EARLY OUTCOMES, ACTIVITIES, BARRIERS, and FACILITATORS TO IMPLEMENTING KEY DRIVERS FOR **DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT SERVICES**

Preventing Chronic Disease Special Collection Brief:

STATE AND LOCAL PUBLIC HEALTH ACTIONS TO PREVENT AND CONTROL CHRONIC DISEASES

PROGRAM OVERVIEW

Diabetes self-management education and support (DSMES) is the ongoing process of advancing the knowledge, skills, and ability necessary for diabetes self-care, as well as activities that help a person to carry out and maintain the behaviors needed to manage his or her condition on an ongoing basis, beyond or outside of formal self-management training.[1] The Centers for Disease Control and Prevention (CDC) funded state health departments to increase the use of DSMES programs in community settings and to secure Medicaid reimbursement in states with no DSMES coverage for beneficiaries.[2]

PURPOSE OF THIS STUDY

This study was conducted to understand how to put into action DSMES program activities overcome barriers, and guide state health departments during the first 3 years, from 2013 through 2015, of the CDC-State Public Health Actions cooperative agreement (SPHA DP13-1305) 5-year funding cycle.

The strategies used to implement DSMES programs were grouped into four promising practice areas recommended as essential to long-term success:

1. Establishing American Diabetes Association (ADA)–recognized or Association of Diabetes Care & Education Specialists (ADCES)-- accredited DSMES programs.
2. Increasing public and private insurance coverage of DSMES programs.
3. Increasing referral practices that connect people with diabetes to DSMES programs.
4. Increasing participant awareness, capacity, and willingness to attend DSMES programs.

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

DATA COLLECTION AND ANALYSIS

State health departments report their progress on key activities put into action and the results to CDC annually. A qualitative analysis of data from state health departments' annual performance reports from years 2 and 3 summarizes the types of activities carried out. In addition, any barriers that facilitators experienced were reported to CDC...

ACTIVITIES IMPLEMENTED BY STRATEGY

Overall, 43 states carried out activities to address DSMES access, participation, and coverage. Below are some examples of those activities based on the four strategies that were recommended as essential to long-term success.

ESTABLISHING ADA-RECOGNIZED OR ADCES-ACCREDITED DSMES PROGRAMS

- Convening advisory groups to identify existing programs interested in obtaining ADA recognition or ADCES accreditation.
- Providing technical assistance to programs seeking ADA recognition or ADCES accreditation.
- Expanding program locations to worksites and faith-based organizations.

INCREASING PUBLIC OR PRIVATE INSURANCE COVERAGE OF DSMES

- Sponsoring diabetes conference to provide education for clinical staff, pharmacists, payers, and interested stakeholders on appropriate billing and coding for DSMES services, sustainability strategies, and reimbursement models.
- Entering into partnerships with Federally Qualified Health Centers (FQHCs), medical practices, diabetes coalitions, and pharmacists to adopt and maintain the DSMES programs.

INCREASING REFERRAL POLICIES AND PRACTICES

- Working with partners to survey health care providers to increase referrals to DSMES programs.
- Developing data-sharing agreements to automate DSMES program referrals through electronic health records.

INCREASING PARTICIPANTS' AWARENESS, CAPACITY, AND WILLINGNESS TO GO TO DSMES PROGRAMS

- Developing radio public service announcements.
- Engaging community health workers to raise awareness and increase program participation.
- Providing online maps of DSMES program locations.

FACILITATORS

- DSMES as a preventive service in the state's Medicaid expansion program.
- DSMES program champions.
- Advocacy for policy change through statewide diabetes coalitions.
- Similar software for electronic health records across FQHCs.
- Statewide database of health information resources and programs.
- Health care providers' willingness to refer patients to programs.
- Classes offered in easily accessible locations at convenient times.
- Culturally and linguistically appropriate curricula.

BARRIERS

Navigating the ADA recognition and ADCES accreditation application process.

Lack of assessment data required for application.

Lack of promotional resources.

Limited staff.

Unclear referral policies.

Low health care provider awareness of DSMES programs.

Few or no programs established in high-burden areas.

No or low insurance coverage.

DSMES providers' fears of not getting reimbursed.

Complicated reimbursement process.

LESSONS LEARNED

Partnerships among state health departments, health systems, and community organizations are critical to increase the number of DSMES programs in communities and to secure Medicaid reimbursement in states with no DSMES coverage for beneficiaries. Promising practices to support partners' activities and drive implementation include 1) supporting organizations in establishing DSMES programs, 2) securing Medicaid coverage for DSMES, 3) establishing referral policies and practices in health care systems to efficiently connect people to DSMES programs, and 4) raising awareness and enhancing the ability for people with diabetes to participate in DSMES.[2]

References:

[1] Beck J, Greenwood D, Blaton L, et al. 2017 National standards for diabetes self-management education and support. *Diabetes Care.* 2017;40:1409. DOI://https://care.diabetesjournals.org/content/40/10/1409. Accessed June 24, 2020.

[2] Morgan J, Mensa-Wilmot Y, Bowen SA, et al. Implementing key drivers for Diabetes Self-Management Education and Support programs. *Prev Chronic Dis.* 2018;15:170399. DOI: https://dx.doi.org/10.5888/pcd15.170399. Accessed June 24, 2020.

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