



Telehealth Use, Interest and Barriers for Delivering Diabetes Self- Management Education & Support: in Virginia, 2019

Survey Report: Use, Interest in and Barriers around using Telehealth for Delivering Diabetes Self-Management Education & Support (DSMES) in Virginia.

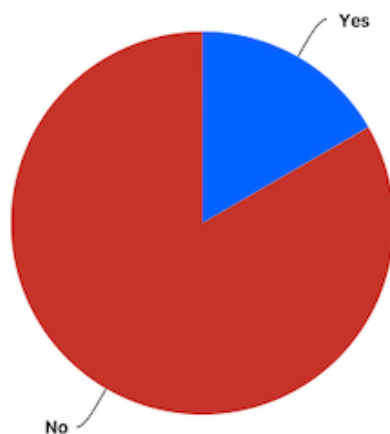
Introduction

A survey was conducted in 2019 to all ADA Recognized and AADE Accredited Diabetes Self-Management Education & Support (DSMES) Programs in Virginia to assess their use, interest in and barriers to using telehealth for delivering DSMES. The Virginia Center of Diabetes Prevention and Education reached out to the 35 entities in Virginia that provide DSMES services; which consist of health systems, primary care practices, and pharmacies. Veterans Affairs Military Medical Centers (4) were omitted from the survey because they have an established national telehealth DSMES program in operation that are not accessible to the general population of Virginians. We had an 80% response rate. The following summarizes the organization's response to the survey.

Use of Telehealth for DSMES in Virginia

As of 2019, five (14%) DSMES programs in Virginia use telehealth to support their delivery of their self-management program.

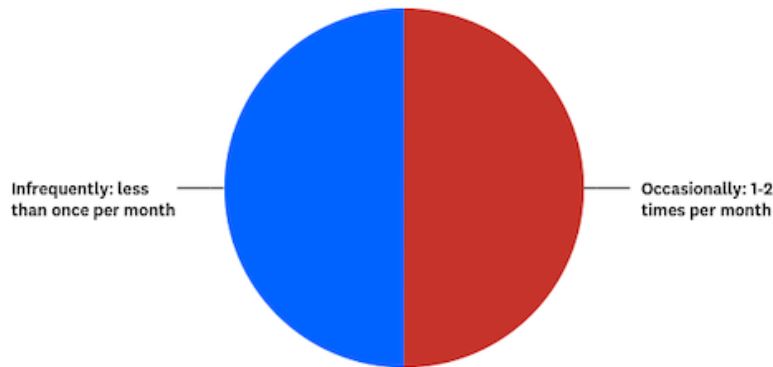
Q1 Does your organization use telehealth to deliver any part of your DSMES?



Of those organizations using telehealth, 40% (n=2) use live video conferencing, another 40% (n=2) use secure text messaging for sessions, and 20% (n=1) uses telehealth for remote monitoring of blood glucose, body weight, and blood pressure. In addition, the organization using remote patient monitoring also reported using the telephone and computer communications.

For the two organizations using live video conferencing, one identified using it < once per month and the other 1-2 times per month. Organizations using secure text messaging and remote monitoring did not include the frequency of use.

Q3 How frequently do you use live video conferencing to deliver diabetes education, MNT or any aspect of DSMES?



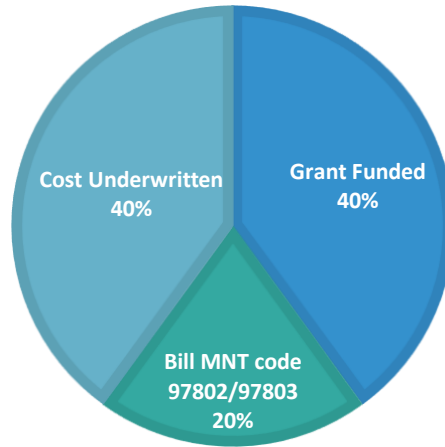
The video conferencing platform used by site include **Zoom** and **Skype**.

Billing and Payment for Telehealth DSMES Services

One organization that uses telehealth for delivering DSMES bills for individual Medical Nutrition Therapy (MNT) using billing (CPT) codes 97802 & 97803. Two organizations have grants and two have the costs underwritten by their organization to provide telehealth services.

REIMBURSEMENT FOR TELEHEALTH DELIVERY OF DSMES

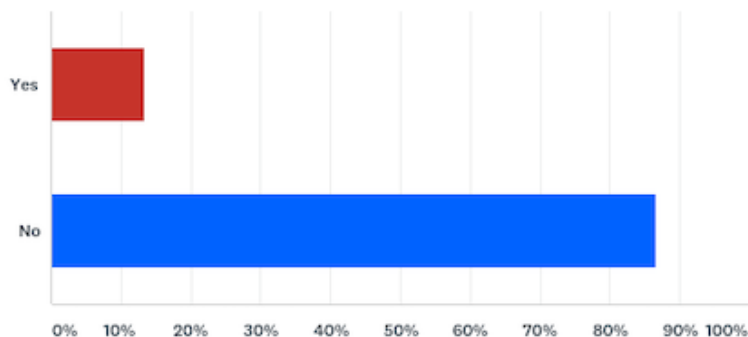
■ Grant Funded ■ Bill MNT code 97802/97803 ■ Cost Underwritten



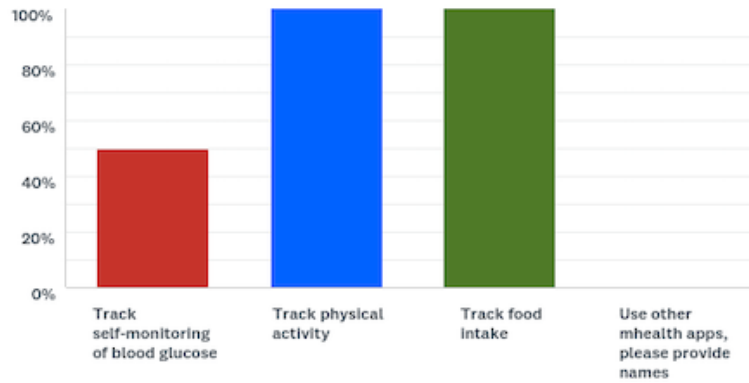
Use of mHealth in DSMES for Engagement

All organizations were asked about their use of mHealth to engage and support the patients in their DSMES program. Currently only 8% (n=3) of DSMES programs in Virginia use mHealth to engage patients. These programs all use mHealth apps for tracking food intake and physical activity, and one program uses it for self-monitoring of blood glucose.

Q10 Does your organization use mhealth to engage patients in your DSMES?



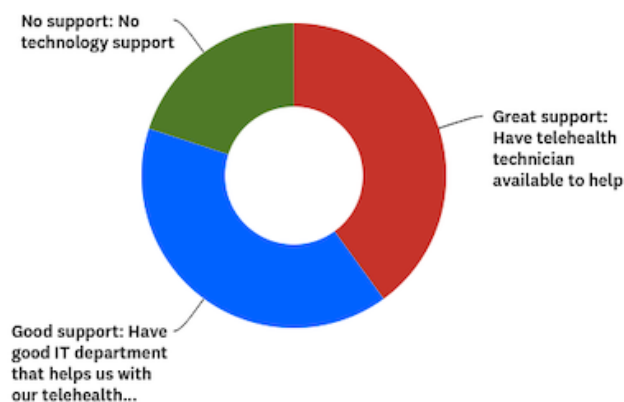
Q11 What do you have your patients use mhealth apps for? (check all that apply)



Technical and Organizational Support

Of those who use telehealth currently, two programs report great technical support, two report good technical support, and one reports no technical support (Q9). Among all DSMES programs in Virginia, 50% reported that their organization provides a low amount of encouragement to use telehealth whereas 29% of organizations reported a high level of encouragement.

Q9 What level of technical support does your organization have available to help you with telehealth delivery?



“50% reported that their organization provides a *low* amount of encouragement to use telehealth”

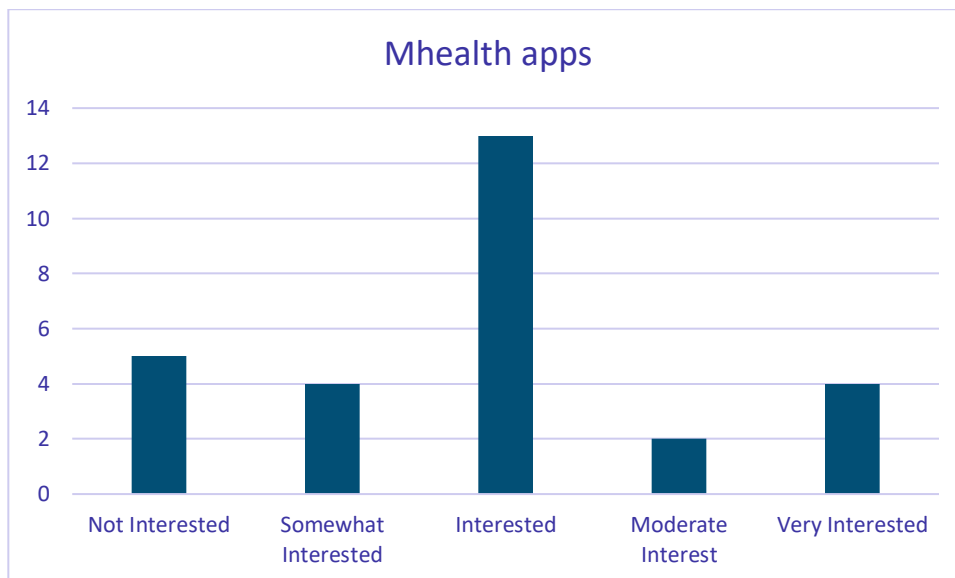
Interest in Telehealth as a Delivery Mode for DSMES

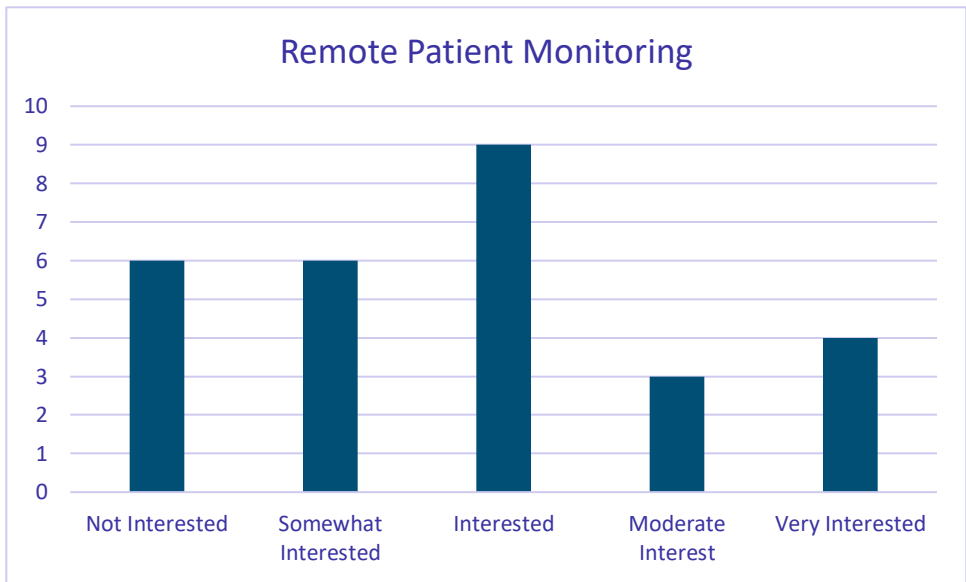
On a scale from one to five with five representing “Very Interested”:

Fifty-four percent of DSMES programs expressed interest to great interest in using live video conferencing (mean weighted score 2.9).

Forty-five percent of DSMES programs expressed interest to great interest in using remote patient monitoring (mean weighted score 2.8).

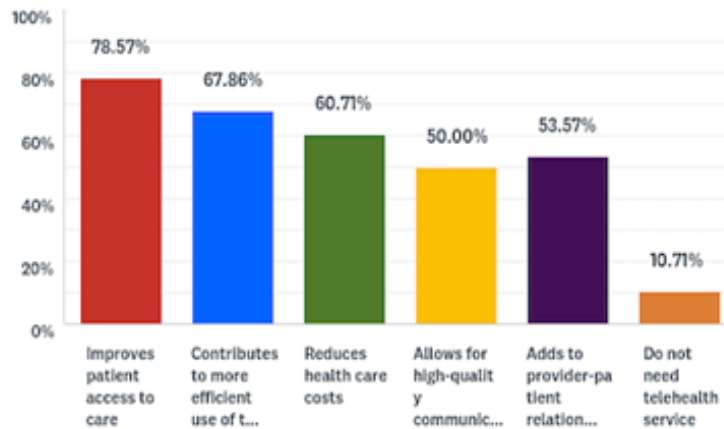
Fifty-four percent of DSMES programs expressed interest to great interest in using mHealth apps to engage patients (mean weighted score 2.9).





Over 78% of the respondents believe that the primary reasons to use telehealth for delivering DSMES was “Improved Access” and over 67% believe that it “Contributes to a more Efficient Use of Time”.

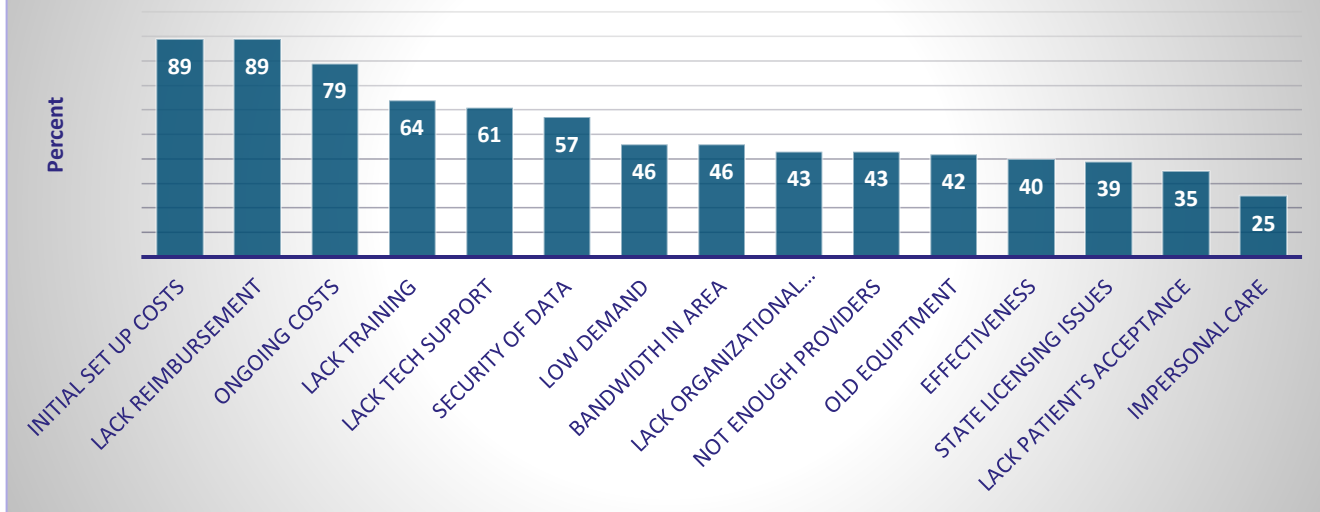
Q14 What would be your organization’s reason(s) to use telehealth services for diabetes education or DSMES delivery in the future? (check all that apply)



Barriers for using Telehealth for DSMES in Virginia

The top three barriers to using telehealth in delivering DSMES in Virginia are all financial barriers and include initial set up costs (89%), lack of reimbursement (89%), and ongoing costs (79%). Additionally, lack of training (64%) and the lack of technical support (61%) pose significant barriers. Interestingly, a minority of respondents reported that telehealth delivery had a perception of impersonal care (35%) and that patient acceptance (25%) of telehealth is a barrier to use.

Barriers to Implementing Telehealth for DSMES



Interest in learning more about Telehealth Delivery for DSMES

Ninety-seven percent of DSMES programs are interested in learning more about using telehealth for diabetes education and DSMES delivery.

Summary

Only 14% of DSMES programs in Virginia currently use telehealth to deliver some component of their program, and their telehealth use is limited to no more than twice a month. Additionally, only one of these programs bills for services using MNT CPT codes. Fewer programs (8%) use mHealth apps to engage and support their patients. However, it should be noted that many DSMES patients use apps independent of the program for their diabetes self-care.

DSMES providers believe that telehealth improves access to care and contributes to more efficient use of time. They also believe that patients will be accepting of telehealth delivery of services. With the exception of one program, providers are interested in learning more about using telehealth for program delivery. Unfortunately, organizational encouragement to use telehealth is low. By addressing the financial barriers to

implementing telehealth that were overwhelmingly reported in this survey, both organizations and providers may be more encouraged to use telehealth. It is essential to consider the implementation costs and the costs associated with program sustainability to begin to build the capacity for DSMES telehealth programs in Virginia. The one DSMES program in the state that obtains MNT reimbursement for telehealth delivery of services may serve as a good model to share and build upon for increasing the capacity for DSMES telehealth delivery of services.