CO-IMPACT: Testing a program that teaches family and friends how to support their loved one with diabetes and involves them in their care.

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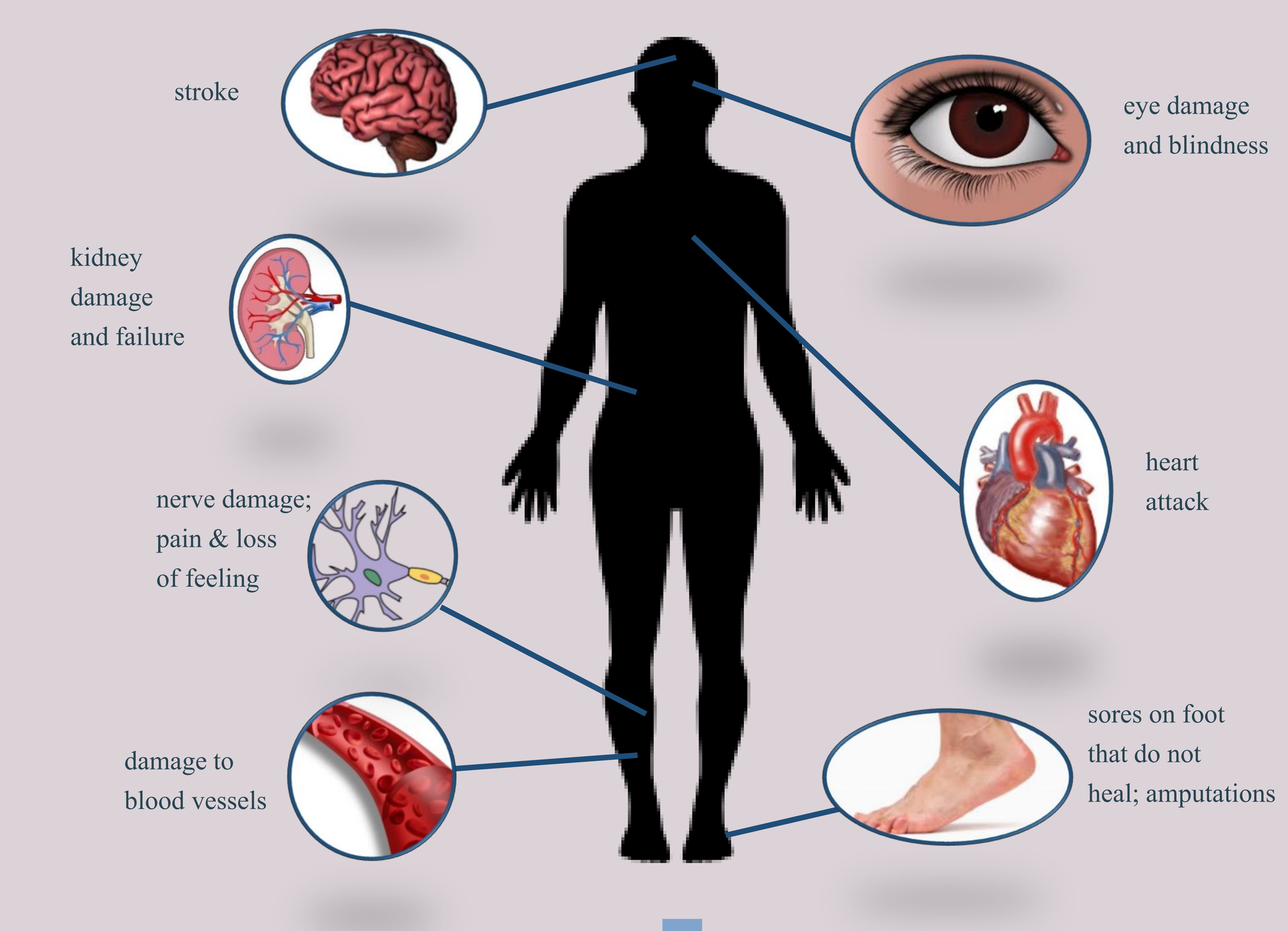
VA CCMR

CO-IMPACT

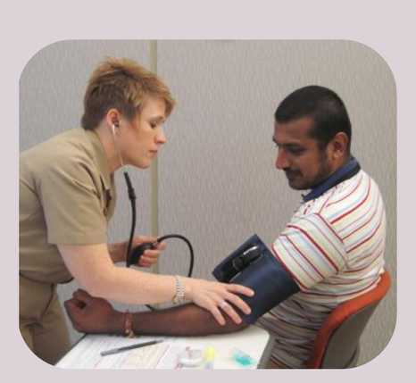
Why do this research?

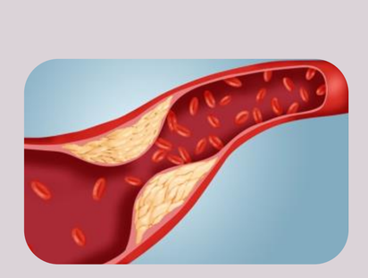
People with diabetes are at risk of developing disabling and life-threatening complications such as:



These risks are greatly reduced if these 3 things are kept under control:


Blood sugar levels


Blood pressure


Lipids like cholesterol

However,

30% of Veterans with diabetes do not have at least one under control.

Veterans must be actively engaged in their care in order to reduce these risks. How can the VA increase Veteran engagement?

Fact: 3 out of 4 Veterans with diabetes receive ongoing help with diabetes management from an unpaid family member or friend.

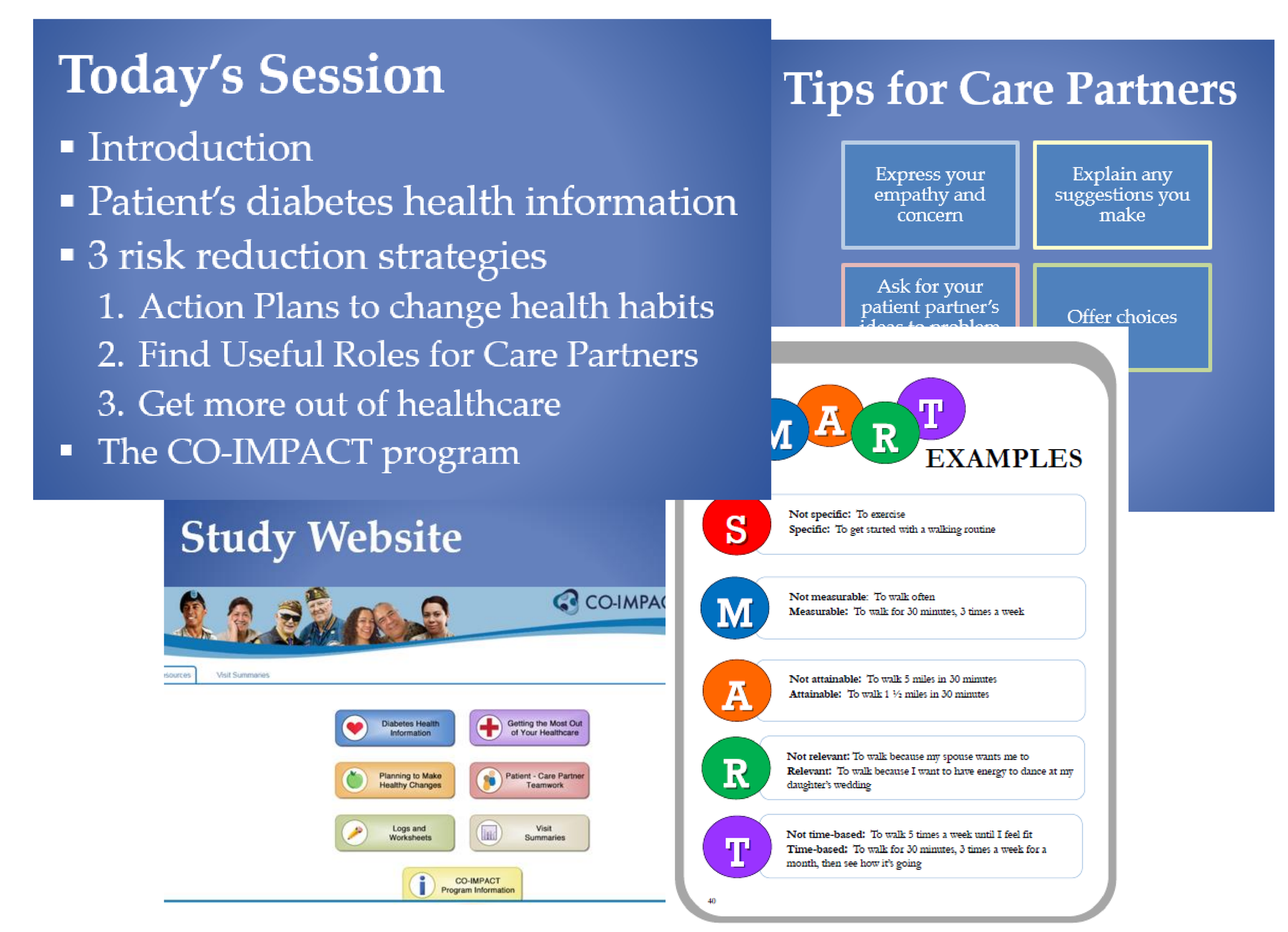
What if we taught those supporters how to best support the Veteran in effective ways and kept the supporter informed on the Veteran's diabetes care and management? Would a program like that reduce Veterans' risks of developing serious complications?

About the program

At the start of the year:

One-time Initial Session

Veteran and supporter meet with their coach for an hour; supporter can call in if unable to meet in person


Today's Session
Introduction
Patient's diabetes health information
3 risk reduction strategies
1. Action Plans to change health habits
2. Find Useful Roles for Care Partners
3. Get more out of healthcare
The CO-IMPACT program
Tips for Care Partners
Express your empathy and concern
Explain any suggestions you make
Offer choices
Study Website
CO-IMPACT
Diabetes Health Information
Getting the Most Out of Your Healthcare
Planning to Make Healthy Changes
Patient - Care Partner Teamwork
Logs and Worksheets
Visit Summaries
CO-IMPACT Program Information
EXAMPLES
S Not specific: To exercise
Specific: To get started with a walking routine
M Not measurable: To walk often
Measurable: To walk for 30 minutes, 3 times a week
A Not attainable: To walk 5 miles in 30 minutes
Attainable: To walk 1 ½ miles in 30 minutes
R Not relevant: To walk because my spouse wants me to
Relevant: To walk because I want to have energy to dance at my daughter's wedding
T Not time-based: To walk 5 times a week until I feel fit
Time-based: To walk for 30 minutes, 3 times a week for a month, then see how it's going

Every two weeks throughout the year:

Biweekly Automated Calls

Veteran completes call and receives automated feedback

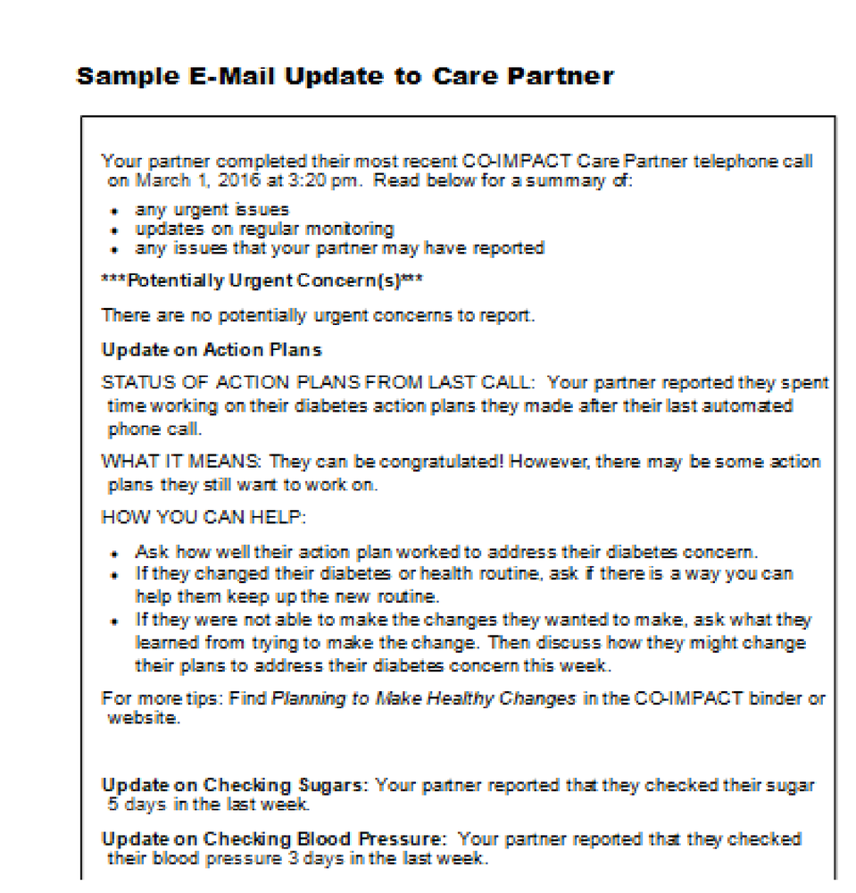
Patient is asked about:

- Time spent action planning
- If sickness interfered with diabetes management
- Blood sugar levels
- Blood pressure readings
- Taking medicines
- Smoking (if applicable)
- Foot health

At end, call is summarized. A voice lists any issues that were identified and whether Veteran wanted to work on each issue over next two weeks.

Biweekly Call Summaries

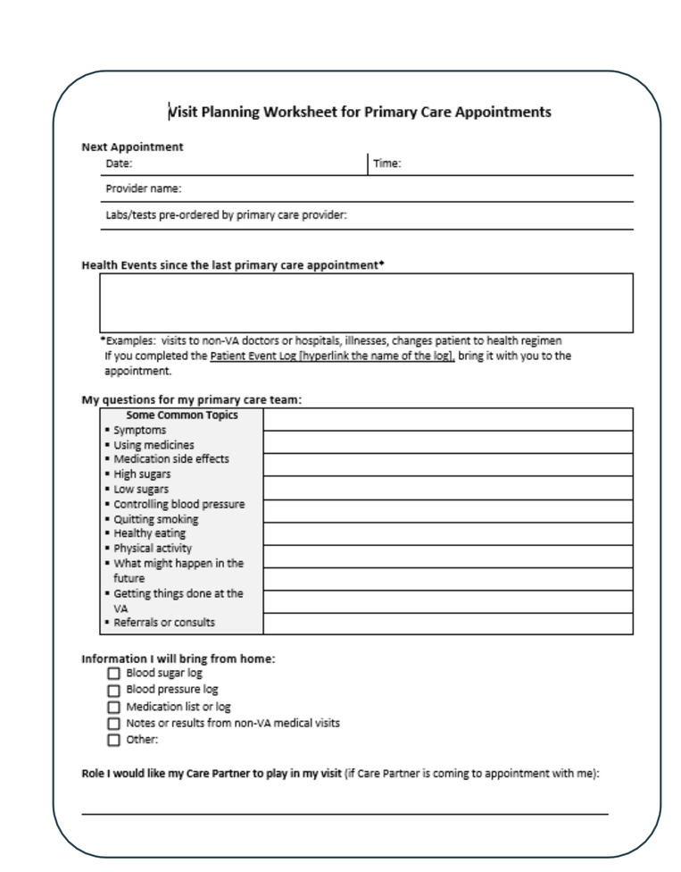
Summary of call is sent to supporter via email



Whenever Veteran has a primary care appointment throughout the year:

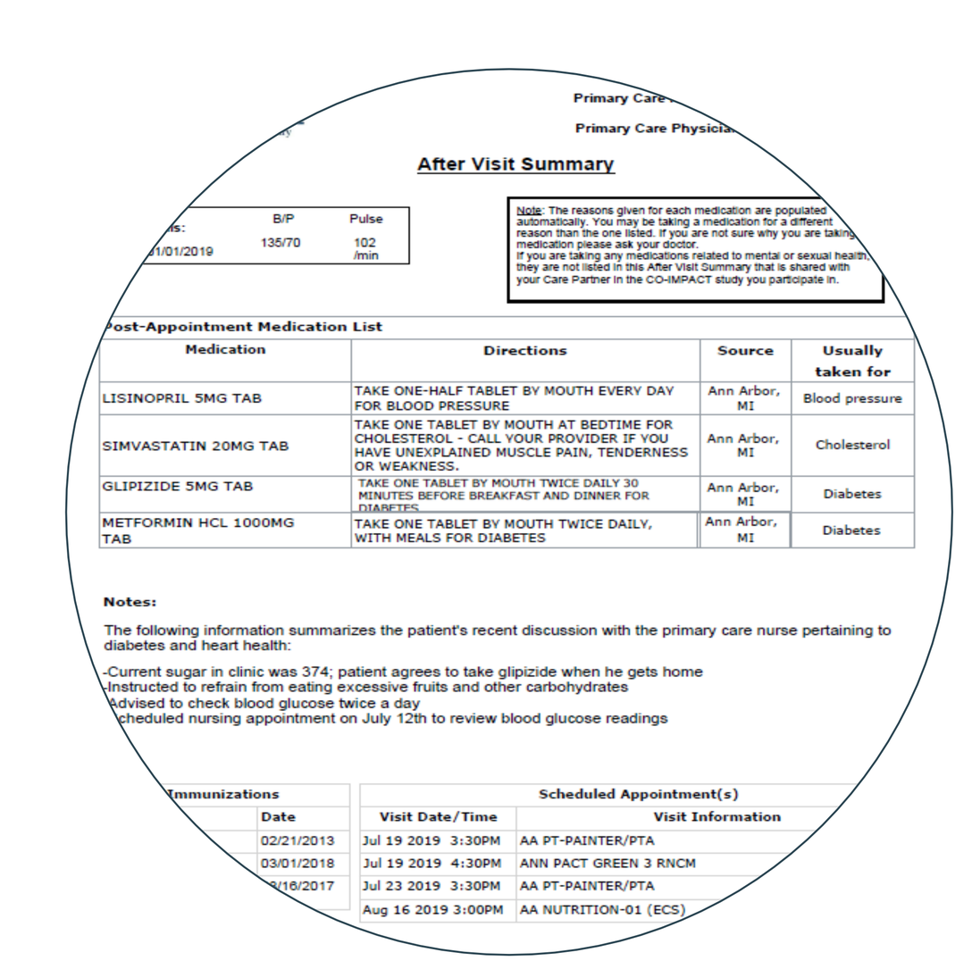
Visit Preparation Calls

Coach calls Veteran to help prepare for upcoming visit; supporter invited to join call



Visit Summaries

Mailed to Veteran and supporter after each visit



About the study

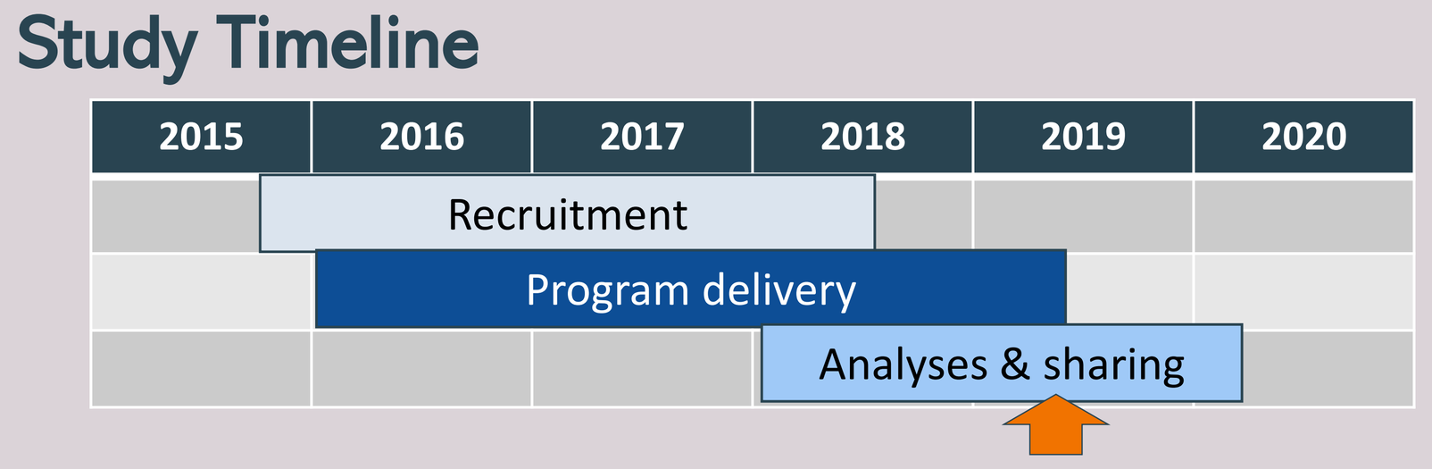
What do we hope the program will change?

- Increase Veteran engagement in their care (higher score on the Patient Activation Measure)
- Decrease risk of heart attack or stroke

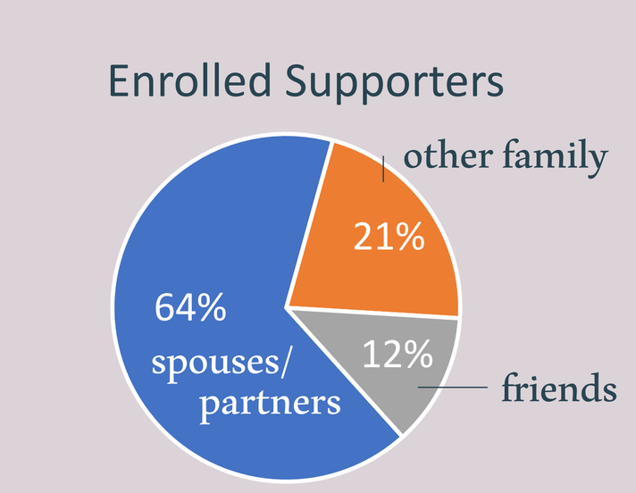
139 pairs enrolled; each randomly assigned a study arm

- 123 pairs in the program
- 116 pairs NOT in the program (but received diabetes educational materials)

Study Timeline



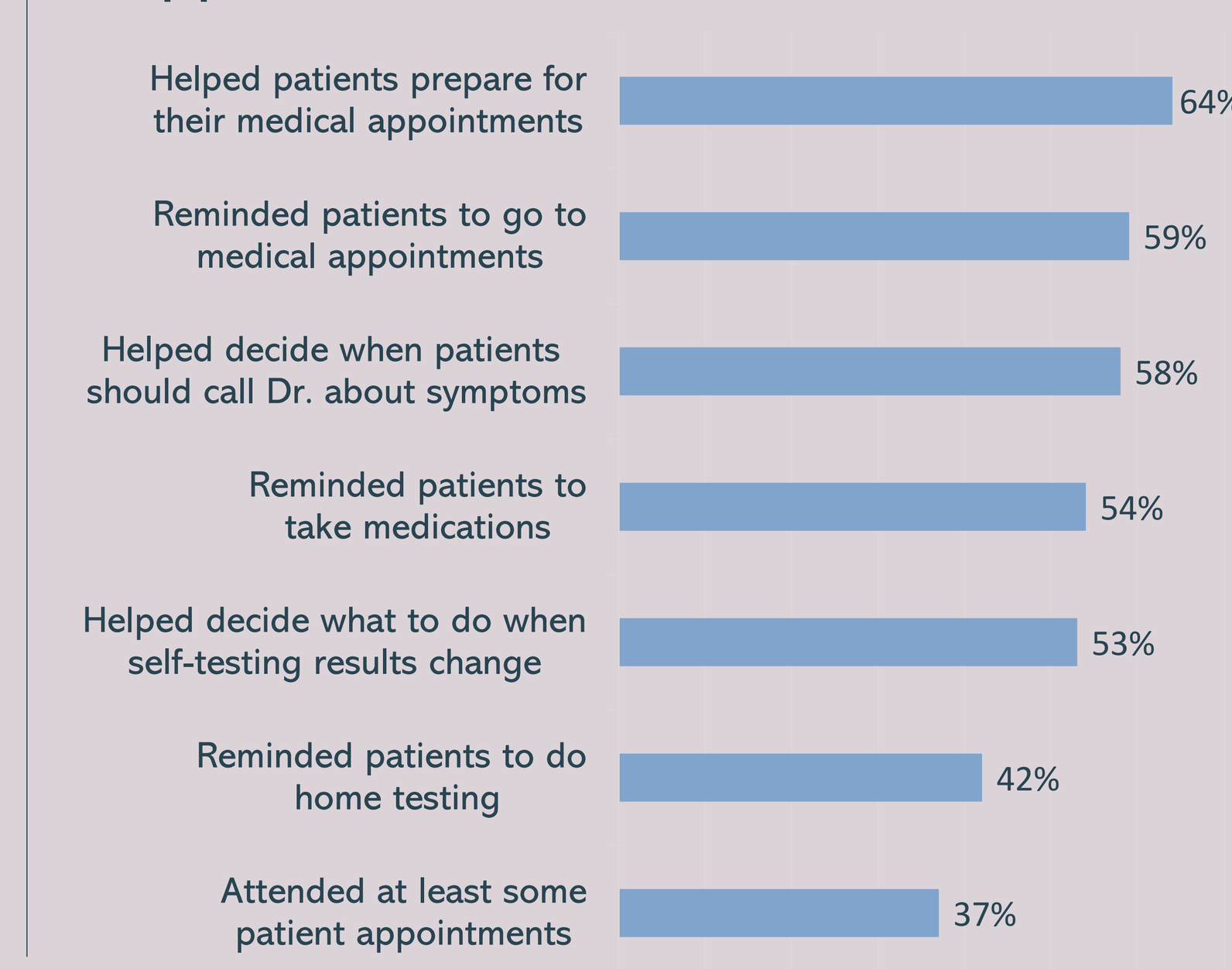
About the participants



90% of supporters were female

71% Live in same home

Supporters often…


Helped patients prepare for their medical appointments 64%
Reminded patients to go to medical appointments 59%
Helped decide when patients should call Dr. about symptoms 58%
Reminded patients to take medications 54%
Helped decide what to do when self-testing results change 53%
Reminded patients to do home testing 42%
Attended at least some patient appointments 37%

Participant feedback examples

"I would never ask [my doctor] 'why?' and I was more closed off. Now I ask questions I wouldn't normally ask. My supporter would get a copy [of the after-visit summaries] too, and she would ask me questions about my A1c and what she saw." -Veteran

"We were able to talk, make plans, and write things down to help. We talked all the time, rather than when something was wrong. We were more up front with each other." -Supporter

"Before, we didn't talk about it; it was his disease and problem. Now we work together on it. It opened the lines up to communicate and share." -Supporter

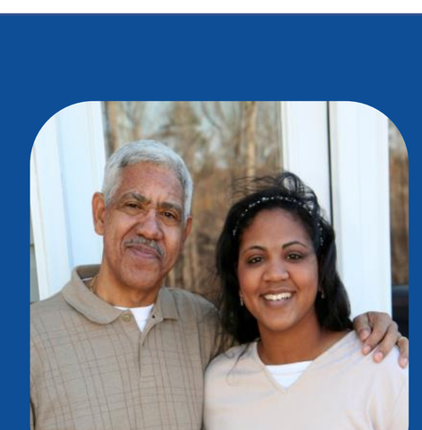
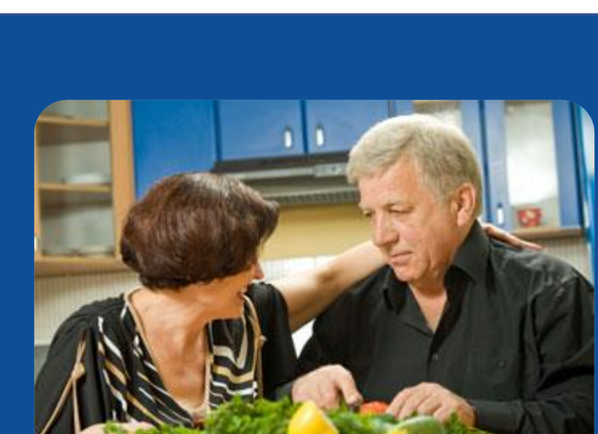
"She [my coach] would ask questions to get me thinking for what I want to ask my doctor. I wouldn't have thought about this before my appointment before this study." -Veteran

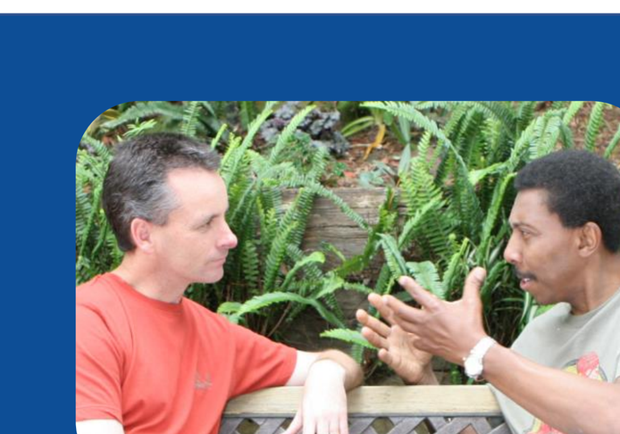
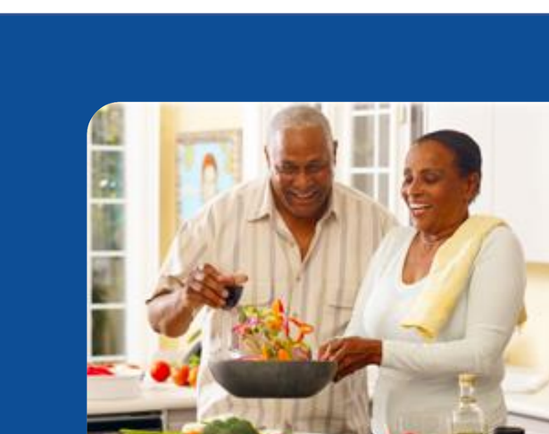
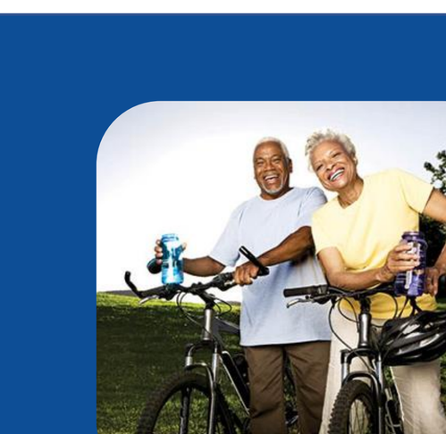
"Make the logs smaller so they are easier to transport" -Veteran

"Just brings it all [the information] to the forefront. We are on the same page and it was fantastic. It opened the keys to conversation if you are going to work as a team." -Veteran

"It [the after-visit summary] is something to bring me up to speed and let me know where I can help him make progress." -Supporter

"[Automated] calls would have been better every three or four weeks." -Veteran


*please note that photos are not of study participants; they are taken from our education materials