

Web-based Survey Completed by 300 Physicians in June 2008

Screener Questions

I care for adult diabetic patients: Yes/No

I am a whole or part owner in my medical practice: Yes/No

Choose One:

I am a Primary Care Physician

I am an Endocrinologist

Medical Practice Services and Reimbursement – Diabetic and Pre-diabetic Patients

The ADA recommends that the following services and procedures be provided to patients with diabetes or patients at high risk for developing diabetes by their physicians and health care professionals:

- Physician coordinated multi-disciplinary team care (i.e. physicians, nurse practitioners, physician’s assistants, nurses, dieticians, pharmacists, and mental health professionals with expertise in diabetes)
- Lifestyle and behavior modification counseling
- Patient education on self-care and complication prevention
- Psychological and social status assessments

1. Does your practice have adequate resources (medical and administrative time, facilities, staff, and materials) to provide the following recommended services and procedures (as noted above) to patients with diabetes and/or pre-diabetes?

	Yes	No
Physician coordinated multi-disciplinary team care		
Lifestyle and behavior modification counseling		
Patient education on self-care and complication prevention		
Psychological and social status assessments		

2. On average, what percent of the overall services and procedures that you provide to diabetic and pre-diabetic patients is done so without any expectation of reimbursement (e.g. what percent is charity care, provided to patients without insurance or means to pay)?

_____ %

3. Do you feel that you are able to provide comprehensive diabetes care to people at risk, pre-diabetes, and people living with diabetes

_____ Yes (skip to 4)

_____ No

3a. If no, what is the primary barrier (Choose 1)?

- Time
- Reimbursement
- Comprehensive knowledge of diabetes and proper care
- Patient responsiveness
- Other: describe: _____

Next, we are going to ask if your practice provides for and is adequately reimbursed for specific services and procedures recommended by the ADA.

4. **Multi-disciplinary Care Coordination**

Does your practice provide multi-disciplinary care coordination for diabetic patients? That is, coordinating the nurses, nurse practitioners, registered dietitians, specialists, and mental health professionals, required to provide the ADA recommended multi-disciplinary care to patients with diabetes.

____ Yes (go to 4a)

____ My practice refers this service out/does not provide it.

4a. Please indicate who provides this service and whether reimbursement by the three payors is adequate:

Who provides Service:	<input type="checkbox"/> I do/ Another Physician	<input type="checkbox"/> Someone in practice does (non-physician)
Medicare reimbursement is adequate for this service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicaid reimbursement is adequate for this service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private Insurance reimbursement is adequate for this service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. **Self-Monitoring Blood Glucose (SMBG) Instruction and Evaluation**

Does your practice provide patient instruction and evaluation of self-monitoring of blood glucose (SMBG) and/or continuous glucose monitoring provided to patients with diabetes?

____ Yes (go to 5a)

____ My practice refers this service out/does not provide it.

5a. Please indicate who provides this instruction and whether reimbursement by the three payors is adequate:

Who provides Service:	<input type="checkbox"/> I do/ Another Physician	<input type="checkbox"/> Someone in practice does (non-physician)
Medicare reimbursement is adequate for this service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicaid reimbursement is adequate for this service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private Insurance reimbursement is adequate for this service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Intensive Insulin Therapy Instruction

Does your practice provide patient instruction on intensive insulin therapy provided to patients with diabetes?

___ Yes (go to 6a)

___ My practice refers this service out/does not provide it.

6a. Please indicate who provides this instruction and whether reimbursement by the three payors is adequate:

Who provides Service:	<input type="checkbox"/> I do/ Another Physician	<input type="checkbox"/> Someone in practice does (non-physician)
Medicare reimbursement is adequate for this service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicaid reimbursement is adequate for this service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private Insurance reimbursement is adequate for this service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Weight Loss Counseling and Physical Activity Instruction

Does your practice provide weight loss counseling and physical activity instruction provided to patients at risk for the development of type 2 diabetes (i.e. patients with impaired glucose tolerance (IGT) or impaired fasting glucose (IFG))?

___ Yes (go to 7a)

___ My practice refers this service out/does not provide it.

7a. Please indicate who provides this counseling and whether reimbursement by the three payors is adequate:

Who provides Service:	<input type="checkbox"/> I do/ Another Physician	<input type="checkbox"/> Someone in practice does (non-physician)
Medicare reimbursement is adequate for this service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicaid reimbursement is adequate for this service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private Insurance reimbursement is adequate for this service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Medical Nutrition Therapy (MNT)

Does your practice directly provide medical nutrition therapy (MNT) to patients with diabetes?

___ Yes (go to 8a)

___ My practice refers this service out/does not provide it.

8a. Please indicate who provides this service and whether reimbursement by the three payors is adequate:

Who provides Service:	<input type="checkbox"/> I do/ Another Physician	<input type="checkbox"/> Someone in practice does (non-physician)
Medicare reimbursement is adequate for this service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicaid reimbursement is adequate for this service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private Insurance reimbursement is adequate for this service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Psychosocial Screening and Assessment

Does your practice screen and assess the psychosocial issues among patients with diabetes?

___ Yes (go to 9a)

___ My practice refers this service out/does not provide it.

9a. Please indicate who provides this service and whether reimbursement by the three payors is adequate:

Who provides Service:	<input type="checkbox"/> I do/ Another Physician	<input type="checkbox"/> Someone in practice does (non-physician)
Medicare reimbursement is adequate for this service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicaid reimbursement is adequate for this service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private Insurance reimbursement is adequate for this service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Smoking Cessation Counseling

Does your practice provide smoking cessation counseling to patients with diabetes?

___ Yes (go to 10a)

___ My practice refers this service out/does not provide it.

10a. Please indicate who provides this service and whether reimbursement by the three payors is adequate:

Who provides Service:	<input type="checkbox"/> I do/ Another Physician	<input type="checkbox"/> Someone in practice does (non-physician)
Medicare reimbursement is adequate for this service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicaid reimbursement is adequate for this service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private Insurance reimbursement is adequate for this service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Self-care of the Feet Education

Does your provide education on self-care of the feet to patients with diabetes?

___ Yes (go to 11a)

___ My practice refers this service out/does not provide it.

11a. Please indicate who provides this service and whether reimbursement by the three payors is adequate:

Who provides Service:	<input type="checkbox"/> I do/ Another Physician	<input type="checkbox"/> Someone in practice does (non-physician)
Medicare reimbursement is adequate for this service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicaid reimbursement is adequate for this service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private Insurance reimbursement is adequate for this service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Annual Eye Exam and Blindness Education

Does your practice provide education on the importance of annual dilated eye exams and the risks of blindness provided to patients with diabetes?

___ Yes (go to 12a)

___ My practice refers this service out/does not provide it.

12a. Please indicate who provides this service and whether reimbursement by the three payors is adequate:

Who provides Service:	<input type="checkbox"/> I do/ Another Physician	<input type="checkbox"/> Someone in practice does (non-physician)
Medicare reimbursement is adequate for this service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicaid reimbursement is adequate for this service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private Insurance reimbursement is adequate for this service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Diabetes Self-Management Education (DSME)

Does your practice provide initial and on-going diabetes self-management education (DSME) to patients with diabetes?

___ Yes (go to 13a)

___ My practice refers this service out/does not provide it.

13a. Please indicate who provides this service and whether reimbursement by the three payors is adequate:

Who provides Service:	<input type="checkbox"/> I do/ Another Physician	<input type="checkbox"/> Someone in practice does (non-physician)
Medicare reimbursement is adequate for this service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicaid reimbursement is adequate for this service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private Insurance reimbursement is adequate for this service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Medical Practice Characteristics – Patients with Diabetes and Pre-diabetes

The following final questions will give us a sense about the general characteristics of your practice. Please enter your best estimates.

14. How many patients does your practice see in a typical week?

15. What percent of your practice's patients have been diagnosed with type 1 diabetes?

_____%

16. What percent of your practice's patients have been diagnosed with type 2 diabetes?

_____%

17. What percent of your practice's patients are at high-risk for developing diabetes?

_____%

18. Do you diagnose pre-diabetes

___ Yes

___ No

19. What percent of your practice's patients are covered by:*

Private Insurance _____%

Medicare _____%

Medicaid _____%

Uninsured _____%

* These values (%) should total to 100%.

Appendix B: On-line Discussion Group Questions

On-line Discussion Group Questions

Q1. Areas with adequate resources

The survey indicated that the majority of Endocrinologists and PCPs believe their practices have adequate resources to provide the following three areas of care:

- Physician coordinated multi-disciplinary team care
- Lifestyle and behavior modification counseling
- Patient education on self-care and complication prevention

Please comment on whether you think your practice has adequate resources to provide the three specific services outlined above. Does the level of reimbursement for these services allow you to most effectively utilize these resources in the care of patients with diabetes or pre-diabetes?

F1-1. Follow-up ALL: Dietician and patient education reimbursement

Panelist E indicated reimbursement is not adequate "for counseling services by non-MDs," particularly dietitians, and Panelist O said "many insurance companies are now placing limits on the amount of education for which they will reimburse." Please describe to what extent you are directly involved with providing education and dietary information yourself. If anyone else, such as an on-site dietician is involved, please describe their role and responsibility in providing education and dietary information. Panelists A, H, and V, what enables you to provide adequate education and dietary information to your patients?

F2-1. Follow-up ALL: Physician knowledge and training

In Questions 1 and 2, some panelists' mention that they do not have the "knowledge" or "training" to provide behavior modification and lifestyle counseling and/or psychological and social status assessment. If you had the knowledge and training necessary to provide these services to your patients, how would it impact the care you deliver? At what point(s) in medical education (e.g., medical school, residency training/fellowship, continuing medical education) should physicians receive training in these services? What approaches would need to be taken to ensure adequate training?

On-line Discussion Group Questions

Q2. Areas with inadequate resources

The survey indicated that more than half of the physicians believe their practices do not have adequate resources (medical and administrative time, facilities, staff, and materials) to provide *Psychological and Social Status Assessments* to patients with diabetes and/or pre-diabetes. Do you think your practice has adequate resources to provide psychological and social status assessments? Why, or why not? Please describe the barriers to providing this service to patients with diabetes and/or pre-diabetes. What might a practice need in order to have adequate resources to provide these services?

Q3. Comprehensive care

The survey indicated that one-third of PCPs and Endocrinologists believed they are not able to provide *Comprehensive Diabetes Care* (for example, *initial evaluation, management, glycemic control, patient education and counseling, and screening and prevention for complications*) to people at risk for diabetes, pre-diabetics, and people with diabetes. Please comment on whether you think your practice is able to provide comprehensive diabetes care. What do you believe are the barriers to providing comprehensive diabetes care? What specific components of comprehensive diabetes care might not be provided to some patients, and why?

F1-2. Follow-up ALL: Non-adherence

How frequently does non-adherence become an issue in the quality of care your diabetes patients receive and what aspects of care do patients not adhere to? Do any resource limitations and reimbursement limitations specifically lead to non-adherence? Please specify and explain.

F2-2. Follow-up ALL: Most significant factor

What do you believe is the most significant contributing factor to patient non-adherence? Please explain.

F2-3. Follow-up ALL: Insurance and non-adherence

How do patients' health insurance coverage limitations (e.g., regarding copayments, uncovered services, etc.) specifically lead to non-adherence? What do you recommend should be done to reduce this negative impact on adherence?

On-line Discussion Group Questions

Q4. Multi-Disciplinary

The survey of PCPs and Endocrinologists indicated that 41% of responding PCP practices and 64% of responding Endocrinologist practices provide **Multi-Disciplinary Care Coordination** (*coordinating the nurses, nurse practitioners, registered dietitians, specialists, and mental health professionals*). Why do you believe there is this difference between PCPs and Endocrinologists for **Multi-Disciplinary Care Coordination**?

M F1-3. Follow-up ALL: Lack of multi-disciplinary care coordination for endocrinologists

In the absence of a multi-disciplinary team, what approaches do you think Endocrinologists and PCPs take to provide adequate care? What do you think of the relative magnitudes of physicians providing multi-disciplinary care coordination (i.e., low, adequate, high)? What are the implications for patient utilization, quality of care and outcomes?

M F2-4. Follow-up ALL: Medicare restrictions and policies

Panelist B stated that “Medicare restrictions on who qualifies for diabetic education are absolutely ridiculous, and hinder many from getting the care they need.” Further, 5 panelists in F1-5 state that Medicare payment levels are inadequate and have not kept up with inflation. What changes in Medicare restrictions would you recommend and why? What Medicare reimbursement policy changes would you recommend to improve patient care? What impact would these changes have on patient care?

On-line Discussion Group Questions

Q5. Medical nutrition therapy

Similarly, 30% of responding PCP practices and 50% of responding Endocrinologist practices provide *Medical Nutrition Therapy*. Why do you believe there is this difference between PCPs and Endocrinologists for *Medical Nutrition Therapy*?

On-line Discussion Group Questions

M F1-4. Follow-up ALL: Patients not receiving Medical Nutrition Therapy in Practice

How do you think PCPs and Endocrinologists ensure medical nutrition therapy (MNT) is provided to their patients when MNT is NOT received at their practice? If you think PCPs are more likely than Endocrinologists to refer their patients to an outside nutritionist, please explain why. Do you think patients are more likely to receive medical nutrition therapy with an Endocrinologist than a PCP? What are the implications of this on patient utilization, quality of care, and outcomes? Please explain.

On-line Discussion Group Questions

Q6. Adequate reimbursement

In your opinion, what diabetes services is your practice adequately reimbursed for (list up to 5)? Please describe.

M F2-5. Follow-up ALL: Patients not receiving MNT in Practice

In Question 6, Panelist M indicated that physicians are underpaid for preventive care. Do you agree? If so, what do you think it would take to get insurers, both private and public, to more adequately pay for preventive care in diabetes? What specific components of preventive care would you like to see more adequately reimbursed, and why? Please describe what implications more adequate reimbursement for these specific components might have on the quality of patient care.

Q7. Inadequate reimbursement

In your opinion, what diabetes services is your practice **not** adequately reimbursed for (list up to 5)? Please describe. What are the implications of inadequate reimbursement on patient care?

Q8. Reimbursement barriers

Surveyed physicians that believed they could not provide comprehensive diabetes care indicated that the primary barrier is reimbursement. Please describe why reimbursement may be a primary barrier. How does under-reimbursement or lack of reimbursement affect the care that is provided to people at risk for diabetes, pre-diabetics and people with diabetes? If reimbursement is a barrier to more comprehensive care for your diabetic patients, please explain how so.

M F1-5. Follow-up ALL: Coding

Panelist H said that "reimbursement is not an issue if coding is done correctly". What are your thoughts on this? Do you agree or disagree? Please give specific examples where coding makes a difference and include appropriate CPT codes.

Q9. Coverage and reimbursement

Please describe any differences in reimbursement for diabetic care between private insurance, Medicare, and Medicaid. How does a diabetic patients' coverage impact the services they are able to receive?

M F1-6. Follow-up ALL: Reimbursement impact on care

Some panelists indicate they do not accept Medicaid patients due to lack of reimbursement and others indicate the costs being reimbursed are shrinking, while actual costs of providing care are rising. How, if at all, does your practice plan to manage shrinking reimbursement? Will you change the percent of patients you see to more privately insured? How will this impact the level of comprehensive diabetes care you are able to provide your patients in the next year, in three years? How will this impact quality and patient outcomes?

M F2-6. Follow-up Panelist K ONLY: Specific overhead components

Panelist K, you indicated that you "will not change anything rather cut down on overhead." Please describe what specific overhead components you would reduce and the outcomes you anticipate from making these cuts.

M F2-7. Follow-up ALL: Attempts and plans to reduce overhead

Panelist K stated that they "will not change anything rather cut down on overhead." Have you attempted to, or are you planning to, reduce overhead? If you have attempted to reduce overhead, what approaches did you take and how successful were they? If you are planning to reduce overhead costs, what approaches will you take and what do you anticipate the outcomes will be? What are the implications of

On-line Discussion Group Questions

reducing overhead on quality of patient care?

Q10. Reimbursement impact

If reimbursement for diabetes care were higher, what would your practice do differently? How might higher reimbursement impact the care provided to your diabetic patients?

M F1-7. Follow-up ALL: Inadequate reimbursement

Responses throughout this panel discussion highlight the inadequate reimbursement for a number of factors (education, fingersticks, etc. mentioned by several panelists in Q6 and Q7) as well as its impact on patient care. What are the implications of inadequate reimbursement on patient outcomes, care, and utilization (e.g., ED visits, hospitalizations)? When there is a gap between the care patients need and the care that is reimbursed, how does your practice deal with this issue? What financial responsibilities does your practice assume?

M F1-8. Follow-up Panelist V ONLY: Adequate reimbursement

Since you indicate you are not aware of any services that you are not adequately reimbursed for, and you would not do anything differently if reimbursement for diabetes care were higher, can you please elaborate on your particular practice and why you think your situation is different than your colleagues?

M F1-9. Follow-up ALL: Time with patients

Many panelists mention that if reimbursement were higher, you would have more time to spend with patients. For example, Panelist E mentioned that 5-10 additional minutes with a patient would be helpful. To what extent do you agree or disagree with this? Also, please tell us how much time you spend with a typical newly diagnosed diabetes patient and how much time you spend with a typical established diabetes patient during an office visit.

Q11. Other issues

Other than what has been discussed, what is important to know for someone assessing how the level of diabetic care delivered compares to the most recent ADA Diabetes Guidelines?

M F1-10. Follow-up ALL: Impact of Guidelines

Please describe any impact ADA recommended guidelines have on the methods you use to treat your patients.