Insight into participant-perceived support during and after a weight loss maintenance intervention: a secondary analysis from the MAINTAIN-pc trial

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Maintaining Activity and Nutrition through Technology-Assisted Innovation in Primary Care



Randomized clinical trial conducted from 2012-2017

Introduction

- Weight loss is often achieved but not maintained
- Participant preferences in weight maintenance programs are poorly understood
- Understanding these preferences may lead to program improvement & participant success

MAINTAIN-pc Methods: Participants

- Age 18-75 years
- Prior BMI ≥ 25 kg/m2
- Intentional 5% weight loss in the past 2 years
- No bariatric procedures in the past 5 years



Intervention: Coaching vs Tracking

Both

Track data in EHR Weight, Diet & **Physical Activity**

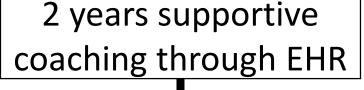
PCP received Annual feedback **Tracking**



2 years of quarterly prevention updates through EHR



Coaching



PCP received Real time progress reports prior to office visits



Intervention: Coaching

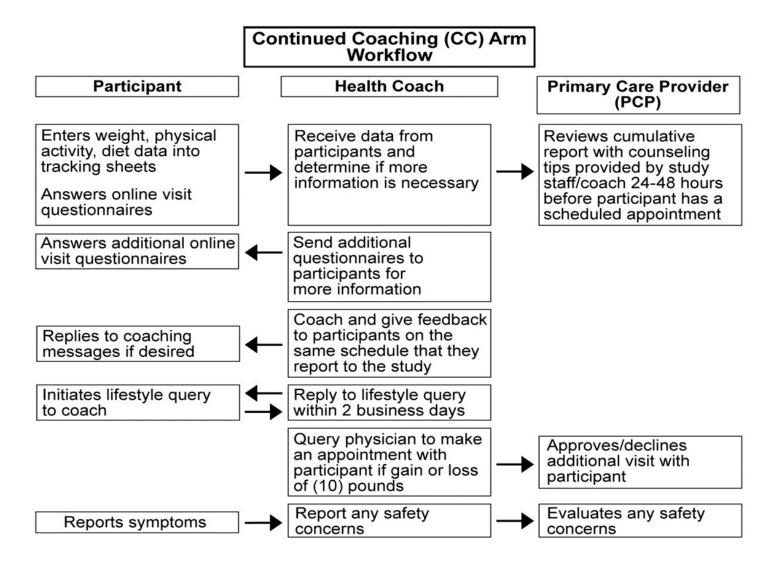


Figure 1. Coaching arm workflow

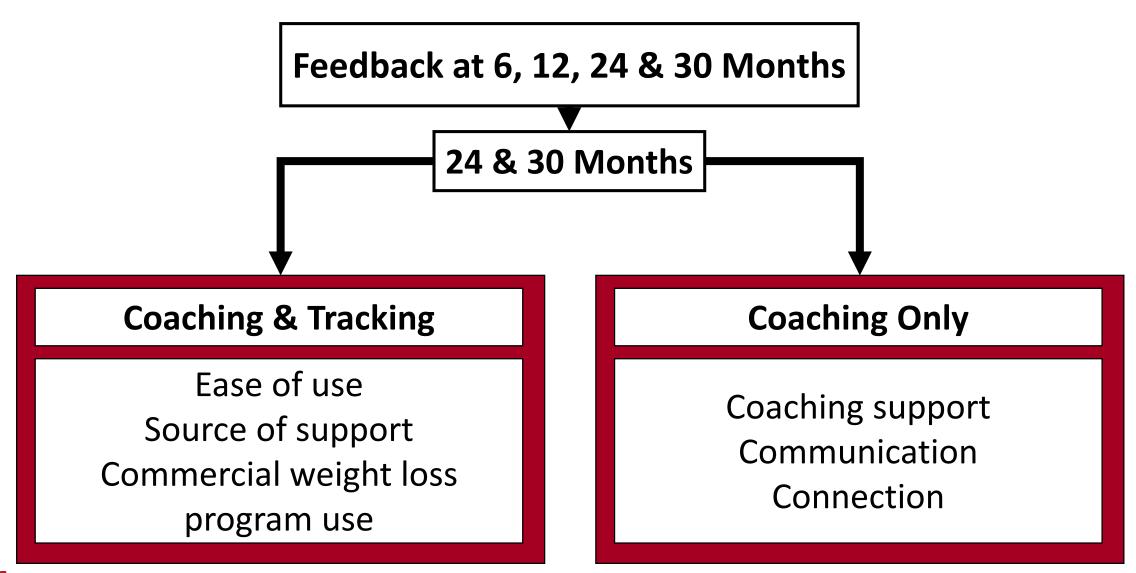
Objectives for this study

 To evaluate participant feedback from the MAINTAIN-pc program

 To focus on ease of use, support received, communication & connection to coaching staff



Methods





Results

• Demographics: Female 74%, White 88%

• Response rate:

Survey response rates	Total (n=185)	Coaching (n=93)	Tracking (n=92)
24 month, No. (%)	136 (73.5%)	70 (75.3%)	66 (71.7%)
30 month, No. (%)	115 (62.2%)	62 (66.7%)	53 (57.6%)



Responses by intervention condition

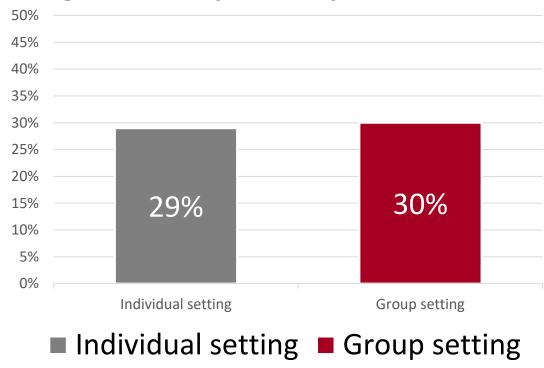
Survey question	Coaching	Tracking	P value
EHR portal was "easy to use"	80%	77.3%	0.83
PCP as a source of support	38.7%	22.6%	0.06
Supported by a health professional including PCP	48.4%	26.4%	0.02
No support was required	24.2%	24.5%	0.97
Use of commercial online programs	4.8%	5.7%	0.84



Results: Communication preference

Survey question content	Coaching (n=70)
Health coach as a source of support	71%
Moderate or strong connection to health coach	55%
Preference for some in person communication	59%

Figure 2. In person preference





Discussion: Limitations

- Unable to link responses to participants that were able to maintain 5% weight loss prior
- Few patients indicated the specific type of additional health care professional they found to be supportive
- 30-month survey done 6 months after trial was completed; may still include preferences from the study



Discussion: Interpretation

- The EHR-based format for a weight maintenance intervention was found to be easy to use by participants
- The Coaching group felt supported by their coaches through the EHR
- Future weight maintenance interventions may consider incorporating additional in person support



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Thank you! Questions?





