

## Diabetes Education Program CQI Project

**CQI team leader:**

**Team involved in the CQI Study:**

**Title of project: Continuous Glucose Monitoring Technology use in Diabetes Education**

<p>What was identified as the problem” you chose to study?</p>	<ul style="list-style-type: none"> <li>• Patients not satisfied with services provided related to use Continuous Glucose Monitoring technology. Primarily used with insulin pump or MDI insulin patients.</li> <li>• Inconsistent reimbursement for professional Continuous Glucose Monitoring (CGM) study, affecting patients desire to use this technology for diabetes management.</li> </ul>
<p>What data did you collect?</p>	<ul style="list-style-type: none"> <li>• Audit of reimbursement charges for professional CGM performed by the Diabetes Education Clinic, including reasons for insurance claim denials.</li> <li>• Evaluate work flow for placing order and receiving insurance</li> <li>• Performed chart audit on 10 charts to evaluate A1c data pre/post CGM study and insulin teaching/adjustment to assess usefulness of continuing to use this technology as part of our Diabetes Education practice for MDI insulin patients.</li> <li>• Patient satisfaction survey for use of CGM</li> </ul>
<p>Did the data confirm that it was in fact, a problem? What analysis did you make of this data?</p>	<ul style="list-style-type: none"> <li>• Reimbursement Audit confirmed that inconsistent reimbursement from insurance. Reasons for denials included incorrect billing, pre-authorization request not obtained.</li> <li>• Majority of patients surveyed found the technology useful for self-management of Diabetes, particularly the prevention of hypoglycemia r/t to their insulin dosing decisions. While patients found this to useful, less than 25% would pay for the service out of pocket. Preference was for insurance to cover cost.</li> <li>• No consistent process/protocol for obtaining pre-authorization for professional CGM once order received by PCP.</li> </ul>
<p>What are the some of the possible “solutions” or actions your team thought of to address this problem?</p>	<ul style="list-style-type: none"> <li>• Improved order/authorization process</li> <li>• Correct billing process; as well as correct billing errors incurred in last 12 months.</li> <li>• Provide more education to the patient on the purpose of CGM and what information is expected to be gained by performing a professional study.</li> <li>• Met with IT department to improve CGM order/authorization process within EPIC to trigger a pre-authorization request.</li> </ul>
<p>How did you implement this plan?</p>	<ul style="list-style-type: none"> <li>• Created step by step process for Providers/MA's/Educators to follow to ensure accurate billing provider/code is entered. Finance/coding department was able to re-submit for billing errors. Billing that could not be re-submitted, was written off to limit cost to patients. Completed additional training to Providers/Educator's on use of professional CGM technology as part of Diabetes Self- Management Education. Reinforced importance of discussing purpose of CGM with patient before and reviewing data with patient afterwards to promote learning and self-management decisions. CGM is an amazing technology that supports patients in making their own dosing decisions and preventing hypoglycemia. However, the burden of cost outweighs this benefit and decreases patient overall satisfaction.</li> </ul>
<p>What did you learn from this implementation process?</p>	<ul style="list-style-type: none"> <li>• Improving the ordering/authorization/billing/coding process decreases the financial burden to patients.</li> </ul>
<p>What is your plan to continuously check on this to make sure the improvement is maintained, or if there was no improvement, to pick another solution to try?</p>	<ul style="list-style-type: none"> <li>• Complete billing/reimbursement audit evert 3- 6 months for the next year.</li> <li>• Provide satisfaction survey to patients after using professional CGM technology as part of their Diabetes Self- Management Education</li> <li>• Monitor A1c improvement pre/post CGM use.</li> </ul>

Projected Goals

- Appropriate use of CGM technology for qualifying patients will support improved self-management decisions related to insulin dosing.
- CGM technology must remain financially viable for patients and the clinic for continued use as part of the Diabetes Self-Management Program.

SAMPLE