Improving Diabetes Self-Management Education (DSME) Access, Medicaid Coverage, and Practice Outcomes: Lessons Learned from State Health Departments

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Objectives
• Describe the evidence for DSME and provide an overview of CDC-funded DSME activities.
• Identify common DSME facilitators, barriers, and solutions experienced by states grantees.
• Share DSME emerging practices and lessons learned by state grantees.
• Discuss how diabetes educators can work with state health departments to promote DSME.
• Articulate early DSME outcomes data.

Diabetes Self-management Education (DSME)
• The ongoing process of facilitating the knowledge, skill, and ability necessary for diabetes self-care.
• Incorporates the needs, goals, and life experiences of the person with diabetes, and is guided by evidence-based standards.

Quick Audience Poll
Please respond by a show of hands:
• Do you work in a state health department?
• Do you currently partner with state health departments?
• Are you involved in any way in statewide diabetes efforts?
• 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?
• Do you work with Medicaid or other health insurance organizations around DSME?
• Do you currently get reimbursed for DSME?

Healthy People (HP) 2020 & DSME
Diabetes - HP Objective #14
• Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education
• In 2010, 57% of adults aged 18 years and older with diagnosed diabetes reported they ever received formal diabetes education
• 2020 Target - 62.5 % Healthy People (HP) 2020
Goals of DSME

- Improved behavioral change outcomes
- Improve clinical outcomes
- Improved health status
- Improved quality of life

DSME Supports

- Active collaboration with the health care team
- Informed decision making
- Self-care behaviors
- Problem solving

The Evidence for DSME

- Engaging adults in DSME results in improved A1C
- Greatest improvement with DSME involving both group and individualized engagement
- Greater improvement when a team rather than a single individual is involved in providing DSME
- Up to 10 hours of DSME contact time may not be sufficient

DSME Benefits

- Multiple studies and papers have demonstrated benefits and cost savings
  
  A1C
  Hospital and E.R. visits
  Health Care Costs

- 1% reduction in A1C levels has been found to be associated with the following risk reductions:
  
  21% Diabetes Related Deaths
  14% Heart Attacks
  37% Microvascular Complications (Eyes ~ Kidney ~ Nerves)

Cost Savings for Commercial DSME

- 1% reduction in A1C levels has been found to be associated with the following risk reductions:
Cost Savings for Medicare DSME

Diabetes Self-Management Education (DSME) Utilization

6.8% of individuals with newly diagnosed type 2 diabetes with private health insurance received DSME within 12 months of diagnosis

Joint Position Statement for DSME and Support

DSME Community–Clinical Linkage Approach

- Increases access to community resources and support
- Acknowledges role of stakeholders in both the clinical and community sectors in health of populations
- Enhances capacity of each sector to carry out its mission
- Allows for a greater impact on population health than could be achieved by any one sector

DSME Referrals Should Be Made at Four Points:

- Diagnosis
- During annual assessments
- When there are new complications
- When transition of care occurs
CDC Investments in State Health Department DSME Efforts

Funding State Health Departments
- CDC funds all 50 states and District of Columbia to increase participation in DSME.
- There are 45 states focusing on expanding access to, participation in, and coverage for DSME.
- The emphasis is on ADA-recognized or AADE-accredited programs that meet national quality standards.

Desired Outcomes
- Increase the number of DSME programs in place, particularly in underserved areas
- Increase participation in DSME
- Secure Medicaid reimbursement for DSME in states that do not have it

Collaboration with AADE and ADA
- Promoting the benefits of DSME
- Providing data annually for each state on aggregate participation
- Mapping DSME programs to identify gaps in services
- Training state health department staff

Partnership with CMS
- Encouraging programs to obtain recognition/accreditation
- Training CHWs to assist in delivering DSME
- Encouraging health departments and QINs-QIOs to collaborate
- Promoting the benefits of DSME to health care providers and people with diabetes

Role of the State Health Department
- Complete Situational Assessments
- Build DSME Referral Networks
- Work towards Medicaid coverage for DSME
- Assist DSME programs in becoming recognized/accredited
- Serve as DSME Data Stewards
Common DSME Facilitators, Barriers, and Solutions

DSME Driver Tool

<table>
<thead>
<tr>
<th>Current Gaps/Needs</th>
<th>Payers &amp; payment mechanisms</th>
<th>Referral policies &amp; practices/health care systems</th>
<th>PWD “willing to go” to the DSME programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited ADA/AADE programs</td>
<td>Not limited Medicaid coverage</td>
<td>Low provider referral rates</td>
<td>Low participation rate among PWD</td>
</tr>
<tr>
<td>Assessment Data</td>
<td>Status Medicaid/MDAO coverage</td>
<td>Number of location health systems/EHR</td>
<td>SRFS S data on diabetes education</td>
</tr>
<tr>
<td>Activities</td>
<td>Work with State Medicaid</td>
<td>Train on DSME referral/EHR</td>
<td>Link PWD to DSME</td>
</tr>
<tr>
<td>Facilitators</td>
<td>Partner with key organizations</td>
<td>Partnership organizations stay in reimbursement</td>
<td>DSME champions</td>
</tr>
<tr>
<td>Barriers</td>
<td>Lack of support DSME in health care</td>
<td>Limited coverage DSME</td>
<td>Lack knowledge of DSME benefits, how &amp; where to refer</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>Low PWD to DSME</td>
</tr>
</tbody>
</table>

DSME Barriers
- Low referrals
- Low patient efficacy
- Costs (co-pay and deductibles)
- Inconvenience

DSME Facilitators
- Partnerships with key DSME organizations
- DSME champions at all levels
- DSME addressed as a priority in the state
- A “one stop shop” approach
- Reimbursement for DSME
- Convenient programs

DSME Facilitators & Barriers by Driver Category

DSME Barriers & Solutions

- Low Referrals
  - Educate providers on DSME benefits
  - Simplify referral process & build referral systems
  - Implemented a multi-media public awareness
  - DSME programs are reaching out to physician offices to better coordinate care and DSME

- Low Patient Efficacy
  - Use motivational interviewing
  - Contact focus groups to identify patient concerns
  - Engage patient families in DSME
  - Use waiting room prompts
  - Offer patient support groups

- Costs (co-pays & deductibles)
  - Encourage Medicaid coverage
  - Inform Managed Care on importance of DSME
  - Offer DSME scholarships for participants
  - Offer promoting and streamlining payment mechanisms for DSME programs

- Inconvenience
  - Offer evening and Saturday classes
  - Offer DSME in worksites, schools, etc. where people work
DSME Drivers
1. DSME Programs
2. Payers and payment mechanisms
3. Referral policies and practices/health care systems
4. People with diabetes "willing to go" to DSME programs
Activities Used by States Based on Payers and Payment Mechanisms

<table>
<thead>
<tr>
<th>Activities</th>
<th>Number of States (n=15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convening Stakeholders</td>
<td>Year 3</td>
</tr>
<tr>
<td>Providing TA for Billing</td>
<td>Year 2</td>
</tr>
<tr>
<td>Working to Extend Coverage</td>
<td>Year 2</td>
</tr>
<tr>
<td>Clarifying Statutory Requirements</td>
<td>Year 2</td>
</tr>
<tr>
<td>Clarifying DSME Coverage</td>
<td>Year 2</td>
</tr>
</tbody>
</table>

DSME Drivers & Performance Measures

<table>
<thead>
<tr>
<th>Strategy Drivers</th>
<th>1305 DSME Performance Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSME programs established</td>
<td>• Number of ADA-recognized/AADE-accredited DSME programs</td>
</tr>
<tr>
<td>Payers &amp; payment mechanisms</td>
<td>• Number of counties with ADA-recognized/AADE-accredited DSME programs</td>
</tr>
<tr>
<td>Referral policies &amp; practice/health care systems</td>
<td>• Number of Medicaid beneficiaries with diabetes who have DSME as a covered benefit</td>
</tr>
<tr>
<td>PWD &quot;willing to go&quot; to the DSME programs</td>
<td>• Number of recognized/accredited DSME programs using CHWs in the delivery of education/services</td>
</tr>
</tbody>
</table>

Number of DSME Programs

- Year 3: 2,000
- Year 2: 1,800
- Year 1: 1,600

Number of Counties with DSME Programs

- Year 3: 1,300
- Year 2: 1,200
- Year 1: 1,100
Number of Medicaid Recipients with DSME as a Covered Benefit

Data Source: 1305 State Annual Progress Reports (Year 3)

Lessons Learned from Analysis
- Addressing DSME barriers and meeting consumers where they are can increase DSME uptake.
- DSME programs are increasing nationwide.
- The number of Medicaid clients receiving DSME continues to increase each year.

Number of DSME Programs using CHWs

Data Source: 1305 State Annual Progress Reports (Year 3)

Next Steps for Diabetes Educators
- Connect with state health department diabetes staff
- Get involved in the CDC funded DSME work in your state
- Join your state diabetes coalitions
- Work with states to expand Medicaid coverage for DSME
- Help to identify or serve as a DSME champion

Number of People with > 1 Encounter at an ADA-recognized/AADT-accredited DSME Program

Data Source: 1305 State Annual Progress Reports (Year 3)

Take Away Messages
- CDC needs your help to increase access and reimbursement for DSME.
- Working together, we can overcome the identified barriers to DSME.
- We need your help to expand State Medicaid reimbursement for DSME.
- Diabetes educators have a huge role to play in promoting access to and reimbursement for DSME.
Selected References

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