How COVID-19 boosted enrollment in diabetes prevention program

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When the COVID-19 pandemic began, Maryland’s Luminis Health Anne Arundel Medical Center had to quickly transition from offering their diabetes prevention program (DPP) through an in-person setting to distance learning. While it was an easy choice to shift to virtual, there was an unexpected outcome: Enrollment in the lifestyle change programs saw a significant increase. It seems that worry over severe COVID-19 outcomes for patients with conditions such as type 2 diabetes led to more people in attendance.

That is because research has found that people with type 2 diabetes are more likely to develop severe outcomes of COVID-19. But risk of getting severely ill from COVID-19 is likely to be lower if a person’s type 2 diabetes is well managed.

Anne Arundel—a regional health system headquartered in Annapolis, Maryland, that serves more than 1 million people—launched their National Diabetes Prevention Program (National DPP) lifestyle-change program in 2018 with the help of the AMA. In the first year, Anne Arundel’s DPP received 132 patient referrals directly from the care team in their first year. Their referral numbers continued to grow gradually year over year, but when the pandemic began, they saw a significant increase to 548 patient referrals.

“Since COVID, we’re totally virtual now because, obviously, we can’t be in person and we’ve been able to enroll more people per class,” said Kelly Bickford, a health resource specialist at Anne Arundel. “We’re also seeing an increase in long-term attendance, which is a huge change from our in-person classes.”

Increased access with virtual classes

With COVID-19, “it was this total panic thinking our programs are going to tank, so what are we going
to do?” said Christine Crabbs, director of community health at Anne Arundel. Everyone “worked hard and figured it out. They went to virtual classes and it was a little bit of a stumbling block.”

“We did lose a couple of people along the way, but a lot of lessons learned about providing virtual,” she added. Going virtual “has been an interesting phenomenon as the world has changed because people don’t have to worry about driving to this class.”

“They don’t have to worry about child care or what to feed their family,” said Crabbs, adding that “they can just jump online with Zoom and take it with their spouse standing there listening. It’s become very effective.”

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**Patients concerned about COVID-19 risk**

“We started noticing that people were really wanting to use the time to take accountability and positive steps for their health,” said Crabbs. “It’s taken off in a way we could not have imagined.

“I attribute it, unfortunately, to COVID because so many people have heard that diabetes and other chronic diseases lead to them having greater risks for serious complications.

“Maybe it was a wake-up call for a lot of people to make a change,” Crabbs added, noting that even in the darkness of COVID-19, “there’s a little bit of a positive that came out of it.”

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**Use of patient lists for referrals**

Prior to engaging the clinical care team in the referral process to a DPP lifestyle change program, “we did old-school referral methods where we would do a lot of broad community recruitment strategies and we just did not get the numbers that we are getting now,” said Bickford.

“Really driving the providers’ patient lists is how we got our enrollment so high,” she said. “That’s the biggest success here because you can’t have a successful class if you don’t have the people coming in.”

The AMA’s Diabetes Prevention Guide supports physicians and health care organizations in defining and implementing evidence-based diabetes prevention strategies. This comprehensive and


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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 to a National DPP lifestyle-change program based on their individual needs.