Questions and Answers

1. Does QTAC give information back, e.g., a country report?
   
   Answer: If you are a QTAC partner, QTAC's partner portal has a reporting function that allows one to look at program data by county.

2. Are there any examples or templates available for referral policies?
   
   Answer: One of the screenshots on the presentation was a referral policy protocol that the Department of Health (DoH) worked to develop, in partnership with Tracy Mills – the Referral Protocol with the Diabetes Prevention Program. I believe it will be available on the department’s website very soon and DoH can share that tool with people who are interested in what the prevention protocol looks like.

3. What staff training would you recommend to initiate a diabetes prevention program?
   
   Answer: In terms of training staff, partners interested in starting Diabetes prevention programs and implementing training in their organizations can get in contact with QTAC. They provide a lifestyle coach training for those programs. In order to begin a program, there needs to be someone within the delivery organization who is interested in being a lifestyle coach. This is a two-day training. QTAC does these trainings in groups of usually no greater than 12-15 people. Information about this training can be found on our webpage: www.NYpreventschronicdisease.com

4. How many people have gone through the Glens Falls Hospital Diabetes Prevention Program (DPP)? Was there a high retention or drop-out rate? We have found that people are very reluctant to commit to 16 weekly sessions followed by 6-8 monthly sessions.
   
   Answer: There’s definitely some reluctance [to the program’s time commitment]. I think the one thing that helped was having a linkage with a provider practice. We worked with the providers to make sure they understood what this program was, and they really helped identify their patients who were ready to make the commitment and the intense lifestyle change required for the diabetes prevention program. That is not to say we still didn’t have people drop out of the program. For example, at one of our programs, we had ten participants but two dropped out by the end of the program. At another program that was a little larger, there were 13
participants. This is where group dynamics comes in, because this group had an awkward group dynamic so we had a higher drop-out rate.

5. In addition to the resources provided today, is there any training available to take an EBSMP coordinator through the steps of monitoring and evaluating programs?

Answer: I think the main purpose of today’s webinar was to help address the lack of resources available for these steps by giving you some ideas of the things you want to monitor, the types of measures to use and some examples of data collecting tools. There are some additional webinars on monitoring and evaluation that aren’t specific to this topic which are available on the www.nypreventschronicdisease.com webpage. You will also receive this current slide in your handouts for additional resources that have some really helpful tools, such as the Agency for Health Research and Quality (AHRQ) “Clinical Community Relationships Materials” resource, which provides a lot of great measures and things you might want to monitor. There is also a “1-2-3 Approach to Provider Outreach Toolkit,” and a CDC toolkit that has some great tools to measure outreach and promotional campaigns. So there are a lot of resources out there, but this webinar was an attempt to link to all these resources. Our contact information is on the last slide and you’re welcome to reach out with any questions.

6. If this is a standardized program how can the coaches change how they facilitate the sessions? Was the program offered free of charge or billable for insurance?

Answer: The program at Glens Falls Hospital was offered free of charge to the participants. We used internal resources and funding from NYS health foundations to cover the expenses. Our hope in the future is that it will be billable and I know a lot of people around the state are working with local and state insurers to see if we can make that happen. Also, the program and curriculum are standardized, although there may be different ways to locally tailor the program and the coaching.

Answer Two: You can change the way you facilitate the session, but you cannot change the content of the session. And because the program is so firmly based on group dynamics and group sharing and communicating, coaches might find they want to change the manner of the session. They might want to slow it down or increase discussion, but they can’t change the material. The entire second day of the lifestyle coaching training is all on group dynamics, such as role playing and presentations and dealing with group dynamics.