



**Peoples Diabetic Clinic
& Pharmacy**

Incorporating DSME/T into your Pharmacy Practice

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Disclosure

Dr. Anna Peoples, PharmD, declares no conflicts of interest or financial interest in any product or service mentioned in this program, including grants, employment, gifts, stock holding, and honoraria.



Presentation Objectives

- Describe Diabetes Self-Management Education and Support (DSMES)
- Gain knowledge on the national standards of DSMES
- Know how to become an accredited site from start to finish
- Understand the importance of providing DSMES to the community for reducing the burden of Chronic Disease in Virginia



Pre-Knowledge Check

1. One out of every _____ people living in Virginia have diabetes.
 - a) 9
 - b) 15
 - c) 10
 - d) 3
 - e) 11

2. Which of the following is NOT a DSME self-management behavior?
 - a) Healthy Eating
 - b) Community Support
 - c) Healthy Coping
 - d) Being Active



Pre-Knowledge Check

3. For every \$1 spent on out patient DSMES, there is a net savings of up to _____ in averted diabetes related hospital expenses.

- a) \$5,92
- b) \$11,13
- c) \$2.04
- d) \$8.76

4. A pharmacist must have additional credentials such as CDE or BC-ADM in order to provide and bill for DSMES.

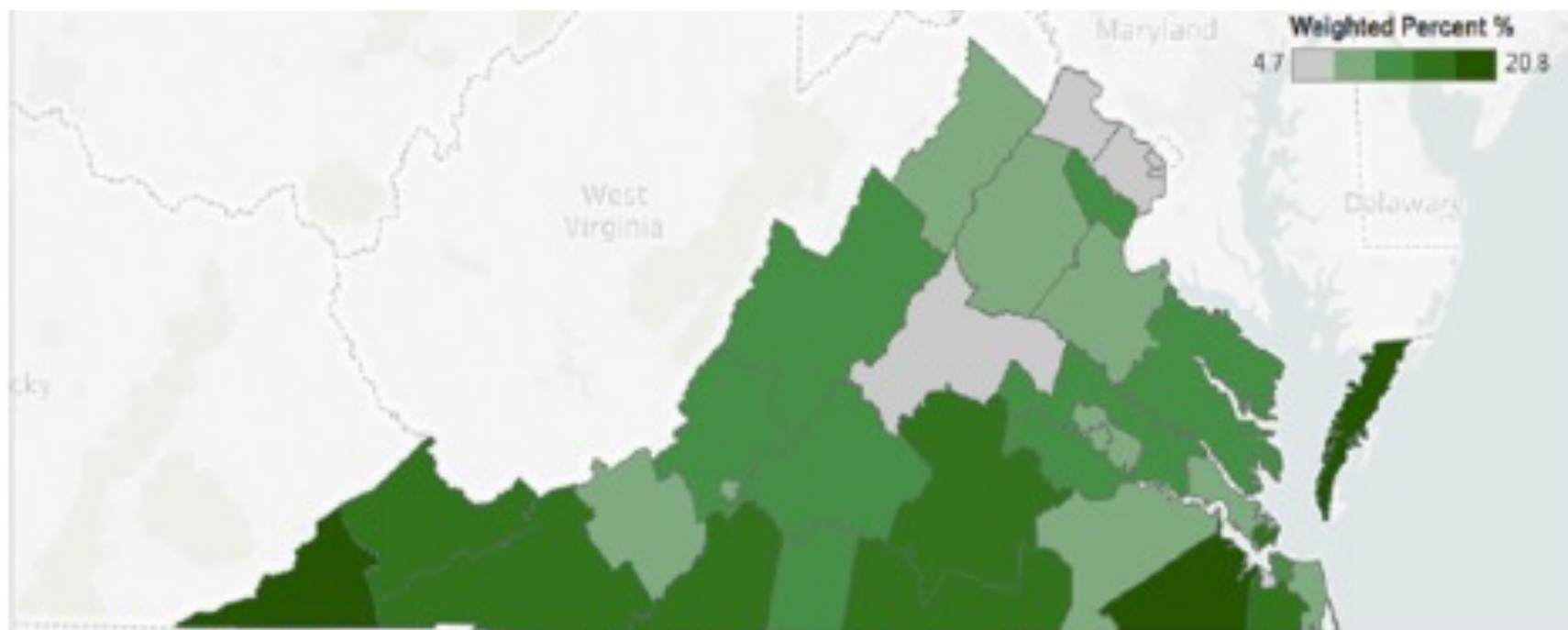
- a) True
- b) False

5. A pharmacist must have a collaborative practice agreement (CPA) and physician referral in order to provide and bill for DSMES.

- a) True
- b) False



Prevalence of Diabetes in Virginia By the VDH, 2015



One out of every 11 people living in Virginia have diabetes¹

1. Virginia Department of Health. Diabetes in Virginia Infographic. <http://www.vdh.virginia.gov/content/uploads/sites/25/2016/11/DiabetesVa.pdf>



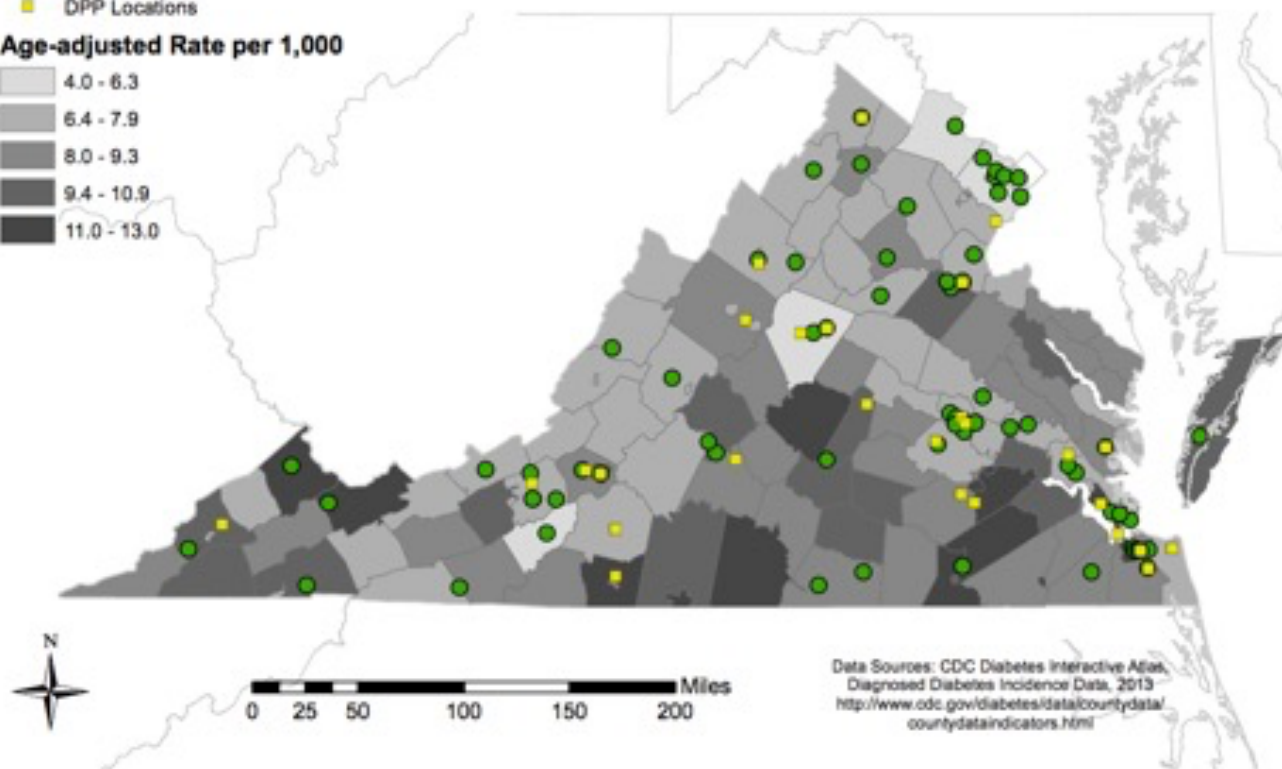
Self-Management Program Locations

Legend

- DSME Locations
- DPP Locations

Age-adjusted Rate per 1,000

- 4.0 - 6.3
- 6.4 - 7.9
- 8.0 - 9.3
- 9.4 - 10.9
- 11.0 - 13.0





Diabetes Burden in Virginia

VA Diabetes Burden Compared with National Diabetes Burden (Age-Adjusted)^{30,34}	VA	U.S.
% of Adults with Diagnosed Diabetes (2015)	9.6%	9.1% ⁱⁱⁱ
New Cases of Diabetes / 1,000 Adults (2015)	7.3	6.5
Completed a DSME/T Class ⁱⁱ (2010)	63.6%	57.4%
Daily Self-Monitoring Blood Glucose ⁱⁱ (2010)	62.4%	63.6%
Overweight or Obese ⁱⁱ (2010)	87%	84.7%
Physical Inactivity ⁱⁱ (2010)	37.7%	36.1%
High Blood Pressure ⁱⁱ (2015)	62.7%	57.9% ⁱⁱⁱ
High Cholesterol ⁱⁱ (2015)	51.9%	55.5% ⁱⁱⁱ



Diabetes Self-Management Education and Support (DSMES)

Diabetes Self-Management Education and Support (DSMES) programs assist the participant in achieving better blood glucose control by self-managing diabetes through life choices

- Participants learn how to manage their diabetes through healthy behaviors and problem solving





What is Self Management Training?

- Self-management is what people do to manage their chronic condition and its effects on their physical health, daily activities, social relationships and emotions.
- Self-management support is the systematic use of education and supportive strategies to increase people's skills and confidence to manage their health condition and problems that may arise. It also refers to the organizational structure healthcare settings can implement to facilitate improved patient self management.
- The goal of self-management support is to help people achieve the highest possible functioning and quality of life....no matter where along the path they start.



Diabetes Self-Management Education and Support (DSMES)

Benefits

- Improved clinical outcomes and quality of life
 - A1c improvement of 0.6%²
 - Greater improvement with > 10 hours of patient education²
- Reduced hospitalizations and healthcare costs
 - For every \$1 spent on outpatient DSMES, there is a net savings of up to \$8.76 in averted diabetes related hospital expenses.³

2. Beck J, Greenwood DA, Blanton L, et al. 2017 National Standards for Diabetes Self-Management Education and Support. The Diabetes Educator. 2017 Jul;45(5):449-464. (<http://www.ncbi.nlm.nih.gov/pubmed/29346744>)

3. Klonoff DC, Schwartz DM. An economic analysis of interventions for diabetes. Diabetes Care. 2000 Mar;23(3):390-404. (<http://www.ncbi.nlm.nih.gov/pubmed/10868871>)



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Develop a Business Plan

Develop A Business Plan for DSMT
Service

Marketing DSMT



Develop a Business Plan



Pharmacy Accreditation Process



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Become a Medicare Provider for reimbursement purposes

Designate your staff

Contact your chosen accreditation organization (AADE or ADA). They will explain in detail the accreditation process, curriculum, and required documentation

Develop Required Documentation

Set up Test Class (1 hour individual & 9 hours group)

Recruit and conduct Test Class

Submit Completed Required Documents

AADE/ADA will contact you to clarify that you have completed all the steps and are ready to start your program

AADE Interview for Accreditation; No interview for ADA

AADE: [https://www.diabeteseducator.org/practice/diabetes-education-accreditation-program-\(deap\)](https://www.diabeteseducator.org/practice/diabetes-education-accreditation-program-(deap))

ADA: <https://professional.diabetes.org/diabetes-education>



History of DSME/T

- Congress stipulated that DSMT training must be provided by a physician or other individual or entity that provides other items or services payable under Medicare
- Medicare regulations state that a DSMT program must be accredited by a National Accreditation Organization (NAO) so that Medicare can determine if the DSMT program meets the program requirements



CMS Approved National Accreditation Organizations (NAO)

- American Diabetes Association (ADA)
Education Recognition Program (ERP)
- American Association of Diabetes Educators
Diabetes Education Accreditation Program (DEAP)



Requirements for Pharmacy to Provide DSME/ T

- American Diabetes Association (ADA)
Education Recognition Program (ERP)
- American Association of Diabetes Educators
Diabetes Education Accreditation Program (DEAP)
- Note: Must be certified by one of the national accrediting organizations accepted by Medicare



Accreditation/Recognition Comparison

Item	American Association of Diabetes Educators (AADE)	American Diabetes Association (ADA)
Name of Accreditation Program	Diabetes Education Accreditation Program (DEAP)	Education Recognition Program (ERP) - 7th Edition
Guiding Standards	National Standards for Diabetes Self-Management Education (2007)	National Standards for Diabetes Self-Management Education (2007)
Cost	1 - 10 sites: \$800 11-20 sites: \$1200 >20 sites: contact AADE Same fee structure for re-accreditation	1st site: \$1100 Additional sites: \$100 each Same fee structure for renewal
Application	<ul style="list-style-type: none">• Online application with stop/start option (does not have to be completed in one sitting); paper application also available.• Submit supporting documents within 2 weeks.• Complete a telephone interview or onsite audit with AADE DEAP staff or DEAP auditor(s) after fee, application, and supporting materials are received	<ul style="list-style-type: none">• Online application for all application types: original, renewal, adding sites (must be completed in one sitting)• Submit supporting documents within 2 weeks
Application Supporting Documentation	<ul style="list-style-type: none">• Program description, including mission, goals, and organization chart• Job descriptions for each of the positions within the entity's organization• Resumes of coordinator and instructors• Proof of licenses and/or certification and CE credits related to diabetes for coordinator and all instructors• Performance measurement plan/CQI process• Copy of one de-identified chart• Copy of one complete section from the curriculum or the curriculum outline• Advisory group composition• Sample education materials (English and non-English as appropriate)	<ul style="list-style-type: none">• Proof of professional licenses/certifications for instructional staff• Proof of CE credits for non-certified instructional staff <p>Audit items:</p> <ul style="list-style-type: none">• CV & job description of coordinator only• CQI plan with description of project• De-identified participant chart• Randomly assigned section of curriculum• Documented evidence of advisory or oversight group input (e.g. minutes)



Accreditation/Recognition Comparison

Item	American Association of Diabetes Educators (AADE)	American Diabetes Association (ADA)
Initial Application	3 steps: <ul style="list-style-type: none"> • Online application (paper application also available) • Supporting documentation (all must be sent within 2 weeks) • Telephone interview or randomly selected onsite audit 	2 steps: <ul style="list-style-type: none"> • Online application • Supporting documentation (including all audit items, must be sent within 2 weeks of application submission.)
Renewal Application	<ul style="list-style-type: none"> • Same 3 steps as Initial Application • Submit re-accreditation application • Submit supporting documentation • 10% of re-accreditation applications are randomly selected for an on-site audit 	<ul style="list-style-type: none"> • Same 2 steps as Initial Application • Supporting documentation: <ul style="list-style-type: none"> » Licenses and certificates of instructors » Proof of CE credits for non-certified staff » 1 of 5 audit items randomly determined by computer (see list of audit items in Application Supporting Documentation)
Timeline for process	<ul style="list-style-type: none"> • No data collection period • No minimum number of patients in program • Copy of one de-identified chart representative of the target population and education process • Total Application process 4-6 weeks • Eligible to submit Medicare claims as of date of accreditation • 4-year accreditation period • Must complete status updates and annual status reports 	<ul style="list-style-type: none"> • Must select a 3-month "data period" for application submission • Must have 10 patients participate in program during the selected data period (not necessarily completed); participants can be at any stage of the education process with at least some completed since at least 1 chart has to be available to demonstrate a completed education process. • Application is processed by ADA staff within 12 weeks • Approval retroactive to date of online application submission (for Medicare billing eligibility) • 4-year accreditation period • Must complete an annual status report
Support Services	<ul style="list-style-type: none"> • Support by telephone and email • DEAP e-community • Free on-line podcast and webcast • Online tools and sample documents • Accredited programs posted on AADE website 	<ul style="list-style-type: none"> • Support by telephone and email • Monthly conference calls • Emails; phone calls • Webcasts (free) • Free online library of sample forms and other tools (e.g., CQI plan, curriculum format)
Audit	<ul style="list-style-type: none"> • 5% of initial applications annually • 10% of currently accredited programs annually • 10% of programs seeking re-accreditation annually • 2 weeks notice • Volunteer auditors (1-2 per audit site) 	<ul style="list-style-type: none"> • 5% annually (up to 70/year) • 2 weeks notice • Volunteer auditors (2 per audit site)



Readiness Review

The Pharmacist as the Medicare/Medicaid/MCO provider

The Medicare/Medicaid/MCO provider has the capacity to bill and collect for services

- Pharmacist has a current Medicare/Medicaid/MCO provider number
- Pharmacist has a National Provider ID (NPI)
- Pharmacist has the capacity to bill and collect for services

Medical Records/HIPAA

- Process for storing and securing protected health information in place
- Education records must adhere to HIPAA standards for protection of health information
- Records must be stored and made available for a minimum of (10) years
- Accredited programs are always subject to audit for accreditation and for billing verification

Break Even

- Number of Projected Beneficiaries to receive DSMES Services will meet program expense projections



Readiness Review

Program Management/Staffing Requirements

Program Coordinator

- Identify Program Coordinator
- Program coordinator must complete 15 hours of continuing education – in their respective field
- Coordinator is responsible for developing and implementing the program continuous quality improvement process

Licensed RN/RD/RPh

- Licensed instructor identified for each class
- Licensed instructors must have 15 hours of annual diabetes- related professional continuing education
- Licensed instructor is available during each class (in the same building) when classes are occurring.
- Tele-Health: Available for the duration of the class, by real-time, two-way communication (audio and visual) for approved locations based on payer's Tele-health policy

Readiness
Review
*Required
Documentation
Prior to Test
Class*

Program Set Up

- Set program Mission and Goals
- Documentation of the identified target population
- Develop Policy and Procedure Manual (Sample Provided to the site)
- Develop Program Curriculum (Sample Provided to the site)
- Develop Referral Policy and Procedure including referral management procedures
- Develop Continuous Quality Improvement Policy and Plan (Includes external stakeholder team)





National Standards for DSME/T

- AADE Accreditation requires DSME/T Programs to adhere to the national standards for Diabetes Self Management Education and Support (DSMES)
- Accredited DSME/T programs follow 10 national Standards
 - Standards 1-4: Structure outline needed to provide DSMES
 - Standards 5-8: Process
 - Standard 9-10: Outcomes

Accredited
DSME/T
Programs
Follow
10 National
Standards

Ten National Standards

- **Standard 1** Internal Structure
- **Standard 2** External Structure
- **Standard 3** Access
- **Standard 4** Program Coordination
- **Standard 5** Instructional Staff
- **Standard 6** Curriculum
- **Standard 7** Individualization
- **Standard 8** Ongoing Support
- **Standard 9** Patient Progress
- **Standard 10** Quality Improvement



Standard 1 Internal Structure

- Organizational Structure
- Program Coordinator
- Program Mission
- Program Goals
- Letter of Support for Sponsoring Organization



Standard 2

External Input

- Seek ongoing input from external stakeholders and experts to promote program quality
- Documented outreach to community stakeholders and input from these stakeholders
- Documentation must be made available for review



Standard 3

Access

- Documentation identifying your population
- Documented allocation of resources to meet population specific needs (room, materials, curriculum, staff support etc.)
- Identification of and actions taken to overcome barriers as well as communication about these efforts to stakeholders



Standard 4 Program Coordination

- The coordinator will have oversight responsibility for planning, implementation, and evaluation services
- Coordinator's Resume
- Job Description describing program oversight
- Documentation that the Program Coordinator received a minimum of 15 hours of CE credits per year OR Credential maintenance for CDE or BC-ADM.



Standard 5

Instructional Staff

- Documentation that at least one of the instructors is a RN, RD, or Pharmacist
- Instructor resume is current and reflects their diabetes education experience
- 15 hours of CE credits per year for all instructors annually
- Documentation of successful completion training program for Community Health Workers (CHW)
- Documented that the CHWs are supervised
- Policy that identifies the mechanism for ensuring participant needs are met



Standard 6 Curriculum

- Evidence of written curriculum
- The curriculum adopts principles of AADE 7 Behaviors
- The curriculum is reviewed at least annually and updated as appropriate



Standard 7

Individualization

- Individualized educational plan of care based on assessment on behavioral goal
- Documented individualized follow-up on educational goals



Standard 8

Ongoing Support

- The participant and instructor will together develop personalized follow-up plan for ongoing self-management support.



Standard 9

Patient Progress

- The provider of DSME/T will monitor the participants achievement of their personal diabetes self-management goals.



Standard 10 Quality Improvement

- Measure the effectiveness of the education and support and look at ways to improve.
- Evidence of aggregate data collected and used for analysis of both behavioral and clinical outcomes
- Annual report documenting the ongoing QI activities following initial accreditation





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DSMES Programs Follow and Teach 7 Self-Management Behaviors



DSME/T Programs Follow 7 Self-Management Behaviors

Healthy eating

- Making healthy food choices and portion sizes.

Being active

- Having daily physical activity is important for overall fitness, weight management, and blood glucose control.

Monitoring blood glucose levels

- Daily monitoring can assist the individual on adjustments they may need to make to have better control over their diabetes and lower their risk of complications.

Problem Solving

- Problem solving is crucial to the management of blood glucose levels by being able to make changes to daily activities regulate blood glucose levels

Taking medications as prescribed

- Effective drug therapy and taking medications correctly can reduce the risk of developing complications as well as elevated blood glucose levels

Coping in a healthy way

- Coping with diabetes is sometimes difficult and can make self-management harder for the individual.

Reducing risks of developing complications

- Risk reduction behavior such regular eye, foot, and dental examinations and regular blood glucose monitoring as well as smoking cessation can reduce the risk of complication development.



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Medicare Reimbursement for DSME/T

DSME/T 101



Medicare Enrollment Applications

- To provide Part B drugs and DMSE/T to Medicare beneficiaries, pharmacies must enroll in the Medicare program using the Medicare enrollment application (Form CMS-855S)
- However to provide DSME/T to beneficiaries, pharmacies need only to enroll to provide Part B drugs. Pharmacies do NOT have to become DMEPOS suppliers, thereby savings expensive facility accreditation expenses (No 855S then 855B)
- The National Supplier Clearinghouse (NSC) processes and verifies the CMS-855S enrollment application information and the local Medicare Administrative Carrier (MAC) will process the CMS-855B
- Supplier must respond within 30 days to inquiries from NSC OR MAC.
- Any changes to enrollment applications must be done in 30 days or risk application denial.



National Provider Identifier (NPI)

- Unique health identifier for health care providers and suppliers
- Assigned by the National Plan and Provider Enumeration System (NPPES)
- All providers and suppliers who provide DSME/T services and bill Medicare for services provided to Medicare beneficiaries must have an NPI
- To become a Medicare DSME/T supplier, the pharmacy NPI must be provided on CMS-855S application prior to enrolling in Medicare

Billing number

- CMS-855S is processed by National Supplier Clearinghouse (NSC)
- Pharmacy provider must complete CMS-855S application to enroll in the Medicare program and receive a Medicare Billing number
- The Medicare Identification Number, often referred to as a Medicare supplier number or Medicare billing number is a generic term for any number other than the National Provider Identifier (NPI) that is used by a provider to bill the Medicare program.



Provider Transaction Access Number (PTAN)

- CMS-855B is processed by local State Medicare Administrative Contractor (MAC)
- Upon application to a MAC, the provider or supplier will be issued a PTAN
- A PTAN is a Medicare-only number issued to providers by MACs upon enrollment to Medicare
- MACs issue an approval/notification letter, including PTAN information, when an enrollment is approved
- NPI is submitted on claims
- PTAN use generally limited to a provider's communication with their MAC
- Medicare uses the NPI and PTAN together to identify the provider in their programs and maintains a record of both numbers in their Provider Enrollment Chain & Ownership System (PECOS)



Process for Obtaining Medicare Approval-CMS 855S

1. Pharmacy obtains required NPI, surety bond and/or accreditation PRIOR to completing and submitting CMS 855S to NSC
2. Pharmacy pays required application fee (via www.pay.gov) PRIOR to completing and submitting CMS 855S
 - Initial enrollment
 - Addition of a new business location
 - Revalidation
 - Reactivation, if requested
3. Pharmacy supplier completes and submits the enrollment application (CMS-855S) and all supporting documentation to the NSC



Process for Obtaining Medicare Approval-CMS 855S

4. Pharmacy supplier submits fingerprint background check

- At NSC request
- Returned to CMS

5. NSC reviews the application and conducts a site visit

Verifies compliance with supplier standards

found at 42 C.F.R. sections 424.57, 424.58, and 424.500 et seq.

6. NSC notifies the pharmacy supplier in writing about its enrollment decision

Note: The NSC may request additional documentation to support or validate information reported on the submitted CMS-855S application



Medicare Part B

- DSME/T is a medicare Part B benefit
- Covers additional services provided by physicians, outpatient clinics & labs
- Covers durable medical equipment (DME), diabetes self-management training (DSME/T) & medical nutrition therapy (MNT)
- Elective program funded in part by beneficiary premiums, but largely by general taxes
- Approximately 95% of Medicare beneficiaries elect to participate in Part B & pay the monthly premium



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Medicare Part D

Covers outpatient prescription medications





Patient Eligibility Requirements

- Eligible if within the last 12 months, a patient has one of the following:
 - Diagnosed with diabetes
 - Started taking a diabetes medication or went from PO to insulin
 - Have diabetes and became eligible for Medicare
 - At risk for complications of diabetes
- Must received education through ADA recognized or AADE accredited program



Medicare DSME/T Eligibility

- Referral from supervising physician
- Initial year
 - Up to 10 hours of education
- Subsequent years
 - Up to 2 hours of education
- Medical Nutrition Therapy
 - Initial: 3 hours of one-on-one counseling
 - Follow-up: 2 hours of one-on-one counseling



Coding and Billing Requirements for DSME/T

- Requires use of G codes
 - G0108: Individual Session
 - G0109: Group Session
- Must be billed in 30 minutes increments
- May be billed on either
 - UB92 (Hospitals & Facilities)
 - HCFA1500 forms (Physicians & Allied Health Professionals)
- May bill paper claims or process online using an EHR/EMR



Medicare Reimbursement

- Medicare beneficiary pays co-pay for DSME/T service
- (Medicare covers 80% of the allowed adjusted rate, beneficiary pays 20%)
- G0108 – DSME/T individual session face-to-face with patient, each 30 min. of training 2015 Medicare Fee Schedule reimbursement: \$46.46-\$71.06 (varies by geographic region & carrier)
- G0109 – DSMES group session (2 or more patients) Each 30 min. of training 2015 Fee Schedule \$12.57-\$19.20 (varies by geographic region & carrier)



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Coding and Billing Requirements for DSME/T

- Requires use of CPT codes
 - 97802, 97803, 97804
 - 15 minute increments for 97802 and 97803
 - 30 minute increments for 97804
- Must be billed on HCFA1500 forms



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Commercial Reimbursement for DSME/T

Current Virginia State Insurance Coverage for DSME/T

Insurance Type	Private	Medicare	Medicaid
% of State Population ³⁸	61%	14%	11%
Coverage Required	Yes	Part B only	No
Cost Sharing	Varies by plan	Up to 20% copay Deductible	-
Limitations	No annual benefit limits permitted Prescription required	10 hours within 12 months of initial referral 2 hours annual follow-up training Referral required	-

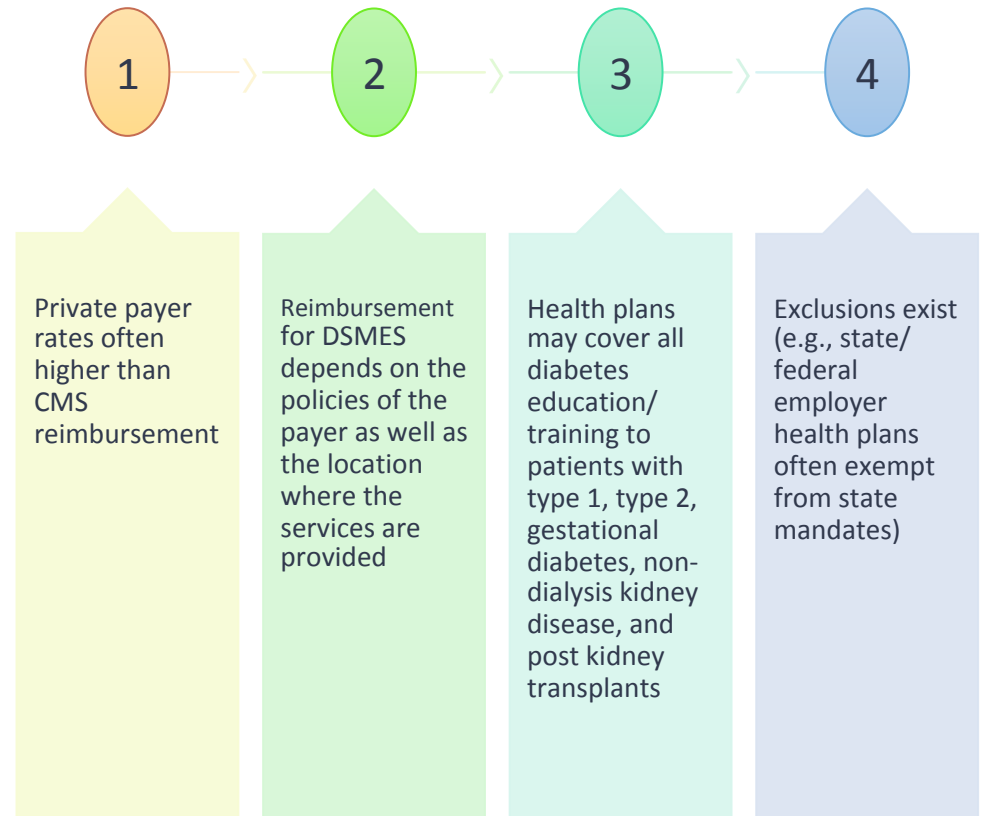


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Virginia State Requirements for Commercial Insurers

Insurance Policies Required to Provide Coverage	Each insurer that proposes to issue an individual or group hospital policy or major medical policy in the Commonwealth, each corporation proposing to issue an individual or group hospital, medical or major medical subscription contract, and each health maintenance organization providing a health care plan for health care services shall provide coverage for diabetes as provided in this section. The requirements of this section shall apply to all insurance policies, contracts and plans delivered, issued for delivery, reissued, or extended on and after July 1, 2000, or at any time thereafter when any term of the policy, contract or plan is changed or any premium adjustment is made.	
People Covered by Insurance Mandates	Insulin-dependent diabetes Insulin-using diabetes Gestational diabetes Non-insulin-using diabetes	
Benefits Required		
Medication	Yes	Not specified
Equipment and Supplies	Yes	Not specified
Education	Yes	Medical nutrition therapy included
Services	Yes	In-person outpatient self-management training

Commercial Reimbursement for DSME/T





Setting your Fees

- In order to develop a performa, you need to estimate income
- In order to estimate income, you need to set your fees for each service you provide
- Many commercial payers reimburse higher than Medicare
- Reimbursement is based on the amount you claim (normal fee) or their allowable fee, whichever is lowest
- Consider setting your fee as a percentage of Medicare (100-150%)



Audits

- Medicare or AADE can audit your program even if you are not billing for your services
- Set a goal to see at least 10 patients per year, whether you are billing or not in order to have data to maintain accreditation
- Meet with your billing specialists to make sure you and they know what codes to use to bill for DSMES (G0108 and G0109) and that you understand CMS's rules for coverage of diabetes education
- Auditor checklists available online ^{6,7}

6. AADE. <https://www.diabeteseducator.org/docs/default-source/practice/practice-resources/comp003.pdf?sfvrsn=2%20%20%20%20pracle2016.pdf>

7. ADA. <https://professional.diabetes.org/sites/professional.diabetes.org/files/media/erp-audit-toolkit-2018-final.pdf>



Post-Knowledge Check

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Contact Information

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ADA. <https://professional.diabetes.org/sites/professional.diabetes.org/files/media/erp-audit-toolkit-2018-final.pdf>