

Expanding the Role of Community Pharmacies in Diabetes Prevention and Management Through DSMES and National DPP

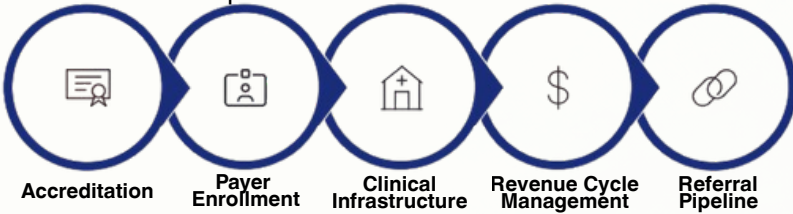
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Executive Summary

Community pharmacies are among the most accessible healthcare settings in Ohio, yet most Diabetes Self-Management Education and Support (DSMES) and National Diabetes Prevention Program (National DPP) programs remain hospital-based and underutilized in rural and underserved communities. Patients with diabetes and prediabetes often face transportation barriers, long wait times, and limited referral pathways - despite strong evidence that structured education and lifestyle interventions improve outcomes and reduce long-term healthcare costs. This initiative repositions community pharmacies as sustainable, medically recognized clinical providers capable of billing both Medicare and Medicaid for DSMES and delivering CDC-recognized National DPP services.

Sustainability

Pharmacies progress through accreditation and CDC recognition pathways while simultaneously completing Medicare enrollment, Medicaid provider ID acquisition, and Managed Care Organization (MCO) credentialing to enable dual public payer billing. Structured clinical workflows are established, including cohort-based class models, dedicated pharmacist clinical hours, standardized documentation templates, and electronic patient tracking systems aligned with billing and future audit requirements.



Pharmacies also implement technology platforms that support medical claims submission, documentation, and revenue cycle management to ensure accurate billing and streamlined reimbursement processes. Referral pipelines are developed through provider outreach strategies, referral tools, and defined patient volume benchmarks. Financial performance and quality are continuously monitored using return on investment (ROI) trackers, billable unit tracking, retention metrics, and annual sustainability plan reviews to ensure long-term viability beyond initial implementation support.

Operational Lessons

- Start Credentialing Early** - Initiating Medicare and Medicaid credentialing early is critical
- Build Referral Relationships First** - Relationships must be established before launch
- Engage Technicians** - Engagement strengthens recruitment & documentation workflows
- Plan for Succession** - Staffing transitions require defined succession planning
- Billing Before Volume** - Billing infrastructure must precede patient volume scaling

Replication & Future Directions

This model is replicable because it provides standardized onboarding pathways, stepwise credentialing roadmaps for Medicare and Medicaid, billing workflow templates and revenue cycle tools, ROI tracking dashboards, referral development toolkits, and structured technical assistance. Future expansion includes telehealth DSMES delivery models eligible for reimbursement, expansion to additional pharmacy sites, increased MCO engagement, diversification into other reimbursable clinical services, exploration of alternative payment models, and continued integration with provider quality measures.

Practice Setting

Innovation Horizons (IH), in partnership with the Ohio Department of Health (ODH) through a CDC-funded initiative, supports independent and regional community pharmacies in implementing accredited, medically billed DSMES and CDC-recognized National DPP services.

Pharmacy Cohorts

Four pharmacy organizations (independents and regional chains)


High-Need Population

High Medicaid enrollment, elevated diabetes burden, and sparse accredited programs

Rural & Appalachian

Located in medically underserved counties with limited clinical service access

Milestones Achieved

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- Medicaid Pharmacist Provider Credentialing
 - MCO Contracting Completed (50% Payers)
 - DSMES-Trained Staff in Place
 - Medicare Enrollment & DSMES Eligibility Submitted
 - First Patient Cohorts Launched
 - Documentation Workflows & Billing Software Aligned with Requirements

Key Barriers Identified in Literature

- 1 Inconsistent Reimbursement & Administrative Burden**
Inconsistent payer reimbursement & complex billing requirements, with performance-based payments & administrative barriers limit revenue
- 2 Retention Drop-off Over Time**
While early engagement is strong, attendance declines later sessions, requiring intentional retention strategies
- 3 Upfront Infrastructure Investment**
Accreditation, credentialing, billing systems, and workflow development must be completed before revenue stabilizes