

APPROACHES TO INCREASING ACCESS TO AND PARTICIPATION IN DIABETES SELF-MANAGEMENT EDUCATION

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Overview

Historically, the Centers for Disease Control and Prevention’s (CDC’s) National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) has provided funding for state chronic disease programs for specific chronic conditions and risk factors, releasing separate funding opportunity announcements (FOAs) to address cardiovascular disease, diabetes, and obesity. However, chronic diseases have a high incidence of comorbidity, and the burden of these diseases has continued to rise.

In recognition of these issues, CDC has adopted a more integrated approach to chronic disease prevention and control, increasing opportunities for coordination across related diseases and risk factors. This approach allows public health programs to work together to be more efficient and achieve more significant and lasting outcomes. One recent FOA that embraces this approach is the State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health program (CDC-RFA-DP13-1305, hereafter referred to as 1305).

Because state health departments are on the front lines of coordinated chronic disease public health prevention efforts, 1305 grantees are exploring and testing innovative approaches that will provide critical insight and lessons learned. The goal of the *Emerging Practices in Diabetes* series is to summarize and share information on these practices to guide the work of other states working in these same areas.

This report describes the work of three states to increase access to and participation in diabetes self-management education (DSME) through targeted outreach, partnership, technical assistance, grant opportunities, and reimbursement initiatives.

The Four Domains of Chronic Disease Prevention

To optimize public health’s efficiency and effectiveness, CDC recommends coordinating chronic disease prevention efforts in four key areas or domains:

1. Epidemiology and surveillance—to monitor trends and track progress.
2. Environmental approaches—to promote health and support healthy behaviors.
3. Health care system interventions—to improve the effective delivery and use of clinical and other high-value preventive services.
4. Community programs linked to clinical services—to improve and sustain management of chronic conditions.

The four domains help organize and focus the effective work the public health community has been doing for many years. At the same time, they help concentrate efforts to strengthen programs and build expertise to address gaps in services. Finally, they help government agencies, state and local grantees, and diverse public and private partners find new ways to work together and support each other’s efforts.

Diabetes Self-Management Education

DSME is “the ongoing process of facilitating the knowledge, skill, and ability necessary for . . . diabetes self-care. This process incorporates the needs, goals, and life experiences of the person with diabetes . . . and is guided by evidence-based standards. The overall objectives of DSME are to support informed decision making, self-care behaviors, problem solving, and active collaboration with the health care team and to improve clinical outcomes, health status, and quality of life” (p. 620)¹.

CDC estimates that 29.1 million people in the United States have diabetes.² It is vital that state health departments take the lead in increasing access to and participation in DSME³ programs to address this public health need.

Florida

Background

The Florida Department of Health (FDOH) aimed to increase access to DSME by improving existing programs and expanding programs to underserved counties. To achieve this goal, FDOH contracted with the state’s nonprofit health planning councils. Those organizations implemented a competitive process to distribute mini-grants to (1) existing DSME programs wanting to expand to new counties, (2) existing DSME programs lacking accreditation or recognition and wanting to apply, and (3) organizations wanting to establish new DSME programs in unserved counties.

Partners

FDOH’s early efforts to increase access to DSME benefited from key partnerships with the Florida State Government-appointed Diabetes Advisory Council (DAC) and the Florida Diabetes Alliance. The DAC is a legislatively mandated advisory body with officially designated members, including medical school representatives and pediatric and adult endocrinologists. The Florida Diabetes Alliance is a grassroots organization that worked closely with the state for many years on their diabetes prevention and control activities. In 2009, the Florida Diabetes Alliance established a mentoring program. The Alliance contacted DSME programs to gauge where they needed assistance and also conducted mock audits for programs preparing for accreditation/recognition. The Alliance then advised the programs on next steps. Several of those DSME programs became accredited and are still running.

Nonprofit health planning councils have been key to FDOH’s success in expanding access to DSME under 1305. Each health planning council serves a multicounty region and receives state funding to develop and update district health plans, and representatives serve on mini-grant review panels. In the case of DSME, the health planning councils managed mini-grant distribution and enlisted experienced volunteers to provide technical assistance and expert mentoring services to DSME programs. The health planning councils form a network across the state to expand the reach of FDOH.

FDOH's work with the health planning councils in increasing access to DSME began with the Big Bend Health Council (northwest Florida) and WellFlorida Council, Inc. (central Florida), and later expanded to the Health Planning Council of Southwest Florida. The three health planning councils recruited accredited DSME programs to create satellite sites in counties without any accredited/recognized sites. They also worked with non-accredited programs working toward accreditation or recognition.

FDOH's Role

FDOH has developed and shared available resources with DSME programs. For example, FDOH sends the National Standards for Diabetes Self-Management Education and Support¹ (National Standards) to DSME programs as a guide to program implementation. FDOH also provides guidance documents to help the programs decide between seeking accreditation by the American Association of Diabetes Educators (AADE) or recognition by the American Diabetes Association (ADA). FDOH has also created technical assistance webinars for DSME programs, tailoring one for potential future grantees and another for funded grantees.

Challenges

FDOH noted two primary challenges to supporting and sustaining programs. First, they indicated that staffing was the biggest challenge to supporting new programs. FDOH is examining ways to address this challenge by promoting DSME delivery through telehealth. They anticipate that in 2016–2017, a funding opportunity will be developed for accredited or recognized DSME programs in rural areas that could benefit from offering DSME via telehealth. Second, variable reimbursement rules present another challenge. DSME is covered by all insurance mechanisms in Florida and must be provided and reimbursed in accordance with the National Standards.¹ However, many of the DSME programs in Florida are offered at Federally Qualified Health Centers (FQHCs), where different reimbursement rules apply. For example, FQHCs are not reimbursed for group DSME sessions.

Summary

By providing funding to new and established DSME programs, mentoring where needed, and forging partnerships, FDOH is successfully expanding access to DSME programs across the state.

Mississippi

Background

The Mississippi State Department of Health (MSDH) aimed to increase access to DSME and enroll more people in AADE-accredited or ADA-recognized DSME programs. As of May 2016, there were 38 active DSME programs in Mississippi.

Early efforts by MSDH to improve access to DSME included involvement in Mississippi Health First. The Centers for Medicare & Medicaid Services launched this collaborative project in 2009 with the goal of increasing access to DSME. When the project ended after about 2 years, there were new DSME programs established, but they were not accredited or recognized. Existing

DSME programs were not billing for services and consequently were about to close down. At that time, MSDH started an action plan to increase access to DSME, which was informed by Mississippi Health First's sustainability document. Also at that time, some additional organizations stepped forward to become new DSME providers, and all of the organizations involved in DSME became part of the *Diabetes Coalition of Mississippi*. However, there remained many counties in Mississippi with high diabetes prevalence rates but no access to DSME programs. This continuing need for services led to the idea of having the MSDH serve as a recognized umbrella organization for DSME providers at local health departments around the state.

Mississippi Department of Health's Role

In November 2014, MSDH became the fourth state health department in the United States to be recognized by ADA; it can now bill for DSME across Mississippi. By becoming a DSME provider, MSDH gained bottom-up experience and was better positioned to help others build and maintain DSME programs. MSDH's umbrella program also created a place for DSME providers to exchange ideas. As a result of MSDH's new status as an umbrella organization, the state health department has become a leader for DSME in Mississippi. MSDH reports that programs and providers are increasingly reaching out to them for guidance and support on topics such as DSME program accreditation/recognition and preparation to become a Certified Diabetes Educator (CDE).

In addition to serving as an umbrella organization for DSME providers, MSDH has conducted other important activities related to improving access to DSME. To identify areas of greatest need, staff created a map showing diabetes prevalence by county overlaid with information on the locations of recognized/accredited DSME programs. MSDH staff also talked with FQHC administrators about the importance of seeking DSME accreditation. Lastly, MSDH helped prepare individuals for the CDE exam. As of May 2016, MSDH has trained over 400 individuals, the majority of whom are still connected with the MSDH DSME program. MSDH is now examining the number of individuals participating in DSME programs, the number of individuals who become CDEs, and the number of CDEs who prepared for their exam by taking MSDH's preparation course. MSDH has nine public health districts and plans to have DSME programs up and running in all nine by early 2017.

Partners

Two partners have been essential to MSDH's progress: the Diabetes Coalition of Mississippi and the University of Mississippi Medical Center (UMMC). MSDH has found the strategic plan of the Diabetes Coalition of Mississippi to be a very helpful resource. Topics covered in the strategic plan include diabetes management (as well as DSME and increased access), diabetes prevention, and policy (including reimbursement). The Diabetes Coalition of Mississippi has expanded greatly, increasing from 17 to approximately 100 members. As of May 2016, it was in the process of forming local chapters, all connected to MSDH. Another essential partner, UMMC, has provided MSDH with an opportunity to promote telehealth through involvement in the UMMC Center for Telehealth. Partnership with UMMC has continued to be cultivated through the services and knowledge MSDH brings to the medical center.

Sustainability

MSDH is actively pursuing DSME reimbursement expansion and sustainability. At the end of 2015, Medicaid coverage of DSME was expanded in Mississippi to include coverage for all accredited providers (including hospitals). As of May 2016, MSDH planned to assess DSME coverage policies of all insurers and then to advise providers on DSME insurance coverage. Importantly, reimbursements for DSME programs under the MSDH umbrella all come back to one centralized system. Working with local health department clinics, the state health department can provide DSME on site within local communities, cutting down on travel barriers for patients and producing programmatic cost savings that fosters sustainability. Within each of the 9 public health districts, DSME instructor teams have been established. Through these teams, DSME can be provided within the local county public health clinics. The state's centralized billing system, which is utilized by all public health clinics for health related services, facilitates a uniform reimbursement system.

Through a collaborative partnership with the Mississippi Department of Finance and Administration, Office of Insurance, and the administrator of the state and school employees' life and health insurance plan, MSDH has secured DSME at no cost for plan members. As of July 2016, plan members can enroll in DSME classes conducted by MSDH. MSDH can also provide DSME at onsite state agency locations.

Summary

By becoming an ADA-recognized DSME program and serving as the umbrella over DSME programs in Mississippi, MSDH has created a centralized system for DSME reimbursement, delivery, and networking. These efficiencies represent major progress toward fulfilling the goals of increasing access to DSME programs in Mississippi and achieving programmatic sustainability.

Tennessee

Background

The Tennessee Department of Health (TDH) aimed to increase access to DSME for all Tennessee residents with diabetes by ensuring that 100 accredited pharmacies across the state provide DSME. With a total of 95 counties in Tennessee, having 100 accredited pharmacies distributed across the state would help ensure better access for all Tennessee residents with diabetes. When TDH started this initiative, there were only about 30 DSME programs mostly located in larger, urban areas. TDH's decision to work with pharmacists was based on their easy access to patients in need of diabetes education.

Partners

TDH worked with the Tennessee Pharmacists Association (TPA), through its Tennessee Pharmacists Research and Education Foundation, to identify and engage pharmacies and pharmacists through a survey. TDH ranked pharmacists throughout the state based on (1) their location in proximity to targeted underserved counties, (2) the diabetes services they were

already providing, and (3) whether they had any DSME experience. Over a 4-year period, 25 pharmacies/pharmacists will be selected from the survey each year to become accredited through AADE to provide DSME. Since the start of the 1305 funding cycle in 2013, 178 pharmacists have submitted applications to participate in this program.

A contributing factor to this initiative's success has been the commitment of the TPA to partner with TDH. TDH contracted with TPA, and TPA has taken a lead role in training pharmacists to become diabetes educators. Although TDH's work under 1305 technically covers 13 counties, other counties have also benefitted from this work. As of May 2016, 17 pharmacy practice sites had successfully achieved accreditation, and 33 additional pharmacies were in the process of becoming accredited. Overall, 29 different counties have a pharmacy practice site that has been accredited or is currently in the process of becoming accredited. TPA is also exploring a referral process to facilitate communication between the sites and e-health record systems, with the goal of connecting this referral system to the TDH electronic health records (EHR) system in the future.

Other partners have facilitated the successes achieved by TDH. The National Community Pharmacists Association (NCPA) and the AADE have partnered with TDH and TPA to facilitate the training of pharmacists to deliver DSME services to their patients. In addition, NCPA and AADE are helping these accredited pharmacy practice sites to implement a billing structure to establish a sustainable mechanism for their programs for Medicare beneficiaries. At the training sessions, AADE and NCPA have provided pharmacists with tools to educate their patients on DSME. TDH is also building new partnerships to increase access to DSME; it recently expanded its initiative to engage all six schools and colleges of pharmacy across Tennessee.

Tennessee Department of Health's Role

TDH built its DSME initiative in part by utilizing resources from other health care programs in Tennessee. In a 5-year pilot program through the state's Heart Disease and Stroke Prevention (HDSP) coalition at four Tennessee pharmacies, community pharmacists monitored blood pressure readings and managed medications and lifestyle modifications for patients enrolled in the program. Resources utilized by TDH in building its DSME initiative included documents highlighting the role of pharmacists in this heart disease and stroke prevention pilot program. TDH also benefited from resources produced as a result of a project funded by Roche Diagnostics. This work examined pharmacist intervention in self-testing patients with diabetes and resources from a project funded by the BlueCross BlueShield of Tennessee Health Foundation evaluating the effectiveness of pharmacists in managing patients with diabetes.

Challenges

This DSME initiative has experienced some challenges related to reimbursement and sustainability. TDH and partners have experienced some difficulties getting reimbursement at the pharmacy practice sites due to a lack of federally recognized provider status for pharmacists, though NCPA has been a very effective partner in working to achieve reimbursement through Medicare. TDH is optimistic that DSME will be reimbursable for pharmacy practice sites as soon as a statewide network of pharmacies is established. TDH is still at a very early stage in its efforts toward sustainability but continues to have conversations with partners about this.

Summary

TDH has forged effective partnerships with TPA, NCPA, AADE, and others, and has leveraged resources from previous innovative health care programs in Tennessee. This has led to its progress toward increasing access to DSME through the utilization of pharmacists as providers and towards its goal of having 100 accredited pharmacies across the state of Tennessee providing DSME.

References

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