

COVID-19 Induced Pivot to Virtual Shared Medical Appointments: Implementation Adaptations and Lessons Learned

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Background

- The Invested in Diabetes project¹ is a pragmatic cluster randomized trial testing different approaches to shared medical appointments (SMAs) for type 2 diabetes in 22 primary care practices
- COVID pandemic interrupted implementation midway

Objective

Describe adaptations by research team and practices to continue implementation during COVID, including pivot to virtual SMAs (vSMAs)

Methods

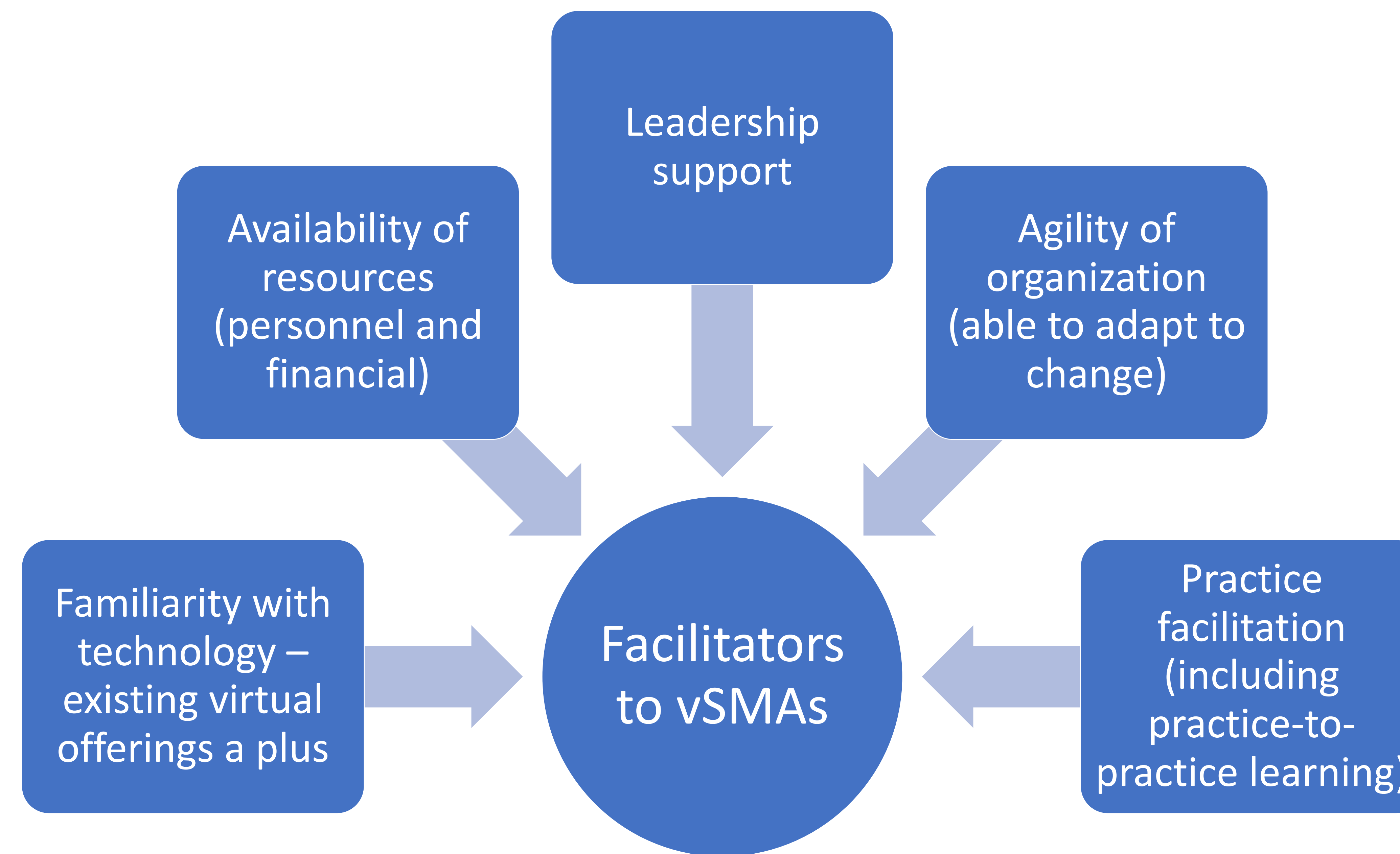
Practice facilitation:

- Practices were assisted in implementing vSMAs by dedicated practice facilitators who switched to using virtual facilitation techniques.
- Practice implementation plans, including facilitators and barriers, were captured in field notes by facilitators and particularly highlighted the adaptations made during the pandemic.

Patient interviews:

- Interviews were conducted with patients who attended vSMAs to assess feasibility and acceptability of the virtual format.
- Interviews were transcribed and coded in Atlas.ti. Researchers reviewed coded transcripts to assess patient feelings and attitudes towards vSMAs and any barriers.

	SMA	vSMA
Timing	January 2019 – March 2020	March 2020 – April 2021
Practices	22 practices (12 organizations)	14 practices (7 organizations) 8 practices “early adopters”
Patients enrolled	614	343
Cohorts started	86	45



Positives from doing vSMAs	Barriers to vSMAs
<ul style="list-style-type: none"> Allowed practices to continue offering DSME services to patients during a time of great need and uncertainty (COVID pandemic). Practices could offer DSME to patients who couldn't participate previously due to work schedules by allowing them to join from home or their office. vSMAs expanded other virtual uses by the practice, including patient portals for recruitment, messaging and materials, data collection, etc. Allowed for flexibility in scheduling Decisions to maintain virtual offerings. Patients reported value in the vSMAs which motivated teams. 	<ul style="list-style-type: none"> Some patient populations had significant barriers to the virtual format. Some providers did not want to attempt vSMAs due to perception of these barriers. Resources for vSMAs were limited. Difficulty finding suitable virtual platform was reported. Practices too short-staffed or overburdened (due to COVID or other issues) to try something new Virtual interaction with patients was seen as challenging

RESULTS

Patient interview themes	Quotes
Initial experience was varied. Some excited with convenience, some were hesitant with virtual option. All were ultimately open to participate.	<i>“through my prior work experience, I know how painful some of these online things could be with people. I was a little hesitant about—I bet this is gonna be painful, online”</i>
After participating , some patients still preferred in-person classes, but most were thankful for the opportunity to participate in the class.	<i>“It felt like it was in person. That's what I'm tryin' to tell you. The presentation and everything was like if I was right there.”</i>
Challenges of vSMAs reported included: <ul style="list-style-type: none"> Finding connecting to peers more challenging Technical difficulties leading to frustration, both from facilitators and by other patients Difficulty accessing course materials Feeling of losing something from the virtual format 	<i>“They showed us a link online where you could go and read up on it[study material], but I'm an old school person, I guess. I would rather have the paper in my hand, then lookin' at it on the internet.”</i>
Benefits of vSMAs reported included: <ul style="list-style-type: none"> An opportunity to connect with others and their health care team that they otherwise would not have, due to the pandemic Schedule flexibility and convenience, especially for those who had fulltime jobs Easier to share embarrassing things over a phone or computer than in person Got rid of transportation issues for some Online classes were an easier sell...likely would not have agreed if it was in person 	<i>“I wouldn't always have my video on for everybody to see me just because we're talking, and you can obviously tell I'm a wreck about this. I don't like people to see me like that.”</i> <i>“There were other times that I was gonna take this class, but it didn't work out; however, when...we were online, I could take the class as part of my break... I could work an extra hour that day and then take my lunch break.”</i>

Discussion

Despite the challenges of SMA delivery during COVID-19, the ability for the Invested in Diabetes project to adapt quickly with virtual coaching for vSMA implementation, and for successes to be disseminated between practice sites allowed for the project to maintain active study implementation. Adapted methods (vSMAs) were seen as beneficial to both practice teams and patients, and may have paved the way for some practices to continue offering virtual patient offerings.

References

- Kwan, B.M., Dickinson, L.M., Glasgow, R.E. et al. The Invested in Diabetes Study Protocol: a cluster randomized pragmatic trial comparing standardized and patient-driven diabetes shared medical appointments. *Trials* 21, 65 (2020). <https://doi.org/10.1186/s13063-019-3938-7>