

## Application of "Startup" Methodologies to the Design and Implementation of a Pragmatic Randomized Controlled Trial



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MeYou Health is a Healthways company

# Disclosures



Both authors are full-time employees of MeYou Health, the company that owns the intervention product and funded the trial.

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# Background



### Recognized problems in evaluation of eHealth

- Poor intervention adoption and/or adherence/engagement
- Difficulty in achieving reasonable evaluation follow-up rates
- · Lack of evidence demonstrating impact
- Progression to RCTs is difficult for multiple reasons, leading to reliance on uncontrolled observations

#### **Evaluation can be difficult**

- Evaluation requires interdisciplinary collaborations between software developers and health researchers
- Ever advancing technology requires short timeframes
- Funding is scarce and often requires 5-year cycles to maximize

[Pagliari, 2007]

#### Our model: Adoption of engineering approaches

- Rapid (2-week cycles) and iterative product development
- Continuous evaluation throughout the intervention life cycle to inform design
- · Software project management strategies to work quickly and nimbly

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## Intervention: Daily Challenge



### **Daily Challenge**

- Freely accessible web, text, mobile intervention for well-being
- > 250,000 members since launch (9/2010)
- Members receive a daily email/text suggesting a small health action

### **Participants**

- report completing the action ("challenge")
- optionally share with other members how they did it
- may recruit family members and friends
- may connect with other DC members
- can cheer each other on via smiles, comments, pacts
- collect virtual rewards



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# Objectives



- 1. Determine effectiveness of intervention early in its lifecycle (waypoint not endpoint).
- 2. Feedback effectiveness data to development team quickly to enable product design changes *while still applicable*.
- 3. Produce generalizable results on overall approach.
- 4. Inform marketplace and support potential sales of intervention.

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# Pragmatic Effectiveness RCT



Use of industry techniques and of in-house product development team to minimize trial implementation cost, time, attrition

- Large-scale: n=1,503
- Fast: rigorous RCT completed in < 6 months
- Funding: minimal required amount, internal.

### **Trial Characteristics**

- · 2 arms: treatment & control
- Primary outcome: well-being
- Follow-up: 30 and 90 days
- Emphasis on generalizability, minimal exclusion criteria
- Streamlined data collection to minimize attrition (enrollment duration: <15min) (eliminated redundancy, limited number/length questionnaires)
- Registration with Clinicaltrials.gov (NCT01586949)
- Approved by Independent IRB Inc (Protocol DC-EFF-2012)

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# **Implementation**



### Recruitment, enrollment, data collection conducted online

- Real-time recruitment, eligibility check, enrollment, intervention participation
- No in-person visits or phone screenings
- Automated randomization

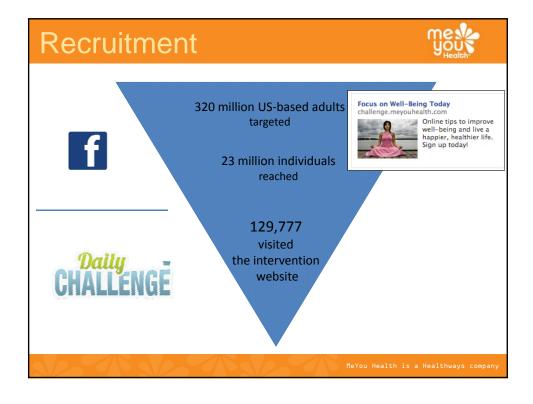
#### Trial-specific tools as extensions of intervention interface

- · Employed existing visual designs
- Eliminated redundant data collection (study + intervention)
- Enhanced visual appeal and user experience

#### Research staff time minimized

- Multi-level participant communication and fallback follow-ups
- Automated incentive distribution
- Collaboration with academic statistician and behavioral scientist with online trials experience.

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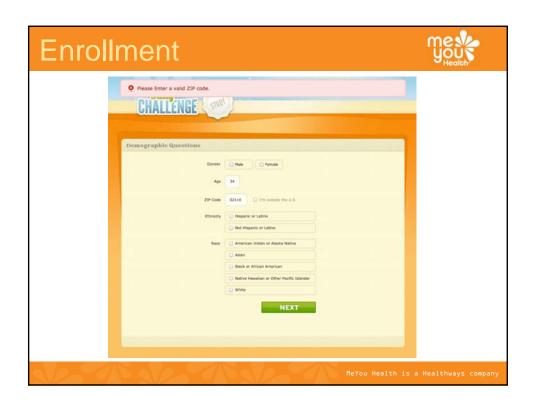






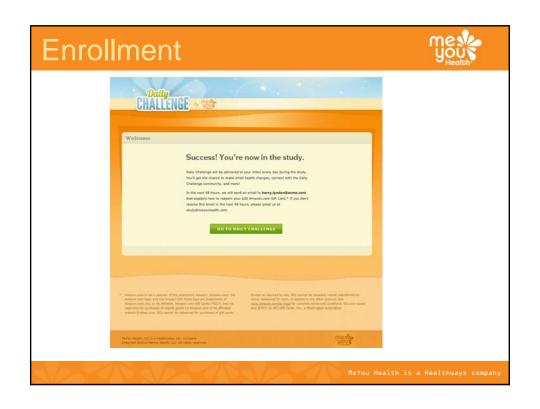


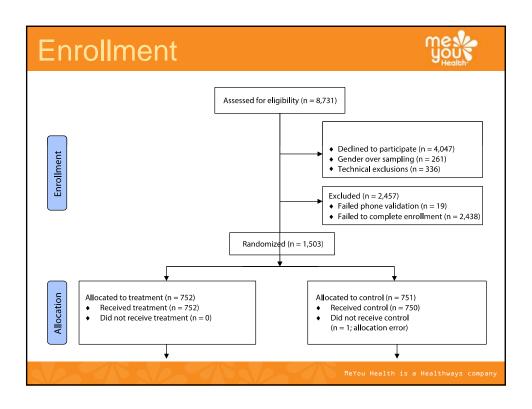


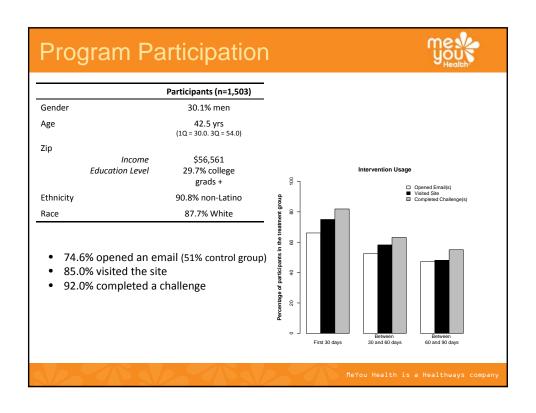


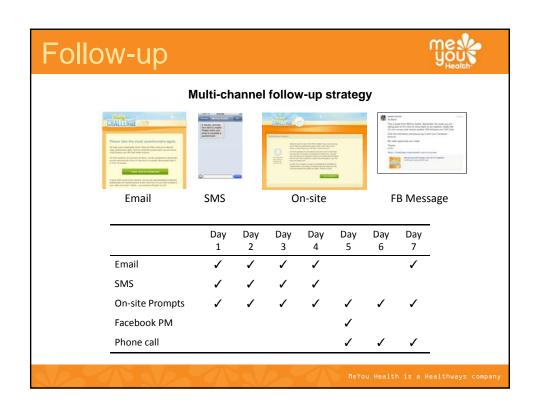


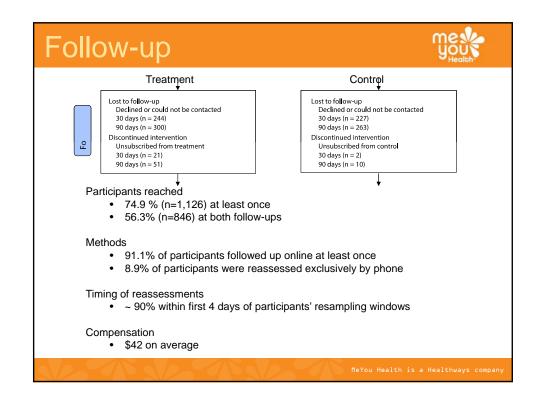












# Conclusions



- Early effectiveness trials are feasible for eHealth interventions
- The use of integrated study enrollment process appears to minimize funnel attrition
- Multimodal contact strategies enhance follow-up (email, SMS, Facebook, phone)

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# Discussion



### Optimization of timeliness and cost-efficiency

- Use medium of intervention (i.e., online)
- · Leverage of existing interfaces
- Rapid recruitment at large scale
- 89% of follow-ups conducted online
- Staff time mainly restricted to incentives and fallback follow-up contacts

### An effective follow-up strategy

- · Participants were reached through channels they commonly use
- Online rates only improved marginally by the addition of phone calls (106/1503 participants at 30 days; 107/1503 participants at 90 days)
- Phone validation had minimal impact on enrollment while providing a reliable contact means for follow-up
- Email addresses provided through Facebook were occasionally invalid

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# Discussion



### Limitations

- · Restricted set of demographic and psychometric data
- No long-term follow-up beyond 90 days
- · Behavioral outcomes limited to those present in the IWBA

### **Data-driven product development**

- Rigorous trials conducted efficiently and in a timely manner
- Empirical evidence immediately incorporated into intervention design
- Development should include ongoing empirical input to inform product iterations
- This development and evaluation model requires close collaboration between software developers and health researchers a

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# Thank You!





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