

# Diabetes Self- Management Education & Support (DSMES)

Helping You and Your Patients Achieve Positive Outcomes



Diabetes Self-Management Education & Support (DSMES): Helping you and your patients achieve positive outcomes.

# DSMES



Diabetes self management education and support

- Evidence based, effective and improves outcomes
- Person centered care provided by a specialist
- Accredited and recognized DSMES services meet or exceed National Standards
- Help people connect the dots between care plan and life



# DSMES teams



- Communicate and collaborate with referring providers
- Reinforce diabetes care plans
- Support personalized and compassionate care that meets people where they are
  - Understand their daily habits and patterns
  - Learn about their personal health beliefs and attitudes
  - Incorporate cultural values into management plan
  - Reduce burden on patients, providers and care team

# 200+ decisions every day

Healthy Coping



Healthy Eating



Being Active



Taking Medication



Monitoring



Problem Solving



Reducing Risks



# Summary of DSMES Benefits

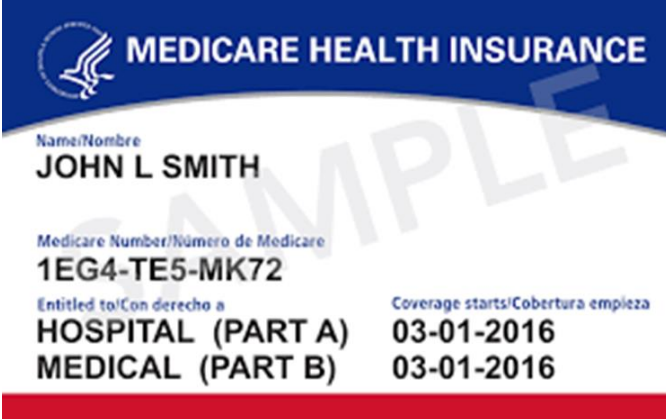


- Provides critical education and support for implementing treatment plans.
- Reduces emergency department visits, hospital admissions and hospital readmissions.
- Reduces hypoglycemia.
- Reduces all-cause mortality.
- Lowers A1C.
- Promotes lifestyle behaviors including healthful meal planning and engagement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

**No negative side effects | Medicare and most insurers cover the costs**

# Medicare benefit: DSMT

- 10 hours of initial training
  - 30 minute units
  - Once in a lifetime
  - Must complete within 12 months
- 2 hours of follow-up available every year



**MEDICARE HEALTH INSURANCE**

Name/Nombre  
**JOHN L SMITH**

Medicare Number/Número de Medicare  
**1EG4-TE5-MK72**

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
<b>HOSPITAL (PART A)</b>	<b>03-01-2016</b>
<b>MEDICAL (PART B)</b>	<b>03-01-2016</b>

A sample Medicare Health Insurance card for John L. Smith. The card is blue and white with a red bar at the bottom. It displays the Medicare logo, the name JOHN L SMITH, and the Medicare Number 1EG4-TE5-MK72. It also shows coverage start dates for Hospital (Part A) and Medical (Part B) as 03-01-2016. A large 'SAMPLE' watermark is visible across the card.

# When to refer people with diabetes

- At diagnosis
- Annually or when not meeting treatment targets
- When complicating factors develop
- When transitions in life and care occur





# DSMES and Telehealth during PHE

- Accredited and Recognized DSMES services can provide and be reimbursed for services
- Can be provided with audio only
- Expands telehealth for Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)



# Specific Referral

- Signed by provider overseeing diabetes care:
  - MD/DO, PA, NP, APRN
- # of hours
- Topics ordered
- Group or 1:1 training
  - If 1:1- special needs
- DSMES service must maintain record of original referral order
- If changed, signature of referring provider

[Diabeteseducator.org/referdsmes](https://Diabeteseducator.org/referdsmes)

## 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 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 the treating physician.

Medicare coverage of DSMES/T and MNT requires the treating qualified 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"/> _____	
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
- Cognitive       Other (specify) \_\_\_\_\_

- All content areas identified by DSMES Team on assessment OR

Specific Content areas (Check all that apply)

- Monitoring diabetes
- Psychological adjustment
- Nutritional management
- Medications
- Diabetes as disease process
- Physical activity
- Goal setting, problem solving
- Prevent, detect and treat acute complications
- Prevent, detect and treat chronic complications
- Preconception, pregnancy, gestational diabetes
- Device Training

#### Medical Nutrition Therapy (MNT)

Check the type of MNT requested

- Initial MNT 3 hours       Additional MNT hours for change in:  
 Annual follow-up MNT 2 hours       medical condition       treatment       diagnosis.

Signature of qualified provider certifies that he or she is managing the beneficiary's diabetes care.

Signature and NPI # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Group/practice name, address and phone: \_\_\_\_\_

© 2021 (Last revised on 09/14/2021) by the Academy of Nutrition & Dietetics, American Diabetes Association and the Association of Diabetes Care & Education Specialists

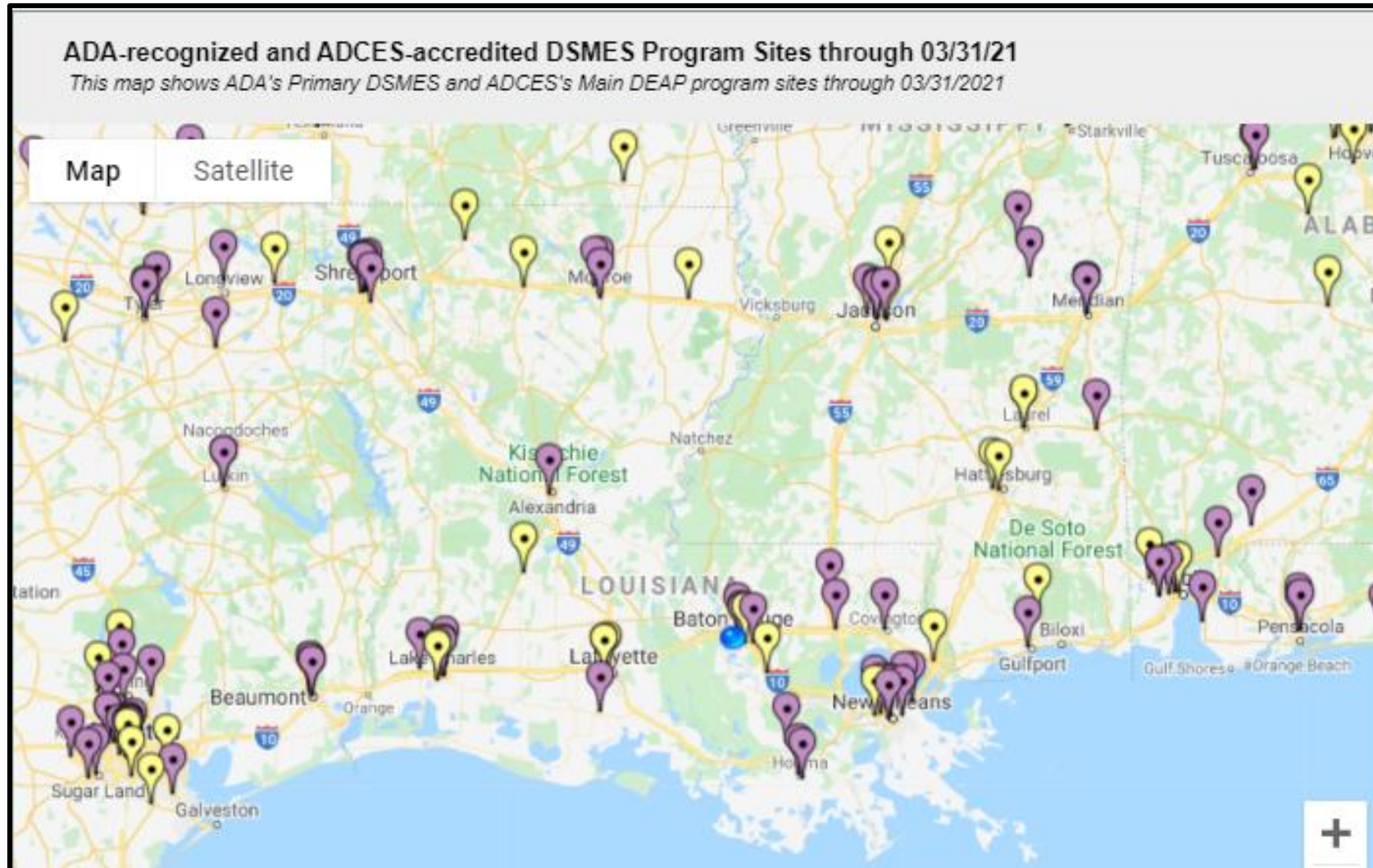
# Medicare's diagnostic criteria



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

- Fasting blood sugar greater than or equal to 126 mg/dL on **two** different occasions
- Two-hour post glucose challenge greater than or equal to 200 mg/dL on **two** different occasions
- Random glucose test over 200 mg/dL on **one** occasion for a person with **symptoms** of uncontrolled diabetes
  - **Symptom examples:** excessive thirst, excessive urination, excessive hunger, excessive fatigue, blurred vision, unintentional weight loss, non-healing cuts/wounds

diabeteseducator.org/find



# DSMES is underutilized



## THE SITUATION

Diabetes epidemic <sup>1</sup>  
Diabetes is expensive <sup>2</sup>  
Target goals not being met <sup>3</sup>  
DSMES not utilized per Standards of Care <sup>4,5</sup>

## CALL TO ACTION<sup>6</sup>

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  
5. Strawbridge LM, et al. Health Educator, 2015  
6. Powers MA, Bardsley JK, et al. DSMES Consensus Report, The Diabetes Educator, 2020

# Support DSMES in your area

- Refer
- Connect
- Collaborate
- Communicate
- Champion
- Support



# If DSMES were a pill, would you prescribe?

## 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).