How to Set Up a Diabetes Education Program

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Learning Objectives
- By the end of this presentation, you should be able to:
  1. Understand the prevalence of the diabetes epidemic in the United States
  2. Explain why more diabetes patient education programs are needed
  3. Understand the requirements needed to initiate a billable diabetes education program
  4. Describe the potential profit margins from an accredited diabetes self-management education and training program

Getting to Know Me!
- MSOP 2010 Graduate
- PGY1 Community Pharmacy Residency at Moose Pharmacy with UNC
- Chad’s Payless Pharmacy in Florence, AL
  - Director of Clinical Services
  - Residency and Student Preceptor
Getting to Know You!

- What is your current primary practice site?
  1. Independent community
  2. Major chain community
  3. Grocery or small chain community
  4. Hospital or clinic setting
  5. Academia
  6. Retired

Pharmacy Past and Future

- Fee for service has been our model
- Rx reimbursement models are NOT improving
- Cognitive services are on the rise – MTM, disease management, provider status...
- Star Ratings are here to stay

Diabetes

- What percentage of the US population has diabetes?
  1. 3%
  2. 6%
  3. 9%
  4. 14%

Diabetes

- $245 Billion total annual costs
- 2.3 times higher health care expenditure compared to non-diabetics
- 25.9% of Americans >65 years (11.8 million)
- 86 million Americans over 20 have prediabetes
- 7th leading cause of death in America

Diabetic Population

2012 United States

American Population With Diabetes
Diabetes by Race/Ethnicity

- 7.6% of Caucasians
- 9.0% of Asian Americans
- 12.8% of Hispanics
- 13.2% of African Americans
- 15.9% of Native Americans

Diabetes Complications

- 71% have blood pressure >140/90 (or use BP lowering meds)
- 1.7 times greater risk of CVD death
- 1.8 times greater risk of heart attack
- 1.5 times greater risk of stroke
- Diabetes is primary cause of kidney failure
- 73,000 lower-limb amputations in 2010

We know we have a problem
So what are we (YOU) going to do about it?
Diabetes Education?

Diabetes Education Outcomes

- All diabetes education has shown to improve outcomes
  - 34% lower hospitalization rate with at least one educational visit
  - The most rigorous programs create the greatest improvement

Diabetes Education Outcomes

- What percentage of diabetic Medicare beneficiaries receive diabetes education self-management training (DSME/T)?
  1. 1%
  2. 5%
  3. 12%
  4. 19%
Getting to Know More About You!

- What cognitive services are provided at your current pharmacy?
  1. Immunizations
  2. MTM (Medication Therapy Management)
  3. Transitions of Care
  4. Disease State Management (Diabetes Education etc)
  5. None at this time

Basics of a DSME/T Program

- Accreditation
- Educational program
- Billing and Reimbursement

Accreditation

- Accreditation = Recognition
- ADA vs AADE
  - American Diabetes Association vs American Association of Diabetes Educators
- National Standards
  - Exactly the same for both organizations
Accreditation

CMS approved accrediting bodies

- American Diabetes Association (ADA)
- American Association of Diabetes Educators (AADE)
- IHS – Indian Health Services (closed system)

Accreditation

Education Recognition Program (ERP)
- Available since 1986 with 3451 sites (2009)
- Focus on hospital and outpatient setting

Diabetes Education Accreditation Program (DEAP)
- Available since 2009 with 689 sites (2014)
- Focus on community-based delivery of education

Accreditation

- Both allow for multiple sites
- Both use the same ‘National Standards for Diabetes Self-Management Education’ (NSDSME) (last updated in 2012)
Accreditation

- Diabetes Education Standards Practical Applications (DASPA)
  - AADE program to assist in understanding accreditation process (can attend at NCPA)
  - Must go through DASPA to move towards accreditation
    - UNLESS you have a residency-trained pharmacist involved
  - Includes live activities at NCPA ($895) and self-paced modules ‘ABCs of Diabetes Education’ ($345)

Accreditation

National Standards

1. Internal Structure
2. External Input
3. Access
4. Program Coordination
5. Instructional Staff
6. Curriculum
7. Individualism
8. Ongoing Support
9. Patient Progress
10. Quality Improvement

National Standards

1. Internal Structure

‘The provider(s) of DSME will document an organizational structure, mission statement, and goals. For those providers working within a larger organization, that organization will recognize and support quality DSME as an integral component of diabetes care.’
National Standards

2. External Input

‘The provider(s) of DSME will seek ongoing input from external stakeholders and experts to promote program quality.’

National Standards

3. Access

‘The provider(s) of DSME will determine whom to serve, how best to deliver diabetes education to that population, and what resources can provide ongoing support for that population.’

National Standards

4. Program Coordination

‘A coordinator will be designated to oversee the DSME program. The coordinator will have oversight responsibility for planning, implementation, and evaluation of education services.’
National Standards

5. Instructional Staff

‘…At least one of the instructors responsible for designing and planning DSME and DSMS will be an RN, RD or pharmacist with training and experience pertinent to DSME, or another professional with certification in diabetes care and education, such as a CDE or BC-ADM…’

National Standards

6. Curriculum

‘Written curriculum reflecting current evidence and practice guidelines, with criteria for evaluating outcomes, will serve as the framework for the provision of DSME. The needs of the individual participant will determine which parts of the curriculum will be provided to that individual.’

National Standards

7. Individualization

‘The diabetes self-management, education, and support needs of each participant will be assessed by one or more instructors. The participant and instructor(s) will then together develop an individualized education and support plan focused on behavior change.’
National Standards

8. Ongoing Support

‘The participant and instructor(s) will together develop a personalized follow-up plan for ongoing self-management support. The participant’s outcomes and goal and the plan for ongoing self-management support will be communicated to other members of the healthcare team.’

National Standards

9. Patient Progress

‘The provider(s) of DSME and DSMS will monitor whether participants are achieving their personal diabetes self-management goals and other outcome(s) as a way to evaluate the effectiveness of the educational intervention(s), using appropriate measurement techniques.’

National Standards

10. Quality Improvement

‘The provider(s) of DSME will measure the effectiveness of the education and support and look for ways to improve any identified gaps in services or service quality, using a systematic review of process and outcome data.’
Accreditation

- Crosswalk for AADE program
- 12 page pdf

http://www.diabeteseducator.org/export/sites/aade/_resources/pdf/accred/Final_Crosswalk_-_3-2013.pdf

Accreditation

- AADE website has great resources to walk you through the process
- $900 for initial application and reaccreditation
- Mandatory annual status report due on anniversary of accreditation

Accreditation

- Can AADE accreditation or ADA recognition be added to your Medicare Part B DMEPOS accreditation?
More About You...

■ Has your pharmacy practice site ever completed any of the following accreditations?

1. Full DME Accreditation
2. Diabetic testing supplies and neb meds only
3. Community Pharmacy Accreditation
4. Pharmacy Compounding Accreditation

Educational Program

Educational Program (Curriculum)

1. Diabetes disease process and treatment options
2. Nutritional management
3. Physical activity
4. Medications (proper use, side-effects)
5. Blood glucose monitoring for self-management decision making
6. Acute complications (preventing, detecting, and treating)
7. Chronic complications (preventing, detecting, and treating)
8. Personal strategies for psychosocial issues and concerns
9. Personal strategies to promote health and behavior change
Billing and Reimbursement

- True or False
  - You must have a CDE (Certified Diabetes Educator) on payroll in order to bill Medicare for diabetes education

Billing and Reimbursement

- Bill Medicare Part B
- AADE accreditation or ADA recognition required
- Patient must be referred by physician

Billing and Reimbursement

- How many hours of diabetes self-management training (DSMT) will Medicare pay for each patient?
  1. Up to 100 hours lifetime
  2. 10 hours of initial training and 2 hours every year after initial training
  3. 5 hours of annual training for up to 3 years
  4. There is no limit
Billing and Reimbursement

- Covers 10 hours of INITIAL training
  - One hour MAY be done individually

- Groups
  - Do NOT need to be all Medicare
  - Can be two to twenty individuals

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Billing and Reimbursement

- Medical Nutrition Therapy (MNT)
  - Can be done in addition to DSMT
  - Can NOT be billed on same day as DSMT
  - Three hours of initial MNT can be billed

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Billing and Reimbursement

- Follow-up training
  - Up to two hours DSMT every year
  - Any time in calendar year after initial training complete
  - Group OR individual
  - Up to two hours MNT every year
Billing and Reimbursement

- CPT codes

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Reimbursement</th>
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<tbody>
<tr>
<td>G0108</td>
<td>DSMT - individual session, face-to-face with pt, each 30 minutes of training</td>
<td>approximately $50-54</td>
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<tr>
<td>G0109</td>
<td>DSMT - group session (2 or more), face-to-face with pt, each 30 minutes</td>
<td>approximately $14-18</td>
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</tbody>
</table>

Billing and Reimbursement

- Scenario
  - 6 patients per group
  - 9 hours group and 1 hour each individual sessions
  - Assume 1 hour paperwork for each hour in class

Billing and Reimbursement

- 29 hours total work
- $2448 reimbursement
- $84/hr
- THERE IS MONEY TO BE MADE FOR HELPING THESE PATIENTS!
Questions?

References


   2010;36:219-243

3. Cranor CW, Bunting BA, Christensen DB. The Asheville Project: Long-term Clinical and Economic 


5. AACE Diabetes Education Accreditation Program resource page. American Association of Diabetes 


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