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WALPEN Webinar Series!



Meet the Expert

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Understanding Diabetes Self-Management Education and Support (DSMES) services

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Arlington, VA

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Disclosure to Participants

- **Conflict of Interest (COI) and Financial Relationship Disclosures:**
 - Presenter: Uzma Quraishi, MS, RD/N – I have no conflicts of interest to disclose.

Learning Objectives

At conclusion of this education activity participants will be able to:

- Refer people with diabetes to an American Diabetes Association (ADA) Recognized DSMES service,
- Identify the times when to refer to a DSMES service,
- List the annual requirements of professional DSMES and paraprofessional DSMES team members,
- List 3 ADA resources that assist DSMES services in meeting and maintaining Recognition.

Poll

Does your organization have a Recognized DSMES service?

- Yes
- No

Poll

How many of you are thinking of starting a new DSMES service?

- Yes, interested
- No, not now

Standards History



The National Standards for Diabetes Self Management Education and Support (NSDSME) were developed and first published in 1984



ADA became a Medicare National Accrediting Organization (NAO) for DSMES in 1986

AADE became a NAO in 2009



First Recognized programs in 1987 using a review process based on the standards



CMS began reimbursing for DSMES in 1997



Standards Revised in 1995, 2000, 2007, 2012, and 2017

Why Be Recognized?



Recognition defines evidence based **Quality DSMES** through identification of

Structure –

Standards 1 - 5

Process –

Standards 6 - 8

Outcomes –

Standards 9 - 10



Recognition = **Reimbursement** by Medicare



Many Recognized DSMES programs **Don't Bill** for their services

What is Recognized DSMES?

- **DSMES is:**
 - **individualized** evidence based education and self-management support that is an
 - **ongoing process** of **empowering** participants with the knowledge, skills, and
 - **coaching** for behavioral change to promote and support:
 - informed decision making
 - self care behaviors
 - problem solving

What Recognized DSMES is NOT

Clinic visit alone

- But it can occur with a clinical visit

Incidental training only

- Showing a participant how to use a meter or give an injection
- Survival skill education

Packaged education that is not individualized

Support groups with educators leading or speaking

Poll

Can a podiatrist refer a patient for DSMES?

- Yes
- No

Who Can Refer?

- A referral *must reflect that the treating physician or treating midlevel provider* who is managing the beneficiary's diabetic condition certifies that such services are needed

Referral reference page 5 of CMS link

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R13BP.pdf>

Referral

The order must also include a statement signed by the referring provider that the service is needed as well as the following:

- ✓ The number of initial or follow-up hours ordered (the physician can order less than 10 hours of training)*
- ✓ The topics to be covered in training (initial training hours can be used for the full initial training program or specific areas such as nutrition or insulin training)*
- ✓ A determination that the beneficiary should receive individual or group training*

Sample Referral

EXAMPLE
SHORT REFERRAL

Date: _____

Referring Provider and NPI: _____

Participant's Name: _____ DOB: _____

Phone#: _____

Diabetes Diagnosis:

Type 1 Type 2d Gestational
 Pre-Existing DM with Pregnancy Pre-diabetes

Referral For:

Initial Comprehensive Diabetes Self-Management Training (DSMT) – 10 hrs. and all 9 topics (Diabetes disease process, Nutrition, Physical activity, BG monitoring, Medication, Acute complications, Chronic complications, Psychosocial concerns and Health/Behavior change)

DSMT: Follow-up – 2 hrs.

Medical Nutrition Therapy (MNT) Initial – 3 hrs.

MNT: Follow up – 2 hrs.

Specific Topics and Hours if needs vary from above: _____

*DSMT can be ordered by an MD, DO or midlevel provider managing the participant's diabetes.
**MNT must be ordered by MD or DO managing the participant's diabetes.

Indicate any barriers to group learning or additional insulin training requiring _____ hours of 1:1 training:

Impaired mobility Impaired vision Impaired hearing Impaired dexterity

Impaired mental status/cognition Language barrier Eating disorder

Learning disability or other (please specify): _____

1:1 Insulin Training

I hereby certify that I am managing this beneficiary's Diabetes condition and that the above prescribed training is a necessary part of management. (Medicare participants)

Physicians Signature: _____

Date: _____

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Currently, CMS reimburses for 10 hours of initial DSMES and 2 hours in each subsequent year

Sample referral form can be found at
www.diabetes.org/erp

Where to Refer?



DiabetesPro®

All types Search



- Home
- Awards
- Clinical Corner
- Diabetes Educators
- Research & Grants
- Continuing Education
- Membership
- Scientific Sessions

ERP Listing

Search Recognized Education Programs by zip code or [filter by state](#).

Enter a search area and 5 digit zip code and click apply to search.

Search

25 Miles from

Pediatric

- Any -

DPP

- Any -

Spanish

- Any -

Telemedicine

- Any -

Apply

Reset



Education Recognition Program

Poll

DSMES is only for newly diagnosed patients?

- True
- False

When to Refer?

FOUR CRITICAL TIMES TO ASSESS, PROVIDE, AND ADJUST DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT

1 AT DIAGNOSIS

2 ANNUAL ASSESSMENT OF EDUCATION, NUTRITION, AND EMOTIONAL NEEDS

3 WHEN NEW COMPLICATING FACTORS INFLUENCE SELF-MANAGEMENT

4 WHEN TRANSITIONS IN CARE OCCUR

Powers MA. *Diabetes Care* 2015;38:1372

At Diagnosis

- All newly diagnosed individuals with diabetes should receive DMSES
- Ensure that both nutritional and emotion health are appropriately addressed in education or make separate referrals

Annual Assessment

- Needs review of knowledge, skills and behaviors
- Long-standing diabetes with limited prior education
- Change in medication, activity, or nutritional intake
- A1C out of target
- Maintain positive health outcomes
- Unexplained hypo or hyperglycemia
- Planning pregnancy or pregnant
- Support to attain or sustain behavior change(s)
- Weight or other nutritional concerns
- New life situations and competing demands

When Complications Occur

Change in:

- Health conditions:
Renal disease, Stroke, Steroid therapy, Complicated medication regimen
- Physical limitations:
Visual impairment, Dexterity issues, Movement restrictions
- Emotional factors
Depression, Anxiety
- Basic living needs:
Access to food, Financial limitations

Transition in Care

Change in:

- Living situation
Inpatient rehab, Outpatient rehab, Now living alone
- Medical care team
- Insurance coverage resulting in treatment change
- Age-related changes affecting:
Cognition, Self-care, Other

Benefits of DSMES

Lowers A1C

- Of the 118 studies: 83.9% reported statistically significant reduction in A1C with combined group & individual intervention (1)
- DSMES improves hemoglobin A_{1c} by as much as 1% in people with type 2 diabetes (2)
- ADA ERP Program: Average A1C reduction of 1.28% (3)

1. Chrvala et al. Pt Ed & Counseling (2015)
2. Powers et al. Diabetes Care (2015)
3. ADA. unpublished data (2018)

Benefits of DSMES

1% reduction in A1C levels has been found to be associated with risk reductions

- 21% Diabetes Related Deaths
- 14% Heart Attacks
- 37% Microvascular Complications
Eyes ~ Kidney ~ Nerves

Reference: Irene M. Stratton et al., *Association of Glycaemia with Macrovascular and Microvascular Complications of Type 2 Diabetes (UKPDS 35): Prospective Observational Study*, 321 THE BMJ 405, 405, 409 (Aug. 2000).

Psychosocial Benefits

- Reduces Diabetes Distress (1,3)
- 2/3 people with diabetes distress experience significant improvement after education intervention (2)

1. Tang TS et al. Preventing Chronic Disease (2012)
2. Fisher L et al. Diabetes Care (2013)
3. Siminerio L. The Diabetes Educator (2014)

Diabetes Education Saves Money

By reducing:

- Hospital admissions
- Readmissions
- Estimated lifetime health care costs related to a lower risk for complications

Powers et al. Diabetes Care (2015)

Diabetes Education Saves Money

2007 cost/ commercial insured member/month

\$923 w/diabetes education (-\$149/month and \$1,788/yr)

\$1,072 w/o diabetes education

2007 cost/Medicare member/month

\$1,241 w/diabetes education (-\$81/month and \$972/yr)

\$1,322 w/o diabetes education

Study Number: Total 223,276 PWD

Reference: Miriam E. Tucker, Internal Medicine News, Sept 15, 2010 v43 115 p36

Link: <http://www.thefreelibrary.com/Diabetes+education+cuts+hospitalizations.-a0239532022>

What is Required to be Recognized?

Service must be operating to meet 10 National Standards



1 Participant must complete initial comprehensive DSMES cycle



Application



Once application approved DSMES service is Recognized for a 4 year cycle

Maintaining Recognition

Maintain
adherence
to the
DSMES
standards

- Annual Status Report
- Audit ready at all times
 - CMS desk audits Recognized programs
 - *Documents are sent to CMS for review*
- ADA randomly select 70 services to audit annually per CMS requirements
 - *ADA does on-site audits with 2 week notice*

Build the structure (std. 1-5)

- Mission statement
- Annual goals
- Org structure
- Organizational support
- Advisory group
- Evaluation of population served
- Quality Coordinator
- DSMES Team

Poll

DSMES programs must have a CDE?

- True
- False

DSMES Service Disciplines

Minimal Professional Educator Requirement

- **Dietitian or**
- **Nurse or**
- **Pharmacist or**
- **CDE or BC-ADM**

Service Disciplines:

Single Discipline or Multi-Discipline

Physician is not a required staff member

Professional Team Members

- Professional team members current discipline's licensure (CDR registration for RD/Ns)
- 15 hours of CEUs from NCBDE approved CEU providers each program anniversary year for professional team members that are not CDE® or BC-ADM

Paraprofessional Team Members

- Paraprofessional team members previous experience or training in: diabetes, chronic disease, health and wellness, healthcare, community health, community support, educational methods
- Paraprofessional supervision by the quality coordinator or healthcare professional team member

Paraprofessional Team Members

- Paraprofessional team members have 15 hours of training initially before instructing and each program anniversary year in diabetes or diabetes related topics
 - E.g. in-services, pharmaceutical, device training, etc.
- Paraprofessional competency in the areas of the DSMES services that she/he teaches initially and each program anniversary year

Process (std 6-8)

Curriculum:

- Diabetes pathophysiology and treatment options
- Healthy eating
- Physical activity
- Medication use
- Monitoring and using patient generated health data (PGHD)
- Preventing, detecting, and treating acute complications ◆
- Preventing, detecting, and treating chronic complications ◆
- Healthy coping with psychosocial issues and concerns
- Problem solving

◆ See next slide for added language.

Curriculum

- Preventing, detecting, and treating acute complications including hypoglycemia, hyperglycemia, diabetes ketoacidosis, sick day guidelines, and severe weather or situation crisis and diabetes supplies management

- Preventing, detecting, and treating chronic complications including immunizations and preventive eye, foot, dental, and renal examinations as indicated per the individual participant's duration of diabetes and health status

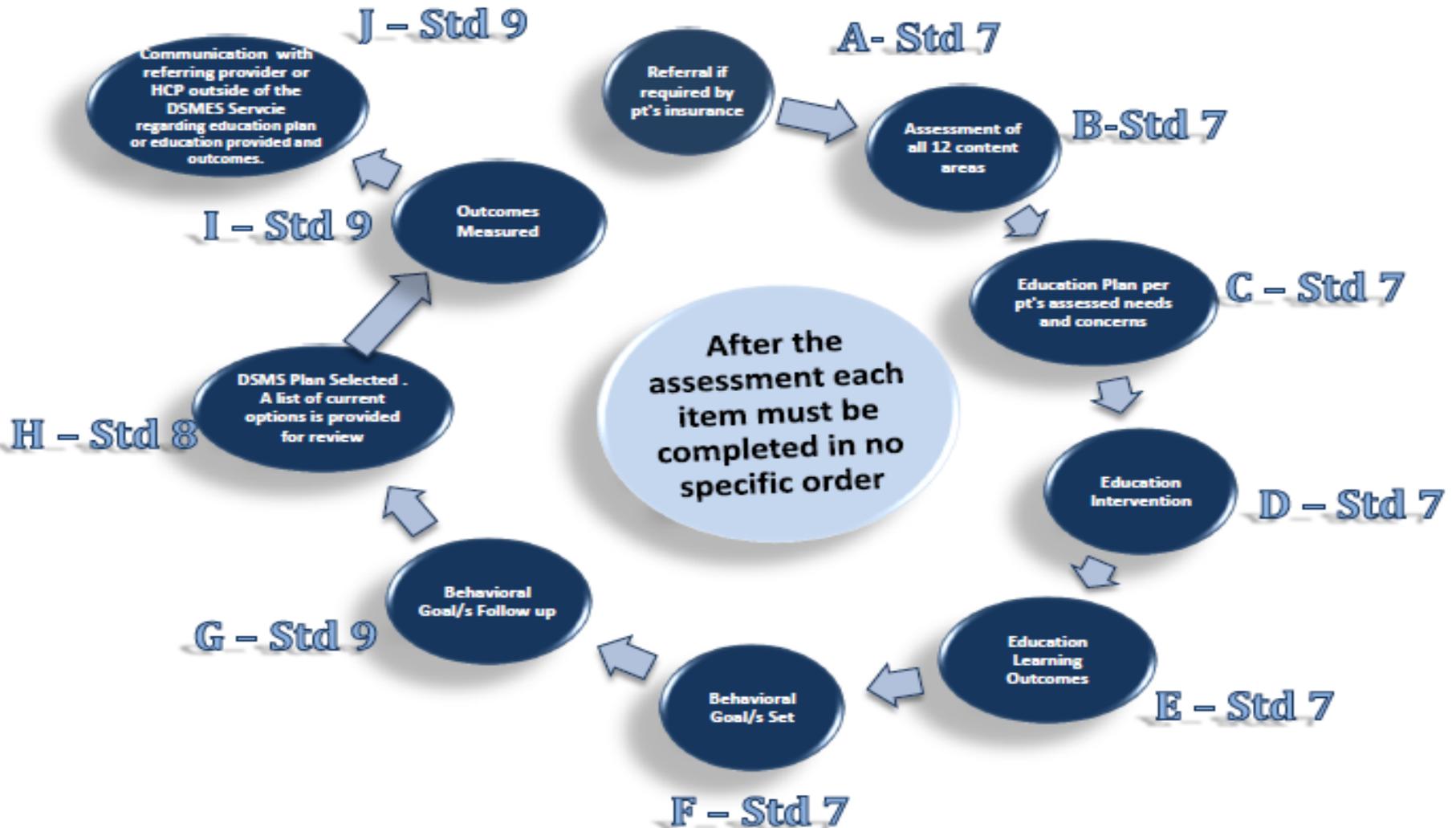
The DSMIES Cycle

Initial Comprehensive DSMES Cycle—Standards 7, 8, 9



American Diabetes Association

Education Recognition Program



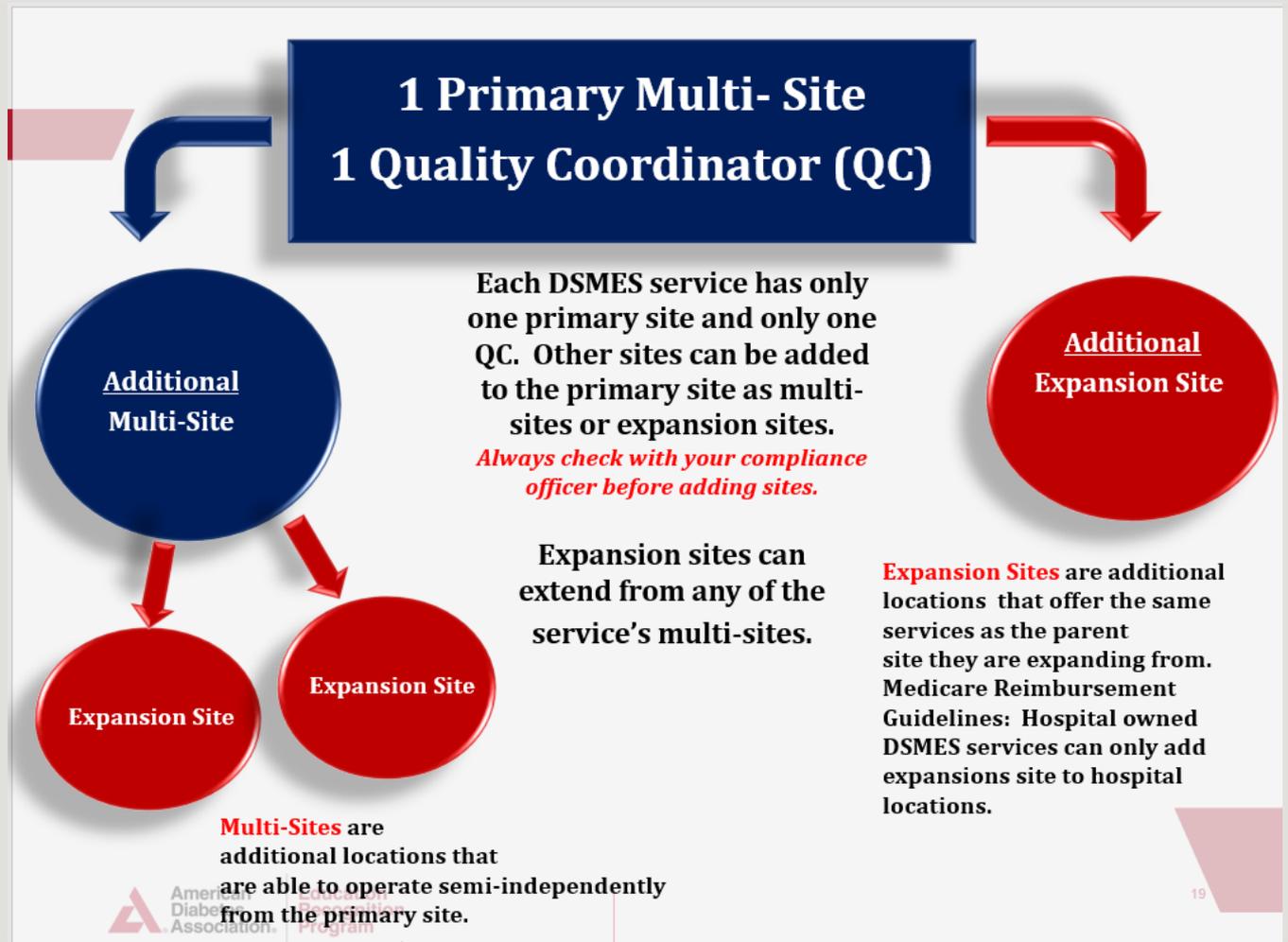
Outcomes (std. 9-10)

- Participant outcomes
- CQI project



Outcomes

DSMES Service Models and Structures



DSMES Service Types

	<u>Multi site</u>	<u>Expansion</u>
Curriculum	Can be different from parent site	Must be same as the parent site
Staff	Can be different from parent site	*Must be staff from the parent site
CQI	Can be different from parent site	Must be same as the parent site
P &P	Can be different from parent site	Must be same as the parent site
Forms	Can be different from parent site	Must be same as the parent site
Certificate	Gets separate certificate Can bill separately	Uses copy of parent site certificate. Bills from the parent site
Website	Listed separately	Unlisted
Fee	\$100	Free

*Instructional Staff - must provide greater than 10% of the DSMES program at the multi-site the expansion has expanded out of. Program must be able to provide documentation reflecting this every 3 months in case of an audit.

Approved Places of Service

Hospital outpatient department

Private physician practice

Registered dietitian (RD) practice

Federally qualified health center (FQHC)

Rural health clinic (RHC) (RHC can claim credit for DSMES hours, not separate reimbursement)

Home health agency

Skilled nursing facility (SNF)

Pharmacy

Durable medical equipment (DME) company

For Hospitals

- Hospital owned DSMES services can only add expansion sites to hospital owned locations
- Remember it's the DSMES program that is billing using the hospital NPI number. The educators and not billing

<https://www.cdc.gov/diabetes/dsmes-toolkit/reimbursement/medicare.html>

For FQHCs

- Must be provided 1:1 and in person on a separate day of another medical service by Medicare Part B

<https://www.cdc.gov/diabetes/dsmes-toolkit/reimbursement/medicare.html>

For Pharmacies

- Must be a Medicare part B provider, provide services such as Urgent Care/Flu Vaccines
- The pharmacy – not the pharmacist – is the billing provider of DSMES

<https://www.cdc.gov/diabetes/dsmes-toolkit/reimbursement/medicare.html>

A Note about Pharmacies and DSMES Reimbursement

- A pharmacy cannot bill Louisiana Medicaid for DSMES
- However, a pharmacist can be an educator with an eligible entity which has a credentialed DSMES service, such as a hospital or FQHC. The Medicare entity would be the billing provider in this scenario
- Private payer contracts are needed to be reimbursed for DSMES

RESOURCES

How Well-Ahead Louisiana Grant Work Supports DSMES

- Overarching strategy: Improve access to and participation in ADA-recognized/AADE-accredited DSMES services – particularly in underserved areas
- A key strategic focus is training diabetes educators to increase referrals and improve retention of patients in their DSMES services
- Projects include comparing a culturally sensitive curriculum to a traditional one and delivering DSMES through telehealth technology

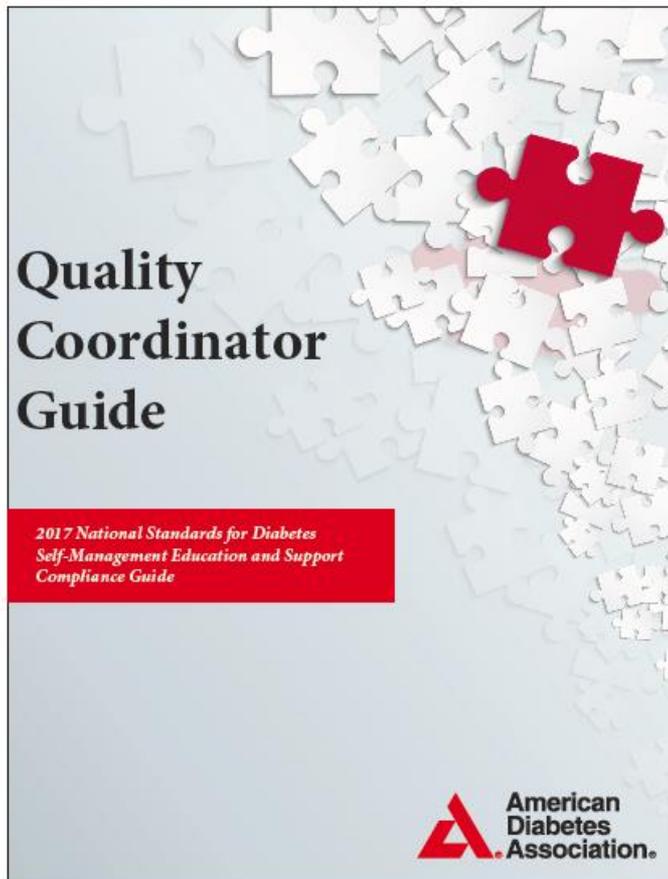
Well-Ahead Partners for DSMES Work

- Health systems, hospitals and outpatient clinics
- Federally qualified health centers and rural health clinics
- Parish health units
- Pharmacies

The Recognition and Audit GEM



Resource with many tools and templates



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American Diabetes Association. Education Recognition Program

Become Recognized by the American Diabetes Association for Diabetes Self-Management Education and Support (DSMES)

- Access to Krames education materials, which includes customizable health sheets—many are available in 10 other languages.
- Enhanced marketing opportunities, including use of the American Diabetes Association Education Recognition Program logo
- 40 percent discount on American Diabetes Association's publications and books

“The ERP Staff are always very courteous with explanations of what is needed and/or required for continued ERP status. They have always treated me like family, and never like just another consumer. The ADA ERP Staff foster a Culture of Compassion!”

—Kristy Merritt, RN, CDE
Methodist LeBonheur Healthcare

Education Recognition Program

Listing of Recognized Education Programs

ERP Quality Coordinator Guide - 2017 Standards Edition

ERP Monthly Q/A Call Schedule

Initial Comprehensive DSMES Cycle

ERP Portal Login

Recognition News

Chronicle Diabetes DSMES Documentation Platform

DPP Express - Diabetes

To promote quality education for people with diabetes, the American Diabetes Association (ADA) endorses the [National Standards for Diabetes Self-Management Education and Support](#). If you are seeking reimbursement for diabetes education, it is appropriate to apply for ADA Recognition of your diabetes education program or service. [Learn more about the benefits of ADA Education Recognition.](#)

Example of some of the many Free CEU topics



WEBCAST

65th Annual Advanced Postgraduate Course: Diabetic Kidney Disease: What to Do Before You Refer to a Nephrologist

4/1/2018 - 12/31/2018

0.75 Credit

Webcast from the 65th Annual Advanced Postgraduate Course



WEBCAST

65th Annual Advanced Postgraduate Course: Obesity Management in Patients with Diabetes

4/1/2018 - 12/31/2018

0.75 Credit

Webcast from the 65th Annual Advanced Postgraduate Course

Psychosocial Care in People with Diabetes

10/30/2017 - 12/31/2019

1.25 Credit

Intensification of Basal Insulin Therapy in Persons with Diabetes

4/1/2017 - 12/31/2019

3.25 Credit

Initiation and Titration of Insulin Therapy in Persons with Diabetes

4/1/2017 - 12/31/2019

3.25 Credit

SAP

Management of Diabetes in Children

7/12/2017 - 1/1/2020

4.25 Credit

WEBCAST

Advocating on Behalf of the Student with Diabetes

4/1/2017 - 12/31/2018

1.5 Credit

SAP

Physical Activity - Exercise and Diabetes

1/1/2017 - 12/31/2019

5 Credit

Chronicle Diabetes

Chronicle Diabetes is a HIPAA and HITECH compliant web based education documentation tool that is available for ADA Recognized DSMES programs to use for FREE.

Chronicle Diabetes allows you to document your education process according to Recognition guidelines and much more including:

- Ability to document and track the complete patient DSMES Cycle
- Ability to track individual and aggregate clinical and behavioral outcomes
- Ability to generate letters to patients and providers
- Ability to generate reports for the purpose of advertising program outcomes to providers
- Ability to import data required for ERP Applications and Annual Status Reports



For more information please visit diabetes.org/chronicle or call 1.888.232.0822

40% Discount on Publications

Are You a Member of the American Diabetes Association Education Recognition Program?

Our publications are of the highest medical standards designed to help you in your passion for showing people with diabetes how to manage their disease and improve their quality of life.



Titles such as the newly updated Life with Diabetes 5th edition, the Choose Your Foods series co-published with the Academy of Nutrition and Dietetics, and our Medical Management series, are invaluable resources you'll want to have handy.

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Living with Type 2 Diabetes

American Diabetes Association. **Living With Type 2 Diabetes**

When your patients are first diagnosed with diabetes, they will have a lot of questions. Get them the answers they need from experts you can trust. *Living With Type 2 Diabetes* is a free, 12-month program for people newly diagnosed with type 2 diabetes. Those who sign up choose to get information sent to them online.

The program offers patients information, steps they can take to live healthy with diabetes, and resources offered by the American Diabetes Association® every other month. Patients are also provided opportunities to find support in their local communities or online.

Order Our Free Patient Resource for You to Distribute—Where Do I Begin?

This booklet will start patients on their diabetes journey and includes information on signing up for the *Living With Type 2 Diabetes* program.



Order free copies today. Call 1-800-DIABETES (800-342-2383) or order online at diabetes.org/atdx.

Then Enroll Your Patients in This Free Program

After giving your patients the Where Do I Begin? booklet, enroll them in the free *Living With Type 2 Diabetes* program in one of the following ways:

- Visit diabetes.org/living.
- Call 1-800-DIABETES (800-342-2383).
- Fill out the business reply card inside Where Do I Begin? and mail it back.

Conference Calls

Monthly Calls

–**New QC Call**

–Application and *ASR Call*

–Chronicle Diabetes Call

–**DPP *Express***

www.diabetes.org/erpqa

Questions?



Thank You!





For further questions

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