

WELCOME to **telehealth**   
Utah Diabetes Telehealth Series

Putting Diabetes Education in Primary Care

Live Stream Broadcast

Sept 21st from 12:00 pm – 1:00 pm MDT

Reminder: Take the Pre-Test at

https://www.surveymonkey.com/s/utahdiabetes_oct2011_pretest

PUTTING DIABETES EDUCATION IN PRIMARY CARE

https://www.surveymonkey.com/s/utahdiabetes_oct2011_pretest

Carol Rasmussen MSN NP-C CDE

OBJECTIVES

- Learn how to market your skills to a Primary Care Practice
- Understand how providing an alternate focus in education will benefit you, the provider and the person with diabetes
- Understand how different reimbursement options work



BACKGROUND

- Currently there are 24 million people with diabetes.
- Another 57 million have pre-diabetes or have not been diagnosed.
- Diabetes as we know requires education for the person with diabetes to live a healthy life and reduce complications.



WHO VISITS A DIABETES EDUCATOR

- Type 2 study by AADE 2006
 - 59% have seen an educator
 - 78% of those were referred by their physician

Where is the disconnect?

If a PCP is not aware of education or is frustrated by being able to get their patients in to a program, they will try to handle the diabetes concerns in their practice.

Where did the other 40% get information?

Family, friends, magazines, and the internet.



PHYSICIAN /PATIENT PERCEPTIONS

- 83% of patients feel that they are eating healthy
- 29% of their physicians believe this number

- 77% feel that they are exercising appropriately
- 18% of their physicians believe this number

- 55% do not know their A1c level, have not had it checked or are unsure if they have had it tested



HOW MANY PROVIDERS ENVISION THE WAY THEIR PATIENTS SHOULD CARE FOR THEIR DIABETES

Patients



Provider

ACCESS

- Access to diabetes education is necessary for:
 - Patient empowerment and decision making
 - Control of diabetes
 - Family involvement
 - Provider satisfaction
 - Patients are educated to make choices
 - They have time to deal with other issues since DSMT is provided by an educator

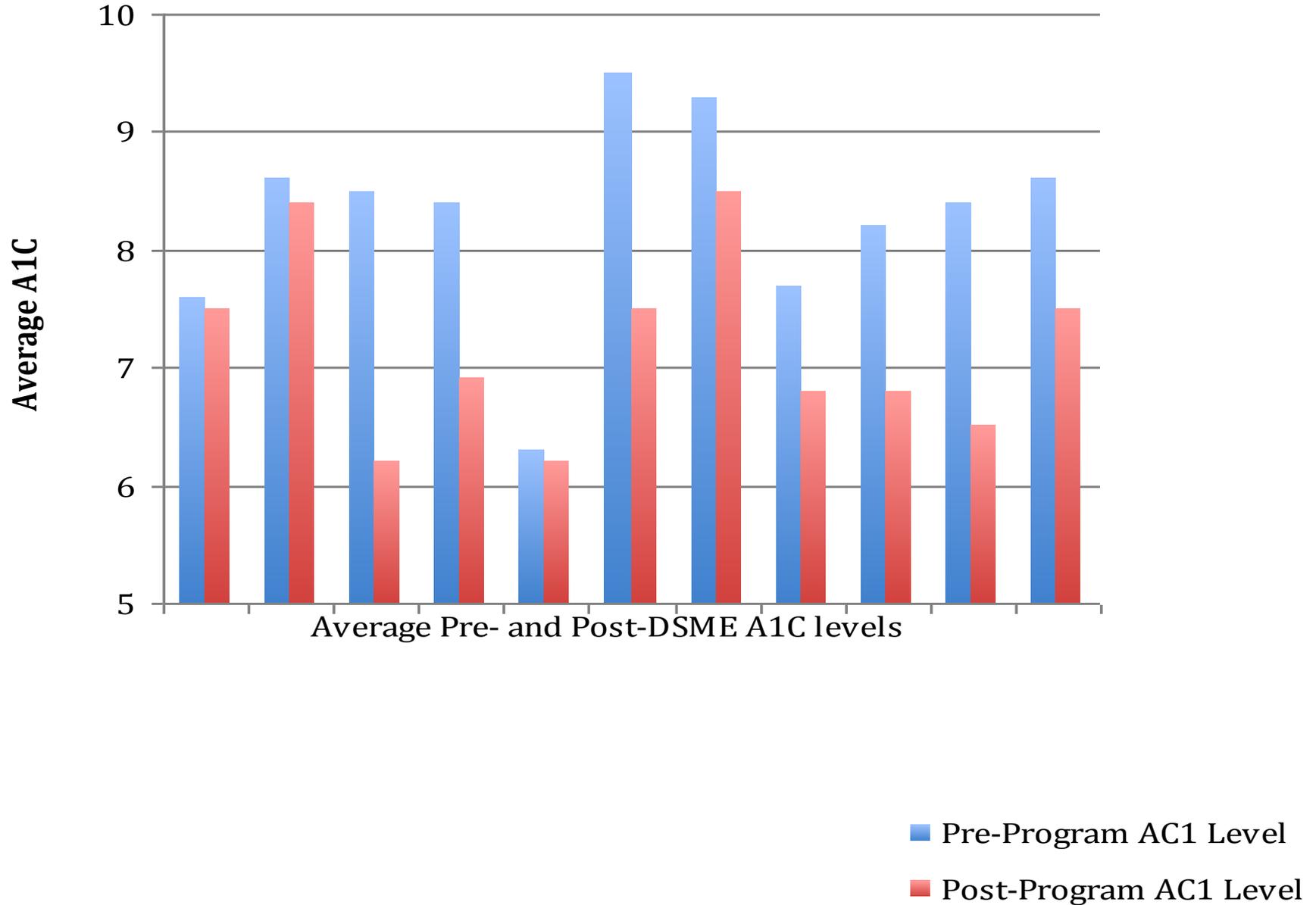


ESTIMATED ANNUAL COST SAVINGS FOR IMPROVED A1C

- Utilized AHRQ tool www.ahrq.gov/populations/diabcostcalc
- 680 persons with diabetes across 11 centers
- Average A1C improved from 8.1 to 6.8%
- Initial total costs (medical and lost productivity at A1C = 8.1%) = \$4,510,300
- Post DSME total costs (at A1C = 6.8%) = \$3,331,000
- **Estimated gross annual savings = \$1,179,300 (\$1,730 per person with diabetes)**



Average A1C pre-post DSME for Individual Utah Certified DSME Programs



OTHER EVIDENCE OF COST SAVINGS

- National study of 18,000 low-income patients with diabetes
- Compared patients with and without DSME
- Study spanned 4.7 years after completion of DSME
- Those with DSME had average savings of \$11,571 in hospital charges over study period (\$2,462 per year)
- *Diabetes Care 31 (4), April 2008*



KEY POINTS OF DSME

- Evidence Based
- Cornerstone of care for those with diabetes who want to achieve successful health outcomes
- National Standards
- Reimbursable
- Focuses on long-term management and behavior change strategies



DATA FROM HEALTH DEPARTMENT UTAH AND NATIONAL SUMMARY

- Diabetes Self-Management Education is proven to improve health outcomes and reduce medical costs
- Utah has programs in place, but there is opportunity for expansion, particularly in rural areas of the state
- Nationally the same data has been shown
- While DSME is reimbursable, it is not readily available to the uninsured



DO YOURS



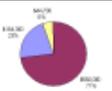
AHRQ Diabetes Cost Calculator for Employers

Version 1.0, October 2007

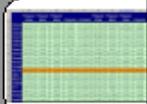
Diabetes Calculator



1: Run Scenario



2: View Results



**3: View
Additional Data**

The Agency for Healthcare Research and Quality (AHRQ) makes the Diabetes Cost Calculator for Employers (The Calculator) available under the following conditions:

The Calculator may be downloaded for specific individual applications by organizations and personal use, providing the following notice is included: The Calculator or any modifications or adaptations may not be reproduced, sold, or used for commercial purposes without the specific permission of AHRQ.

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The Calculator was funded by AHRQ and developed by researchers at The Lewin Group, Inc. under AHRQ Contract No. 290-04-0011.

ALTERNATE EDUCATION OPTIONS

- With the AADE Accreditation program, the availability to provide education in a number of alternate sites:
 - **Community center**
 - **Church**
 - **Home**
 - **Clinic**



ALTERNATE EDUCATION OPTIONS

- Without accreditation it becomes more creative. Options need to be presented to the clinic as to why you providing DSMT will be valuable.
- Need to be aware of costs, billing and fair reimbursement for your skills and time

Perceptions



PHYSICIAN PERCEPTIONS

- Education programs are not specific for their populations or needs.
 - Would like personalized for their population.
- Referrals are not easy, there may be a wait for classes. (sometimes up to 2 months).
- No feedback from the education program.
- Concerned that regimens in medication will be changed without their input.
- Concerned that their patients will be encouraged to see a physician affiliated with the program (stealing their patients).



PHYSICIAN PERCEPTIONS

- Feel that educators do not appreciate the fact that they have to deal with multiple concerns from their patient and that diabetes may not be at the top of the list. When the diabetes is “under control” the other issues take priority.

POSITIVES

- Appreciate diabetes education programs that were based in scientifically reliable sources.
- Appreciate practical strategies that offer help in dealing with everyday issues of diabetes control.

Doctors voice concerns about diabetes education.(News)

Publication: Internal Medicine News Publication Date: 15-OCT-06

Author: Bates, Betsy



EDUCATOR PERCEPTIONS

- Feel economic pressure to justify their job.
- Feel there is a lack of reasonable reimbursement.
- Lack of awareness for the benefits they can provide to people with diabetes.
- Lack of awareness for the benefits they can provide to PCP's.
- Need for services is much higher than actual demand.
- Physicians do not give the impression that DSMT is necessary

Doctors voice concerns about diabetes education.(News)Publication:

Internal Medicine News Publication Date: 15-OCT-06 Author: Bates, Betsy is necessary.



EDUCATOR CONCERNS

- Clinical recommendations on medication use and titration is not being followed by physicians.
 - The regimen is not changed when the disease starts to progress.
 - Not enough attention is given to lifestyle, diet and exercise.
 - Medications given may be too expensive for patients.
 - Fear of insulin.
- Time in a PCP visit.

Doctors voice concerns about diabetes education.(News) Publication: Internal Medicine News

Publication Date: 15-OCT-06 Author: Bates, Betsy



Primary care physicians often juggle the demands of several health conditions when treating patients with diabetes.

They typically opt to treat the most pressing problem first, which may mean delaying a needed adjustment in diabetes medications until a subsequent appointment.

Researchers have used the term "clinical inertia" to describe the situation in which primary care physicians recognize a problem but fail to act upon it.



**SO LETS SPEND
SOME TIME ON
THE
MECHANISMS**



CLINIC

○ Medical Home

- Most people would prefer to keep their care in one place. As they trust their provider, this becomes a “home” for their needs and care.

If DSMT is offered in this format the response is much greater than if they had to go elsewhere. In a study only 40% of people referred actually made it to education.

- As well the provider is fully aware of the education format and is able to reinforce on follow-up visits.
- The average visit to the provider is only 15 minutes and needs to address several concerns.



CLINIC CONT.

- The education in this setting as well as a traditional diabetes education setting may be done individual or group.
- The provider also has input into the format of the education (also increasing buy in) With this concept the provider also has better outcomes, these are important in today of Pay for Performance.
- The format and goals need to be delineated by the educator working with the provider.
- Utilization of Standards of care is necessary.



AADE SALARY SURVEY

○ Compensation Percentiles

	Base Pay	Total Compensation
○ 10th percentile (10% earn less)	\$23.92	\$49,920
○ 25th percentile (25% earn less)	\$26.68	\$56,160
○ 50th percentile (50% earn less)	\$31.20	\$65,520
○ 75th percentile (75% earn less)	\$37.00	\$79,250
○ 90th percentile (90% earn less)	\$44.85	\$94,890

base: 4,183 reporting DE Professionals



MARKETING

- You need to sell your services to the provider. The knowledge that DSMT is important may be something they acknowledge but not know how to utilize.
- You have a service and the clinic and the customers have a need.
- The goal is to bring these two together.



MARKETING

- Identify:
 - What is available in your area
 - How long does it take to get someone into DSMT classes
 - How far is the travel to the nearest DSMT classes
 - How much does it cost
 - Providers who have shown an interest in having education available for their patients.



MARKETING

- Build a plan:
 - What do you bring to the practice
 - Why should they want to hire you instead of sending their patients to an existing program.
 - What would be the concerns specific to this practice
 - How will you identify quality assurance and tracking
 - How will you get paid
 - Salary; the provider is involved and bills for services*
 - Salary; and the provider is dealing with cost
 - Are you AADE Accredited and will be either billing the patient or will the clinic bill for you



SALARY ISSUES

- Salary; the provider is involved and bills for services
 - Medical Group visits.

Typically when the provider, Physician, Nurse Practitioner or Physician Assistant is involved in the class.

A clinic visit is billed, charts are reviewed for needed immunizations and labs.

The person has vital signs, weight, immunizations and labs done.

The class is taught by a designated instructor, CDE, PCP, Dietician or Physical Therapist.

Documentation is in the clinic chart and billing is done by the Clinic.



OPTIONS TO PRESENT TO THE CLINIC

- Hiring you would allow their patients to access diabetes education in a timely manner
- They would have input into the classes, especially since they understand the culture of their practice.
- They would not have to spend time or ignore on diabetes education, allowing them to work with all of the concerns of their patients.
- They would know what is being taught so it can be reinforced or questions handled in the regular appointment.



**MONEY
ISSUES
OR
HOW TO GET
PAID FOR
SERVICES**



*Healthy Eating
Being Active
Monitoring
Taking Medication
Problem Solving
Healthy Coping
Reducing Risk*

Diabetes Education Services

*Reimbursement Tips for
Primary Care Practice*

AADE American Association
of Diabetes Educators

AADE

American Association
of Diabetes Educators

200 West Madison Street, Suite 800
Chicago, Illinois 60606
www.diabeteseducator.org

MERCK

Sponsored by Merck.



► TIP Only DSMT programs that have submitted their Certificate of Recognition from the AADE, ADA or IHS

May bill Medicare for DSMT services. Other payers might not require this, assuming any practice that bills using DSMT service codes G0108 or G0109 has a certificate.

While Medicare will cover MNT that is provided by a RD or nutrition professional who meets specific requirements, other payer's coverage may extend to nutrition services provided by a diabetes educator.



HCPCS Level II G Codes

Code Summary Time

G0108 Diabetes outpatient self-management training services, individual
Each 30 minutes

G0109 Diabetes outpatient self-management training services, group session (two persons or more)
Each 30 minutes

G0270 MNT, 2nd referral, same year, individual, face-to-face reassessment and subsequent intervention(s)
Each 15 minutes

G0271 MNT, 2nd referral, same year, group; reassessment and subsequent intervention(s)
Each 30 minutes



The Medicare **Physician Fee Schedule (PFS)** lists the fees that Medicare will pay for services based on localities and procedure codes. All providers have access to their local carrier's or FI's websites and can look up this information under Provider Pricing. The PFS is updated annually by CMS and tells providers what Medicare allows in payment for services to both participating and non-participating providers.

An example of this is one Medicare Part B Carrier's 2007 PFS for DSMT services per unit of 30 minutes of time:

80% of the Allowed Amount

Medicare actually pays 80% of the allowed fee and the remaining 20% is then billed to the patient or their coinsurance (minus the unmet deductible). For participating providers, any charge beyond what Medicare allows must be written off as a **payer contract adjustment**.

Procedure Code	Par Amount	Non-Par Amount	Limited Charge
G0108	\$31.77	\$30.18	\$34.71
G0109	\$18.44	\$17.52	\$20.16



Strategies and Methodologies in Pricing Fees (what contracted commercial payers will pay you) are often determined by the procedure's RVU number multiplied by a conversion factor. The **conversion factor** is the rate or a number that takes into account such things as:

- the region or location of your facility;
- the health care market;
- previous contract pricing with payers; and
- the quality of care that payers report your facility provides to their insured.

An example of setting pricing for DSMT services with this methodology is:

Code:	CMS's RVU	Conversion Factor	Price / Charge
G0108	.84 (per unit of time)	x 70	= \$59
G0109	.49	x 70	= \$34



ATTENTION

THESE NEXT CODES
REQUIRE PCP
INVOLVEMENT

OR A PROVIDER NUMBER



CPT® Codes that May Be Accepted by Private Insurers

CPT® Code Summary Time

Diabetes Self-Management Education/Training

98960* Education and training for patient self-management by a qualified, non-physician healthcare professional using a standardized curriculum, face-to-face with the individual patient (could include caregiver/family)

Each 30 minutes

98961* Education and training for patient self-management for 2–4 Patients 30 minutes

98962* Education and training for patient self-management for 5–8 Patients 30 minutes



97802** 97802 Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient,
Each 15 minutes.

This code is to be used only once a year, for initial assessment of a new patient. All subsequent individual visits (including reassessments and interventions) are to be coded as 97803. All subsequent Group Visits are to be billed as 97804.

97803** 97803 Re-assessment and intervention, individual, face-to-face with the patient,
Each 15 minutes.

This code is to be billed for all individual reassessments and all interventions after the initial visit (see 97802). This code should also be used when there is a change in the patient's medical condition that affects the nutritional status of the patient.

97804** 97804 Group (2 or more individual(s)),
Each 30 minutes.

This code is to be billed for all group visits, initial and subsequent. This code can also be used when there is a change in a patient's condition that affects the nutritional status of the patient and the patient is attending in a group.



Billing for Evaluation and Management

If a physician provides services to patients with diabetes, his/her practice can provide diabetes education/training, some of which may relate to evaluation and management (E&M). The range of HCPCS codes for E&M services, 99211–99215 (established patient) and 99201–99205 (new patient), describe a physician-patient encounter for the evaluation and management of a patient's condition(s).

Patient education and counseling are components of the services described by these codes. The E&M codes are further defined by levels that clearly articulate the intensity of services provided.

► TIP Diabetes education provided ‘incident-to’ a physicians plan of care by ancillary staff in a clinic setting that is not a department of a hospital *may qualify for reimbursement using CPT code 99211.*



Prenatal, Obesity, or Diabetic Instruction

99078* Physician educational services rendered to patients in group setting (prenatal, obesity, or diabetic instruction)
Check with the insurer

Determining DSMT Fees

For most DSMT programs, the facility's contracting/payer relations department negotiates all fees with commercial payers, including DSMT fees. The facility (hospital, clinic, or doctor's office) annually determines pricing for their services or procedures by setting prices just higher than what their best commercial payer paid the previous year.



RESOURCES



Tools for Diabetes Education/Training

The AADE Diabetes Services Order Form is designed to be an easy and convenient way for a physician or a qualified non-physician practitioner to refer their Medicare patients with diabetes to a diabetes educator for DSMT and to a RD for MNT. The referral form may be used by any facility or healthcare professional and includes the key referral information

required to meet Medicare regulatory requirement for MNT and DSMT referrals. The form is available to the public at the following web page:

<http://www.diabeteseducator.org/>

Professional Resources/Library/ServicesForm.html

An on-demand webcast on reimbursement and this document are available free at: <https://www.diabeteseducator.org/>

[Professional Resources/products/view.html/target=40&sub1=0NLRESOURC&sub2=Online](https://www.diabeteseducator.org/ProfessionalResources/products/view.html/target=40&sub1=0NLRESOURC&sub2=Online).

More in-depth information on reimbursement is available in AADE's *Online Reimbursement Guide for Diabetes Educators*, available at the following web page:

[http://www.diabeteseducator.org/ProfessionalResources/products/Select Online Resources](http://www.diabeteseducator.org/ProfessionalResources/products/SelectOnlineResources).



NAVIGATING THE MAZE

Physician- Based Programs

AADE's Reimbursement Resources

Navigating the Maze is a series of booklets

- **Hospital Outpatient Programs**
- **Physician-Based Programs**
- **Independent or /Freestanding Programs**
- **Pharmacy-Based Programs**



Reimbursement Tips for Primary Care Practice

This Booklet covers

- **Getting Started**
- **Referrals**
- **Documentation**
- **Billing & Distribution of Funds**
- **Opportunities and Challenges**

Diabetes Education Services:



AMA's CPT book provides further details about CPT coding.

Tools for Physicians

If you would like to find a diabetes educator in your community, use our *Find an Educator tool*,

which is available at:

<http://www.diabeteseducator.org/DiabetesEducation/Find.html>

http://www.diabeteseducator.org/Public/Join_Information.html

Additional tools for physicians who are interested in learning best practices can be found at the following websites:

· Institute for Healthcare Improvement (IHI): <http://www.ihl.org/ihl>

· The Centers for Disease Control and Prevention (CDC):

<http://www.betterdiabetescare.nih.gov/>

· Medicare Learning Network (MLN)

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3185.pdf>



WHAT CAN YOU DO TO START??????

- Build a network of educators willing to work in PCP clinic's.
 - (Dating service for DSMT)
- Promote your services to the medical community.
 - Present the idea in workshops, letters, and to PCP's that you know. The idea may never have occurred to this community.
- Know what the billing is in your area, CPT codes and allowable fees.
- **Get yourself AADE Accredited!!!!**
- Persevere



SUMMARY

- Putting DSMT into a format that is accessible to you, the person with diabetes and the PCP is a challenge.
- Your job is to meet this challenge and provide options for all
- The idea of alternatives for DSMT is an idea that is long overdue



**IN ESSENCE THE
RESPONSIBILITY
FOR
CREATING THIS
OPTION
IS
YOURS!!**



QUESTIONS

?????



**THANK
YOU**



Thank you for
participating



Putting Diabetes Education in Primary Care

Reminder: Take the Post-Test at
https://www.surveymonkey.com/s/utahdiabetes_oct2011_posttest