

For: The Virginia Pharmacy Association  
Submitted by: Virginia Diabetes Council  
Title: Diabetes Self-Management Education and Support (DSMES) – What Pharmacists Need to Know Now

*Introduction:*

In 2015, the ADA, AADE and the Academy of Nutrition and Dietetics (AND) published a *Joint Statement on DSMES in Type 2 Diabetes*.<sup>3</sup> A goal of this statement is to increase awareness of DSMES and to optimize referrals and utilization. At the core of these statements are the *Algorithm of Care* and the *Algorithm of Action Steps*. – These algorithms detail the four critical times in a person’s life to assess, provide, adjust and refer for DSMES;

- at diagnosis
- during an annual assessment of education, nutrition, and emotional needs
- when new complicating factors influence self-management
- when there are transitions in care (including new medications)

As a pharmacist, you’re well aware that people with diabetes have contact with providers in your field more frequently than other healthcare providers. Given that Pharmacists now practice in a rapidly expanding array of settings, including working directly with people with diabetes, the Virginia Diabetes Council (VDC) aims to provide pharmacists in Virginia with up to date information about Diabetes Self-Management Education and Support (DSMES). We are doing this for two key reasons:

- To encourage pharmacists to recommend that people with diabetes ask their primary care provider for a referral to DSMES.
- To encourage pharmacy-based clinicians to consider developing a DSMES service that meets accreditation and coverage guidelines.

This article reviews the four junctures at which people with diabetes should be referred for DSMES and informed about where to find a program. In addition, we offer insights from two Virginia-based pharmacist peers about their experience with establishing a DSMES service in a pharmacy-based practice.

*Definition of DSMES*

The American Diabetes Association (ADA) 2017 Standards of Medical Care begins with this statement: *“Diabetes is a complex, chronic illness requiring continuous medical care with multifactorial risk-reduction strategies beyond glycemic control. Ongoing patient self-management education and support are critical to preventing acute complications and reducing the risk of long-term complications ...”*<sup>1</sup>

Providing DSMES ongoing through a person’s life with diabetes serves as a foundation to navigate daily self-care and management decisions. DSMES is the combination of Diabetes Self-Management Education (DSME), and Diabetes Self-Management Support (DSMS). It’s important to note the support required to implement and sustain the behaviors and coping skills to self-manage diabetes throughout life with diabetes.<sup>2</sup>

DSMES is proven effective to prevent or delay both the acute and chronic complications of diabetes.<sup>3</sup> Research studies demonstrate that DSMES is clinically- and cost-effective.<sup>2,3</sup> DSMES has been shown to reduce A1C as much as 1 percent in people with type 2 diabetes. It has been reported to have a positive effect on psychosocial and behavior aspects of managing diabetes and can prevent or reduce the progression of diabetes complications. DSMES has been shown to reduce hospital admissions and readmissions in several studies.<sup>4,5</sup>

#### *When, How Often to Deliver DSMES*

Despite DSMES being an essential part of diabetes care and covered for many patients, it remains a woefully underutilized benefit. Estimates from claims data report that under 10 percent of people actually receive the service.<sup>3</sup> The reasons for underutilization are numerous, but all too frequently, people with diabetes and their primary care provider are unaware of the service and/or and they're not referred for it.

AADE has made these and related resources available in a Joint Statement Resources Toolkit.<sup>7</sup> Another beneficial resource to maximize DSMES referrals is the Together 2 Goal<sup>®</sup> Campaign Toolkit developed by American Medical Group Association (AMGA) Foundation.<sup>8</sup>

DSMES is a Medicare Part B benefit,<sup>6</sup> most private health insurance plans cover this service as well. Medicare, and typically private health insurance plans, reimburses DSMES programs recognized by ADA or accredited by American Association of Diabetes Educators (AADE).

#### *Where Are DSMES Programs in Virginia*

DSMES services are located throughout Virginia. Typically, programs are located at hospitals, medical centers, and their satellite locations. Increasingly this service can be obtained at chain or independent pharmacies. To locate programs in your area by zip code use [www.DiabetesLocal.org](http://www.DiabetesLocal.org)<sup>9</sup>

#### *How Pharmacists and Pharmacies Can Increase Utilization of DSMES in Virginia*

Pharmacists can play important roles in increasing the utilization of DSMES by recommending the service or delivering it in a pharmacy-based practice. It's important that pharmacists ask patients with diabetes if they've been referred by their primary care provider for DSMES and/or when they've last met with a diabetes educator. Pharmacists can provide information about DSMES services in their area and suggest asking the primary care provider for a referral (see more information below). Pharmacists can reinforce the importance of DSMES in diabetes care by following up with patients when they return to the pharmacy by asking if they've sought out and received DSMES. Keep in mind, this is not a once and done service. Encourage patients to seek DSMES services regularly in accordance with the Joint Statement<sup>3</sup>. The pharmacist should recommend DSMES during critical touch points such as when diabetes progresses, a glucose-lowering medication is added, when patients are diagnosed with a diabetes-related complication, or when they have a life-changing event..

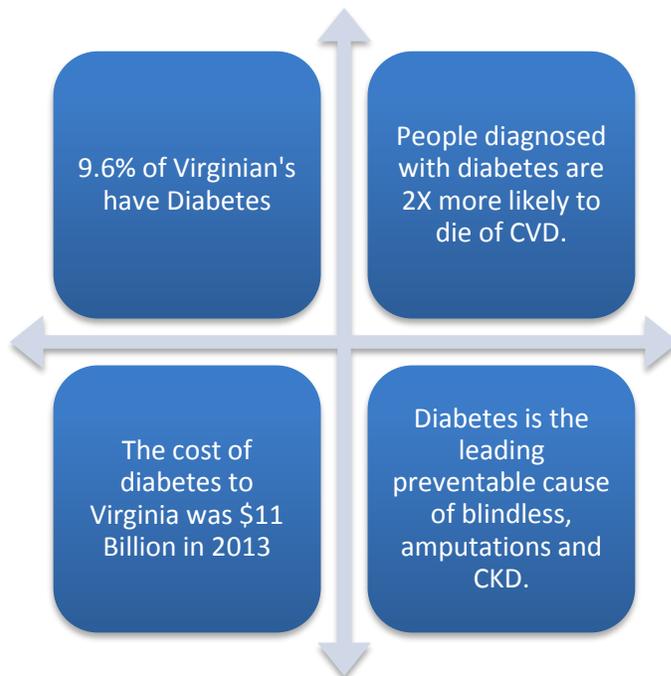
Pharmacists may choose to deliver the DSMES service in their pharmacy-based practice. With the rising numbers of people with diabetes (see Figure 1) and the desire by consumers for convenience, pharmacies can be ideal settings in which to deliver DSMES. DSMES delivered in a pharmacy can overcome some of the hurdles and hesitancy people may experience going to an unfamiliar facility to see unfamiliar providers (see sidebar 1).

*The mission of the [Virginia Diabetes Council \(VDC\)](http://virginiadiabetes.org) ([virginiadiabetes.org](http://virginiadiabetes.org)) is to bring partners together to identify and promote best practices for diabetes prevention, control, and treatment in Virginia with the vision of improving the lives of Virginians affected by diabetes. VDC is a 501c3 non-profit organization that serves as the advisory group for Virginia Department of Health's work in diabetes prevention and control.*

#### References:

1. American Diabetes Association. Standards of Medical Care in Diabetes – 2017. Introduction. *Diabetes Care* 2017 Jan; 40 (Supplement 1): S1-S2
2. Beck J, Greenwood D, et al. 2017 National Standards for Diabetes Self-Management Education and Support. *Diabetes Care* (e-pub ahead of print in Sept 2017) <http://care.diabetesjournals.org/lookup/doi/10.2337/dci17-0025> (e-pub ahead of print in Sept 2017) and *The Diabetes Educator* at <http://journals.sagepub.com/eprint/gv4N52NSqErrKxBfPJJI/full> (e-pub ahead of print in Sept 2017)
3. Powers MA, et al.: Diabetes Self-Management Education and Support in Type 2 Diabetes, a Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators and the Academy of Nutrition and Dietetics. *Diabetes Educ.* 2015 Aug;41(4):417-30, *Diabetes Care.* 2015 Jul;38(7):1372-82, *J Acad Nutr Diet.* 2015 Aug;115(8):1323-34.
4. Healy SJ, Black D, Harris C, Lorenz A, Dungan KM. Inpatient diabetes education is associated with less frequent hospital readmission among patients with poor glycemic control. *Diabetes Care.* 2013;36:2960-2967.
5. Robbins JM, Thatcher GE, Webb DA, Valdmanis VG. Nutritionist visits, diabetes classes, and hospitalization rates and charges: the Urban Diabetes Study. *Diabetes Care.* 2008; 31:655-660.
6. Your Medicare coverage. Diabetes self-management training. <https://www.medicare.gov/coverage/diabetes-self-mgmt-training.html>. Accessed June 28, 2017.
7. American Association of Diabetes Educators. Joint Position Statement Toolkit. <https://www.diabeteseducator.org/practice/educator-tools/joint-position-statement-toolkit>. Accessed June 28, 2017.
8. American Medical Group Association Foundation. Together 2 Goal Campaign Toolkit. Alexandria, VA; 2016. <http://www.together2goal.org/>. Accessed July 10, 2017.
9. Diabetes Local. <http://www.diabeteslocal.org/education>. Accessed June 28, 2017.
10. Greenwood D, Gee P, et al. A Systematic Review of Reviews Evaluating Technology-Enabled Diabetes Self-Management Education and Support, *J Diab Sci Tech.* 2017; e-pub
11. American Association of Diabetes Educators, Academy of Nutrition and Dietetics. Physician referral form. [https://www.diabeteseducator.org/docs/default-source/legacy-docs/\\_resources/pdf/general/diabetes\\_services\\_order\\_form\\_v4.pdf?sfvrsn=2](https://www.diabeteseducator.org/docs/default-source/legacy-docs/_resources/pdf/general/diabetes_services_order_form_v4.pdf?sfvrsn=2). Accessed June 28, 2017.

Figure 1. The Burden of Diabetes in Virginia



Virginia Department of Health (VDH). Burden of Diabetes In Virginia, 2017-2018. (In press)

Sidebars:

Sidebar 1: *Your Peers Make the Case for Pharmacists in Pharmacy-based Practice to Deliver DSMES*

A VDC goal is to increase the number of DSMES services across Virginia to allow greater access by Virginians to access this clinically- and cost-effective benefit. An increasing number of pharmacy-based practices are adding DSMES to their services to meet the needs of their clients and to increase pharmacy revenues. Below you'll find an interview with two Virginia-based pharmacists who've taken actions to add this service. We hope their experiences encourage others in pharmacy-based practices to follow in their footsteps.

Anna Peoples, PharmD, is based in Norfolk. She is the Chief Executive Officer of Peoples Pharmacy & Diabetic Clinic. Margaret Rowe, PharmD, is based in Fauquier County. She is a pharmacist at Remington Drug Company in Remington, VA and a volunteer pharmacist at the Fauquier Free Clinic.

*Q: What was the motivation for you and your pharmacy to develop and offer the DSMES service?*

Anna: We recognized the increased prevalence and growing epidemic of diabetes which is particularly high in our medically underserved community. As a result, the pharmacy established a full-service diabetes clinic and point-of-care testing lab to serve as a "one-stop shop" for our patients. As part of our diabetes services, we recognized that DSMES is an opportunity for pharmacists to improve the health of

people in their community and can be a new revenue source for pharmacies that face declining prescription drug reimbursement.

Margaret: The need for DSMES in my community was recognized by my employer, Remington Drug Company. We are filling a void left when one of our local hospitals closed their DSMES program due to lack of attendance.

*Q: What have been a few of the rewards and hurdles?*

Anna: One of the most rewarding aspects of establishing this service has been utilizing my clinical knowledge to improve the health and change the lives of people in my community. One major hurdle has been all the paperwork involved with developing the service and obtaining accreditation from AADE (see link below). Delivering the DSMES service is new for most pharmacists. While pharmacist cannot bill Medicare directly for this service, the pharmacy can bill Medicare under Part B as a provider.

Margaret: We realized that there's an unmet need for DSMES in our area. Diabetes is extremely prevalent in southern Fauquier County and the neighboring Culpeper County. We began holding diabetes educator classes at the Remington Fire Hall in June 2017. These initial classes were well received by participants. This demonstrated the need and encouraged us. It continues to spur us on to further develop our DSMES service and achieve accreditation and the ability to be reimbursed. There have been two key hurdles. One has been financial which includes covering the initial costs of developing the service. The second hurdle is sustaining the interest and attendance by our patients.

*Q: Are you seeking accreditation for your DSMES service through AADE's Diabetes Education Accreditation Program (DEAP) or through ADA's Education Recognition Programs (ERP)?*

Anna: I first learned about AADE accreditation while attending a National Community Pharmacists Association (NCPA) conference. I chose AADE accreditation rather than ADA because of their partnership with NCPA. Accreditation is important. It provides recognition for my pharmacy and allows us to bill Medicare and private payers. At present, we've implemented DSMES and are providing classes. We've submitted our documentation to AADE and are awaiting accreditation.

Margaret: We will go through either the AADE DEAP or ADA ERP process based on which one the team at Creative Pharmacist will assist us with. Creative Pharmacist is a business that provides clinical pharmacy solutions, including DSMES, to independent pharmacies.

Links to the two CMS National Accrediting Organizations for Medicare coverage of DSMES:

AADE's DEAP: <https://www.diabeteseducator.org/practice/diabetes-education-accreditation-program>

ADA's ERP: <https://professional.diabetes.org/diabetes-education>

If you are interested in learning more about starting a DSMES program please contact the Virginia Diabetes Council DSMES Workgroup – [ed@virginiadiabetes.org](mailto:ed@virginiadiabetes.org)