Telehealth & the National DPP

Increasing Participant Engagement

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Purpose

Delivering care through telehealth modalities is an important option for community health centers (CHCs), as doing so helps increase access to services, address health disparities between and among patient populations, and extend the reach of providers and care teams to provide services to more patients. These benefits are true for all individuals, including those with or at risk for prediabetes or type 2 diabetes.

CHCs that are recognized delivery sites for the National Diabetes Prevention Program (National DPP) have multiple opportunities to leverage telehealth to provide services to participants within their National DPP, including:

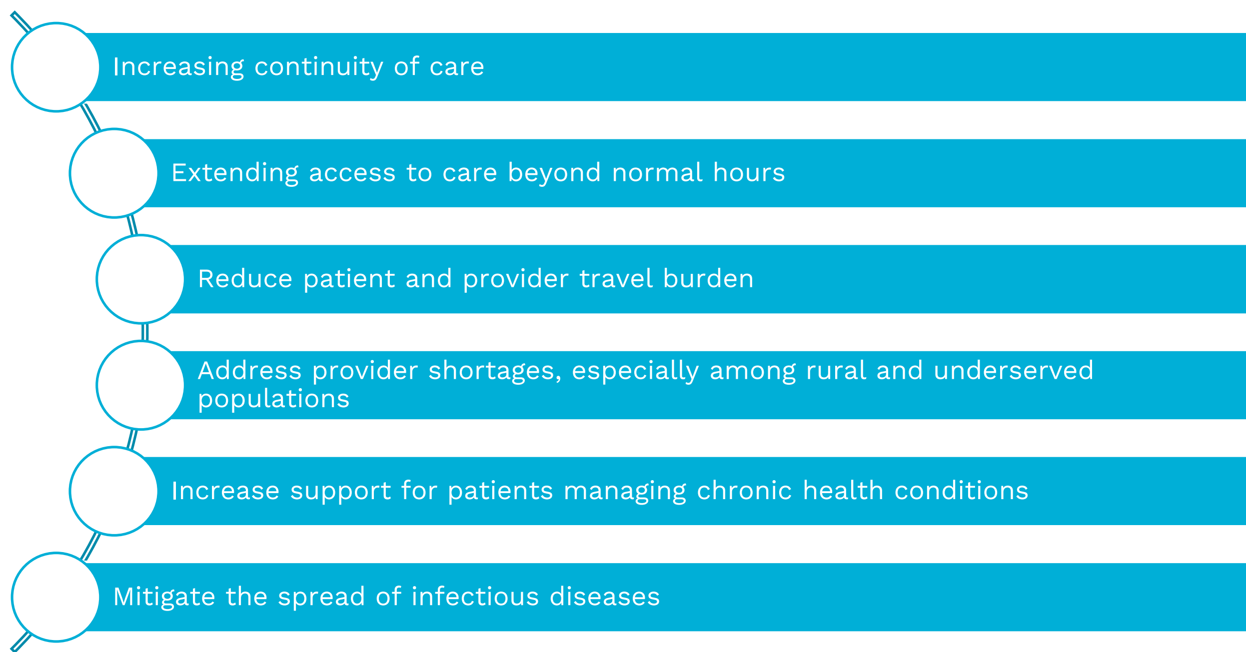
- delivering the National DPP Lifestyle Change Program;
- providing primary physical health services; and
- offering behavioral health services.

The purpose of this document is to: (i) describe the opportunities for CHCs to use telehealth for their National DPP participants; and (ii) identify best practices for increasing patient engagement in telehealth services.

Why telehealth?

According to the Centers for Medicare and Medicaid Services (CMS), telehealth is "the use of electronic information and telecommunications technologies to extend care" when the provider and patient are not co-located at the same time. CMS has recognized many benefits of telehealth services for both patients and providers (**Figure 1**).

Figure 1. Recognized benefits of telehealth services, CMS, 2021



In recognition of these benefits, CMS has established a suite of services they reimburse providers for when delivered via telehealth. For Calendar Year 2022, this list represents 278 billable services. For the services CMS will reimburse for when provided via telehealth:

- 109 (39.2%) are permanently enacted;
- 87 (31.3%) can be provided via an audio-only mechanism; and
- 55 (19.8%) have been temporarily added in response to the COVID-19 Pandemic.

The services billable when provided via telehealth represent an array of services that can help engage participants of the National DPP across services provided by your CHC, including:

Code	Short Descriptor	Rationale for Use	Status of Code
G0108	Diabetes outpatient self-management training services	Supports individual participants with managing their diabetes-related health conditions	Permanent
G0447	Behavioral counseling for obesity – 15 minutes	Behavioral health services to support participants with weight/obesity issues	Permanent
99473	Blood pressure self-measurement: education, training and analysis	Training for participants who are able to self-monitor their blood pressure	COVID Flexibility
98960	Education and training for patient-self management	Training for participants on self-management of conditions following a standardized curriculum	COVID Flexibility

Note: CHCs should review the potential use of telehealth billing codes with appropriate leadership prior to implementing.

In both recognizing the benefits of telehealth and establishing a list of services providers can receive reimbursement for when providing via telehealth, CMS has highlighted the important role they believe telehealth has to play in improving the delivery of health services.

According to analyses of 2020 data by Kaiser Family Foundation, 49% of CHC revenue comes from Medicaid (41%) or Medicare (8%), making CMS the most significant payer for CHCs. Given this relationship, it is important for CHCs to best understand how to take full advantage of payment and service delivery flexibilities provided by CMS, including optimizing the delivery of services via telehealth.

Telehealth and the National Diabetes Prevention Program

When considering the utilization of telehealth to support its National DPP, CHCs should think about three types of services[1]:

Service	Description
National DPP Lifestyle Change Program (LCP)	• The allowance of CHCs to deliver the National DPP LCP via telehealth modalities is an important component to increasing participant engagement through the 12-month curriculum.
Primary Physical Health Care	• Prediabetes and type 2 diabetes are complicated diagnoses, which can be supported by engaging persons with either diagnosis in primary physical health services.
Primary Behavioral Health Care	• Participants need to be supported with beavioral health needs to increase the likelihood of implementing behavior changes necessary to manage their diagnoses.

However your CHC decides to leverage telehealth in support of its National DPP, it is important to consider how to best coordinate the implementation telehealth technology in order to optimize patient engagement in telehealth services. Such coordination should include consideration of which care team members (including behaviorists[2]) are able and best suited to using your chosen telehealth platform(s) for providing services. The use of Pre-Visit Planning and Huddles is an optimal way to help organize efforts for the delivery of telehealth services across care team members.[3]

Engaging Patients through Telehealth: Promising Practices

This section identifies and describes promising practices providers, including CHCs, have implemented to increase patient engagement in telehealth services. Your CHC should track the impact of these practices on patient outcomes, engagement rates, and other metrics to determine how well the practice works within your CHC.[4]

1. **Establish a clinical workflow for telehealth visits**
   Your CHC should have relevant policies, procedures, and/or workflows to accompany any service provided within your clinic, including those offered via telehealth. While the goal of a telehealth visit may be the same as that for when providing a service in-person, delivering services virtually requires specific considerations to: (i) ensure the identification, collection, and completion of all appropriate documentation; (ii) preemptively address privacy and security issues; and (iii) understand requirements for payment and reimbursement.

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[1] For more background on these services, see *TELEHEALTH AND THE NATIONAL DPP: OPPORTUNITIES FOR PARTICIPANT ENGAGEMENT*.

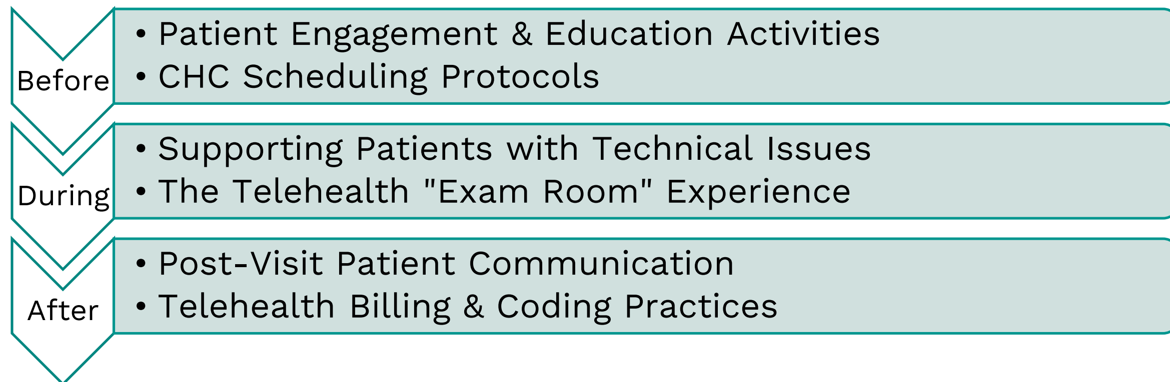
[2] For information on how to integrate a LCSW Certified Diabetes Care & Education Specialist into the CHC, see *INTEGRATING A LICENSED CLINICAL WORKER INTO YOUR NATIONAL DIABETES PREVENTION PROGRAM*.

[3] For more information regarding the use of care teams to support your CHC's National DPP efforts, see *TOOLS TO SUPPORT CARE TEAM DEVELOPMENT AND UTILIZATION*.

[4] For information on implementing quality improvement initiatives, see *PDSA CYCLE: A QUALITY IMPROVEMENT ACTIVITY* and *ADCES QUALITY IMPROVEMENT ACTION PLAN*.

The model telehealth workflow from the American Medical Association (AMA) is divided into three time periods: **Before**, **During**, and **After** the visit (**Figure 2**). Each time period has its own space within the workflow, ensuring your CHC addresses all relevant considerations when developing its new telehealth workflow.

Figure 2. Model AMA Telehealth Workflow Time Periods with Considerations



Of particular importance for your telehealth workflow is considering the experience of the patient when actively engaged in the telehealth visit, when they are in the telehealth "exam room." Much like your CHC has taken the time to optimize a patient's comfort and experience when receiving services in a room within your clinic, **so should you understand the patient experience of your telehealth platform**. Doing so allows you to establish practices for your staff that optimize use of the functions of your CHC's telehealth platform, while minimizing the need for your patient to access multiple services in relation to a single visit.

For example: understanding how your telehealth platform communicates with your patient portal can reduce the need for patients to access documents related to their services through both platforms.

2. **Create a telehealth patient panel**

The availability of telehealth does not mean that all patients will utilize the option(s) to receive services. There are myriad reasons why patients may decide not to access services via telehealth, including (but not limited to):

- a lack of appropriate technology or WiFi access at home;
- limited health or technology literacy to use available telehealth options; and
- a lack of familiarity with the type(s) of services available provided by your CHC via telehealth.

It is easy to interpret the increased flexibilities made available to CHCs for delivering services via telehealth as an indication that telehealth is a modality through which all patients may benefit. A misalignment between patient preference and modality of service delivery will result in decreased patient engagement.

It is important for CHCs to understand which patients are both best served by and interested in receiving telehealth services. Creating this patient panel will help

ensure your CHC is offering the right service(s) through the right modality(ies) to the right patient(s).

There are multiple steps involved to creating a clean patient panel, whether for telehealth services or some other purpose. The Agency for Healthcare Research and Quality (AHRQ) provides a detailed description of steps your practice can follow to most effectively establish and implement patient panels. When considering a patient panel for telehealth services, your CHC should start by answering the following questions:

1. Which provider(s) offer telehealth visits?
2. Which services are offered by those providers who see patients via telehealth?
3. Which patients are interested in receiving services via telehealth?
4. Which patients have conditions or need services that can be optimally provided via telehealth, *including participating in the National DPP LCP*?

You should store information regarding your providers' abilities and preferences to offer telehealth services centrally, such as part of your CHC's privileging and credentialing documentation. Additionally, whether or not a provider offers telehealth services should be made available to patients, such as through your CHC's website. You can collect this information for more than just primary care providers, and your CHC may wish to include collecting it for staff who facilitate other support services and programs, such as the National DPP LCP. Empowering your patients to proactively identify provider(s) that offer the services they need through a modality that works best for their schedules is a key step in increasing patient engagement in services, including those offered via telehealth.

Your CHC should store patient information regarding their preferences for telehealth services as part of their patient record within your Electronic Health Record. **Adding a discrete data field or radio button** is an effective way to both track this information in your patient charts, as well as facilitate data reporting when conducting panel management and other quality initiatives.

3. Add Telehealth Navigators

Many CHCs have built a robust infrastructure to support their patients in navigating services across the health care spectrum, including those provided within and outside of the CHC. In addition to providing support for patients in accessing services *where* they are offered, CHCs should consider implementing support systems for patients in accessing services *how* they are offered.

It is important to remember that not all patients present with the same level of health and technology literacy, both of which impact their ability to successfully engage in services provided via telehealth. Building up your CHC's navigation services to include support for patients to understand what services are available via telehealth, as well as how to successfully utilize each telehealth platform, is a key component of increasing patient engagement in telehealth services.

CHCs are not commonly able to receive reimbursement for navigation services. As such, it is important for CHCs to be strategic in how they integrate telehealth support into their current navigation services:

Do not isolate telehealth services

- Though not all services are able to be provided via telehealth, over the last few years payers have increased the number and type of services they will reimburse CHCs for when offered via telehealth. CHCs should **understand telehealth services to be an integrated component of how care is delivered**, not a separate department of service line that only a few staff understand and are aware of.

Cross-train your workforce in your telehealth technology

- There are multiple opportunities to engage patients in services offered via telehealth, including physical and behavioral health. CHCs can also leverage telehealth to provide support services such as the National DPP LCP. Given this array of services, CHCs should identify all staff and providers who are capable of offering a service via telehealth and create opportunity for them to be trained on the telehealth technology supported by the CHC. CHCs can consider **training on their telehealth platform(s) as part of an annual requirement**.

Include technical support as part of navigation services

- In addition to needing support in understanding what services are available via telehealth, CHC patients, including National DPP LCP participants, may need one-time or ongoing support in actually using your CHC's telehealth technology. Navigation services should include **support for patients in using your CHC's telehealth technology** specifically for the services offered by your CHC.

4. Include telehealth visits in Quality

Regardless of how your CHC chooses or is able to integrate the delivery of services via telehealth, you should study the impact of its use on the patients you provide care for.

Much as your CHC should consider telehealth as integrated within the rest of the services provided, so should you integrate telehealth within your overall quality improvement/quality assurance (QI/QA infrastructure). Doing so helps to ensure that your CHC is looking at services delivered via telehealth in comparison to those delivered in-person, thus highlighting:

- which services produce improved outcomes when delivered via telehealth versus in-person;
- populations of patients that show improvement in health status and engagement when receiving care via telehealth; and
- opportunities to study the expansion of telehealth service delivery.

To most effectively integrate telehealth into your QI/QA infrastructure, your CHC should:

- include measures associated with telehealth service delivery into your CHC's overall QI plan;
- assign and support a member(s) of your quality team[5] to developing expertise around the delivery of telehealth services, including measure identification and implementation strategies; and
- commit to a minimum number of annual quality improvement initiatives focused on telehealth services, and systematically tracking such activities[6].

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[5] For more information, see *FORMING A QI TEAM*.

[6] Such as through a formalized quality improvement action plan. For an example, see *ADCES QUALITY IMPROVEMENT ACTION PLAN*.

One easy QI/QA activity to start with related to your CHC's National DPP LCP is comparing attendance between participants who attend the National DPP LCP sessions in-person versus those who are offered sessions either online or through distance learning. Starting with attendance provides a baseline for your CHC to understand: (i) whether your participants are able to and/or interested in participating in the National DPP LCP via telehealth; (ii) the capacity of your CHC in facilitating in-person versus telehealth National DPP LCP sessions; and gaps or barriers in your workflow to successfully offering telehealth options for your National DPP LCP.