- Measures have been taken, by the Utah Department of Health, Bureau of Health Promotions, to ensure no conflict of interest in this activity.
- CNE/CEU’s are available for this live webinar. You must take the pre and post tests. 80% is required on the post test to receive CNE/CEU’s.
- Certificates will be emailed out to you within two weeks

Proven KEYS to Enhancing DSME/MNT Program Sustainability

Mary Ann Hodorowicz RD, LD, MBA, CDE,
Certified Endocrinology Coder
Mary Ann Hodorowicz Consulting, LLC 3-23-15

Mary Ann Hodorowicz

RD, LDN, MBA, CDE, Certified Endocrinology Coder

Mary Ann Hodorowicz, RD, LDN, MBA, CDE, CEC, is a licensed registered dietitian and certified diabetes educator and earned her MBA with a focus on marketing. She is also a certified endocrinology coder and owns a private practice specializing in corporate clients in Palos Heights, IL. She is a consultant, professional speaker, trainer, and author for the health, food, and pharmaceutical industries in nutrition, wellness, diabetes, and Medicare and private insurance reimbursement. Her clients include healthcare entities, professional membership associations, pharmacies, medical CEU education/training firms, government agencies, food and pharmaceutical companies, academia, and employer groups. She serves on the Board of Directors of the American Association of Diabetes Educators.

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Learning Objectives

- List 4 effective promotions for DSME/MNT programs
- Name 3 key target markets of DSME/MNT programs
- List 4 goals of DSME/MNT program promotions

What's Known: DSME/MNT Attendance Down

- Despite availability of formal DSME/MNT programs, they are **underutilized**[1]
  - Only 1/3 to 1/2 of PWDs attend DSME/MNT programs!
    - Associated with key factors that ↑ attendance:
      - Higher socio-economic status
      - Treatment modality (e.g., insulin users)

1. Zgibor, Janice C. RPh, PhD, *Research Associate, Graduate School of Public Health, Dept. of Epidemiology, University of Pittsburgh* **COMMUNITY PROVIDERS PATIENTS HEALTH SYSTEM,** Barriers and Breakthroughs: Diabetes Self-Management Training in Primary Care

What's Known: Barriers To Access Exist

- Many barriers to access, attendance *primarily* due to:[1]
  - Poor **awareness** of **value** and **existence** of DSME and MNT programs by KEY target markets:
    - Individual providers (gatekeepers to referral)
    - Individual providers' PWDs
    - Consumers with diabetes
    - Local healthcare entities without programs:
      - Hospitals, clinics, pharmacies, patient centered medical homes, accountable care organizations
    - Local employers with employee wellness programs

What's Known: Barriers CAN be Reduced!

- So, how can:
  - Barriers to **access** and **attendance** be ↓ ?
  - Provider **referrals** ↑ ?

Answer: via Marketing Plan!

Keys to sustainability imbedded in Marketing Plan

Marketing Plan for a 'Service' = 7 P's

1. **P**eople
   --Staffing and interpersonal/professional skills of
2. **P**roduct/Service (DSME and MNT are services)
3. **P**lace/Physical Evidence
4. **P**romotion
5. **P**rice
6. **P**ackaging and branding
7. **P**rocess/**P**rocedures

   -- To maintain cash flow, quality, efficiency, accuracy, timeliness; to ↑ access, attendance and reimbursement

PROMOTION Must be Part of Your Marketing Plan!

- Results of poor, irregular or non-existent **promotion activities** are: ↓ program awareness leading to ↓ sustainability as result of:
  - Individual providers not referring their PWDs
  - Other healthcare entities not referring their PWDs
  - Providers' PWDs having less access to programs
  - Local employers not asking for wellness programs
  - Consumers with diabetes not self-referring

Bottom line: Program's sustainability suffers!

If we build it, they will come.

True or False?

FALSE! Why?

- Target markets….your provider & patient customers:
  - Don’t know your DSME program **exists**
  - Don’t personally know your **educators**
  - Don’t really **trust** that program does ↑ outcomes
    - Thus, they don’t **value** your DSME
  - Won’t refer their patients to your program
  - Won’t refer themselves to your program

FALSE! Why?

- Why else?
  - Patients may know **value** of DSME, but don't think they **need** it……"*bad stuff won't happen to me*"…

    or

  - Patients already connected to another DSME program

PROMOTION Goals

7 PROMOTION GOALS for Your Target Markets:

1. Develop promotion content that is laser-centered on **unmet** or **poorly met** needs of your target markets:
    - Individual providers (gatekeepers to referral)
    - Individual providers' PWDs
    - Consumers with diabetes

PROMOTION Goals

- Local healthcare entities without programs:
  - Hospitals, clinics, pharmacies, patient centered medical homes, accountable care organizations
- Local employers with employee wellness programs

PROMOTION Goals

2. Build **trust** in DSME/MNT program and staff

3. Create **awareness of value, and credibility**, of DSME/MNT program

4. Create and build long-lasting **relationship** with target markets

5. Prove that your program **meets unmet or poorly met needs** of each target market

    - To identify needs, do target market research

What do you think are good examples of:

- **Unmet or poorly met needs of:**
  - **Individual providers?**
  - **Healthcare entity providers?**
  - **Individual providers' PWDs?**
  - **Consumers with diabetes?**

PROMOTION Goals

6. Convey that your program is doing ***well***
   - The **more** promotions, the **bigger** the perception that service is successful
   - Benefits:
     - Perception of successful program is often enough to prompt **loyalty** and increase:
       - ❑ Provider referrals
       - ❑ Improved attendance

PROMOTION Goals

7. Elicit ‘call to action’: prompt target market to **ACT**:
   - Providers to refer patients for DSME/MNT
   - Providers’ PWDs to attend all program visits
     - We’ll review promotion activities that DO elicit ‘call to action’

LET'S START THIS JOURNEY OF DISCOVERY!

Effective Strategies to Sustain DSME/MNT Programs Spell

S.U.S.T.A.I.N.A.B.I.L.I.T.I.E.S.

P.L.A.N.

S = Steadfastly

"Think Like a Business and Act Like a Business!

- DSME/MNT program is a business!
- If educators don't **think** of their program as a business, their program will likely **fail** as a business!
- Educators must take care of program's **business** needs as **same intensity** as they take care of **patients'** DSME/MNT needs!

U = Utilize Own Branded, Customized DSME-MNT Referral Form (Make into Pads of 50 or 100)

- Always insert “identity” on top of all documents:
  - Name of program…e.g.:
    - » ***Diabetes Care Clinic***
  - Tag line…e.g.,:
    - » “***Caring for Your Health”***
  - Contact information, address
  - Visit providers regularly to drop off forms… puts human face on DSME/MNT

Diabetes Self-Management Education/Training and Medical Nutrition Therapy Services Order Form

Patient Information

Patient's Last Name _____ First Name _____ Middle _____

Date of Birth _____/_____/_____ Gender: ☐ Male ☐ Female

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Other Phone _____ E-mail address _____

Diabetes self-management education and training (DSME/T) and medical nutrition therapy (MNT) are individual and complementary services to improve diabetes care. Both services can be ordered in the same year. Research indicates MNT combined with DSME/T improves outcomes.

Diabetes Self-Management Education/Training (DSME/T)

Check type of training services and number of hours requested

☐ Initial group DSME/T: ☐ 10 hours or ____ no. hrs. requested

☐ Follow-up DSME/T: ☐ 2 hours or ____ no. hrs. requested

☐ Telehealth

Patients with special needs requiring individual (1 on 1) DSME/T

Check all special needs that apply:

☐ Vision ☐ Hearing ☐ Physical

☐ Cognitive Impairment ☐ Language Limitations

☐ Additional training ☐ additional hrs requested _____

☐ Telehealth Other _____

DSME/T Content

☐ Monitoring diabetes ☐ Diabetes as disease process

☐ Psychological adjustment ☐ Physical activity

☐ Nutritional management ☐ Goal setting, problem solving

☐ Medications ☐ Prevent, detect and treat acute complications

☐ Preconception/pregnancy management or GDM

☐ Prevent, detect and treat chronic complications

Medicare coverage: 10 hrs initial DSMT in 12 month period from the date of first class or visit

DIAGNOSIS

Please send recent labs for patient eligibility & outcomes monitoring

☐ Type 1 ☐ Type 2

☐ Gestational Diagnosis code _____

Complications/Comorbidities

Check all that apply:

☐ Hypertension ☐ Dyslipidemia ☐ Stroke

☐ Neuropathy ☐ PVD

☐ Kidney disease ☐ Retinopathy ☐ CHD

☐ Non-healing wound ☐ Pregnancy ☐ Obesity

☐ Mental/affective disorder Other _____

Medical Nutrition Therapy (MNT)

Check the type of MNT and/or number of additional hours requested

☐ Initial MNT ☐ 3 hours or ____ no. hrs. requested

☐ Annual follow-up MNT ☐ 2 hours or ____ no. hrs. requested

☐ Telehealth ☐ Additional MNT services in the same calendar year, per RD

Additional hrs. requested _____

Please specify change in medical condition, treatment and/or diagnosis:

_____

_____

_____

_____

_____

Medicare coverage: 3 hrs initial MNT in the first calendar year, plus 2 hrs follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis.

Definition of Diabetes (Medicare)

Medicare coverage of DSMT and MNT requires the physician to provide documentation of a diagnosis of diabetes based on one of the following:

- a fasting blood sugar greater than or equal to 126 mg/dl on two different occasions;
- a 2 hour post-glucose challenge greater than or equal to 200 mg/dl on 2 different occasions; or
- a random glucose test of or 200 mg/dl for a person with symptoms of uncontrolled diabetes.

Source: [illegible]

Other payers may have other coverage requirements.

Signature and NPI # _____ Date _____/_____/_____

Group practice name, address and phone: _____

Revised [illegible] by the American Association of Diabetes Educators and the American Dietetic Association.

Left: ADA-AND-AADE Order Form

Revised August 2011

See Mary Ann's Referral Form on Word™ Document

S = Shrink Commonly-Cited Barriers to Patient Attendance in Programs

S = Shrink Commonly-Cited Barriers to Patient Attendance in Programs

- ***"I'm too busy…I don't have a lot of time"***
  - Limit visit time
    - Group classes: ≤2 hours
    - Individual visits: ≤0.5 hour
  - Give whole-year schedule for programs at 1st group class

S = Shrink Commonly-Cited Barriers to Patient Attendance in Programs

- ***"Classes are too far away"***
  - Do limit patient's transportation time by adjusting program design:
    - Schedule **multiple** programs in **different** locations (where patients go often) in **staggered start-up** format
    - Schedule same class in **both** a.m. and p.m.
      - See examples on next slides

S = Shrink Commonly-Cited Barriers to Patient Attendance in Programs

- Prompt patients to make up missed appointments or classes by giving them **entire year schedule** of DSME/MNT programs

S = Shrink Commonly-Cited Barriers to Patient Attendance in Programs

2015 DSME Program Calendar

2015	Program A in Clinic		Program B in Hospital		Program C in Church				Program D in Library			
Class	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	6		1			3			14			
2	13		8			10			21			
3	20		15			17			28			
4	27		22			24				5		
5		3	29				15			12		
6		10		4			22			19		
7		17		11			29			26		
8		24		18				5			1	

2015	Program A in Clinic				Program B in Hospital			
Class	January Dates	Time	February Dates	Time	March Dates	Time	April Dates	Time
1	6	10-11 a 6 - 7 p			1	8 – 9 a 7 – 8 p		
2	13	10-11 a 6 - 7 p			8	8 – 9 a 7 – 8 p		
3	20	10-11 a 6 - 7 p			15	8 – 9 a 7 – 8 p		
4	27	10-11 a 6 - 7 p			22	8 – 9 a 7 – 8 p		
5			3	10-11 a 6 - 7 p	29	8 – 9 a 7 – 8 p		
6			10	10-11 a 6 - 7 p			4	8 – 9 a 7 – 8 p
7			17	10-11 a 6 - 7 p			11	8 – 9 a 7 – 8 p
8			24	10-11 a 6 - 7 p			18	8 – 9 a 7 – 8 p

MONTHLY CALENDAR

DIABETES

CARE CLINIC

Caring for Your Health

21 Any St., Joliet, IL

ph: 815-123-4567

www.diabetescareclinic.com

Monitor Your Blood Sugar Regularly

OCTOBER 2015

Mon	Tue	Wed	Thu	Sat
			1	3
5 DSME Class #1 10 -11 a	6	7 DSME Class #1 7 - 8 p	8	10 Diabetes Fair 8—3 p
12 DSME Class #2 10 - 11 a	13 Shared Medical Appoint-ment 9-10:30 a	14 DSME Class #2 7 - 8 p	15 Diabetes Support Group 7 - 8 p	17
19 MNT Class #1 10 - 11 a	20	21 MNT Class #1 7 - 8 p	22	24
26 DSME Class #3 10 - 11 a	27	28 DSME Class #3 7 - 8 p	29 Hot Topic Program 7 - 8 p	31

S = Shrink Commonly-Cited Barriers to Patient Attendance in Programs

- ***"I keep forgetting my class appointment time"***
  - At 1st visit, give pts "DSME Program Calendar" with dates, times of **current** and **next** program
  - Ask patients to bring personal planner to 1st visit
  - At 1st class, ask patients to schedule all future visits directly on "DSME Program Calendar"

S = Shrink Commonly-Cited Barriers to Patient Attendance in Programs

- If cannot attend a visit in **current** program, ask patient to schedule visit in **next** program

S = Shrink Commonly-Cited Barriers to Patient Attendance in Programs

- Provide **telehealth** programs
  - Medicare programs approved for telehealth:
    - ❑ DSMT…MNT
    - ❑ Intensive Behavior Therapy for Obesity
- Contact private payers for telehealth benefits

S = Shrink Commonly-Cited Barriers to Patient Attendance in Programs

- ***"I don't have transportation"***
  - Invite family members to visits and classes
  - Furnish programs in patient's home (home health)

T = Touch Patients In-Between Visits

- Tweet
- Email
- Text message
- Phone call
- Facebook® post
- Blog post

HIPAA patient privacy laws apply to public media sites, such as Twitter® and Facebook®.

HIPAA and Social Media: Know the Facts

- HIPAA laws protect patient Personal Health Information (PHI)
- HCPs vs. patients:
  - HCPs are custodians of PHI…they must keep it confidential
  - Patients own PHI and determine where/how PHI is shared
- Critical factors re: social media public pages:
  - May be appropriate way to promote DSME program
    - Is “new media” way to advertise a business
  - But NOT secure media for HCP to share PHI with pts 1:1:
    - Other secure media exist (i.e., secure web messaging)
    - May allow communication of PHI

A = Advertise Your Programs with Various Types of Own, Branded Promotion Pieces

- Brochure
- Slim jims
- Note pads
- 2-pocket folders
- Business cards

Give to:

- **Provider offices**
- **Patients in program**

- Diabetes calendars…….**you will see one in deck!**

A = Advertise Your Programs with Various Types of Own, Branded Promotion Pieces

- Create your own **Diabetes Calendars** for 2-3 months at a time
  - Example that follows created on Microsoft Publisher®
- Hand-deliver to providers' offices
- Give to patients in DSME--MNT program to use for their **T.E.A.M.S.** activities

T.E.A.M.S. Activities

T = Tests due and appointment dates

E = Education program class dates & times

A = Activities for self-management (different for each month)

M = Medical appointments (1:1, shared medical appointment)

S = Standards of diabetes care

MONTHLY CALENDAR

DIABETES

CARE CLINIC

Caring for Your Health

21 Any St., Joliet, IL

ph: 815-123-4567

www.diabetescareclinic.com

Monitor Your Blood Sugar Regularly

OCTOBER 2015

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26 DSME Class #3 10 - 11 a	27	28 DSME Class #3 7 - 8 p	29 Hot Topic Program 7 - 8 p	31

Do you have any questions for me before we move on?

I = Integrate Your Programs into On-Site Employee Wellness Programs

I = Integrate Your Programs into On-Site Employee Wellness Programs

- Partner with **employers** to provide:
  - **On-site** programs as part of **employee wellness initiatives:**
    - DSME
    - MNT
    - Weight loss
    - Disease prevention/healthy living seminars:
      - ❖ Pre-diabetes
      - ❖ Hypertension
      - ❖ High blood cholesterol
      - ❖ Etc.

I = Integrate Your Programs into On-Site Employee Wellness Programs

- **Off-site** programs as part of employees' **prevention benefit** at the work-site
  - DSME
  - MNT
  - Weight loss

I = Integrate Your Programs into On-Site Employee Wellness Programs

– Affordable Care Act (ACA) incents employers to offer wellness programs….and employees to participate….. in 3 wellness categories:

- Health-outcome based
- Activity-based
- Participatory-based

❖ See Mary Ann's separate PPT™ slide deck

N = Navigate: Newspaper Articles; Ads in Classified Listings and Main Section of Paper; Free Publicity

- Consider submitting diabetes-related article for regular column in local paper
- Include DSME/MNT program “identity”:
  - Program name
  - Logo
  - Tag line
  - Contact information

N = Notify Providers of Program with Fun, Branded Give-Aways and Health Tips

See slide HIPAA statute on gifts to Medicare/Medicaid patients.

N = Notify Providers of Program with Fun, Branded Give-Aways and Health Tips

S.W.E.E.T.S. are Your Diabetes **L.I.F.E.** Savers

S = **S**tress Control

W = **W**eight Control

E = **E**at Healthy

E = **E**xercise Regularly

T = **T**aking Meds, If Required

S = **S**elf-monitoring of Your Blood Sugar

for

L = **L**earn to Reduce Risks

I = **I**nvest in Ongoing Support

F = **F**ix Problems

E = **E**njoy Adequate Sleep

Give-Aways/Rewards to Medicare--Medicaid Patients

- **HIPAA law** has statue on giving gifts to beneficiaries to influence choice of Medicare-Medicaid providers
  - Only *inexpensive* gifts/services allowed annually per beneficiary: retail value of ≤$10 individually, and ≤$50 in aggregate
- **Caution:**
  - Statute has broad language and there are large number of marketing practices potentially affected.
- **Recommendation:**
  - HCPs to consult with practice's compliance officer to determine if planned give-aways, rewards, raffles, etc. comply with statue.

A = Ask That Program Has Booth in Community and Local Events and Farmer's Markets

Focus especially on **health-related** events

A = Add “Infomercial” Programs

- Targeted to:
  - Providers’ PWDs and Community PWDs
- Combine relevant information (**info**) with commercial (**mercial**) for DSME--MNT program
  - Commercial can simply be brochures given to attendees with verbal review
- Examples:
  - Hot topic programs (bi-monthly in evening)
  - Diabetes support group
  - Cooking classes

B = Build and Maintain Regular Presence on Social Media

- Facebook® (create DSME/MNT program profile)
- Google +1® (create profile)
- Twitter®
- LinkedIn®
- YouTube®
- Tumblr® (blog platform)
- Etc.

What is your experience with:

- **Promoting your own DSME--MNT program via social media?**
- **Seeing how other programs promote on these sites?**

I = Integrate Your Programs into Other Healthcare Entities

- Furnish DSME/MNT Program off-site with partners:
  - Patient Centered Medical Homes (PCMHs)
  - Accountable Care Organizations (ACOs)
  - Clinics
  - Hospitals and Critical Access Hospitals (CAHs)
  - Physician practices
  - Federally Qualified Health Centers (FQHCs)

I = Implement Online Blog for Program Patients, Community PWDs and Prediabetes and Also Program Educators

- Is “educational” promotion
- Type creates more brand **loyalty** and **trust**
- Can also be entertaining for users

See slide on HIPAA patient privacy law with regard to social media. Applies to exchange of protected Patient Health Information on social media.

L = Let Provider Know of Patient's Missed Visit by Sending Provider a *"Patient Non-Attendance Notice"*

Goal: Incent provider to prompt patient to reschedule missed visit

I = Incent Patients to Complete Program with Rewards for 'Graduating'

- Rewards:
  - Discount coupon book
    - Coupons for goods/services that support healthy diabetes behaviors
    - Educators request from local merchants, e.g.:
      - ❖ Skinless, boneless chicken breasts
      - ❖ Running shoes
      - ❖ Gym membership
      - ❖ Sugar-free cough syrup, baby aspirin, etc.

See slide on HIPAA statute on gifts to Medicare/Medicaid patients.

I = Incent Patients to Complete Program with Rewards for 'Graduating'

- Give **Graduation Party** for pts at **LAST** visit
  - Tell patients at **FIRST** visit that they only graduate when ALL visits completed…even if some visits completed in **NEXT** program
  - Serve refreshments (SF cake, cookies, etc.)
  - Give graduation certificate
- Give gifts:
  - "Diabetes Outlook" Patient Education Kits

http://www.adialogue.com/diabetes/

T = Track Patient Outcomes, Insert into Promotional Materials and Report to Providers

- Very effective in creating:
  - Program **value** and **credibility**
  - Patient **trust** and **loyalty**

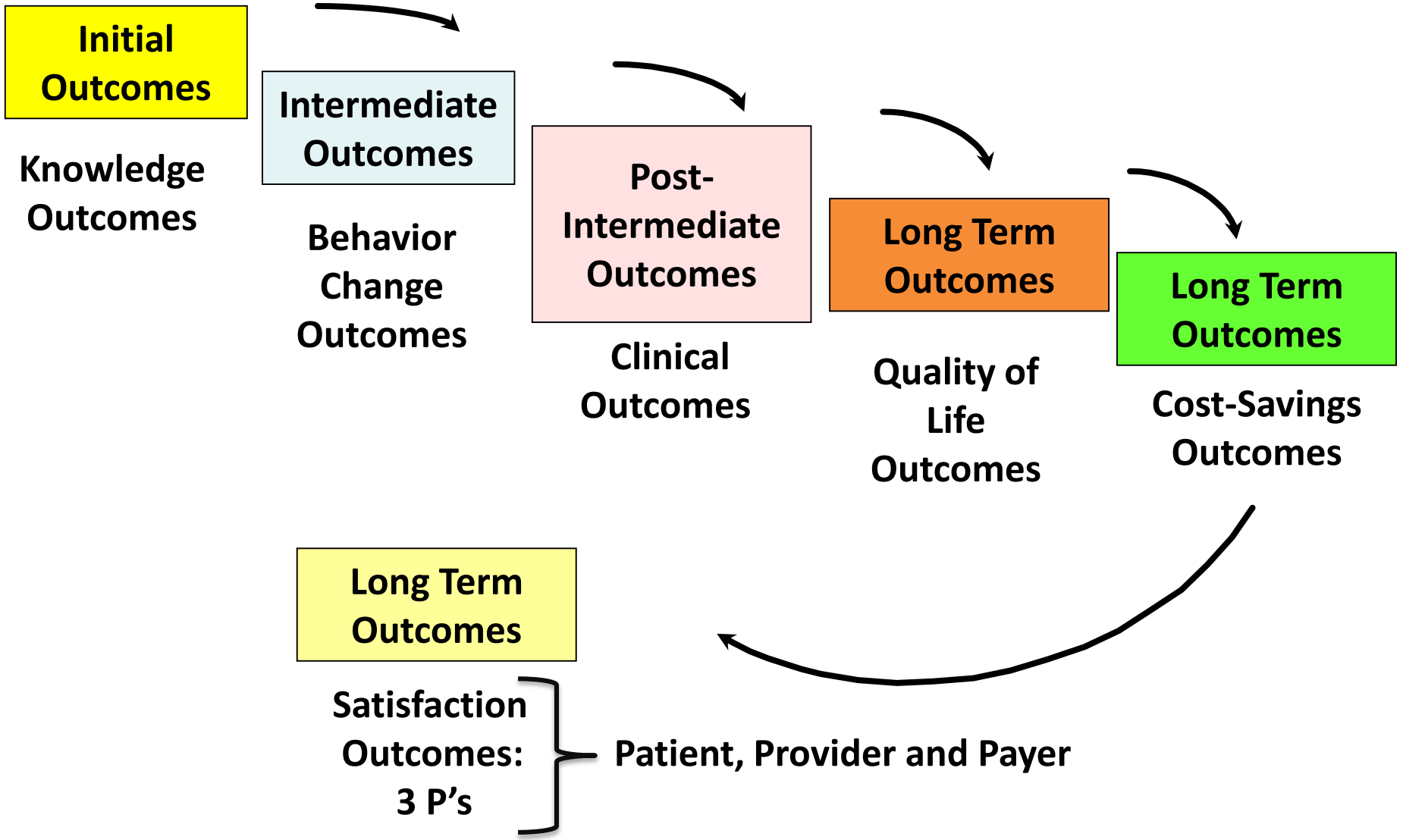
T = Track Patient Outcomes, Insert into Promotional Materials and Report to Providers

- Track entire spectrum of patient **outcomes** in order to:
  - Define and measure **success** of DSME/MNT
  - Increase perception of **value** among providers
  - Create **value and credibility** of program….leads to **trust** in programs
    - See Mary Ann's outcome tracking forms

T = Track Patient Outcomes, Insert into Promotional Materials and Report to Providers

- Report aggregate summary of outcomes to:
  - Providers
  - Your bosses
  - Healthcare plans
- Advertise in practice entity's newsletter, intranet, etc.

DSME/MNT Patient Outcome Measures



I = Insure your DSME--MNT Program is on Website of Sponsoring Organization, AND on Organization's Intranet

I = Insure your DSME--MNT Program is on Website of Sponsoring Organization, AND on Organization's Intranet

- Intranet is collection of private computer networks within an organization
- Facilitates communication among employees
- May include: internal email, message boards, web sites and databases to share company news, forms, programs, notices, etc.

E = Ensure All Payer-Covered Hours Furnished

- Ensure patients receive all hours/visits allowed in DSME and MNT benefit **and** in payer's time frame
  - Tip: Use **DSME—MNT Visit Tracking Form**
    - See Mary Ann's on separate Word™ document

* Format: G = Group I = Individ DSME/T INITIAL ROLLING YR Medicare limit = 10 hr 1 billing unit = 30 min of group G0109 or of individual G0108	DATES: Rx: To End:	 Educator→ Date→ Format*→ Start Time→ End Time→ # Units→ # Hr(s) → Code→	1	2	3	4	5	6	7	8	9	10

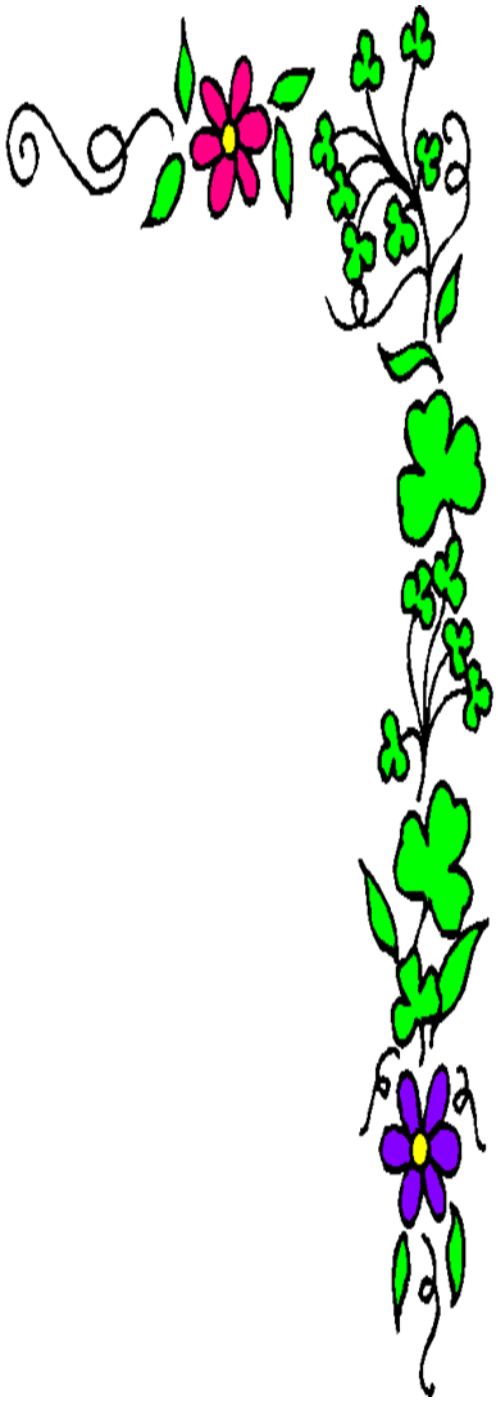
S = Schedule Program Fairs and Screening Days

- **Diabetes Fairs**….may ask vendors to:
  - Make contribution to DSME/MNT program in exchange for booth
  - Create easy game at booth
    - Attendee's card punched when game done
    - Completed card goes into raffle for prizes
- **Diabetes Screening Days**

S = Strategically Insert Patient Testimonials into Print Promotions and Patient Outcome Summaries to Providers

- Effective in enhancing:
  - Program **value** and **credibility**
  - Patient **trust** and **loyalty**

Promotion in Poetry!



When we think about promoting,

Several things come to mind.

It's our destiny we're controlling,

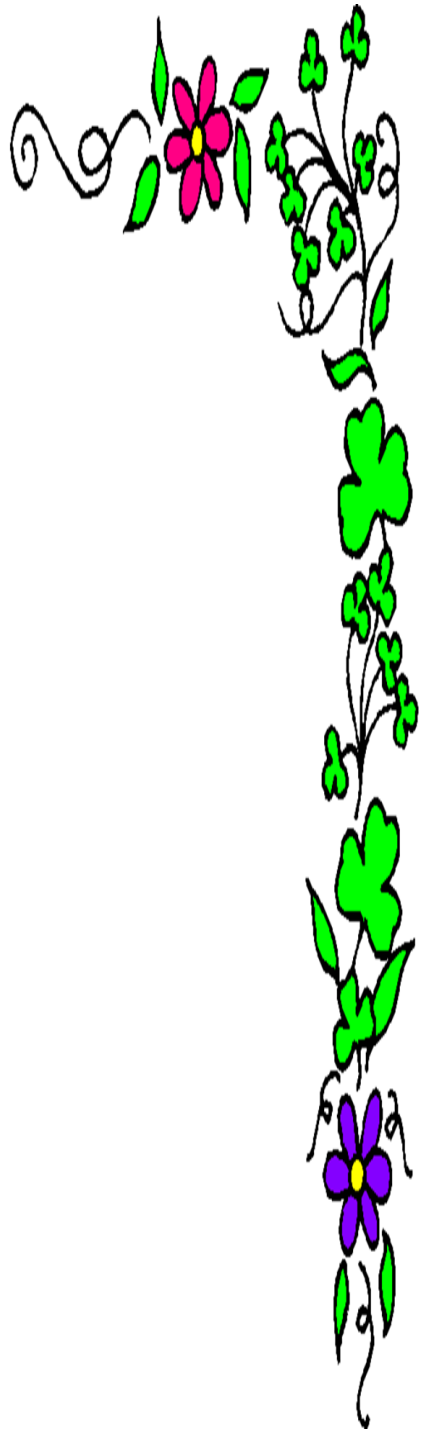
Often without spending a dime!

Patients & providers must know we exist,

Our program is only the start.

Promotions of all types to enlist,

As we now have ‘market smarts’!

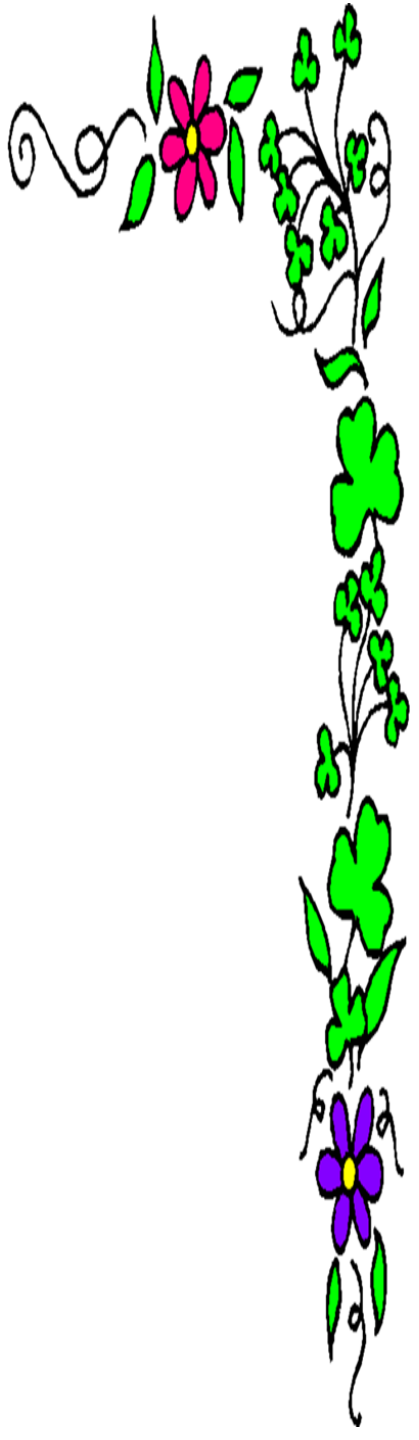


Social media promotion is all the rage,

Twitter®, LinkedIn®, YouTube®,
Facebook® all required.

Reaching up to millions in a day,

To ensure our program won't retire!

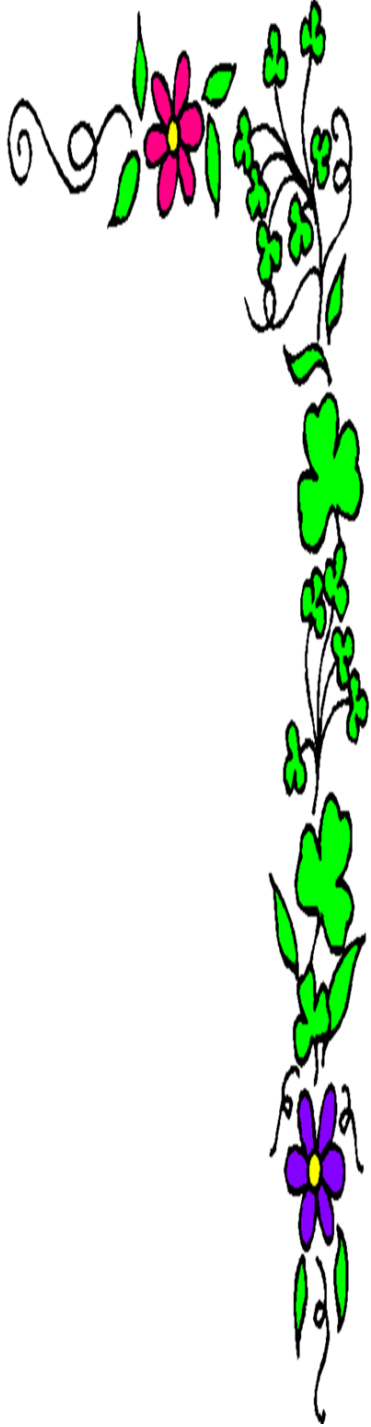


Brochures and diabetes calendars,
please do trust,

Money not wasted…that's for sure!

A laser-focused message is a must,

And <u>often</u> distribute throughout the year.

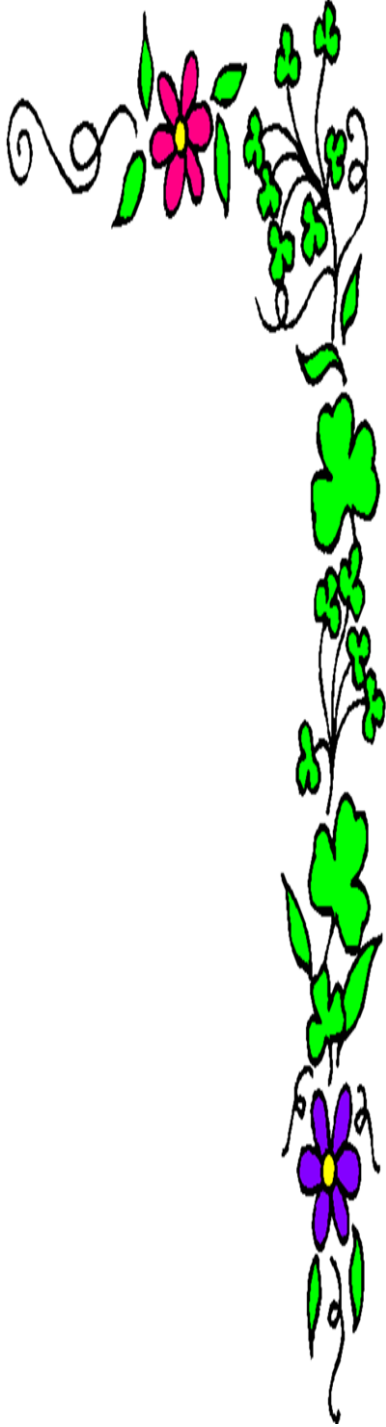


Program commercials? Yes, for sure!

So infomercials please do score!

Hot topic seminars, blogs and support groups through the year,

Do result in more patients at your door!



The bottom line is this,

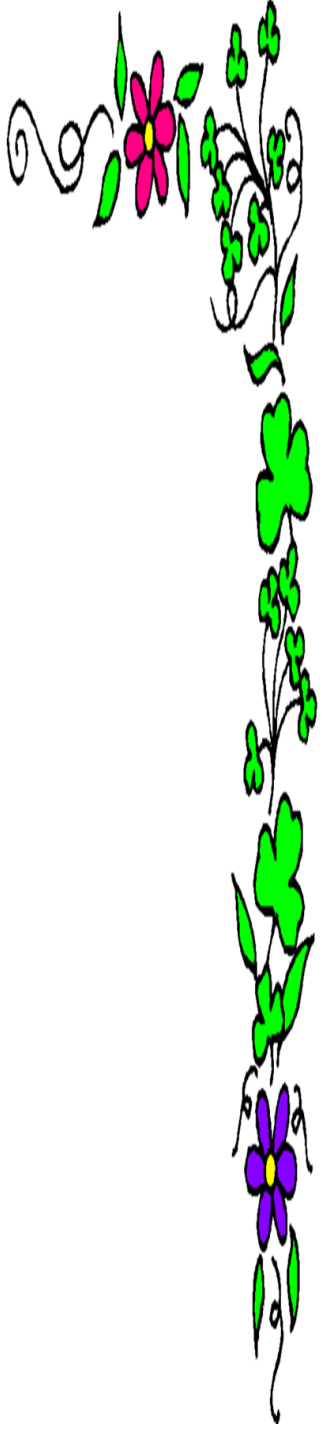
let's not the message miss:

Customers will

recognize, respect and require what we do,

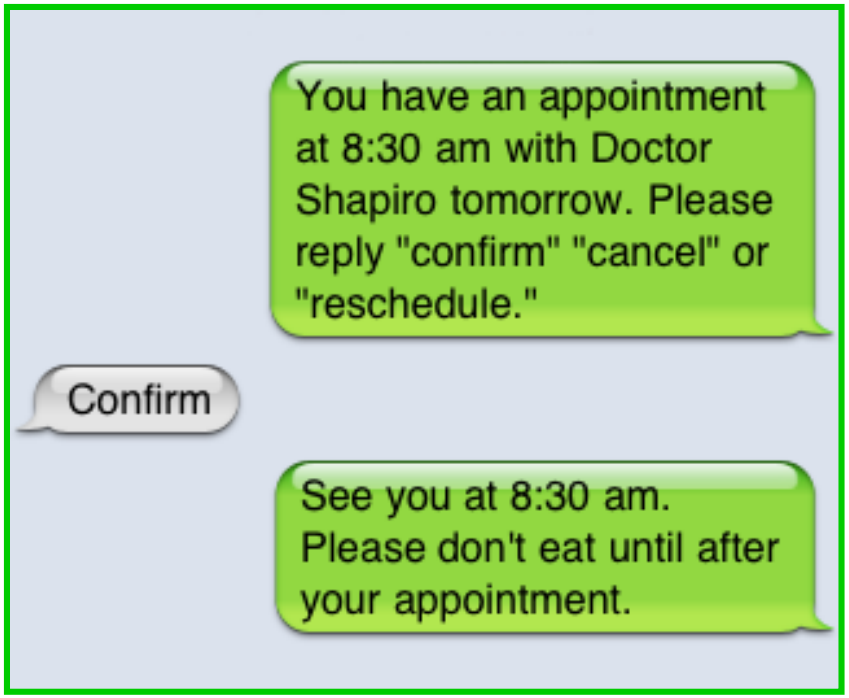
When promotions are provided

all year through!



S = Set Up Patient Appointment Reminder Tools

- Appointment reminder cards
- Text, tweet, email



- Aim for at least 24 hours in advance of appointment

P = Plan 1 Individual Hour of Medicare Initial DSME at END of DSME Program

- Used to review patient-selected topic that beneficiary needs more intensive, customized 1:1 education on
- Then how is **1:1** initial assessment completed?
  - 1st visit is **group**
  - Ask patients to arrive 30 min. early to complete paper assessment form + registration forms
  - IS 'individual' assessment, as patient completes
  - See Mary Ann's design of 1st group class on separate document

L = Latch on to Program's Financial Plan and Manage It Obsessively

THE BOTTOM LINE

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Ask your yourself:

1. **WHO** is regularly identifying our program's bottom-line?

   Is it someone from:

   - Our own department?
   - Accounting?
   - Finance?
   - Operations?

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Ask this 'bean counter' person:

2. What exactly **IS** our program's **bottom line**?
   Are we:

   - Making money?
   - Losing money?
   - Breaking even?

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If **losing** money, ask:

3. **HOW** can we fix it?

- Key word is "**WE**" !
- Your willingness to roll up your sleeves can help:
  - Save your program AND
  - Save your job!

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4. Ask: "What expenses are charged to our program?"

- Request financial reports on *regular* basis:
  - Revenue and Expense Reports
  - Income Statements
- Examine reports carefully and ask:
  - Do expenses really belong to our program?
  - Are they accurate and reasonable?

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5. Track all your claims retrospectively to determine:
   - If ALL DSME/MNT visits and other visits:
     - Are being billed
     - Are being billed in timely manner

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- Are being reimbursed, denied, rejected
  - If denied or rejected:
    - Causes/problems to be identified
    - Causes/problems to be fixed
    - Claims to be re-billed

- Ask IT and Billing Dept. to create e-tracking report

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6. On claims, is **ALL** coding correct?

- Procedure codes? Examples:
  - MNT codes 97802, 97803, 97804,
  - MNT codes G0270, G0271
  - DSME codes G0108, G0108
- Number of "units" of above codes entered?
  - MNT 97802, 97803, G0270: 1 unit = 15 min.
  - MNT 97804, G0271: 1 unit = 30 min.
  - DSME G0108, G0109: 1 unit = 30 min.

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- Revenue codes (OP hospital only)
  - 942 for Medicare DSME and MNT claims

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- ICD-9 diagnosis codes?
  - Is **5-digit** diabetes dx code on ALL diabetes-related services to Medicare?
- Place of service codes correct? Examples:
  - 11 = Office
  - 12 = Home
  - 22 = Outpatient Hospital

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On your claims:

7. Is ***primary* ICD-9 diagnosis code** (reason for today's visit) entered as **#1** dx code on claim?

   Example:

   If patient's visit is for DSME,

   is a **5-digit** dx code for **diabetes**

   entered as the #1 diagnosis code?

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On your claims:

8. Does **procedure code** entered "point to" the matching/corresponding diagnosis code?
    - Example: Procedure code G0109 (group DSME) must "point to" **diabetes** diagnosis code
    - If G0109 "points to" hyperlipidemia diagnosis, claim will be rejected. Why?
        - G0109 is for diabetes service….does not "match" hyperlipidemia dx

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On your claims:

9. Are **ALL** the diagnoses documented on physician's referral actually entered in diagnosis field?

- They should be!
- Can affect payer's decisions on:
  - Medical necessity of service
  - Approval of claim as payable, AND
  - Amount of reimbursement

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Ask your team:

10. Are we tracking our claims ourselves, via regular ***"Reimbursement Tracking Reports"*** from IT to:

- Identify each claim's payment status:
  - Paid? Rejected? Denied?
- Determine if **ALL** services billed?
- Determine if **ALL** pt co-payments, deductibles and OOP payments collected in timely manner?

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11. Re: claims that have been **denied** and **rejected**:

- Is your team **AND** your billers investigating these claims to identify root problem(s)?
- Are root problems then fixed?
- Are these claims then:
  - Re-billed in timely manner, OR
  - Appealed?

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12. IF they **CAN** be, are members of your DSME/MNT team **in-network providers** for:
    - Medicare?
    - Medicaid?
    - Larger private payers in area?

13. IF **in-network** private payer status NOT allowed, have you inquired if they can bill as **out-of-network providers**?

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14. Or, do you practice **M.B.A.**?

- **Management By Assumptions**?
  - Assume that private payers do NOT credential RDs as **in-network** providers for MNT or nutrition counseling, so you don't make call?
  - Assume you cannot bill as **out-of-network** provider, so you don't make the call?

M.B.A. *can leave LOTS of YOUR earned money in the pockets of the payers! Not good!*

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- **Pre-Affordable Care Act:**
  - **Most** large private payers pay for MNT in diseases as evidence exists that diet is part of treatment
- **Affordable Care Act** now **mandates** that non-grandfathered healthcare plans cover *"intensive dietary behavioral therapy"* in chronic diseases
- **46** states have state insurance laws mandating payment for DSME

A = Acquire Patient--Provider Centered Clinical Plan

- Utilize set of **evidence-based standards of care** for each disease state to enhance ***trust*** in your program:
  - ADA Medical Standards of Care for Diabetes
  - Academy of Nutrition and Dietetics' nutrition practice guidelines for:
    - Diabetes T1, T2, GDM
    - Hyperlipidemia
    - Hypertension
    - Weight management
  - 2013 Guideline for the Management of Overweight and Obesity in Adults

A = Acquire Patient--Provider Centered Clinical Plan

- Send concise, relevant **Progress Report** to provider after every visit in timely fashion (see Mary Ann's)
  - Note patient outcomes on Report
  - Send summary of aggregate outcomes annually:
    - **Knowledge, clinical, behavioral, quality of life, cost-savings, satisfaction outcomes** sent to:
      - Providers (referring + those not yet referring)
      - Private payers who have denied claims
      - Administration of sponsoring organization

A = Acquire Patient--Provider Centered Clinical Plan

- At 1st visit, give patients **TOPIC LIST** for all visit
  - Scatter more popular topic throughout visits… healthy eating, stress management, etc.
  - "Wordsmith" topic description so won't be missed'…e.g.:
    - *How to exercise and actually enjoy it!*
    - *How to go the grave with both of your feet.*
    - *Yes, you CAN eat desserts and chocolate.*

A = Acquire Patient--Provider Centered Clinical Plan

- Dedicate at least **50%** of each **visit** to what patients want to discuss! Patient poem:

I know me best,

Especially my needs.

So today's topic to discuss,

May I select it, please?

A = Acquire Patient--Provider Centered Clinical Plan

- Ask patients their **barriers** to making specific behavior changes……and their own ideas for decreasing:

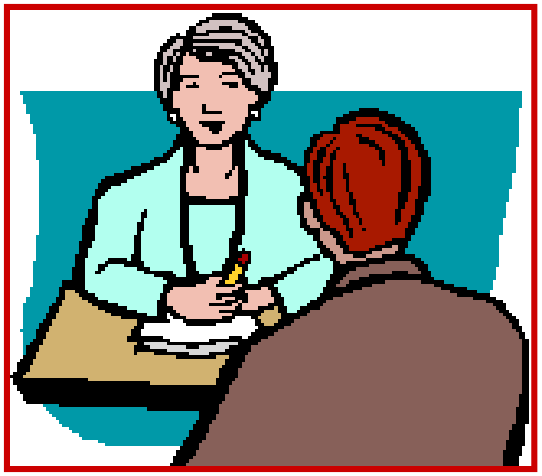
"What will tie your hands when it comes to making this change"?

A = Acquire Patient--Provider Centered Clinical Plan

- Use **E.M.A.** tools in ALL patient visits:
  - **E**mpowerment
  - **M**otivational Interviewing
  - **A**dult Learning
    - Ensure patients have fun!
    - Use “3D” teaching aids and play games
    - Use handouts with pictures and graphics
    - Leave time for patients to socialize….to “friend” and be “befriended”…to connect…to share and compare…to problem solve

A = Acquire Patient--Provider Centered Clinical Plan

- **Edu-tain:** educate + entertain at same time!
  - Adults learn BEST when they are:
    - Having fun
    - Saying
    - Doing
    - Seeing, touching, smelling, holding 3D objects



Adults Learn and Retain:

20% of what they **HEAR**

30% of what they **SEE**

50% of what they **SEE and HEAR**

70% of what they personally explain or **SAY**

90% of what they SAY and DO

What I hear,

I forget;

What I see,

I remember;

but what I do,

I understand.

~ Confucius, 451 B.C

THE MORE FEET, THE MORE FAT AND CHOLESTEROL!

A1C IS MEASURE OF “SUGAR COATING” ON RED BLOOD CELLS

5% 6% 7% 8% 9% 10%
11% 12% 13% 14% 15% 16%

AMOUNT OF SUGAR (GLUCOSE) IN BLOOD:

LEFT is NORMAL LEVEL: BLOOD FLOWS WELL.

RIGHT is HIGH LEVEL: BLOOD THICK LIKE SYRUP

Use Fun Acronyms, Mnemonics and Wordsmithing to "EDU-TAIN" Patients

H.A.L.T. SATURATED FAT!

H = **H**ardens cell membranes

A = **A**dds to atherosclerosis in arteries

L = **L**eads to greater insulin resistance

T = **T**riggers liver to make cholesterol

N = Nourish Team Communication and Collaboration

- Optimize DSME team members' **communication** and **collaboration**
  - Allows your DSME program to ***thrive***….not just survive!

- **T. E. A. M. S.U.C.C.E.S.S. T.O. L.A.S.T.** spells out exactly what your team needs to do…

T	**T**ake the '*Golden Rule'* to heart.
E	**E**nsure all business information is shared with ALL team members in timely manner.
A	**A**void team member *'turf wars'* at all costs! There's a place for everyone, and everyone has their place!
M	**M**ake decisions based on *fact*, not assumptions.

S	**S**how respect *always*, even when disagreeing.
U	**U**nderstand that the *'blame game'* is destructive to team communication and collaboration.
C	**C**ompliment one another *often*, and say *'thank you'.*
C	**C**onsider both sides of patient-educator conflict… disgruntled patient doesn't necessarily mean educator is at fault.

E	**E**nsure team members make collaborative decisions based on *democracy*… NOT autocratic rule.
S	**S**hare ALL patient information is shared with ALL team members on a timely basis.
S	**S**eparate your *personal* issues and *business* and *patient* issues when at work.

T	**T**ackle team problems team (whether personal, business or patient-related) to reduce/resolve ASAP *'Stewing and brewing' only <u>intensifies</u> the issue.*
O	**O**pt for a policy of *never* criticizing team members to patients, staff, administration …and *especially* to each of the other members.

L	**L**isten to each other (different from ‘hearing’).
A	**A**rrange team meetings at least once per month.
S	**S**tick to the rules…and that means ***everyone!*** What’s good for the goose is good for the gander!”
T	**T**ame down gossip (trim back the grape vine!)

Transforming Takeaway

When combined, all these strategies in your

"S.U.S.T.A.I.N.A.B.I.L.I.T.I.E.S. P.L.A.N."

work together in synergistic harmony to maximize

access, attendance and referrals

to DSME/MNT programs!

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Resources by Mary Ann Hodorowicz

Turn Key Materials for AADE DSME Program Accreditation

- DSME Program Policy & Procedure Manual Consistent with NSDSME (72 pages)
- Medicare, Medicaid and Private Payer Reimbursement
- Electronic and Copy-Ready/Modifiable Forms & Handouts
- Fun 3D Teaching Aids for AADE7 Self-Care Topics
- Complete Business Plan

3-D DSME/T and Diabetes MNT Teaching Aids 'How-To-Make' Kit

- Kit of 24 monographs describing how to make Mary Ann's separate 3-D teaching aids plus fun teaching points, evidence-based guidelines and references

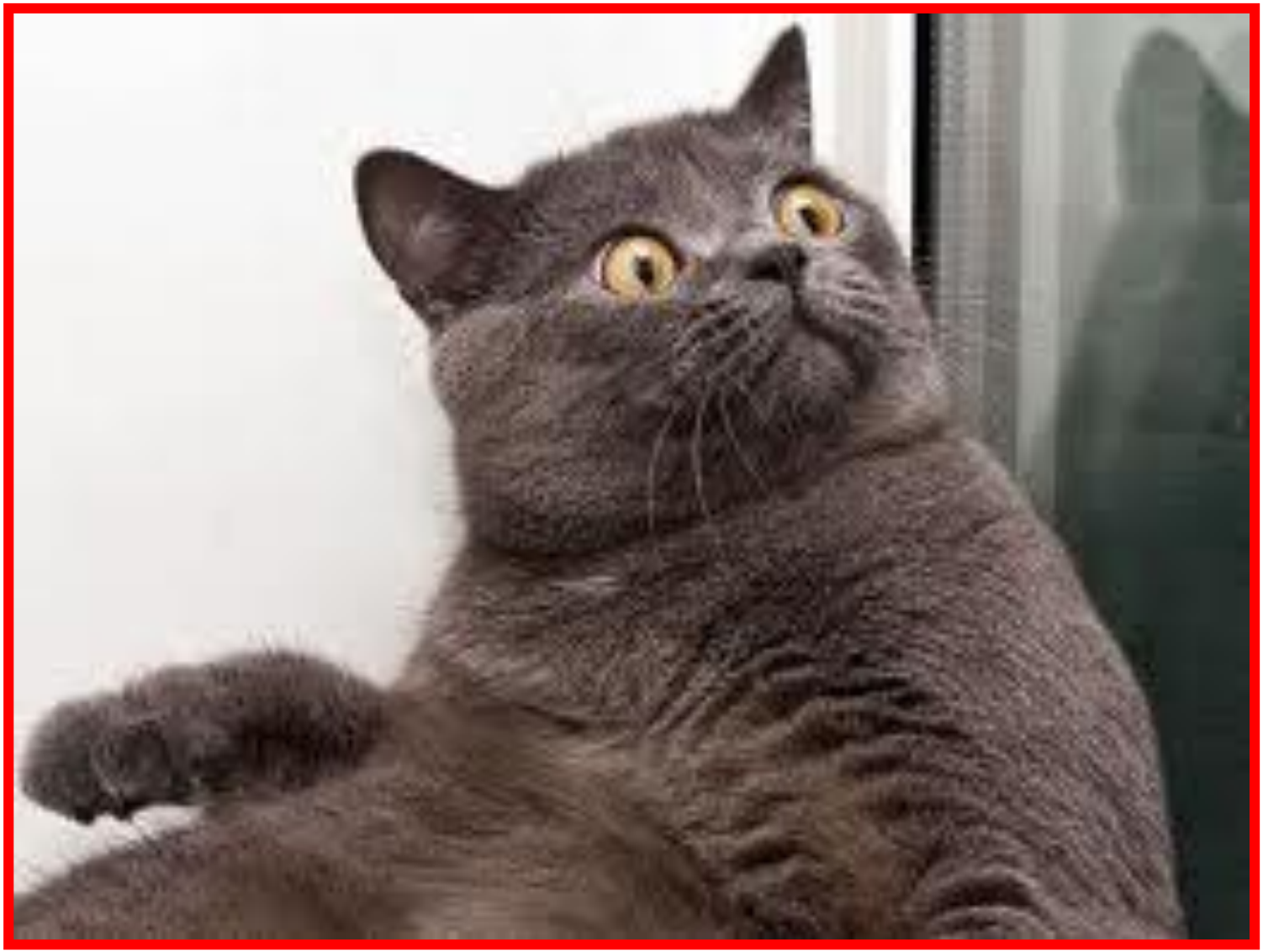
Money Matters in MNT and DSMT: Increasing Reimbursement Success in All Practice Settings, The Complete Guide ©, 5th. Edition, 2013

Establishing a Successful MNT Clinic in Any Practice Setting©

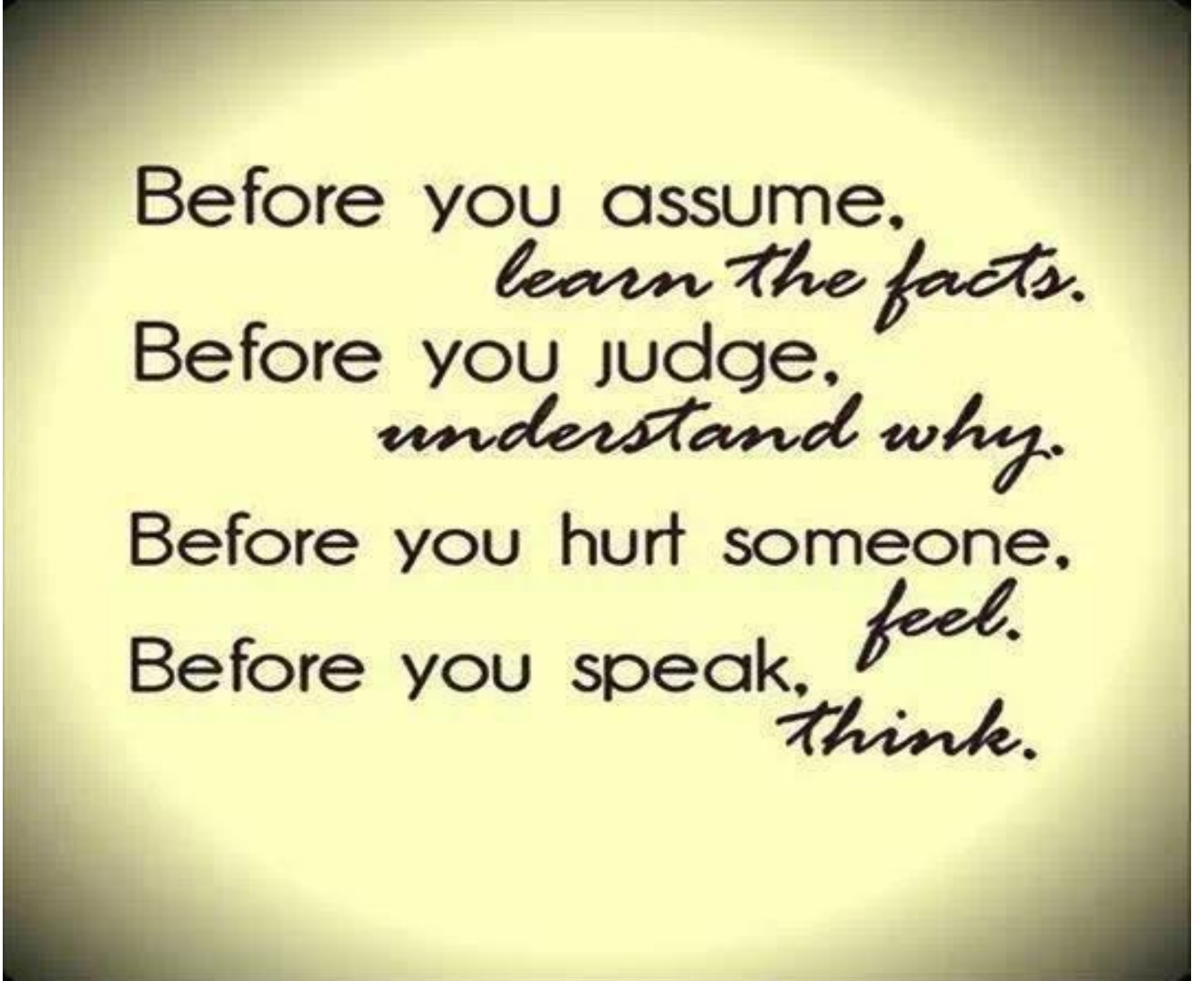
EZ Forms for the Busy RD©: 107 total, on CD-r; Modifiable; MS Word

- Package A: Diabetes and Hyperlipidemia MNT Intervention Forms, 18 Forms
- Package B: Diabetes and Hyperlipidemia MNT Chart Audit Worksheets: 5 Forms
- Package C: MNT Surveys, Referrals, Flyer, Screening, Intake, Analysis and Other Business/Office and Record Keeping Forms: 84 Forms

You expect me to remember all this stuff?



The last thing I remember is mixing tequila and catnip and the next thing I know is I'm up here.


Before you assume,
learn the facts.
Before you judge,
understand why.
Before you hurt someone,
feel.
Before you speak,
think.