eHealth to Disseminate Lay Health Coaching

Patrick Yao Tang, MPH
Program Manager, Peers for Progress
yptang@email.unc.edu
www.peersforprogress.org

Society of Behavioral Medicine
Annual Meeting
April 1, 2016
ACKNOWLEDGEMENTS

This project was supported by a Gillings Innovation Laboratory award at the UNC Gillings School of Global Public Health

Health Coaches
Eugene Arnold
Emily Berlin

Vanguard Medical Group
Drita Borova
Janet Duni
Nicole Gyamfi (former)
Thomas McCarrick

WellDoc
Janice MacLeod
Ashley Naumann
Malinda Peeples

Peers for Progress
Edwin Fisher (PI)
Sarah Kowitt
Rebeccah Sokol

Horizon BCBSNJ
Steven Peskin

www.peersforprogress.org
PROJECT AIMS

Develop and test feasibility and reach of integrating a telephone-based lay health coach and eHealth intervention for diabetes self-management support.
HOW THIS PROJECT CAN DISSEMINATE PEER SUPPORT

› Extends reach of peer support
› Enhances quality of peer support
› Facilitates outreach to more patients
› Scalable to reach populations of persons with type 2 diabetes
› Able to be disseminated through enhanced primary care practices
ACADEMIC - CLINICAL - INDUSTRY COLLABORATION

Peers for Progress - Chapel Hill, NC
• Program Development and Evaluation
• Training and Supervision

Vanguard Medical Group - Verona, NJ
• Clinical site for patient recruitment, patient data, clinical back-up, care coordination

WellDoc - Baltimore, MD
• Digital health tool with product support
• Coach training for technology integration
• Analyzed patient data to guide focused interventions
PEERS FOR PROGRESS

› Funded 14 projects around the world on peer support in diabetes

› Library of peer support resources, including comprehensive program development guide

› UNC Gillings School of Global Public Health
› UNC Family Medicine
› UNC Center for Diabetes Translational Research

www.peersforprogress.org
4 KEY FUNCTIONS

- Assistance in Daily Management
- Social/Emotional Support
- Linkage to Clinical and Community Resources
- Ongoing Support
Patient-centered medical home

Care coordination processes to manage high-risk patients

Population management disease registry program across all sites

48,000 active patients, mixed demographics

Primary group practice in north and central NJ
WELLDOC

› Industry leader in developing commercial eHealth platforms for diabetes

› BlueStar® Diabetes flagship product

› Unique business model for product reimbursement
BLUESTAR DIABETES

› Content aligns with the National Standards for DSMES and AADE 7 Self-Care Behaviors

› Algorithm driven by behavioral insights

› 24/7 real-time patient coaching & support

› Clinical decision support
The first Mobile Prescription Therapy

BlueStar is the only product FDA cleared for real-time patient coaching and clinical decision support.

- First-in-Class Therapy
  - FDA CLEARED
  - American Diabetes Association

- Clinical Evidence
  - 2 POINT
  - A1C

- Aligns with ACO Quality Measures
  - 5 Preventive Health Composite Score measures

- Prescribed by Physician
  - Rx only

- Pharmacy Benefit Coverage
  - NDC #89129-0100-01
  - NCPDP Approved

©2009-15 WellDoc, Inc. Intellectual Property. All rights reserved.

Patented Clinical and Behavioral Engine  *In earlier versions of BlueStar

www.peersforprogress.org

Peers for Progress
Peer Support Around the World
University of North Carolina at Chapel Hill
Supports real-time patient self-management

Promotes adherence to the physician’s treatment plan

Changes behavior to maximize patient outcomes

Delivers personalized guidance to the patient when they need it most

Did you know?

Ryan, you do a lot to control your BG, like doing finger sticks and taking insulin injections:

- There are other things you can do too that don’t involve pricking yourself with sharp objects!
- Just 30 minutes of moderate exercise five days per week helps regulate your BG.
- A 5-10% decrease in body weight can also make a big difference.

How Does Bluestar Work?

1. Record Meds
2. Smart Check Progress
3. Find Your Inner Chef
4. ATTN - Your BG Is
BLUESTAR FEATURES & HIGHLIGHTS

Healthcare Provider Features:

• Decision support tool
• Projected A1C
• Detailed BG values
• Medication treatment plan
• Patient health vs. ADA guidelines

Patient Features:

• Integration with activity trackers/wearables
• Ongoing self-management support resources
# ADDRESSING KEY FUNCTIONS

<table>
<thead>
<tr>
<th>Functions</th>
<th>Peer Support</th>
<th>BlueStar Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assistance in Daily Management</strong></td>
<td>• Detailed problem solving&lt;br&gt;• Model of adequate management</td>
<td>• Monitoring, reminders, medication adherence, <em>effective feedback</em></td>
</tr>
<tr>
<td><strong>Social &amp; Emotional Support</strong></td>
<td>• Supportive relationship&lt;br&gt;• As needed availability&lt;br&gt;• Problem solving coping</td>
<td>• Monitoring and alerts prn -- “Has my back” – protection and comfort&lt;br&gt;• General messages encouraging, reassuring</td>
</tr>
<tr>
<td><strong>Linkage to Clinical Care and Community Resources</strong></td>
<td>• Live reminders and attention to psychosocial barriers to care&lt;br&gt;• Problem-solving logistic barriers to care</td>
<td>• Monitoring provides automated, specific reminders for care <em>as needed</em>&lt;br&gt;• Doctors visit reminders, encourages routine check ups</td>
</tr>
<tr>
<td><strong>Ongoing Support</strong></td>
<td>• Quarterly “check-in”; more frequent prn&lt;br&gt;• Available on demand</td>
<td>• Available indefinitely with down or up titration as needed, as preferred&lt;br&gt;• Continued reimbursement contingent on continued use</td>
</tr>
</tbody>
</table>
DIGITAL HEALTH • PCMH • PEER SUPPORT

**CARE COORDINATION**
- Disease education
- Provider collaboration
- Clinical triage

**CLINICAL DECISION SUPPORT**
- Disease management
- Standards of care
- Self-management targets

**SELF-MANAGEMENT SUPPORT**
- Nutritional education
- Social/emotional support
- Digital guidance

**PATIENT ENGAGEMENT**
- Informed decision-making
- Increased motivation/adherence
- Prevention of disease progression

Provider ➔ Care Coordinator ➔ Health Coach

REPORT ➔ Usage Data

Patient BlueStar

www.peersforprogress.org
PILOT STUDY DESIGN

› Single group, pre-post
› Continuous quality improvement framework
› Qualitative evaluation, coach contact notes, post survey, clinical data from Vanguard, app data from WellDoc
› Option to compare results with typical BlueStar users
HEALTH COACH TRAINING AND SUPERVISION

› Rapid 16-hour initial training

› Weekly conference calls to provide ongoing training, address protocol changes, troubleshoot clinical and study issues

› Clinical oversight from care coordinator

› Direct supervision from program manager
PATIENT ELIGIBILITY

› Adult patients at Vanguard
› Uncontrolled diabetes (HbA1c>7.5)
› Has smartphone or internet-enabled home computer
› Able to read and write in English
STUDY PROTOCOL

Initial Contact
N = 200
Determine patient eligibility, enroll patient, establish rapport.

Onboarding Contact
Assist patient in installing and using BlueStar, provides technical assistance and guidance for the app.

1st Coaching Contact
Assess patient needs, discuss areas of diabetes self-management, provide resources and referrals as needed.

High Need Patients (bi-weekly contact)
2nd Coaching Contact
Follow up with patient questions and concerns from first coaching contact, help patients with self-care behaviors, address barriers to care, build motivation, and provide emotional support.

Normal Need Patients (monthly contact)
2nd Coaching Contact
Follow up with patient questions and concerns from first coaching contact, help patients with self-care behaviors, address barriers to care.

Ongoing Contacts
Connect patients to clinical care and community resources, encourage patients to use SMART Visit reports in BlueStar, continue to provide personalized coaching.

Ongoing Contacts
Check-in that patients are using BlueStar, and are working toward and maintaining self-care behaviors. Encourage patients to use BlueStar features for routine DSMS.

1-2 days
1-2 weeks
**STUDY TIMELINE**

- **Sept 2015**: Health coaches trained
- **Dec 2015**: Ongoing patient recruitment
- **March 2016**: BlueStar data utilized by coaches
- **June 2016**: Patient surveys and qualitative interviews

---

- **7-month implementation period**
- **Data collection and analysis**
- **Final coach contact, ensuring continuity of care to clinic**
QUALITATIVE EVALUATION

› Structured telephone interviews
  › 15 patient interviews
  › 5 staff interviews
  › 2 health coach interviews

› Behavioral changes made

› Helpful features of coaching/BlueStar

› Quality of care improvements
QUANTITATIVE EVALUATION

Hemoglobin A1c pre-post

Health coach utilization
  • # of successful contacts
  • Duration of contacts
  • Topics discussed
  • Perceived support and satisfaction

BlueStar utilization
  • # of data entries
  • Renewed prescriptions
  • Unused/underused functions
  • Perceived support and satisfaction

Referrals to clinical and community resources
PRELIMINARY RESULTS

› 43 patients enrolled / 89 contacted

› Enrolled patients mostly normal need

› Varied patterns of engagement with coaching / BlueStar

› 30/43 patients sustained engagement, 70% retention rate

› Average HbA1c = 9.7, Age = 57, 53% men
PRELIMINARY RESULTS

› 37/43 enrolled patients use BlueStar

› 76% smartphone, 24% computer

› Average 6.5 entries / patient / week

› High program satisfaction, high willingness to participate in interviews
A DISSEMINABLE MODEL

› Aligns with PCMH care processes
› Increase coaching case load by lowering frequency of contacts
› BlueStar provides patient-driven data, interface between coach, patient, clinic
Global Evidence for Peer Support: Humanizing Health Care – Report from an International Conference
http://goo.gl/cdbRSR

Peer Support in the Patient-Centered Medical Home and Primary Care
http://goo.gl/1AkSys

High Tech / Soft Touch Brief
http://goo.gl/l4obUr

http://www.annfammed.org/content/13/Suppl_1

Key Features Of Peer Support In Chronic Disease Prevention And Management
http://content.healthaffairs.org/content/34/9/1523.full

Evidence-Based mHealth Chronic Disease Mobile App Intervention Design: Development of a Framework

Cluster-randomized trial of a mobile phone personalized behavioral intervention for blood glucose control

Is there an app to solve app overload?