

**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

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**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

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**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

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**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.

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**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

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**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

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### 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

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### 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

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### 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

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### 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

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### 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

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### 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)

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### Criteria for Compliance:

- Each patient gets **timed** 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

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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.**

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### Laying the Groundwork:

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

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### 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.

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### 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

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### Additional Optional Staff:

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

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### 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**

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### 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)

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### 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

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### 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

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- 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

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- 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

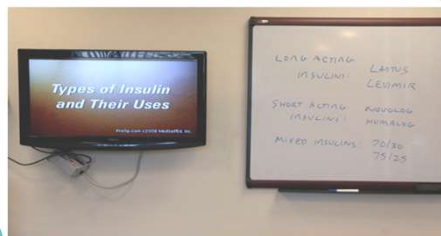
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**At End of Shared Appt:**

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**

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**Flat Screen with Internet Access**



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**Shared Appointment Room:**

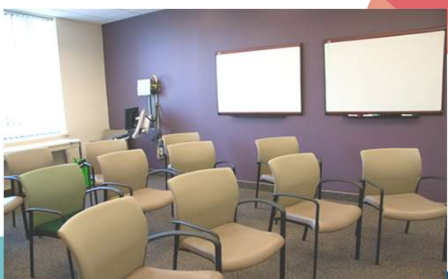


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**Benefits of a SDA for an RDN CDE:**

- Less time pressure
- Minimal reiteration
- Increased Productivity
- Ease of Documentation (with scribe)
- Opportunity to Provide more In-Depth Education

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**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

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**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

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**THANK YOU!!!**

Contact Info:

Diane Dube, M.Ed., RDN, LDN, CDE

Mobile: 617-240-6383

Email: [diane@dubenutrition.com](mailto:diane@dubenutrition.com)

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