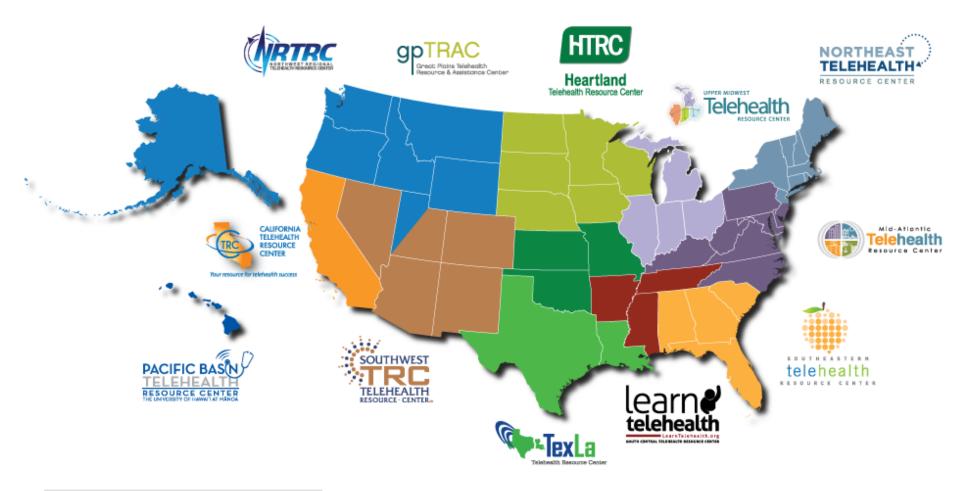


# The National Telehealth Webinar Series

**November 10, 2016** 

Presented by
The National Network of
Telehealth Resource Centers

### TelehealthResourceCenters.org





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CTRC	HTRC	UMTRC							
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# Webinar Tips & Notes

- Your phone &/or computer microphone has been muted
- Time is reserved at the end for Q&A
- Please fill out the post-webinar survey
- Webinar is being recorded
- Recordings will be posted to our YouTube Channel <a href="https://www.youtube.com/channel/UCOzpvd1OZ">https://www.youtube.com/channel/UCOzpvd1OZ</a>
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# Transforming Medical Nutrition Therapy via Telehealth



Dee Pratt, RDN, LDN
President/Co-Owner
Dietician Associates, Inc.

November 10, 2016

(8:00AM HAST, 10:00AM AKST, 11:00AM PDT, 12:00PM MDT, 1:00PM CDT, 2:00PM EDT)

# Transforming Medical Nutrition Therapy Using Telehealth

Dee Pratt, RDN, LDN
President & Co-Owner
Dietitian Associates, Inc.
November 10, 2016

# Disclosures:

Our company (Dietitian Associates, Inc.) has a contract with the Tennessee Primary Care Association to provide Medical Nutrition Therapy for their Rural Health Clinics in TN.

# Objectives:

- 1. Discuss how Tele-Nutrition fits in Tele-health
- 2. Provide information regarding reimbursement for medical nutrition therapy services
- 3. Address the effectiveness of nutrition services on patient outcomes
- 4. Identify ways Tele-Nutrition can help reduce costs in healthcare clinics

# What is Tele-Nutrition?

The term Tele-Nutrition according to the Academy of Nutrition and Dietetics definition; involves the interactive use, by a RD or RDN, of electronic information and telecommunications technologies to implement the Nutrition Care Process (nutrition assessment, nutrition diagnosis, nutrition intervention/plan of care, and nutrition monitoring and evaluation) with patients or clients at a remote location, within the provisions of their state licensure as applicable.

Virtual Visits or E-visits

## What is a Registered Dietitian Nutritionist (RDN)

- A Dietitian Nutritionist is the Nutrition Expert for disease management, prevention and cost effective care
- RDNs are trained in sciences such as chemistry, food sciences, nutrition, human physiology/anatomy, and microbiology in undergraduate studies
- Internship and recently a Masters or above required before sitting for national boards.
- Completion of 75 hours of continuing education every 5 years
- Licensed in most states including TN
- Approximately 1600 RDNs and student interns in TN and approx.
   75,000 RDNs in our national association headquartered in Chicago.
   We also have a large international membership
- RDNs practice evidenced based information

## What are the Benefits of Tele-Nutrition?

Improved Access

**Cost Effective** 

Improved Quality

**Patient Demand** 

# How does Tele-nutrition fit with the Triple Aim?

- 1. Improve the health of the population served
- 2. Improve the experience of the individual
- 3. Lower costs through improvement by promoting preventive medicine

\*The IHI Triple Aim framework was developed by the Institute for Healthcare Improvement in Cambridge, Massachusetts (www.ihi.org)

### Recent outcome study

A recent study by the University of AR for Medical Sciences from 1998-2002 found out of 410 consults:

### Without Telemedicine

- 1. 94% of patients would travel greater than 70 miles for medical care
- 2. 84 % would have to miss one day of work
- 3. 74% would spend \$75-150 for additional expense

### With Telemedicine

- 1. 92% saved \$32 in fuel costs
- 2. 84% saved \$100 in wages
- 3. 74% saved \$75-150 in added expenses

## Some basic requirements for Tele-nutrition

- Real-time face to face verses Store and Forward
- Originating site verses Distant site
- Does Location qualify for reimbursement
- Strong internet, particularly in rural areas



# What locations qualify?

- ✓ Originating site has to be in a rural health profession shortage area (HPSA)
- ✓ In a county that is outside of a Metropolitan Statistical Area (MSA) as defined by HRSA and the Census Bureau
- ✓ In a Federally Qualified Health Clinic that is a Federal Telemedicine Demonstration Project
- ✓ Not supposed to be in a patient's home-some exceptions
- ✓ To bill Medicare the Originating site should be located in a medical facility; practitioner's office, a critical access hospital, hospital, skilled nursing facility, FQHC, mental health clinic or a rural health clinic
- ✓ The site physician must be a Medicare provider in order for the Dietitian to get paid for Medicare patients

Enter Keywords

Advanced Search

**SEARCH** 

Topic Areas

Tools

Data

FAQs & Resources About HDW

HRSA.gov

Home > Tools > Analyzers > Medicare Telehealth Payment Eligibility Analyzer

#### Medicare Telehealth Payment Eligibility Analyzer

Check if an address is eligible for Medicare telehealth originating site\* payment.

Authorized originating sites which meet the following criteria shall be designated as eligible for Medicare telehealth payment:

- » Analysis indicates that the address does not fall in a metropolitan statistical area OR
- » If address falls in a metropolitan statistical area, then the address must be in a rural area and be in a geographic Health Professional Shortage Area (HPSA).

All data on eligibility for Medicare telehealth payments is updated once each year. The results of the analyzer are consistent across the entire calendar year and will be updated on January 1 of the following year.

For questions or clarification, contact Steven Hirsch at the Federal Office of Rural Health Policy, 301-443-7322.

Search Criteria  Please provide a street addres	s, city, and state <b>or</b> a street address and ZIP Code.
Street Address:	
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#### Additional Tools

- » Definition of Rural Area
- » Medicare Telehealth Information
- » Shortage Designation Home

# Who pays for RDN services?

- Medicare if the patient has DM or CKD
- Medicare will also pay for DSMT
- Private Insurance such as BCBS, Aetna, Cigna, etc. may depending on your state's parity law
- What codes do we use?
- How much will we get paid?
- How do we bill it?



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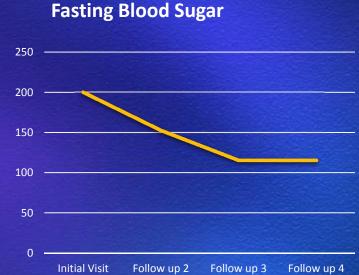
# Effectiveness of Tele-Nutrition

26 yr old male overweight and wants to get healthy



# 42 yof; DM, Hypothyroid, HTN; Glucose 200 range; wt. 305.8#





#### **WEIGHT & FBS CHANGES**



# **Pros and Cons of Tele-nutrition**

#### Pros:

- Satisfaction from helping patients
- A new revenue base for business
- Generally less time allowing for more patients
- Can work from home saving overhead from having an office
- RDN can work from anywhere as long as she is licensed

#### Cons:

- Patient No-shows are high
- Staff members are not always supportive
- For some it's less personal contact with patient
- More work in providing written educ. materials
- If the Internet goes down

# What do I need to get started?

- A computer with a camera
- High speed internet 7.0 or above
- A telecommunications service that is encrypted with a BAA Agreement.
- Have education materials for all patient levels to post to your backboard to show patients
- Liability insurance covering Tele-health counseling
- EHR for charting is helpful
- Licenses for the state you work and for the state of the originating site
- Space for counseling free from noise and distractions
- Good bookkeeping records

# Resources:

LearnTelehealth.org

HHS.gov

Ctel.org

Eatright.org

Americantelemed.org

## Presenter:

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www.dietitianassociates.com





# The National Telehealth Resource Center Webinar Series

3<sup>rd</sup> Thursday of every month

### **Next Webinar:**

**Telehealth Topic:** Tele-Pharmacy

**Presenter:** Upper Midwest Telehealth Resource Center

Date: Thursday, December 15, 2016

Times: 8:00AM HaST, 10:00AM AKST, 11:00AM PDT, 12:00PM MDT, 1:00PM CDT, 2:00PM EDT



### Your opinion of this webinar is valuable to us.

Please participate in this brief perception survey:

https://www.surveymonkey.com/r/HTT97R9

TRC activity is supported by grants from the Office for the Advancement of Telehealth, Office of Health Information Technology, Health Resources and Services Administration, DHHS