



National Health Care Reform:

The Role of Diabetes Educators in Disease Management, Cost Containment and Health Prevention for Diabetes

As health care reform is considered by Congress and the Administration in 2009, the American Association of Diabetes Educators (AADE) respectfully urges that any health reform legislative proposal must focus on the current public health crisis caused by the growing prevalence of diabetes, and address the vital role of Certified Diabetes Educators (CDEs) in mitigating and controlling this disease.

Diabetes: A Public Health Crisis

Diabetes is widely recognized as one of the top public health threats facing our nation today. The Centers for Disease Control (CDC) reports that 24 million Americans, or 8% of the population, are currently living with the disease and 55 million are pre-diabetic. In the Medicare population, the prevalence rates are even more alarming: 25% of the population over age 60 have diabetes.

The economic cost of diabetes in the U.S. is now estimated at \$174 billion, a 32% increase in diabetes-related costs since 2002. Add to this Americans with pre-diabetes and another 6 million that are believed to have diabetes but have not yet been diagnosed, the actual costs are likely even more staggering.

There is no cure for diabetes, but diabetes educators fill an essential role in an overall diabetes treatment regimen by providing Diabetes Self Management Training (DSMT) to individuals with diabetes. DSMT programs help ensure patient adherence to treatment plans that lead to healthy, active and productive lives, and minimize the tragic consequences of diabetes related health complications, such as stroke, blindness, kidney failure and lower limb amputations.

Certified Diabetes Educators: Improving diabetes care and health outcomes

CDEs are state licensed or registered health professionals, usually nurses or advanced nurse practitioners, dietitians, or pharmacists, who have advanced training and credentialing in diabetes management. In practical terms, CDEs teach individuals with diabetes the essential tools needed to control their diabetes, for example: accurately monitoring blood glucose levels, adopting healthy eating habits, engaging in appropriate exercise, and coping with specific diabetes emotional and physical challenges.

By promoting patient adherence with their prescribed diabetes regimen, CDEs are among the first line of defense in helping prevent emergency room visits and other health problems related to diabetes complications, such as low or high blood sugar reactions. Published studies show that an individual who learns the essential DSMT skills will save the health care system, on average, \$2,500 in future diabetes related costs.

What's wrong with the current diabetes care system?

DSMT provides the best hope for individuals with diabetes to mitigate the dire effects of the disease, remain healthy, and avoid expensive and tragic diabetes complications.

Unfortunately, our current health system focuses on addressing the myriad costly acute complications of diabetes, rather than the vastly more economical and effective measures that are available to promote diabetes disease management and prevention. The scope and prevalence of our national diabetes crisis requires a new commitment by Congress, the Administration and the public to address critical problems, summarized below, that impede access to DSMT, and take immediate steps to implement effective, common sense reforms.

- There is inadequate access to DSMT programs, as hospital DSMT programs continue to close.
- CDEs are not even included in the Medicare statute as providers of DSMT, which contributes to a lack of public awareness about the importance of DSMT and a lack of impetus for health professionals to become CDEs. There are currently 14,000 CDEs in the U.S., a grossly inadequate number to meet projected needs.
- As a result of these factors, DSMT is an underutilized Medicare benefit and beneficiaries are unable to access the type of self management care that can help them avoid future health costs and improve their overall quality of life. This also translates into inadequate DSMT benefit utilization in the Medicaid and private insurance sectors.

In any national health care reform proposal, AADE calls on Congress to:

- 1. Include CDEs as Medicare providers of DSMT.** Not only would this enhance Medicare beneficiary access to DSMT programs provided by diabetes educators, but it would strengthen state Medicaid DSMT programs, and private insurance DSMT coverage. CDEs would still provide DSMT services according to physician referral, but they would be able to provide such services in appropriate, non-hospital locations -- for example, an inner city church or community library setting -- to meet current needs.
- 2. Ensure access to affordable, high quality DSMT programs in health insurance reform efforts.** DSMT has been demonstrated to be the most effective, and economical, tool to reduce long term diabetes related health costs. For this reason, care must be taken to ensure that statutory changes to health insurance regulation must actively promote diabetes self management and education and include DSMT as a benefit.
- 3. Update the Medicare DSMT benefit to increase its effectiveness and outreach.** Medicare reimbursement figures shows that the DSMT benefit is severely underutilized. AADE believes this is due to the following: 1) existing benefit gaps such as the inclusion of CDEs as providers, 2) regulatory restrictions that fail to take into account the most appropriate ways to deliver diabetes education in today's society, and 3) limited coverage and scope of DSMT services, including the growing number of 'pre-diabetes' Medicare patients who could benefit from DSMT services to stop the progression of their condition.

National health reform initiatives offer an unparalleled opportunity for Congress to address the outstanding issues that block access to effective diabetes care. AADE welcomes the opportunity to work with Congress on these important issues to ensure that all individuals with diabetes learn to manage the physical, emotional and economic issues surrounding this disease, and to ensure access to quality diabetes health care.