

Physicians praise online diabetes prevention program: “Finally”

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Care teams have been stymied for years in their attempts to get upstream of diabetes, in large part because of a lack of tools that work with patients’ lifestyles. Salt Lake City-based Intermountain Healthcare is conducting a one-year pilot of an online diabetes prevention program (DPP), which enables patients to participate when and where it is most convenient for them. Physicians are thrilled.



“As physicians, we want to do what’s best for our patients. We got into this to help people, right?” said Timothy E. Graham, MD, an endocrinologist and a physician champion of Intermountain’s diabetes prevention efforts. “One of the biggest frustrations for physicians is when we can diagnose a condition that we know has high stakes for the patient, but we don’t have effective tools—whether it’s a medicine or a program or a referral—to help the patient. Prediabetes has been lingering in that horrible space for almost a decade, and now we have the ability to connect patients to services that are truly impactful.”

About 200 patients are enrolled in the one-year program, designed by San Francisco-based Omada Health Inc., which builds on features that have been proven effective in the Centers for Disease Control and Prevention’s in-person National DPP. The Omada program complements in-person DPPs by removing many of the barriers to participation.

How it looks to patients

Each participant in the Omada program receives a welcome package that includes a wireless scale

with an embedded cellular chip linked to the patient's profile. The scale requires no setup beyond inserting the included batteries. Once patients step on the scale, it instantly transmits their data to the participant's profile on the Omada Health platform, providing a baseline weight and a benchmark for progress in the program.

Patients then log in to the program website and meet their personal health coach, who helps monitor their progress and give feedback in real time. Patients can reach the coach at any time by private messaging, a group discussion board, text message, phone or video chat. Participants also are matched with a peer group going through the program on the same schedule.

The program also features a food-and-activity tracker, where participants enter what they are eating, drinking and doing each day. Graphics indicate each participant's progress toward the goal of at least 5- to 7-percent weight loss. Once participants complete the 16-week core part of the program, they move into the maintenance phase, where they continue to get individual attention from health coaches, and they also join broader peer-support groups to explore an expanded curriculum focused on overcoming real-life obstacles to staying healthy long term.

"I think it's very easy for patients to participate in the Omada program," said Dr. Graham, who in 2013 was founding medical director of the Utah State National DPP, a collaboration between the Utah Department of Health and the University of Utah. "Being online, Omada doesn't require patients to leave work early, or travel long distances, or put gasoline in their cars, or find child care. The traditional DPP design, while very effective, has still required regular in-person meetings, which are barriers to many patients in their busy lives. The Omada program really helps overcome these types of barriers."

How Intermountain has done it

Although Utah is thought to have a lower incidence of prediabetes than the national average, Intermountain was a good candidate for the pilot because of its largely rural population and its emphasis on diabetes prevention.

Intermountain also offers an in-person intensive lifestyle change program called Weigh to Health is modeled after the National DPP, as well as Prediabetes 101, a two-hour after-work class that introduces patients to the basic knowledge they need to decide whether to get involved in a more in-depth lifestyle intervention.

"I think most patients are at first discouraged to learn they have prediabetes, but then, depending on how the provider presents the information, it can be cast in a more positive light," Dr. Graham said. "For instance, if we help patients understand that early detection could potentially prevent future diabetes and cardiovascular disease, then many of them are grateful to have learned about

prediabetes sooner rather than later.”

Staff at Intermountain’s Primary Care Clinical Program sent lists of prequalified patients, identified through the EHR, to care managers in clinics in four regions. They then met with clinicians at those clinics to see who they thought would benefit most from the program.

“We wanted this to come from the provider,” said Tonya Schaffer, a nurse in the Primary Care Clinical Program who manages the Omada program at Intermountain. “If the invitation comes from the provider, patients feel much more engaged and much more excited and much more optimistic about doing it.”

In a fifth region, they approached prospective participants through Intermountain’s patient portal, which became a substantial driver of program enrollments.

“If a patient is engaged enough to be talking to the provider back and forth on the patient portal, we reasoned that this would be something that would fit into their lives,” Schaffer said. “And it didn’t take any time from providers, because they didn’t need to make those individual invitations.”

Promising early results

According to Omada, patients who have made it to the 16-week mark, which makes up the core part of the program, are averaging about 5 percent weight loss. After those 16 weeks, patients enter a “maintenance” phase designed to help them keep the weight off and make lasting lifestyle changes.

Omada recently published its fifth peer-reviewed study, which looked at data on more than 1,100 overweight or obese seniors with additional risk factors for diabetes or heart disease who participated in the program. Average weight loss for those who completed it was 7.3 percent.

“As I was out talking with the providers about what we wanted to do in this pilot, the thing I heard the most was, ‘Finally!’” Schaffer said. “It’s no longer just about managing the chronic condition. Now it’s about getting upstream of it.”

The AMA helped facilitate the partnership between Omada and Intermountain as part of its efforts to prevent type 2 diabetes by giving physicians new tools and resources to better manage at-risk patients. The three organizations hold biweekly advisory calls, which have led to the development of a new messaging flow via Intermountain’s patient portal that has significantly increased patient enrollment in the program. The partnership will create a roadmap for health care organizations across the country to integrate proven online prevention programs into physician referrals and clinical workflows.