Connecting Doctors to Dietitians: The Value of Collaboration in Getting Nutrition Counseling to Those Who Need it Most

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Amanda Peterson, RDN, LD
MUSC Bariatric Surgery Program
Called to Duty

• PCPs have been called on to help address the obesity epidemic:
  o by screening for obesity during ambulatory visits
  o and providing weight reduction, nutrition, and physical activity counseling to their overweight and obese patients.

• Although several guidelines exist for this counseling, and mounting evidence shows physician advice can encourage weight loss among patients…
  o weight-related counseling during ambulatory visits occurs at modest rates
  o and is infrequently aligned with recommended methods shown to support behavior change.

Smith et al., 2015
Role of PCP

• The role of primary care practitioners is to provide obese patients with basic dietary counseling and, if necessary, refer them to a dietitian for individual care.

• Primary care practitioners can provide effective nutritional counseling if they:
  o receive appropriate training
  o are given effective tools
  o operate in an organized system
  o are assisted by qualified dietitians

De Pinho et al., 2013; Wynn et al., 2010
Discrepancy

- Obese patients who received weight loss counseling from PCP - 20% to 40%
  - 18% of obese patients receive counseling for weight reduction
  - 25% for dietary change
  - 21% on exercise

- Weight management may include a range of therapeutic options such as:
  - intensive behavioral counseling
  - prescription anti-obesity medications
  - referral to bariatric surgery
Barriers to addressing obesity

• Feel inadequately trained
  o Half graduating PCP residents feel ‘very prepared’ to counsel patients about diet and exercise

• Report lack of time

• Have poor self-efficacy to counsel on weight management

• Hold negative attitudes toward overweight/obese patients and their ability to sustain change

Smith et al., 2015
Barriers to addressing obesity

Table 1. Overview of Primary Care Provider Concerns and Suggested Strategies to Address

<table>
<thead>
<tr>
<th>PCP Concern</th>
<th>Strategies</th>
</tr>
</thead>
</table>
| “I never learned about weight management during my training”               | • Pursuing additional training in weight management  
|                                                                             | • Applying a universal behavior change approach to obesity and other behaviors  
|                                                                             | • Cultural influences on weight management                                                       |
| “Weight gain reflects the patient’s lack of will power and laziness”      | • Assessing implicit and explicit weight bias  
|                                                                             | • Pursuing additional training in communication skills |
| “I may not get reimbursed for weight management services”                  | • Benefits coverage for obesity screening and counseling  
|                                                                             | • Obesity screening and counseling quality metrics                                               |
| “I don’t have time to discuss weight loss during outpatient visits”       | • Brief counseling interventions in the primary care setting  
|                                                                             | • Longitudinal nature of PCP relationship as an opportunity for repeated counseling interactions |
| “I don’t know where to refer patients for weight management”              | • Weight management resources in the community                                                  |

Lewis & Gudzune, 2014
What exactly is an RD/LD?

• Food and nutrition experts who have met the following criteria to earn the RDN credential:
  o **Completed a minimum of a bachelor’s degree** at a US regionally accredited university or college and course work accredited or approved by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics.
  o **Completed an ACEND-accredited supervised practice program** at a health-care facility, community agency, or a foodservice corporation or combined with undergraduate or graduate studies. Typically, a practice program will run six to 12 months in length.
  o **Passed a national examination** administered by the Commission on Dietetic Registration (CDR). For more information regarding the examination, refer to CDR’s website at [www.cdrnet.org](http://www.cdrnet.org).
  o **Completed continuing professional educational requirements** to maintain registration.

Tagtow et al., 2014
Dietitians can do it!

Bleich et al., 2015
## Barriers to addressing obesity

### Challenges to helping patients lose weight

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Nutrition Professionals Response (N=100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of patient adherence to treatment</td>
<td>87</td>
</tr>
<tr>
<td>Lack of patient willpower to make changes</td>
<td>56</td>
</tr>
<tr>
<td>Lack of reimbursement</td>
<td>47</td>
</tr>
</tbody>
</table>

### Solutions to improve obesity care

<table>
<thead>
<tr>
<th>Solution</th>
<th>Nutrition Professionals Response (N=100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reimbursement form insurance companies for services not currently covered</td>
<td>71</td>
</tr>
<tr>
<td>Colleagues with expertise in obesity care to collaborate on patient management</td>
<td>50</td>
</tr>
<tr>
<td>Higher reimbursement form insurance companies for covered services</td>
<td>41</td>
</tr>
</tbody>
</table>

Bleich et al., 2015
Providing Nutritional Care in the Office Practice

- Provision of dietary counseling in the office setting will be enhanced by using team-based care and electronic tools.
- Effective provider-patient communication is essential for fostering behavior change: the key component of lifestyle medicine.
- The principles of communication and behavior change are skill-based and grounded in scientific theories and models.
- Motivational interviewing and shared decision making, a collaboration process between patients and their providers to reach agreement about a health decision, is an important process in counseling.
- The 5 A’s also can be used as an organizational construct for the clinical encounter.
- The behavioral principle stages of change, self-determination, health belief model, social cognitive model, theory of planned behavior, and cognitive behavioral therapy are used in the counseling process.

Kushner & Mechanick, 2016
Using the 5 A’s

• Universal strategy useful in many chronic conditions

• The 5A’s
  o Ask about readiness to lose weight
  o Advise in designing a weight-control program
  o Assess obesity risk
  o Assist in establishing appropriate intervention
  o Arrange for follow-up

• PCP most frequently Ask/Advise, but rarely Assess/Assist/Arrange – which is most associated with behavior change and weight loss

• Arrange for follow up linked to actual weight loss
  o Frequency
  o Accountability

Serdula et al., 2003
# Using the 5 A’s

<table>
<thead>
<tr>
<th>Five As</th>
<th>Purpose</th>
<th>Example dialogue</th>
</tr>
</thead>
</table>
| Ask     | Ask permission to discuss weight; take a weight, history, and assess impact on health | “Can we talk about your weight?”  
“What approaches have you used in the past to control your weight?” |
| Advise  | Provide feedback and information about impact of excess weight and benefits of weight reduction | “The excess weight around your belly is very likely making your GERD symptoms worse.”  
“As little as a 5–10% weight loss will improve your diabetes” |
| Assess  | Measure body mass index and waist circumference and assess obesity-related comorbidities; assess readiness for weight reduction | “How confident are you that you can tackle your weight at this time?”  
“Can you see yourself getting at least 30 min of brisk walking on most days of the week?” |
| Assist  | Decide with patient where to begin making changes and which behaviors to focus on | “Tracking your diet using an electronic program will allow you to monitor your diet and caloric intake” |
| Arrange | Arrange for a follow-up appointment; make referrals to other resources | “I would like to schedule an appointment for you to see our dietitian.”  
“A good option for you is to sign up for the Weight Watchers class at your worksite” |

**Kushner & Mechanick, 2016**
Medicare Coverage

• The evidence is adequate to conclude that intensive behavioral therapy for obesity, defined as BMI ≥ 30 kg/m², is reasonable and necessary for the prevention or early detection of illness or disability and is appropriate for individuals entitled to benefits under Part A or enrolled under Part B and is recommended with a grade of A or B by the U.S. Preventive Services Task Force (USPSTF)

• Intensive behavioral therapy for obesity consists of the following:
  o Screening for obesity in adults using measurement of BMI
  o Dietary (nutritional) assessment
  o Intensive behavioral counseling and behavioral therapy to promote sustained weight loss through high intensity interventions on diet and exercise

• Service is provided by a qualified PCP in a primary care setting
  o 22 visits in 12 month period
    • 1 visit per week in first month
    • 2 visits per month through month 6
  o At month 6 – if has lost 3 kg (6.6 lbs) - continue to be seen for this service to month 12
    • If has not – needs to wait 6 months and be reassessed by physician & start again
  o Months 7 through 12 – seen once a month
The Nutrition Counseling for Obesity Initiative

- In April 2013, Obesity (BMI>30) was formally recognized as a disease!!

A.M.A. Recognizes Obesity as a Disease

By ANDREW POLLACK  JUNE 18, 2013

The American Medical Association has officially recognized obesity as a disease, a move that could induce physicians to pay more attention to the condition and spur more insurers to pay for treatments.

- Approximately 30% of Medicaid recipients are considered obese
Nutrition Counseling Policy

- August 1, 2015
- SC DHHS/Medicaid launched a nutrition counseling initiative to help change behavior and establish better food choices in our diet by pairing patients with the nutrition experts – Registered/Licensed Dietitians!

Nutritional Counseling Bulletin

Tagged: All Providers
1. Nutritional Counseling

Effective Aug. 1, 2015, the South Carolina Department of Health and Human Services (SCDHHS) will implement a policy for nutritional counseling. This policy specifically targets those individuals with a Body Mass Index (BMI) of 30 and greater who are currently not seeking gastric bypass surgery or related services.

The nutritional counseling program will exclude the following categories of Healthy Connections members:

- Pregnant women
- Members who have had bariatric surgery, gastric banding or other related procedures
- Members receiving active treatment with Gastric Bypass Surgery/Vertical-Banded Gastroplasty
- Members for whom medication use has significantly contributed to the member’s obesity as determined by the treating physician

Examples of medications that may cause weight gain include but are not limited to:

- Atypical antipsychotics (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone)
- Long-term use of oral corticosteroids (prednisone, prednisolone)
- Certain anticonvulsant medications (valproic acid, carbamazepine)
- Tricyclic antidepressants (amitriptyline)
The Initiative

• As part of Scale Down SC, SC Obesity Action Plan
  o Improve patient care by enhancing the health care system’s ability to effectively diagnose, counsel and refer patients to needed obesity treatment, nutritional counseling and support services

• Population targets:
  o Those insured under Medicaid
  o Adults with a BMI ≥ 30 kg/m²
  o Children with a BMI ≥ 95th percentile

• Reimbursed services:
  o Six visits with a Primary Care Provider
    • physician, physician assistant and/or nurse practitioner
  o Six visits with a registered, licensed dietitian
Intervention Flow

**Identification**
- Initial visit with Physician, Physician’s Assistant, Nurse Practitioner. Adult Medicaid beneficiary with BMI 30+. Establishes exercises plan for 5 subsequent visits and refers to a Licensed Dietitian.

**Referral**
- Referral to Licensed Dietitian for Nutritional Counseling. Sets appointment. Handles referral process and follow-up.

**Licensed Dietitian**
- LD reviews physician plan with patient and establishes plan to include follow up during subsequent visits.

**Reporting**
- Licensed Dietitian reports back to referring physician within 48 hours. Shares healthy eating plan and patient compliance.
Billing Healthcare Common Procedure Coding System (HCPCS) Service Codes

Physician

- Reimbursement amount is **$20**
- G0447 can be billed in conjunction with an E&M code on initial visit by appending the NCCI 25 modifier to the E&M code

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**Physician Codes for Adult Intervention**

<table>
<thead>
<tr>
<th>Code</th>
<th>Modifier</th>
<th>Description</th>
<th>Max. units per calendar year</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0447</td>
<td>SC</td>
<td>Annual face-to-face obesity screening (15 minute session) initial visit only</td>
<td>1</td>
</tr>
<tr>
<td>G0447</td>
<td></td>
<td>Face-to-face behavioral counseling for obesity (15 minute session)</td>
<td>Total of 5 subsequent for individual behavioral counseling</td>
</tr>
<tr>
<td>G0447</td>
<td>HB</td>
<td>Group face-to-face behavioral counseling all groups are limited to five patients</td>
<td>Total of 5 subsequent for group behavioral counseling</td>
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</tbody>
</table>
# Billing Healthcare Common Procedure Coding System (HCPCS) Service Codes

## Licensed Dietitian Codes for Adult Intervention

<table>
<thead>
<tr>
<th>Code</th>
<th>Modifier</th>
<th>Description</th>
<th>Max. units per calendar year</th>
</tr>
</thead>
<tbody>
<tr>
<td>S9470</td>
<td></td>
<td>Nutritional counseling, dietitian visit (initial, individual visit)</td>
<td>Limit 1 per year: $27.82 per 30 minute unit/session (Cannot bill more than once per patient per year)</td>
</tr>
<tr>
<td>S9452</td>
<td></td>
<td>Nutrition classes, non-physician provider (Individual)</td>
<td>Limit 5 per year: $27.82 per 30 minute unit/session (Cannot bill more than once per day per patient)</td>
</tr>
<tr>
<td>S9452</td>
<td>HB</td>
<td>Nutrition classes, non-physician provider (Group session – not to exceed five patients)</td>
<td>Limit 5 per year: $27.82 per 30 minute unit/session (Cannot bill more than once per day per patient)</td>
</tr>
</tbody>
</table>
## Billing International Classification of Diseases (ICD-10) Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>Description</th>
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<th>Description</th>
<th>ICD-10</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z681</td>
<td>BMI less than 19</td>
<td>Z6827</td>
<td>BMI 27.0-27.9</td>
<td>Z6835</td>
<td>BMI 35.0-35.9</td>
<td>Z6844</td>
<td>BMI 60.0-69.9</td>
</tr>
<tr>
<td>Z6820</td>
<td>BMI 20.0-20.9</td>
<td>Z6828</td>
<td>BMI 28.0-28.9</td>
<td>Z6836</td>
<td>BMI 36.0-36.9</td>
<td>Z6845</td>
<td>BMI 70 or greater</td>
</tr>
<tr>
<td>Z6821</td>
<td>BMI 21.0-21.9</td>
<td>Z6829</td>
<td>BMI 29.0-29.9</td>
<td>Z6837</td>
<td>BMI 37.0-37.9</td>
<td>Z6854</td>
<td>BMI Pediatric, greater than or equal to 95% for age</td>
</tr>
<tr>
<td>Z6822</td>
<td>BMI 22.0-22.9</td>
<td>Z6830</td>
<td>BMI 30.0-30.9</td>
<td>Z6838</td>
<td>BMI 38.0-38.9</td>
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<td></td>
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<tr>
<td>Z6823</td>
<td>BMI 23.0-23.9</td>
<td>Z6831</td>
<td>BMI 31.0-31.9</td>
<td>Z6839</td>
<td>BMI 39.0-39.9</td>
<td></td>
<td></td>
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<td>Z6824</td>
<td>BMI 24.0-24.9</td>
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<td>BMI 40.0-44.9</td>
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<td></td>
</tr>
<tr>
<td>Z6825</td>
<td>BMI 25.0-25.9</td>
<td>Z6833</td>
<td>BMI 33.0-33.9</td>
<td>Z6842</td>
<td>BMI 45.0-45.9</td>
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<td></td>
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<tr>
<td>Z6826</td>
<td>BMI 26.0-26.9</td>
<td>Z6834</td>
<td>BMI 34.0-34.9</td>
<td>Z6843</td>
<td>BMI 50.0-59.9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Pediatricians may address obesity management after diagnosing during EPSDT visit.

SCDHHS recommends the physician utilize the 5 A’s as recommended by the USPSTF.

Pediatricians can bring a child back for obesity related visits and utilize existing CPT and ICD-10 codes.

Also, they may now refer patients to licensed dietitians for nutritional counseling.

Dietitians will use the 97 code series for children.
Billing Healthcare Common Procedure Coding System (HCPCS) Service Codes

Pediatricians

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201-99215</td>
<td>Provider must bill the appropriate level of Evaluation and Management Services.</td>
</tr>
</tbody>
</table>

Document ICD-10 Diagnosis Codes:
Z68.54 Pediatric BMI greater than or equal to 95th percentile for age
Z71.3 Dietary surveillance and counseling
Billing Healthcare Common Procedure Coding System (HCPCS) Service Codes
Licensed Dietitians and Pediatricians

- Reimbursement amount is **$13.91 per 15 min. session** ($27.82 daily max.)
- All groups are limited to five (5) patients
- Nutritional counseling units billed are based on a 15 minute time unit session and are limited to two per day with a maximum of 12 in a year.

### Licensed Dietitian Codes for Child Intervention

<table>
<thead>
<tr>
<th>Code</th>
<th>Modifier</th>
<th>Description</th>
<th>Max. Units per calendar year</th>
</tr>
</thead>
<tbody>
<tr>
<td>97802</td>
<td>–</td>
<td>Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient (15 minute session) initial visit only</td>
<td>2</td>
</tr>
<tr>
<td>97803</td>
<td>–</td>
<td>Re-assessment and intervention, individual face-to-face with the patient (15 minute session)</td>
<td>10</td>
</tr>
<tr>
<td>97803</td>
<td>HB</td>
<td>Group face-to-face behavioral counseling (Group session – not to exceed five patients)</td>
<td>Total of 10 subsequent for either group or individual behavioral counseling</td>
</tr>
</tbody>
</table>
Where the Dietitians Live/Work
Location, Location, Location!

- For **Medicaid Initiative**, RD/LDs may bill the following places of service (in person visits)
  - Office
  - Outpatient Hospital Clinic
  - Federally Qualified Health Clinic (FQHC)
  - Rural Health Clinic (RHC)

- **DHEC** is meeting need in 7 target counties
  - Bamberg
  - Fairfield
  - Lee
  - Marion
  - Kershaw
  - Orangeburg
  - Calhoun
Nutrition Counseling for Obesity Initiative Stats

- 105 RD/LDs enrolled in Medicaid
- FY2017 – Q1 Update (June, July, August 2016)
  - Adults
    - 74 provider claims – 5 of which were RD
    - 11 provider claims from FQHC
  - Pediatrics
    - 4,151 E&M provider claims with obesity diagnosis
    - Initial visit (97802) – 901 – 46 of which were RD
    - Return visit (97803) – 39 – 38 of which were RD
- SC DHHS sent survey to RDs to build statewide map to help providers identify RDs
Challenges

- Number of visits
  - 12-26 for Medicare IBT
  - 12 for Medicaid split RD/PCP

- Length of visits
  - 30 min too short for initial

- Reimbursement Rate
  - $27.82/30 min
  - Cost-prohibitive for private practice

- Making the connection
  - PCP may not know RD
  - RD they know may not be enrolled

- Codes new/different
Getting the word out!

- Annual SCAND Meeting
- Public Policy Day for RDs
- Grant awarded to exhibit at SCMA 2016
- DHHS Hospital/site visits
- Emails/e-blasts to RD community
- Presentations at meetings
- Tell your friends!
Telehealth Nutritional Counseling Initiative

Amanda Peterson, RDN LD
Setting the Stage: MUSC Telehealth Program

- What is Telehealth?
  - MUSC’s mission is to improve the health of all South Carolinians, including those in the poorest and most rural and underserved regions of the state – telehealth, the remote diagnosis and treatment of patients via telecommunications technology, offers a tool uniquely suited to realizing that mission.
  - Residents of rural communities do not have easy access to specialty care, and specialists (including dietitians) tend to cluster in urban areas and efforts to recruit specialists to these rural areas have not been successful, which leads to a gap in healthcare.
  - Telehealth offers an innovative solution to providing better access to specialists by bringing specialty care to the patient rather than asking the patient to come to care.
  - It does not replace in-person care in all healthcare situations, but in many (including nutrition counseling), it provides a feasible alternative by removing a host of barriers facing patients living in rural areas.
  - In 2012, the Virtual Teleconsultation-Outpatient Program launched at MUSC, allowing specialty services, including dietitians, to provide services to rural counties.
How Does Telehealth Work?
SC Telehealth Alliance Guidelines/Limitations

- Patient must be present at a doctor’s office who is affiliated with the SC Telehealth Alliance (SCTA)
- Provider must be present at an approved facility:
  - Hospital
  - Outpatient Facility
- Facility must take vitals (through CMA or RN) and provide, via telehealth equipment, to telehealth provider (MD, PA, NP, RD, etc.)
- **NO** In-Home Visits
- Practices are provided with telehealth equipment and assisted with adopting telehealth into their practice through the SCTA
- Once a practice becomes an SCTA affiliated center, they may start referring patients to specialists (through a formalized VTC referral system)
Rural residents of South Carolina have among the highest rates of obesity, diabetes and hypertension in the country, but have limited access to registered dietitians to help them manage these disease states.

Telehealth eliminates this barrier with an overall, conducted, telenutrition consults tally reaching 241 in 2015 (adults and pediatrics). This number is expected to exponentially grow in 2016.

In addition to building nutrition awareness in these undeserved counties, recent cost analysis demonstrated that the average patient will save $22.50 in travel cost of fuel and an average of 145 miles per scheduled office visit.
# Program Growth

<table>
<thead>
<tr>
<th>Year</th>
<th>Consult #</th>
<th>Growth %</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>125</td>
<td>1036</td>
</tr>
<tr>
<td>2014</td>
<td>201</td>
<td>61</td>
</tr>
<tr>
<td>2015</td>
<td>588</td>
<td>193</td>
</tr>
<tr>
<td>2016</td>
<td>204 (Jan-Mar)</td>
<td></td>
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</table>

![Consults Graph]

**Consults**
- **Blue:** Consults #
- **Red:** Growth %

*Graph shows the number of conducted consults and growth percentage for the years 2013 to 2016.*
Breaking Down the Numbers: Volume of Consults Specific to Nutrition

Conducted Consults per Specialty

- Adult Neurology
- Adult Nutrition
- Adult Orthopaedics
- Adult Psychiatry
- Adult Surgery
- Heart Health
- Pediatric Dermatology
- Pediatric Development
- Pediatric Endocrinology
- Pediatric ENT
- Pediatric Genetics
- Pediatric GI
- Pediatric Neurology
- Pediatric Nutrition
- Pediatric PCIT
- Pediatric Psychiatry
- Pediatric Rheumatology
- Pediatric Sickle Cell
- Pediatric Surgery
- Pediatric Urology
Meeting the Demand

- To date, 44 Primary care practices and 8 specialty practices in 14 South Carolina counties with additional practices currently establishing contracts with MUSC’s Center for Telehealth

- Since 2012, the number of participating sites has nearly doubled every year, thus a significant increase in consults

- Increase in FTEs:
  - 2012 = RD FTE hours started at .15 = ½ day/week (4 hrs)
  - 2013 = FTE hours doubled to .225 = 1 full day/week (8 hrs)
  - 2014 = FTE hours increased to 0.5 = 2.5 days/week (20 hrs)
  - 2016 = FTE hours doubled again to 1.0 = 5 days/week (40 hrs)
Where does Telehealth Fit in the Nutritional Counseling Initiative?

Let’s take another look at that map!
Telehealth Nutritional Counseling Initiative

• Target rural PCP offices across the state that likely won’t be reached by S.C. Department of Health and Environmental Control (DHEC) Dietitians

• Mirror the DHHS Nutrition Counseling Program structure
  o Same criteria for adult and pediatric patients must be met
  o Mimic “6 Dietitian visits annually” approach – Ideally with Telehealth RD
  o SCTA to provide telehealth equipment, if needed, and assist with adopting telehealth into the practice

• Explain the program benefits to the PCP:
  o Comprehensive approach to reducing rates of obesity and improving health outcomes
  o Enables patients to get nutritional counseling conveniently from PCP office, thus improving the likelihood of follow-up
**Situation** Here’s what’s going on

- Patients are unhappy and need help with chronic disease
- Health reform emphasizes value, outcomes and patient satisfaction
- Physicians are burned out, don’t have enough time and need help
- Dietitians are trained and have time to help doctors with nutrition strategy

**Connection** Bringing doctors and dietitians together

- Maybe a dietitian can help me improve patient outcomes and patient satisfaction?
- Nutrition strategy + my diagnostic and treatment skills is a great combination
- Let’s work together to improve patient health and quality of life!

**Results** What will YOUR result be?

- Men and women improve their health, reduce obesity, feel better
- Patients reduce chronic conditions and health risks
- Patients are motivated to manage their own health
- Reduced physician burnout, improved physician health and well-being

**Increase patient satisfaction, improved patient health and wellness, reduced physician burnout and dissatisfaction, increased physician time and energy, increased practice success**
Current Success

- Telenutrition for Obesity has been highlighted in 2 MUSC “Progress Notes” articles, upcoming Catalyst article
- The program was featured in MUSC’s 2015 Year In Review, highlighting a success story
- MUSC has 2 RDs dedicating 0.5 FTE to telemedicine with the large majority being weight management consultations
- Marketing and Data collection are underway!
Contact information

Kevin Wiley
Telehealth Alliance Coordinator
Office 843-792-2669

Introducing the Telehealth Nutritional Counseling Initiative

As a collaborative effort across our state, the South Carolina Telehealth Alliance will help your patients battling obesity consult regularly with a registered dietitian via two-way video from the comfort of your medical office.

Goals

• Enable your patient to get nutritional counseling conveniently from your office.

• Provide a comprehensive approach to reducing rates of obesity and improving health outcomes statewide.

• Enable providers to treat obesity as a disease working with a multidisciplinary team.

How the program works

• The South Carolina Telehealth Alliance (SCTA) will provide telehealth equipment, if needed, and assist with adopting telehealth in your practice.

• As a patient is identified, a referral is made. An Alliance coordinator will work with your office, the patient, and registered dietitian to schedule a time for the consultation.

How the program benefits your patient

• The patient will receive regular and routine care.

• The patient will receive nutrition advice from a registered dietitian who specializes in weight management.

• The patient can receive this service through telehealth technology from your office, thus reducing travel time and improving the likelihood of successful follow-up.

• The coordination of care among providers will be enhanced, which ultimately improves the overall care provided to the patient.

How the program benefits you as a primary care provider

• You can spend less time addressing diet, nutrition and exercise and more time addressing the patient’s medical concerns.

• Routine follow-up will allow you to more easily track patient progress.

• You will be able to trust that your patients are receiving nutrition education at its best!
Obstacles

• Not everyone can take advantage of telehealth services – examples of excluding factors:
  o Patient doesn’t have a PCP
  o PCP does not have a contract with the SC Telehealth Alliance

• Reimbursement for RD services via telehealth is poor at the moment:
  o Medicaid does not provide any reimbursement at the moment
  o Medicare will cover RD telehealth consultations for patients with Type II DM and Renal Failure (same as in-person stipulations)
  o Minimal telehealth coverage from private insurances
  o If RD bills for uncovered services, volume of patients will decrease and would anticipate losing patients to follow-up

• Ensuring that the appropriate codes are being used for tracking data:
  o GT modifiers must be used for ALL telemedicine visits when billing
  o Does your hospital billing department have the capabilities to bill for telemedicine
What’s Next?

• Demonstrate the value of this program to government funded and private insurances in order to increase coverage of telenutrition consultations
• Demonstrate **feasibility** and **effectiveness** of telehealth technology among people with obesity

• Outcomes
  o Anthropometrics
  o Patient satisfaction regarding their interaction with providers
  o Follow-up for Tele vs In-Person
  o Health related quality of life

• Implementing telehealth into Specialty Clinics
  o Bariatric Surgery
  o Oncology
  o GI Medicine
  **collaborated visits for increased reimbursement**
References


QUESTIONS?

• For More Information on Becoming a Partner in the SCTA, Contact: **Kevin Wiley**, Telehealth Alliance Coordinator at **843-792-2669**

• For More Information on the Nutritional Counseling Initiative as a whole, please contact Melissa Macher at **macher@musc.edu**