



Telenutrition for Diabetes Prevention and Management



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Objectives

As a result of completing this training, participants will be able to:

1. Describe and follow best practices for providing diabetes care and education via telehealth.
2. Identify patients who may be well suited for a telehealth visit.
3. Initiate the establishment of a telenutrition/other telehealth program at their workplace.



Terminology

Telemedicine



Telehealth



Digital Health

+ Public Health Activities and Education

+ Remote Patient Monitoring (including CGM technologies, patient portals)

Synchronous care



Asynchronous or store-and-forward care

Originating Site



Distant Site



Is Telehealth Appropriate?

- Chronic condition management
- Counseling
- Medication management
- Review of test results

VS.

- Complex cases
- Procedures
 - Hands-on care



Digital Health for Diabetes Prevention & Management

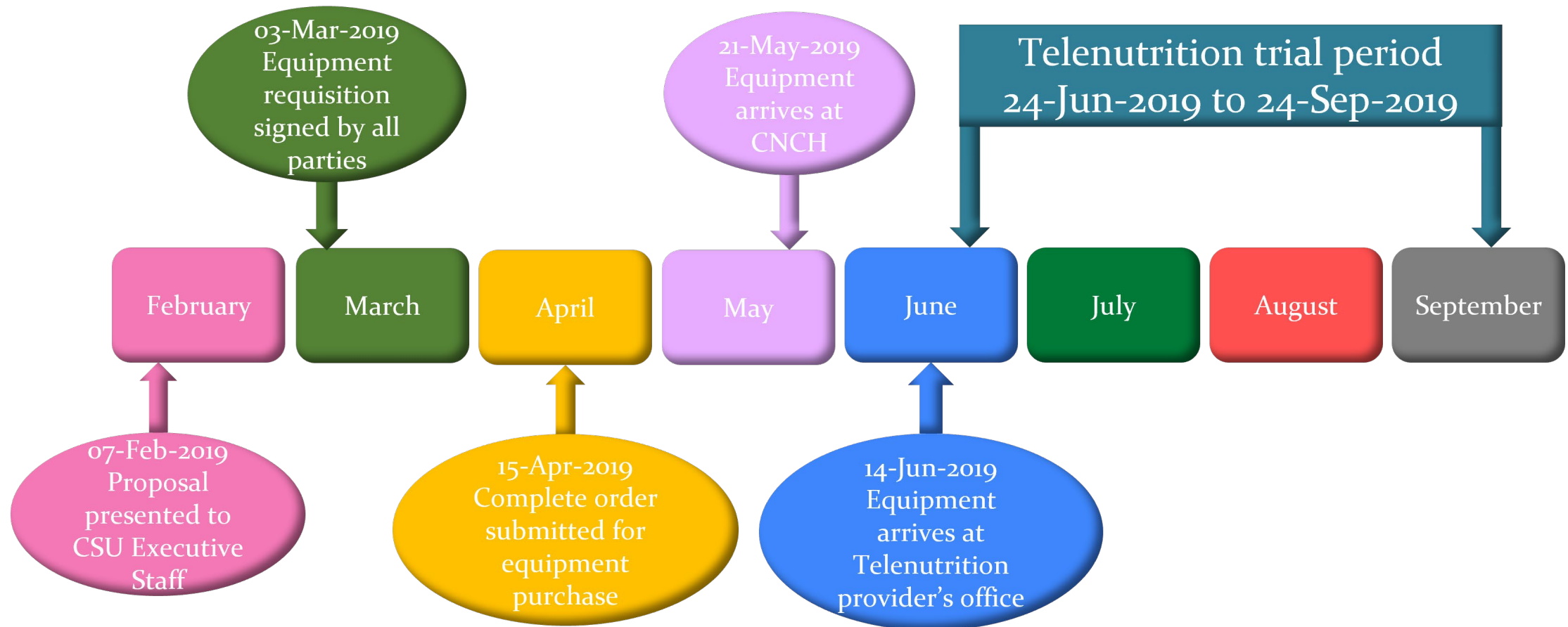
- Chronic Disease Management
 - Remote patient monitoring
 - CGM or blood sugar logs
 - Food logs
 - Medication management
 - Access to specialty care
- Patient-Centered Care
 - Meeting the patients where they are
 - Overcoming barriers: transportation, childcare, work, immobility
 - Coaching, educating, intervening, observing the patients in their living environment
 - Meeting with the caregivers



Crow Service Unit – Telenutrition Trial Program



Timeline – CSU Telenutrition Trial

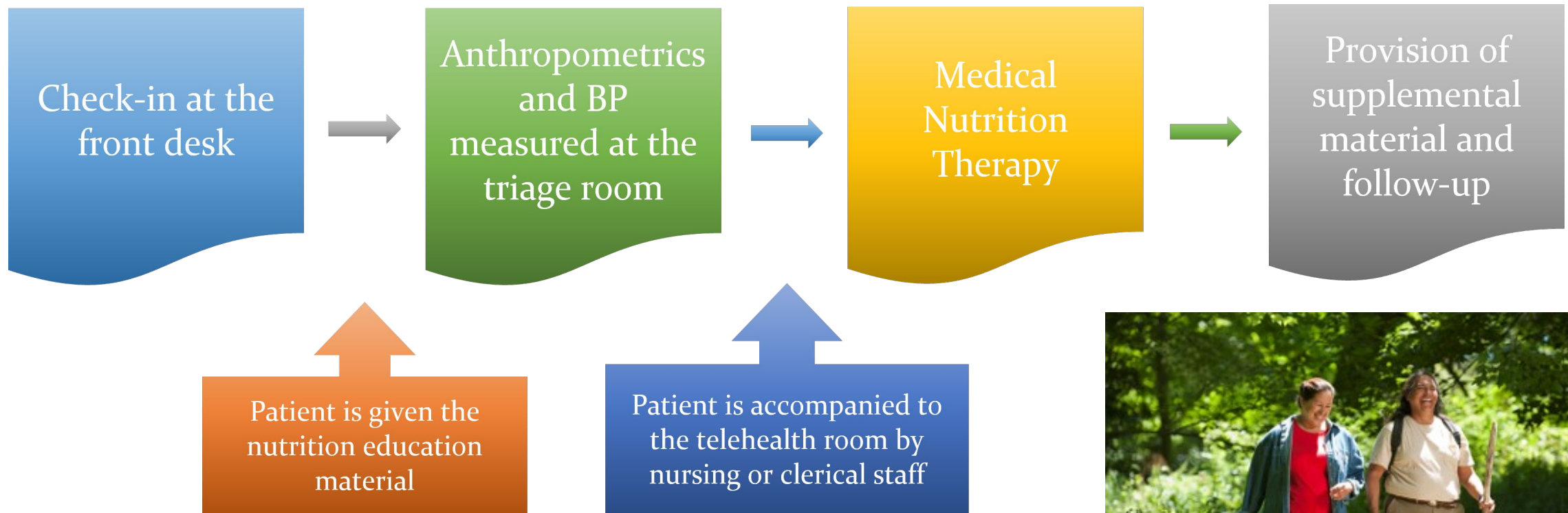




Expenses and Financial Benefits

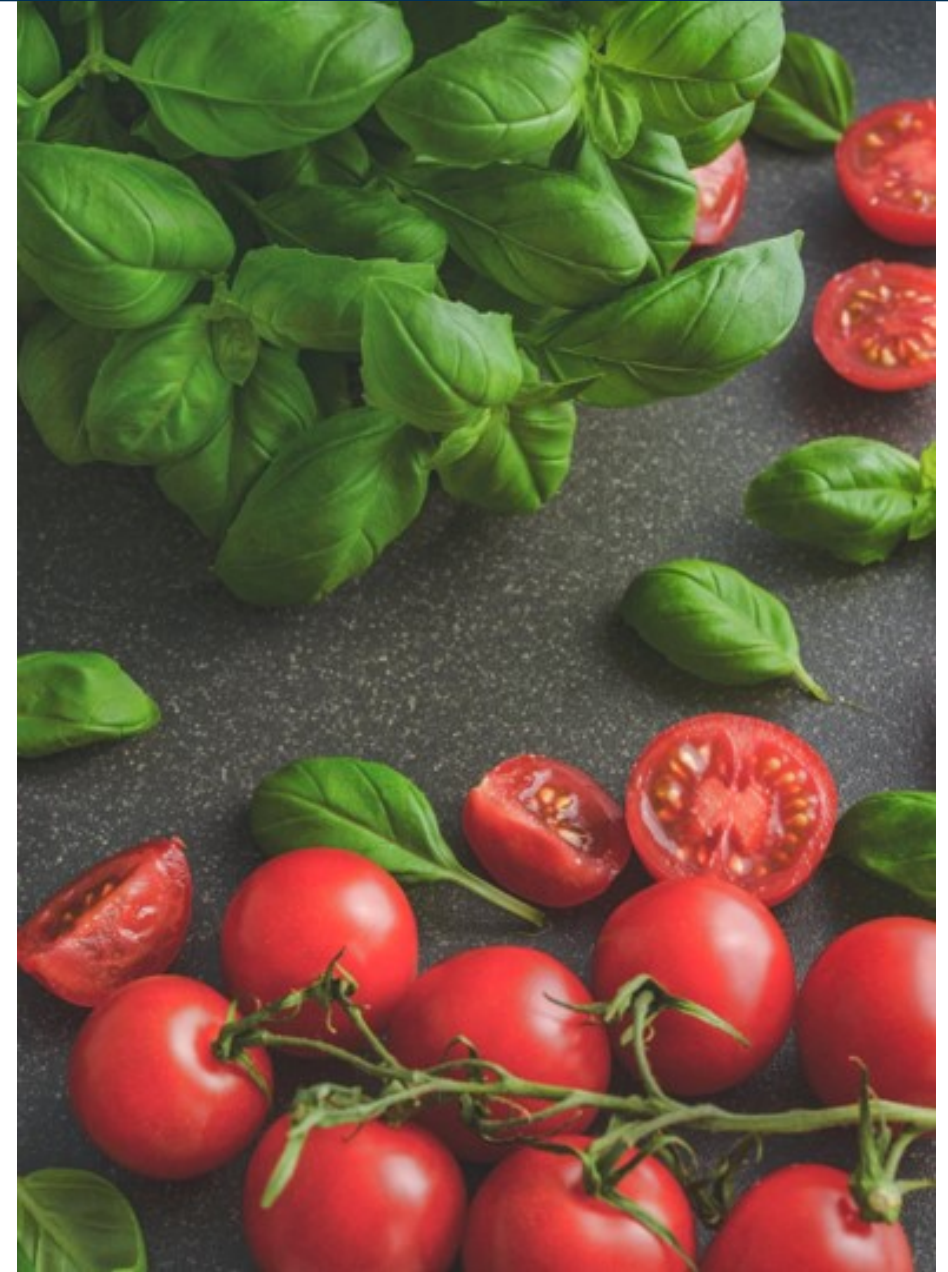
- Expenses
 - Four Cisco DX-80 video-conferencing units
 - One additional license to use the equipment outside the IHS network
 - Salary of Public Health Nutritionist
 - Travel expenses for site visits
- Financial Benefits
 - No need for additional office space for the provider
 - Zero work hours spent commuting to the satellite clinics

Description of a Typical Telenutrition Session



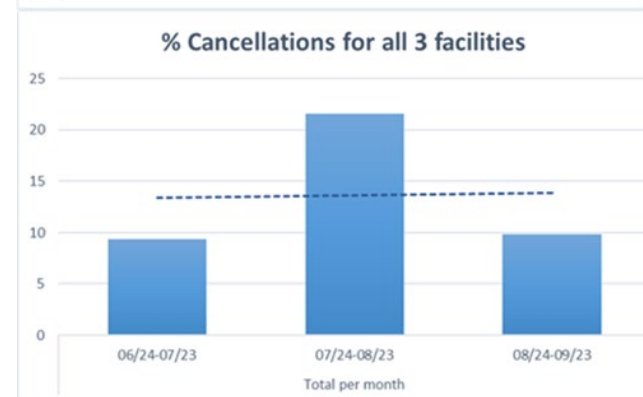
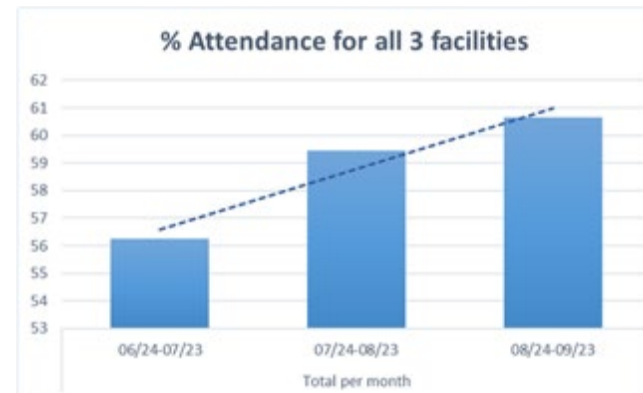
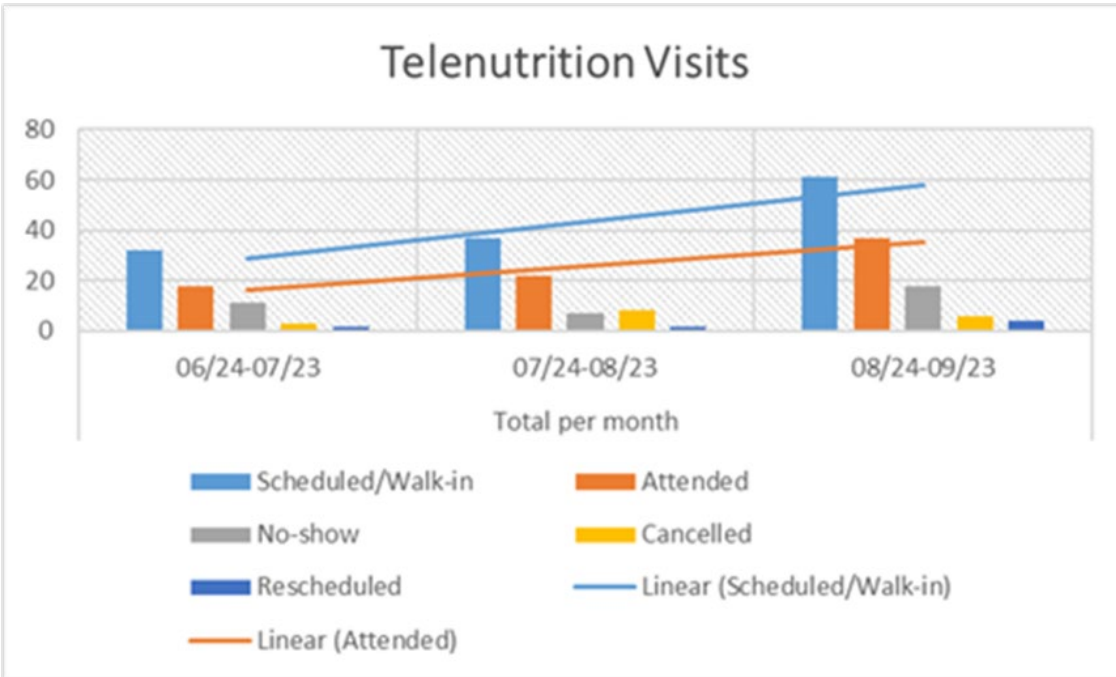
Relevant Projects

- Main projects
 - Analysis of Telenutrition visit data from a three-month trial period
 - Comparison of visit data between in-person nutrition visits and telenutrition visits
 - Comparison of revenue data between in-person nutrition visits and telenutrition visits
- Additional projects
 - Tele-Exercise class
 - Diabetes program
 - Walk-in Telenutrition Clinic



Telenutrition Trial Period – Project No 1

Aggregated Visit Data





Telenutrition Trial Period – Project No 1: Findings

- During the telenutrition trial period:
 - The total number of scheduled/walk-in visits **increased**.
 - The number of attended visits **increased**.
 - Percent attendance **increased**.

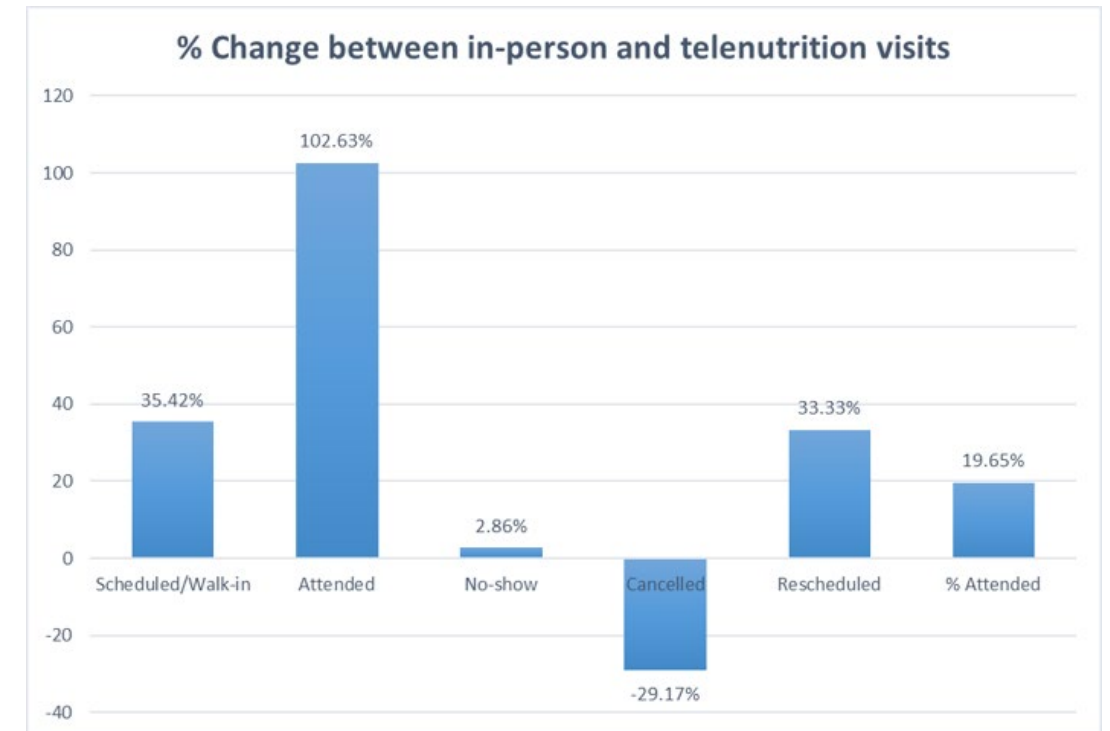
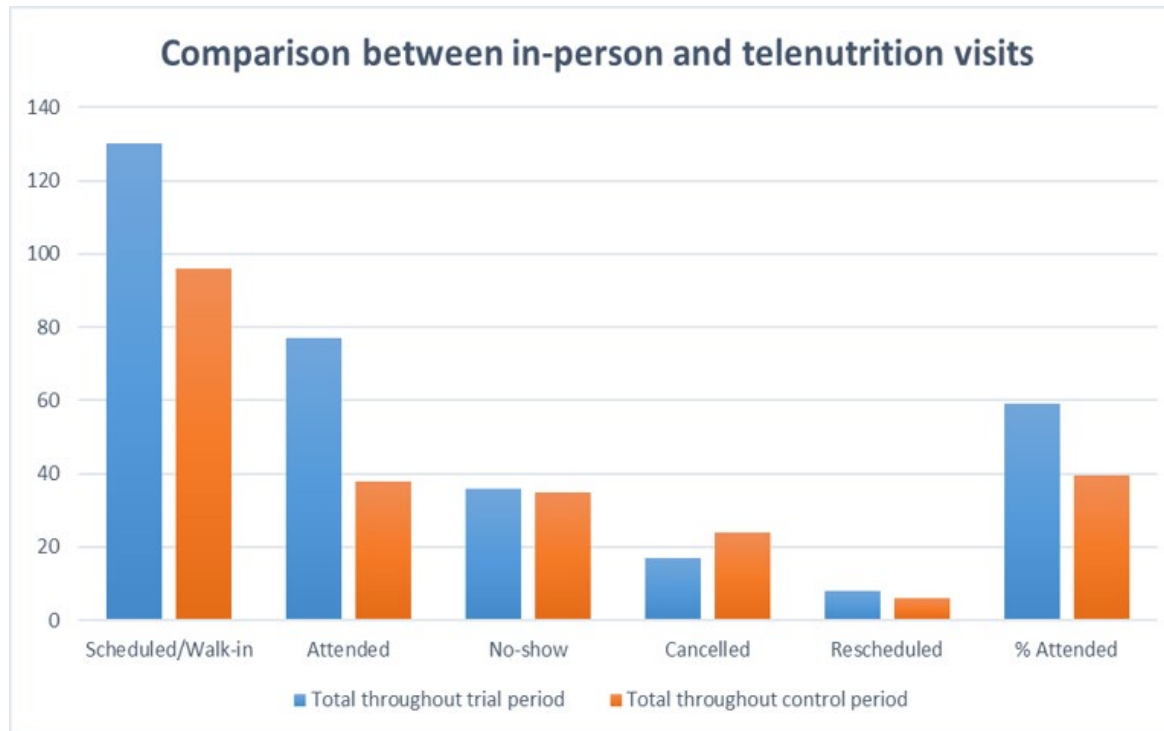


Telenutrition Trial Period – Project No 2:

Characteristics of the Two Time Periods Compared in the Project

Time period	Control period	Trial period
Dates of visits	06/24/2018-08/26/2018	06/24/2019-09/24/2019
Reviewed dates	06/24/2018-09/25/2018	06/24/2019-10/24/2019
Training	No	2 weeks
Annual Leave	No	12 days (incl. weekends)
Federal Holidays	1 day	2 days
Health screenings	Yes, one cycle of sports physicals (8 days)	Yes, one cycle of Head Start screenings (4 days)
Type of offered visits	In-person nutrition visits	Telenutrition visits
Nutrition provider	Maria Kofas	Maria Kofas

Telenutrition Trial Period – Project No 2: Attendance of In-person and Telenutrition Visits



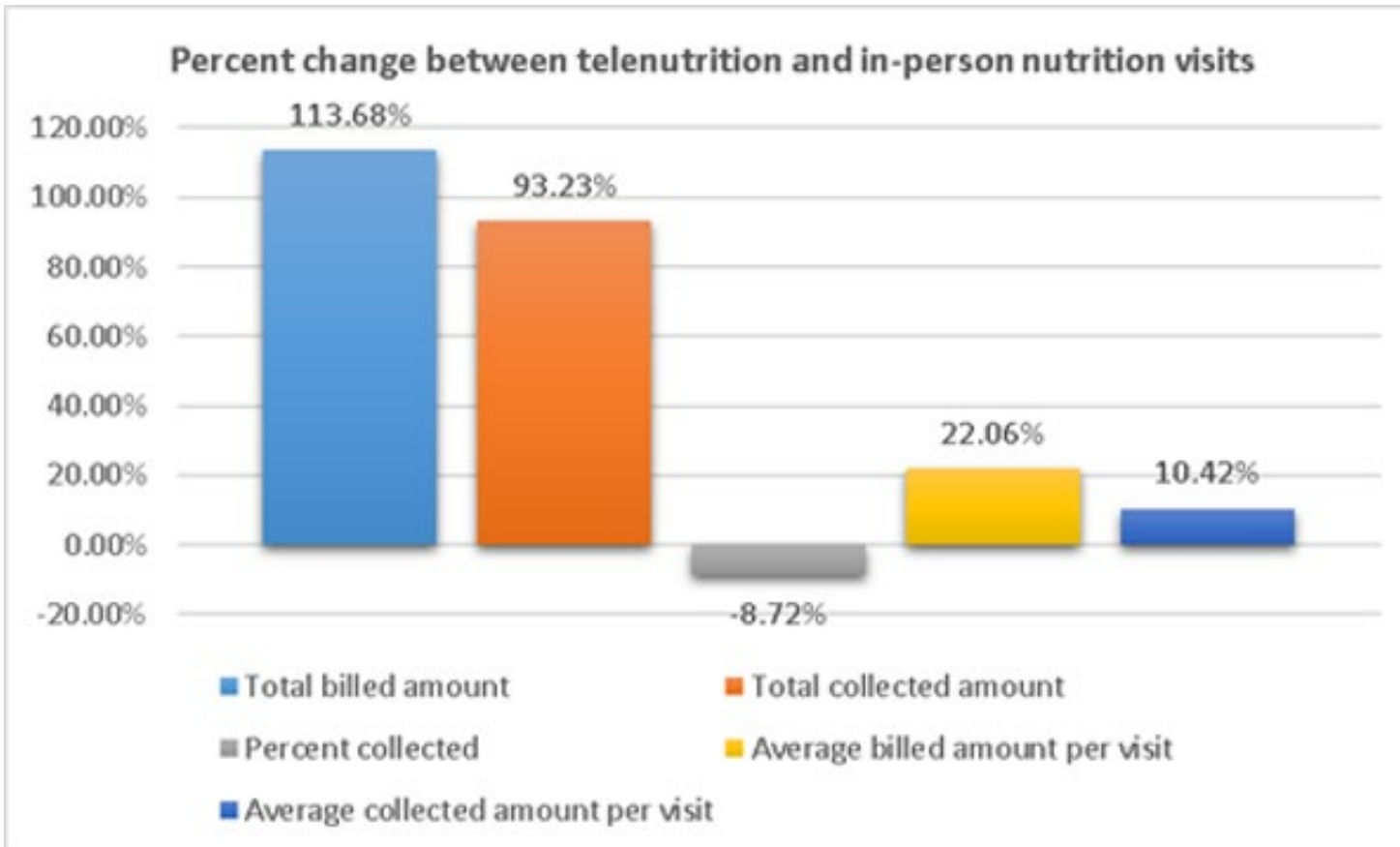
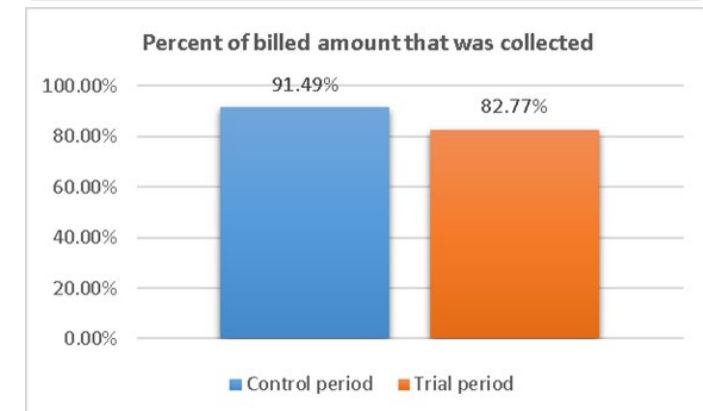
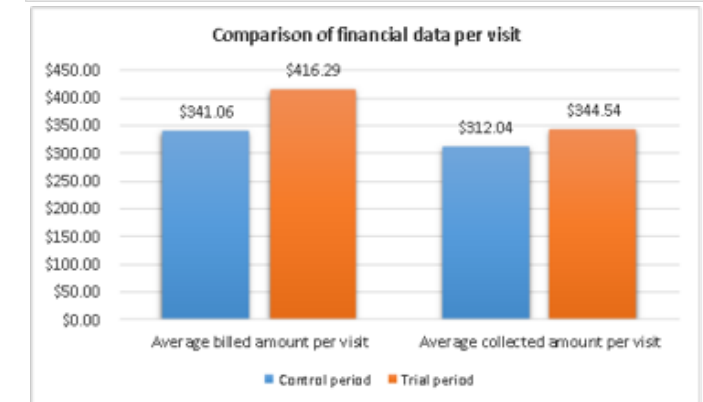
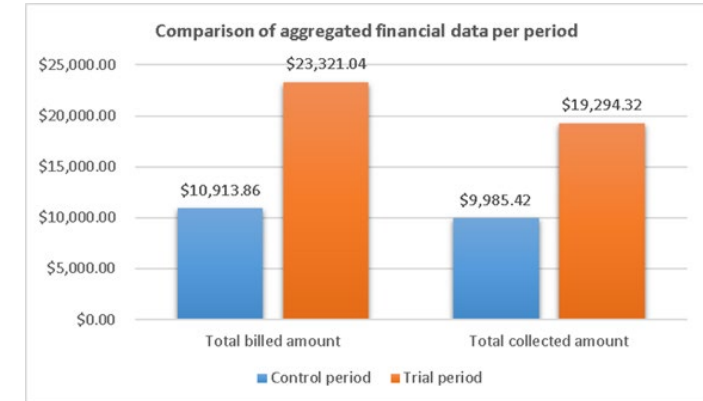


Telenutrition Trial Period – Project No 2: Findings

- When compared to a “control period” when in-person nutrition visits were offered:
 - The total number of scheduled/walk-in telenutrition visits was **higher** than face-to-face nutrition visits.
 - The number of attended telenutrition visits was **higher** than the number of attended face-to-face nutrition visits.
 - Percent attendance was **better** for telenutrition visits than for face-to-face nutrition visits.



Telenutrition Trial Period – Project No 3: Financial Data for Control and Trial Period



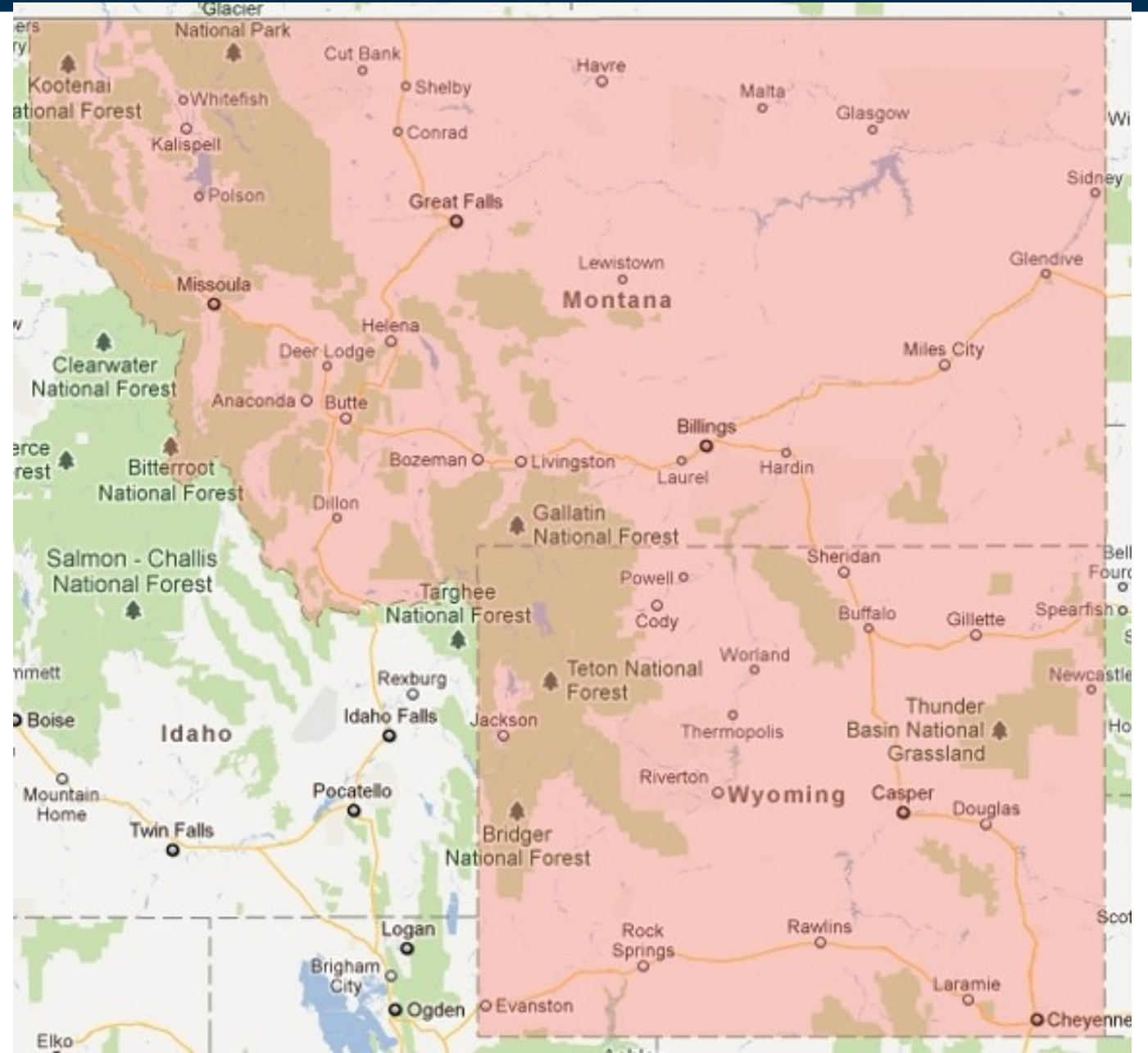


Telenutrition Trial Period – Project No 3: Findings

- The establishment of a telenutrition program did not result in revenue loss.
 - The generated revenue was **doubled**.
 - Reimbursement rates were **slightly increased**.
 - Percent of billed amount that was paid demonstrated a **slight decrease** for reasons that have yet to be determined.
- **Main outcome: Telenutrition programs can be lucrative and investing in such programs can boost revenue generation in addition to improving access to care in remote areas.**



Billings Area Telenutrition Program





Billings Area Telenutrition Program (con't)

- Based on the outcomes of the CSU Telenutrition Pilot Program
- Available to the entire Billings Area
- Two types of services:
 - Telenutrition training for on-site RDNs (arm A)
 - Patient care via telenutrition (arm B)





Billings Area Telenutrition Program (more)

- Getting started
 - Supporting Literature
 - Statement of Need
 - Goals and Objectives
 - Methods and Strategies
 - Timeline
 - Phase I: Assessment
 - Phase II: Preparation for implementation
 - Phase III: Implementation
 - Phase IV: Expansion
 - Evaluation
 - Sustainability
- Budget



Timeline

- Phase I: Assessment
 - Needs Assessment
 - Telenutrition Implementation Guide
 - Telenutrition Training OR MoU/Collaborative Agreement
- Phase II: Preparation for implementation
 - Telenutrition Readiness Assessment Questionnaire
- Phase III: Implementation
 - Data Collection and Analysis
 - Re-evaluation and Adjustments
- Phase IV: Expansion
 - Types of services, clinic hours, etc.



Telenutrition Readiness Assessment

Parameter	Status	Action Plan
Executive staff and Tribal leadership support the Telenutrition Program and lead implementation and development efforts.		
The Telenutrition Program Team has developed a detailed plan that includes staff and equipment requirements, budget, evaluation strategies, and sustainability plans.		
A memorandum of agreement between participating facilities is in place and clearly defines roles and responsibilities for all involved parties.		
RDN State Licensure has been acquired.		
Medical Nutrition Therapy role, goals, and outcomes have been explained to the referring providers.		
The Telenutrition Program Team has developed a Telenutrition Implementation Guide which has been reviewed with all participating staff members.		
Referral and scheduling processes are outlined and explained to the participating staff members (medical staff, appointment clerks, etc.).		
Necessary equipment has been purchased and is ready for use (installed with an established connection to leading RDN).		
Necessary staff has been identified and given list of tasks required by the program.		
Appropriate space for the visits has been identified and assigned to the Telenutrition Program during the agreed upon hours of operation. The configuration of the space resembles that of a traditional nutrition office (with food models, posters, nutrition education material, etc.) and allows for privacy during sessions.		





Timeline (con't)

- Evaluation
 - Patient Satisfaction
 - Employee Satisfaction
 - Visit Data
 - Reimbursement Data
- Sustainability
 - Revenue generation and other sources of funding
 - Program needs (staff, equipment, etc.)



Billing/Coding

Documentation

Same as in-person **plus**:

- The fact that it is a video/phone visit.
- Patient gave consent.
- Location of patient and provider.
- Duration of video/phone call.

Place of Service

- 02

Telehealth Modifiers

- GT, 95

Facility Fee

- Q 3014

Telehealth Parity Laws

PHE Changes

- Qualified Originating Sites
- Codes

Evaluation and Management

Type of Service: **Office Visit**

Level of Service:

History and Exam	Complexity	Approx. Time	CPT Codes
<input type="checkbox"/> Brief	Nurse Visit	5 min	99211
<input type="checkbox"/> Problem Focused	Straightforward	10 min	99212
<input type="checkbox"/> Expanded	Low	15 min	99213
<input type="checkbox"/> Detailed	Moderate	25 min	99214
<input type="checkbox"/> Comprehensive	High	40 min	99215

Visit Services

Code	Narrative	Qty	Diagnosis	Pim	Modifier 1	Modifier 2	Provider
97802	Medical Nutrition Therapy, Initial Assessment And Intervention, Individual, Face-to-face With The Patient, Each 15 Minutes	3	Type 2 Diabetes Mellitus Without Complications	Y	Interactive Telecommunication		KOFAS, MARIA

Edit Procedure for Current Visit

Procedure: Medical Nutrition Indiv In

(NOTE: If the Procedure is not selected it defaults to 00099 - Uncoded CPT Code)

Narrative: Medical Nutrition Therapy, Initial Assessment And Intervention, Individual, Face-to-face With The Patient, Each 15 Minutes

Diagnosis: ☒ Type 2 Diabetes Mellitus V

1st Modifier: INTERACTIVE TELECOMMUNICAT

2nd Modifier:

Quantity: 3

Super-Bills

Display: ☒ Freq. Rank ☒ Code ☐ Description

Items:

- ☐ 0001: B4102 - Enteral Formula
- ☒ 0002: 97802 - Medical Nutrition Therapy, Initial Assessment And Intervention, Individual, Face-To-Face With The Patient, Each 15 Minutes
- ☐ 0003: 97803 - Medical Nutrition Therapy, Re-Assessment And Intervention, Individual, Face-To-Face With The Patient, Each 15 Minutes
- ☐ 0004: 99401 - Obesity Prevention - Preventive Medicine Counseling And/Or Risk Factor Reduction Intervention Provided To An Individual; Approx 15 Min
- ☐ 0005: S9470 - Nutritional Counseling, Dietitian Visit
- ☐ 0006: 99403 - Obesity Prevention - Preventive Medicine Counseling And/Or Risk Factor Reduction Intervention Provided To An Individual; Approx 45 Min
- ☐ 0007: 99402 - Obesity Prevention - Preventive Medicine Counseling And/Or Risk Factor Reduction Intervention Provided To An Individual; Approx 30 Min
- ☐ 0008: S9452 - Nutrition Classes, Non-Physician Provider, Per Session
- ☐ 0009: 97804 - Medical Nutrition Therapy, Group (2 Or More Individual(S)), Each 30 Minutes
- ☐ 0010: B4103 - Enteral Formula For Peds
- ☐ 0011: 99411 - Obesity Prevention - Preventive Medicine Counseling And/Or Risk Factor Reduction Intervention(S) Provided To Individuals In

Super-Bill

LG FAMILY PRACTICE
LIMITED ULTRASOUND
MAMMOGRAM
MEDICAL NUTRITION THERAPY
MEDICATION
MEDICATION RECONCILIATION
MENTAL HEALTH
NEGATIVE PRESSURE WOUND THERAPY
NEUROPSYCHOLOGICAL TESTING
NEWBORN CARE
NP
NURSE
NURSING
Nursing Immunization
NURSING SUPPLIES
OBSTETRICS
OPD CLINIC SUPPLIES
OPTOMETRY
OPTOMETRY EYEGLASSES

☒ Show All **MEDICAL NUTRITION THERAPY, INITIAL ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES**

Steps Towards the Establishment of a Telenutrition Program

1. Identify your facility's needs
 - Outpatient nutrition visit
 - In-person at the facility
 - Via telehealth
 - Live video visit at the facility
 - Live video visit at the patient's home
 - Phone visit at the patient's home
 - Full integration of nutrition in primary care
 - Group in-person or video visits
 - Sports physicals or other health screenings
 - Nutrition screening and guidance





Steps Towards the Establishment of a Telenutrition Program (con't)

2. Workflows and space considerations
3. Procedures and policies
 - Adverse events reporting and management
4. Currently available resources
5. Technological needs
 - Bandwidth
 - Equipment
 - Platform
 - Privacy - Security
 - Ease of Use
 - Workflow/Procedures
 - Reliability
 - IT Support

Workflow Map Symbols

Process start or
end

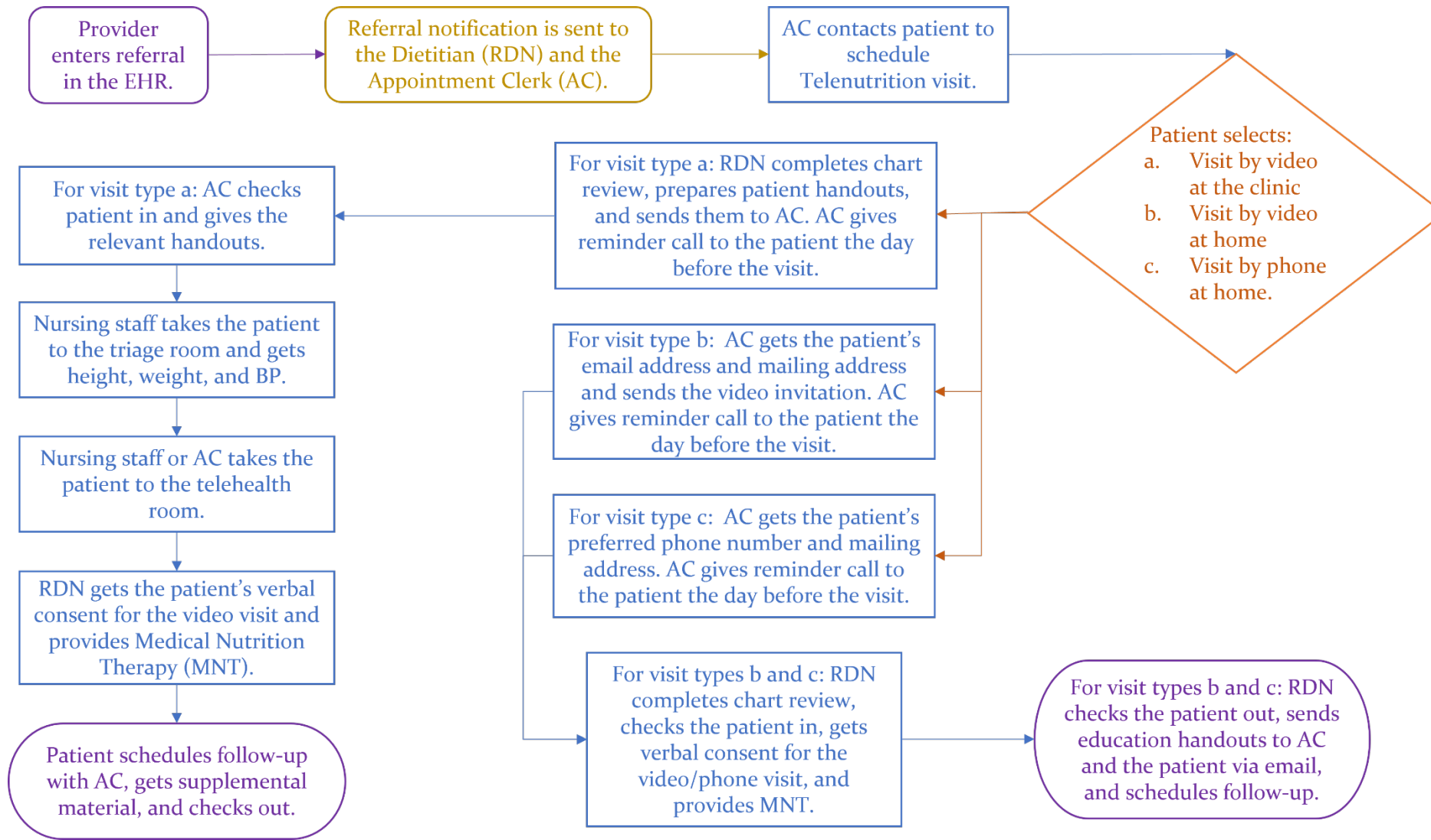
Process step

Automatic process

Decision
point

Reference
point

Telenutrition Visit Workflow





Steps Towards the Establishment of a Telenutrition Program (more)

6. Staff needs
 - Telehealth Team
7. Advertising
8. Patient and staff education
9. Launch, stabilize, grow, and scale
10. Quality Improvement



Best Practices for a Successful Telehealth Visit

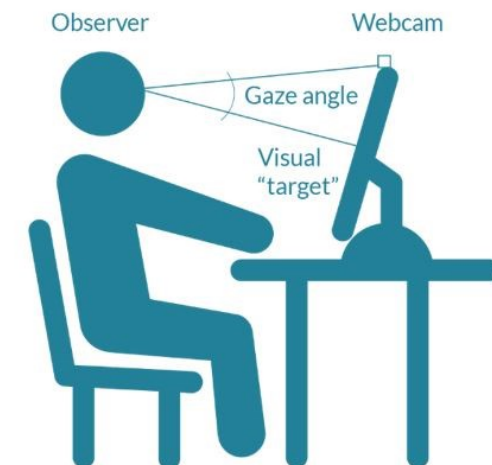
- Before the visit
 - Review workflows and procedures
 - Make sure you have IT support
 - Test the equipment
 - Adjust lighting, noise levels, and background
 - Remove potential distractions
 - Send instructions to the patient
 - Get the patient's updated contact information
 - Determine back-up plan
 - Send appointment reminder

Best Practices for a Successful Visit

- During the visit
 - Be punctual
 - Identify yourself
 - Obtain consent
 - Review privacy rules and procedures
 - Provider's location
 - Patient's location
 - Equipment/Platform
 - Recording
 - Review back-up plan
 - Review session outline
 - Narrate actions
 - Observe the patient's environment
 - Pay attention to body language and eye contact

- After the visit
 - Provide supplemental material and treatment plan information
 - Review follow-up plan

Image Source: Issue Brief, Virtual Care: A Guidance Brief, The Center for Health Design.





Assessing Outcomes

- Visit attendance
- Patient satisfaction
- Staff experience
- Clinical outcomes
- Financial outcomes
- Access to care
 - Digital divide



Potential Obstacles and Missteps

- Obstacles
 - Miscommunication
 - Potential solutions
 - Early leadership involvement
 - Frequent communication with colleagues
 - Lack of support staff
 - Potential solutions
 - Nutrition visit on the same day as PCP visit
 - Assignment of specific tasks/roles to involved staff members
- Missteps
 - Unrealistic expectations



Key Points

- Start today!
- Assess your needs.
- Build a strong team.
- Start small, expect setbacks, and keep pushing forward.
- Plan, do, study, act.

Pave the way for patient-centered care with telehealth!



Questions?
Thank you!

