DSP v-Events — Facilitator Guide

Three resource presentations • 30 minutes of guided content + 30 minutes of open dialogue

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Prepared October 6, 2026. Public-source educational materials. The decks feature HUB resources and are not official presentations authored by those organizations.

Before every session

Review the source links and current program rules. Have the signup link ready. Decide who hosts, who moderates and who handles follow-up. Identify an appropriately licensed professional for clinical questions. Use fictional examples and an authorized demo account only. Do not record group dialogue without consent.

A useful follow-up record

Name and contact permission • general goal • resource requested • first step • action owner • proposed check-in date. Confirm appointments separately. Keep clinical details out of event chat, public forms and routine email.

At the 30-minute mark

Stop presenting and open dialogue. If a demonstration runs long, shorten it. Protect the time reserved for participants. The four discussion blocks are 5 + 10 + 10 + 5 minutes.

NeedyMeds — Find help with the cost of medicine

Presentation: 00–30 minutes. Open dialogue: 30–60 minutes.

NeedyMeds | Slide 1 | 00–02 min

Meet the DiaBuddy Service Provider (DSP)

TIME: 00–02 min (2 minutes).

Welcome: “You do not have to navigate every resource alone. Today we will explore practical tools, then spend the second half listening to your questions.” Introduce Ken Sternfeld, Registered Pharmacist, and the participating DSP. Explain that this is a student-led educational session using public HUB resources. Give the 30/30 agenda. Ask attendees to choose one priority privately: cost, confidence or connection. Keep this opening to two minutes. Identify the supervising licensed professional for clinical follow-up before the event.

Visible prompts

30 MINUTES — Explore resources

30 MINUTES — Open dialogue with your DSP

ONE PURPOSE — A better quality of life

NeedyMeds | Slide 2 | 02–05 min

DoIHavePrediabetes.org

TIME: 02–05 min (3 minutes).

Use the first 30 seconds to open the official risk-test page, then allow one minute for participants to complete it privately. Leave the link visible. Do not ask anyone to announce or post a score. Use the remaining time to explain that risk screening is not a diagnosis and offer help opening the page. Participants may pass. Invite questions about access, not individual results. Return to the deck at minute five.

OFFICIAL SOURCES (reviewed October 6, 2026):
https://doihaveprediabetes.org/take-the-risk-test
https://www.cdc.gov/diabetes-prevention/lifestyle-change-program/index.html

Visible prompts

TAKE A MINUTE — Open the official test on your own device.

KEEP IT PRIVATE — Your answers and score belong to you.

NEXT STEP — Discuss a high-risk result with a healthcare professional.

NeedyMeds | Slide 3 | 05–08 min

A starting point for cost help

TIME: 05–08 min (3 minutes).

Ask: “What is hardest about finding cost help: knowing where to look, understanding rules, or completing forms?” Give 30 seconds to think. Explain the difference between a resource directory and the organization that approves assistance. NeedyMeds provides information; do not promise free medicine or a particular saving. Open its home page if useful. Invite one general response, then connect that barrier to the categories on the next slide.

OFFICIAL SOURCES (reviewed October 6, 2026):
https://www.needymeds.org/healthcare-savings

Visible prompts

SEARCH — Find medication and healthcare savings resources.

CONNECT — Follow links to the program that offers assistance.

VERIFY — Eligibility and availability are set by each program.

NeedyMeds | Slide 4 | 08–11 min

Choose the right kind of resource

TIME: 08–11 min (3 minutes).

Show the healthcare-savings page. Briefly point to the three categories. Ask participants which category they would explore first without asking for diagnoses. Explain that a resource listing is the start of a conversation, not confirmation of eligibility. Use the last minute to distinguish long-term affordability planning from an immediate medication-access problem that needs timely licensed care-team attention.

OFFICIAL SOURCES (reviewed October 6, 2026):
https://www.needymeds.org/healthcare-savings

Visible prompts

MEDICINE COSTS — Patient assistance and savings options.

CARE ACCESS — Free, low-cost or sliding-scale clinics.

OTHER BARRIERS — Diagnosis-based assistance and transportation resources.

NeedyMeds | Slide 5 | 11–15 min

Walkthrough | Find an assistance route

TIME: 11–15 min (4 minutes).

Four-minute demonstration: spend 45 seconds finding the search tool, 90 seconds opening one public listing, 60 seconds locating eligibility/application/contact fields and 45 seconds recapping. Use a common demonstration medication only as a navigation example; do not recommend it. The PAP link appears when a program is listed. If a listing is unavailable, demonstrate another resource category rather than implying help is guaranteed. Backup without internet: verbally walk through these three steps and ask participants to identify which step they need help with.

OFFICIAL SOURCES (reviewed October 6, 2026):
https://blog.needymeds.org/2024/08/30/how-to-find-and-apply-for-patient-assistance-programs/

Visible prompts

1 · SEARCH — Open NeedyMeds and search a medication name.

2 · READ — Open an available assistance listing and its rules.

3 · CONFIRM — Check the program’s current application and contact.

NeedyMeds | Slide 6 | 15–19 min

A discount card is one option

TIME: 15–19 min (4 minutes).

Fictional example: “Alex is surprised by a refill price. What questions should Alex ask before choosing a payment route?” Allow one minute for ideas. Model asking the pharmacist to compare available prices and explain insurance implications. Do not recommend bypassing insurance automatically or quote a guaranteed savings percentage. Clarify that a discount card and an assistance application work differently. Spend the final minute checking understanding: “Can the card and insurance be combined on the same purchase?”

OFFICIAL SOURCES (reviewed October 6, 2026):
https://blog.needymeds.org/2020/03/04/all-about-the-needymeds-drug-discount-card/
https://drugpricing.needymeds.org/

Visible prompts

FREE TO ACCESS — The NeedyMeds card does not require registration.

ONE PAYMENT ROUTE — It cannot be combined with insurance.

CHECK AT THE PHARMACY — Ask about the final price and coverage implications.

NeedyMeds | Slide 7 | 19–22 min

Make the first step manageable

TIME: 19–22 min (3 minutes).

Invite participants to write down one resource and one question. Offer a quiet 45-second pause. Ask one volunteer to share only a general next step. Explain that applications may involve private documents; those belong with the official program or agreed secure process, not the group chat. Help participants turn “I need cheaper medicine” into “I will ask the pharmacist to compare my options and verify one program’s requirements.” Confirm that treatment should not be changed independently.

Visible prompts

CHOOSE ONE ROUTE — Pick one listing or one question to explore.

PREPARE PRIVATELY — Ask the program which documents it needs.

ASK FOR HELP — Use the DSP for navigation and your pharmacist for medication questions.

NeedyMeds | Slide 8 | 22–25 min

A prevention option to explore

TIME: 22–25 min (3 minutes).

Explain that this is the CareSync event-attendee offer, separate from free resource access. Do not present it as a fee charged by the featured HUB organization. Invite interested attendees to select the DPP interest option on the signup page. The delivering organization must verify eligibility and explain participation, coaching, payment and cancellation terms before enrollment. Do not describe CareSync or BodySite as CDC-certified or CDC-recognized without verification of the actual delivery organization. This session itself is not the full DPP.

OFFICIAL SOURCES (reviewed October 6, 2026):
https://www.cdc.gov/diabetes-prevention/lifestyle-change-program/index.html

Visible prompts

YEARLONG SUPPORT — DPP focuses on sustainable lifestyle changes.

$100 ANNUALLY — Or $10 per month; 12 payments total $120.

ASK BEFORE ENROLLING — Confirm eligibility, delivery, coaching and what is included.

NeedyMeds | Slide 9 | 25–28 min

Concierge Care begins with listening

TIME: 25–28 min (3 minutes).

Describe Concierge Care as a conversation about goals and resource navigation. Do not promise a clinical service, response time or benefit that has not been arranged. Student DSPs provide education and navigation within their role; medical decisions belong with the appropriately licensed care team. Offer a private follow-up for medication questions, test results or personal history. Ask each participant to think about which resource from today could fit a real barrier. Use one volunteer’s general question to model listening without collecting medical details.

Visible prompts

YOUR PRIORITY — What would make everyday life easier?

YOUR CONNECTION — A useful resource, care team or program.

YOUR FOLLOW-THROUGH — One action, one owner and a date to reconnect.

NeedyMeds | Slide 10 | 28–30 min

Let’s open the conversation

TIME: 28–30 min (2 minutes).

At minute 28, stop the presentation content and transition. Say: “The next half hour belongs to you. We can explore questions together, and arrange a private follow-up when personal information is needed.” Invite people to pass and respect others’ privacy. Mention that group discussion should not be recorded without consent. Display the next slide by minute 30. If the first half runs long, trim the demonstration rather than the full dialogue time.

Visible prompts

ASK — What is still unclear?

SHARE — What gets in the way? Keep details general.

CHOOSE — What support would you like next?

NeedyMeds | Slide 11 | 30–35 min

30–35 minutes | What matters most?

TIME: 30–35 min (5 minutes).

Use five minutes for a listening round. Invite two to four brief responses depending on group size. Reflect each person’s concern in one sentence and check that you heard it correctly. Capture only a general category and whether follow-up is requested. Do not collect medication lists, income documents or test scores in chat. With a larger group, invite a one-word category in chat and take two verbal examples. Save unanswered questions for a resource recap.

Visible prompts

START HERE — “What brought you here today?”

ONE PRIORITY — Cost • understanding • daily routine • support

A LITTLE SPACE — One minute per person; passing is welcome.

NeedyMeds | Slide 12 | 35–45 min

35–45 minutes | Questions & barriers

TIME: 35–45 min (10 minutes).

Use ten minutes for open questions connected to NeedyMeds. Invite two or three questions; let the DSP explain a resource-navigation step, not diagnose or prescribe. When information is uncertain, say “Let’s verify that with the program.” Ask permission before suggesting a route. Do not screen-share a participant account or application. If a participant describes an urgent medical concern, stop routine resource coaching and direct them to immediate appropriate medical help. Keep other attendees engaged by asking whether the general barrier is familiar.

Visible prompts

CLARIFY — What part of the process feels difficult?

MAKE IT PRACTICAL — What would help: a link, explanation or introduction?

INVITE THE DSP — Who can help with the next step?

NeedyMeds | Slide 13 | 45–55 min

45–55 minutes | Make a next-step plan

TIME: 45–55 min (10 minutes).

Use ten minutes to work through one or two general examples. Ask: “What do you want to be different? What is the first step? Who will do it? When should we reconnect?” Let the participant choose rather than filling in the plan for them. Offer private follow-up for personalized Concierge Care. Confirm preferred contact and consent through the approved follow-up process. A follow-up request is not a confirmed appointment until the team accepts it. Record only the minimum coordination details outside the group chat.

Visible prompts

ONE ACTION — Choose a manageable first step.

ONE OWNER — You, the DSP, a resource program or your care team.

ONE CHECK-IN — Agree on a realistic follow-up date and channel.

NeedyMeds | Slide 14 | 55–60 min

55–60 minutes | Leave with a connection

TIME: 55–60 min (5 minutes).

Reserve the final five minutes for a brief recap, a final general question, and next-step confirmation. Remind attendees that the event signup page can be used to select another session or request program information. Provide Ken’s contact for private follow-up coordination; ask people not to email sensitive records or scores. Identify who will send the resource recap and when, without promising an unconfirmed turnaround. End with: “Thank you for being part of our DiaBuddy family. Let’s put a smile back into healthcare.”

Visible prompts

RECAP — What is the one thing you are taking away?

FOLLOW UP — Request a private conversation with your DSP.

STAY CONNECTED — PharmDConcierge.com/
v-events/

NeedyMeds — official source list

Prediabetes risk test
https://doihaveprediabetes.org/take-the-risk-test

CDC: Lifestyle change program
https://www.cdc.gov/diabetes-prevention/lifestyle-change-program/index.html

NeedyMeds: Healthcare savings
https://www.needymeds.org/healthcare-savings

NeedyMeds: Finding patient assistance
https://blog.needymeds.org/2024/08/30/how-to-find-and-apply-for-patient-assistance-programs/

NeedyMeds: Discount-card guide
https://blog.needymeds.org/2020/03/04/all-about-the-needymeds-drug-discount-card/

NeedyMeds: Drug pricing
https://drugpricing.needymeds.org/

Diabetes Foundation — Find education, guidance and support

Presentation: 00–30 minutes. Open dialogue: 30–60 minutes.

Diabetes Foundation | Slide 1 | 00–02 min

Meet the DiaBuddy Service Provider (DSP)

TIME: 00–02 min (2 minutes).

Welcome: “You do not have to navigate every resource alone. Today we will explore practical tools, then spend the second half listening to your questions.” Introduce Ken Sternfeld, Registered Pharmacist, and the participating DSP. Explain that this is a student-led educational session using public HUB resources. Give the 30/30 agenda. Ask attendees to choose one priority privately: cost, confidence or connection. Keep this opening to two minutes. Identify the supervising licensed professional for clinical follow-up before the event.

Visible prompts

30 MINUTES — Explore resources

30 MINUTES — Open dialogue with your DSP

ONE PURPOSE — A better quality of life

Diabetes Foundation | Slide 2 | 02–05 min

DoIHavePrediabetes.org

TIME: 02–05 min (3 minutes).

Use the first 30 seconds to open the official risk-test page, then allow one minute for participants to complete it privately. Leave the link visible. Do not ask anyone to announce or post a score. Use the remaining time to explain that risk screening is not a diagnosis and offer help opening the page. Participants may pass. Invite questions about access, not individual results. Return to the deck at minute five.

OFFICIAL SOURCES (reviewed October 6, 2026):
https://doihaveprediabetes.org/take-the-risk-test
https://www.cdc.gov/diabetes-prevention/lifestyle-change-program/index.html

Visible prompts

TAKE A MINUTE — Open the official test on your own device.

KEEP IT PRIVATE — Your answers and score belong to you.

NEXT STEP — Discuss a high-risk result with a healthcare professional.

Diabetes Foundation | Slide 3 | 05–08 min

Support has more than one doorway

TIME: 05–08 min (3 minutes).

Ask what kind of support people are looking for: understanding, day-to-day encouragement or help accessing care. Explain the Foundation’s New Jersey focus. Some information can be viewed broadly, while direct assistance has program rules. Avoid saying everyone nationwide qualifies for financial help. Direct attendees outside New Jersey toward checking local resources with the DSP. Use this as an orientation to the three service routes, not a detailed medical lesson.

OFFICIAL SOURCES (reviewed October 6, 2026):
https://diabetesfoundationinc.org/services/guidance/
https://diabetesfoundationinc.org/services/education/
https://diabetesfoundationinc.org/services/financial-assistance/

Visible prompts

GUIDANCE — Help finding diabetes-care resources.

EDUCATION — Free workshops and practical learning.

ASSISTANCE — Selected programs have residency and need requirements.

Diabetes Foundation | Slide 4 | 08–11 min

Education that fits everyday life

TIME: 08–11 min (3 minutes).

Open the Foundation’s education page, then its calendar. Allow a minute to identify a general topic that could help with a daily challenge. Do not promise a particular workshop time, language or facilitator until the live listing confirms it. Distinguish their education sessions from today’s student-led DSP introduction. Ask participants whether they learn best by listening, practicing or talking with others. Point to a matching type of opportunity and summarize how to register.

OFFICIAL SOURCES (reviewed October 6, 2026):
https://diabetesfoundationinc.org/services/education/

Visible prompts

LEARN — Meal planning, activity and diabetes-management topics.

CONNECT — Look for a workshop or support opportunity.

REGISTER — Use the Foundation’s own event instructions.

Diabetes Foundation | Slide 5 | 11–15 min

Walkthrough | Find the right doorway

TIME: 11–15 min (4 minutes).

Spend four minutes demonstrating navigation: one minute locating the guidance page, one minute following a relevant resource route, one minute finding the current contact/application path and one minute for questions about access. Use a fictional situation with no real health records. The Foundation’s care guides are a useful contact when a person is not sure where to begin. Offer a phone route for attendees who prefer speaking to someone. If the website changes, start at its homepage and follow Services → Guidance.

OFFICIAL SOURCES (reviewed October 6, 2026):
https://diabetesfoundationinc.org/services/guidance/

Visible prompts

1 · OPEN GUIDANCE — Choose the diabetes or prediabetes resource route.

2 · FIND A NEED — Education, supplies, affordability or support.

3 · ASK THE FOUNDATION — Call 201-444-0337 or use the official contact page.

Diabetes Foundation | Slide 6 | 15–19 min

Assistance is a bridge, not a promise

TIME: 15–19 min (4 minutes).

Fictional example: “Jordan lives in New Jersey and is struggling to afford supplies. What should Jordan confirm before applying?” Allow one minute for responses. Explain that published emergency medication/supply assistance is short-term, generally up to 60 days, and requires program review. Ask the Foundation about eligibility and longer-term options. Applications may need address, need and prescription documentation. Do not collect these in a virtual group. When medication access is urgent, connect the person to their licensed care team immediately rather than relying on application processing.

OFFICIAL SOURCES (reviewed October 6, 2026):
https://diabetesfoundationinc.org/services/financial-assistance/
https://diabetesfoundationinc.org/services/financial-assistance/supplies/
https://diabetesfoundationinc.org/services/financial-assistance/medication/

Visible prompts

MEDICATION SUPPORT — Short-term help for qualifying New Jersey residents.

SUPPLY SUPPORT — Emergency supplies for eligible uninsured or underinsured NJ residents.

OFFICIAL REVIEW — Use the program’s application and documentation requirements.

Diabetes Foundation | Slide 7 | 19–22 min

Choose one source of support

TIME: 19–22 min (3 minutes).

Give participants 45 seconds to identify a useful doorway. Invite one or two general questions. Ask: “Would you prefer a resource link or help preparing a question for the Foundation?” Reinforce that participants outside New Jersey should verify service reach and local alternatives. Build a simple action: contact the guide, read a current event listing, or confirm assistance requirements. Explain that ongoing diabetes management and diabetes prevention are different care needs; the DSP can help route the question without diagnosing.

Visible prompts

UNDERSTANDING — Identify one topic you want explained.

CONNECTION — Choose one guide, workshop or support group.

ACCESS — Confirm the application route and your next question.

Diabetes Foundation | Slide 8 | 22–25 min

A prevention option to explore

TIME: 22–25 min (3 minutes).

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Diabetes Foundation | Slide 9 | 25–28 min

Concierge Care begins with listening

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Visible prompts

YOUR PRIORITY — What would make everyday life easier?

YOUR CONNECTION — A useful resource, care team or program.

YOUR FOLLOW-THROUGH — One action, one owner and a date to reconnect.

Diabetes Foundation | Slide 10 | 28–30 min

Let’s open the conversation

TIME: 28–30 min (2 minutes).

At minute 28, stop the presentation content and transition. Say: “The next half hour belongs to you. We can explore questions together, and arrange a private follow-up when personal information is needed.” Invite people to pass and respect others’ privacy. Mention that group discussion should not be recorded without consent. Display the next slide by minute 30. If the first half runs long, trim the demonstration rather than the full dialogue time.

Visible prompts

ASK — What is still unclear?

SHARE — What gets in the way? Keep details general.

CHOOSE — What support would you like next?

Diabetes Foundation | Slide 11 | 30–35 min

30–35 minutes | What matters most?

TIME: 30–35 min (5 minutes).

Use five minutes for a listening round. Invite two to four brief responses depending on group size. Reflect each person’s concern in one sentence and check that you heard it correctly. Capture only a general category and whether follow-up is requested. Do not collect medication lists, income documents or test scores in chat. With a larger group, invite a one-word category in chat and take two verbal examples. Save unanswered questions for a resource recap.

Visible prompts

START HERE — “What brought you here today?”

ONE PRIORITY — Cost • understanding • daily routine • support

A LITTLE SPACE — One minute per person; passing is welcome.

Diabetes Foundation | Slide 12 | 35–45 min

35–45 minutes | Questions & barriers

TIME: 35–45 min (10 minutes).

Use ten minutes for open questions connected to Diabetes Foundation. Invite two or three questions; let the DSP explain a resource-navigation step, not diagnose or prescribe. When information is uncertain, say “Let’s verify that with the program.” Ask permission before suggesting a route. Do not screen-share a participant account or application. If a participant describes an urgent medical concern, stop routine resource coaching and direct them to immediate appropriate medical help. Keep other attendees engaged by asking whether the general barrier is familiar.

Visible prompts

CLARIFY — What part of the process feels difficult?

MAKE IT PRACTICAL — What would help: a link, explanation or introduction?

INVITE THE DSP — Who can help with the next step?

Diabetes Foundation | Slide 13 | 45–55 min

45–55 minutes | Make a next-step plan

TIME: 45–55 min (10 minutes).

Use ten minutes to work through one or two general examples. Ask: “What do you want to be different? What is the first step? Who will do it? When should we reconnect?” Let the participant choose rather than filling in the plan for them. Offer private follow-up for personalized Concierge Care. Confirm preferred contact and consent through the approved follow-up process. A follow-up request is not a confirmed appointment until the team accepts it. Record only the minimum coordination details outside the group chat.

Visible prompts

ONE ACTION — Choose a manageable first step.

ONE OWNER — You, the DSP, a resource program or your care team.

ONE CHECK-IN — Agree on a realistic follow-up date and channel.

Diabetes Foundation | Slide 14 | 55–60 min

55–60 minutes | Leave with a connection

TIME: 55–60 min (5 minutes).

Reserve the final five minutes for a brief recap, a final general question, and next-step confirmation. Remind attendees that the event signup page can be used to select another session or request program information. Provide Ken’s contact for private follow-up coordination; ask people not to email sensitive records or scores. Identify who will send the resource recap and when, without promising an unconfirmed turnaround. End with: “Thank you for being part of our DiaBuddy family. Let’s put a smile back into healthcare.”

Visible prompts

RECAP — What is the one thing you are taking away?

FOLLOW UP — Request a private conversation with your DSP.

STAY CONNECTED — PharmDConcierge.com/
v-events/

Diabetes Foundation — official source list

Prediabetes risk test
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Diabetes Foundation: Guidance
https://diabetesfoundationinc.org/services/guidance/

Diabetes Foundation: Education
https://diabetesfoundationinc.org/services/education/

Diabetes Foundation: Financial assistance
https://diabetesfoundationinc.org/services/financial-assistance/

Diabetes Foundation: Supply assistance
https://diabetesfoundationinc.org/services/financial-assistance/supplies/

Diabetes Foundation: Medication assistance
https://diabetesfoundationinc.org/services/financial-assistance/medication/

BodySite — Build healthier habits with digital support

Presentation: 00–30 minutes. Open dialogue: 30–60 minutes.

BodySite | Slide 1 | 00–02 min

Meet the DiaBuddy Service Provider (DSP)

TIME: 00–02 min (2 minutes).

Welcome: “You do not have to navigate every resource alone. Today we will explore practical tools, then spend the second half listening to your questions.” Introduce Ken Sternfeld, Registered Pharmacist, and the participating DSP. Explain that this is a student-led educational session using public HUB resources. Give the 30/30 agenda. Ask attendees to choose one priority privately: cost, confidence or connection. Keep this opening to two minutes. Identify the supervising licensed professional for clinical follow-up before the event.

Visible prompts

30 MINUTES — Explore resources

30 MINUTES — Open dialogue with your DSP

ONE PURPOSE — A better quality of life

BodySite | Slide 2 | 02–05 min

DoIHavePrediabetes.org

TIME: 02–05 min (3 minutes).

Use the first 30 seconds to open the official risk-test page, then allow one minute for participants to complete it privately. Leave the link visible. Do not ask anyone to announce or post a score. Use the remaining time to explain that risk screening is not a diagnosis and offer help opening the page. Participants may pass. Invite questions about access, not individual results. Return to the deck at minute five.

OFFICIAL SOURCES (reviewed October 6, 2026):
https://doihaveprediabetes.org/take-the-risk-test
https://www.cdc.gov/diabetes-prevention/lifestyle-change-program/index.html

Visible prompts

TAKE A MINUTE — Open the official test on your own device.

KEEP IT PRIVATE — Your answers and score belong to you.

NEXT STEP — Discuss a high-risk result with a healthcare professional.

BodySite | Slide 3 | 05–08 min

Support between appointments

TIME: 05–08 min (3 minutes).

Ask: “What would help you follow through between appointments: a reminder, a place to write things down, or someone to ask?” Explain that BodySite is technology used by providers and care teams, not an automatic replacement for them. Features available to an individual depend on the account, assigned plan and care-team setup. This session introduces possibilities, not a promise that every listed feature is included in the attendee offer. Keep the discussion focused on everyday support.

OFFICIAL SOURCES (reviewed October 6, 2026):
https://bodysite.com/patient-education-and-care-plans/
https://bodysite.com/journaling/
https://bodysite.com/secure-messaging/

Visible prompts

LEARNING — Digital education and care-plan content.

REFLECTION — Food, activity and lifestyle tracking tools.

CONNECTION — Messaging and a patient portal/app.

BodySite | Slide 4 | 08–11 min

From information to a daily routine

TIME: 08–11 min (3 minutes).

Use a fictional example of someone who reads a health tip but forgets it later. Ask the audience to suggest a simple reminder or routine. Show how the DSP might connect education to an agreed small action and reflection. Do not set calorie, weight-loss or exercise targets for the group. If displaying the platform, use an authorized demonstration account with fictional data. Ask a participant to explain the three-step loop in their own words.

OFFICIAL SOURCES (reviewed October 6, 2026):
https://bodysite.com/patient-education-and-care-plans/

Visible prompts

READ — Review assigned education or instructions.

TRY — Choose a realistic action with the care team.

REFLECT — Note what worked and what was difficult.

BodySite | Slide 5 | 11–15 min

Walkthrough | A sample digital day

TIME: 11–15 min (4 minutes).

Four-minute walkthrough: one minute explaining how a care team assigns a plan, one minute showing a fictional journal entry, one minute identifying a question for the DSP and one minute summarizing. A sample observation is “I found it easier to plan lunch today.” It is illustrative, not an actual platform screenshot or medical instruction. If an authorized demo is available, show only these three functions; do not spend time on account administration. Without a demo, use the cards as the complete walkthrough.

OFFICIAL SOURCES (reviewed October 6, 2026):
https://bodysite.com/journaling/
https://bodysite.com/patient-education-and-care-plans/

Visible prompts

MORNING — Review the day’s assigned learning.

AFTER A MEAL — Record an observation in a journal.

AT CHECK-IN — Bring one question to the care team.

BodySite | Slide 6 | 15–19 min

Turn a journal into a conversation

TIME: 15–19 min (4 minutes).

Fictional example: “Sam misses a planned routine on busy days and feels discouraged.” Give the group a minute to suggest supportive questions, not criticism. Model curiosity: “What was different about that day?” Discuss a habit cue or a simpler action that the person chooses. Keep examples nonclinical. Journal data can support conversation, but it does not determine a diagnosis or justify medication changes. Invite people to decide what kind of reminder or encouragement would suit them.

OFFICIAL SOURCES (reviewed October 6, 2026):
https://bodysite.com/journaling/

Visible prompts

OBSERVE — What made a healthy routine easier or harder?

ASK — Which part would you like help understanding?

ADAPT — Agree on a manageable next step with your team.

BodySite | Slide 7 | 19–22 min

Stay connected on purpose

TIME: 19–22 min (3 minutes).

Explain that the public BodySite DiaBuddy referral form is for provider/practice account setup; consumers should ask the DSP about patient access rather than purchase a provider subscription. Do not present provider pricing as a patient charge. Confirm which tools and follow-up are available before enrollment. BodySite describes secure messaging, but appropriate permissions and workflows must be arranged by the care team; do not claim the general Zoom group or email is a secure clinical channel. Ask how attendees prefer to receive help using technology.

OFFICIAL SOURCES (reviewed October 6, 2026):
https://bodysite.com/secure-messaging/
https://bodysite.com/diabuddy-referral/

Visible prompts

ACCESS — Ask the DSP how to receive your care-team invitation.

CONTACT — Clarify messaging channels and response expectations.

SUPPORT — Request help with technology or an accessible alternative.

BodySite | Slide 8 | 22–25 min

A prevention option to explore

TIME: 22–25 min (3 minutes).

Explain that this is the CareSync event-attendee offer, separate from free resource access. Do not present it as a fee charged by the featured HUB organization. Invite interested attendees to select the DPP interest option on the signup page. The delivering organization must verify eligibility and explain participation, coaching, payment and cancellation terms before enrollment. Do not describe CareSync or BodySite as CDC-certified or CDC-recognized without verification of the actual delivery organization. This session itself is not the full DPP.

OFFICIAL SOURCES (reviewed October 6, 2026):
https://www.cdc.gov/diabetes-prevention/lifestyle-change-program/index.html

Visible prompts

YEARLONG SUPPORT — DPP focuses on sustainable lifestyle changes.

$100 ANNUALLY — Or $10 per month; 12 payments total $120.

ASK BEFORE ENROLLING — Confirm eligibility, delivery, coaching and what is included.

BodySite | Slide 9 | 25–28 min

Concierge Care begins with listening

TIME: 25–28 min (3 minutes).

Describe Concierge Care as a conversation about goals and resource navigation. Do not promise a clinical service, response time or benefit that has not been arranged. Student DSPs provide education and navigation within their role; medical decisions belong with the appropriately licensed care team. Offer a private follow-up for medication questions, test results or personal history. Ask each participant to think about which resource from today could fit a real barrier. Use one volunteer’s general question to model listening without collecting medical details.

Visible prompts

YOUR PRIORITY — What would make everyday life easier?

YOUR CONNECTION — A useful resource, care team or program.

YOUR FOLLOW-THROUGH — One action, one owner and a date to reconnect.

BodySite | Slide 10 | 28–30 min

Let’s open the conversation

TIME: 28–30 min (2 minutes).

At minute 28, stop the presentation content and transition. Say: “The next half hour belongs to you. We can explore questions together, and arrange a private follow-up when personal information is needed.” Invite people to pass and respect others’ privacy. Mention that group discussion should not be recorded without consent. Display the next slide by minute 30. If the first half runs long, trim the demonstration rather than the full dialogue time.

Visible prompts

ASK — What is still unclear?

SHARE — What gets in the way? Keep details general.

CHOOSE — What support would you like next?

BodySite | Slide 11 | 30–35 min

30–35 minutes | What matters most?

TIME: 30–35 min (5 minutes).

Use five minutes for a listening round. Invite two to four brief responses depending on group size. Reflect each person’s concern in one sentence and check that you heard it correctly. Capture only a general category and whether follow-up is requested. Do not collect medication lists, income documents or test scores in chat. With a larger group, invite a one-word category in chat and take two verbal examples. Save unanswered questions for a resource recap.

Visible prompts

START HERE — “What brought you here today?”

ONE PRIORITY — Cost • understanding • daily routine • support

A LITTLE SPACE — One minute per person; passing is welcome.

BodySite | Slide 12 | 35–45 min

35–45 minutes | Questions & barriers

TIME: 35–45 min (10 minutes).

Use ten minutes for open questions connected to BodySite. Invite two or three questions; let the DSP explain a resource-navigation step, not diagnose or prescribe. When information is uncertain, say “Let’s verify that with the program.” Ask permission before suggesting a route. Do not screen-share a participant account or application. If a participant describes an urgent medical concern, stop routine resource coaching and direct them to immediate appropriate medical help. Keep other attendees engaged by asking whether the general barrier is familiar.

Visible prompts

CLARIFY — What part of the process feels difficult?

MAKE IT PRACTICAL — What would help: a link, explanation or introduction?

INVITE THE DSP — Who can help with the next step?

BodySite | Slide 13 | 45–55 min

45–55 minutes | Make a next-step plan

TIME: 45–55 min (10 minutes).

Use ten minutes to work through one or two general examples. Ask: “What do you want to be different? What is the first step? Who will do it? When should we reconnect?” Let the participant choose rather than filling in the plan for them. Offer private follow-up for personalized Concierge Care. Confirm preferred contact and consent through the approved follow-up process. A follow-up request is not a confirmed appointment until the team accepts it. Record only the minimum coordination details outside the group chat.

Visible prompts

ONE ACTION — Choose a manageable first step.

ONE OWNER — You, the DSP, a resource program or your care team.

ONE CHECK-IN — Agree on a realistic follow-up date and channel.

BodySite | Slide 14 | 55–60 min

55–60 minutes | Leave with a connection

TIME: 55–60 min (5 minutes).

Reserve the final five minutes for a brief recap, a final general question, and next-step confirmation. Remind attendees that the event signup page can be used to select another session or request program information. Provide Ken’s contact for private follow-up coordination; ask people not to email sensitive records or scores. Identify who will send the resource recap and when, without promising an unconfirmed turnaround. End with: “Thank you for being part of our DiaBuddy family. Let’s put a smile back into healthcare.”

Visible prompts

RECAP — What is the one thing you are taking away?

FOLLOW UP — Request a private conversation with your DSP.

STAY CONNECTED — PharmDConcierge.com/
v-events/

BodySite — official source list

Prediabetes risk test
https://doihaveprediabetes.org/take-the-risk-test

CDC: Lifestyle change program
https://www.cdc.gov/diabetes-prevention/lifestyle-change-program/index.html

BodySite: Patient education and care plans
https://bodysite.com/patient-education-and-care-plans/

BodySite: Food and lifestyle journaling
https://bodysite.com/journaling/

BodySite: Secure messaging
https://bodysite.com/secure-messaging/

BodySite: DiaBuddy provider account referral
https://bodysite.com/diabuddy-referral/