PROGRAM DESCRIPTION
The Montana Diabetes Program aims to increase access to diabetes self-management education and support (DSMES) by increasing the number of qualified diabetes educators and quality education programs. Our initiative offers a self-study and peer-mentoring program for healthcare professionals interested in improving their knowledge and skills in DSMES and has a route of study for preparing for the Certified Diabetes Educator (CDE) exam. Other services include technical assistance for developing outpatient DSMES sites and assisting them in becoming recognized or accredited, so that DSMES may be a billable service.

Since 2000, over 140 health professionals have enrolled in the self-study and peer-mentoring program. Montana currently has 90 CDEs, and roughly half of these CDEs provide services in rural or frontier areas. There are 47 recognized/accredited DSMES programs. Furthermore, the Billings Area Indian Health Service has 12 Community-Directed Diabetes Programs that provide diabetes education.

The goals for this initiative are to:
- Enhance the knowledge and skills of diabetes educators to provide high quality DSMES to people with diabetes.
- Support outpatient sites interested in developing high-quality DSMES programs that meet the National Standards for DSMES; and
- Promote sustainability by assisting DSMES programs in pursuing recognition/accreditation so they can bill for DSMES services.

PROGRAM BENEFITS
The Montana Diabetes Program offers the following resources:
- Providing individualized learning routes from beginner to advanced study (mentoring program);
- Access to a lending library of study materials and resources.
- Pairing interested participants with a CDE mentor.
- Technical assistance with developing DSMES programs, and meeting program recognition/accreditation requirements to obtain DSMES reimbursement.

DIABETES IN MONTANA
The prevalence of diabetes among adults in Montana increased from 2.8% in 1990 to 7.9% in 2017. In 2017, over 64,000 Montana adults aged 18 years and older, reported having diabetes. Despite the benefits of DSMES, it is highly underutilized. In 2017 only 52% of adults with diabetes reported having ever taken a class in diabetes self-management. (US Census, BRFSS 1990-2017). Nationally, only 6.8% of newly diagnosed persons with diabetes (that have private health insurance) participated in DSMES in the 12 months after being diagnosed (MMWR Moral Wrkly Rep.2014). Furthermore, only 4% of those with Medicare participated in DSMES.

Diabetes education is a recognized part of diabetes care and is covered by Medicare, MT Medicaid, and most health insurance plans when it is offered through an accredited diabetes education program. To receive insurance coverage for diabetes education, a provider referral is required.

The key times to access DSMES are: at diagnosis, annually (like a checkup), when there are any changes in diabetes care, treatment, or other co-existing health conditions, and when there are changes in living situations or health insurance.