

Digital approaches in primary care: Early findings from the implementation of the <u>www.checkupandchoices.com</u>[™] web app¹

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• Checkup & Choices, LLC holds the IP of CheckupandChoices.com and I am the cofounder of the company.



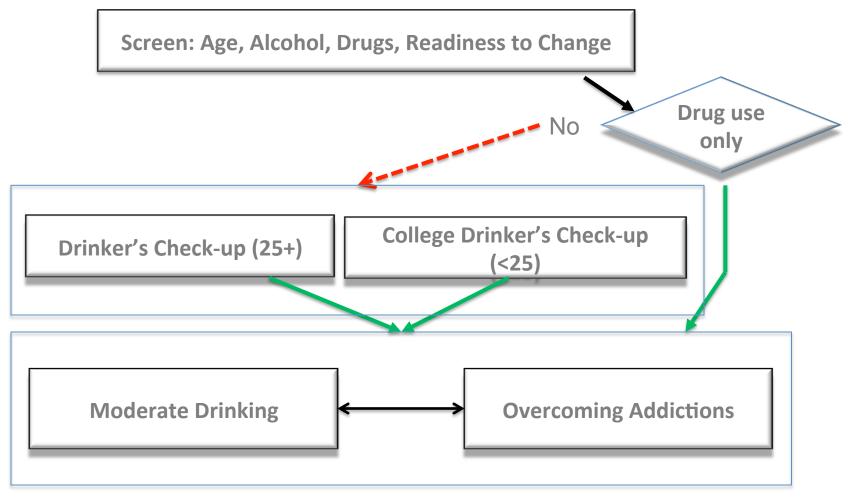
- Rationale
- The intervention
- Implementations
- Implementation research framework
- Results/Lessons learned



- Healthcare organizations
 - Digital interventions for patients who screen positive for heavy drinking
 - Stepped care model of intervention (Sobell & Sobell, 2000)
 - Potential for healthcare improved clinical outcomes and cost savings, w/few additional demands on clinic resources.



Flowchart





- Numerous models to guide dissemination & implementation research (Tabak et al., 2012)
- Consolidated Framework for Implementation Research (CFIR, <u>http://cfirguide.org</u>, Damshroder et al., 2009)
 - CFIR advantages for our projects



- Developing implementation plans takes months
 - Involves numerous stakeholders in client organization and our company
 - Tailoring the intervention (sub-domain) contents also takes time
- How the app will be integrated into the clinic work flow is unique to each organization



- Case Study in Contrasts: Two very different paths for deployment in large HMOs
 - Feasibility
 - Kaiser Permanente (Sacramento, CA)
 - Adult Primary Care Clinic
 - Efficacy
 - Presbyterian Medical Group (Albuquerque, NM)
 - Six separate embedded behavioral health care clinics



- Kaiser Feasibility Study: Deployment
 - Single clinic in large HMO
 - One early adopter MD in that clinic and her team
 - Identify Sxs from records of 100 of her Pxs
 - Send formal letter with link to site
 - Develop C&C sub-domain for KP
 - Develop introduction and completion page on site
 - Include patient survey
 - Minimize study demands on clinic team



- Presbyterian Efficacy Study
 - Six behavioral health clinics across ABQ
 - Pxs referred to site by clinical psychologists based on results of AUDIT-C
 - Provide with pamphlet describing site that contains access code
 - Develop C&C sub-domain for PMG
 - Develop introduction and completion page on site
 - Include patient survey
 - Work intensively with team to refine protocol for broader dissemination throughout PMG



- Implementation: Analysis
 - C&C tracks data Pxs input to site
 - Drinking Data
 - Px feedback about site
 - C&C employs Google Analytics to track engagement and usage patterns
 - KP and PMG F/U with Pxs when they return to clinic
 - Notate generic possible outcomes
 - Collaborate on plan for next step
 - Present clinical and site engagement group data
 - Expand study to entire clinic or fully adopt
 - Develop ability to correlate site use with health outcomes



- Progress w/Kaiser Permanente
 - Sending out first batch of letters on 9/23
- Progress w/Presbyterian Medical Group
 - Still developing initial protocol
 - Preparing to present to PMG management



Conclusions

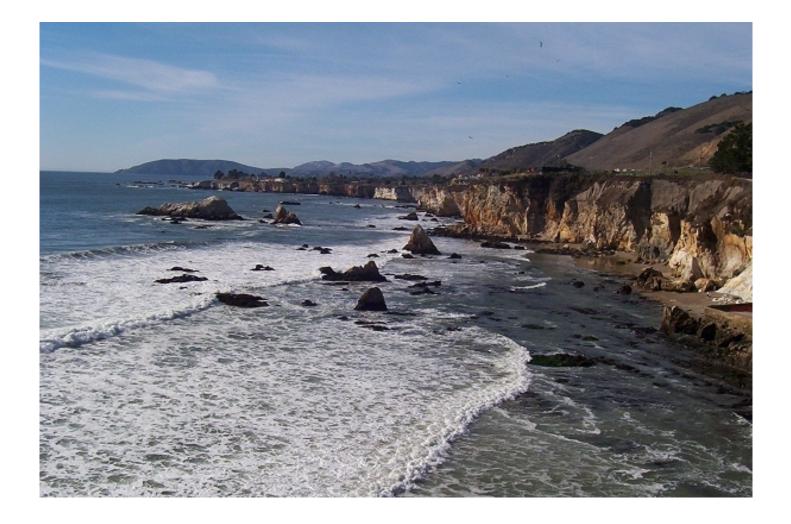
- Implementation of new technology requires:
 - Sensitivity to established organizational dynamics
 - Rolling with resistance
 - Reflective listening
 - Awareness of



- Research staff at BTA (initial development of CC)
 - William Campbell, Ph.D., Kathryn Lenberg, Ph.D., Tom Haney, M.S. (programmer)
- Staff at CC LLC
- Sherry Pruitt
- PMG Psychologists
 - Paul Wilson, lead psychologist



Thank you!





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