

## Medicare Provider Status for CDEs Position Statement

The Diabetes Partners in Action Coalition supports increased access to diabetes self-management training and education (DSME). Until a cure is found for diabetes, a comprehensive medical treatment plan that includes DSME offers a person with diabetes the knowledge and skills needed to control their disease and improve quality of life. Unfortunately, far too few Americans are able to access a DSME program. In Michigan, only 55% of people with diabetes report having taken a course or class to manage their disease<sup>1</sup>. Low levels of DSME participation among underserved populations is due to several factors, including the closure in recent years of diabetes programs across the country for various reasons including economic considerations (e.g. decreased revenue). Other issues include logistical and cultural difficulties patients encounter in accessing an accredited DSME program, particularly among racial/ethnic and rural populations.

Recent national studies have reported that DSME programs are underutilized by populations most in need of diabetes education. At the same time, new findings shared at the National Institute of Health conference in December 2008, reveal a significant reduction in overall health costs as well as improved health outcomes for people who complete a DSME program<sup>2</sup>. It is imperative DSME services be considered integral to the treatment plan in managing diabetes.

The Certified Diabetes Educator (CDE) credential is earned by demonstrating mastery of the necessary knowledge and skills obtained through professional practice experience, continuing education, individual study and mentorship. When Congress enacted DSME as a Medicare benefit in 1997, the legislative language broadly referred to “Medicare providers” of DSME. Since ‘CDEs’ are not authorized “Medicare providers”, they cannot be reimbursed without having a separate Medicare-approved credential (e.g. Nurse Practitioner). It was assumed that existing diabetes education programs in hospitals would be able to provide services to all who were in need. However, health care services are increasingly being provided in a wider range of settings. Providers must have the flexibility to provide such care, but as a reimbursable service. We support the inclusion of CDEs as Medicare providers of DSME services.

Federal recognition of CDEs as Medicare DSME providers will likely increase availability of diabetes self-management training and education for people with diabetes. Medicare recognition would facilitate the ability of CDEs to bill for services provided in more accessible and culturally appropriate community settings. Finally, Medicare recognition should also contain design incentives that reward the development of DSME services in underserved areas and with high risk racial/ethnic groups.

To learn more about the Diabetes Partners in Action Coalition (DPAC) or this position statement, contact Kim Walsh, DPAC Operations Manager, at 517.335.8378.

<sup>1</sup> 2005-2007 Michigan Behavioral Risk Factor Survey. Bureau of Epidemiology, Division of Genomics, Perinatal Health and Chronic Disease Epidemiology, Michigan Department of Community Health.

<sup>2</sup> Assessing the Value of Diabetes Educators and Diabetes Self-Management Education/Training, Ian Duncan FSA FIA FCIA MAAA, Solucia Inc.; Christian Birkmeyer, MA, Solucia Inc.; Suzanne Austin Boren, PhD, University of Missouri; Karen Fitzner, PhD, American Association of Diabetes Educators. Poster NIH Disparities Conference, Dec. 16-20, 2008, Washington DC.