Guideline for Frequency of MNT/DSME at Endocrine & Diabetes Care Center

Mary Heid, UW Nutritional Sciences Program | MS Nutrition Student and Dietetic Intern

Current Guideline

- The Endocrine & Diabetes Care Center (EDCC) does not currently have any written guidelines for either physician referrals to RDs/CDEs or for frequency/duration of Medical Nutrition Therapy (MNT) or Diabetes Self-Management Education (DSME).
- Only certain physicians appear to be consistent in providing referrals for their patients.
- EDCC has a high rate of “no-shows” for the RDN, CDEs and pharmacists, although this rate is lower for physician appointments.
- The monthly 3-part Diabetes Class is usually not full and is sometimes cancelled due to lack of patient registration.

Medicare Coverage for MNT and DSME

- Medicare Part B allows 3 hours of MNT for diabetes and/or renal disease in the first referral year and 2 hours of MNT in each subsequent year.
- Medicare may cover additional visits for MNT when there is a documented change in medical condition (requires a new physician referral).
- Medicare allows for 10 hours of DSME for the first year of diagnosis and 2 hours of DSME in each subsequent year.
- Separate physician referrals are required each year for MNT and for DSME.
- MNT and DSME cannot occur on the same day for Medicare reimbursement.

Background Research

- There are four critical times when MNT/DSME should be assessed, provided and/or adjusted (Briggs Early and Stanley, 2018):
  - at diagnosis
  - annually to assess education, nutrition and emotional needs of patients
  - when factors arise that could affect self-management
  - when transitions in care occur
- There is strong evidence to support the effectiveness of MNT interventions provided by RDs for improving HbA1c, with decreases up to 2.0% in TIDM and up to 1.9% in T1DM at 3–6 months. Ongoing MNT support is helpful in maintaining these glycemic improvements (Franz et al., 2017).
- The Academy of Nutrition and Dietetics (AND) has shown that there is strong evidence (using research studies from 1990-2013) to support the following recommendations (Franz et al., 2017):
  - Health care team members should ensure that all adults with T1DM and T2DM are referred for MNT
  - Implement 3-6 MNT visits in the first 6 months and then determine whether additional MNT encounters are needed
  - Implement a minimum of 1 MNT follow-up each year
- According to national data, only about half of patients with diabetes actually receive any diabetes education (Ali et al., 2013).
- Some of the potential barriers to accessing RDN services for MNT/DSME include (Briggs Early and Stanley, 2018):
  - Variable health insurance benefits for MNT/DSME
  - Medicare reimbursement
  - High rate of “no-shows” for the RDN, CDE and other health professionals
  - Lack of understanding of benefits and coverage among patients and health care providers (including RDs)

References

- Chrvala et al. (2016).
- Current Guideline – 2017; 117: 1659
- Euro DM EDCC has a high rate of “no-shows” for the RDN, CDE and other health professionals
- Halldorson RN, also from the Endocrine & Diabetes Care Center, for her guidance and support of this project.
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- J Am Elf 2019; 1679.
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- Most of the interventions based on carbohydrate counting, showed 0.76% [0.01, 95% CI 0.00, 0.15] improvement in HbA1c (mean of 0.88% reduction compared to CG).
- Only certain physicians appear to be consistent in providing referrals for their patients.
- Strong evidence showing that multiple MNT/DSME visits for individuals with diabetes improves glycemic parameters and other health outcomes supports the importance of increasing the number of patients who are referred to MNT/DSME and who actually attend the visits.
- This is particularly important during the patient’s first year of diagnosis when they are eligible for 10 hours of DSME (for Medicare patients; number of hours varies based on type of health insurance).
- Annual follow ups can help maintain the glycemic improvements and other health improvements.

Conclusions

- Physician referral for all patients newly diagnosed with diabetes (for both MNT and DSME); encourage all patients to attend the 3-part Diabetes Class series.
- Newly diagnosed patients schedule an MNT visit with RD at least every other month for first 6 months.
- Advertise the Diabetes Classes in waiting room and exam rooms.
- Physicians remind patients at least 2 times per year (during office visits) to follow up annually with RDN CDE and/or with RN CDE.
- Mail out postcards, send emails and/or have automated phone calls semi-annually to remind patients to schedule annual MNT/DSME follow-up appointments.
- Streamline referral process so that patients can easily request referrals for annual MNT/DSME visits.
- Consider hiring more staff (RDN, CDE) to ensure patients don’t have major delays in obtaining appointments.
- Ensure that each patient with diabetes fully understands their medical insurance benefits regarding MNT and DSME; compile a list of the MNT/DSME benefits for each type of insurance.
- Consider implementing a “no-show” fee after a patient has missed multiple MNT or DSME appointments; set up a tracking system for “no-show” rates with consequences for reaching certain high rates.

Recommendations

- Strong evidence showing that multiple MNT/DSME visits for individuals with diabetes improves glycemic parameters and other health outcomes supports the importance of increasing the number of patients who are referred to MNT/DSME and who actually attend the visits.
- This is particularly important during the patient’s first year of diagnosis when they are eligible for 10 hours of DSME (for Medicare patients; number of hours varies based on type of health insurance).
- Annual follow ups can help maintain the glycemic improvements and other health improvements.

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