CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

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ADVANCING INTEGRATED HEALTHCARE

Pharmacy QI Learning Collaborative: Pro CGM & ABPM

December 13, 2022

Care Transformation Collaborative of RI

Agenda

Topic	Presenter/Facilitator	Timing
Welcome	Susanne Campbell	7:30-7:35
Practice Sharing	Anchor Medical Coastal Medical Medical Associates of RI Miriam Hospital Ambulatory Clinic Providence Community Health Center RI Primary Care Physicians Co.	7:35-8:05
Libreview Tutorial	Leslie High, MT, Abbott Diabetes Care	8:05-8:35
Open Discussion Regarding Billing	Kelley Sanzen	8:35-8:55
Next Steps	Kelley Sanzen	8:55-9:00

Anchor Medical

- **AIM:** To leverage pro-CGM to improve TIR and decrease % time below target (low) as a marker for hypoglycemia-related ED/Hospital utilization. Patients with known risk factors for hypoglycemia will be identified via provider referrals and the EMR.

  Pro-CGM will be completed to a goal of 5 patients per month across the practice.
- **Population of focus:**
  - patients at risk of hypoglycemia
  - patients with age >= 60 w/ A1c < 6.5% on medications with known hypoglycemia
- **Workflow developed:**

Coastal Medical

- **AIM:** By July 2024, Coastal Medical aims to provide professional continuous glucose monitoring to over 100 unique patients with diabetes. Our priority population for this pilot will be patients with uncontrolled diabetes with any barrier to accessing continuous glucose monitors for personal use.
- **Population of focus** - The primary rationale we have designated for patients to leverage CGMs include the following:
  - Barriers to personal CGM access
  - Discordant A1c and SMBG readings
  - Unwilling or unable to do self-monitoring SMBG
  - Newly diagnosed
  - Recent medication adjustments
  - Intensive insulin management review
  - Other
- **Workflow developed:**

Medical Associates of RI

- **AIM:** MARI will establish a sustainable, pharmacist-directed professional CGM program to support and optimize diabetes care as well as enhance patient understanding and self-management skills. 150 proCGM studies will be completed by July 2024; achieve individualized A1c goal in 75% of targeted patients accepting intervention at time of discharge or completion of QI initiative.

Determining Follow-Up

Follow up with pro-CGM ideal patients

- Patients not eligible for personal use
- Patients unwilling to proceed with personal use despite eligibility
- Patients with TIR not at target
- Patients with Glucose Variability Coefficient not at target
- Patients with history of non-adherence/loss to follow-up

Follow up with personal use CGM:

- Patient preference
- Patients with history of non-adherence to regimens
  - This will allow easier NCM follow up to bring patient back in if
    - Gaps in data submission noted
    - Gaps in med adherence noted

Interval for follow up needs to be based on risk:

Monthly:
- Medication adherence issues
- Medication adjustments
- Recent hospitalization for hyper/hypoglycemia

3 month follow up:
- TIR and glucose variability are at goal

6 month follow up:
- CGM study that meets targets and post-CGM A1c at goal

MEDICAL ASSOCIATES OF RHODE ISLAND

Proposed Workflow

Identification:
Chart Review

Criteria:
A1C > 8%
Medicaid or Duals
(year 2 expand to any payer)

Identification:
Provider Referral

Criteria:
As above or provider discretion

Scheduling
Contact Patient to offer Libre and schedule pt for placement and interpretation appts

Confirm if PA is needed for proCGM and eligibility for personal use.

Scheduling
If provider referral, place while patient is in office and schedule interpretation appointment 2 weeks later

Appt 1: Placement/ Education
Care Team member places Libre sensor conducts initial visit
(patient consultation and education)

Appt 2: Interpretation
- Review data w/ patient
- Medication and/or lifestyle modifications
- Submit billing code 95250
- Obtain patient feedback
- Track data in the data tool
- Determine type and frequency of follow-up needed
- Schedule appt 3 for repeat proCGM or follow up visit for personal use CGM

Appt 3: Follow-Up
Follow up as previously determined

Obtain additional patient feedback

Set further f/u as needed

The Miriam Hospital

- **AIM:** The goal of this project for Suite C is to use Professional CGM to optimize Diabetes management among patients at higher risk of poor diabetes related outcomes using a care team. This will be accomplished by implementing professional CGM in at least 2 patients per week, collecting data to evaluate initially at 2 weeks and then following them forward at monthly increments for continued diabetes education and management.
- **Population of focus** - Patients with discordant SMBG home readings and A1C are the initial population of focus for the project, and this includes 14 initial patients.
- **Workflow developed:**

Providence Community Health Center

AIM:

To increase the percent of patients who are on evidence-based therapies for diabetes consistent with ADA Standards of Care by 20% by June 2024.

Professional Use CGM will be completed on patients enrolled in pharmacy diabetes management services to obtain baseline time in range (TIR), glucose management indicator (GMI), and glycemic variability coefficient (CV%).

Patient education will be provided by the pharmacist in the initial consult and recommendations made to the patient and provider to optimize diabetes management. By project completion, 50% of patients will achieve either a GMI or A1C < 9% obtained within 3 months of project completion.

In addition to the goals above, we will seek to determine and describe any variation noted for patients according to specific social determinants of health (SDoH) such as food or housing insecurity.

Providence Community Health Center

Population of focus:

- Patients will be identified using an analytics report for ED/IP utilization and screened by the pharmacy technicians
- Provider and care team referrals for
  - A1C > 9%
  - Recurrent hypoglycemia or
  - Concerns of hypoglycemia unawareness.

PCHC: Proposed Workflow

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Identification:
ED/IP report

Tech reviews for

Criteria:
A1C > 9%
Hypoglycemia

Identification:
Provider Referral

Criteria:
A1C > 9%
Hypoglycemic episodes
Hypoglycemia unawareness

Scheduling
Pharmacy Technician contacts Patient to

- Collect med history
- Enroll in pharmacy diabetes service
- Schedule pt for initial pharmacy consult

Appt 1: Initial Pharmacy Consult

- Med Review
- Appropriate therapy
- Pro-CGM interest
- Place sensor
- Instruct patient w/ self-management recs
- Initial med management recs to provider

Appt 2: Interpretation

- Review data w/ patient
- Medication and/or lifestyle modifications
- Obtain patient feedback
- Track data in the data tool
- Determine type and frequency of follow-up needed
- Schedule appt 3 for repeat proCGM or for personal use CGM

Appt 3: Follow-Up
Follow up as previously determined

Obtain additional patient feedback

Set further f/u as needed

Integra / RI Primary Care Physicians Co.

- **AIM:** To describe the impact of pharmacist driven proCGM service on A1c reduction within 6 months in patients who otherwise are unable to obtain personal CGM. Success in A1c reduction will be measured by increasing the percentage of patients who are achieving the % A1c thresholds in the quality contracts.
- **Population of focus:** all patients with A1c > 8%

Integra / RI Primary Care Physicians Co.

Proposed Workflow:

Step 1: Patient identification
- Dashboard report
- Provider referral/discretion

Step 2: Initial Visit

1. Conduct initial pharmacy visit
   - Complete med rec/review
   - Conduct metabolic review (ie. DM, HTN, lipids)
   - Conduct diabetes visit
2. Apply proCGM
   - Pharmacist discretion - generally plan to delay implementation of medication changes until results of proCGM have returned, unless otherwise deemed medically necessary. This will allow team to establish true baseline.
   - Based on inclusion/exclusion criteria, as defined in PDSA

Step 3: Follow-up
1. Conduct follow-up visit within proCGM time window
2. Review proCGM results
   - Make medication changes based on results
3. Continue to follow-up with patient for continued diabetes management
   - Frequency, as per pharmacist discretion based on patient need with a goal of at least 1x/month, until A1c goal is reached
4. Track data:
   - Summary of medication changes

Step 4: Reassessment
1. 3-month follow-up
   - Obtain new A1c
   - Reapply proCGM
   - Track data:
     - Summary of medication changes
2. 6-month follow-up
   - Obtain new A1c
   - Reapply proCGM
   - Track data:
     - Summary of medication changes

LESLIE HIGH, MT

STRATEGIC ACCOUNT MANAGER – NORTHEAST REGION

ABBOTT DIABETES CARE

As the Strategic Account Manager I partner with health systems in the Northeast, helping to advance Continuous Glucose Monitoring as the standard of care. After 15 years in a hospital laboratory, I joined Abbott and have spent the last 15 years with ADC working with the evolving portfolio of products, including FreeStyle Libre CGM, to help patients with diabetes live better lives. By understanding your needs and goals around glycemic management, I can work collaboratively with the Abbott team to offer resources around cost containment, clinical education and digital health. We are committed to improving outcomes for patients with diabetes.

Leslie.high@abbott.com

717-823-2718

Professional CGM Billing codes 95250 and 95251

CPT Code	Type of Service	Provider	Frequency	Type of Visit
95249	**Personal CGM Start-up and Training** Ambulatory CGM of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording	RN, PharmD/RPh, RD, CDE, or MA (if within their scope of practice) and billed by the supervising physician, advanced practitioner, or hospital outpatient department	Once for the lifetime of the personal CGM device	Face-to-face visit
95250	**Professional CGM** Ambulatory CGM of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording	RN, PharmD/RPh, RD, CDE, or MA (if within their scope of practice) and billed by the supervising physician, advanced practitioner, or hospital outpatient department	Maximum of once per month	Face-to-face visit
95251	**CGM Interpretation** Ambulatory CGM of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation, and report	Physician (MD, DO), NP, PA, or clinical nurse specialist	Maximum of once per month	Not required to have a face-to-face visit
–25 modifier	**Evaluation and Management (Separate Identifiable Service)** An E/M CPT code can be billed on the same day as codes 95249, 95250, and/or 95251 if documentation supports the medical necessity of a significant and separately identifiable evaluation and management service performed the same date. Modifier 25 is added to the E/M code to report a significant and separately identifiable evaluation and management performed above the CGM services.	Physician (MD, DO), NP, PA, or clinical nurse specialist	With office visits	Face-to-face visit

Max= once/month
Requires 72 hrs of use

Documentation to consider:
- Glycemic control problems
- Treatment plan
- Pt adherence to plan
- A1C
- Glucose logs
- Report w/ interpretation of findings

ADCES Billing Resource

[CGM Insurance Coverage Tool from danatech (policyacumen.health)]

danatech
POWERED BY ADCES

This site is intended for U.S. audiences only

CGM Insurance Coverage Tool from danatech

Welcome to the Continuous Glucose Monitor (CGM) insurance coverage tool brought to you by danatech, powered by ADCES. Just select the payer, plan information and state you are working with and if a policy is published, coverage information will appear. If you do not see the payer you need, the company does not have a published policy and could not be included in this tool. Please contact them directly for more info. We HIGHLY encourage you to read all documents provided in the coverage results which will clarify specific details pertaining to coverage by diabetes type, and benefit specifics.

Payer All payers | **Plan Type** All plan types | **State** Rhode Island ×

Search

Payer	Plan Type	State	Covered	Prior Authorization	Coverage Summary	Documents	Contact
Aetna	Commercial	RI	Yes	Unspecified		PA Form Coverage Document	1-800-624-0756 N/A
BCBS Federal Employee Plan	Federal Employer	RI	Yes	Yes		PA Form Coverage Document	(877)-727-3784 1-877-378-4727
BCBS Rhode Island	Commercial	RI	Yes	Yes		PA Form Coverage Document	1-800-635-2477 (401) 272-8885
BCBS Rhode Island	Medicare Advantage	RI	Yes	Yes		PA Form Coverage Document	1-800-635-2477 (401) 272-8885
Cigna	Commercial	RI	Yes	Unspecified		PA Form Coverage Document	800 835 7677 855 358 6457
Express Scripts	Commercial	RI	Yes	Yes		PA Form Coverage Document	800.753.2851 1-877-251-5896
Fallon Health Plan of Massachusetts	Medicare Advantage	RI	Yes	Yes		PA Form Coverage Document	1-866-275-3247 N/A

Billing Questions & Discussions

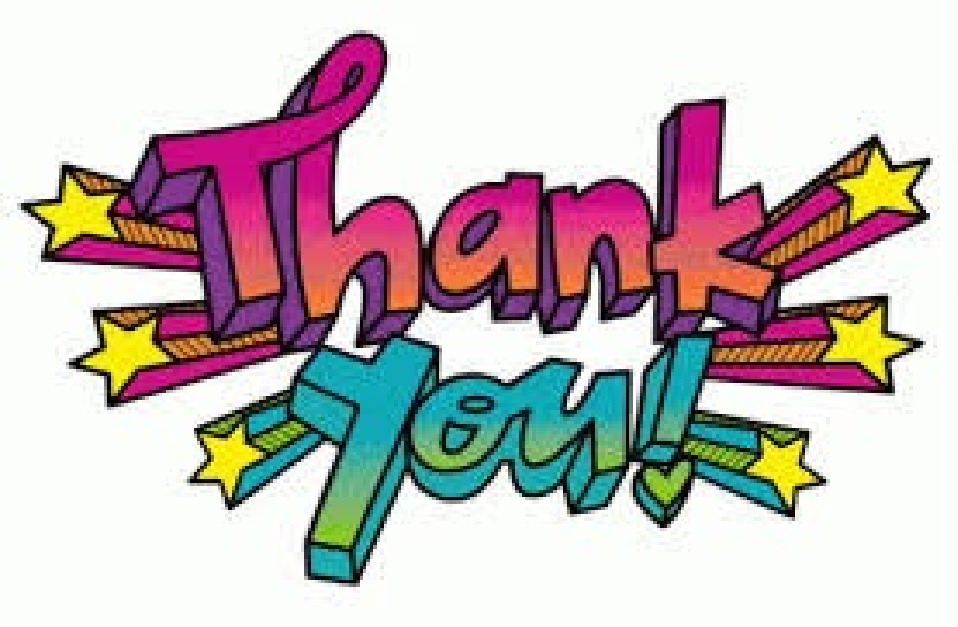
- Poll: What insurance plans in RI do you bill for proCGM?
- Are there any typical problems you have found with billing for proCGM?
- Are some plans easier to receive payment from?
- Are there usually copays? If so, any idea how much or maybe the range of what the copays would be?
- Poll: Are you pursuing billing for pro-CGM?
  - Discussion as to why

Next Steps

- Next Meeting: February 28th, 2023, 7:30-9:00AM
- Initial Evaluation due February 14th, 2023

Resources

Digital Remote Patient Monitoring Guide for Practices FSL2 and FSL14d


Thank You!

Additional Resources

Resources can be found at

https://www.ctc-ri.org/other-programs/pharmacy-qi-initiative

- ADCES ProCGM Playbook
- https://www.freestyleprovider.abbott/us-en/freestyle-libre-14-day-system.html
- Libre Billing Resources
- https://www.medtronicdiabetes.com/products/guardian-connect-continuous-glucose-monitoring-system?utm_source=bing&utm_campaign=CGM+-+BRAND+-+Core+-+Exact&utm_medium=cpc&ds_rl=1298299&msclkid=f9c6cae08cdf1a606c13a9e32c6e7db6

Dexcom resources

- Getting Started G6 Pro PowerPoint
- GEMCO Account Setup Instructions
- G6 Pro Work Flow
- Dexcom G6 Pro User Guide
- Dexcom G6 Pro UnBlinded CGM Patient Handout
- Dexcom G6 Pro Patient Tracking Form
- Dexcom G6 Pro Daily Log Sheet
- Dexcom G6 Pro Blinded CGM Patient Handout
- 2022 CPT Billing CGM Reference