

# Health technicians can provide brief telephone coaching to promote and support patients taking an online health risk assessment.



## Building the Workforce through Implementation of a Telephone Health Coaching Intervention

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### Purpose

To adapt and implement the **ACTIVATE** intervention for use by the health technicians at the Behavioral Telehealth Center (BTC).

### Introduction

**Intervention:** **ACTIVATE** (“A Coaching by Telephone Intervention for Veterans and Care Team Engagement”)

Two key components:

1. Online health risk assessment
2. Telephone coaching calls to engage patients in smoking cessation and weight loss programs

### Implementation Site: VA VISN2 Behavioral Telehealth Center (BTC)

Call center delivering telehealth health behavior programs to Upstate New York VA primary care patients.

### Implementation Plan:

External facilitation (process of interactive problem solving and support, Stetler et al., 2006) with an implementation booster.

### Methods

- A formative evaluation was used to assess and adapt the implementation process.
- Used the RE-AIM framework (Glasgow, McKay, Piette, Reynolds, 2001) for outcomes.
- The mixed methods design
  - Qualitative interviews with local BTC staff, Veterans, and external facilitators
  - Quantitative medical records data.

### Results

#### Qualitative Formative Evaluation

Adaptations were made to translate ACTIVATE from a research study to a clinical setting. Adaptations were primarily to (1) take over functions previously conducted by research and (2) to **improve fit with health technician scope of work**. Tools to support implementation included background information and practice tools (e.g., scripts and checklists). These **adaptations, tools, and external facilitation were crucial to the implementation process**.

Implementation of ACTIVATE was met with **high satisfaction from Veterans**. Staff also had **overall positive impressions about ACTIVATE**. Staff concerns included: scope of work, Veteran experience, drop in enrollment rates, and workflow.

#### Final Program Evaluation

**Reach**—Did ACTIVATE reach the target population? **YES**

- 95% were offered ACTIVATE

**Effectiveness**—Did implementation of ACTIVATE increase patient enrollment and completion in BTC health behavior programs? **NO SIGNIFICANT CHANGE**

**Adoption**—Did health technicians adopt the ACTIVATE intervention? **YES**

- 100% adoption

**Maintenance**—Is ACTIVATE maintained at the VISN2 BTC when the external facilitator is removed? **YES, MAYBE, BUT...**

- Rate of Veterans offered ACTIVATE *appeared* consistent over time.
- Rates of Veterans opting into and completing ACTIVATE *appeared* higher during and after facilitation phases.
- **Limitations:** no comparison group and visual trends are not confirmed with statistics.

### Discussion

- Brief telephone-based health coaching can be adapted for use by health technicians. In this case, external facilitation was used to assist with adaptations, tool development, and staff concerns.
- One reason that ACTIVATE may not have had a significant positive impact on enrollment and completion rates may have been because BTC program enrollment and completion rates were already very high.
- Health technicians reliably offered ACTIVATE, but Veterans inconsistently opted in and completed the program over the course of the implementation period. Techniques such as exit interviews and direct observation could help explore potential reasons for these variable rates.

What is a health technician?

- Paraprofessional: No formal training requirement; only training specific to work area and duties
- Scope includes providing general health education and coaching but not assessment, treatment, or diagnosis

Does ACTIVATE work?

- Compared to Veterans completing the health risk assessment alone, Veterans receiving the full ACTIVATE intervention demonstrated significantly higher rates of enrollment in a prevention program, program participation, and patient activation
- Oddone, E. Z., Gierisch, J. M., Sanders, L. L., Fagerlin, A., Sparks, J., McCant, F., ... & Damschroder, L. J. (2018). A coaching by telephone intervention on engaging patients to address modifiable cardiovascular risk factors: a randomized controlled trial. *Journal of General Internal Medicine, 33*(9), 1487-1494.

What kinds of tools and strategies did you use?

- **Clinical practice tools:** an information sheet about the health risk assessment, detailed scripts for calls 1-3, bulleted call outline, note templates, sample health risk assessment report for guidance
- **Implementation tools:** call flow diagram, road maps for calls 1 and 2, role play coaching form
- **External facilitation was informed by i-PARIHS:** implementation depends on context, innovation, recipient, and facilitation
- **Facilitation Strategies used:** stakeholder engagement, program adaptation, assessment, education, process monitoring, problem identification/solving, training, providing resources, supporting staff, implementation checklist, needs assessment, meeting facilitation, process mapping

What adaptations were made?

- Used health technicians instead of trained health coaches
- A call and additional scripted language was added to invite Veterans to participate and introduce the health risk assessment
- Because Veterans were calling a hotline to enroll in a program, sections about enrolling in programs were moved and changed (e.g., health behavior program enrollment was moved to the first call)
- Patients were only enrolling in VA programs
- The coaching call was condensed by eliminating some advanced coaching elements (e.g., setting SMART goals and detailed discussion of patient-specific change plans and recommendations) to reduce time barriers and simplify content for patients and staff

What was some of the feedback?

- **Examples of Veteran feedback:** “The first couple of calls kept me motivated.” “Knowing the support I could expect from the program helped.” “I think it was very helpful to understand the process and what is expected of you...” “I didn’t realize how bad my health is until I took that test... [it was an] eye-opener about the truth”
- **Examples of BTC staff feedback:** “It is something I will be using... it’s a handy tool” “Fits really nicely [with the workflow], very clear” “The more that I do it, I become more comfortable” “Room to make it my own”

Just the facts please! What stats are your results based on?

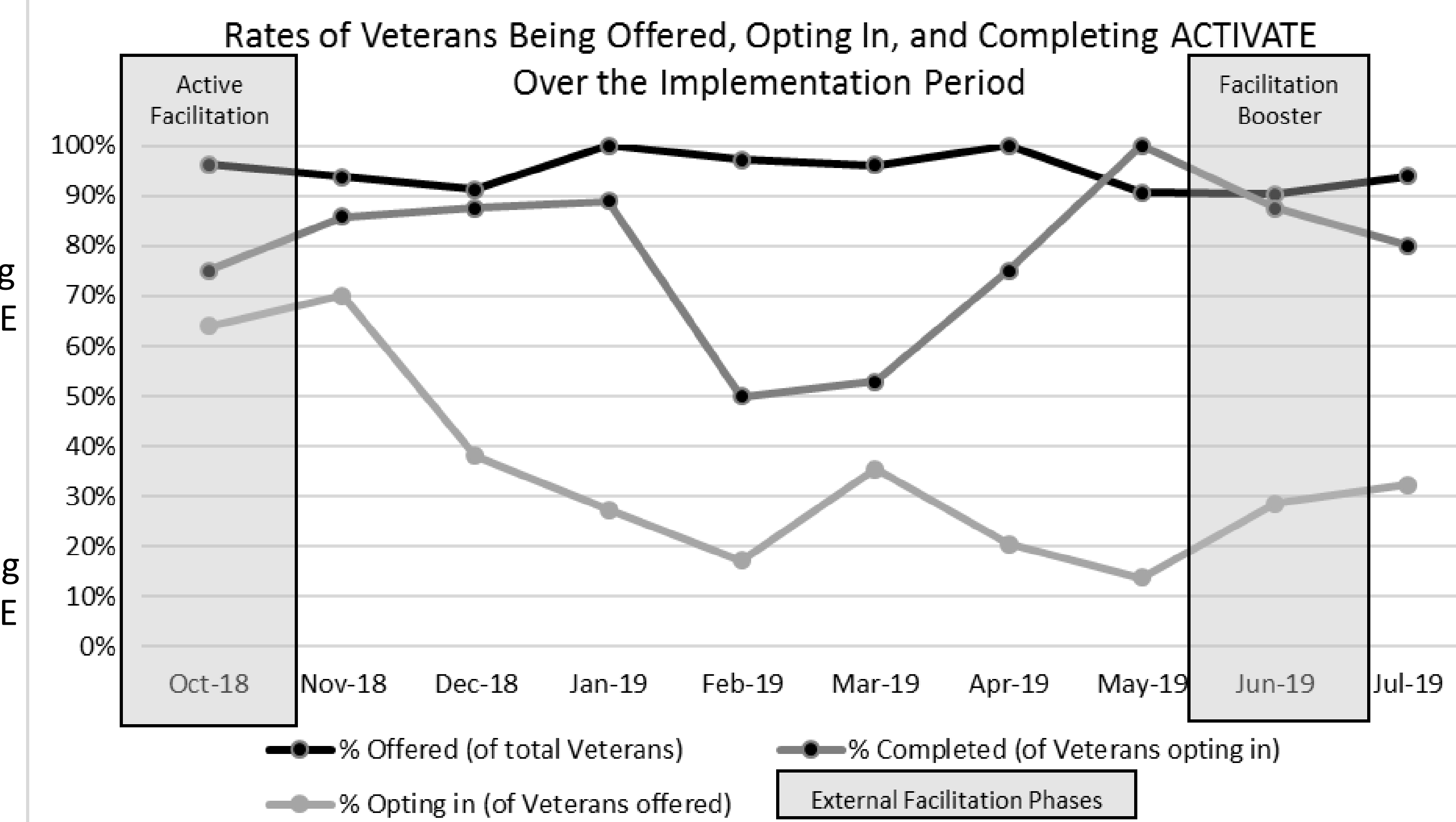
#### Reach

Of 335 Veterans who spoke with a health technician, 319 (95%) were offered the ACTIVATE intervention.

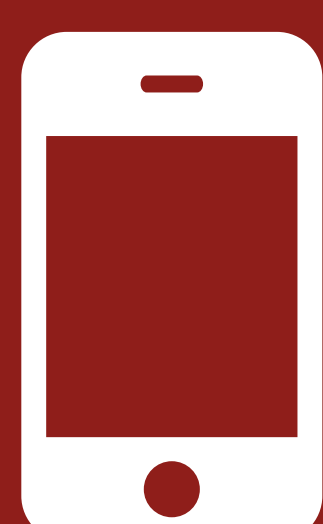
#### Effectiveness

- Program enrollment for Veterans calling in during the first 9 months of ACTIVATE implementation (87%) was not significantly different than the comparable time period from the prior year (91%),  $\chi^2 = 2.48$ ,  $p > .10$ .
- Program completion for Veterans calling in during the first 7 months of ACTIVATE implementation (79%) was not significantly different than the comparable time period from the prior year (80%),  $\chi^2 = 0.06$ ,  $p > .75$ .

#### Maintenance



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Take a picture or email  
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**Author Footnotes:** Affiliations are as of the time of the project. Katharine Vantreesse has since changed positions and taken a position with the VA Center for Integrated Healthcare. This material is based upon work supported by the Department of Veterans Affairs, HSR&D CREATE grant CRE 12-288 awarded to Dr. Oddone. The views expressed in this presentation are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government.