



Empowering Your Patients to Control Diabetes



February 21, 2023

Housekeeping Notes

- All attendee lines are muted.
- Please submit your questions to our panelists via the Q&A feature.
- Questions will be addressed at the end of the session, as time permits.
- A copy of the slide deck will be emailed to you after the session



Quality Insights Overview



- Non-profit organization focused on data community solutions to improve health care quality in pursuit of better care, smarter spending and healthier people.
- Change agent, trusted partner and integrator of organizations collaborating to improve care.

Quality Insights Presenter



Courtney Masterson, MHA, RDN/LDN

Practice Transformation Specialist

Quality Insights

Disclosures

- In order to obtain contact hours you must:
 - Watch the 60-minute webinar (live or recorded)
 - Complete evaluation & post-knowledge check
- Continuing Education
 - In support of improving patient care, this activity has been planned and implemented by Quality Insights and CAMC Institute for Academic Medicine. CAMC Institute for Academic Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.
 - Physicians: The CAMC Institute for Academic Medicine designates this live activity for a maximum of 1 hour for AMA PRA Category I Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.
 - Nurses: The CAMC Institute for Academic Medicine is an approved provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. This offering has been approved for 1 contact hour.



Disclosures (cont.)

- Panelists and planners for this educational activity have NO relevant financial relationships with illegible companies to disclose.
- The expiration for this enduring material is **February 20, 2025**.



Learning Outcomes

After this course, the learner will:

- Identify patients within their practice who qualify for Diabetes Self-Management Education and Support (DSMES).
- Describe the process of referring to a local DSMES program.
- State two potential benefits of enrolling patients in DSMES.

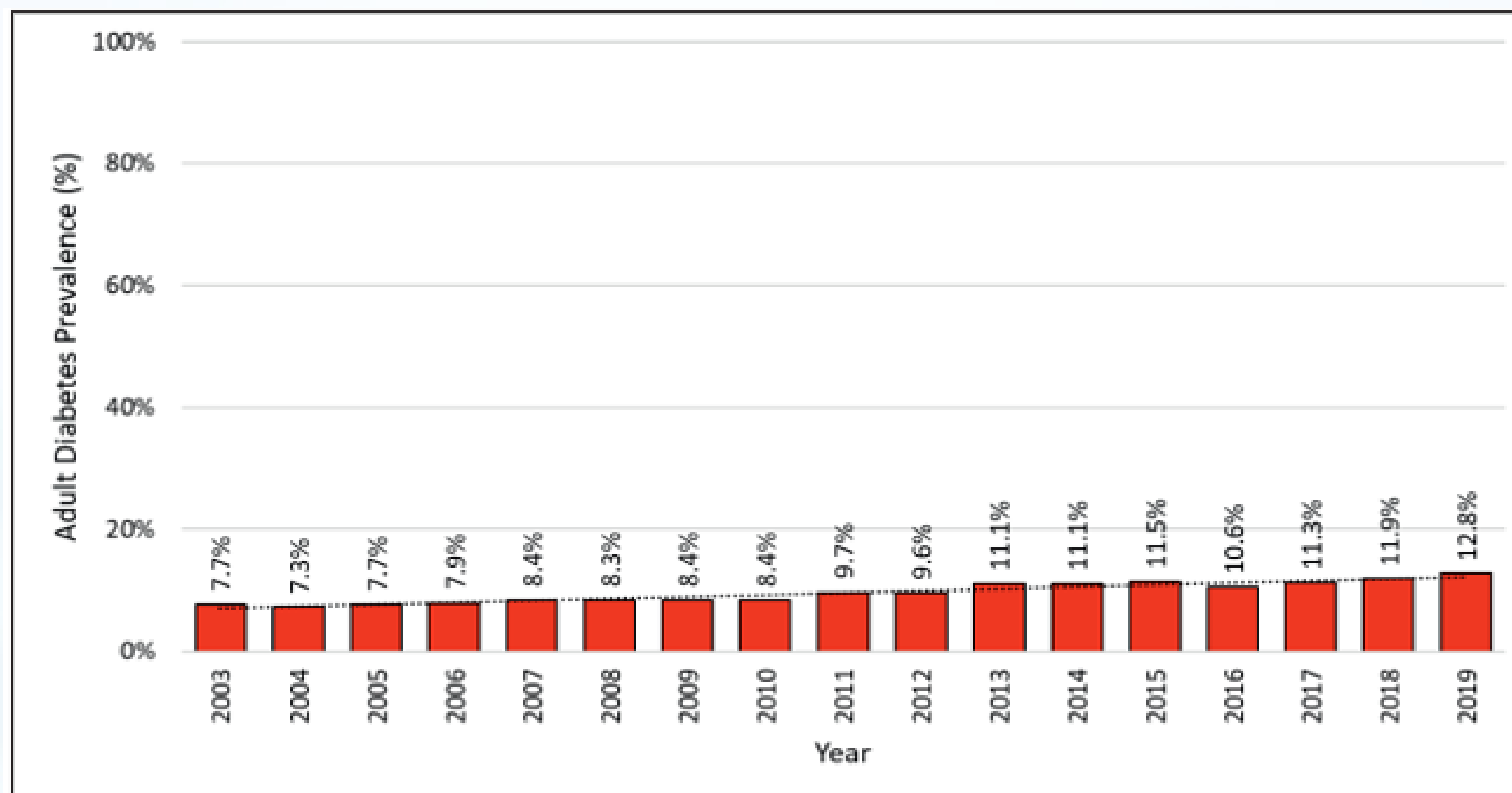
National Diabetes Prevalence

- Estimated crude prevalence of diagnosed diabetes, undiagnosed diabetes, and total diabetes among adults aged 18 years or older, United States, 2017–2020.

Characteristic	Diagnosed diabetes Percentage (95% CI)	Undiagnosed diabetes Percentage (95% CI)	Total diabetes Percentage (95% CI)
Total	11.3 (10.3–12.5)	3.4 (2.7–4.2)	14.7 (13.2–16.4)
Age in years			
18–44	3.0 (2.4–3.7)	1.9 (1.3–2.7)	4.8 (4.0–5.9)
45–64	14.5 (12.2–17.0)	4.5 (3.3–6.0)	18.9 (16.1–22.1)
≥65	24.4 (22.1–27.0)	4.7 (3.0–7.4)	29.2 (26.4–32.1)
Sex			
Men	12.6 (11.1–14.3)	2.8 (2.0–3.9)	15.4 (13.5–17.5)
Women	10.2 (8.8–11.7)	3.9 (2.7–5.5)	14.1 (11.8–16.7)
Race-Ethnicity			
White, non-Hispanic	11.0 (9.4–12.8)	2.7 (1.7–4.2)	13.6 (11.4–16.2)
Black, non-Hispanic	12.7 (10.7–15.0)	4.7 (3.3–6.5)	17.4 (15.2–19.8)
Asian, non-Hispanic	11.3 (9.7–13.1)	5.4 (3.5–8.3)	16.7 (14.0–19.8)
Hispanic	11.1 (9.5–13.0)	4.4 (3.3–5.8)	15.5 (13.8–17.3)

From [Prevalence of Both Diagnosed and Undiagnosed Diabetes](#), by CDC, 2022.

Diabetes Rates are Climbing



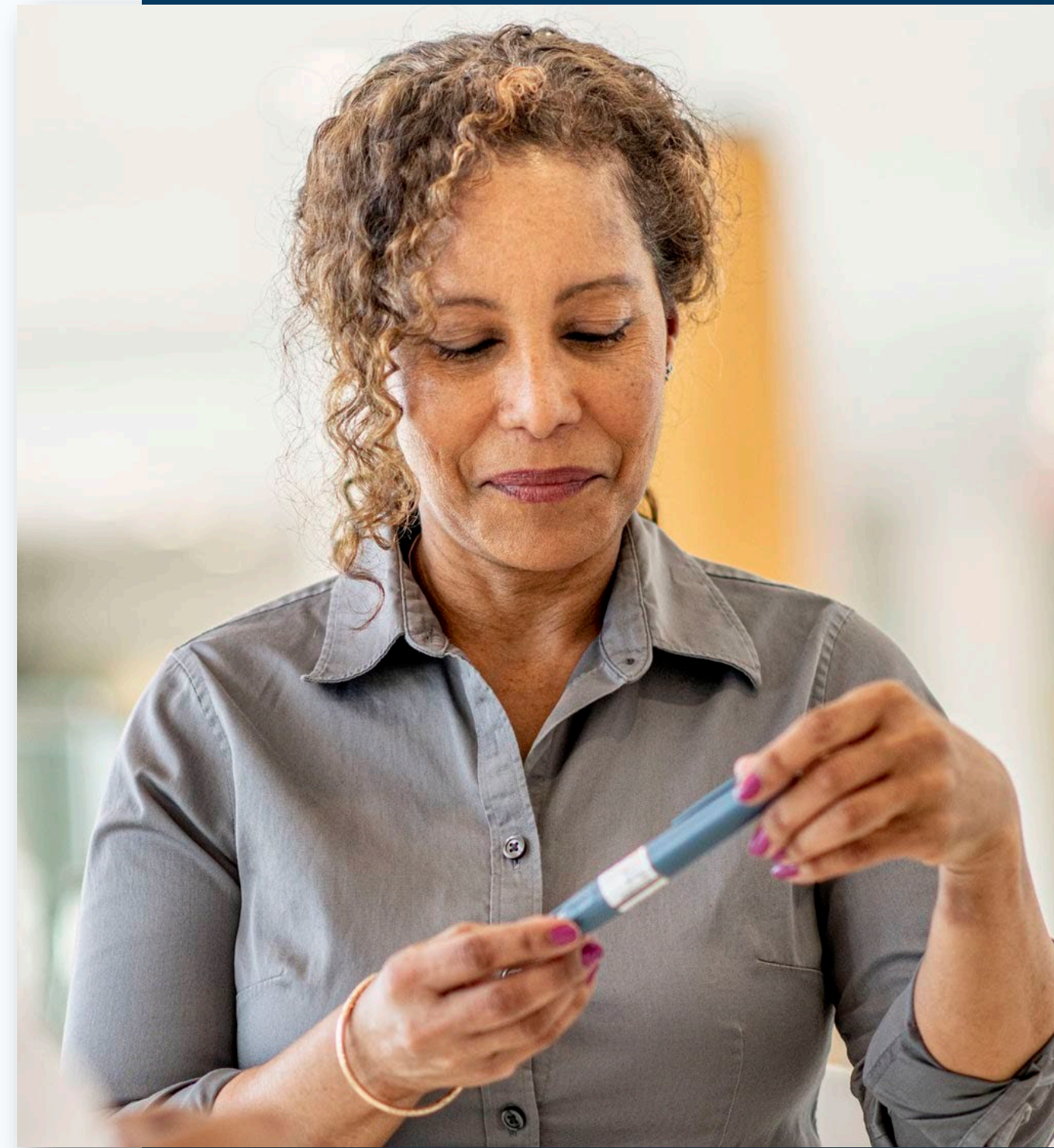
Source: Delaware Behavioral Risk Factor Survey (BRFS), 2003-2019.

From [The Impact of Diabetes in Delaware, 2021](#), by DHSS DPH et al., 2021.

Diabetes in Delaware

- “ • In 2019, 13% of Delaware adults ages 18 and older – more than 98,7000 individuals – reported that they had been diagnosed with diabetes.
- In 2017, 13% of Delawarean adults – approximately 95,000 individuals – reported that they had been diagnosed with prediabetes.
- Conservatively, over one-quarter of all Delaware adults have or are at elevated risk for diabetes.
 - This number does not include Delawareans with undiagnosed diabetes and prediabetes. Delaware’s prevalence of diagnosed diabetes (13%) is greater than that of the U.S. (11%). ”

Source: [Delaware Health and Social Services et al.](#), 2021



Diabetes Control



- A recent study published in *The New England Journal of Medicine* found that between 2015-2018, only 50.5% of adult diabetics who participated in The National Health and Nutrition Examination Survey (NHANES) had an Hemoglobin A1c <7%.

Source: [NEJM](#), 2021

- Individuals living with diabetes are at a significantly higher risk for heart disease, stroke, amputation, end-stage kidney disease, blindness, and death.

Source: [ADA](#), 2022

Why Is This Important?

- Diabetes is an epidemic both in the state of Delaware, as well as across the United States.
- In Delaware, the cost of diagnosed diabetes is an estimated \$980 million per year.
- \$703 million of this in direct medical costs.
- \$280 million in indirect costs associated with lost productivity.

Source: [ADA](#), 2022



Guest Presenter



Tina Trout, ACNS-BC, CDCES

Chronic Illness Care



- Patients who choose positive health behaviors and maintaining psychosocial wellbeing for a lifetime of chronic illness choose the foundations for achieving disease treatment goals and improving quality of life.
- When your patient is initially told they have a chronic illness, how do they know the treatment plan to follow 24/7?
- Are they expected to “Do it Yourself”?

Chronic Illness Care (cont.)

- In 2022, the [American Diabetes Association \(ADA\)](#), [Association of Diabetes Care and Education Specialists \(ADCES\)](#) and [Academy of Nutrition and Dietetics](#) issued guidelines of care for persons with diabetes. They recommend:
 - People with diabetes should participate in a DSMES program to facilitate knowledge, decision-making, and mastery of skills for diabetes self-care.
 - This can only occur if the primary care provider takes the initial steps to refer their patient to an accredited DSMES program.



Criteria to Qualify for DSMES Services

For a patient to qualify for DSMES referral, the patient must be diagnosed with type 1, type 2, or gestational diabetes using any of the following criteria:

- Documentation of blood glucose $\geq 126\text{mg/dl}$ on two separate occasions
- 2-hour Post Glucose Challenge $\geq 200\text{mg/dl}$
- Random glucose test $> 200\text{mg/dl}$ and hyperglycemia symptoms



DSMES/Training & Medical Nutrition Therapy Service Referral Orders

- DSMES/T and MNT are separate but complimentary services.
- They can be ordered on the same form BUT cannot be provided on the same day.
- The form requires:
 1. Diabetes diagnosis criteria.
 2. Background information is significant for educators to support referral need and billing reimbursement. (Vision/hearing impairment, physical limitations, language barriers, and cognitive concerns)
- New referral every year for follow-up.
- Recommend referral order built into EHR for easy access.

Medicare regulations use term “diabetes self-management training (DSMT). Copyright Jan 2021 by Academy of Nutrition and Dietetics, American Diabetes Association and the Association of Diabetes Care and Education Specialist.

Source: [ElSayed et al.](#), 2023

Insurance Coverage

- **Initial:** Medicare clients able to receive 13 hours of education in the first year they use this benefit.
- **DSMES/T:** 10 hours provided within first 12 months of initial referral. Once in a lifetime. Group education recommended unless background info indicates need for individual.
- **MNT:** 3 hours within first 12 months of initial referral. Provided as individual sessions.
- Encourage patients to complete each program, question need to be rescheduled.
- Commercial insurance usually follows Medicare, authorization may be indicated. Check on individual policy.



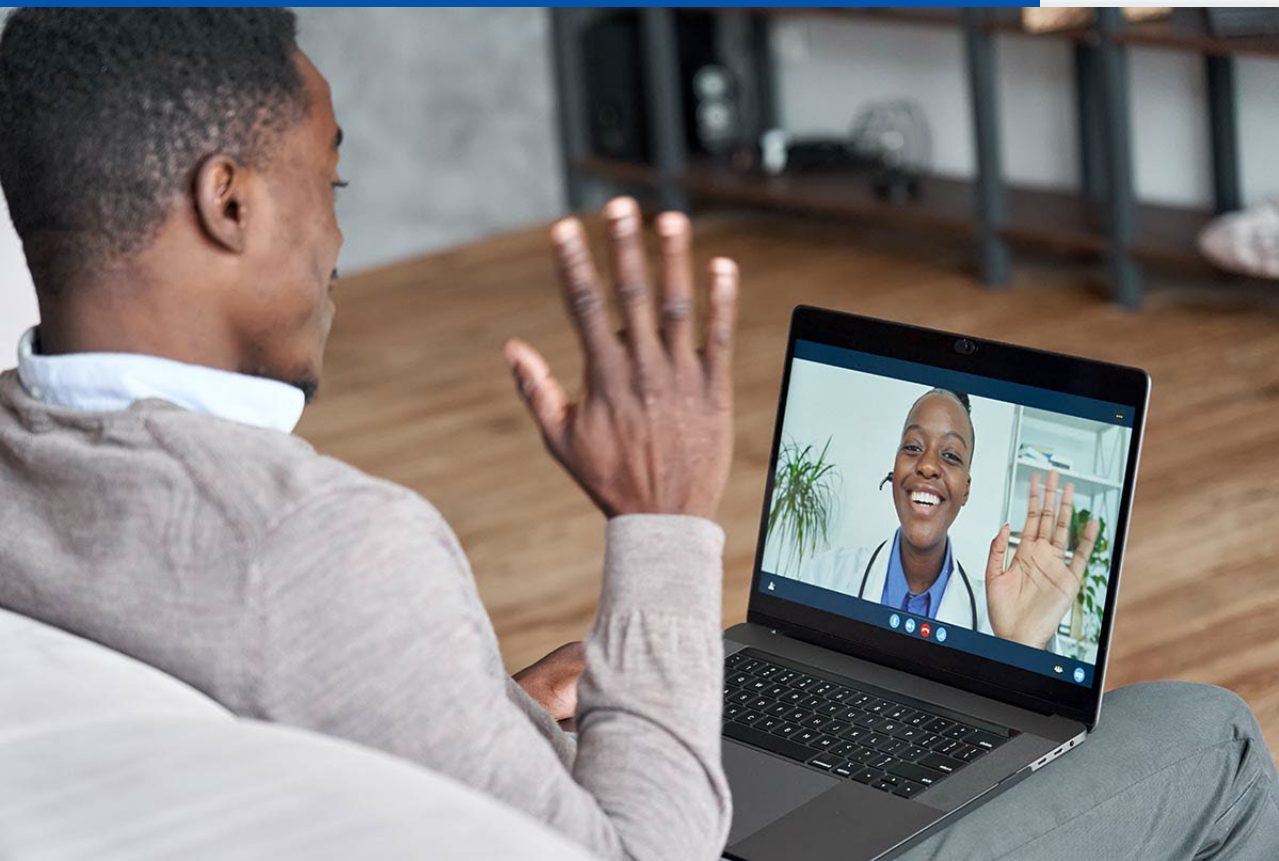
Insurance Follow-Up Coverage

- Referral can be **every** year.
- Medicare covers two hours every year for both DSMES/T & MNT.
- DSMT can be 30-60 minute sessions.
- MNT can be 15-60 minute sessions.

Studies have shown ongoing education and support after the first year has improved patient outcomes.

Source: [Centers for Disease Control and Prevention](#), 2022

Insurance Telehealth Coverage



- Since COVID restrictions have been in place, both DSMES/T and MNT services are covered under telehealth visits.
- All DSMES/T hours can be provided by telehealth except for injection training. This must be a face-to-face visit.

Source: [Centers for Disease Control and Prevention](#), 2022

Provider Barriers for DSMES and MNT Referral

- Limited awareness of DSME benefits among providers.
- Lack of knowledge of how/where to refer persons with diabetes.
- DSMES/MNT coverage is not adequately promoted to patients.
- Low importance of DSMES/MNT as a required step to manage diabetes is not adequately communicated.
- Low awareness of availability and need until complications develop.



Source: [Powers et al.](#), 2020



Summary of DSMES Benefits to Discuss with People with Diabetes

- Provides critical education and support for implementing a treatment plan
- Reduces hypoglycemia
- Addresses weight maintenance or loss
- Enhances self-efficacy and empowerment
- Increases healthy coping
- Decreases diabetes-related distress
- Promotes lifestyle behaviors including healthful meal planning and engagement in regular physical activity
- Improves quality of life
- Reduces all-cause mortality
- Reduces emergency department visits, hospital admissions, and hospital readmissions
- Lowers A1C
- No negative side effects
- Medicare / most insurers covers costs

DSMES/T Curriculum is Based on Seven (7) Care Behaviors

1. **Healthy Coping:** Initial diagnosis many in denial, anxious/depressed. Guilt, lack of family support, finances. Motivational, non-threatening communication. Adjusting to a life with diabetes. Diabetes distress. May require referral.
2. **Healthy Eating:** First component of treatment. Recognition of food impact on BS,BP, lipids. Portion control, plate method, labels, and healthy eating patterns.*
3. **Being Active:** Need for exercise, options dependent on physical ability. Reduction of sedentary lifestyle impact on health, stress, and mood.*
4. **Monitoring:** Blood glucose targets, equipment options, frequency, and patterns. (Just performing SGM without using data is not likely to improve glycemia and is not cost effective). Choice/benefits of meters vs. CGM options.*

** Apps, websites, community/insurance resources provided*

Source: [ADCES and Kolb](#), 2021



DSMES/T Curriculum is Based on Seven (7) Care Behaviors (cont.)

- 5. **Taking Medications:** Action, safe use, frequency, side effects, costs, and when to notify PCP. Insulin therapy/injections = individual setting.
 - 6. **Problem Solving:** Review of data, frequency of problems, time in range, and awareness of acute/chronic problems to notify PCP.
 - 7. **Reducing Risks:** Hypoglycemia, lab work, smoking cessation, foot care, review of eye, dental, cardiac, and kidney concerns. Need for treatment changes to reduce diabetes complications.
- Providers receive a summary of each education session including content provided, participant's goal/achievements, and education plan.
 - Annually accredited programs submit the completion of standardized recognition requirements.

Source: [ADCES and Kolb](#), 2021





Factors that Indicate Referral to DSMES Services

At diagnosis



- All newly diagnosed.
- Ensure that both nutrition and emotional health are addressed or make separate referrals.

From [2020 DSMES Consensus Report \[PowerPoint Presentation\]](#), by Association of Diabetes Care & Education Specialists, 2020.

Factors that Indicate Referral to DSMES Services (cont.)

Annually and/or when not meeting treatment targets



- When knowledge and skills need to be assessed.
- Long-standing diabetes with limited prior education.
- Treatment ineffective.
- Change in medication, activity, or nutritional intake or preferences.
- Maintenance of positive clinical and quality of life outcomes.
- Unexplained or frequent hypo- or hyperglycemia.
- When psychosocial and behavioral support is needed.

From [2020 DSMES Consensus Report \[PowerPoint Presentation\]](#), by Association of Diabetes Care & Education Specialists, 2020.

Factors that Indicate Referral to DSMES Services (cont.)

When complicating factors develop



Change in:

- Health conditions or health status requiring changes in nutrition, physical activity, or medication
- Physical limitations
- Emotional well-being
- Basic living needs
- Planning pregnancy or pregnant

From [2020 DSMES Consensus Report \[PowerPoint Presentation\]](#), by Association of Diabetes Care & Education Specialists, 2020.

Factors that Indicate Referral to DSMES Services (cont.)

When transitions in life and care occur



- Change in living situation
- Discharge from inpatient to outpatient
- New clinical care team
- Initiation or intensification of medication, devices or technology
- Insurance coverage changes
- Age-related changes

From [2020 DSMES Consensus Report \[PowerPoint Presentation\]](#), by Association of Diabetes Care & Education Specialists, 2020.

Providing Optimal Care

- Primary providers typically see patients with diabetes every 3-6 months.
- Time to assess lab values, medication therapy, use of technology, self management, difficulty with healthy eating and being active, emotional and behavior or social changes.
- Additional diagnoses, polypharmacy, and/or insurance coverage may increase self-management tasks and reduce ability to cope/problem solve.
- Persons with diabetes may be unwilling or embarrassed to discuss.
- These may be critical indicators for additional support or education needs.
- Think follow-up referral to DSMES and MNT.

Providing Optimal Care

**DELAWARE
DIABETES COALITION**

Resource Guide For Persons With Diabetes



12th Edition © 2020

From [DDC Resource Guide](#), by DDC, n.d.

Improved Outcomes



- DSMES through life's challenges has been shown to improve self-management, patient satisfaction, and glucose outcomes.
- Recommend annual or as needed referral to DSMES and MNT.
- These services are a cost-effective, reimbursable adjunct to your practice community.
- Statistics of increasing DM2 prevalence sanction primary care providers to improve quality measures, clinical outcomes, patient satisfaction, and quality of life.

Beebe Health Care 2022 Analysis

Patient Achieved Goal of 73% or Greater MET

Overall reported rate of personal goal completion for group series participants:

- 78% participants met personal goals
- 79% persons checking blood sugars
- 84% made dietary modifications
- 74% becoming more active



Beebe Health Care 2022 Analysis of Reduction from Initial A1c Value

- Met-drop from initial education interaction to next A1c value

	Pre-session Average	Post-session Average
Groups	7.99%	6.59%
All visit types	8.08%	6.96%

Thank you!

**Diabetes Care and Education Specialists
look forward to working with your patients.**

Questions



Quality Insights on the Web

- Visit our website:
<https://www.qualityinsights.org/stateservices/projects/de-1815>
- Connect with Quality Insights on social media via Twitter and LinkedIn



[@Qual_Insights](https://twitter.com/Qual_Insights)



www.linkedin.com/company/1259377

Beebe Healthcare

- Diabetes Management and Medical Nutrition Therapy
 - Website:
<https://www.beebehealthcare.org/services/diabetes-medical-nutrition>
 - Phone: **302-335-6631**



Evaluation

- Empowering Your Patients to Control Diabetes Evaluation & Post-Knowledge Check:
<https://www.surveymonkey.com/r/J6J53XR>



QR Code

Activate the camera on your smart phone and scan this QR code to link to the **evaluation**

THANK YOU!



This publication was supported by the Cooperative Agreement Number NU58DP006516 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention. Publication number DEDPH-HD-022023