

DSMES Toolkit Webinar

June 20, 2019

Slide 1: Welcome

Operator: Excuse me, everyone. We now have all of our speakers in conference. Please be aware that each of your lines is in a listen-only mode. At this time, I would now like to turn the conference over to Pat Schumacher. Please go ahead.

Slide 2: Pat Schumacher's Bio

Pat: Thank you so much, and good afternoon, everyone. And good morning to our viewers on the West Coast, and in Alaska and Hawaii. My name is Pat Schumacher. I'm Chief of the Program Implementation Branch in CDC's Division of Diabetes Translation (DDT). And we're excited to welcome you to our webinar this afternoon on: "The DSMES Toolkit: Your One-Stop Shop for Successful Diabetes Self-Management Education and Support Services". Can I have the next slide, please?

Slide 3: Adobe Chat Box

Just to go through some housekeeping first, if you're not familiar with the web platform, and you haven't included your affiliation after your name,

Slide 4: Edit My Info

you can do so by selecting "Edit My Info" from the top-right corner of the attendee's box. You'll see a pop-up, and that will allow you to enter your information or edit your information. And that just helps us see who's on the webinar this afternoon, as well as what types of organizations are represented, so thank you for doing that.

Slide 5: Raise Your Hand

At different points along the way in the presentation, we may ask for a show of hands to answer a question. If you'd like to participate in that, you can click the button at the top of your screen that looks like a person with their hand raised. Presenters may also ask you to type answers in the chat box, and you'll see that in the upper-right corner of your screen.

Slide 6: Objectives for Today

Our objectives for today's webinar are to describe the purpose and content of our new toolkit, to explain the benefits of becoming an AADE-accredited or an ADA-recognized DSMES provider, to locate resources in the toolkit to help support DSMES accreditation or recognition and quality improvement, and finally, to describe the benefits of integrating DSMES into shared medical appointments, to address barriers to participation in DSMES, and to identify strategies to help increase DSMES referrals and participation. So, with that, we will kick off our webinar this afternoon.

Slide 7: The DSMES Toolkit

We have three very knowledgeable presenters with us. Ann Albright, Jacquelyn Houston, and Alexis Williams, all from CDC.

Slide 8: Dr. Ann Albright's Bio

Our first presenter this afternoon is Dr. Ann Albright. Ann is the Director of the CDC's Division of Diabetes Translation, and in that position, she leads a team that is working to eliminate diabetes through leadership, research, programs, and policies that help translate science into practice. Her previous roles include Chief of the California Diabetes Prevention and Control Program in the State Health Department, as well as Senior Health Policy Advisor in the US Surgeon General's Office. Now I'd like to turn things over to Ann.

Ann: Thanks so much, Pat.

Slide 9: Diabetes by The Numbers

Hi everybody. We're really excited that you're here on the webinar with us today. And we want to make sure that we give you a good one, so we look forward to getting your questions and having some discussion and interaction throughout the webinar. I want to just begin with this slide that is sort of a level set for all of us. I think we all are aware [of] and appreciate the significance and seriousness of diabetes, but just so we're all together with some numbers here: We do have a little over 30 million adults that have diabetes, but one in four of them, or a quarter of them—don't know they have it. So we certainly have work to do in continuing to help people know where they stand and get tested for diabetes. Diabetes unfortunately contributes to or results in a huge number of unfortunate conditions. We've just identified a couple of them here on the screen. It's the number one cause of kidney failure and lower limb amputation, and adult blindness, but of course now that list continues to grow—it contributes to dementia, certain forms of cancer, hearing loss, bone loss. So there are a lot of reasons why we really need to be seriously and appropriately focused on diabetes. We've got some encouraging news, and that is [although] the number of people with diabetes has continued to increase over really two decades, our latest data just released in a British medical journal, *Open Diabetes*, is showing that we are now—for the first time in 20 years—seeing a leveling of prevalence and a reduction in incidence, and it's a significant reduction. What this should help us, I think, really unify around, is that that is encouraging news, but not everybody is seeing the extent of those benefits to an equivalent degree. And it also does not mean that we have solved the problem of diabetes. It means we are trying to bend the curve and we may be making progress there. Now more than ever, we really need to fortify [and] double down on our efforts in preventing or delaying diabetes, and absolutely improving the outcomes for those with diabetes. Because while we had been making improvements in their outcomes, our newest data also shows that we are seeing some resurgence in complications, particularly amputations. And a lot of that

actually is being driven by young adults. So, these are our latest data, and I hope for all of us [they] really underscore and really help us know that we've got to really be focused here. I do want to also close this slide with saying that the medical costs of diabetes are huge and continue to grow. And a reminder that these costs are certainly medical, but they also have to do with lost work and wages, absenteeism, and other things that really inhibit people's productivity and the quality of their lives. Next slide, please.

Slide 10: Diabetes is Common and Costly

Diabetes is really the proverbial good news/bad news story. The bad news is that it is common and costly, and that is known to all who are touched by diabetes, and hopefully anybody who's been paying attention. But also the good news is that fortunately, with effective management, people with diabetes can live longer and healthier lives that really reduce the risk of these dreaded complications. And we are all encouraged by some of the work that's going on now, to really have research that's going to help us do an even better job of helping us all with diabetes management. Next slide, please.

Slide 11: Diabetes Self-Management Education and Support (DSMES) Defined

Diabetes self-management education and support is core to diabetes care. I'm a veteran with diabetes. I've had 51 years with type 1 diabetes, and boy, have things changed. We're not where we need to be, and of course, all of us are hoping for cures in the not-too-distant future or certainly tools and resources that allow us to much more effectively manage our disease conditions. But the importance of self-management education and support cannot be underscored enough. It's officially defined as the ongoing process of facilitating the knowledge, skills, and abilities necessary for diabetes self-care. And I'm encouraged by the fact that the definition includes and incorporates the needs, the goals, and life experiences of the person with diabetes. And [it] is also guided by important evidence-based standards, so it's an important and a really wonderful mix, that it's not just the evidence that you're somehow supposed to apply in some world that doesn't exist for anybody, but that it is intended to help it be

applied in the context and lives of those who are experiencing diabetes and those who support them.

Next slide, please.

Slide 12: Why DSMES?

So why DSMES? Well, people with diabetes really do have to make a multitude of daily self-care decisions and perform complex self-management activities. There are days that you feel like you're carrying two full-time jobs sometimes. And certainly, DSMES does provide the foundation for helping people navigate these self-care behaviors. Helps equip them with ways and strategies and tactics and support for how to best do that. Next slide.

Slide 13: DSMES Algorithm of Care for Type 2 Diabetes

We're fortunate that our colleagues at the American Diabetes Association (ADA), American Association of Diabetes Educators (AADE), and the Academy of Nutrition and Dietetics joined forces to develop this algorithm for care for type 2 diabetes. And you can see across the top that those standards of medical care that ADA puts out recommend that all patients do get assessed and referred to nutrition, so really—medical nutrition therapy. The second would be diabetes self-management education and support, and also emotional health; and it's very encouraging that that is now more and more being included and recognized for diabetes care. And as you look down the slide, you'll see that there really are four critical times that it's recommended people get referred for DSMES: at diagnosis; [at] their annual assessment for education, nutrition, and emotional needs; when new complications or factors are influencing self-management; and also when there are transitions of care—whether that is as you're leaving pediatric care, if you have type 2 into adult care, or if you're moving into your senior years. All of those are important times also to get that DSMES. Next slide, please.

Slide 14: Benefits of DSMES

There really are a lot of benefits to DSMES. Certainly, we have a lot of studies now that demonstrate the benefits and the cost savings. And I want to underscore here and mention to all of us, we need to continue to do research in this area. We have gotten to where we are in diabetes self-management education and support because of important research that diabetes educators and others have been doing. And collecting those data, writing those data into published manuscripts so that they can be used as evidence to help us change policies and improve the reach and outcomes for people who need this important benefit. Certainly, we have seen from the evidence that it can result in the reduction in A1C, hospital and ER visits, and health care costs. And I would also add to that list [an] increase in quality of life and helping you just be able to feel more confident and successful in making those decisions that you have to do every day. Next slide.

Slide 15: DSMES Utilization

We have a bit of another good news/bad news story. We've got effective evidence—in fact, we have strong evidence that DSMES has a real positive impact on people's outcomes, and people need to have access to it at those points in time that were noted earlier. When you look though at utilization rates... and our team here at CDC has joined forces with our colleagues at ADA and AADE to really try to gather better data on this and use it to really help springboard us into actions that can be taken to change these numbers. But currently the utilization rates are really dreadfully low: [only] 6.8 percent of individuals with newly diagnosed type 2 diabetes with private insurance received DSMES within that first 12 months of diagnosis. And that's really an important time that people establish a good foundation. And then data we have available shows us that four percent of Medicare participants received DSMES or medical nutrition therapy, and we all know, all of us in the diabetes community have worked hard to get those

benefits passed and in place. And yet we are not being successful in helping people access those and utilize them. So next slide.

Slide 16: Discussion Question

We want to put up a discussion question for you, and we want you all to be giving us, typing in your thoughts, and typing in your answers here to this question. If DSMES represents some of our best science on improving health outcomes for people with diabetes, why is it so underutilized? So, have at it. Well the answers are flying in! Great! Okay, some of the themes that we're certainly seeing come in here are that there aren't enough programs. That the coverage is not adequate. That people really just don't understand what diabetes self-management education and support is. That we're not getting adequate referral from clinicians. That there is really lack of clarity for the patient about exactly what DSMES is. That there is—we sort of mentioned again—this theme that providers really again either don't feel like they have the resources and can't engage with a diabetes educator, or they again really just don't understand, and that people need this service at multiple times of the day. And so again, a number of themes. Lots of great answers coming in. What we're going to do on these next couple of slides is just hit on many, I'm sure all of the things that you mentioned will show up on these next couple of slides. But we just wanted to share with you some of the information we have collected, and others have, particularly as the DSMES toolkit has been put together. So, let's just review a couple of these— sort of broken down into three target groups: sort of programmatic barriers, and then we'll look at health care provider barriers, and then we'll take a peek at the individual barriers. So next slide please.

Slide 17: Programmatic Barriers to DSMES

So under programmatic barriers, I know as I was seeing the answers fly in here, we were seeing things like limited clinical professionals in the area (that came up as not enough program availability) and again, difficulty attaining or maintaining the adequate volume of people. So, if you're in a rural population or

rural area, it may be more difficult to get enough people, particularly people who could get transportation to a program. Participants can have limited financial responsibilities [resources]. There are certainly administrative challenges associated with starting and maintaining your recognition or certification. Limited resources that the program may have. Lack of support amongst your health care team. And then lack of reimbursement for community health workers who have been shown to be very effective in helping with diabetes self-management education and support. So again, just some of the ideas or barriers that have been identified through our work. Next slide, please.

Slide 18: Health Care Provider Barriers to DSMES

And the health care provider barriers: these also were coming in your answers. The lack of knowledge about DSMES, and about the local services that are available; it really is unfortunate. There can be services very close to various providers, but they're unaware of them. And confusion about the referral process, or they feel like the referral process is pretty daunting. Also, there's a lack of provider reimbursement for counseling and interventions. A concern about insurance issues or cost to the person with diabetes, and a lack of relationship between hospitals and community DSMES services. Certainly, if people have had a negative experience with referring, that can sometimes turn them off; and one has to continue to keep those relationships strong as you're working with referring providers. And next slide.

Slide 19: Individual Barriers to DSMES

Let's take a look at some of the barriers for those who need to be participating in diabetes self-management education and support. So next slide, please. Some of these individual barriers: again, not only health care professional lack of knowledge, but it could be for the person who is, again, needing this service. Lack of knowledge about the benefits. Hopefully we're using strategies like having those who have gone through self-management interact with those who have yet to go through it. Sometimes those who have been through the service are your best champions and advocates. There can again be lack of access,

especially in those rural areas. We have done some mapping of locations of services, and so we encourage you to take a look at that. We're publishing papers on this. And the [ADA] President, Healthcare and Education included some of this work in her address at the ADA meeting in San Francisco. Inconvenient times for people and locations, and unwillingness to participate in those group classes. And then of course, you've got linguistic and cultural concerns that need to be addressed in order for people to feel comfortable. May not be able to afford a copay, or again, there's a prohibitive cost. There can also be lack of family support. I know when I was a practicing registered dietitian, I oftentimes was listening to people share concerns and issues about the dynamics in their family and their personal other issues as much as it was anything about food or DSMES. So, there can be real challenges there. And competing demands for time—everybody's busy. And lack of transportation or childcare. So again, I think between your answers to the question and this list, we've all identified the challenges and barriers. Next slide.

Slide 20: Overcoming Barriers to DSMES Access and Utilization

So now we need to spend really the bulk of our time and energy on overcoming these barriers to increase access and utilization. So, we really do need collective efforts across sectors to improve that awareness and that importance. I'll say a bit about that in a moment. Educating the health care providers on how and when to refer is oftentimes [challenging]. When you can get these systems automated within your place of work, there can be more the default is referral as opposed to the opt-in. Expanding reimbursement and improving reimbursement rates. There's work underway by some of the national organizations now trying to have increased conversations with CMS and improved patient access and advocacy. So, we really do want to be sure that program locations and availability and timing are all available to people. They know when they can go. Patient cost and copays, and then as we've talked about, those cultural adaptations to making sure [...], and all of us continuing to reinforce our skills in cultural competency and health literacy and numeracy, for sure. Next slide, please.

Slide 21: CDC DSMES Efforts

The CDC DSMES efforts—we have a number of things going on to increase access to participation, and really the health benefit coverage for DSMES. And we, as I mentioned earlier, with an emphasis on ADA-recognized and AADE-accredited programs that meet those quality standards. And so I just want to share on this next slide some of the things that we have going on in this area that we certainly, [including] what you're here for on the webinar today, to learn about the toolkit. But let's take a look on this next slide at some of the other things that we have going on here at CDC and working with so many of you and a lot of partners and organizations around the country. We are just kicking off. I had mentioned earlier that people may not understand what DSMES is, [whether] patients or clinicians. And so our colleagues here, along with ADA and AADE and a number of other organizations that are joining in, have begun efforts around DSMES branding.

Slide 22: DSMES Projects at CDC

Now we know that [branding] alone is not a magic bullet, but what an important contribution this can be, to be able to be sure that we really are coming up with a branding that is going to enable organizations to market their programs more effectively and increase the enrollment. And so, this is going to be an interesting process and discussion as we go forward in developing this compelling and consistent brand. And I think, as I said, [this] will be a good contribution to trying to help with some of those barriers around awareness and understanding. The next thing I want to mention is the DSMES coverage. We do have a website that's profiling the health insurance coverage laws by state for DSMES and DSMT (that's what Medicare refers to it as). So we would really encourage you to take a look at this website, so you can see what the [data are], or at least as recent as we have been able to get the data for, this law atlas that tells you about the available coverage. And then also the state health department support. CDC works closely with all state health departments, and also organizations, tribal organizations, and within

the Pacific Islands, and so we really have committed funding. We work too across sectorial partners to increase access to and use of health benefits coverage for DSMES. All of our state health departments have the option to be working on helping drive traffic to those programs, helping get more of those DSMES programs in place and looking for innovative ways to make sure that we're including the whole practitioner team. And then again, as we've said, our emphasis is on those recognized and certified programs. And [we're] continuing to do our mapping work and helping with improving the data that's collected so we can all have much more sound data upon which to make our case for increased coverage and those kinds of things. And then certainly as I said, for the webinar today, the new DSMES toolkit which you're going to hear all about in just a minute. So next slide, please.

Slide 23: NEW DSMES Toolkit for Professionals

The new DSMES toolkit for professionals: it is, again, for diabetes educators, it is for state/local public health and other stakeholders working to increase access, and also for the health care providers who are seeking to refer patients with diabetes to these services. And there is a website which I hope you'll see many times throughout our discussion today: www.dsmes.org. Last slide.

Slide 24: We Can Turn the Tide

We have to turn the tide. If we can turn the tide, we have to turn the tide on the epidemic of diabetes in the United States. It is really time that we put our science into action. Fortunately, we can see some of this happening in prevention. I am increasingly concerned about this resurgence in complications, and so we really do need to focus very effectively on both self-management and on prevention. It means we need to choose wisely in these areas and be sure that we're implementing evidence-based practices, and that we are arming ourselves and all our stakeholders for making the case for improving and addressing those barriers we discussed. And so this toolkit is really a critical first step in finding those tools and

resources to make a difference in the lives of people with diabetes, and we're excited to be sharing that with all of you today. Thank you. And now back to Pat.

Pat: Thanks so much, Ann. That was a great overview. And at this point, we would like to transition over to our next two presenters.

Slide 25: Jacquelyn Houston's Bio

First up is Jacquelyn Houston, and Jacquelyn is a registered nurse and a Project Officer here at CDC with more than 20 years of experience in diabetes management and type 2 diabetes prevention. She serves as a subject matter expert on DSMES here for the Division of Diabetes Translation, as well as a consultant to internal and external partners throughout the country. And then next up we'll have Alexis Williams.

Slide 26: Alexis William's Bio

Alexis is a Public Health Advisor on the Health Education and Promotion Team in our Division of Diabetes Translation. The focus of her work is developing and delivering training and technical assistance for multiple programs and resources supported by CDC. She works with our funded partners and organizations to help them strengthen their diabetes management and type 2 diabetes prevention programs. Alexis holds a BA in sociology, and a Master's in public health and behavioral science and health education. So, Jacquelyn, I'll turn it over to you.

Jacquelyn: Thank you, Pat.

Slide 27: DSMES Toolkit

In this section of the webinar, we will take you on a tour of the DSMES toolkit. If you would like to follow along on the website, it is recommended that you open a new tab in your web browser by clicking the plus sign on top of your browser, or control + "T" on your keyboard. You can then open [dsmes.org](https://www.dsmes.org) while still listening to the webinar. Next slide, please.

Slide 28: Background: The Toolkit

Background for the toolkit. As Ann mentioned, our goal is to increase access to quality DSMES services. The toolkit supports this by providing tools and resources about the importance of DSMES resources to support referrals, delivery, the sustainability and reimbursement, and resources to build a business case for DSMES for payers and employers. Next slide, please.

Slide 29: Purpose of the Toolkit

Purpose of the toolkit. The toolkit helps to communicate the evidence of supporting DSMES. It helps people understand the process for establishing DSMES services that meet minimum standards and are eligible for reimbursement. It provides resources and tools to facilitate becoming a recognized or accredited DSMES service, describes common barriers to DSMES usage and referral, and provides tips for overcoming the barriers. It also provides resources and tools to facilitate sustainability of DSMES. Next slide, please.

Slide 30: Purpose of the Toolkit

As mentioned, one of the purposes of the toolkit is to provide tools and resources for members of the diabetes and public health and health care community. These are the eight main sections you'll see in the toolkit: Background and Terminology and Benefits, the National Standards for DSMES, Accreditation and Recognition Processes, Increasing Referrals and Overcoming Barriers, Service Staffing and Delivery Models, resources for Building the Business Case for DSMES, Marketing and Promotion, and Reimbursement and Sustainability. Next slide, please.

Slide 31: Toolkit Audiences

Toolkit audiences. The primary audiences for the toolkit include state health departments and their partners, diabetes educators, DSMES services, diabetes councils and coalitions, health care providers, and community organizations. Next slide.

Slide 32: Stakeholder Input

Stakeholder input. The toolkit was informed by an external advisory committee that included representatives from ADA and AADE and other health care and public health professionals. The content was pilot-tested with key stakeholders and revised based on their feedback. Stakeholders included three DSMES services that were from ADA-recognized or AADE-accredited DSMES services. And located ... one in a local health department, a federally qualified health center, and a pharmacy. There were also CDC experts involved in the piloting process. Next slide.

Slide 33: Test your DSMES Knowledge

Alexis: Okay, so let's walk you through the different sections of the toolkit and tell you what you'll find in each section. But first, we'll give you a poll question to test your DSMES knowledge. You'll see a poll question appear on your screen shortly, and you can choose the answer that you think is correct. Then we'll show you where to find the answers in the toolkit. If you want to follow along on your device, you can go to dsmes.org, as mentioned earlier. So, let's start with an easy question. What does DSMES stand for? [answer choices: a. Double Sugar Macchiato Extra Sweet, b. Diabetes Superheroes Medication Education Support, c. Didactic Speeches Make Educational Sense or d. Diabetes Self-Management Education and Support] Go ahead and select your answer, and then click "submit" to submit your answer. I see some people are using the chat box which is good. Okay, so let's go ahead and broadcast the results. I think we got all the answers. Okay, so the answer was D: diabetes self-management education and support. So, I think you have the hang of how to do the quiz questions. Next slide.

Slide 34: DSMES Toolkit

So here you see the main landing page of the DSMES toolkit which shows the eight sections that are covered on the site, and I'll walk you through what's contained in each of these sections.

Slide 35: Test your DSMES Knowledge

So, here's another question for you regarding the background, terminology, and benefits of DSMES: How do people with diabetes benefit from DSMES? [answer choices: a. Improved hemoglobin A1c levels, blood pressure, and cholesterol levels, b. Higher rates of taking prescribed medications, c. Fewer/less severe diabetes-related complications, d. Healthier lifestyle behaviors (better nutrition, increased physical activity, and use of primary care and preventive services), e. All of the above, or f. None of the above – if DSMES did all that, then everyone would be doing it!] Go ahead and click the answer that you think is best, or if you want to just put it in the chat box, that's fine, too. Okay, I think we have all the answers. And the answer is E. There may not be a submit button. Actually, just click your choice and it automatically registers it. Okay. Can we show the results? And the answer was E, all of the above. We have another question for you, this one about the national standards for DSMES.

Slide 36: Test your DSMES Knowledge

And we open up the question. Which two organizations have the Center for Medicare and Medicaid Services (CMS) authorized to determine whether DSMES services meet the required standard? [answer choices: a. CDC and AADE, b. ADA and National Diabetes Education Program (NDEP), or c. ADA and AADE] Okay, I think all the answers are in, and the answer is C: ADA and AADE. Okay, let's talk about the sections where you'll find the content for these questions.

Slide 37: Background, Terminology, and Benefits Section

So, in the Background, Terminology, and Benefits section of the toolkit, you'll find information about the overview of the diabetes burden, the benefits of DSMES, key terms and acronyms used (which is especially important when you're trying to engage other people in DSMES programs to help them understand the different terminologies that they'll find), and how DSMES supports behavior change. So, all of the background and benefits to this important service that will help you to communicate with other people about the importance of DSMES.

Slide 38: DSMES National Standards for DSMES Section

In the National Standards for DSMES section of the toolkit, you'll find tools and resources to support implementation for each standard. So it will walk you through the meaning of each standard and provide you with the AADE and ADA interpretations of each standard. And you will find tools to help you implement each of the standards for DSMES.

Slide 39: Test your DSMES Knowledge

Next slide. Alright, another question. Assess your knowledge about the accreditation and recognition process.

How does being an accredited or recognized service benefit DSMES providers? [answer choices: a. Helps meet a requirement to bill for DSMT through Medicare, some state Medicaid agencies, and private insurers, b. Improves care and health status reporting, c. Aligns with quality improvement and population health goals, d. Provides access to AADE or ADA resources and support, e. All of the above, or f. None of the above or all providers would do it!] Alright, did we get all the answers? I think you're all getting the hang of this. The answer is E, all of the above.

Slide 40: Accreditation and Recognition Process Section:

In the Accreditation and Recognition Process section, you will find a comparison of the ADA and AADE processes for accreditation and recommendation [recognition]. You will find the requirements for each standard as

well as information about AADE and ADA recognition information. This will help you make decisions about which process is best for your organization, and [it] provides you with the information you will need to meet the requirements for each standard.

Slide 41: Test your DSMES Skills

Alright. Now let's test your knowledge on increasing referrals and overcoming barriers. What are the critical time points for delivery of DSMES? [answer choices: a. At diagnosis, b. During annual assessment, c. When a person with diabetes has new complicating factors, d. Upon transitions in care, or e. All of the above] That's great, so you all have been with us from the beginning so you know that the answer is E, all of the above. And we went over those four critical times earlier in the webinar.

Slide 42: Increasing Referrals and Overcoming Barriers Section

And in the section on Increasing Referrals and Overcoming Barriers to DSMES, you will find information about how to create or improve the referral process; how to educate providers about DSMES and its benefits, and the benefits to their practices; how to establish a referral network; how to empower people with diabetes to participate in DSMES; and how to overcome the barriers, many of the barriers that we talked about earlier; as well as the importance of follow up. And you'll also find, in addition to information about each of these topics, tools to help you implement these different processes in your own organization.

Slide 43: Test your DSMES Knowledge

Alright, here's a question about service staffing and delivery models. DSMES is most effective when furnished by a multidisciplinary team. Members of a multidisciplinary team may include what professionals? [answer choices: a. Mental health specialists, b. Community health workers, c. Nurses, d. Dietitians, e. Both C and D, or f. All of the above] Okay? Alright, answer is F, all of the above.

Slide 44: Service Staffing and Delivery Models Section

In the Service Staffing and Delivery Models section of the toolkit, you will find information about settings where accredited and recognized programs can be provided, as well as the importance of multidisciplinary teams, and then different kinds of professional and support staff that you will want to have on your multidisciplinary team. Next slide.

Slide 45: Test your DSMES Knowledge

Now let's test your knowledge about reimbursement and sustainability. DSMES services can start billing with no further action needed after achieving accreditation from the American Association of Diabetes Educators or recognition by the American Diabetes Association. It's a true or false question this time. Let's see if we can get it open. Okay, well, maybe that's not the question. How does being an accredited or recognized service benefit DSMES providers? [answer choices: a. Helps meet a requirement to bill for DSMT through Medicare, some state Medicaid agencies, and private insurers, b. Improves care and health status reporting, c. Aligns with quality improvement and population health goals, d. Provides access to AADE or ADA resources and support, e. All of the above, or f. None of the above or all providers would do it!] And the answer was F. I mean, I'm sorry, E, all of the above.

Slide 46: Reimbursement and Sustainability Section

In the Reimbursement and Sustainability section of the toolkit, you will find information about identifying the benefit policies and coverage guidelines, Medicare reimbursement guidelines for Diabetes Self-Management Training or DSMT, federally qualified health centers, medical nutrition therapy, and also planning for sustainability. Okay? Next question.

Slide 47: Test your DSMES Knowledge

Marketing and promotions: Promoting DSMES and highlighting its value are critical to encourage referrals as well as ensure a longer-term sustainability. Which component would help health care providers increase utilization of DSMES services? [answer choices: a. Understanding DSMES service's scope and how it can improve the health of PWD, b. Understanding how DSMES can help meet quality measures, c. Understanding how DSMES can help increase productivity, d. Increasing awareness of DSMES and providing education referring referrals, e. A, B, and D, or f. All of the above] Alright? And the answer is F - all of the above.

Slide 48: Marketing and Promotion Section

In the Marketing and Promotion section of the toolkit, you will find resources for marketing and promotion of DSMES services. Now as Ann mentioned earlier, we continue to do work in this area. So, this section as well as all the sections of the toolkit will be updated as new and relevant information comes out. So, it will be a good idea to bookmark the toolkit and then check back with the toolkit from time to time to see what new things have been posted, or what updates have been made to the toolkit. And that's true for all of the sections of the toolkit. But you'll find some tools and resources in this section on marketing and promotion as well as how to develop a marketing and promotion plan for your program. Okay, next slide.

Slide 49: Testing your DSMES Knowledge

Alright. Building the business case for DSMES. DSMES provides value in which of the following ways? [answer choices: a. Supports health care providers, people with diabetes, and community members in addressing diabetes-related needs, b. Increases the quality of health care services, c. Contains the cost of delivering health care services, d. Increases indirect revenue, such as revenue from lab tests related to the DSMES service, e. Helps health care institutions and providers adhere to standards and goals for health care reform, f. Helps meet the National Committee for Quality Assurance (NCQA) standards for a Patient-

Centered Medical Home or an Accountable Care Organization, g. A, B, and C or h. All of the above] Okay. Alright. And the answer is, of course, H - all of the above.

Slide 50: Building the Business Case for DSMES Section

So, in the Building the Business Case section of the DSMES toolkit, you will find information that will help you make the case to employers and insurers about DSMES. This includes the value of DSMES, the value of diabetes educators, the return on investment from these programs, and how to link the quality measures. You will also find information, tools, and resources to create a business plan for your program.

Slide 51: The DSMES Toolkit is your First Stop for all things DSMES!

So, that's our quick run-through of the sections of the toolkit. If you haven't already gone to visit the website, please take a moment to do that. There's a lot of great content there. A lot of information as well as tools and resources to help you actually implement the information you'll find in the toolkit. In summary, the DSMES toolkit is your first stop for all things DSMES. It was designed to help you save time finding information and resources on DSMES, so make sure you go ahead and bookmark the toolkit today. Come back and visit as updates are made, and please do share it with your colleagues. It's a great resource for anyone who's trying to increase access and utilization of these important services. And now we'll turn it back over to Pat for questions.

Slide 52: Questions

Pat: Alright, thank you, Alexis. And thanks so much to all of our presenters today. We do have some time for questions. So, as we said earlier, we see people are typing a few into the chat box, but feel free to do that if you have any questions about the toolkit or the content covered on the webinar today. We did get a question earlier about access to the slides, and the slides will be sent out along with the webinar

recording as soon as that's available. So be on the lookout for that. And there's a question in the chat box asking about utilization rates. Why do we think those utilization rates are so low? Would one of our presenters like to take that? Jacquelyn, can you comment on that?

Jacquelyn: Utilization can be low for a number of factors, and I think Ann alluded to this earlier on in the presentation. It could be a lack of awareness of DSMES services, importance, and benefits of DSMES or lack of referrals to DSMES, or it could be perhaps issues with payments for DSMES services. The copays for even Medicare beneficiaries sometimes may be an inhibitor to DSMES, so it's a combination of things.

Pat: Alright, thanks, Jacquelyn. We have a question. Let us just scroll up here just a minute. So, there's a question about campaigns related to DSMES asking about CDC funding for those campaigns. Alexis, do you want to take that?

Alexis: Well, certainly we continue to work with our funder partners, and part of that funding is to increase awareness, and that actually looks like a lot of different things and may look like campaigns and may look like in-person, depending on needs of the audiences. We continue to work on marketing resources for those funding partners—and partners who maybe are not funded—to be able to use, and we continue to look into learning more about what motivates people, all of the things you look at when developing marketing resources. And we'll put together materials and resources that can be customized for programs at state and local or regional levels, or however you're promoting your program. And I think I saw another question about the use of logos, and I would say that once those materials come out—and it is likely that you'll be able to customize those for your organization— tailor them [and] add your logos. There'll be some guidance once those materials are available. So there are educational materials available right now on our website, and down the road there'll be additional materials that will support marketing of DSMES.

Pat: Great, thank you, Alexis. So, the questions are still coming in. We had a question about 1815 cooperative agreement recipients—those are state health departments. And yes, once we make updates to any information in the toolkit, you will be notified of that, so you can share those updated links with your partners. There's a question that I'm seeing on reimbursement. Reimbursement rates are a deterrent for group teaching. Will these be improved? Does anyone want to comment on that? Ann is there anything you'd like to say about that?

Ann: Well, yeah, I think that there is effort underway to try to work with AADE and ADA and others to try to talk to CMS, and again, it requires gathering data. It requires, you know, formulating an effective argument for that, but there is certainly work with those two organizations leading the way on trying to improve that.

Pat: Thanks, Ann. There's a question about participation. Receiving a lot of referrals but still have low participation in the program. How to improve that? We definitely want to refer you to the participation and Overcoming Barriers to access section of the toolkit. That can be challenging at times, depending on the types of populations that you are working with in your community or in your health center. But there are ways to make it easier to help participants join a program. We've seen a number of programs that have changed or added options for delivery times on the weekends or in the evenings so people who are working can participate. And there's a variety of things like that to do as well as, depending again on the needs of your population, altering your materials to make them more culturally relevant or appropriate. In some cases, DSMES may be delivered in an alternate language, if that's the predominant language spoken in your community. But there are a number of kits on that and suggestions and ways to approach that in that section of the toolkit.

Ann: Pat, we might also add that later on in the summer, we have already awarded, we'll be announcing them—research funding to a group who are forming a network of investigators to work on engagement and

retention for both the National DPP and for diabetes self-management education and support. We all really do need to do a better job of cracking that nut, and so we are going to be investigating -- and we formulated them as a network because it's not one thing that's going to lead to everybody engaging and being retained in the program. So, we're looking at things everywhere from habit formation—that's a fairly new science coming out—and also around things that have to do with, you know, making this fun. Whether it's gamification or there are other tools and options that you can give. People often focus on incentives, and incentives may or may not work, and [it] depends on what they are and when they're delivered. And those alone are insufficient, so that's why we're combining this group of investigators to try to look at a number of things and how they may be rolled out, testing various kinds of modules that can be delivered across the, or tools across the modules in a program to try to engage people and keep them interested along the way. So there's quite a bit of work going on in this area.

Alexis: And then I would also add that the Health Education and Promotion team here within DDT has regular professional development webinars like the one you're on today that cover topics around how to engage people in prevention and DSMES programs. So if you visit our website, you'll find that we have webinars on using motivational interviewing, on culturally competent communication, on improving communication between providers and patients. Please make sure to sign up [and] include your [contact info], that we've got your email address so that you can get announcements about future webinars. It's [webinars] one of the focuses for professional development, continuing education things that we do here, [that] are related to engagement.

Pat: Okay, we're continuing to scroll down through the questions. There's a question asking about curricula, DSMES curricula. Jacquelyn, do you want to, can you comment on that?

Jacquelyn: Well, with the DSMES curricula, ADA as well as AADE have curricula as well—you can visit their websites. And also within the toolkit, when you go to the Accreditation and Recognition Processes section of the toolkit, there are resources and links that will take you to ADA's website as well as AADE's.

Pat: Okay, thanks, Jacquelyn. I think there was a question asked about the difference between DSMT versus DSMES. I think actually one of the participants answered that question, but DSMT refers to Diabetes Self-Management Education--well, Diabetes Self-Management Training. That's a term that Medicare uses. It's essentially the same thing, but in Medicare, that is the term that they use, and it's related to billing for that service. There's a question that's related, not specific to DSMES, but asking when will Medicare and Medicaid allow reimbursement for people with prediabetes? Actually, Medicare does have, does reimburse for the National Diabetes Prevention Program, which is different from DSMES. But it is a program specifically for people with prediabetes to reduce their risk for developing type 2 diabetes, and we've seen a number of DSMES providers that are also offering the National DPP Lifestyle Change Program, so that may be an option for you as well. We also have nine states that currently cover that program under Medicaid. There's a question related to branding. I don't know if Alexis can take this. Will there be a new name that makes it easier for the public to digest and get excited about?

Alexis: Well, we're going through that process of, that whole branding process. It's a lot of learning about the service that is being provided, as well as the people who will benefit from that service: what their barriers are, what their strengths are. The decisions about names and all of that—those other things that come with branding—have yet to be made. We certainly need to make sure that we are upholding what the science and the evidence suggests—making sure that people are clear about what the different programs are, and how they benefit from them. And so I think our main focus probably for branding will be making sure that we're clearly communicating about DSMES. Whether that means it needs a different name, you know, we don't know. But I think our main objective will be: are we communicating clearly, and are we giving people the right message to motivate them to participate?

And [are we] giving health care providers the right messages to motivate them to make referrals when appropriate?

Pat: Thanks, Alexis, and our chat box, unfortunately has disappeared. We know there's more questions out there. We'll see if we can get that back. Okay, thank you. We can see it now. There's a question on, is there guidance available for FQHC-provided DSMES? There is a section in the toolkit – I believe it's under the Reimbursement section – that talks about the differences in delivering DSMES in an FQHC setting, so we would refer you to that section of the toolkit for more information there.

Alexis: Yes, so there's a question about focus groups to determine the barriers to participation, and what phrases are most appealing. I think again that, that process of learning from the people we serve will be a part of the whole branding process. So there are plans to do that kind of formative research, and you know, where appropriate, make that available to people to help them sort of understand what are going to be the effective ways to communicate with people about DSMES.

Pat: Thanks, Alexis. There are a couple questions, and we see that participants are asking questions and answering, which is great. So, some of the questions that are more specific to work going on in the field, if you have an answer to one of those questions, feel free to chime in. We have a question asking, is it possible for CDC to advocate for patients to be able to self-refer? Although we would love to be able to do that, unfortunately that's not something we can play a role in directly. But there are a lot of partner organizations like ADA and AADE that do play an active role in advocacy for not only patients' rights, but services as well for people with diabetes. We're trying to see if we have additional questions. We're having some, a little bit of technical difficulty here with our chat box, so we apologize for that. Okay, we have a question asking if the National Diabetes Prevention Program is covered by Medicare. And yes, that is a covered service under Medicare for eligible beneficiaries. Again, different from DSMES, but a very important audience as well to prevent type 2 diabetes in those at high risk. There's a question

coming in asking about Internet access. So many people have access to the Internet. What's the likelihood of DSMES to move to an online platform versus in person? Actually, according to information from ADA and AADE, there are programs out there delivering DSMES through an online platform. So, we would encourage you to, if you need more information on that, to follow up with ADA if you're an accredited program or—I'm sorry, if you're a recognized program or AADE, if you're an accredited program. We're scrolling through the questions here to see if there are more that we can take specific to DSMES or the toolkit. We're getting comments about insurance coverage and questions that are state-specific. Unfortunately, we can't answer detailed questions about your organization or the laws in your state specifically. But there are folks available to do that. We would again encourage you to either contact your state health department or your local or regional affiliate of ADA or AADE. And thanks to our colleagues at CMS for responding to some of the questions related to Medicare coverage for DSMT.

Alexis: And another question about the slides for today's webinar. The webinar and recording will be posted to our website, and everyone will get a notice when that is available. And we'll also post the answers to the questions that we're able to answer as well. The toolkit is online, so you know, go ahead if you haven't already bookmarked the toolkit, dsmes.org, and feel free to share that with your colleagues. And we'll make sure that's included in the follow-up emails as well. I think that there are questions about, you know, where to find information or if you want health care providers to increase their referrals to DSMES, there's a whole section on the toolkit that focuses on that. There are also some tools to help you streamline your referral process, so please, you know, visit the website and take a look at the tools that are there to help you with that kind of work.

Pat: There's comments coming in as well on other types of curriculum that are out there. The comment on the conversation map. We know that's an important, those are an important resource for DSMES, so thank you for that. Alright we, again we're having a little bit of difficulty here with our chat box. We're going to do just a last call for any other questions related to the toolkit or the content covered here on the

webinar today. Alright, well I thank you all so much for your questions and to all of our presenters again this afternoon for the great information. If you do have additional questions, there is a website up on the previous slide, if we can put that one back—there it is, to submit those questions to. Again, we may not be able to get to all of your questions, but if there's critical things or need-to-know information about the toolkit, we will respond to you.

Slide 53: Claim your Continuing Education Credit Today

And then finally a number of questions came in about obtaining your continuing education credit for today's presentation. The slide up on the [this] website shows the link to go to at the very top of the slide and, if you don't have a current account with CDC's Training and Continuing Education online system, you'll need to go there first. And there is a link in that very second bullet on the slide that tells you how to set up an account.

Alexis: And information will go out following the webinar about how to claim your credit for today's webinar.

Pat: Alright, thank you, Alexis.

Slide 54: Thank you

And thanks again to everyone for joining us this afternoon and have a wonderful day!

Operator: Thank you, ladies and gentlemen. You may now disconnect your phone lines and have a great rest of your day.