MEDICAL GROUP VISITS

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OBJECTIVES

• Demonstrate how to use your skills in a primary care practice

• Understand how providing an alternate focus in education will benefit you, the provider, and the person with diabetes

• Show how different reimbursement options work
Currently there are 24 million people with diabetes.

Another 57 million have pre-diabetes or have not been diagnosed.

Diabetes, as we know, requires education for the person with diabetes to live a healthy life and reduce complications.
WHO VISITS A DIABETES EDUCATOR

• Type 2 study by AADE 2006

  – 59% have seen an educator
  – 78% of those were referred by their physician
  – A PCP is not always aware of education options or is frustrated by not being able to get their patients in to a program.
  – Where did the other 40% get information?
    • Family, friends, magazines, and the internet.

AADE Survey, 4/6-4/14, 2006: Harris Interactive
Physician/Patient Perceptions

- 83% of patients feel that they are eating healthy
- 29% of their physicians believe this number
- 77% feel that they are exercising appropriately
- 18% of their physicians believe this number
- 55% do not know their A1c level, have not had it checked or are unsure if they have had it tested
How many patients envision the way their providers want them to care for their diabetes
Estimated Annual Cost Savings for Improved A1C

- Utilized AHRQ tool [www.ahrq.gov/populations/diabcostcalc](http://www.ahrq.gov/populations/diabcostcalc)

- 680 persons with diabetes across 11 centers if the average A1C improved from 8.1 to 6.8%

- Initial total costs (medical and lost productivity at A1C = 8.1%) = $4,510,300

- Post DSME total costs (at A1C = 6.8%) = $3,331,000

- **Estimated gross annual savings** = $1,179,300 ($1,730 per person with diabetes)
Other Evidence of Cost Savings

- National study of 18,000 low-income patients with diabetes
- Compared patients with and without DSME
- Study spanned 4.7 years after completion of DSME
- Those with DSME had average savings of $11,571 in hospital charges over study period ($2,462 per year)

Diabetes Care 31 (4), April 2008
PHYSICIAN PERCEPTIONS

• Feel that educators do not appreciate the fact that they have to deal with multiple concerns from their patient and that diabetes may not be at the top of the list. When the diabetes is “under control” the other issues may now take priority.

POSITIVES

• Appreciate diabetes education programs that were based in scientifically reliable sources.
• Appreciate practical strategies that offer help in dealing with everyday issues of diabetes control.

CLINIC

• Medical Home
  – Most people would prefer to keep their care in one place. As they trust their provider, this becomes a “home” for their needs and care. If DSME is offered in this format the response is much greater than if they had to go elsewhere. In a study only 40% of people referred actually made it to education.
  – As well the provider is fully aware of the education format and is able to reinforce on follow-up visits.
  – The average visit to the provider is only 15 minutes and needs to address several concerns.
CLINIC cont.

• The education in this setting as well as a traditional diabetes education setting may be done individual or group.

• The provider also has input into the format of the education (also increasing buy in). With this concept the provider also has better outcomes, these are important in the concept of Pay for Performance.

• The format and goals need to be delineated by the provider and Clinic

• Utilization of Standards of care is necessary.
MEDICAL GROUP VISITS

- Typically when the provider, Physician, Nurse Practitioner or Physician Assistant is involved in the class.
- A clinic visit is billed, charts are reviewed for needed immunizations and labs.
- The person has vital signs, weight, immunizations and labs done.
- The class is taught by a designated instructor, CDE, PCP, Dietician or Physical Therapist.
- Documentation is in the clinic chart and billing is done by the Clinic.
• D: 04/04/11 : 03:42pm
• T:"*"Diabetes Group Visit
• PV:
  • V1: Syst. BP:"*" : Diast BP:"*" : P:"*".V2: T:"*"
• Medical Assistant:"*"
• S: This patient presents for follow-up of diabetes mellitus in a group setting.
  • «Group visit exercise HH» "DEL"
• Patient minimizes fat and sugar intake: «always» «sometimes» «never»
• Patient exercises at least 30 minutes several times per week: «yes» «no»
• Patient checks feet daily: «yes» «no»
• Has paresthesias: «yes» «no»
• Has been to a podiatrist in last year: «yes» «no»
• Has had a dilated eye exam in last year: «yes» «no»
• Current Medications reviewed:
  • Rx: DICLOFENAC three times daily
  • Rx: METFORMIN 500mg 2 twice daily
  • Rx: NEURONTIN 600mg three times daily
  • Rx: NEXIUM
  • Rx: TYLENOL 3
  • Rx: LISINOPRIL 10mg 1 daily
  • Rx: JANUVIA 100mg 1 1/2 daily
• Most recent labs reviewed:
• HGBA1C: 6.8% on 09/07/2009
• The following health maintenance is due «none»
• Td, Chol, Pap, Breast Exam, Mammogram, Colonoscopy, Guaiac, DXA Scan, Zoster, Influenza
• Vaccination History: «DEL»
• Past medical History:
Objective:
- General appearance: «N.A.D.»
- Heart:
- Lungs:
- Extremities:
  - A: Adult Onset Diabetes Mellitus«*»
  - OP2: DIABETES MELLITUS: «*»:250.00
- P:
- Laboratory:
  - HgbA1C: «UTD» «HgbA1c ordered»
  - Microalbumin: «UTD» «Micro Alb Ordered»
  - Lipids: «UTD» «Lipid Panel Ordered»
  - BMP: «UTD» «BMP Ordered»
  - AST/ALT: «UTD» «ORDERED»
- Medications:
  - Diabetes medications and side effects reviewed.
  - Discussed taking aspirin 81mg daily for prevention of cardiac events.
  - Discussed use of ACE inhibitors for renal protection in diabetic patients.
  - Patient education:
    - JNC 7 and ADA guidelines for BP <120/80, HbA1C <7.0%, and LDL <70 reviewed. Importance of controlling blood sugar through diet and exercise discussed in detail. Recommended low-fat, low sugar diet, high in fiber, and controlling portion sizes. Examples discussed. 30 minutes of low-impact cardiovascular exercise recommended 5 x per week.
    - Complications of diabetes, including diabetic retinopathy, nephropathy, and neuropathy discussed in detail. Recommended annual examinations by podiatrist and optometrist. Wound precautions including daily home foot checks, avoiding going barefoot and tight-fitting shoes, and annual foot checks by a health care provider discussed. Patient instructed to alert healthcare provider of any non-healing lesions or changes in sensation. Also discussed the importance of social support for chronic illness, meal planning and exercise.
- Follow-up: 1 months for group visit
AGENDA

• **2 Weeks Prior**
  - Send confirmation letters to patients
  - Confirm guest speakers (remind them to be interactive and speak at a 5th grade level)

• **Previous Friday**
  - Receptionist team confirms appointments and verifies insurance, encourage 6:45 check-in

• **Same Day**
  - Providers review patient charts, mark lab slips and special needs (i.e. immunization, FU for CPE)

• **Evening**
  - MAs organize conference room with needed materials and clean lunch room.
  - Pens and clipboards
  - Nametags
  - Health History forms
  - Questionnaire for class topic
  - Evaluation forms
  - Educational Handouts for night’s Curriculum
  - Place microalbumin urine sample cups and A1C lancets in rooms
• 6:00 pm
• Determine which provider will manage specific tasks.

• 6:45 pm – 7:15 pm: Patient Check-In
• Receptionist checks in group members, distributes confidentiality forms.
• MAs come to front desk and call up patients when ready. MAs:
• Check that confidentiality form is signed and collect.
• Takes pulse, weight, BP and records on EMR
• Explains lab slip and follow-up, and gives patient cup for urine sample if needed.
  Patient to do sample at a convenient time during the visit
• Escort patient to conference room.
• Instruct patient to fill out health history form, questionnaire and pick up needed patient education materials for the night.
• Provider (s) will socialize with patients in the conference room, answer questions regarding history form. Collect all forms and give to MAs before beginning visit.
• MAs open Diabetes Group Visit progress note, enter vitals, health history, questionnaire, and lab orders.
7:15 pm – 7:30 pm: Introductions
• Introduce group visit concept, staff present, and guest speaker. Patients introduce themselves, and describe
• one question they have regarding diabetes. Provider 2 takes note of patient questions.

7:30 pm – 8:10 pm: Discussion Part I
• Guest speaker I/ Curriculum Part I

8:10 pm – 8:20 pm: Break
• Straggler health history forms collection, microalbumin and HgbA1C only labs, restroom/drink break.

8:20 pm – 8:40 pm: Discussion Part II
• Guest speaker II/ Curriculum Part II
• Patient questions as time allows.

8:40 pm – 8:45 pm: Evaluations
• Patients fill out evaluation forms.

8:45 pm – 9:00 pm: Labs, Scheduling and Individual Attention
• Thank patients for coming, remind of next month’s topic and appt.
• Address individual issues, labs, FU appointments as needed.

Follow-Up
• MAs make sure all labs, immunizations, 90 minutes time, and 99214 code marked on EEF, providers to review and initial.
• MAs to collect evaluation forms. Forms sent to Carol.
• Team cleans conference room.
Diabetes Group Visit Health History Questionnaire

Blood sugar
1) How often do you check your blood sugar?____________
2) How high is your sugar before you have eaten in the morning (fasting sugar)?___________
3) What was your last Hemoglobin A1C (if known)? __________

Diet and Exercise
Do you do try to minimize fats and excessive sugars in your diet?
    Always  Sometimes  Never

How often do you get 30 minutes of exercise?
    Almost daily  A few times a week  Less than weekly

Foot care
How often do you check your feet to check the condition of your skin and nails?
    Daily  A few times a week  Rarely

Do you have any numbness, pain or tingling in your feet (or hands)?
    Yes  No

Have you been to a podiatrist in the last year?
    Yes  No

Eye care
Have you had your eyes dilated and examined to look for vessel damage (diabetic retinopathy) in the last year?
    Yes  No
<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>98960*</td>
<td>Education and training for patient self-management by a qualified, non-physician healthcare professional using a standardized curriculum, face-to-face with the individual patient (could include caregiver/family)</td>
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</tbody>
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Each 30 minutes
98961* Education and training for patient self-management for 2–4 Patients 30 minutes

98962* Education and training for patient self-management for 5–8 Patients 30 minutes
Billing for Evaluation and Management

If a physician provides services to patients with diabetes, his/her practice can provide diabetes education/training, some of which may relate to evaluation and management (E&M). The range of HCPCS codes for E&M services, 99211–99215 (established patient) and 99201–99205 (new patient), describe a physician-patient encounter for the evaluation and management of a patient’s condition(s).
TIP Diabetes education provided ‘incident-to’ a physicians plan of care by ancillary staff in a clinic setting that is not a department of a hospital may qualify for reimbursement using CPT code 99211.
An on-demand webcast on reimbursement and this document are available free at:
https://www.diabeteseducator.org/
Professional Resources/products/view.html/target=40&sub1=OLRESOURCES&sub2=Online
More in-depth information on reimbursement is available in AADE’s
*Online Reimbursement Guide for Diabetes Educators,*
available at the following web page:
http://www.diabeteseducator.org/ProfessionalResources/products/
Select *Online Resources.*
NAVIGATING THE MAZE

Physician-Based Programs

AADE’s Reimbursement Resources

Navigating the Maze is a series of booklets

- Hospital Outpatient Programs
- Physician-Based Programs
- Independent or Freestanding Programs
- Pharmacy-Based Programs
Reimbursement Tips for Primary Care Practice

This Booklet covers

• Getting Started
• Referrals
• Documentation
• Billing & Distribution of Funds
• Opportunities and Challenges

Diabetes Education Services:
AMA’s CPT book provides further details about CPT coding.

Tools for Physicians
If you would like to find a diabetes educator in your community, use our Find an Educator tool, which is available at:
http://www.diabeteseducator.org/DiabetesEducation/Find.html
http://www.diabeteseducator.org/Public/Join_Information.html
Additional tools for physicians who are interested in learning best practices can be found at the following websites:

- Institute for Healthcare Improvement (IHI): http://www.ihi.org/ihi
- The Centers for Disease Control and Prevention (CDC): http://www.betterdiabetescare.nih.gov/
SUMMARY

• Putting DSME into a format that is accessible to you and the person with diabetes is a challenge.

• Your job is to meet this challenge and provide options for all

• The idea of alternatives for DSME is an idea that is long overdue
References - Primary Care Specific


THANK YOU