

Sustainable Funding for Pump Clinics

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2015 BPDC SYMPOSIUM
24th -25th Oct 2015
Sydney, Australia

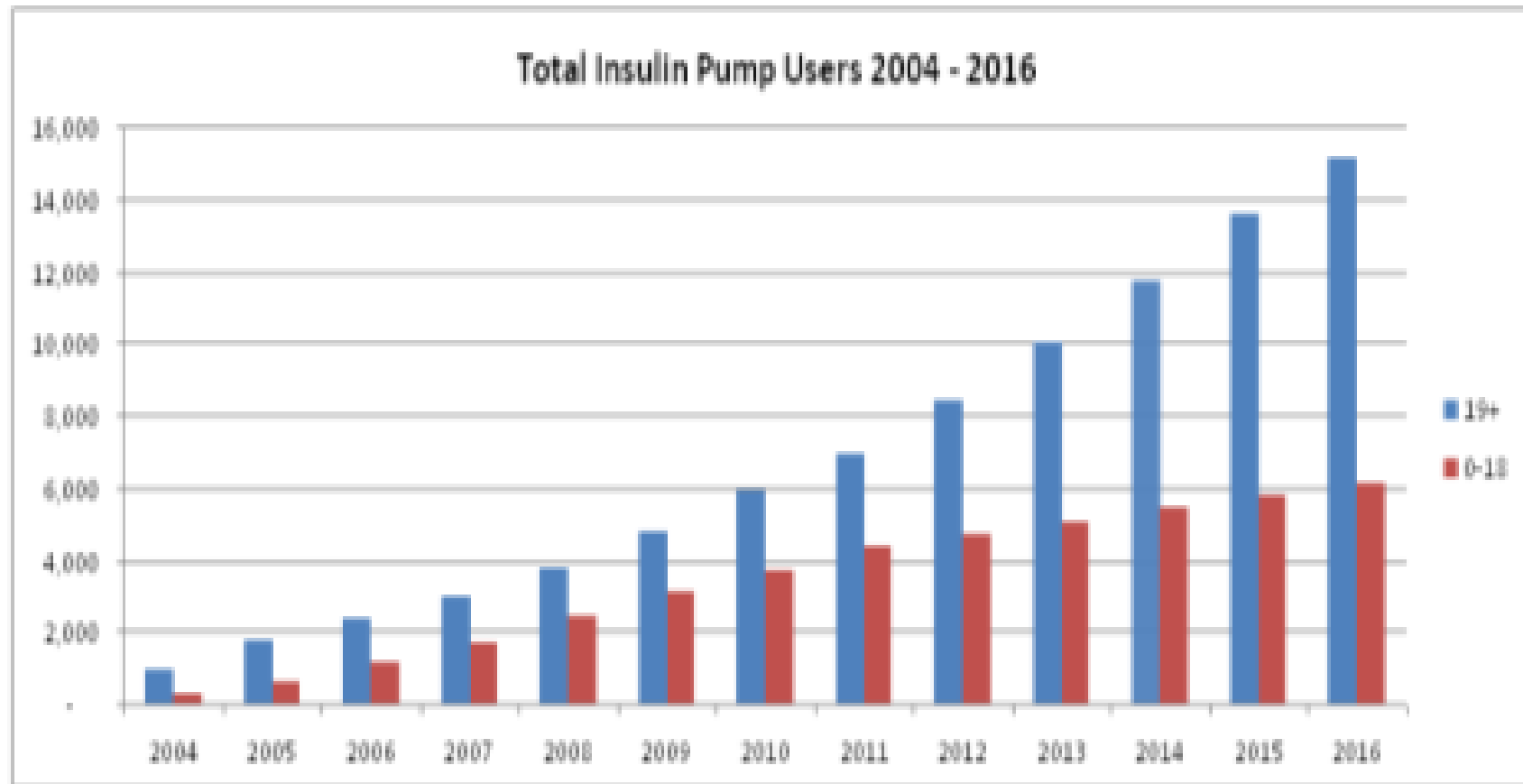
The logo for the Department of Medicine at St Vincent's, featuring the letters 'm', 'e', 'd', '@', and 'StV' arranged in a cluster of red hexagons.
department
of medicine



St Vincent's

*Continuing the Mission of
the Sisters of Charity*

Insulin Pumps Are Mainstream



2004 - 2006 data source AHA 2007, 2008 - 2016 data provided by Medtronic

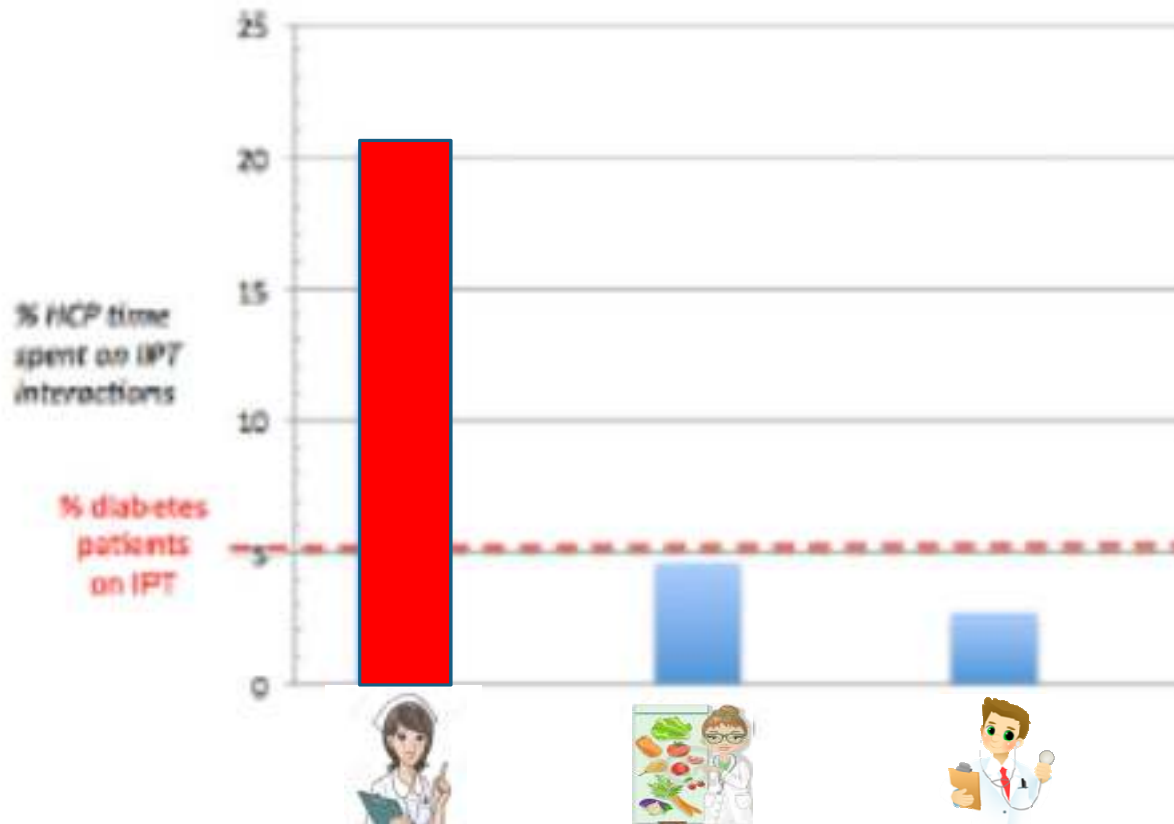
Prospective Survey of HCP Resource Utilisation by Pump Patients

- Prospective survey of 24 (19 NADC) adult sites.
- 14 Govt, 7 private, 3 mixed
- Vic; NSW; Q'Land; SA; Tas; WA
- >69,000 T1D and T2D patients, 6% on IPT
- 895 IPT patients; 2,577 interactions over 12 weeks
- Ambulatory Only (apart from pump starts)

PROSPECTIVE DATA COLLECTION FOR INSULIN PUMP CASES
Patient Name: _____
Date of Birth: _____
Gender: _____
PROSPECTIVE DATA COLLECTION FOR INSULIN PUMP CASES
Patient Name: _____
Date of Birth: _____
Gender: _____
Pump Type: Basal Basal/Bolus Basal/Bolus/Continuous
Pump Brand: Medtronic Omnipod Other
Pump Model: _____
Other Comments: _____

Human Resource Demands

6.3 % of the diabetes population
20% of available DNE time



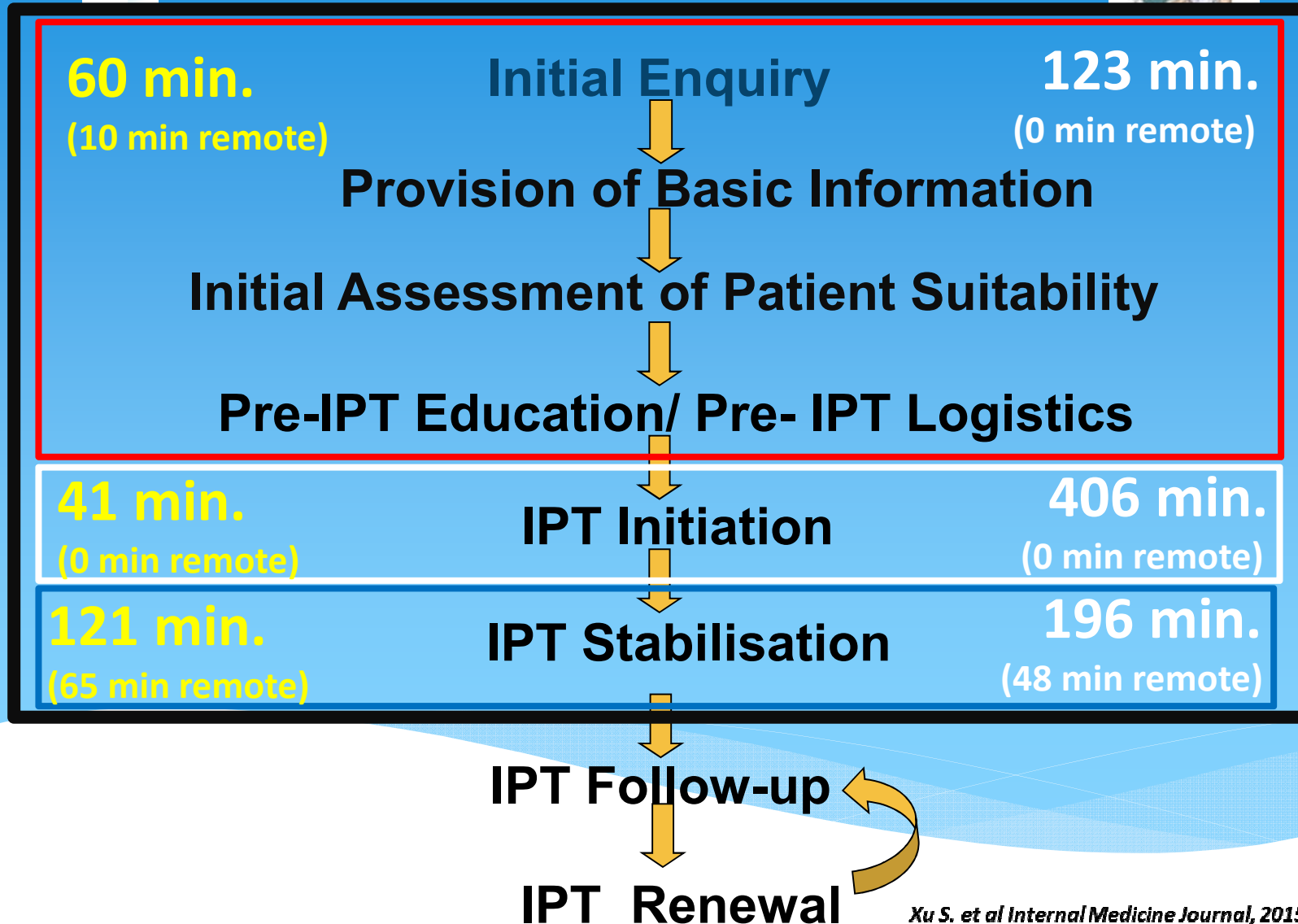
Health Professional Time According to Patient Journey



- **Pump starts and 3 month post: 48% of time and 29% interactions**
- **Routine Review: 30% of time and 57% interactions**
- **Pump renewals/ changeover loaner pumps: 22% of time and 14% interactions**
- **29% of all interactions were remote (ie not face-to face)**



Pump Starts Tracked



Strategies to Enhance Sustainability for Provision of Care to Pump Patients

(A) Increase efficiency

(B) Reduce demands on resources

(C) Enhance reimbursement

(D) Supplementary funding from related activities



Strategies to Enhance Sustainability for Provision of Care to Pump Patients

(A) Increase efficiency:

- Group sessions for patients
- Standardised equipment and protocol
- Use nursing staff for nursing duties only
- Electronic supports

(B) Reduce demands on resources:

- Utilisation of industry funded trainers

(C) Enhance reimbursement:

- Avoid ABF funding model and utilise appropriate MBS codes
- Explore reimbursement for non-face to face consultations
- Co-Payment by patient
- Re-imburement of nursing time for pump starts by industry

(D) Supplementary funding from related activities:

- CGM related funding



Increased Efficiencies

Systematic Review of Evidence to inform guidelines for the management of insulin pump therapy in adults with Type 1 Diabetes

Prepared by Helen Platan for the Adult Insulin Pump Therapy Working Group

July 2012



(A) Group vs One on One sessions

- Throughput may not be sufficient
- Evidence regarding efficacy lacking

(B) Use nurses for nursing duties only

(C) Standardised protocols www.diabetescare.unimelb.edu.au

(D) Limit device choice

(E) Software (Biogrid™ / Carelink™ / Diasend™)

Industry Funded Support

(A) Industry funded trainers for pump initiations and renewals.

Available to private and public/ small and large facilities .

- **Industry funded trainer is paid \$550 + GST**

(B) “Fee for service” to care-provider for initiation nursing time

- **“Reimburse the HCP for providing the training, education and follow up for a pump or CGM initiation.” (Manufacturer A)**

- **“Applies to institutions only. Payment to facility- typically a hospital – and not to healthcare professionals” (Manufacturer B)**

1. Pump Initiation:

The Institution will, through its employees or contractors, be paid a fee at a rate of \$50 per hour per patient trained in the use of a Pump as follows (in AUD):

- **New Insulin Pump Initiation --12 hours total**
- **Renewal pump initiation - 3 hours total**

2 Transmitter or Monitor Initiation:

The Institution will, through its employees or contractors, be paid a fee at a rate of \$50 per hour per patient trained in the use of a Transmitter or Monitor as follows (in AUD):

- **Initiation Day 1 -up to 1.5 hours**
- **Follow up session includes Care Link interpretation and follow up - 1.5 hours**

(3 hours total)



Enhancing Reimbursement

Long Consultation MBS items:

- Item 132 (initial patient assessment) >45 min. Once every 12M.
- Item 133 (patient review) >20 min. Twice every 12M.
- Item 14221 “Long-Term implanted device for delivery of therapeutic agents; accessing of.”

Telehealth MBS Items:

- Item 112 linked with items 110, 116, 119, 132 or 133
 - (i) Rural area. (www.doctorconnect.gov.au).
 - (ii) Sound and image.
 - (iii) Cannot be from a public hospital service.
 - (iv) 50% of the fee of the associated item. www.mbsonline.gov.au/



Case Conferencing

Australian Government
Department of Health

Medicare Benefits Schedule Book
Category 1

Operating from 01 January 2015

- **Items 820, 822, 823, 825, 826 and 828**
 - (i) Complex needs patient requiring care from a multidisciplinary team**
 - (ii) Minimum of three care providers from different disciplines.**
 - (iii) To establish and coordinate the management of the patient.**
 - (iv) Cannot be from a public hospital outpatient / inpatient service**
 - (v) Face to face, by telephone or by video link, or a combination of these**

CGM Provision by Public Hospitals

- Insert and Remove in DPU
- “Type B” Admission 60 min/ “Type E” Admission 4 hours
- Email pdf of upload to Dr, DNE, Dietitian and Patient
- Activity based funding

2015-16 DRG and WIES values:





















Admission (K60C) for sensor insertion – 0.3331 = \$1513.94

Admission (Z64B) for sensor removal – 0.2424 = \$1101.71

Total = \$2621.85

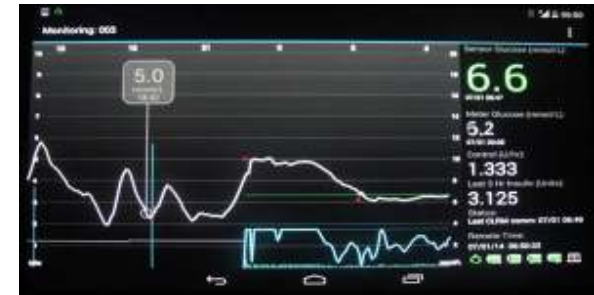


Summary

Challenge	Response	Public	Private
Greatest nurse time demand at pump initiations	<ul style="list-style-type: none"> Utilise supports provided by industry for starts and renewals Utilise nurses for appropriate activities 	 	 
Increasing renewals	<ul style="list-style-type: none"> Group sessions 		
Limited medical reimbursement (face to face consultation)	<ul style="list-style-type: none"> MBS funded clinics Item number selection 	 	 
Absent medical reimbursement (remote consultation)	<ul style="list-style-type: none"> Patient co-payment Case Conferencing 	 	 
Complex and changing field	<ul style="list-style-type: none"> Standardise protocols Restrict supported device range 	 	 
CGM provision	<ul style="list-style-type: none"> Hospital activity based funding 		

? The Future?

- Pump initiations plateau?
- Increases in renewals
- RT-CGM and Insulin delivery system funded as a Closed Loop package.
- Evolving paradigm for care:
 - Simplified user interface/ more reliable
 - Fewer HCP adjustments to insulin delivery parameters
 - Emphasis on carb counting (hybrid CL)
 - Emphasis on diet and lifestyle
 - Emphasis on sick-day management
 - Emphasis on managing technology

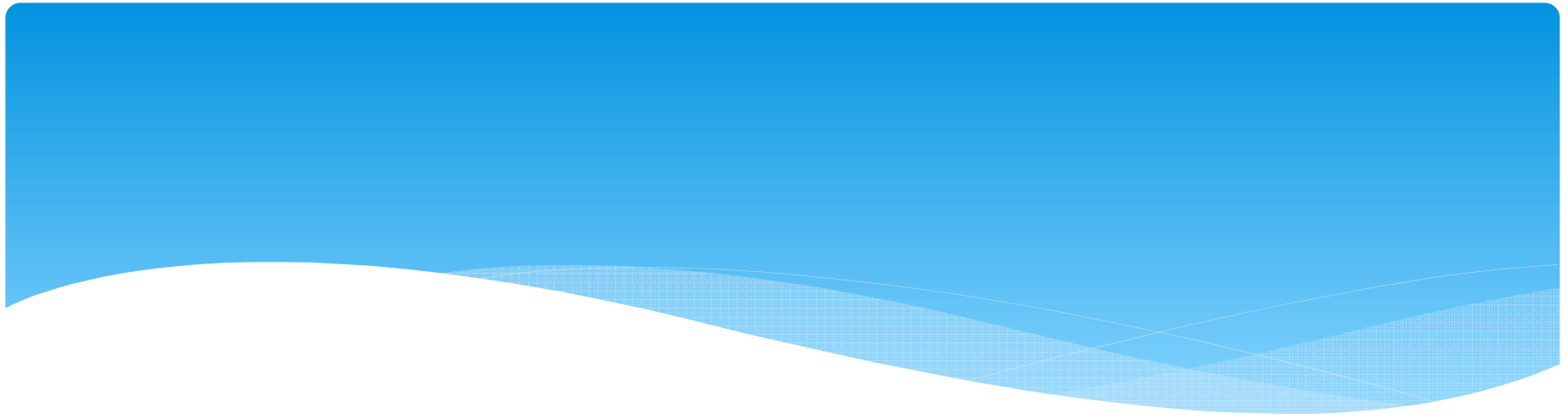


Acknowledgements

Kylie Alexander, Wendy Bryant, Neale Cohen, Maria Craig, Mark Forbes, Greg Fulcher, Tim Greenaway, Natalie Harrison, Jane Holmes-Walker, Gabrielle Howard, Jennifer Jackson, Alicia Jenkins, Maarten Kamp, Lewis Kaplan, Joey Kaye, Ashim Sinha, Steve Stranks, Peter Colman.

Marilyn Burgess, Carmela Caputo, Jodie Horsburgh, Effie Kopsaftis, Margaret Loh, Kylie McLachlan, Karen Palmer, Kerryn Roem, Maxine Schaleppi, Georgia Soldatos, Cheryl Steele, Kathy Steele, Victoria Stevenson, Diedre Thorn, Fiona Weedon, Brenda Cayzer, Sue Wyatt. Linda Bellinvia, Sylvia Xu

Joanna Sader, Marion Jamieson (Medtronic)



Perceptions

- Excessive demands on HCP time
- Limited reimbursement
- Specialised rapidly changing field

