



# Diabetes Self-Management Education and Support: Provider Use and Patient Benefits

Contributing author on behalf of Team Best Practices:

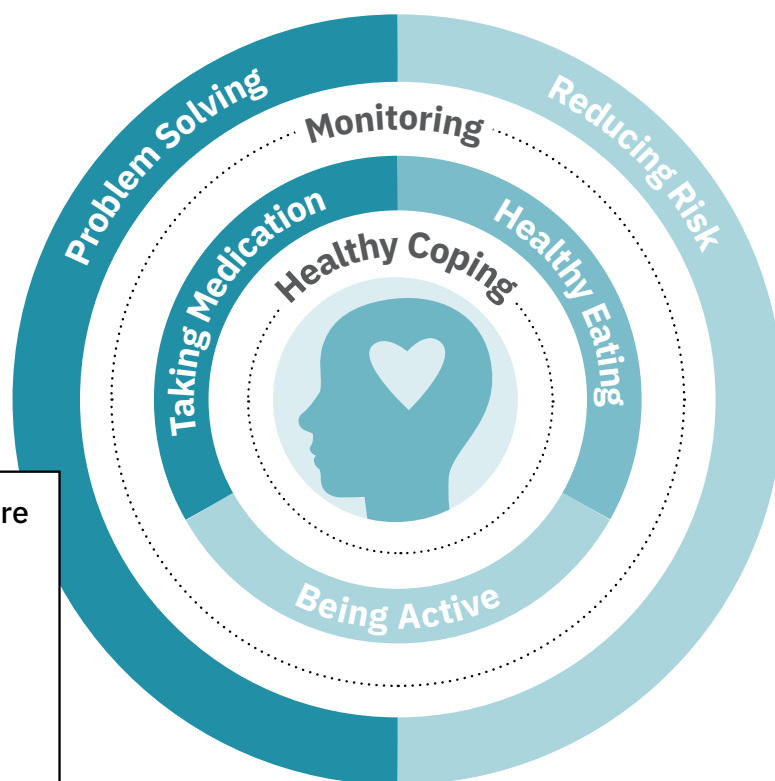
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Diabetes Self-Management Education and Support (DSMES) is a program that gives people with diabetes the knowledge, skills, and confidence they need to successfully manage their condition.

It is collaborative and patient driven. It empowers people with diabetes to work with their health care team to make informed decisions about diabetes care. Diabetes Self-Management Education and Support helps patients develop problem solving skills, goals, action plans, and healthy ways to cope with the emotions and stressors of life caused by diabetes.<sup>1</sup> This document describes why, when, and how physicians can use DSMES to benefit patients with diabetes.

Diabetes Self-Management Education and Support focuses on seven self-care behaviors<sup>2</sup> that promote successful and effective diabetes self-management, known as the ADCES7 from the Association of Diabetes Care and Education Specialists. This framework focuses on behavior change to improve outcomes rather than just the provision of educational content.

ADCES7 Self-Care Behaviors®



## ADCES7 Self-Care Behaviors

- Healthy Eating
- Being Active
- Monitoring
- Taking Medication
- Problem Solving
- Healthy Coping
- Reducing Risk

**1. Healthy Coping** – This behavior is at the center, recognizing the importance that emotions play in diabetes management. Being able to cope with diabetes in a positive way and getting needed support are necessary for effective diabetes management and should be addressed early on.

**2. Healthy Eating**  
**3. Being Active**  
**4. Taking Medication**

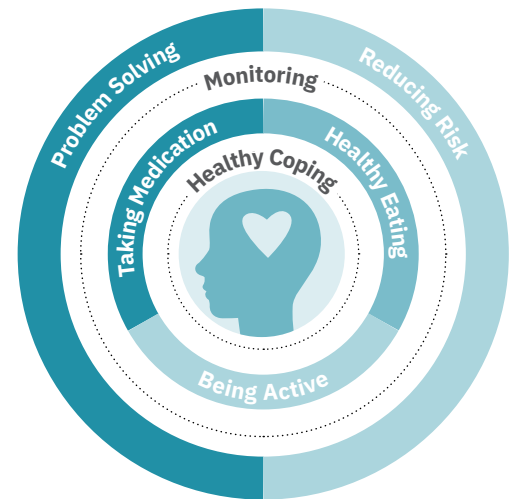
These three behaviors comprise the next ring. These are behaviors that people with diabetes need to do regularly in order to manage diabetes effectively.

**5. Monitoring** – This behavior encircles the first four behaviors. Tracking personalized data, such as blood glucose, HbA1C, weight, or food can guide the individual and provider regarding needed behavior change and treatment.

**6. Reducing Risk**  
**7. Problem Solving**

These two behaviors comprise the outer ring. Reducing risks helps people with diabetes understand long-term risks associated with poor management and can provide motivation for sustained, effective self-care behaviors (e.g., annual eye exams, immunizations, foot care, dental check-ups).

Problem solving helps people with diabetes identify barriers to effective self-care and gives a stepwise approach to setting goals and action steps to improve diabetes self-care.



### **Evidence shows that individuals who participate in an accredited DSMES program led by trained health professionals benefit from:**

- decreased HbA1C of 0.45% to 0.57% (equivalent to the benefit seen with medication).<sup>3-5</sup>
- decreased diabetes complications<sup>6-7</sup> and all-cause mortality.<sup>8</sup>
- increased quality of life measures, including healthy eating and physical activity.<sup>9</sup>
- increased self-efficacy and empowerment.<sup>10</sup>
- improved coping skills.<sup>11</sup>
- decreased diabetes distress.<sup>12</sup>
- decreased emergency department visits, hospitalizations, and overall health care costs.<sup>13-17</sup>

### **There are four critical times when patients with diabetes should be referred to DSMES:<sup>2</sup>**

1. At diagnosis
2. Annually or when not meeting treatment goals
3. When complicating factors occur
4. When transitions in life/care occur

Despite the proven benefits, participation in DSMES is low. The Centers for Disease Control and Prevention report that only 6.8% of privately insured individuals with type 2 diabetes participate in DSMES within 12 months of diagnosis. The Centers for Medicare and Medicaid Services (CMS) data show that only 5% of Medicare participants with diabetes participate in DSMES during the first year of diagnosis. A 2017 Association of Diabetes Care and Education Specialists practice survey showed that of those who attend DSMES services, only 23% of participants completed 75% or more of the program.<sup>1</sup>

## Barriers and Potential Solutions to Program Participation:<sup>1</sup>



### Patient Barriers

- Transportation/Access
- Health literacy
- Timing
- Social determinants of health
- Cultural barriers

### Solutions

- Ensure the patient understands that DSMES is a part of the recommended treatment plan, not an optional program.
- Make a prompt referral to a program and follow-up with the patient to promote program participation.
- Connect patients to local programs including those that offer different delivery options, such as telehealth, online resources, and community resources. Help patients access programs.
- Link patients with community health workers and patient navigators who can help address individual barriers.<sup>1</sup>



### Provider/Programmatic Barriers

- Limited DSMES programs
- Diabetes Care and Education Specialist (DCES) availability
- Lack of understanding on how to refer
- Misunderstanding about the benefit of DSMES among providers

### Solutions

- Promote DSMES programs so providers and patients are aware they exist.
- Provide education and outreach to providers on program benefits, access, and referral processes.
- Make DSMES referrals easier by embedding them into the electronic health record.
- Educate providers on billing codes.



### Coverage and Reimbursement Barriers<sup>18</sup>

- Copays
- Lack of reimbursement
- Provider referral requirements
- Caps on lifetime benefits
- Requirements for where service are provided
- Coverage differs by insurer

### Solutions

- Work with patients to verify coverage.
- Identify no/low cost programs that are subsidized by grants or other funds to improve access for low income patients.
- Explore opportunities for expanded coverage of DSMES as health care delivery shifts to a value-based payment model, including the program in a financial structure for reimbursement.
- For more details about coverage and reimbursement of DSMES, visit the [Association of Diabetes Care and Education Specialists](#).

The Association of Diabetes Care and Education Specialists has created sample referral forms that can be downloaded. If using an electronic medical record, it is particularly helpful to have the referral order built in and easily accessible.

- [Diabetes Services Order Form](#)<sup>19</sup> - a pdf designed to make it easy for physicians to refer for DSMT and medical nutrition therapy (MNT) in one quick step.
- [Diabetes Services Order Form Background Information](#)<sup>20</sup> - provides a summary of DSMT and MNT benefit requirements, as well as examples of how they can be coordinated for qualifying Medicare beneficiaries.

In order for DSMES services to be reimbursable, referrals should be made to programs that are accredited by one of the two National Accrediting Organizations for CMS, the American Diabetes Association (ADA) and the Association of Diabetes Care and Education Specialists (ADCES). These programs meet national standards for quality DSMES.<sup>21</sup>

For programs accredited by the American Diabetes Association, visit [diabeteseducator.org](http://diabeteseducator.org) and click on “Find an Education Program.” For programs accredited by the American Diabetes Association, visit [diabetes.org](http://diabetes.org) and click on “Tools and Support,” scroll down and click on “Find a Diabetes Education Program.”

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## Partners



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