

Pandemic shines spotlight on chronic disease prevention priority

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An underlying chronic disease may put individuals at higher risk for complications from COVID-19. This has led to a heightened awareness of the critical need to prevent the incidence of both infectious and chronic disease, according to an editorial in the journal *Population Health Management*. Physicians, patients, communities, and care teams will need to work together to make chronic disease prevention a top priority moving forward.

The editorial, “Pandemic Makes Chronic Disease Prevention a Priority,” was co-authored by Karen Kmetik, PhD, group vice president of the AMA’s Improving Health Outcomes, Alexis Skoufalos, EdD, associate dean for Strategic Development at Jefferson College of Population Health in Philadelphia, and David B. Nash, MD, founding dean of Jefferson College of Population Health.

“The pandemic has emphasized that chronic diseases may be related to poor outcomes from COVID-19,” said Kmetik. “We can seize this moment to truly reimagine prevention of chronic disease, with everyone having the opportunity to receive evidence-based lifestyle coaching and with the surrounding structural, economic, health care and social supports to be successful.”

Keeping chronic disease prevention as a top priority, here are some ways health systems and physicians can continue to reach their patients during the pandemic and beyond.

Prioritize chronic disease prevention

The COVID-19 pandemic has given health systems, organizations and physician practices the opportunity to rethink delivery of care and prioritize the prevention of chronic disease.

“Health system leadership and physician champions can start by setting an organization-wide goal about chronic disease prevention to get all teams on the same page,” said Kmetik. “Leadership should also dedicate resources and dollars within the operating budgets that prioritize prevention.”

“Prioritizing prevention means addressing social determinates of health that affect where people live, learn, work, play and pray, such as empowering all members of the care team to identify patients with prediabetes and refer them for treatment including a CDC-recognized lifestyle change program,” she said. “Many of these programs have pivoted from in-person classes to virtual.”

For example, this is what a few health systems are doing:

- | Henry Ford Health System has helped coaches begin distance learning, which removes barriers for some participants and offers one-on-one interactions to address social needs.
- | University of California, Los Angeles campuses have switched to virtual delivery for diabetes and obesity prevention efforts because of the pandemic. It provides a sense of continuity and stability during a difficult time.
- | Intermountain Healthcare transitioned to video visits and web-based group curriculum for their lifestyle change offerings. Intermountain is also working with primary care teams and population health management to perform outreach to patients with prediabetes.

The AMA is addressing America’s growing chronic disease epidemic and helps health care organizations use targeted strategies to prevent type 2 diabetes and control blood pressure in their patient populations.

Transition to virtual

It is imperative that health systems and physician practices provide National Diabetes Prevention Program (DPP) lifestyle change programs that support the use of modalities that meet the needs of people where they are. This includes online and distance learning.

“What we have learned during the pandemic is that there is a heightened interest in being healthier and a greater uptake of alternative ways to engage with the health care team,” said Kmetik. “In addition, people are using digital platforms and technology to stay socially connected.

“These same tools can be used to deliver lifestyle programs and assist the care team in monitoring and managing chronic conditions such as hypertension and diabetes,” she added.

The CDC has developed a list of resources to assist health systems transition to a virtual program. Additionally, the AMA has the tools to assist the clinical team in referring patients to a DPP.

Learn more about how to strengthen long-distance care for chronic disease patients.

Leverage the community

Physicians and other health professionals must work together to ensure access to programs and healthy environments for all populations.

The key to reaching patients with chronic disease is to work within the communities they reside in. One example of this work is the Philadelphia Diabetes Prevention Collaborative. Jefferson College of Population Health is the backbone organization for these efforts, focusing on diabetes prevention in Philadelphia, which is the poorest and most diverse of the nation's 10 largest cities.

What stands out, though, is the strong network of community-based organizations. These include a health information exchange, five academic health systems and a large employer coalition working on disease prevention and health promotion initiatives.

Each organization provides expertise and resources to raise awareness among individuals and physicians. They also aim to increase access to in-person, distance learning and online National DPPs. Together their goal—which started in 2019—is to enroll 2,000 individuals into a National DPP lifestyle change program by the end of 2020.

Learn more about how to overcome prediabetes referral barriers by turning to the community.

The AMA has developed a COVID-19 resource center as well as a physician's guide to COVID-19 to give doctors a comprehensive place to find the latest resources and updates from the Centers for Disease Control and Prevention and the World Health Organization.