Can you see me now?
Bringing DSME to rural S.C. via Telehealth

Mandy Floyd, RN
Anita Longan, RDN, CDE, BC-ADM
March 12, 2016
HopeHealth
A South Carolina Community Health Center
What We Offer

- *We served more than 34,000 patients in 2015*
- Family and Internal Medicine Primary Care
- Behavioral Health Counseling
- Medical Case Management
- Diabetes Self-Management Education
- Nutrition Counseling
- In-House Laboratory and Pharmacy
- Infectious Disease
- Pain Management
- Preventative and Supportive Services
- Medical Massage
- Chiropractic Care
- Women’s Health
Diabetes in South Carolina Facts & Figures

• Approximately 464,800 people in 2015 have been diagnosed with diabetes
• 228,900 with type 2 diabetes have not yet been diagnosed
• 1,182,400 are estimated to have prediabetes
## Estimated Economic Impact

<table>
<thead>
<tr>
<th>Medical cost of diabetes:</th>
<th>$4.5 B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonmedical cost:</td>
<td>$1.9 B</td>
</tr>
<tr>
<td>- includes lost productivity</td>
<td></td>
</tr>
<tr>
<td>Total Cost:</td>
<td>$6.4 B</td>
</tr>
</tbody>
</table>
Diabetes in Williamsburg County

• Diabetes is sixth leading cause of death in Williamsburg County
• Williamsburg County ranks #5 in diabetes mortality in South Carolina 2011-2012
Hospitalizations for diabetes Complications in Williamsburg County in 2012

<table>
<thead>
<tr>
<th>Diabetes Complications</th>
<th>Hospital Admissions</th>
<th>Percent of diabetes Hospital Admissions</th>
<th>Total Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renal Failure</td>
<td>466</td>
<td>41%</td>
<td>$17,755,800</td>
</tr>
<tr>
<td>Lower Extremity Amputation</td>
<td>21</td>
<td>2%</td>
<td>$1,677,700</td>
</tr>
<tr>
<td>Ketoacidosis</td>
<td>38</td>
<td>3%</td>
<td>$920,200</td>
</tr>
<tr>
<td>Retinopathy</td>
<td>56</td>
<td>5%</td>
<td>$2,689,900</td>
</tr>
</tbody>
</table>
Diabetes Self-Management Education (DSME)

- Lowers A1Cs
- More likely to take medications as prescribed
- Receive guideline recommended care
- Have lower healthcare costs
- Increased knowledge in ADA recommended targets for A1C, BP, LDL
- Reduction in Emergency Department visits
DSME and Telehealth

• January 2011 Centers of Medicare & Medicaid Services (CMS) included DSMT as reimbursable for Telehealth/Telemedicine Services.
DSME and Telehealth

- Patient & Provider-linked in real time by both video and audio
- Allowable hours for DSMT- same
- Can be provided in group or individual
- Eligible providers (Distant Site): physician, nurse practitioner, physicians assistant, nurse midwife, clinical nurse specialist, clinical psychologist, clinical social worker, registered dietitian
DSME and Telehealth

• Must be Rural Health Professional Shortage Area (HPSA)

• Patient site (Originating Site) includes: office of physician or practitioner, hospital, critical access hospital, rural health clinic or FQHC

• At least one hour of in-person DSMT instruction must be furnished in the initial training period to ensure effective injection training.
Reimbursement/Coding

• Distant Site:
  • G0108GT- Individual-30 minutes
  • G0109GT-Group-30 minutes

• Originating Site:
  • Q3014 (not time based)
Beyond Direct Reimbursement

- HEDIS – Health Effectiveness Data Set
- Helping each other improve outcomes
- Effective and efficient work flows / processes
- Documentation standardization
- Involve the patient in their care
- Steal shamelessly; Share generously
Beyond Direct Reimbursement

- **UDS** – Reports total served, visits, and health outcomes
- Medicaid Managed Care Organizations (**MCO**)
- Medicare Advantage Plan incentive payment (closing gaps in care):
  - Perform A1c (6 month)
  - Screen for nephrology
  - DM Retinal Eye Exam
  - Comprehensive foot exam
  - DMSE referral for A1c >9%
This program was made possible by...

• SC Telehealth Alliance
• MUSC Health
• Gaye Douglas, DNP, Med, APRN-BC
Disparities - 2012

• ~421,549 adults in SC diagnosed with DM
  • African Americans w/ 42% higher prevalence compared to Whites

• 196 Emergency Room visits in Williamsburg County for diabetes as the primary diagnosis and 170 (87%) by African American patients

• Rates for lower extremity amputations among African Americans were 3 times the rates among whites
Our collaborators

• Partnership for Diabetes Health Equity 3-Element Model Learning Collaborative (Morehouse School of Medicine)
  • S.C. Primary Health Care Association
  • DHEC Office of Minority Health
The Internet of Things

Connect the World
<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 patients scheduled</td>
<td>1 patient attended</td>
<td>3 patients scheduled</td>
<td>1 patient attended scheduled follow-up appointment</td>
</tr>
<tr>
<td>100% show rate</td>
<td>1 patient cancelled</td>
<td>2 patients attended</td>
<td></td>
</tr>
<tr>
<td>No connection – recent computer upgrade interrupted established connection</td>
<td>Connected via Telehealth</td>
<td>Connected via Telehealth</td>
<td>Connected via Telehealth</td>
</tr>
<tr>
<td>RDN provided teleconference to patients, rescheduled telehealth session</td>
<td>Audio present No video</td>
<td>Audio present Video present</td>
<td>RDN was able to use audio and video with food models to remotely educate the patient on carb counting.</td>
</tr>
</tbody>
</table>
Challenges

- Equipment – connectivity
- Scheduling - patients unaware of what telehealth is
- Appointment Reminders - patients receive calls for appointment reminders for the Florence office
- Communication between RDN and nurse/MA - currently we are texting, emailing, or calling.
Successes!

- Positive patient feedback: patients verbally report they are pleased with the sessions
- No additional travel required of the patient
- Saves time and money for the patient
- RDN is able to reach more patients
Moving Forward

- Plan to implement telehealth at additional sites within our FQHC
- Identify staff to assist in each remote telehealth facility
- Measure outcomes from participants
- Record success stories from participants
References

• http://cdb.synergynetworx.com/pdf/South-Carolina-brief.pdf
• http://www.scdhec.gov/Health/docs/Epi/diabetes/Williamsburg.pdf
• https://www.diabeteseducator.org/docs/default-source/legacy-docs/_resources/pdf/research/practice_advisory_telehealth.pdf?sfvrsn=2
References


• Duncan I, et al. Diabetes Education. 2011 Sep-Oct; 37(5);638-57.

