Shared Dietetic Appointments: A New Treatment Model for Enhanced Diabetes Education

What is a “Shared Dietetic Appointment (SDA)”?
- Hybridization of an individual appointment, an education session, and a support group
- Comprised of an RDN CDE Scribe/Medical Assistant Receptionist and the Patients!

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

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Learning Objectives:
- Define what a shared dietetic appointment is & its unique role in fostering enhanced support & education for people with DM
- Describe how an RDN can implement Shared Appointments for people with DM as an add-on benefit beyond traditional MNT or DSMT
Learning Objectives:

- Demonstrate the effectiveness of Shared Dietetic Appointments with successful patient outcomes
- Discuss the implementation of such appointments into a patient-centered medical home

This Session Will Explain:

- What A Shared Dietetic Appointment (SDA) is
- The Benefits of a SDA, both for RDN CDE’s and diabetic patients
- How to Set Up Shared Dietetic Appointments to Enhance Diabetes Education

What Makes This Different from Other Group Sessions?

- This model encompasses an individualized MNT session for each participant with DM within a group setting
- Individual considerations are discussed as well as concerns that may be shared by others in the group

Why a “Shared Dietetic Appt?”

- Traditional Medical Nutrition Therapy (MNT) limiting in time/scope
- Patients want & need more diabetic education
- Opportunity for diabetic patients to engage with others with same diagnosis

Difference Between Shared & Group Medical Appointments

- This is led by an RDN CDE, hence the title “Shared Dietetic Appointments”
- Other Shared & Group Medical Appointments may be led by an MD or NP, with an RDN assisting.

Shared Dietetic Appts Provide:

- Focus on both the individual & group
- Offers much longer visit for same copay
- Setting is more relaxed
- Inherent support in group setting
- Convenient times (day & evening sessions)
- More education provided
What Happens in a SDA?
• Each patient is provided with **15 minute face-to-face Medical Nutrition Therapy (MNT) during the group session**
  – As the RDN is conducting the session, the scribe is entering a note in the patient’s medical record which the RDN will later finalize

Who Attends These Appointments?
• Limited to **4-8 patients who have diabetes**
  – May attend with family members or a friend
  – Ideally suited as a follow-up visit
  – Attendance is offered to appropriate patients

How This All Got Started:
• Began getting involved as a behaviorist for endocrinologist's Shared Medical Appointments for diabetes
• Found patients asking many nutrition ?'s
• Approached Evelina Sands about doing Shared Dietetic Appointments

First Steps:
• International Literature Search
• Billing, Compliance & Legal Departments
• Use of Proper CPT MNT codes
• Initial confusion re: Group vs. MNT codes
• Series of individual visits with 4-8 pts. for 15 minutes each to use 97803 code

Why Not Use Group MNT code?
• Reimbursement for 97804 group MNT code is based on 30 minute unit
• Reimbursement for 97803 individual MNT code is based on 15 minute unit
• Reimbursement may be higher for 30 min of individual MNT vs. 1 unit of group MNT

2 Important Points:
• Shared Dietetic Appointments are designed to provide **individual MNT within the setting of a group** (is not set up as group per se)
• Shared Dietetic Appointments are NOT Shared Medical Appointments (medical care is not provided during these sessions)
Criteria for Compliance:

- Each patient gets time\(d\) 15 minutes of face-to-face medical nutrition therapy
- Same discussion re: BG’s, A1c’s, weight, eating habits etc. that occurs in traditional diabetic MNT session
- Documentation recorded in EMR

Laying the Groundwork:

- Marketing to endo’s, patients, administrators
- Setting up template in EMR
- Scheduling patients & training support staff

The Ideal SDA Patient:

- Already an established patient in my practice
- Has insurance coverage for MNT
- Exhibits appropriate behavioral characteristics for a group setting
- Willingness to participate

Participation in a Shared Dietetic Appointment is completely voluntary.
Patients are free to switch back to traditional office-based MNT at any time.
On exit surveys, 98% prefer the Shared Appts.

Support Staff Set-Up:

- Selection & Training of Medical Assistant as scribe & to assist with BG/weight checks
- Patient Services Representative to check patients in, collect copays, etc.

Additional Optional Staff:

- RN, CDE
- LICSW
- AT-C
- Pharmacist
Insurance Considerations

- Ensure MNT is covered by patient's insurer
- Beware of any limitation by insurer to # visits
- RDN must be contracted provider with insurer
- RDN is rendering provider; bill uses RDN's NPI number
- 15 min MNT per pt. for 1 unit MNT

Launch:

- Each patient is asked if they have any specific questions. If so, recorded on whiteboard next to their name (will be addressed individually during their 15 minute session)

Flow of a SDA:

- Patients arrive, sign consent to bill insurer & confidentiality notice, copays collected
- RDN CDE welcomes all, explains each patient will receive 15 min individual session
- Ask if anyone needs to leave early, explain session will go for 1.5-2 hrs

First Patient “Seen”:

- EMR opened & most recent note reviewed
- BG & A1c data reviewed
- Weight and med/insulin change reviewed
- 24 hr food recall/food logs reviewed
- Specific questions answered (if any)
- New recommendations given & note done

- RDN also introduces scribe/MA & any other staff or observer(s)
- Explains where comfort items are: water & snacks, bathrooms
- Ensures each patient has a folder with diabetic info & paper for note taking

- While RDN is completing the note in the EMR with the scribe & sending the bill electronically, a short video on diabetes management may be shown
- Alternatively, another staff person (RN CDE, LICSW, etc.) may take over the group for this time period
At End of Shared Appt:
Short Discussion re: any lingering questions
Follow-up Appts made (for next SDA session, traditional MNT session if desired, with endo, DM teaching nurse, etc.)
Completion of Participant Survey

Shared Appointment Room:

Benefits of a SDA for an RDN CDE:
• Less time pressure
• Minimal reiteration
• Increased Productivity
• Ease of Documentation (with scribe)
• Opportunity to Provide more In-Depth Education

Benefits of a SDA for a Patient:
• More time with Provider(s) for same copay
• Enhanced education & understanding of DM
• Sharing of Same Concerns with Others
• Opportunity to have family/support person attend
• Improved DM outcomes

Flat Screen with Internet Access
Other Options With SDA:

- Referrals to & from DSMT program
- Ideal model for outcomes-based research
- Offers increased opportunities for other clinicians to participate in shared appts
- Fits well in patient-centered medical home model

THANK YOU!!!

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