Tele-Education: Can it be Done and Can You Get Reimbursed?
Joyce Green Pastors, RD, MS, CDE
Saturday, February 18, 2017
8:00 a.m. – 8:45 a.m.

National survey data estimates that less than 60% of individuals with diabetes have attended a Diabetes Self-Management Education class. National insurance claims data estimates that 3% of Medicare and 6% of commercially insured individuals with diabetes have attended an ADA-recognized DSME class. There is a shortage of ADA-recognized diabetes education programs in rural and underserved areas of the state. Synchronous videoconferencing that is live, provides two-way interaction, and can be broadcast to several sites is an efficient and effective way to provide group-based diabetes tele-education to rural and underserved areas of the country.

References:

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University of Virginia School of Medicine

Definitions

- **Telemedicine**: the use of medical information exchanged from one site to another via electronic communications to improve a patient’s clinical health status.

- **Telehealth**: the use of telecommunication to deliver health-related services and information that support patient care, and administrative activities. Often referred as synonymous related services and information that support patient care, improve a patient’s clinical health status.

- **Tele-education**: the application of information and communication technologies in the delivery of distance learning to patients, their families, and health care professionals. Tele-education is often used in rural areas to address access to educational materials.

Effectiveness of Diabetes Tele-Education

- DSME is associated with significant improvements in glycemic control (DSME: A1C 0.74% vs CG: A1C 0.17%)

- Small number of studies reported using remote DSME but data indicates tele-education is as effective as in-person education

- No significant differences reported in A1C (improvements seen in tele-education and in-person), weight, Problem Areas in Diabetes Survey (measure of emotional functioning) and Diabetes Treatment Satisfaction Questionnaire

Rationale for Diabetes Tele-Education

- Epidemic of diabetes nationwide (29 million U.S. adults with diabetes in 2016)

- National survey data estimates that less than 60% of individuals with diabetes have attended a DSME class (BRFSS survey data)

- National insurance claims data estimates that 3% of Medicare and 6% of commercially insured individuals with diabetes have attended an ADA-recognized DSME class

- Shortage of diabetes educators and ADA recognized education programs in rural and underserved areas of the state

- Efficiency of using existing telemedicine equipment for education

Telehealth Applications

- Audioconferencing for disease management, education and/or counseling – usually between onsite expert provider and patient/PCP at distant site

- Phone Text or e-mail messages for individual follow-up, support, additional education, inspirational messaging

- Videoconferencing 1-1 PCP-patient consultation for diabetes disease management or 1:1 education-patient consultation for diabetes education and counseling

- Group-based tele-education using synchronous videoconferencing – a live, two-way interaction between group classes at several sites and an educator using audio-visual telecommunications technology and high speed broadband connections.

Diabetes Tele-Education Across the U.S.

<table>
<thead>
<tr>
<th>Location</th>
<th>States</th>
<th>Start date</th>
<th>Antichrist</th>
<th>Resources</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virginia</td>
<td>VA</td>
<td>2016</td>
<td>FQHC</td>
<td></td>
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<tr>
<td>South Carolina</td>
<td>SC</td>
<td>2016</td>
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<td>Arkansas</td>
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<td>Montana</td>
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<tr>
<td>New York</td>
<td>NY</td>
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<td>FQHC</td>
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<table>
<thead>
<tr>
<th>Number of sites</th>
<th>Types of site</th>
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<tbody>
<tr>
<td>500+</td>
<td>Various sites</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Content of Program</th>
<th>Length of program</th>
<th>Type of education</th>
<th>Type of DSME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes care and self-management</td>
<td>4 weekly sessions</td>
<td>Group sessions</td>
<td>Group education</td>
</tr>
<tr>
<td>Self-management skills</td>
<td>4 biweekly sessions</td>
<td>Two 1-hour sessions</td>
<td>Group education</td>
</tr>
<tr>
<td>Nutrition Basics</td>
<td>12-month program</td>
<td>Face-to-face office setting</td>
<td>Group education</td>
</tr>
<tr>
<td>Total 3 months</td>
<td>8 follow-up visits</td>
<td>Satellite offices</td>
<td>Group education</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Evaluations</th>
<th>Rationale for Diabetes Tele-Education</th>
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<tbody>
<tr>
<td>1.0% decrease in A1c at 12 months; 0.9% decrease in A1C at 6 months; 0.17% change in A1C vs CG</td>
<td>Program recognition recommended for ADA Diabetes topics</td>
<td>Epidemic of diabetes nationwide (29 million U.S. adults with diabetes in 2016)</td>
</tr>
</tbody>
</table>
The Basics of Diabetes & Medications

The topics covered in this class include definition, diagnosis, and types of diabetes; target glucose goals; diabetes complications; discussion of oral and injection medications (including insulin) for type 1 and type 2 diabetes; foot care; and treatment of hypoglycemia.
Diabetes Patient Tele-Education Classes

• Nutrition Basics

This class provides up-to-date, helpful information that participants can readily use to plan meals that will improve their blood glucose control and are heart healthy. Topics include nutrient effects on blood glucose, healthy food choices, serving sizes, reading food labels, use of non-nutritive sweeteners, use of alcohol, recommendations for fats and fiber, and healthy snack choices.

Diabetes Patient Tele-Education Classes

• Glucose Control, Activity, & Stress

This first part of this class will focus on blood glucose control, including use of case studies to understand and interpret daily glucose pattern and a discussion of how eating, activity, and medication can be adjusted to improve glucose. The focus will then shift to interactive sessions on physical activity and stress. Activities include stretching using resistance bands and practice with deep breathing and relaxation.

Video Clip of Glucose Control, Activity, & Stress

Diabetes Patient Tele-Education Classes

• Eat Smart, Change Your Lifestyle

Do you feel like you hear a lot of information about eating, but still don’t know what to do? This class focuses on the “how to” aspects of changing what you eat. Topics include tips about shopping for healthy meals, portion sizes, easy ways to cut calories, avoiding common eating traps, tips on how to eat healthier. The class will end with a discussion of how to set personal goals for improving your lifestyle.

Video Clip of Eat Smart, Change Your Lifestyle

Tele-Education Flyer

Website and Registration

Visit the tele-education page of our website at https://med.virginia.edu/vcdpe/diabetes-tele-education-programs/ to register for classes and to learn more about our program.

Lessons Learned

• Need for trained facilitator at participating site
• Necessary equipment at participating site
• Website for access to educational/programmatic resources and use of technology is useful
• Easy, quick access to on-site technician for problem solving
• Interactive group sessions are most effective
  – includes meal planning, portion sizes, food labels, activity with resistance bands or walking, deep breathing exercise, glucose pattern management using log books
As of January 2011 DSME/DSMT services are included

The following health care providers are approved:
- Physician
- Physician Assistant (PA)
- Nurse Practitioner (NP)
- Clinical Nurse Specialist (CNS)
- Nurse Midwife
- Clinical Psychologist
- Clinical Social Worker
- Registered Dietitian (RD) or Nutrition Professional

Registered Nurse (RN) and Certified Diabetes Educators (CDEs) are not approved providers in the state of Virginia

Medicare tele-education services can only be furnished to an eligible tele-education site such as a rural health professional shortage area (such as FQHCs) or in a county outside of a metropolitan statistically area

Reimbursement for Tele-Education

- The 2016 Medicare National Fee Schedule Rates for Tele-Education are:
  - T0108 (per 30 minutes) $53.35
  - T0109 (per 30 minutes/patient) $14.32
  - Please note that these are national average rates!

- You can find state specific fee schedules at the CMS website at:

- You can also find more information on DSMT reimbursement on the American Association of Diabetes Educators website at:
  - https://www.diabeteseducator.org/practice/ask-the-reimbursement-expert/reimbursement-q-a

References


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