

# Pharmacy-Led Diabetes Self-Management Education and Support (DSMES) Guide

This guide was created to facilitate Diabetes Self-Management Education and Support (DSMES) program setup and maintenance in community pharmacies, whether in a health center or independent setting. You will learn why your pharmacy might consider offering these services, by becoming an accredited or recognized DSMES provider. This guide will also provide the steps for getting and maintaining accreditation or recognition and cover additional details such as referrals and billing.

## Why DSMES?

Diabetes management requires your patients to self-manage their condition daily, sometimes in complex ways. DSMES is a service your pharmacy can offer to empower your patients to learn skills and acquire knowledge and habits that allow them to care for themselves.

While DSMES provides many benefits to your patients via improved self-management behaviors and skills, it can also provide benefits to your pharmacy. Offering DSMES services allows you to enhance clinical services in your community while creating revenue streams through reimbursement. Becoming an accredited or recognized DSMES provider allows your community or health center pharmacy to leverage your ability to care for chronic diseases and improve patient outcomes.

## Getting Accredited or Recognized

Pharmacies can achieve accreditation through the Association of Diabetes Care and Education Specialists (ADCES) or recognition through the American Diabetes Association (ADA). Read through the accreditation and recognition process before beginning, to be sure you are ready and have the funds for any accreditation or recognition fees, have the necessary team members, and have the time to complete the process. With these few items and the willingness to complete the process, you can have a pharmacy-led DSMES program faster than you might think.

See below for an at-a-glance comparison of the programs.

	ADCES Accreditation	ADA Recognition
<b>Cost</b>	<ul style="list-style-type: none"> <li>• First/Main site: \$1,100</li> <li>• Additional branches: \$100. Branches are locations that use their own billing identification (ID) number.</li> <li>• Free additional community sites. Community sites are locations that use the same billing ID.</li> <li>• For location types available including umbrella and state, see <a href="#">Adding Delivery Sites</a>.</li> <li>• Valid for 4 years.</li> </ul> <p>Renewal application fee structure is the same as above.</p>	<ul style="list-style-type: none"> <li>• First/Main site: \$1,100</li> <li>• Additional multi-sites: \$100. Multi-Sites are additional locations that are able to operate semi-independently from the primary site.</li> <li>• Free unlimited expansion sites. Expansion sites are additional locations that offer the same program as the parent site they are expanding from.</li> <li>• Valid for 4 years</li> </ul> <p>Renewal fee structure is the same as above.</p>

	<b>ADCES Accreditation</b>	<b>ADA Recognition</b>
<b>Initial Application</b>	<ul style="list-style-type: none"> <li>• Online application</li> <li>• Supporting documentation required includes:               <ol style="list-style-type: none"> <li>1. Complete the online application.</li> <li>2. Gather and upload all supporting documentation.</li> <li>3. Complete virtual orientation.</li> </ol> </li> <li>• Application fee required</li> </ul>	<ul style="list-style-type: none"> <li>• Online application</li> <li>• Supporting documentation must be submitted within 2 weeks               <ol style="list-style-type: none"> <li>1. Contact ADA to set up the application portal to allow saving and editing the application before submitting.</li> <li>2. Complete the online application.</li> <li>3. Gather and upload all supporting documentation.</li> </ol> </li> </ul>
<b>Accreditation / Recognition Process Completion</b>	<ul style="list-style-type: none"> <li>• At least one patient must complete an entire DSMES intervention with multiple encounters before a program applies for accreditation.</li> <li>• Applications are reviewed within 2 weeks; accreditation timeline varies based on completeness of application.</li> <li>• Program selects one clinical and one behavioral outcome to report annually to ADCES.</li> <li>• Yearly submission of Annual Status Report required.</li> </ul>	<ul style="list-style-type: none"> <li>• At least one patient must complete the initial comprehensive DSMES cycle.</li> <li>• The application reporting period ranges from 1-6 months prior to application submission.</li> <li>• The following two outcomes must be documented and reported on:               <ul style="list-style-type: none"> <li>▫ Participant's self-defined goals and goal attainment.</li> <li>▫ One other outcome (metabolic, clinical, quality of life) with a measure of attainment.</li> </ul> </li> <li>• Yearly submission of Annual Status Report required.</li> </ul>
<b>Renewal Process</b>	<ul style="list-style-type: none"> <li>• Gather supporting documentation.</li> <li>• Submit Annual Status Report</li> <li>• Submit online renewal application</li> <li>• Pay the renewal fee</li> </ul>	<ul style="list-style-type: none"> <li>• Gather supporting documentation.</li> <li>• Submit online renewal application.</li> <li>• Pay the renewal fee.</li> </ul>

	ADCES Accreditation	ADA Recognition
<b>Support and Assistance</b>	<ul style="list-style-type: none"> <li>• Email and phone support</li> <li>• Free member benefits including ADCES Connect online community, diabetes care and education webinars, online discussion groups, free continuing education for the whole care team</li> <li>• Monthly Diabetes Education Accreditation Program (DEAP) webinars for quality coordinators, online tools and templates</li> <li>• DEAP Coffee Break: Monthly Q&amp;A for all DEAP programs</li> <li>• Ask the Reimbursement Expert</li> <li>• Journal and newsletters</li> <li>• One-year complimentary ADCES membership with new and renewal applications.</li> </ul>	<ul style="list-style-type: none"> <li>• Email and phone support</li> <li>• Education Recognition Program (ERP) Quality Coordinator Guide</li> <li>• Chronicle Diabetes Education Documentation System</li> <li>• Education Recognition Program Monthly Q&amp;A and Networking calls</li> <li>• Online toolkits, sample templates, and resources</li> <li>• ADA publications discounted 40%</li> <li>• Free online patient education materials</li> <li>• Free Living Well with Diabetes participant booklets</li> <li>• Scientific sessions and conferences</li> <li>• Free continuing education</li> <li>• DSMES services Zip Code search, including Pediatric, Spanish, and Long-Distance Learning criteria search ability</li> <li>• DSMES service referrals from the ADA Call Center</li> </ul>
<b>Audits</b>	<ul style="list-style-type: none"> <li>• Virtually audit 5% of DEAP programs with a minimum of 44 audits per year</li> <li>• Volunteer auditors</li> <li>• 1 month notice</li> </ul>	<ul style="list-style-type: none"> <li>• On-site audit rate of 5% with a cap of 70 audits per year</li> <li>• Volunteer auditors</li> <li>• 2 weeks' notice</li> </ul>

Source: CDC DSMES Toolkit



**Resources Available:**

For more details on the ADCES Accreditation process, see the [2022 National Standards for DSMES Interpretive Guidance](#). For more details on the ADA Recognition process, see the [ERP Quality Coordinator Guide](#).

While both programs are equally effective for community delivery of DSMES, below you will see the components of the accreditation process, utilizing the ADCES model as a way to illustrate the experience in guiding health centers and pharmacies through the accreditation process.

## 6 Standards for DSMES Accreditation:

**Note on standards:** The accreditation process below describes the 6 standards included in the 2022 National Standards for Diabetes Self-Management Education and Support. Please note that these are updated and differ from the 10 standards in the previous Accreditation Program.

### Standard 1

In order to demonstrate organizational support for the DSMES program, your organization must provide a letter of support from the leadership of your pharmacy. The letter should come from an individual with a level of authority high enough to ensure support for the DSMES program. In the case of community pharmacy program, the letter of support should come from a referring provider in the community who will refer their patients with diabetes to the program.



**Resources Available:**

ADCES has [sample letters of support](#) available to save your organization time and provide expertise in crafting the letter.

### Standard 2

DSMES services must align with the target population's needs and preferences. Pharmacies must understand their population's demographics and social determinants of health to plan, implement and evaluate their DSMES program. This process should include examining the actual need for this service in your community and the potential barriers that may exist, for example:

- Space constraints or access to appropriate materials either in-pharmacy or at home
- Patient transportation
- Digital literacy
- Lack of time, interest, or awareness of DSMES programming

Pharmacies will need to describe the characteristics of their population and create a plan to navigate these barriers, such as:

- Accessibility considerations
- Time and place of sessions
- Low literacy marketing strategies
- Multi-lingual sessions and materials



**Resources Available:**

ADCES has [sample demographic information forms](#) to evaluate the target population.

## Standard 3

As you assemble your DSMES team, keep in mind that it can include a diversity of roles, such as, pharmacists, dietitians, nurses, coordinators, and administrators. Team members need at least 15 hours of diabetes-related continuing education each year. The team must include a quality coordinator, and at least one member with one of the following credentials:

- Registered Nurse (RN)
- Registered Dietitian Nutritionist (RDN)
- Pharmacist

Or hold the following certifications:

- Certified Diabetes Care and Education Specialist (CDCES)
- Board Certified-Advanced Diabetes Management (BC-ADM)



### Resources Available:

See our list of continuing education units (CEU) offerings [below](#). Also see ADCES [job description template](#) with DCES competencies.

## Standard 4

Choose a curriculum to guide your DSMES activities and stay up to date on the latest strategies, treatments, and resources. The curriculum must be evidence-based guidance and teaching strategies, and include the following core areas:

- Pathophysiology of diabetes and treatment options
- Healthy coping
- Healthy eating
- Being active
- Taking medication
- Monitoring
- Reducing risk (treating acute and chronic complications)
- Problem solving and behavior change strategies

Some examples of appropriate curricula include: [ADCES Diabetes Education and Care Curriculum](#), [ADA Life with Diabetes](#), [Healthy Interactions Conversation Maps](#), [Self- Management Resource Center Diabetes Self-Management Program](#), or any regional offerings.



### Resources Available:

Also see ADCES [Delivery Design of DSMES services template](#), and [example](#).

## Standard 5

These elements will make up the evidence of your DSMES intervention:

<b>Assessment</b>	Pharmacy staff that are part of the diabetes care and education team will need to consult with the patient to assess the individual needs of each person to create a person-centered care approach. The assessment process identifies the needs of the patient to create appropriate personalized strategies.
<b>Plan</b>	After the initial or follow up assessment, document the DSMES plan including location, time and format based on the patient's needs and preferences.
<b>Intervention</b>	During, and after each session, document any specifics of the session, including topics covered and behavior goals with related progress. Specifics of the session should also include date of service, time, and who provided the session.



### Resources Available:

ADCES DSMES Assessment Template and [Educational Record Review Chart Audit tool](#), and [Patient Chart Template](#).

## Standard 6

DSMES teams must establish a continuous quality improvement process (CQI) to analyze and report the outcomes of interventions. Each year, teams will need to pick two outcomes to improve and report on, including:

- One clinical, such as A1C, BMI, blood pressure, or behavioral outcome, such as healthy coping, taking medications, or self-monitoring.
- At least one other outcome with before and after data.

To learn more about the details of DSMES Accreditation please visit see the [Interpretive Guidance and Checklist for Standards](#).



### Resources Available:

Please see the table in [Appendix A](#) for more information on these outcomes. Also refer to the ADCES Continuous Quality Improvement [template](#).

## Billing for DSMES

Under certain conditions, pharmacies can bill on behalf of DSMES services (not bill directly as providers of DSMES). The most common ways that pharmacies bill on behalf of DSMES services is through Medicare or private insurance.

To learn about the status of billing for the provision of DSMES services under Medicaid in your state, please check this [interactive map](#) from the Policy Surveillance Program. Here you will be able to check if pharmacists can deliver DSMES for reimbursement in a particular state, as well as what types of conditions trigger coverage, and the types of cost-sharing laws present.

To learn more about what steps to take to become eligible for Medicare billing for DSMES, please see:

- [Medicare Reimbursement Guidelines for DSMT](#) from the CDC
- This [webinar recording](#) from Strand Clinical Technologies.
- This [webinar recording](#) from ADCES
- This [FAQ](#) from ADCES

## Referral Process

1. The referring physician or qualified non-physician practitioner must maintain and document the plan of care and need for DSMES program/service in the beneficiary's medical record.
2. The order for DSMES services must include:
  - A statement that the services are needed
  - The number of initial or follow-up hours ordered
  - The topics to be covered in the DSMES program/service
  - A determination of individual or group DSMES program/service
3. The DSMES provider must maintain documentation of the original order.
4. When the training under the order is changed, the training referral must be signed by the practitioner treating the beneficiary and maintained in the program records.

Below is a link to the Association of Diabetes Care and Education Specialists (ADCES) website for information on the DSMES referral process as well as a sample order form.



### Resources Available:

See this [sample referral form](#) to streamline your referral process, and ADCES [general referral information](#).

## Maintaining Accreditation

Programs must keep up with the following in order to maintain ADCES accreditation:

- Complete and report on DSMES progress in the medical record with at least one patient, and a goal of at least 10 participants in subsequent years (exceptions made during Public Health Emergency)
- Go no more than 30 days without a quality coordinator
- Report substantial changes to the program within 30 days
- Keep records of the DSMES team including
  - 15 continuing education credits completed yearly
  - Up-to-date licenses, certificates and qualifications
- Review curriculum yearly

Check out the following avenues for gaining CEUs to keep up with accreditation:

- [ADCES Continuing Education](#)
- [APhA Education and Training](#)
- [CDC Diabetes Webinars and Videos](#), many with CEUs available
- Conferences offering CEUs
  - [ADCES22](#)
  - [Texas A&M Coastal Bend Health Education Center Annual Diabetes Conference](#)
  - [ADA Clinical Conference on Diabetes](#)
  - [ADCES Quality Coordinators ONLY](#)

## Summary

By establishing a pharmacy-led DSMES, you have the opportunity to help your patients manage their diabetes. We hope that you feel prepared to do so with the help of this guide. If you are part of a health center or community pharmacy, the National Center for Farmworker Health may be able to offer further assistance in the startup of your program. To learn more about implementing a pharmacy-led DSMES program in the state of Texas and what supports are available, contact [info@ncfh.org](mailto:info@ncfh.org).



## Appendix A

**Table 1. DSMES Outcome Examples**

Outcome type	Example
<b>Process outcomes</b>	Referral process Attendance Education mapping Social determinants of health Timing of education sessions (eg, times that meet the PWD needs)
<b>Clinical outcomes</b>	A1C Time in hypoglycemia Pregnancy outcomes LDL-cholesterol levels BMI and body weight Blood pressure Time in range
<b>Psychosocial and behavioral outcomes</b>	Healthy coping Healthy eating Being active Taking medication Monitoring Reducing risk Problem-solving
<b>Patient-reported outcomes</b>	Health-related quality of life Diabetes-related quality of life Diabetes distress Self-efficacy Functional status Patient satisfaction
<b>Patient-generated health data</b>	Blood glucose trends CGM glucose management indicator Weight, activity, steps Food/beverage intake Sleep Blood pressure

**Abbreviations:** BMI, body mass index; CGM, continuous glucose monitor; DSMES, diabetes self-management education and support; PWD, person with diabetes

**Source:** Davis J, Fischl AH, Beck J, et al. 2022 National Standards for Diabetes Self-Management Education and Support. *Sci Diabetes Self-Manag Care*. 2022;48(1):44-59. doi:10.1177/26350106211072203

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