

# Integration Within The Utah Diabetes Telehealth Series

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## Diabetes Program Telehealth Services

## Heart Disease & Stroke Prevention Program

## Maternal & Child Health Program

## Tobacco Prevention & Control Program

## Utah Women's Health Information Network

### Background

- Utah has vast rural and frontier areas where clinicians sometimes do not have access to current diabetes care best practices
- Medical providers in Utah identified clinical training related to best practices and current care standards as a primary need in both rural and urban areas
- In addition to diabetes-centered training, training related to co-existing chronic conditions and behaviors was identified as a need



### Methods

- To meet training needs, the Utah Diabetes Prevention and Control Program established The Utah Diabetes Telehealth Series (UDTS) in 2005
- Experts speak monthly on topics ranging from diabetes and chronic condition management, to emerging cross-cutting issues
- Due to limited resources and fast UDTS growth, the Utah Heart Disease, Tobacco, and Maternal/Child Health Programs, and the Utah Women's Health Information Network, were invited to co-sponsor UDTS
- These partners now contribute to program costs, provide speakers and help identify training needs
- Programs related to retinopathy, heart health, polycystic ovary syndrome, health literacy, GDM, and functional diabetes have been conducted
- For each training, pre-post knowledge tests are conducted and a clinical practice impact survey is administered
- CME credits are provided
- The UDTS is available to all states and territories

### Results

- UDTS has grown from six sites in 2005 to over 100 sites, from 16 states, in 2009
- The addition of partnering programs has assured sustainability and allowed for expansion
- For the cross-cutting trainings mentioned above
  - Average participation was 128 per program (range = 72 to 179)
  - Average pre-post knowledge increased from 60% to 89% (pre range = 49% to 72%, post range = 85% to 92%)
  - And 36% indicated changing clinical practice as a result of the trainings (range = 14% to 55%).

Figure 1. Telehealth Pre & Post-test Results

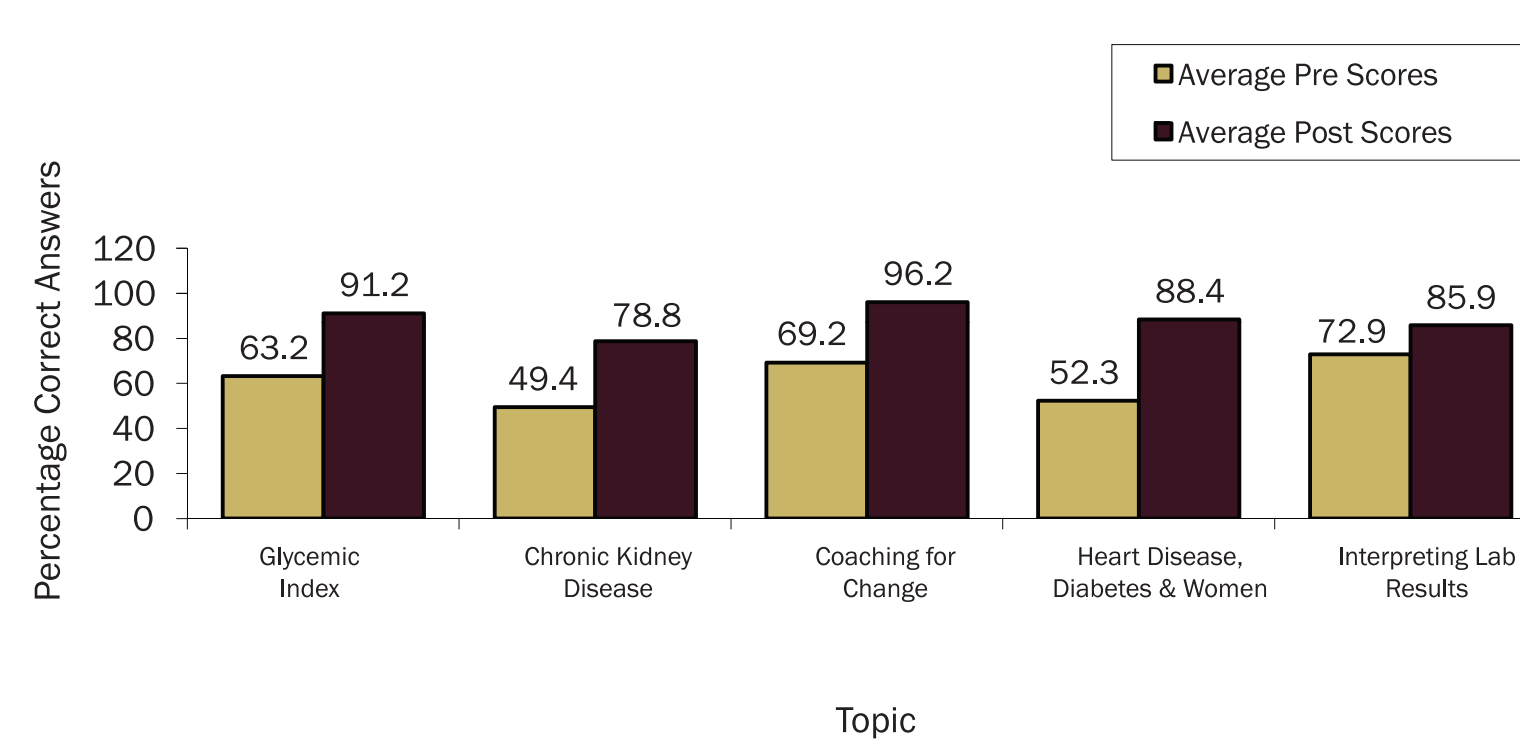
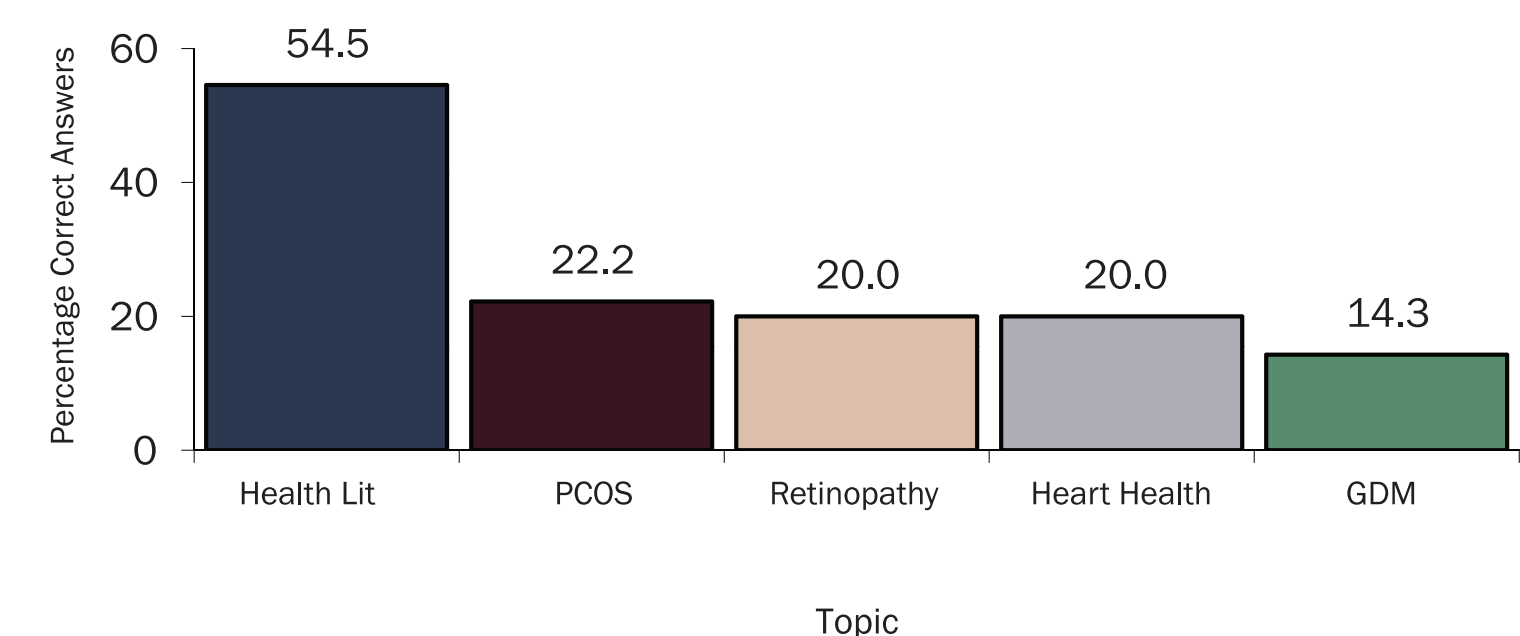


Figure 2. Percentage of Respondents Reporting They Made Changes to Their Practice by Telehealth Topic



### Conclusions

- Partnering improves sustainability and broadens training topics to address co-existing conditions. Training has resulted in improved knowledge and clinical practice change. Further evaluation is needed to assess the impact on diabetes-related health outcomes.
- If you, your program, or other partners would like to participate in the UDTS, please contact Melanie Wallentine at [melaniewallentine@utah.gov](mailto:melaniewallentine@utah.gov)

