Stay-at-home orders have placed unusual strains on people with chronic disease. These individuals might be exercising less, stress eating and experiencing heightened anxiety or depression. With the continued impact of COVID-19 on communities across the country, Wisconsin's Marshfield Clinic Health System has shifted their National Diabetes Prevention Program (DPP) lifestyle change program to a distance learning format. By incorporating distance learning, Marshfield can better reach patients with prediabetes.

In January, Marshfield applied for and received a different organization code from the Centers for Disease Control and Prevention (CDC) to provide DPPs in a distance learning format. With the onset of COVID-19 and recommendations from the CDC to halt in-person DPP sessions, a switch was made to phone conferencing sessions at the end of March.

“We had planned on doing distance learning all along, but with COVID-19 there certainly was a greater rush for that,” said Nancy Slizewski, DNP, manager of the Diabetes Care Management for the Institute for Quality, Innovation and Patient Safety at Marshfield Clinic Health System, an AMA Health System Program Partner.

“We received grant funding to do this pilot with our employees on the distance learning platform,” said Slizewski. “The reason we wanted to start with the employees was to really work the bugs out.”

With two cohorts—four people in one group and six in the other—currently participating, sessions occur on Tuesday and Thursday of every week during lunch hours using the Lync virtual platform. Each participant is asked to have Lync to be on their computer and participate in a quiet space.

“The distance learning cohorts are definitely the wave of the future and we're going to be seeing a majority of our cohorts meeting this way instead of meeting in person,” said Lisa Knoll, a lifestyle coach and co-coordinator of the DPP at Marshfield. “We will offer in-person cohorts eventually when conditions allow.”

URL: https://www.ama-assn.org/delivering-care/diabetes/5-barriers-launching-virtual-diabetes-prevention-program

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While providing distance learning for patients with prediabetes, Marshfield continues to address and overcome barriers to ensure the best experience for participants.

**Internet access and speed**

As with many programs and meetings, internet access and speed can be a challenge to both participants and coaches.

“We are a health system that cares for people in rural areas, so just because you have internet doesn’t mean it’s reliable or that it is fast,” said Knoll. “Participants can view the materials online as we’re walking through them, but they can also dial in and be interactive on the phone.”

To overcome the barrier of internet reliability, coaches reassure participants that this is new for everyone and encourage them to have the dial-in phone number written down in case someone gets kicked off. This has happened to Slizewski before.

Additionally, Slizewski recommends having “two coaches at the sessions initially so that if one loses their connection, the other can continue on. This also allows the coaches to evaluate the session materials and delivery quickly, making changes as needed.

**Access to materials for participants**

“When we met in person [before the pandemic], all the participants brought their paper, three-ring binder and referred to the materials while they sat down in the session,” said Knoll. “Now that everything has gone virtual, we provide participants with a link to the materials.”

“They also have access to a fitness log, food journal and other things that they need to be successful in the program,” she said. “We’ve put all that in links in an email and send it to the participants prior to the session meeting.”

These materials were created from available information on the CDC’s website, as well as Marshfield’s additional information.

However, Knoll and Slizewski are planning to physically mail materials out to participants who do not have reliable access to the internet.
Share large slide decks

Another problem they faced is “sharing large PowerPoint slide decks that we want to get out to our fellow coaches in Wisconsin as part of our grant deliverables to help other organizations set up programs,” said Slizewski.

“We’re figuring out the technology and are working on how to accomplish this easily,” she said.

When beginning the program, participants start with an information session. From that session, “we may be able to learn who is able to access the internet and who isn’t,” said Knoll. “We’re pretty much letting this fall out the way it’s going to.”

“The bottom line is we can send session information to the participants, and we can talk to them on the phone,” said Slizewski, adding that using the phone has been successful.

Use of quiet spaces

There have also been issues with disruptive environments, so participants have been asked to find quiet spaces, and use the muting and unmuting features. Participants are asked to find a quiet space where they can effectively participate. However, if there is some background noise, they are asked to mute when not speaking.

Additionally, in sessions, when participants are asked, “What do you think about this?” they might jump in and speak all at once. This was also the case when in-person sessions were held.

“We state right up front that we understand people are going to talk at the same time and that’s OK,” said Slizewski. “We ask the people to identify themselves, but we’re now into the fifth session officially with this group and they recognize the voices, so I don’t think that’s as big of an issue anymore.”

Courage to lead online

It takes time to get used to moving from in-person sessions to distance learning. Many coaches might be nervous about the transition, but the key is to remain confident in their ability to continue to provide the valuable educational information for participants with prediabetes.
“Perhaps the greatest challenge and barrier coaches have is not being able to see the participants,” said Slizewski. “You pretend that you’re looking at the participants.”

“The coaches that are doing the DPP have to have the courage to be able to do this differently,” she said. “New technology can be scary, but you need to have the courage to proceed. If we can go from paper charts to electronic medical records, we can all do it.”

The AMA’s Diabetes Prevention Guide supports physicians and health care organizations in defining and implementing evidence-based diabetes prevention strategies. This comprehensive and customized approach helps clinical practices and health care organizations identify patients with prediabetes and manage the risk of developing type 2 diabetes, including referring patients at risk to a National DPP lifestyle change program based on their individual needs.