



Diabetes Resources

in Davis County



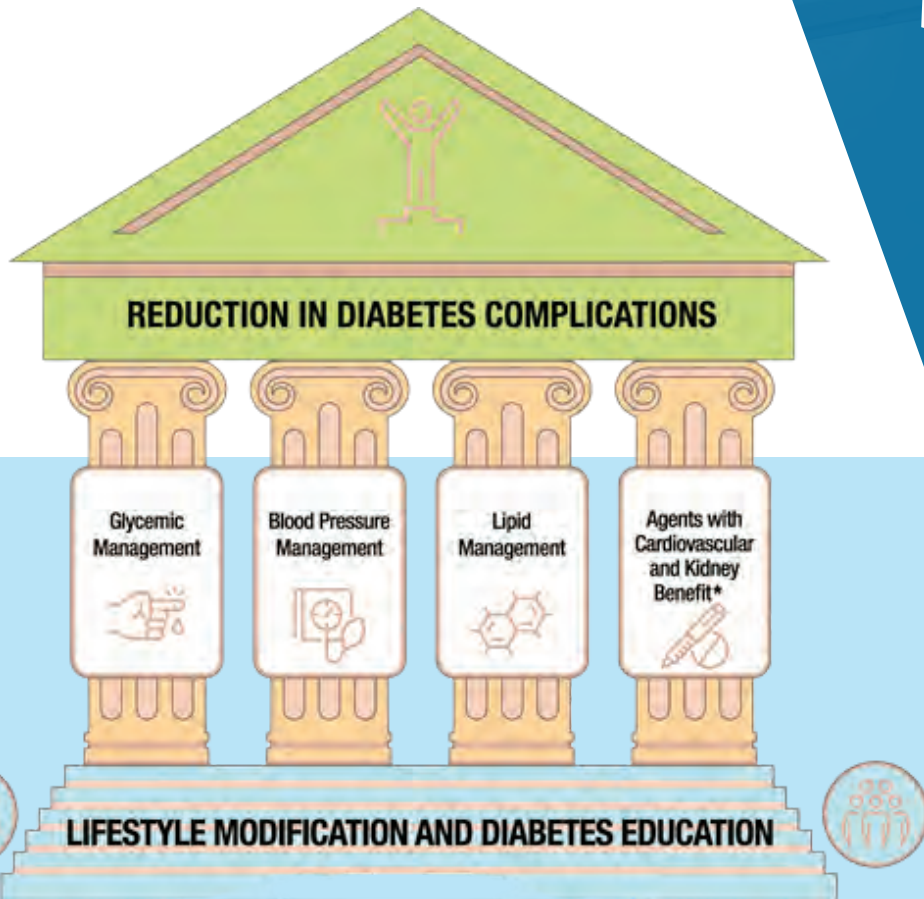
A toolkit for understanding
diabetes education and
resources in Davis County



Scan here to access this toolkit online.



RECENT CHANGES IN DIABETES CARE



The ADA now recommends that adults who do not have diabetes symptoms should be screened for prediabetes and type 2 diabetes starting at age 35.

This change comes after the US Preventive Services Task Force (USPSTF) lowered its recommended screening age from 45 to 35 years in August, 2021.

A Four-Pillar Approach

Of the estimated 34 million US adults with diabetes in 2018, about one in five (21%) was undiagnosed. The CDC estimates that 88 million people in the US have prediabetes and that most of them don't know it and have not been made aware by their healthcare providers.

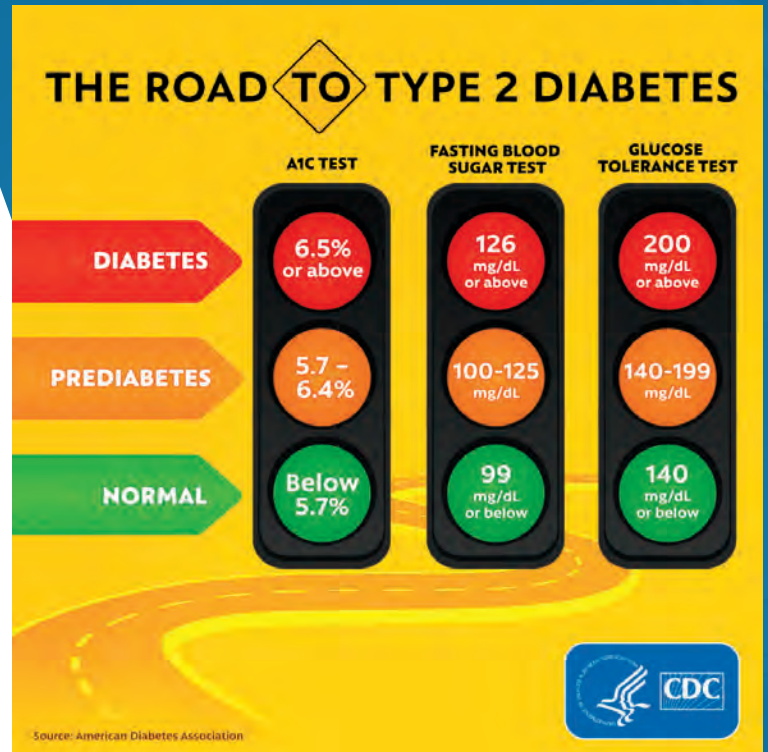
Changes to the ADA Standards of Care



diatribe.org/your-guide-2022-changes-ada-standards-care



WHAT IS THE NATIONAL DIABETES PREVENTION PROGRAM (NDPP) AND DIABETES SELF-MANAGEMENT EDUCATION (DSME)?



The National Diabetes Prevention Program (NDPP) is an evidence-based lifestyle change program focused on helping those at risk for developing type 2 diabetes. Participants take part in a year-long program taught by a trained lifestyle coach.

Diabetes Self-management Education (DSME) provides an evidence-based foundation to empower people with diabetes to navigate self-management decisions and activities.

Davis County Health Department is offering a **FREE 1 hour Prediabetes 101 class**. If you are interested in referring your patients, please contact 801-525-5097.

FOR MORE INFORMATION:

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801-525-5097

EVIDENCE-BASED DIABETES EDUCATION IN DAVIS COUNTY

BEST times for diabetes education:

- Initial diabetes diagnosis
- Annual assessment of education, emotional, & nutritional needs
- When new complications arise
- When changes in care occur

PRE-DIABETES DIAGNOSIS

National Diabetes Prevention Program (National DPP)

Lifestyle change program for preventing type 2 diabetes focusing on healthy eating, adding activity into daily life and improving problem-solving and coping skills

Farmington Health Center (UofU)	801.213.8720	In-person and online options
Layton Clinic (IHC)	801.387.7900	In-person only

DIABETES DIAGNOSIS

Diabetes Self-Management Education/Training (DSME/T) - *Physician referral required*

Education by a registered dietitian, nurse or pharmacist on how to manage diabetes

Davis Hospital (Layton)	801.807.7360	Registered dietitian or nurse
Tanner Clinic (Layton)	801.773.4840	Ex. 3152
Ogden Clinic	801.475.3000	Certified Diabetes Education Specialist
Bountiful Clinic (IHC)	801.397.6400	Free monthly classes
Farmington Health Center (UofU)	801.587.3930	1 day training in SLC/free to uninsured

DISEASE MANAGEMENT

Living Well with Diabetes - *Bi-directional referral available*

Living Well with Chronic Conditions - *Bi-directional referral available*

6 week self management courses for individuals or caregivers living with either diabetes or chronic conditions (2 separate courses)

Davis County Health Department	801.525.5087	Various locations in county
Farmington Health Center (UofU)	801.213.6675	
Wade Family Medicine (Bountiful)	801.298.9155	

Revised 11/2022

For additional information: www.LivingWell.Utah.gov





BENEFITS OF DIABETES EDUCATION



LESS THAN 60% OF PATIENTS WITH
DIABETES RECEIVE DIABETES EDUCATION.

DSME is a billable service through medicare, medicaid, and most private insurers.

Helps meet quality improvement goals and improve population health.

Cost-effective by reducing hospital admissions and readmissions.

The Association for Diabetes Care & Education Specialists (ADCES) has defined the ADCES 7 Self-Care Behaviors™ as a framework for patient centered diabetes self-management education and training (DSME/T) and care.

1. Healthy eating
2. Being active
3. Monitoring
4. Taking medication
5. Problem solving
6. Healthy coping
7. Reducing risks





ELIGIBILITY & REIMBURSEMENT

In 2022, House Bill 80 was signed by the Utah governor. This legislation allows for Medicaid reimbursement for diabetes prevention services.

If your patient is on Medicaid, Medicare or Select Health, DPP should be covered.

*Patient should verify coverage with their insurance.

In order for a patient to *qualify* for DSME coverage, he or she must have:

1. A **diagnosis** of type 1, type 2, or gestational diabetes, **OR**
2. Been **previously diagnosed** with diabetes before meeting Medicare eligibility requirements **and are now eligible** for coverage, **AND**
3. A **written referral** from a physician or mid-level provider.

Medicare Part B covers a once-per-lifetime opportunity for the Medicare Diabetes Prevention Program to help your patients prevent type 2 diabetes. To review eligibility and find a Medicare Diabetes Prevention program near you, visit: www.medicare.gov/talk-to-someone

For more reimbursement information visit:



medicaid.utah.gov/coverage-and-reimbursement/



medicare.gov/coverage/medicare-diabetes-prevention-program

2022 NATIONAL STANDARDS FOR DSME INTERPRETIVE GUIDANCE

*If your patient is in a Medicare Advantage Plan, have them contact their plan to find out where to get this service.



PATIENT FLOW PROCESS

As a health care provider, you play a vital role in helping your patients manage their diabetes by referring them to DSME services in your local area.

1.

CHECK-IN

Patient completes Diabetes Risk Test if new patient and undiagnosed.

2.

ROOM/ VITALS

Calculate BMI and review diabetes risk score.

3.

EXAM/ CONSULT

Advise on diet, exercise, and willingness to participate in DSME if diagnosed with diabetes.

4.

REFERRAL

If patient agrees, proceed with referral. Complete and submit referral form to DSME provider.

5.

FOLLOW UP

Contact the patient to ensure enrollment and promote participation in DPP/DSME program.

When should someone with diabetes go to DSME?

Four critical times:

1. At diagnosis
2. During an annual assessment
3. New complicating factors
4. Transition in care

Research shows that without active follow up and reinforcement, patients are likely to experience challenges to following their healthcare provider's advice.



REFERRING YOUR PATIENTS & WORKFLOW

If DSME were a pill, would you prescribe it?

Determine if your organization currently offers or refers to a DSME program.

Davis County Health Department can provide support!

Referring and treating a person with diabetes requires a team-based approach.

The most successful DSME services are those that clearly define each team member's roles and responsibilities. One team member may be responsible for processing all incoming DSME service referrals, while another is responsible for follow-up with the referring provider.

If your organization does not offer a DSME program:

Identify DSME programs in your area using search tools offered by [ADA](#) and [ADCES](#). If programs exist, **collaborate** to create a referral process that includes a formal feedback loop to track attendance.

Consider creating a recognized program!

[CDC diabetes DSME toolkit referral process](#)



EXAMPLE
SHORT REFERRAL

DSME Referral: _____ **Date:** _____

Patient's Name: _____ **DOB:** _____

Phone#: _____

Diabetes Diagnosis:

- Type 1, controlled Type 1, uncontrolled Type 2, controlled Type 2, uncontrolled
 Gestational Pre-Existing DM with Pregnancy Pre-diabetes

Referral For:

- Initial Comprehensive Diabetes Self-Management Training(DSMT) – 10 hrs and all 9 topics
 DSMT: Follow-up – 2 hrs
 Medical Nutrition Therapy (MNT) initial – 3 hrs
 MNT: Follow up – 2 hrs
 Specific Topics and Hours if needs vary from above: _____

*DSME can be ordered by an MD, DO or midlevel provider managing the patient's diabetes.

**MNT must be ordered by MD or DO.

Indicate any barriers to group learning or additional insulin training requiring 1:1 education:

- Impaired mobility Impaired vision Impaired hearing Impaired dexterity
 Impaired mental status/cognition Language barrier Eating disorder
 Learning disability or other (please specify): _____
 1:1 Insulin Training

Physicians Signature: _____

Date: _____

DELIVERING THE DIFFICULT NEWS OF A TYPE 2 DIABETES DIAGNOSIS

SIX THINGS TO TELL YOUR PATIENTS

“You have Type 2 diabetes.” When you deliver this news to patients, many are surprised, even shocked. Research shows some are so busy processing this unwelcome information, they have a difficult time focusing on what you are saying – and about a fourth of them wonder whether it’s even true.

And yet you have a short time to ensure they understand just how serious the disease is and what needs to be done in order to remain as healthy as possible. It’s not an easy job.

For people with diabetes, learning about diabetes management is a process. Certainly you’ll need to explain the basics – including what causes diabetes and its various complications, treatment options, nutrition, and monitoring blood glucose. But to ensure they really hear you and understand that diabetes can be well-managed, the American Association of Diabetes Educators (AADE) recommends six things to be sure to tell your patients:

- **It’s not your fault.** Emphasize that diabetes can be caused by many factors, including being inherited, explaining that means they were born with a tendency to get the disease. It’s true that specific things can trigger diabetes, including stress, lack of activity and weight gain. But it also means there are things that they can do to make it better and live healthier.
- **Don’t panic!** Patients may recall the uncle with diabetes who had his leg amputated or the neighbor who died of a heart attack. Explain that there are things they can do to decrease their risk of complications. Ask them what they know about diabetes, which will help you correct their misperceptions and better help them.
- **You don’t need special foods.** People usually want to know what they can eat when they go home and worry that they’ll never be able to consume anything sweet again. Let them know they should eat the same way *everyone* should eat. That means controlling carbohydrates, portion sizes, fat and salt intake, but also enjoying the occasional sweet treat. Use diabetes as something that can motivate them (and their families) to live the healthier lives that all of us should be living.
- **Being active helps.** It doesn’t mean they have to run a marathon. Whatever their activity level, encourage them to think of how they can be more active. If they are not active, little changes can help them start, from taking the stairs instead of the elevator to parking the car at the far end of the lot. Make it clear that being active has big payoffs, helping them lower their glucose levels; strengthen their heart, bones and muscles; lose weight; and feel better.
- **Learning to master your diabetes is critical: See a diabetes educator.** Diabetes educators are licensed health care professionals who work with each patient to design a specific healthy living plan tailored to them that includes the tools and support they need. Explain that diabetes education has been proven to help patients with diabetes manage their weight and reduce their cholesterol levels and blood pressure; and that the diabetes educator acts as part of your team to help the patient manage his or her care in a way that makes sense to each person. (If you don’t currently work with a diabetes educator, find one at diabeteseducator.org.)
- **You’re not alone.** It’s important to remember is that a diabetes diagnosis is scary and can be overwhelming, so be sure to reassure your patients that although they *will* have to make changes, you and their other healthcare providers are there to help them. Encourage them to discuss experiences, ask questions and even get involved with support groups – in person or online. Here’s where a diabetes educator can really help them, which helps you. Most insurance programs cover diabetes education.

Ultimately, you want to be sure that patients newly diagnosed with diabetes leave your office knowing that they can manage the disease – and even feeling empowered to do so.

DIABETES RESOURCES

LOW-COST INSULIN PROGRAMS



UTAH INSULIN SAVINGS PROGRAM

Who is eligible?

Any Utahn with diabetes who uses insulin as treatment and is not covered by PEHP through the State Plan.

How does it work?

Apply at utahinsulin.net or use the QR code, and if eligible, receive an ID card to bring with you to the pharmacy. Show this card to the pharmacist with your prescription and ask for the Savings Program discount rate.

What brands are covered?

Covered insulin brands include Lantus®, Toujeo®, Toujeo Max®, Novolin®, Novolog®, and other Novo brand mixed insulins. Both vials and pens are available. If your brand isn't listed, talk to your doctor about switching.



ASSISTANCE PROGRAMS THROUGH INSULIN MANUFACTURERS

Some manufacturers offer low-cost insulin programs based on eligibility. For more information, visit insulinhelp.org or use the QR code.

- **Lilly Diabetes Solution Center:** 833-808-1234
- **Novo Nordisk NovoCare:** 1-844-NOVO4ME (1-844-668-6463)
novocare.com/diabetes-overview
- **Sanofi Patient Assistance Program:** 1-855-984-6302
- **MannKind Support Programs** (Afrezza, insulin inhalation powder)
 - Copay Program: afrezza.com/savings-program
 - Direct Purchase: insulinsavings.com

*If you need additional help applying, call the Davis Midtown Community Health Center at [\(801\) 334-0030](tel:8013340030) (\$10 service fee).



ADDITIONAL RESOURCES

Discount Card Programs

- GoodRx, FamilyWize, Inside Rx, RxSaver, Coast2CoastRx, and more.

Medicare Part D 2023

- Plans cannot charge over \$35 for a one-month supply of each Part D covered insulin. Use the QR code or visit medicare.gov/coverage/insulin to learn more.





INSULIN COST SAVINGS



Some insulin manufacturers offer low-cost insulin programs based on eligibility. For more information, visit insulinhelp.org

- Lilly Diabetes Solution Center: 833-808-1234
- Novo Nordisk NovoCare: 1-844-NOVO4ME (1-844-668-6463)
- novocare.com/diabetes-overview
- Sanofi Patient Assistance Program: 1-855-984-6302
- Sanofi Patient Connection (Lantus®, Toujeo®)
 - sanofipatientconnection.com/financial-eligibility
- MannKind Support Programs (Afrezza®, insulin inhalation powder)
 - Copay Program: afrezza.com/savings-program
 - Direct Purchase: insulinsavings.com

INSULIN COST RESOURCES



Additional diabetes medication and insulin cost savings programs are available.

Visit the [Insulin Cost Resources](#) website for more information and a list of resources.

You can also view the site in Spanish [here](#).

[Insulin Cost-Saving
Resource Guide](#)





RESOURCES



ADA:

professional.diabetes.org/diabetes-education%20

ADCES:

www.diabeteseducator.org/practice/diabetes-education-accreditation-program

Health Insurance Aid:

diabetes.org/tools-support/health-insurance

CDC diabetes referral toolkit:

www.cdc.gov/diabetes/dsmes-toolkit/index.html

Diabetes related program and classes:

www.livingwell.utah.gov

Discounts on medications:

www.GoodRx.com

Utah Insulin Savings Program:

<https://www.utahinsulin.net/>

Intermountain Healthcare Way to Health Prediabetes Class Information Session



If your practice would like more information on diabetes education and care for your patients, please contact Heather Gibb at 801-525-5097.

[Davis County Health Department](#)
[Online Resources](#)

