

# Pumps and CGM

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# Topics

- Pumps in the Australian Market
- CGM available in Australia
- Public hospital initiation funding for pumps and CGM combined
- Funding initiation of stand alone CGM
- Funding follow-up of patients using technology
- Private education options

# Insulin Pumps



Roche Combo



Cellnovo



Animas Vibe



Medtronic Veo



640G

# CGMS



# CGMS



# Accessing pumps

- Private Health Insurance
  - Needs to cover medical admission (even though the patient may not be admitted)
  - Different funds have different rules about admission
  - Frequency of upgrades also differs between funds
- JDRF Program
  - Means tested
  - Limited choice (includes first 3 months consumables)

# Initiating pump therapy

Inpatient admission as a private patient.

We use a clinical room which we have had designated as a ward

Cert E admission (Band 1) \$249

- 962006-1920 subcutaneous administration of pharmacological agent (insulin)
- 9630906-1920 loading a device
- 9555014-1916 allied health intervention (diabetes education)

Cert C day admission can also be used but limited in a public hospital

Add the private bed fee of \$234

So each admission = \$483 per patient

Typically train in pairs so \$966 with the minimum admission time of 4 hours.

Add the cost of the pump to the invoice

# Assessment and follow-up clinics

We use a nurse led public funded clinic for pump assessments

Billed as activity based service

Referrals are received from Endos both within our health service or from external Endos

Follow-up clinics are both MBS and public funded

The DNE runs a clinic concurrently with the Endo in the MBS clinic

Item 132 (complex new) \$224.35 or item 133 (complex review) \$112.30

Item 110 (New) \$128.30 or review item 116 \$64.20

Pump download item 14221 \$44.65



# CGMS

If the patient is funding CGM to augment their pump they may choose to start both the pump and the CGM on the same day

Many choose to start just with the pump and return for a follow up admission 4-6 weeks later for the CGM

If admitting for just CGM we do a Cert E admission and use the private health insurance as well, if they have private cover.

Medtronic also have an agreement to provide an education fee for their customers who initiate pumps or CGMs – not in all hospitals and it is necessary to disclose to the patient if the hospital is receiving a fee.

# NDSS funded CGM

Hasn't impacted our service as much as the paediatric services

Many of our YADS patients are eligible for the NDSS funded CGM

Majority of these are choosing the Dexcom G5.

Once the device has been delivered to the hospital we send the patient or parent an email with instructions on how to download the app on their phone prior to the appointment.

We then either do a Cert E admission or an outpatient appointment depending on how many patients and the complexity of the set up.

Medtronic 640G protector kit is always an admission to allow time for discussing the suspend options and the impact of calibrations.

# Using a Private DNE

Some centres may choose to use the services of a Private DNE if they do not have sufficient internal resources.

DNEs in private practice often charge the patient an upfront fee of \$250 - \$500 out of pocket for the pre-pump assessment, initiation and a package of follow-up face to face and telephone follow-up.

Patients may also see a private dietitian using an Care Plan from their GP.

If DNEs are initiating pumps privately they will have a service agreement with the pump companies who will pay them a fee as well.

Service agreement fees with pump suppliers: \$550 + GST

# CGM with a private DNE

Because of the large number so children and young adults accessing CGM via the NDSS initiative some Paediatric hospitals have a long waiting list for initiation.

Private DNEs can initiate the CGM for the patient.

Pt. can use a GP care plan to the DNE visit

Supplies pay a service agreement fee of \$150 + GST

Targets set into the CGM alarms may need to be discussed with the referring doctor.

# Phone follow-up

There is no funding for between visit follow-up

- Reported as part of VINAH activity but no direct funding to service

There is no funding for after hours calls

- Often falls to the Registrar to take after hours calls

Often patients will call because of a pump / CGM failure instead of calling the supplier's emergency line

# Summary

Pumps and CGM do tend to be resource intensive

Not all staff are confident with pump downloads and programming

Important to identify innovative funding sources

Will need to become a routine part of care going forward