Key Facts in Rural Health

Barriers to the Delivery of Medicare Reimbursed Diabetes Self-Management Education in Rural Areas
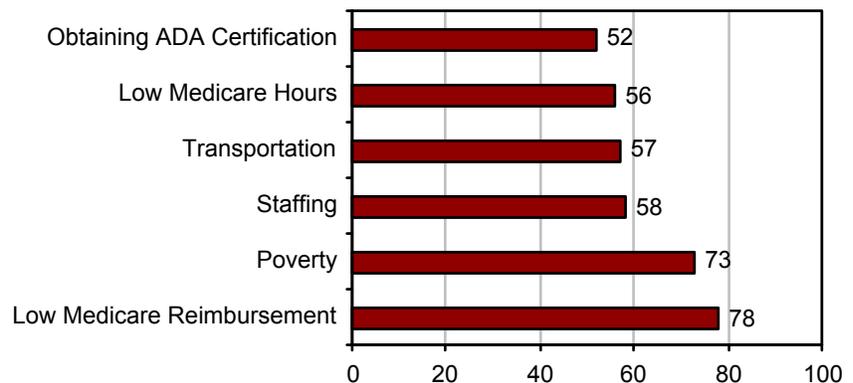
Diabetes is one of the most prevalent chronic conditions among older adults in the United States, disproportionately affecting women and minorities. Diabetes Self-Management Education (DSME) programs help newly diagnosed and chronic patients with diabetes learn to manage their care. This project explored the barriers that rural practitioners face in providing diabetes education to Medicare beneficiaries. We used an expert panel of diabetes educators, a survey Diabetes Control Program Coordinators (DCPD) in each state, and a mail survey sent to a random sample of ADA-recognized diabetes education facilities to identify major problems.

Rural Barriers to DSME: Expert Panel and DCPC Views

- The *expert panel* listed transportation, cultural barriers, and poverty as the most important barriers to providing care in rural areas.

- Most *DCPC* respondents believed it was more difficult for rural providers to obtain American Diabetes Association (ADA) certification for their education program than for urban providers. ADA certification is required before a facility can bill Medicare.

- State *DCPC* respondents reported the top barriers to the provision of DSME experienced by rural providers were shortage of specialists, difficulty obtaining sufficient hours and patients, and ADA application fees.

Rural Barriers to DSME: Survey Results

- The six factors perceived to be barriers to rural DSME by more than half of respondents are shown at right.

- 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. 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.

A full copy of this report may be obtained by contacting the South Carolina Rural Health Research Center.

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