JUNE 2021

Division of Chronic Disease, Primary Care, and Rural Health

2020 Indiana Department of Health Toolkit for the Delivery of Diabetes Self-Management Education and Support (DSMES) Services via Telehealth

COVID -19 Edition

Indiana Department of Health

Integration of data analytics, evidence-based practice, technology, and education to improve the l
individuals living with diabetes

Table of Contents

A. INTRODUCTION - HEALTH DISPARITIES AND TELEHEALTH

In 2018, the Indiana Department of Health made a commitment to work toward achieving health equity. The **Health Equity Statement** includes eliminating health disparities, addressing health inequities and racism, and examining social determinants of health.

The American Diabetes Association has developed a **Health Equity Bill of Rights** for people living with diabetes:

> "Inequity systemically harms people of color. The COVID-19 pandemic and glaring examples of racial injustice are casting a bright light on an old problem in America. Health inequity is obvious and widespread. It contributes to worse outcomes and higher risk for diabetes and many other diseases. And it undermines the wellbeing of our most underserved communities.
>
> "The current health pandemic and its disproportionate toll on minority, low-income, and historically underserved Americans shines a troubling light on historic, systemic inequities in American health care. It is time for health equity now.
>
> The Health Equity Bill of Rights envisions a future without unjust health disparities. It ensures the 122 million Americans living with diabetes and prediabetes, along with the millions more who are at high risk for diabetes – no matter their race, income, zip code, age, education or gender – get equal access to the most basic of human rights: their health." [1]

Indiana Department of Health is collaborating with the Upper Midwest Telehealth Resource Center, Rural Health Clinics and Federally Qualified Health Centers in Indiana to support the delivery of diabetes education via telehealth. The goal is to tackle health disparities and address social determinants of health to better meet the needs of underserved individuals living with diabetes in Indiana. It is important to be aware that the reliance of telehealth on technology can potentially worsen disparities. For that reason, there are resources and strategies included within the telehealth toolkit to help increase vulnerable populations' access to telehealth technology. [2]

B. ABOUT THE TOOLKIT

This telehealth toolkit was created to serve as a guidance document for health care organizations in Indiana interested in collaborating with the Indiana Department of Health and the Upper Midwest Telehealth Resource Center (UMTRC) to start up, implement and sustain the delivery of Diabetes Self-Management Education and Support (DSMES) services via telehealth. Lessons learned as a result of past and current collaborations with Indiana health care organizations, have been incorporated throughout the toolkit.

The target audience for this toolkit is individuals involved in the planning, implementation, evaluation, management, insurance billing and the overall sustainability of DSMES services delivered via telehealth. The toolkit provides guidance for:

1. Health care organizations and medical providers *referring patients for DSMES services via telehealth*
2. Health care organizations *delivering DSMES services via telehealth*.

It should be noted that in some instances, the "referring" and "delivering" entities could be within the same health system.

This toolkit is a "living" document that will be updated on a regular basis to incorporate changes in federal and state laws and legislation, evolving technologies, and new innovative care delivery processes.

C. EXECUTIVE SUMMARY

The deployment of technology-based telehealth to increase utilization of DSMES services during the COVID-19 public health emergency can enable health care organizations to have a positive impact on people with diabetes, providers, employers, and the community overall.

For employers in the community, DSMES can help reduce health care costs and improve employee productivity and health.

For the health care organization delivering DSMES, telehealth can lead to increased market share, which in turn, can assist with the sustainability of their DSMES program.

Currently there are overwhelming unmet needs in Indiana with the diabetes epidemic that need to be met as 1 in 3 Hoosiers have pre-diabetes; approximately 1 in 10 Hoosiers have diabetes. [3, 4]

As of May 30, 2020, among COVID-19 cases, the most common underlying health conditions were cardiovascular disease (32%), diabetes (30%), and chronic lung disease (18%). Hospitalizations were six times higher and deaths 12 times higher among those with reported underlying conditions compared with those with none reported.[4]

Health care organizations that become a preferred provider for pre-diabetes and diabetes care and education during the COVID-19 pandemic have the opportunity to highlight their competitive advantage and set themselves apart from competitors and thereby increase volume, market dominance and patient loyalty. [5]

D. KEY POINTS FOR SUCCESSFUL IMPLEMENTATION OF DSMES TELEHEALTH

Strategic Alignment Validate and align the value proposition of DSMES via telehealth with the health care organization's strategic plan, mission statement, community needs assessment, business goals and clinical expectations.

Leadership in the Health Care Organization Seek the approval, commitment, and ongoing support from leadership.

Provider Buy-In Pursue provider buy-in as they serve as the gatekeepers for the referral process. Their interest and enthusiasm are critical to the successful implementation and sustainability of a DSMES telehealth services.

Financial Support Obtain financial commitment for implementation and long-term sustainability costs; as well as the required financial resources and support from personnel in administration, finance, accounting, and billing & coding departments. This, along with accurate and timely claims processing, is key to successful reimbursement of telehealth services.

Start Small and Smart Embrace the adage "keep it simple", financially and logistically at the start can prove very helpful. Initial implementation of telehealth services, on a small scale often identifies unexpected challenges and barriers. Over time, diabetes education via telehealth will evolve in terms of increased referrals acceptance, patient outcomes and technological advances.

Patient Engagement Focus on delivering an engaging and meaningful telehealth experience that patients enjoy. Obtaining regular feedback from your patients … your consumers… provides vital insight on how to improve the patient experience and thus satisfaction. Choose a platform that is easy to use and provide training and ongoing support to help your patients confidently use the technology. Explore options and resources available assist patients with costs to utilize telehealth. For more information, see Section H. Building the Business Case: Referring Patients for DSMES via Telehealth.

Pre-Implementation Practice-Runs Schedule practice runs to identify and correct problems, in any part of the DSMES telehealth system, no matter how small. This will create a more effective and efficient process, enhance staff confidence and to assure patient and provider satisfaction.

Ongoing Evaluation Identify and measure goals, quality measures and expected outcomes from the onset, and at regular intervals, at each health care organizations involved in the DSMES telehealth program. Encourage feedback among these organizations on a regular basis.

E. BENEFITS OF DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT

Benefits for Health Care Organizations and Health Systems

1. Respond to consumer demands
2. Improve quality measures
3. Increase consumer and provider satisfaction
4. Increase medication adherence
5. Increase productivity

Benefits for Providers

1. Increase value of Patient-Physician engagement at each visit
2. Follow 2020 American Diabetes Association Standards of Care for Diabetes
3. Improve clinical outcomes: A1c, cholesterol, blood pressure, weight
4. Improve management of patient co-morbidities
5. Deliver value-based care that is outcomes-based
6. Increase engagement of individual living with diabetes
7. Improve patient satisfaction
8. Improve job satisfaction

"Having a patient go for diabetes education makes my job easier. Most of my patients become more motivated and engaged with their diabetes self-management"

Gerry Mick, MD, a Family Medicine specialist at IU Health Physicians Primary Care in Carmel, Indiana. Dr Mick provides care to many patients with both type 1 and type 2 diabetes

Benefits for People with Diabetes (PWD) [6,7,8,9,10,11]

1. Gain a sense of hope that they can improve their health and wellbeing
2. Greater understanding of how to manage their diabetes more effectively
3. Continuous empowerment and support of positive lifestyle behavior changes
4. Improve quality of life: feeling better and having more energy to do the things that matter to them: dance at daughter's wedding, play with grandchildren, take biking vacation in Italy, have a healthy pregnancy, play lots of golf during retirement
5. Reduce health care costs
6. Reduce severity and/or reduced risk of diabetic complications: heart disease, stroke, amputations, end-stage kidney disease and blindness
7. Reduce risk of disability and early death

F. BENEFITS OF THE DELIVERY OF DSMES SERVICES VIA TELEHEALTH

Benefits for Health Systems

1. Telehealth is increasingly viewed as a cost-effective method to deliver patient care and expand access.[12]

2. During the current and potentially future public health emergencies, DSMES via telehealth can support health systems to continue to provide chronic care management of diabetes.[13]

3. Addresses the lack of local DSMES program in underserved communities.

4. Aligns with consumers' changing healthcare expectations. [14]

5. Invests in the future of health care: whether healthcare enterprises are ready or not, the new reality is the virtual care has arrived. [15]

6. Enhances critical component of financial strategy. The telehealth market could potentially reach $250 billion.[16]

7. Improves value-based care and outcomes for patients with poor glycemic control (HbA1c > or =8%).[17]

8. Can support chronic care management of diabetes post hospital discharge which can, in turn can lead to reduced hospital readmissions.[18]

9. Research shows consumers are accepting of telemedicine and as they increase both patient loyalty and satisfaction with health care services.

10. Can increase market share: with the current public health emergency there has been a 64.3% growth in demand for all ages and demographics, including difficult to reach consumers, like the elderly and individuals living in rural communities.

11. Telemedicine solutions are a clear way to address population health management challenges. [19]

Benefits for Referring Providers

1. Supports chronic care management of diabetes for physician practices in underserved and rural communities. [20]

2. Facilitates continued chronic care management of diabetes for patients who are hesitant to attend in-person care during the public health emergency. [14]

3. Can bridge the gap between in-person visits.

4. Can keep your patient within in your practice-no need to refer outside of your health system.

5. Increases patient satisfaction.[21]

"Once I had a patient that was on insulin and was not testing their blood glucose. The provider joined our telehealth session and we addressed this as a team"

Allison Stetler, RD, CDCES, Healthy Living Center, Franciscan Alliance in Lafayette, Indiana on delivering DSMES services via telehealth

Benefits for People with Diabetes (PWD)

1. Increased access to quality care. The delivery of DSMES services via telehealth leads to increased access to diabetes education, especially in underserved and rural communities.

2. With increasing access to DSMES services, PWD have the opportunity to experience the full benefits of DSMES.

3. Increased convenience for the patient, and thus better insures receipt completion of DSMES education program.

4. Addresses transportation barriers for the poor, the elderly and the disabled.[22]

5. Addresses barriers for individuals who serve as caregivers-this includes the care of young or disabled children, ill or dying family members, as well as caring for elderly family members.

6. Reduces the need and cost of childcare.

7. Reduces travel time and thus cost for patient

8. Gives patient the option to go to a familiar place, where they receive their usual health care, to obtain diabetes education.

9. Can improve care coordination of other associated chronic conditions such as hypertension, depression, heart disease, kidney disease and neuropathy.

10. Delivery of DSMES services post hospital discharge can reduce risk of readmission.

11. Studies show a decrease in the number of times patients missed work or school.[23]

12. Shown to improve outcomes for patients with poor glycemic control (HbA1c > or =8%).[24]

13. Quality of interpreter services is enhanced when the interpreter can observe the patient's non-verbal communication.

14. During the current pandemic that requires masks for in-person visits, video visits enhance communication for patients with hearing loss by supporting the ability to read lips. [25]

G. CHALLENGES IN DELIVERY OF DSMES SERVICES VIA TELEHEALTH

Challenges for Health Systems

1. Uncertainty about reimbursement waivers for both private and public payers when the public health emergency ends.[26]
2. Time and costs associated with telehealth initial and ongoing training for staff and patients.[27]
3. Making informed, sound purchasing decisions of telehealth products that are easy to use, HIPPA compliant and within your budget.
4. Ensuring buy-in from all stakeholders.
5. According to Indiana Medicaid Reimbursement rules, Hospital outpatient-based DSMES programs must use CMS 1500 form for billing (not permitted to utilize the UB-04: the standard reimbursement form utilized for the majority of hospital-based services)

Challenges for Diabetes Educators

1. Learning curve: gaining comfort and skill in new delivery mode-training in this area is essential to a positive experience for HCP & patient
2. Stress related to potential for technical failures-training, real time support-can be addressed in the contract with telehealth vendor
3. Creating a positive virtual patient experience
4. Effective, timely response to a negative patient experience

Challenges for People with Diabetes (PWD)

1. Cost associated with bandwidth and telehealth equipment (i.e. smart phones, I-pad)
2. Learning how to use telehealth equipment
3. Developing comfort with new delivery mode
4. Frustrations with technical failures

H. BUILDING THE BUSINESS CASE FOR HEALTH SYSTEMS: REFERRING PATIENTS FOR DSMES VIA TELEHEALTH

This section provides a roadmap for the implementation process so that you can efficiently tailor your telehealth plan to your organization.[28]

1. **Administrative Endorsement**: The endorsement and support of your upper management is critical. The organization delivering DSMES services via telehealth to your patients will need to have a clear understanding of how the telehealth project aligns with your organizational goals, objectives and expectations, as well as the quality measures and outcomes you hope to track as a result of your patients receiving diabetes education via telehealth. For example, is meeting your PWDs needs for DSMES services a part of your population health initiative? How does diabetes education align with your Community Needs Assessment?

2. **Internal and External Assessment:** There are tools that can assess if telehealth is a good fit for your organization as well as its readiness to implement a telehealth program. Here are tools (See Section R: Resources):
   - SWOT analysis
   - California Telemedicine and eHealth Center Organization Readiness Guide
   - Telehealth – Creating a Business Proposal to Implement Telemedicine in 15 Key Steps

3. **Stakeholder Meeting with Collaborating Organization**: "Buy-in is critical from all stakeholders-need commitment to change current processes."[29]

   Identify and invite key stakeholders from your organization to include the following functions: Provider Champion for DSMES, Provider Champion for Telehealth, Administration/Upper Management, Marketing, Finance/Accounting, Information Technology Services, Legal Department, Clinical and Front Desk staff.

4. **Preparation for Stakeholder Meeting:** The following is helpful information your organization can share at the first meeting:
   - Current unmet needs of patients with diabetes and gaps in patient care that could be addressed by DSMES via telehealth.[3]
   - Benefits of DSMES you anticipate for your patients with diabetes (PWD)
   - Providers' goals and expectations when referring PWD for DSMES
   - Patient data such as number of PWD and percent with A1c less than 7 and greater than 7 or 8. Outputs allowed for both risk stratification to identify patients in the greatest need of medical intervention and reports that prompted providers with suggested interventions and care plans.[30]
   - Who are your payers and do/will they reimburse for telehealth?

- Your current referral process for DSMES
- Current plan to enlist and sustain provider buy-in
- What do you hope to accomplish with the delivery of DSMES via telehealth?

5. **Promotion of Enhanced Patient Experience**:

   Delivering DSMES services, a key component of comprehensive care for patients with diabetes, via telehealth to your patient population translates into increased patient loyalty and increased overall utilization of your services as you are being responsive to your patient's preferences, needs and values.

   Consider identifying a staff member who would serve as a patient telehealth coach to ensure patients gain comfort and skill utilizing telehealth equipment. The patient telehealth coach can also monitor for and respond to technical failure/negative patient experience.

   Ongoing assessment, planning, implementation and evaluation of strategies to improve your patients experience with telehealth is critical to the success of your telehealth program. Research shows consumers are accepting of telemedicine and as they increase both patient loyalty and satisfaction with health care services.[5]

   What determines your patient loyalty and utilization of your services?

6. **Provider Buy-In**: Providers are "gatekeepers" for an organization's referral process. In our experience, it is critical to include physicians, nurse practitioners and physician assistants in the planning, implementation, and evaluation of an organization's plan to refer patients to DSMES services via telehealth project. Identifying best practice providers, who can serve as your clinic's provider champion for both diabetes education and telehealth, can be a powerful strategy to enlist and maintain provider buy-in in your clinical setting.

   Physician champions can:
   - Provide leadership, guidance and feedback in the design, development, promotion, implementation, and evaluation of the telehealth project.
   - Have a role in training/on-boarding their provider colleagues
   - Promote the telehealth program need and value to colleagues; this could include presenting at ground rounds.
   - Role model how providers can promote the telehealth program for PWDs and prepare patients as to what they can expect.
   - Encourage colleagues to obtain feedback from PWD patients on their telehealth experience. This can help increase and maintain both provider and patient satisfaction.

It would be beneficial to invite the Certified Diabetes Care and Education Specialist (CDCES), who will be delivering the DSMES services via telehealth, to attend a meeting on-site to meet with and get to know the referring providers and other clinic staff to review DSMES services, the referral process, and effective patient reporting and outcomes. This can also be an opportunity to address questions that providers and staff have related to this service and review how providers and clinic staff can contact the DSMES program with regard to any questions or concerns moving forward.

7. **Business Plan**: Write a *DSMES via Telehealth* business plan that includes the following:
    a. **Goals, Objectives and Value Proposition**

    b. **Financial Plan:** What will be the costs to implement? This would include technical equipment, staff training, marketing and telehealth room set-up. Feasibility with return on investment (ROI).

    c. **Regulatory Plan**: It is critical to understand and follow both the federal and Indiana state laws pertaining to the delivery of services via telehealth. Your legal advisor and compliance officer can provide guidance on HIPPA compliance, privacy and security laws; malpractice; overall compliance with Centers for Medicare and Medicaid Services rules; credentialing and privileging for telehealth; HIPPA compliance and business agreement with health system delivering diabetes services via telehealth; and consent for DSMES via telehealth. The UMTRC can provide guidance in this area.

    d. **Marketing**:
    Internal Marketing: One cannot rely on the adage "build it and they will come". It is crucial to market the benefits of referring patients with diabetes for DSMES services via telehealth to key internal stakeholders: referring providers and PWD
        - Provider champions can communicate the value proposition and the impact of diabetes education via telehealth to improve management of prediabetes, diabetes and its co-morbidities to their peers.
        - Providers can promote diabetes education via telehealth to PWD and their families
        - Educators from the DSMES program can present at staff meetings to review DSMES services, delivery of DSMES services via telehealth and the benefit of diabetes education to PWD, patient satisfaction, and their daily workflow.
        - DSMES program could provide marketing materials.
        - Posters, videos, handouts based on patient success stories could be created for marketing internally to PWD.

External Marketing: It will be important that the marketing extends to your community and community partners to increase awareness of the benefits of diabetes education for PWD in the community. This would also include increased awareness of the benefits of diabetes education delivered via telehealth: familiar location, more convenient, easier to access, and reduces time/cost associated with outside referral.

Below are examples:

- Community announcements of this new service/value proposition from anticipation to announcement of starting DSMES via telehealth and regular updates.
- Include the program in the organization's website and service offerings material.
- Partner with other medical entities and community organizations (i.e. churches and employers).
- Utilize patient success stories in marketing materials.
- Identify Patient Champions interested in sharing their success story with local and social media.
- Messaging can be delivered via local or social media.

e. Technology Plan:

- The Upper Midwest Telehealth Resource Center (UMTRC) is the regional resource that serves Indiana, Illinois, Ohio and Michigan. The UMTRC can provide guidance regarding start-up expenses: equipment purchases, administrative costs and connectivity costs; choosing telemedicine equipment and vendors; and factors to consider regarding HIPPA/privacy, licensure and credentialing
- Your IT department can assess existing infrastructure and review the need for electrical/ telecommunications connections, service level agreements for broadband access, IT technical plan and support, security, privacy and HIPPA compliance.
- What technology platform and equipment will you utilize? How will the platform integrate with your EHR? What equipment will you purchase? What are you willing to invest? Who will maintain it? What is your budget?
- Identify bare minimum requirements to fit your budget. Send out Request for Proposal to multiple, potential vendors. Including staff in testing products and requesting feedback on different vendor's products and equipment can enhance employee buy-in and reduce anxiety about new technology.
- Resources on covering telehealth costs can be found in Section K. Resources.

f. **Communication Plan:** Developing a clear communication plan between the collaborating organizations is essential for the successful integration of a telehealth project. This would include:
   - Determining how both organizations will communicate moving forward once the telehealth project has started. This would include identifying and sharing challenges/problems, giving each other constructive feedback and problem-solving around any issues that could negatively impact the success and sustainability of the delivery of DSMES services via telehealth. It is crucial to communicate more intensely when the project is first implemented. Following the implementation stage, teleconferences or in person meetings could be held every 3-6 months; or more frequent if indicated.
   - Adding diabetes education via telehealth to the diabetes services referral form or EMR order set would increase efficiency of the referral process.

g. **Telehealth Clinical Workflow**
   - When initiating telehealth, as a team create a detailed clinical workflow chart that describes steps or tasks required that can be sequential or simultaneous. Clearly delineate the roles and responsibilities of each team member. The telehealth clinical workflow can include referral process, scheduling, reminders, cancelations, rebooking appointments and documentation.
   - An agreed upon strategy for contacting patients who "canceled" or were "no shows", to encourage them to reschedule can increase patient engagement and participation.
   - Distributing educational materials, supplies and handouts to patients
   - Forwarding documentation of DSMES telehealth visit to referring provider
   - The DSMES program could create a binder that includes a simple overview of the DSMES curriculum and contact information for the DSMES program. It could be stored in the telehealth room with diabetes education teaching aids/materials.
   - A strategy for stakeholders from both organizations to communicate any problems or concerns so issues can be addressed in a timely manner.

h. **Staffing and Staff Training**: Who is going to organize the telehealth project? Who will be trained? Who will do the training on use of equipment and how to trouble-shoot potential problems? Who will room the patient, set up the computer, ensure consent form is signed, and be available for the PWD if technical problems arise? How will documentation of the telehealth visit be integrated into your EHR? Other issues: roles and responsibilities, reimaging workflow, and scheduling.

How to Train Your Staff on Telehealth
   - Arrange a **training** with your software vendor.

- Include all relevant **staff** in trainings.
- Appoint a "power user."
- Create a list of technical FAQs.
- Encourage **staff** to do "practice runs" and test out the system.
- Do family-and-friends testing.
- Arrange for a **training** refresh.

i. Telehealth Room Design

Need to consider location, size, acoustics, pleasant visual experience, privacy and lighting of room; placement of equipment, furniture, camera, light, teaching aids, computer, headset, and microphone.[31]

j. Creating a Positive Patient Experience[32]

Providers/clinic staff will need to carefully choose initial patients who will receive DSMEs services via telehealth. Ideally this will be patients who are willing to be flexible should any glitches occur with the new delivery mode and are interested in helping the clinic develop and deliver a high-quality patient experience. The clinic will need to develop telehealth protocols for:

- Promoting/explaining the delivery of DSMES services via telehealth for PWD
- For "rooming-in" the PWD and preparing the patient for a positive patient experience
- Testing audio and visual before the telehealth session
- How to identify and respond audio and/or visual problems during the telehealth session
- Obtaining immediate feedback from PWD regarding their telehealth experience
- Service delivery recovery: how to respond to a negative patient experience

k. Operational Plan: Review of telehealth expectations for each stakeholder/team member. Program implementation schedule with accountabilities.

Practice sessions with "simulated" patients that include walking through the steps of how to deal with potential problems will give staff an opportunity to:

- Evaluate the telehealth process pre-implementation
- Proactively identify actual or potential problems
- Problem solve prior to formal implementation
- Increase confidence and reduce anxiety of staff
- Reduce the risk of a negative experience for the patient.

Practice sessions can evaluate the DSMES via telehealth process and proactively identify potential problems. To increase success and sustainability of the telehealth project collaborating organizations meeting on regular intervals for the first year can help identify challenges and facilitate problem-solving.

l. **Evaluation and Feedback**: It is important to identify goals, objectives, and outcomes that can track the value/return on investment. These can reflect value, from the provider, patient, clinic or community perspective.

"Evaluation is important for demonstrating the value of telehealth programs, which can be fundamental to justifying continued or expanded investment in telehealth infrastructure and program operations."[33]

Below is a list of possible outcomes that could be tracked:

- PWD's increased knowledge around diabetes management
- Positive behavior changes by PWD: physical activity, eating habits, stress management, medication adherence, smoking cessation
- Clinical measures: A1c, blood pressure, weight, cholesterol
- Quality of life measures for PWD: Increased energy, better sleep, feeling better, more hopeful can manage diabetes and reduce risk of complications
- Cost-savings for the PWD: fewer ER visits, fewer medications, fewer sick days
- Reduction in Medicare readmission penalties
- Health system: fewer no shows, increased adherence to quarterly chronic disease management appointments, increased adherence to recommended medications, blood work and testing
- Customer satisfaction
- Provider and clinic staff satisfaction

A clinic can start with small, reasonable goals and expand on these over time. It is important to evaluate goals and objectives as well as measure outcomes from the point of implementation in the form of quarterly planned versus actual performance review, evaluation, and feedback.

Ongoing Learning: Strive for excellence in the delivery of telehealth services by networking with organizations like the Indiana Rural Health Association (IRHA) and the Upper Midwest Telehealth Resource Network (UMTRC).

I. BUILDING THE BUSINESS CASE FOR DIABETES EDUCATION PROGRAMS: DELIVERING DSMES SERVICES VIA TELEHEALTH

Section I provides a roadmap for the implementation process so that you can efficiently tailor the plan to your organization.

1. **Administrative Endorsement**: The delivery of DSMES services via telehealth should align with your organizational goals and objectives; chronic care management and population health initiatives; and data from your community needs assessment. Where does telemedicine fit with your overall institution's mission, values, and priorities? Who is going to organize and manage your telehealth program? You must ensure that delivery of DSMES services via telehealth complements your organization's population health initiative.

2. **Internal and External Assessment:** There are tools that can assess if telehealth is a good fit for your organization as well as its' readiness to implement a telehealth program, such as SWOT analysis and California Telemedicine and eHealth Center Organization Readiness Guide.

3. **Stakeholder Meeting with Collaborating Organizations**: "Buy-in is critical from all stakeholders-need commitment to change current processes."[28] Identify and invite key stakeholders from your organization to include the following functions: Administration/Senior Leadership, Marketing, Finance, Billing and Coding, Information Technology Services, Legal; Diabetes Care and Education Specialists; DSMES program staff, leadership, and front desk/administrative staff.

4. **Preparation for Stakeholder Meeting:** An overview of the following key components of the National Standards for DSMES[7] would be helpful to share with stakeholders from the referring organization:
   - The DSMES curriculum reflects current evidence and practice guidelines; its content is tailored to match each PWD's needs; has criteria for evaluating outcomes; and reflects an interactive and patient-centered approach.
   - Educators seek ongoing input from external stakeholders and experts to promote program quality.
   - For example, diabetes educators will seek guidance from the referring organization when developing an individualized DSMES plan with the PWD regarding community-based resources, as needed.
   - The focus is on establishing, monitoring and evaluating individualized clinical outcomes and behavioral goals.
   - Recent data on clinical outcomes for patients who have attended your DSMES program.

- Ongoing evaluation of provider and patient satisfaction with the DSMES via telehealth project can provide data and direction for ongoing quality improvement strategies with the goal of continual improvement of the delivery of DSMES services via telehealth.

5. **Promotion of Enhanced Patient Experience**: Delivering DSMES services, a key component of comprehensive care for patients with diabetes, via telehealth can translate into increased patient satisfaction and loyalty, as well as potentially increasing overall utilization of your services as your organization responds to the preferences, needs and values of patients living with diabetes.
   Ongoing assessment, planning, implementation and evaluation of strategies to improve the quality and delivery of your DSMES services via telehealth, in terms of the patient experience, is critical to the success of your telehealth program.[2]

   Research shows consumers are accepting of telemedicine and as they increase both patient loyalty and satisfaction with health care services.

   What are the factors that determine patient loyalty and continued utilization of your services via telehealth?

   What are the factors that determine patient loyalty and continued utilization of your services via telehealth?

6. **Collaboration with Referring Providers**: Providers are "gatekeepers" for referring patients with diabetes for DSMES services, either in person or via telehealth. In our experience, it is critical for diabetes educators to engage with the referring physicians, nurse practitioners and physician assistants in the planning, implementation and evaluation of DSMES telehealth project.

   During the planning stage, it is recommended diabetes educators meet face-to-face with referring providers to review DSMES services, the referral process and documentation of patient contact/education/outcomes. Referring providers can then have the opportunity to share their expectations and any concerns. Measuring referring provider satisfaction can give important insights when evaluating the success of your telehealth program. Bring success stories back to the referring providers.

7. **Project Business Plan**: Write a *DSMES via Telehealth* business plan that includes the following:

   a. **Goals, Objectives and Value Proposition**

b. **Financial plan:**
Internal and External Utilization Assessment: Purpose to identify current and unmet needs in service area to determine expected utilization

Financial Goals and Expectations**:** Telehealth is a cost-effective strategy that invests in the future of healthcare, supports population health with the ability to increase market share. Financial feasibility with ROI, quarterly reporting: planned versus actual utilization, outcomes and quarterly financial performance; separate budget for the telehealth program; making money versus willingness for loss over expenses; how much can you profit or lose? What will be your sources of revenue? What will be your expenses?

Reimbursement: Seek input and support during planning, implementation and ongoing evaluation process from your Medicare Compliance Officer and Medicare Administrative Contractors (MAC); as well as you finance and accounting team that would include billers and coders for reimbursement from various payers. Initiate corrective action on denied or rejected claims. Ongoing assistance and support from health system's financial team for unique billing, coding and payer reimbursement in developing planned utilization, revenues, expenses and profitability.

c. **Regulatory Plan**: It is critical to understand and follow both the federal and Indiana state laws regarding the delivery of DSMES services via telehealth. Section I of this toolkit provides links for up-to-date state and federal reimbursement rules. Your organizations legal advisor and compliance officer can provide guidance on HIPPA compliance, privacy and security laws; malpractice; overall compliance with Centers for Medicare and Medicaid Services rules; credentialing and privileging for telehealth; HIPPA compliance and business agreement with health system delivering diabetes services via telehealth; and consent for DSMES via telehealth. The UMTRC and Center for Connected Health Policy are other sources of information on regulatory environment both federally and statewide. (See Section K: Resources.)[34]

d. **Marketing Plan**: Presentation to key stakeholders. Formal meeting with referring clinic staff to educate on the value proposition. Utilization of different media platforms to promote benefit to patient, community and clinic: radio, local newspaper, cable television, your organization's website or Facebook page. Brand name-what will you call your program? (Name, logo, hashtag, tagline). (See Section K. Resources. Rural Health Toolkit.)

e. **Technical Plan**:
   - The Upper Midwest Telehealth Resource Center is the regional resource that services Indiana, Illinois, Ohio and Michigan. They can provide guidance around upfront expenses: equipment purchases, administrative costs and connectivity costs; choosing your equipment and vendors; and factors to consider regarding HIPPA/Privacy, Licensure and Credentialing
   - Your IT department can assess existing infrastructure and review need for electrical/ telecommunications connections, service level agreements for broadband access, IT technical plan and support, security, privacy and HIPPA compliance.
   - What technology platform and equipment will you utilize? How will the platform integrate with your EHR? What equipment will you purchase? What are you willing to invest? Who will maintain it? What is your budget?

   Identify bare minimum requirements to fit your budget. Send out Request for Proposal to multiple potential vendors. Including staff in testing out and giving feedback on different vendor's products and equipment can enhance employee buy-in and reduce anxiety around new technology.[35]

f. **Communication Plan:** A clear communication plan between the collaborating organizations is essential for the successful integration of the telehealth project. Determining how both organizations will communicate moving forward once the telehealth project has started.

   This should include:
   - Identifying and sharing challenges/problems
   - Giving each other constructive feedback
   - Problem-solving around any issues that could negatively impact the success and sustainability of the delivery of DSMES services via telehealth
   - It is crucial to communicate more intensely when the project is first implemented.
   - Following the implementation stage, teleconferences or in person meetings could be held every 3-6 months; or more frequent if indicated.
   - Adding diabetes education via telehealth to the diabetes services referral form or EMR order set would increase efficiency of the referral process.
   - Implementing a comprehensive referral, scheduling, reminder, cancelling and rebooking appointments process
   - An agreed upon strategy for contacting patients who "canceled" or were "no show", to encourage them to reschedule can increase patient engagement and participation.
   - Distributing educational materials, supplies and handouts to patients
   - Forwarding documentation of DSMES telehealth visit to referring provider

- The DSMES program could create a binder that includes a simple overview of the DSMES curriculum and contact information for the DSMES program. It could be stored in the telehealth room with diabetes education teaching aids/materials.
- A strategy for stakeholders from both organizations to communicate an urgent problems or concerns so issues can be addressed in a timely manner.

g. **Staffing and Staff Training**: Who will be trained? Who will do the training? Other issues include roles and responsibilities, reimaging the workflow, communication with referring clinic staff/provider, scheduling, and considering need/costs for periodic re-training& training of new staff.

h. **Telehealth Room Design**: Location and size of room, placement of equipment, furniture, and camera, lighting and acoustics, teaching aids; computer, headset, microphone, privacy**.**

i. **Creating a Positive Patient Experience:** Your DSMES program, in conjunction with your organization's Information Technology Services, can develop telehealth protocols and staff training regarding:
   - How to treat the telehealth visit as a face-to-face encounter
   - Helpful hints on promoting a positive patient experience with telehealth
   - Rules of telehealth etiquette: how to make and maintain eye contact with your patient, lighting, ensuring head and upper torso are in the frame, inform patient when you are going to look at written materials or make a note
   - Gaining comfort and skill with telehealth technology and equipment
   - Testing audio, visual and internet connection before the telehealth session
   - Confirming with patient at the beginning of session that he/she can see and hear you
   - How to identify and respond to audio, visual or internet problems during the telehealth session
   - IT support
   - Obtaining immediate feedback from PWD regarding their telehealth experience
   - Service delivery recovery: how to respond to a negative patient experience
   - Collecting and sharing success stories

Your regional Telehealth Resource Center (TRC) can provide Technical Assistance, as well as share telehealth resources, with you as you strive to deliver a positive patient experience.

j. **Operational Plan**: Review of telehealth expectations for each stakeholder/team member. Program implementation schedule with accountabilities. Practice sessions with "simulated" patients that include walking through the steps of how to deal with potential problems will give staff an opportunity to:
   - Evaluate the telehealth process pre-implementation
   - Proactively identify actual or potential problems
   - Problem solve prior to formal implementation
   - Increase confidence and reduce anxiety of staff
   - Reduce the risk of a negative experience for the patient.

   Practice sessions can evaluate the DSMES via telehealth process and proactively identify potential problems. To increase success and sustainability of the telehealth project collaborating organizations meeting on regular intervals for the first year can help identify challenges and facilitate problem-solving.

k. **Evaluation and Feedback**: Choose key indicators to measure; set targets; measure outcomes; disseminate results to stakeholders. Continuous Quality Improvement. Quarterly utilization and annual report. "Evaluation is important for demonstrating the value of telehealth programs, which can be fundamental to justifying continued or expanded investment in telehealth infrastructure and program operations."[32]

l. **Ongoing Learning**: Strive for excellence in the delivery of DSMES services via telehealth by networking with other diabetes education programs and organizations like American Association of Diabetes Educators and the Upper Midwest Telehealth Resource Network (UMTRC).

J. REIMBURSEMENT DURING THE PUBLIC HEALTH EMERGENCY

The COVID-19 pandemic led to a great increase in the utilization of telehealth services. At the same time, CMS released multiple waivers to increase ease and participation in the delivery of health services via telehealth. Although the waivers were welcomed by many, at times it was stressful to keep on top of the most up-to-date reimbursement rules for telehealth. There is also uncertainty about how long the waivers will stay in effect and which waivers, if any, will continue after the public health emergency.[8]

In early August 2020, the Centers for Medicare & Medicaid Services (CMS) issued updated guidance clarifying that accredited and recognized diabetes self-management training (DSMT) programs, eligible to bill Medicare Part B directly for DSMT services, may furnish and bill for DSMT services provided via telehealth during the COVID-19 Public Health Emergency. Adding DSMT programs to list of "professionals" eligible to provide telehealth services removes the final regulatory barriers preventing registered nurses (RNs) and pharmacists from furnishing DSMT services via telehealth.[36]

This is a huge win for diabetes care and education specialists and the Medicare beneficiaries with diabetes whom they serve. ADCES website provides additional reimbursement information and reviews Frequently Asked Questions. (See Section K: resources.)

For a list of web sites with for up-to-date information regarding rules and reimbursement for telehealth services, see Section K: resources.

Pre-COVID Reimbursement Telehealth (as of February 2020)

A. Medicare Part B - DSMT Telehealth Reimbursement

The Center for Medicare and Medicaid Services (CMS) sets federal guidelines for telehealth reimbursement for the delivery of DSMT services. Below is an overview Medicare's rules for reimbursement of DSMT services delivered via telehealth.

1. Telehealth services: use a real-time audiovisual telecommunication system as a substitute for an in-person encounter between a person (at "originating" site) with diabetes and a provider (at "distant" site) located at a different site.

2. "Originating" site must be in a rural health professional shortage area (HPSA) or in a county that is not included in a metropolitan statistical area (MSA).

3. Provider should verify that the patient has Medicare Part B insurance before furnishing the benefit and submit a claim. Provider can ask beneficiary to call 1-800-MEDICARE and verify.

4. Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training. Coding: HCPCS codes G0108 (Group) and G0109 (Individual) plus GT Modifier.

5. Individual and group medical nutrition therapy: HCPCS code G0270 and CPT codes

6. Approved sites for delivering DSMT via telehealth: Association of Diabetes Care and Education Specialist (ADCES) accredited DSMES programs; American Diabetes Association (ADA) recognized DSMES programs.

7. Approved health care workers for delivering DSMT via telehealth: registered dietitian (RD), nurse practitioner (NP), physician assistant (PA), clinical nurse worker.

8. Nurses and pharmacists who are certified diabetes care and education specialists (CDCES) are not on the list of approved providers for the delivery of DSMT via telehealth despite having the ability to bill for live, in-person delivery of DSMES services.[36]

9. If a Medicare beneficiary is using injectable (like insulin), CMS requires 1-hr in-person training during year after initial DSMT service.

10. The originating site can submit claims for reimbursement for a facility fee use to the room utilized for patients receiving DSMES services via telehealth.

11. Practitioners furnishing Medicare telehealth services submit claims for telehealth services to the Medicare Administrative Contractors (MAC) that process claims for their distant site is located.

12. If there is some confusion related to some of the reimbursement rules, practitioners should contact their MAC for interpretation.

13. The Department of Health and Human Services Centers for Medicare & Medicaid Services publishes a *Medicare Learning Network (MLN) Official Information Health Care Professionals Can Trust* document. The MLN document applies to the Medicare Fee-For-Service Program http://go.cms.gov/MLNGenInfo.

B. Indiana Health Coverage Program – Reimbursement for Telehealth

Indiana Medicaid covers telehealth services that are normally covered for in person and below is a summary of their reimbursement rules.

1. Telemedicine services are defined as the use of videoconferencing equipment to allow a medical provider (i.e., registered dietitian at DSMES program) to render an exam or other service (i.e., diabetes education) to a patient at a distant site.

2. In any telemedicine encounter, the following must be available:
   - Distant site: location of the provider rendering healthcare services (i.e. ADCES accredited or ADA recognized DSMES program).
   - Originating site: location where the patient is physically located when services are provided through telemedicine.
   - Attendant to connect the patient to the provider at the distant site.
   - Videoconferencing equipment, such as a computer or television monitor, at the distant and originating site.
   - Indiana Medicaid will reimburse Medicaid providers for telemedicine services regardless of distance between the provider and the patient: FQHC, RHC, and Critical Access Hospital

3. The Medicaid beneficiary must be given a choice between in person DSMT and DSMT via telehealth and this must be documented.

4. Billing and Reimbursement for Telemedicine Services:

- Providers must bill for DSMT services only on the CMS-1500 form or the electronic equivalent. The HCFA-1500 (CMS 1500) is a medical form used by individual doctors and practices, nurses, and professionals, including therapists, chiropractors, and out-patient clinics. It is not typically hospital-oriented
- Outpatient DSMES programs in Indiana cannot bill for DSMES services delivered to Medicaid beneficiaries on the UB-04. The UB-04 is the primary form utilized by Indiana hospitals for submitting requests for reimbursement for hospital outpatient services delivered to Indiana Medicaid clients
- When billing telemedicine services, providers are encouraged to use place of service (POS) code 02 – *The location where health services and health related services are provided or received, through a telecommunication system*. The POS code 02 describes services furnished via telemedicine.
- The following procedure code modifiers are used when billing telemedicine services:
  - Modifier GT – *Via interactive audio and video telecommunications system* must be used with the applicable procedure codes to denote telemedicine services.
  - Modifier 95 – *Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system* is used for informational purposes when billing telemedicine services.

5. Individual G0108 and Group G0109 plus GT modifier.

6. Facility fee using HCPCS code Q3014. Add GT modifier to indicate telemedicine.

7. Revenue code 780 is for telemedicine services.

8. Document that patient was given a choice between traditional encounter and telemedicine visit. Appropriate consents must be obtained and maintained at both sites.

9. With the exception of services billed by an FQHC or RHC, the payment for telemedicine services is equal to the current Indiana Health Coverage Programs (IHCP) Fee Schedule amount for the procedure codes billed (See Section K: Resources.)

10. Email notices of IHCP publications are available from the IHCP provider website

11. For questions or clarification regarding billing guidance for Traditional Medicaid (fee-for-service) members, contact the Office of Medicaid Policy and Planning (OMPP) Provider Relations team.

12. Questions about billing telemedicine services for managed care members should be directed to the managed care entity (MCE) with which the member is enrolled. MCE contact information is included in the IHCP Quick Reference Guide.

C. Private Payers

Indiana has a "parity" law that stipulates that if a service that is provided in person and is reimbursed by payers, that service must be reimbursed if provided via telehealth.

K. RESOURCES

1. HHS Telemedicine Hack, Project Echo, 9/23/20. https://echo.unm.edu/covid-19/sessions/telemedicine-hack
2. Upper Midwest Telehealth Resource Center (UMTRC). https://www.umtrc.org/resources/provider-resources/
3. American Medical Association. Telehealth Implementation Playbook. 2020. https://www.ama-assn.org/system/files/2020-04/ama-telehealth-playbook.pdf and https://www.ama-assn.org/practice-management/digital/adopting-telehealth-your-physician-practice-follow-playbook Assessed June 15, 2021.
4. Lessons for a small practice on using telehealth for COVID-19 care. Robeznieks, A. American Medical Association. https://www.ama-assn.org/delivering-care/public-health/lessons-small-practice-using-telehealth-covid-19-care . Published March 26, 2020. Accessed June 15, 2021.
5. Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic. Centers for Disease Control and Prevention. https://www.cdc.gov/coronavirus/2019-ncov/hcp/telehealth.html . Published 2019. Accessed September 24, 2020.

To Help Cover Telehealth Costs/Infrastructure:

6. Broadband: https://www.greensburgdailynews.com/news/local_news/gov-holcomb-announces-more-than-51-million-for-broadband-expansion/article_a0e6f236-eeb5-11ea-b5f6-a3558ff32d2f.html
7. FCC Lifeline Program for residents: For individuals on federal support, i.e., WIC, Social Security, etc. helps them get low cost cell phones or landline phones or internet access https://www.lifelinesupport.org/
8. FCC Rural Health Care (RHC) Healthcare Connect Fund (HCF): (for non-profit healthcare organizations) - https://www.usac.org/rural-health-care/healthcare-connect-fund-program/
9. Indiana Telehealth Network. They are a consortium that helps with filing RFPs and billing for the HCF:[44] https://www.indianaruralhealth.org/services/indiana-telehealth-network/

General Information

10. Rural Telehealth Toolkit. Rural Health Information Hub https://www.ruralhealthinfo.org/toolkits/telehealth, Assessed June 18, 2021.
11. SWOT Analysis.
12. California Telemedicine and eHealth Center Organization Readiness Guide. Link: https://www.caltrc.org/knowledge-center/ctrc-publications/program-guides/organizational-readiness-guide/

13. Center for Connected Health Policy. https://www.cchpca.org/telehealth-policy/national-policy Assessed June17, 2021.
14. What are the Technical Infrastructure Requirements of Telehealth? https://www.healthit.gov/faq/what-are-technical-infrastructure-requirements-telehealth Assessed June17, 2021.
15. Telehealth and DSMT: Answers to Commonly Asked Questions: Association of Diabetes Care Education Specialists. https://www.diabeteseducator.org/docs/default-source/practice/educator-tools/telehealth_qa.pdf?sfvrsn=2. Assessed June 18, 2021.
16. Association of Diabetes Care Education Specialists For more information and resources related to telehealth, diabeteseducator.org/telehealth
17. Telehealth - Creating a Business Proposal to Implement Telemedicine in 15 Key Steps. Upper Midwest Telehealth Resource Center. https://www.umtrc.org/resources/getting-started-guides/15-steps-for-creating-a-business-proposal-to-implement-telemedicine/?back=resources . Published 2018. Accessed June 15, 2021.
18. SWOT Analysis: What It Is and When to Use It. Business News Daily. Schooley S. https://www.businessnewsdaily.com/4245-swot-analysis.html . Published June 23, 2019. Accessed June 15, 2021.
19. California Telemedicine and eHealth Center. Assessing Organizational Readiness - Is Your Organization Ready For Telemedicine? January 2009.
20. ADA COVID-19 Webinar series. American Diabetes Association. https://professional.diabetes.org/content-page/covid-19 Assessed June 21, 2021.
21. Telehealth - Guidance and resources for extend your Reach. Association of Diabetes Care & Education Specialists. https://www.diabeteseducator.org/practice/practice-tools/educator-guidance/telehealth Assessed June 16, 2021

Reimbursement:

22. CMS Removes Restrictions Around RNs and Pharmacists Furnishing DSMT via Telehealth, (pg. 88-89) https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf Assessed June 17, 2021.
23. Centers for Medicare and Medicaid - provides guidance and information about CMS response to COVID-19 https://www.cms.gov/
24. Indiana Reimbursement Summary with COVID references, Upper Midwest Telehealth Resource Center (UMTRC). (note parity law for IN commercial insurance laws) https://www.umtrc.org/resources/reimbursement/umtrc-indiana-telehealth-reimbursement-summary/?back=resources
25. News, Bulletins, and Banner, Indiana Office of Medicaid Policy and Planning - https://www.in.gov/medicaid/providers/737.htm
26. Center for Connected Health Policy (CCHP) https://www.cchpca.org/

27. Association of Diabetes Care & Education Specialist https://www.diabeteseducator.org/docs/default-source/practice/educator-tools/telehealth_qa.pdf?sfvrsn=2
28. American Diabetes Association https://professional.diabetes.org/content-page/covid-19
29. COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf

CMS Guidance:

30. List of CMS Blanket Waivers UPDATED (8/20/20) https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf
31. HHS telehealth guidance & information, https://www.telehealth.hhs.gov/
32. MLN Medicare Coverage and Payment of Virtual Services UPDATED (video)(5/8/20), https://www.telehealth.hhs.gov/
33. General Telemedicine Toolkit (PDF) (3/20/20), https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf
34. Medicare Telehealth Frequently Asked Questions (PDF) (now included in all-inclusive FAQs) (9/11/20), https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf
35. Fact sheet: Medicare Telemedicine Healthcare Provider Fact Sheet (3/17/20), https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
36. Long-Term Care Nursing Homes Telehealth and Telemedicine Toolkit (PDF) (3/27/20), https://www.cms.gov/files/document/covid-19-nursing-home-telehealth-toolkit.pdf
37. End-Stage Renal Disease (ESRD) Provider Telehealth and Telemedicine Toolkit (PDF) (3/20/20), https://www.cms.gov/files/document/esrd-provider-telehealth-telemedicine-toolkit.pdf
38. State Medicaid & CHIP Telehealth Toolkit (4/23/20), https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkit.pdf
39. Medicaid Telehealth Guidance (3/17/20), https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-telehealth-services.pdf
40. CMS Coronavirus Partner Virtual Toolkit (3/17/20), https://www.cms.gov/outreach-education/partner-resources/coronavirus-covid-19-partner-toolkit
41. FAQs on Availability and Usage of Telehealth Services through Private Health Insurance Coverage in Response to Coronavirus Disease 2019 (COVID-19) (PDF) (3/26/20), https://www.cms.gov/files/document/faqs-telehealth-covid-19.pdf

42. CMS 2021 Proposed Physician Fee Schedule: https://www.cchpca.org/sites/default/files/2020-08/Proposed%20CY%202021%20Physician%20Fee%20Schedule%20PDF.pdf

Indiana Medicaid:

43. Telemedicine Services for FQHCs and RHCs, https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center
44. IHCP Fee Schedules, https://www.cms.gov/outreach-education/partner-resources/coronavirus-covid-19-partner-toolkit
45. IHCP provider website www.in.gov/Medicaid/providers
46. Office of Medicaid Policy and Planning (OMPP) Provider Relations team: OMPPproviderrelations@fssa.in.gov
47. IHCP Quick Reference Guide https://www.in.gov/medicaid/providers/733.htm

L. TELEHEALTH SUPPORT TEAM

Indiana Department of Health

Brenda Jagatic, BScN, RN, CDCES
Marjorie DeBruyne MS, RD, CDCES

Judith Williams
Diabetes Education Coordinator
Work Phone: 317-234-2100
Juwilliams1@isdh.in.gov

Kathryn Ortiz MPH, CHES
Diabetes Program Director
Work phone: 317-233-8588
kortiz@isdh.in.gov

Laura Heinrich, RDN, LD
Section Director
Work Phone: 317-233-7449
ltheinri@isdh.in.gov

Indiana Rural Health Association

Becky Sanders
Senior Director – Indiana Rural Health Association
Program Director – Upper Midwest Telehealth Resource Center
Work phone: 812-478-3919, ext 232
bsanders@indianarha.org

M. GLOSSARY

2017 National Standards for DSMES Updated every five years ensure that the DSMES services align with current evidence-based practices and utilization trends (2)

AADE American Association of Diabetes Educators-previous name of ADCES

ADCES Association of Diabetes Care and Education Specialists

CDCES Certified Diabetes Care and Education Specialist

CCHP Center for Connected Health Policy

CMS Centers for Medicare and Medicaid Services

Delivery Modes: Store-forward, real-time, remote monitoring, ECHO, hybrid

DSMES Diabetes Self-Management Education and Support

DSMT Diabetes Self-Management Training (CMS term for DSMES)

HRSA Health Resources and Services Administration

NCTRC National Consortium of Telehealth Resource Centers

NTPRC National Telehealth Policy Resource Center

NTTARC National Telehealth Technology Assessment Resource Center telehealthtechnology.com

OATH Office for the Advancement of Telehealth

PWD People with Diabetes

Readiness Assessments: validated tools to assess existing infrastructure and attitudes about telemedicine (i.e. SWOT analysis)[1]

SWOT analysis: ".. is compilation of your company's strengths, weaknesses, opportunities and threats. The primary objective of a SWOT analysis is to help organizations develop a full awareness of all the factors involved in making business decision" Source: SWOT Analysis: What It Is and When to Use It. Business News Daily. June 23, 2019.

TRC Telehealth Resource Center

UMTRC Upper Midwest Telehealth Resource Center, one of twelve regional TRCs, provides technical assistance to Indiana, Illinois, Michigan and Ohio.

N. REFERENCES

1. Health Equity Bill of Rights, American Diabetes Association, https://www.diabetes.org/sites/default/files/2020-08/Health%20Equity%20Bill_2nd_v2.pdf . Assessed June 15, 2021
2. Heath, S. Are There Health Disparities in COVID-19 Telehealth Access, Use? Patient Engagement HIT. https://patientengagementhit.com/news/are-there-health-disparities-in-covid-19-telehealth-access-use . Published September 03, 2020, Assessed June 15, 2021.
3. National Diabetes Statistics Report, 2020. Centers for Disease Control and Prevention. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Dept of Health and Human Services; 2020, https://www.cdc.gov/diabetes/data/statistics-report/index.html Assessed June 15, 2021.
4. Stokes EK, Zambrano LD, Anderson KN, et al. Coronavirus Disease 2019 Case Surveillance — United States, January 22-May 30, 2020. Morbidity Mortality Weekly Report (MMWR) June 19, 2020; 69(24); 759-765. https://www.cdc.gov/mmwr/volumes/69/wr/mm6924e2.htm?s_cid=mm6924e2_w . Assessed June 15, 2021.
5. Prasad AJ. Telehealth services as a Patient Satisfaction Tool. *Forbes*. June 2020. https://www.forbes.com/sites/forbesagencycouncil/2020/06/05/telehealth-services-as-a-patient-satisfaction-tool/?sh=355cb239262f Assessed June 16, 2021.
6. Sherr D, Lipman RD. The Diabetes Educator and the Diabetes Self-management Education Engagement. *The Diabetes Educator*. 2015;41(5):616-624. doi:10.1177/0145721715599268
7. Beck J, et al. 2017 National Standards for Diabetes Self-Management Education and Support (DSMES): Revised and Updated. *The Diabetes Educator*. 2017;43(5):449-464.
8. An Effective Model of Diabetes Care and Education: Revising the AADE7 Self-Care Behaviors®. The Diabetes Educator. 2020;46(2):139-160. doi:10.1177/0145721719894903
9. Burke S, Sherr D, Lipman R. Partnering with diabetes educators to improve patient outcomes. *Diabetes, Metabolic Syndrome and Obesity: Targets and Therapy*. 2014; 7:45-53. doi:10.2147/dmso.s40036
10. Kelley AT, Nocon RS, O'Brien MJ. Diabetes Management in Community Health Centers: A Review of Policies and Programs. *Current Diabetes Reports*. 2020;20(2):8. doi:10.1007/s11892-020-1289-0
11. Chrvala CA, Sherr D, Lipman RD. Diabetes self-management education for adults with type 2 diabetes mellitus: A systematic review of the effect on glycemic control. *Patient Education and Counseling*. 2016;99(6):926-943. doi:10.1016/j.pec.2015.11.003
12. American Hospital Association. Issue Brief: Telehealth: Helping Hospitals Deliver Cost-Effective Care: AHA. American Hospital Association. https://www.aha.org/2016-04-25-issue-brief-telehealth-helping-hospitals-deliver-cost-effective-care Assessed June 2021.

13. Berg, S. Strengthening long distance care for chronic disease patients. American Medical Association. May 6, 2020. https://www.ama-assn.org/delivering-care/public-health/strengthening-long-distance-care-chronic-disease-patients Assessed June 21,2021.
14. Lagasse J. With telehealth here to stay, healthcare looks to sustain it through patient engagement. Healthcare Finance News. https://www.healthcarefinancenews.com/news/telehealth-here-stay-healthcare-looks-sustain-it-through-patient-engagement . Published September 10, 2020. Accessed June 15, 2021.
15. Jercich, Kat. Hospitals should prepare now for future telehealth demands. Healthcare IT News. https://www.healthcareitnews.com/news/hospitals-should-prepare-now-future-telehealth-demands . Published May 19, 2020. Accessed June 15, 2021.
16. Telehealth Growth During COVID-19. America's Health Insurance Plans. https://www.ahip.org/telehealth-growth-during-covid-19/ . Published July 7, 2020. Accessed June 15, 2021.
17. Joffe, D.L. Using Telemedicine in Diabetes Care to Improve Patient Outcomes. Diabetes In Control. A free weekly diabetes newsletter for Medical Professionals. http://www.diabetesincontrol.com/using-telemedicine-to-improve-care-for-patients-with-diabetes/ . Published February 3, 2020. Accessed June 15, 2021.
18. Hayes H. Telehealth Reducing Readmissions in Hospitals: Does It Work? https://blog.evisit.com/virtual-care-blog/does-telehealth-really-affect-hospital-readmissions . Published April 6, 2016. Accessed June 15, 2021.
19. Stanzler, L. Telemedicine for population health: The future of telehealth. Amwell. https://business.amwell.com/telemedicine-for-population-health-the-future-of-telehealth/ . Published January 19, 2017. Accessed June 15, 2021.
20. Telehealth Interventions to Improve Chronic Disease. Centers for Disease Control and Prevention. https://www.cdc.gov/dhdsp/pubs/telehealth.htm Published May 11, 2020. Accessed June 15, 2021.
21. Patient Engagement HIT. Telehealth Patient Satisfaction High, Paves Path for Future Access. Patient Engagement HIT. https://patientengagementhit.com/news/telehealth-patient-satisfaction-high-paves-path-for-future-access Published June 30, 2020. Accessed June 15, 2021.
22. Barriers to Telehealth in Rural Areas – Rural Health Information Hub Toolkit. https://www.ruralhealthinfo.org/toolkits/telehealth/1/barriers. Accessed September 24, 2020. https://www.ruralhealthinfo.org/toolkits/telehealth/1/barriers
23. Ruiz de Adana MS, Alhambra-Expósito MR, Muñoz-Garach A, et al. Randomized Study to Evaluate the Impact of Telemedicine Care in Patients with Type 1 Diabetes With Multiple Doses of Insulin and Suboptimal HbA1c in Andalusia (Spain): PLATEDIAN Study. *Diabetes Care*. 2019;43(2):337-342. doi:10.2337/dc19-0739
24. Using TM to Improve Care for Patients With Diabetes. Feb 4, 2020. George McConnell. Diabetes In Control.

25. Nieman CL, Oh ES. Connecting with Older Adults via Telemedicine. NNUAL OF internal Medicine. 173(10): 831-832. November 17, 2020. https://doi.org/10.7326/M20-1322. Assessed June 16, 2021.
26. Shinkman R. Calls mount for CMS to extend telehealth waivers. Healthcare Dive. https://www.healthcaredive.com/news/calls-mount-for-cms-to-extend-telehealth-waivers/579264/ Published June 5, 2020. Accessed June 15, 2021
27. Thompson D. Improving Staff Training And Patient Education With Telehealth Data. Health IT Outcomes. https://www.healthitoutcomes.com/doc/improving-staff-training-and-patient-education-with-telehealth-data-0001 . Published October 13, 2016. Accessed June 15, 2021.
28. Pearson TL, Bardsley J, Weiner S, Kolb L. Population Health: The Diabetes Educator's Evolving Role. *The Diabetes Educator*. 2019;45(4):333-348. doi:10.1177/0145721719857728
29. Telehealth - Creating a Business Proposal to Implement Telemedicine in 15 Key Steps. Upper Midwest Telehealth Resource Center. https://www.umtrc.org/resources/getting-started-guides/15-steps-for-creating-a-business-proposal-to-implement-telemedicine/?back=resources . Published 2018. Accessed June 15, 2021.
30. Clark CM, Snyder JW, Meek RL, Stutz LM, Parkin CG. A Systematic Approach to Risk Stratification and Intervention Within a Managed Care Environment Improves Diabetes Outcomes and Patient Satisfaction. *Diabetes Care*. 2001;24(6):1079-1086. doi:10.2337/diacare.24.6.1079 https://care.diabetesjournals.org/content/24/6/1079
31. Krupinski, EA. Telemedicine Workplace Environments: Designing for Success. Healthcare (Basel, Switzerland). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4934497. Published February 24, 2014. Accessed September 24, 2020.
32. Heath S. Communication Tips for a Good Telehealth Patient Experience. Patient Engagement HIT. https://patientengagementhit.com/news/communication-tips-for-a-good-telehealth-patient-experience. Published April 13, 2020. Accessed September 24, 2020. https://patientengagementhit.com/news/communication-tips-for-a-good-telehealth-patient-experience (Cut and paste link into web browser.)
33. Evaluation Strategies and Considerations for Telehealth Programs – Rural Health Information Hub Toolkit. https://www.ruralhealthinfo.org/toolkits/telehealth/5/strategies-and-considerations . Published September 8, 2020. Accessed June 15, 2021.
34. CCHP. Telehealth Policy/National Policy. Center for Connected Health Policy. https://www.telehealthpolicy.us/telehealth-policy/national-policy. Accessed September 24, 2020. https://www.cchpca.org/telehealth-policy/national-policy
35. What are the technical infrastructure requirements of telehealth? Health IT website. https://www.healthit.gov/faq/what-are-technical-infrastructure-requirements-telehealth Assessed June 15, 2021

36. *CMS Removes Restrictions Around RNs and Pharmacists Furnishing DSMT via Telehealth*, (pg 74), assessed June 15, 2021, https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf

O. APPENDIX

KEY ACTIVITIES FOR SUCCESS OF DSMES TELEHEALTH PROGRAMS SPELL: T.E.L.E.H.E.A.L.T.H. P.R.O.G.R.A.M.S.

Telehealth is quickly emerging as a promising new technology that is being widely accepted by both patients and providers. Although these individual activities are not in any particular order for implementation, they will provide you with all the key requirements to get started; achieve success; and deliver effective and efficient DSMES telehealth services in your practice setting. (Author: Mary Ann Hodorowicz, 3-24-20. Used with Permission.)

T	**Tap** into external resources for telehealth information and needed expertise, such as: • Telehealth/telemedicine parity laws require private payers in a state to reimburse for telehealth services the same way they would for an in-person service)1 • Telehealth Resource Guide https://www.astho.org/Health-Systems-Transformation/Medicaid-and-Public-Health-Partnerships/Telehealth-Resource-Guide/

E	**Engage** first with executive management[2] to:
	• Obtain its approval of program (will typically require you to submit a written document that "builds the business case" for a DSMES telehealth program)
	• Acquire commitment to furnish necessary resources to the program
	• Establish:
	  ○ A long-term vision for the program
	  ○ Quality measures and goals for the program (i.e., clinical, patient and provider satisfaction, financial, etc.)
	• Help mainstream the program into the standard care process

L	**Learn** the Medicare reimbursement rules (coverage guidelines) for DSMES/DSMT, and the additional telehealth rules for the original and distant sites. The web/online links below provide a summary of the detailed coverage guidelines: • https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R4173CP.pdf • https://www.nova.edu/health-compliance/forms/medicare-claims-processing-manual-chapter-12.pdf • https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2016-Transmittals-Items/R3586CP
E	**Evaluate** (assess) the DSMES telehealth needs of: • Community People with diabetes (PWD) • Employer groups • Current PWD in your health care organization • Providers (internal and external) • Health care insurers in your area
H	**Have** a DSMES telehealth coordinator and an effective leader and champion
E	**Evaluate** and report all outcomes: patient, provider and program

A	**Assure** HIPAA compliance to the telehealth technology
L	**Let** executive management know (via hard data) how your telehealth program helps to meet Health insurers' value-based payment metrics; meeting the metrics is required to receive insurers' extra/incentive reimbursement. • Telehealth services are an effective way to drive down care delivery costs, making them valuable tools to use in value-based reimbursement models that reward providers for lower utilization costs and improve quality.
T	**Team** up with your finance, accounting and revenue cycle departments to: • Analyze program costs, estimated revenues and return on investment, and financial risks • Establish the program's operating budget • Create a sustainable business model for the program **Team** up your legal department to survey: • The regulatory environment: your location/state requirements for licensure, credentialing, privileging, malpractice, security, and privacy
H	**Harness** your telehealth program to improve and enhance your health care organization's population health strategies: • Telehealth technology is a significant enabler for population health initiatives • Population health and telehealth programs complement one another across the entire continuum of care
P	**Pursue** reimbursement for your telehealth program from all health care insurers under contract with your health care organization.
R	**Recruit**: • *DSMES Telehealth Program Design Team* to plan and implement the program, and to evaluate and revise policies and procedures in your business plan as needed ○ Consider using project management strategies for the team's activities ▪ Besides delivering on time and in budget, and scope, project management means much more. It unites teams, creates a vision for success and gets everyone on the same page of what's needed to stay on track for success. When projects are managed properly, there's a positive impact that reverberates beyond delivery of 'the stuff'. ▪ The 10 key benefits of using project management techniques with the team are: 1. Manages integration (assures strategic alliance) with the organization's goals, processes, mission and vision 2. Defines a plan and organizes chaos a. Projects are naturally chaotic. The primary business function of project management is organizing and planning projects to tame this chaos. A clear path mapped out from start to finish, along with action steps for each

	team member at each meeting (with deadline completion dates) ensures that the outcome meets the goals of your project 3. Establishes a finite schedule for team meetings and the protocol for the meetings 4. Enforces and encourages teamwork 5. Assures clear and timely communication across the different organizations and departments involved in the project on all relevant matters 6. Maximizes resources 7. Controls costs 8. Manages change…which itself is a complex and daunting task 9. Manages quality 10. Ensures knowledge is captured and optimized • *DSMES Telehealth Program Stakeholder Advisory Committee* for periodic review of the program metrics and input
O	**Outline** a plan for adherence to the 10 National Standards of DSMES[3] in your telehealth program
G	**Garner** the telehealth technology…and test, test, test before implementing with patients
R	**Require** "practice runs" (small pilots) before telehealth program is launched in full to identify problem areas and have the opportunity to fix
A	**Acquire** a data management plan for your telehealth program[4]. The data management plan may include specialized software
M	**Market,** market…and market some more to: • Community people • Community partners (e.g., local department of health, area agency on aging, etc.) • Providers (internal and external) • Internal organization employees • Local employer groups • Business coalitions (such as the local chamber of commerce) • Network peers (e.g., Association of Diabetes Care and Education Specialists)
S	**Sculpt** for your DSMES telehealth program a business plan[5] comprised of these 6 components: • Key Preliminary Activities Plan • Operations Plan • Marketing Plan • Financial Plan • Clinical/Teaching Plan • Continuous Quality Improvement Plan

Notes:

1. Parity laws at the federal and state level are designed to require commercial health insurance plans to treat their subscribers and certain health conditions fairly. Thus, a parity law in a state requires the plans to cover certain health benefits. Parity laws do not apply to all plans in the same way, and not all types of health insurance are covered by the Federal Parity Law or a state parity law.

2. Executive management refers to a team of personnel who are responsible for the day-to-day management of the company. The team members are the president and chief executive officer (CEO) and other executives such as the vice president of accounting and the vice president of operations. Their responsibilities include the overall conduct of the business and all operational matters, organizational structure of the business as well as allocation of resources, determination and implementation of strategies and policies, goal setting and ensuring timely reporting and provision of information to the board of directors. Source: https://www.quora.com/What-is-executive-management .

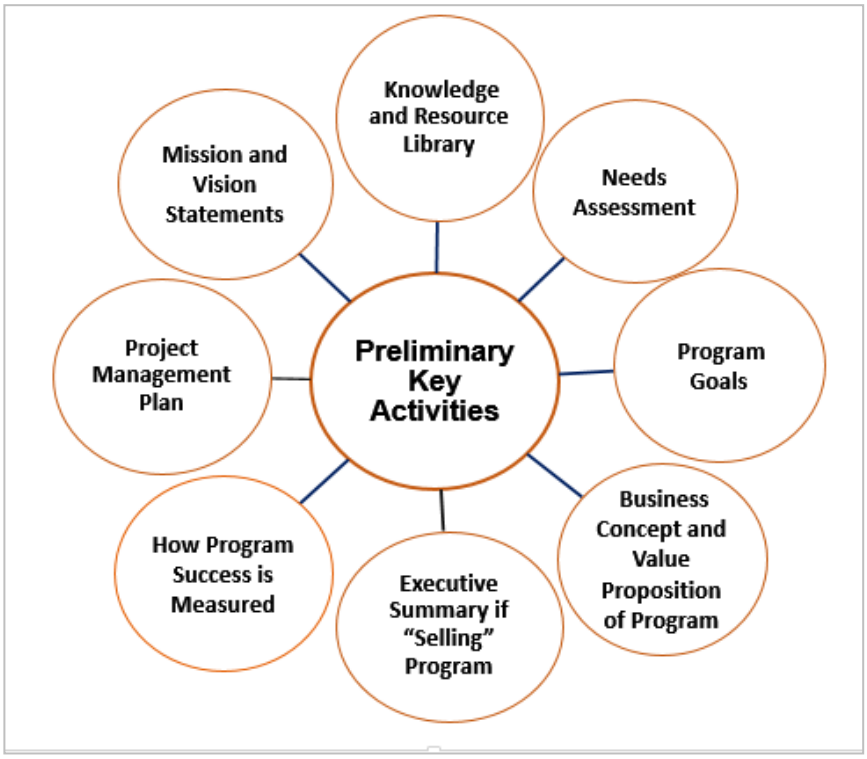
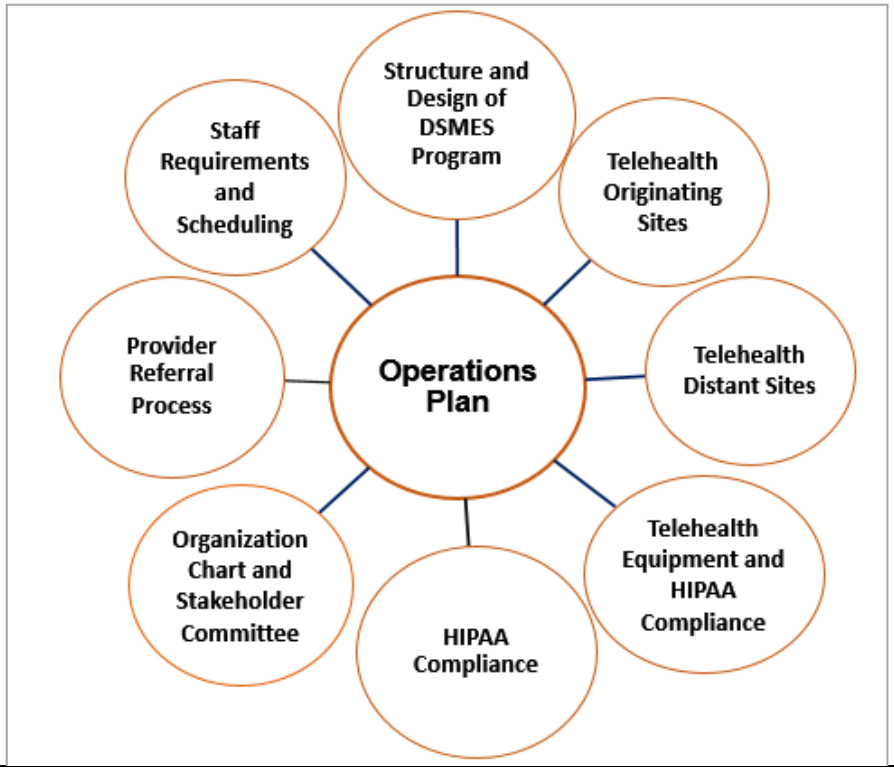
3. The National Standards of DSMES (2017, current edition as of 2020) are ten evidence-based guidelines for operating a DSMES program. They are updated every five years by an independent team of diabetes healthcare professionals. In order to bill Medicare for in-person or telehealth DSMES, a program must be accredited by the Association of Diabetes Care and Education Specialists or recognized by the American Diabetes Association. It is important to first check with all commercial/private healthcare plans that will be billed to determine if they cover DSMES as a payable benefit, and if so, if the plans require this quality designation.

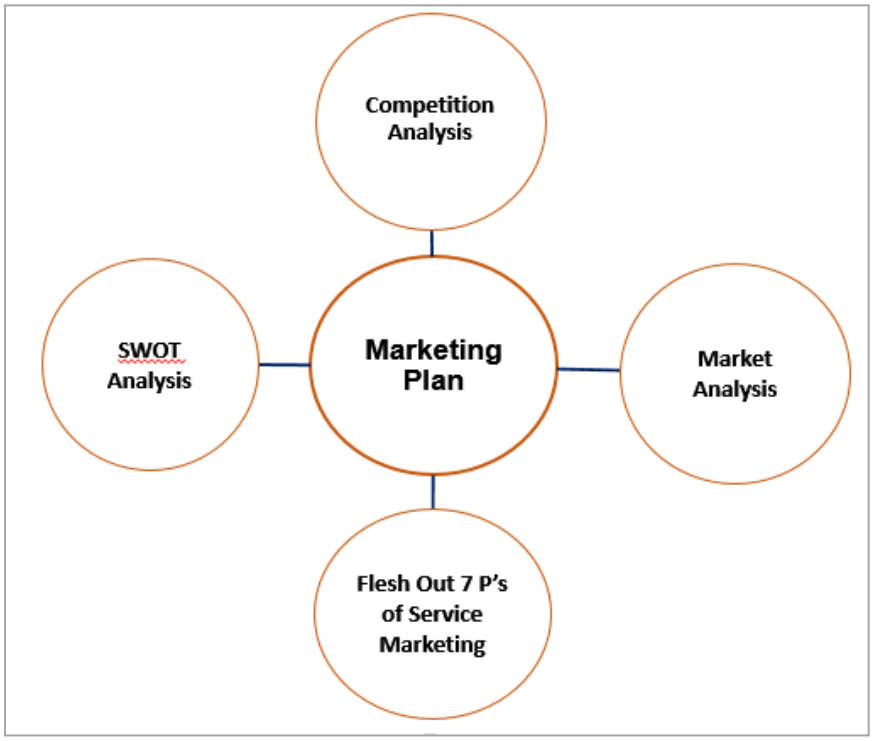
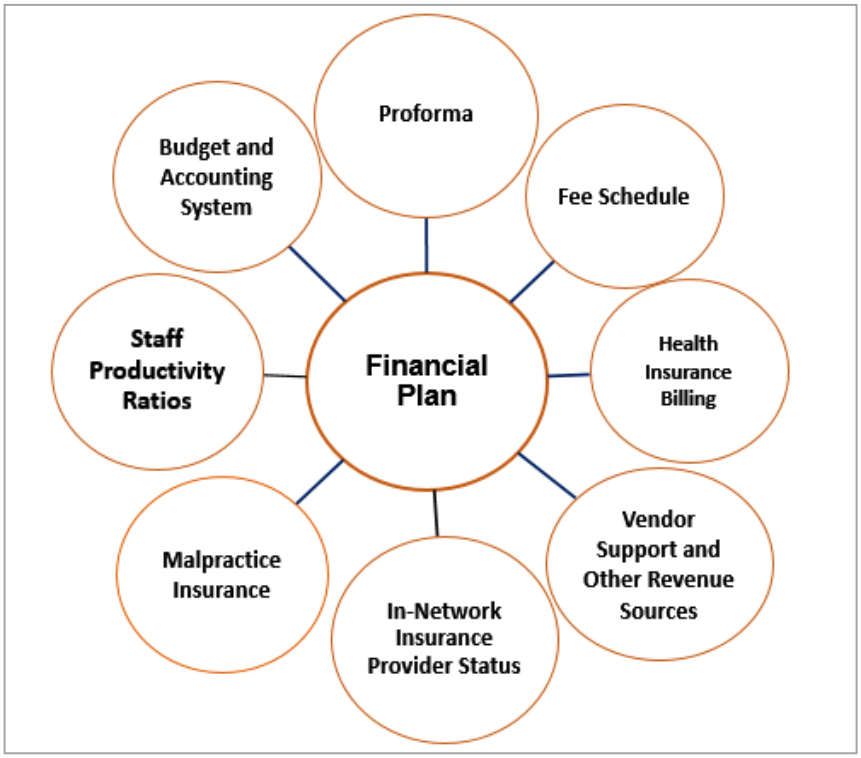
4. A data management plan consists of the use of a computer or online software program that allows DSMES program staff to document a variety of tasks and data. More comprehensive DSMES software will allow staff to:

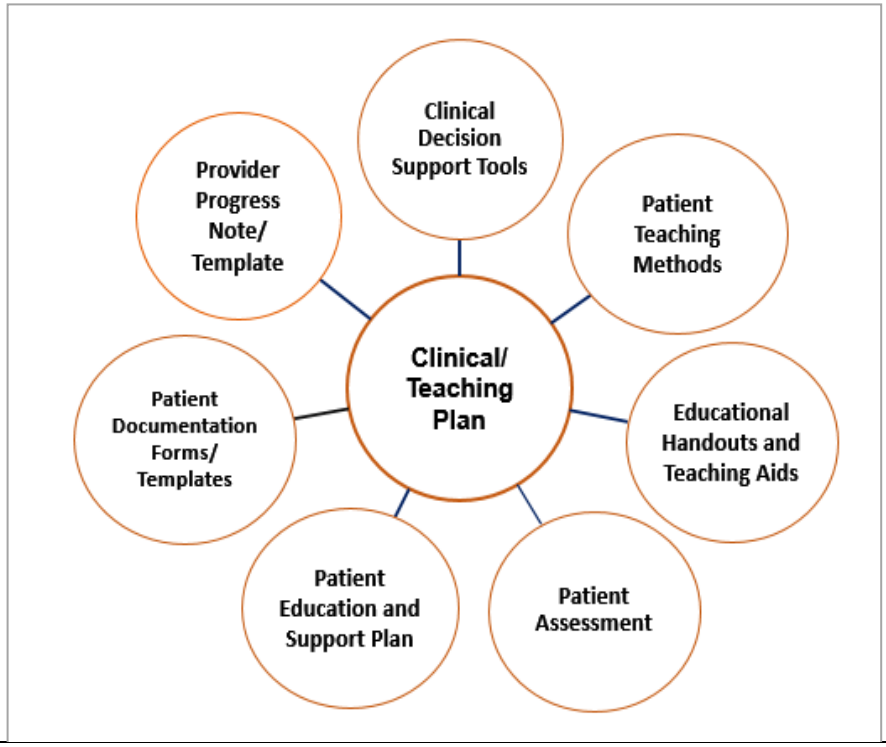
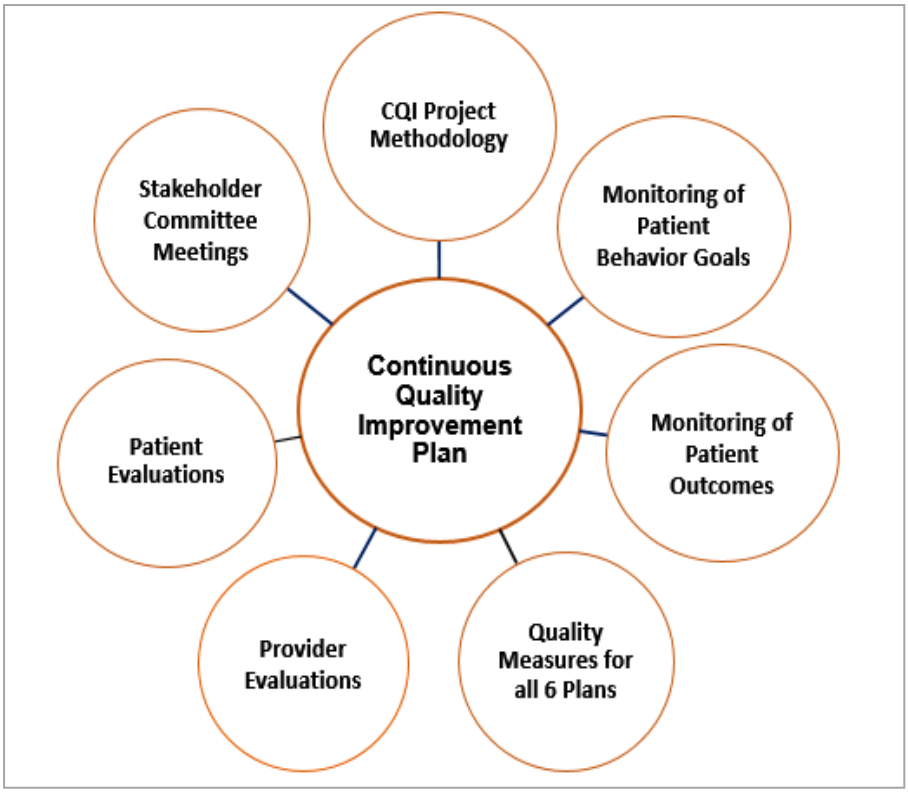
   a. Collect and track DSMES patients' behavior change goals, clinical indicators and medications
   b. Administer online patient self-assessments and follow-ups
   c. Track information about the educational services you provide
   d. Generate reports on individual patient progress and your facility's progress
   e. Manage classes and group education sessions
   f. Create auto-populated, time-saving letters for referring physicians and patients
   g. Gather data about your facility that is needed for your program accreditation
   i. Software examples include: Microsoft Excel™ spreadsheet software (general software, but customizable; not designed specifically for DSMES applications); *AADE7 System* (DSMES program online, web-based data tracking program); and American Diabetes Association *Chronicle Diabetes*, a web-based stand-alone data tracking platform.

5. Below is a brief overview of what each of these six plans that make up the DSMES Business Plan typically include:

DSMES Business Plan

Key Preliminary Activities Plan	
Operations Plan	

Marketing Plan	
Financial Plan	

Clinical/Teaching Plan	
Continuous Quality Improvement Plan	

Author: Mary Ann Hodorowicz, 3-24-20. Used with Permission.

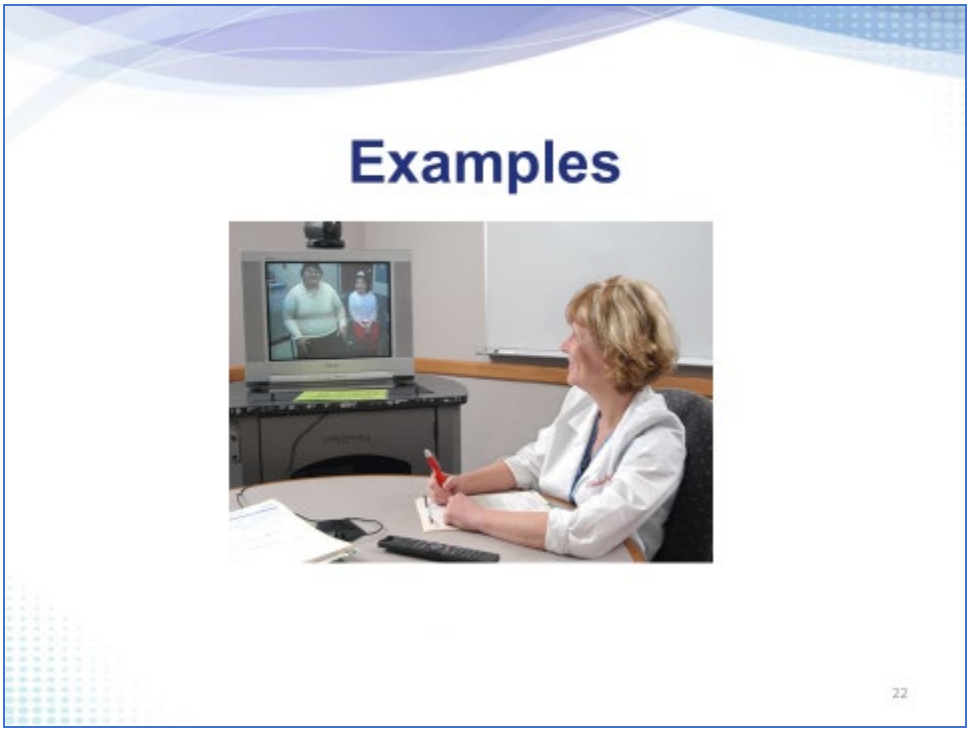
TELEHEALTH ROOM SETUP

Telehealth Room Design

- Location/Size
- Placement of equipment & furniture
- Electrical & telecommunications connections
- Lighting, acoustics, wall color

Room Location

- In a quiet location
  - Minimize noisy, busy corridors
  - Parking lots
  - Waiting rooms
  - Restrooms
- Microphones are sensitive
- Windows can generate glare



Video Etiquette

- Consider using a headset with a microphone as it can:
- Improve the audio experience for your patient; and
- Give your patient an increased sense of privacy.
- A good quality headset is worth the investment.
- Have a code word your patient can use to inform the diabetes educator right away of any technical difficulties.
- Have a strategy of how your patient can notify clinic staff of any technical difficulties.

Optimal Lighting

- Diffused soft light source
- No shadows,
- Depicts colors naturally.
- Place a light in front of a patient to reduce shadows.
- Avoid backlight from windows or overhead lights

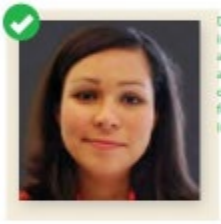
Camera Positioning & Placement

Both participants should be looking directly at each other, simulating an in-person discussion

Even though the patient is looking directly at the consultant, it does not appear that way because the camera is mounted too high. Mounting the camera too high makes it difficult for the consultant and patient to maintain eye contact.

When the camera is mounted at approximately the same height as the patient it produces a more precise view of the patient, allowing the patient and consultant to make eye contact.

Impact of Backlighting



Diffused light placed in front of the patient allows for a more accurate depiction of the colors and features in the image.

Backlighting from windows and other concentrated light sources can create dark images and shadows.

Acoustics

- High ceilings and hard surface floors can create echoes.
- External noises from facility HVAC and/or from traffic outside.
- Dampen sound with carpet, drapes, acoustic tiles on the ceiling and/or sound dampening paint.

Food models are at both sites to enhance learning.