March 2019 Webinar at Work
“Putting T2G webinars into practice”

Webinar: “Overcoming Barriers to Diabetes Self-Management Education (DSME) Referrals”
Speaker: Jodi Lavin-Tompkins, MSN, RN, CDE, BC-ADM (American Association of Diabetes Educators) and Valerie Spier, M.P.H., RD, CDE (Sutter Health)
Webinar Date: March 21, 2019

Summary: AADE provides a quality accreditation process that assists organizations in expanding their diabetes education services in both traditional and community-based settings. High-quality DSME have been shown to improve patient self-management, satisfaction, and glucose outcomes.

Sutter Health is an AADE-accredited organization that has demonstrated success in increasing their DSME referrals. Their campaign, “4 Times to Refer,” reminds stakeholders of critical times to consider a DSME referral (i.e., at diagnosis, during an annual assessment, when new complicating factors arise, during transitions of care) and focused on the following strategies:

- Making it easier to refer (e.g., standard electronic and paper referrals, cheat sheet on how to refer, education on how to create order in EHR)
- Building partnerships (e.g., attending team huddles and physician meetings, meeting with nurse case managers, enlisting a quality champion, acknowledging top referring doctors)
- Promoting services (e.g., flyers, lunch & learns, welcome emails to new physicians)
- Creating ownership (e.g., diabetes educators own “Four Times to Refer” campaign, regular meetings to review and discuss results, external stakeholder meeting)

Implementation Tips:
1. Implement system/process change
   - E.g., Include all new providers in an onboarding tour of the diabetes center, add electronic order for DSME to EHR favorites, train schedulers
2. Identify program participants
   - E.g., Examine providers’ schedules for potential same day appointments, complete pre-visit planning to identify eligible participants or those who need follow-up
3. Collaborate with providers
- E.g., Work with providers to develop relationships, determine what information the referral needs to have included to be successful, embed DSME services within PCP and Endocrinology departments for “warm hand-offs”

4. Market DSME services
- E.g., Create marketing materials to highlight positive outcomes, send information to targeted patient populations (Cardiology Rehab units, ER, labs)

5. Create partnerships
- E.g., Engage relevant units (Behavioral Health, Case Management, Cardiac Rehabilitation)

6. Conduct community outreach
- E.g., Advertise in churches/pharmacies, invite stakeholders to attend DSME meetings to spread knowledge of program

Team Discussion:

1. Does your organization have a DSME program? If not, where can patients access an accredited diabetes education program?

2. What is your organization’s referral rate for DSME? Are the “4 Times to Refer” considered? Are there opportunities for improvement?

3. How do you currently encourage referrals for DSME? How can you make it easier to refer patients to DMSE programs? (e.g., system change, partnership)
4. What do providers need to know about DSME referrals (e.g., services available, value, process)? How can you facilitate this education?

5. What do patients need to know about DSME programs? How can you facilitate this education?

Additional Notes:

Next Steps:

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Additional Resources:

The following resources can be found below:
- Diabetes Self-Management Education/Training Services Order Form adapted by Sutter Health from the AADE Referral Form (Version 1 | Version 2)
- Diabetes Self-Management Education Training and Medical Nutrition Therapy Services Order Form adapted by Sutter Health from the ADA Referral Form
- Diabetes Support Flyer for patients by Sutter Health
- Diabetes Support Flyer for physicians by Sutter Health
- Diabetes Education and Support Brochure by Sutter Health
- New Physician Welcome Email by Sutter Health
Disclaimer

The following materials provided by Sutter Health are for general informational purposes only. All materials are property of Sutter Health, and are available for adaptation only.

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Diabetes Support is Here for You!

Research shows diabetes self-management education and support can help you:

A. Improve your blood sugar and A1C levels
B. Better manage your blood pressure
C. Better manage your cholesterol
D. Decrease the cost of your diabetes care

Diabetes self-management education and support is available to you:

1. At diagnosis
2. For a yearly diabetes education review
3. When new health issues arise
4. During changes in health care needs

Diabetes Educators Will Partner With You to Help You:

- Solve problems with day-to-day issues that impact your health and well-being
- Monitor and improve your blood sugar levels
- Understand your medications
- Create plans for healthy eating, physical activity, and coping

Diabetes self-management education and support is endorsed by:

The American Diabetes Association
The American Association of Diabetes Educators
The Academy of Nutrition and Dietetics
The National Diabetes Education Program

http://www.sutterhealth.org/diabetes
Diabetes Self-Management Education and Support
A National Best Practice for People With Diabetes*

Engaging in diabetes self-management education and support:

A. Lowers A1C as much as many diabetes medications
B. Helps patients better manage their blood pressure
C. Improves management of cholesterol levels
D. Decreases costs associated with diabetes

Key times to refer:
1. At diagnosis
2. During an annual assessment
3. When new complicating factors arise
4. During transitions of care

Diabetes Educators Partner with Patients to Provide:
- Support for day-to-day problem solving on issues that impact their health and well-being
- Guidance on using self-monitoring data to improve blood glucose levels
- Educational resources to help them understand and optimize the use of medications
- Tips for behavioral changes: physical activity, healthy eating and healthy coping

*This referral approach is supported by:
The American Diabetes Association
The American Association of Diabetes Educators
The Academy of Nutrition and Dietetics
The National Diabetes Education Program

http://www.sutterhealth.org/diabetes
Make an Appointment
You can make an appointment today for services at any Sutter Health diabetes education center. Our centers are located throughout Northern California—see inside to find one near you. Learn more at sutterhealth.org/services/diabetes.

Bilingual education and interpretive services are available for those whose first language is not English.

Most insurance companies cover diabetes education with a doctor’s referral. Please call your insurance company to find out what your plan covers. For more information, call your local Sutter Health diabetes education center.

Please visit our Sutter Health website for more information about diabetes:

sutterhealth.org/diseases-conditions/diabetes

Personalized Diabetes Support
With Sutter Health, you don’t have to face diabetes alone. Our diabetes team provides support, information and tools to help you feel confident in managing your diabetes and taking steps for better health.

The Sutter Health diabetes education centers serve patients with:
- Prediabetes
- Type 1 and Type 2 diabetes
- Diabetes complicating pregnancy and gestational diabetes

Our goal is to make it easier for you to live well with this long-term disease.

Diabetes Education and Support
We’re here to help you live better with diabetes.

Sutter Health Diabetes Integrated Network (SHIDEN)
Get Valuable Support When You Need It

We work with you when it’s most important:

• At diagnosis
• When new health issues arise
• During changes in healthcare needs
• During pregnancy
• Every year for a diabetes education review

You can choose from a variety of services that support you and your family:

• Free support groups
• Healthy lifestyle training
• Individual and group classes
• Insulin management, glucose monitoring and insulin pump training
• Nutrition counseling
• Sweet Success program for diabetes during pregnancy

Confidently Manage Your Diabetes

Learning to manage your diabetes is key to your health and overall wellness. Even if you’ve had diabetes for years, it’s helpful to stay informed and keep up your skills. Our diabetes team will help you:

• Test your blood glucose and use this information to improve your levels.
• Get the most benefit from medications while reducing side effects.
• Create plans for healthy eating, physical activity, and coping.
• Solve problems with day-to-day issues that impact your health and well-being.
• Make informed decisions about your diabetes care.
• Understand what gets in your way in managing diabetes, and learn how to overcome personal barriers.

Receive Personal, Specialized Care

Our team will work with you to personalize your diabetes care and prevent complications. We strive to understand your life, goals and health history, so that we can design a treatment plan based on your unique needs.

Education and support are provided by Certified Diabetes Educators (CDEs), including nurses, dietitians, social workers and exercise physiologists. All of our diabetes services are accredited by the American Association of Diabetes Educators (AADE), including nurses, dietitians, social workers and exercise physiologists. All of our diabetes services are accredited by the American Association of Diabetes Educators (AADE).
Diabetes Self-Management Education/Training Services Order Form

Please complete all sections on front and back of form

Patient Information

Patient's Last Name
First Name
Middle

Date of Birth _____/ _____/ _____
Gender: □ Male □ Female

Address
City
State
Zip Code

Home Phone
Cell Phone
E-mail address

Preferred Language □ English □ Spanish □ Other ___________________

Diabetes Self-Management Education/Training (DSME/T)

Check type of training services and number of hours requested

□ Initial DSME/T:                     or                     ____No. hrs. requested
10 hours (1 individual + 9 group) once
in a lifetime benefit and must be
used within 12 consecutive months
following start of DSMT

□ Follow-up DSME/T:                  or                     ____No. hrs. requested
2 hours (either group or individual)
every calendar year after
Initial benefit is used

If not appropriate for group, select reason below

Patients with special needs requiring individual (1 on 1) DSME/T hours versus group

Check all special needs that apply:

□ Visual impairment □ Additional training needed (injectable)
□ Cognitive Impairment □ Change in medical condition/tx/dx
□ Hearing Impairment □ Telehealth
□ Physical limitation □ Additional hours requested _____ hours
□ Language Limitation

DSME/T Content

All content areas will be covered as needed per individualized education plan, unless otherwise specified

Monitoring Diabetes □ Diabetes as disease process □ Medications
Psychological adjustment □ Physical Activity □ Prevent, detect, treat complications
Nutritional management □ Goal setting, problem solving □ Preconception/pregnancy/GDM
Diabetes Self-Management Education/Training Services
Order Form

**DIAGNOSIS**

<table>
<thead>
<tr>
<th>Diagnosis Type</th>
<th>Diagnosis code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 1</td>
<td>_____________</td>
</tr>
<tr>
<td>Type 2</td>
<td>_____________</td>
</tr>
<tr>
<td>Gestational</td>
<td>_____________</td>
</tr>
</tbody>
</table>

*Please send recent labs for patient eligibility & outcomes monitoring*

Glucose _______ mg/dl [ ] Fasting [ ] Non-fasting

Other ______________________________________________________

**Reason for Referral**

- [ ] New dx
- [ ] Hypoglycemia
- [ ] Hyperglycemia

- [ ] Recent admission
- [ ] Freq. ER visits
- [ ] Other ______

**Complications/Comorbidities**  
*Check all that apply*

- [ ] Hypertension
- [ ] Non-healing wound
- [ ] PVD
- [ ] Stroke
- [ ] Neuropathy/gastroparesis
- [ ] Mental/affective disorder
- [ ] Retinopathy
- [ ] CHD/CAD
- Other ________________

**Definition of Diabetes (Medicare)**

Medicare coverage of DSMT requires the physician to provide documentation of a diagnosis of diabetes based on ONE of the following:

- a fasting blood sugar greater than or equal to 126 mg/dl on two different occasions;
- a 2 hour post-glucose challenge greater than or equal to 200 mg/dl on 2 different occasions; or
- a random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes.

Source: Volume 68, #216, November 7, 2003, page 63261/Federal Register. Other payers may have other coverage requirements.

**I certify that I am the provider treating the participant’s diabetes and that DSMT is needed to provide the beneficiary with the skills and knowledge to help self-manage their condition.**

Signature and NPI # ___________________________ Date _____/_____/_____

Print Name __________________________________________________

Group/practice name______________________________________________

Group/practice address____________________________________________

Phone Number: __________________________

Provide completed form to patient or fax to: ________________________

Affiliate Name - Street Address, City, State, Zip  Phone: (000) 123-4567  Fax: (000) 123-7890
## Diabetes Self-Management Education/Training Services Order Form

**Please complete all sections on front and back of form**

### Patient Information

<table>
<thead>
<tr>
<th>Patient's Last Name</th>
<th>First Name</th>
<th>Middle</th>
</tr>
</thead>
</table>

**Date of Birth _____/ _____/_____**

| Gender: | [ ] Male | [ ] Female |

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>E-mail address</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Preferred Language</th>
<th>English</th>
<th>Spanish</th>
<th>Other ____________________</th>
</tr>
</thead>
</table>

### Diabetes Self-Management Education/Training (DSME/T) hours of requested

**Check type of training services and number of hours requested**

- [ ] Initial DSME/T: 10 hours (1 individual + 9 group) once in a lifetime benefit and must be used within 12 consecutive months following start of DSMT
  - or _____ No. hrs. requested

- [ ] Follow-up DSME/T: 2 hours (either group or individual) every calendar year after Initial benefit is used
  - or _____ No. hrs. requested

### Medical Nutrition Therapy (MNT)

**Check type of training services and number of hours requested**

- [ ] Initial MNT: 3 hours (1 individual + 2 group) once in a lifetime benefit and must be used within 12 consecutive months following start of MNT
  - or _____ No. hrs. requested

- [ ] Follow-up MNT: 2 hours (either group or individual) every calendar year after initial benefit is used
  - or _____ No. hrs. requested

**If not appropriate for group, select reason below**

**Patients with special needs requiring individual (1 on 1) DSME/T hours versus group**

- [ ] Visual impairment
- [ ] Cognitive Impairment
- [ ] Hearing Impairment
- [ ] Physical limitation
- [ ] Language Limitation

- [ ] Additional training needed (injectable)
- [ ] Change in medical condition/tx/dx
- [ ] Telehealth

- [ ] Additional hours requested _____ hours

### DSME/T Content

*All content areas will be covered as needed per individualized education plan, unless otherwise specified*

- Monitoring Diabetes
- Diabetes as disease process
- Mediations
- Psychological adjustment
- Physical Activity
- Prevent, detect, treat complications
- Nutritional management
- Goal setting, problem solving
- Preconception/pregnancy/GDM

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**Affiliate Name - Street Address, City, State Zip**

**Phone (000) 123-4567**

**Fax (000) 123-7890**
# Diabetes Self-Management Education/Training Services Order Form

## DIAGNOSIS

- **Type 1**  
  Diagnosis code ___________
- **Type 2**  
  Diagnosis code ___________
- **Gestational**  
  Diagnosis code ___________

Please send recent labs for patient eligibility & outcomes monitoring

- **Glucose** ________mg/dl
  - [ ] Fasting  
  - [ ] Non-fasting

Other ______________________________________________________

## Definition of Diabetes (Medicare)

Medicare coverage of DSMT requires the physician to provide documentation of a diagnosis of diabetes based on ONE of the following:

- a fasting blood sugar greater than or equal to 126 mg/dl on two different occasions;
- a 2 hour post-glucose challenge greater than or equal to 200 mg/dl on 2 different occasions; or
- a random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes.

Source: Volume 68, #216, November 7, 2003, page 63261/Federal Register. Other payers may have other coverage requirements.

## Complications/Comorbidities

- [ ] Hypertension
- [ ] Non-healing wound
- [ ] PVD
- [ ] Stroke
- [ ] Neuropathy/gastroparesis
- [ ] Mental/affective disorder
- [ ] Retinopathy
- [ ] CHD/CAD
- [ ] Kidney disease
- [ ] Dyslipidemia
- [ ] Pregnancy
- [ ] Obesity
- [ ] Other ________________

I certify that I am the provider treating the participant’s diabetes and that DSMT is needed to provide the beneficiary with the skills and knowledge to help self-manage their condition.

Signature and NPI # ______________________________ Date _____/_____/

Print Name __________________________________________________

Group/practice name_____________________________________________

Group/practice address____________________________________________

Phone Number: _______________________

Provide completed form to patient or fax to: ______________________

Affiliate Name - Street Address, City, State Zip  
Phone: (000) 123-4567  
Fax: (000) 123-7890
Hi Dr. [Doctor’s Last Name],

First, let me welcome you to the [Enter Your Program/Clinic’s Name].

I would like to make you aware that you have a tremendous resource in our Nutrition and Diabetes education department, located in [Physical location: address, building, suite #]. I’d like to personally make myself available to meet with you and I can also reply to an Outlook email or [E.H.R. staff message] if you have any questions about our services.

To refer a patient for general nutrition needs: you can enter [order entry number/ID] or the word, “nutrition” in order entry.

To refer a patient for diabetes education: you can enter [order entry number/ID] or enter the word, “diabetes” in order entry.

If you save it to your [favorites/preference] list, that makes it super easy to find in the future and remember to include any relevant diagnoses by associating them on the order. It is also helpful to write down any special needs or focus on your scheduling notes to us.

The ADA/AADE and AMGA have been campaigning to raise awareness of the 4 times to refer for diabetes. Please see the attached flyers that further explain how we can partner with you in caring for persons with diabetes.

I look forward to working with you.

[Contact Name]
[Contact Title]
[Department]
[Phone/Fax]
[Contact’s Email]

•  [intranet diabetes resource link]
Diabetes Self-Management Education Training and Medical Nutrition Therapy Services Order Form

Patient Information

Sutter MRN:

<table>
<thead>
<tr>
<th>Patient's Last Name</th>
<th>First Name</th>
<th>Middle</th>
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<thead>
<tr>
<th>Date of Birth</th>
<th>Gender</th>
<th>Address</th>
</tr>
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<tbody>
<tr>
<td><strong>/</strong>/______</td>
<td>☐ Male</td>
<td>______________</td>
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<tr>
<td></td>
<td>☐ Female</td>
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<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Other Phone</th>
<th>E-mail address</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Diabetes self-management education and training (DSME/T) and medical nutrition therapy (MNT) are individual and complementary services to improve diabetes care. Both services can be ordered in the same year. Research indicates MNT combined with DSME/T improves outcomes.

**Diabetes Self-Management Education/Training (DSME/T)**

Check type of training services and number of hours requested

- ☐ Initial group DSME/T: ☐ 10 hours or no. hrs. requested
  - G0109 x 18, G0109 x 2
- ☐ Initial group with special needs requiring individual (1 on 1) DSME/T
  Check all special needs that apply: G0108
  - ☐ Vision
  - ☐ Hearing
  - ☐ Cognitive Impairment
  - ☐ Language Limits
  - ☐ Additional Training
  - ☐ Additional hrs. requested
  - ☐ Other ___________________________
- ☐ Follow-up DSME/T: ☐ 2 hours or no. hrs. requested
  - G0108 x 2

**DSME/T / Content**

- ☐ All topics
- ☐ Monitoring diabetes
- ☐ Psychological adjustment
- ☐ Nutritional management
- ☐ Medications
- ☐ Preconception/pregnancy management or GDM
- ☐ Prevent, detect and treat chronic complications

Medicare coverage: 10 hrs. initial DSMT in 12 month period from the date of first class or visit.

**DIAGNOSIS**

Please send recent labs for patient eligibility & outcomes monitoring

- ☐ ICD-10 Diagnosis code __________
  - ☐ Type 1
  - ☐ Type 2
- ☐ Gestational

Complications/Comorbidities

Check all that apply:

- ☐ Hypertension
- ☐ Dyslipidemia
- ☐ Stroke
- ☐ Neuropathy
- ☐ PVD
- ☐ Kidney Disease
- ☐ Retinopathy
- ☐ CHD
- ☐ Non-healing wound
- ☐ Pregnancy
- ☐ Obesity
- ☐ Mental/affective disorder
- ☐ Other ___________________________

**Medical Nutrition Therapy (MNT)**

Check type of MNT and/or number of additional hours requested

- ☐ Initial MNT: ☐ 3 hours or no. hrs. requested
- ☐ Annual follow-up MNT: ☐ 2 hours or no. hrs. requested
- ☐ Additional MNT services in the same calendar year
  Additional hrs. requested ___________________________

Please specify change in medical condition, treatment and/or diagnosis:

__________________________

**Current Treatment**

☐ Diet and Exercise
☐ Oral Agents
☐ Insulin

**Recent Labs: attach or write in**

- ☐ FBG Date: ☐ HgbA1C Date:
- ☐ Micro-albumin Date: ☐ Total Cholesterol Date:
- ☐ HDL Date: ☐ LDL Date:
- ☐ Triglycerides Date:

Medicare coverage: 3 hrs. initial MNT in the first calendar year plus 2 hrs. follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis.

**Definition of Diabetes (Medicare)**

Medicare coverage of DSMT and MNT requires the physician to provide documentation of a diagnosis of diabetes based on one of the following:

- A fasting blood sugar greater than or equal to 126 mg/dl on two different occasions
- A 2 hour post-glucose challenge greater than or equal to 200 mg/dl on two different occasions; or
- A random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes.

Source: Volume 68, #216, November 7, 2003, page 63261/Federal Register

Other payors may have other coverage requirements.

**Signature and NPI#** ___________________________

| Group/practice name, address, and phone: ________________________________________ |
| Date __/__/____ |