



# Telehealth & the National DPP

## Opportunities for Participant Engagement

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## Purpose

Offering services via telehealth is an opportune way for community health centers (CHCs) to increase patient engagement in care by expanding the reach of its care teams and addressing some non-clinical barriers to accessing care experienced by patients.

When considering the utilization of telehealth to support its National DPP, CHCs should think about three types of services<sup>1</sup>:



### 1. The National DPP Lifestyle Change Program

Central to the success of the National DPP in preventing or delaying the onset of type 2 diabetes for persons with prediabetes is the National DPP Lifestyle Change Program (LCP). The National DPP LCP is “facilitated by a trained lifestyle coach” and follows a 12-month curriculum, approved by the Centers for Disease Control and Prevention (CDC) that “focuses on behavior modification through healthy eating, increasing physical activity, and managing stress.”<sup>2</sup> CHCs are able to deliver the National DPP LCP via [multiple modalities](#), including: (i) in-person; (ii) online; (iii) through distance learning; or (iv) using a combination of in-person, online, and distance learning.

In previous years, CHCs have indicated to the Association of Diabetes Care & Education Specialists (ADCES) that a primary challenge of successfully implementing the National DPP LCP is continually engaging participants in sessions through the 12-month curriculum.<sup>3</sup> Additionally, the COVID-19 Pandemic significantly (and rapidly) reduced the capability of CHCs to facilitate in-person services as a result of prevention measures to mitigate the spread of COVID-19. State and federal entities implemented these precautions, in part, to protect those patients at highest risk of contracting COVID-19 and/or having complications when sick with COVID-19, such as [persons with diabetes](#).

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<sup>1</sup> For information on increasing patient engagement in telehealth services, see *TELEHEALTH AND THE NATIONAL DPP: INCREASING PATIENT ENGAGEMENT*.

<sup>2</sup> CDC (2020, Oct.) *Style Guide: National DPP*.

<sup>3</sup> Atrómitos & Evolve Health Strategists (professional communication with community health centers participating with ADCES, 2021).

The allowance of CHCs to deliver the National DPP LCP via telehealth modalities is an important component to increasing participant engagement through the 12-month curriculum. Many participants of the National DPP LCP, who are also a CHC patient, experience non-clinical barriers (or social determinants) to accessing care, such as a lack of transportation. Additionally, not all participants have the time available to travel to/from and participate in each National DPP LCP session, due to, for example, inflexible schedules or conflicts with employment demands. Offering the National DPP LCP online or through distance learning provides opportunity to successfully address some of the non-clinical and social determinant factors that may prevent participants from fully engaging with the National DPP LCP.

However, CHCs need to consider how to leverage a telehealth platform to engage participants specifically in a curriculum-style telehealth visit, which differs drastically from the traditional outpatient physical or behavioral health visits participants are more likely accustomed to receiving via telehealth.

## **2. Primary Physical Health Care**

Prediabetes and type 2 diabetes are complicated diagnoses: they require consistent monitoring of an individual's health status, and can lead to or complicate the symptoms of comorbid conditions. As a result, persons with a diagnosis of either prediabetes or type 2 diabetes should be regularly engaged in primary care, specifically physical health services.

There are an array of primary health care services a participant in a CHC's National DPP may benefit from.<sup>4</sup> Telehealth services are an identified way to [better support persons with chronic conditions](#), such as type 2 diabetes or conditions comorbid with a prediabetes diagnosis, remain engaged in primary care services, and self-monitor their own health status. CHCs are able to implement multiple telehealth modalities, including video platforms for virtual visits, remote patient monitoring systems for real-time tracking of vitals, and asynchronous communication platforms allowing patients to access care when and where it is most convenient for them.

Not all telehealth platforms offer the same level of engagement, however. Providing services across multiple platforms within the CHC creates a disconnected system of care within the health center, and may discourage patients from accessing the full suite of telehealth services available. Additionally, health and technology literacy impact a patient's comfort and capability with engaging with their provider and care team through telehealth modalities. CHCs must consider how to best coordinate the implementation of multiple telehealth modalities in order to optimize patient engagement in telehealth services. Such coordination should include consideration of which care team members are able and best suited to using each of the CHC's telehealth platforms for providing services. The use of Pre-Visit Planning and Huddles is an optimal way to help

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<sup>4</sup> For more information, please see *DIABETES-RELATED SERVICES AND CODES*

organize efforts for the delivery of telehealth services across care team members.<sup>5</sup>

### 3. Primary Behavioral Health Care

There is no one way to assist an individual with successfully managing their prediabetes or type 2 diabetes diagnosis. In addition to multiple other physical health conditions, each person has their own unique behavioral health needs the CHC needs to understand and address.

There are multiple opportunities to engage participants in the National DPP in primary behavioral health care services:

- A primary component of the National DPP LCP is supporting participants in identifying, implementing, and maintaining behavior changes to address their risk factors;
- Persons with prediabetes or type 2 diabetes may also be experiencing challenges in accepting their diagnosis, thus limiting their ability to be successful with implementing behavior changes necessary to address their risk factors; and
- Behavioral health challenges are a [major barrier](#) to an individual's ability to adhere to primary physical health care recommendations.

Telehealth is used [more frequently for behavioral than physical health services](#). This does not mean, however, that individuals will engage in telehealth for behavioral health services simply because a CHC makes the option available. Patients seeking behavioral care through telehealth need to have the right type of behaviorist available<sup>6</sup>, the right modality (e.g., video versus audio-only) for the desired services, and an understanding of how utilization of telehealth will benefit them when seeking services.

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<sup>5</sup> For more information regarding the use of care teams to support your CHC's National DPP efforts, see *TOOLS TO SUPPORT CARE TEAM DEVELOPMENT AND UTILIZATION*.

<sup>6</sup> For information on how to integrate a LCSW Certified Diabetes Care & Education Specialist into the CHC, see *INTEGRATING A LICENSED CLINICAL WORKER INTO YOUR NATIONAL DIABETES PREVENTION PROGRAM*.