

DGIM Project Summary

Name of Project: Photo+Care: An Intervention to Elicit Contextual Factors among Multimorbid Older Adults

Investigator(s): (Include phone numbers and email address, indicate PI and primary contact)

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Research question(s): The aims of this study are:

AIM 1: Describe contextual factors that influence the self-management of diabetes and multiple chronic conditions (MCC). We will conduct observations in patients' homes followed by photo-guided interviews with patients to explore contextual factors related to diabetes and MCC management in these domains: a) individual-level factors, behaviors and preferences (e.g. health literacy, medication and diet practices); b) presence of comorbid conditions (e.g. type of co-existing conditions, treatment burden and complexity); c) geriatric syndromes and risk factors (e.g. falls, malnutrition); and d) family and community characteristics (e.g. culture, social support).

AIM 2: Develop Photo+Care to elicit and enhance communication about contextual factors that influence the self-management of diabetes and MCC. We will conduct iterative in-depth interviews with patients and providers to develop all components of Photo+Care. We will also conduct interviews with clinic team members and leaders to understand how Photo+Care may be delivered and integrated in the primary care setting.

Brief Background/Significance: Understanding the contextual factors that influence how older adults manage MCC is central to providing patient-centered and effective healthcare. Contextual factors range from individual and clinical characteristics (e.g. race/ethnicity, language, health literacy, health behaviors and preferences, presence of comorbid conditions, geriatric syndromes) to family and community-level factors (e.g. culture, social support). All of these factors influence disease self-management. Current clinical practice approaches are rooted in a single-disease paradigm, and are ill-equipped to elicit and respond to the complex interactions of aging, MCC, and these contextual factors that enhance or reduce health. We know little about how to most efficiently elicit contextual factors relevant to optimal disease self-management in older adults with MCC.

Inclusion/exclusion criteria (list)

Inclusion— Aim 1 Participant eligibility:

- Age 65+;
- uncontrolled diabetes defined as last hemoglobin A1c (A1c) > 8.5%;
- has at least 1 co-existing chronic condition based on diagnosis codes from the Elixhauser Comorbidity Index;
- speaks English, Spanish or Chinese; and
- had 1+ primary care clinic visit in the preceding 12 months.

Aim 2 Participant eligibility:

- **Patient inclusion and exclusion** criteria are the same as Aim 1. Aim 1 patient participants are eligible for Aim 2.
- **Provider inclusion criterion** is being a primary care provider defined as a physician (attending or resident) or nurse practitioner at the study sites.
- **Clinic team member inclusion criterion** is defined as a nurse, medical assistant or

front desk staff member at the study sites.

- **Clinic leader inclusion criterion** is being a clinic leader such as a medical director or nurse/practice manager at the study sites.

Exclusion--Patient exclusion criteria:

- any conditions that preclude understanding informed consent or smartphone use.

Method of contact/recruitment (be specific)

Patients from the EHR that may meet eligibility criteria will be mailed a letter about the study and a phone number to call to refuse participation. If we do not receive a call within 7 days, a bilingual, language-concordant (English/Spanish, English/Chinese) research assistant will contact the patient to ask about participation, confirm eligibility, and obtain informed consent.

A master list of providers, clinic team members and clinic leaders will be obtained from the administrative leadership of the clinic and a purposive sample of these different groups of participants will be contacted by email and word of mouth.

Benefits/burden for participants (clearly identify potential for harm)

We recognize that there is a psychological risk as participating patients may experience discomfort when discussing potentially sensitive topics such as preferences, values and goals and contextual factors related to diabetes and MCC management. We believe this risk to be minimal. Furthermore, none of the content to which patients are exposed in this study falls outside the scope of regular healthcare practice. All participants will be reminded that they do not have to discuss, answer, or do anything they are uncomfortable with doing and can withdraw from the study at any time.

For patients that participate in home visits (Aim 1), the potential risk include discomfort or anxiety related to having a guest not familiar to them in their home. Participants will be reminded that they are free to ask the research team to leave at any time.

Any benefits or burden to DGIM practitioners?

This study does not add any tasks to DGIM clinicians.

Participating providers and clinic team members may benefit from increased awareness about how contextual factors and patient preferences, values and goals impact their patient's self-management of diabetes and MCC and how Photo+Care is an intervention to elicit and communicate about this information.

Timeline for recruitment (projected start and stop dates)

Aim 1:

Start in March 2019 to December 2019

Aim 2:

Start in October 2019 to June 2020

Funding source: National Institutes of Health National Center for Advancing Translational Sciences.

Potential for DGIM collaborators? (We encourage DGIM resident and fellow involvement in particular): Yes.

Do you agree to notify us when recruitment is completed?: Yes.

Date form completed: February 27, 2019