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: Connie Chitwood-Vu, MS, RD, LD, CDE, BC-ADM, Good Measures, Telcare, Inc.
Presenter: Rosemarie Lajara, MD, Novo Nordisk, V-GO, Insulet, Lifescan, Animas, GSK.

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 to any product used for a purpose other than for which it was approved by the Food and Drug Administration.

Objectives

- Understand the business of diabetes
- Clinical Opportunities
- Physicians and Educators
- Pulling it all together

Reimbursement
Documentation and Coding - It depends...
• Medicare
• Private Insurance Fee for Service
• Private Insurance Pre-determined Rates
• Individual or Group
• Medical Nutrition Therapy or DSMT or both

Clinical Business Opportunities
• Referrals
• Volume
• Location
• Becoming Business-Minded

Background: Case Study
• Multi Clinic Setting
• Educators
• Physicians
• Medical Assistants/LVN's/RN's

Clinical Practice is No Longer Enough
• Epidemic of Diabetes in America
  – 29.1 million Americans have diabetes or 9.3% of the population*
• Epidemic of Diabetes in Texas
  – 1.8 million Texan's have diagnosed diabetes or 13% of the State population and 10.8% of the national population diagnosed with diabetes

Understanding Revenue, Expenses & Profitability while delivering Diabetes Care
Expenses:
• Educators
• Overhead
• Scheduling
• EMR
• Devices

Profitability:
• DVR - Daily Volume Rate
• Divided by each provider
• Cost per phone Call
• Track Chart Completion
• Use of Devices

*Division of Diabetes Translation National Center for Centers of Disease Control and Prevention, 2015
Educator Responsibilities

- Educator:
  - 8:00-5:00
  - After Patient Check In
  - Greet Patient
  - Welcomes Patient to Diabetes Education
  - Every Patient that enters the clinic is a candidate for Diabetes Education
  - Reviews Lab with patient and medication adherence (clicks and prints medication)
  - Provides Diabetes Education based on patient needs
  - 20 minutes
  - Opens Diabetes Care Plan
  - Reviews METER/PUMP Download with patient
  - Charts while seeing patient and updates care plan
  - Schedules patient for next week nutrition class if review needed
  - Places CGM Pro when needed for excursions based on download or history
  - Escort patient to Provider and gives patient DA card and reminds patient to refer family and friends
  - Close patient education record
  - Flag MA to schedule CGM Pro 1 week before next provider appointment
  - Reports daily visits to MA
  - Fax /Scan any documents given or received by patients or provider & Incoming Fax Requests
  - Check your pending flags and documents on hold in your desktop
  - Discuss Medease: Reviews next day schedule at the end of the day

Utilizing Technology, Systems and Platforms

- Phreesia™

Treatment Model

- Patient Check-in & Collections (Phreesia™ tablet. Depression screen on tablet)
- Notify Lab MA of Arrival
- Complete Vitals, Draw Blood, Update Meds
- Determine eligibility and complete all required ancillary and lab services
- ABI 1x 1 to 5 yr
- Retinal 1x 365 days
- Neuropathy based on symptoms
- Start Visit w/ Patient (20 Est, 40 New) [if depression screen is +, refer to PCP, insurance or local mental health prov]
- Patient Check-Out
- End Process
- Front Desk MA (Lab, Ancillary)
- Educator
- Provider
- Consult with Patient (20-25 minutes)
- Professional CGM Unit
- Schedule 1-week Group Class and CGM Discontinuation
- Review of Documents
- Consents signed, documents created in EMR
- Documents created by MA, on hold for provider
- MedEase Discussion
- Standing Orders
- See subroutine
- New & Est Utilizing Technology, Systems and Platforms
- Yes
- No
- New & Est

Utilizing Technology, Systems and Platforms

- Measuring Success
  - Patients
  - CGM’s
  - Pump’s

<table>
<thead>
<tr>
<th>Date</th>
<th>Educator1</th>
<th>Educator2</th>
<th>Educator3</th>
<th>Educator4</th>
<th>Educator5</th>
<th>Educator6</th>
<th>Educator7</th>
<th>Educator8</th>
</tr>
</thead>
<tbody>
<tr>
<td>13-Jun</td>
<td>5</td>
<td>7</td>
<td>4</td>
<td>7</td>
<td>9</td>
<td>7</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>14-Jun</td>
<td>7</td>
<td>5</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>7</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>15-Jun</td>
<td>6</td>
<td>7</td>
<td>10</td>
<td>3</td>
<td>7</td>
<td>4</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>16-Jun</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>9</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>17-Jun</td>
<td>27</td>
<td>6</td>
<td>10</td>
<td>3</td>
<td>7</td>
<td>4</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>68</td>
<td>36</td>
<td>42</td>
<td>26</td>
<td>46</td>
<td>32</td>
<td>32</td>
<td>40</td>
</tr>
<tr>
<td>ADV Per Educator</td>
<td>6.8</td>
<td>6.0</td>
<td>6.0</td>
<td>6.5</td>
<td>9.2</td>
<td>6.4</td>
<td>6.4</td>
<td>7.5</td>
</tr>
</tbody>
</table>

Utilizing Technology, Systems and Platforms

- Phreesia™: 30% increase in front end collections with over $100k collected from new payment plans over 6 months

Utilizing Technology, Systems and Platforms

- West Industries
  - Scheduling
  - Reminder Calls
  - Incoming Calls
Utilizing Technology, Systems and Platforms

- West Industries:
  - Scheduling: 12% increase in new patients
  - Reminder Calls: 10% decrease in no-shows
  - Incoming Calls: Reduced 80%

Glooko Implementation:
1. Simplified Meter Download from Glooko
2. Saves MA’s/LVN’s 5 minutes

The Clinical Business Model

Some things have not changed…

“One of the ways in which most, if not all, our medical schools have failed to do their duty has been graduating students into professional life without having given them the slightest idea of the economics of medicine.”

Rosemarie Lajara
MD, Endocrinologist
President, DiabetesAmerica, PA
DiabetesAmerica
Dallas, Texas

Clinical Business Opportunities
Clinical Business Opportunities
• Utilize Technology to increase office efficiency
• Glooko- MA's/LVN’s spend less time downloading PDMs, Pumps, CGM and Meters
• Phreesia- Co-Pays and Payment Plans

Clinical Business Opportunities- A Physician’s perspective
Leading from the front
• Communication
  Physician to Physician to Provider
  Physician to Educator and MA/LVN
• Training
  Leaning heavily on vendors and educators for staff training

Clinical Business Opportunities- A Physician’s perspective
• Standing Orders
  CGM
  Diabetes Education
  Labs
  Foot Exams and all Ancillaries

Utilizing Technology, Systems and Platforms- Clinical Impact
• West Industries
  - Decrease daily calls into Clinic
  - Increase in new patient’s scheduled
  - Decrease in no-shows

Questions and Answers
Treating Diabetes is not necessarily a money-losing operation

Diabetes America
Rosemarie Lajara, MD FACE
Pablo Mora, MD FACE CDE

Outline

• RVU as opposed to # of visits as the metric to follow
• Maximizing reimbursement from Medical Visit
  – EMR (templates, pop-up alerts, etc)
  – Documentation and coding: Level of Service optimization
  – Tele-Medicine (Remote encounters)
  – Group visits

Outline cont’d

• Maximizing Diabetes Education opportunities
  – The case for “same day” Diab Ed visits: our experience with very complex coding scenarios
• Identifying comorbidities:
  – Depression screening (SFK2 and SFK9)
• Point of care testing:
  – HbA1c
  – Lipid profile
  – Alb-to-Creatinine ratio (random urine sample)

Outline cont’d

• “Once yearly lab testing”: the case for the Wellness panel
  – Thyroid panel and antibodies (Hashimoto’s)
  – Vitamin D (25-OH Vit D)
  – Testosterone levels (male)
  – Inflammatory markers (hsCRP, etc)

Outline cont’d

• Identifying RVU generating opportunities:
  – The case for CGM as the “gold standard” procedure in Diabetes Specialty clinics
  – Screening for complications:
    • Retinal scan
    • Sudomotor function
    • ABI