



## **DAA Regulatory Position Statement**

### *Diabetes Self-management Training (DSMT): Reducing Barriers and Improving Utilization*

Nearly 30 million Americans have diabetes and an additional 86 million adults are at risk of developing the disease. By 2050, it is estimated that one out of every three Americans will have diabetes. In addition, the annual cost of this public health emergency has skyrocketed to \$322 billion and will continue to rise unless something is done. Both the human and economic toll of this disease is devastating.

The Medicare program and older adults are disproportionately affected by diabetes. Approximately 11.2 million Americans over the age of 65 (nearly 30 percent) have diagnosed diabetes and half of all those over the age of 65 have prediabetes, placing them at high-risk for developing the disease. Medicare currently spends one out of every three dollars on care for people with diabetes.<sup>1</sup>

### **Background**

Diabetes is a complex disease that requires ongoing self-management by patients, including making numerous decisions throughout the day, as part of their management and treatment regimen. Diabetes self-management training (DSMT) is an evidence-based service that teaches people with diabetes how to effectively self-manage their diabetes and cope with the disease. The service, covered by Medicare Part B and most private health insurance plans, includes teaching the person with diabetes how to self-manage healthy eating, physical activity, monitoring blood glucose levels and using the results for self-management decision making, adhering to medications, coping and problem solving with every day struggles to help reduce risks for diabetes complications. A patient-centered approach to care is vital for DSMT.

The benefits of DSMT are undisputed. Studies have found that DSMT is associated with improved diabetes knowledge and self-care behaviors, lower hemoglobin A1c, lower self-reported weight, improved quality of life, healthy coping and reduced health care costs.<sup>2</sup> The Diabetes Self-Management Education and Support algorithm of care, recommended in a joint position statement of the American Diabetes Association, American Association of Diabetes Educators, and Academy of Nutrition and Dietetics, defines four critical points of time for Diabetes Self-Management Education and Support delivery: at diagnosis; annually for assessment of education, nutrition and emotional

---

<sup>1</sup> Centers for Medicare and Medicaid Services. Medicare Health Support Overview. Baltimore, MD: CMS. Available at: [http://www.cms.gov/ccip/downloads/overview\\_ketchum\\_70116.pdf](http://www.cms.gov/ccip/downloads/overview_ketchum_70116.pdf)

<sup>2</sup> American Diabetes Association. Standards of Medical Care in Diabetes – 2017. Diabetes Care 2017; 40 (Suppl.1): S34.

needs; when complicating factors arise that influence self-management; and when transition in care occur.<sup>3</sup> Unfortunately, despite its critical importance for people with diabetes and the fact that DSMT has been a covered benefit under Medicare for over 15 years, a recent study found only five percent of Medicare beneficiaries with newly diagnosed diabetes used DSMT services.<sup>4</sup> According to another source, among fee-for-service Medicare beneficiaries age 65 and older with diagnosed diabetes, only 1.7% had a Medicare claim for DSMT in 2012.<sup>5</sup>

The Centers for Medicare & Medicaid Services (CMS) highlighted the “significant underutilization” of DSMT in the CY 2011 Medicare Physician Fee Schedule, in which the agency noted the effectiveness of DSMT services and the importance of facilitating access to DSMT. In July 2016, as part of the proposed CY 2017 Medicare Physician Fee Schedule rule, CMS once again highlighted the low utilization of DSMT and solicited public comment on barriers contributing to access and the under-utilization of the benefit. The DAA provided comments to the agency and commended CMS for recognizing the alarmingly low utilization of this critically important benefit.

### **Policy Recommendations**

Ensuring that Medicare beneficiaries with diabetes understand that DSMT is a covered benefit and utilize this benefit is a priority for the DAA. However, in order to improve DSMT access and utilization rates, several critical barriers must be addressed. The DAA recommends the following:

- Extend the initial 10 hours of DSMT covered by Medicare beyond the first year until fully utilized and cover additional hours based on individual need;
- Allow medical nutrition therapy (MNT) and DSMT to be provided on the same day;
- Remove patient cost-sharing;
- Broaden which providers can refer to DSMT beyond the provider managing the beneficiary’s diabetes to include other providers caring for the patient; and
- Clarify agency policy that hospital outpatient department based DSMT programs can expand to community based locations, including alternate non-hospital locations.

---

<sup>3</sup> Powers MA, Bardsley J, Cypress M, et al. Diabetes self-management education and support in type 2 diabetes; a joint position statement of the American Diabetes Association, American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics. *Diabetes Care* 2015;38:1372-1382.

<sup>4</sup> Strawbridge LM, Lloyd JT, Meadow A, et al. Use of medicare’s diabetes self-management training benefit. *Health Education Behavior* 2015;42:530-8.

<sup>5</sup> Statistic from Health Indicators Warehouse. Available at: [https://www.healthindicators.gov/Indicators/Diabetesmanagement-benefit-use-diabetic-older-adults-percent\\_1263/Profile/ClassicData](https://www.healthindicators.gov/Indicators/Diabetesmanagement-benefit-use-diabetic-older-adults-percent_1263/Profile/ClassicData)

### Extension of Initial 10 hours and coverage of additional hours

Currently, Medicare covers up to 10 hours of initial DSMT within 12 months of the first DSMT referral and an additional 2 hours of DSMT per subsequent calendar year. If the full 10 hours are not utilized during the initial first year, those hours are lost. The DAA recommends an extension of the initial 10 hours of DSMT beyond the first 12 months until those hours are fully utilized and coverage of additional hours of DSMT for beneficiaries whose individual needs necessitate additional hours of the service.

### Allow MNT and DSMT on the same day

Medicare defines Medical Nutrition Therapy (MNT) as “nutritional diagnostic therapy and counselling services provided by a registered dietitian or nutrition professional for the purpose of managing disease.” For people with diabetes, DSMT and MNT are complementary services that are necessary for improved beneficiary health outcomes, but current rules prohibit DSMT and MNT from being provided on the same day. Many Medicare beneficiaries forego necessary and covered DSMT or MNT services due to this prohibition, which creates undue hardships for people with diabetes, particularly for disparate populations. The DAA recommends CMS allow DSMT and MNT to be provided to eligible beneficiaries on the same day which would allow beneficiaries to consolidate often difficult and increasingly expensive trips to ambulatory care settings to receive care.

### Remove patient cost-sharing

For Medicare beneficiaries with diabetes, DSMT is covered under Medicare Part B and thus is subject to the Part B deductible and 20% coinsurance. Research has found health plans that reduce or eliminate cost-sharing for DSMT increase utilization, while at the same time accruing cost savings and improving patient health.<sup>6</sup> The DAA recommends removing beneficiary cost-sharing for DSMT to eliminate the financial barrier and improve access to this critical education benefit for beneficiaries with diabetes.

### Broaden which providers can refer to DSMT beyond the provider managing the beneficiary’s diabetes to include other providers caring for the patient

Despite the fact that Medicare beneficiaries with diabetes may have multiple health care providers and numerous touchpoints in the health care system, current policy states that the treating physician or treating qualified non-physician practitioner who is managing the patient’s diabetes must order DSMT for the beneficiary. This policy fails to recognize that other providers helping to treat the beneficiary, including hospitalists, podiatrists, optometrists, nephrologists and other specialists may identify a need for DSMT instruction but they are prohibited from ordering it for their patient. The DAA recommends CMS expand the list of providers eligible to refer to DSMT services for their patients.

---

<sup>6</sup> Harvard Law School: Center for Health Law and Policy Innovation. Reconsidering Cost-sharing for Diabetes Self-management Education: Recommendation for Policy Reform. 2015. Available at: <http://www.chlpi.org/wp-content/uploads/2014/01/6.11.15-Reconsidering-Cost-Sharing-for-DSME.pdf>

Clarify locations Hospital Outpatient Department based DSMT can be provided

When the Medicare DSMT benefit was first enacted in 1997, DSMT was delivered in hospital-based outpatient classes. However, our health care system and the manner in which people with diabetes are treated and managed have changed drastically since then. Evidence has shown that DSMT provided in community settings and primary care practices has been just as effective. Confusion exists about the types of settings and locations at which DSMT instruction can be provided. The DAA recommends that CMS allow for certified DSMT programs to be provided in community locations to maximize availability and participation. More specifically, CMS should clarify that hospital outpatient department based DSMT programs can expand their certified DSMT programs to community-based locations, including alternate non-hospital locations.

\* \* \*

In summary, ensuring and encouraging Medicare beneficiaries to utilize this highly effective service must be a priority in our fight to change the course of the diabetes epidemic in our country. DSMT can help people with diabetes better manage their disease and reduce their risk for serious and costly complications. These are goals we must all support.