The Path to Diabetes Accreditation and Reimbursement

Program Objectives for Pharmacists: Upon completion of this program, participants should be able to:
1. Interpret the definition of DSME and how it can be implemented in a community pharmacy setting.
2. Compare and contrast MTM and DSME services.
3. Demonstrate the measurable self-care behaviors of diabetes.
4. Analyze the value that various healthcare providers bring to a DSME multidisciplinary team.
5. Demonstrate proper documentation practices necessary for DSME and reimbursement.
6. Demonstrate a step by step approach to prepare for and successfully bill DSME services.
7. Compare the number of initial DSME hours Medicare reimburses for in the first year and the number of follow-up DSME hours Medicare reimburses for in subsequent years.
8. Illustrate how to maintain the quality standards of the National Standards for Diabetes Self Management Education.
9. Demonstrate the key components of a successful diabetes education program business plan.
10. Illustrate how to market diabetes education services to patients, hospitals, employers, and appropriate healthcare providers.

Speaker: Anthony Pudlo, PharmD, MBA, is a 2007 graduate of Drake University College of Pharmacy and Health Sciences. Upon graduation, Dr. Pudlo completed the University of North Carolina at Chapel Hill Community Pharmacy Practice Residency with Kerr Drug in Chapel Hill, NC. After completion of his residency training, Dr. Pudlo served as Clinical Coordinator with Kerr Health in Asheville, NC. In this position, he directly worked with patients, employers and physicians to help prevent and treat chronic diseases within the community. For his strong community outreach efforts and contributions to community practice, Dr. Pudlo was awarded the 2009 Kerr Health Clinical Coordinator of the Year. Currently, he serves as a Regional Clinical Manager for Kerr Health overseeing clinical pharmacy operations in western North Carolina and South Carolina. Dr. Pudlo continues to advocate for clinical community pharmacy practice through his involvement within his state association and while serving on the National Advisory Board for Drake University’s College of Pharmacy and Health Sciences.

Speaker Disclosure: Anthony Pudlo reports he has no actual or potential conflicts of interest in relation to this program. The speaker also indicated that off-label use of medications will not be discussed during this presentation.
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Faculty Disclosure
- Dr. Pudlo reports he has no actual or potential conflicts of interest associated with this presentation.
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Learning Objectives

- Upon completion of this program pharmacists will be able to:
  - Interpret the definition of DSME and how it can be implemented in a community pharmacy setting.
  - Compare and contrast MTM and DSME services.
  - Demonstrate the measurable self-care behaviors of diabetes.
  - Analyze the value that various healthcare providers bring to a DSME multidisciplinary team.
  - Demonstrate proper documentation practices necessary for DSME and reimbursement.
  - Demonstrate a step-by-step approach to prepare for and successfully bill DSME services.

Learning Objectives (cont.)

- Upon completion of this program pharmacists will be able to:
  - Compare the number of initial DSME hours Medicare reimburses for in the first year and the number of follow-up DSME hours Medicare reimburses for in subsequent years.
  - Illustrate how to maintain the quality standards of the National Standards for DSME.
  - Demonstrate the key components of a successful diabetes education program business plan.
  - Illustrate how to market DSME services to patients, hospitals, employers, and appropriate healthcare providers.

Pre-Assessment Questions

Which of the following is not a measurable self-care behavior of diabetes?
1) Taking medication
2) Problem solving
3) Knowing your healthcare team
4) Monitoring
5) Healthy coping

Pre-Assessment Questions

When a RPh is providing DSME through a CMS-approved program as the sole instructor, how many hours of diabetes-related is required to maintain recognition?

1) 10
2) 15
3) 20
4) 25
5) 30
Pre-Assessment Questions

It is required for RPh's to have their CDE or BC-ADM designation to provide and bill Medicare for DSME.
1) True
2) False

Pre-Assessment Questions

Upon a patient’s initial year of eligibility to receive DSME, a CMS-approved program may bill up to ___ hours per year per patient.
1) 2
2) 3
3) 5
4) 10
5) 15

Pre-Assessment Questions

Every pharmacist should consider providing DSME services to their community with a thorough business analysis.
1) True
2) False

Introduction to DSME

Diabetes Self-Management Education (DSME)

- Ongoing process of facilitating the knowledge, skill, and ability necessary for diabetes self-care
- Incorporates the needs, goals and life experiences of the patient with diabetes
- Guided by evidence-based standards focused on structure, process and outcomes

DSME: Structure

- Standard #1
  - The DSME entity will have documentation of its organizational structure, mission statement, and goals and will recognize and support quality DSME as an integral component of diabetes care.
DSME: Structure

Standard #2

The DSME entity shall appoint an advisory group to promote quality. This group shall include representatives from the health professions, people with diabetes, the community, and other stakeholders.


DSME: Structure

Standard #3

The DSME entity will determine the diabetes educational needs of the target population(s) and identify resources necessary to meet these needs.


DSME: Structure

Standard #4

A coordinator will be designed to oversee the planning, implementation, and evaluation of diabetes self-management education. The coordinator will have academic or experiential preparation in chronic disease care and education and in program management.


DSME: Process

Standard #5

DSME will be provided by one or more instructors. The instructors will have recent educational and experiential preparation in education and diabetes management or will be a certified diabetes educator. The instructor(s) will obtain regular continuing education in the field of diabetes management and education. At least one of the instructors will be a registered nurse, dietitian, or pharmacist. A mechanism must be in place to ensure that the participant’s needs are met if these needs are outside the instructors’ scope of practice and expertise.


DSME: Process

Standard #6

A written curriculum reflecting current evidence and practice guidelines, with criteria for evaluating outcomes, will serve as the framework for the DSME entity. Assessed needs of the individual with pre-diabetes and diabetes will determine the content to be provided.


DSME: Process

Standard #7

An individual assessment and education plan will be developed collaboratively by the participant and instructor(s) to direct the selection of appropriate educational interventions and self-management support strategies. This assessment and education plan and the intervention and outcomes will be documented in the education record.

DSME: Process

- Standard #8
  - A personalized follow-up plan for ongoing self-management support will be developed collaboratively by the participant and instructor(s). The patient's outcomes and goals and the plan for ongoing self-management support will be communicated to the referring provider.


DSME: Outcomes

- Standard #9
  - The DSME entity will measure attainment of patient-defined goals and patient outcomes at regular intervals using appropriate measurement techniques to evaluate the effectiveness of the educational intervention.


- Standard #10
  - The DSME entity will measure the effectiveness of the education process and determine opportunities for improvement using a written continuous quality improvement plan that describes and documents a systematic review of the entities' process and outcome data.


DSME vs. MTM

- Service(s) that optimize therapeutic outcomes for individual patients
- MTM services include:
  - Medication therapy reviews
  - Pharmacotherapy consults
  - Anticoagulation management
  - Immunizations
  - Health and wellness program
  - Pharmacogenomics applications
  - Disease management coach/support

American Pharmacists Association. www.pharmacist.com
Self-Care Behaviors

Healthy Eating
- Get the nutrition facts
  - CHO counting
- Eat the right foods
  - Use moderation
  - Balanced meals
- Appropriate meal planning
  - Make good choices
  - Ask for substitutes
  - Watch portion sizes
- Keep a diary

Being Active
- Essential part of a healthy lifestyle
- Start with current activities in normal day
- Start with small amounts
- Gradually increase activity levels
- Choose an enjoyable activity
- Get moving!

Monitoring
- Self-monitoring of blood glucose
- Know your numbers/target goals
  - Before meals, 70-130 mg/dL
  - After meals, <180 mg/dL
- Record your levels
- Manage blood glucose changes

Taking Medication
- Why do I need this medication?
- What effect will it have on my body?
- How will it influence my blood glucose levels?
- Establish a routine
- Develop a medication schedule
- Learn how to take injections

Problem Solving
- Unexpected problems?
- Overcome challenges
- IDEAL problem solving methods
  - Identify the problem
  - Define the problem
  - Examine alternative solutions
  - Act on solutions in daily life
  - Learn from the results
- You are not alone

Reducing Risks

- Give up old habits, form new ones
- Smoking cessation
- Regular eye, foot, and dental exams
- Immunizations
- Sick day management

Healthy Coping

- Depression/Stress Management
- Find healthy ways to cope
- Develop a plan
- Turn to your family and friends
- Find others with diabetes
- Talk to your care team
- Seek professional help

Curriculum Development

National Standards

- Describing the *diabetes disease process* and *treatment options*
- Incorporating *nutritional management* into lifestyle
- Incorporating *physical activity* into lifestyle
- Using *medication(s)* safely and for maximum therapeutic effectiveness
- Monitoring *blood glucose* and other parameters and interpreting and using the results for self-management decision making

National Standards (cont.)

- Preventing, detecting, and treating *acute complications*
- Preventing, detecting, and treating *chronic complications*
- Developing personal strategies to address psychosocial issues and concerns
- Developing personal strategies to promote health and behavior change

Curriculum

- Elements to be included
  - Participant Learning Objectives
  - Methods of delivery
  - Strategies for evaluating learning
  - Content outline
- Suggested resources
  - Journey for Control Conservation Maps (Merck/ADA)
  - AADE's Diabetes Education Curriculum: Guiding Patients to Successful Self-Management
  - AADE Member ($85), Non-Member ($110)
Curriculum
- Mix of group/individual classes
  - Majority should be group
- Length of class
- Duration of the curriculum
- MNT & DSME cannot occur on the same day

The DSME Team

The Registered Dietitian (RD)
- Experts in providing individualized nutrition counseling
- Only qualified individual to perform MNT
- RD’s may conduct nutrition component of DSME curriculum
- MNT and DSME cannot occur on the same day

Medical Nutrition Therapy (MNT) vs. DSME
- MNT Definition
  - "Nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a registered dietitian or nutrition profession"
- Nutrition professionals enrolled as Medicare providers must also use "nationally recognized protocols such as those developed by the American Dietetic Association"
- MNT has more intensive nutritional counseling and therapy regimen that relies heavily on follow-up and feedback to the beneficiary to change their behavior

The Registered Pharmacist (RPh)
- Experts in providing individualized medication counseling
- May be the sole instructor for a DSME program
- No current need for other credentials for reimbursement

The Certified Diabetes Educator (CDE)
- Possess distinct and specialized knowledge in DSME
- May be pharmacists, nurses, dietitians
- Requirements
  - Must have 2 full years of professional practice experience
  - Perform 1,000 hours of diabetes self-management education within last 4 years (Renewal: 5 yrs)
  - 400 hours within the last year
  - 15 CE Hours related to diabetes within the last 2 years
  - Examination required
- Initial fee ($350), Renewal ($250)
  - Certification is valid for 5 years
  - www.ncbde.org
Board Certified-Advanced Diabetes Management (BC-ADM)

- AADE is now responsible for this credentialing
  - Exam will not be available until late 2011
- Initial requirements (for pharmacists)
  - Active license
  - 500 hours in advanced diabetes management within the past 4 years
- Renewal requirements
  - 1000 hours within past 5 years
  - Extensive professional development requirements
- Fees
  - Yet to be determined for 2011
  - Certification is valid for 5 years
- Reimbursement
  - May be able to bill Medicare
  - www.diabeteseducator.org

The Physician

- Regular communication must occur with referring physician or healthcare professional
- Referrals
  - DSME
    - May come from a physician or qualified non-physician practitioner (e.g., NP or PA)
  - MNT
    - Must come from a physician
    - Must come from the treating physician

Documentation

AADE7 System

- Features include:
  - Collect and track your patients’ behavior change goals, clinical indicators, and medications
  - Administer online patient self-assessments and follow-ups
  - Track information about educational services provided
  - Generate reports on individual patient progress and your facility’s progress
  - Manage classes and group education sessions
  - Create auto-populated, time-saving letters for referring physicians and patients
  - Gather data about your facility that is needed for program accreditation

AADE7 System

- Basic Package
  - AADE Members: Free
  - Non-Members: $49/year, per non-member
- Enhanced Package
  - AADE Members: $79/year, per AADE member
  - Non-Member: $99/year, per non-member
- To receive demo, send an e-mail to:
  - aade7@aadenet.org

Other Documentation Methods

- MTM Online Platforms
  - MirixaPro/MirixaEdge
  - Outcomes
  - PharmMD
- Paper-based Charts
Chronicle Diabetes

- Features include:
  - Web-based system
  - Guides comprehensive assessment of education needs, documentation of interventions including group classes, behavioral goal setting and appropriate follow-up
  - Patient portal to initiate assessment data collection before contact with patient
- ADA plans to have available to all ADA sites by 1st quarter 2011

Step-By-Step Approach to Prepare & Bill DSME

- Process Requirements
  - Referral from PCP for the participant
  - Participant assessment
  - Formulation of Education Plan based on assessment
  - Education intervention (implementation of education plan)
  - Evaluation of the educational intervention (immediate post education and later to assess goal achievement)

- Process Requirements (cont.)
  - Development of Diabetes Self management Support (DSMS) Plan
  - Communication to referring provider
    - Assessed needs
    - Education provided
    - DSMS plan
  - Maintaining education record of all of above

- Structure Requirements
  - Sponsoring Organization
  - Advisory Group
  - Target population or service area identification
  - Program coordinator
    - Plan, implement, and evaluate education program
    - Qualified personnel responsible for the delivery of education (instructional staff)

- Outcome Requirement
  - Patient defined goals (behavior) and measure of achievement
  - Other outcome (metabolic, clinical, QOL, process) and measure of achievement
  - Quality improvement plan or process
Preparing to Apply to the ADA

- Selecting your data period (6 months)
  - 3 months of data collection
  - 3 months to submit application
- Having at least 10 participants during the selected data period
- Documentation to support the process, structure, and outcomes
  - Administrative letter of support
  - Copies of licenses and registrations for all staff
  - CDE, BC-ADM certificates or proof of CEU credits

Paper Audit Items
- De-identified participant chart
- Section of the curriculum
- Oversight/Advisory group activity documentation
- Program coordinator’s job description and resume
- CQI plan/process

ADA Resources for Recognition

- Recognition website
  - Tools for supporting process
    - Forms, curriculum format
    - Audit tools
    - Instructions: revisions as needed, always check prior to submitting an application
- Q & A conference calls
- Webcasts
- Newsletter

Timeline

- Requirements
  - Select 3 month data collection period
  - Enroll at least 10 patients in program during time frame (not necessarily completed)
- ADA staff process application within 12 weeks
- Approval is retroactive to date of online submission (for billing)

Preparing to Apply to the AADE

- Online or paper application
  - Stop/Start function
- Submit supporting documents within 2 weeks
- Complete telephone interview or on-site audit

Timeline

- Requirements
  - No data collection period
  - No minimum number of patients
  - One de-identified chart representative of target population
- AADE staff process application within 4-6 weeks
- Approval is active on date of approval (not retroactive)
- Complete annual status report
AADE Supporting Documents

- Program description, including mission, and organizational chart
- Job descriptions for each of the positions within the entity's organization
- Resumes of program coordinator and instructors
- Proof of licenses and/or certification, and CE for the program coordinator and all instructors

AADE Supporting Documents (cont.)

- Performance measurement plan/continuous quality improvement process
- Copy of one de-identified participant chart
- Outline of curriculum or copy of one complete section from the written curriculum
- Advisory group composition
- Sample education materials

Medicare Billing

Patient Eligibility Requirements

- Eligible if within the last 12 months, a patient has one of the following:
  - Diagnosed with diabetes
  - Started taking a diabetes medication or went from PO to insulin
  - Have diabetes and became eligible for Medicare
  - At risk for complications of diabetes
- Must received education through ADA recognized or AADE accredited program

Medicare DSME Eligibility

- Referral from supervising physician
- Initial year
  - Up to 10 hours of education
- Subsequent years
  - Up to 2 hours of education
- Medical Nutrition Therapy
  - Initial: 3 hours of one-on-one counseling
  - Follow-up: 2 hours of one-on-one counseling

Coding & Billing Requirements: DSMT

- Requires use of G codes
  - G0108: Individual Session
  - G0109: Group Session
- Must be billed in 30 minutes increments
- May be billed on either UB92 or HCFA1500 forms
Medicare Reimbursement

- Patient pays 20% of Medicare approved amount after yearly Part B deductible is met
- G0108: $22.96 per 30 minutes
- G0109: $12.66 per 30 minutes

Coding & Billing Requirements: MNT

- Requires use of CPT codes
  - 97802, 97803, 97804
  - 15 minute increments for 97802 and 97803
  - 30 minute increments for 97804
- Must be billed on HCFA1500 forms

Maintaining Program Status

ADA Recognition

- Process and structure maintained for all 3 years of Recognition
- Outcomes behavior and other program outcomes tracked; improvement plan applied and results used to enhance education program
- Annual status reporting (online)
- Staying in a state of audit readiness and submitting to random audit as applicable
- Submitting renewal application within 90 days prior to expiration of current recognition

AADE Accreditation

- Process and structure maintained for all 4 years of Recognition
- Outcomes behavior and other program outcomes tracked; improvement plan applied and results used to enhance education program
- Annual status reporting (online)
- Staying in a state of audit readiness and submitting to random audit as applicable
- Submitting renewal application within 6 months prior to expiration of current recognition

Audits

- ADA
  - 5% of all sites (up to 70) will receive an on-site audit
  - May be selected anytime during 3-year recognition
  - Two week notice
- AADE
  - May be selected annually
  - 10 working day notice
CE Requirements for Non-Certified Instructional Staff

- Pharmacist is sole instructor
  - 20 hours per year
- Pharmacist is part of instructional team
  - 15 hours per year
- Type of CE
  - Diabetes-specific/diabetes-related
  - Behavior change self-management education strategies

Questions to Consider

- If this is a new program, do we have adequate resources?
- Do we have access to qualified staff such as a coordinator and instructors who meet the needs of the target population?
- What is our program's target population and are there unmet needs in the local diabetes community?
- Are there physicians or other qualified non-physician practitioners in the area who will refer patients?

Your DSME Business Plan

More Questions to Consider

- Who should be on our advisory board?
- What diabetes education curriculum will we use?
- What software program will we use to track program data?
- How will we market our program?

General Description of Business

- Service to the community
- Service to physicians
- Description of business
- Current financial status
  - Sales, growth trends
- Goals
  - Summary of short and long-term company goals
  - How will DSME adhere to company's goals?

Products and Services

- Physical description
- Brochures
- Price, Quality
- Benefits of the service
- Development
  - What stage of development are you in?
- Competitive advantage
  - What are you doing to stay ahead of your competition?
Market and Industry Data

- Description of overall market and industry trends
  - Check with ADA/AADE for current programs
- Description of target market, potential market share, potential customers, why
  - Do local MD’s provide DM education?
- List of current customers
  - Number of potential DM patients
- SWOT analysis

Marketing Strategy

- Describe current selling methods and projected changes
  - Refer to current reimbursement rates
  - Consider other TPP’s or cash customers
  - Sales methods: sales force, distributor, direct mail
- Describe advertising and other promotional plans
- Customer service plan to encourage repeat business

Marketing DSME

- Target audience in your area
  - Physicians based on script count
  - Physicians within close proximity of your pharmacy/service
  - Physician practices not providing DM education
  - Healthcare facilities
  - Community groups
- Identify and work with local partners in the community
  - Local drug representatives
  - Community groups/coalitions
  - ADA chapters/support groups
- Build relationships
- Attend health fairs, diabetes CE’s, and other educational sessions

Marketing Resources

- Advertising
  - Brochures and referral forms
- Supplies
  - Patient consent forms, documentation forms, patient education handouts
  - For physical exam, checking blood sugar and meeting ADA/AADE requirements

Operational Plan

- Outline process
- Describe inventory and quality control plans
- Describe number & type of jobs, skills required, and wage & benefit structure

Management Team and Organization

- Provide qualifications of management and key employee; describe job functions
- Do you have the support of your organization to pursue accreditation?
- Projections for adding employees
- Identify Board of Directors and scope of responsibility
- Describe the decision-making process in your company
  - Day-to-day operational decisions
  - Policy and strategy decisions
Financial Plan

- Capital requirements
  - Present source of funds: debt and equity
  - Future financial requirements and sources of funding
  - List what the funds are to be used for
- Financial documents
  - Financial statements for past 3 years: balance sheet, income statement, cash flow
  - Pro-forma financial statements: balance sheet, income statement, cash flow

ADA Expenses

- First site: $1,100
- Additional sites: $100 each
- Same fee structure for renewal
  - Every 3 years

AADE Expenses

- 1-10 sites: $800
- 11-20 sites: $1,200
- Same fee structure for renewal
  - Every 4 years

Reimbursement Rates

- Individual Sessions
  - $22.96 per 30 minutes
- Group Sessions
  - $12.66 per 30 minutes

Final Thoughts

Post-Assessment Questions

Which of the following is not a measureable self-care behavior of diabetes?

1) Taking medication
2) Problem solving
3) Knowing your healthcare team
4) Monitoring
5) Healthy coping
Post-Assessment Questions

When a RPh is providing DSME through a CMS-approved program as the sole instructor, how many hours of diabetes-related is required to maintain recognition?

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Post-Assessment Questions

It is required for RPh’s to have their CDE or BC-ADM designation to provide and bill Medicare for DSME.

1) True
2) False

Post-Assessment Questions

Upon a patient’s initial year of eligibility to receive DSME, a CMS-approved program may bill up to ___ hours per year per patient.

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2) 3
3) 5
4) 10
5) 15

Post-Assessment Questions

Every pharmacist should consider providing DSME services to their community with a thorough business analysis.

1) True
2) False

References


American Diabetes Association
www.diabetes.org

American Association of Diabetes Educators
www.diabeteseducator.org

Center for Medicare & Medicaid Services
www.cms.gov

Questions

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