

THE ABILITY OF ALIGNED PROFESSIONAL AND PATIENT EDUCATION AND COACHING TO IMPROVE OUTCOMES: A CASE STUDY

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INTRODUCTION

Aligned professional and patient education that supports shared decision making helps to improve adherence, patient experience, and achievement of clinical outcomes.¹

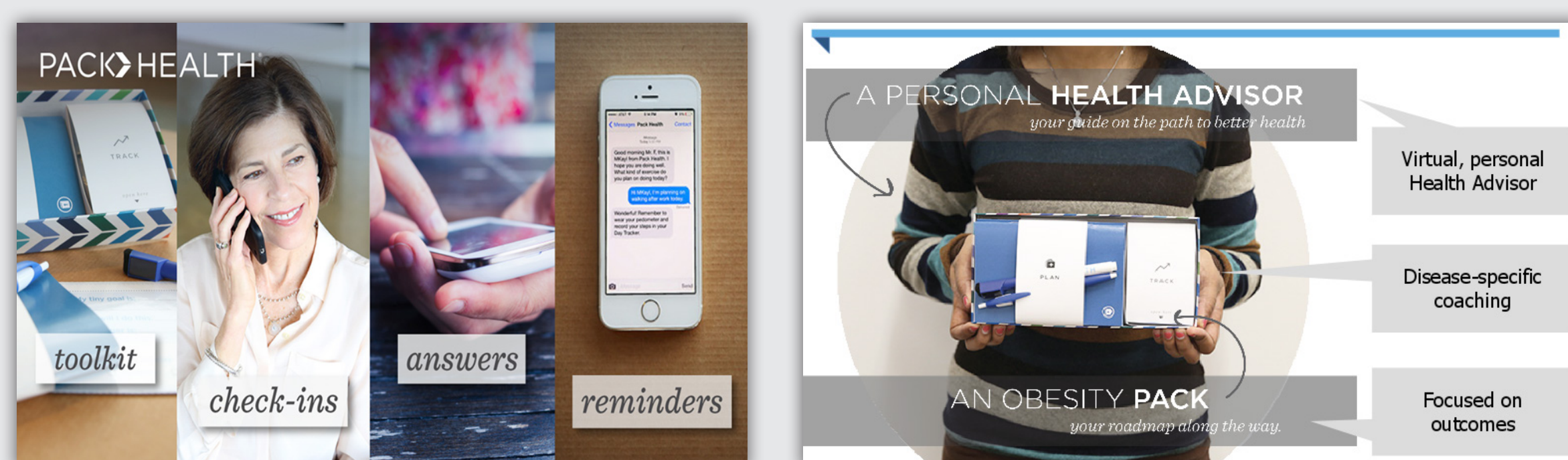
- Busy clinicians need convenient access to evidence-based patient education that they can confidently provide to patients proximal to the office visit. Embedding links to patient education resources within accredited professional activities provides clinicians expedient access to relevant patient education when it is top-of-mind
- Patients consider healthcare providers their most trusted source for health information and education; therefore, they are more likely to access educational resources recommended by these providers²
- In order to achieve the long-lasting behavior change needed to lose weight and sustain healthy eating and exercise habits, patients must be informed and engaged, and must participate fully in their obesity management plan. Health coaches provide education and support while using motivational interviewing techniques to help patients define and achieve their healthcare goals³
- To improve knowledge and facilitate patient participation and activation, an online patient education and 12-week behavioral health coaching program for obesity management were developed

METHODS

- Healthcare providers participating in an online CE activity, *Obesity Management: Improving Outcomes by Engaging Patients*, were provided a link to a *Prescription to Learn*, a printable PDF to hand or send to their patients. The *Prescription to Learn* provided a link to an online patient/care partner resource on weight management (Figure 1)
- The patient/care partner resource consisted of 3 educational activities that were made available on WebMD Education, a website dedicated to patient/care partner learning (Figure 2)
- Each activity included demographic questions, a pre- and post-activity knowledge question, and a post-activity confidence/intent-to-change question
 - Two activities also gave patients the opportunity to participate in a 3-week follow-up survey to determine if action(s) had been taken as a result of the education

- Learners were given the opportunity to enroll in a 12-week behavioral health coaching program delivered by Pack Health. The coaching program included a resource kit and digital and telephonic communication from a health coach (Figure 3)
- Learners who enrolled in the coaching program were called once a week by their coach, who also texted or emailed them throughout the week to help them make changes to their behavior. A different topic related to their obesity and their general health and well-being was addressed each week in the coaching communications
- Outcomes data (changes in patient/care partner knowledge, behavioral and clinical measures) were collected from October 29, 2015, through May 24, 2016, upon completion of the 12-week coaching program. WebMD Education participation data were collected from October 29, 2015, through August 5, 2016
- Effect size of the educational activities and the coaching program was calculated using Cramer's V (effect sizes greater than .30 are considered large, between .30 and .16 are medium, and between .15 and .06 are small). P values are shown as a measure of significance; P values <.05 are statistically significant.

FIGURE 3



RESULTS

- After 9 months, a total of 38,729 people had participated in the education. [Kushner] (Figure 4)
- Of these 38,729 individuals, 63% were overweight/obese, 81% were women, 30% were over 54 years of age, and 62% were white/non-Hispanic. (Figure 5)
- Within the Pack Health participant population, 100% overweight or obese, 77% were women, and 35% were over 54 years of age. (Figure 5)

IMMEDIATE PRE-/POST-ASSESSMENT:

Significant improvements in knowledge and confidence resulted from participation (Figure 6):

- 32% increase in understanding that obesity can have a biologic mechanism (P <.001; V = 0.32, large effect)
- 22% increase in recognizing effective strategies to add exercise to daily life (P <.001; V = 0.21, medium effect)
- 5% increase in recognizing that obesity needs a long-term management plan (P <.001; V = 0.06, small effect)

FIGURE 1



FIGURE 2

ACTIVITY	TITLE	CONTENT FOCUS	FORMAT
1	I'm Overweight. Is It My Fault?	Pathophysiology of overweight/obese	5- to 7-minute text + patient video + HCP video
2	Weight Loss Options: When Diet and Exercise Don't Work	Pharmacologic therapy for weight loss	5- to 7-minute text + graphics
3	Behavior Modification Modified: Lifestyle Changes That Work	Effectively incorporating lifestyle changes for successful weight loss	5- to 7-minute text + patient video

HCP = healthcare practitioner

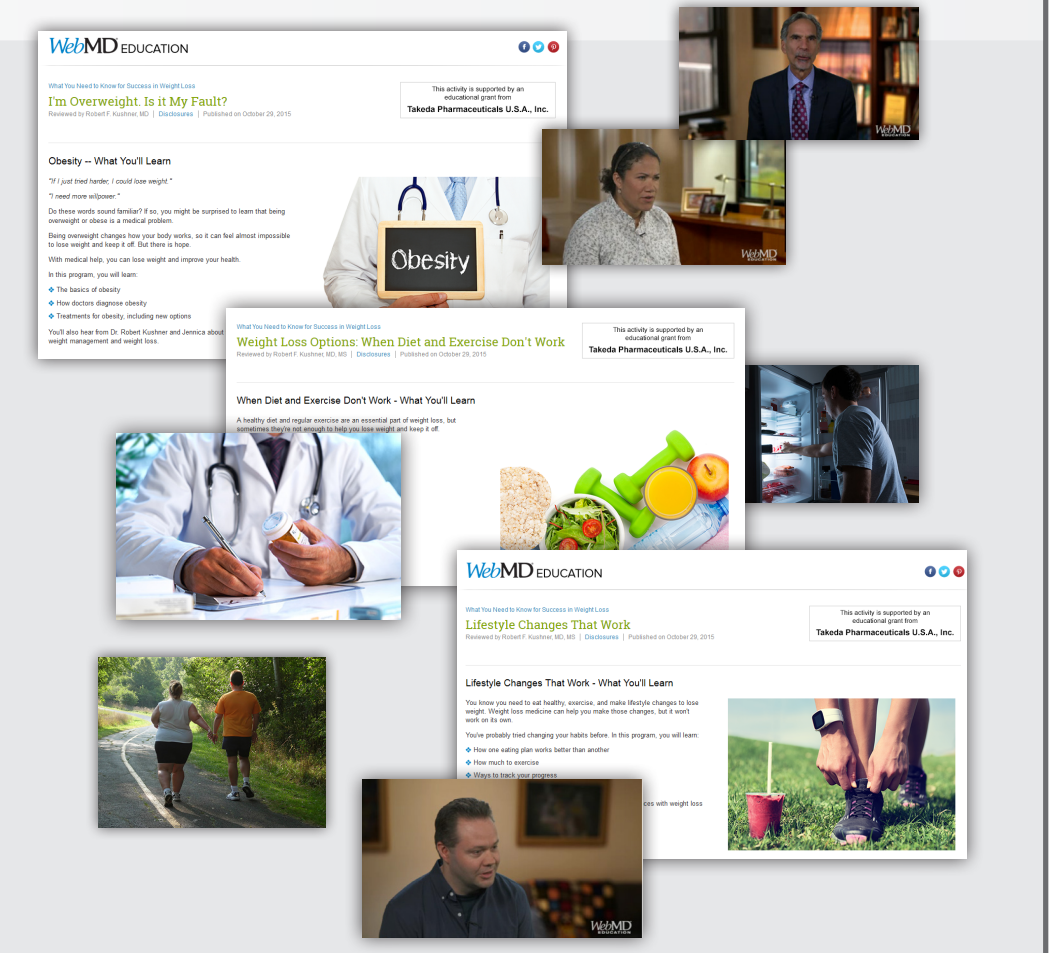


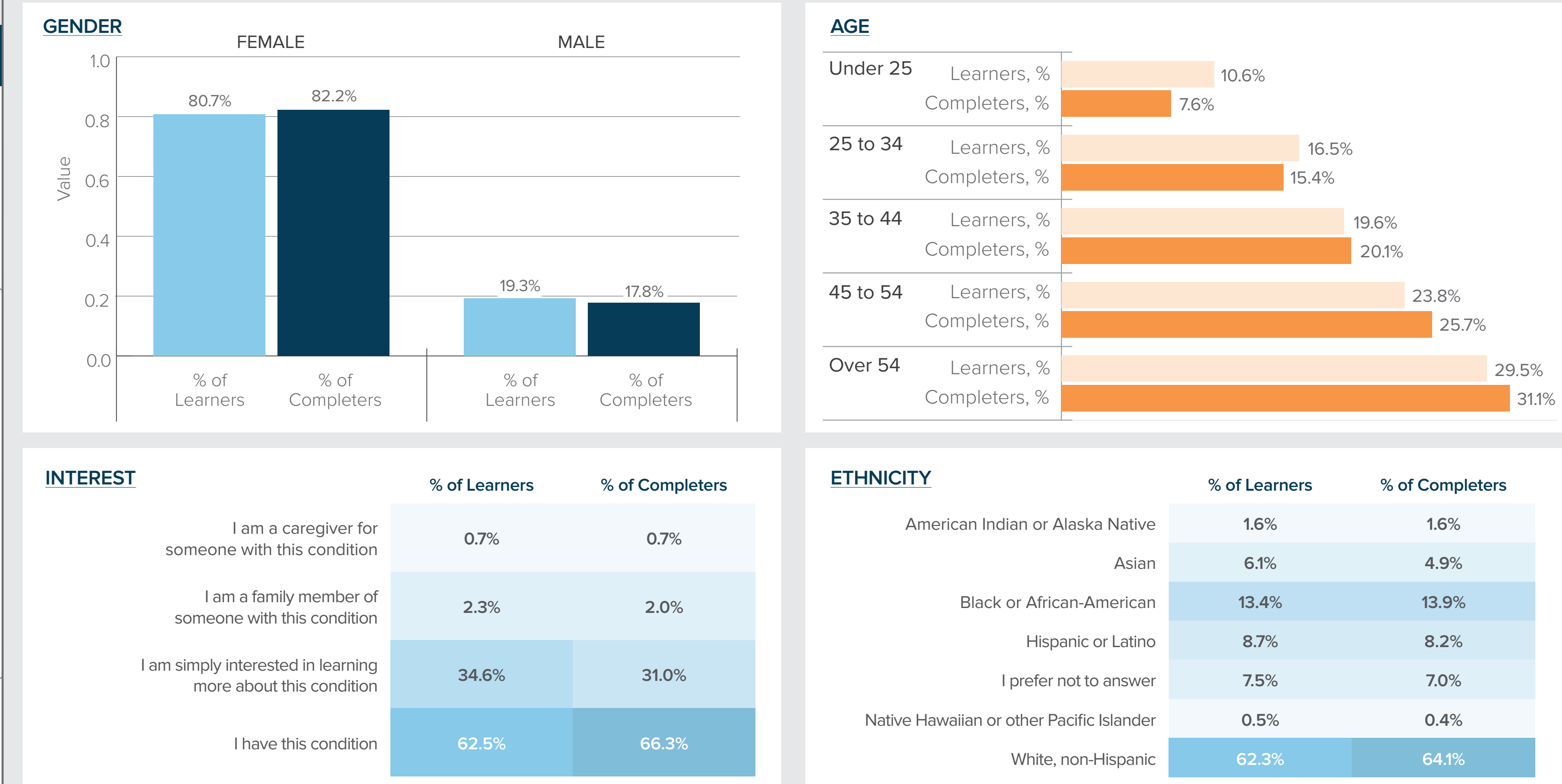
FIGURE 4

ACTIVITY TITLE	LEARNERS (Participated in the Activity)	COMPLETERS (Completed Pre and Post Questions)
I'm Overweight. Is It My Fault?	4025	2279
Weight Loss Options: When Diet and Exercise Don't Work	15,012	5667
Behavior Modification Modified: Lifestyle Changes That Work	19,692	10,581
Totals	38,729	18,527

FIGURE 6

QUESTION	ANSWER OPTIONS (Correct answer highlighted in yellow)	PRE- (no.)	PRE- (%)	POST- (no.)	POST- (%)
Which of these is a common cause of obesity?	Changes in the body's signaling system	1983	51.3%	1937	83.2%
	Lack of willpower	1014	26.2%	114	4.9%
	Not setting the right weight loss goals	688	17.8%	199	8.5%
	Sleeping too much	183	4.7%	80	3.4%
An effective way to add exercise to your weight management plan is to:	Exercise for the recommended 90 minutes every day	5733	31%	2142	19.9%
	Join a gym	4224	22.9%	1556	14.5%
	Pick an activity or exercise that a lot of people are trying, even if you don't enjoy it	1471	8.0%	591	5.5%
Which statement is true regarding treating obesity?	Obesity needs a long-term management plan	11,089	81.8%	5000	86.7%
	Over-the-counter weight loss medicines work just as well as pills your doctor prescribes	140	1.0%	110	1.9%
	Weight loss medicine is a short-term solution	2179	16.1%	608	10.5%
	You don't need to diet or exercise when you take weight loss medicine	142	1.0%	47	0.8%

FIGURE 5



FOLLOW-UP:

- Self-reported changes at 3-week follow-up (n=21) included:
- 81% made lifestyle changes based on what they learned
 - 48% lost weight
 - 55% either made an appointment to see a clinician about ways to lose weight or were planning to do so

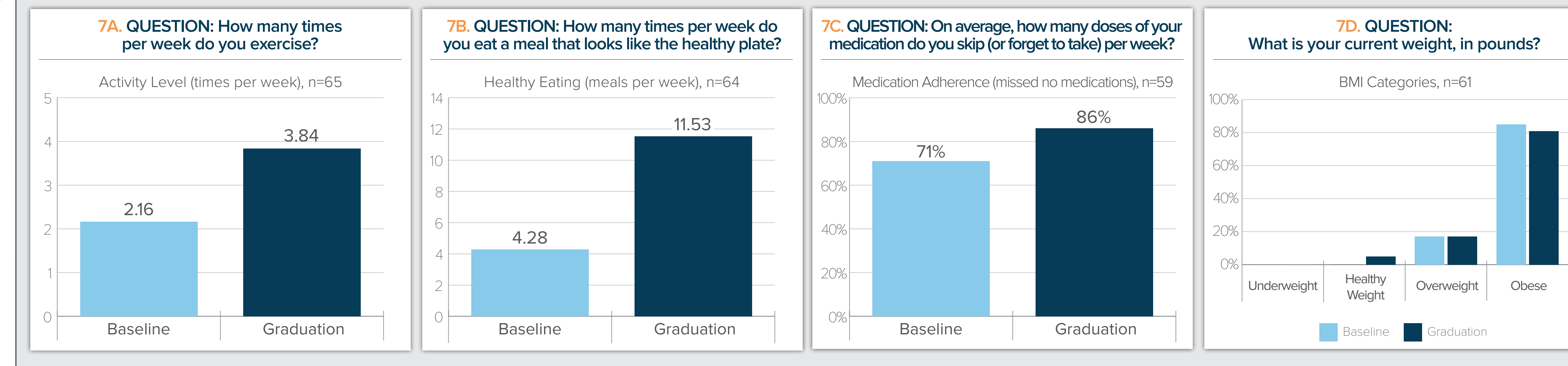
BEHAVIORAL HEALTH COACHING PROGRAM:

- 233 learners enrolled in the coaching program following the education
- Coaches had 8420 touchpoints with these individuals (an average of 36 touchpoints per enrollee).

SELF-REPORTED CHANGES AFTER 12-WEEK COACHING PROGRAM:

- Exercise increased from 2.16 times per week to 3.84 on average (Figure 7A)
- On average, enrollees who completed the program more than doubled the number of healthy meals they were eating each week (Figure 7B)
- Medication adherence increased from 71% to 86% (Figure 7C)
- Patients lost, on average, 6.39 pounds (Figure 7D)
- Enrollees completing the program also reported improvements to their mental and physical health and well-being, using the PROMIS Global Health 10 scale
- Finally, enrollees completing the program also reported improvements in their sleep. On average, these individuals slept 17 more minutes per night

FIGURE 7



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Education Activities

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CONCLUSIONS

For each of the 3 activities, a 5% to 32% (all P <.001) improvement in knowledge and competence was observed among learners. Learners who continued into the behavioral coaching program reported improvements in a wide variety of behaviors related to the management of their obesity and general health and well-being after 3 months. This study demonstrates that online patient education recommended by a trusted provider and from a trusted source, accompanied by health coaching, can significantly improve critical success factors for obesity management, including knowledge of effective strategies, confidence in implementation, intent-to-change behavior, and clinical outcomes. Such targeted and focused digital education has the potential to empower, engage, and equip patients and their care partners with information needed for patients to self-manage their condition.

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Notes

For more information contact Amy Larkin, PharmD, Director of Clinical Strategy, Medscape, LLC, at alarkin@medscape.net.

Disclosures

The authors have nothing to disclose.