours follow-up per calendar year with written referral from the treating qualified provider each year.

MNT: 3 hrs initial MNT in the first calendar year, plus 2 hours follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis with a written referral from the treating physician.

Medicare coverage of DSMES/T and MNT requires the treating qualified provider to maintain documentation of a diagnosis of diabetes based on the following:

- fasting blood glucose greater than or equal to 126 mg/dl on two different occasions
- 2 hour post-glucose challenge greater than or equal to 200 mg/dl on 2 different occasions
- random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes

*Other payors may have other coverage requirements. (Source: Volume 68, #216, November 7, 2003, page 63261/Federal Register)

PATIENT INFORMATION

Last Name _____ First Name _____ Middle _____
Date of Birth ____/____/____ Gender: Male Female _____
Address _____ City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____ Email address _____

DIAGNOSIS

Please send recent labs that support diagnostic criteria for patient eligibility & outcomes monitoring

Type 1 Type 2 Gestational Diagnosis code _____

Diabetes Self-Management Education & Support /Training (DSMES/T)

Check type of training services and number of hours requested All content areas identified by DSMES from an assessment OR

Initial DSMES/T 10 or _____ hours Specific Content areas (Check all that apply)

Follow-up DSMES/T 2 hours Monitoring diabetes Goal setting, problem solving

If more than one hour individual initial training requested, please check special needs that apply: Psychological adjustment Prevent, detect and treat acute complications

Vision Physical Nutritional management Medications Prevent, detect and treat chronic complications

Hearing No group sessions available within 2 months Diabetes as disease process Preconception, pregnancy, gestational diabetes

Language Cognitive Other (specify) _____ Physical activity Device Training

Medical Nutrition Therapy (MNT)

Check the type of MNT requested

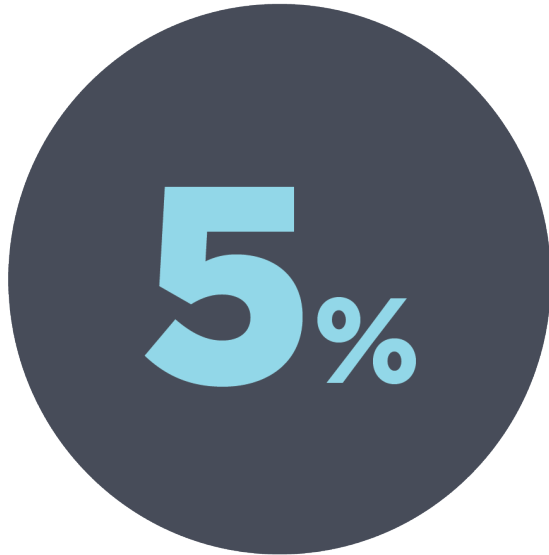
Initial MNT 3 hours Additional MNT hours for change in: medical condition treatment diagnosis.

Annual follow-up MNT 2 hours

Signature of qualified provider certifies that he or she is managing the beneficiary's diabetes care. _____ Date ____/____/____
Signature and NPI # _____
Group/practice name, address and phone: _____
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Oh wait, and it's reimbursed and covered by Medicare and most private payers?

ONLY



Of **MEDICARE** beneficiaries with newly diagnosed diabetes used DSMT services¹

ONLY



Of individuals with newly diagnosed T2D with **PRIVATE HEALTH** insurance received DSMES within 12 months of diagnosis²

Polling Question

What are benefits of DSMES outside of reimbursement?

- a. Improved quality of life
- b. Reduction of A1C
- c. Reduction of hospitalizations and readmissions
- d. All of the above



Applying for and Maintaining Accreditation for Diabetes-Self Management Education & Support

National Standards for DSMES

- Evidence behind DSMES services
- Roadmap for implementation across a variety of practice settings
- Serve as the basis for Accreditation or Recognition required to be reimbursed by Medicare for DSMT G-Codes
- Quality standards for reporting and oversight

Check for updates

Position Statement

2022 National Standards for Diabetes Self-Management Education and Support

The Science of Diabetes Self-Management and Care
1-17
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Abstract
Purpose: The National Standards for Diabetes Self-Management Education and Support provide guidance and evidence-based, quality practice for all diabetes self-management education and support [DSMES] services. Due to the dynamic nature of health care and diabetes research, the National Standards are reviewed and revised approximately every 5 years by key stakeholders and experts within the diabetes care and education community. For each revision, the Task Force is charged with reviewing the current National Standards for appropriateness, relevance, and scientific basis and making updates based on current evidence and expert consensus. In 2021, the group was tasked with reducing administrative burden related to DSMES implementation across diverse care settings.
Conclusion: The evidence supporting the 2022 National Standards clearly identifies the need to provide person-centered services that embrace cultural differences, social determinants of health, and the ever-increasing technological engagement platforms and systems. Payers are invited to review the National Standards as a tool to inform and modernize DSMES reimbursement requirements and to align with the evolving needs of people with diabetes (PWD) and physicians/other qualified health care professionals. The American Diabetes Association and the Association of Diabetes Care & Education Specialists strongly advocate for health equity to ensure all PWD have access to this critical service proven to improve outcomes both related to and beyond diabetes. The 2022 National Standards update is meant to be a universal document that is easy to understand and can be implemented by the entire health care community. DSMES teams in collaboration with primary care have been shown to be the most effective approach to overcome therapeutic inertia.

Keywords: DSMES, National Standards for DSMES, diabetes education, guidelines for diabetes education, DSMT

From Dignity Health, San Diego, California [Davis]; The University of Chicago Medical Center, Chicago, Illinois [Fischl]; The University of Oklahoma Health Science Center, Oklahoma City, Oklahoma [Beck]; SWLA Center for Health Services, Crowley, Louisiana [Browning]; Eskenazi Health, Indianapolis, Indiana [Carter]; Anne Arundel Medical Center, Annapolis, Maryland, and Diabetes Alliance Network, Naples, Florida [Condon]; Oklahoma City Indian Clinic, Oklahoma City, Oklahoma [Dennison]; San Diego City College, San Diego, California [Francis]; Samford University, Birmingham, Alabama [Hughes]; El Centro Regional Medical Center, El Centro, California [Jaime]; Joslin Diabetes Center, Boston, Massachusetts [Lau]; Cecelia Health, New York, New York [McArthur]; Yale New Haven Health System, New Haven, Connecticut [McAvoy]; MedStar Diabetes and Research Institutes, Georgetown University School of Medicine, Washington, DC [Magee]; The Healthy Living Center Diabetes Education Program, Norfolk, Virginia [Newby]; Baylor Scott and White Healthcare, Dallas, Texas [Ponder]; American Diabetes Association, Arlington, Virginia [Quraishi]; Vida Health, San Francisco, California [Rawlings]; Healthy Interactions, Chicago, Illinois [Socke]; Prisma Health, Greenville, South Carolina [Stancil]; Association of Diabetes Care & Education Specialists, Chicago, Illinois [Uelmen]; and Florida Hospital, Orlando, Florida [Villalobos].

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2022 National Standards: Guiding Principles

Review	Reduce	Clarify	Increase
Review and update the evidence supporting DSMES across care settings	Reduce administrative burden related to DSMES implementation across diverse care settings	Increase clarity and reduce ambiguity regarding medical record documentation	Increase access and health equity by reducing barriers to DSMES

2022 National Standards for DSMES

#	Standard
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1	Support for DSMES Services
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2	Population and Service Assessment
---	-----------------------------------

3	DSMES Team
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4	Delivery and Design of DSMES Services
---	---------------------------------------

5	Person-centered DSMES
---	-----------------------

6	Measuring and Demonstrating Outcomes of DSMES Services
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The DSMES Team

Credentialed Team Members:

- RDN: Registered Dietitian Nutritionist
 - RD is also recognized
- RN: Registered Nurse
- Pharmacist
- CDCES: Certified Diabetes Care & Education Specialist
- BC-ADM: Board Certified in Advanced Diabetes Management

Additional training in DSMES is required and must be documented.

ADCES offers a training course for diabetes community care coordinators


- Community Health Worker
- Medical Assistant
- Pharmacy Tech
- Health Coach
- Social Worker
- Exercise Physiologist/Exercise specialist
- LPN
- And others



Diabetes Community Care Coordinator Certificate

Quick Overview

Designed for community health workers, health coaches, medical assistants, CNAs, LPNs, dietetic technicians, pharmacy technicians, dental hygienists, and other similar non-clinicians ...

 [Add to Wishlist](#)

Year published: 2022



NEW

Accreditation: where to begin?

Assess your resources

- Are you already providing DSMES without reimbursement?
- Do you have support from leadership to begin the process?
- Do you have adequate staff to support DSMES?
- Do you have space for group classes (2 or more people) and 1:1 visits?
- Are you set up to bill for the services?
- Are you ready to pay the application fee?

Gathering your documentation

- Admin: 10-90 days
- Participant DSMES Record: up to 6 months

DEAP Review and Approval Process

1. Response from DEAP within 2 weeks of submission
2. More documentation required OR move on to final approval
3. Approval and DEAP Virtual Orientation



Reimbursement: DSMT CPT Codes

- **FQHC: Federally qualified health center**

- G0466: New Patient
- G0467: Established Patient
- G0108: DSMT 1:1
 - Telehealth visits reimbursable for DSMT during PHE
 - Group sessions **not** reimbursed by Medicare at FQHC

← Reimbursed as FQHC Medical Visit



- **DSMT approved for telehealth during PHE**

- Audio Only or Audio/Video



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FQHC Billing Specifics for DSMT

DSMT is considered a medical visit

Separate payment is not made to FQHCs under the PPS for a DSMT visit that is furnished on the same day as another FQHC medical visit

An FQHC can be reimbursed for 2 visits when a DSMT visit and mental health visit occur on the same day

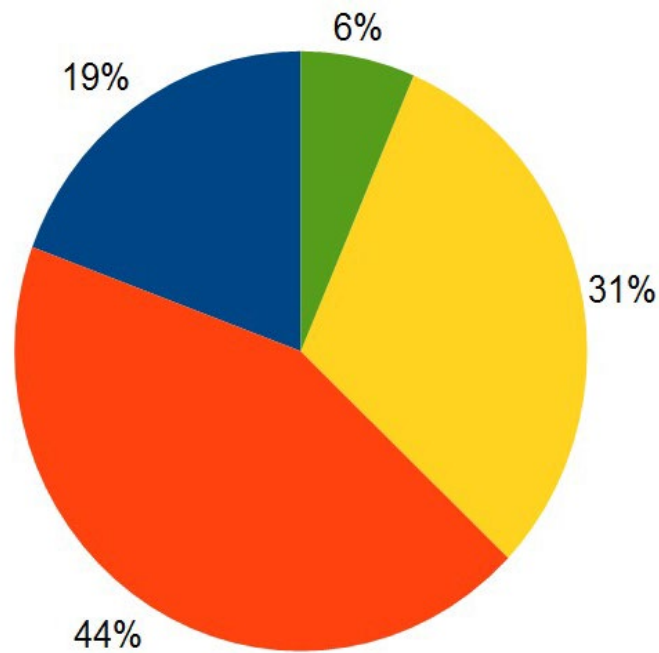
All DSMT is billed with the Health Center's NPI#

- Quality Coordinator assigns the NPI# that will be used for DSMT during the accreditation process
- DEAP Certificate identifies NPI# to be used
- ALL DSMES TEAM MEMBERS SUBMIT CHARGES UNDER PROGRAM NPI#
- Each health center in a group will need its own DEAP Branch certificate



Medicaid and Commercial Payers

- Many state Medicaid plans mimic CMS/Medicare;
- Each state has its own Medicaid plans/coverage
- Many commercial payers also require accreditation to reimburse for DSMT
- Coverage varies among payers and plans
- Commercial payers may cover more than CMS at a higher rate of reimbursement
- Know your payer mix!



Referral required by CMS (Medicare)

- Signed by provider managing the patient's diabetes: MD/DO, PA, NP, APRN
- # of hours ordered
- Topics to be covered
- Group or 1:1 training
 - If 1:1- special needs
- Accredited program must maintain a record of original referral order
- If changed, it must be signed by referring provider

ORDER FORM

Diabetes Self-Management Education & Support/Training & Medical Nutrition Therapy Services

MEDICARE COVERAGE: Diabetes self-management education and support/training (DSMES/T) and medical nutrition therapy (MNT) are separate and complementary services to improve diabetes self-care. Individuals may be eligible for both services in the same year. Research indicates MNT combined with DSMES/T improves outcomes.

DSMES/T: 10 hours initial DSMES/T in 12-month period from the date of first session, plus 2 hours follow-up per calendar year with written referral from the treating qualified provider (MD/DO, APRN, NP or PA) each year.

MNT: 3 hrs initial MNT in the first calendar year, plus 2 hours follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis with a written referral from any physician (MD/DO).

Medicare coverage of DSMES/T and MNT requires the referring provider to maintain documentation of a diagnosis of diabetes based on the following:

- fasting blood glucose greater than or equal to 126 mg/dl on two different occasions
- 2 hour post-glucose challenge greater than or equal to 200 mg/dl on 2 different occasions
- random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes

*Other payors may have other coverage requirements. (Source: Volume 68, #216, November 7, 2003, page 63261/Federal Register)

PATIENT INFORMATION

Last Name _____			First Name _____			Middle _____			
Date of Birth ____/____/____			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____						
Address _____			City _____			State _____		Zip Code _____	
Home Phone _____			Cell Phone _____			Email address _____			

Diagnosis

Please send recent labs that support diagnostic criteria for patient eligibility & outcomes monitoring

- Type 1 Type 2 Gestational Diagnosis code _____

Diabetes Self-Management Education & Support /Training (DSMES/T)

Check type of training services and number of hours requested

- Initial DSMES/T 10 or _____ hours
- Follow-up DSMES/T 2 hours
- If more than one hour individual initial training requested, please check special needs that apply:
 - Vision Physical
 - Hearing No group sessions available within 2 months
 - Language pandemic
 - Cognitive Other (specify) _____

All content areas identified by DSMES Team on assessment OR Specific Content areas (Check all that apply)

- Pathophysiology of diabetes and treatment options
- Healthy coping
- Healthy eating
- Being active
- Taking medication (including insulin and/or injection training)
- Reducing risk (treating acute and chronic complications)
- Problem solving (and behavior change strategies)
- Preconception, pregnancy, gestational diabetes
- Monitoring

Medical Nutrition Therapy (MNT)

Check the type of MNT requested

- Initial MNT 3 hours
- Annual follow-up MNT 2 hours
- Additional MNT hours for change in:
 - medical condition
 - treatment
 - diagnosis.

Signature of qualified provider certifies that he or she is managing the beneficiary's diabetes care for DSMT referrals.

Signature and NPI # _____ Date ____/____/____

Group/practice name, address and phone: _____

Polling Question

A FQHC is only reimbursed for DSMES in a group setting.

- a. True
- b. False

DSMT in an FQHC is only reimbursed when provided one on one with the participant.



diabeteseducator.org/referdsmes

- DSMT/MNT Referral Order Template
 - Updated in March 2022
 - ADCES, AND, and ADA collaboration
- Overview of Medicare coverage for DSMT
- Can be uploaded and utilized by DSMES services
- Referring providers can send to Accredited or Recognized programs
- Can be used as guide when creating electronic referrals in EMR
- Overview of Critical Times to refer to DSMES and Toolkit

Referral Order Template

The screenshot shows the website's navigation bar with links for 'Practice', 'Prevention', 'Education', 'Living with Diabetes', 'Advocacy', 'Research', and 'News'. The 'Practice' section is expanded, listing various resources like 'Reaffirming the Specialty & Association', 'Practice Documents', 'Practice Tools', 'Becoming a Diabetes Care and Education Specialist', 'BC-ADM & CDEES Information', 'Cancer Center', 'Diabetes Education Accreditation Program (DEAP)', 'AADE 7 System B', 'Ask the Reimbursement Expert', 'Favorably Reviewed', 'Provider Resources', 'ADCES in Practice', 'The Science of Diabetes Self-Management and Care', and 'National Diabetes Education Week'. The 'Make a Referral' section includes a paragraph explaining that DSMES reduces complications and encourages better management, followed by a list of criteria for who to refer. The 'When to Refer' section lists four scenarios: at diagnosis, during annual assessment, when new complications arise, and during care transitions. The 'Coverage' section states Medicare covers up to 10 hours of DSMES per year. The 'How to Refer' section provides links to sample referral forms. The 'Follow Up' section emphasizes the importance of patient follow-up.

Make a Referral

Studies show diabetes self-management education and support (DSMES) reduces diabetes-related complications and encourages better management of the disease. Diabetes care and education specialists work with their clients to create individualized care plans that focus on the whole health of an individual, considering factors like culture, language, lifestyle and socio-economic status. But that can only happen if the primary care provider takes the initial step to refer the individual to an accredited DSMES program. For additional information visit the CDC's [DSMES Toolkit](#).

Who to Refer

To qualify for DSMES services, an individual must have the following:

- Documentation of diagnosis of type 1, type 2 or gestational diabetes
- Under Medicare and many commercial payers diagnosis must be made using the following criteria:
 - Fasting Blood glucose of 126 mg/dL on two separate occasions
 - 2-Hour Post-Glucose Challenge of ≥ 200 mg/dL on two separate occasions
 - Random Glucose Test of >200 mg/dL with symptoms of unmanaged diabetes
- A written referral (see sample forms below) from the treating physician or qualified non-physician practitioner (including nurse practitioner, physician assistant, clinical nurse specialist or advanced nurse practitioner)
 - A new referral is required for follow up visits after one year

When to Refer

ADCES, the Association of Diabetes Care & Education Specialists and the Academy of Nutrition and Dietetics issued joint guidance on when [DSMES is most critical and a referral is needed](#) for optimal outcomes. These include:

1. At Diagnosis
2. During an annual assessment
3. When a person with diabetes faces new complicating factors
4. When there is a transition in care

Coverage

Medicare covers up to 10 hours of DSMES (referred to as diabetes self-management training - DSMT - within Medicare) as a once-in-a-lifetime benefit that must be used within 12 consecutive months once started. Each subsequent calendar year, Medicare covers up to 2 hours of DSMT with a new referral. Most commercial insurers follow Medicare, but its best to have each person check with their insurer to verify coverage. DSMT programs may be able to assist participants with this.

How to Refer

ADCES has created sample referral forms that can be downloaded. If using an EMR, it is particularly helpful to have the referral order built in and easily accessible.

- [Diabetes Services Order Form](#) (PDF), designed to make it easy for physicians to refer for DSMT and MNT in one quick step, and
- [Background Information on the Diabetes Services Order Form](#) (PDF), which provides a summary of DSMT and MNT benefit requirements, as well as examples of how they can be coordinated for qualifying Medicare beneficiaries.

Referrals should be made to programs that are accredited by one of the two National Accrediting Organizations for the Centers for Medicare and Medicaid Services (CMS), the American Diabetes Association and ADCES. These programs meet national standards for quality DSMES. To find an accredited program near you, visit [DiabetesEducator.org/Find](#).

Follow Up

Knowing the address of a patient is key to their continued care. The National Standards for Diabetes Self-Management

Facilitators & Barriers to DSMES



STATE AND LOCAL PUBLIC HEALTH ACTIONS TO PREVENT AND CONTROL CHRONIC DISEASES



PROGRAM OVERVIEW

Diabetes self-management education and support (DSMES) is the ongoing process of advancing the knowledge, skills, and ability necessary for diabetes self-care, as well as activities that help a person to carry out and maintain the behaviors needed to manage his or her condition on an ongoing basis, beyond or outside of formal self-management training.¹ The Centers for Disease Control and Prevention (CDC) funded state health departments to increase the use of DSMES programs in community settings and to secure Medicaid reimbursement in states with no DSMES coverage for beneficiaries.²

PURPOSE OF THIS STUDY

This study was conducted to understand how to put into action DSMES program activities overcome barriers, and guide state health departments during the first 3 years, from 2013 through 2015, of the CDC-State Public Health Actions cooperative agreement (SPHA DP13-1305) 5-year funding cycle.

FACILITATORS

- DSMES as a preventive service in the state's Medicaid expansion program.
- DSMES program champions.
- Advocacy for policy change through statewide diabetes coalitions.
- Similar software for electronic health records across FQHCs.
- Statewide database of health information resources and programs.
- Health care providers' willingness to refer patients to programs.
- Classes offered in easily accessible locations at convenient times.
- Culturally and linguistically appropriate curricula.



BARRIERS

- Navigating the ADA recognition and ADCES accreditation application process.
- Lack of assessment data required for application.
- Lack of promotional resources.
- Limited staff.
- Unclear referral policies.
- Low health care provider awareness of DSMES programs.
- Few or no programs established in high-burden areas.
- No or low insurance coverage.
- DSMES providers' fears of not getting reimbursed.
- Complicated reimbursement process.



LESSONS LEARNED

Partnerships among state health departments, health systems, and community organizations are critical to increase the number of DSMES programs in communities and to secure Medicaid reimbursement in states with no DSMES coverage for beneficiaries. Promising practices to support partners' activities and drive implementation include 1) supporting organizations in establishing DSMES programs, 2) securing Medicaid coverage for DSMES, 3) establishing referral policies and practices in health care systems to efficiently connect people to DSMES programs, and 4) raising awareness and enhancing the ability for people with diabetes to participate in DSMES.²

References:

- ¹ Beck J, Greenwood D, Blaton L, et al. 2017 National standards for diabetes self-management education and support. *Diabetes Care*. 2017;40:1409. DOI://<https://care.diabetesjournals.org/content/40/10/1409>. Accessed June 24, 2020.
- ² Morgan J, Mensa-Wilmut Y, Bowen SA, et al. Implementing key drivers for Diabetes Self-Management Education and Support programs. *Prev Chronic Dis*. 2018;15:170399. DOI: <https://dx.doi.org/10.5888/pcd15.170399>. Accessed June 24, 2020.

This summary supplements the *Preventing Chronic Disease* special collection of manuscripts from states funded by CDC's State, Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors, and Promote School Health (DP13-1305) and CDC's State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke (DP14-1422) cooperative agreements.

Reducing Barriers!

Barriers:

- ✓ Navigating the accreditation/recognition process
- ✓ Lack of assessment data for application
- ✓ Lack of promotional resources
- ✓ Lack of staff
- ✓ Low HCP awareness of DSMES
- ✓ Low/No Insurance coverage
- ✓ DSMES fears not getting reimbursed
- ✓ Complicated Reimbursement process

Down to 6 Standards!

DEAP Training

More state Medicaid plans

DiABETes and YOU

ADCES Workforce Training

ADCES Reimbursement Expert

Diabetes Self-Management Education and Support (DSMES) Toolkit

[Diabetes Home](#) > [DSMES Toolkit](#) > [Increasing Referrals and Overcoming Barriers to Participation](#)



🏠 DSMES Toolkit

Background, Terminology and Benefits +

National Standards for DSMES +

DSMES Accreditation and Recognition Process +

Increasing Referrals and Overcoming Barriers to Participation -

Referral Process

Educating Providers

Patient Success With DSMES Through Telehealth

DSMES services can't wait, especially during times of emergency. Referrals from doctors for DSMES allow patients with diabetes to receive the critical care they need from diabetes care and education specialists.

That's where telehealth can play an important role. Referrals from doctors for DSMES via telehealth allow patients to receive the critical care they need from diabetes care and education specialists.

Telehealth options include:

- Video conference.
- Telephone.
- Texting.

These alternatives provide the same life-saving benefits as in-person visits with added convenience for participants. Video conferencing



DSMES services done through telehealth can provide the same life-saving benefits as in-person visits with added convenience for participants.

Achieve Outcomes

“Evidence supports an expanded role of the Diabetes Care and Education Specialist as an effective change agent in overcoming therapeutic inertia.

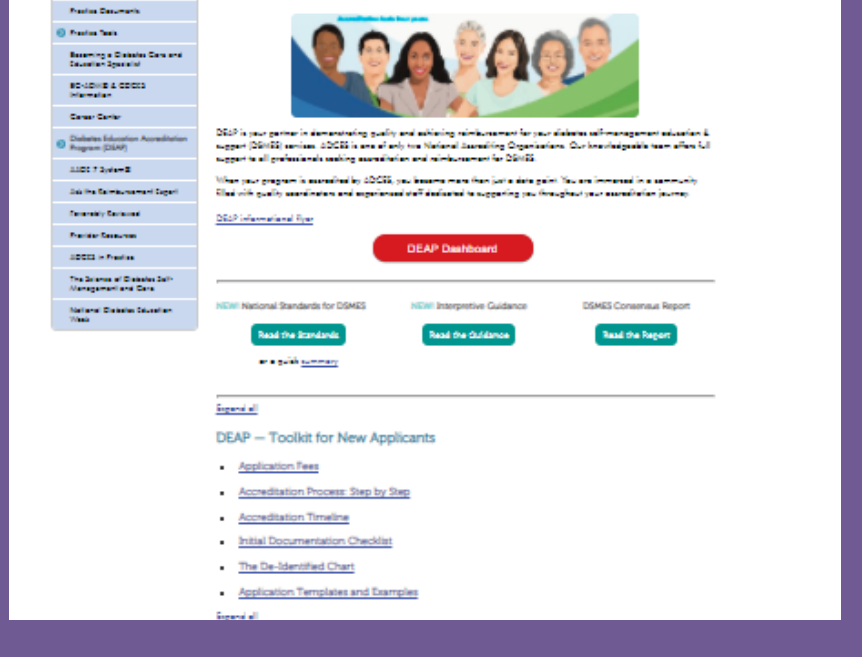
Research studies show that Diabetes Care and Education Specialists can support intensification of treatment plans to achieve glycemic, blood pressure, and lipid targets through the implementation of diabetes management protocols.”

2022 National Standards for DSMES

Achieve the Quintuple Aim with DSMES



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DEAP — Toolkit for New Applicants

- [Application Fees](#)
- [Accreditation Process: Step by Step](#)
- [Accreditation Timeline](#)
- [Initial Documentation Checklist](#)
- [The De-Identified Chart](#)
- [Application Templates and Examples](#)

APPLYING FOR DSMES ACCREDITATION:

DEAP Accreditation Experts: We *get* you!

Helpful, friendly, and responsive

Practical, straight-forward and up-to-date resources and tools

Community of accredited programs to share resources and best practice

DEAP Initial Application Toolkit

Step by Step guide to creating your application documents. You will find info documentation for each of the 6 National Standards for DSMES utilizing AD Resources. Examples and templates can be used as a guide but you are wel

Standard 1

Letter of Support
Template

Standard 2

Population Served
Template

Standard 3

Job Description
Template

Standard 4

Delivery & Design
of DSMES Services
Template

Example

Standard 5

DSMES
Assessment
Template

Patient Chart
Template

Standard 6

PDSA Template

Examples of DEAP approved initial applications

Example 1

Resources



DSMES Referral Order:
diabeteseducator.org/referdsmes



DSMES Consensus Report Toolkit:
diabeteseducator.org/consensusreport



Applying for Accreditation:
diabeteseducator.org/deap



Continuing Education and DSMES Resources:
diabeteseducator.org/education



Contact Us: deap@adces.org

THANK YOU



Join us on July 12th for a Special Session: 'Ask the Expert: FQHC Care Management Billing & Coding'

- Session will feature a panel of experts in FQHC coding and billing.
- Submit questions ahead of time in the chat or by emailing qualitycenter@nachc.org



Lisa Messina
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Messina Consulting



Gervean Williams
Director, Finance Training and
Technical Assistance
NACHC



Ama Johnson
Manager, Health Center Finance
NACHC



CARE
MANAGEMENT



PAYMENT

UPCOMING EVENTS

July 2022

SUN	MON	TUE	WED	THU	FRI	SAT
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

 **July 12. Learning Forum: ‘Ask the Expert’: Billing and Coding for CMS Care Management Services**

Following the July 12th Elevate forum, sessions will take a summer pause until September...with a new webinar invite series planned for this fall!

Quality Improvement and Patient-Centered Medical Home (PCMH) for Clinical Leaders AND their Care Teams: A System-Based Approach

June 29, 2022
2 - 3 p.m. ET



REGISTER TODAY!



FEEDBACK

Don't forget! Let us know what you thought about today's session.

FOR MORE INFORMATION CONTACT:

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Next Monthly Learning Forum Call:

July 12, 2022
1-2 pm ET



elevate°

**Together, our
voices elevate° all.**

The Quality Center Team

Cheryl Modica, Cassie Lindholm, Oliver Conrad, & Addison Gwinner

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