Webinar:
Increasing Your DSMES Program’s Reach & Revenue With Telehealth Visits

Sponsored by the Virginia Center for Diabetes Prevention & Education

FEBRUARY 13, 2020

Learning Objectives:

• Learn how one DSMES program in VA integrated telehealth visits into their program
• Identify the primary considerations for implementing telehealth DSMES
• Discuss reimbursement options for telehealth delivery of DSMES
• Begin assessing your capacity to deliver telehealth DSMES

Approved for 1 CPEU by the Academy of Nutrition & Dietetics

MODERATOR: REBECCA JOLIN, MS
VIRGINIA CENTER FOR DIABETES PREVENTION & EDUCATION

SPEAKERS:
MELISSA A MULLINS, MS RD CDE BC-ADM
JOHNSTON MEMORIAL HOSPITAL DIABETES & ENDOCRINOLOGY CENTER
ABINGDON, VA

VIOLA F HOLMES, MS RD CDE
VIRGINIA CENTER FOR DIABETES PREVENTION & EDUCATION,
UNIVERSITY OF VIRGINIA
Who Are We?
• Johnston Memorial Hospital – Ballad Health
  • Diabetes & Endocrinology Center
  • ADA-recognized Diabetes Education Program since 2001
• Norton Community Hospital – Ballad Health
  • Norton Diabetes Education Center
  • Multi-site of the JMH program since 2013
  • 55 miles or 1 hour 20 minutes drive

Where Are We?

Why Telehealth?
• Staffing changes starting in 2015
• Distance
• Resources available
• Familiarity
• RD - provided coverage for MNT component
• RN CDE - provided coverage for Assessment, Education, and Follow Up/Support
What Resources Were Required?

- Internal Skype
- 1 Computer at each site
- 2 USB webcams (cheap)
- IT support (minor)
- 1 Private room at each site
- 1 Person with an interest at each site

---

Norton Community Hospital (NCH)
Originating Site (patient)

Johnston Memorial Hospital (JMH)
Distant Site (educator)

---

<table>
<thead>
<tr>
<th>Origination Site (NCH)</th>
<th>Distant Site (JMH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received &amp; scheduled referrals</td>
<td>Block educator’s schedule</td>
</tr>
<tr>
<td>Communicated to patient &amp; CDE</td>
<td>Designated day/time for Telehealth</td>
</tr>
<tr>
<td>Registered patient</td>
<td>Provided education materials</td>
</tr>
<tr>
<td>Obtained telehealth consent</td>
<td>Provided educator on time</td>
</tr>
<tr>
<td>Faxed registration &amp; consents</td>
<td>Completed clinical documentation</td>
</tr>
<tr>
<td>Obtained vitals</td>
<td>Provided follow-up &amp; plan for support</td>
</tr>
<tr>
<td>Roomed patient</td>
<td>Communicated with referral source</td>
</tr>
<tr>
<td>Initiated call</td>
<td>Billed MNT</td>
</tr>
<tr>
<td>Billed originating site facility fee</td>
<td></td>
</tr>
</tbody>
</table>
Considerations

- Real-time video and audio communication
- HIPPA compliance
- Health care providers
  - State licensure and within scope of practice
  - MD, DO, PA, NP, CNS, CRNA, CF, CSW, RD, nurse midwife,
  - BUT not RNs, even if CDE
- Originating site
  - Must be designated Rural (https://data.hrsa.gov/tools/medicare/telehealth)
  - Doesn’t have to be ADA/ADCES recognized
- Distant site must be ADA/ADCES recognized if billing DSMT
  - Does not if billing MNT

Considerations

- Practice
- Consent form
- Documentation
- Monitor
- Wired internet
- Private room (headset)
- Limit interruptions
- Standardize materials
- Clear plan for f/u
- Facilitator

Reimbursement

- Originating site facility fee
  - HCPCS code Q3014 with POS 11 and type of service 9
- MNT: 97802, 97803, 97804, G0270
- DSMT: G0108-G0109
  - If injection training is clinically indicated, then 1 hour of DSMT must be provided in-person for the purposes of injection training during the initial training or in the next CY’s follow up training (Jan ’19)
  - Use exact same codes as in-person, but with POS 02
    - Changed from GT modifier to POS 02 in 2018
    - Only use GT modifier if billing under the CAH Optional Payment Method II
    - Only use GQ modifier if the physician or practitioner is affiliated with a federal telemedicine demonstration conducted in Alaska or Hawaii (asynchronous)
Limitations

• Less revenue for NCH
  • Facility fee vs. DSMT/MNT
• No physical presence in the community affected
  • Marketing
  • Support group
  • Resource for clinical staff
  • Transition from hospital to home to outpatient
  • Referrals

Positive Outcomes

• Patients were agreeable, receptive and comfortable
• Maintained functionality of the Diabetes Education Center at NCH during staffing shortages without
  • Delay in intake of referrals from local providers
  • Inconvenience to patient
  • Inconvenience to educator
  • Much extra expense or work for either site
• Clinical outcomes
• Financial outcomes
• Appointment attendance
• Experience

More Information

• Medicare Learning Network Booklet on Telehealth Services, January 2019
• https://data.hrsa.gov/tools/medicare/telehealth
• Melissa.Mullins2@balladhealth.org
Assessing Your Organization’s Capacity to offer Telehealth DSMES

Why do a Capacity Assessment?
Capacity Assessment will help you identify areas to:
• Develop
• Enhance
• Restructure

Capacity Assessment Topic Areas:
1) Organizational Readiness
2) Identified Need
3) Organizational Infrastructure Readiness (Technology, Staff Availability & Training, Physical Space & Materials, Operational Readiness)
4) Regulatory Considerations
5) Financial & Reimbursement Considerations
What's Next after Assessing Capacity?

- For every question with a "No" or "Unsure" response work with your organization's leadership to improve your readiness.

- Additionally, contact us at the Virginia Center for Diabetes Prevention & Education for recommendations to help you get ready to become a telehealth DSMES provider! vdf7j@virginia.edu or (434) 982-0173

Q & A
We are here to help & answer your questions

Viola Holmes, MS, RD, CDE  vj7d@virginia.edu
Anne Wolf, MS, RD  wma66@virginia.edu
Rebecca Jolin, MS  rj9b@virginia.edu
Melissa Mullins, MS, RD, CDE  Melissa.Mullins2@balladhealth.org
Ballad Health