PA/CCI
Pennsylvania Community-Clinical Integration Initiative

MEDICAID MANAGED CARE ORGANIZATION WORKGROUP

DIABETES SELF-MANAGEMENT EDUCATION (DSME)

PROVIDER EDUCATION MATERIALS

RESOURCE TOOLKIT

DECEMBER 2015

Approved by PA Department of Health on May 16, 2016

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Pennsylvania Community-Clinical Integration Initiative

Dear Medicaid Managed Care Organization Workgroup:

Thank you for your interest in and commitment to increasing provider awareness with the aim to increase referral of people living with type 2 diabetes to diabetes self-management education (DSME) programs throughout Pennsylvania. Your engagement in the Medicaid Managed Care Organization (MCOs) Workgroup, beginning in late 2014, as a part of the Pennsylvania Community-Clinical Integration Initiative (PA CCI), a partnership of the Pennsylvania Department of Health and Health Promotion Council, identified and developed communication strategies and tools to increase and support referrals to and utilization of diabetes self-management education (DSME) certified through American Diabetes Association (ADA) recognition and American Association of Diabetes Educators (AADE) accreditation. The topic of provider awareness (including general knowledge of DSME, its effectiveness, its reimbursement structure and physician referral to programs) was ranked as the highest priority of the group. The Medicaid MCO Workgroup reached consensus to address this priority and followed by compiling this Provider Education Materials Resource Toolkit, presented here, for use by MCOs to disseminate throughout their network to providers responsible for providing primary care to people with type 2 diabetes.

The PA CCI Medicaid MCO Provider Education Materials Resource Toolkit serves to provide language, resources and summaries that can be distributed through mass communication channels, such as web portals, websites, email and newsletters, and also for use in direct communication with providers. The majority of these resources are directed at providers and can be utilized to suit each MCO's needs; however, one resource, the infographic, entitled, "Take Control of Diabetes" is intended for patients or people living with diabetes and thus is written at a sixth grade reading level per the HealthChoices contract.

All of the resources contained in this toolkit have been approved by the Bureau of Managed Care Operations. Any modifications to the text or content thereafter must be submitted to the contract monitor to review and approve the changes.

Please submit your questions and/or comments to the Pennsylvania Community-Clinical Integration Initiative at diabetesTA@phmc.org or 215-731-6117.

Thank you,

The PA CCI Team

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Table of Contents

The following resources will effectively communicate the importance of diabetes self-management education (DSME), convince primary care physicians (PCPs) to refer their patients, and improve overall PCP communication with patients to ensure follow-through on the referral.

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Mass Communication Resources

This packet includes samples of promotional pieces to providers on DSME that can be included in mass communications such as newsletters, emails and websites.

For ease of use in the three highlighted modes of mass communication, they are kept as design-simple as possible. Please add graphics and format to your organization's style guidelines and needs. However, the content of the text may not be changed, unless approved by your Bureau of Managed Care Operations contracts manager.

Sample type: "Callout-Box" and Quick Reference

A call-out box is a highlighted section either within a larger DSME resource or as a standalone resource. These are short resources meant to grab attention and provide information that does not need a heavy narrative piece.

General promotion text

Ten percent of adult Pennsylvanians have diabetes. Many of those people have not been provided with the necessary tools for self care. Referring people with diabetes to diabetes self-management education (DSME) will help them learn how to care for their diabetes, to live healthier lives and to reduce the risk of developing the life-altering complications of diabetes. For each patient's quality of life, it is important to talk to them about their diabetes and make sure they attend a DSME program that is accredited or recognized.*

* Certified DSME programs are those that have American Diabetes Association recognition or American Association of Diabetes Educators accreditation, which ensures the program meets the evidence-based National Standards for Diabetes Self-Management Education and Support.

DSME Outcomes text

Studies demonstrate that patients who participate in diabetes self-management education (DSME) programs are more likely to[1, 2]:

- Use primary care and preventive services;
- Be more proactive in their care;
- Have delayed onset or escalation of diabetes;
- Take medications as prescribed;
- Have improved clinical outcomes, such as better control of their HBA_{1c} levels, blood pressure and LDL cholesterol; and
- Have lower health care related costs.

[1] American Association of Diabetes Educators. 2015. Why refer for diabetes education? Retrieved March 15, 2015, from American Association of Diabetes Educators:

[2] Diabetes Educators: Supporting You, Empowering Your Patients. AADE PowerPoint. 2015.

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How to locate DSME (two different introductions)

To find a diabetes self-management education (DSME) provider in your area, please go to the Pennsylvania Department of Health Diabetes Webpage at http://www.doh.pa.gov/diabetesmap.

or

If you do not know how to find diabetes education resources in your area, please refer to the Pennsylvania Department of Health Diabetes Webpage at http://www.doh.pa.gov/diabetesmap.

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Sample type: Overall Descriptions

Overall descriptions are meant to be longer resources that can include smaller call-out boxes. Because of their length they are best suited for websites and newsletters or as one-topic emails solely about DSME.

What is DSME?

This is a medium-length description of DSME. Its focus is on the patient impact and reimbursement logistics.

Diabetes self-management education (DSME) is an evidence-based lifestyle intervention program that teaches people with diabetes how to effectively manage the disease in their daily lives. A certified* DSME program has been rigorously reviewed to ensure it meets the National Standards for Diabetes Self-Management Education and Support. DSME is proven to reduce the associated complications of diabetes and help patients increase their overall quality of life.[1] On the clinical side, DSME is shown to reduce HBA_{1c} by as much as one percent in people with type 2 diabetes, as well as, reduce fasting glucose and LDL.[2,5]

DSME is different than diabetes support groups and general education. Though helpful, less formal types of diabetes education and support may not offer the same structure, expertise, medical knowledge and evidence-driven education that people with diabetes need. DSME provides specific qualitative and clinical information tailored to each participant's needs and health status. It is helpful for patients to be made aware that completing a certified DSME program tailored to their specific needs is a critical part of their treatment plan.[3]

Currently, certified DSME is a covered medical benefit through Medicare, Medicaid and most private insurance plans, but patients need a referral from their physicians to qualify for reimbursement. Moreover, many patients do not know about DSME and how lifestyle changes can greatly increase their health and lower diabetes complications. Working with patients and making sure they attend DSME is essential in increasing their quality of care.

Furthermore, DSME is only reimbursable for 10 initial hours in the first year of the referral and two hours per year thereafter. Once the referral is written, patients must complete the 10 hours of education within the next 12-month period. Talking with your patient about the importance of attending the maximum number of classes, within the one-year period, ensures that they fully utilize their benefit and receive the highest quality of care.

* Certified DSME programs are those that have American Diabetes Association recognition or American Association of Diabetes Educators accreditation, which ensures the program meets the evidence-based National Standards for Diabetes Self-Management Education and Support.

1. Joslin Diabetes Center. 2015. Diabetes Education: Why it's so crucial to care. Retrieved March 13, 2015, from Joslin Diabetes Center: http://www.joslin.org/info/diabetes_education_why_its_so_crucial_to_care.html
2. Moran, K., Burson, R., Critchett, J., & Olla, P. (2011). Exploring the cost and clinical outcomes of integrating the registered Nurse–Certified diabetes educator into the patient-centered medical home. The Diabetes Educator, 37(6), 780-793
3. American Association of Diabetes Educators. 2015. Why refer for diabetes education?. Retrieved March 15, 2015, from American Association of Diabetes Educators.
4. Powers, M., Bardsley, J., Cypress, M., Duker, P., Funnell, M. , Fischl, A., Maryniuk, M., Siminerio, L., Vivian, E. (2015) 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 Care. June 5, 2015,

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Understanding AADE accreditation and ADA recognition of DSME programs

This is a detailed description of DSME and the certification process. It is meant to help PCPs understand that DSME is evidence-based and held to high quality standards.

There are two organizations that certify diabetes self-management education (DSME) programs as providing evidenced-based education and support services for diabetes management. These certifying organizations are the American Association of Diabetes Educators (AADE) and the American Diabetes Association (ADA). In order to become certified, a program must meet the 10 National Standards for Diabetes Self-Management Education and Support. The national standards are approved and updated every five years by a task force of experts in diabetes care and management. The task force consists of experts from the areas of public health, underserved populations (including rural primary care and other rural health services), individual practices, large urban specialty practices and urban hospitals. Additional task force members have included individuals with diabetes, diabetes researchers, certified diabetes educators, registered nurses, registered dietitians, physicians, pharmacists and psychologists.

Key components of the national standards are to ensure programs have an adequate organizational structure to support the delivery of services and external stakeholder input to ensure program quality and a clear understanding of the target population the program is trying to reach. Specifically, the standards address having the proper staff to deliver the program, curriculum that meets best practices, and individualized care and support plans for each participant. To address lasting care and quality, programs are also responsible for personalized follow-up plans, communicating progress to the referring doctor and engaging in continuous quality improvement to address any service gaps.

In depth information on DSME National Standards can be found at:
Haas, L., Maryniuk, M., Beck, J., Cox, C. E., Duker, P., Edwards, L., & Youssef, G. (2013). National standards for diabetes self-management education and support. *Diabetes care*, *36*(Supplement 1), S100-S108. http://care.diabetesjournals.org/content/35/11/2393.full

A two-page, color PDF document from AADE, "Diabetes Educators: Supporting You, Empowering Your Patients" is available at:
https://www.diabeteseducator.org/docs/default-source/legacy-docs/_resources/pdf/general/ProviderBrochure_Downloadable_Final.pdf

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Sample Type: Specific and General Announcements

- **"Algorithm of Care" - 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 (June 2015)**

Joint Position Statement and Referral Algorithm

Promotion of the joint ADA, AADE and AND paper on DSME and the referral process can be included in a special announcement. Further developments in diabetes care can be publicized in a similar fashion.

Diabetes self-management education and support (DSME/S) is a critical component of diabetes care. Referring patients to an appropriate program may not be as straightforward as it seems. In order to streamline that referral process, the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics have released a joint position statement highlighting the importance of DSME/S as part of routine care and providing an algorithm outlining four critical points in time when it is recommended to assess patients' need for DSME/S referral, which include: 1) at diagnosis, 2) annually, 3) at the development of complicating factors affecting self-management, and 4) at a transition of care. In addition to highlighting these junctures, the statement also outlines the educational focus at each of these junctures. Please see the official press release here and full text here.[1, 2]

[1] http://www.diabetes.org/newsroom/press-releases/2015/joint-statement-outlines-guidance-on-diabetes-self-management-education-support.html?

[2] http://care.diabetesjournals.org/content/38/7/1372.full.pdf+html

Prevent Diabetes STAT

A joint initiative between the American Medical Association and The Centers for Disease Control and Prevention, Prevent Diabetes STAT, aims to inform both health care providers and the public about the importance of preventing type 2 diabetes and raise awareness of the evidence-based Diabetes Prevention Program. To learn more about the initiative and download the toolkit, visit http://www.ama-assn.org/sub/prevent-diabetes-stat/.

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Get to know community-based programs

This is an example of a general lifestyle intervention promotion. Since DSME is only one type of chronic disease management programs, general announcements like this can reference other management or prevention programs.

Community-based lifestyle intervention programs can be an important part of a health care team. Adding individualized and evidence-based programs like diabetes self-management education (DSME) to a patient's ongoing care plan can be an effective means of both preventing chronic disease complications and increasing patient agency as part of his/her health care team. These community-based programs want to help their communities, but they need referrals from physicians. They have limited resources for promoting their services, and that's where primary care providers can help. By reaching out and working with these programs, you can not only help your patients but also improve your ability to effectively manage your patients' chronic diseases. An empowered, educated and supported patient will more efficiently implement your chronic disease treatment care plan.

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Sample Type: Appendix

A resource list of all cited articles with brief descriptions can be provided for internal resource development and inclusion in education lists.

1. American Association of Diabetes Educators

   American Association of Diabetes Educators. 2015. Why refer for diabetes education?. Retrieved March 15, 2015, from American Association of Diabetes Educators: https://www.diabeteseducator.org/practice/provider-resources/why-refer-for-diabetes-education

   - This portion of the AADE website provides information on what DSME is as well as provider information regarding referrals, follow-up and DSME benefits. The information is summarized in the handout below:

   "Diabetes Educators: Supporting You, Empowering Your Patients"
   https://www.diabeteseducator.org/docs/default-source/legacy-docs/_resources/pdf/general/ProviderBrochure_Downloadable_Final.pdf

   - This is a color, two-page PDF "Diabetes Educators: Supporting You, Empowering Your Patients" produced by AADE that can be printed and distributed to your primary care providers.
   - A PowerPoint presentation of the documents is also available here: https://www.diabeteseducator.org/practice/practice-documents/reaching-prescribers.

2. Funnell, Martha; Anderson, Robert. Empowerment and Self-Management of Diabetes. Clinical Diabetes July 2004 vol. 22 no. 3 123-127.
   - This resource explains the standard of care for diabetes and the importance and efficacy of empowerment and self-management.

3. Joslin Diabetes Center. 2015. Diabetes Education: Why it's so crucial to care. Retrieved March 13, 2015, from Joslin Diabetes Center: http://www.joslin.org/info/diabetes_education_why_its_so_crucial_to_care.html
   - Joslin Diabetes Center is a leader in diabetes education and provides many resources on the importance and effectiveness of DSME.

4. Magee et al., M. (2011). Diabetes Self-management Education Program for African Americans Affects A1C, Lipid-Lowering Agent Prescriptions, and Emergency Department Visits. The Diabetes EDUCATOR , 95 - 103.

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- This research study conducted through a community-based education site (public library) demonstrated a reduction in A1C levels and reduced emergency room visits for uncontrolled diabetes.

5. Martin AL. 2013. The future of diabetes education: expanded opportunities and roles for diabetes educators. The Diabetes Educator. 2013.
    - This literature review found an increasing need for diabetes educators and DSME as the population with diabetes continues to rise. Additionally, effective promotion of DSME benefits is needed to ensure utilization of DSME.

6. Moran, K., Burson, R., Critchett, J., & Olla, P. (2011). Exploring the cost and clinical outcomes of integrating the registered nurse–certified diabetes educator into the patient-centered medical home. The Diabetes Educator, 37(6), 780-793.
    - This study found significant improvement in A1C, fasting glucose and LDL when a certified diabetes educators (CDE) was used to assist diabetes patients in a patient-centered medical home.

7. Siminerio LM, Ruppert K, Emerson S, et al. 2008. Delivering diabetes self-management education (DSME) in primary care. *Dis Manage Health Outcomes*. 16(4): 1-6.
    - This study looked at the effect point-of-service diabetes education had on patient outcomes. It concluded that DSME delivering at POS provides an effective means of educating patients who do not receive regular DSME services but that more research needs to be done to increase DSME access.

8. Stenson et al., B. (2011). Monitoring in Diabetes Self-Management: Issues and Recommendations for Improvement. *POPULATION HEALTH MANAGEMENT, 14* (4), 189-197.
    - This collection of thought leader discussions found that self-manangement and decision making skills are essential in managing diabetes. Decreasing barriers to DSME is cirtical for people with diabetes in learning these skills.

9. Powers, M., Bardsley, J., Cypress, M., Duker, P., Funnell, M. , Fischl, A., Maryniuk, M., Siminerio, L., Vivian, E. (2015) 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 Care published ahead of print June 5, 2015, doi:10.2337/dc15-0730.
    - This article highlights to benefits of DSME and provides a streamlined algorithm to define four critical times when patients should be referred to DSME to help fine-tune their self-management plan. Please see the official press release here and full text here.

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Direct to Provider Communication Resources

Direct contact with primary care providers (PCPs) allows MCOs to address specific concerns and patient issues in a more constructive space than email, newsletter or website post. Examples of direct contact include conference calls, one-on-one calls or in-person meetings. Resources for use in this context are tailored to the topic. In addition to bringing in the resources and concepts from mass communication (how to find DSME programs and what DSME entails), contacts should discuss qualitative aspects of patient care, such as the doctor-patient relationship and patient barriers to attending DSME.

Referrals and Communication

Bi-directional communication between PCPs and DSME programs provides holistic care and ensures all members of a patient's health care team are fully informed. By initiating and maintaining contact for DSME providers, referral to those providers becomes more streamlined, and benefit to the patient increases because of the efficiency of communication.

Talking Points:

1. Description of diabetes self-management education
    a. http://www.chronicdisease.org/?page=DiabetesDSMEresource
    b. http://www.diabeteseducator.org/DiabetesEducation/Definitions.html
    c. https://www.diabeteseducator.org/docs/default-source/legacy-docs/_resources/pdf/general/ProviderBrochure_Downloadable_Final.pdf
    d. https://www.diabeteseducator.org/practice/practice-documents/reaching-prescribers

2. Body of evidence for DSME effectiveness
    a. Please see appendix for list of DSME research.

3. How to find and contact local DSME providers:
    Finding local DSME providers through the DOH website is fairly straightforward, but to enhance care, physicians to need establish relationships with the providers.
    a. Pennsylvania Department of Health Interactive DSME Map http://www.doh.pa.gov/diabetesmap

4. Closing the loop on communication and following patient's progress:
    a. After establishing a relationship through phone calls, emails or a site visit; clinicians and DSME providers can maintain a more thorough dialogue regarding patient progress and outcomes so each member of the health care team is fully informed.

References:

1. American Association of Diabetes Educators. 2015. Why refer for diabetes education?. Retrieved March 15, 2015, from American Association of Diabetes Educators:
2. Porterfield D, Hinnant L, Kane H, et al. 2010. Linkages between clinical practices and community organizations for prevention: final report. Research Triangle Institute. Research Triangle Park, NC. pg. 1-134.
3. Ruppert K, Uhler A. and Siminerio L. 2010. Examining patient risk factors, comorbid conditions, participation, and physician referrals to a rural diabetes self-management education program. *The Diabetes Educator*. 36(4):603-12.

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Patient Barriers

Many patients face barriers attending diabetes self-management education (DSME) including time restrictions, travel considerations, proximity to DSME, financial concerns and patient agency. These barriers are not always apparent, and PCPs can help overcome these barriers by talking through these issues with patients (or assigning to a care team member) to ensure they can attend classes once a referral is made. If a good relationship with DSME programs is made, the discussion of these barriers and help in overcoming them can be done in partnership with those programs.

Talking Points:

1. Discussion of attendance and retention rates:
    a. Clinicians should be aware of their patients' attendance of DSME. Writing a referral is one thing, but making sure the patient actually attends DSME takes more time and resources. Comparing attendance rates can help clinicians see if attendance and retention issues are endemic or sporadic.
    b. PCPs should make sure to ask patients at follow-up if they have completed their DSME program. As a certified DSME program, PCPs should be receiving communication, but be sure to ask patients to highlight that it is important in their care.
2. Overview of patient population and barriers they may face:
    a. Reviewing the patient population with the clinician can help define possible barriers patients face to attending DSME. Low-income and low-mobility can physically prevent attendance, while a language barrier (patient not understanding what DSME is or a language-appropriate DSME program is not available) may cause cultural barriers.
3. Discussion of how to overcome barriers and utilize partnerships and available resources:
    a. Community resources and DSME programs themselves can help overcome patient barriers, but clinicians and their office staff need to be proactive in assisting patients to access these resources, including translation services, transportation programs, childcare and incentive-based DSME programs. DSME programs and PCPs can closely partner to address these barriers.

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Doctor-Patient Relationship

The doctor-patient relationship is important in chronic disease management. Ensuring patients are fully informed on their options regarding their own care, including attending diabetes self-management education (DSME) and other chronic disease self-management education courses, is critical in making them proactive in their health care. In order to overcome patient embarrassment, shyness and discomfort, physicians need to create a safe, welcoming space for patients to express their concerns and thoughts regarding their health. Here are some useful resources that demonstrate the importance of an inclusive doctor-patient relationship and can help create that inclusive environment.

Talking Points:

1. Description of aspects of beneficial doctor-patient relationship (increased adherence, agency and outcomes):
    a. Improved patient outcomes occur when a patient fully understands their care plan. When talking with patients, PCPs need to be sensitive to patients' medical (health) literacy and use simple language and fewer medical terms to help patients have better understanding. This, in turn, creates a safe space in which the patient feels comfortable asking questions. Overall, a beneficial doctor-patient relationship increases patient agency, adherence to care plans and health outcomes.
2. Discussion of PCPs average interaction with patient:
    a. By reviewing PCPs style of interaction with their patients, MCO representatives can help suggest ways to change and improve the relationship. For example, if a PCP does not explain why he/she is prescribing a medicine or performing a certain test, the patient becomes less knowledgeable and involved in their own care. By reviewing specific patient interactions, such gaps in relationship building can be assessed and corrected.
3. Discussion of ways to improve interaction:
    a. To improve PCP-patient interactions, MCO representatives should point out specific incidences and examples for improved interactions. By allowing PCPs to become more aware of how their interactions affect patients, they can self-review and become conscious of ways to improve their interactions and relationships with patients.
4. Overview of motivational interviewing, positive reinforcement and relationship development:
    a. Motivational interviewing and other communication and empowerment building techniques can help PCPs become more aware of the effect of their interactions on patients and how to motivate patients to become more active in their care, attend DSME and adhere to their overall care plan.
    b. Motivational interviewing is a patient-centered counseling technique meant to engage and facilitate agency in the patient. Some of the fundamental components include asking permission, using change and empowerment talk, asking open-ended questions, and assessing readiness for patient change.
    c. For further information on motivational interviewing, please refer to these resources:
        i. Nelson, Joseph. A Motivational Challenge: Blending Practice with Theory. AADE in Practice. March 2014. http://aip.sagepub.com/content/2/2/42.full.pdf
        ii. Motivational Interviewing Strategies and Techniques: Rationales and Examples. Sobell and Sobell, 2008. http://www.nova.edu/gsc/forms/mi_rationale_techniques.pdf

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References:

1. Funnel, Martha M., MS, RN. Helping Patients Take Charge of Their Chronic Illnesses. Family Practice Management. 2000 Mar;7(3):47-51. http://www.aafp.org/fpm/2000/0300/p47.html
2. White, Brandi. Using Flow Sheets to Improve Diabetes Care. Family Practice Management. 2000 Jun; 7(6):60-62. http://www.aafp.org/fpm/2000/0600/p60.html
3. White, Brandi. Making Diabetes Checkups More Fruitful. Family Practice Management. 2000 Jun; 7(8):51-52. http://www.aafp.org/fpm/2000/0900/p51.html
4. White, Brandi. Improving Chronic Disease Care in the Real World: A Step-by-Step Approach. Family Practice Management. 2000 Mar; 6(9): 38-43. http://www.aafp.org/fpm/1999/1000/p38.html
5. Lowes, Robert. Patient-Centered Care for Better Patient Adherence. Family Practice Management. March 1998:46–57. http://www.aafp.org/fpm/1998/0300/p46.html

Infographics

These infographics are intended to increase provider and patient awareness and trust in DSME. They are designed to introduce both populations to DSME and not as comprehensive DSME explanations. The provider infographic can be distributed as a hard copy flyer, in an email or in another digital format. The patient infographic is intended to be given to providers to post in their offices or otherwise provide to their patient population. It is written at a sixth grade reading level per Health Choices requirements.

Provider Focused Infographic:
https://magic.piktochart.com/output/11506549-dsme-clinician-promotion-official

Patient Focused Infographic:
https://magic.piktochart.com/output/11528264-dsme-patient-promotion-official

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