A New World of Engagement The Health eHeart Initiative

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Overview

- •Health eHeart Study: Engaging research subjects
 - Rationale, goals, design
 - Highlight modular consent and co-enrollment systems
 - Recruitment and data
- •Health eHeart Alliance: Engaging citizen-scientists
 - Philosophy and approach
 - Connection with PCORnet
- •Engaging YOU
 - Emerging opportunities for novel, efficient research
 - A series of invitations

Health eHeart Team

- Jeff Olgin
- Greg Marcus
- Debbe McCall
- Carol Maguire
- Madelaine Faulkner
- Geoff Tison

Study PI Study PI Alliance Patient PI Study PD Alliance PD Alliance Co-lead

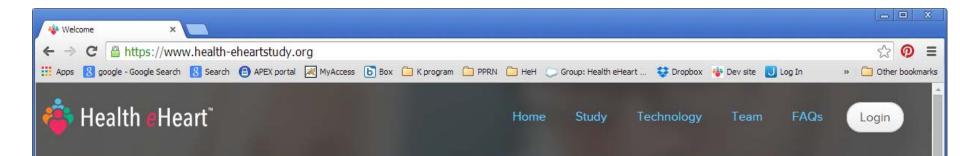


The Health eHeart Study[™]

Using big data to reduce heart disease

The Health eHeart Study

- Overarching Goal:
 - Do tech-enabled research that improves cardiovascular health
- Approach:
 - Collect "big data" from all-comers
 - Keep marginal costs low
 - Support ancillary studies, including RCTs

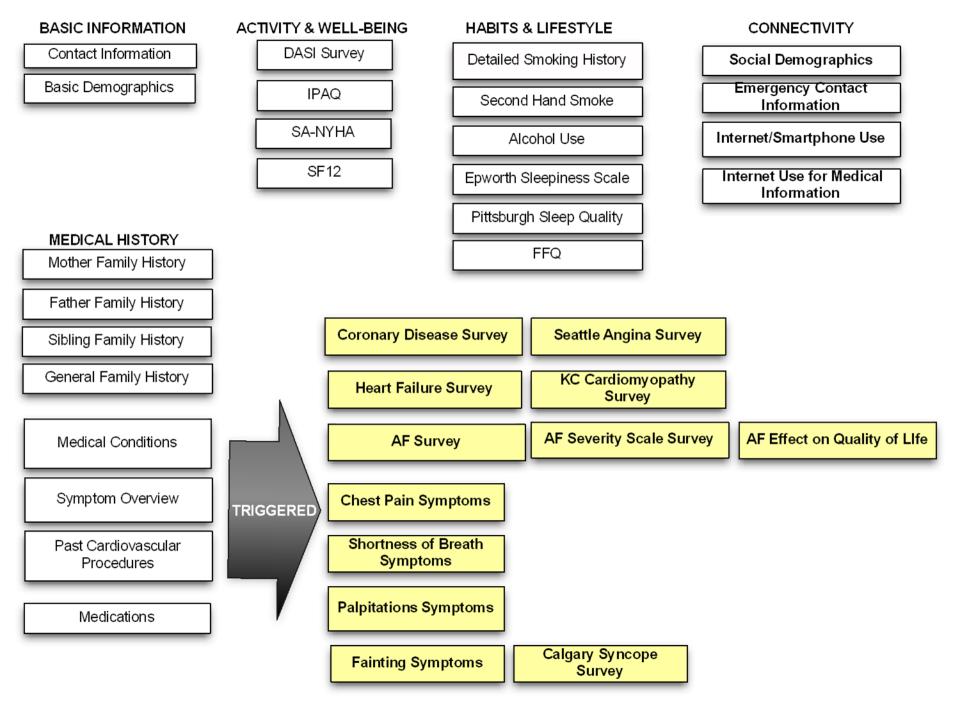


Join the study to end heart disease.

Be a part of an ambitious study to end heart disease. It only takes a few minutes to make a big difference. Anyone can join — whether you have heart disease or not.



Join the Study













GINGER.io

 Background continuous data collection from smartphone sensors

urvey: PHQ-9

- Reminders/Messaging
- Contextual alerts

- Mobility & Activity

Ø

2,830

Screen interaction, call/text interaction

2,833 🙀

- Behavior modeling

Integrated devices and apps







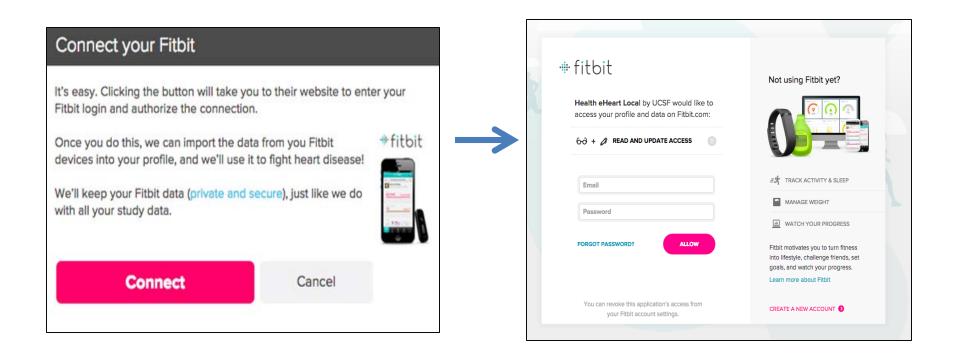




Modular Consent System

- Start with "umbrella" consent to answer surveys and use data for research
- Then offer easy, short, just-in-time consent modules for each optional feature
 - Each device company
 - Medical records/HIPAA Authorization
 - Food Frequency Questionnaire
 - Ginger.io and Azumio apps
 - In-person testing, biobanking

2-Step Fitbit Consent Module



Modular Consent System

- Tech Detail: We use Oauth 2.0 an industry standard – for authentication/ "integration"
- Extremely efficient and secure

Referral and Co-Enrollment Tracking Systems

- Unique URL for each referring partner

 Customized landing page
 Track source of recruitment
 - Add identifier for "co-enrollment" of individual participants
 - -http://www.health
 - eheartstudy.org?rfk=4b62fda3607d1425482271&id=ABC123
 - -Link with data assets provided by a referring partner
 - -"Mail-merge" is only requirement for partner

Example #1

Home

Study

Community

Team

Login.

https://www.health-eheartstudy.org/gored

Health Heart + 🕈 🎫 🌃

Join **Go Red for Women** in the fight against heart disease.

Be a part of an ambitious study to end heart disease. It only takes a few minutes to make a big difference.

Anyone can join - whether you have heart disease or not.

Join the Study





Example #2

Home

Study

Community

https://www.health-eheartstudy.org/?rfk=69da54e535641439234236&id=A



Health Heart

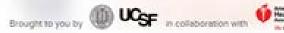
Welcome UCSF patients! Join the study to end heart disease.

Be a part of an ambitious study to end heart disease. It only takes a few minutes to make a big difference. Anyone can join — whether you have heart disease or not.



Login

Join the Study



Referral and Co-Enrollment Tracking Systems

• Successful campaigns

-AHA's Go Red for Women

• \rightarrow 11,000 participants (almost all women!)

-UCSF patients

- •200,000 emails → 6,000 ppts (3% uptake)
- •Linkable to medical records if they consent

-Childhood Cancer Survivors Study

- •500 → 310 (63% uptake)
- •Linked Fitbit data to CCSS Cohort data

Referral and Co-Enrollment Tracking Systems

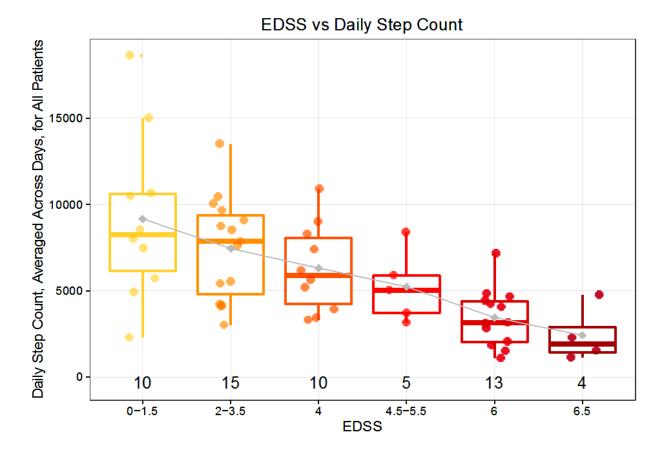
• An invitation for YOU:

HeH can collect mHealth data for your study

(No study is too small)

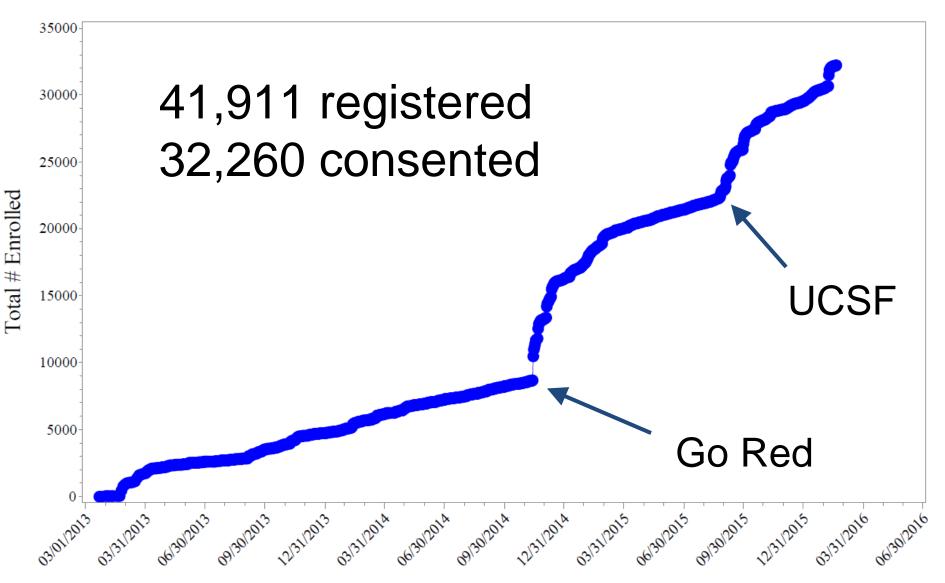
Small MS study that used HeH

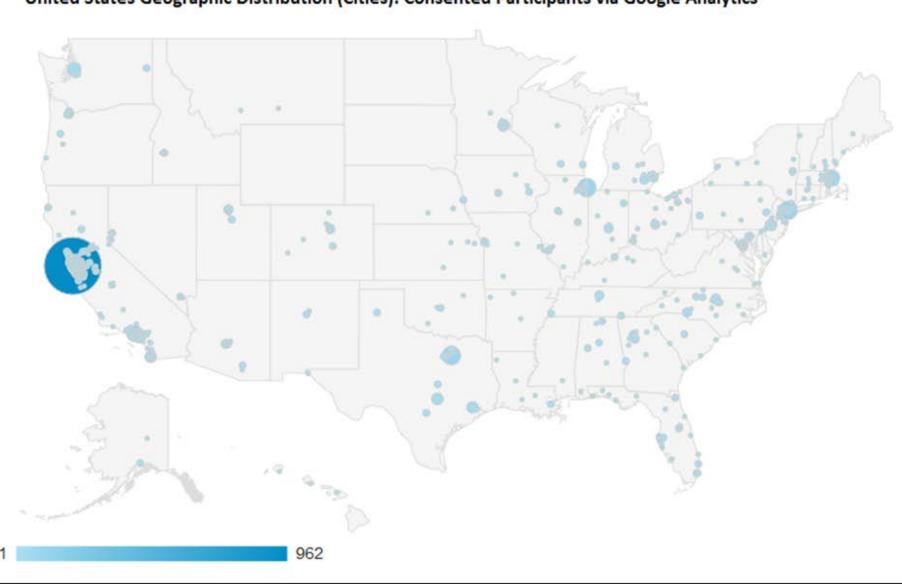
• Fitbit steps: a marker of disability in Multiple Sclerosis



Gelfand et al. Manuscript in preparation

Recruitment





United States Geographic Distribution (Cities): Consented Participants via Google Analytics

Big Data

Self report

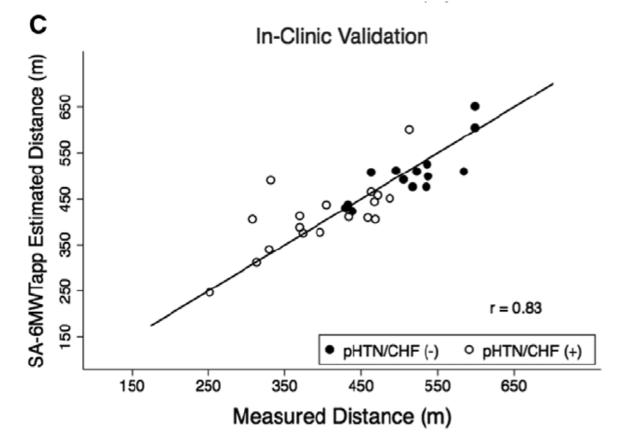
- 685,424 surveys completed (from n=28,289 people)
- 19,689 blood pressure measurements (from n=10,795)
- 5,585 LDL measurements (from n=7,691)
- 1,876 Food frequency questionnaires (from n=1876) Participant-triggered device measurements
- 246,209 weights (from n=643)
- 35,145 blood pressure measurements (from n=419)
- 45,078 EKGs from AliveCor monitors (from n=406)
 -1,089 with an Afib flag (from n=76)

Passively collected device/app measurements

- 821,787 daily step counts (from n=1709)
- 314,418 days of Ginger.io-derived movement/communication patterns (from n=2264)
- 283 hospitalizations detected from 121 hospitals (n=156)

New measurement: 6MWT by app

• Validation in patients with and without disease



Brooks et al 2015. Circ Heart Fail 2015;8(5):905-13.

Summary - Health eHeart Study

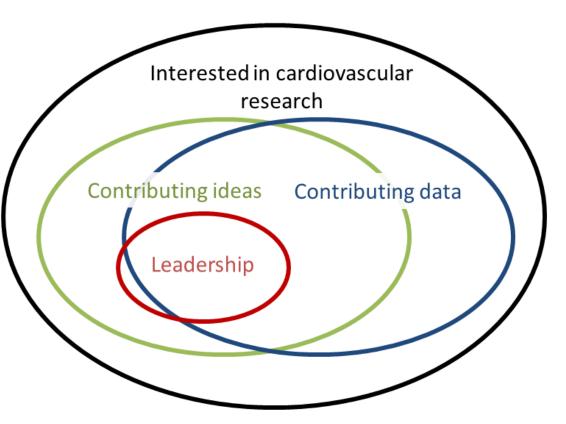
- A grand experiment in research engagement
- <u>Success</u>: efficient recruitment and collection of tech-enabled measurements
- <u>Challenge</u>: volunteers are not representative of the population
- Primary value: Platform to support mHealth/techrelated research



• A Patient-Powered Research Network

–Funded by PCORI–A member of PCORnet

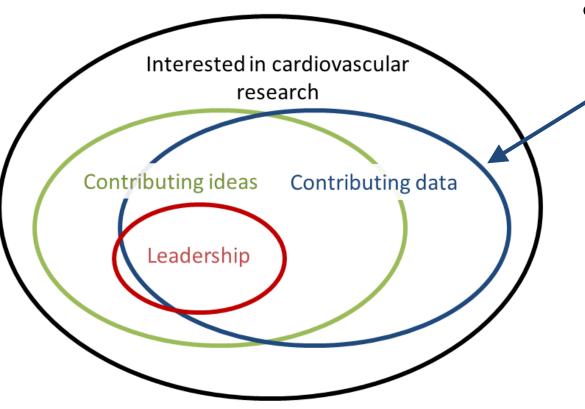
•<u>Goal</u>: Pioneering new ways to empower patients in improving research, care, and quality of life for heart patients.



• A "Big Tent" philosophy

Figure 1. Membership in The Health eHeart Alliance

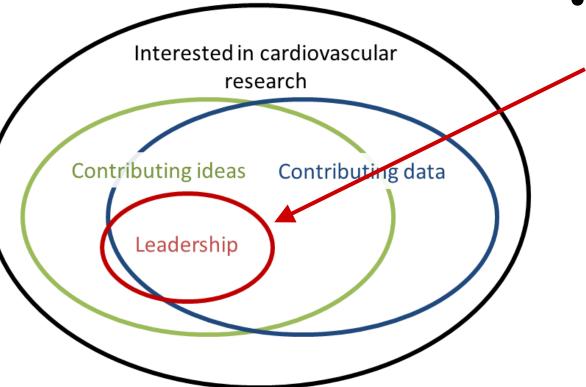
The Alliance welcomes anyone declaring their interest in cardiovascular research, defines participation broadly, and expects different levels of engagement



 Includes Health eHeart Study participants...but also anyone else registering interest

Figure 1. Membership in The Health eHeart Alliance

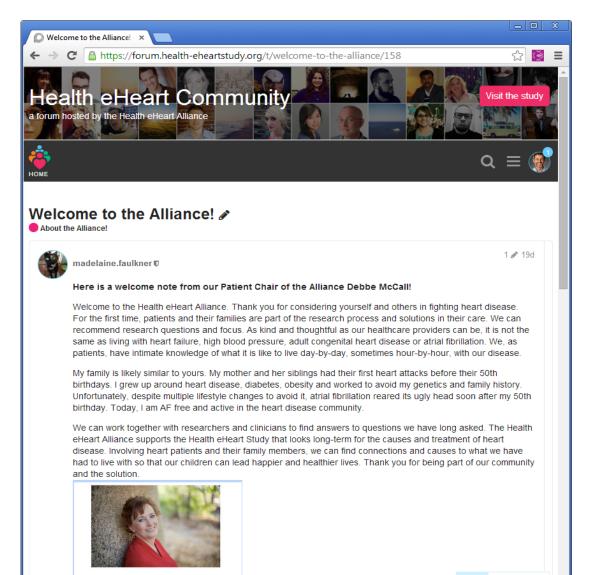
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 A Steering Committee chaired
 by Debbe McCall

Figure 1. Membership in The Health eHeart Alliance

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A new Community Forum integrated with the Health eHeart Study

E Criteria for Sponsorship of 🔕										
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	The Health <i>e</i> Heart <i>Alliance</i>									

Health eHeart Alliance Criteria for Sponsorship of a Research Study

Research projects may benefit from formal affiliation with the Health eHeart Alliance. Our members can engage with the research team, provide detailed feedback, staff Patient Review Boards for the study, recruit patients, utilize the <u>Health eHeart Study</u> platform, and help disseminate study updates and results to the larger community of patients and stakeholders interested in heart health. Our network is funded by the Patient-Centered Outcomes Research Institute (<u>PCORI</u>) as a Patient-Powered Research Network. We are part of <u>PCORnet</u>, and can help outside researchers with a heart-related research project access PCORnet resources and conduct PCORnet studies.

The Health eHeart Alliance will sponsor research projects that meet the following criteria:

- 1. Scientifically sound cardiovascular-related research
- 2. At least one Health eHeart Alliance member is participating as a patient-leader in a decision-making role and getting compensated for that role
- 3. Accountability reporting on study progress and results back to the Health eHeart Alliance Community and the Steering Committee
- 4. Co-authorship for at least one Alliance patient-leader on final results paper
- 5. Acknowledgement of the Health eHeart Alliance in the final results paper

 A set of criteria and procedures for enlisting sponsorship of the Alliance

• A growing list of major research projects

Sheet1

Research Projects Sponsor ×												
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1	1 Health eHeart Alliance-Sponsored Research Projects											
2												
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5	1	n/a	3/12/2015	Link	Matt Roe	Adaptors	FUNDED, CONTRACT	PE ADAPTABLE (A	Aspirin Dosing: A F	Patient-centric Tria	I Assessing Bene	əfits
6	2	n/a	3/12/2015	Link	Eric Velasquez	Heidi Dohse	Not Funded	TRANSFORM-	HF - a randomize	ed trial of torsem	ide vs. furosemi	de f
7	3	1/24/2015	3/12/2015	Link	Kirsten Bibbins-Do	n/a	Not Funded	MATCH-CA (B	ibbins-Domingo g	grant on hyperte	nsion and dispa	ritie
8	4	9/10/2015	9/10/2015	<u>Link</u>	Karen Margolis	Pt-Advisory Board	Submitted	A Practical Con	nparison Between	Telehealth vs. Clir	ic Care for Treatin	ng H
9	5		9/10/2015		Andy Nierenberg	Heidi Dohse	Submitted	Healthy Hearts	Healthy Minds			
10	6	9/10/2015	9/10/2015	<u>Link</u>	Heather Kaplan	Kathi Sigona	Submitted		Atrial Fibrillation 1	Friggers		
11	7		11/12/2015		Christopher Schmid		Submitted	N of 1 Methodol				
12	8	1/25/2016	1/14/2016	<u>Link</u>	Beverly Green	TBN	To be submitted soon	BP-CHECK (Blo	ood Pressure Cheo	cks and Hypertens	ion Diagnosis)	
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Patient-Centered Reviews

- Example: Hypertension telehealth study Karen Margolis
- Proposed to Alliance
- 8000 Health eHeart Study participants with HTN emailed
- 1000 clicked through to a Google Doc
- Hundreds participated in simultaneous editing and commenting (broke Google docs!)

→ Conference call and surveys for patient input, and strong Alliance support for the grant application

Patient-Powered Research



Patient-Powered Research

- Triggers of MI
- N of 1 toolkit for statin decliners \rightarrow CVD risk, satisfaction
- N of 1 toolkit for paroxysmal afib \rightarrow QOL
- Online support groups for newly diagnosed afib
- Qualitative study of transitions in care, role of data
- Using activity monitors to increase activity in CVD patients
- Sharing mental health issues with cardiologists
- Improving "success in life" among young stroke patients

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HeH Alliance and PCORnet

- Health eHeart Alliance is PCORnet's cardiovascular-focused patient-powered research network
- Opportunities for research are immense
 - Engaged patients in PPRNs
 - 100 million recruitable patients with EHR data in CDRNs
 - HeH Study provides a way to engage these patients and collect PROs and mHealth data

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Learn more at 4pm today!

We want YOU!



Come to our 4pm PCORnet Session later today Propose PCORnet Research and get grant application support Call for Proposals: <u>https://www.bit.ly/1VHmukD</u>

Join the Study: <u>https://www.health-eheartstudy.org/</u> and/or the Conversation Forum: /community

Analyze Health eHeart Study data Use Health eHeart (or our NIH-funded white-labeled platform) to collect mHealth data for your research project Email me, Jeff Olgin or Greg Marcus

Volunteer bias								
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Age, mean	47	51	52	49				
% Female	52%	75%	74%	68%				
% AA	12%	6%	4%	2%				
% College+	29%		71%	74%				

Volunteer bias

• Similar patterns of response in other internetbased studies

Comparison of the sociodemographic characteristics of the large NutriNet-Santé e-cohort with French Census data: the issue of volunteer bias revisited

Valentina A Andreeva,¹ Benoît Salanave,² Katia Castetbon,² Valérie Deschamps,² Michel Vernay,² Emmanuelle Kesse-Guyot,¹ Serge Hercberg^{1,2,3}

78% female, 65% post-secondary education

HeH Alliance and PCORnet

 PCORnet Cardiovascular Health Collaborative Research Group (CVH CRG)

– Initial focus on HTN, CHF, Women with Chest Pain

- •Bluetooth BP cuffs → Better/faster BP Control?
- Precision BP medication prescribing?
- •BP Control "Laboratory" in PCORnet?
- •EHR data \rightarrow Early warning system for CHF hosp?
- •6MWT app for CHF home self-monitoring?
- •Does atherosclerosis Rx or ACE-I help women with CP?
- Propose your own project!

HeH Alliance and PCORnet

- PCORnet Cardiovascular Health Collaborative Research Group (CVH CRG)
 - Come to <u>4pm session today</u> to hear more and get engaged!
 - •Travel \$ and support for PCORI-style applications
 - •Call for Proposals: <u>https://www.bit.ly/1VHmukD</u>

Health eHeart \rightarrow Health ePeople

- U2C contract from NIH: Mobilizing Research
 - <u>http://grants.nih.gov/grants/guide/rfa-files/RFA-OD-15-129.html</u>
 - General platform for gathering mHealth data from research participants
 - Open up broadly to research community
 - Coming this Summer!

Pragmatic Technology-Enabled Randomized Controlled Trials

- eRCTs should be able to:
 - Approach, consent, and enroll over the internet
 - Use online surveys for self-reported data
 - Use electronic health records for finding patients and collecting health measurements and outcomes
 - Use sensors to collect and transmit real-time/real-life data, deliver novel interventions
 - Use smartphone geolocation and movement pattern data to detect hospitalization events
 - Use online social networks and forum technology to collect social data, engage ppts

Pragmatic Technology-Enabled Randomized Controlled Trials

• eRCTs should be able to:

Approach, consent, and enroll over the internet
Use online surveys for self-reported data

^{co} Cheaper, faster,

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- /real-life
- -U: easier, better?

pattern data

to uerecr nospitanzation events

 Use online social networks and forum technology to collect social data, engage ppts

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		Common Tools	Fill & Sign Comme	ent					
	Specific questions from Dr. Margolis and colleagues			^					
() E;#	[What about those who do not have high blood pressure, but are alway 'borderline'. eaghatplease type your suggestions here]								
	<u>I think discussing diet and exercise are important, a well as other natural means of controlling</u> high BP. I'd like to know all about fluctuations in BP levels - why is it sometimes high,			h					
	sometimes low, sometimes borderline? Information helps a person stick to proper procedures		far I haven't seen one word	1					
	to help their BP stay at optimum levels. visesike>nta icizxercize are important wxe <u>1.</u> Besides seeing how much blood pressure changes in our study, what other "outcomes" should we measure that are important to you? Some examples of	effect on BP. Wher 1971, I went to a BF emphasized relaxat medication, but I ca points with meditation	about relaxation techniques and their lowering effect on BP. When I first was diagnosed in 1971, I went to a BP clinic where they emphasized relaxation techniques. I'm on medication, but I can lower my BP several points with meditation and relaxation techniques. Are these no longer taught?						
	other outcomes might be avoiding medication side effects, avoiding	Comment [8]: Wh	y not also measure blood	1					
	interference with work or other responsibilities, or having treatments that are	oxygen levels? It's e factor for some pati	easy to do and it might be a						
	simple to do.	(
	4. Knowing which treatment modality is more effective is a pretty good	Formatted: No bu	llets or numbering						
	outcome to start with. It would also be interesting to know what kinds of patients								
	respond better to the different modalities, ie do women respond to one better								
	than men, or does the different kind of hypertension respond better, essential vs								
	renovascular.								
	There somehow should be a more accurate way to take blood pressure. One way to lower it is to lose weight. You only get improved blood pressure WHILE you're losing weight. Not a good treatment for long-term use	the numbers" could	tcomes that might not be "by include better sleep, ability rcise, fewer headaches.)					

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Disclosures

Research infrastructure grants from PCORI and NIH supporting the Health eHeart Alliance and the Health ePeople Resource for mHealth data collection