Designing a Health Coach-Augmented mHealth System for the Secondary Prevention of Coronary Heart Disease among Women

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CHD Related Cost (2015)

Re-hospitalization within 30 days to 1 year of the cardiac event



30% More

In Research



Undertreated Underrepresented

Rectifying sex-specific disparities in CHD

National Priority

Current Process: CBCR

Experience a Cardiac Event





Center Based Cardiac Rehabilitation (CBCR)

Diagnosed with CHD

CBCR Related Issues

Inadequate Health

Insurance

Time Constraint

Work Obligation

Low Family Income

Transportation





Limited access to CBCR

Struggle with disease self-management

Research Questions

What is feasible and required to develop a comprehensive mHealth home-based cardiac rehabilitation (HBCR) program for women with coronary heart disease?

What is the impact of an mHealth HBCR program for women with CHD?









Level of	extent to which the
Human	designed artifact
Involvement	involve human being
	while performing a
	specific task
Specificity of	extent to which the
Target	designed solution is
Population	cater to the need of a
	specific population

Specificity of Target Population



MyHeart Design Characteristics

Health Coach needs to be involved Safeguard against random or systematic malfunction

> Identification of meaningful behavioral pattern

Interventions need to be dynamic

MyHeart Design Characteristics



Uses EMA to design interventions to target the unwarranted behavior



Dashboard gives unique opportunities to track both proximal and distal outcome

Research Methodology

Research Methodology

Prototype Development	Evaluation	Lesson Learned
Design Science Research (DSR)	Case Study	DSR Theoretical Insights
		Design Insights



MyHeart: Design of System Architecture



MyHeart: Activity detection



MyHeart: Decision Rule System

Preprogrammed Decision Rules

 Automated system with the help of health coach

Impromptu, Personalized Decision Rules

Health coach only

MyHeart: Automatic Decision Rule System



MyHeart: Theory-Based Behavior Change Techniques (BCTs) and Interventions

Behavior Change Theories

Psychological Determinants of Behavior

GUI for Instantiations of Behavior Change Interventions



Evaluation: Case Study

Test the high fidelity system prototype with the help of 6 CHD patents through a field trial spanning 12 weeks

Evaluation: Data

Pre-test Survey Data

.Physiological data

.Self-Efficacy for managing chronic disease

.Perceived stress scale

.Exercise confidence survey

.Eating behavior confidence survey

Patient Usage Log Data

.Physical activity goal

.Activity readiness

.Energy level

.Physical activity

.Heart rate

. EMA survey responses

.Viewing educational videos Post-test Survey and Interview Data

.Physiological data

.Self-Efficacy for managing chronic disease

.Perceived stress scale

.Exercise confidence survey

.Eating behavior confidence survey

.Interview transcripts



Results

Survey : Physiological Attribute Scores

	Difference and	between Post d Pre-test Sco	-test Score re
Patient	Waist (in cm)	Weight (in Kg)	Body Mass Index (BMI)
D1			<u> </u>
PT	-1.6	-	-0.36/31
P2	-1.27	-0.4	-0.13411
P3	-1.27	-0.74	-0.2799
P4	-1.3	-1.4	-0.54687
P5	-1.6	0	0
P6	-1.27	-0.9	-0.3875

Survey : Self-Efficacy for Managing Chronic Disease [Lorig, K. R., Sobel, D. S., Ritter, P. L., Laurent, D., & Hobbs, M., 2001]

Patient	Pre-Test Total	Post-Test Total
	Score [Lowest	Score [Lowest
	Score can be	Score can be
	6 and	6 and
	maximum	maximum
	score can be	score can be
	60]	60]
P1	38	46
P2	59	60
P3	48	32
P4	58	54
P5	47	53
P6	18	46
Mean	44.66	48.5
Standard Dev	13.87	8.82

Survey: Exercise Confidence Scores

[Sallis, J. F., Pinski, R. B., Grossman, R. M., Patterson, T. L., and Nader, P. R., 1988]

Patient	Total Score Pre-Test [Lowest Score can be 12-Highest score can be 60]	Total Score Post-Test [Lowest Score can be 12-Highest score can be 60]
P1	47	50
P2	54	55
P3	23	49
P4	59	58
P5	52	60
P6	30	44
Mean	44.16	52.66
Std Dev	13.13	5.52

Survey : Perceived Stress Scale [Cohen and Williamson, 1998]

Patient	Total Score Pre-Test [Lowest Score can be 0 -Highest Score can be 40]	Total Score Post-Test [Lowest Score can be 0 -Highest Score can be 40]
P1	22	17
P2	22	20
P3	24	27
P4	23	18
P5	18	19
P6	18	21
Mean	21.16	20.33
Std. Dev	2.33	3.24



(WP) Walk Performance

(AHR) Average Heart Rate

(AEL) Average Energy Level





(AGS) Average Goal Set

(WP) Walk Performance

(HFIR) Healthy Food Intake Ratio {ratio of the number of times healthy food intake is reported to the total number of times food intake is reported}



(AGS) Average Goal Set
(AEL) Average Energy
Level
(ARL) Average
Readiness Level
(WP) Walk Performance
(DSC) Daily Step Count



(HFIR) Healthy Food Intake Ratio

(AMS) Average Mood Score



(DSC) Daily Step Count

(HFIR) Healthy Food Intake Ratio



(AEL) Average Energy Level

(HFIR) Healthy Food Intake Ratio

Results : Heart Rate



Daily Average Hear Rate for Patient1(P1), Patient3 (P3), Patient4 (P4), Patient 5 (P5) and Patient 6 (P6)



Patient1(P1)



Patient3(P3)



180 170 160 150 140 **t** 130 120 ± 110 Patient 00 90 80 70 60 50 0 10 15 20 25 30 35 40 55 60 Day



Patient6(P6)

Patient4(P4)

Patient5(P5)

Results : Average Goal Set



Results : Average Energy Level



Results : Daily Step Count



Results: Number of EMA Responses



Results: Healthy Food Intake Ratio



Patient1
Patient2
Patient3
Patient4
Patient5
Patient6

Results: Number of Times Educational Video Accessed Per Day



Patient1
Patient2
Patient3
Patient4
Patient5
Patient6

Results



Patient	Averag	Ph	ysical Activ	vity	EMA Survey Response				Average	Averag						
	Set (in minutes	Average Brisk	Average Step	Average Distanc	Activity (Count)	Status	Companion (Count)	n Status	Recent Ea Episode (ating Count)	Location (Count)	Average Mood	level (Scale: 1 to	r of Times	Heart Beat (
) (Standa rd Dev)	walk (in minutes)	Count	e Travelle d (in miles)	Inactiv e	Active	Without Compani on	With Compani on	Healthy	Unhealt hy	Private location	Public Locatio n	Score (Scale: 1 to 5)	10) (Standard Dev)	Educati S ard onal r Video Accesse d	Standa rd Dev)
Patient1	22 (9.9)	17 ▶ (21.94)	2751 ➡ (3524.2)	1.37 → (1.76)	33	46	35	51	27 🗜	12	65	21	3.77 🛡	6.73 1 (1.58)	41 🗣	72.5 • (9.2)
Patient2	23.33 (9.46)	9 (15.5	1449 ↓ (2464.5)	0.72 • (1.2)	4	11	9	10	12 🕇	2	12	7	4.57	6 (0.81) ♥	14 🗜	80.8 (12.8)
Patient3	6.2 (2.48)	6 (3.81)	911 (612.5)	0.45 1 (0.3)	29	26	17	40	17 🔶	5 🗣	48	9	3.82 🕂	2.6 • (1.85)	0	76.3 (6.0)
Patient4	33.55 1 (15.5)	11 (9.34)	1815 1 (1499.5)	0.90 (0.74)	2	22	14	18	5 🕇	1	12	20	4.5 1	6.33 (1.33)	48	80.44 ↓ (11.7)
Patient5	35.6 (11.93)	45 (22.68)	7226 • (3628.3)	3.61 (1.81)	71	228	56	246	1 09	9 ₣	164	138	4.05 📫	2.48 (0.98)	53 📕	72.14 (4.5)
Patient6	12.36 (3.79)	⁸ (6.12) ♥	1293 (994) •	0.65 (0.49)	21	20	21	20	13	5 🕂	10	31	3.73	4.72 (1.05)	7 🕇	74.33 • (6.0)
Note: Blac decrease i	Jote: Black arrows represent the trend that is observed for each individual patients for different measures. We consider a trend as increasing or decreasing over the time only if the amount of increase or lecrease is more than 10% of the average value of the measure for that individual patient.							crease or								

Results : Design Lessons Learned

Patient Motivation	Patient Memory	System Usage
Random Motivational Messages after EMA responses help in adherence	Need daily reminder for setting up physical activity goal	Health related incidence, poor battery life of the smart watch, travelling can reduce the usage of HBCR system

Results : Design Lessons Learned

Personal Care	Safety	False Alarm
Remote 'activity monitoring' by a health coach is rather a positive thing	Unique intervention opportunities to the health coach	Intervention messages received by patients from health-coach were particularly well taken



Results : Design Lessons Learned

Complete redesigning of food selection section of the EMA survey







Contribution

Contributions



describes the process for developing instantiations of sex-specific theory-guided behavior change interventions



provides insights regarding the design of an HBCR program augmented with a health coach's involvement



demonstrated the effectiveness of the HBCR system using a case study methodology



generated insights, based on which designed guidelines are prepared for designing future versions of HBCR system

Contributions

While 80% of health-related apps are abandoned after only two weeks of usage (Baldwin, 2017)

Our HBCR system performed fairly well during the field trial (usage of the system was completely voluntary)

Transformational Impacts: Agarwal and Lucas (2005)

provides new levels of customer service and convenience and enriches people's lives

alters cost structures and provides new opportunities for revenue

offers the opportunity to create new industries and innovative forms of business

What Next?

A Micro-Randomized Trial A Large Scale Clinical trial with Version 2.0



Thank You