Expand United States Health Plan Coverage for **diabetes self-management education and support**

A POSITION STATEMENT OF THE SOCIETY OF BEHAVIORAL MEDICINE

(FEBRUARY 2014) *By Ben Gerber, MD, MPH, University of Illinois at Chicago, Lisa K. Sharp, PhD, University of Illinois at Chicago, and Edwin B. Fisher, PhD, University of North Carolina-Chapel Hill; on behalf of the Society of Behavioral Medicine Health Policy Committee*

The Society of Behavioral Medicine encourages legislation and other policies that require Medicare, Medicaid and Private Insurers to reimburse for DSM Education and Support 12 hours each year for everyone with diabetes.

The Paradox:

*Diabetes Self Management Education **works**. It improves health and reduces costs, but does not reach those who need it. Policy changes can expand its reach.*

Diabetes in the United States: a Serious and Costly Problem

Diabetes affects 8.3% of the US population or 25.8 million Americans. Over 11% of Hispanic/Latinos and Blacks have diabetes.

* Diabetes is the leading cause of kidney failure, nontraumatic lower-limb amputation, and new cases of blindness in the US.
* Among people with diabetes, 65 years and older, 68% will die of heart disease and 16% from stroke.
* **Diabetes costs the U.S. an estimated $245 billion each year**.[1]

Diabetes Self-Management (DSM) Education and Support

Diabetes Self-Management Education (DSM Education) programs teach people how to manage their diabetes and decrease complications.

Building upon that initial education, DSM Support programs help people maintain good diabetes control. Together, DSM Education and Support help people adopt – **and sustain** – healthier diets, exercise routines, and medication regimens.

* Research demonstrates that DSM Education and Support together improve diabetes self-management and reduce devastating complications, hospitalizations, and healthcare costs.[2-8]

Barriers to DSM Education and Support

While DSM Education and Support programs reduce unnecessary healthcare costs and prevent complications, **only 30%-40% of people with diabetes receive DSM Education and Support**.

Cost: A survey of 10 state Medicaid plans and 40 private insurance plans found that only half of these plans covered DSM Education and Support. Therefore, many patients cannot afford these programs, including those who need the most help managing their diabetes.

Certification Requirement: Currently, physicians or other healthcare providers must certify that patients are eligible for DSM Education and Support before enrollment. However, this certification requirement poses an unnecessary hurdle for patients, particularly those with limited resources. It is unlikely that individuals not in need of this service will seek it out. Furthermore, there is little risk of harm to patients from seeking education and support that can help them better manage their disease.

Limited Coverage of Education and Support: Medicare covers 10 hours of DSM Education (1 individual, 9 group) and 3 hours of Medical Nutrition Therapy (a separate but complementary service), but only when the patient is within the first year after diagnosis, has recently started diabetes medications, or has been certified as being at high risk for complications. Subsequently, Medicare covers just 2 hours of educational follow-up and 2 hours of Medical Nutrition Therapy each year with no DSM Support.[9-10]

Fundamental behavioral science makes clear that for behavior to persist, it must continue to be reinforced[11]. Research shows that DSM Education and Support[12], as well as interventions for other health behaviors such as smoking cessation[13] or weight loss[14-15], are most effective when sustained over time. Additionally, a variety of facts underscore the importance of not decreasing reimbursable hours of education and support after the first year:

* Diabetes is a progressive disease leading to inevitable changes in treatment and management, for which patients need continuing education and support
* Diabetes imposes an unremitting responsibility on patients to self-manage their disease 24 hours a day, 365 days a year.

Those who are doing well should receive ongoing support to help sustain the behavior leading to good self-management; without this support, patient outcomes worsen.[2, 12]

Limited Options: Current options available for DSM Education and Support are limited and designed as "one size fits all." Additional options are needed that consider patients' characteristics including age, cultural background, and literacy level. Options must address the unique needs, challenges, and resources of individual patients, noting that these fluctuate throughout their lives. Providing choices in how DSM Education and Support are delivered will increase the total number of patients receiving these necessary services in ways most relevant for them.

* Group medical visits[16-17], community health worker and peer support[18-22], and remote technology-enabled support[23] are effective and desirable alternatives for DSM Education and Support.

Policy Recommendations

1. Because the vast majority of those with diabetes receive little or no self management education or ongoing self management support, federal legislation and policies should:

* Require Medicare, Medicaid, and Private Insurers to reimburse for DSM Education and Support 12 hours each year for everyone with diabetes.
* Eliminate the unnecessary and burdensome requirement that physicians and other providers certify patients prior to reimbursing for DSM Education and Support.

2. Expand reimbursement for and require health provider organizations to offer varied approaches to DSM Support, including group medical visits, face-to-face meetings, visits with community health workers and peer supporters, and technology-enabled support (phone, text, or internet).

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