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%

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

Age-adjusted Percentage

Total Diabetes

Diagnosed Diabetes

Undiagnosed Diabetes

Time Period

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

- American Indian or Alaska Native: 14.7%
- Asian: 9.2%
- Hispanic: 12.5%
- Black, non-Hispanic: 11.7%
- White, non-Hispanic: 7.5%

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

More than high school: 7.5%
High School: 9.7%
Less than high school: 13.3%

CDC 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

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

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.3

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

Triple Aim 2007
1. Improved Patient Experience
2. Better Outcomes
3. Lower Costs

Quadruple Aim 2014
4. Clinician Well-Being

Quintuple Aim 2021
5. Health Equity

Better Health
Improved Economy

Polling Question

Although 96 million Americans have prediabetes, only ____ know their risk

a. 1 in 10
b. 2 in 10

30%
d. 1 in 3
Achieve the Quintuple Aim with DSMES

- Improved Patient Experience
- Health Equity & Inclusion
- Improved Clinician Experience
- Lower Costs
- Better Outcomes

TEAM: TOGETHER EVERYONE ACHIEVES MORE
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.”

PWD: Person/People with diabetes
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
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

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>DSMES/MNT</th>
<th>METFORMIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficacy</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Hypoglycemia risk</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Weight</td>
<td>Neutral/Loss</td>
<td>Neutral/Loss</td>
</tr>
<tr>
<td>Side effects</td>
<td>None</td>
<td>Gastrointestinal</td>
</tr>
<tr>
<td>Cost</td>
<td>Low/Savings</td>
<td>Low</td>
</tr>
<tr>
<td>Psychosocial benefits*</td>
<td>High</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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)
Oh wait, and it’s reimbursed and covered by Medicare and most private payers?

**ONLY**

**5%**

Of **MEDICARE** beneficiaries with newly diagnosed diabetes used DSMT services\(^1\)

**ONLY**

**6.8%**

Of individuals with newly diagnosed T2D with **PRIVATE HEALTH** insurance received DSMES within 12 months of diagnosis\(^2\)
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

c. 2 hours
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

<table>
<thead>
<tr>
<th>Review</th>
<th>Reduce</th>
<th>Clarify</th>
<th>Increase</th>
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</thead>
<tbody>
<tr>
<td>Review and update the evidence supporting DSMES across care settings</td>
<td>Reduce administrative burden related to DSMES implementation across diverse care settings</td>
<td>Increase clarity and reduce ambiguity regarding medical record documentation</td>
<td>Increase access and health equity by reducing barriers to DSMES</td>
</tr>
</tbody>
</table>

[https://doi.org/10.1177/26350106211072203](https://doi.org/10.1177/26350106211072203)
<table>
<thead>
<tr>
<th>#</th>
<th>Standard</th>
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<tr>
<td>1</td>
<td>Support for DSMES Services</td>
</tr>
<tr>
<td>2</td>
<td>Population and Service Assessment</td>
</tr>
<tr>
<td>3</td>
<td>DSMES Team</td>
</tr>
<tr>
<td>4</td>
<td>Delivery and Design of DSMES Services</td>
</tr>
<tr>
<td>5</td>
<td>Person-centered DSMES</td>
</tr>
<tr>
<td>6</td>
<td>Measuring and Demonstrating Outcomes of DSMES Services</td>
</tr>
</tbody>
</table>

https://doi.org/10.1177/26350106211072203
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
DSMES Assessment

Health Status
- Type of diabetes
- Health history
- Clinical needs
- Physical limitations
- SDOH
- Age
- Other health conditions

Psychosocial Adjustment
- Emotional response to diabetes
- Diabetes distress
- Family/social support systems
- Peer support

Learning Level
- Diabetes knowledge
- Health literacy
- Literacy
- Numeracy
- Readiness to learn
- Cognitive/developmental disabilities
- Mental health impairment

Lifestyle Practices
- Cultural influences
- Self management skills and behaviors (ADCES7)
- Health service or resource utilization
- Alcohol and drug use
- Lived experiences
- Religion and sexual orientation

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?

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
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
  
• 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
  
• DSMT approved for telehealth during PHE
  • Audio Only or Audio/Video
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
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]
• 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
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. 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.

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 DPI3-1305) 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 FHHCs.
- 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 AOA recognition and ADECS 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.

References:
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...
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

- Improved Patient Experience
- Health Equity & Inclusion
- Improved Clinician Experience
- Lower Costs
- Better Outcomes

Together everyone achieves more.
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