IT’S ALL HAPPENING HERE.

Carol Biondi
MSN, RN, CDE
Diabetes Nurse Specialist
Tampa General Hospital
Tampa, FL

Renee Meehan
BSN, MA, RN, CDE
Diabetes Nurse Specialist
Tampa General Hospital
Tampa, FL

How Can We Reach You?
Incorporating Telehealth into the Employee DSMES Program
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

- 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

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

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
Tampa General Hospital

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

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

Diabetes Education Patient Benefits

Studies have shown people who receive diabetes education:

- Use primary care / prevention services
- Control glucose, blood pressure, LDL cholesterol
- Take medications as prescribed
- Have lower health care costs
Research Supports Diabetes Education via Telehealth

• 18 of 25 reviews reported significant reduction in A1C


Telehealth Definition

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

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

Effective Diabetes Telehealth Interventions Include:

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

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

---

Telehealth Concerns

- **Educator Concerns**
  - Technology setup 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

---

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
Transitioning from Traditional Education to Telehealth

Early Development
Champion Support
• Administration
• Providers
  – Originating Site
  – Distant site
Delivery Model
• Multiple sites or single site
• Individual sessions conducted remotely or on-site

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
Are we ready?

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

Technology - Participant End

- WebEx Meetings 1.3 System Requirements
- Windows support
  - Intel Core 2 Duo CPU 2.2X 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
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

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

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
Additional Resources

- Diabetes Advanced Network Access (DANA)
  – Review of apps by professionals
  – Exclusively for AADE Members

- https://www.diabeteseducator.org/practice/educator

What does the future hold for Telehealth?