

User Manual Revised April 2020

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ACRONYM LIST

BG	blood glucose
BMI	body mass index
CDC	Centers for Disease Control and Prevention
CRRP	cardiometabolic risk reduction profile
Ctrl	control
DPP	Diabetes Prevention Program
DPRP	Diabetes Prevention Recognition Program
dx'd	diagnosed
HDL	high-density lipoprotein
HTN	hypertension
ID	identification
IFG	impaired fasting glucose
IGT	impaired glucose tolerance
LDL-C	low-density lipoprotein cholesterol
MDPHHS	Montana Department of Public Health and Human Services
PAWS	Prevention Access Web-based System
PPS	Primary Prevention Software
Pre DM	prediabetes mellitus
QI	quality improvement
S1–26	Session
тс	total cholesterol
TRIG	triglycerides

ABOUT THE WEB-BASED DPP APPLICATION

The Diabetes Prevention Program (DPP) was a large clinical trial conducted in the United States that demonstrated a reduction in diabetes incidence by 58% in participants who took part in a lifestyle change intervention. Recently, data from the trial indicated that reductions in diabetes incidence persisted for these participants for at least 10 years.^{1,2}

In 2008, the Montana Diabetes Program successfully implemented an adapted group DPP at four health care facilities.³ Since that time, additional sites have been and continue to be added. Weight loss and physical activity results from the adapted program are similar to what was found in the DPP clinical trial.⁴ To evaluate the program, each site was required to submit monthly data. In response to site feedback, the Montana Diabetes Program developed Primary Prevention Software (PPS) in 2012. PPS allowed each site to periodically, on its own schedule, provide individual feedback, group feedback and comparisons, and comprehensive reports to individual participants' referring providers. PPS was specifically designed for sites that were providing the adapted DPP curriculum but was available to all users in need of a data collection tool for prevention activities. In 2015, the PPS software program was updated to a Web-based application now simply called Prevention Access Web-based System (PAWS). The site is sponsored by the Montana Chronic Disease Prevention & Health Promotion Bureau (CDPHP). It may not be used for commercial purposes.

COMPUTER REQUIREMENTS

To use the DPP PAWs application, you will need:

- Access to the Internet through a browser such as Firefox, Chrome, or Edge the most recent version of any of these is recommended.
- Printer (for reports).

SIGN-IN PROCEDURE

Use your browser to access the Montana CDPHP site. The CDPHP Data Collection Sign In prompt will appear. Enter your username and password into the appropriate fields, and click on Sign In. If you have forgotten your username or password, click on Forgot Username or Password? You will be asked for your e-mail address or your username.

CDPHP DATA COLLECTION SIGN IN
Username
Password
Remember me on this computer. Forgot Username or Password?
Sign In
Cookies are required for this application

If you use only the DPP PAWs application, you will be taken directly there. Your username and password will also allow you to access any of the other Montana CDPHP programs.



The HELP button gives you contact e-mail addresses and phone numbers for technical support. The Help button is visible on every page of the DPP application.

QUICK TIPS TO GET STARTED

Pages

The green menu bar at the top of the screen allows users to go back and forth between the Participant, Search, Data Submission, Labels, Export, and Settings pages.

Tabs

Only the Participant page has tabs, which allow one to move within the participant's page to Participant Information, Clinical Indicators, Sessions, Reports, and Readiness to Change. Each tab contains sections, such as Demographics or Contact information.

PARTICIPANT	SEARCH DATA SU	JBMISSION TE	EXTING LABELS	 EXPORT - 	SETTINGS~
Participant: + Add Nev Name:	/ + Reenroll ID: 🛈	Age:	Status: 🛈 🛛 Last Modi	fied: Group:+/	Getting Started Add New
Duck, Donald	~ DTRU07012	016 🗸 54	Enrolled 8/27/2019	Spring16	an <u>~</u> ->Change Group
Primary Provider + Add Holiday , Rocky	New Address 12 S Lane Velena, MT 1	25000-	Referring Provider ☑ Same as Primary Holiday , Rocky	Ad 12 ~ He	dress S Lane lena, MT 25000-
Participant Informat	ion Clinical Indicator	Sessions R	eports Readiness to	o Change	
Participant ID: DTRU07012016	*Last Name: Duck	*First Nat Donald	me:	MI:	AVE AND PROCEED
*Intake Date: 10/01/2014	*Status: 🛈 Enrolled 🗸 🗸	Last Status Change: 10/01/2014		Dista 3	nce Traveled: 🛈 miles
Demographics *Date of Birth: () 07/01/1965 Household Income:	Gender: Male	Race/Ethnicity: White nt Status:	Education	1: hool Y]
\$75,000 + Mini Grant Inform	Full Time	~			
If this participant h	as received a mini grant, p	lease select which on	e:		
Contact Email: donaldT@you.com		Mobile: (200) 040-4040	☑ Mobile: Leave callback info only	Home Phone:	 Home: Leave callback info only
of 3 Participants First	Previous Next Last	Delete		W € Site	e: 486 lb // All: 43,065 lb 🛈

- The Participant page includes a black navigation bar on the bottom of the screen allowing you to move between participants within the group.
- The trash can symbol on the navigation bar allows you to delete the selected participant from the database. If the button is selected, you will be asked if you are sure you want to delete the participant. Click on **Yes** to permanently delete the participant or on **Cancel** to keep the participant and return to the Participant page. Deleting the participant will remove all available demographic and assessment information associated with the participant.
- The 🕕 symbol is called an *info button*, and it contains helpful tips for data entry. Move your cursor over the symbol to read the information it holds.

MENU DESCRIPTIONS

Participant

The Participant menu options are available by selecting **Participant** on the green menu bar.

PARTICIPANT	TA SUBMISS	ION TEXTIN	G LABELS~	EXPORT - SET	TINGS~
Participant: + Add New Name:	+ Reenroll ID: 0	Age: Status:	Last Modified:	Group: + Add Ner Fall18September	• Getting Started
Primary Provider	Address	Refer	ring Provider	Address	
				Weight L	DSS
0 of 8 Participants First P	revious Next Last 🛄 Delete			Site: 486 l	b // All: 43,460 lb🛈

- As you enroll a participant, you are asked to provide contact information for a primary or referring provider. The primary provider information can be updated later if the provider changes.
- •
- At the bottom of the Participant page is the Weight Loss counter, which keeps track of weight loss for the site and for the entire program. The weight loss shown is the total number of pounds lost starting from the first attended session minus the last attended session, excluding gained weight.

You can add a new participant by clicking on **+Add New** or reenroll an existing participant into a new group by clicking on **+Reenroll.**

ame:		:0	Age: Status: 0	Last Modified:	Group: + Add New	- Setting Start
		•			Hall17October	
	Add New Parti *Last Name:	cipant	*First Name:	ME		
	*Date of Birth: 0		*Participant ID:			
	*Group: Spring16Jan	•	*Status: 0 Enrolled			
	*First Intake Date:	202 - 2.5				
	10/11/2016					
				*Required OK	CANCEL	

Prov	ider Name: eenroll	Address:]	
R [eenroll	•		
	Group:	Status:		
	First Intake Date:	New Participant ID:		
		*Required OK	CANCEL	

Whether adding or reenrolling, you must first assign the participant to a group. Note that a new group may need to be created for a new site.

v Group Dup Name 118September 117October	Start Date 9/1/2018 10/2/2017	Add New Group			×		Ø	Refresh
v Group Dup Name 118September 117October	Start Date 9/1/2018 10/2/2017	Add New Group *Group Name:					\$	Refresh
Dup Name 118September 117October	Start Date 9/1/2018 10/2/2017	*Group Name: W						
118September 117October	9/1/2018 10/2/2017	Start Date:			elehealth	Satellite	Online	
117October	10/2/2017	"Start Date:	*End Date:		lo	No	No	Ĩ
					lo	No	No	11
ring17Feb	2/1/2017	Coordinator:	*# Sessions: (fi	rst 6 months)	lo	No	Yes	Î
ring16Jan	1/3/2016				es	No	No	Ĩ
115October	10/21/2015	Org Code	*City		lo	No	No	Î
		Telehealth (distance learning) Satellite (in person) On-site classes are automatically cod "Required	ed as in person delivery	mode				
11	5October	50ctober 10/21/2015	50ctober 10/21/2015 Org Code	50ctober 10/21/2015 Org_Code *City Telehealth (distance learning) Satellite (in person) Online On-site classes are automatically coded as in person delivery *Required OK	50ctober 10/21/2015 Org Code •City □ Telehealth (distance learning) □ Satellite (in person) □ Online On-site classes are automatically coded as in person delivery mode •Required OK	50ctober 10/21/2015 Org Code *City o Telehealth (distance learning)	50ctober 10/21/2015 Org_Code "City Image: Construction of the state of	50ctober 10/21/2015 Org Code *City o No No

The Group name must start with the season (Spring, January–June, or Fall, July–December), the two-digit year, and the month, followed by the text of your choice. The start date and end date must be entered. The Coordination information is optional or will be filled out by the administrator.

	×
Add New Group	
- *Group Name: 🕕	
-	
*Start Date: *End Date:	
Coordinator: *# Sessions: (first 6 months)	
Org Code *City	
-	
Telehealth (distance learning)	
Satellite (in person)	
□ Online	
On-site classes are automatically coded as in person delivery mode	
*Required OK CANCEL	

After adding a new participant, the **Participant Information tab** will open, allowing you to enter additional demographic information.

Participant Informatior	C. licat indicato	rs Sessions	Reports	Readiness to	o Change		
Participant ID:	*Last Name:	*Fir:	st Name:		MI:	SAVE /	
DDUC07012020	Duck	Dor	nald				
*Intake Date:	*Status: 🕕	Last Status Cha	nge:		ļ	Distance T	raveled: 🕕
01/08/2020	Enrolled \checkmark	01/08/2020				mi	les
Demographics							
*Date of Birth: 🕕	Gender:	Race/Ethnicity:		Educatior	n:		
07/01/1965	~		~			\sim	
Household Income:	Employm	ent Status:	_				
	~	~	r -				
	•						
Mini Grant Informati If this participant has r	on 🔍	please select whi	ch one:				
	Π						
	Transportation						
.							
Contact Email:		Mohile:	□ Ma	bile: Leave	Home Phone	p.	Home: Leave
		Tiobite.	callba	ck info			callback info
L		<u>.</u>	- only				only
Address:					Work Phone	:	Work: Leave
							only
City:	State:	Zip:		County:			Notifications:
	~				\sim]	None ~
Which of the followi	na prompted you to	enroll in the D	DD2 (Select (
O Brochure/Post Card	ng prompted you to	OB	illboard	,iic)	○ Flyer		○ WIC
O Non-primary health	professional	Oli	nsurance comp	pany	○ Self		○ Radio
O Community health v	vorker/organization	0 S	ocial Media		O Mailing		O Television
Employer/Employer	's wellness program	ON	lewspaper		O Newslett	er	O Coworker
Primary care provide	er/specialist	0 V	Vehsite		O Eriend/Ea	milv	
	ad Haalah (CHI)	0.5			O Crashara	anney	
		0 F	ormer DPP Pa	nicipant			
O Other:							
lf you were referred to	DPP through an E-Ref	erral, please sele	ct which one:	~			
Who is the primary pay	er for your participatio	on in this lifestyle	change progr	am?			
	~						
Insurance							
State of Montana Emp	loyee? U						
Medical/Disability		Deaf/hearing di	ifficulty?		Blind/seein/	1 difficults/	2
oragnoscu Artinnus?	~	bearmeaning u	menter	~	bund/seeing	Janneutty	· · ·
Decision making diffic	ultv2	Walking stairs o	lifficulty?				
Decision making uffic		TRACKING SLAIPS C	micuty?	\sim			
		Data Reported					
Dreanant?							
Pregnant?	\sim	Date Reported.				SAVE AN	ID PROCEED

The **Clinical Indicators tab** is where participants' Baseline, 6-month, 12-month, laboratory, and additional information is entered.

Participant Informatio	on Clinical Indicate	ors	Reports Readines	s to Change	
Eligibility BMI >= 25 kg/m ² (>=2 kg/m ² , if Asian):	3 Hyperter Yes	nsion: Dysl	ipidemia: Pre DN	VIGT/IFG: ed V	CEE
End-Stage Renal Dise Yes	ase: GDM:	icable ~	liabetes Risk Score: 🛈 12	Prediabetes Test	
Pasalina					
Weight/Height					
Date: 01/02/2017	Weight: 🛈 300 lb	Height: 🛈 60 in	BMI: 1		
Blood Pressure	Current l'un 🙃	Dianta II.a.			
01/02/2017	Systolic: U 150	90			
Lipid Profile			Trin. 🙆	TC.	
01/02/2017	40	240	189	318	
Diabetes Status	DC T				
01/02/2017	BG Type: Fasting ∽	100			
Date of Dx: 🛈 01/02/2017	Current DM dx'd:	Date: 01/02/2017	A1C Result: 1		
Medications					
Date:	Lipid Meds:	HTN	Meds:	Metformin:	
01/02/2017	Tes	V NO	~	Tes V	
Tobacco Use					
Date: 01/02/2017	Never Used	\sim			
Other					
One or both natural p	arents had diabetes:		Do you have asthr	na?	
Yes			Yes		
		~		~	
6 Months					
6 Months Blood Pressure	Systolic: 0	Diastolic: 0		~	
6 Months Blood Pressure Date: 06/13/2017	Systolic: 1	Diastolic: 10		~	
6 Months Blood Pressure Date: 06/13/2017 Lipid Profile	Systolic: 🛈 140	Diastolic: 10 85		~	
6 Months Blood Pressure Date: 06/13/2017 Lipid Profile Date: 06/13/2017	Systolic: 10 140 HDL: 10 42	Diastolic: 0 85 LDL: 0 220	Trig: 10	TC: 298	
6 Months Blood Pressure Date: 06/13/2017 Lipid Profile Date: 06/13/2017 Diabetes Status	Systolic: 140 HDL: 42	Diastolic: 0 85 LDL: 0 220	Trig: 10	TC: 298	
6 Months Blood Pressure Date: 06/13/2017 Lipid Profile Date: 06/13/2017 Diabetes Status Date: 06/13/2017	Systolic: 140 HDL: 42 BG Type: Fasting ~	Diastolic: 0 85 LDL: 0 220 BG Result: 0 90	Trig: 10	TC: 298	
6 Months Blood Pressure Date: 06/13/2017 Lipid Profile Date: 06/13/2017 Diabetes Status Date: 06/13/2017 Date of Dx: 0 06/13/2017	Systolic: 140 HDL: 42 BG Type: Fasting Current DM dx'd: No	Diastolic: Diastolic: 85 LDL: 220 BG Result: 90 Date: 07/13/2017	Trig: 1 180 A1C Result: 1 6.10	TC: 298	
6 Months Blood Pressure Date: 06/13/2017 Lipid Profile Date: 06/13/2017 Diabetes Status Date: 06/13/2017 Date of Dx: 0 06/13/2017 Medications	Systolic: 140 HDL: 42 BG Type: Fasting ~ Current DM dx'd: No ~	Diastolic: Bistolic: LDL: 220 BG Result: 90 Date: 07/13/2017	Trig: 1 180 A1C Result: 1 6.10	TC: 298	
6 Months Blood Pressure Date: 06/13/2017 Lipid Profile Date: 06/13/2017 Diabetes Status Date: 06/13/2017 Date of Dx: 06/13/2017 Medications Date:	Systolic: 140 HDL: 42 BG Type: Fasting Current DM dx'd: No Lipid Meds:	Diastolic: 0 85 LDL: 0 220 BG Result: 0 90 Date: 07/13/2017 HTN	Trig: 1 180 A1C Result: 1 6.10 Meds:	TC: 298 Metformin:	
6 Months Blood Pressure Date: 06/13/2017 Lipid Profile Date: 06/13/2017 Date of Dx: 0 06/13/2017 Medications Date: 06/13/2017	Systolic: 140 HDL: 42 BG Type: Fasting ~ Current DM dx'd: No ~ Lipid Meds: Yes	Diastolic: 0 85 LDL: 0 220 BG Result: 0 90 Date: 07/13/2017 HTN No	Trig: 0 180 A1C Result: 0 6.10 Meds:	TC: 298 Metformin: Yes	
6 Months Blood Pressure Date: 06/13/2017 Lipid Profile Date: 06/13/2017 Diabetes Status Date: 06/13/2017 Date of Dx: 06/13/2017 Medications Date: 06/13/2017	Systolic: 1 140 HDL: 1 42 BG Type: Fasting ~ Current DM dx'd: No ~ Lipid Meds: Yes	Diastolic: 0 85 LDL: 0 220 BG Result: 0 90 Date: 07/13/2017 HTN No	Trig: 0 180 A1C Result: 0 6.10 Meds:	TC: 298 Metformin: Yes	
6 Months Blood Pressure Date: 06/13/2017 Lipid Profile Date: 06/13/2017 Diabetes Status Date: 06/13/2017 Date of Dx: 06/13/2017 Medications Date: 06/13/2017 Tobacco Use Date: 06/13/2017	Systolic: 140 HDL: 42 BG Type: Fasting Current DM dx'd: No Lipid Meds: Yes Tobacco Use Status: Never Used	Diastolic: Diastolic: Diastolic: Diastolic: Diastolic: Diastolic: Diastolic: Date: Date: No	Trig: 180 A1C Result: (6.10 Meds:	TC: 298 Metformin: Yes v	
6 Months Blood Pressure Date: 06/13/2017 Lipid Profile Date: 06/13/2017 Diabetes Status Date: 06/13/2017 Date of Dx: 06/13/2017 Medications Date: 06/13/2017 Tobacco Use Date: 06/13/2017	Systolic: 140 HDL: 42 BG Type: Fasting Current DM dx'd: No Lipid Meds: Yes Tobacco Use Status: Never Used	Diastolic: Diastolic: Diastolic: Diastolic: Diastolic: Date: Date: Date: No	Trig: 180 180 A1C Result: 1 6.10 Meds:	TC: 298 Metformin: Yes	

524 ~					SAV
ession Date 🛈	Ses	sion Type:			24 OI 26 VISILS Previous Ne.
	Co	re	~		
elf-Monitoring (ent	er for every se	ssion)			
Measure	Days per week	Average: calorie, fat Total: physical activity	Goal	Met	
Calories 🛈	~		2000		
Fat 🛈	~		55		
Physical Activity 🕕	5 ~	180	150		
Session Weight (lb) Sessior (actual)	n BMI Sessi Weight	on Session Goal Goal Met 97 🗌	6 Month 7% Weight Loss Goal	6 Month Weight Loss Goal Met	
USE THIS WEIGHT T CALCULATE GOALS	This	s is the weight/BMI re i month	flected in the	CRRP report.	
omments					

The **Sessions tab** collects information from each coaching session.

The **Reports tab** allows you to create and view all reports for a single participant or group. The Letter Templates field allows you to send a letter to participants' primary or referring provider.

Display Reports for	Progress Reports	Population Lists	Letter Templates
Current:	Attendance Graph	Providers	Provider Letter
Participant	Weight Loss Graph	Participants	 Primary Referring
Options for Progress	Physical Activity Graph	VIEW LIST	VIEW LETTER
Reports & Population Lists	Cardiometabolic Risk Reduction	Medicaid Reports	Referral Reports
○ Enrolled	Profile	Participant List	Referral Report to
 ○ Lost to Follow-up ● All Participants 	Participant Progress Table	Reimbursement	Other Programs
		VIEW REPORT	VIEW REPORT
	VIEW REPORT		

The **Readiness to Change tab** records and scores participants' motivation, confidence, and expectation levels regarding weight management at this point in the program and interprets readiness to begin or continue in this weight management program.

Participant Information	Clinical Indicators	Sessions	Reports	Readiness to Change	
A. Do you feel motivated	to lose excess body fat a	at this time?			1 Slightly motivated V
B. How motivated are you	to change your eating	habits at this <mark>t</mark> i	me?		2 Somewhat motivated V
C. How motivated are you	to increase your physic	al activity at th	nis time?		3 Quite motivated V
D. How motivated are you activity, and other health	i to try new strategies / related behaviors at thi	techniques for s time?	changing ou	ır dietary, physical	0 Not at all motivated
E. People who want to ac plan for healthy meals, pl devote time and effort, no	hieve long-term weight nysical activity and beha ow and over the next fev	control need to wior change. H w months?	o spend time low confiden	e every day trying to t are you that you can	4 Extremely confident V
F. How confident are you movement, most days of t	that you will be able to the week for 16 sessions	record everyth ??	ing you eat a	and drink and your	1 Slightly confident
G. How satisfied would yo health and quality of life?	ou be if you achieved a 7	% weight loss	that signific	antly improved your	1 Slightly satisfied
Interpretation of th	ne readiness of ch	ange in we	eight man	agement	SAVE
Total Motivation: 6	Total Confiden	ce: 5	Total E	Expectation: 1	Total: 12
You are close to being rea boost confidence in your a reduction. It's not all abou	dy to begin a weight rea bility to change before It the numbers on the so	duction progra beginning. Try cale. You are lik	m, but shoul to focus on t cely in a "con	d start thinking about wa the reasons for changing itemplative" stage for read	ys to increase motivation and your lifestyle to achieve weight diness to change.

Search

The Search page allows you to search for a participant or a group by Last Name, First Name, Participant ID no., City, Group, Status, Provider, or Payor Type.

PARTICIPANT	SEARCH	ISSION	TEXTING	LABELS •	EXPORT -	SETTINGS~
Search			First Name:			
Participant ID:			City:			
Group:			Status:			
Spring 17Feb Spring 16Jan Fall 15October	*		Enrolled Lost to Follow-Up Reenrollment	p -		
Provider:			Payor Type:			
Jake Brown Rocky Holiday	*		Employer Medicaid Medicare Other	* 		
Press Ctrl key to sel	ect more than one item		La		_	CLEAR SEARCH

Data Submission

The Data Submission page allows you to submit when you have completed all data entry for a group for the month. The submission for all ongoing groups must be submitted monthly to the Montana Diabetes Program, regardless whether you have or do not have new data since your last monthly data submission (this may occur when you transition to monthly sessions). First, use the drop-down menu to select the group. Then select the month for which you are submitting data; for example, if you are submitting data for March submission due date, select March for "Month Data Due."

Note: Coaches can delete only their own data submissions if necessary. For example, if you already submitted the data to the State on January 3 (ahead of the January 10 deadline) but have additional information, this action will clear the January 3 submission and allow you to resubmit the data with the added information.

PARTICIPANT	SEARCH	DATA SUBMISSION	LABELS~	EXPORT -	SETTINGS~
Data Submissi	on				
Spring17Feb	January 💌	MONTH DATA DUE			
	lien you are submitting	l data, for example, il you complet	eu data entry for March, setect April		c. Data Sabimission for att
ngoing groups must be	e completed monthly, re	egardless whether or not you have	e new data since your last monthly da	ata submission.	
ngoing groups must be Month	completed monthly, r	egardless whether or not you have	e new data since your last monthly data	ata submission.	
Month November	e completed monthly, re GroupNan Spring16Ja	egardless whether or not you have ne Dat n 11/	e new data since your last monthly da teCompleted 3/2016 11:47:02 AM	ata submission.	Delete
Month November January	e completed monthly, r GroupNan Spring16Ja Spring16Ja	ne Dat n 11/ n 11/	e new data since your last monthly da teCompleted 3/2016 11:47:02 AM 14/2016 10:11:35 AM	ata submission.	Delete
Month November January December	e completed monthly, re GroupNam Spring16Ja Spring16Ja Spring16Ja	ne Dat n 11/ n 11/ n 12/	e new data since your last monthly da teCompleted 3/2016 11:47:02 AM 14/2016 10:11:35 AM 9/2016 11:56:26 AM	ata submission.	Delete Delete Delete
Month November January December April	e completed monthly, re GroupNam Spring16Ja Spring16Ja Spring16Ja Spring16Ja	ne Dat n 11/ n 11/ n 12/ n 3/2	er ou data chi y foi March, seceri April 1 e new data since your last monthly da 3/2016 11:47:02 AM 14/2016 10:11:35 AM 9/2016 11:56:26 AM 7/2017 1:19:26 PM	ita submission.	Delete Delete Delete Delete Delete

Texting

Participants can choose to receive alerts, reminders, or other messages from their coach by selecting Texts, E-Mails, or Texts & E-Mails (rather than None) in the Notifications field under the Contact section on the Participant Information form on the Participant page. Coaches can send texts, e-mails, or both to participants according to their chosen preference by site, by group, or individually. Click on the Next Session or Reminder buttons for pregenerated reminders about the next meeting, or type your own message (120-character limit). Texts and e-mails should be used for nonconfidential information only.

PARTICIPANT	SEARCH	DATA SUBMISSION	TEXTING	EXPORT -	SETTINGS -
Recipients By Site By Group By Participant Select Participant:			Message Note: Do not inclu health status, prov is not a secure for NEXT SESSION	Ide any sensitive inform vision of health care, o m of communication.	nation, including identifiers, r payment information. This
*			Looking forward meeting!	to seeing you tomorrow	/ at our next weekly
			Please avoid spec	ial characters. Max 120 ning: 54) characters
					SEND NOTIFICATION

Labels

Address labels can be created by selecting **Labels** on the menu bar and selecting Provider or Participant for the appropriate address list. You can create and print Avery brand address labels for participants or providers with the Labels tool. Just select the label size: 5095, 5160, 5161, or 5162. Export the participants or providers address file to a Word or PDF file to print labels.

PARTICIPANT	SEARCH	DATA SUBMISSION	TEXTING	LABELS-	SETTINGS~
Labels					
Group			•		
Site					
VIEW LABELS					

Export

You can export group data to an Excel report file, which will appear in your browser downloads. Click on Export on the menu bar, and select from three options:

- 1. Demographic and Session Data
- 2. Demographic and Session Data with Identifiers
- 3. CDC Recognition Data

Demographic and Session Data and Demographic and Session Data with Identifiers are essentially the same file for a particular group at one particular site; however, the file "with Identifiers" includes participants' identifying information for coaches' benefit. Administrators are only able to access the Demographic and Session Data file, which has all identifying information removed.

CDC Recognition Data are coded in accordance to the 2015 CDC's Standard and Operating Procedures data dictionary, p.18 (https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf). This export contains all participants enrolled in your class regardless of CDC's eligibility criteria for recognition.

All groups from a site are listed in the Select Groups field. You can select one group in the field. Use the Ctrl key on your keyboard to select more than one group. If you want data for more than one group or you want for a specific time period, Select Date Range allows you to filter which groups you get based on a range of dates. Select Session Range allows you to select a beginning and an ending session from Session (S) 1 to S26. Buttons at the bottom allow you to Select All groups, Reset the search to remove all filters previously chosen, and to Export the data to an Excel file.

PARTICIPANT SEARCH	DATA SUBMISSION	TEXTING LABELS EXPORT	
Export Demographic and Session Data Select Date Range: From to Select Group: Spring 17Feb Spring 17Feb Spring 16Jan Fall 15October SELECT ALL RESET EXPORT		Select Session Range: Beginning Session S1 V Ending Session S26 V	

Settings

Clicking on Settings on the menu bar gives you access to setting choices where information can be changed for Site Information, Groups, Provider/Physician, and Letter Templates. Fields marked with an asterisk must be completed.

Site Information allows you to change the address for a site. When you have completed your changes, click on Save.

PARTICIPANT	SEARCH	DATA SUBMISSION	TEXTING	LABELS	EXPORT.	SETTINGS	
Site Information						`	
*Site Name: Diabetes	*S	ite Short Name: est					
Address:							
City: Helena	State:	Zip:					
Organization: Public Health \checkmark	NF 1	23					
		*Required SAV	Ξ				

Groups allows you to add a new group or edit information (Group Name, Start Date, End Date, Coordinator, and Telehealth or Satellite delivery). This information is linked to the Participant Information tab and appears there after it is added. Note: Click on the trash can symbol to delete a group. However, if any participant remains in a group, the group cannot be deleted until you first delete the participant(s) associated with the group.

Group	S							
+	Add New Group						0	Refrest
	Group Name	Start Date	End Date	Coordinator	# Sessions	Telehealth	Satellite	
Edit	Spring17Feb	2/1/2017	2/1/2017		24	No	No	11
Edit	Spring16Jan	1/3/2016	1/3/2017	Dee	16	Yes	No	10
Edit	Fall15October	10/21/2015	10/21/2016		16	No	No	10

Provider/Physicians allows you to add, delete (using the trash can), or edit doctor or provider name, address, and status information. This information also appears on the Participant Information tab on the Participant page.

PARTIC	CIPANT	SEARCH	DATA SUBMISSION	TEXTING	LABELS -	EXPORT •	SETTINGS	
Provid	er <mark>/Phys</mark> i	cians						
+	Add New	Provider					\$	Refresh
	Name		Practice Name		Address		Active	
Edit	Jake Brov	wn MD	ST Petes				\checkmark	10
Edit	Rocky He	oliday MD	Gold Standard Clinic		12 S Lane Helena, MT 25000-			

Letter Templates allows you to draft and save a letter to referring providers that then appears in the Reports tab on the Participant page.

etter Templates	
Referring Provider	SAVE
a) 🎔 AA 🖽 🔏 🐴 🔁 🖻	·· (?·· 】 B I ∐ abs 副言言 = ■ ■ 詳 詳
o Whom it May Concern,	
hank you for referring the a s summary information which he lifestyle accomplishments urriculum is followed by a 6 isk profile. Two reports are a	bove referenced patient who has participated in the < <enter here="" name="" program="" your="">>>>. Attached h reflects the baseline <u>cardiometabolic</u> risk profile and periodic reassessments to date along with a summary of s. Our program includes a 6 month long week core curriculum after which we reassess the risk profile. The core month after core program with monthly meetings. At the conclusion of the follow-up period we also reassess the tittached with the most current data.</enter>
he <u>Cardiometabolic</u> Risk Pr 1 your ongoing comprehensi ppreciate your cooperation i	ofile reflects several important risk factors for diabetes and cardiovascular disease which you will be addressing ve preventive care for this individual. The lab values and other information reflect the data in our registry. We n documenting laboratory tests during the course of the program.
his report will help you reco ourse of the intervention we ealthy lifestyle is a lifelong nd self-monitoring activities rucial in the coming months	gnize the targets and accomplishments regarding weight loss, physical activity and fat consumption. During the have covered important information about nutrition, physical activity and eating behaviors. Maintaining a challenge. We hope that this patient specific report will enable you to continue to support the healthy behaviors as you and your patient set further goals for weight maintenance and physical activity. Your support will be and years.
'hank you for referring your	patient to the lifestyle intervention and please do not hesitate to contact us if we can be of further assistance.

DATA ENTRY

Participant Information Tab

The demographics for a participant can be entered by clicking on the Participant Information tab on the Participant page. The Participant Information tab allows you to enter information about a specific new or enrolled participant and contains the following fields. Required fields in the DPP application are denoted with an asterisk (*).

For a new participant: First click on +Add New. You will be taken to the Add New Participant screen, where you should first select the desired group name from the **Group** drop-down menu or create a new group. Fill in the required information fields, and click Okay. Once added, the participant's ID is automatically generated.

NOTE: A Save and Proceed button appears on each tab. Be sure to click on this button after all information has been entered for that tab. Switching between tabs does not save the information. **You must click on the Save and Proceed button**.

NOTE:

- The ID number is assigned automatically, so the ID field fills automatically with the assigned number.
- Status: Select Reenrollment for repeat participants only. If a person quits and rejoins the same class, change the status from Lost to Follow-Up to Enrolled, and continue with data entry for that session.
- Distance Traveled is the mileage one way.
- Date of Birth Fill in the date of birth in this format: MM/DD/YYYY.
- If Date of Birth is unknown, fill in 09/09/9999.

To reenroll a participant, click on +Reenroll. You will be taken to the Reenroll screen, where you should select the participant's name and new group. See the next section for how to reenroll a participant.

To view an enrolled participant: Filter the screen to view a specific group of participants by selecting the desired group name from the **Group** drop-down menu (upper right-hand corner). Different participants can be viewed in this screen by clicking through the records navigation bar at the bottom of the screen or by selecting a participant's name or ID number in the drop-down menus at the top of the screen.

NOTE: Filter the screen with a different group of participants by selecting another item from the **Group** drop-down menu.

Provider Name – Select the participant's primary provider from the drop-down list. If the provider is not listed, click on +Add New. You will be taken to the Add New Provider entry screen. Once information is added to this form, click on Ok, and the provider/physician will always be available on the drop-down list. The provider's address is displayed on the Demographics screen.

Participant Information Tab

- **ID** The participant's ID number is filled automatically when the participant is enrolled.
- Last Name* Enter the participant's last name.
- **First Name*** Enter the participant's first name.
- **MI** Enter the participant's middle initial.
- First Intake Date* The First Intake Date is the day the baseline data for the participant's height and weight were measured. Click on the calendar icon to select the date from the calendar or enter it manually with digits in each of the day, month, and year fields (DD/MM/YYYY).
- Status* The drop-down menu defaults to Enrolled and autofills the date of entry. This date cannot be changed and is used to note when the new participant status (Enrolled, Lost to Follow-Up, Reenrolled) changes. Select Lost to Follow-Up if the participant has not attended any sessions and has not responded to any correspondence within 3 weeks.
- Last Status Change Displays the last status update. This field is read-only and will default to the current date.
- **Distance Traveled –** Enter the (one-way) miles the participant traveled to the coaching session.

Demographics

- **Date of Birth*** Enter the participant's date of birth manually, with digits in each of the day, month, and year fields (DD/MM/YYYY).
- **Gender** Select F for female or M for male from the drop-down menu.
- **Race/Ethnicity** Select the participant's race from the drop-down menu.
- Education Select the participant's education level from the drop-down menu.
- **Household Income** Select the participant's household Income from the ranges in the drop-down menu.
- **Employment Status** Select the participant's employment status from the drop-down menu.

Mini Grant Information

If the participant has received a mini grant for Childcare or for transportation, check the appropriate box. Skip this section if your site has not received a mini grant.

Contact

- E-Mail Enter the participant's e-mail address.
- **Mobile** Enter the participant's mobile phone number with area code. Check the box if the participant wants only callback information left in a message at this number.
- **Home Phone** Enter the participant's home phone number with area code, and check the box if the participant wants only callback information left in a message at this number.
- Address Enter the participant's residential street address.
- **Work Phone** Enter the participant's work phone number with area code, and check the box if the participant wants only callback information left in a message at this number.
- **City** Enter the participant's city of residence.
- State Select the participant's two-letter state/province from the drop-down list.
- **Zip** Enter the participant's zip code.
- **County** Select the participant's county of residence from the drop-down list.
- Notifications Participants can choose to receive alerts, reminders, or other messages from their coach by selecting Texts, E-Mails, or Texts & E-Mails (rather than None) in the Notifications field. Coaches can send texts, e-mails, or both to individual participants, all participants at a particular site, or all participants in a particular group. Texts and e-mails should be used for nonconfidential information only.

Which of the following prompted you to enroll in the DPP?

This section asks you to check the boxes for all ways the participant reports having heard about and considered enrolling in the DPP.

Payor Type

Select how the program fee is being paid from the drop-down menu.

Insurance

Select from the drop-down menus for State of Montana Employee? If the participant has Medicaid, you must enter the Medicaid ID.

Medical/Disability

Select from the drop-down menus for these specific medical or disability issues:

- Diagnosed Arthritis
- Deaf/hearing difficulty
- Blind/seeing difficulty
- Decision making difficulty
- Walking stairs difficulty

- Pregnant
 Add the Date Reported for the medical/disability issue by filling in the 8-digit date field or selecting from the date calendar.

Clinical Indicators Tab

The Clinical Indicators tab is an intake/periodic assessment page that allows you to record the participant's eligibility criteria and baseline/periodic assessments. There are three assessments: baseline, 6 months, and 12 months.

As on all tabs, different participants can be viewed in this tab by clicking through the records navigation bar at the bottom of the screen or by selecting a participant's name or ID number in the drop-down menus at the top of the screen. Filter the screen to view a specific group of participants by selecting the desired group name from the **Group** drop-down menu.

Eligibility Criteria

- Body mass index (BMI) greater than or equal to 25 kg/m² (greater than or equal to 23 kg/m² if Asian) is automatically calculated and checked based on the participant's baseline weight and height. It does not calculate if the participant is pregnant.
- Select the appropriate response (Yes, No, Declined, or Missing/Unknown) from the dropdown menu for each criterion description to record whether or not the participant has the following conditions:
 - Hypertension (HTN) Select Yes when blood pressure is ≥140/90 mmHg.
 - Dyslipidemia Select Yes when triglycerides (TRIG) are >150 mg/dL, low-density lipoprotein cholesterol (LDL-C) is >130 mg/dL, or high-density lipoprotein (HDL) is <40 mg/dL for men and <50 mg/dL for women.
 - Prediabetes mellitus, impaired glucose tolerance, or impaired fasting glucose (Pre DM/IGT/IFG) Select Yes when 1) A1C is 5.7% 6.4% (Pre DM), 2) fasting plasma glucose is 100–125 mg/dL (IFG), or 3) 2-hr post 75-g oral glucose challenge is 140–199 mg/dL (IGT).
 - Prediabetes risk score Record the participant's CDC Prediabetes Screening Test score. This screening test is a simple questionnaire used to identify people at risk for undiagnosed diabetes and can be found in the CDC Diabetes Prevention Recognition Program Standards and Operating Procedures at www.cdc.gov/diabetes/ prevention/recognition or by clicking on the Prediabetes Test link.
 - The data entry had preset ranges to allow for more accurate data entry. If by mistake you enter a value that is not reasonable, a message will appear asking you to enter the correct value. In some instances, there might be a participant with an extremely low or high lab value. Please contact the State representative to assist you with this issue.
- If the participant had gestational diabetes, select Yes from the GDM drop-down menu.

Baseline, 6-month, and 12-month Assessments and Follow-Up Weight

The 6-month and 12-month follow-up assessments ask for data for Blood Pressure, Lipid Profile, Diabetes Status, Medications, and Tobacco Use. Enter the date and the weight in pounds for the Follow-Up Survey Weight.

Assessments – Each participant can have up to three periodic assessments (Baseline, 6 months, and 12 months) and a follow-up weight survey. All assessments will be displayed when the tab is first accessed.

- **Date** For each assessment criterion, record the test date by clicking on the calendar icon to select the date from the calendar or enter it manually with eight digits in the day, month, and year fields (DD/MM/YYYY).
- **Criteria** The Clinical Indicators tab contains the following assessment criteria. Several indicators have maximum or minimum values or a value to be entered if the assessment is unknown. These values are given in parentheses:
 - Weight/Height Enter weight and height. BMI will automatically be calculated based on these values, excluding pregnant women.
 - Blood Pressure Enter values for systolic (unknown: 999, max: 250, min: 60) and diastolic (unknown: 999, max: 200, min: 40).
 - Lipid Profile Enter values for HDL (unknown: 999, max: 200, min: 5), LDL (unknown: 999, max: 350, min: 15), and TRIG (unknown: 999, max: 750, min: 15). The total cholesterol (TC) field will automatically be calculated once valid results are entered for the HDL, LDL, and TRIG fields. TC = HDL + LDL + (TRIG/5)
 - Diabetes Status Select the Blood Glucose (BG) Type (2-hour Oral Glucose Tolerance Test, Fasting, Random) from the drop-down menu, and enter the BG result (unknown: 999, max: 500, min: 40). Select from the drop-down menu whether or not the participant has been diagnosed (dx'd) with DM and the approximate date of diagnosis. Enter the A1C Result (unknown: 99.9, max: 20, min: 4) in the correct field, and enter the date of testing.
 - Medications Fill in the Date first used and select from the drop-down menu for Lipid Meds use, HTN Meds use, Metformin use, and record whether or not the participant is on medication for PTSD, pain, anxiety, mental illness, sleeplessness, or depression.
 - **Tobacco Use** Fill in the date of first use and select Current User if the participant is using tobacco, Former User if the participant quit, or another response.
 - Other Fill in the box with the number of minutes of self-reported physical activity.

Sessions Tab

There are up to 26 sessions available for data entry. This tab is used to collect information from each participant from each of these sessions. To view participant progress, you can navigate through the sessions using the arrow on the drop-down menu or the Previous/Next buttons:

Different participants can be viewed in this tab by clicking through the records navigation bar (First/Previous/Next/Last) at the bottom of the screen or by selecting a participant's name or ID number in the drop-down menus at the top of the screen.

When you log in to enter data for the participant's progress under this session's tab, the next session in which you should enter data will appear. In case the participant skipped a session, you will have to select a session number corresponding to the session s/he attended.

S1 🗸				1 of 26 Visits Previous New
Session Date 🛈	Session Typ	e:		
	Core	~		
Self-Monitoring (ente	er for every session)			
Measure	Days per week Ca phys	Average: alorie, fat Goal Total: ical activity	Met	
Calories 🛈	4 ~	1200		
Fat 🕕	5 ~	33		
Physical Activity 🛈	3 ~	150		
Session Sessi Weight (lb) BM (actual) 20 160 20 USE THIS WEIGHT TO CALCULATE GOALS	ion Session Se II Weight Goal Go 6.6 159 This is the we Go G month	ession 6 Month 7% Weight Loss W Goal 148 eight/BMI reflected in the CR	6 Month /eight Loss Goal Met RP report.	
Comments				

- Sessions Select the visit for which you are entering data.
- Session Date Enter the date manually with eight digits in the day, month, and year fields (DD/MM/YYYY). Click on the box if this is a make-up visit.
- Session Type From the drop-down menu, choose the type of session: core, core makeup, core maintenance, core maintenance makeup, ongoing maintenance, or ongoing maintenance makeup.
- **Comments** Enter up to 255 characters in this text box.
- Weight Enter the weight in pounds, and the BMI value will automatically calculate.
- 6 month and 12 month These boxes are required to calculate the weight/BMI for the 6-month/12-month assessment weight/BMI populated in the CRRP report. For example, select one session, S20, for the 6-month weight/BMI and one, S26, for the 12-month weight/BMI. You can only select one session for the 6-month and one session for the 12-month assessment.
- **Goals** (self-monitoring table) A participant's weight loss goal is based on the first attended session weight. Average daily data for Calorie, Fat, Physical Activity, and Weight are self-reported and entered for each session. Click on the Use This Weight to Calculate Goals button to calculate the goals. The participant's values will automatically be compared to the goal. The Met box will be automatically checked if the goal was met.

The calculation for the participant's weight loss goal is as follows:

For Session 1 – NumberOfSessions (defined by group): WeightGoal = sessionweight – ([sessionweight * 0.07]/NumberOfSessions)* sessionnumber)

For additional sessions after NumberOfSessions: IntakeWeight – (((IntakeWeight * 0.07) / NumTotalSessions) * Current Session)

The overall goal is a 7% weight loss. The Physical Activity goal is always 150 minutes a week.

CalorieGoal Weight FatGoal 1 120 33 1200 2 175 42 1500 3 220 50 1800 4 250 55 2000

The CalorieGoals and FatGoals are taken from this table:

Once a user surpasses a certain weight, he or she moves on to the next level. For example, someone weighing 200 lb would have a calorie goal of 1500, and someone weighing 230 lb would have a calorie goal of 1800.

Reports Tab

The Reports tab allows you to generate, display, and export reports for current participants or groups. Note: You must first choose Participant or Group. Select the report you want and click on View Report.

You also have the option to view reports for enrolled, lost to follow-up, and all participants. These options apply to Progress Reports and Population Lists.

You can view the reports in Word or as a PDF and save them to your computer by clicking on the computer disk icon on the task bar. Participant Reports include an Attendance Graph, a Weight Loss Graph, a Physical Activity Graph, a Cardiometabolic Risk Reduction Profile, and a Participant Progress Table.

Participant Attenda Group Physica Group Group	nce Graph Loss Graph	Providers Participants	Provider Letter	
Participant Weight I Group Physica G	Loss Graph	Participants	Primary	
Physica G			O Referring	
Intions for progress	raph	VIEW LIST	VIEW LETTER	
Reports & Cardion Population Lists Risk R	netabolic eduction	Medicaid Reports	Referral Reports Referral Report to Other Programs	
O Enrolled Pr	ofile	Participant List		
O Lost to Follow-up Part All Participants Progre	icipant ess Table	Reimbursement		
VIEW REF	PORT	VIEW REPORT	VIEW REPORT	

Attendance Graph – The first graph shows the number of participants who came to each session. The blue line (below) shows the group attendance per session, first by number of participants and then by percentage of participants attending. In this case, there are four members of the group. Two members came to Sessions 1–3, but only one came to Sessions 4–22.

The purple (bottom) line in the first graph shows the attendance for the selected participant (Donald Duck). He attended Sessions 1–22.



Weight Loss Graph – The blue graph shows the individual weight loss over the course of the weeks. This weight loss is based on the weight of the first attended session, Session 1 in this case. However, if Donald had not shown up for the first time until Session 3, weight loss would be based on the Session 3 weight. The line is the participant's weight loss goal. It is 7% of the first attended session weight. In this case, the weight loss goal was about 25 lb, and Donald made the goal by Session 7, losing about 50 lb by the end.

The orange graph is the same as the blue graph, except it takes the average of the entire group. The average group weight for a session only uses the participants that attended the session. The group weight loss goal is based on the intake weight, not the first session, as there may be some participants who have not attended any sessions but are still part of the group. In this case, Donald was not the norm, as on average, the group members did not meet their weight loss goals.



The table provides additional statistics:

- Total lb Lost and Mean lb Lost are based on the weight from the first attended session.
- % Self-Monitoring Fat is from the current session.
- Mean Physical Activity min/week, Mean Fat Intake, and % lb to Date use data up to the current date.
- For the Fat Monitoring Goal and Physical Activity Goal tables, all data are from the current session. *n* is the number of participants that achieved the goal, and # is the mean lb lost in the particular circumstance.

Group Progress	%	#	Fat Monitoring Goal	п	#
Total Ib Lost		<mark>3</mark> 6.0	Mean Ib lost to date of participants self-monitoring fat in this	1	6.5
Mean Ib Lost		9.0	session		
Mean PA min/week		45.0	Mean Ib lost to date of participants not self-monitoring fat in		2.5
% Self-Monitoring Fat	0.25		this session		
Mean Fat Intake (gms)		29.2	Physical Activity Goal	n	#
% Ib to Date	0.25		Mean Ib lost to date of participants who met the physical activity goal in this session	1	6.5
Data Source:		oram	Mean Ib lost to date of participants who did not meet the physical activity goal in this session	3	2.5

Physical Activity Graph – Like the weight loss graph, the top graph shows the individual in comparison to the group, while the bottom graph shows the group data.

The individual physical activity goal for everyone is 150 minutes a week. Donald was always slightly above that.

The group on average was always below, hovering around 50 minutes a week. The group average only calculates those who attended the session.



Cardiometabolic Risk Reduction Profile – The CRRP neatly displays clinical assessment data available for that participant.

Car	diometa	bolic Ris	k Redu	tion Pro	file		
Name: Donald Duck			Phy	sician Name:			
ddress: Peach Street Missoula, MT 5	9602-			Address:			
Site: Diabetes	Grou	p: Spring16J	lan	Payor:	Medicaid		
DOB: 7/1/1965	Gend	ler: M		Date: 03	3/09/17		
	Wee	k 1	6 M	onths	12 M	onths	
	Date	Value	Date	Value	Date	Value	
Veight (BMI) Ib	10/1/2 <mark>014</mark>	355 (54)	11/5/2014	342 (52)		13	
	Base	line	6 M	onths	12 M	onths	
	Date	Value	Date	Value	Date	Value	
Blood Pressure						3.5	
Blood Pressure (mmHg)	8/15/2014	230/95	4/1/2015	225/87	10/1/2015	200/80	
Lipid Profile							
LDL	8/15/2014	28	4/1/2015	265	10/1/2015	129	
HDL		28		57		59	
Triglycerides		350		323		150	
Total Cholesterol		126		387		218	
Glucose Profile							
Fasting BG	10/1/2014	99	4/1/2015	95	10/1/2015	88	
Random							
2-hr OGTT							
A1C	8/15/2014	7.00	4/1/2015	6.80	10/1/2015	6.50	
Medication Profile						17	
Metformin (Y/N)	10/1/2014	N	4/1/2015	N	10/1/2015	N	
Hypertension (Y/N)		Y		Y		N	
Lipid Lowering (Y/N)		N		N		N	
Tobacco Use							
Current User (Y/N)	10/1/2014	Former Liser	4/1/2015	Former Licer	10/1/2015	Formarillear	

Participant Progress Table – The participant progress table displays all of the data for all of the sessions.

Participant: Donald Duck Participant ID: 1313 Group Name: Spring16Jan				Site: Diabetes Baseline Weight: (1b) 355 Weight Goal: (1b) 340.4 (based on first attended session weight)					Medicaid Member ID: 123456789		
Date	Session*	Session Weight** (lb)	Calories (days/wk)	Calories (average/ wk)	Fat (days/wk)	Fat Grams (average/ wk)	Physical Activity (days/wk)	Physical Activity (total min/wk)	Weight (days/wk)	Weight (average/ wk)	
10/01/14	S1	366.0	6	1900	6	50	9		2	349	
0/08/14	S2	351.0	5	1888	6	47		6	6	324	
10/13/14	S 3	348.0	7	1760	6	45	- i	1	4	345	
10/20/14	S4	347.0	4	1889	6	53	•		6	333	
10/28/14	S5	345.0	6	1760	7	45	7	180	6	343	
11/05/14	S6	342.0	6	1500	6	39	6	180	5	341	
11/10/14	S 7	340.0	6	1808	6	53	7	167	5	339	
11/17/14	S8	339.0	7	1680	5	45	6	189	3	338	
11/24/14	S9	336.0	7	1760	6	38	5	199	3	334	
12/01/14	S10	335.0	4	1698	6	39	6	177	6	334	
12/08/14	S11	333.0	5	1809	6	47	7	180	6	334	
12/15/14	S12	330.0	7	1600	7	38	7	199	6	329	
12/22/14	S13	330.0	4	1809	5	54	4	180	4	331	
12/29/14	S14	329.0	4	1800	4	52	4	165	3	332	
01/05/15	S15	326.0	7	1509	7	38	6	189	5	328	
01/12/15	S16	324.0	6	324	5	52	5	179	2	325	
02/02/15	S17	320.0	7	1650	7	35	6	200	5	324	
03/02/15	S18	319.0	6	1789	6	44	6	199	5	320	
04/08/14	S19	317.0	6	1760	7	40	7	189	7	310	
06/05/15	\$20	316.0	6	1760	7	40	6	200	5	320	
09/01/15	\$21	315.0	7	1689	7	39	7	210	7	320	
10/05/15	\$22	314.0	6	1880	6	44	7	210	7	315	
	S23	340.0	0	999	7	999	3	180	0	340	
	\$24	5. V					5	180			
	S25	6 2					0	ii ii	30		
	\$26	e E						6			
		* Track	æd ≥ week du	ring reporting	g session **	Weight meas	urement by lif	estyle coach			

Population Lists may be generated for Participants or Providers. Select the list you want and click on View List.

Date Generated: 02/08	3/17		
		Participant List	
		Diabetes Enrolled: 23	
Group Name: F	all15October		
Medical Rec #	Participant	Address	Contact Information
SLAH01172016	Sara Lahr		Mobile Phone:
	DOB: 1/17/1950		Home Phone: Email:
CPAU10062015	Campbell Paul	1400 E Broadway Street	Mobile Phone: (406) 222-2222
	DOB: 10/6/1984	Helena, MT 59601-	Home Phone: Email: pcampbell@mt.gov
ATES04012016	A New Test Patient		Mobile Phone:
	DOB: 4/1/1960		Home Phone: Email:
DCAR11102016	Dorota Carp	1400 E. broadway	Mobile Phone: (406) 444-4444
	DOB: 7/11/1978	Helena, MT 59601-	Home Phone: Email: djfldjdlj@yahoo.com
		Page 1 of 2	

Under **Medicaid Reports**, you can choose to view a Medicaid Participant List or a Medicaid Reimbursement List, which displays the attended session dates for reimbursement purposes.

-	Medicaid Reim	bursement	
	Fall150ct	tober	
Last Name <i>Paul</i>	First Name Campbell	Medicaid ID 123456789	
Session Number	Date		
S1	10/01/14		
S2	10/08/14		
S3	10/13/14		
S4	10/20/14		
S5	10/28/14		
S6			
S7	11/10/14		
S8	11/17/14		
S9	11/24/14		
S10	12/01/14		
S11			
S12	12/15/14		
S13	12/22/14		
S14	12/29/14		
S15	01/05/15		
S16	01/12/15		
S17	02/02/15		
S18			
S19	04/08/15		
S20	06/05/15		
S21	09/01/15		
S22	10/05/15		
\$23			
S24			
S25			
S26			
Wednesday, February 8, 2017	Page 1 of 2		

Letter Templates contains the Primary and Referring Provider Letter Templates from the Letter Template you generated on the Settings page. Note that the task bar allows you to advance through all participants one by one or from beginning of the file to the end. Or, you may search for a participant by typing the name into the empty field and clicking on Find. Currently, the system can only hold one letter template, the content of which is editable.

Rocky Holiday MD	2/8/2017
12 S Lane	
Helena, MT 25000-	
RE: Campbell Paul	
Dear Rocky Holiday MD:	
To Whom it May Concern,	
Thank you for referring the above referenced patient who	has participated in the < <enter< td=""></enter<>
YOUR PROGRAM NAME HERE>>>>. Attached is summ	mary information which reflects the
baseline cardiometabolic risk profile and periodic reasses	sments to date along with a summary
of the lifestyle accomplishments. Our program includes a	6 month long week core curriculum
after which we reassess the risk profile. The core curricul	um is followed by a 6 month after
core program with monthly meetings. At the conclusion of	of the follow-up period we also
reassess the risk profile. Two reports are attached with the	e most current data.
The Cardiometabolic Risk Profile reflects several importa	ant risk factors for diabetes and
cardiovascular disease which you will be addressing in yo	our ongoing comprehensive
preventive care for this individual. The lab values and oth	ner information reflect the data in our
registry. We appreciate your cooperation in documenting	laboratory tests during the course of
the program.	
This report will help you recognize the targets and accom	plishments regarding weight loss,
physical activity and fat consumption. During the course	of the intervention we have covered
important information about nutrition, physical activity a	nd eating behaviors. Maintaining a
healthy lifestyle is a lifelong challenge. We hope that this	patient specific report will enable
you to continue to support the healthy behaviors and self-	monitoring activities as you and your
patient set further goals for weight maintenance and phys	ical activity. Your support will be
crucial in the coming months and years.	
Thank you for referring your patient to the lifestyle interv	vention and please do not hesitate to
contact us if we can be of further assistance.	2222

The **Referral Reports** button allows you to refer participants to other Montana CDPHP programs. The report contains a description of each program as well as an estimated time commitment and web links for more information and to register. The report can also be e-mailed to the participant.

Gro	up	trong	in avar arapit		O Referring
Options fo	or Progress	Phy	sical Activity Graph	VIEW LIST	VIEW LETTER
Reports & Populatio	n Lists	Caro Ris	diometabolic k Reduction	Medicaid	Reports Referral Reports
Enroll	ed		Profile	Participa	nt List Referral Report to
O Lost ti O All Pa	o Follow-up rticipants	P Pro	articipant gress Table	Reimburs	Other Programs
		VIEW	REPORT	VIEW REPOR	VIEW REPORT
					EMAIL REPORT TO PARTICIP
					Email Sent!
14 4 1	of 2 🕨 🔰 💠		Find Next	¤ .•⊛	
Program/ Intervention	Description		Time Commitment	Target Audience (eligibility)	Contact Info
			of Participant		
Arthritis	A recreational exercise pr	ogram for	1-hour class	All Montana adults with	http://dphhs.mt.gov/publichealth/arthritis
Foundation	adults with arthritis. Inclu bealth education, exercic	ides a for any	2-3 times per	arthritis or anyone wanting to	bttp://dphbs.mt.gov/publichealth/chronicdirease/Community
Program	fitness level, and relaxatio	on	WICCH	establish an exercise routine	sedPrograms
-	techniques				-
					406-444-5900
Walk with Ease	Teaches participants how start and maintain a regul	to safely	1-hour class 3 times per week	All Montana adults with arthritis or anyone wanting to	http://dphhs.mt.gov/publichealth/arthritis
	walking routine. Program	can be	a clinea per week	establish an exercise routine	https://dphhs.mt.gov/publichealth/chronicdisease/Communit
	self-directed online or in	a group			sedPrograms
	setting				405-444-5900
Asthma	1-on-1 asthma self-manaj	gement	1 hour, with	Children and Adults with	https://dphhs.mt.gov/asthma
Education	support regarding medica	ing and itions and	follow-up	with asthma	https://dphhs.mt.gov/publichealth/chronicdisease/Community
	triggers		sessions		sedPrograms
					406-444-0995
Breast and	Offers mammograms, pag	p test and	Office visit and	Program pays for breast	https://dphhs.mt.gov/publichealth/Cancer/CancerScreening
Cervical Cancer	some diagnostic tests to o	eligible	time to complete	screenings for women 50-64	https://dphhs.mt.gov/publichealth/chronicdisease/Community
screening	age, income and insurance	e status	medical facility	below household income of	sedPrograms
				250% federal poverty level.	406 444 0063
				Program pays for cervical screenings for women 21-64 If un- or underinsured at or below 250% of federal poverty level	
Montana:	Helps adults with one or i	more	2.5 hours per	Montanans with 1 or more	https://dphhs.mt.gov/publichealth/arthritis
Living Life Well	chronic conditions learn h take control of their own	health	week for 6 weeks	chronic conditions and their family members or caretakers	https://dphhs.mt.gov/publichealth/chronicdisease/Communit sedPrograms
					406-444-5900
Living Well with	A peer support workshop	for	2 hours per week	Adults with disabilities	http://livingandworkingwell.ruralinstitute.umt.edu
a Disability	people with physical disa	bilities	for 10 weeks		http://mtdb.ruralinstitute.umt.edu
Program	(e.g. paralysis) that uses g	goal .			
	lifestyle to prevent and m	ealthy			https://dphhs.mt.gov/publichealth/chronicdisease/Community sedPrograms
	secondary conditions (e.g	i.			-
	depression, pressure sore	15.			405-444-6988
			1		
	infection) and to maintain	n			

Readiness to Change Tab

The **Readiness to Change tab** records and scores participants' responses from the pull-down menu to questions about their motivation, confidence, and expectation levels regarding the weight management program. Levels range from 0 through 4: 0 Not at all motivated, 1 Slightly motivated, 2 Somewhat motivated, 3 Quite motivated, and 4 Extremely motivated.

Participant Information	Clinical Indicators	Sessions	Reports	Readiness to Change	
A. Do you feel motivated	to lose excess body fat	at this time?			1 Slightly motivated V
B. How motivated are you	u to change your eating	habits at this	time?		2 Somewhat motivated V
C. How motivated are you	u to increase your physic	al activity at t	this time?		3 Quite motivated v
D. How motivated are you activity, and other health	u to try new strategies / related behaviors at thi	techniques fo s time?	r changing ou	r dietary, physical	0 Not at all motivated V
E. People who want to ac plan for healthy meals, p devote time and effort, n	hieve long-term weight hysical activity and beha ow and over the next fe	control need avior change. I w months?	to spend time How confiden	every day trying to t are you that you can	4 Extremely confident
F. How confident are you movement, most days of	that you will be able to the week for 16 session	record everyt s?	hing you eat a	and drink and your	1 Slightly confident 🗸 🗸
G. How satisfied would yo health and quality of life?	ou be if you achieved a 7 ?	7% weight los	s that significa	antly improved your	1 Slightly satisfied
Interpretation of t	he readiness of ch	ange in w	eight man	agement	SAVE
Total Motivation: 6	Total Confider	- nce: 5	Total E	xpectation: 1	Total: 12
You are close to being rea boost confidence in your a reduction. It's not all about	ady to begin a weight re ability to change before ut the numbers on the s	duction progra beginning. Tr cale. You are l	am, but shoul y to focus on f ikely in a "con	d start thinking about wa the reasons for changing templative" stage for read	ys to increase motivation and your lifestyle to achieve weight Jiness to change.

The preset interpretations range according to the total score and guide participants to think realistically at this stage in their weight management. Examples include the following:

- This may not be the best time for you to start a weight loss program. Inadequate motivation could block our progress. You may want to wait until feeling more confident in your ability to change behavior. By considering realistic weight loss goals and understanding the health benefits of just 7% body weight loss, may help you progress forward. You are likely in a "Pre-contemplative" stage for readiness to change.
- You have the necessary motivation and confidence to start a weight management program. Your expectations are right on target. You are in "preparation" phase for change and ready to move toward the "action" phase.

COMMON TASKS

How Do I Enter a New Participant?

Step 1. Go to Participant on the main menu bar and select +Add New.

Participant: + Add Name:	New + Reenroll ID: 0	Age: Status: 🛈	Last Modified:	Group: + Add New	Getting Started
	•	•		Fall17October	•
	Add New Participant *Last Name: *Date of Birth: *Group: Spring16Jan *First Intake Date: 10/11/2016	*First Name: *Participant ID: *Status: Enrolled	MI:		
			*Required OK	CANCEL	

Step 2. Fill in all fields. Note that you must choose a group or create a new group. Click on **OK**. The new participant must be at least 18 years old per the CDC requirement. The system will not allow you to enter anyone younger.

Step 3. The Participant Information tab will now appear, with the Enrolled Status date automatically filled to the current date. Manually enter data into the Demographics, Contact, Which of the following prompted you to enroll in the DPP?, Payor Type, Insurance, Medicaid, and Medical/Disability sections. Required fields are marked with an asterisk. When all data are entered, click on the **Save and Proceed** button.

Step 4. This automatically brings up the Clinical Indicators tab for assessment data entry.

How Do I Move a Participant to a Different Group?

Step 1. On the Participant page, select the group in which the participant is currently registered.

- Step 2. Then choose the participant.
- Step 3. Click on Change Group.

Step 4. Select the new group from the drop-down menu that appears, and click on OK.

'articipant: + Add New Name:	+ Reenroll ID: 0	Age:	Status: 0	Last Modified:	Group: + Add New	Getting Star	
Brokaw, Layla	▼ LBR01117201 ▼	21	Enrolled	1/11/2017	Spring16Jan		
	Provider Name: +	Provider Name: + Add New			->Change Group		
	Rocky Holiday	•	12 S Lane Helena, MT	25000-			

How Do I Record a Participant's Assessments?

Step 1. If the participant is not already in the database, follow the instructions above to add a new participant. After completing the Participant Information data entry and clicking on Save and Proceed, the Clinical Indicators screen will be brought up.

If the participant is already in the database, select the participant's name from the **Participant Name** drop-down menu by clicking on the down arrow and selecting the name from the list.

Step 2. Select the **Clinical Indicators** tab, and fill in the participant's assessment information at baseline, at 6 months. and at 12 months. The post-program survey weight may be added.

Participant Informati	on Clinical Indicat	ors	Reports Readin	ness to Change	
Eligibility BMI >= 25 kg/m ² (>=2 kg/m ² , if Asian): End-Stage Renal Dis Yes	23 Hyperter Yes ease: GDM: Vot App	nsion: Dyslipid V No Prediabe icable V 12	emia: Pre De etes Risk Score: ①	DM/IGT/IFG: clined v Prediabetes	SAVE AND PROCEED
Baseline Weight/Height Date:	Weight: 0	Height: 🕕	BMI: 0		
Blood Pressure Date: 01/02/2017 Lipid Profile Date: 01/02/2017	Systolic: () 150 HDL: ()	Diastolic: 90 LDL: 240	Trig: 189	TC:	
Diabetes Status Date: 01/02/2017 Date of Dx: 0 01/02/2017	BG Type: Fasting \checkmark Current DM dx'd: No \checkmark	BG Result: 0 100 Date: 01/02/2017	A1C Result: 1		
Medications Date: 01/02/2017	Lipid Meds: Yes	HTN Me	ds:	Metformin: Yes	~
Tobacco Use Date: 01/02/2017 Other	Tobacco Use Status Never Used	~			
One or both natural Yes	parents had diabetes:	\sim	Do you have as Yes	thma? ~	

Step 3. Click on Save and Proceed.

Continued

6 Months Blood Pressure Date: 06/13/2017	Systolic: 🕕 140	Diastolic: 🛈 85		
Lipid Profile Date: 06/13/2017	HDL: 1	LDL: 1	Trig: 🚺 180	TC:
Diabetes Status Date: 06/13/2017	BG Type: Fasting V	BG Result: 🕕 90		
Date of Dx: 0 06/13/2017	Current DM dx'd:	Date: 07/13/2017	A1C Result: 1	
Medications Date: 06/13/2017	Lipid Meds: Yes	HTN M	eds:	Metformin: Yes V
Tobacco Use Date: 06/13/2017	Tobacco Use Status Never Used	: ~		
Other Do you have asthma Declined	n?			
12 Months Blood Pressure Date: 12/30/2017	Systolic: 🕕 135	Diastolic: 🕕		
Lipid Profile Date: 12/30/2017	HDL: 1	LDL: 1	Trig: 🛈 160	TC:
Diabetes Status Date: 12/30/2017	BG Type: Fasting ~	BG Result: 🕕		
Date of Dx: 🛈 12/30/2017	Current DM dx'd:	Date: 12/30/2017	A1C Result: 1	
Medications Date: 12/30/2017	Lipid Meds: No	HTN Me	eds: ~	Metformin: Yes V
Tobacco Use Date: 12/30/2017	Tobacco Use Status: Never Used	~		
Other Do you have asthma No	?			
Follow-Up Survey Date:	Weight Survey Weight: 10 b			SAVE AND PROCEED

How Do I Set and Track Participant Goals?

Step 1. Select the participant's name from the **Participant Name** drop-down menu. If the goals are not visible, click on the Use This Weight to Calculate Goals button.

Step 2. To move to another session, choose the Session no. from the drop-down menu or click on Next.

Step 3. For each session, manually enter the participant's information for the session, including Session Date, the participant's Weight, and the self-reported Days per Week and Averages/Totals for Calorie, Fat, and Physical Activity. The program determines whether your goal was met and checks the box if it was.

Step 4. Click on Save to record the data for the session.

	C !	T			1 of 26 Visits Previo	us Nex
ession Date 🖤	Core	Туре:	~			
olf Monitoring (ontor	for every session					
etr-Monitoring (enter	for every session	I) Average:				
Measure I	Days per week	calorie, fat	Goal	Met		
		physical activity				
Calories 🛈	4 ~		1200			
Fat 🛈	5 ~		33			
Physical Activity 🛈	3 ~		150			
Carrian		6 M	onth 7% 6	Month		
Weight (lb) Session Se	on Session Weight Goal	Session Weig	ght Loss Wei	ght Loss		
(actual)	6 450		Goal Go	oal Met		
100 20	10		140			
USE THIS WEIGHT TO CALCULATE GOALS.	This is th	e weight/BMI refle	cted in the CRR	Preport.		
omments						

How Do I Export Data to an Excel Spreadsheet?

You can export data by first going to the Export page on the menu bar.

You can export group data to an Excel report file, which will appear in your browser downloads. Click on Export on the menu bar, and select from three options:

- 1. Demographic and Session Data
- 2. Demographic and Session Data with Identifiers
- 3. CDC Recognition Data

Demographic and Session Data and Demographic and Session Data with Identifiers are essentially the same file for a particular group at one particular site; however, the file "with Identifiers" includes participants' identifying information for coaches' benefit. Administrators are only able to access the Demographic and Session Data file, which has all identifying information removed.

CDC Recognition Data are coded in accordance to the 2015 CDC's Standard and Operating Procedures data dictionary, p. 18 (https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf). This export contains all participants enrolled in your class regardless of CDC's eligibility criterial for recognition.

All groups from a site are listed in the Select Groups field. You can select one group in the field by clicking on it, or you can select all available groups by clicking on the button below that says Select All. Or, use the Ctrl key on your keyboard to select more than one group. If you want data for more than one group or you want for a specific time period, Select Date Range allows you to filter which groups you get based on a range of dates. Note: Participants/group intake date must be within date range or it will not pull any data. Select Session Range allows you to select a beginning and an ending session from Session 1–26. The Reset button at the bottom resets the search by removing all filters previously chosen. The Export button will send the data to an Excel file accessible in your browser downloads folder.

Export Demographic and Session Data with Identifiers Select Date Range: From to Select Group: Select Group: Select Group: Select Session Range: Beginning Session SI Ending Session S26	Export Demographic and Session Data with Identifiers Select Date Range: From to Select Group: Select Session Range: Spring17reb Beginning Session Spring17reb Select Session Range: Spring17reb Select Session Range: Spring17reb Select Session Spring17reb Select Session Spring17reb Select Session Spring163an Fall 15October Fall 15October Select Session Select All RESET	PARTICIPANT SEA	RCH DATA SUBMISSION	N TEXTING LABELS EXPORT	
SELECT ALL RESET		Export Demographic and Session I Select Date Range: From to Select Group: Fall17October Spring16Jan Fall1SOctober	Data with Identifiers	Select Session Range: Beginning Session S1 V Ending Session S26 V	

How Do I Generate and Export a Report?

First, go to the Reports tab on the Participant page on the menu bar. Choose Participant or Group, then select the type of report. Click on View.

From here you can choose to export the report as an Excel, PDF, or Word file by clicking on the computer disk icon on the task bar.

Note: The content of the report will affect whether the report renders well in the chosen format.

Participant Information	Clinical Indicators Sessions	Reports hang	e
Display Reports for	Progress Reports	Population Lists	Letter Templates
Current:	Attendance Graph	Providers	Provider Letter
Participant	Weight Loss Graph	Participants	Primary
Group	Physical Activity	VIEW LIST	O Referring
Options for Progres	Graph Graph	VIEW LIST	VIEW LETTER
Reports & Population Lists	Cardiometabolic Risk Reduction	Medicaid Reports	Referral Reports
O Enrolled	Profile	Participant List	Referral Report to
○ Lost to Follow-up ● All Participants	Participant	Reimbursement	Other Programs
	Progress Table	VIEW REPORT	VIEW REPORT
	VIEW REPORT		
	VIEW REPORT		
14 4 1 of 1 ▷ ▷1	VIEW REPORT	u,	
14 4 1 of 1 ▷ ▷1	VIEW REPORT Find Next Physical Activity -	All Participants	
II of 1 I II First Name: Dee	Find Next Physical Activity - J Last Name: Ca	All Participants	
I I of 1 ▷ ▷I First Name: Dee Site: Diabetes	Find Next Physical Activity - A Last Name: Ca Group: Fall18September	All Participants rp Start Date: 09/01/18 End Date: 0	99/01/19
I I of 1 I II First Name: Dee Site: Diabetes		All Participants rp Start Date: 09/01/18 End Date: 0 Individual Physical Activity Goal	19/01/19
III of 1 ▷ ▷II First Name: Dee Site: Diabetes		All Participants rp Start Date: 09/01/18 End Date: 0 Individual Physical Activity Goal	19/01/19
II of 1 ▷ ▷I First Name: Dee Site: Diabetes	Find Next Physical Activity Last Name: Ca Group: Fall18September Individual Physical Activity	All Participants rp Start Date: 09/01/18 End Date: 0 Individual Physical Activity Goal	99/01/19

How Do I Create or Reset a Username or Password?

Only DPP administrators for your site have the ability to create or reset a username or password. If you are not the administrator, you must contact the DPP administrator at your site or State representative listed at the beginning of this document for assistance with your username or password.

If you are the administrator, you can create or reset a username or password by hovering over your username and clicking on Users. You can send a link to the user to create or reset the user's username or password.

TECHNICAL SUPPORT

For data management and entry support and log-in assistance, please contact your DPP administrator.

For technical support, please contact the following:

Sara Lahr

Software Developer Phone: (701) 777-5341 E-Mail: slahr@undeerc.org

Andrew Palmiscno Principal Software Engineer Phone: (701) 777-5206 E-Mail: apalmiscno@undeerc.org

Saurabh Chimote Senior Software Development Engineer Phone: (701) 777-5152 E-Mail: schimote@undeerc.org

PROGRAMMATIC SUPPORT

For more information, please refer to <u>http://dphhs.mt.gov/publichealth/Diabetes</u>. For support related to the Montana Diabetes Prevention Program, please contact the following:

Melissa House

Program Manager Phone: (406) 444-9154 E-Mail: Melissa.House@mt.gov

Ann Lanes

Informatics Specialist Phone: (406) 444-6894 E-Mail: Lorraine.Lanes@mt.gov

Sonja Tysk Health Educator Phone: (406) 444-0593 E-Mail: stysk@mt.gov