# Personalized Patient Data and Behavioral Nudges to Improve Adherence to Chronic Cardiovascular Medications (The Nudge Study) Updates

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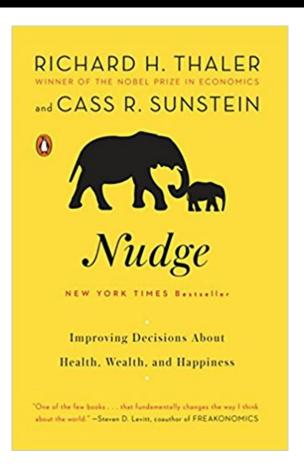
## AGENDA

- BACKGROUND
- NUDGE STUDY OVERVIEW
- PILOT YEAR FINDINGS
- CURRENT STATUS OF PRAGMATIC STUDY
- QUESTIONS



### WHAT IS A NUDGE?

- A small change in choice framing or choice architecture
  - Example: "Putting the fruit at eye level counts as a nudge. Banning junk food does not."
- Strategic reminder that can potentially help people adopt healthy behaviors
- Nobel prize winning economists have shown this can work to improve nutrition, physical activity and other behaviors





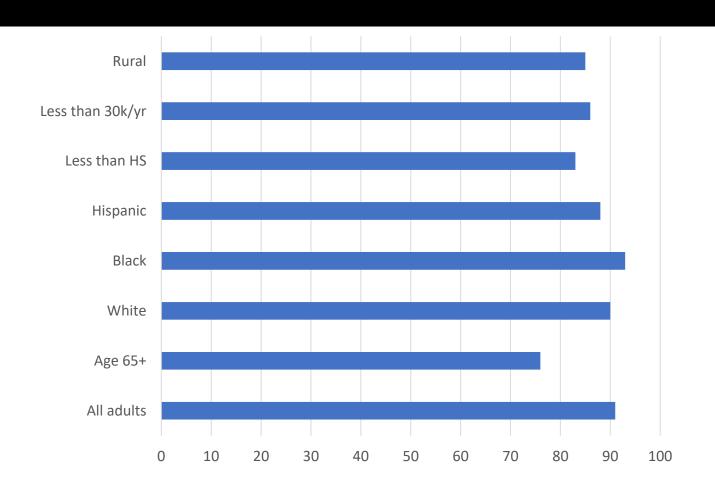
## TYPES OF NUDGES EMPLOYED IN THIS STUDY

- Social Norms: Others like you are performing this behavior
  - Examples—testimonials "People like Joseph have had success in remembering to pick up his meds by making it a habit to drive by his pharmacy on the way home from work"
- Behavioral Commitments: Making a stated intention to take action
  - Example--"Will you mention to a family member your intention to refill your medications today?"
- Narrative stories: Evoking emotional connection
  - Example—"Marta has committed to her daughter that she will stay on top of her refills so she'll be around longer for her grandkids!"

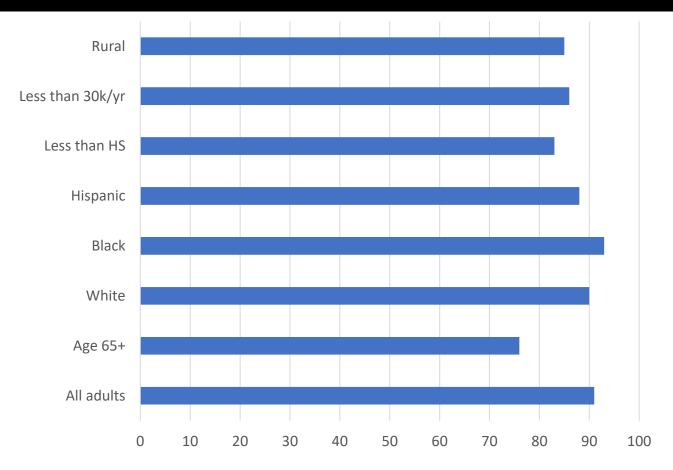


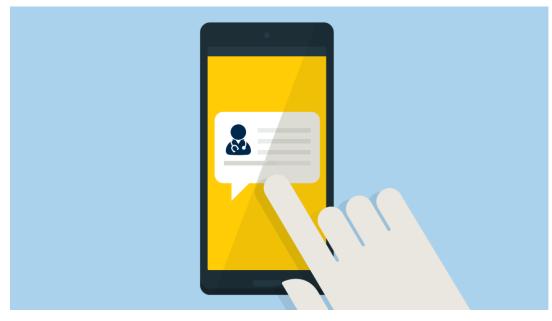
## CELLPHONE USE IS UBIQUITOUS

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88% of US cellphones have unlimited text messaging

### MEDICATION NONADHERENCE

- Up to 50% of patients do not take their CV medications as prescribed
- Nonadherence associated with increased CV events
- Prior attempts to improve adherence are costly, time consuming and have inconsistent benefit



### STUDY OBJECTIVES

- Conduct a pragmatic patient-level randomized intervention across 3
   HCS to improve adherence to chronic CV medications.
  - Primary outcome: Medication adherence defined by the proportion of days covered (PDC) using pharmacy refill data.
  - Secondary outcomes:
    - Intermediate clinical measures (e.g., BP control)
    - CV clinical events (e.g., hospitalizations)
    - Healthcare utilization
    - Costs

# STUDY SETTING



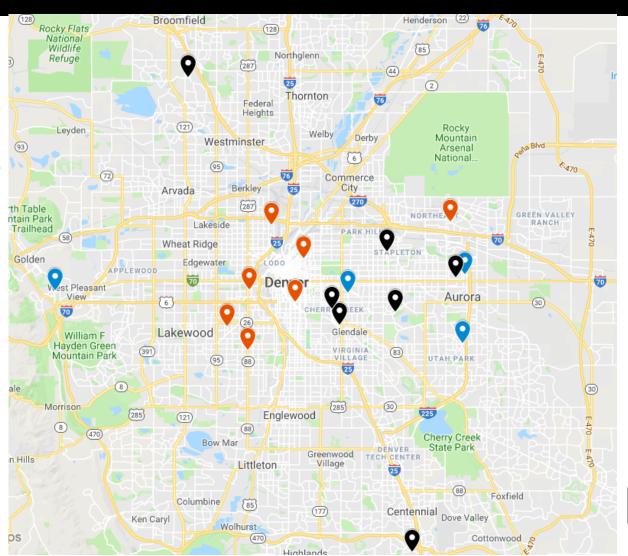
**Denver Health Clinics** 



VA Eastern Colorado HCS Clinics



**UCHealth Clinics** 





## PATIENT POPULATION

■ Adult patients diagnosed with  $\geq 1$  condition of interest and prescribed  $\geq 1$  medication of interest

Condition	Classes of medications
Hypertension	Beta-blockers (B-blockers), Calcium Channel Blocker (CCB), Angiotensin converting enzyme inihibitors (ACEi), Angiotensin Receptor Blockers (ARB), Thiazide diuretic
Hyperlipidemia	HMG CoA reductase inhibitor (Statins)
Diabetes	Alpha-glucosidase inhibitors, Biguanides, DPP-4 inhibitors, Sodium glucose transport inhibitor, Meglitinides, Sulfonylureas, Thiazolidinediones, and statins
Coronary artery disease	PGY-2 inhibitor (Clopidogrel, Ticagrelor, Prasugrel, Ticlopidine), B-blockers, ACEi or ARB and statins
Atrial fibrillation	Direct oral anticoagulants, B-blockers, CCB

■ English or Spanish-speaking



## **OPT-OUT STUDY DESIGN**

Identify patients with CV disease and prescribed medication



Send opt-out packets to eligible patients



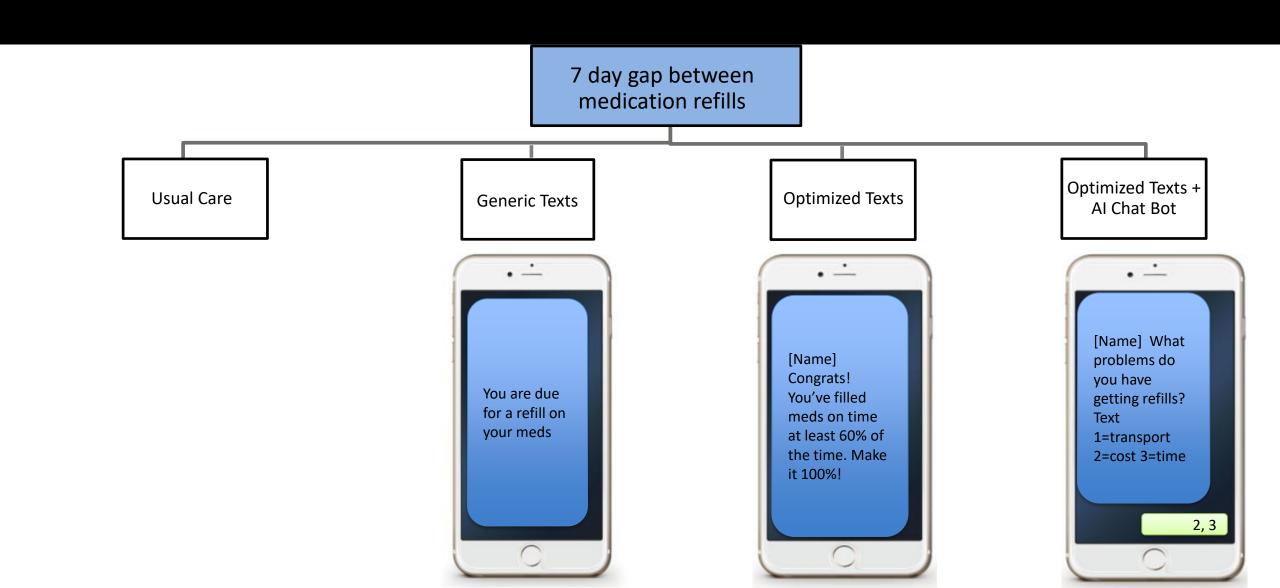
Patients who do not return opt-out form are eligible for enrollment



Monitor for gaps with medication refills



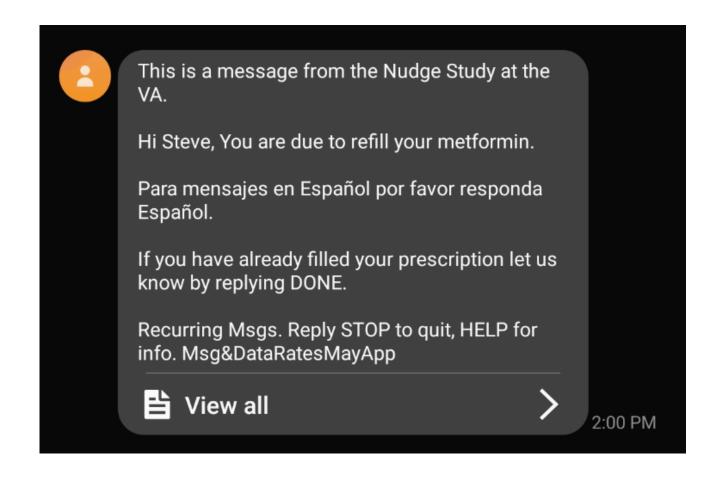
## INTERVENTION ARMS



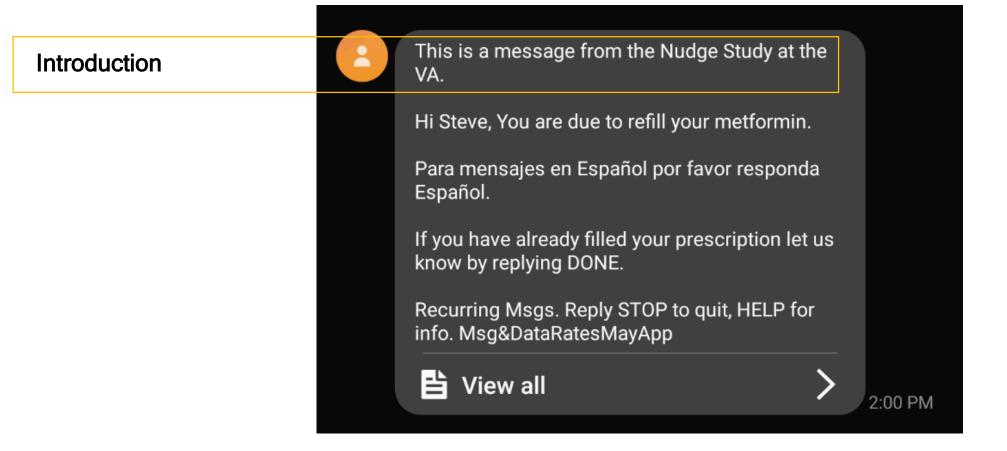
## YEAR 1 OBJECTIVES

- ■Aim 1: Develop message library and chat bot content library
- ■Aim 2: Determine the potential population eligible for the intervention across the 3 HCS
- ■Aim 3: Conduct a pilot study of the intervention

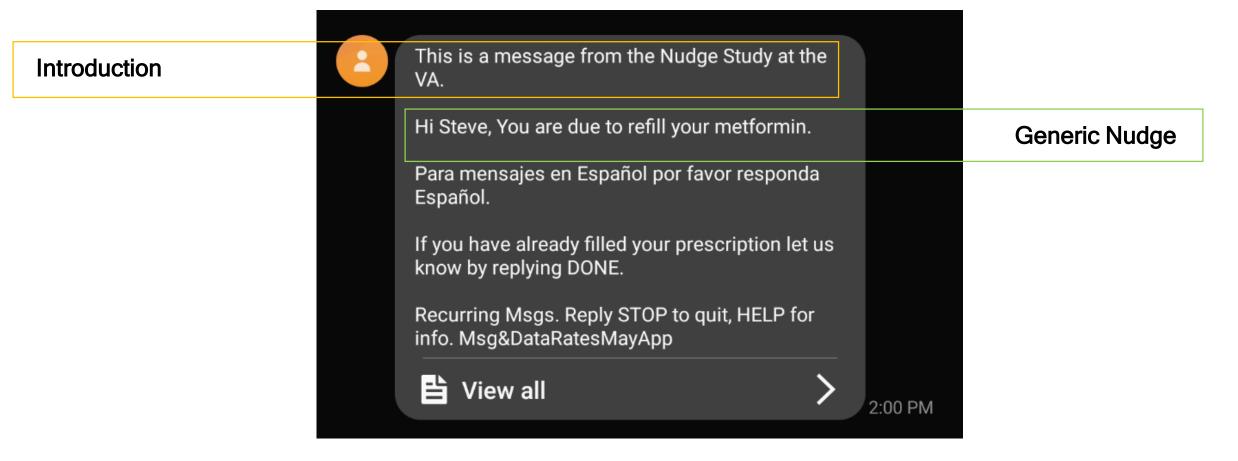




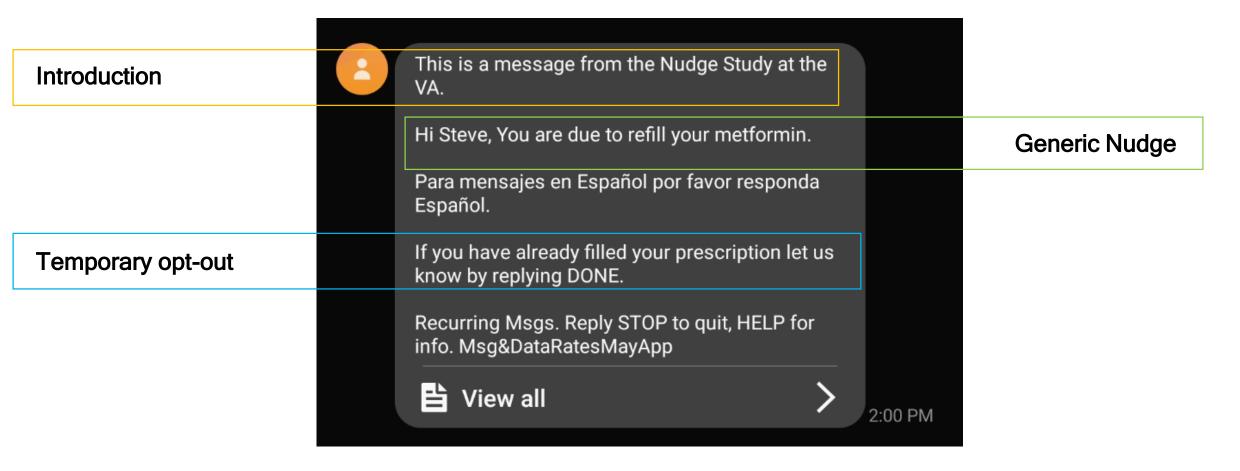




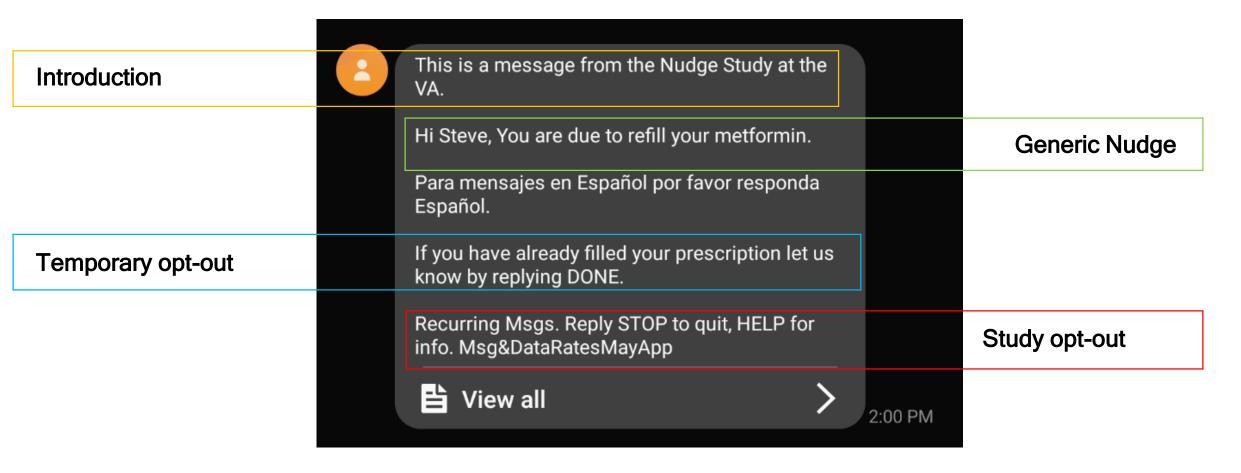
















This is a message from the Nudge Study at Denver Health.

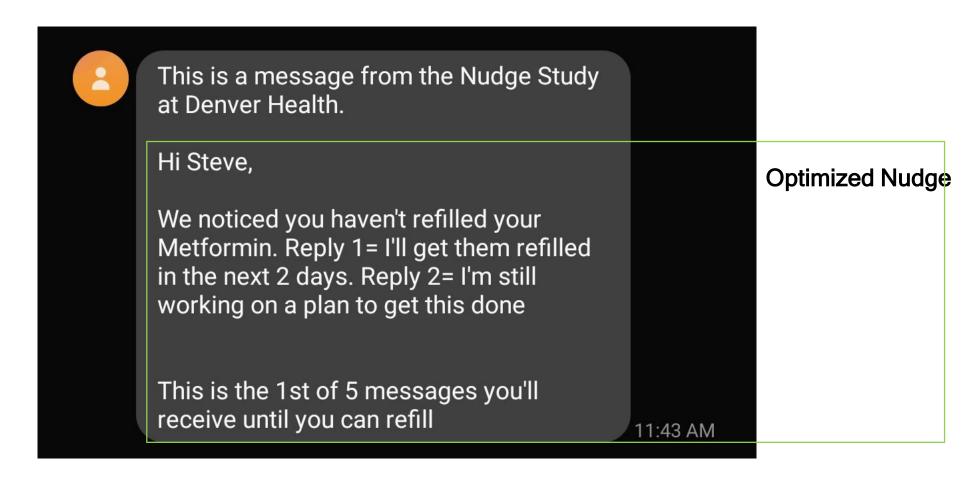
Hi Steve,

We noticed you haven't refilled your Metformin. Reply 1= I'll get them refilled in the next 2 days. Reply 2= I'm still working on a plan to get this done

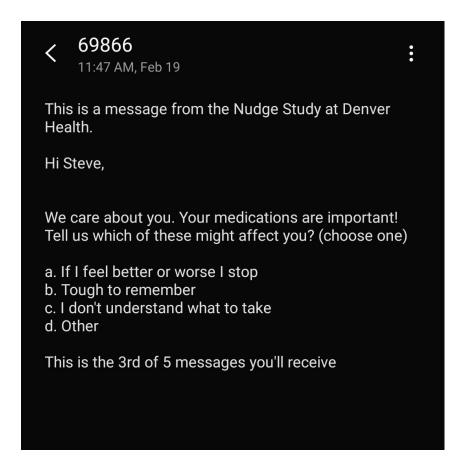
This is the 1st of 5 messages you'll receive until you can refill

11:43 AM

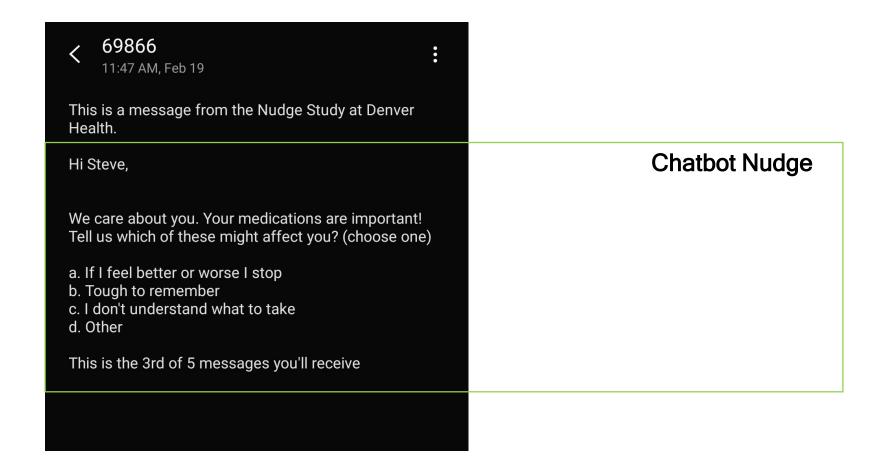














#### PATIENT FEEDBACK ABOUT MESSAGES

- "I like that the messages put the ownership on self."
- "I like the ones that relate to a hospital stay. I've been in the hospital and once you have done that you will want to avoid it in the future. It's good motivation for me to stay out of the hospital."
- "The message validates my feelings that it is hard to take meds. Realizing a break down in your body, the meds are the confirmation of that."
- "This message makes me smile. It lightens it up and this can be a serious topic so it is nice to smile."



# DETERMINE THE POTENTIAL POPULATION ELIGIBLE FOR THE INTERVENTION ACROSS THE 3 HCS

 Retrospectively identified patients who would potentially be eligible to be enrolled at each HCS



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- Number of patients with at least 1 CV condition and 1 medication class prescribed

• DH: 12,493

• VA: 4,062

• UCH: 1,082



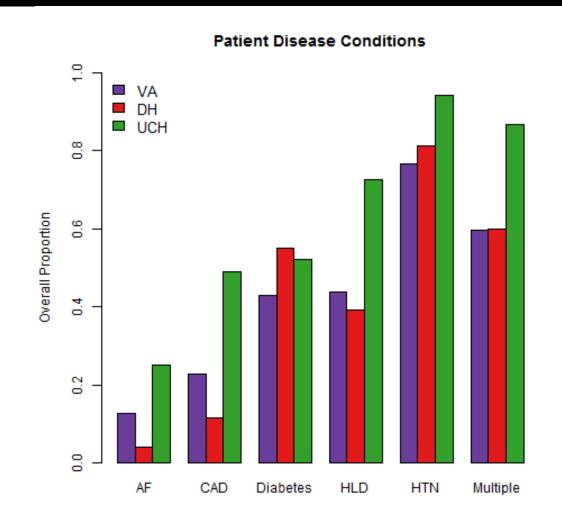
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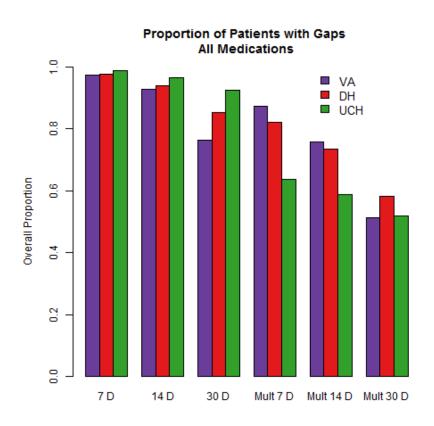
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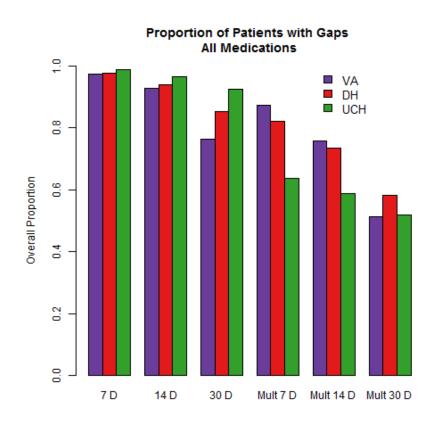
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## GAPS IN MEDICATION REFILLS



## GAPS IN MEDICATION REFILLS



#### Number of patients with a 7-day refill gap:

DH: 10,284

VA: 2,859

UCH: 821

#### CONDUCT A PILOT STUDY OF THE INTERVENTION

- Opt-out packets were sent to 400 total patients meeting inclusion criteria (200 patients per each HCS)
- Packet included an information sheet, opt-out sheet, self-addressed and stamped envelope
  - Two-week deadline to return opt-out form



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	Total packets sent	Signed & returned an opt-out forms	Packets returned by USPS
<b>Denver Health</b>	200	13 (6.5%)	6 (3.0%)
VA	200	37 (18.5%)	0
Total	400	50 (12.5%)	6 (2.6%)



## FOLLOWED PATIENTS FOR 7-DAY GAP

#### Characteristics of eligible patients in the pilot study

	Not Enrolled	Enrolled	р
Total N	79	207	
DEMOGRAHPICS			
Age - Mean (SD)	62.1 (10.9)	61.7 (11.9)	0.810
Male	64.6% (51)	69.1% (143)	0.481
Race	` ,	, ,	0.050
American Indian, Alaska	1.3% (1)	0% (0)	
Native			
Asian	0% (0)	0% (0)	
Black, African American	24.0% (19)	19.3% (40)	
Native Hawaiian, Pacific	2.5% (2)	0% (0)	
Islander			
White	63.3% (50)	72.5% (150)	
Multiple/Missing	3.8% (3)	2.9% (6)	
Hispanic	32.9% (26)	44.9% (93)	0.081
QUALIFYING CONDITIONS			
4F	6.3% (5)	8.7% (18)	0.631
CAD	13.9% (11)	20.3% (42)	0.238
Diabetes	38.0% (30)	58.0% (120)	0.003
- Hyperlipidemia	32.9% (26)	42.5% (88)	0.177
Hypertension	87.3% (69)	78.7% (163)	0.128

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## PATIENT RESPONSE TO TEXT MESSAGES

#### Message responses of patients assigned into intervention arms

	Arm 1	Arm 2	Arm 3	Arm 4	Total
N=	51	53	52	52	208
Responded Stop	-	1	4	4	9
Responded Done	-	12	11	9	32

**DONE:** Filled medication

**STOP:** Opt out of study

**ARM 2: GENERIC TEXT** 

**ARM 3: NUDGE TEXT** 

ARM 4: NUDGE TEXT + AI CHATBOT



# Text Messages from Patients

- Who is this?"
- "I thought my medications were up to date"
- "Can you tell me which medications I'm late on?"
- "Mas informacion no se cual medicamento" (I need more information because I do not know what medications [I need]"
- "No se ha cambiado los medicamentos siguen los mismos" (I haven't changed medication—I'm still taking the same ones)
- Yano tengo el descuento por eso no e ido a pedir me medicina (I no longer have the medication discount and haven't gone to get my medication)

## MEDICATION FILLS

#### **Medication re-fill rates**

	Arm 1	Arm 2	Arm 3	Arm 4
Total N N Medications Gapping at Baseline - Median (IQR)	50 2 (1, 3)	53 1 (1, 3)	52 1 (1, 2)	52 2 (1, 3)
Filled at Least 1 Gapping Medication	18.0% (9)	32.1% (17)	32.7% (17)	26.9% (14)
Filled All Gapping Medications	10.0% (5)	17.0% (9)	21.2% (11)	15.4% (8)

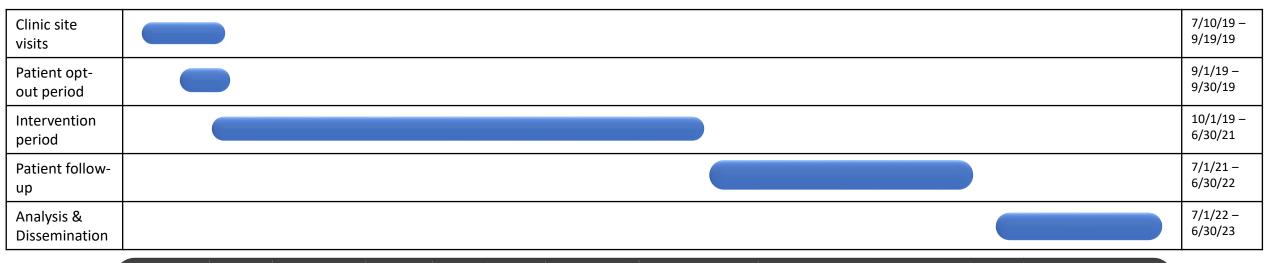
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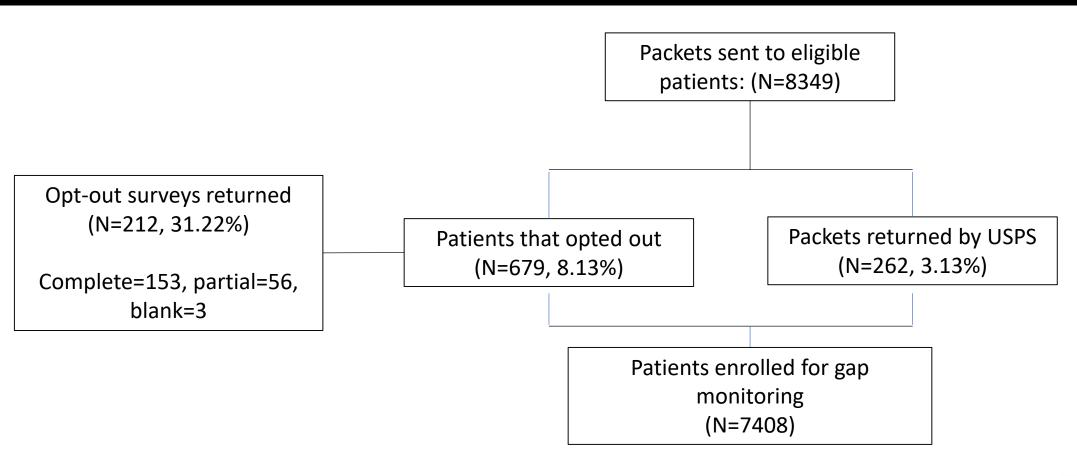


#### Years 2-5: PROJECTED TIMELINE



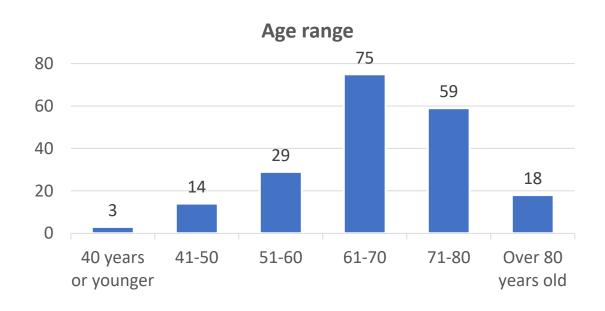


#### PATIENT ENROLLMENT FLOW TO DATE

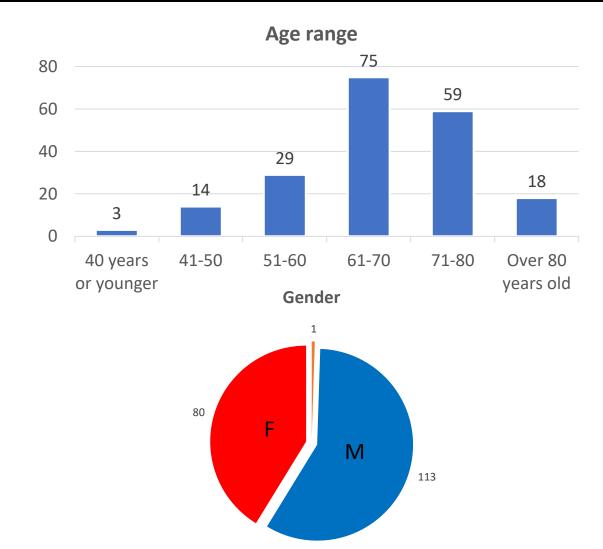




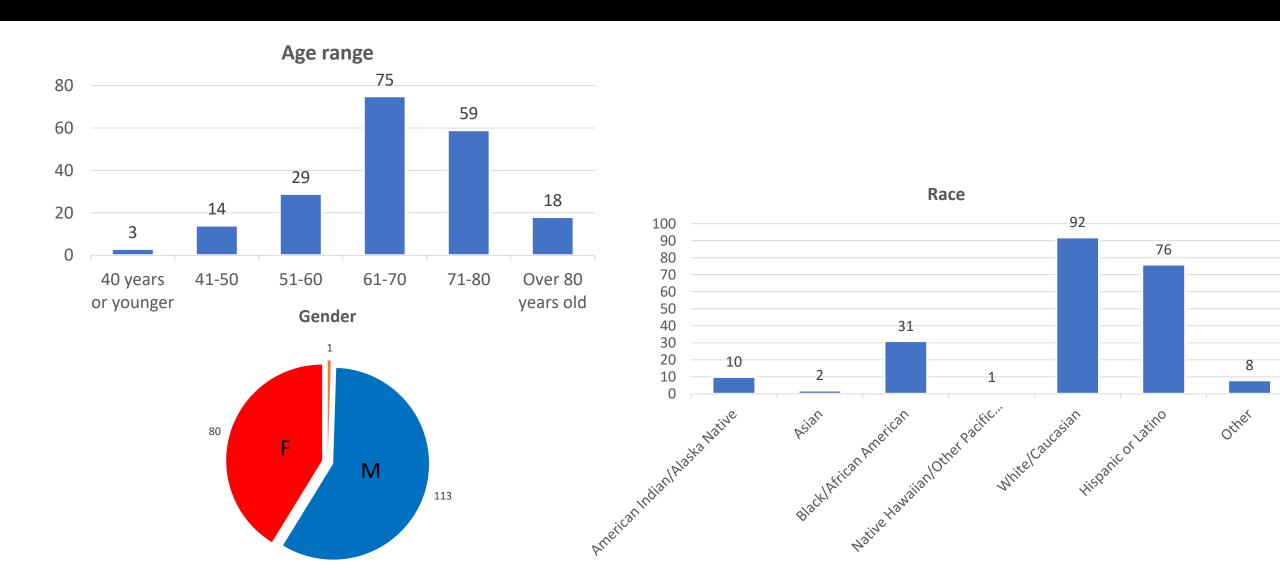
### OPT-OUT PATIENTS: DEMOGRAPHICS



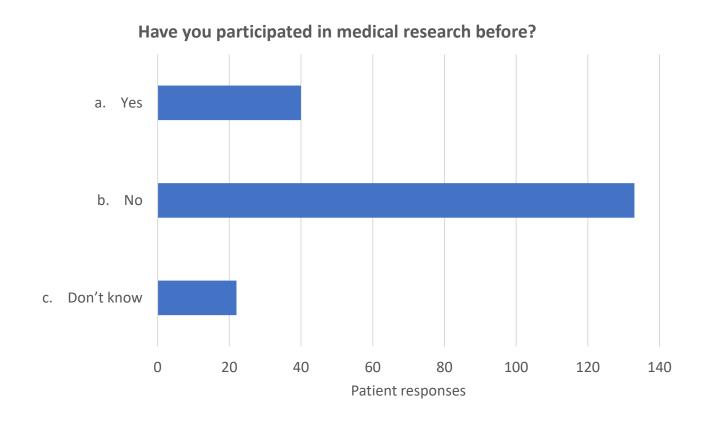
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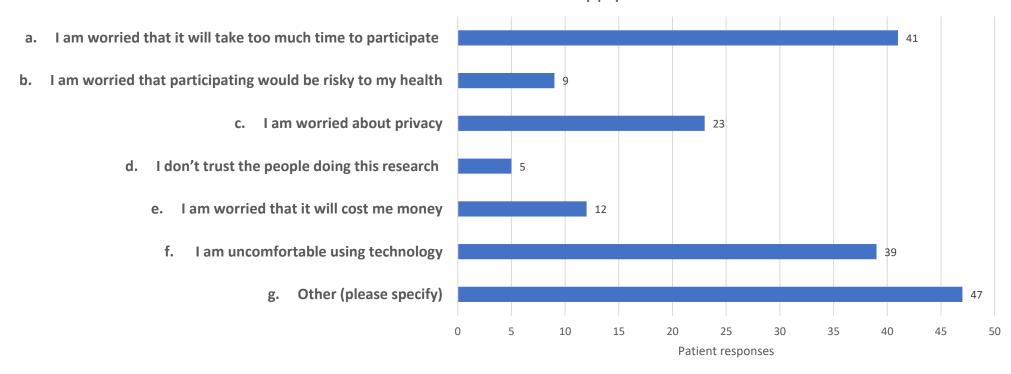
### PRIOR RESEARCH EXPERIENCE



#### REASONS FOR OPT-OUT

Which of the following reasons contributed to your decision to opt-out of the Nudge Study?

Please circle all that apply:



Common "other" responses: "Don't need reminders" "Don't have a phone" "I do not need medications" "Don't trust people behind computers" "Don't want to participate"

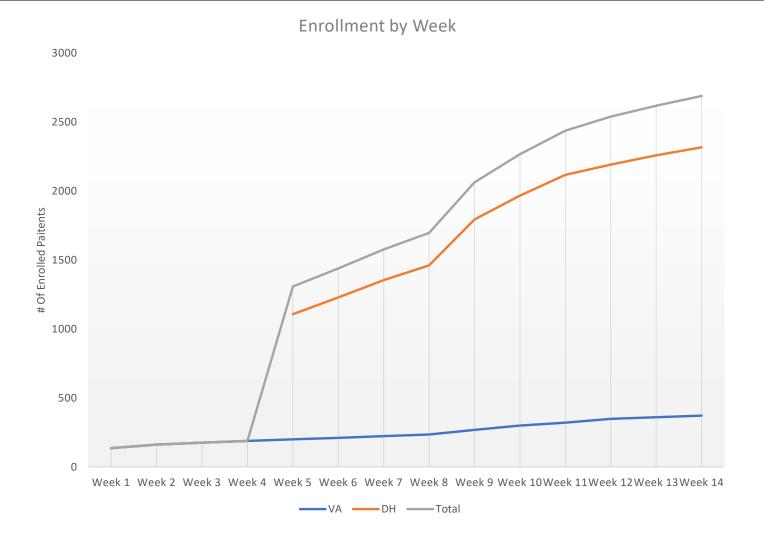
# TRUST IN HEALTH CARE-VA (N=68, COMPLETE=54, PARTIAL =1, BLANK=3)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The VA	7.8.00	7.6.00	reaciai	D loagi ee	513451.00
The VA does its best to make patients' health better.	23	31	5	0	1
Patients receive high quality medical care from the VA.	24	26	8	0	1
The VA gives excellent medical care.	23	24	11	0	1
The VA experiments on patients without them knowing.		5	18	15	14
2. Research					
Doctors who do medical research care only about what is best for each patient.	13	15	21	4	1
Doctors tell their patients everything they need to know about being in a research study.	8	16	27	3	1
Medical researchers treat people like "guinea pigs."	3	4	26	12	7
I completely trust doctors who do medical research.		11	25	4	2
3. Doctors					
Sometimes doctors care more about what is convenient for them than about their					
patients' medical needs.	4	11	15	13	13
Doctors are extremely thorough and careful.		21	20	1	0
I completely trust doctors' decisions about which medical treatments are best.		17	22	3	2
A doctor would never mislead me about anything.	14	11	23	5	2
All in all, I trust doctors completely	13	18	21	3	0

# TRUST IN HEALTH CARE-DHHA (N=144, COMPLETE = 99, PARTIAL 45, BLANK = 0)

	Strongly			5.	Strongly
1. DHHA	Agree	Agree	Neutral	Disagree	Disagree
DH does its best to make patients' health better.	63	43	13	2	2
Patients receive high quality medical care from DH.	62	41	17	1	2
DH gives excellent medical care.	59	41	19	0	2
DH experiments on patients without them knowing.	8	8	28	30	37
2. Research					
Doctors who do medical research care only about what is best for each patient.	34	30	43	6	5
Doctors tell their patients everything they need to know about being in a research study.		25	38	10	5
Medical researchers treat people like "guinea pigs."	5	9	36	27	30
completely trust doctors who do medical research.		20	46	11	5
3. Doctors					
Sometimes doctors care more about what is convenient for them than about their					
patients' medical needs.	7	16	42	22	23
Doctors are extremely thorough and careful.		38	28	8	1
I completely trust doctors' decisions about which medical treatments are best.		37	32	7	4
A doctor would never mislead me about anything.	33	24	35	17	6
All in all, I trust doctors completely	36	35	35	9	3

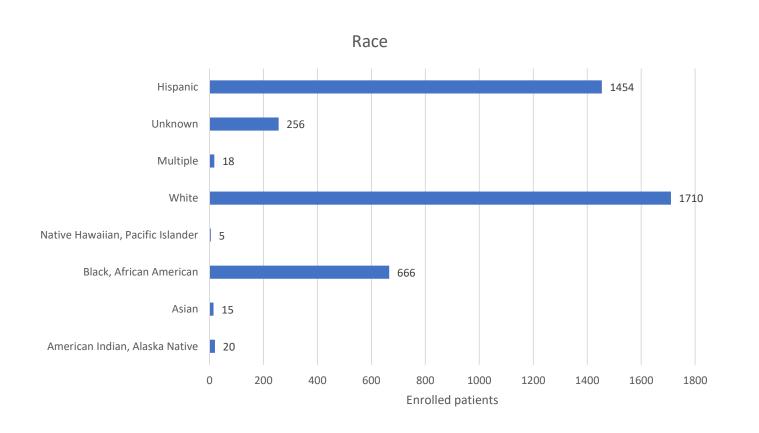
#### ENROLLMENT BY WEEK UH3

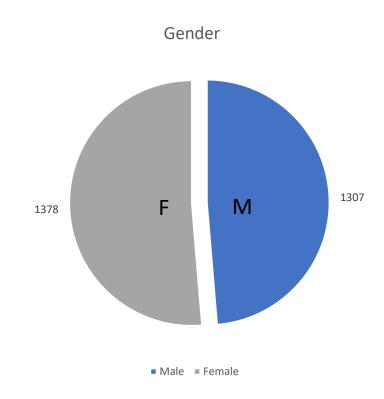


#### **Cumulative Enrollment**

Week	VA	DH	Total
Week 1	136		136
Week 2	162		162
Week 3	176		176
Week 4	188		188
Week 5	200	1108	1308
Week 6	210	1229	1439
Week 7	223	1355	1578
Week 8	235	1462	1697
Week 9	269	1795	2064
Week 10	300	1968	2268
Week 11	321	2118	2439
Week 12	348	2193	2541
Week 13	360	2260	2620
Week 14	372	2318	2690

#### CURRENT ENROLLMENT: DEMOGRAPHICS







#### CURRENT ENROLLMENT BY STUDY ARM

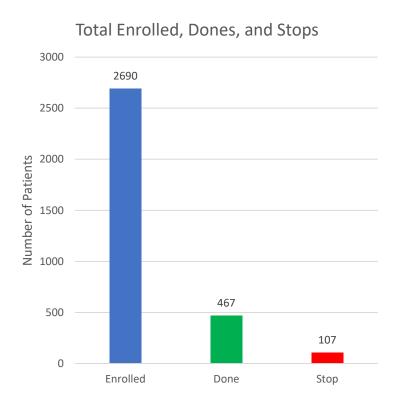
	Arm 1	Arm 2	Arm 3	Arm 4	Total
	(Usual Care)	(Generic)	(Optimized)	(Optimized + Chatbot)	
Enrolled					
MM	0	578	593	602	1773
IVR	0	95	80	72	247
N/A	670	0	0	0	670
Total	670	673	673	674	2690

MM: Mobile messenger (text messaging platform)

IVR: Interactive voice response (automated telephone calls)

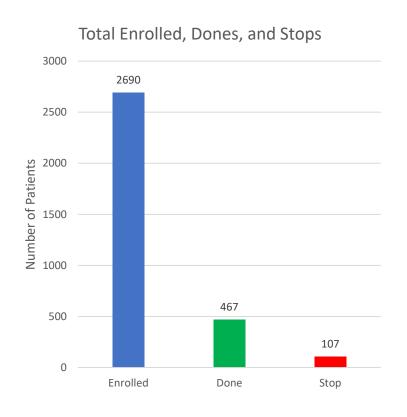


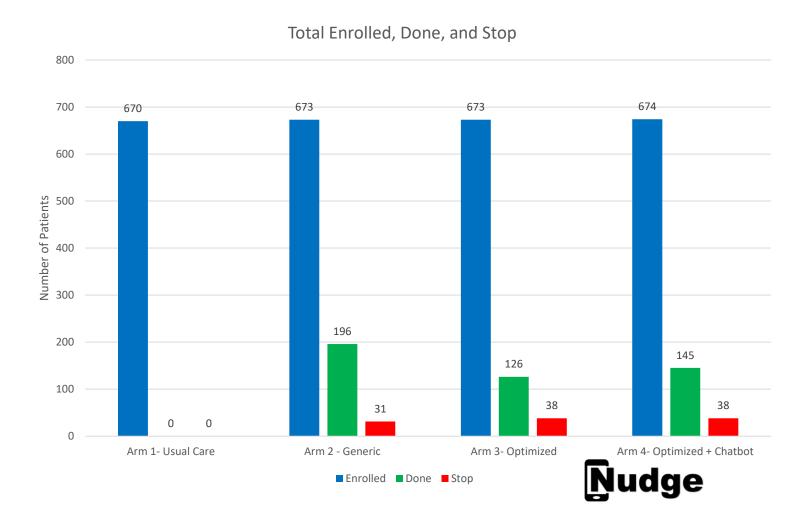
### PATIENT RESPONSE TO TEXTS





#### PATIENT RESPONSE TO TEXTS





#### NUDGE STAFF

NIH/NIHLBI
Project Officer/Project Scientist/Exoffico members

Lawrence Fine MD
Nicole Redmond MD PhD, MPH, FACP
James Troendle PhD

**NIH Collaboratory** 

Data Safety Monitoring Board

DSMB Chair:

William Vollmer PhD

**DSMB** members:

Bruce Bender PhD; Zindel Segal PhD

**Administrative WG Leads** 

Pamela Peterson, MD, MPH, MSPH Lisa Sandy MA

> Steering Committee CO PIs, Clinical Site Leads

Michael Ho MD, PhD & Sheana Bull PhD

Data and Statistics WG Leads

David Magid MD, MPH/MSPH Gary Grunwald PhD Clinical Site Leads

UCH: Larry Allen, MD / Amber

Khanna, MD

DHHA: Pamela Peterson, MD,

MPH, MSPH

VA: Michael Ho MD, PhD

Mobile Health WG Lead

Sheana Bull PhD

Implementation & Dissemination WG Leads

Russell Glasgow MS, PhD Christopher Knoepke PhD

## QUESTIONS?











