

Telehealth enabled diabetes information and education

This document provides guidance for teams targeting virtual diabetes education, encompassing innovative options with sustainability and adaptability at local levels.

Face-to-face education has long been a foundational aspect of care for people living with diabetes. The COVID-19 Diabetes Community of Practice identified that education has been reduced, ceased or transitioned to telehealth. Examples of current virtual

models provide alternate ways to support patient engagement, education and outcomes, compared to traditional methods. It remains important to recognise that these recommendations are part of a broader telehealth response occurring across the system.

Key domains

Transitioning from face-to-face education to a virtual setting should be undertaken with respect to the following four key domains.

Information, communication and technology

- Virtual communication platforms
- Content distribution platforms

Materials and resources

- Established videos or clips
- Locally created materials
- Development of flyers and brochures targeted to patients

Modality

- Telephone
- Videoconference
- Websites and apps
- Live broadcasting sessions

Support

- Administrative support, such as education of patients in using telehealth, sending SMS and education material links whilst maintaining patient privacy and confidentiality
- Funding availability for equipment, platform license fees

The Agency for Clinical Innovation has purchased a one-year GoShare licence for local health districts to access all the Western Sydney Diabetes education videos. This platform also supports bundling, sending and scheduling functions and includes information sheets and the Healthily library. For further information, please contact your local health district (LHD) diabetes service or see National Association of Diabetes Centres, *Patient Education Resource Library (PERL) Resources* <https://nadc.net.au/perl-resources/>.

Options for telehealth or virtual patient education models of care

A coordinated multidisciplinary team-based approach still delivers core components of diabetes education and care as seen in the following case studies.

Case study one: Western Sydney Diabetes virtual outpatient clinics

Building on existing projects targeting capacity building with the use of telehealth, in particular myVirtualCare, Western Sydney Diabetes stopped delivering face-to-face consultations in complex type 2 diabetes clinics in response to COVID-19. This was done through three stages.

- Stage one: plan and pivot
- Stage two: add solutions
- Stage three: scale up and promote.

These stages involve orientation practice to virtual care, adding in solutions to assist, scaling up to keep patient relationships strong and continue capacity building.

The stages include the following key domains.

Information, communication and technology

- GoShare platform – available to all Western Sydney LHD diabetes. Cloud viewing was added for home blood glucose level monitoring services
- Pexip
- Twice daily Skype for Business meetings with all staff
- Adapt clinics for virtual reception (myVirtualCare), booking, billing, trouble shooting and communications.

Materials and resources

- Patient education resource library with 100 diabetes education videos and bundles added
- Brochure to inform GPs and patients on how to book and join the virtual waiting room
- Continuous glucose monitoring applied in four community pharmacies.

Modality

- Telephone
- Videoconference
- Websites and apps
- Live broadcasting sessions
- Both the GP and the patient were included in all first telehealth encounters.

Support

- Administration support
- Expansion and promotion of telehealth to patients identified from previous encounters
- Promotion of service to GPs.

Case study two: pandemic plan for gestational diabetes education groups

The Greater Newcastle Sector Diabetes Service and the Central Coast Local Health District adopted a model of care that supports changes in the delivery of education to women with gestational diabetes during COVID-19. The model of care uses information and communication technologies, including initial telephone call, email with details and supporting information in the form of links to video and printed material. The women were then offered a virtual group session involving the multidisciplinary team. The model also includes a follow up plan either via phone consults or face-to-face appointments.

Information, communication and technology

- Skype for Business (Hunter New England LHD)
- PEXIP (Central Coast LHD).

Materials and resources

- National Diabetes Services Scheme *Understanding Gestational Diabetes* (link sent to women's email) virtual group session (locally led by credentialled diabetes educator and dietitian)
- One-on-one dietetic follow up consultation and education.

Modality

- Telephone (diabetes educator and dietitian)
- Videoconference
- Weblinks.

Support

- Diabetes and administration staff coordinating the virtual care arrangements
- Free blood glucose level meter and test strips available locally
- Documentation completed in e-maternity.

Document development

The document was developed by a Telehealth Virtual Patient Education Solution Group with representatives from the COVID-19 Diabetes Community of Practice. A series of three one-hour meetings was held to gather clinical expertise. The final document was endorsed by the COVID-19 Diabetes Community of Practice.

References

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Additional evidence

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