Reach more Patients in less Time the Telehealth Way

Using the telecommunications modalities of phone, internet and mobile apps to coach and educate your patients.

Disclosure to Participants

1. Notice of Requirements For Successful Completion:
   - Please refer to learning goals and objectives
   - Learners must attend the full activity and complete the evaluation in order to claim continuing education hours

2. Conflict of Interest (COI) and Financial Relationship Disclosures:
   - Presenter: Nancy Fisher, RN, CDE – No COI/Financial Relationship to disclose
   - Presenter: Jane Ruppert, RDN, LDN, CDE – Works for Interactive Health, Inc.
   - Presenter: Joan Olveda, RN, CDE – Coach for Welkin Health

3. Non-Endorsement of Products:
   - Accredited status does not imply endorsement by AADE, ANCC, ACPE or CDR of any commercial products displayed in conjunction with this educational activity

4. Off-Label Use:
   - Participants will be notified by speakers of any product used for a purpose other than for which it was approved by the Food and Drug Administration

Program Objective

- Implement effective community models of self management that facilitate lifestyle modification to help prevent or delay chronic disease and improve outcomes.
- Establish innovative partnerships that promote chronic disease management through measurable outcomes.
- Describe new methodologies used to support & enhance the quality of patient centered care.
Learning Objectives
- Define telehealth and its different components.
- Describe expected telehealth program outcome.
- Discuss recent legislative changes regarding the provision of pre-diabetes education and CMS reimbursement for DSME.
- List ways you can utilize telehealth modalities in your practice.

Increasing DPP & DSME participation rates & outcomes: “What to do when you can’t get butts in seats?”

Knowledge and Skills & Behavior Change
- One on one
- Live DPP
- Peer Led Synchronous
- Educator Led Asynchronous
- Virtual DSME
- Group Behavior Change

AADE15

“Behavior change is the unique outcome measurement for DSME.”

Why all the fuss now?
Reach x Efficacy = Ability to Impact Change

Internet Intervention: What is it?
- Behaviorally or cognitively-based treatment
- Operationalized and transformed for Internet delivery
- Highly structured: self or semi-self guided
- Based on effective face-to-face interventions
- Personalized to user
- Interactively enhanced: graphics, animations, audio, video
- Tailored to provide follow-up and feedback.

Recent Changes, Efficacy, Population Health Emphasis

CDC-DPRP
January 2015: DPP programs delivered Non Face-to-Face can apply for DPRP
March 2015 – CDC Recognizes 3 virtual programs

Diabetes Self-Management Education (DSME)
Organizations whose DSME program “meets the National Standards”

CMS
January 2015 – New chronic care management (CCM) CPT-4 coverage code: 99490
- Allows for non face-to-face services
- Physician-supervised (general)
- Meet all the requirements and begin billing for services!
Insurance Coverage for DPP
UniHealth Group
Highmark Commercial Insurance
State employee or Medicaid benefit plans
Medicare? Not yet…

Ways to Get Started
Just take it one step at a time!

Diabetes Prevention Program
CDC Recognition (DPRP) includes virtual programs
1. Get the Curriculum
2. Get the Standards
3. Get Trained
4. Implement your program
5. Apply for Recognition

Think outside the box
Do your homework
Start small
Brainstorm
Telephone
Internet
Apps & Social Media
Wellness
Grants

Just what is Telehealth?
Telehealth Defined
Connected Health:
- Telehealth
- Telemedicine
History: Telephone, Wireless Communication, Space Program, Hospital Telemetry, Distant or Home Monitoring
Telehealth Terminology

- Telehealth
- Connected Health
- E-health
- E-community
- Telematics
- M-Health

Models

Is it Asynchronous or Synchronous?

- Online
- Telephone
- Text
- Smart phone app
- Video Conferencing
- Blogging
- Social media
- Video Games

Synchronous Telehealth

Asynchronous Telehealth

Store and Forward Health Information

- Secure E-mail
- Video Games

Devices

Synchronous and Asynchronous Telehealth in the United States
Technology + Feedback + Support = Self-Management

Becoming an E-patient

Telephone, Secure E-mail, and Patient Support

Early Adopters

- University of Vermont
- First internet-based weight loss program
- Chat Room

Early Adopters

- 2008 Led by Registered Dieticians
- Real time desk top sharing
- Currently: in-person and online

Current Virtual Self-Management Program

Better Choices, Better Health® - Diabetes

Stanford developed DMPF

Apps, Smart Phones, and Devices

Welkin Health

Benefits-Why do it!

Diabetes: What We See Across the U.S.

- 11% of 79M know they are at risk for diabetes
- 9.3% (7M) have diabetes
- 35% have pre-diabetes
- 34% have metabolic syndrome
- #1 Leading killer of people with diabetes: Heart disease
- 44% meet the 2008 Physical Activity Guidelines
- 34% US adults are obese
- Obese: BMI 30 or Higher

11% out of 79M know they are at risk for diabetes
9.3% (7M) have diabetes
35% have pre-diabetes
34% have metabolic syndrome
#1 Leading killer of people with diabetes: Heart disease
44% meet the 2008 Physical Activity Guidelines
34% US adults are obese
Obese: BMI 30 or Higher
Roadblocks to Self Care
Survey Results of top barriers
- Time
- Money
- Emotional Distress
- Ability

Technology Trends
- Wearables – 80% of consumers think they make healthcare more convenient
- Telehealth – 70% of patients are comfortable with communicating with their HCP by text, email, phone, video
- Mobile Health Apps – 71% of Millennials would like their HCP to have apps

Technology is your Friend
- Enabler/amplifier for healthy outcomes
- BC=MAT
- Behavior design: ever present reminder for healthy lifestyle
- Means to an end, not an end itself
  - 65% have smartphone
  - 25% use fitness trackers

Personalize for the individual
- Reach more with diabetes risk
- Personal, ongoing relationships
- Different modalities to engage
- Personal health goal
- Personal action plans

Benefit to the Individual and Provider
1. Convenience
2. Time – less time in the waiting room
3. Expedited transmission of data
4. Improved communication with Health Care Provider
5. Privacy
6. Volume – increased capacity to reach more quicker
7. Cost-efficiency

Impact of Telehealth on Cost
Telehealth as an Alternative to Traditional, In-Person Diabetes Self-Management Support
- Visits lasted and cost, on average:
  - In-person 60 minutes and $50.00
  - Telephone 45.3 minutes and $37.75
  - 17.8 minutes and $14.83 secure messaging

Conclusion: Diabetes follow-up care delivered via telephone and secure messaging in telehealth was found to be as effective as traditional in-person visits in improving diabetes self-management outcomes and was more cost-effective, requiring less staff time.

Program Outcomes

KPIs Measurements for Success
- Satisfaction Surveys
- Participation Rates
- Engagement Rates
- Improved Health Outcomes
- Cost

Interactive Health Program Example
Health Coaches Leverage Apps, Social Networks, Gaming

Reporting Outcomes

Interactive Health Diabetes Risk Migration

- Participation in programs
- Engagement Rates
- Program outcomes and year to year trends
- Cohort risk migration
- Web utilization

Interactive Health Diabetes Risk Migration

Year 1 Risk Level

<table>
<thead>
<tr>
<th>Pre-diabetes</th>
<th>Diabetes 5.7% - 6.4%</th>
<th>Out of Control</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Diabetes Risk Migration change over 2 years 2013 to 2014 for those receiving coaching
N= 3010 members
SMS and Diabetes Self Management

SMS and Diabetes Outcomes

Study Design

Outcome measures

SMS and Diabetes Outcomes

Mobile Phone Diabetes Project Led to Improved Glycemic Control and Net Savings for Chicago Plan Participants, Nundy et al. 2014

Study Group: 18 yr. or older with T1DM or T2DM

Control group: 18yr. participants enrolled in University of Chicago’s employee health plan not enrolled in CareSmarts

• Baseline data.

• Post-test data.

• 18 yr. or older with T2DM or T2DM

Mobile: 85.4% ability to control personal health plan

SMS: 85.4% ability to control personal health plan

Pre-post improvements in glycemic control (p=0.01) and patients’ satisfaction with overall care (p=0.04)

Net cost savings of 8.8%

Bibliography


2. Tate, Deborah F. et al. High-tech tools for exercise motivation and role of technologies such as the internet, mobile applications, social media and video games. Diabetes Spectrum 2015;18:45-54.


Questions?

Nancy Fisher, RN, CDE
nfisher@mednet.ucla.edu

Jane Ruppert, RDN, LDN, CDE
j.ruppert@interactivehealthinc.com

Joan Olveda, RN, CDE
olvedaj@sutterhealth.org

Bibliography


- Pearson, MS, RN, CDE, FAAD, Teresa L. Letter from the editor. AADE in Practice. Summer 2012.
Bibliography

- Viridian Health Management: https://viridianhealthevents.com/
- University of Pittsburgh: http://www.diabetesprevention.pitt.edu/
- State of Readiness: http://stateofwellness.org/dpp
- CDC DTTAC: http://www.tacenters.emory.edu/focus_areas/diabetes/lifestyle_coach_training.html
- Center for Excellence in Aging & Community Wellness: http://ceacw.org/qtac/q-training
- ADE: http://www.diabeteseducator.org/ProfessionalResources/Prevention

Bibliography

- ADE: http://www.diabeteseducator.org

Bibliography


Bibliography


Bibliography

Bibliography

• Center for Connected Health Policy. The National Telehealth Policy Resource Center. What is telehealth? http://cchpca.org/what-is-telehealth
• Diana Sherifali, RN, PhD, CDE. Evaluating the Feasibility and Impact of an Internet-Based Lifestyle Management Program in a Diabetes Care Setting. Diabetes technology & therapeutics. Volume 16, Number 8, 2014

Bibliography

• Community of Inquiry (CoI) framework (Garrison, Anderson, & Archer, 2000)

Bibliography


Bibliography