

## DIABETES SELF-MANAGEMENT IN NORTH CAROLINA

*Teaching patients to manage their diabetes and prevent complications*

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### WHAT DIABETES SELF-MANAGEMENT PROGRAMS OPERATE IN NORTH CAROLINA?

- ❖ Several programs in North Carolina offer diabetes self-management instruction, which is shown to **reduce blood glucose and associated diabetic conditions**. These programs include:
  - Diabetes Self-Management Education (DSME)
  - Stanford Diabetes Self-Management Program (DSMP)
  - Various services provided within clinical practices, with assistance from organizations such as North Carolina Area Health Education Centers (AHEC)
- ❖ These educational programs aim **to improve self-management behavior** to reduce risks associated with diabetes.
  - DSME involves classroom training on healthy choices, taking medications, monitoring blood glucose levels, and other aspects of living with diabetes. Studies show that DSME significantly improves blood sugar levels.
  - DSMP deals with clinical symptoms of diabetes, addressing emotional problems including depression and frustration, exercise and diet, medication adherence, and working with health care providers. DSMP has been shown to improve depression, healthy eating, communication with physicians, and self-efficacy levels.

### WHAT ARE THE CHALLENGES FACING DIABETES SELF-MANAGEMENT PROGRAMS?

- ❖ These programs have been shown to prevent, delay, and mitigate diabetes, yet still face challenges in the state:
  - DSME is reimbursed by North Carolina Medicaid for 10 hours during the patient's first year, as well as two hours of follow-up each subsequent year. Private insurers are also required to reimburse for DSME. Partners report a need for greater funding to provide adequate follow-up support for patients leaving DSME programs.
  - DSMP does not presently receive reimbursement from either North Carolina Medicaid or private insurers.
  - Providers report a lack of sufficient coordination and communication between clinical providers and providers of formal diabetes self-management instruction, in part due to inadequate health information technology.
  - Health Departments report insufficient capacity to handle billing, reimbursement and delivery challenges that accompany provision of diabetes self-management services.

**FOR MORE INFORMATION, SEE PAGES 27-38 OF THE NORTH CAROLINA PATHS REPORT OR CONTACT:**

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**WHAT CAN NORTH CAROLINA DO?**

- 1. Establish a statewide Diabetes Self Management Training Task Force** to coordinate approaches to billing and reimbursement challenges, and analyze ways to improve reimbursement for follow-up support for DSME programs as well as to obtain reimbursement for DSMP.
- 2. Encourage communication between community DSME/P providers and physicians**, potentially through establishing “gold seal” DSME and DSMP programs recognized for their greater capacity for information sharing.
- 3. Offer reimbursement incentives for clinical practices** to provide evidence-based diabetes self-management instruction.