

Project Title: e-Coaching: Interactive Voice Response (IVR)-Enhanced Care Transition Support for Complex Patients

Principal Investigator: Ritchie, Christine S., M.D., M.S.P.H.

Organization: University of Alabama at Birmingham

Mechanism: RFA: HS08-002: Ambulatory Safety and Quality Program: Improving Management of Individuals with Complex Healthcare Needs through Health IT (MCP)

Grant Number: R18 HS 017786

Project Period: 09/08 – 09/11

AHRQ Funding Amount: \$1,199,999

Summary Status as of: December 2008

Strategic Goal: Develop and disseminate health IT evidence and evidence-based tools to support patient-centered care, the coordination of care across transitions in care settings, and the use of electronic exchange of health information to improve quality of care.

Business Goal: Implementation and Use

Summary: Dr. Ritchie and her team launched their project in late September 2008. This project proposes to develop an interactive voice response (IVR)-supported care transition coaching intervention, e-Coach, to support complex medical patients as they transition from hospital to home-based care. The e-Coach, using the TeleSage software product, will support patients with medication self-management assistance, maintenance of a personal health record (PHR), timely follow-up with primary or specialty care, and identifying ‘red flags’ indicating worsening of the patient’s condition. The study will recruit patients with congestive heart failure (CHF) or chronic obstructive pulmonary disease (COPD). The e-Coach system will be self-developed during the initial phase of the project, based on Coleman’s Care Transition Intervention (CTI).

Specific Aims

- Randomize 720 patients to the e-Coach intervention or to usual care. **(Ongoing)**
- Evaluate the use of the e-Coach system by patient and health care providers. **(Upcoming)**
- Evaluate the effect of e-Coach on patient outcomes, including 90 day re-hospitalizations, successful community tenure at home after discharge from the hospital, and patient self-efficacy based on the Care Transition Measure. **(Upcoming)**
- Quantify the costs associated with the e-Coach intervention. **(Upcoming)**

2008 Activities: Dr. Ritchie and her team re-evaluated the conceptual model in their proposal to think about how to operationalize it using the IVR technology. The team chose an IVR software vendor; after considering using the same company that provides their health system’s electronic medical record (EMR), they opted to go with TeleSage in the interest of broader dissemination capabilities and greater flexibility. They then had to determine how to connect the TeleSage content with their EMR platform. In parallel, the team studied 30 patients’ discharge processes in order to identify a rough baseline rate of medication discrepancies in their target populations. They are using an iterative approach in developing and testing the IVR script, including conducting pilot tests on patients who are being discharged with CHF or COPD, in order to ensure that when they “go live,” their e-Coach program will be as refined as possible and will be well-accepted by the patients.

Preliminary Impact and Findings: There are few findings at this time, because they are still developing the intervention, although the team identified a high percentage of medication discrepancies in their initial assessment of discharge experiences.

Selected Outputs

None Available.

Grantee's Most Recent Self-Reported Quarterly Status: Project spending is somewhat under spent by 5-20 percent due to delays with project adaptation during the first quarter of the project. The project expects to be on track with spending in the future.

Milestones: Progress is mostly on track.

Budget: Somewhat under spent, approximately 5 to 20 percent.