The Invested in Diabetes Study:
Adaptations to Diabetes Virtual Group Visits in the Time of COVID-19

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Background:
- The Invested in Diabetes (IID) study is a comparative effectiveness pragmatic RCT studying two approaches to diabetes shared medical appointments (SMAs) in 21 practices (standardized vs. patient-driven approaches)
- COVID-19 pandemic emerged in March 2020, midway through implementation
- Due to the group nature of SMAs and high risk categories of patients, the pandemic forced practices to suspend implementation
- Practices were forced to either suspend implementation indefinitely or make drastic changes to implementation
- The primary adaptation to allow SMAs to continue was the implementation of virtual SMAs (vSMAs)

Objectives:
1. Describe facilitators for practice adoption of vSMAs
2. Identify specific primary adaptations in delivering SMAs virtually
3. Report on impact on fidelity of the delivery of SMAs when delivered virtually

Methods:
- Study design: Descriptive, qualitative study
- Setting/population: 21 primary care practices (12 FQHC, 11 non-FQHC)
  - 10 practices have instituted vSMAs
- Data sources:
  - Practice facilitator notes
  - Fidelity observation guides

Facilitators for Transition to vSMAs:

Primary care practice characteristics

Health systems, particularly advanced systems, had more resources to adapt vs. small practices

EHR systems that could facilitate virtual SMAs and documentation

Support, from leadership/staff, including financial, IT resources

Current utilization of virtual models of care (e.g., patient portal, telehealth exposure/experience). Telehealth exposure facilitated a "can-do" attitude and approach

Practice Staff Available for SMAs (not reassigned to focus on COVID-19)

Other facilitators to vSMAs

Finding a HIPAA compliant platform that met the practice's needs

Practice Clinical Staff members' promotion of vSMAs. Staff expanded electronic outreach.

Patient acceptability of and commitment to vSMAs, e.g., willingness to use telehealth video and telephone for vSMAs

Practices' desire to meet IID study deliverables and deadlines

### Examples of Practice Adaptations Needed to Make vSMAs Successful:
- Facilitation techniques needed to change to promote online class interaction
  - Introduction to virtual environment for patients
  - New "ground rules" required for online environment
  - Ability to problem-solve technical difficulties
- Adapted materials to better fit the online format
  - Increased use of graphics and images, less text based
  - Sending materials ahead of time by email or mail
  - Scheduled sessions for shorter amount of time
- Prescribing provider visits were scheduled separately (also virtual) rather than occurring during the vSMA session
- Patient survey data collection moved to virtual format or done by phone
- Patient interaction time increased
  - Set up time to collect incentives
  - Schedule separate time to make patients familiar with online setting

Fidelity Observation Data

Select characteristics observed

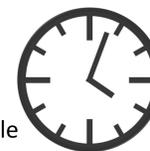|	SMA	vSMA
Total sessions observed	36	9
Median patients in attendance (Range)	5 (1,16)	6 (5,8)
Adaptations to personnel type		
Peer mentor (PM)	• 1x PM in standardized class • 5 (of 15)x no PM in patient-driven classes	• 0x PM in standardized class • 1 (of 3)x PM absent in patient-driven class
Behavioral health provider (BHP)	• 0x BHP in standardized classes	• 0x BHP in standardized class • 1 (of 5)x no BHP in mental health patient-driven class

Average length of sessions (in minutes)

In-person sessions averaged at 95 minutes
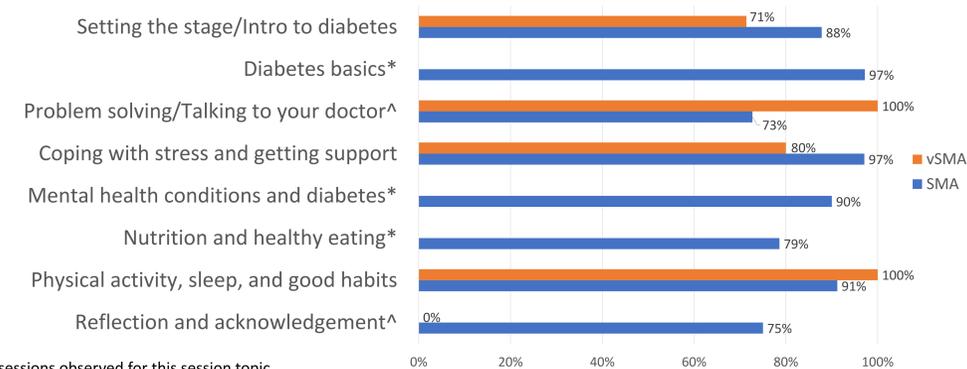
Virtual sessions averaged at 79 minutes
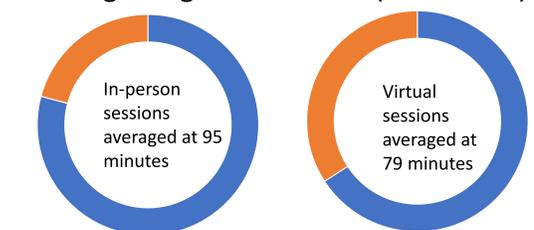
Total time possible: 120 minutes P=.039

SMAs: 204/ 279 (73.1%) of possible subtopics covered in recommended amount of time

vSMAs: 41/49 (83.7%) of possible subtopics covered in recommended amount of time P=0.072

Percent of required subtopics covered within each session, in SMAs and in vSMAs to date

Topic	vSMA	SMA
Setting the stage/Intro to diabetes	71%	88%
Diabetes basics*		97%
Problem solving/Talking to your doctor^	100%	73%
Coping with stress and getting support	80%	97%
Mental health conditions and diabetes*		90%
Nutrition and healthy eating*		79%
Physical activity, sleep, and good habits	100%	91%
Reflection and acknowledgement^	0%	75%

*No vSMA sessions observed for this session topic
^Percent of required subtopics covered was significantly different between SMA and vSMA

Discussion:
- Specific practice characteristics (i.e., existing technological capacity, leadership support, prior experience with telehealth, and staff available to conduct diabetes vSMAs) facilitate the adoption of vSMAs.
- Practices were able to adapt to vSMAs leveraging telehealth platforms and adapting the delivery of materials to the platform, as well as educating/guiding patients to use vSMAs.
- From the few observations of vSMAs, fidelity to the diabetes education curriculum was similar to SMAs.
- Observational data found that vSMAs were significantly shorter in duration and more didactic in nature. Future adaptations will focus on incorporating more interactive group activities.

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