#### Together 2 Goal.

AMGA Foundation National Diabetes Campaign



#### Monthly Campaign Webinar March 19, 2020

#### Today's Webinar



- Together 2 Goal® Updates
  - Webinar Reminders
  - AMGA Annual Conference On Demand
  - 2020 Together 2 Goal® Awards
  - 2020 Million Hearts <sup>®</sup> Hypertension Control
     Challenge
- Diabetes care and Support: Telemedicine in a Rural State
  - Kristine Kilen, R.D., CDE of Billings Clinic
- Q&A
  - Use Q&A or chat feature



#### Webinar Reminders



- Webinar will be recorded today and available the week of March 23<sup>rd</sup>
  - www.Together2Goal.org
- Participants are encouraged to ask questions using the "Chat" and "Q&A" functions on the right side of your screen



#### AMGA Annual Conference On Demand



Visit amga.org/ac20 for more information



#### **Letter of Credit**

Registrants will receive a full letter of credit (minus a \$100 administrative fee).



#### **Breakout Recordings**

All breakout sessions will be recorded and available for all AMGA members.

#### 2020 Together 2 Goal® Awards



#### Best performance in diabetes care include:

Best Performance Small Group

Coastal
Carolina
Health
Care, P.A.

Best Performance *Medium Group* 

USMD Health System Best Performance

Large Group

Scripps Medical Foundation

#### 2020 Together 2 Goal® Awards



Best performance in in the Together 2 Goal® Innovator Track:

T2G Innovator for Cardiovascular Health

Premier Medical Associates, P.C. T2G Innovator for Eye Health

Prevea Health

### 2020 Million Hearts ® Hypertension Control Challenge





Submission deadline: April 6, 2020

#### Today's Featured Presenter

Kristine Kilen, R.D., CDE





Dietitian/Diabetes Educator
Billings Clinic

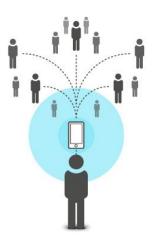
#### AMGA

Diabetes Care and Support: Telemedicine in a Rural State

Kris Kilen, RD, CDCES Billings Clinic Miles City



#### A Montana Experience



Websonica.it

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Quality care from 300 miles away







ED Diagnosis T2DM: A1c 18% Life Flight to tertiary care 300 miles away ICU triage referral to system telemedicine

**DMSES** 



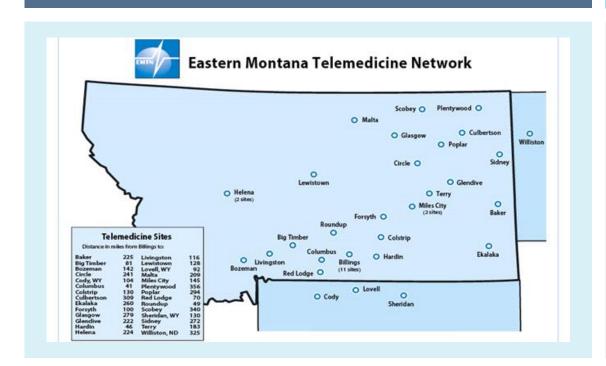


Basic DM Life Skills before hospital discharge Telemedicine DSMES from home town primary care site



MILES CITY

#### Making the most of Networking



Established in 1993 as one of first 10 telemedicine networks in nation

Historical Hub-spoke, hardware-based model

Transitioned to cloud based technology (Vidyo)

Well established within multicenter health care system

Connectivity Access to rural facilities

#### Cost savings for DSMES and MNT: Patients

- Annual savings for all visits by Registered Dietitians
- Data collection April 2019 January 2020
- 70 RD visits
- \$19, 231 in cost savings by patient
- No substantial changes in provider scheduling

#### Billings Clinic Had What It Takes



History of hardware/software connections



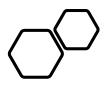
Cloud based transition



Tertiary Care Center Reputation



Diabetes Care Center Reputation



#### Facilities on the Range



NEED IDENTIFIED BY RURAL FACILITIES AND MEDICAL PROVIDERS



HISTORY OF EMPLOYEES DEDICATED TO EMTN



STRONG DESIRE FOR CONNECTING PATIENTS TO TELEMEDICINE PROVIDERS



DSMES NATURALLY FOLLOWED

SPECIALTY

DIABETES/ENDOCRINOLOGY

REFERRALS

# Creating Patient DSMES Care from Opportunity



Advances in diabetes treatments and technology



Increased burden of diabetes in rural communities



Promoting access with recognized DSMES Lead



**Internal Networking** 



**External Networking** 

#### How EMTN works for DSMES



Understand geo-political landscape to meet gaps in care



Communicate protocol for access and scheduling



Confirm referring providers and patients understand process

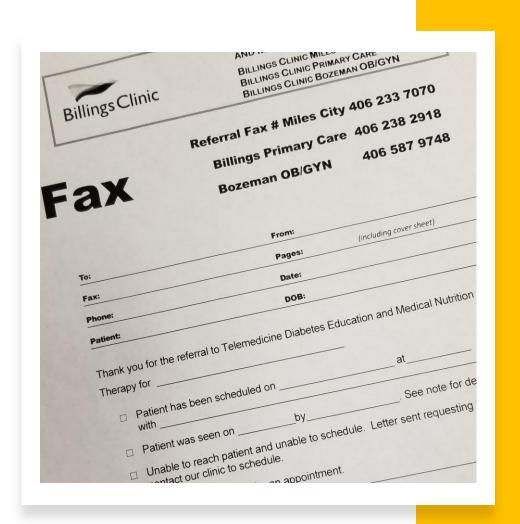


HIPAA and consent for care in place

## Referring site form

Nutriti	etes/Renal MNT, DSMES, IBT ancy/GDM DSMES and MNT on Education MNT	Kris Kilen, RD, CDE Katie Sonnek, RD, CDE Paige Cross, RD	FAX (406) 233-7070 FAX (406) 587-9748
Patient Contact Telephone	(H/C)_		FAX (406) 238-2918
Date of Referral Fa		(H/C)(W)	
neck intervention for atment if known) Bnosis or son for Referral	<ul> <li>Medical Nutrition</li> <li>Diabetes Self-Mai</li> <li>Intensive Behavio</li> </ul>	n Therapy nagement Education and ral Therapy for Obesity; E	Support BMI >/=30
nedicine	Name:		
ct Number	Contact Phone Number		

# DSMES communication form



#### Tools and Toolkits

**Targeted Teaching Materials** 

Process for Education Materials at Patient Site

Utility of sending materials to site or mail to patient direct

Committed site Champion for toolkit management

### Coding and Billing

- DSMES via Telemedicine Medicare Reimbursed
- State to State variation in Medicaid and Commercial Insurance
- G0108 and G0109 using "GT" modifier
- Patient Site able to recover using "Q" modifier

#### More Nuts and Bolts



Budget for supplies, resources



Scheduling structure for time management



Equipment and patient site room set up



Expect Process Improvement

#### NDPP Classes via Telemed



**Grant supported CDC NDPP** 



2 rural sites consecutively



Able to offer to remote rural communities that have very limited access and resources



Supported in recruitment and delivery by rural health care centers



Consider increasing budget for more staff time for follow up and communication between class sessions

#### Ways to make impact in rural non-networked



HIPAA and security of connection required



**Examples of resources:** 



**Business Associates Agreement** 

Zoom

Skype for Business

WebEx

Vidyo

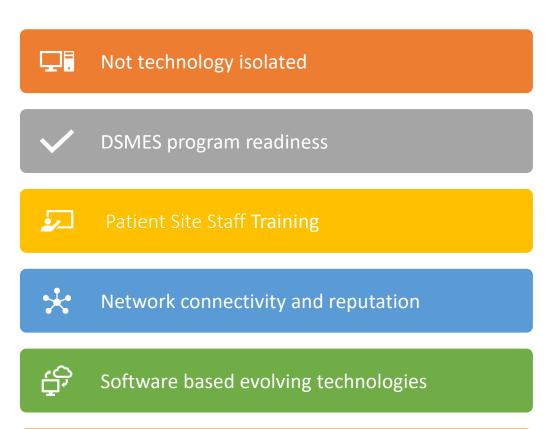
What path will you take?



Find support for creating your network:



How to do DSMES Telemed: Components for Success





Access and Champions in remote communities









PUTS DSMES INTO PATIENT
HOMES



STILL UNANSWERED: BILLING AND REIMBURSEMENT?

#### Questions



