endo.digital Helps Billings Clinic Increase CGM Data Review Revenue by 60%

Background

Advances in technology and expanded payment has resulted in a dramatic increase in the adoption of diabetes devices such as continuous glucose monitors, blood glucose meters and insulin pumps.

These devices generate valuable patient data that can be used to elevate care. At the same time, data acquisition, processing, interpretation and documentation of data from all these platforms creates tremendous burdens on clinicians and staff. Much of the time spent goes un-reimbursed.

Codes such as CGM 95251 offer the prospect of covering the costs for this work, but the documentation requirements are very burdensome, resulting in significant amount of lost reimbursement that could be used to fund critical patient care.

1400+

Non-billable support staff hours per year per provider in an endocrinology practice

Source: ENDOCRINE PRACTICE Vol 24 No. 5 May 2018; ONE-YEAR TIME ANALYSIS IN AN ACADEMIC DIABETES CLINIC: QUANTIFYING OUR BURDEN; Hirsch, Toulouse, Huyn
*Provider=endocrinologist or RN/ANP

Solution

To help address this challenge, Billings Clinic deployed DreaMed's endo.digital, an end-to-end diabetes decision support platform. In addition to supporting the diabetes care workflow, endo.digital automatically captures the documentation required to bill for CGM code 95251, which can be easily copied and pasted into the EMR, or automatically pushed to the EMR via HL7 integration. Billings Clinic endocrinology initially deployed the copy and paste option.

Approach

Billings Clinic endocrinology partnered with DreaMed to deploy endo.digial to all of 10 clinicians treating patients using diabetes devices at the endocrinology clinic.

As part of the deployment plan, a regular cadence of feedback meetings was scheduled that included DreaMed's product and development team and Billings Clinic clinician users. Success was measured in two phases. In the first phase, utilization was tracked as well as user surveys to ensure adoption and user satisfaction. In the second phase, a pre-post analysis was conducted of the capture rate for CGM CPT code 95251.
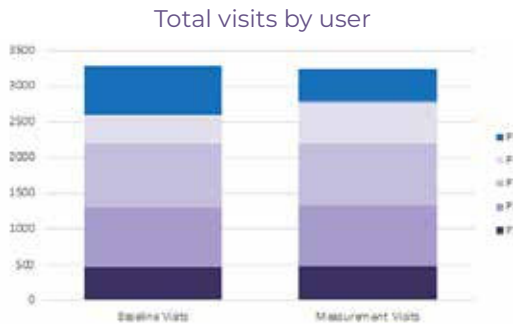
Capture rate was defined as the number of CPT 95251 billed to payers divided by the total patient visits, per provider eligible to bill. The pre-post analysis included an evaluation of all users, each user, and high utilization user. The analysis included a Wilcox Sign-Rank test to test statistical significance of the CGM code usage before and after, per provider, per month.
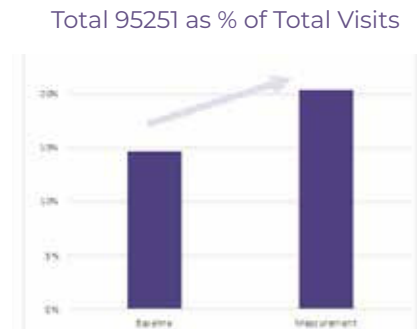
DreaMed's endo.digital platform

- Diabetes device data acquisition
- Glucose and insulin data reports
- FDA cleared AI enhanced decision support
- Patient app and bolus calculator
- Automated payer billing documentation

Results

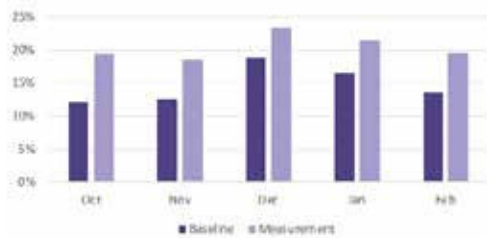### Total visits was similar across all user in the baseline and measurement periods

Total visits by user

As a percentage of total visits, 95251 capture is materially higher in the measurement period

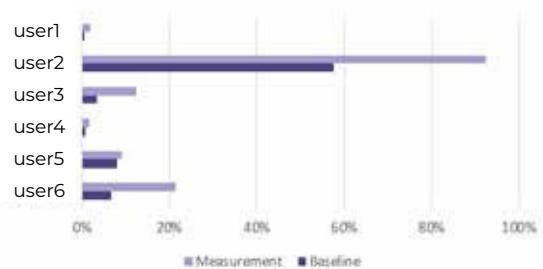Total 95251 as % of Total Visits

Material increase each month

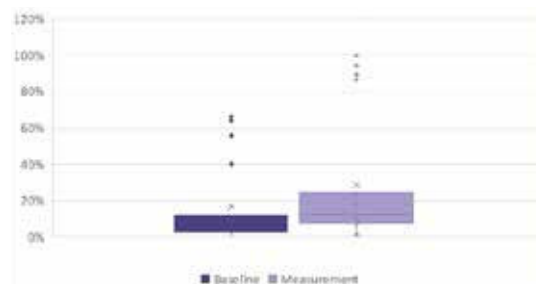Monthly 95251 as % of Total Visits

Material increase for each user

95251 as % of Total Visits

On average, endo.digital improved capture rate from 17% of total visits to 27% of total visits (Z=3.68, p value = 0.0004)1

1Wilcox Sign-Rank test used to test if the per provider per month (N-23) difference between CGM code usage before and after using the system is significant or not. Excludes data where we do not have both baseline and measurement for a given provider.

Box plot of the monthly 95251 captured code in baseline vs. measurement periods

endo.digital supports my staff's entire workflow, from data acquisition, interpretation to the documentation we need for payer reimbursement. This is especially important in today's very tight budget environment, where we need to be able to show hard dollar value in order to justify budget for new software. Not only is endo.digital saving my staff time and supporting great care, but also increasing revenue for the practice.

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Metabolism and Allergy

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