Measuring Engagement & Adherence to eHealth interventions

Challenges and opportunities across the healthcare continuum from prevention to diagnosis and treatment

ISRII 6th Scientific Meeting – May 2013





... Many questions...

- What are the approaches to track actual usage?
- How is it reported?
- Are there standards for comparison?
- What is expected non-usage? How does this inform study design?
- Are those using ehealth interventions those who are more activated and ready?

Fleisher, et al, Journal of Health Communications,

CONSORT-EHEALTH

- Literature Review
- Survey of ehealth experts and workshop
- Checklist instrument
 - 17 essential sub-items; 35 highly recommended
 - · Pilot testing revised in 2013
- Provides guidance for reporting

....But answers are emerging

Evaluation of EHealth

- Evaluation of information technology often requires a mixed methods approach
- Evaluation at both patient and system levels
- Formative or outcome research
- Little information from industry, research being done in academic institutions

Liford, Foster, Pringle, PLOS Medicine, 2009

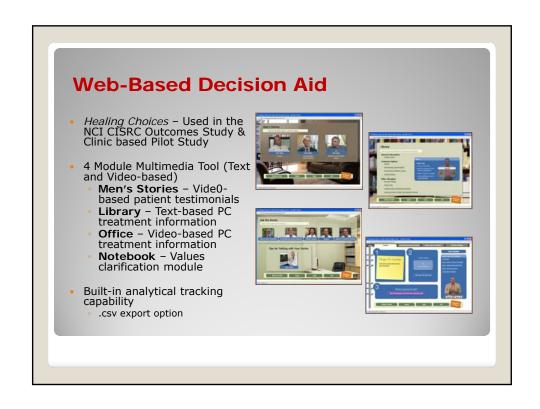
Ponderings

- 1. Describing Utilization
 - What are the appropriate expectations of utilization across various behaviors and health care conditions?
 - What are the various ways to report utilization? What counts and in what ways?
- 2. Variation in Utilization by Audiences or Platforms
 - How does utilization vary by different subgroups?
 - By different platforms or modalities?
 - Different conditions or stages of disease?
- 3. Research design
 - How are research issues related to utilization addressed incongruence of self-report and objective use, outcome analyses, definitions of use, tracking analysis?

Panelists

- Linda Fleisher, PhD, MPH Research Scientist, CIRP, CHOP & Associate Research Professor-Adjunct, Fox Chase Cancer Center
- Flaura Koplin Winston, MD PhD Scientific Co-Director, The Children's of Philadelphia Center for Injury Research and Prevention
- Kuang Yi Wen, PhD, Assistant Professor, Cancer Prevention & Control, Fox Chase Cancer Center

Healing Choices: A Prostate Cancer Decision Support Tool
Fleisher, Kandadai, Miller, Wen, Diefenbach, Marcus, Ropka



Steps in Web Log Analysis

How to make sense of raw weblog data - How to define usage?

- Duration vs. Access
- Correcting for idle time
- Developing operational terms to standardize specific usage variables (i.e. defining "sessions" and "access")





- Analytic Framework for **Content Domains**
 - Developed by Eirinaki & Vazirgiannis, 2003 (Transactions on Internet Technology)
 - 4 domains of analysis

Example Querying Techniques

Filtering out extraneous data

PROC SQL; SELECT * FROM tracking_study WHERE duration_module >= 1 QUIT;

Filters out sessions < 1 min long

Creating New Variables

PROC SQL; CREATE TABLE media_type AS SELECT *, time_stories + time_office ASin additional video, time_library AS text FROM tracking_study; QUIT;

Creates two new variables 'video' and 'text' to use analyses

Clinic-Based Pilot Study

- Tracking Primary Focus
- Additional measures health literacy, computer facility
- Intervention provided during clinic visit
- · Web only



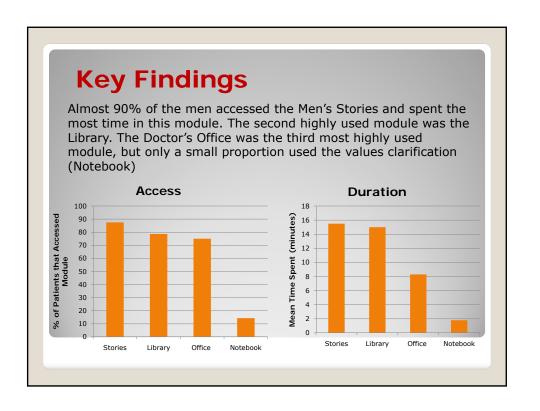
Intervention **Impact Focus**

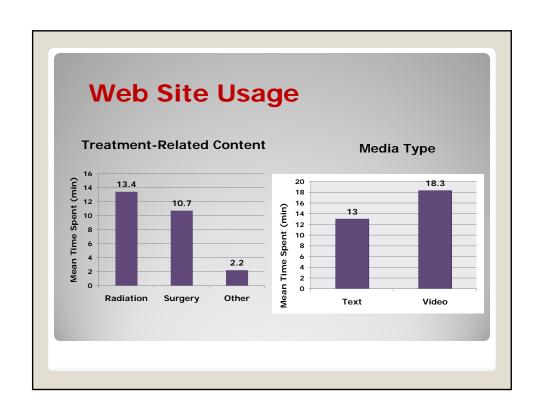
National

- Provided both Web and CD
- Tracking added as an additional evaluation for those using Web
- Recruited through NCI's CIS and other avenues



Clinic Based Pilot (N=56) ~32 hours of data 5% Actual Usage • 25% logged on for additional session ■ Page Loading, Idle, Page Refresh Mean time spent per participant = 95% 34 min





Exploratory Analyses with Background Characteristics and Usage

	Inadequate		Low Adequate		High Adequate		
(min)	N	M (SD)	N	M (SD)	N	M (SD)	*P
Overall Time	5	35.8 (13.4)	11	30.0 (10.2)	39	35.0 (10.2)	0.359
Time Library	5	9.5 (10.3)	11	6.2 (8.2)	39	13.8 (11.7)	0.122
Time Stories	5	19.3 (14.6)	11	14.9 (9.3)	39	12.7 (12.3)	0.484
Time Office	5	6.2 (7.3)	11	7.8 (8.0)	39	5.9 (9.4)	0.824
Time Text	5	9.8 (10.3)	11	6.3 (8.2)	39	15.5 (12.5)	0.063
Time Video	5	23.7 (13.0)	11	21.4 (11.9)	39	17.1 (13.2)	0.411
Time Surgery	5	18.6 (12.9)	11	11.0 (9.8)	39	11.3 (8.0)	0.532
Time Radiation	5	17.0 (9.9)	11	13.7 (8.6)	39	13.3 (9.9)	0.716

	Low Facility		Med Facility		High Facility		
(min)	N	M (SD)	N	M (SD)	N	M (SD)	*P
Overall Time	17	30.5 (9.1)	17	33.6 (13.1)	22	36.1 (10.0)	0.281
Time Library	17	6.1 (6.7)	17	13.3 (11.1)	22	15.1 (12.7)	0.033
Time Stories	17	15.0 (9.9)	17	10.8 (12.7)	22	14.6 (12.8)	0.521
Time Office	17	7.3 (7.4)	17	6.7 (12.6)	22	4.8 (6.0)	0.665
Time Text	17	7.5 (8.3)	17	14.8 (12.0)	22	15.9 (13.2)	0.069
Time Video	17	20.5 (10.0)	17	16.2 (14.7)	22	18.2 (14.0)	0.627
Time Surgery	17	10.2 (9.3)	17	8.9 (7.5)	22	12.4 (9.1)	0.45
Time Radiation	17	11.6 (9.5)	17	12.7 (8.9)	22	15.5 (10.2)	0.431

^{*} Non-parametric Kruskal-Wallis

Test

- Many participants used the CD which was not tracked – more than expected
- We have tracking data on 32 men who used the Web-based version of the Intervention
 - 59% logged in more than once
 - Ave time spent was 39 minutes for 1st login
 - Almost all logged into the library, but the most time was spent in patient stories & doctor's office
 - About 40% accessed the notebook spent on average 13 minutes

CIS Research Consortium – Web Tracking

Challenges

- Engagement may be dependent on personal characteristics such as health literacy or computer facility
- Tediousness of coding and analyzing the data
- Less usage than anticipated – how to address during implementation & analysis
- Are there differences in usage based on the setting and recruitment – e.g. notebook

Opportunities

- Design more awareness of key components, user interface, health literacy
- Defining appropriate usage upfront – how much is the "necessary dosage"
- Examining multiple logins over time – in context of objectives
- Monitor in real time make adjustments

Implications