



Diabetes Self-Management Education and Support Practice Module

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*Improving Hypertension and Diabetes Care
& Prevention Project*



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Purpose of Module

This module contains a high-level overview of evidence-based information related to diabetes and the utilization of Diabetes Self-Management Education and Support (DSMES) in Pennsylvania. It was created to assist clinics and hospitals in promoting and improving their quality improvement efforts, as well as the overall health and well-being of their patient population.

Please Note: *Guidelines and recommendations referenced in this module are to be used along with physician/clinician judgment and treatment and should be based on each individual patient's unique needs and circumstances.*

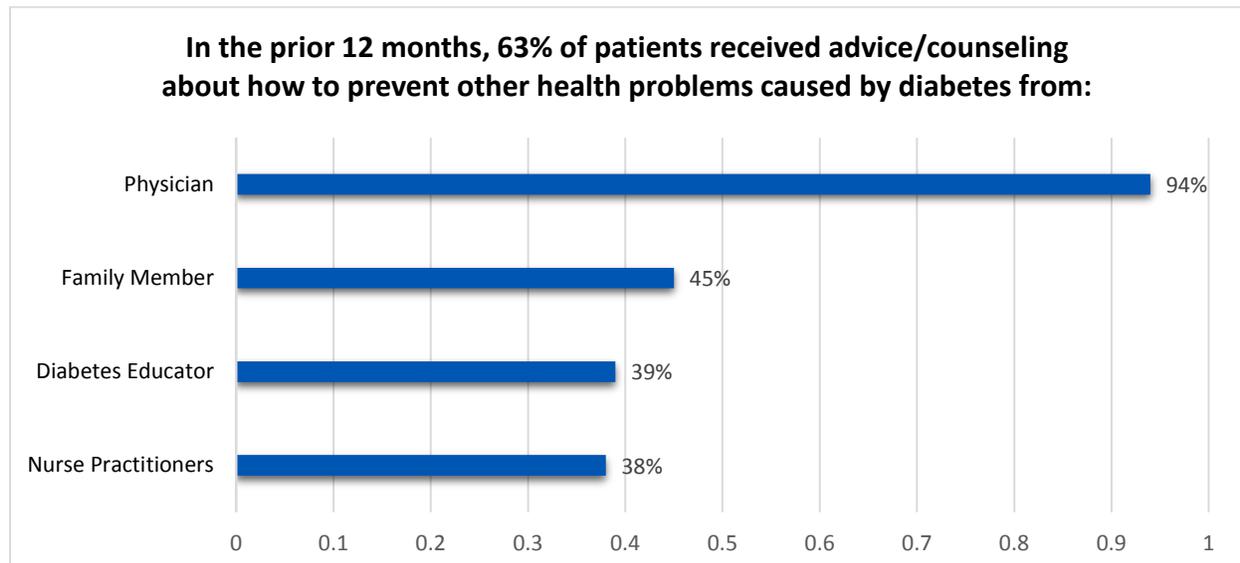
Introduction: Diabetes Education in the United States

The National Diabetes Education Program (NDEP) conducts the National Diabetes Survey (NNDS), a periodic population-based probability survey of U.S. adults, to assess the attitudes, perceptions, and beliefs of the public to guide and assist the NDEP and diabetes stakeholders in better understanding and addressing target audience behaviors related to diabetes awareness, diabetes care and education.

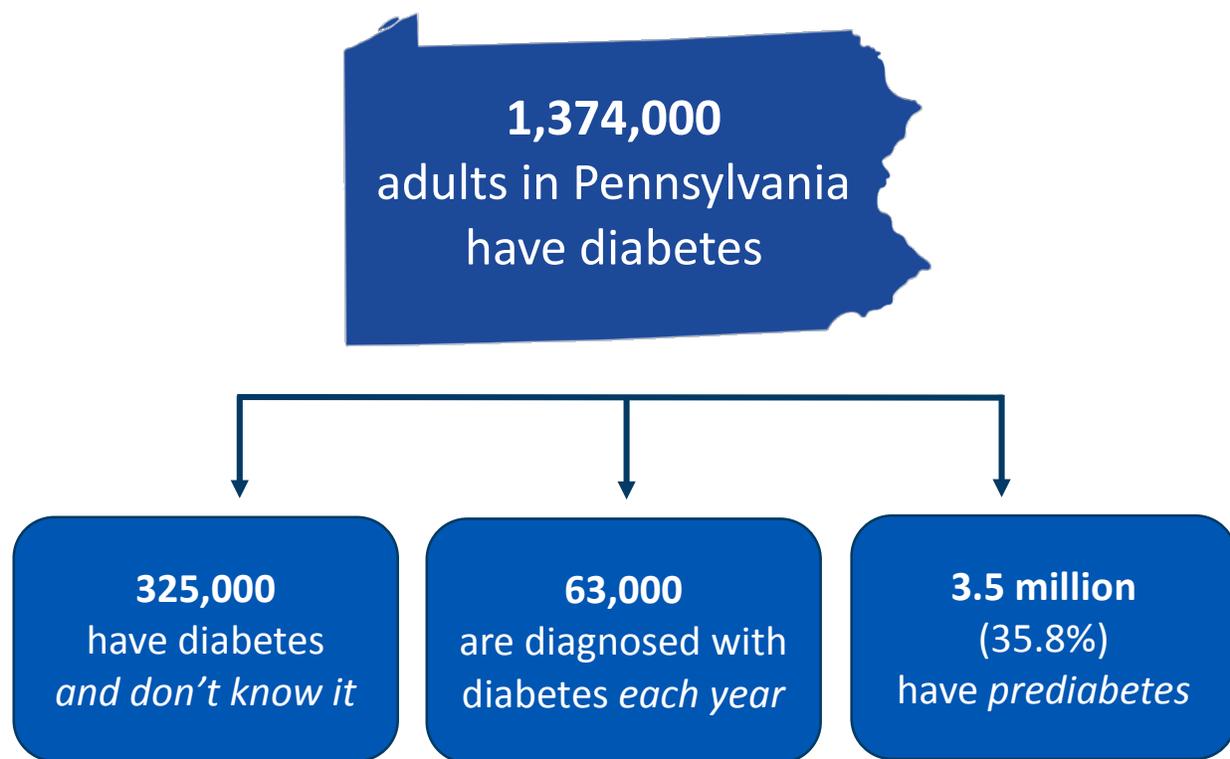
Key findings of the most current survey (completed December 2014) were reviewed in a [2017 Diabetes Spectrum article](#) and revealed the majority of patients with diabetes (PWD) (84%, $n = 405$) reported their doctor as their usual health care provider for their personal health care.

7% of patients with diabetes reported regularly seeing a diabetes educator in addition to their usual physician.

Only 7% of PWD reported regularly seeing a diabetes educator in addition to their usual physician. Physicians were the most-cited source of diabetes management advice or counseling among PWD (94%, $n = 312$) in 2014. Family members constituted the next highest group (45%, $n = 125$), followed by diabetes educators (39%, $n = 117$) and nurse practitioners (38%, $n = 110$).



Diabetes in Pennsylvania



Source: American Diabetes Association Pennsylvania State Fact Sheet

Focus Study: DSMES Utilization in Pennsylvania

A 2018 Centers for Disease Control and Prevention (CDC) webinar titled [Discovering the Full Super-Powers of DSMES](#) reviewed a DSMES utilization study with the Pittsburgh Regional Initiative for Diabetes (PRIDE). At the time of the recording, PRIDE was cited to have 55 ADA-recognized DSMES programs. A cohort of 12,745 patients who were currently receiving some form of diabetes care at the University of Pittsburgh Medical Center (UPMC) were examined using G and MNT codes charged during a specific timeframe. **Of the 12,745 patients included in the study, specific findings included:**



Targeted, on-going interventions were employed to improve the initial study results and are covered in detail in the [webinar recording](#). This module will specifically focus on several evidence-based options for increasing utilization of DSMES services as recommended by the CDC and the American Association of Diabetes Educators (AADE).

How Do I Make a Referral?

To qualify for DSMES, a patient must have:

- **A diabetes diagnosis (type 1, type 2, or gestational diabetes) and**
- **A referral from the treating physician or qualified non-physician practitioner**, such as a physician assistant (PA), nurse practitioner (NP) or advanced practice nurse (APN)
- A new referral is required for follow up visits after one year.

[A sample referral form is available online](#), but it is recommended to contact the DSMES program to inquire about specific referral requirements.

What about Insurance Coverage?

The following [insurance coverage information](#) reflects available information acquired at the time this module was written. It is intended to serve as a general guideline. For the most up-to-date coverage criteria related to DSMES, please contact your local DSMES program or the specific insurance carrier.

In Pennsylvania, Medicaid and Medicare provide coverage for DSMES (DSMT*) services. A participant must have:

- Documentation of a diagnosis of type 1, type 2 or gestational diabetes
- Diagnosis can occur prior to Medicare Part B enrollment
- Diagnosis must be made using the following criteria:

TEST	VALUE
FASTING BLOOD GLUCOSE	≥126 mg/dL on two separate occasions
2-HOUR POST-GLUCOSE CHALLENGE	≥200 mg/dL on two separate occasions
RANDOM GLUCOSE TEST	>200 mg/dL with symptoms of uncontrolled diabetes

The referring provider must keep the care plan and supporting documentation in the participant's medical record. In addition, the DSMES service must maintain the original referral and any other special conditions noted by the referring practitioner. If the referring practitioner makes changes to the order, the referring practitioner must sign it, and the DSMES service must keep the changes in the service files.

Most private insurance plans also cover DSMES services, but patients will still need a referral from their provider to qualify for reimbursement. Co-pays may exist, so each patient should check with their insurer for details on covered benefits.

**Note: The Centers for Medicare & Medicaid Services (CMS) uses the term "training" (DSMT) instead of "education and support" (DSMES) when defining the reimbursable benefit (DSMT). This term relates specifically to Medicare billing.*

Provider & Patient Resources

[Practice Transformation for Providers & Health Care Teams](#): This resource is designed to help physicians, health professionals, and health care administrators across the country adapt to the changing system of health care delivery around diabetes. Practice change is essential to effectively manage diabetes, prevent its serious complications, and delay or prevent type 2 diabetes. This content is based on current, peer-reviewed literature and evidence-based clinical practice recommendations.

[You Can Thrive with Diabetes](#): Patient education flyer explaining the importance of diabetes education.

[Been Referred. What's Next?](#): Summary information about what happens during diabetes education and the importance of follow-up.

[Access & Affordability Resources](#): Includes many options available to patients to help decrease costs related to diabetes care, including insurance guides and patient assistance.

[Resources for Children & Teens](#): When children or teens have diabetes, it is most often type 1 diabetes. However, type 2 diabetes is becoming more common in young people. These CDC resources focus on helping patients learn more about the differences between type 1 and type 2 diabetes, and find out how to lower the risk of your child or teen getting type 2 diabetes.

[Medication Taking & Affordability](#): Tip sheets for people with diabetes to encourage proper adherence to medication instructions, as well as an AADE resource to help make medications more affordable.

[Heart Disease & Diabetes](#): People with diabetes are twice as likely to have a heart attack or a stroke as people without diabetes. Use these tip sheets to help understand the link, risk factors, and the preventative measures patients can take to lessen their risk.

[Mental Health & Diabetes](#): When someone is diagnosed with diabetes, a variety of emotions can emerge including sadness, guilt, fear, anger and others. Use these tips sheets to help your patients manage the emotions that can develop upon diagnosis.

[Lifestyle Resources](#): Tip sheets encompassing a variety of issues that affect people living with diabetes.

[Healthy Living with Diabetes: Getting the Vaccines You Need](#): Printable patient resource focused on spreading the word on the importance of vaccines for people living with diabetes.

Webinars

The [National Diabetes Education Program \(NDEP\)](#) provides a number of free webinars aimed at enhancing your professional development. Learn new approaches for engaging communities, increasing cultural competence and promoting diabetes prevention and management from national experts.