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  - Learners must attend the full activity and complete the evaluation in order to claim continuing education credit/hours

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National Collaboration to Increase Access to Sustainable Diabetes Self-Management Education (DSME) using Key Drivers

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August 5, 2015

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Objectives

• Describe collaborative efforts supported by the CDC, AADE, ADA, and state health departments to increase access to DSME in the United States.

• Describe a newly developed DSME Guide that focuses on 4 key ‘drivers’ that influence access to DSME: 1) Availability of DSME programs 2) Payers and payment mechanisms 3) Referral policies and practices, and 4) People with diabetes willing to participate in DSME programs.

Objectives Cont’d

• Summarize examples of state health department activities to increase access to DSME within each of the 4 drivers and plan activities to address them.

• Use the 4 key drivers as a framework for small group discussion to identify successes and challenges to increasing access to DSME.

Quick Audience Poll

Please respond by a show of hands:
1. Do you work in a state health department?
2. Do you currently work with state health departments?
3. Are you involved in any way in their statewide diabetes efforts?
4. Are you aware of the CDC’s State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health cooperative agreement with state health departments?

Diabetes Self Management Education

• Diabetes self-management education and training is a collaborative process through which people with diabetes gain the knowledge and skills needed to modify their behavior and successfully self-manage the disease and its related conditions.

• This process incorporates the needs, goals, and life experiences of the person with diabetes and is guided by evidence-based standards.
Healthy People (HP) 2020 and DSME

Diabetes - HP Objective #14
- Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education
- 56.8% adults aged 18 years and older with diagnosed diabetes reported they ever received formal diabetes education in 2008 (age adjusted to the year 2000 standard population).
- 2020 Target: 62.5%


National Accredited Organization - NAO

- ADA – 1997
- AADE – 2009
- ADA and AADE jointly revised the National Standards for Diabetes Self-Management Education and Support in 2012
- Accreditation/Recognition is based on the National Standards

Current National DSME Reality: The Problem

- More than 29 million people have diabetes.
- Not all patients with diabetes are accessing DSME.
- Providers are not referring all persons with diabetes to DSME.
- DSME sites are often in urban settings, and so geographic disparities exist across the DSME program infrastructure.
- 48% of people with diabetes have their A1C in control
- No subgroup of persons with newly diagnosed diabetes reached even a 15% participation rate.

[Link: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6346a2.htm?s_cid=mm6346a2_w]

ADA ERP Sites

- 1,666 Program Primary Sites
- 911 Multi-Sites
- 926 Expansion Sites
- 3,503 Total Sites

[Diagram: ADA ERP Sites (% N = 3503)]

ADA ERP Educators and Patients

- ADA ERP Educators: 8,650
- Patient’s seen in last year: 902,935

[Table: ADA ERP Program Coordinator Credentials]

- Nurse: 944
- Dietitian: 928
- CDE*: 263
- BC-ADM**: 58
- Pharmacist: 24
- Medical Doctor: 18
- Physician Assistant: 7
- Social Worker: 4
- Exercise Physiologist: 3
- Physical Therapist: 2
- Other: 123

(*CDE-Certified Diabetes Educator, **BC-ADM - Board Certified - Advanced Diabetes Management)
### ADA ERP Multi Site Types

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
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<tr>
<td>Hospital Outpatient</td>
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<tr>
<td>Physician Practices</td>
<td>762</td>
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<tr>
<td>Government</td>
<td>141</td>
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<tr>
<td>Pediatric Programs</td>
<td>103</td>
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<tr>
<td>Dietitian Practices</td>
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<td>Nurse Practitioner Practices</td>
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<tr>
<td>Tele-Health</td>
<td>36</td>
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<tr>
<td>Pharmacies</td>
<td>30</td>
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<tr>
<td>Long Term Care</td>
<td>13</td>
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<tr>
<td>Home Health</td>
<td>11</td>
</tr>
<tr>
<td>Worksite</td>
<td>6</td>
</tr>
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</table>

*2013 specification of sub categories began*

### AADE DEAP Programs and Sites

- **Patient’s seen in last year: 150,000**

### AADE DEAP Program Coordinator Credentials

<table>
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<th>Role</th>
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<tr>
<td>Dentist</td>
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<tr>
<td>CDE*</td>
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<tr>
<td>BC-CADM**</td>
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<tr>
<td>Pharmacist</td>
<td>130</td>
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<td>Medical Doctor</td>
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<td>Physician Assistant</td>
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<td>Exercise Physiologist</td>
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<tr>
<td>Other</td>
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*2013 Certification (interim/interim)*

### AADE DEAP Program Types

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<th>Count</th>
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</thead>
<tbody>
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<tr>
<td>Pharmacy</td>
<td>134</td>
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<tr>
<td>Physician Office or Group</td>
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<td>Government Agency/Public</td>
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<td>Health Tribal Communities</td>
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<tr>
<td>Home Health Agency</td>
<td>5</td>
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<tr>
<td>Durable Medical Equipment</td>
<td>1</td>
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<tr>
<td>Extended Care Facility</td>
<td>2</td>
</tr>
<tr>
<td>Managed Care/HMO Provider</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
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</tr>
</tbody>
</table>

### Utilization of DSME in the U.S.

- DSME helps patients to improve glycemic control, which could reduce the risk for diabetes complications, hospitalizations, and health care costs.
- DSME was substantially underused among persons with newly diagnosed diabetes even in an insured population with private health insurance.
- Less than 7% of persons with private health insurance received DSME within 1 year after diagnosis.
- About 5% of Medicare beneficiaries with newly diagnosed diabetes used DSME.


- 44 states require private insurance to cover DSME, but many plans still do not cover it, and many others required a copayment.
- Individual-level barriers, such as personal perceptions about diabetes, avoidance behaviors, and lack of awareness that DSME exists, were observed.
- Low DSME participation among persons with newly diagnosed diabetes is a concern.
- Limited physician orders for DSME is a barrier.

*http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6346a2.htm?s_cid=mm6346a2_w*
State Public Health Actions (1305) and DSME

- Goals: Increase access, referrals, and reimbursement for AADE-accredited, ADA-recognized, State-accredited/certified, or Stanford-licensed DSME programs.
- Recognized/Accredited programs adhere to the National Standards for Diabetes Self-Management Education and Support*
  - Reimbursed under Medicare, most private insurance, and some State Medicaid programs
  - Adhere to quality standards
  - Preferred option for delivery of DSME
- Stanford Diabetes Self-Management Program (DSMP) presents an alternate option for delivery of DSME in some states

1305 and DSME: Desired Outcomes

**Short Term:**
- Increased number of recognized/accredited DSME programs (and/or Stanford DSMP workshops) in place
- Increased number of counties with recognized/accredited DSME programs (and/or Stanford DSMP workshops)
- DSME included as a covered benefit for Medicaid recipients

**Intermediate:**
- Increased proportion of people with diabetes participating in DSME (at least 1 encounter at a recognized/accredited DSME program or Stanford DSMP)

**Long Term:**
- Decreased proportion of people with diabetes with A1C > 9
- Decrease in the age-adjusted hospital discharge rate for diabetes as any-listed diagnosis per 1,000 persons with diabetes

1305 and DSME: National Partnerships

- Developing the DSME Technical Assistance Guide
- Trainings and webinars
- Peer reviewed articles on DSME
- Presentations at conferences
- Developing a national call for action for clients to be involved in DSME
- Monitoring and tracking data on DSME for evaluation purposes

**Results so far:**
- Sharing of state level data
- Strengthening of relationships between state health departments and local ADA-recognized/AADE-accredited DSME programs
- ADA/AADE technical assistance to states
1305 and DSME: State Health Department Role
• Implement activities that increase access, referrals, and reimbursement for AADE-accredited, ADA-recognized, State-accredited/certified, or Stanford-licensed DSME programs.

1305 and DSME: What Are States Doing?
• Conducting assessments to determine the availability of DSME programs, services provided, utilization patterns, reimbursement and coverage policies, referral practices, facilitators and barriers, etc.
• Assisting in establishing new DSME programs (at FQ HCs, pharmacies, local health depts., other sites).
• Providing technical assistance to existing programs to improve sustainability (maximizing billing practices, opportunities for referral, etc.)
• Pursuing work to increase/expand reimbursement for DSME.
• Training health care providers on the benefits of DSME.
• Assisting in the development of referral mechanisms.

1305 and DSME: CDC Role
• Fund state health departments (grantees) to increase access, referrals, and reimbursement for DSME.
• Support grantees in their work
  – Provide technical assistance
  – Provide access to data on DSME participation rates
  – Provide resources and tools for grantees (e.g., DSME Technical Assistance Guide)
• Monitor grantee performance and track DSME data at the national level.

DSME Technical Assistance Guide
• Designed to assist grantees in planning and implementing activities to increase use of DSME programs in community settings (focusing on access, referrals, and reimbursement) in the State Public Health Actions (1305) Funding Opportunity Announcement
• The DSME Technical Assistance Guide is not intended:
  – To be used on its own
  – To provide all the answers to increasing access to DSME
  – For grantees to focus on only one driver (depends on grantee resources and capacity)

How to Use the DSME Technical Assistance Guide
• The driver diagram focuses on work with ADA-recognized and AADE-accredited DSME programs (primary or satellite sites)
• For each key driver, review the:
  - Current Gaps/Needs to determine if any of the bulleted items apply.
  - Assessment Data to determine potential data sources for assessing and identifying current gaps/needs.
  - Grantee Activities to determine potential activities to implement to address the key drivers.
  - Facilitators to determine supporting resources.
  - Barriers/Risks to determine potential challenges.

DSME Technical Assistance Guide
• The DSME Technical Assistance Guide identifies four key drivers:
  – DSME programs
  – Payers and payment mechanisms
  – Referral policies and practices, and
  – People with diabetes “willing to go” to DSME programs
• These four drivers represent the primary elements necessary to increase access to DSME programs in community settings.
**Group Activity**

**REFLECTION / WHAT’S IN IT FOR ME?**

- Work with your fellow attendees (4-6) on this group activity.
- Review the handout about gaps and needs related to your assigned DSME driver (5 mins).
- Discuss activities or steps that could be used to overcome these gaps in your groups (5 mins).
- Identify someone to report out to the whole group on your top 2-4 proposed activities.

**Take Away Messages**

- DSME continues to be an effective evidence-based service which leads to better outcomes for people with diabetes.
- 1,305 grantees are funded to help increase access, referrals, and reimbursement for DSME.
- States are being asked to work with ADA-recognized and AADE-accredited programs and other stakeholders to increase access to DSME.
- DSME participation is lower than the Healthy People 2020 goals, so national, state, and local efforts must continue.
Potential Next Steps for Educators

- Reach out to the 1305 grantee in your state.
- Ask to participate in state diabetes advisory groups or coalitions.
- Tell others in your networks about the work under 1305, and encourage them to get engaged in strengthening DSME access in your state.
- Advocate for increasing Medicaid reimbursement for DSME.

Useful Web Links


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Questions?

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