

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

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Organization:	University of Pittsburgh
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Target Population: Adults, Obesity

Summary: Obesity is a major cause of cardiovascular disease. More than half of the United States population is estimated to be overweight and an estimated 31 percent are obese. While 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, there are multiple barriers to intensive lifestyle counseling and the recommendation has not been widely implemented.

This study looks 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 examines the effectiveness of delivering an online version of the Diabetes Prevention Program (DPP) lifestyle intervention in a primary care setting. Recruitment is targeted to a diverse group of participants in terms of gender, body mass index, comorbidity status, and racial, ethnic mix. 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.

The study 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)**

2010 Activities: Study participant recruitment began and included hiring and training staff, ordering supplies, developing and printing advertising materials, securing space for orientation sessions, and creating an electronic referral form. The rate of general recruitment is on target and the recruitment of minorities in particular has exceeded the target of 15 percent. Development of the study database was completed and the database was implemented, as was a new protocol for the virtual lifestyle management

online lifestyle coaching strategy. The project team continues to meet with the software vendor on a regular basis to resolve technical issues, identify potential software enhancements, and increase quality assurance mechanisms. One enhancement made in 2010 was to make archiving of the coaches' notes more user-friendly, which has proven extremely useful when one coach is on vacation and another coach is filling in. The final participant sites were added in October, bringing the number of participating sites to six. The lifestyle coaches have begun to conduct face-to-face "outcome visits" with participants and data from those visits will soon be available for preliminary analysis.

Grantee's Most Recent Self-Reported Quarterly Status (as of December 2010): Dr. McTigue reports that aims and milestones are mostly on track. The budget is currently underspent but the rate of spending will increase with ongoing data collection and upcoming data analysis.

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.

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