

## Part B Insider (Multispecialty) Coding Alert

### TELEMEDICINE: Telemedicine, Regular Medicine Both Have Same Result

What's the difference between counseling someone on managing her diabetes via video and in person?

Not much, according to the **American Diabetes Association's** Diabetes Care magazine. The April issue of the magazine features a study comparing the two methods of providing diabetes education by a team led by **SUNY Upstate Medical University** researcher **Roberto Izquierdo**.

Izquierdo's team divided a group of 56 diabetic adults into a telemedicine group and an in-person group, and gave both groups three consultations with nurses and nutrition counselors. They compared the two groups based on glycemic control and questionnaires regarding satisfaction and psychosocial functioning.

They found that diabetic education via telemedicine was as effective as in-person education. The telemedicine group reported high satisfaction. Both groups had the same success in changing behavior and had similar improvements in their glycemic control.

"In many areas, people with diabetes live too far away from or do not have the transportation to be able to attend comprehensive education programs," the study says. "In addition, low-income patients with diabetes who are often treated in public healthcare systems frequently experience access problems."

Diabetes is one of the main areas that telemedicine providers are targeting, says **Mike Lemnitzer**, senior vice president with Eden Prairie, Minn.-based **American Telecare**. Fortunately, Medicare is starting to pay for telemedicine in some cases, with more apparently on the way.

American Telecare is helping with Medicare's largest telemedicine demonstration project, addressing diabetes. Led by **Columbia University**, the four-year, \$28 million project is in its final year, with 1,500 patients taking part. The 750 non-control group patients each have a video-based system that checks blood pressure and blood glucose and takes pictures of skin and feet to search for signs of infection and other complications.

If a patient's data vary from the "care guidelines," the system will alert a physician or nurse.

The biggest hurdle to acceptance for diabetes telemedicine is that it can take five years before payers see the financial benefits of their investment because diabetes is a chronic disease, Lemnitzer says.

With American Telecare's systems, nurses or doctors can link with the patient via video and make sure he's using the correct medications and insulin dosage. The system can generate a report for physicians that shows the patient's vital signs during the past week based on regular tests that the patient can administer.

Since October 2001, physicians have been able to receive 100 percent reimbursement for video interactions with rural patients (those not in metropolitan statistical areas), Lemnitzer says. This must involve actual two-way video interaction, he says.