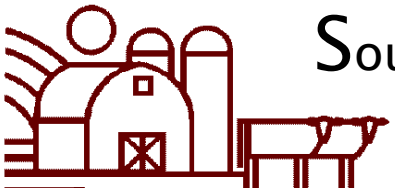
Assessment of Barriers to the Delivery of Medicare Reimbursed Diabetes Self-Management Education in Rural Areas



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Executive Summary

Diabetes is one of the most prevalent chronic conditions among older adults in the United States, disproportionately affecting women and minorities. If untreated, diabetes can lead to severe complications or death. However, this disease can be successfully managed through exercise, proper nutrition, and as appropriate, prescription medication. Diabetes Self-Management Education (DSME) programs provide services to newly diagnosed and chronic sufferers with diabetes. The objective of this project was to explore the barriers that rural practitioners face in providing diabetes education services to Medicare beneficiaries.

Three methods were used. First, we convened an expert panel of diabetes educators from across South Carolina to define issues and concepts regarding the provision of patient education and Medicare reimbursement. Diabetes Control Program Coordinators in each of the fifty states and the District of Columbia were surveyed as the second step in the study. Finally, using a list of barriers compiled through the expert panel and through responses of DCPCs, a mail survey was sent to a random sample of ADA-recognized diabetes education facilities

Key Findings

Rural Barriers to DSME: Expert Panel and DCPC Views

- The *expert panel* listed transportation, cultural barriers, and poverty as the highest ranked barriers in rural areas. Comments indicated that these were barriers to the provision of care and not to the use or application of the education by patients.
- Most *DCPC* respondents believed it was more difficult for rural providers to obtain ADA recognition/certification than for urban providers. ADA barriers emphasized were the costs associated with the application fee and the staffing, data collection, and reporting requirements associated with the application process.
- *DCPC* respondents reported the top barriers to the provision of DSME experienced by rural providers as: (1) shortage of designated specialists; (2) fewer resources; (3) difficulty obtaining sufficient hours and patients; and (4) high application fees for ADA recognition.

Rural Barriers to DSME: Survey Results

Six factors were perceived to barriers to diabetes self-management education in rural areas by more than half of respondents:

- At the facility level, about three-quarters of respondents agreed that "too little Medicare reimbursement" was a barrier in rural areas (78.0%). Relatedly, 56% agreed that Medicare does not cover enough hours of DSME. Staffing and institutional support (58.2%) and the ADA recognition process (51.6%) were also noted by more than half of respondents.

- At the patient level, poverty was most often agreed to be a barrier in rural areas (72.8%), followed by transportation (56.8%).
- Respondents from institutions that only provide care in urban areas were more likely to perceive barriers to DSME in rural areas than were actual rural providers, with differences being statistically significant in eight of 15 comparisons. Urban providers may have an exaggerated view of the difficulty of providing DSME in rural areas, which in turn may deter them from entering rural markets.

Recommendations

- The Centers for Medicare and Medicaid Services should assess whether the current certification/recognition process for reimbursable DSME poses undue challenges to rural providers and thus reduces services available to rural Medicare recipients. This assessment should estimate the costs of the recognition process including treatment, data collection, and staffing costs, and evaluate these costs against current reimbursement by both government and private payors.
- The Diabetes Control and Prevention Program of the Centers for Disease Control and Prevention should encourage state Diabetes Prevention and Control Programs to offer or coordinate technical assistance to rural providers seeking certification for DSME. Expanding the pool of providers that can be reimbursed for DSME constitutes a structural community change that increases the availability of DSME over the long term.
- The National Diabetes Education Program of the Centers for Disease Control and Prevention should expand its efforts to include rural providers and persons with diabetes. Specifically, rural organizations such as the National Organization of State Offices of Rural Health or the National Rural Health Association should be considered for membership on one or more workgroups.