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Ohio Department of Medicaid

Remote Monitoring for Diabetes: Embracing Technology to Improve Patient Care

May 25, 2022

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Welcome

Michael W. Konstan, MD
Principal Investigator, Cardi-OH

Shari Bolen, MD, MPH
Co-Principal Investigator, Cardi-OH

Case Western Reserve University School of Medicine

About Cardi-OH

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Ohio Cardiovascular and Diabetes Health Collaborative

Founded in 2017, the mission of Cardi-OH is to improve cardiovascular and diabetes health outcomes and eliminate disparities in Ohio's Medicaid population.

WHO WE ARE: An initiative of health care professionals across Ohio's seven medical schools.

WHAT WE DO: Identify, produce and disseminate evidence-based cardiovascular and diabetes best practices to primary care teams.

HOW WE DO IT: Utilize monthly newsletters and an online repository of resources at Cardi-OH.org, podcasts available on Cardi-OH Radio, and the Project ECHO® virtual training model.

Learn more at Cardi-OH.org

Special Thanks

Zoom Webinar Logistics

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- **Joining as a Group?** Please use the Q&A feature to record names and emails of all attendees
- **Submit Questions for Discussion**
  - Use the Q&A feature to submit questions at any point. Please specify which speaker should answer.
  - Questions will be answered during the 'Question and Answer' portion of the program
- **Post Webinar Evaluation Survey**
  - The survey link will be shared at the end of today's webinar and also sent by email
  - Please complete by COB **Friday, June 3**

Continuing Medical Education (CME)

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- 1.00 AMA PRA Category 1 Credit is available for this webinar
- Complete CME Evaluation and claim credits by **Friday, June 24**
- Contact Cathy Sullivan (csullivan1@metrohealth.org) if you do not receive an email to complete your CME evaluation or need other assistance

- Registration required for CME credit. Use URL in Chat window OR Scan QR Code

Disclosure Statement: Kathleen Dungan, MD, MPH, has reported a financial relationship with commercial interests.

The MetroHealth System is accredited by the Ohio State Medical Association to provide continuing medical education for physicians. The MetroHealth System designates this educational activity for a maximum of 1.00 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity. Other Healthcare Professionals: check with your professional association as these credits might be applicable for licensure renewal.

Objectives

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- Define remote monitoring and technological options for diabetes management
- Identify patient populations for whom remote monitoring is appropriate
- Set up systems of care using remote monitoring for the intensification of diabetes management

Agenda

Topics	Presenter(s)	Timing
Welcome and Overview	Michael W. Konstan, MD Shari Bolen, MD, MPH	5 mins.
Remote Monitoring for Diabetes: Embracing Technology to Improve Patient Care	Kathleen Dungan, MD, MPH	25 mins.
Clinical Practice Spotlight: Implementation of Continuous Glucose Monitoring (CGM)	Megan Rasch, PharmD, BCACP	15 mins.
Audience Question and Answer	Amy Zack, MD (Moderator) Kathleen Dungan, MD, MPH Megan Rasch, PharmD, BCACP	10 mins.
Next Steps and Wrap Up	Shari Bolen, MD, MPH	5 mins.

Kathleen Dungan, MD, MPH
The Ohio State University

Megan Rasch, PharmD, BCACP
Five Rivers Health Centers

Amy Zack, MD (Moderator)
Case Western Reserve University

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Remote Monitoring for Diabetes: Embracing Technology to Improve Patient Care

Kathleen Dungan, MD, MPH
Professor and Associate Director of Clinical Services
Division of Endocrinology, Diabetes & Metabolism
The Ohio State University

What is Remote Physiologic Monitoring (RPM)?

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- The collection and analysis of physiologic data used to develop and manage a treatment plan related to a chronic and/or acute illness or condition
- Monitoring remotely while in the home
- Physiologic parameters: weight, blood pressure, glucose, O2 sat

https://www.endocrine.org/-/media/endocrine/files/membership/summary-of-cms-rule-42020.pdf

Candidates for Remote Physiologic Monitoring?

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- People with diabetes and glucose values not at goal
- Daily use of a glucose monitoring device
- Ability to transmit digital data
  - Device compatible smartphone with cellular connectivity

    OR
  - Computer or other compatible device with internet access

    AND
  - Consider e-Health literacy/training

- Coverage:
  - Most payers reimburse for Remote Physiologic Monitoring
  - Device coverage varies. For Medicaid:
    - Blood glucose monitors: OneTouch Verio Flex® or Reflect®
    - Continuous Glucose Monitoring (CGM) (multiple injections of insulin/day): Dexcom, FreeStyle Libre

Remote Physiologic Monitoring: Benefits in Diabetes Management

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- Telehealth interventions improve A1C, body mass index, quality of life[1,2]
- Systematic review (17 studies): best A1C when used in conjunction with **automatic mobile transmission of data** or real-time feedback to patients[3]

Table 2. Subgroup Analysis of Mean Difference of Pre-Post reduction in Hemoglobin A1c (%) Between the Telehealth and the Comparison Groups

SUBGROUPS	NO. OF SUBJECTS (STUDIES)	MEAN DIFFERENCE	I^2, %	*P*-VALUE FOR HETEROGENEITY IN SUBGROUPS	*P*-VALUE FOR HETEROGENEITY B/W SUBGROUPS
Transmission methods					<0.001
Automatic transmission	558 (5)	−0.57 (−0.60, −0.54)	94	<0.001	
Automatic mobile transmission	473 (3)	−0.61 (−0.65, −0.56)	94	<0.001	
Internet/web	1,181 (7)	−0.24 (−0.25, −0.23)	99	<0.001	
Feedback methods					<0.001
Real time	479 (3)	−0.77 (−0.82, −0.72)	93	<0.001	
Asynchronous	1,077 (8)	−0.23 (−0.24, −0.22)	98	<0.001	
Combination	656 (4)	−0.55 (−0.57, −0.52)	98	<0.001	
Lifestyle modification					<0.001
PA + nutrition	891 (9)	−0.48 (−0.52, −0.45)	96	<0.001	
PA + nutrition + medication management	1,173 (5)	−0.28 (−0.29, −0.27)	100	<0.001	
Nutrition + medication management	148 (1)	−0.70 (−0.77, −0.63)	–	–	

1. De Groot et al. World J Diabetes. 2021;12(2):170–97
2. Eberle C, Stichling S. J Med Internet Res. 2021;23(2):e23244
3. Michaud et al. Telemed J E Health. 2021;27(2):124–36

Obtaining Glucose Monitoring Data

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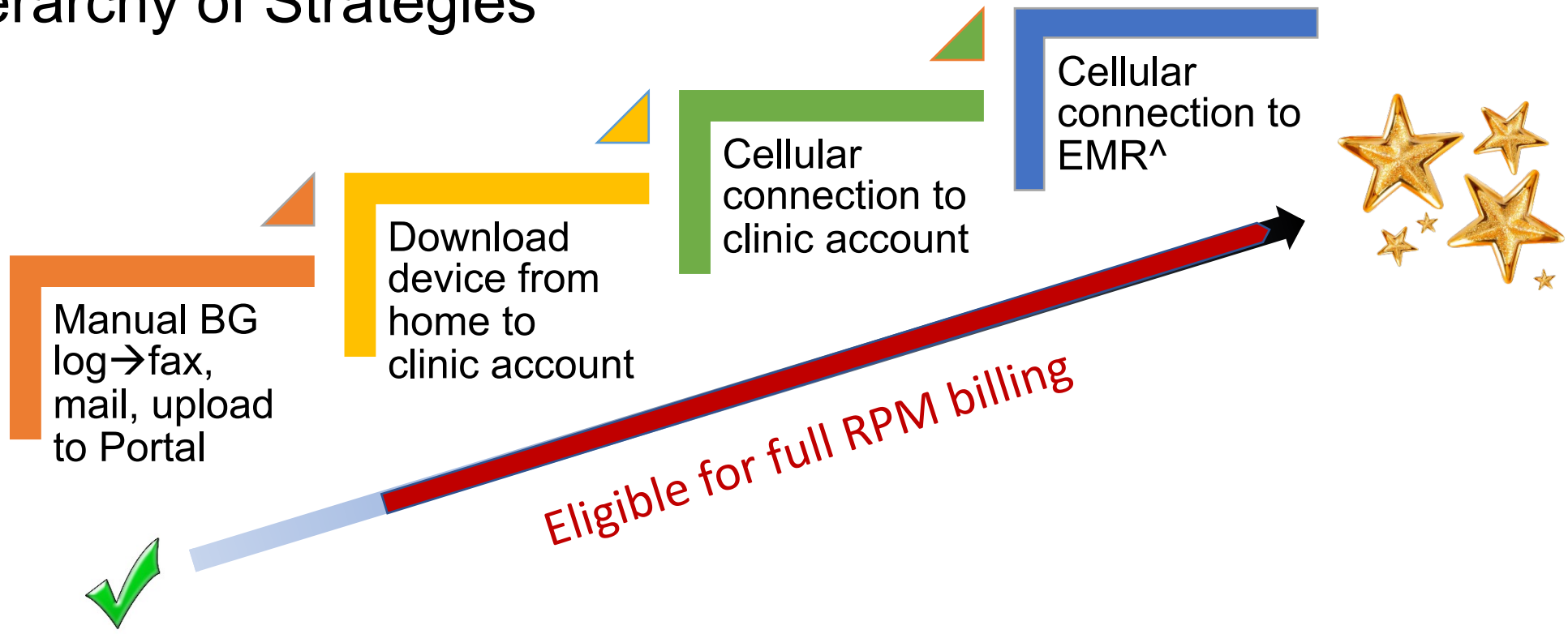
Hierarchy of Strategies



^Not widely available

Team Responsibilities

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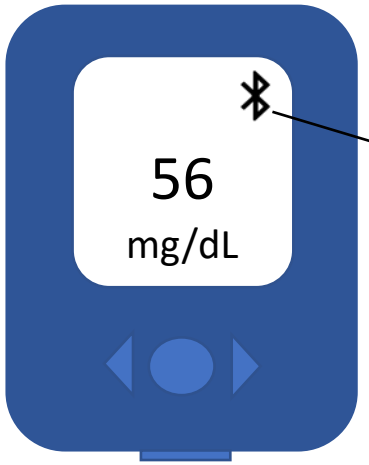
- A formal process for implementing remote glucose monitoring within a clinic is recommended[1,2]
- Consider focusing on 1 or 2 devices or platforms

Step	Role	Responsibilities	Timeline
Set up/training	CDCES*, PharmD, other trained staff	• Assess readiness/barriers • Set up apps/connect to clinic • Document how patient is connected • Maintain clinic's device portals	At time of device training Ongoing
Device download	CDCES*, PharmD, nurse/MA	• Retrieve glucose monitoring reports • Upload to EMR • Communicate to provider	Once per month
Data interpretation	Varies	• Interpret data and make treatment decisions	Once per month
Communication	Varies	• Communicate via phone, video, electronic message	Once per month

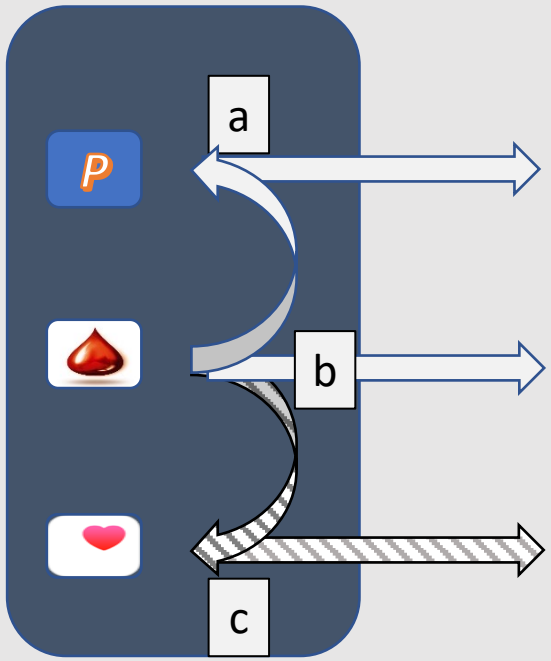
*CDCES: Certified Diabetes Care & Education Specialist

1. Isaacs D, Cox C, Schwab K, et al. Diabetes Educ. 2020;46(4):323–34
2. Gusdorf et al. J Telemed Telecare. 2021;1357633X211008786

Bluetooth Enabled Monitors



1) Glucose monitor transmits data to device specific app



2a) Patient creates PDF or takes screenshot, uploads to portal

OR

2b) Staff downloads directly from device portal

OR

2c) Data from device app transmitted to health app (apple health kit or Redox)

3a) Data attached to message in EMR

3b) Data viewable in EMR (PDF)

3c) Data viewable in Glucose Flowsheet of EMR (not widely available)

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Device-Specific Platforms

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- Devices connected via app can push data to a clinic account without intervention by the patient once connection is established
- Data rates may apply

	Software/ App	Mode of Connection	Connection Process	EMR Integration
FreeStyle Libre	LibreView	• App (phone receiver) • Computer (device specific receiver)	• Patient enters clinic specific code (permanent) • Invitation email	• In progress, via Redox
Dexcom	CLARITY	• App (phone receiver) • Computer (device specific receiver)	• Clinic generates patient specific code by email or print (permanent) • Patient generates sharecode (up to 1 year)	• Manufacturer is working on a solution

Setting up the LibreLink App

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2 Set up App

STEP 1

Check your smartphone is connected to a WiFi or cellular network. Tap **Sign In** or **GET STARTED NOW** .

Review the legal information and follow instructions to set up a LibreView account or login to your existing account.

STEP 2

Enter your personal settings. Tap **NEXT** after each screen.

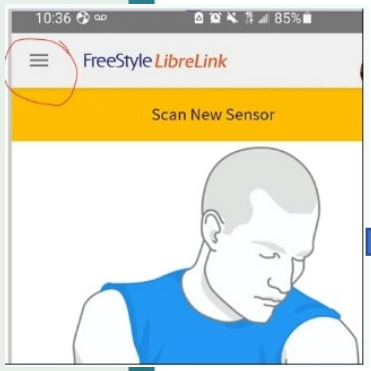
STEP 3

Review important information about glucose readings, when to do a blood glucose test, and where to apply a Sensor. Tap **NEXT** to proceed until you see the Scan New Sensor screen.

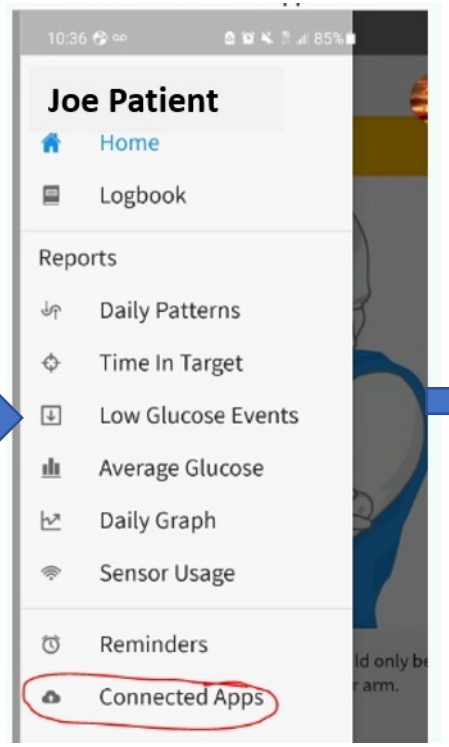
If patient wishes to use BOTH the app AND the reader, the reader MUST be set up first!!!

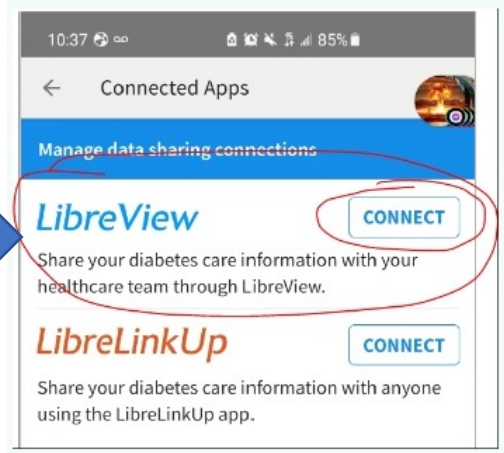
https://freestyleserver.com/Payloads/IFU/2021/q4/ART40977-101_rev-A-Web.pdf

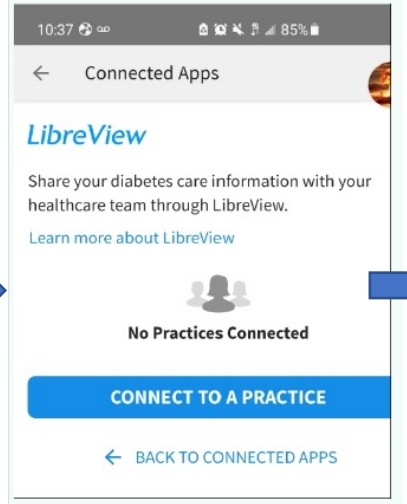
Connecting the LibreLink app to the Clinic

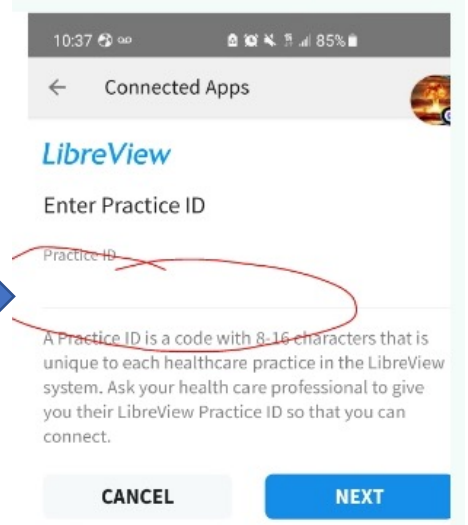


Click ☰









https://www.freestyle.abbott/us-en/products/freestyle-libre-app.html

LibreView Population Dashboard

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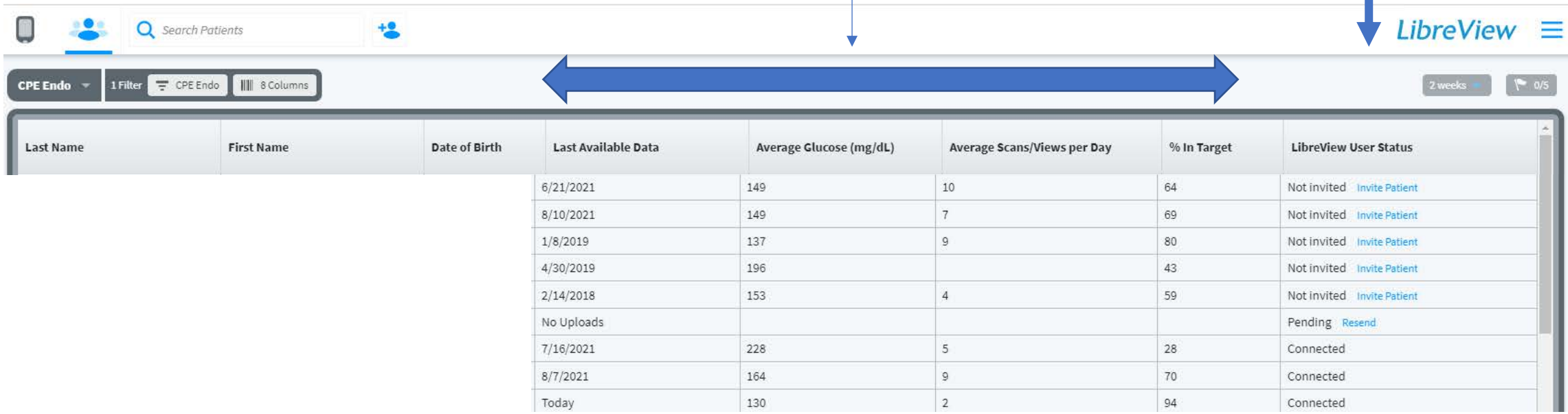
Patient search

Columns can be customized and filtered

Link to clinic status



Last Name	First Name	Date of Birth	Last Available Data	Average Glucose (mg/dL)	Average Scans/Views per Day	% In Target	LibreView User Status
			6/21/2021	149	10	64	Not invited Invite Patient
			8/10/2021	149	7	69	Not invited Invite Patient
			1/8/2019	137	9	80	Not invited Invite Patient
			4/30/2019	196		43	Not invited Invite Patient
			2/14/2018	153	4	59	Not invited Invite Patient
			No Uploads				Pending Resend
			7/16/2021	228	5	28	Connected
			8/7/2021	164	9	70	Connected
			Today	130	2	94	Connected

https://www.youtube.com/watch?v=VabEFu7DFFg

Linking the Dexcom CLARITY App to the Clinic

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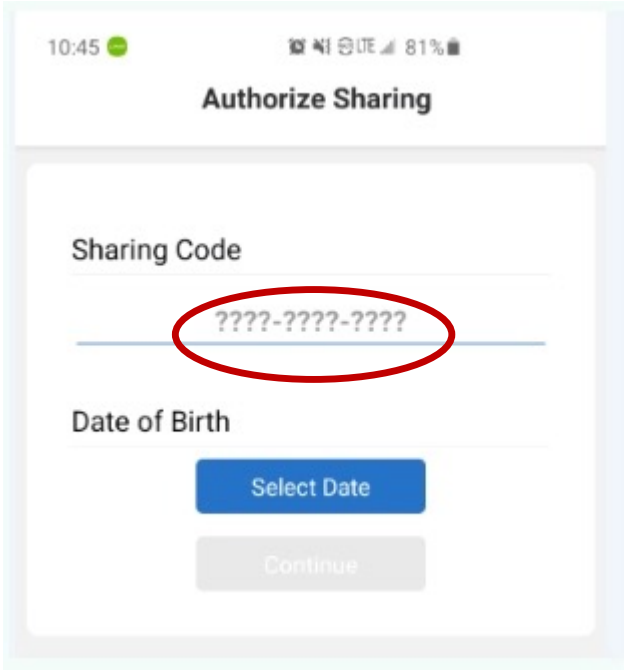
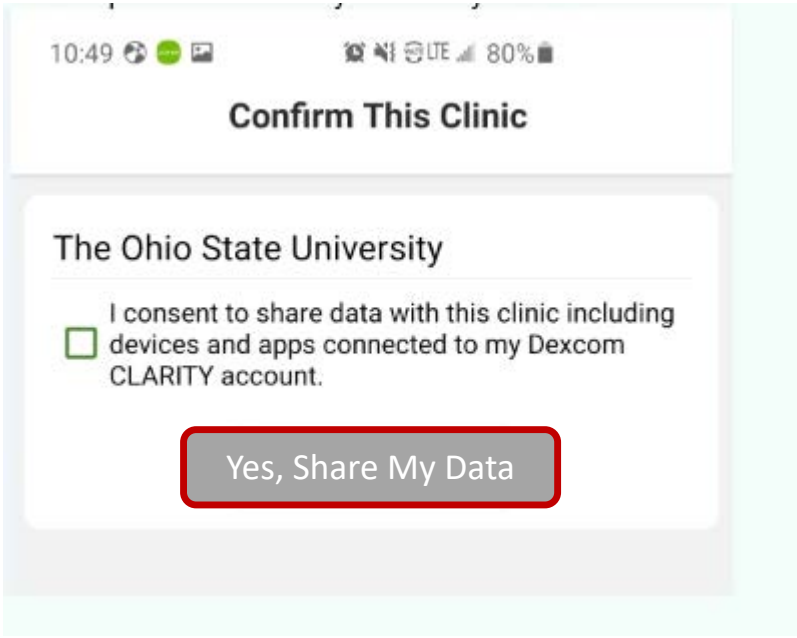
Click “profile”



Possible actions:

1. Accept invitation sent by clinic
2. Enter patient-specific sharecode generated **by clinic** (shown above)
3. Generate patient-specific sharecode to send to clinic



Confirm action

https://www.dexcom.com/faqs/how-do-i-share-data-with-my-clinic-using-dexcom-clarity-app

Dexcom CLARITY

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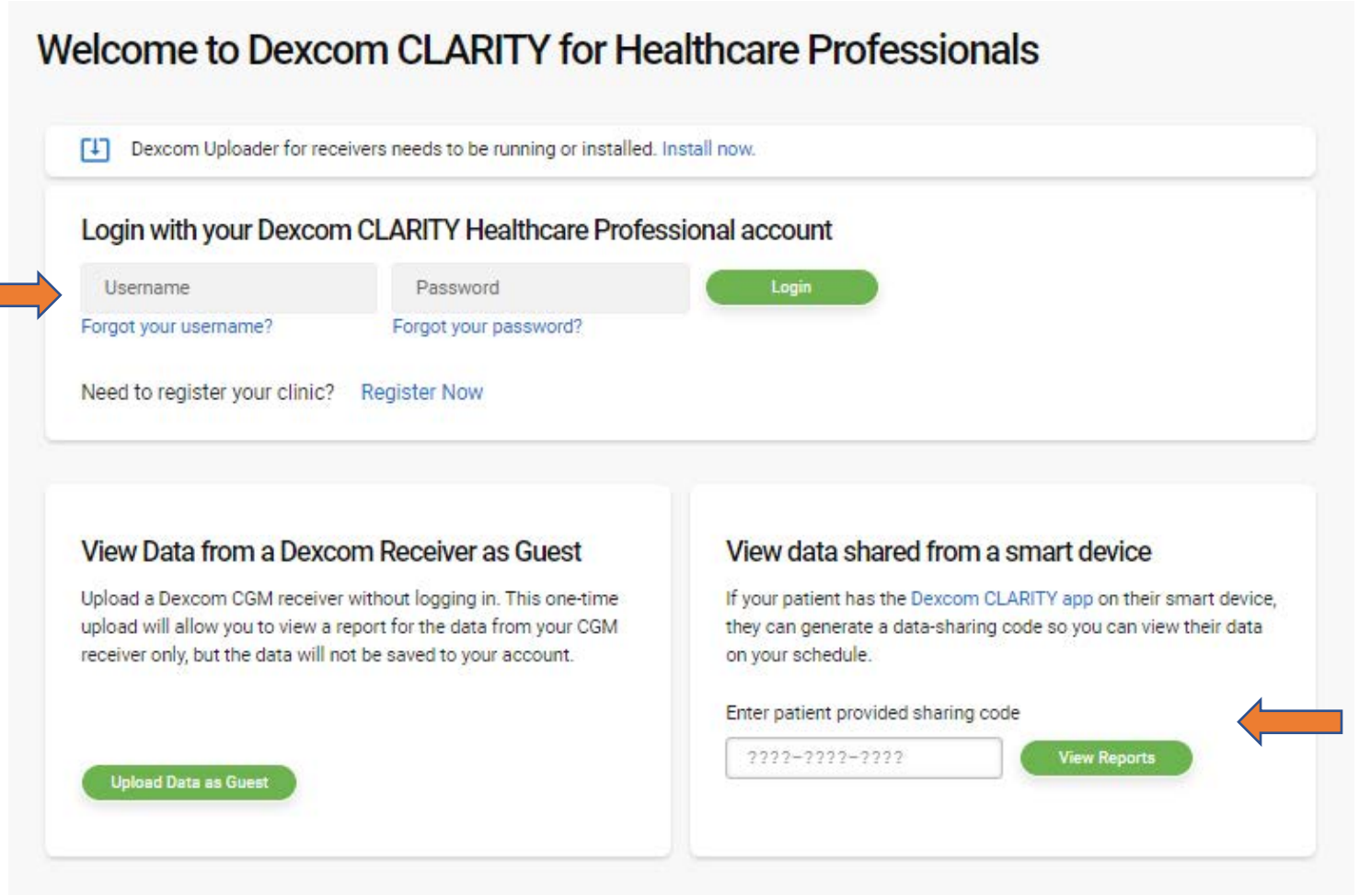
Patients who are linked directly to clinic



Patients who are using a sharecode

https://clarity.dexcom.com/professional/

Trouble Shooting Pearls

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- Check compatibility with phone prior to choosing device
- Encourage use of app vs. reader
- Encourage device set up with trained staff
- Document
  - Receiver type (phone vs. reader)
  - If/how patient is linked to the clinic
- Check whether patient is linked to clinic. If not, email or print invitation
- Dexcom:
  - Directly link to clinic rather than using sharecode
  - Make sure patient is using CLARITY app (Dexcom Share and Dexcom app not accessible to clinic)
- Libre:
  - Encourage patient to scan every 6-8 hours
  - Use Libre 2 vs. Libre 14 day

Algorithm-Enabled Patient Prioritization to Improve **Population-Level** Management

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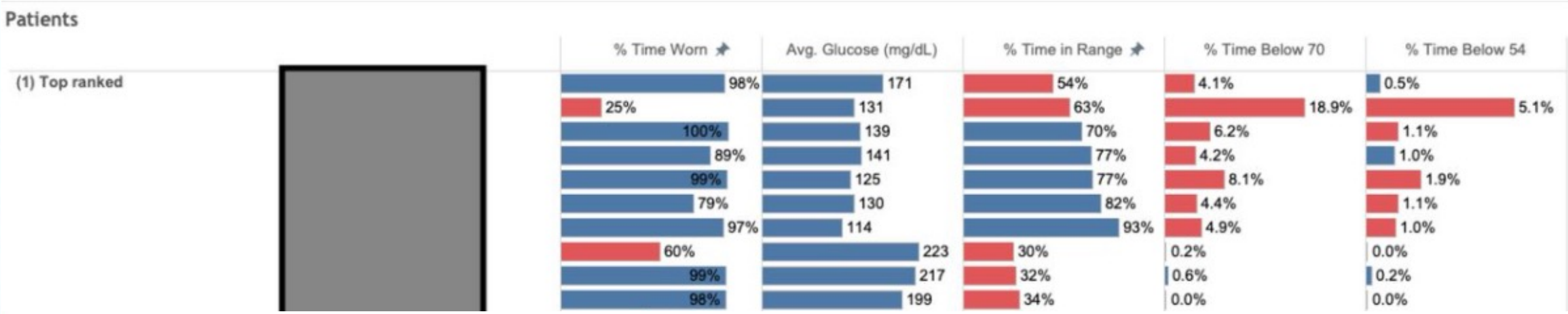

Develop a Prioritization Plan

1. Address hypoglycemia: % **Time below Range (TBR)**
   - **TBR** <70 mg/dL of **>4%** (individualized based upon age, risk)
   - **TBR** <54 mg/dL **>1%**
2. Assess % **Time in Range (TIR)** 70-180 mg/dL
   - % **TIR** <70
   - % **TIR** <50 (if older, high risk)

Ferstad JO et al. Pediatr Diabetes. 2021 Nov;22(7):982-991

Remote Monitoring Billing Codes

Code	Description	Staff	Additional Information	Reimbursement*	Billing Frequency
99453	Device set up & education	Clinical or auxiliary staff	• Consent required • Established patients with face to face visit in the last 12 months (new patients during PHE) • Episode of care ends with attainment of treatment goals	$19.90	1 time
99454	Data acquisition		• Device must electronically collect & transmit readings • At least 16 days of readings/calendar month (2 days for PHE) • Covers supply & provisioning of devices	$64	1 time every 30 days
99457	Data review & interpretation	Clinical staff under general *(not direct)* supervision (incident to)	• Delivered by 20-39 minutes/month • Interactive communication with the patient and/or caregiver (e.g., text, email, phone, or patient portal)	$51 (non-facility) $32.84 (facility)	1 time per calendar month
99458	Additional review	Same as 99457	• Add-on code to 99457 for each additional 20 minutes/month	$42 (non-facility) $32.84 (facility)	1 time per calendar month
99091	Interpretation of self-monitoring of blood glucose (SMBG)	Physician or qualified health care professional	• May not report in conjunction with 99457-8 • 30 minutes minimum • Does not require communication with patient	$59.19	1 time every 30 days
95251	Interpretation of continuous glucose Monitoring (CGM)	Physician or qualified health care professional	• Face to face with the patient not required • May be used in conjunction with a face to face billable visit • May be used with Modifier 25 for a face to face visit	$38	1 time per calendar month
95249	Placement, hook-up, calibration, training printout	RN, CDCES, LPN, MA, incident to	• Date of service is the date recording is printed	$56-$58	1 time for each new receiver

See Resources on website

*amount varies based on geography (facility/non-facility) and payer, PHE=public health emergency related to COVID-19

CMS Rules

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- Devices must *digitally* (automatically) upload physiologic data and cannot be recorded or reported by the patient.
- Monitoring must occur over at least 16-days of a 30-day period.
- RPM services can only be billed by one practitioner and only once per 30-day period (even when multiple medical devices are provided).
- CPT code 99453 can be billed only once per episode of care which "begin[s] when the remote physiologic monitoring service is initiated and ends with attainment of targeted treatment goals."
- Public health emergency modifications:
  - New patients can receive RPM services without an in-person visit.
  - Consent can be obtained at the time services are provided (remains post-PHE).
  - Monitoring days decreased from 16 to 2.

https://www.aamc.org/media/55306/download

CGM and A1C Goals

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A1C Goal (%)	7	7.5	8
%Time in Range 70-180 mg/dL	>70	>60	>50
%Time below 70 mg/dL	<4	Not specified	<1

Battelino et al. Diabetes Care 2019;42:1593–1603

Ambulatory Glucose Profile

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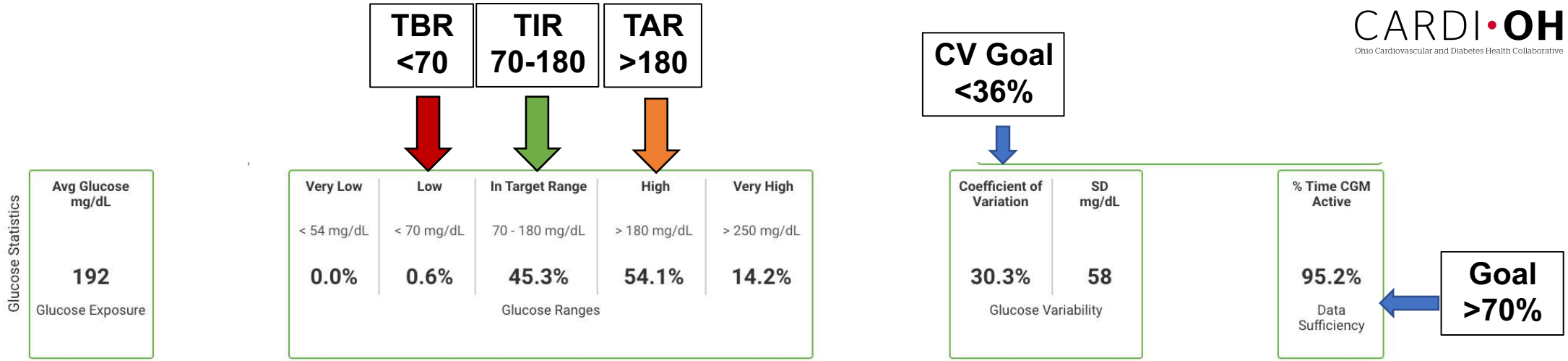
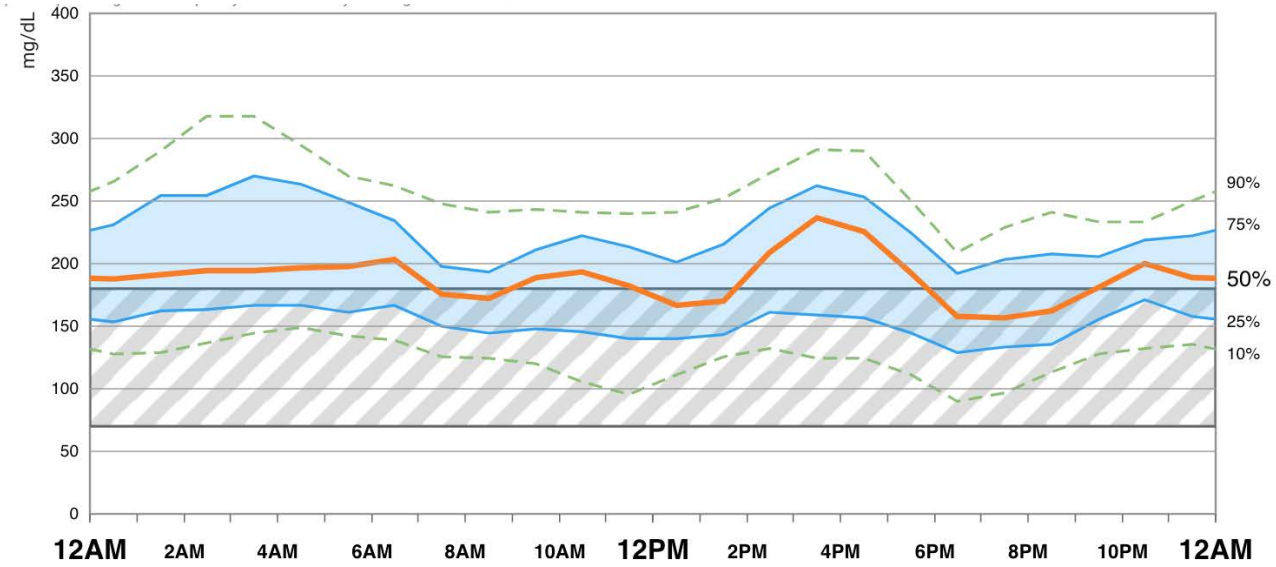
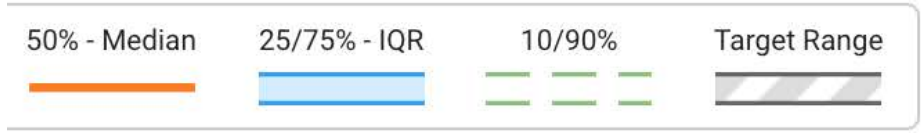


*Check that Target set to 70-180 mg/dL





- Time in Range (TIR)
- Time above Range (TAR)
- Time below Range (TBR)

Need for Prandial Insulin

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AGP Report

October 10, 2020 - October 23, 2020 (14 Days)

LibreView

GLUCOSE STATISTICS AND TARGETS

October 10, 2020 - October 23, 2020	14 Days
% Time CGM is Active	76%

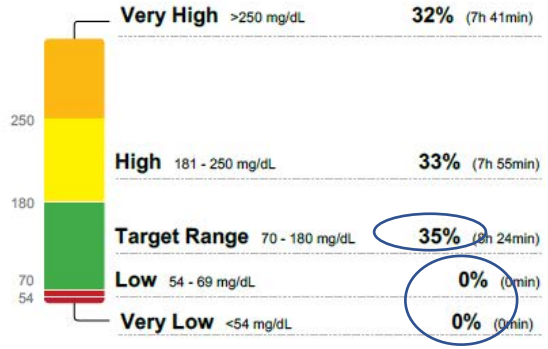
Ranges And Targets For	Type 1 or Type 2 Diabetes
Glucose Ranges	**Targets** % of Readings (Time/Day)
Target Range 70-180 mg/dL	Greater than 70% (16h 48min)
Below 70 mg/dL	Less than 4% (58min)
Below 54 mg/dL	Less than 1% (14min)
Above 180 mg/dL	Less than 25% (6h)
Above 250 mg/dL	Less than 5% (1h 12min)

Each 5% increase in time in range (70-180 mg/dL) is clinically beneficial.

Average Glucose	219 mg/dL
Glucose Management Indicator (GMI)	8.5%
Glucose Variability	30.5%

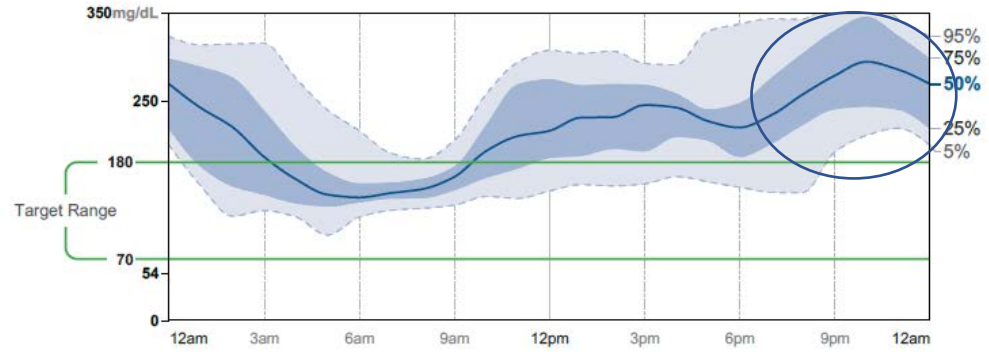
Defined as percent coefficient of variation (%CV); target ≤36%

TIME IN RANGES



AMBULATORY GLUCOSE PROFILE (AGP)

AGP is a summary of glucose values from the report period, with median (50%) and other percentiles shown as if occurring in a single day.



52 YOF with T2D, no complications

Goals

- Sufficient data: 14 days, >70% active
- A1C (GMI) <7%
- Variability <36%
- TIR >70%
- TBR < 4%

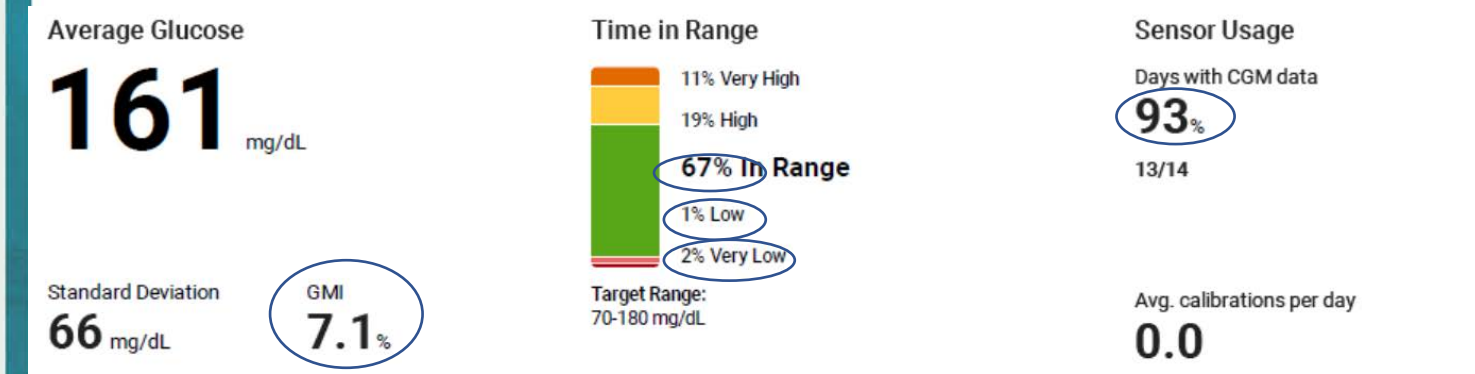
Treatment

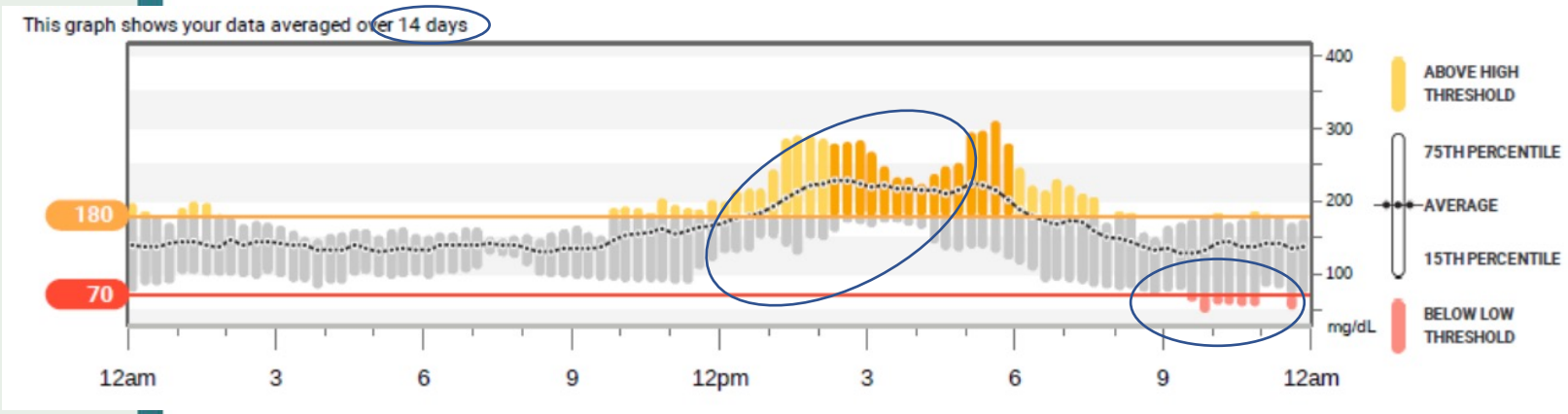
- Glargine U300 60 unit daily
- Dulaglutide 1.5 mg weekly
- Metformin 1 gm BID
- Glimepiride 1 gm BID

Plan

- Titrate dulaglutide
- Stop glimepiride
- ?SGLT2i
- Start prandial insulin at supper

Assessing Post-Meal Glucose





- 56 YOM with chronic pancreatitis (c-peptide 0.2)
- HFrEF, CAD
- Frequent travel, irregular mealtimes
- A1C 8.3%

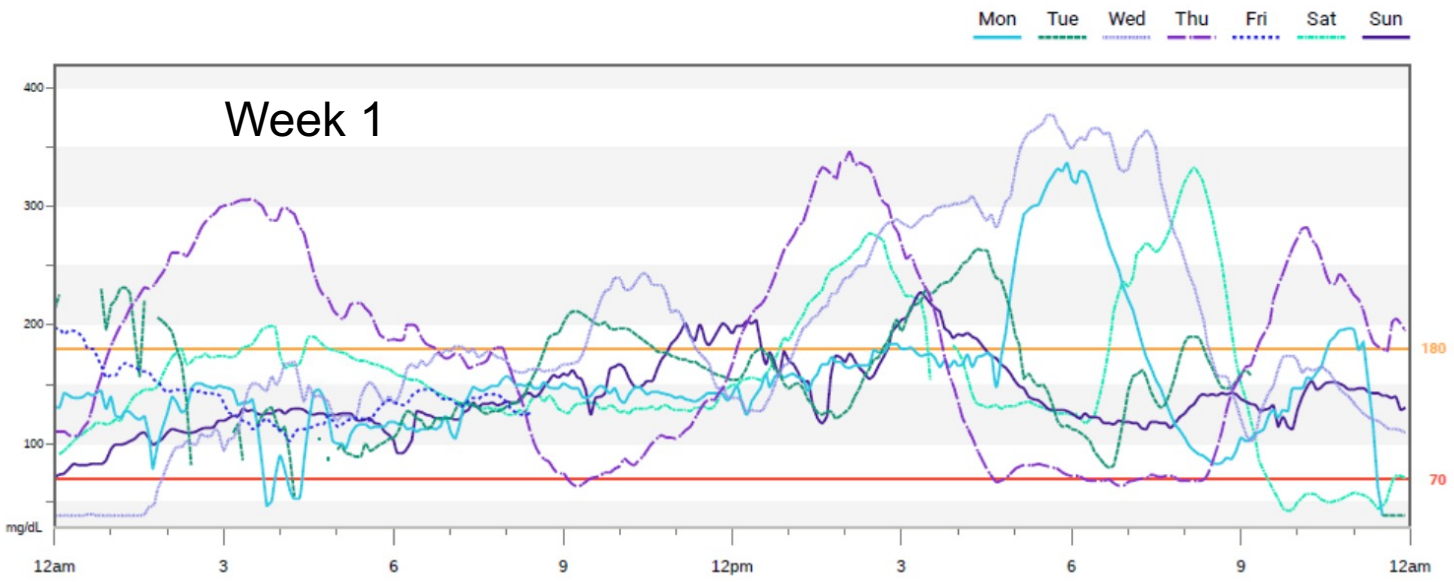
Medications

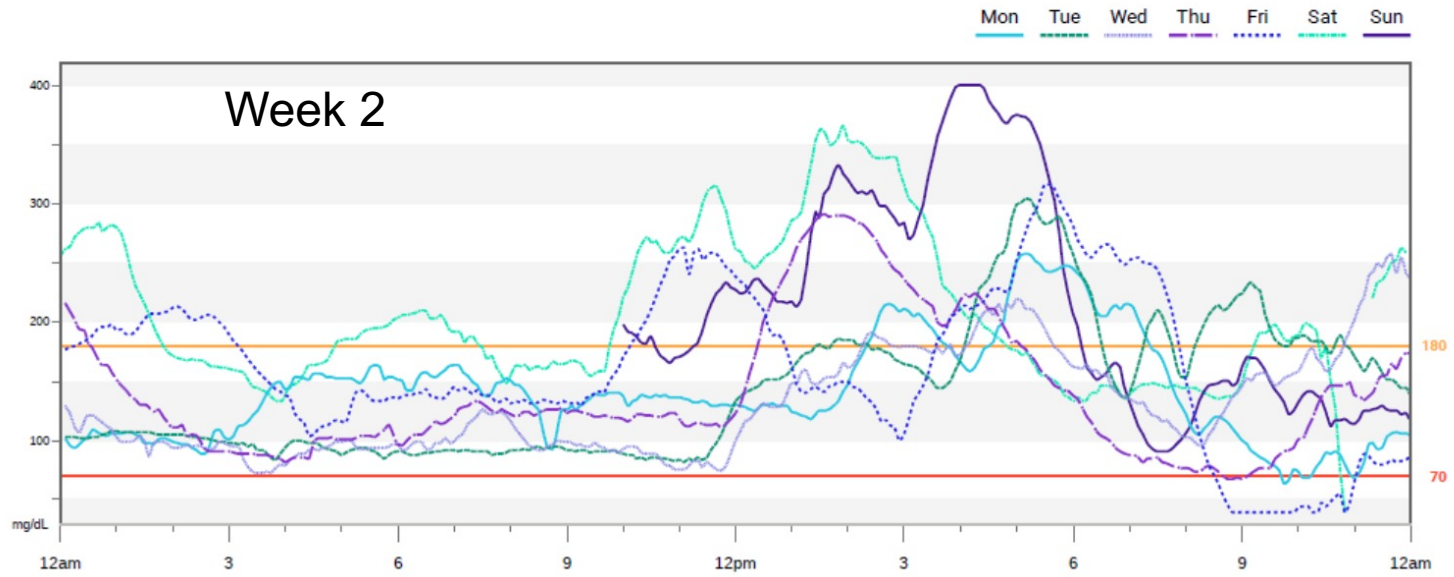
- Degludec 18 unit QAM
- Aspart 5-6 unit QAC + correction 1 unit/50 mg/dL >150 mg/dL

Goals

- Sufficient data: 14 days, >70% active
- A1C (GMI) <7.5-8%
- Variability <36%
- TIR >50%
- TBR <1%

Assessing Post-Meal Glucose (con't)





Plan

- Reassurance
- Increase lunchtime insulin, bolus **pre**-meal
- Avoid stacking doses post-supper
- Refer to CDCES

Resources

- Cardi-OH
  - **Optimizing the Telehealth Diabetes Visit: Glucose Monitoring Data**
    Contains links to tools for Dexcom and Freestyle Libre
    cardi-oh.org/best-practices/diabetes-management/optimizing-the-telehealth-diabetes-visit
  - **Podcast: Optimizing Telehealth for Diabetes Care**
    cardi-oh.org/podcasts/18-optimizing-telehealth-for-diabetes-care
  - **Beyond the A1C: Targets for Blood Glucose and Methods of Measurement**
    cardi-oh.org/best-practices/diabetes-management/beyond-the-a1c-targets-for-blood-glucose-and-methods-of-measurement
  - **Capsule: Simplified Prescription of Diabetes Technology and Medications**
    cardi-oh.org/capsules/16-simplified-prescription-of-diabetes-technology-and-medications
  - **QIP Toolkit**
    cardi-oh.org/qip/diabetes/toolkit
- Videos from Manufacturer
  - **LibreView**
    pro.libreview.io/videos
  - **Dexcom**
    - **Webinar**
      provider.dexcom.com/education-research/clinic-resources/webinars-and-presentations/practical-tips-and-clinical
    - **Videos**
      provider.dexcom.com/education-research/cgm-education-use/videos

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Implementation of Continuous Glucose Monitoring (CGM)

Megan Rasch, PharmD, BCACP
Ambulatory Care Pharmacist
Five Rivers Health Centers

Five Rivers Overview – Federally Qualified Health Center

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- **Primary Care Services:** Family Medicine & Internal Medicine, Obstetrics/Gynecology, Dental Services, Behavioral Health, Hematology/Oncology, Adult Transitional Sickle Cell, Psychiatry, Addiction Medicine, Sports Medicine, Dietitian, Vision, Telehealth, Centering Pregnancy (group visits), Centering Parenting, Acupuncture, and Massage Therapy

- **Specialty Care:** Gastroenterology, Orthopedic Surgery, Hand Surgery, General Surgery, Infectious Disease (all out of scope)

- **Pharmacy**: 2 retail pharmacies with 1 also providing specialty pharmacy

Focus of CGM Integration

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- Internal Medicine Location
  - 1 clinical pharmacist and 1 pharmacy resident
  - 4 private providers
  - Location for Wright State University Internal Medicine Residents' Clinic
- Family Medicine Location
  - 2 clinical pharmacists
  - 3 private providers
  - Location for Wright State University Family Medicine Residents' Clinic
- Samaritan Health Homeless Clinic Location
  - 1 clinical pharmacist half-day every week
  - 1 nurse practitioner
- Greene County Location
  - 1 clinical pharmacist half-day every other week
  - 1 nurse practitioner

Clinical Pharmacist Role

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- Collaborative Practice Agreement
- Receive referrals from any provider
- Diabetes focus:
  - Newly diagnosed
  - A1C ≥ 9
  - Mostly Type 2 Diabetes
- Will evaluate and discuss possibility of CGM
- Patients are disenrolled when they achieve their A1C target

Clinical Pharmacist Role

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Pharmacist Only Visit

- Patient roomed by pharmacists
  - Vitals
  - Med history
- Performs visit
- Orders medications/labs as appropriate
- Schedules follow-up visit

Diabetes Bridge Program

- Nurse:
  - Rooms patient
  - Obtains current blood sugar
  - Discusses exercise habits
- Dietitian:
  - Obtains meal recall
  - Provides advice on patient's diet
- Pharmacist:
  - Provides education
  - Orders medications/labs as appropriate
- Community Health Worker:
  - Completes reminder calls
  - Ensures transportation
  - Patient Advocate

If CGM Ordered by Pharmacist:

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Initial Visit

- Discuss pros and cons
- Evaluate patient's phone for possible compatibility
- Submit PA (if needed) for supplies
- Send prescription to Five Rivers Pharmacy

Once Approved

- See if patient can fill with our pharmacy
- If not, will determine where patient can obtain and coordinate
- Schedule placement/ education appointment
- Have patient download app if using

Office Visit – obtain from pharmacy if able

- Download app if not already completed
- Educate on different supplies
- Show how to place sensor
- Use teach back method or have pt come back for next sensor change
- Provide clinic code
- Ensure upcoming appointment with pharmacist

During Appointment with CGM – Diabetes Bridge Program

- Nurse – Downloads meter or finds patient on CGM website and prints off CGM report
- Dietitian – Reviews and discusses with patient in relation to diet
- Pharmacist – Educates nurse and dietitian in the CGM reporting, troubleshoots any issues in the download process, and evaluates results

Chart Documentation

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- Patient has *** CGM
- Average Glucose from *** to ***: ***

Very High	*** %
High	*** %
Within Range	*** %
Low	*** %
Very Low	*** %

- Describe any low trends: ***
- See attached report for more detail

If CGM Ordered by Another Provider to Five Rivers Pharmacy:

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If PA required

- Printed and handed to clinical pharmacist
- Clinical Pharmacist documents and submits PA (routed to provider)
- Pharmacy fills medication
- At pick-up, retail pharmacist asks patient if help with set up is needed
  - If so, clinical pharmacist completes education at that time or schedules an education visit with patient

Education Visit

- Download app if not already completed
- Educate on different supplies
- Shows how to place sensor
- Use teach back method or have pt come back for next sensor change
- Provide clinic code
- Ensure upcoming appointment with pharmacist or provider

CGM Role Out – Outside of Pharmacist Visit

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1. When a patient is started on a CGM for a provider not yet enrolled in the platform, the pharmacist within the week will add the provider and complete 5-10 minute overview of the platform.
2. CGM is always on the patient medication list with a comment of *patient virtually enrolled or not*.
3. Each location has a nurse and/or medical assistant that knows how to obtain CGM report or how to connect a clinical pharmacist for questions.
4. If further troubleshooting is needed, anyone is able to schedule the patient for a pharmacist visit.

Pearls

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- Specific drives need to be downloaded on the computer(s) that need the capability to view the report
  - We have it on the clinical pharmacist computers and commonly shared workspace on wheels right now
- At least within our patient population, not everyone has a compatible smart phone or is comfortable with apps. We do have patients that we manually download the data from their meters.
- Important to designate one or two people at each location to understand how to download the reports
- Designate someone to be able to educate patients on how the CGM works that tends to have openings on their schedule

Coming Next for Five Rivers

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- See if we can transition new starts to nursing
  - Planning to start with the nurse within our Bridge Program
- Have all our MAs and nurses know how to download/find CGM reports, especially in the resident clinics
- Continual education

Patients that Have Filled CGM at our Pharmacy (April 2021-2022)

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Sample size: 43 patients

Average Baseline A1C	Average Most Recent A1C	Average A1C Change
11.5	8.43	2.98

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Audience Question and Answer

Amy Zack, MD

Case Western Reserve University School of Medicine

Speakers

REMINDER:
Submit questions using the 'Q&A' feature and specify which speaker should answer

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Kathleen Dungan, MD, MPH
The Ohio State University

Megan Rasch, PharmD, BCACP
Five Rivers Health Centers

Amy Zack, MD (Moderator)
Case Western Reserve University

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Next Steps and Wrap Up

Shari Bolen, MD, MPH
Case Western Reserve University School of Medicine

Additional Resources

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Posted at: cardi-oh.org/events/webinars/remote-monitoring-for-diabetes-embracing-technology-to-improve-patient-care

- **National Diabetes Prevention Program Covered by All Ohio Medicaid Managed Care Plans**
  cardi-oh.org/assets/webinars/Cardi-OH-2022-National-Diabetes-Prevention-Program-Covered-by-All-Ohio-Medicaid-Managed-Care-Plans.pdf

- **Ohio Department of Medicaid: 2021 Summary of Diabetes Education**
  cardi-oh.org/best-practices/lifestyle/ohio-department-of-medicaid-2021-summary-of-diabetes-education

Access via URL in chat window or use QR code

CME Reminder

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- Registration is required for CME credit:

URL in chat window **OR** Use QR Code

We Want to Hear from You!

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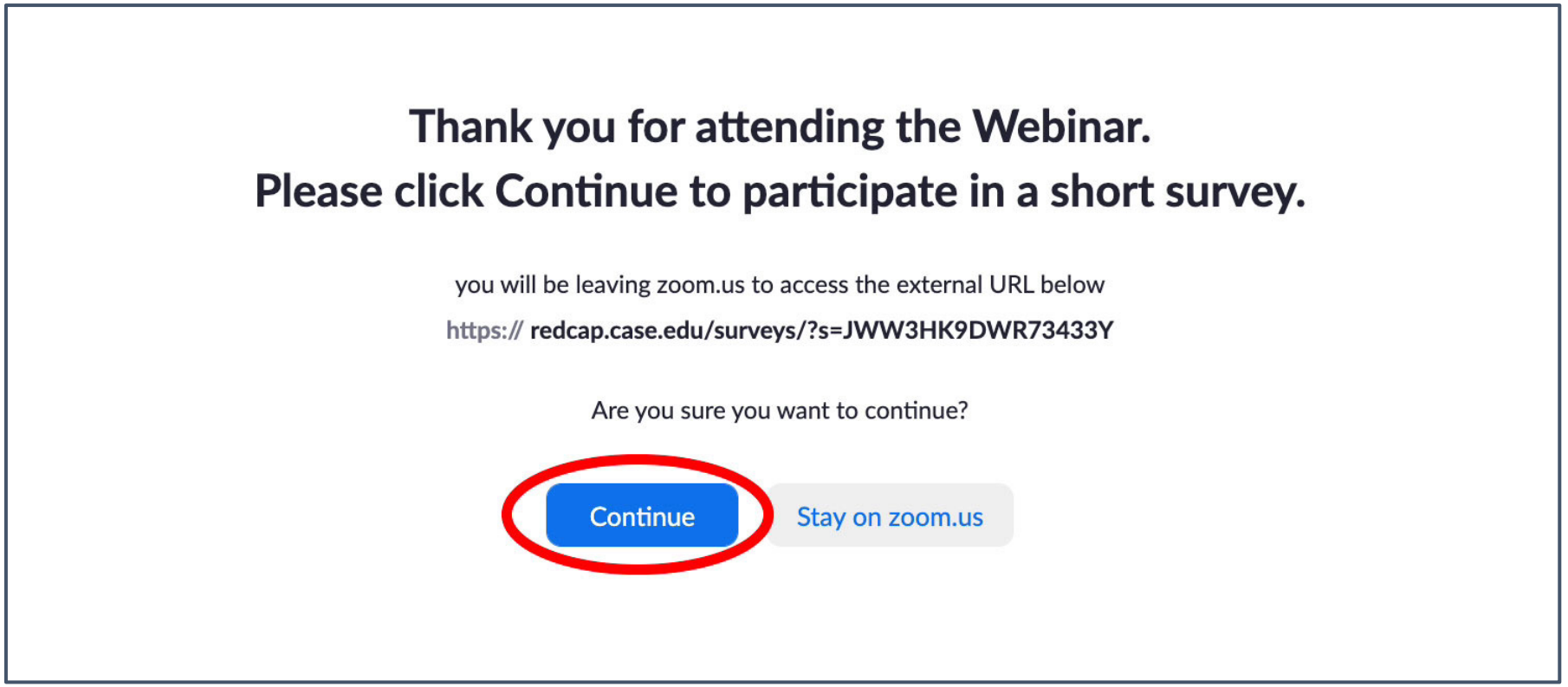
Please complete a brief evaluation of the webinar.



Hit the **Continue** button in your new browser tab to access the evaluation survey.
The survey link will also be emailed to you.

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Cardi-OH Radio

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For more information, contact us at info@cardi-oh.org

THANK YOU!

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Learn More!

To learn more about the collaborative and read up on the latest best practices, visit Cardi-OH.org and follow us on Twitter @cardi_OH and Facebook @cardiohio.

Access Additional Resources!

URL in chat window or use QR code

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