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National Center for Farmworker Health, Inc.

1770 967 FM | Buda, TX
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Implementing Evidence Based Programs for Diabetes Care

Presented By: Maria Bustamante
November 14, 2023

Developed by National Center Farmworker Health (NCFH)

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National Center for Farmworker Health

The **National Center for Farmworker Health** is a private, not-for-profit organization located in Buda, Texas, whose mission is "To improve the health of farmworker families".

- Population specific data resources and technical assistance
- Workforce development and training
- Health education resources and program development
- Board Governance training
- Program Management

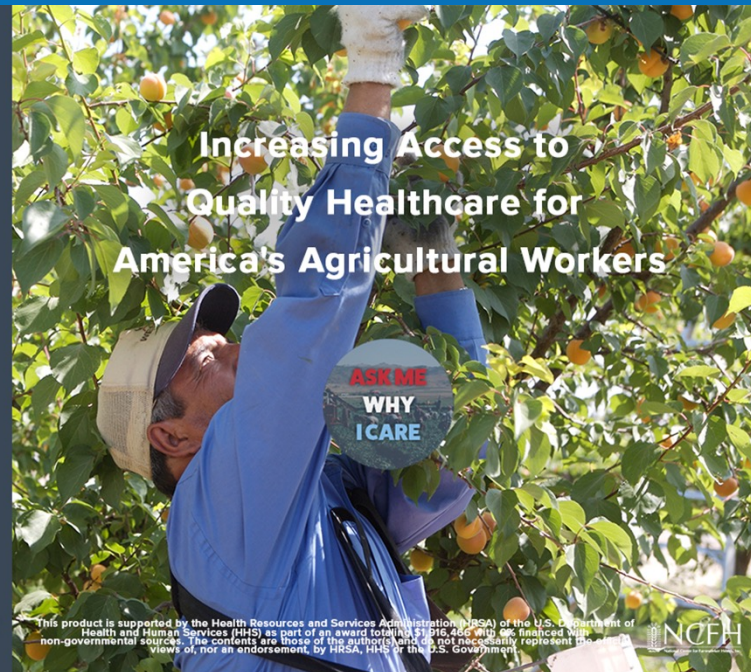





Ag Worker Access Campaign

A national initiative to increase the number of Migratory & Seasonal Agricultural Workers & their families served in Community and Migrant Health Centers.

<http://www.ncfh.org/ag-worker-access.html>



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Learning Objectives

- Demonstrate understanding of improved diabetes quality measures through DSMES and DPP programs.
- Access tools and strategies for successful implementation of diabetes prevention and management through evidence-based programs.
- Identify the requirements and support needed to begin the DSMES and/or DPP accreditation process.



world diabetes day
14 November

**Celebrate
yourself!**

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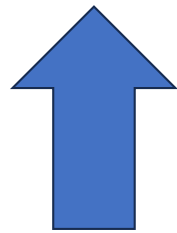



world diabetes day
14 November

DIABETES: SPIRALLING OUT OF CONTROL

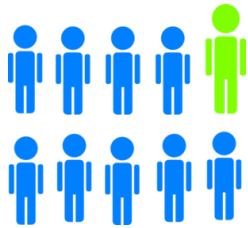
New figures from the **International Diabetes Federation** reveal the alarming growth in the prevalence of diabetes around the world.

1 in 10
adults have
diabetes

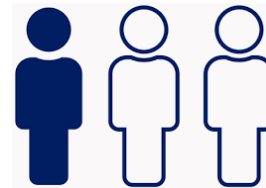


High prevalence of Diabetes and Prediabetes

High need for improvement in the prevention and treatment of diabetes.




Americans
(11.3%) have
diabetes





Americans
(33%) have
prediabetes



Key Diabetes Highlights:

 The total annual cost of diabetes has reached \$412.9 billion, including \$306.6 billion in direct medical costs.

 A staggering \$1 out of every \$4 spent on healthcare is now allocated to individuals with diabetes.

 Diabetes results in an additional \$12,022 in health care expenditures annually per affected individual.

Emily D. Parker, Janice Lin, Troy Mahoney, Nwanneamaka Ume, Grace Yang, Robert A. Gabbay, Nuha A. ElSayed, Raveendhara R. Bannuru; Economic Costs of Diabetes in the U.S. in 2022. *Diabetes Care* 2023; dci230085. <https://doi.org/10.2337/dci23-0085>

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A Diabetes Action Plan RoadMap

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What will your goal be?

Examples of goals to be achieved:

- ❖ 80% of people with diabetes are diagnosed.
- ❖ 80% of people diagnosed have a good control of blood glucose.
- ❖ 80% of people diagnosed have a good control of blood pressure.
- ❖ 100% of people with type 1 diabetes have access to affordable insulin treatment and self-monitoring blood glucose.



Diabetes Improvement Plan

The Diabetes Action Plan serves as an avenue to create tactics to preemptively decrease the prevalence of diabetes by creating a:

- framework for organizational activities
- care model
- quality improvement team
- plan for Implementation, Evaluative, and Sustainment activities



HRSA Quality Improvement Alignment

HgbA1c is a clinical quality metric that aligns across all payer incentive programs.

- DPP program includes a minimum of 35% of participants having a blood-based test indicating prediabetes with a HgbA1c of 5.7 to 6.4. Research estimates a mean HgbA1c reduction of 0.1 percentage points for each 1 kg of reduced body weight for the overall population.
- DSMES program includes participants with diagnosed diabetes and/or uncontrolled blood sugar levels.




Prevention

- National Diabetes Prevention Program – National DPP

Treatment

- Diabetes Self Management Education and Support - DSMES



National Diabetes Prevention Program (National DPP)

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National Diabetes Prevention Program

Program Goal : to make it easier for people with prediabetes to participate in affordable, high-quality lifestyle change programs to reduce their risk of type 2 diabetes and improve their overall health.”

Patients who participate in a National DPP lifestyle change program may reduce their risk of developing type 2 diabetes by more than half.



National Diabetes Prevention Program

A key part of the National DPP is a lifestyle change program that provides:



A trained lifestyle coach



CDC-approved curriculum



Group support over the course of a year

Program Eligibility

TO JOIN CDC'S NATIONAL DPP* LIFESTYLE CHANGE PROGRAM:

Meet ALL of these



18 YEARS
OR OLDER

AND



OVERWEIGHT

AND



NOT DIAGNOSED
WITH T1 OR T2
DIABETES

AND



NOT
CURRENTLY
PREGNANT

AND Meet ONE of these



DIAGNOSED
WITH
PREDIABETES

OR



PREVIOUSLY
DIAGNOSED WITH
GESTATIONAL
DIABETES

OR



HIGH-RISK RESULT
ON PREDIABETES
RISK TEST

WWW.CDC.GOV/PREDIABETES/RISKTEST



CS322715A

* NATIONAL DIABETES PREVENTION PROGRAM



No referral is needed

Anyone who qualifies can attend a National Diabetes Prevention Program lifestyle change group—no referral is needed!

Anyone who qualifies can “self-refer” into a Medicare DPP lifestyle change group—no referral is needed!

Check Medicaid DPP policies for your state, but referrals are usually not needed!



National DPP Benefits

Patient Benefits:	Health Center Benefits:
Early detection and treatment lowers the risk of type 2 diabetes, heart disease, and stroke	Increased revenue through more billable services
Support from a coordinated care team to address social drivers of health and connect patients to high value care that addresses their needs	Integrated diabetes care team that connects patients to the care they need including blood glucose testing, blood pressure monitoring, intensive behavioral treatment for obesity, and more!
Increased access to evidence-based interventions that improve health	Obtain Incentive payments for improved overall performance in Clinical Quality Measures



Apply for CDC Recognition

The Diabetes Prevention Recognition Program (DPRP) sets the standards for the National DPP.

- Review the DPRP standards and operating procedures:
 - Program eligibility
 - Location requirements
 - Delivery modes
 - Staffing
 - Training
 - Requirements for recognition
- Plan for method of data collection and reporting



Diabetes Self Management Education and Support (DSMES)

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DSMES

Diabetes Self Management Education & Support

DSMES interventions include activities that support PWD to implement and sustain the self-management behaviors and strategies to improve diabetes and related cardiometabolic conditions and quality of life on an ongoing basis.



What is the purpose of DSMES?

“...to give PWD the knowledge, skills, and confidence to accept responsibility for their self-management. This includes:

- collaborating with their healthcare team
- making informed decisions
- solving problems
- developing personal goals and action plans
- coping with emotions and life stresses.”



PWD: Person/People with diabetes



Benefits of DSMES

- Provides critical education and support for implementing treatment plans.
- Reduces emergency department visits, hospital admissions and hospital readmissions.
- Reduces hypoglycemia.
- Reduces all-cause mortality.
- Lowers A1C and improves BP and cholesterol levels.
- Improves medication adherence
- Promotes lifestyle behaviors including healthful meal planning and engagement in regular physical activity.
- Addresses weight maintenance or loss.
- Enhances self-efficacy and empowerment.
- Increases healthy coping.
- Decreases diabetes-related distress.
- Improves quality of life.

No negative side effects | Medicare and most insurers cover the costs



Aligned with Evidence: National Standards for DSMES

- Outline the latest evidence for effective and sustainable DSMES services
- Provide a roadmap for practitioners to implement DSMES Services across a variety of practice settings
- Aimed to ensure QUALITY services are being delivered to PWD
- Serve as the basis for Accreditation or Recognition required to be reimbursed by Medicare for DSMT G-Codes

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2022 National Standards for DSMES

#	Standard
1	Support for DSMES Services
2	Population and Service Assessment
3	DSMES Team
4	Delivery and Design of DSMES Services
5	Person-centered DSMES
6	Measuring and Demonstrating Outcomes of DSMES Services



Patient Centered Care

- Strengths-based and inclusive language
- Reducing stigma for people living with cardiometabolic conditions
- Peer Support communities
- Empowering People
- Shared decision-making approaches
- Connecting with SDOH support



ADCES7



- Healthy coping
- Being Active
- Healthy Eating
- Taking Medication
- Monitoring
- Problem Solving
- Reducing Risks



When is DSMES recommended?

4 Critical to refer to DSMES:

- At Diagnosis
- Annually and/or when not meeting treatment targets
- When complicating factors develop
- When transitions in life and care occur





ADCES accreditation - Cost

- First/Main site: \$1,100
- Additional branches: \$100. Branches are locations that use their own billing identification (ID) number.
- Free additional community sites. Community sites are locations that use the same billing ID.
- For location types available including umbrella and state, see Adding Delivery Sites.
- Valid for 4 years.



Renewal application fee structure is the same as above.



ADCES accreditation - Application

Online application – ADCES website and DEAP portal

- Supporting documentation required includes:
 1. Complete the online application.
 2. Gather and upload all supporting documentation.
 3. Complete virtual orientation.
- Application fee required





ADCES accreditation - Process Completion



- At least one patient must complete an entire DSMES intervention with multiple encounters before a program applies for accreditation.
- Applications are reviewed within 2 weeks; accreditation timeline varies based on completeness of application.
- Program selects one clinical and one behavioral outcome to report annually to ADCES.
- Yearly submission of Annual Status Report required.



ADCES accreditation



- Email and phone support
- Free member benefits including ADCES Connect online community, diabetes care and education webinars, online discussion groups, free continuing education for the whole care team
- Monthly Diabetes Education Accreditation Program (DEAP) webinars for quality coordinators, online tools and templates
- DEAP Coffee Break: Monthly Q&A for all DEAP programs
- Ask the Reimbursement Expert
- Journal and newsletters
- One-year complimentary ADCES membership with new and renewal applications.



ADCES accreditation – Billing for DSMES

Medicare
Medicaid

Private Insurers





ADCES accreditation – Referral Process

1. The referring physician or qualified non-physician practitioner must maintain and document the plan of care and need for DSMES program/service in the beneficiary's medical record.
2. The order for DSMES services must include:
 - A statement that the services are needed
 - The number of initial or follow-up hours ordered
 - The topics to be covered in the DSMES program/service
 - A determination of individual or group DSMES program/service
3. The DSMES provider must maintain documentation of the original order.



Pharmacy Led DSMES Guide

Pharmacy-Led Diabetes Self-Management Education and Support (DSMES) Guide

This guide was created to facilitate Diabetes Self-Management Education and Support (DSMES) program setup and maintenance in community pharmacies, whether in a health center or independent setting. You will learn why your pharmacy might consider offering these services, by becoming an accredited or recognized DSMES provider. This guide will also provide the steps for getting and maintaining accreditation or recognition and cover additional details such as referrals and billing.

Why DSMES?

Diabetes management requires your patients to self-manage their condition daily, sometimes in complex ways. DSMES is a service your pharmacy can offer to empower your patients to learn skills and acquire knowledge and habits that allow them to care for themselves.

While DSMES provides many benefits to your patients via improved self-management behaviors and skills, it can also provide benefits to your pharmacy. Offering DSMES services allows you to enhance clinical services in your community while creating revenue streams through reimbursement. Becoming an accredited or recognized DSMES provider allows your community or health center pharmacy to leverage your ability to care for chronic diseases and improve patient outcomes.

Getting Accredited or Recognized

Pharmacies can achieve accreditation through the Association of Diabetes Care and Education Specialists (ADCES) or recognition through the American Diabetes Association (ADA). Read through the accreditation and recognition process before beginning, to be sure you are ready and have the funds for any accreditation or recognition fees, have the necessary team members, and have the time to complete the process. With these few items and the willingness to complete the process, you can have a pharmacy-led DSMES program faster than you might think.

See below for an at-a-glance comparison of the programs.

	ADCES Accreditation	ADA Recognition
Cost	<ul style="list-style-type: none"> • First/Main site: \$100 • Additional branches: \$100. Branches are locations that use their own billing identification (ID) number. • Free additional community sites. Community sites are locations that use the same billing ID. • For location types available including umbrella and state, see Adding Delivery Sites • Valid for 4 years. <p>Renewal application fee structure is the same as above.</p>	<ul style="list-style-type: none"> • First/Main site: \$100 • Additional multi-sites: \$100. Multi-Sites are additional locations that are able to operate semi-independently from the primary site. • Free unlimited expansion sites. Expansion sites are additional locations that offer the same program as the parent site they are expanding from. • Valid for 4 years <p>Renewal fee structure is the same as above.</p>

	ADCES Accreditation	ADA Recognition
Initial Application	<ul style="list-style-type: none"> • Online application • Supporting documentation required includes: <ol style="list-style-type: none"> 1. Complete the online application. 2. Gather and upload all supporting documentation. 3. Complete virtual orientation. • Application fee required 	<ul style="list-style-type: none"> • Online application • Supporting documentation must be submitted within 2 weeks <ol style="list-style-type: none"> 1. Contact ADA to set up the application portal to allow saving and editing the application before submitting. 2. Complete the online application. 3. Gather and upload all supporting documentation.
Accreditation / Recognition Process Completion	<ul style="list-style-type: none"> • At least one patient must complete an entire DSMES intervention with multiple encounters before a program applies for accreditation. • Applications are reviewed within 2 weeks; accreditation timeline varies based on completeness of application. • Program selects one clinical and one behavioral outcome to report annually to ADCES. • Yearly submission of Annual Status Report required. 	<ul style="list-style-type: none"> • At least one patient must complete the initial comprehensive DSMES cycle. • The application reporting period ranges from 1-6 months prior to application submission. • The following two outcomes must be documented and reported on: <ul style="list-style-type: none"> ◦ Participant's self-defined goals and goal attainment. ◦ One other outcome (metabolic, clinical, quality of life) with a measure of attainment. • Yearly submission of Annual Status Report required.
Renewal Process	<ul style="list-style-type: none"> • Gather supporting documentation. • Submit Annual Status Report • Submit online renewal application • Pay the renewal fee 	<ul style="list-style-type: none"> • Gather supporting documentation. • Submit online renewal application. • Pay the renewal fee.





Additional Support and Technical Assistance



Does your HC have a DSMES program? Are you an accredited/recognized program?

- Reach out to us, Martinez@ncfh.org for additional support and TA



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A photograph of a red bowl filled with fresh fruit, including raspberries, blueberries, green grapes, kiwi slices, and an orange slice, resting on a blue wooden surface. To the right of the bowl is a black digital blood glucose meter with a white display screen showing a reading of 115. The meter's screen also displays "memory", "21:48", and "17:1".

DIABETES RESOURCE HUB

[Diabetes Resource Hub](#)



Thank you!



Maria Bustamante, CHWI
Health Initiatives Program Manager
Bustamante@ncfh.org



Social Risks: Food Insecurity Webinar and Learning Collaborative



[Implementing Food Rx Programs to Improve Health Outcomes Webinar](#)

December 5th, 2023

11:00 am PT/1:00 pm CT/2:00 pm ET

[Social Risk Factors: Food Insecurity Learning Collaborative](#)

4 Once a Week sessions, **February 2024** from
12:00-1:30 pm CST.



NCFH Webinars



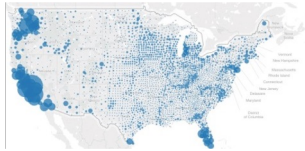
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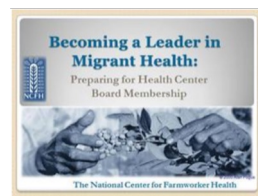


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Governance Tools

[Board Tools, Resources & Templates](#)



NCFH Additional Resources



Una Voz Para La Salud
Call for Health

1 (800) 377-9968

1 (737) 414-5121 WhatsApp

<http://www.ncfh.org/callforhealth.html>

Helpline for Farmworkers and their families

- Connects Farmworkers to healthcare and social services
- Assists with limited financial resources for health services



Farmworker Health Network

The **Farmworker Health Network** works cooperatively with HRSA to provide training and technical assistance to over **a thousand Community & Migrant Health Centers** throughout the U.S.





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- Dedicated to improving the health status of Ag worker families: providing info services, training/technical assistance & a variety of products to health centers, organizations, universities, researchers, & other Ag worker health advocates nationwide.
- The National Center for Farmworker Health proactively supports the work of health centers and the empowerment of

National Center for Farmworker Health, Inc. added an event.
58m

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Thank you!

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