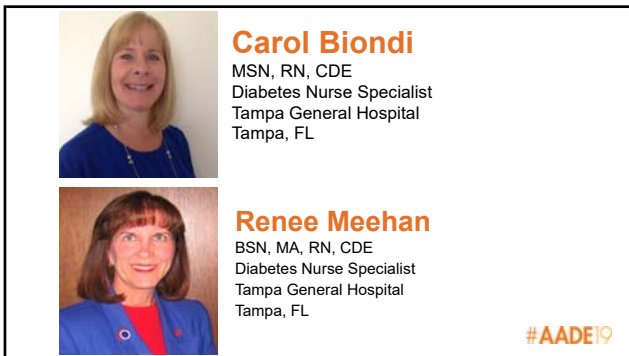


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Disclosure to Participants

- 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 credit/hours
- Conflict of Interest (COI) and Financial Relationship Disclosures:
 - Presenter: XX, PharmD, CDE – Speaker's Bureau: XYZ Pharmaceuticals, Advisory Board: ABC, Inc
 - Presenter: XX, MS, RD – No COI/Financial Relationship to disclose
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Learning Objectives

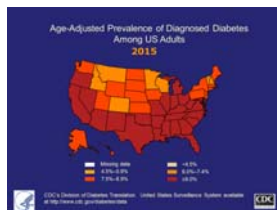
- Define the steps necessary to develop an effective telehealth DSMES Program
- Describe the technology utilized in a telehealth DSMES Program
- Identify the benefits, barriers, challenges that may be encountered when implementing a telehealth DSMES Program

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2010

2015




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6

Tampa General Hospital

- 1,018 Beds
- Level 1 Trauma Center
- Magnet Recognition
- Specialties
 - Organ Transplant
 - Neurology & Stroke Center
 - Burn Center
 - Cardiovascular
 - Pulmonology
 - Orthopedics
 - Obstetrics
 - Nephrology
 - Urology
 - ENT
 - Diabetes & Endocrinology
 - Children's Center
 - Geriatrics



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TGH Employees with Diabetes

Breakdown by Type of Diabetes:

- Employees = 579
 - Type 1 = 49
 - Type 2 = 542
 - 87 employees did not have a type specified
- Spouses = 351
 - Type 1 = 16
 - Type 2 = 342
 - 60 spouses did not have a type specified

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Diabetes Education Patient Benefits

Studies have shown people who receive diabetes education

Use primary care / prevention services	Take medications as prescribed
Control glucose, blood pressure, LDL cholesterol	Have lower health care costs

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Research Supports Diabetes Education via Telehealth

- 18 of 25 reviews reported significant reduction in A1C



Journal of Diabetes Science and Technology, 2017, Vol 11, Issue 5, pp. 1015 – 1027

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Telehealth Definition

- A collection of methods for enhancing health care, health education delivery and support using tele-communication technologies

http://www.ccdpca.org/what-is-telehealth

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Effective Diabetes Telehealth Interventions Include:

- 2-way Communication
- Analyzed patient-generated health data
- Tailored education
- Individualized feedback


Journal of Diabetes Science and Technology, 2017, Vol 11, Issue 5, pp. 1015 – 1027

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Telehealth Benefits

- **Convenience & Accessibility**
 - Provides services to individuals with limited mobility
 - Can serve remote areas which have limited access to education
 - No travel time
 - Comfort of home
- **Real Time Intervention**
 - CDE provides timely insight and support
 - Individualized coaching and management
 - Ongoing education with each interaction
 - Short sessions/short-term goals
 - Better understanding and adherence
- **Assurance**
 - Someone is watching out for their care and wellbeing
- **Improved Quality of Life**
 - Less time spent at MD offices, Urgent Care, ER




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Telehealth Concerns


- **Educator Concerns**
 - Technology set-up on remote and originating sites
 - Technology issues during the program
 - Training staff
 - Patient teaching tools and resources at remote sites
 - Services are only reimbursable by Medicare if specific criteria are met
 - For effective patient engagement, the Educator must:
 - Utilize effective communication
 - Consider various learning styles
 - Ask open ended questions to ensure continued feedback and attention
 - Find ways to interpret understanding of information
 - Evaluate limited body language clues
- **Patient Concerns**
 - Appropriate and timely delivery of educational materials
 - Overcoming fears and barriers to personal data safety
 - Distractions of the home environment
 - Technology barriers/ limitations



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The Development of Our Employee Telehealth DSMES Program



2000: Community DSMES class open to community and employees
 2003: Community DSMES recognized by ADA
 2016: Employee dedicated DSMES class
 2019: Employee dedicated DSMES class via Telehealth

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Transitioning from Traditional Education to Telehealth



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Early Development

Champion Support

- Administration
- Providers
 - Originating Site
 - Distant site

Delivery Model

- Multiple sites or single site
- Individual sessions conducted remotely or on-site



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Early Development

- Program Components
- Understand current process flow and staffing
 - Multiple sites or single
 - Optimal number and arrangement
 - Mandatory documentation – define the who, where, how
- Resources
 - Consider health literacy & culture
 - What resources go with the person or stay in the class

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Are we ready?



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Technology - Provider End



- Computer Hardware
 - Cisco Full Room Video Conference System
 - Used Cisco WebEx as the software to facilitate the program
 - High-definition camera
 - High-definition television
 - Monitors – dual preferred
 - Speaker/microphone
 - Laptop with touchscreen capabilities



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Technology - Participant End

- WebEx Meetings 1.3 System Requirements
- Windows support
 - Intel Core 2 Duo CPU 2.XX GHz or AMD processor (2 GB of RAM recommended)
 - JavaScript and Cookies enabled
 - Active X enabled and unblocked for Microsoft Internet Explorer (recommended)
 - Java 6.0 or later

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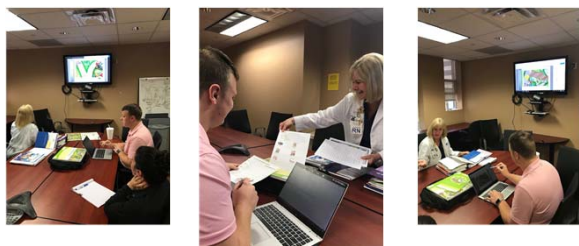
Medicare/Medicaid Reimbursement

- ADA/AADE approved DSMES program
- Service must be secure, real time interactive audio/video at approved sites
- Eligible provider – Registered Dietitian, Advanced Practice Nurse Practitioner, Clinical Nurse Specialist, Nutritional Professional, Clinical Social Worker
- A Diabetes Self-Management Training (DSMT) service or a Medical Nutrition Therapy (MNT) service furnished by a certified DSMT or MNT provider qualifies as a Federally Qualified Health Center (FQHC) visit
- Must be delivered using appropriate equipment and meet HIPAA, privacy & security requirements

<https://www.federalregister.gov/documents/2018/07/27/2018-14985/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other-revisions-2018> #AADE19

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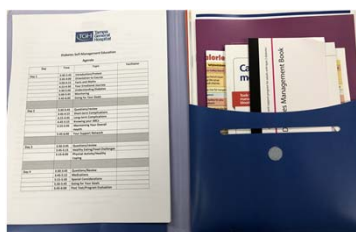
Final Development



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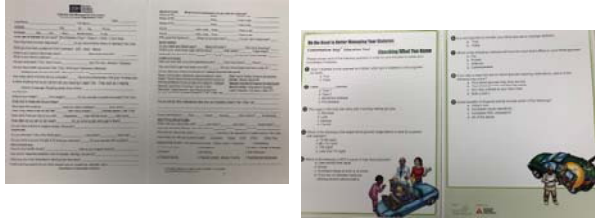
Employee Packet



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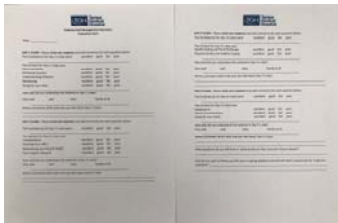
Assessment/Pretest



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Patient Satisfaction Survey



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Pilot Program

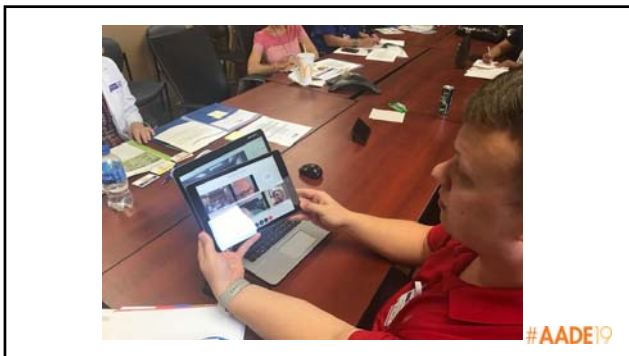


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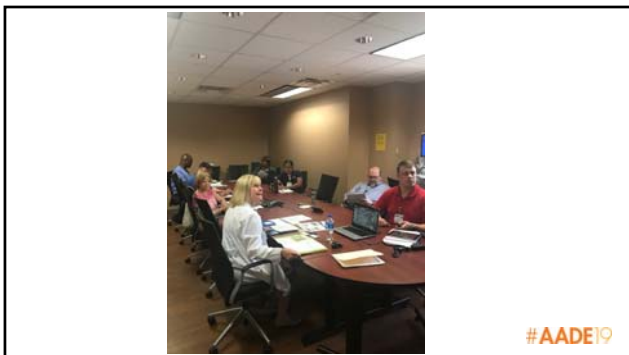
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Lessons Learned

- Facilitator and assistant with IT expertise is critical
- Advanced IT equipment is desirable
- Microphones throughout the room so all can hear
- Enlist support from complimentary programs
- Prepare a well-designed program
- Practice, Practice, Practice

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Summary

- Establish goals for a telehealth program
- Gain administrative support
- Develop a budget
- Enlist IT support
- Enlist support from complimentary programs
- Develop strategies for program "buy in"
- Take time for training and well-planned program deployment
- Conduct a pilot program
- Measure your outcomes: metrics

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Additional Resources

- **Diabetes Advanced Network Access (DANA)**
 - Review of apps by professionals
 - Exclusively for AADE Members
- <https://www.diabeteseducator.org/practice/educator>

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What does the future hold for Telehealth?



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