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PRACTICE AND PUBLIC HEALTH POLICIES

Background and rationale for the Society of Behavioral Medicine's position statement: expand United States health plan coverage for diabetes self-management education and support

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Abstract

The Society of Behavioral Medicine (SBM) recognizes that diabetes self-management (DSM) education and support are fundamental to teaching people how to manage their diabetes and decrease disease-related complications. Implementation of the Patient Protection and Affordable Care Act provides an opportunity to expand DSM education and support to many people who are currently excluded from such services due to lack of insurance coverage, current policy barriers, or simple failure of healthcare systems to provide them. Extending the range and provision of such services could translate into reduced diabetic complications, a reduction in unnecessary healthcare utilization, and significant health-related cost savings on a national level. SBM recommends that public and private insurers be required to reimburse for 12 h of DSM education and support annually for anyone with diabetes. Further, SBM recognizes that a range of modes and providers of DSM education and support have been shown effective, and that patient preferences and resources may influence choice. To address this, SBM urges health organizations to increase and diversify approaches toward DSM education and support they offer.

Keywords

Diabetes mellitus, Diabetes self-management, Diabetes education, Diabetes support, Health policy

Implications

Practice: increased provision of DSM education and support can improve diabetes outcomes when provided in a consistent and effective manner to patients with diabetes.

Policy: SBM proposes that federal legislation require changes to reimbursement for DSM education and support that will increase the availability of services for everyone with diabetes.

Research: research is needed to understand how to individualize content and delivery of DSM education and/or support to meet patients' unique needs (i.e., literacy, knowledge, resources).

INTRODUCTION

Diabetes currently affects approximately 26 million Americans or 12 % of the US population based on national data [1]. Rates among racial/ethnic minority populations are even higher. Diabetes-related health outcomes are optimized with successful long-term management of blood glucose and blood pressure [2]. However, these therapeutic goals have been difficult for many to attain and sustain. Exceeding goals set by the American Diabetes Association [3], 50 % of people with diabetes have a hemoglobin A1c level above 7.0 %, and 53 % have a blood pressure above 130/80 mmHg. As a result, diabetes is the leading cause of kidney failure, nontraumatic lower-limb amputation, and new cases of blindness [4]. It is also a major cause of cardiovascular disease. From a societal perspective, diabetes costs the USA an estimated $245 billion in 2012 [5].

Diabetes-related outcomes can be improved with diabetes self-management education (DSME) programs that teach people how to manage their diabetes.

Building upon that initial education, diabetes self-management support (DSMS) programs help people sustain efforts toward diabetes control. Together, DSM education and support help people adopt–*and sustain*–healthier diets, exercise routines, and medication regimens [6].

Research demonstrates that DSM education and support improve diabetes self-management and reduce devastating complications, hospitalizations, and healthcare costs [6–11]. Currently, resources are available for DSME and DSMS within the healthcare setting including dietitians, diabetes educators, nurses, pharmacists, peer community health workers, psychologists, physical activity specialists, and others. Individuals with diabetes who have access to them can learn about diabetes or receive disease management support, depending on insurance, environment, and availability. Without adequate education and support, short- and long-term health complications from diabetes are far more likely.

LIMITED ACCESS AND CHOICES

Despite the evidence showing that DSM education and support reduces unnecessary healthcare costs and prevents complications, only 30 to 40 % of people with diabetes receive these services [12]. Cost is a major barrier even among insured populations. Availability of services, however, is also a problem. A survey of 10 state Medicaid plans and 40 private insurance plans found that only half covered DSM education and support [13].

For those with insurance coverage, enrollment to receive DSM education and/or support is hindered by the requirement that a healthcare provider certify in writing that the person has diagnosed diabetes. This added step is a burden for both patients and providers. There is also a limited need for such restriction. DSM education and support are unlikely to do harm, and it is extremely unlikely that those without diabetes would abuse availability by seeking out these services. For those who are able to obtain certification, coverage for DSM education and support is limited. Medicare covers 10 h of DSM education (1 individual, 9 group) and 3 h of medical nutrition therapy as a separate but complementary service. However, these are only covered during the first year following diagnosis with diabetes, when diabetes medications are initiated, or the person is certified in writing by a provider as being at high risk for complications [14]. Otherwise, Medicare covers 2 hours of educational follow-up and 2 hours of medical nutrition therapy with no DSM support [13, 15].

Research shows that DSM education and support [16], as well as interventions for other health behaviors such as smoking cessation [17] or weight loss [18, 19], are most effective when continuously delivered over time. Generally, ongoing DSM education and support are needed as people with diabetes experience new barriers to self-management over time and newer treatment strategies become available. 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 h 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 [6, 16].

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.

SUMMARY AND RECOMMENDATIONS

Diabetes health-related outcomes and healthcare costs are positively impacted by receipt of DSM education and support. Access to these services is currently limited by (1) the cost, (2) the requirement that a healthcare provider certify the patient has diabetes prior to receiving DSM education, and (3) restrictive insurance coverage. In a policy brief, Expand United States Health Plan Coverage for diabetes self-management education and support[1], SBM has endorsed the following 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 h 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 or peer supporters, and use of technology-enabled support such as mobile phone apps or text messages, networked remote monitoring devices, and other Web-assisted interventions with empirical support.

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[1] http://www.sbm.org/UserFiles/file/diabetes-brief_statement_short.pdf

ADHERENCE TO ETHICAL STANDARDS: All procedures were conducted in accordance with ethical standards.

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