

Peer Review File

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REVIEWER A

Thank you for the opportunity to review your manuscript, “Enhancing access and impact of the Medicare Diabetes Prevention Program using telehealth.” Your paper discussed a very timely and intriguing topic. I fear that your work here is fatally flawed due to the concerns outlined below regarding your search terms and lack of methods.

Please consider the following comments regarding your submission (by line):

Comment 1: Lines 1-2 Pick one convention for capitalization of your title. You have a mix of words capitalized or not. Simply capitalizing “Using” would be the simplest fix.

Reply 1: We have now consistently capitalized the title.

Changes in the text: *In the title, “using” was replaced with “Using.”*

Comment 2: Lines 25-26 ...CINAHL, and Academic Search Elite (add and)

Reply 2: Thank you for noting this grammatical error.

Changes in the text: *“And” was added to the sentence at line 25.*

Comment 3: Line 31 Undefined abbreviation (DPPs)

Reply 3: Thank you for noting this error.

Changes in the text: *DPP was defined in line 24.*

Comment 4: Lines 16-46 The abstract is not an abstract. It is much too long for this. I suggest reviewing the expectations of the journal and ensuring that they are met when it comes to the length of the abstract. Indexing engines will not pick up all your content, thus missing significant search potential for your work here.

Reply 4: As per the author guidelines for mHealth, abstracts may be between 200-350 words. Our abstract is 340 words, which is below the word limit.

Changes in the text: *No changes were made to the abstract.*

Comment 5: Line 48 Keywords—review them and ensure you are using MeSH terms for them. “Access to healthcare” is not a MeSH term. <https://www.ncbi.nlm.nih.gov/mesh/>

Reply 5: Thank you for the suggestion to review the key words using MeSH terms.

Changes in the text: *Key words have been revised to reflect MeSH terms in lines 48-49.*

Comment 6: Line 63 16 times higher, not 16x

Reply 6: Thank you for the suggested edit.

Changes in the text: *The sentence has been changed to “Moreover, the costs of medical care are 16 times higher...” in line 63.*

Comment 7: Line 91 greater than 65,000 Medicare beneficiaries—there is no need to

use symbols in the text other than for specific examples or statistics.

Reply 7: Thank you for the suggested edit.

Changes in the text: *Sentence edited to read, “CMS predicted that over 65,000 Medicare beneficiaries...” This sentence is in line 90.*

Comment 8: Line 92 ...after four years of coverage. Numbers up to ten should be text.

Reply 8: Thank you for the suggested edit.

Changes in the text: *Sentence edited to read, “...after four years of coverage.” This sentence is in line 91. Although not a requested change, we edited the sentence in lines 97-99 to reflect a CMS policy change that occurred after our manuscript was submitted on 7/5/23.*

Comment 9: Lines 122-124 As you are attempting to change CMS policy, why use a CDC definition? Use of the CMS definition, at least adding it, would be beneficial.

Reply 9: The MDPP is an extension of the National DPP and uses the same quality assurance recognition program governed by the CDC; thus, CMS follows the definitions set by the CDC for program delivery, including distance learning.

Changes in the text: *The phrase “and endorsed by CMS” was added to the text in line 121.*

Comment 10: Lines 125 ...CINAHL, and Academic....

Reply 10: Thank you for the suggested edit.

Changes in the text: *We added “and” to this sentence, now on line 125.*

Comment 11: Lines 126-130 Is this the exact Boolean string you used, if so, it is incorrectly done. You have not used parenthesis between your AND operators and around your main search strings. This would give you a much different search with much different results.

Reply 11: Thank you for noting these omissions. We had intended to describe the search on a more conceptual level but understand that clarity is needed.

Changes in the text: *We have edited the description on page 5 to clarify the search methods.*

Comment 12: Lines 119-131 Your Methods section is weak and nondescript. You do not discuss the number of articles you found in your review. You do not discuss how you chose articles from your review. You do not discuss how the two authors agreed that the articles were important enough to include. Much is missing from this section to the point of it being fatally flawed.

Reply 12: We strengthened the Methods section by more thoroughly describing our approach to this narrative review. Nonetheless, per journal instructions for a narrative review, we did not aim to conduct an exhaustive search of the literature. However, we did update our search to September rather than June, which located one additional article.

For ease of reference, here are the journal instructions:

2.2.3 Narrative Review (Also Called Literature Review)

We strongly welcome the submission of narrative reviews, although our editors may still consider traditional reviews for publication. A narrative review aims to provide readers with cutting-edge, scholarly, evolving developments and evidence-based overview of a clinical or mechanistic subject by searching, selecting, compiling, and summarizing the available literature. Through a narrative review, readers could gain more comprehensive and enlightening knowledge on a particular field. *A narrative review is less methodologically demanding than a systematic review, as it does not require a search of all literature in a field, nor does it necessarily require a rigorous appraisal of the included literature.*

Changes in the text: *Additional description has been added to page 5 under Methods. Description of the additional article we located is related to the BRIDGE study and was added to page 8, lines 228-230.*

Comment 13: Lines 148-161 Conclusions based on what appear to be four articles.

Reply 13: This paragraph describes the favorable outcomes that have been found with in-person delivery of the MDPP among older adults. It is not a conclusive or comprehensive review of the outcomes associated with in-person delivery.

Changes in the text: *No changes to the text were made.*

Comment 14: Lines 163-164 “There are several few recent reports” What does this mean?

Reply 14: Thank you for noting this error.

Changes in the text: *The text now reads, “Recent reports have also described...” in line 179.*

Comment 15: Lines 175-176 Two groups. Was the statistical significance between them reported? This could further strengthen your points that distance programs are effective.

Reply 15: There was not a statistically significant difference in the percent weight loss between the groups.

Changes in the text: The sentence was edited to more clearly convey that the weight loss between groups was comparable on line 190.

Comment 16: Lines 186-190 I am not seeing how the jump to a UK program helps your argument. I would clarify this and how the UK results are pertinent to the USA program.

Reply 16: Thank you for noting that this study from the UK may not appear relevant to this review. We included the UK study because it was a large study that showed robust weight loss outcomes for older adults using distance-learning, implemented in a manner consistent with CDC guidance. Their results also offer helpful comparisons between outcomes for older and younger adults.

Changes in the text: *The sentence in lines 200-203 was edited and a sentence in lines*

205-207 was added to clarify the connection of this study to the purpose of the paper.

Comment 17: Lines 196-200 There have been recent publications in this area that might change your conclusions in this area of your paper. You may wish to consider including information from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9842522/>
<https://www.aafp.org/pubs/afp/issues/2022/0300/p281.html>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9111950/>
Again, I believe your search is flawed.

Reply 17: Thank you for sending these links to papers. The first one focused on mobile interventions to manage diabetes mellitus, and both mobile interventions and interventions to manage (rather than prevent) diabetes are excluded from our review. The second and third articles focus on using telemedicine to care for patients with diabetes and must similarly be excluded. We have described our specific literature search in better detail on page 5. We have also updated that search through September 2023, which resulted in the inclusion of one more article. We hope that these additions to the manuscript provide additional clarity on our search.

Changes in the text: *We have not changed the text in on these lines.*

Comment 18: Lines 202-204 See the above papers. I fear your Boolean search was done incorrectly, and you missed many manuscripts which should have potentially been included.

Reply 18: Thank you for your comment. As noted above, because our paper focuses on diabetes prevention among older adults using interventions that meet the CDC definition of distance-learning delivery, the above papers were ineligible for this review. A detailed description of our search is now included on page 5.

Changes in the text: *We have not changed the text on these lines.*

Comment 19: Lines 216 1+ sessions? Are you saying for those who attended one or more sessions?

Reply 19: Thank you for this clarifying question. A metric commonly used by the CDC to operationalize attendance is attending at least one session, which is why we used this metric in our recommendation.

Changes in the text: *We edited the sentence in line 234-235 to clarify.*

Comment 20: Lines 245-272 A significant gain for those in rural areas is having access (often for the first time) to healthcare via telemedicine, etc. You do not discuss this gain for these patients, which is an important consideration. This is discussed in several of the papers you referenced and also in the papers above.

Reply 20: Thank you for pointing out this important aspect of telehealth for rural populations. We have added to this section to convey the message around improved access.

Changes in the text: *We have added a phrase in lines 281-282 and a sentence in line 287-288 to address this comment.*

Comment 21: Lines 283-285 ??? Are you saying that suppliers (contractors) of these services expect CMS/CDC to train them on the service they are getting paid to provide? Is this correct?

Reply 21: Thank you for your comment. Because MDPP suppliers were required to deliver the program in-person prior to the pandemic, they experienced some challenges switching to distance learning delivery initially.

Changes in the text: *We have added a sentence to lines 300-303 to further explain the suppliers' needs.*

Comment 22: Lines 294-300 Interesting stuff, but you do not discuss the HIPAA concerns that would come with this type of action by providers or suppliers. This would be a GIANT barrier to success.

Reply 22: Thank you for raising the important point about HIPAA compliance, which we have addressed with the changes below.

Changes in the text: *We have added additional text to address HIPAA concerns about using electronic health records to identify and refer patients to the MDPP in lines 316-318. Specifically, our revised text states: "Referral protocols that are compliant with the Health Insurance Portability and Accountability Act (HIPAA) have been established, including by the American Medical Association⁵⁴ and the State of Colorado's Office of eHealth Innovation."⁵⁶*

Comment 23: Lines 342-345 Telehealth also takes away the need for physical space and all the costs that come with having a physical location.

Reply 23: Great point! Thank you for highlighting this.

Changes in the text: *We have added to the text in lines 360-361 to include this point.*

Comment 24: Lines 368-370 Your assertion based on others' conclusions that there is limited research available is flawed. A simple Boolean search [lifestyle AND ("diabetes prevention") AND telehealth] revealed 29 articles, a number that could be grown significantly by adding further search terms.

Reply 24: Thank you for your comment. A recent application of those terms revealed 31 articles; however, they include articles that do not meet our inclusion criteria, such as adults with gestational diabetes and fully online programs delivered asynchronously. We have clarified our search process and eligibility criteria on page 5 to convey our methods more clearly.

Changes in the text: *No changes to the text were made. We believe there is a limited body of evidence specific to distance learning delivery of lifestyle programs for diabetes prevention among older adults.*

REVIEWER B

The article is very clear, well-written. The authors provide sufficient background and motivation for the problem in the introduction, and the objective to explore the role of telehealth on accessibility and effectiveness of DPPs for older adults is clearly

articulated. The authors then go on to describe in detail several studies, although their assessment is primarily qualitative. My primary critique is that key information regarding the search, as well as a quantitative summary of the output are missing from the Methods and Results sections, specifically:

Comment 1: Methods: Line 125: No PubMed?

Reply 1: With the assistance of a health sciences librarian and for efficiency of searching, we used Medline in the EBSCOhost system, which includes all the content of PubMed and also searches the full text of articles.

Changes in the text: *On page 5, we added several sentences to better describe our search, and lines 126-128 address the question about PubMed.*

Comment 2: Lines 126-129: should there be some parentheses around some of the search terms. It's unclear exactly what grouping of terms the OR's and AND's correspond to? Also what was the date range of the search? Inclusion/exclusion criteria of articles after the search? How many reviewers of the included articles?

Reply 2: Thank you for your feedback. Additional detailed description has been added to the Methods section to address these concerns.

Changes in the text: *Most of page 5 has been edited to address the comments related to the literature search. The exact search with parentheses and groupings, date range, eligibility criteria, and reviewers who participated were added.*

Comment 3: Results: Also need in this section more quantitative information on the output (e.g., number of articles produced from search and ultimately reviewed)

Reply 3: Thank you for this feedback. This information has been added to Methods.

Changes in the text: *Please see page 5, end of line 142 to the beginning of line 147.*

Comment 4: After providing more details on the research methods and procedures to obtain the articles, I think this will be a valuable contribution to the literature.

Reply 4: Thank you for your favorable assessment of our article.

Changes in the text: *Additional details on Methods have been provided on page 5.*