Design and Interest in Virtual Diabetic Education from Patients and Providers

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Background

- American Diabetes Association (ADA) recommends providing diabetic patients with self-management education
- Less than half of diabetic patients receive formal selfmanagement education
- Barriers include
 - Clinicians infrequently refer patients
 - Inadequate numbers of certified diabetic educators
 - Time intensive
 - Transportation barriers
 - Prohibitive copayments or a not covered benefit

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For Patients: Diabetes class and program registration

How to register for diabetes education

The following forms and information are required for all programs except the Pre-diabetes Program. If you have questions, contact the Inova Diabetes Center location where you will be receiving services.

What can I do?

- Call 1-877-511-4625
- ✓ Download patient forms
- Try our free diabetes

Steps to register for classes

Cómo registrarse para el programa de educación en diabetes

- 1. Ask your physician to complete an order form.
 - Print a physician order form for diabetes education to take to your doctor. Inova Diabetes Center requires an order form from your doctor to provide services.
- 2. Choose a location.

Find the location for the class or program that interests you and call to reserve a spot.

3. Check with your insurance company about coverage.

Some insurance companies also require pre-authorization to cover our services.

Coverage May Not Be Known Until After the Fact...

Insurance Coverage for Diabetes Education

Fees for Inova Diabetes Center programs are set individually. Many insurance plans cover diabetes education, but it is important you confirm coverage in advance with your insurance company. Call your plan's customer service number and ask if diabetes self-management training is covered.

For most group classes or individual consultations, we bill your insurance company directly. Co-payments, if applicable, are due at the time of your visit. The Preventing Diabetes Program is a self-pay program you pay for at the time of registration.

Download an order form for diabetes education ₹ to take to your physician.

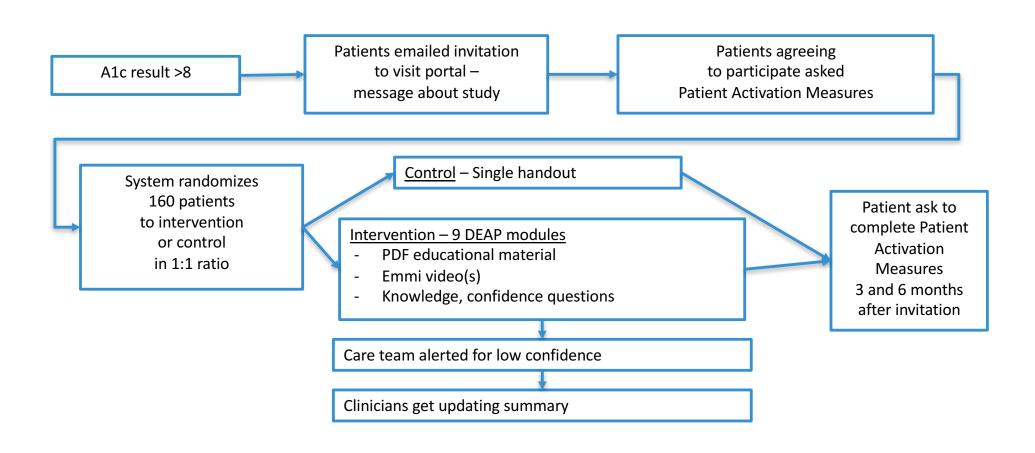
Objective

- To better help patients with uncontrolled diabetes, we sought to test the use and impact of a novel patient educational tool integrated into primary care workflow called the Diabetes Engagement and Activation Platform (DEAP)
- Key innovations include:
 - Utilizes existing infrastructure portals and care teams
 - Proactive and automated
 - More accessible
 - Patients identify and direct needs

Overall Study Design

- Patient-level randomized controlled trial
- All patients with HgbA1 > 8.0 (goal 160 patients)
- Initially include 9 primary care offices (183 clinicians) in Virginia from Privia Medical Group
 - After go live added 13 primary care and 2 endocrinology offices (additional 111 clinicians), in VA, GA, MD
- Outcomes include use of DEAP, knowledge, confidence, patient activation*, and disease control (A1c, blood pressure, lipid values, number of medications) – 3 and 6 months after randomization

General DEAP Workflow / Intervention



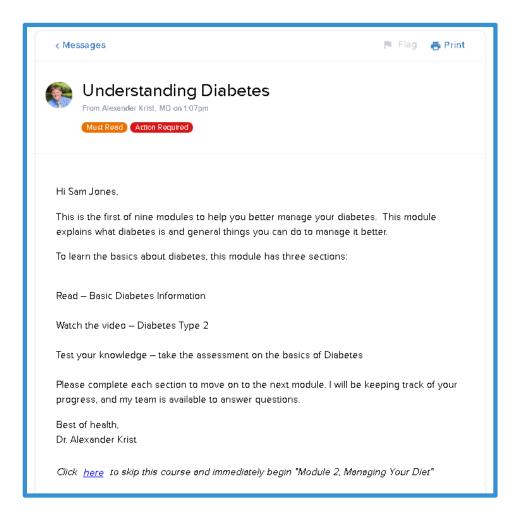
9 Modules Based on ADA Curriculum

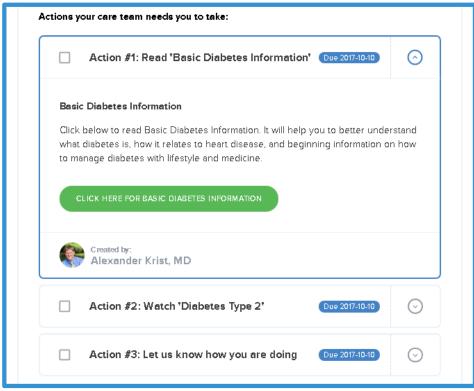
- 1. Describing diabetes
- 2. Nutritional management
- 3. Physical activity
- 4. Medications
- 5. Monitoring blood sugars
- 6. Acute diabetic complications
- 7. Chronic diabetic complications
- Psychosocial stresses
- Strategies to promote healthy behaviors

Patients receive one module at a time, and progress through modules by:

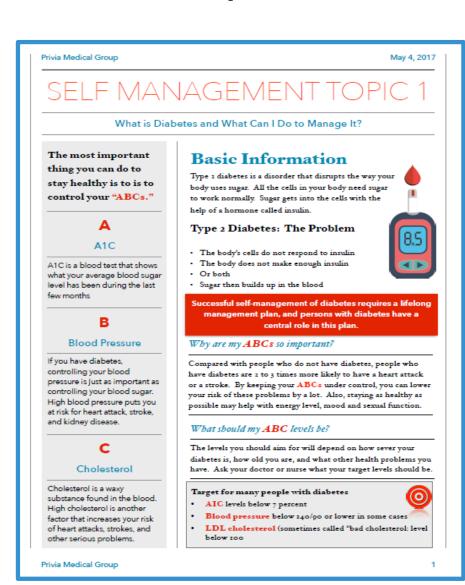
- Completing all actions within a module
- "Skipping" a module
- Not completing a module in 7 days

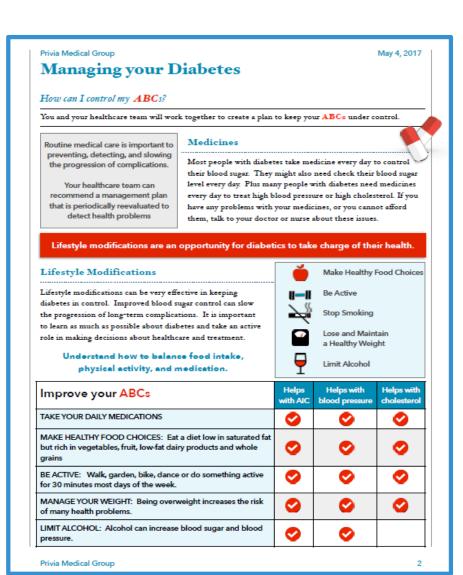
Module 1 "Describing Diabetes"





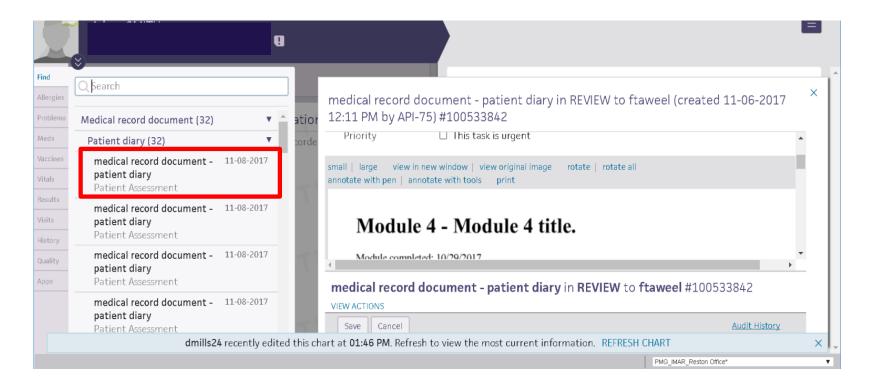
Example of Educational Material



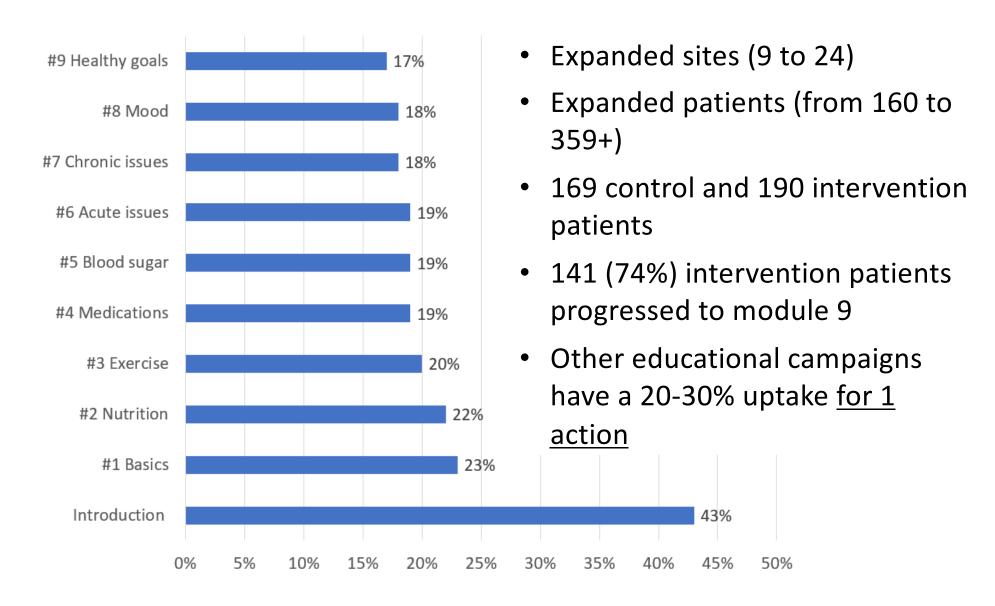


Clinician Alerts

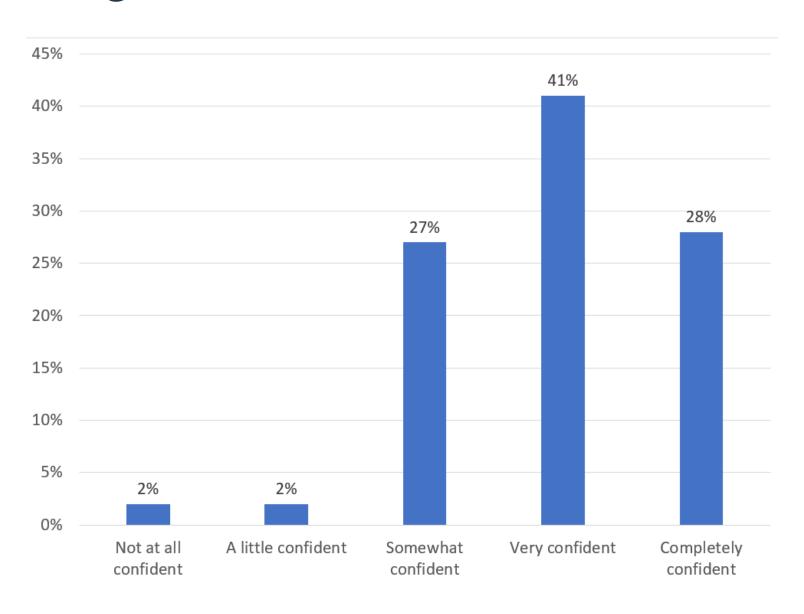
- As patients complete module, summary sent to PCP or to designated DEAP coordinator
- Summary includes patient's answers, confidence, and desire for help



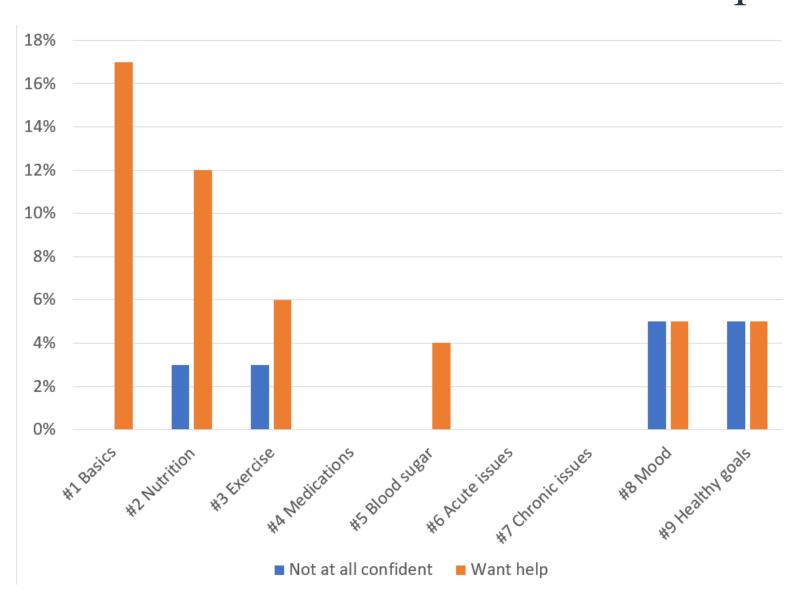
Actions Taken for Each DEAP Module



Average Patient Confidence for Modules



Care Team Alerted: "Not at all confident" or "Want help"



Patient Knowledge

Module	Number correct answers (max 4)
#1 Basics	3.6
#2 Nutrition	2.9
#3 Exercise	3.7
#4 Medications	3.7
#5 Blood sugar	3.7
#6 Acute issues	3.3
#7 Chronic issues	3.0
#8 Mood	3.7
#9 Healthy goals	3.9

Four most commonly missed questions

- (91%) Potentially taking aspirin, controlling blood pressure, and potentially taking a cholesterol medicine may be more important than controlling your blood sugar. (true, false)
- (65%) How many servings of vegetables and fruits should you have in a day? (1, 2, 3, 4, 5)
- (38%) Low blood sugar can be caused by: (heavy exercise, not insulin, infection, overeating)
- (32%) Hemoglobin A1c is a measure of your average blood sugar level for the past (day, week, 6-12 weeks, 6 months)

Limitations

- Selection bias from respondents
- No comparison of knowledge and confidence for control group
- Not effective for patients without a portal account

Next Steps

- Assessing impact on diabetes outcomes
 - A1c, lipids, blood
 pressure, statin/aspirin
 use, office visits
 - Patient activation
- Future study to build and test role for the multi-disciplinary care team

Key Conclusions

- Much greater patient, clinician, and practice uptake than other similar initiatives
- High risk of non-response, if don't mandate responses to knowledge, confidence, and desire for help (57-83% non-response rate)
- Patient knowledge and interest in help was surprisingly low for a cohort of patients with uncontrolled diabetes



Questions?

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