Online self-management in COPD or asthma:

With or without the Health Care Provider as coach?

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Introduction:

Self-management plays a key role in integrated care strategies for chronic diseases. Self-management suggests that patients manage themselves and the role of the professional is limited.

MyCOPDonline and myasthmaonline are online self-management programs for patients with COPD / asthma. These programs run on the Curavista Health platform. The program consists of 3 elements:
1. Health status / progression;
2. Self-management / actions;
3. eConsult.

In chronic conditions like asthma and COPD a positive effect can only be achieved if patients participate long-term. Therefore, the program consists of an expert system that generates all diaries / forms automatically, gives individualized feedback and reminds patients to fill in the diary / forms using e-mails.
Four hospitals (Havenziekenhuis / Erasmus MC Rotterdam, Sint Franciscus Gasthuis Rotterdam, Ikazia Hospital Rotterdam, Maasstad Hospital Rotterdam and one GP-practice (Molenweg, Steenbergen) incorporated the programs into their daily routine for outpatients.

Aim of the study:

The aim of the study was to retrospectively analyze the adherence to the program in two groups: patients with or without the Health Care Provider as a coach.

Methods:

We analyzed retrospectively the data of all asthma and COPD patients that joined the program and submitted at least one form. This was to ensure that patients were familiar with the program.
Period of enrolment: June 2008 until June 2012.

Group 1: Without Health Care Provider (doctor/nurse) as a coach: patients register online (mycopdonline or myasthmaonline) and follow the program.

Group 2: With Health Care Provider (doctor/nurse) as a coach: outpatients are asked to join the program and are registered by the specialized nurse.

All patients receive a login code by e-mail, can go to the website of their own hospital / GP practice and start the program. All participants give informed consent to analyze their data at start. The program is free for all patients. Patients are free to stop at any time and can remove their data from the database without any obligation.
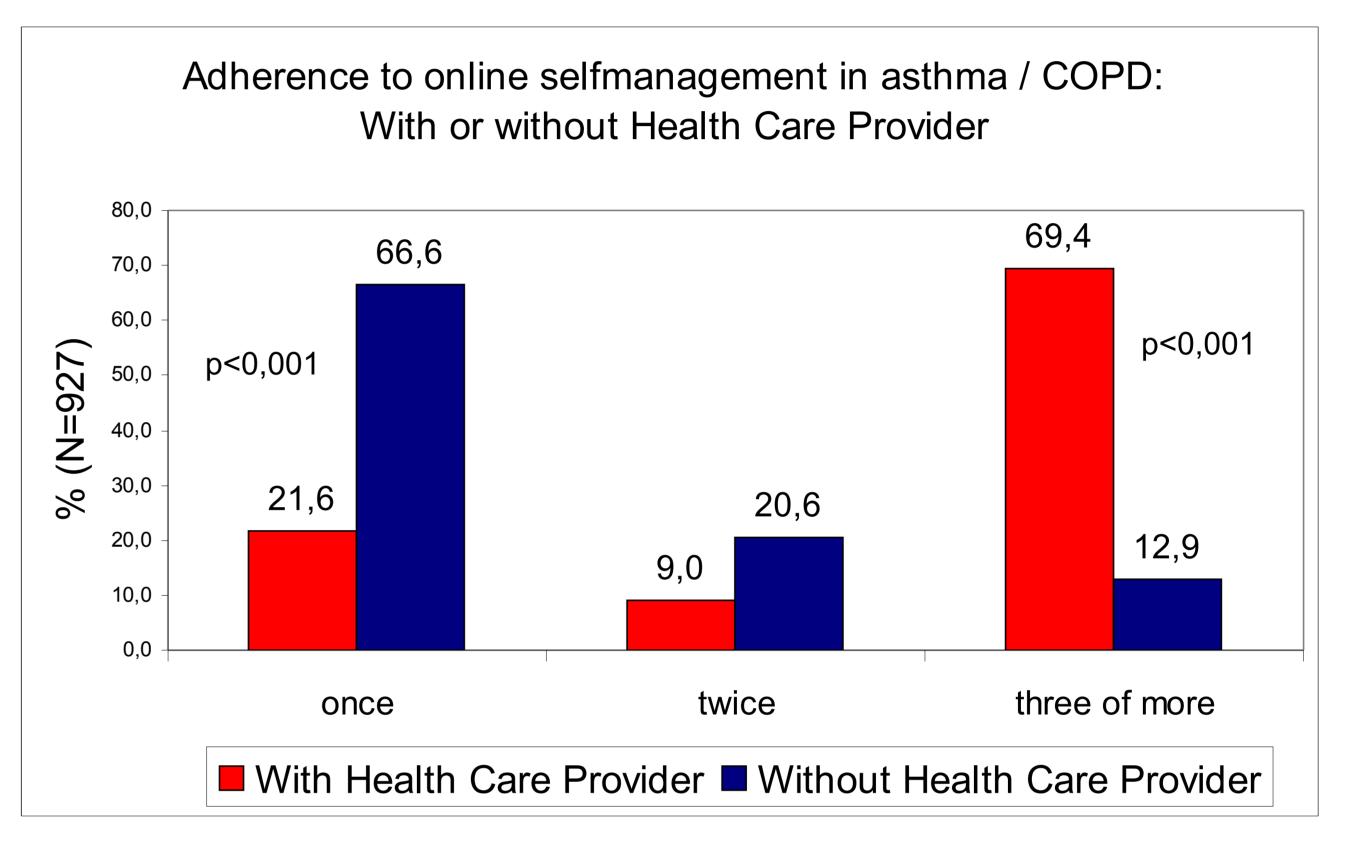
Baseline characteristics:

We compared the adherence to the program in two groups: (1) the group without the Health Care Provider as a coach (n=793) and (2) the group with the Health Care Provider as a coach (n=134). The content was identical in both groups. Age and gender were similar in both groups and was representative of the overall population.
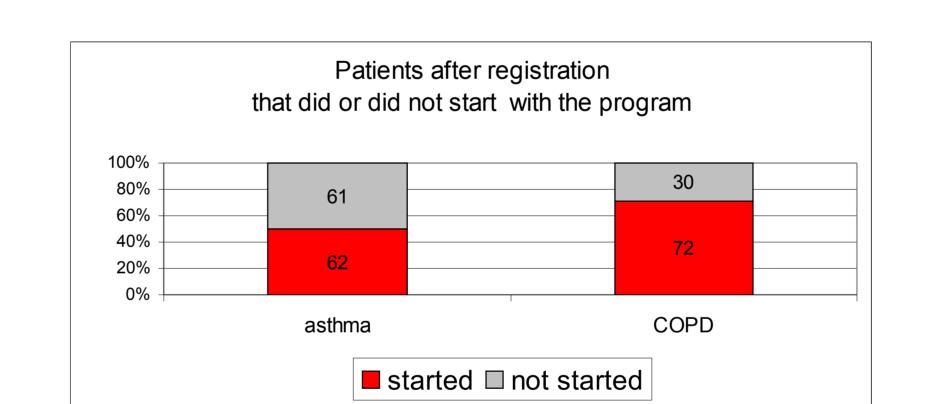
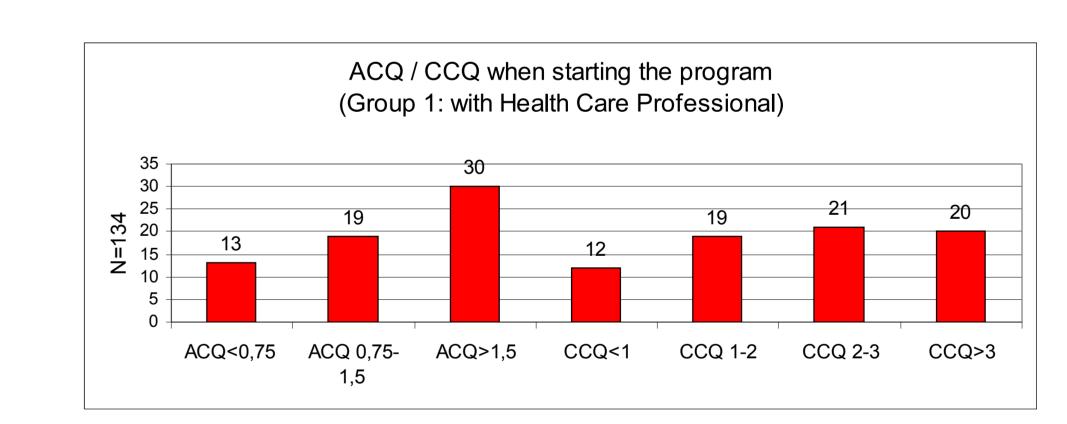|		With Health Care Provider	Without Health Care Provider	Total
N		134	793	927
Disease	asthma	62	334	396
	COPD	72	459	531
Gender	male	51	308	359
	female	83	485	568
Age groups	<1929	3	9	12
	1930-1939	15	38	53
	1940-1949	39	128	167
	1950-1959	36	202	238
	1960-1969	18	186	204
	1970-1979	7	130	137
	1980-1989	13	72	85
	1990-1999	3	28	31

Results:

In the group without coaching participants lost their interest quickly. Significantly more patients with coaching by the Health Care Provider (69,4% vs 12,9%) adhered to the self-management program (≥3 times). In addition, more patients with COPD than asthma used the program consistently. Adherence was not influenced by age or sex.

Adherence to online selfmanagement in asthma / COPD: With or without Health Care Provider

Not all patients registered by the Health Care Provider start using the program: 50,4% of all asthma and 70,6% of all COPD patients actively start. Severity of disease does not seem to be a predictor.

Patients after registration that did or did not start with the program

ACQ / CCQ when starting the program (Group 1: with Health Care Professional)

Discussion:

It has been shown that self-management prevents exacerbations, improves care and is a cost-effective investment[1,2]. The word "self-management" suggests that patients manage themselves and the role of the professional is limited. However, these data suggest that participants make better use of eHealth programs when supported by healthcare professionals. However, not all patients start the program, with the Health Care Provider as a coach. New studies are undertaken to understand why patients do or do not participate.

Conclusion:

"Self-management" suggests that patients manage themselves and the role of the professional is limited. In contrast, these data suggest that participants make better use of eHealth programs when supported by Health Care Providers. This implies not only a behavioral change for patients to achieve self management, but also for the Health Care Provider in a transition from "medication manager" to coach.

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