

## Online Counseling to Enable Lifestyle-Focused Obesity Treatment in Primary Care

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<b>Organization:</b>	University of Pittsburgh
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**Summary:** Because obesity is a major cause of cardiovascular disease, the United States Preventive Services Task Force (USPSTF) recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for those who are obese.

This study is looking at using health information technology to enable clinical lifestyle counseling on weight loss with the goal of integrating lifestyle issues into routine preventive medicine. The research is examining the effectiveness of delivering an online version of the Diabetes Prevention Program (DPP) lifestyle intervention in a primary care setting. Recruitment targeted a group of participants who vary in terms of gender, body mass index, comorbidity status, race, and ethnicity. The coaching strategies incorporate physician feedback. Assessment of the intervention looks at multiple outcomes, including change in weight, waist circumference, physical activity, quality of life, and intervention cost-effectiveness.

This research seeks to address the key problem of how to implement USPSTF obesity screening and treatment recommendations in a cost-effective manner and help translate well-established methods into a clinical setting. Furthermore, the use of technology may provide a more patient-centered approach to clinical obesity management.

### Specific Aims:

- Use Internet technology to translate an evidence-based lifestyle intervention into diverse primary care settings in order to facilitate the delivery of evidence-based preventive counseling. **(Ongoing)**
- Examine how different strategies of delivering a DPP-based online lifestyle intervention differ in weight loss and cost-effectiveness. **(Ongoing)**

**2011 Activities:** The focus of activity was on the lifestyle coaches' 6- and 12-month face-to-face "outcome visits" with study participants. By December, all 12-month follow-up visits were completed. Throughout the year the project team implemented several new strategies to help increase participant compliance in completing their visits. Strategies included increasing the financial incentive from \$25.00 to \$40.00 and adding more ways to engage with participants, such as sending greeting cards. The strategies resulted in greater participation in the 12-month visits compared to the 6-month visit completion rate. Preliminary data analysis began in 2011 and more in-depth analysis will continue into 2012.

The project team also continued to meet with the software vendor on a regular basis to resolve minor technical issues, identify potential software enhancements, and increase quality assurance mechanisms. One technical enhancement made this year was to grant remote access to one of the life coaches who moved out of state,

which allowed the coach to stay on as part of the project team and preventing the need to hire any new staff.

As last self-reported in the AHRQ Research Reporting System, project progress and activities are on track and the project budget is moderately underspent. Spending began to increase once the project team became fully staffed and the project team anticipates that spending will be on track for the remainder of the project.

**Preliminary Impact and Findings:** There are no findings to report as data collection is still in progress. Informal feedback from physicians at the participating sites suggests there is interest in access to an online weight-maintenance intervention.

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**Target Population:** Adults, Obesity

**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:** Knowledge Creation

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