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
  + Public Health Activities and Education
Telehealth
  + Remote Patient Monitoring (including CGM technologies, patient portals)
Digital Health

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
Timeline – CSU Telenutrition Trial

- **03-Mar-2019**: Equipment requisition signed by all parties
- **21-May-2019**: Equipment arrives at CNCH
- **Telenutrition trial period**: 24-Jun-2019 to 24-Sep-2019
- **07-Feb-2019**: Proposal presented to CSU Executive Staff
- **15-Apr-2019**: Complete order submitted for equipment purchase
- **14-Jun-2019**: Equipment arrives at Telenutrition provider’s office
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

Check-in at the front desk → Anthropometrics and BP measured at the triage room → Medical Nutrition Therapy → Provision of supplemental material and follow-up

- Patient is given the nutrition education material
- Patient is accompanied to the telehealth room by nursing or clerical staff
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

<table>
<thead>
<tr>
<th>Time period</th>
<th>Control period</th>
<th>Trial period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates of visits</td>
<td>06/24/2018-08/26/2018</td>
<td>06/24/2019-09/24/2019</td>
</tr>
<tr>
<td>Reviewed dates</td>
<td>06/24/2018-09/25/2018</td>
<td>06/24/2019-10/24/2019</td>
</tr>
<tr>
<td>Training</td>
<td>No</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Annual Leave</td>
<td>No</td>
<td>12 days (incl. weekends)</td>
</tr>
<tr>
<td>Federal Holidays</td>
<td>1 day</td>
<td>2 days</td>
</tr>
<tr>
<td>Health screenings</td>
<td>Yes, one cycle of sports physicals (8 days)</td>
<td>Yes, one cycle of Head Start screenings (4 days)</td>
</tr>
<tr>
<td>Type of offered visits</td>
<td>In-person nutrition visits</td>
<td>Telenutrition visits</td>
</tr>
<tr>
<td>Nutrition provider</td>
<td>Maria Kofas</td>
<td>Maria Kofas</td>
</tr>
</tbody>
</table>
Telenutrition Trial Period – Project No 2: Attendance of In-person and Telenutrition Visits

Comparison between in-person and telenutrition visits

% Change between 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

[Bar charts showing comparison of financial data per period, per visit, and percent collected]
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

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Status</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive staff and Tribal leadership support the Telenutrition Program and lead implementation and development efforts.</td>
<td></td>
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<tr>
<td>The Telenutrition Program Team has developed a detailed plan that includes staff and equipment requirements, budget, evaluation strategies, and sustainability plans.</td>
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<td>A memorandum of agreement between participating facilities is in place and clearly defines roles and responsibilities for all involved parties.</td>
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<td>RDN State Licensure has been acquired.</td>
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<td>Medical Nutrition Therapy role, goals, and outcomes have been explained to the referring providers.</td>
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<tr>
<td>The Telenutrition Program Team has developed a Telenutrition Implementation Guide which has been reviewed with all participating staff members.</td>
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<tr>
<td>Referral and scheduling processes are outlined and explained to the participating staff members (medical staff, appointment clerks, etc.).</td>
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<tr>
<td>Necessary equipment has been purchased and is ready for use (installed with an established connection to leading RDN).</td>
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<td>Necessary staff has been identified and given list of tasks required by the program.</td>
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<tr>
<td>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.</td>
<td></td>
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</tbody>
</table>
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
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
- Automatic process
- Decision point
- Reference point

Process step
Telenutrition Visit Workflow

Provider enters referral in the EHR.

Referral notification is sent to the Dietitian (RDN) and the Appointment Clerk (AC).

AC contacts patient to schedule Telenutrition visit.

For visit type a: AC checks patient in and gives the relevant handouts.

For visit type a: RDN completes chart review, prepares patient handouts, and sends them to AC. AC gives reminder call to the patient the day before the visit.

For visit type b: AC gets the patient’s email address and mailing address and sends the video invitation. AC gives reminder call to the patient the day before the visit.

For visit type c: AC gets the patient’s preferred phone number and mailing address. AC gives reminder call to the patient the day before the visit.

Patient selects:
- a. Visit by video at the clinic
- b. Visit by video at home
- c. Visit by phone at home.

For visit types b and c: RDN checks the patient out, sends education handouts to AC and the patient via email, and schedules follow-up.

Nursing staff or AC takes the patient to the telehealth room.

RDN gets the patient’s verbal consent for the video visit and provides Medical Nutrition Therapy (MNT).

Patient schedules follow-up with AC, gets supplemental material, and checks out.
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

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!