

# NYC REACH

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## Expanding Access to Diabetes Education through Technical Assistance

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### Background:

Diabetes remains a major public health challenge in New York City (NYC), with disproportionate impacts across racial, ethnic, and socioeconomic groups. In 2022, approximately 800,000 adults in NYC, accounting for more than 11% of the adult population in NYC, had diabetes.<sup>1</sup> Asian/Pacific Islander (13%), Black (14%), and Latino (14%) New Yorkers were about twice as likely to have diabetes as White (7%) New Yorkers.<sup>1</sup> The diabetes prevalence among residents in the Bronx (15%), Queens (12%), and Brooklyn (12%) was higher than that among residents in Manhattan.<sup>1</sup> As of March 2024, a landscape analysis showed Manhattan had the most DSMES programs (45), followed by Brooklyn (32), the Bronx (17), and Queens (12).

Diabetes Self-Management Education and Support (DSMES) services are high quality, evidence-based, and person-centered.<sup>2</sup> Developed by key stakeholders and experts within the diabetes care and education community, the National Standards for DSMES is a comprehensive document with guiding principles for healthcare professionals to care for people with diabetes. The National Standards are revised every 5 years, with the latest revision in 2022.

<b>Standard 1</b> Support for DSMES Services	<b>Standard 2</b> Population and Service Assessment	<b>Standard 3</b> DSMES Team
<b>Standard 4</b> Design and Delivery of DSMES Services	<b>Standard 5</b> Person-Centered DSMES	<b>Standard 6</b> Measuring and Demonstrating Outcomes of DSMES Services

These six standards make up the application for accreditation or recognition as a DSMES program by two National Accrediting Organizations (NAO), the Association of Diabetes Care & Education Specialists (ADCES) and the American Diabetes Association (ADA), respectively. To maintain accreditation/recognition, DSMES programs must comply with the National Standards, submit de-identified annual status reports, conduct continuous quality improvement projects, ensure all team members maintain licensure and certifications, submit a renewal application every 4 years, and undergo audits.

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## **Approach:**

NYC REACH is operated by the Bureau of Equitable Health Systems (BEHS) whose goal is to apply policy, evidence, and practical expertise to improve equity in health care delivery at the individual, organizational, and systems levels. BEHS is a bureau of the Center for Health Equity and Community Wellness division. NYC REACH was originally created in 2010 to serve as the city's regional extension center for health information technology (HIT) and support clinical settings in adopting and using electronic health records (EHRs) for population health. NYC REACH is a free membership organization, primarily funded by state and federal contracts and grants. Staff are trained and experienced practice facilitators who provide direct technical assistance to over 1,800 providers and organizations. NYC REACH is guided by an advisory council of physicians from a variety of healthcare institutions across NYC.

In 2021, the NYC Health Department's DSMES program, Healthy Hearts for Diabetes, received accreditation from ADCES. The program's goal is to improve access to and utilization of DSMES services across NYC, to ultimately reduce diabetes-related health disparities, via direct delivery of DSMES in settings where access is limited. Aligned with Healthy NYC, the City's strategic vision to increase life expectancy for all New Yorkers, Healthy Hearts for Diabetes also serves as a sponsor organization to expand training and technical assistance through an umbrella hub model to support the implementation of DSMES services in areas with high rates of elevated glucose levels.

An umbrella hub model allows clinical practices in underserved areas to be supported by a sponsor to build capacity to deliver DSMES services. The sponsor provides support through technical assistance (TA), submitting the application for accreditation, reporting aggregate data, and covers the application fee. Each umbrella site receives its own accreditation certificate and becomes eligible for reimbursement from public and private payers, including New York State Medicaid. Sites follow the sponsor's accreditation cycle and may apply for their own accreditation at a reduced fee during the cycle. Each umbrella site tracks similar outcomes to the sponsor organization: ADCES7 Self-Care behaviors, Hemoglobin A1C, and Diabetes Distress Scale (DDS-2).

## **Identifying Sites:**

To identify potential umbrella sites, we explored NYC REACH's existing professional relationships with health systems, safety net hospitals, FQHCs, and small practices. Eligible sites were located in boroughs with limited access to DSMES (Bronx, Brooklyn, Queens) and served populations with limited English proficiency as well as Black and Latino communities. The team conducted introductory meetings with interested sites to outline roles, expectations, and potential benefits.

## **Technical Assistance:**

### *Assessment*

Interested umbrella sites complete a capacity assessment to determine the level of TA required to achieve and maintain accreditation. The capacity assessment was adapted from the DiabetesSmartNC's DSMES Readiness Assessment and includes a checklist of statements

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across key areas: leadership support, staff capacity, billing capacity, participant recruitment and community needs, external partnerships, and program sustainability.

## *Agreement*

If it's determined that a site is ready to deliver DSMES, a program agreement is signed by both parties. The agreement outlines mutual expectations, accreditation requirements, data and reporting, financial obligations, and NYC REACH membership.

## *Facilitation*

Depending on umbrella site capacity, biweekly or monthly virtual TA meetings were scheduled with the umbrella site's designated Quality Coordinator and leadership team. These TA meetings provided scheduled time to review the National Standards, share NYC REACH customized/fillable templates for each National Standard, review NYC REACH billing guidance toolkit, assess and adjust workflows and EHR documentation, review a sample report template and troubleshoot any issues that arise. Once all National Standards are met, the umbrella site is added to our DEAP dashboard to receive their own branch certificate in order to start billing for DSMES services. On a quarterly basis, umbrella sites submit de-identified data through a secure electronic system. These data are cleaned and incorporated into NYC REACH's annual status report submitted to ADCES. After accreditation is achieved, umbrella sites continue ad hoc meetings and are offered ongoing training, such as NYC REACH's diabetes stakeholder convenings which cover a range of DSMES-related topics (e.g. updates to the ADA Standards of Care, best practices with referring to DSMES, etc.).

## **Results:**

Four organizations have signed the program agreement and begun TA meetings to meet accreditation standards. As of July 2025, two organizations have achieved umbrella accreditation.

### *Umbrella site #1 (Care management organization in the Bronx):*

From April 2023 to June 2024, umbrella site #1 completed a total of 15 TA meetings and achieved accreditation in August 2024. Several months were dedicated to optimizing EHR documentation, including adding a dot phrase for the Diabetes Distress Scale (DDS-2) screener, tracking the ADCES7 Self-Care Behaviors, documenting SMART goals, and creating a referral pathway. HRSN screening had already been integrated into their EHR from primary care. Since accreditation, the site has submitted quarterly de-identified data.

### *Umbrella site #2 (health system in Queens):*

From July 2024 to January 2025, umbrella site #2 completed a total of 11 TA meetings and achieved accreditation in March 2025. Over a three-month period, the umbrella site collaborated closely with their IT department to design and implement a DSMES-specific documentation template that includes a newly developed comprehensive assessment, behavioral goal tracking, individualized SMART goals, Diabetes Distress Scale (DDS-2) screener, and progress notes. A new visit type was created specifically for DSMES along with a tailored DSMES referral template for the Family Medicine unit at one hospital, with hopes to extend to a second hospital in the

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health system.

## *Umbrella site #3 (health system in the Bronx):*

From September 2024 to May 2025, umbrella site #3 completed a total of 10 TA meetings and met 5 of the 6 standards for accreditation. Progress on Standard 5 (Person-Centered DSMES) was slower, primarily due to challenges with EHR documentation and assessment workflows. Ongoing TA meetings are focused on streamlining documentation by replacing free-text fields with structured, clickable options to enable longitudinal tracking and easier data extraction. Staffing limitations, specifically the reliance on a single nurse practitioner to provide education had impacted capacity. Accreditation is expected in August 2025.

## *Umbrella site #4 (fully remote RD private practice):*

From January 2025 to April 2025, umbrella site #4 completed a total of 4 TA meetings. Due to concerns about the long-term Medicare reimbursement landscape for telehealth-based DSMES, the umbrella site decided to pause its accreditation pursuit and instead focus on strengthening existing provider partnerships. They remain open to re-engaging in the future.

## **Lessons Learned:**

Standard 5 (Person-Centered DSMES) consistently takes the longest to complete, largely due to EHR coordination with umbrella sites' IT departments. System-wide EHR updates at several sites caused additional delays, as did leadership transitions during the implementation process. In contrast, the availability of pre-developed templates for other standards helped streamline progress. Leveraging existing relationships with clinical organizations was critical to building trust and facilitating engagement. As part of NYC REACH's broader work on health-related social needs (HRSN), our team was able to support integration of HRSN screening into DSMES workflows where it was not already in place. We also served as a liaison to address questions around reimbursement and accreditation, ensuring a smoother path to compliance with DSMES standards.

## **Conclusion/Next Steps:**

This umbrella hub program provides a scalable model to increase access to DSMES services in communities disproportionately affected by diabetes. We will continue identifying potential umbrella sites in areas of high need and convene diabetes stakeholders to address the operational and policy needs of DSMES programs in NYC.

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2. Davis J, Fischl AH, Beck J, et al. 2022 National Standards for Diabetes Self-Management Education and Support. *Diabetes Care*. 2022;45(2):484-494. doi:10.2337/dc21-2396