

From Vision to Action: Launching a Diabetes Self-Management Education & Support Program in FQHCs



Presented by:

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Session Highlights

This session will guide healthcare professionals through the process of initiating a sustainable DSMES program and achieving national accreditation within an FQHC setting.

- DSMES overview
- Foundational accreditation criteria
- Available statewide resources
- Billing, coding, and reimbursement strategies

Diabetes Self Management Education and Support (DSMES)

Recognized and reimbursed by insurance (including Medicare), DSMES equips individuals with diabetes with skills and support to manage their condition. Guided by evidence-based standards, the program is tailored to each participant's needs, goals, and life experiences.

*DSMES = DSME = DSMT



DSMES Individualized Learning Plan Topics

1. Healthy eating
2. Being active
3. Taking medicine as prescribed
4. Monitoring blood sugar levels, activity, and eating habits
5. Reducing risks to lower the chances of diabetes-related complications
6. Healthy coping with diabetes and emotional well-being
7. Problem solving acute problems in Diabetes & taking action

Benefits of DSMES

- Improved diabetes knowledge and self-care behaviors
- Lower A1c
- Lower weight
- Improved quality of life
- Reduced all-cause mortality
- Positive coping behaviors
- Lower health care costs
- Increase use of primary care & preventative services
- Less frequent use of acute care and inpatient hospital services



Case Study: RS, 58yo, male

- Type 2 DM x 10yrs, dyslipidemia, Bilateral BKA, DM retinopathy
- Medications
 - Lantus 52 units/day
 - Lispro per SSI
- 310lbs, BMI 42
- Labs:
 - A1c 14.0% (H)
 - No A1c <9% x prior 4 years
 - Trig 288 (H), Tot Chol 249 (H), LDL 146 (H), HDL 50 (WNL)
 - Eye procedure canceled d/t BS 560

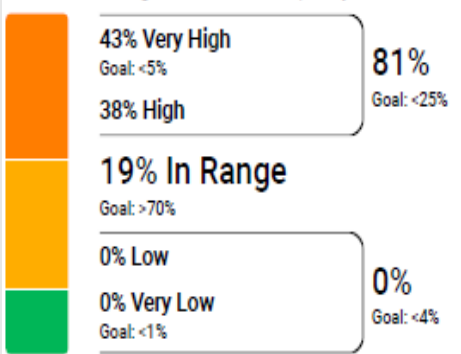
Barriers:

- Often forgetting insulin (especially meal-time insulin)
- Couldn't see blood glucose monitor

Actions:

- Created individualized learning plan
- Started on Continuous Glucose Monitor (CGM)
- Set goal to log insulin use & meals

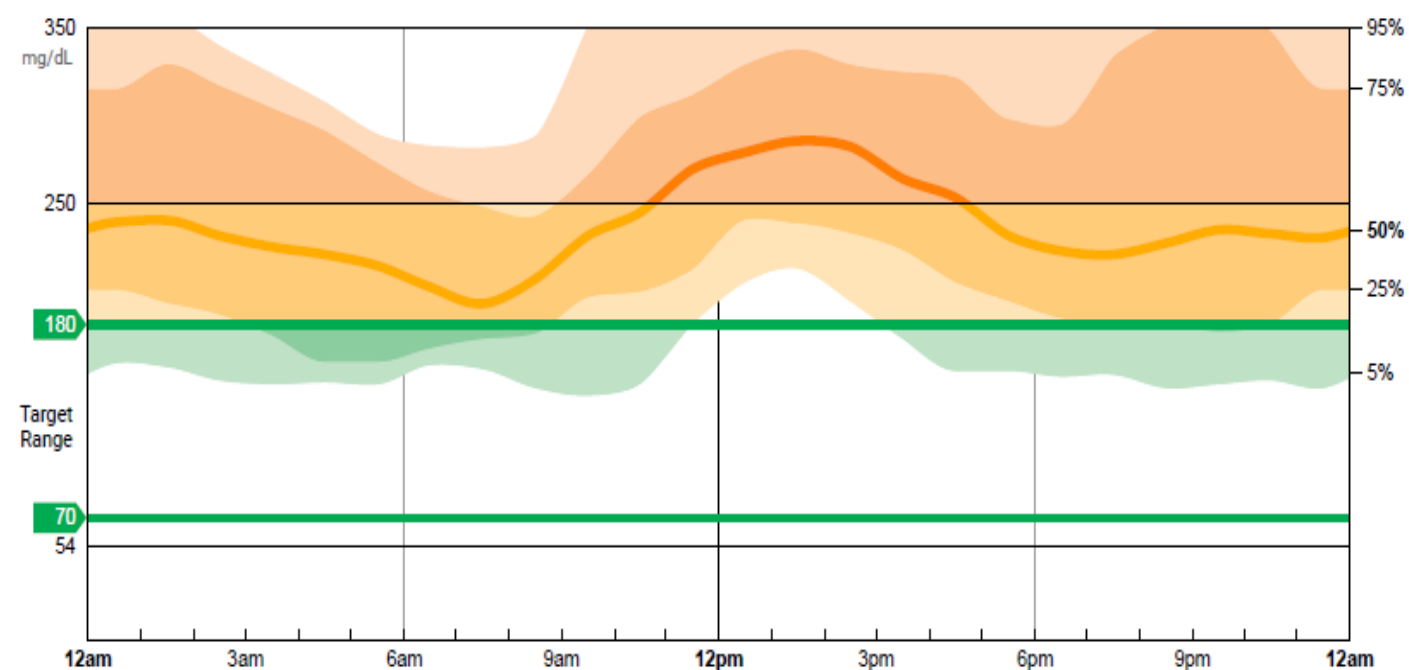
Each 5% increase in the Target Range is clinically beneficial.
Each 1% time in range = about 15 minutes per day



Target Range: 70-180 mg/dL
Very High: Above 250 mg/dL
Very Low: Below 54 mg/dL

Ambulatory Glucose Profile (AGP)

AGP is a summary of glucose values from the report period, with median (50%) and other percentiles shown as if they occurred in a single day.



Glucose Metrics

Average Glucose Goal: <154 mg/dL	249 mg/dL
GMI Goal: <7%	9.3%
Coefficient of Variation Goal: <36%	28.1%
Time CGM Active	99.1%

Improvements:

- Decrease in headaches, urine frequency, and improved energy
- Logged insulin use & meals daily

Barriers:

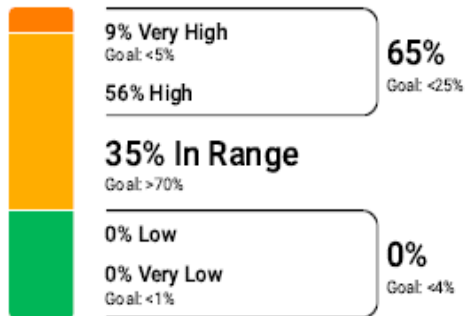
- Taking Lantus at variable times, 18-32 hours apart
 - Easiest to remember if he takes it b/t 8-9AM
- 90-120 g carbs eaten with first meal

Actions:

- Nutrition education & generated higher protein, lower carb breakfast meal
- Set a goal to take Lantus between 8-9AM daily

Time in Ranges Goals for Type 1 and Type 2 Diabetes

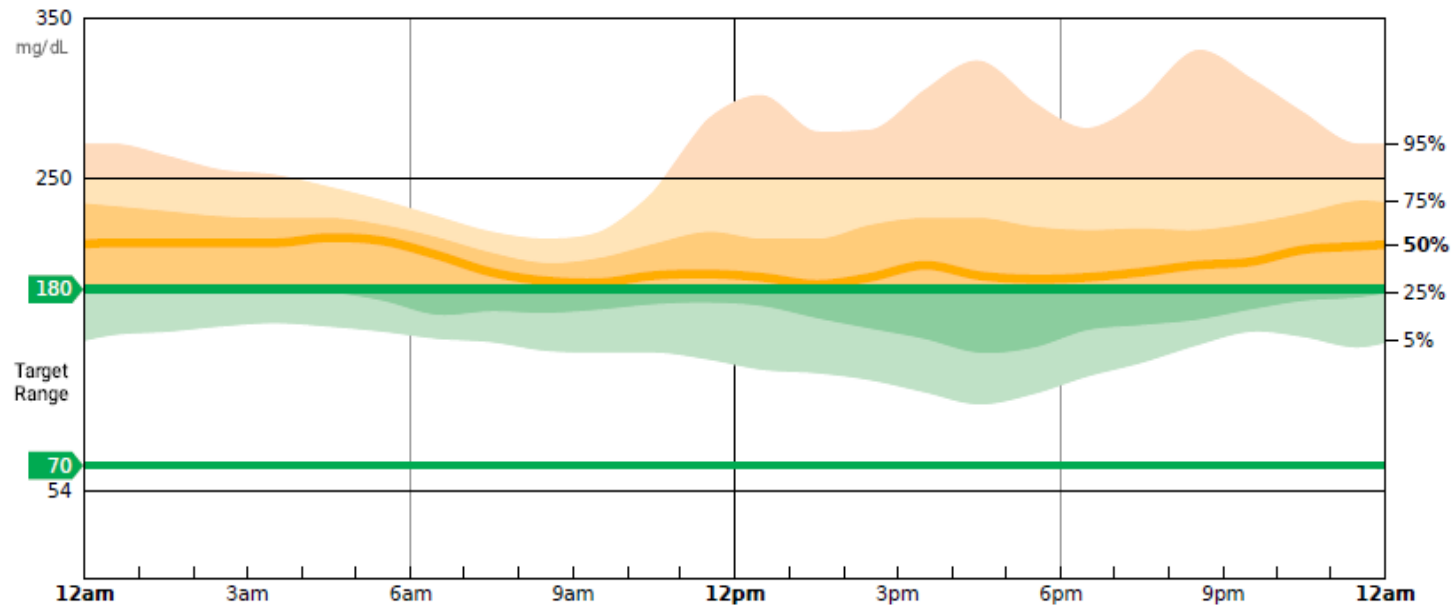
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Glucose Metrics

Average Glucose Goal: <154 mg/dL	197 mg/dL
GMI Goal: <7%	8.0%
Coefficient of Variation Goal: <36%	20.7%
Time CGM Active	97.4%

Improvements:

- Taking Lantus consistently 8-9AM
- No juice unless BS <120
- Reduced fast food and high carb meals

Barriers:

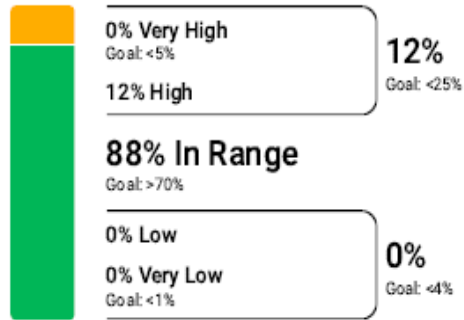
- Late night meals & snacks
- Not using insulin with these meals due to hypoglycemia fear

Actions:

- Healthy Coping
- Insulin action time education
- Reviewed hypoglycemia treatment protocol
- Nutrition education on healthy snacking

Time in Ranges Goals for Type 1 and Type 2 Diabetes

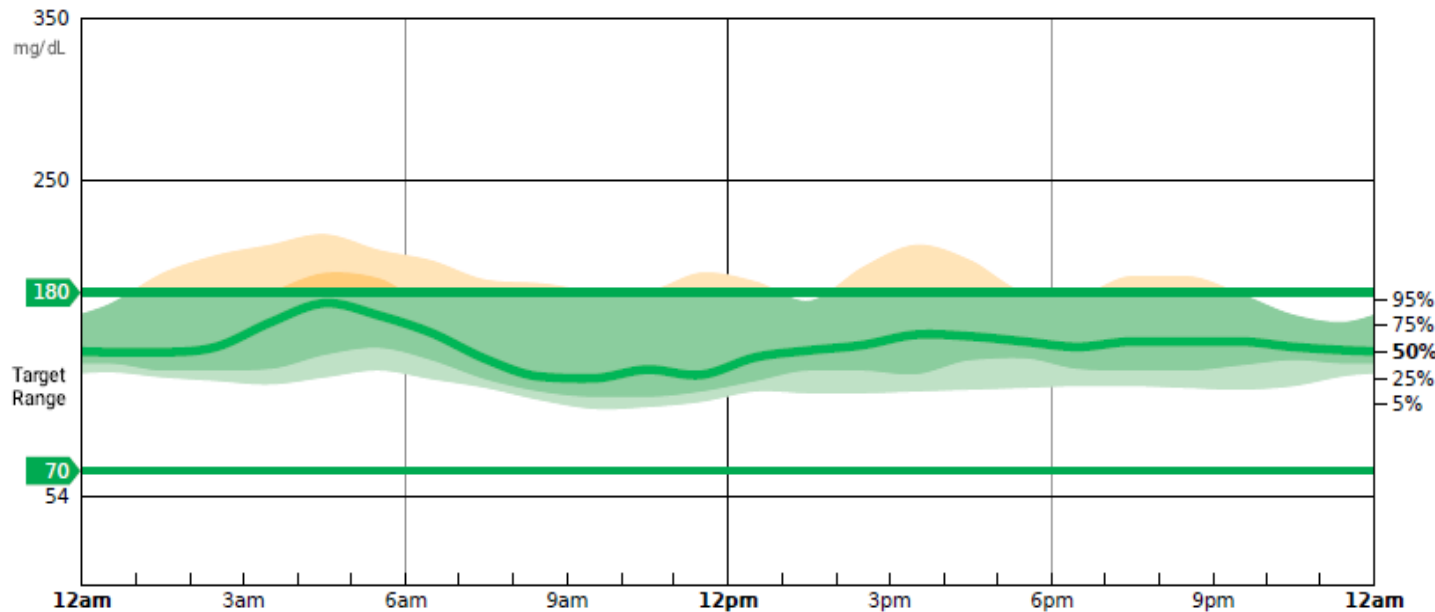
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Ambulatory Glucose Profile (AGP)

AGP is a summary of glucose values from the report period, with median (50%) and other percentiles shown as if they occurred in a single day.



Daily Glucose Profile

Each daily profile represents a midnight-to-midnight period.

Glucose Metrics

Average Glucose Goal: <154 mg/dL	150 mg/dL
GMI Goal: <7%	6.9%
Coefficient of Variation Goal: <36%	15.8%
Time CGM Active	93.8%

Improvements:

- Improved insulin use
- Changes to medications (reduced insulin, added Mounjaro and Jardiance)
- Labs:
 - A1c 8.1% (A1c maintained <9% to current)
 - Trig 124, HDL 48, Tot Chol 156, LDL 86

Actions:

- Maintaining behavior change
- Community resources for ongoing support

Summary of Outcomes

Measure	Initial Visit	Final Visit
Weight	310lb, BMI 42	289.2lb, BMI 39.22
Meds	Lantus 52 units/day, Lispro per SSI, Atorvastatin 40mg/day	Lantus 45 units/day, Lispro per SSI, Mounjaro 10mg/week, Jardiance 25mg, Atorvastatin 40mg/day
Time In Range (BS 70-180)	19%	88%
A1c	14%	8.1%
Triglycerides	288 (H)	124 (WNL)
Total Cholesterol	249 (H)	156 (WNL)
LDL	146 (H)	86 (H)
HDL	50 (WNL)	48 (WNL)

Barriers

Only about half of individuals eligible for DSMES through their health insurance receive it.



Lack of awareness for both provider & patients



Access and availability



Stigma or overwhelm

Program Design & Accreditation: First Steps

1. Review CDC's National Standards for DSMES
2. Identify the DSMES Team & administrative champions
3. Choose an accrediting body
 - Association of Diabetes Care and Education Specialists (ADCES) Diabetes Education Accreditation Program (DEAP)
 - American Diabetes Association (ADA) Education Recognition Program (ERP)

*Though they are similar, this presentation will highlight requirements outlined by ADCES DEAP

CDC National Standards for DSMES

Support for
DSMES Services

Population and
Service
Assessment

DSMES Team

Delivery and
Design of
DSMES Services

Person-
Centered
DSMES

Measuring and
Demonstrating
Outcomes

1. Support for DSMES Services

- Letter of support from sponsor organization dated within 6 months of initial application for accreditation
- Choose the person at the highest level of authority who can support long term sustainability of your DSMES services
 - May be the CEO, President, Director, Clinical Manager, Quality Manager or Director, Owner, Supervisor, etc.



2. Population & Service Assessment

Description of the diabetes related demographics and additional considerations including Social Determinants of Health (SDOH) and other barriers that impact the **target population**.

- ✓ General demographics
 - Community Health Assessment
 - American Community Survey
 - UDS data
- ✓ Evaluation of other DSMES programs in the area
- ✓ Barriers

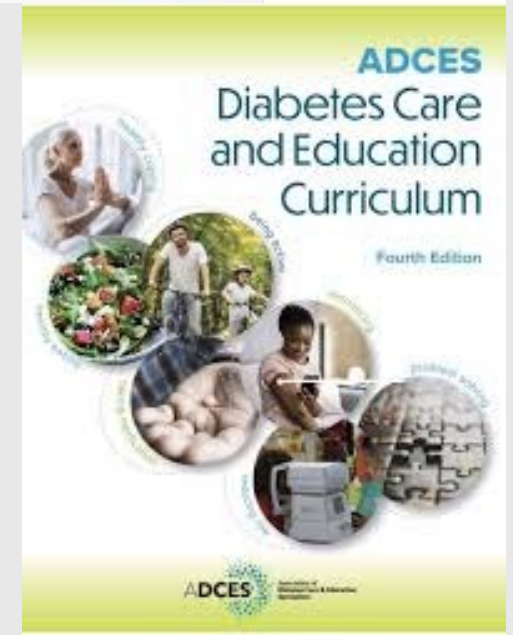
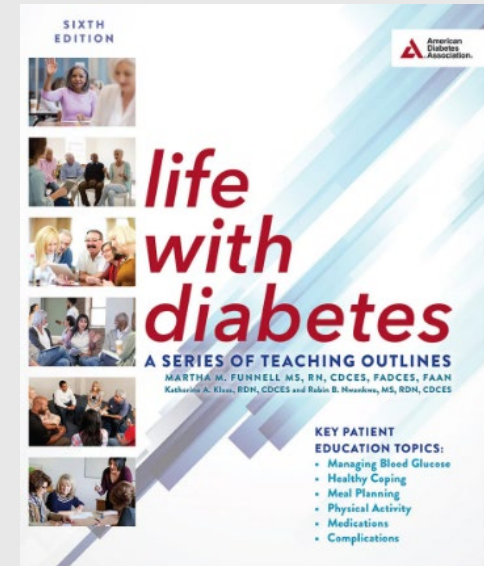
3. DSMES Team

- At least one team member identified as the Quality Coordinator who will oversee effective implementation, evaluation, tracking, and reporting of DSMES outcomes
- Attestation that at least one team member is an **RN**, **RDN**, or **pharmacist** with training & experience pertinent to DSMES or holds CDCES or BC-ADM certification

- ✓ Job description
- ✓ Attestation document
- ✓ Licensure/registration for credentialed team members
- ✓ Proof of 15 CEUs for team members without CDCES or BC-ADM credential

4. Delivery & Design

- Proof of approved curriculum purchase (~\$150)
 - Must include core content areas (slide #4)
- Delivery & Design document
 - Mode of delivery
 - Types of Diabetes serviced
 - Brief description of how interactions and discussions are conducted
- Evidence that practices, services, and curriculum are reviewed at least annually



5. Person-Centered DSMES

- ✓ Description document of how the assessment process is administered & informs a person-centered plan for DSMES.
- ✓ Example of a signed Medicare Referral Order
- ✓ Submit one deidentified chart within the past 12 months demonstrating DSMES intervention.
 - DSMES Assessment
 - DSMES Plan
 - Topics covered
 - Behavior Goal progress (SMART goal)
 - Proof that the outcomes of intervention were communicated to referring physician or qualified health professional

Referral Requirements

- Must reflect that the **treating** provider certifies that such services are necessary
- The number of initial or follow up hours ordered
- The topics to be covered in training
- Specify individual or group training

<https://www.adces.org/diabetes-education-dsmes/diabetes-education-accreditation-program/deap-initial-application---audit-guide>

ORDER FORM

Diabetes Self-Management Education & Support (DSMES) and Medical Nutrition Therapy (MNT)

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 and DSMT are the same thing: DSMT is the name of the Medicare Benefit.

DSMT: 10 hours initial DSMES in 12-month period from the date of first encounter, plus 2 hours follow-up per calendar year with signed referral from the treating qualified provider (MD/DO, APRN, NP or PA) each year.

MNT: 3 hrs initial MNT in the first calendar year, plus 2 hours follow-up MNT annually. Additional MNT hours with change in medical condition, treatment and/or diagnosis with signed referral from any physician (MD/DO).

PATIENT INFORMATION:

Last Name	First Name	Middle	Date of Birth
Address	City	State	Zip Code
Home Phone	Cell Phone	Email Address	

DIABETES DIAGNOSIS:

Type 1 Type 2 Gestational Diagnosis Code: _____

DSMES ORDERS:

If # of hours are not specified, DSMES team will default to number of hours allowed per benefit.

Initial DSMES _____ hours Follow-up DSMES _____ hours

DSMES CONTENT AREAS:

ALL content as related to diabetes care plan and agreed upon by the Patient and DSMES team

OR only specific content areas:

Healthy Coping Monitoring Taking Medication
 Healthy Eating Reducing Risk Injection Training
 Being Active Problem Solving Other: _____

SPECIAL NEEDS (OPTIONAL) | MEDICARE BENEFICIARIES

Please check reason if more than 1 of 10 hours of INITIAL DSMT are being requested individually instead of in a group setting.

Vision Hearing Language Cognitive
 Physical Psychosocial Transportation Other: **FQHC**

MEDICAL NUTRITION THERAPY

Initial MNT Follow-up MNT Additional hours MNT for change in: (choose one)
 medical condition treatment diagnosis

SIGNATURE OF QUALIFIED PHYSICIAN OR ADVANCED PRACTICE PROFESSIONAL:

Signature and NPI# of qualified provider certify that they are managing the beneficiary's diabetes care for DSMT referrals. Date of signature:

Practice Name and Contact Info

Standard 5: Person Centered DSMES	Notes:
<input type="checkbox"/> Referral for DSMES in chart: see diabeteseducator.org/referdsmes for template & guidelines for Medicare – reviewed by DEAP auditors to support programs to ensure they are being reimbursed for DSMT appropriately.	
<input type="checkbox"/> Assessment: <input type="checkbox"/> Health Status: type of diabetes, clinical needs, health history, disabilities, physical limitations, SDOH and health inequities (e.g., safe housing, transportation, access to nutritious foods, access to healthcare, financial status, and limitations), risk factors, comorbidities, and age <input type="checkbox"/> Psychosocial Adjustment: emotional response to diabetes, diabetes distress, diabetes family support, peer support (e.g., in-person or via social networking sites), and other potential promotors and barriers <input type="checkbox"/> Learning Level: diabetes knowledge, health literacy, literacy, numeracy, readiness to learn, ability to self-manage, developmental stage, learning disabilities, cognitive/developmental disabilities (e.g., intellectual disability, moderate-severe autism, dementia), and mental health impairment (e.g., schizophrenia, suicidality) <input type="checkbox"/> Lifestyle Practices: self-management skills and behaviors, health service or resource utilization, cultural influences, alcohol and drug use, lived experiences, religion, and sexual orientation	
<input type="checkbox"/> Document at least once throughout DSMES intervention: <u>How</u> (group, individual) <u>What</u> (Assessment of ADCE7 Self Care Behaviors and needs – to be determined collaboratively between participant and DSMES team) <u>When</u> (how many visits anticipated and how often they will come for DSMES) <u>Where</u> (in person, telehealth (audio or audio-video) combination) <u>Why:</u> Purpose for DSMES, diagnosis, complications, etc.	
<input type="checkbox"/> Document for each participant at every session: <u>When:</u> Date of Service and Plan for Follow Up (timing for next DSMES session) <u>Who:</u> DSMES Instructor/Team and Participant/family in attendance <u>What:</u> Topics Covered (ADCE7 Self Care Behaviors) <u>How:</u> Participant’s progress with learning <u>Why:</u> Participant’s current progress with SMART goal and action plan; then next steps (what will participant work on between now and next DSMES session)	
<input type="checkbox"/> Communication back to referring provider that includes summary of DSMES provided, participant outcomes and plan for follow up.	

6. Measuring & Documenting Outcomes

- ✓ Provide plan for collecting outcome data (Excel, Azara, ECW registry, etc.)
 - Decide what outcomes you are going to submit for the Annual Status Report
 - 2 outcomes required – at least one clinical (A1c, BP, LDL, etc.)
- ✓ Continuous Quality Improvement project in the Plan Do Study Act (PDSA) format
 - ✓ Ex. Increasing referrals

Outcome type	Examples
Process outcomes	Referral process Attendance Education mapping Social determinants of health Timing of education sessions (e.g., times that meet the PWD needs)
Clinical outcomes	A1C Time in hypoglycemia Pregnancy outcomes LDL-cholesterol levels Body mass index and body weight Blood pressure Time in range (TIR)
Psychosocial and behavioral outcomes ⁵⁷	Healthy coping Healthy eating Being active Taking medication Monitoring Reducing risk Problem solving
Patient-reported outcomes	Health-related quality of life Diabetes-related quality of life Diabetes distress Self-efficacy Functional status Patient satisfaction
Patient generated health data	Blood glucose trends CGM glucose management indicator (GMI) Weight, activity, steps Food/beverage intake Sleep Blood pressure

Virginia DSMES Umbrella Program Overview

Purpose:

To reduce administrative burden and expand access to DSMES in underserved and high-risk areas.



What is an Umbrella Starter Site?

- Designed for smaller programs or those in high-need areas.
- Sponsored by a lead organization to build DSMES capacity.
- Provides initial support for achieving accreditation.

VDH & VCDPE Partnership:

- **Sponsor:** Virginia Department of Health (VDH)
- **Accreditation Partner:** Virginia Center for Diabetes Prevention and Education (VCDPE)
- Supports sites in meeting obtaining **ADCES accreditation.**

Benefits & Structure of the VA DSMES Umbrella



Microsite Model:

- Each site under the umbrella receives an individual accreditation certificate as a microsite.
- Administrative load is shared with the Umbrella Quality Coordinator.

Support Provided:

- Accreditation guidance
- Data management and oversight
- Administrative responsibilities – Annual Status Review/ Audits
- Marketing and outreach
- Peer learning network across sites

General Billing Overview

- CPT code G0108: individual DSME; 30-minute units (no rounding)
 - Around \$54 per unit
- CPT code G0109: group DSME (2-20 participants)
 - Not applicable for FQHC
- Cannot be supplied on the same day as another medical visit but can be supplied on the same day as a behavioral health visit
- Billing for DSME is done under the organization NPI (not an individual's NPI)
 - it is not considered “incident-to”

Medicare Coverage

- Referred to as Diabetes Self Management Training (DSMT) in CMS documents
- Medicare covers up to 10 hours of DSMT initial year of referral as a “once in a lifetime” benefit.
 - Use it or lose it
 - If the participant has received DSME/T paid by another insurance company, they are still eligible for 10 hours of initial coverage as a Medicare benefit
- 2 hours follow up each subsequent year with a new referral
- Coinsurance applies
- Must be a Medicare Part B provider

FQHC Specifics

- 9/10 DSMT benefit hours are meant to be delivered in group settings, but this does not apply for FQHCs – all 10 hours can be billed while providing 1:1 DSMT
- DSMT/DSME is a qualifying visit to be paid under the Prospective Payment System (PPS)
 - Around \$200 per visit
 - Not time-based





Medicare Reimbursement Steps

1. Receive accreditation by ADA or ADCES
2. After accreditation is received you must send the accreditation certificate to the Medicare Administration Contractor (MAC)
3. Maintain accreditation by submitting annual status reports & achieving reaccreditation every 4-year cycle

Who can bill for DSMT?

Entities

- Clinic
- Durable Medical Equipment Prosthetics, Orthotics, and Supplier
- FQHC
- Health Department
- Home Health Agency
- Hospital- outpatient only
- Pharmacy
- Skilled Nursing Facility

Individual CMS Providers


- Clinical Nurse Specialist
- Clinical Social Worker
- Nurse Practitioner
- Physician
- Physician Assistant
- Psychologist, clinical
- Registered Dietitian Nutritionist

Must be a Medicare Part B Provider

Clinical Impacts

DSME Participation Level	Average A1c Before	Average A1c After	Average Change
1 or more visit	8.8%	6.9%	-1.9%
At least 2 visits	8.8%	6.6%	-2.3%
Completed full program	9.4%	6.7%	-2.7%




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Resources

- ADA Standards of Care <https://professional.diabetes.org/standards-of-care>
- CDC DSMES Toolkit <https://www.cdc.gov/diabetes-toolkit/php/index.html>
- CDC Comparison ADCES vs ADA Accreditation Notes <https://www.cdc.gov/diabetes-toolkit/php/become-provider/index.html>
- ADCES Initial Application & Audit Guide <https://www.adces.org/diabetes-education-dsmes/diabetes-education-accreditation-program/deap-initial-application---audit-guide>
- ADA ERP <https://professional.diabetes.org/education-recognition-program>

Billing Resources

- The ADA ERP billing symposium:
<https://professional.diabetes.org/education-recognition-program/on-demand-education-recognition-programs>
- ADCES “Ask the Reimbursement Expert” resource to members:
<https://www.adces.org/practice/ask-the-reimbursement-expert>
- CDC DSME Toolkit Medicare Reimbursement Guidelines:
<https://www.cdc.gov/diabetes-toolkit/php/reimbursement/medicare-reimbursement-guidelines.html>

“Do what you can, with what you have, where you are.”
-Theodore Roosevelt