

Sustainable Integration of Pharmacists in an Interprofessional Diabetes Clinic

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Learning Objectives

- Describe the needs and areas of opportunity in a diabetes clinic.
- Discuss various pharmacist services in a diabetes clinic.
- Outline the billing and reimbursement for various types of pharmacist services in a diabetes clinic.



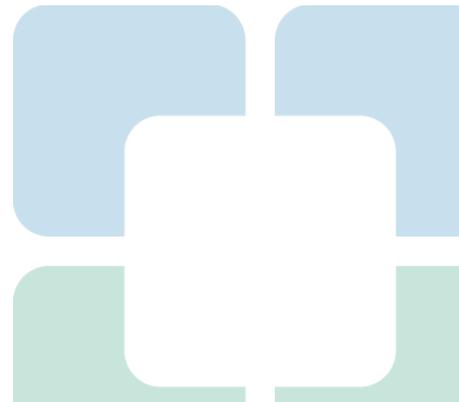
Diabetes Clinic Needs

Team
Support

Revenue

Health
Outcomes

Where does the pharmacist fit into this mix?



Diabetes Education Outcomes

- Decrease A1C by 1%
- Improves quality of life and diabetes-distress
- Reduces diabetes complications
- Enhances self-efficacy and empowerment
- Reduces hospital admissions



Question 1

What percentage of people with diabetes and Medicare receive diabetes education?

- A. 5%
- B. 20%
- C. 50%
- D. 80%



Diabetes Education Billing

- Diabetes Self-Managed Education and Support (DSMES)
 - Can be billed by pharmacist (and others)
- Must be an accredited program by the ADA or ADCES
- In person or virtual appts
- However: Low DSMES utilization
 - Less than 5% of Medicare beneficiaries with diabetes and 6.8% of privately insured PWD have used DSMES services

PWD: person with diabetes

DSMES toolkit. Available at: <https://www.cdc.gov/diabetes/dsmes-toolkit/background/benefits.html>



Pharmacist In Person Visits

- Collaborative practice for medication adjustments, ordering labs, referrals
 - Reimbursement codes depending on hospital based vs. non-hospital billing (99211-99215)
 - Can't bill same day as other office visit
 - Focus on high-risk patients (ex. transitions of care, new technology, steroid taper)
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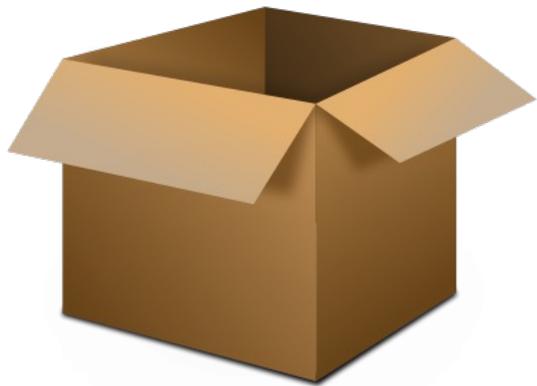
Outside the Box Pharmacist Services

Continuous Glucose Monitoring (CGM)
Program

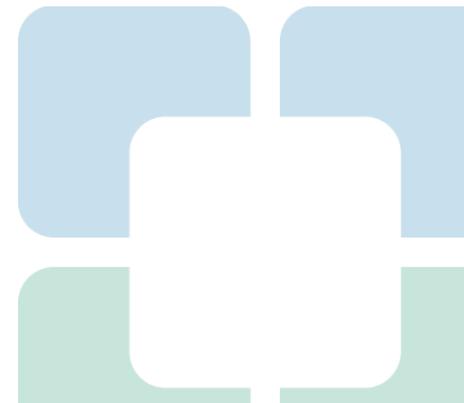
Insulin Pump/Technology Support

Remote Monitoring

Specialty Populations: Transplant,
Pregnancy

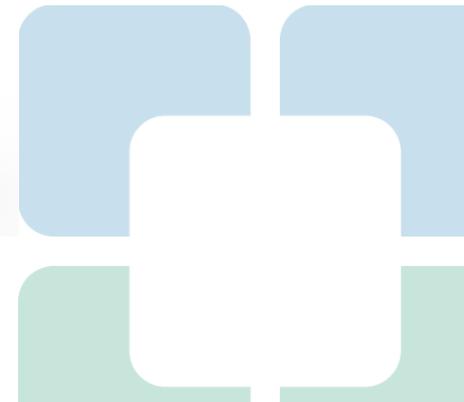
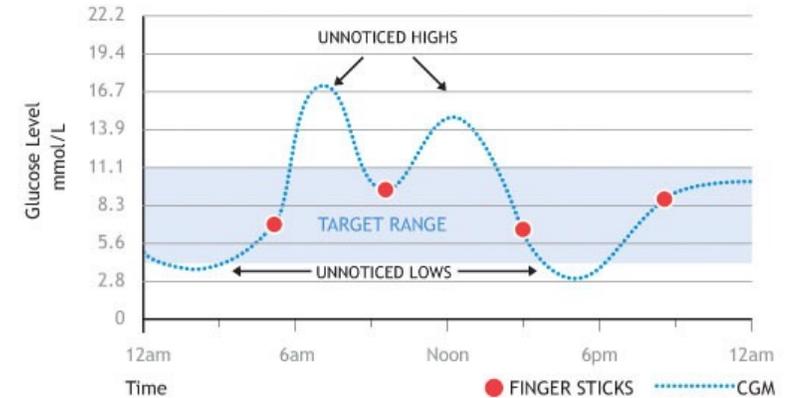


Introducing the CGM Shared Medical Appointment Experience



Continuous Glucose Monitoring

- Measures glucose in the interstitial fluid every 5 minutes (288 readings/day)
- Insights into how glucose responds to:
 - Food
 - Medications
 - Physical activity
 - Stress
- Interpret the trends to make medication adjustments and recommend lifestyle changes



Types of CGM

Professional

Owned by the clinic

Blinded and unblinded (real-time feedback) options

Short term use (3-14 days)

Alarms for hypo/hyperglycemia in select devices

Insurance coverage for most people with diabetes

Not compatible with insulin pumps/connected pens

Personal

Owned by the person with diabetes

Real-time feedback or scan for feedback (flash device)

Long term use

Alarms for hypo/hyperglycemia

Insurance coverage more limited

Compatible with insulin pumps/connected pens

Professional CGM Billing

CPT Code	Services	Who Can Perform Services	Reimbursement
95250	Ambulatory CGM >72 hours; equipment provided, sensor placement, hookup, calibration of monitor, patient training, removal of sensor, and printout of recording	RN/LPN, PharmD/RPh, RD, CDE, MA, Physician, NP, PA: billed by the supervising physician, advanced practitioner or hospital outpatient department	Medicare: \$157.37/patient Private: \$309/patient
95251	Ambulatory CGM >72 hours; analysis, interpretation and report	Physician, NP, PA Pharmacists can do this in many states with a collaborative practice agreement	Medicare: \$35.59/patient Private: \$97/patient

Cost & Revenue

- Cost of Supplies

- CGM reader: \$65
 - Multiple patient use
- Sensors: ~\$60 each

- Revenue

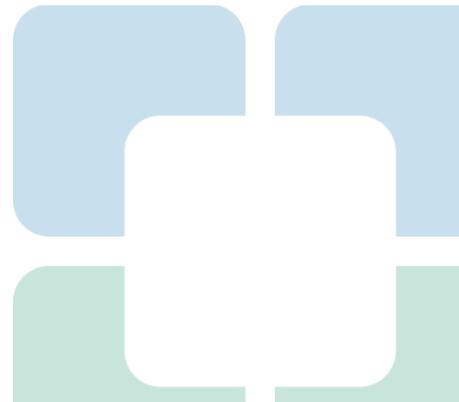
- Medicare: \$195
- Private: \$406
- Profit:
 - Subtract \$60 sensor
 - \$135-\$346/patient
 - \$675-\$1730 for 5 patients
 - Up to \$8650 for 25 patients

Why aren't we doing more Professional CGM?

True or False

Pharmacists can directly bill for CGM interpretation?

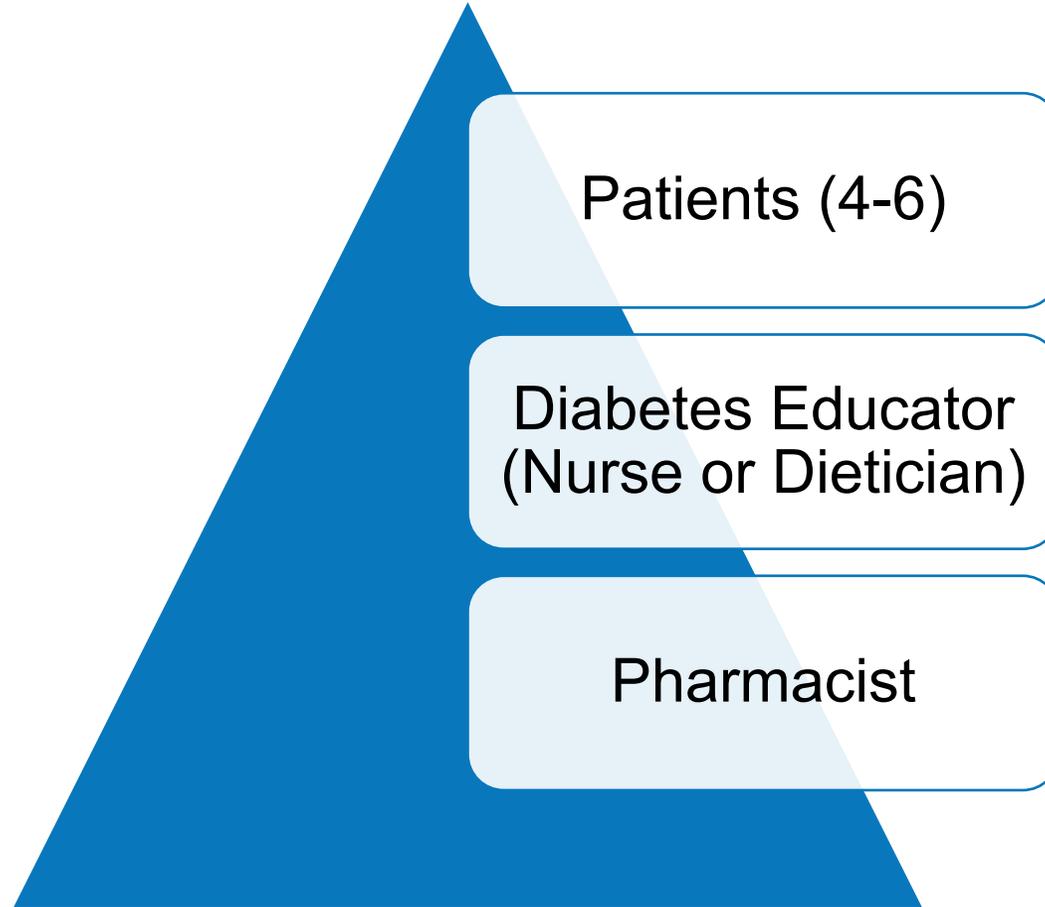
False



Introducing: CGM Shared Medical Appointments (SMA)

2 Part Class
**Location: Cleveland
Clinic Diabetes Center**

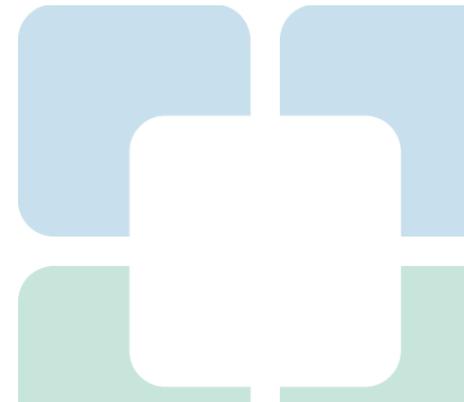
**Professional CGM
worn for 7 days**



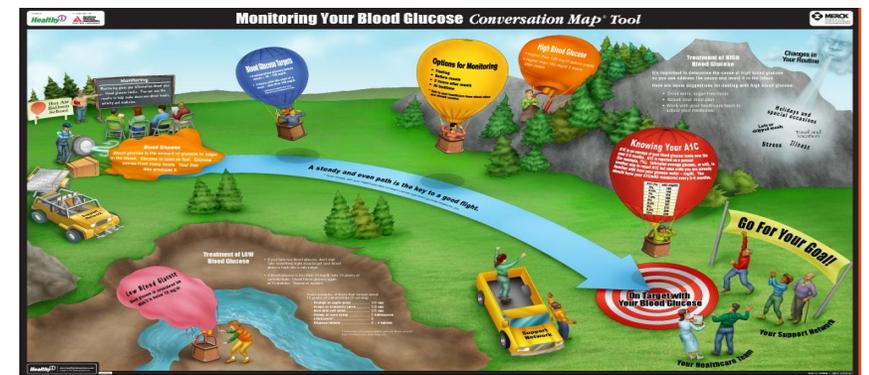
Patients (4-6)

Diabetes Educator
(Nurse or Dietician)

Pharmacist



CGM SMA Structure



- 1st Appointment
 - Primary goal: Education and device insertion
 - Blood glucose and A1c targets
 - Use of CGM device
 - “Do’s and “don’ts”
 - Food, activity, and medication log
 - Class length: 60 minutes

- 2nd Appointment
 - Primary goal: CGM download and discussion
 - Successes and challenges
 - Review/interpret CGM data with food log
 - Provide lifestyle/medication recommendations
 - Class length: 90 minutes

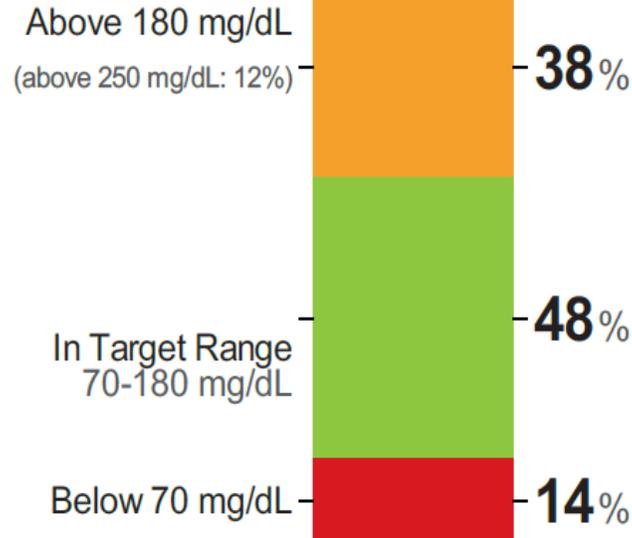
Case Study 2: "Good A1C" but Low Time in Range

Average
Glucose

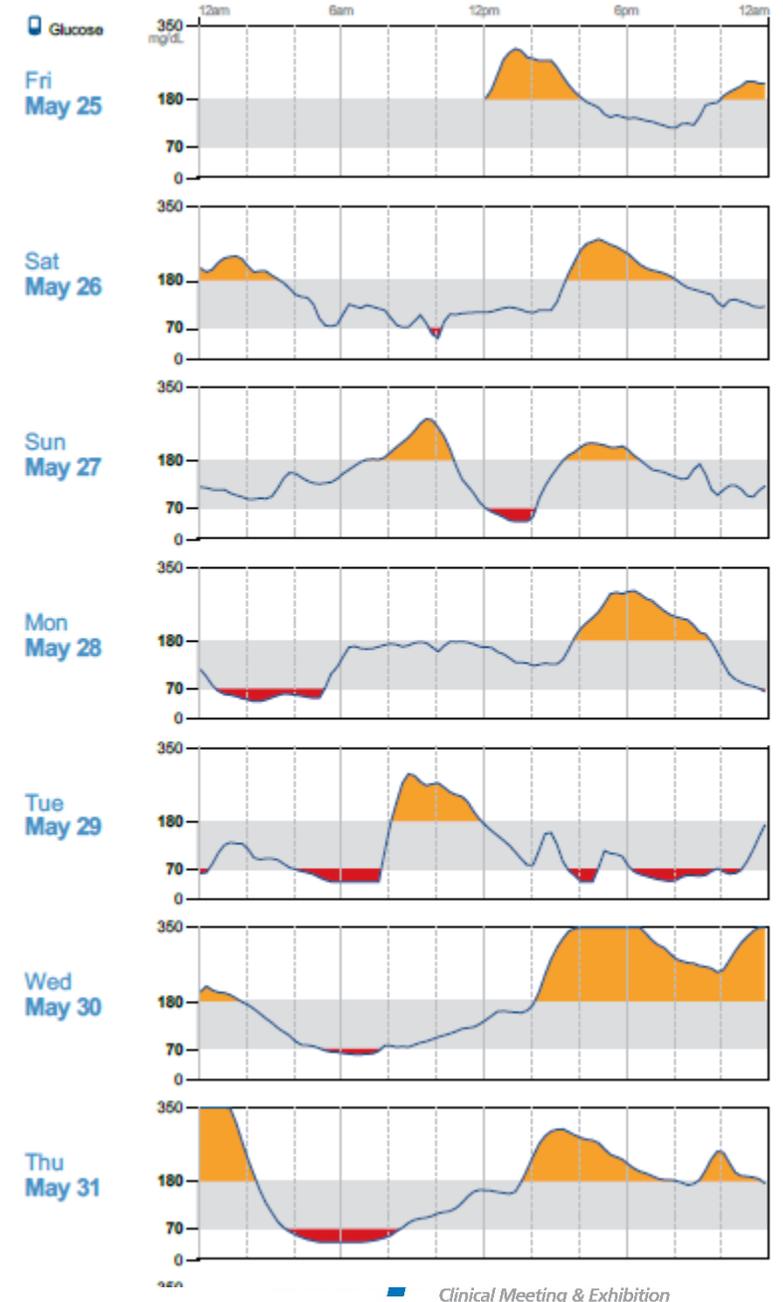
160
mg/dL

88-116*

Time In Range



25yoM with type 1 diabetes
A1C=6.6%, never brings in BG log
Insulin glargine 16 units BID
Insulin aspart: 1 unit for 9g CHO



Results of Discussion from a CGM Class

Patient Quotes:

“I’ve lived with diabetes for over 30 years and wearing the CGM was the best thing that ever happened to me.”

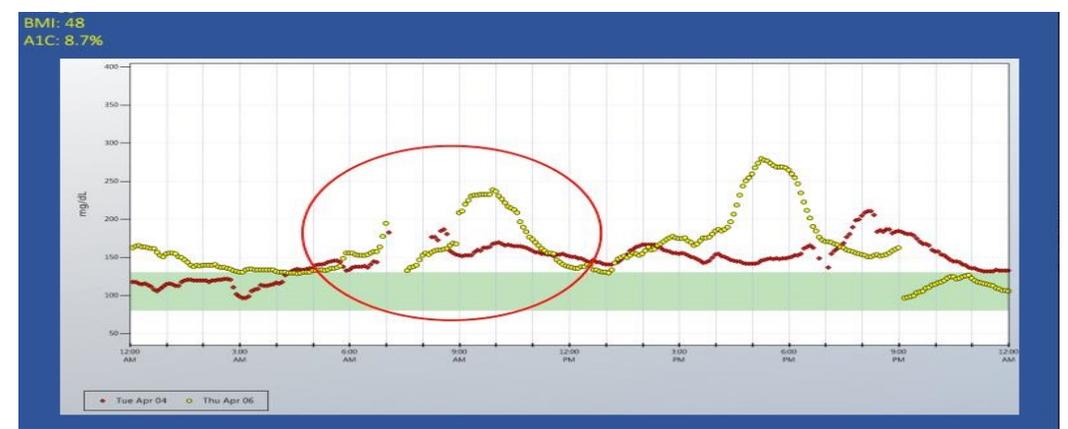
“I think every person with diabetes should wear one of these when first diagnosed. I learned so much.”

BRIGHT SPOTS

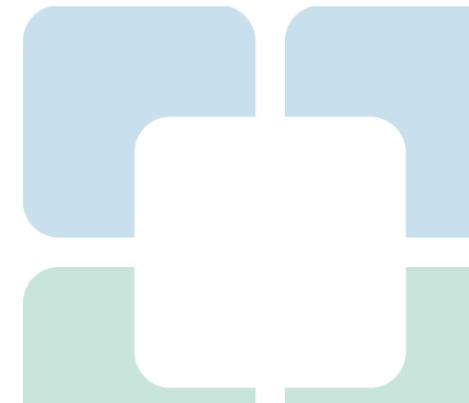
LANDMINES

<u>Successes</u>	<u>Challenges</u>	<u>Lessons Learned</u>
<ul style="list-style-type: none">- More aware of my diabetes- Loved this device- Eggs don't raise my blood sugar- Started checking my blood sugar more	<ul style="list-style-type: none">- Stress- Snacks- Change in normal routine- Sometimes I take too much insulin- Alcohol- Taking insulin at restaurants	<ul style="list-style-type: none">- Not checking enough- Surprised by how fast my blood sugar goes up- Make more time to take care of my diabetes- Chocolate doesn't work to treat lows

CGM Program Outcomes



- Improved patient self-efficacy of diabetes
- Patient specific outcomes
 - Optimize drug therapy (patient willing to start insulin after seeing report)
 - Understand effects of foods on post-prandial BG leading to dietary changes and improved BG control
- Increased revenue
- A1C reduction of 0.8% (N=171)



Professional → Personal CGM

- Determine insurance eligibility
- Pharmacy vs. DME benefits vs procedure
- CGM samples
- Personal CGM start & interpretation appointments

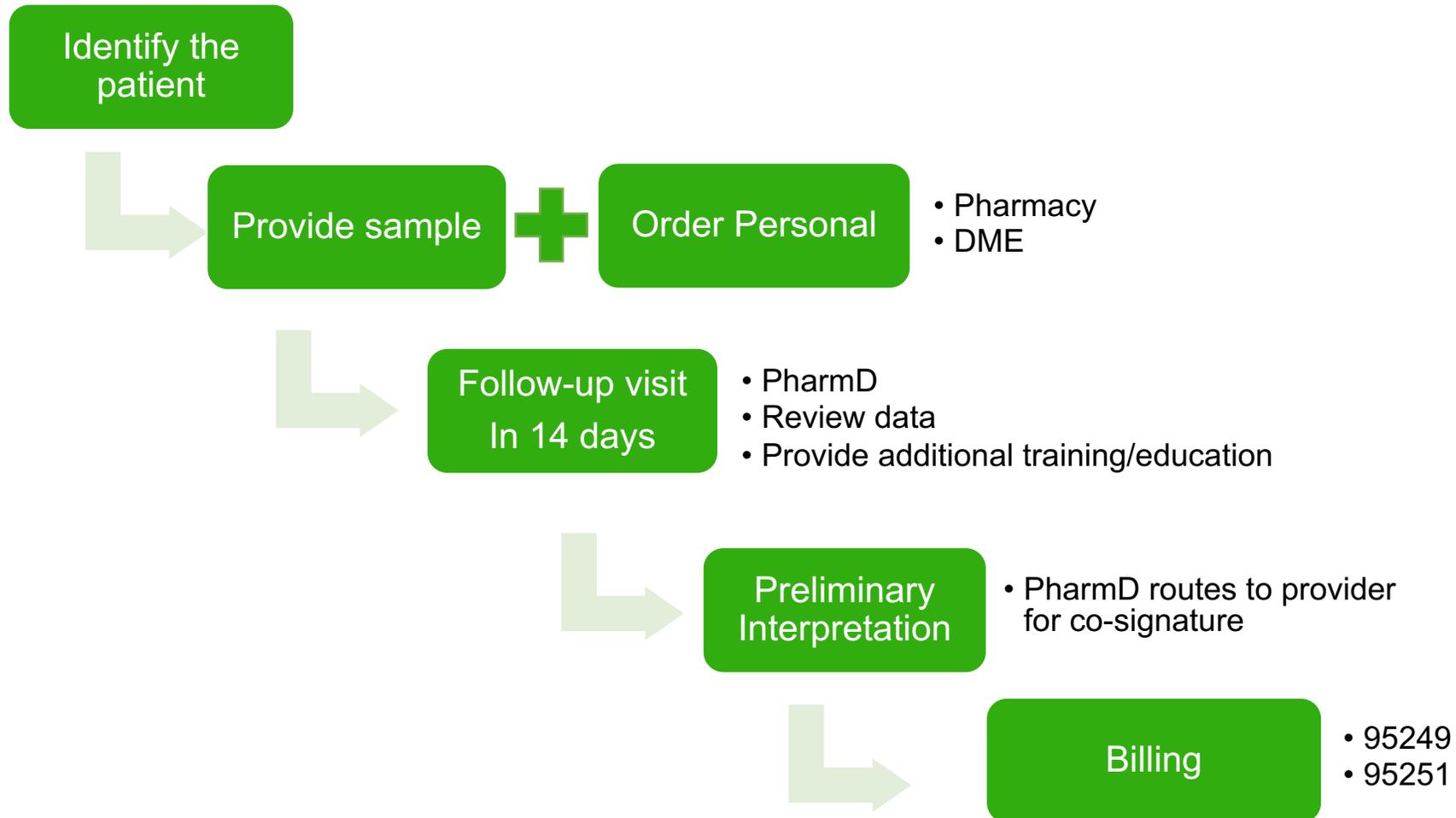


Personal CGM Billing

CPT Code	Services	Who Can Perform Services	Reimbursement
95249	Ambulatory CGM >72 hours; equipment provided, sensor placement, hookup, calibration of monitor, patient training, and printout of recording	RN/LPN, PharmD/RPh, RD, CDE, MA, Physician, NP, PA: billed by the supervising physician, advanced practitioner or hospital outpatient department	Medicare: \$58.62/patient Private: \$128
95251	Ambulatory CGM >72 hours; analysis, interpretation and report	Physician, NP, PA Pharmacists can do this in many states with a collaborative practice agreement	Medicare: \$35.59/patient Private: \$97/patient

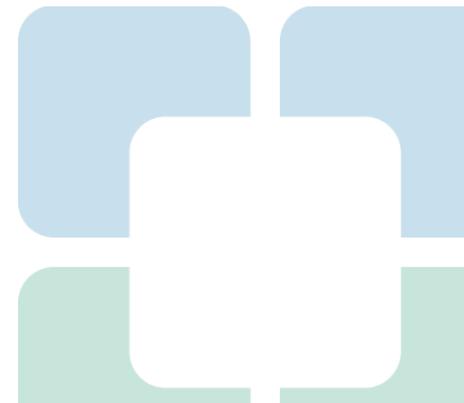
Personal CGM: Process at Cleveland Clinic

Individual Visit Steps



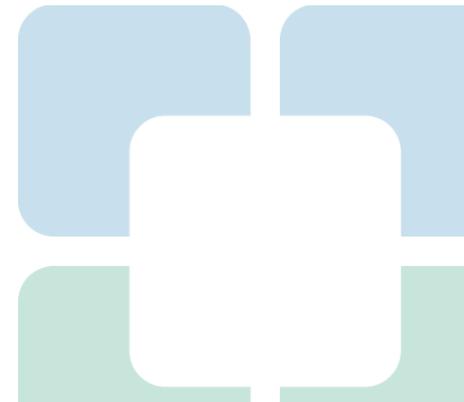
Question 3: How Often Can you Bill for Personal CGM Education?

- A. Once per device
- B. Monthly
- C. Every 3 months
- D. Every 6 months
- E. Every year



CGM Interpretation Pool

- Providers send a progress note to the interpretation pool with any CGM reports
 - Often sent my patients in between visits
 - Access to data platforms (Libreview, Clarity, etc)
- Pharmacists take turns staffing the pool, interpret CGM and route back to provider
- CPT 95251 is billed
- May be billed up to monthly



Insulin Pump & Technology Support



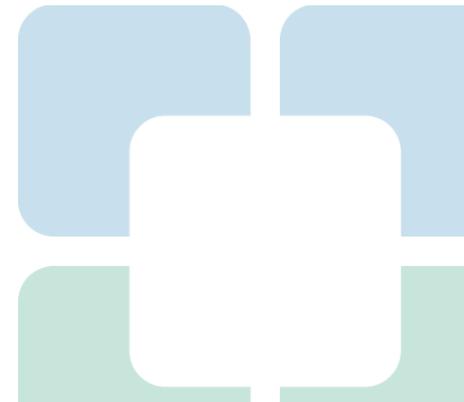
Insulin Pump Services: Pharmacists as Pump Trainers

- Improve patient access
- Direct relationship with patient's provider, communication within EMR
- Reimbursement for pump training, CGM, and follow-up
- Group classes
- Work at top of license
 - Create initial pump settings
 - Continued pump adjustments
 - Prescriptions for insulin
- Increase patient referrals
- Use of virtual visits for follow-up



Insulin Pump Group Trainings

- Groups up to 4 starting the same insulin pump
- Optimal with at least 2 facilitators (Pharmacist + 1 other)
- Peer support
- Time efficient
- Insulin pump adjustments after training

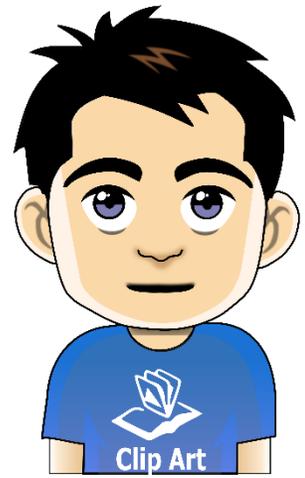


Insulin Pump Clinic

- Pre-Pump/Pre-technology class
- Insulin pump clinic
 - Endo visit + Pharmacist visit
 - Allows endo visit to be shorter, more efficient
 - Fellow/student/resident training

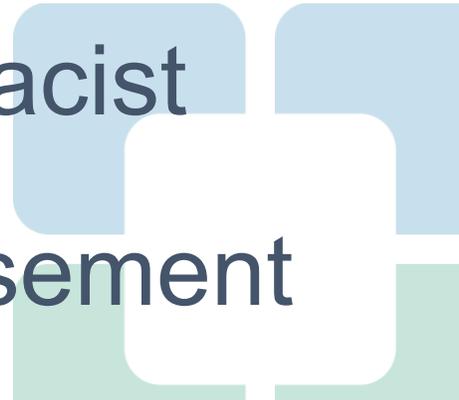


Case Study: Max



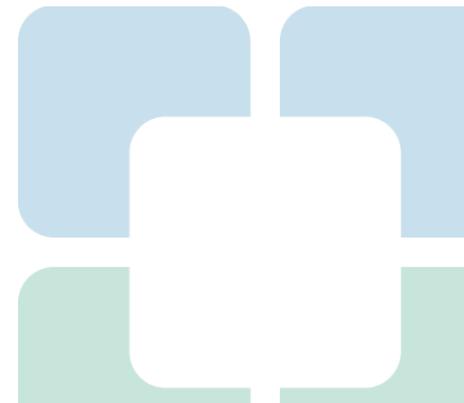
- Max is a 27yoM with type 1 DM x 2 years. A1c=8.4%
- Meds: Insulin glargine 24 units daily, insulin aspart 1 unit for 15g CHO
- He is interested in learning more about technology
- He attends pre-pump class
- He wants a hybrid closed loop system, but isn't confident with his carbohydrate counting skills
- He meets every 2 weeks with the diabetes educator or pharmD (DSMES is billed)
- Communication with endocrinologist about pump readiness
- During this time, he attends the CGM SMA (led by PharmD, CPT 95250, 95251)

Case Study: Max (Continued)

- Transitions to personal CGM (CPT 95249, 95251)
 - After 3 months, Max is ready to start the pump
 - Endo orders pump
 - Insulin pump settings are created by the pharmacist
 - Insulin vials ordered by the pharmacist
 - Max comes to a group training with pharmacist and nurse educator
 - Training documents submitted for reimbursement
- 

Case Study: Max (Follow-Up)

- Virtual visits to review CGM and insulin pump data with pharmacist
- Billed as DSMES and CGM interpretation
- Next endocrinologist appointment, Max's A1C=6.7% and he raves about his diabetes team



Remote Monitoring



Using CGM Data for Remote Monitoring and Population Health

Last Available Data 	Average Glucose (mg/dL)	Average Scans/Views per Day	% In Target	LibreView User Status	% Below Target	Coefficient of Variation	% Time Sensor is Active
Today	167	2	58	Connected	4	39.9	49
Today	206	2	41	Connected	1	37.8	43
Today	168	3	63	Connected	1	23.7	47
Today	166	3	56	Connected	3	29.5	76
Today	137	6	88	Connected	0	27.7	87
Today	158	5	68	Connected	1	35.1	72
Today	148	8	89	Connected	0	20.1	87
Today	179	4	43	Connected	14	55.7	83
Today	108	3	94	Connected	3	27.7	74
Today	173	9	55	Connected	1	30.5	94
Today	218	8	33	Connected	1	36.3	90
Today	185	6	46	Connected	1	26.2	84
Today	174	3	60	Connected	0	29.4	65
Today	165	3	75	Connected	0	24.0	66

Remote Technology and Diabetes Care

- Technology is enabling us to connect with PWD in new ways
- Remote diabetes services could include:
 - Virtual Visits/Telehealth
 - Remote Physiologic Monitoring

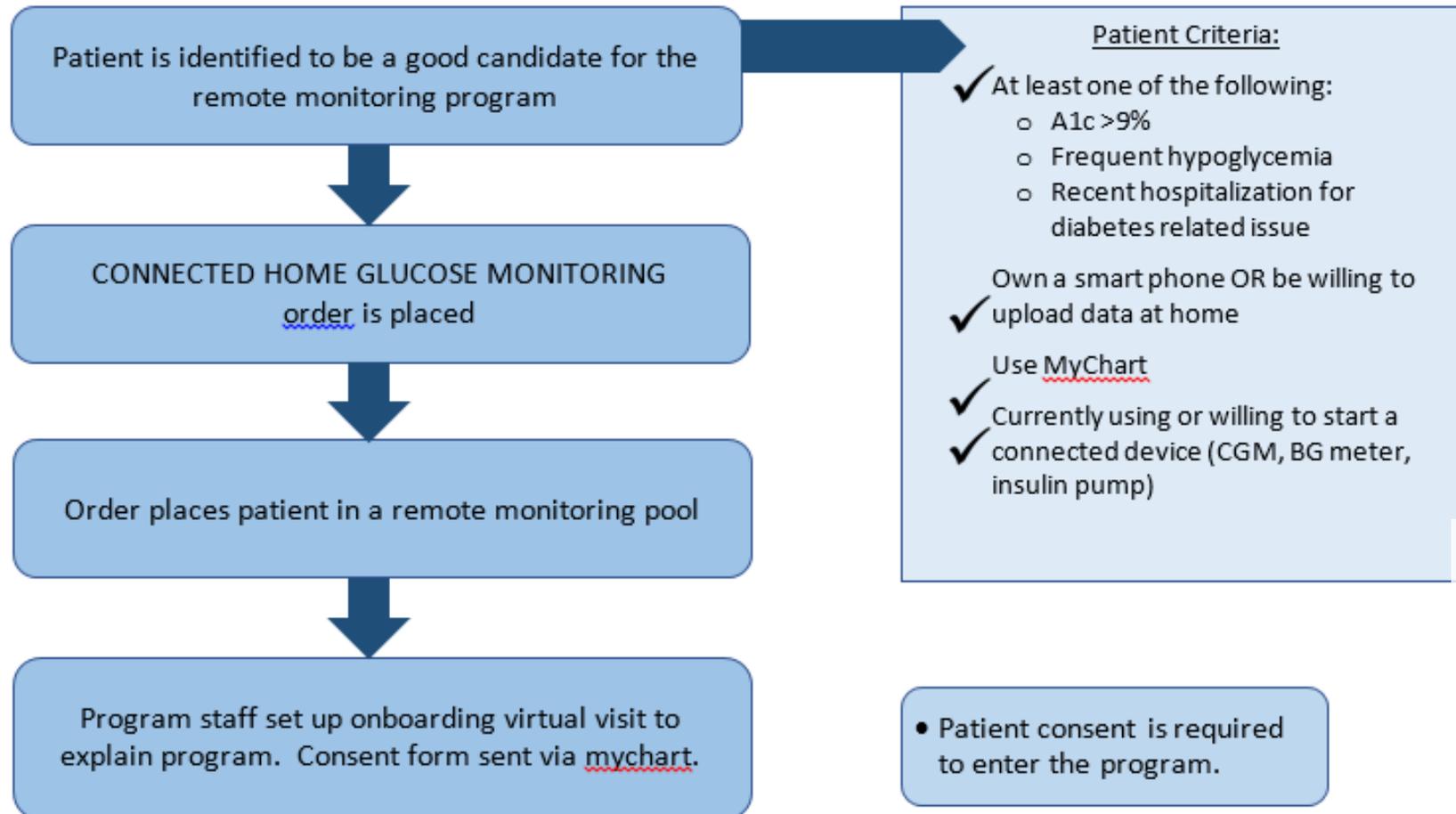


Diabetes related education/coaching/support can be offered as part of these services

Remote Physiologic Monitoring – Medicare Billing Codes

Codes/Service	National non-facility payment	National facility payment	Billing Providers	Rendering Providers	Diagnoses
99453 Set up/training on EQUIPMENT/device	\$18.77	\$18.77	MD, DO, NP, PA, CNS, Clinical nurse midwife	<ul style="list-style-type: none"> MD, DO, NP, PA, CNS, Clinical nurse midwife 	Chronic diseases: CVD, COPD, Depression, Diabetes, HTN, etc. Important Notes: <ul style="list-style-type: none"> Only 1 Condition Needed Order from Provider Informed consent required!
99454 Device supply (cost of EQUIPMENT incurred by practice)	\$62.44	\$62.44		<ul style="list-style-type: none"> Clinical staff(ex. pharmD) employed by billing provider (as incident to physician's services) 	
99457 20 min data review and communication with beneficiary/month	\$51.61	\$32.84			
99458 Additional 20 min Can be billed 2x/month	\$42.22	\$32.84			

Cleveland Clinic Program Workflow



Cleveland Clinic Program Structure

- 3 month intensive program with optional 3 month extension
- Pharmacists provides data review and medication adjustments
- DCES provides coaching support, education
- Weekly review of data with Mychart communication check in by DCES
- Virtual visits with pharmacist:
 - Weeks 1, 2, 4, 6, 8, 12
- Additional referrals are individualized: behavioral health, dietitian, exercise physiology
- Outcomes tracked: A1C, time in range, hypoglycemia, diabetes distress

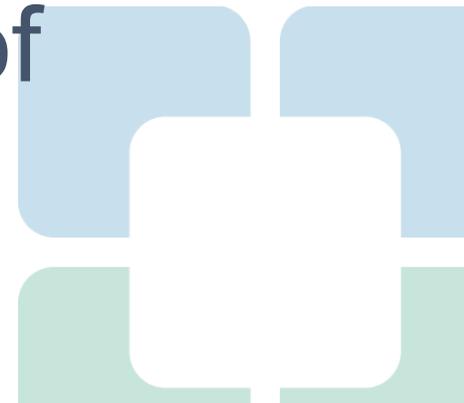


Other Unique Services – Specialty Populations



Post-Kidney Transplant Clinic

- In combination with post-transplant team
 - Take turns going into room
- Bi-weekly appointments first 3 weeks after transplant for insulin adjustments during high dose steroid taper
- Facilitate diabetes prescriptions, use of CGM
- Transitions of care



Diabetes in Pregnancy Clinics

- Virtual gestational diabetes SMA
 - OB, dietitian, pharmacist, 10 patients
- Diabetes in pregnancy in person clinic
 - OB, endo, dietitian, pharmacist, NP
- Weekly management of type 1 or type 2 diabetes in pregnancy
- Research: CGM use in pregnancy
- Collaboration with maternal fetal medicine: increased referrals



Question 4

Which of the following is a service pharmacists can be involved in the billing and reimbursement?

- A. Diabetes education
- B. CGM education and training
- C. Insulin pump training
- D. Remote Monitoring
- E. All of the above



In Summary

- Many areas of opportunity in a diabetes clinic; specific needs may depend on your patient population
- Sustainable services either through direct reimbursement or helping the team be more efficient
- Incorporating technology can provide additional value and revenue streams





Cleveland Clinic

Every life deserves world class care.

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