



# **DSMES in FQHC's** **Increase quality, reduce burden**

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## Learning Objectives

Learners will:

- Be able to describe the value of DSMES services in an FQHC
- Be able to prepare for Integrating DSMES services in an FQHC
- Be able to discuss how adapt to telehealth and hybrid delivery of DSMES
- Apply knowledge toward building a sustainable DSMES service

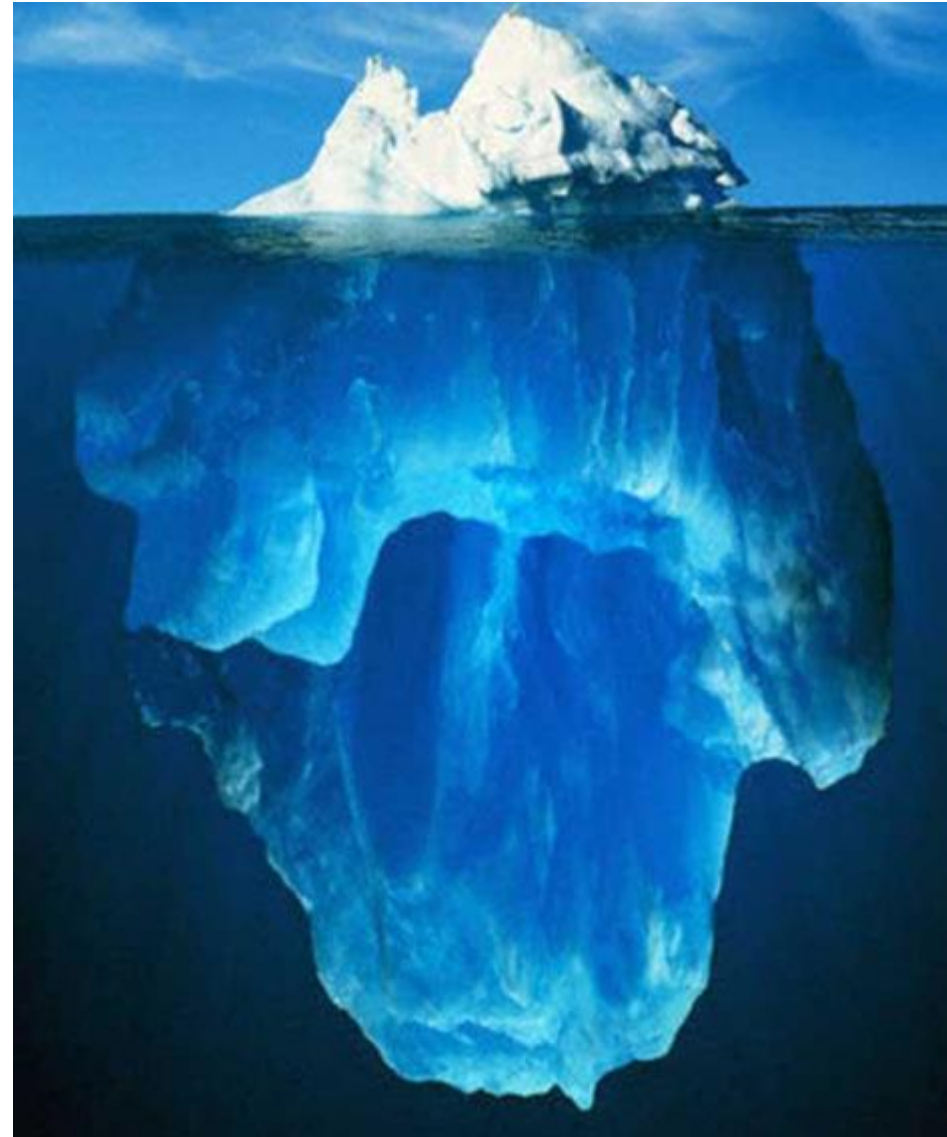
# Diabetes in America

37.3 million adults with diabetes  
14.7%

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96 million adults with prediabetes  
38.0%

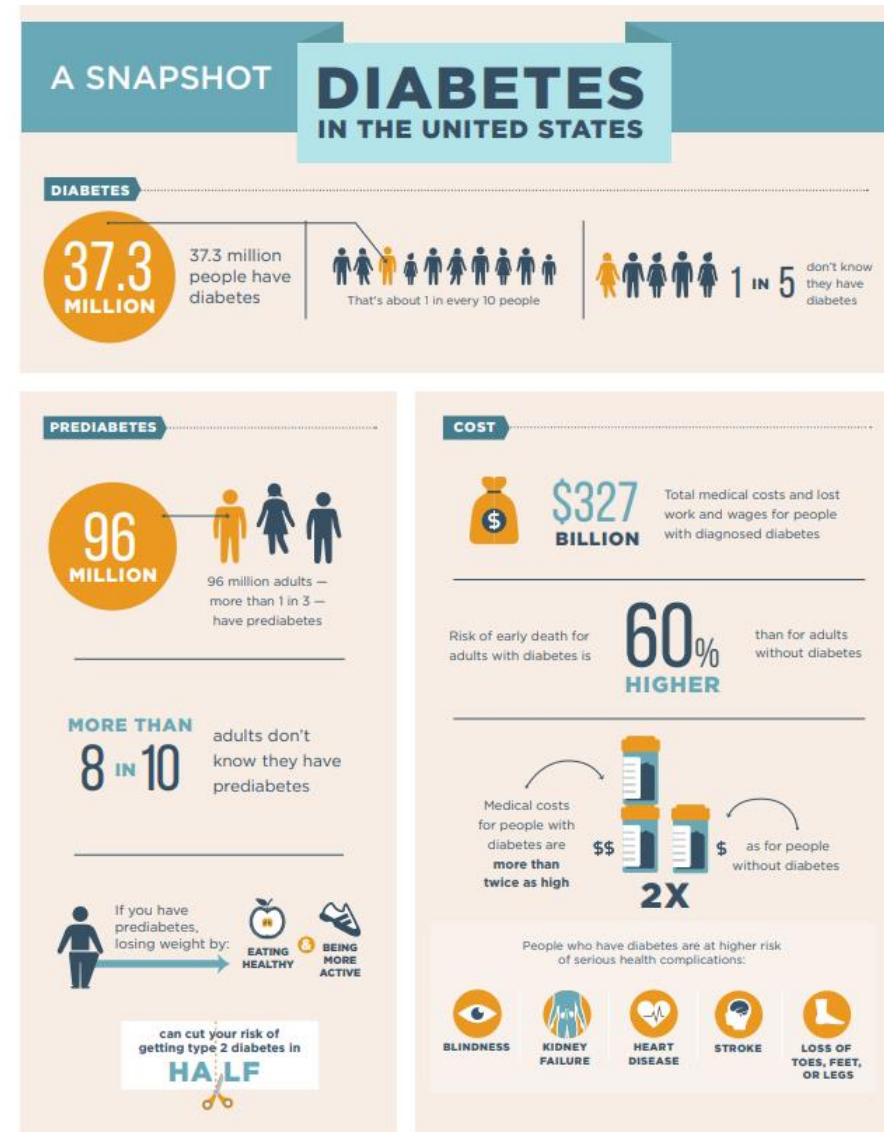
Overweight and obesity  
Hypertension  
Hyperlipidemia  
Gestational diabetes  
Non-alcoholic fatty liver disease  
Polycystic ovary syndrome  
Pancreatitis  
Sleep apnea  
Joint pain  
Depression



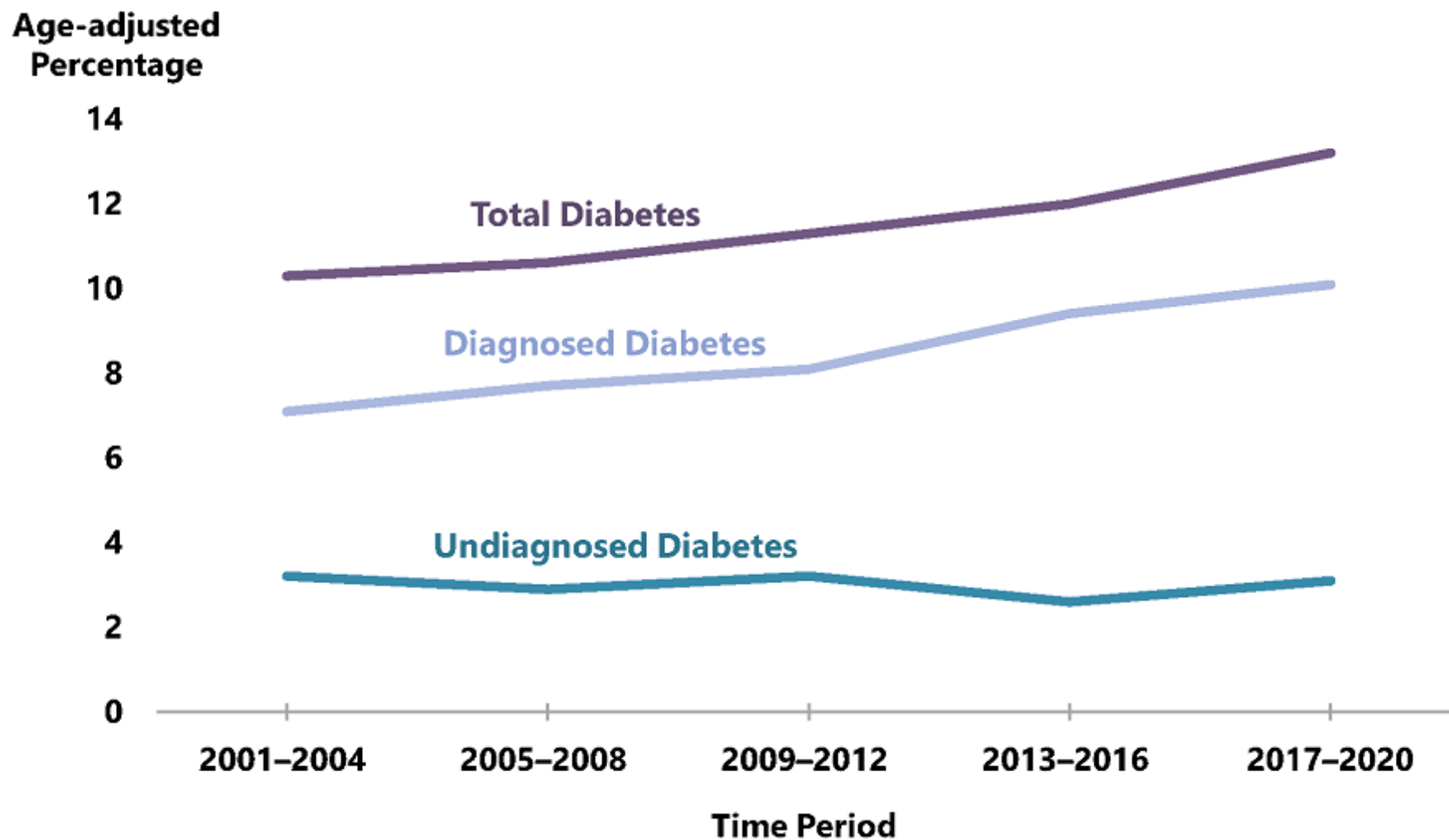
# Diabetes Data

- Interactive Diabetes Surveillance System + Video!
- Diabetes and Obesity Maps
- Diabetes Report Card
- Diabetes State Burden Toolkit
- Diabetes Snapshot
- National Diabetes Statistics Report
- And more!

<https://www.cdc.gov/diabetes/data/index.html>

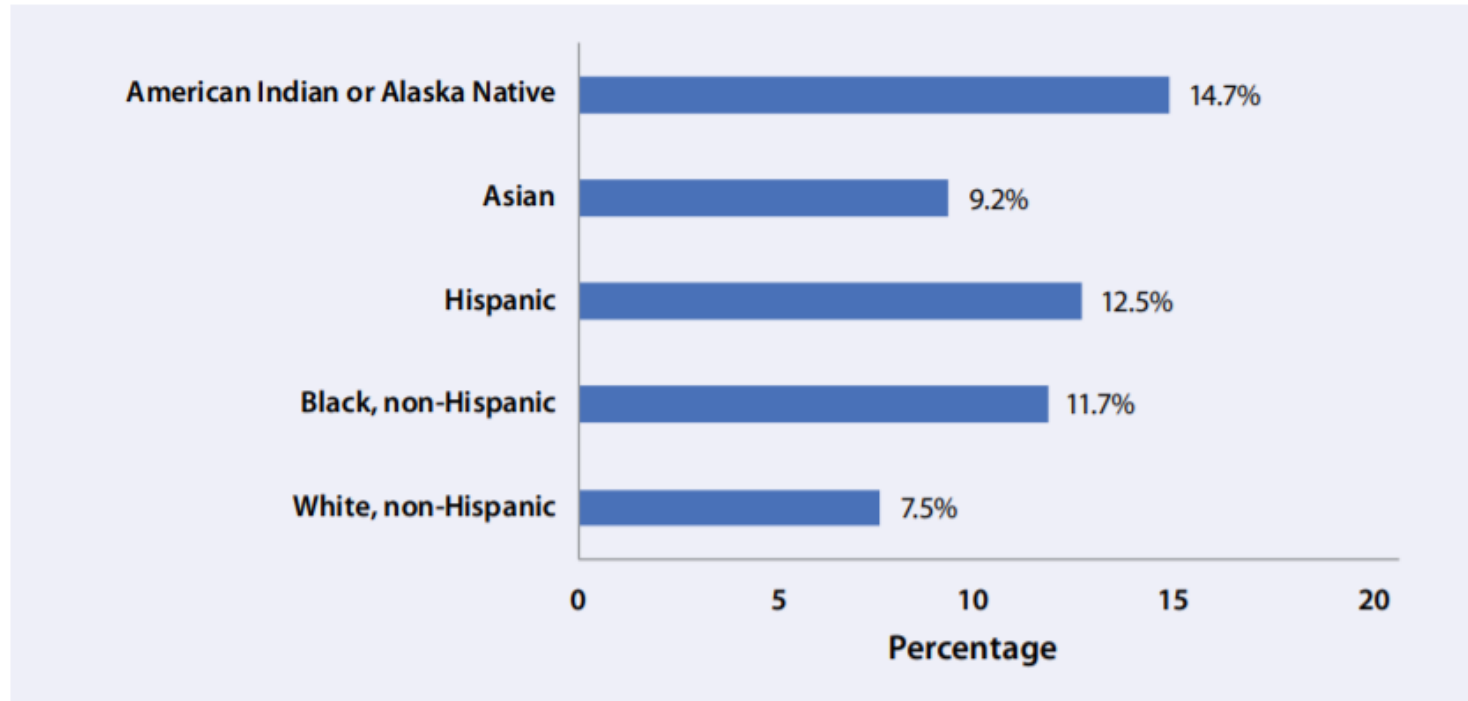


# Diabetes Prevalence



# CDC Diabetes Report Card

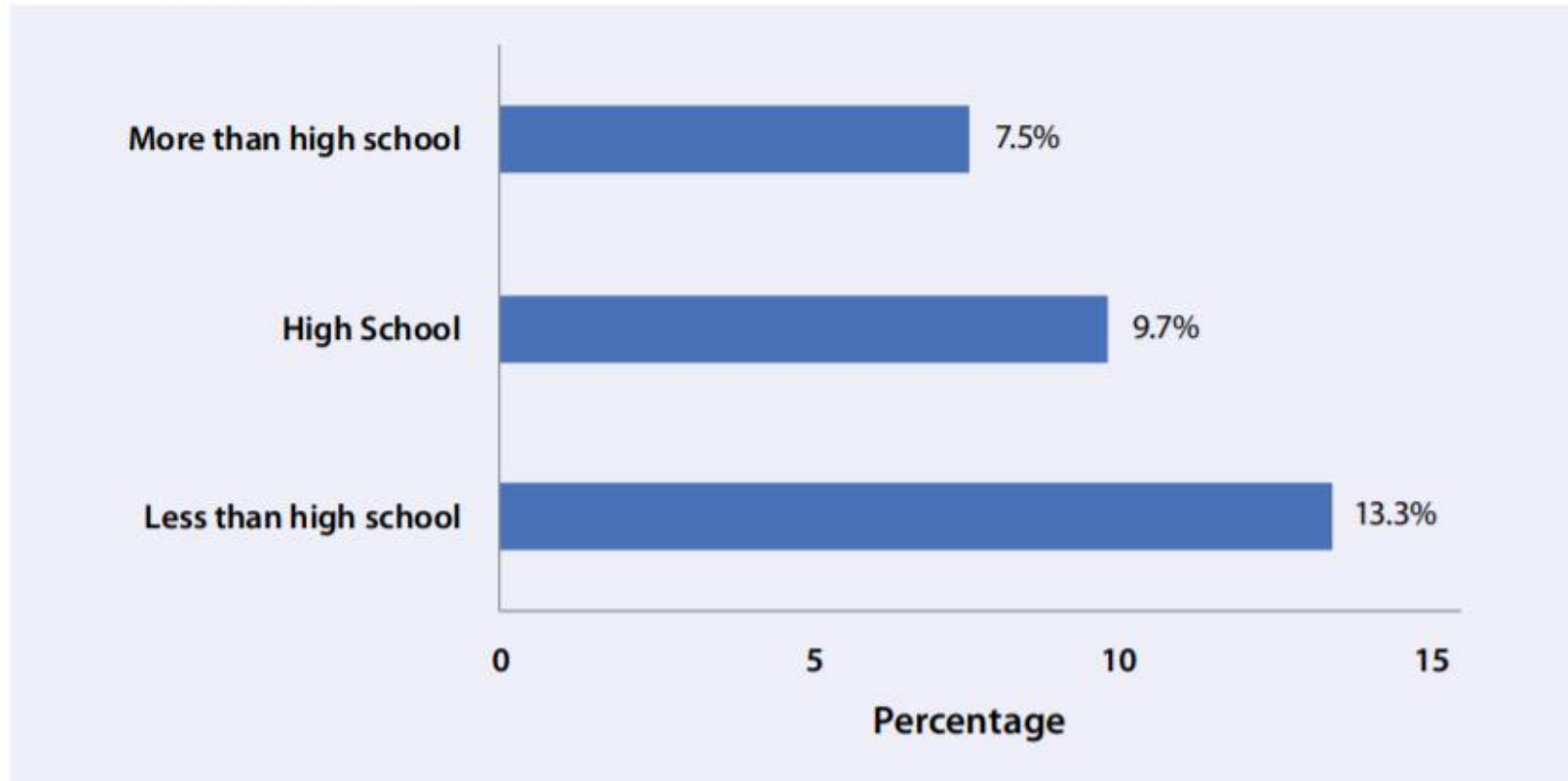
**Figure 3. Percentage of Adults Aged 18 Years or Older With Diagnosed Diabetes, by Racial or Ethnic Group, United States, 2017–2018**



Notes: Percentages are age-adjusted to the 2000 US standard population. Figure adapted from CDC's *National Diabetes Statistics Report 2020*. Data sources: CDC's National Health Interview Survey, 2017–2018, and the Indian Health Service National Data Warehouse, 2017 (American Indian or Alaska Native data).

# CDC Diabetes Report Card

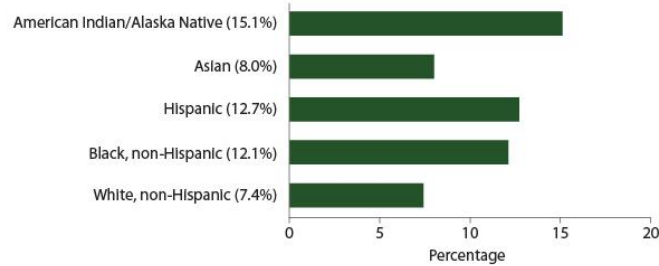
**Figure 4. Percentage of Adults Aged 18 Years or Older With Diagnosed Diabetes, by Education Level, United States, 2017–2018**



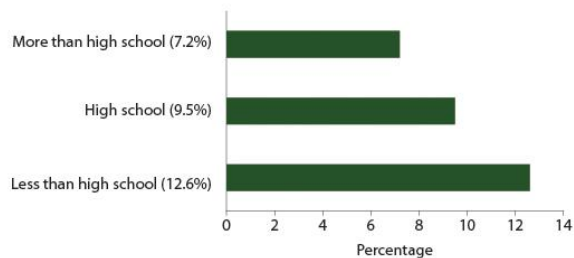
Notes: Percentages are age-adjusted to the 2000 US standard population. Figure adapted from CDC's *National Diabetes Statistics Report 2020*. Data source: CDC's National Health Interview Survey, 2017–2018.

# CDC Diabetes Report Card

**Percentage of US Adults Aged 18 or Older with Diagnosed Diabetes, by Racial and Ethnic Group, 2013-2015**  
2017 Diabetes Report Card



**Percentage of US Adults Aged 18 or Older with Diagnosed Diabetes, by Education Level, 2013-2015**  
2017 Diabetes Report Card



**Table 4. Crude percentage of adults aged 18 years or older with diagnosed diabetes meeting all ABCs goals, United States, 2013–2016**

Risk Factor	ABCs Goals for Many Adults	Less Stringent ABCs Goals
A1C	<7.0%	<8.0%
Blood Pressure	<140/90 mmHg	<140/90 mmHg
Cholesterol, non-HDL	<130 mg/dL	<160 mg/dL
Smoking, current	Nonsmoker	Nonsmoker
<b>Percentage meeting all ABCs goals</b>	<b>19.2 (15.3–23.9)</b>	<b>36.4 (15.3–23.9)</b>

Notes: ABCs = A1C, blood pressure, cholesterol, and smoking. CI = confidence interval. Estimates are crude percentages and 95% confidence intervals. See 2019 Standards of Medical Care in Diabetes for more information on ABCs goals.<sup>3</sup>

Data source: 2013–2016 National Health and Nutrition Examination Survey.



# 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 AAPIs

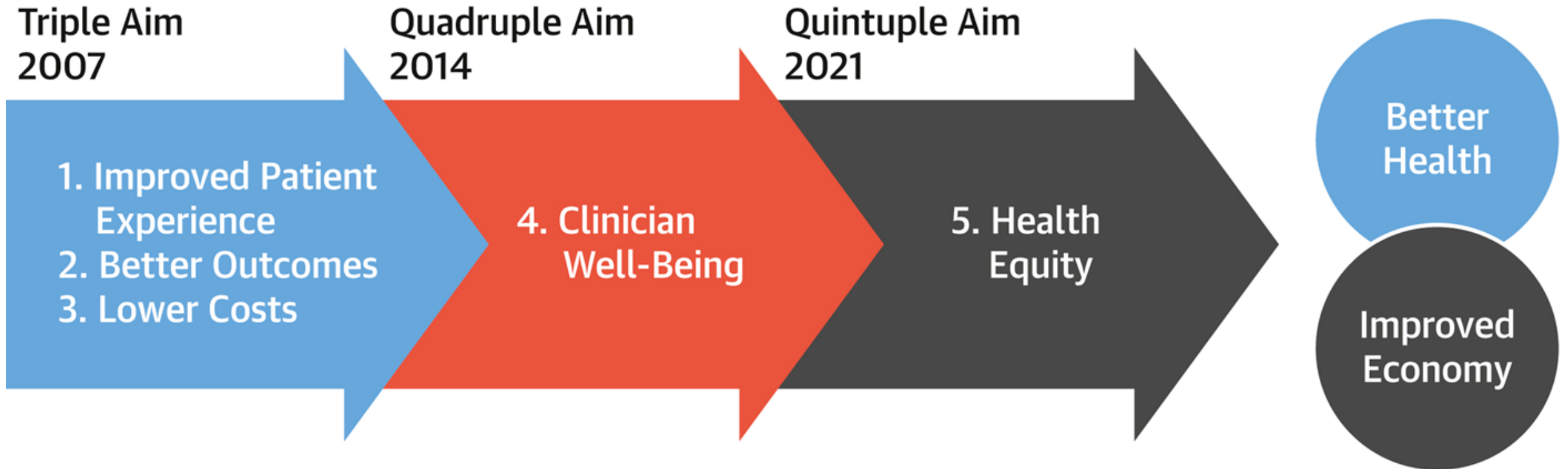
# Diabetes and Health Equity



## Healthcare tsunami?

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

# Achieving the Quintuple Aim



# Polling Question

Although 96 million Americans have prediabetes, only \_\_\_\_\_ know their risk

a. 1 in 10

b. 2 in 10

c. 30%

d. 1 in 3



# Achieve the Quintuple Aim with DSMES



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## What is DSMES?

Diabetes Self Management Education & Support

DSMES interventions include activities that support 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 the purpose of DSMES?

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

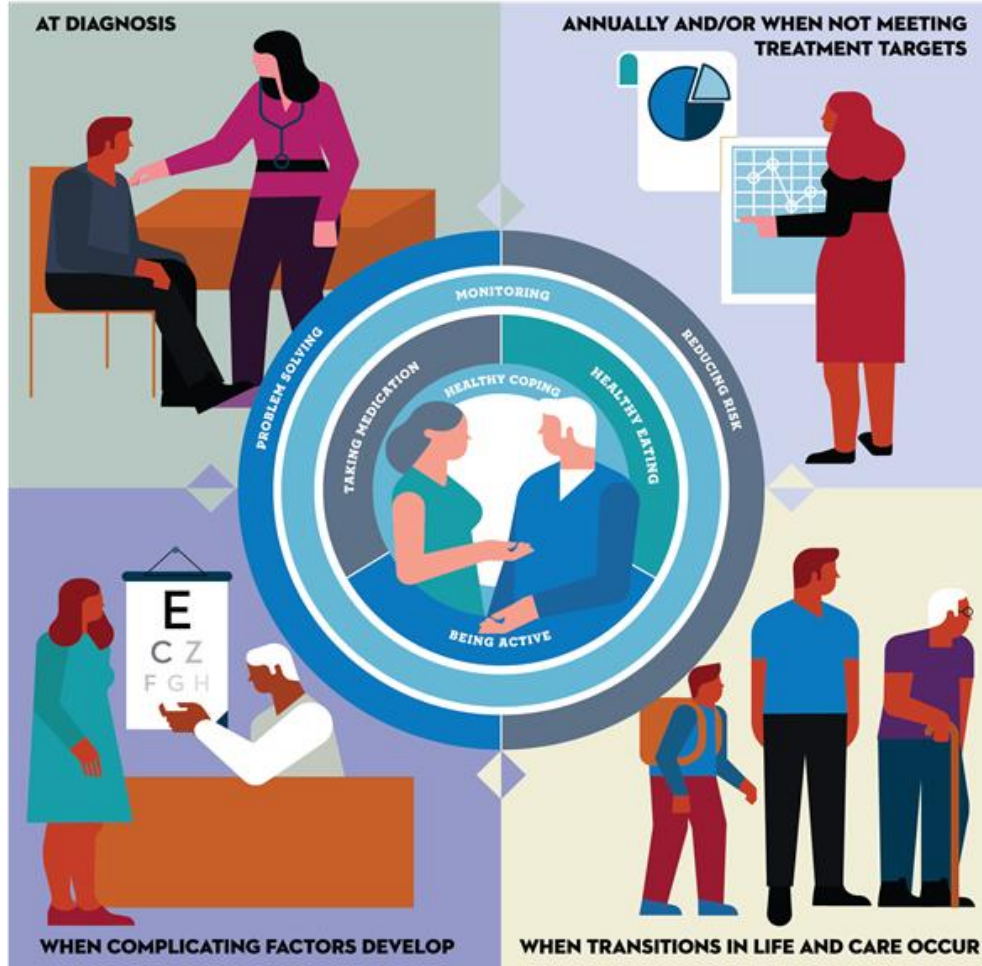
- collaborating with their healthcare team
- making informed decisions
- solving problems
- developing personal goals and action plans
- coping with emotions and life stresses.”



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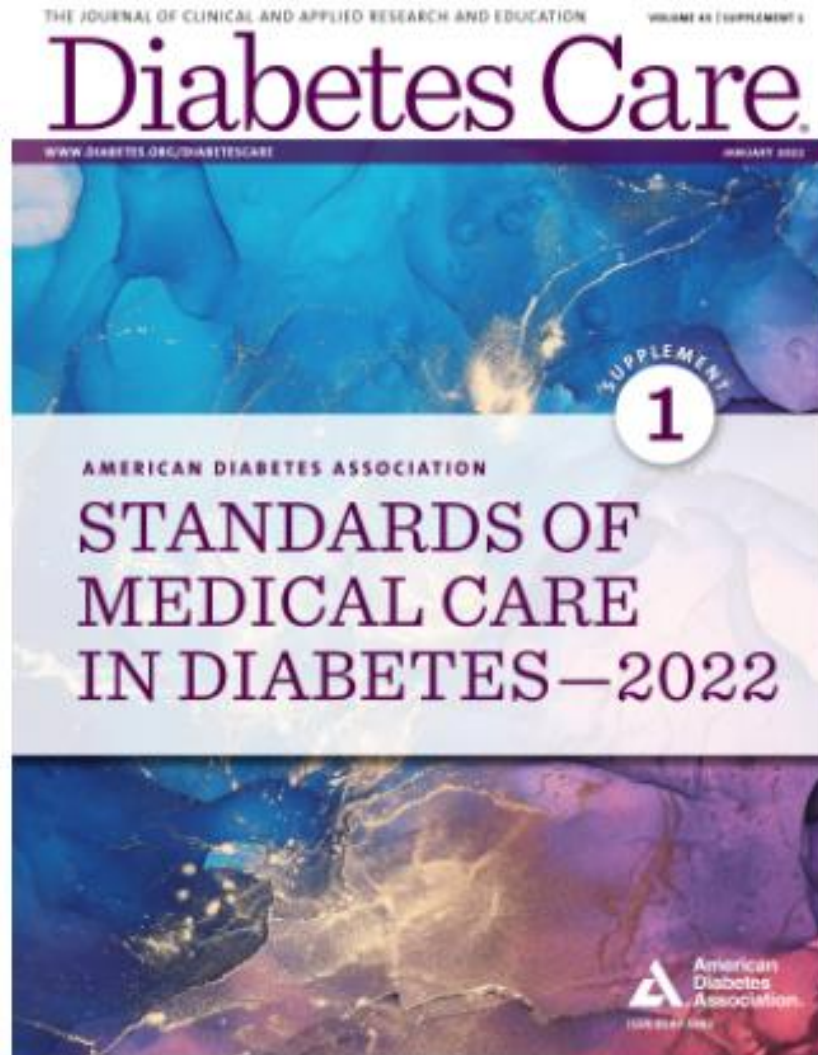
# When is DSMES recommended?



4 Critical to refer 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](https://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.
- 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.
- Improves quality of life.

**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).

# 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
- Two accrediting organizations for Medicare today:
  - Association of Diabetes Care & Education Specialists (ADCES)
  - American Diabetes Association (ADA)



# 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)

The image shows a sample Medicare Health Insurance card for JOHN L SMITH, Medicare Number 1EG4-TE5-MK72, with coverage starting on 03-01-2016. Below the card is a sample 'ORDER FORM' for Diabetes Self-Management Education & Support/Training & Medical Nutrition Therapy Services. The form includes sections for Patient Information, Diagnosis, Diabetes Self-Management Education & Support/Training (DSMES/T), and Medical Nutrition Therapy (MNT). It contains checkboxes for various services and conditions, and a signature line for the qualified provider.

## Oh wait, and it's reimbursed and covered by Medicare and most private payers?

ONLY



Of **MEDICARE** beneficiaries with newly diagnosed diabetes used DSMT services<sup>1</sup>

ONLY



Of individuals with newly diagnosed T2D with **PRIVATE HEALTH** insurance received DSMES within 12 months of diagnosis<sup>2</sup>



# Polling Question

How many hours of DSMT are allowed each year for Medicare beneficiaries with diabetes?

- a. 10 hours
- b. 3 hours
- c. 2 hours
- d. none



# National Standards for DSMES

- Outline the latest evidence for effective and sustainable DSMES services
- Provide a roadmap for practitioners to implement DSMES Services across a variety of practice settings
- Aimed to ensure QUALITY services are being delivered to PWD
- Serve as the basis for Accreditation or Recognition required to be reimbursed by Medicare for DSMT G-Codes



## 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
1	Support for DSMES Services
2	Population and Service Assessment
3	DSMES Team
4	Delivery and Design of DSMES Services
5	Person-centered DSMES
6	Measuring and Demonstrating Outcomes of DSMES Services

# 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 paraprofessionals

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

# Components of a DSMES/DSMT Chart

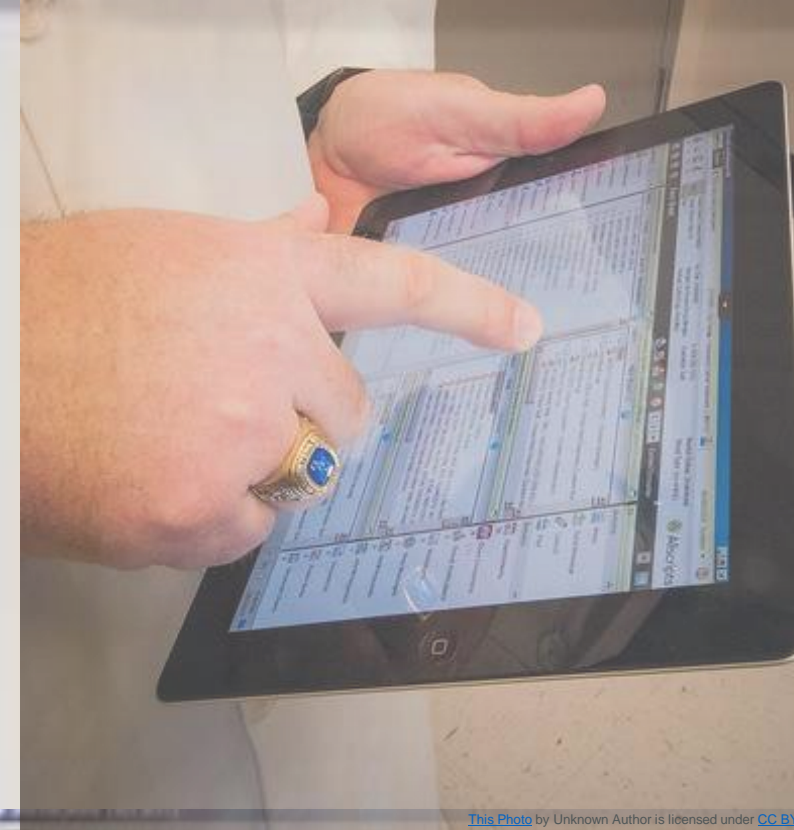
Comprehensive DSMES Assessment

Individualized DSMES Plan

DSMES Intervention: Each session

Smart goals/progress

Communication to the referring provider/care team



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A screenshot of a software interface, likely a DSMES/DSMT chart. The interface is divided into several sections. At the top, there are fields for patient information, including a name and a date. Below this, there are several tables and sections containing data. The data appears to be organized into columns and rows, with some cells containing text and others containing numerical values. The interface is complex and detailed, showing various aspects of a DSMES/DSMT chart.

Area	Value
Area 1	Value 1
Area 2	Value 2
Area 3	Value 3
Area 4	Value 4
Area 5	Value 5
Area 6	Value 6
Area 7	Value 7
Area 8	Value 8
Area 9	Value 9
Area 10	Value 10

# DSMES Assessment

Health Status	Psychosocial Adjustment	Learning Level	Lifestyle Practices
<ul style="list-style-type: none"> <li>• Type of diabetes</li> <li>• Health history</li> <li>• Clinical needs</li> <li>• Physical limitations</li> <li>• SDOH</li> <li>• Age</li> <li>• Other health conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Emotional response to diabetes</li> <li>• Diabetes distress</li> <li>• Family/social support systems</li> <li>• Peer support</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes knowledge</li> <li>• Health literacy</li> <li>• Literacy</li> <li>• Numeracy</li> <li>• Readiness to learn</li> <li>• Cognitive/developmental disabilities</li> <li>• Mental health impairment</li> </ul>	<ul style="list-style-type: none"> <li>• Cultural influences</li> <li>• Self management skills and behaviors (ADCES7)</li> <li>• Health service or resource utilization</li> <li>• Alcohol and drug use</li> <li>• Lived experiences</li> <li>• Religion and sexual orientation</li> </ul>

**At the core of high quality DSMES: Compassionate, Person-Centered Care**

**Have a conversation, listen to your participant and work collaboratively with them to guide what they need to know and how they learn best.**

## What data is reported to ADCES?

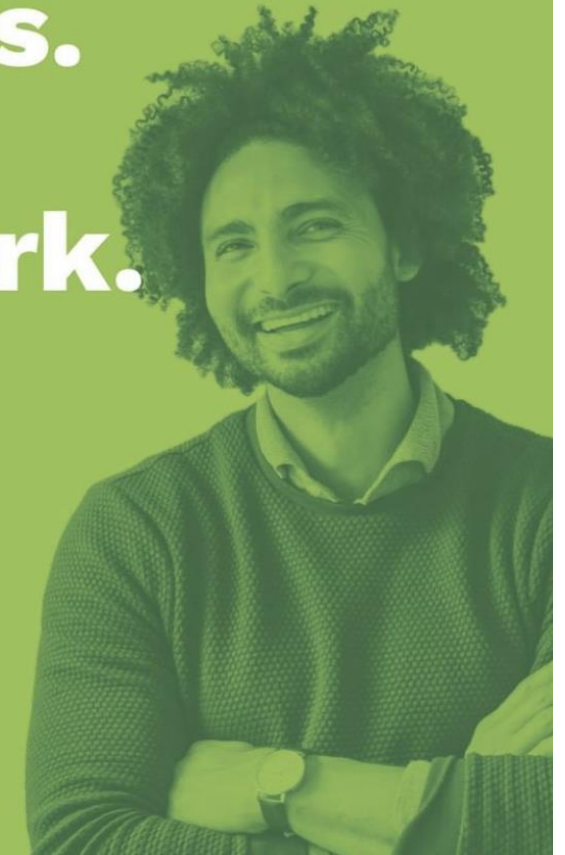
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1. Total # of participants seen at least one time each year for DSMES
2. Total # of participants that completed 2 or more DSMES sessions each year
3. You pick TWO outcome measures
  - Clinical
  - Behavioral
  - Process

One of two must be a patient level clinical or behavioral outcome.  
The other is of your choosing.
4. Annual CQI project

**Driving optimal outcomes.  
All in a day's work.**

We are diabetes care and education specialists.





# How are FQHCs paid for services?

As of 2016 all FQHCs are paid under Prospective Payment System (PPS)

PPS: Medicare payment is made based on a national rate that is adjusted based on the location where the services are furnished.

The rate is increased by 34.16 percent when a patient is new to the FQHC

From January 1, 2021, through December 31, 2021, the FQHC PPS base payment rate is \$176.45.

The 2021 base payment rate reflects a 1.7% increase above the 2020 base payment rate of \$173.50.

# 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

- **RHC: Rural Health Center**

- G0108: DSMT 1:1
- DSMT visits added to RHC Cost Report for CMS
  - Not payable per visit
  - Can increase RHC All Inclusive Rate

← Added RHC Cost Report

- **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 or MNT visit that is furnished on the same day as another FQHC medical visit

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

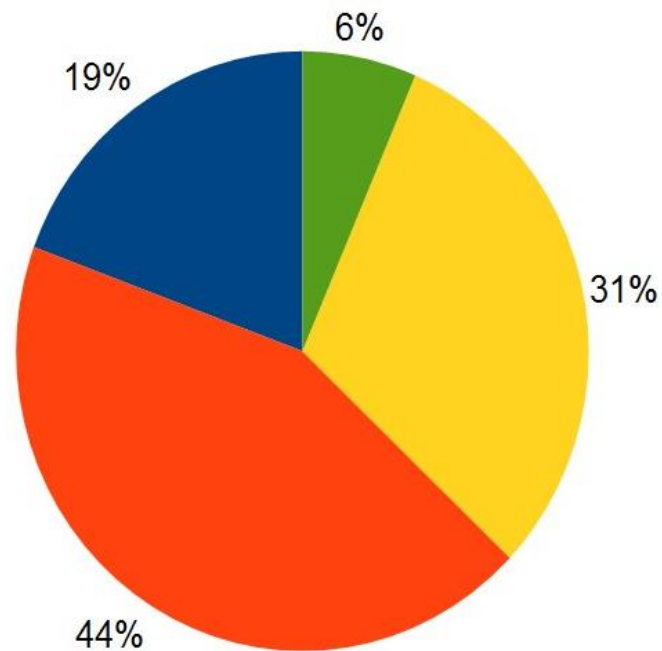
## All DSMT is billed under ONE NPI#- usually the Health Center's NPI#

- Quality Coordinator assigns the NPI# that will be used for DSMT
- DSMES Accreditation Certificate identifies NPI# to be used.
- ALL DSMES TEAM MEMBERS SUBMIT CHARGES UNDER PROGRAM NPI#



## Private Payers

- Many private payers also require accreditation to reimburse for DSMT
- Coverage varies among payers and plans.
- Private 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 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

An FQHC is not reimbursed for DSMES in a group setting.

a. True

b. False



**Anna Hall, MS, RDN, LD, CDCES**  
**Clinical Director of Coordinated Care**  
**ARcare**

**[PLACEHOLDER FOR VIDEO CLIP]**



# 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 interface for diabeteseducator.org. At the top, there is a navigation bar with links for 'Find an Education Program', 'ADCES Connect', 'Online Store', 'ADCES21', 'About ADCES', and a 'JOIN ADCES' button. Below this is a secondary menu with 'Donate', 'Practice', 'Prevention', 'Education', 'Living with Diabetes', 'Advocacy', 'Research', 'News', a search icon, and a 'Sign In' dropdown.

The main content area is titled 'In This Section' and features a 'Practice' sidebar with links to various resources like 'Reaffirming the Specialty & Association', 'Practice Documents', 'Practice Tools', 'Becoming a Diabetes Care and Education Specialist', 'BC-ADMB & 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 main content area is titled 'Make a Referral'. It includes a sub-section 'Who to Refer' with a list of criteria for referral, such as 'Documentation of diagnosis of type 1, type 2 or gestational diabetes' and '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'. It also includes a 'When to Refer' section with a list of four scenarios: 'At Diagnosis', 'During an annual assessment', 'When a person with diabetes faces new complicating factors', and 'When there is a transition in care'.

Other sections include 'Coverage', which states '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.', and 'How to Refer', which states '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.' It lists two forms: 'Diabetes Services Order Form (PDF)' and 'Background Information on the Diabetes Services Order Form (PDF)'.

At the bottom, there is a 'Follow Up' section with the text 'Knowing the progress 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.<sup>1</sup> 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.<sup>2</sup>

### 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.<sup>2</sup>

#### References:

- <sup>1</sup> 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.
- <sup>2</sup> Morgan J, Mensa-Wilmot 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.

# 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.

# FQHCs and RHCs: Telehealth

## HRSA-Funded Health Centers Improve Lives

Nearly 30M people—that's 1 in 11 in the U.S.—rely on a HRSA-funded health center for care, including:



Prior to Covid-19, the only telehealth services reimbursable to FQHCs and RHCs were the “originating site” charges.

All providers from FQHCs and RHCs were excluded from Medicare reimbursement for telehealth services.

The Cares Act expanded telehealth “distant site services” for FQHCs and RHCs during the Covid-19 PHE.

## 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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# Resources



DSMES Referral Order:  
[diabeteseducator.org/referdsmes](https://diabeteseducator.org/referdsmes)



DSMES Consensus Report Toolkit:  
[diabeteseducator.org/consensusreport](https://diabeteseducator.org/consensusreport)



Applying for Accreditation:  
[diabeteseducator.org/deap](https://diabeteseducator.org/deap)



Continuing Education and DSMES Resources:  
[diabeteseducator.org/education](https://diabeteseducator.org/education)



Contact Us: **deap@adces.org**



# THANK YOU

