

Purpose

The purpose of this project is to develop a policy change to improve the dissemination of diabetes self-management education (DSME) using telehealth services.

Problem & Significance

According to the Center for Disease Control and Prevention (CDC) (2020), 34.2 million United States residents were diagnosed with diabetes in 2020, and the prevalence of type 2 diabetes is 17.6% higher in rural populations than in urban populations.

Patients in rural areas recorded a low rate of DSME services compared to the urban population and less than 5% of Medicare beneficiaries and 6.8% of privately insured people diagnosed with diabetes utilize DSME services (ADCES, 2021).

DSME participation improves self-management behaviors leading to improved glycemic control and decreased rates of diabetic complications (Hunt et al., 2018).

Current telehealth policy is only being covered during the COVID-19 pandemic in rural areas.

PICOT Question

How will the introduction of a policy to provide Diabetic Self-Management Education through telehealth services in adult patients between 18-70 years with type 2 diabetes residing in rural areas impact healthcare providers response to diabetic education practices over a period of six weeks as compared to current practice?

Analysis

Telehealth policy proposal: All diabetic patients living in rural areas will receive telehealth services for their DSME.

Benefits:

- Develop a policy that will continue after the COVID-19 pandemic.
- Increase coverage of telehealth services to rural populations.

Obstacles:

- Broadband infrastructure
- Lack of providers in rural areas
- Telehealth policy in rural areas may not be a reimbursable item after the COVID-19 pandemic

Literature Review

Search Terms: *Telehealth and/or telemedicine, telehealth policy, DSME, diabetes, rural telehealth, remote diabetes care, diabetes and telehealth/telemedicine, and rural areas/communities.*

Databases: CINAHL Complete, Solar, and MEDLINE Complete

- Poor reimbursement rates.
- Increased health disparities in rural areas.
- Improvements need to be made in broadband infrastructure.
- DSME education can decrease diabetic comorbidities

Goal and Objective

Goal: To develop a policy that will improve the dissemination of DSME services to rural diabetic populations.

Objectives:

1. To consult with policy experts.
2. To develop a new policy that will continue telehealth services after the COVID-19 pandemic.

Pre-questionnaire

This questionnaire was sent to diabetic experts that agreed to participate in this DNP project.

1. Are the current telehealth policies impacting your organization? If yes, how?
2. What obstacle(s) do you see as a barrier to the dissemination of DSME using telehealth services in rural diabetic populations
3. How would you ensure access to a diabetic educator during regular clinic hours, so they are available for questions or concerns?
4. How would you address broadband internet infrastructure improvements to rural populations so telehealth services can provide DSME services?
5. What additional policy improvements would you suggest so DSME can be disseminated using telehealth services?
6. Identify at least three strategies that you recommend, assessing that the diabetic patients would read and comprehend DSME materials that have been provided to them in advance of their scheduled telehealth appointment?
7. Identify at least three strategies that would improve the dissemination of DSME in rural populations using telehealth services to the socioeconomically challenged diabetic patients?
8. How do you see this policy impacting health disparities and health inequities to help rural populations of color?
9. Is there anything you would like to add to the policy that is proposed?

Post-questionnaire questions will be based on the responses from the pre-questionnaire.

Post-questionnaire Results

Policy Conclusions

References