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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:
 - None
- Non-Endorsement of Products:
 - None
- Off-Label Use:
 - None

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Objectives

- Identify persons with diabetes that may benefit from professional vs. personal glucose monitoring in a primary care outpatient setting
- Describe continuous glucose monitoring advantages and disadvantages for clinicians
- Create opportunities of collaboration between diabetes educators and clinical care staff

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Our Story...



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Clay Platte Family Medicine and Summit Family and Sports Medicine

- Practice Started in 1995 with two physicians
- Expanded to two clinics one in Kansas City, MO, and one in Lee's Summit , MO (opened in 2013)
- 14 physicians, 3 PAs, 1 FNP, 1 LCSW, 1 CDE

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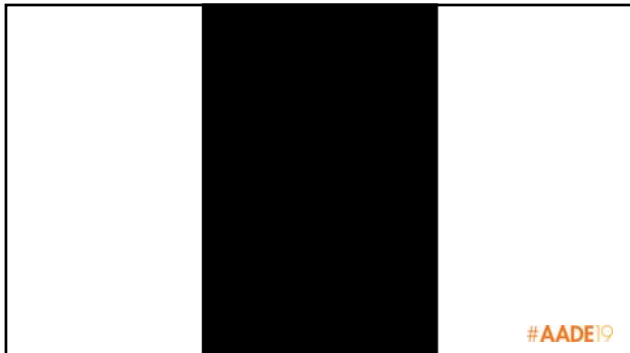
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Identification of candidates

- Persons with diabetes who are struggling to achieve blood glucose control
- A1c vs fingerstick glucose discrepancy
- Persons with diabetes motivation

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Professional CGM Options

Abbott LibrePro Dexcom G4 Medtronic iPro2
Platinum Professional



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Professional CGM

Advantages	Disadvantages
<ul style="list-style-type: none">• Increased insight for therapy change• May increase person with diabetes engagement• Team collaboration• Revenue	<ul style="list-style-type: none">• Not real-time information• Device cost and tracking• Clinic resources (time and staff)• Appointment availability

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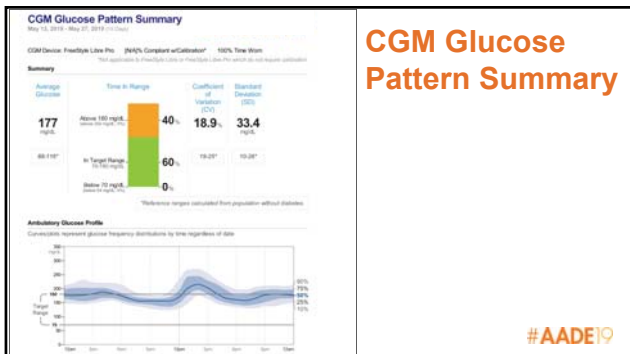
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Increased insight for therapy change

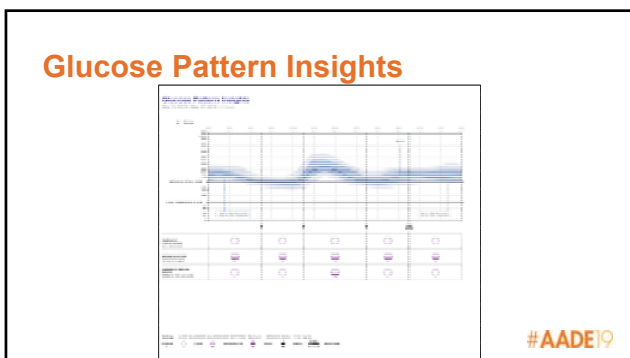
- Seeing is Believing
- Graphs vs. Numbers
- Mindful eating lifestyle change
- Clinician and Person With Diabetes Engagement

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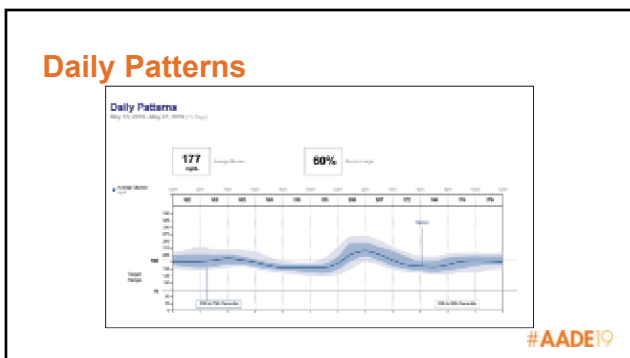
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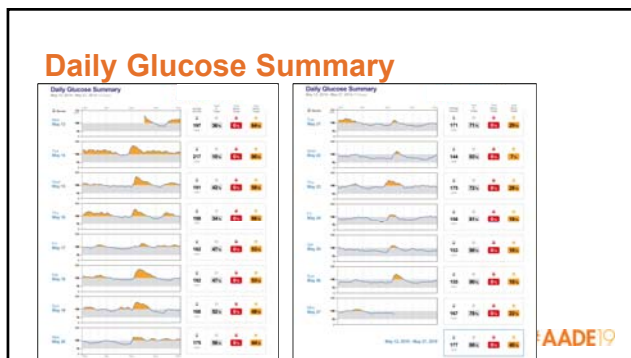
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Sample Log

Sample Log			
Date	Time	Sample Type	Glucose Value

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Daily Food Record

Daily Food Record			
Date	Time	Food/Drink	Amount

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Increased person with diabetes motivation and self-management

- Awareness of food or activity effect on blood glucose results
- Personal engagement
- Personal CGM discussion

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Team Collaboration

- Person with diabetes
- Placement medical staff
- Certified Professional Coders
- Clinicians
- Certified Diabetes Educators

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Revenue

95250

- PWD training, sensor placement and removal
- Allowable 4 times per year if medically necessary
- Medicare allowable*
– \$148.00

95251

- Interpretation and discussion
- Medicare allowable*
– \$36.14

*Data on file. CMS Medicare, Missouri region, 2019

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Cost Analysis

Expense

- Reusable reader = \$65
- Sensor cost = \$60
 - 300 units purchased
 - 227 units billed for placement
 - 195 units billed for removal

*Data on file, CMS Medicare, Missouri region, 2019

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Revenue

- Medicare PWD Payments
- \$124.14 placement, removal, evaluation and interpretation

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Not Real-Time

- Blinded wear
 - 7 day and 14 day interrupted allows for modifications
- Incomplete records without time
- Incomplete activity log
- Incomplete food log

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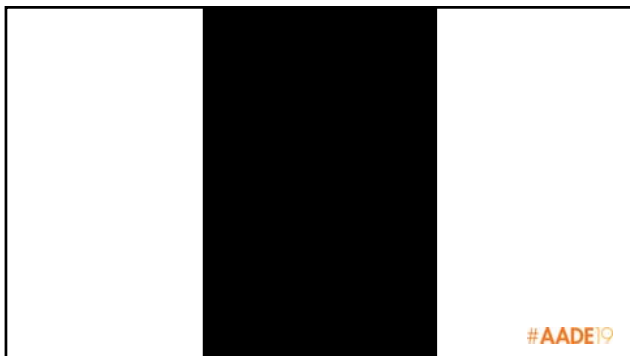
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Cost

- PWD Cost
 - Out of pocket cost if deductible not met
 - Non-coverage by insurance
- Device Cost
 - Unused sensors, lost sensors, patient non return
- Clinic Resources
 - Appointment non-availability, staff turnover time and training

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Collaboration Opportunities

- Choosing the Professional CGM type based on availability of financial and personnel resources
- Developing processes to ensure timely PWD clinical flow and cycle time in multi-specialty primary care clinics
- Development of PWD resources for before and after Professional CGM use
- Continued engagement and education of clinicians, staff, and PWD

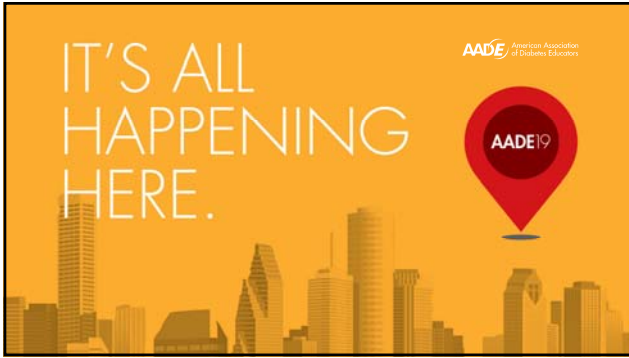
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Questions?

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