DSME: Helping your patients help themselves

BY PHILLIP RATLIFF
Independent pharmacist Jonathan Marquess could tell a slew of stories about the diabetes patients he’s counseled at Woodstock Pharmacy—and there have been dozens of them. Tales of people facing blindness, amputations, kidney diseases, dialysis. But it’s the story of one golfer who had lost touch with his passion for the links that stands out most vividly to Marquess.

“He was at the point that he couldn’t hit a golf ball anymore,” Marquess recounts. “His eyes had gotten blurry. He was depressed. He had gotten so heavy.”

For the patient, it was an overwhelming situation. For Marquess, it was a matter of attenuating some of the key measurements that were preventing the patient’s return to his sport. Marquess and his staff helped the patient get his blood sugar and blood pressure under control. They provided him with advice that helped him lower his weight. Soon, the blurred vision went away.

“Instead of riding the cart, he’s now walking the nine,” Marquess says.

Marquess attributes successes like these to Diabetes Self-Management Education. DSME is a collaborative process that equips pharmacists to help their diabetic and at-risk patients, while those patients take a more active role in managing their condition.

What Marquess is accomplishing at Woodstock Pharmacy through its DSME program is happening all over Georgia, in both independent pharmacies and large retail chains. Rite Aid currently has five accredited DSME locations, alongside diabetes counseling services and regional programs that are part of the company’s Wellness Centers. Barney’s Pharmacy in Augusta began working toward its DSME accreditation in December 2016. In the first half of 2017, Kroger plans to roll out DSME programs in several Georgia cities.

A number of factors lie behind the surge in interest in DSME, not the least of which is the diabetes epidemic unfolding in the state’s underserved regions, along with billing opportunities through Medicare Part B. And then there’s the boost pharmacies are getting from the Georgia Department of Public Health, which is funding the accreditation costs of pharmacies hoping to offer DSME services in the state.

DSME programs can be accredited either through the American Association of Diabetes Educators or the American Diabetes Association. Accreditation enables patients to find programs—for example, by using the AADE’s find a diabetes educator page—and it allows providers to increase their opportunities for reimbursement.

“Above all, DSME services are helping diabetes patients achieve life changing results,” says Rite Aid pharmacist Andi Clark of Marietta. In 2003, her pharmacy began its accreditation process and the benefits to patients have been, she says, astounding. Just this past year, average A1C levels of patients seen in the program dropped by 2.5 percent, with one patient dropping an impressive 75 percentage points.

The sorts of patient outcomes Clark is seeing at Rite Aid are being observed in community pharmacies across Georgia. **Today there are more than 80 pharmacies providing DSME in Georgia.** They all have one thing in common—they are moving the needle on the long-term outcomes for diabetes patients.

**ALL FOR ONE, ONE FOR ALL**

“In simplest terms, DSME is diabetes education, but it is of a specific type: self-management education,” Marquess says. “When the patients take responsibility for their disease states, they aren’t just recipients. They enter into a partnership: physician, pharmacist, patient.”

Marquess stresses the term “self-management” because it’s the linchpin for achieving successful diabetes outcomes. DSME doesn’t just impart information. It empowers patients to take control of their chronic condition.

The pharmacist’s job is to provide a platform for accountability and to guide discussion, but it’s the patients who monitor their results and modify their behaviors when those results prove less than optimal. And DSME works in large part because of this system that stresses accountability and accessibility.

Patients entering into accredited DSME programs can expect to commit 10 hours annually to DSME training: one hour of one-on-one with a pharmacist plus nine hours in a group setting.

In the one-on-one consultation patients receive a personalized education plan—a dashboard of numbers and goals they’ll operate from.
OPPORTUNITIES KNOCK

The growth of Diabetes Self-Management Education services is real, but don’t think the market is anywhere near locked up. According to Allison Smith, program manager at the Georgia Department of Public Health, DSME programs are unevenly distributed throughout the state. Most accredited DSME sites are north of I-20, with several sites in the Atlanta area. And that’s a problem, because the majority of Georgia’s diabetes is south of I-20.

This disconnect, often referred to as the “two Georgias” phenomenon, has DPH on an aggressive campaign to grow DSME programs near underserved populations. Their goal: Increase the number of DSME programs each year, especially in rural areas.

Smith says that DPH is open to new ideas, including HIPAA-covered telemedicine. “We’re looking for innovative approaches,” she says. “Entrepreneurial pharmacies have an opportunity.”

It’s an opportunity some are seizing.

After having a DSME program dormant for nine years, Kroger has been preparing to relaunch its DSME services, thanks in large part to jumpstart funding from the Georgia Department of Public Health. Barney’s in Augusta got its own DPH funding for DSME; it expects to go live with its program this spring, with accreditation to follow a couple of months later.

Developing DSME services means getting accredited by one of the two accrediting bodies — the American Association of Diabetes Educators or the American Diabetes Association. (The standards are virtually identical, most agree, though the AADE application process is more streamlined.)

Both AADE and ADA stipulate 10 hours annually for patients in their first year, so pharmacies will need a private room for patient counseling and a plan for integrating pharmacist consultations into the pharmacy workflow.

There’s also an organizational structure to put into place: DSME programs should have an advisory board, program coordinator, and, of course, at least one instructor. AADE and ADA both recommend that external stakeholders and experts review program quality and content accuracy at least once a year.

Pharmacists do not have to become Certified Diabetes Educators, but many are finding that once they complete the AADE or ADA accreditation requirements, they are well on their way to CDE certification.

over the course of the year. In group meetings, patients receive counseling on how to make that plan work, by eating well and maintaining an active lifestyle, and paying close attention to those numbers — AuC and cholesterol levels, heart rate, and blood pressure.

With its emphasis on group support, DSME helps patients answer the practical questions of living with diabetes. How do you cope with the symptoms of this condition? How do you bring blood sugar down when it spikes, and up when it drops? Sure, pharmacists who have been trained in DSME can rattle off the answers to these questions, but hearing the answers from other patients has been shown to have a greater impact. Instead, pharmacists like Marquess are learning to recast their roles as diabetes educators. Instead of being what he calls the “sage on the stage” he’s now more a “guide on the side,” allowing the group dynamic to motivate and instruct.

“Having the group setting gives the participant confidence to know that ‘I am not the only one dealing with this. I can manage this,’” says Georgia Department Public Health program manager Allison Smith.

GETTING PAID FOR DSME

Those on the payment side of the equation are also taking notice of the potential of DSME to save money. Private insurers, as well as Medicare, recognize that pharmacist-delivered DSME services reduce diabetes complications, which lowers healthcare costs on one of the most expensive diseases they cover. And large employers are catching on that healthier employees not only reduce their healthcare costs but are more productive overall.

It’s a trend you can see at Kroger in Georgia, which is working with UnitedHealthcare and its own employees to reduce costs through DSME programs. Marquess says that large employers are turning to his pharmacy for DSME programs as well.

Medicare Part B reimburses pharmacists for delivering approved DSME counseling, but the DSME program must meet certain coverage criteria. Patients entering the program must have some...
change in their condition within the past 12 months — an initial diagnosis of diabetes, changes in their medication regimen, an increase in risk for complications.

To earn AADE accreditation for Barney’s, Clinical Programs Director Emily Rourke has taken a deep dive into Part B billing procedures. To be reimbursed by third-party payers the pharmacy must be accredited and have a site provider number. (Because pharmacists are not currently recognized as CMS providers, facilities must bill under their DSME program’s NPI number.) Then there are forms, more forms, and a rather Byzantine system of billing codes.

If all that seems complicated, there’s a good reason: it is. The good news is that pharmacies billing under Part B for medication therapy management or durable medical equipment have much of the infrastructure in place. The better news is that the Georgia Department of Public Health has a consultant on contract to guide pharmacies through the accreditation process from beginning to end.

What waits on the other side of the hurdles is strong enough an incentive to get past them. Revenue streams are solid, Marquess says, with Medicare as his primary customer. But the new revenue isn’t his main motivation. It’s people like his golfer patient, who he helped get back to what he loved.

“I offer DSME because I’m passionate about helping people,” Marquess says. “I wouldn’t do it if it weren’t personal. I get a lot of satisfaction when we educate patients, and they start doing better, feeling better, and living longer.”

Learning more

GPhA and the Georgia Department of Public Health have a free recorded webinar: Opportunities in Diabetes Self-Management Education. It looks at how pharmacists are positioned to move the needle on diabetes outcomes in Georgia through DSME program accreditation.

To register, and to access other resources from GPhA and DPH, go to GPhA.org/dsme.

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