DSMES: An essential service for improved outcomes

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wait....what happened to AADE?

We Are Now ADCES

Creating value for members, people with diabetes and the entire care team.
Objectives

GOAL
Increase the number of people with diabetes who benefit from diabetes self-management education and support (DSMES) in rural health centers across Louisiana

At the end of this presentation, you’ll be able to:

• Recognize the value of accredited & recognized DSMES programs and when and how to refer.
• Describe how DSMES improves clinical and behavioral outcomes
• Discuss how accredited and recognized programs address social determinants of health and other individualized needs.
• Describe the value and ROI of DSMES in the rural health setting
• Explain how DSMES advances the quadruple aim for rural health centers
What is DSMES?

Diabetes self-management education and support is the ongoing process of facilitating the knowledge, skills, and ability necessary for diabetes self-care as well as activities that assist a person in implementing and sustaining the behaviors needed to manage his or her condition on an ongoing basis, beyond or outside of formal self-management training.
Diabetes Self-Management Education and Support in Adults with Type 2 Diabetes: A Consensus Report

Published Online June 2020
To access the report visit DiabetesEducator.org/ConsensusReport

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
Each patient carries his own doctor inside him. They come to us knowing that truth. We are at our best when we give the doctor who resides in each patient, a chance to work.

-- Albert Schweitzer, MD

Education is the most powerful weapon which you can use to change the world.

-- Nelson Mandela

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 necessary for diabetes self-care.

-- ADA Standards of Medical Care 2020

There are four critical times to provide and modify diabetes self-management education and support.

-- 2020 DSMES Consensus Report
DSMES is underutilized

THE SITUATION

- Diabetes epidemic
- Diabetes is expensive
- Target goals not being met
- DSMES not utilized per Standards of Care

CALL TO ACTION

- Communicate benefits of DSMES
- Engage stakeholders
- Address barriers to DSMES
- Make patient-centered care a priority

How does DSMES support this call to action?

DSMES improves health outcomes, quality of life, and is cost effective.

Yet ... it is underutilized. This can change.

1. Lin J. et al. Population Health Metrics, 2018
2. ADA. Diabetes Care, 2018
3. Kazemian P, et al. JAMA Internal Medicine, 2019
4. ADA. Standards of Medical Care, Diabetes Care, 2020
DSMES is underutilized

**ONLY**

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

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

### Summary of DSMES benefits to discuss with people with diabetes

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

No negative side effects | Medicare and most insurers cover the costs
If DSMES were a pill, would you prescribe it?

<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).
If DSMES were a pill, would you prescribe it?

Prescribe DSMES

DSMES requires a referral
Four critical times to provide and modify DSMES

1) At diagnosis.
2) Annually and/or when not meeting treatment targets.
3) When complicating factors develop.
4) When transitions in life and care occur.
Factors that indicate referral to DSMES services

At diagnosis

- All newly diagnosed.
- Ensure that both nutrition and emotional health are addressed or make separate referrals.
Factors that indicate referral to DSMES services

Annually and/or when not meeting treatment targets

- When knowledge and skills need to be assessed.
- Long-standing diabetes with limited prior education.
- Treatment ineffective.
- Change in medication, activity, or nutritional intake or preferences.
- Maintenance of positive clinical and quality of life outcomes.
- Unexplained or frequent hypo- or hyperglycemia.
- When psychosocial and behavioral support is needed.

Factors that indicate referral to DSMES services

When complicating factors develop

Change in:

• Health conditions or health status requiring changes in nutrition, physical activity, or medication.
• Physical limitations.
• Emotional well-being.
• Basic living needs.
• Planning pregnancy or pregnant.

Factors that indicate referral to DSMES services

When transitions in life and care occur

• Change in living situation.
• Discharge from inpatient to outpatient.
• New clinical care team.
• Initiation or intensification of medication, devices or technology.
• Insurance coverage changes.
• Age-related changes.

What needs to be done at the four critical times?

• Checklist available in DSMES consensus report.
• Provides content guidance for each critical time.
• Shows key points for provider’s team versus DSMES team.

Evidence for greatest impact of DSMES

Engaging adults with type 2 diabetes in DSMES results in statistically significant and clinically meaningful improvements in A1C. The greatest improvements are achieved when DSMES:

• Involves both group and individual education.
• Is provided by a team vs a single individual.
• Participants attend more than 10 hours.
• Is tailored to the individual participant.
• Is focused on behaviors and engages the participant rather than didactic interventions.

Recommendations: for providers

- Discuss with all persons with diabetes the benefits and value of initial and ongoing DSMES.
- Initiate referral to and facilitate participation in DSMES at the 4 critical times: (1) at diagnosis, (2) annually and/or when not meeting treatment targets, (3) when complicating factors develop, and (4) when transitions in life and care occur.
- Ensure coordination of the medical nutrition therapy plan with the overall management strategy, including the DSMES plan, medications and physical activity on an ongoing basis.
- Identify and address barriers affecting participation with DSMES services following referral.
DSMES consensus report recommendations

Recommendations for: health policy, payers, systems, providers, care teams

- Expand awareness, access, and utilization of innovative and non-traditional DSMES services.
- Identify and address barriers influencing providers influencing referrals to DSMES services.
- Facilitate reimbursement processes and other means of financial support in consideration of cost savings related to the benefits of DSMES services.
2017 National Standards for DSMES

- The Standards define timely, evidence-based DSMES services to ensure wide application and quality.
- The Standards are designed to define quality DSMES and assist those who provide DSMES services.
- Provide evidence as a tool for payers reviewing DSMES reimbursement and consider change to align with their beneficiaries’ preferences and lives.
History of the Acronyms

- DSMT – Billing for Medicare
- DSME
- DSME/T
- DSMS
- DSME/S
- DSMES – Currently in use
History of the National Standards

- National Accrediting Organization (NAO)
  - AADE in 2009
  - ADA in 1986
- 1987 – First recognized program utilizing the Standards
- 1997 – Centers for Medicare and Medicaid Services (CMS) began reimbursing for DSME in 1997
DSMES Accredited Programs

Understand the communities they serve
• Languages Spoken
• Cultural Influences
• Low vision
• Hearing impaired
• Disabled
• Low literacy
• SDOH
• Transportation needs
Individualized diabetes specific assessment to determine skills necessary to live well and thrive with diabetes.

Education and training plan based on participants goals, questions, needs and availability for visits.

All plans and goals developed collaboratively with participant and dces

Expanded access including individual visits, group classes, support groups, community resource connectors.

Annual reporting to confirm adherence to national standards

Audits to ensure maintenance of the highest quality DSMES

DSMES Accredited Programs meet and maintain the national standards
DSMES Accredited Programs take action to overcome access related issues:

- Socioeconomic
- Cultural
- Schedules
- Transportation
- No insurance or high deductible insurance
- Perceived lack of need
The quadruple aim

We’re getting better outcomes for our population

We’re reducing complications, moving upstream, and lowering costs

01 Patient Experience
02 Population Health
03 Reducing Costs
04 Care Team Well-being

DSMES

DSMES providers
Remember...

DPP and DSMES have a value BEYOND reimbursement...

• Reduce unscheduled visits, specialist visits, ED encounters
• Increase revenue to other services (e.g. labs, preventive care referrals, behavioral health)
• Help achieve pay for performance metrics
• Connect patients to your center as a medical home
• Support population health and health equity outcomes
DSMES in Louisiana
Need for DSMES in Rural Health Centers

• 17% higher prevalence of diabetes in rural versus urban areas**
• CDC researchers found that 62% of nonmetropolitan counties do not have a DSMES program.**

• The National Quality Forum (NQF) established a workgroup

Rural Health Centers and Quality Measures

“NQF convenes the statutorily mandated Measure Applications Partnership (MAP) as a public-private partnership of healthcare stakeholders.

MAP provides input to the Department of Health and Human Services (HHS) on the selection of performance measures for public reporting and performance-based payment programs.

MAP also helps to identify gaps in measure development and encourages measure alignment across public and private programs, settings, levels of analysis, and populations.

In 2017, recognizing the lack of representation from rural stakeholders in the pre-rulemaking process, CMS tasked the National Quality Forum (NQF) to establish a MAP Rural Health Workgroup”

DSMES can impact diabetes and cardiometabolic outcomes!

“Diabetes, hypertension, and chronic obstructive pulmonary disease (COPD). The Workgroup recognized these chronic conditions as highly prevalent in rural areas, requiring high levels of healthcare utilization and contributing to high costs of care for rural residents.”

DSMT for Medicare Beneficiaries in RHC’s

10 hours of initial training (once under Medicare)

2 hours of follow-up available annually starting year 2 (with referral)

Rural Health Centers (RHCs): add 1:1 DSMT visits via G0108 to the RHC Cost Report

- RHC’s are paid through an All-Inclusive Rate (AIR).
- DSMT visits have the potential to increase the center's all-inclusive rate if is not already capped.
- Services such as DSMES/DSMT, outside of the usual scope of RHC’s are added to the cost report which is required for costs that are non RHC/FQHC daily services and for things like space, supplies, personnel, and overhead.
Prior to Covid-19, the only telehealth services reimbursable to FQHCs and RHCs were the “originating site” charges. This means they set up the patient in a room with screen where they could interact via videoconference with a provider from a “distant site”.

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

The Cares Act, passed on March 27, expanded telehealth for FQHCs and RHCs during the Covid-19 PHE. CMS provided updated guidance on April 17.
• FQHCs/RHCs: DSMT visits can be billed (using G0108) for telehealth during the PHE.
• Telehealth services can be provided by any healthcare practitioner working for the RHC or the FQHC within their scope of practice.
• For telehealth services furnished between July 1, 2020 and the end of the COVID-19, PHE, RHCs and FQHCs will use an RHC/FQHC specific G code (G2025) to identify services that were furnished via telehealth
• RHC and FQHC claims with the new G code will be paid at the $92 rate.
Summary

• There are many evidence-based benefits of DSMES. Of note are the many psychosocial benefits and behavioral improvements.

• DSMES is grossly underutilized.

• The DSMES consensus report:
  - Describes the 4 critical times to provide and modify DSMES.
  - Provides clear guidance as to when to refer to DSMES services.
  - Includes a checklist for providers and diabetes care and education specialists providing and modifying DSMES services.

• Health systems and providers should mobilize to ensure all people with type 2 diabetes have easy access to DSMES, including nutrition, physical and emotional health support.
  - Consider automatic referrals for DSMT and MNT; opt-out versus opt-in.

To access the DSMES consensus report and related resources visit:

DiabetesEducator.org/ConsensusReport
Questions?
THANK YOU