Increasing Uptake & Engagement of Treatments & Services with Behavioural Interventions

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Behavioural Economics

Principles

- Choice architecture
- Social influence
- Cognitive biases
 - Status quo bias
 - Loss aversion
 - Present bias

Relevance to health

- Overcome barriers
- Tailor interventions
- Encourage positive behaviours

Non-health fields

- Facebook,
 Amazon, Twitter,
 etc.
- Engagement
- Reference point

Study 1: SMS to boost flu shot uptake

- Mega-study
 - Katherine Milkman & Angela Duckworth @ UPenn
- Common behavioural barriers to the uptake of influenza vaccinations
 - Fear, misinformation, mistrust, concerns about side effects, time constraints, inconvenience (Bhat-Schelbert 2012, Gallant 2020, Schmid 2017)
- Behavioural interventions delivered through text messages
 - Providing better information about vaccine safety and efficacy, addressing vaccine misunderstandings, offering reminders, and using mixed media campaigns (Lawes-Wickwar 2020)

Study 1: Methods



Mega-study

74,811 patients from Penn
Medicine and Geisinger Health
September 2020 to March 2021
19 treatment arms designed by 26 scientists + control



Interventions

SMS before scheduled in-person appointment with primary care physician

Control: One SMS 2d before appt or three SMS 7d, 3d & 1d before appt



Measures & Analysis

Influenza vaccination, either on the day of the patient's primary care visit or in the three days leading up to the visit

Intention-to-treat analysis

Study 1: Results

usual care control (vaccinated 42% of the time) Flu shot reserved for you (2 texts: 72 hr + 24 hr pre-appt) Flu shot reserved for you (2 texts: 72 hr + 15 m pre-appt) Increased influenza Reply to receive the flu shot reserved for you (1 text: 6 pm, 1 d pre-appt) Video about getting the flu (2 texts: 6 pm, 3 d + 1 d pre-appt) vaccination by 1.8 Don't forget to get a flu shot (2 texts: 6 pm, 3 d + 1 hr pre-appt) percentage points (6.1%) Hard health behavior quiz (1 text: 6 pm, 1 d pre-appt) relative to control group Remember to ask for your flu shot (1 text: 6 pm, 1 d pre-appt) Improve the flu shot rate in your region (2 texts: 6 pm, 3 d + 1 hr pre-appt) Dedicate your flu shot to a loved one (2 texts: 6 pm, 3 d + 1 hr pre-appt) Easy health behavior quiz (1 text: 6 pm, 1 d pre-appt) Video about importance of exercise (2 texts: 6 pm, 3 d + 1 d pre-appt) Protect yourself by getting a flu shot (2 texts: 24 hr + 15 m pre-appt) Vivid video about getting the flu (2 texts: 6 pm, 3 d + 1 d pre-appt) Beat the flu shot rate in another region (2 texts: 6 pm, 3 d + 1 hr pre-appt) Protect others by getting a flu shot (2 texts: 24 hr + 15 m pre-appt) Protect a vulnerable loved one by getting a flu shot (2 texts: 6 pm, 3 d + 1 hr pre-appt) Reply to receive the flu shot (1 text: 6 pm, 1 d pre-appt) Share a joke about the flu (1 text: 6 pm, 1 d pre-appt) Getting a flu shot is an easy way to be healthy (1 text: 6 pm, 1 d pre-appt) **Percentage Point Increase in Flu Vaccination**

Study 1: Topperforming Message

- 3.1 percentage point increase in vaccination relative to control
- "reserved for you"
- 3 of top 5 also framed as "reserved for you"

72 Hours Before Appointment

John, this is a message from Penn Medicine about your upcoming appointment. Text & data rates apply. Reply stop to opt out at any time.

You have an appt w/ Dr. Smith on 10/01 at 11:00 AM & it's flu season. A flu vaccine is available for you. Protect yourself & your family's health!

Look out for a vaccine reminder message before your appt. You can opt out of a reminder by texting back OPT OUT.

24 Hours Before Appointment

PENNMED: John, this is a reminder that a flu vaccine has been reserved for your appt with Dr. Smith.

Please ask your doctor for the shot to make sure you receive it.

Study 1: Discussion

- Interpretation:
 - Endowment effect (loss aversion)
 - Default effect (status quo bias)
- Caveat:
 - No difference when default/endowment effect directly tested (Buttenheim 2022)
- Limitations
 - Short-term outcomes
 - Other concurrent initiatives
 - Mega-study design

Digital Mental Health Treatments

Barriers to mental healthcare

- Cost
- Stigma
- Provider shortage

(Kakuma 2011; Thomas 2009)

Increased relevance with COVID-19

- Overcome barriers
- Increased demand

(Coley 2021; Figuera 2020)

Remote access

Mental health treatment gap

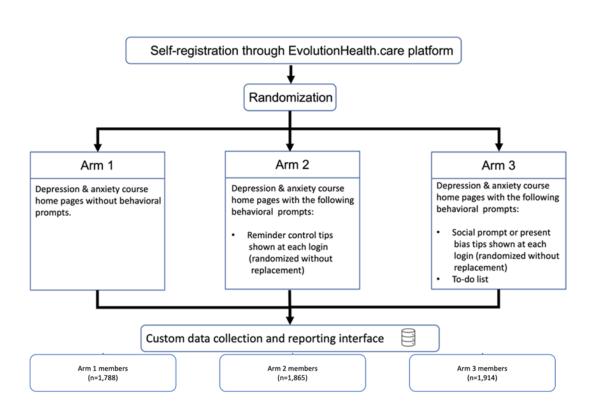
- ~50% global (Kohn 2004)
- Exacerbated during pandemic
- Digital mental health treatments (DMHT)

Study 2: Boosting engagement in DMHT

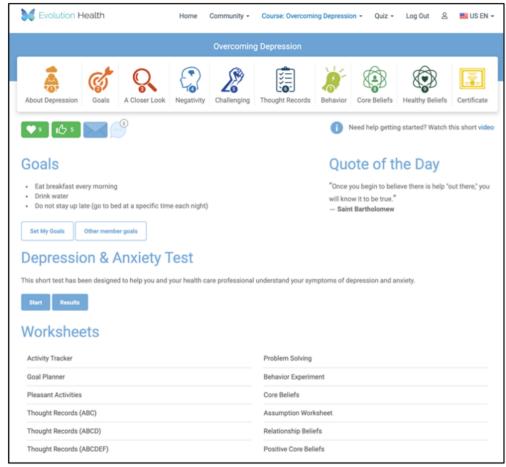
- Evolution Health
 - Developed and provided an evidence-based, self-guided interactive digital mental health treatment (DMHT) for depression and anxiety
- Drive engagement and adherence
 - 504% increase in uptake of iCBT during the pandemic (Mahoney 2021)
 - Dose-response relationship of DMHTs (Gan 2021)
 - Completion or sustained use of DMHTs range from 0.5% to 28.6% $_{(Fleming\ 2018)}$
- Behavioural economic interventions
 - BE studies in DMHT are uncommon (Wu 2021)

Study 2: Methods

Population & Recruitment (Nov 2021 – May 2022)

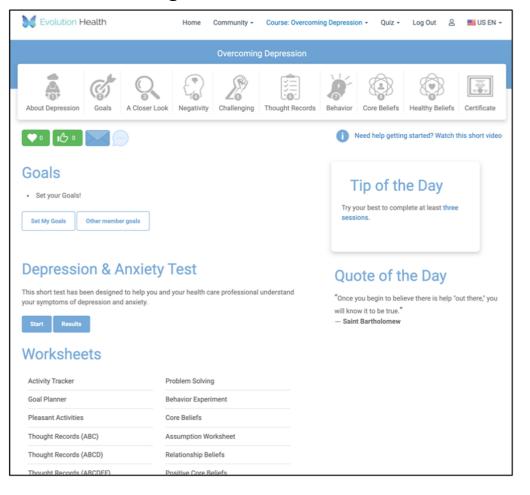


Arm 1 Home Page (control)

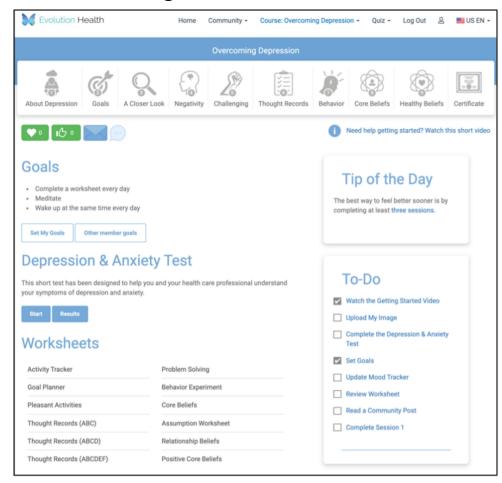


Study 2: Methods

Arm 2 Home Page

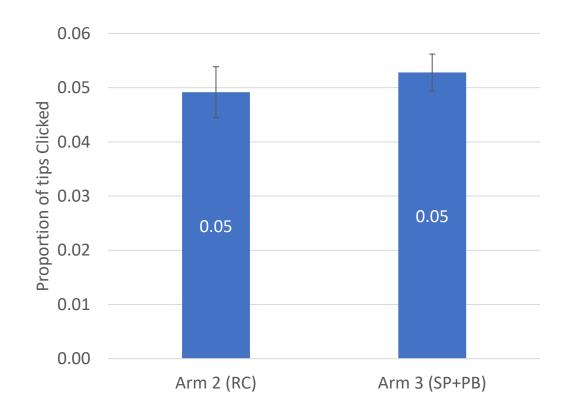


Arm 3 Home Page

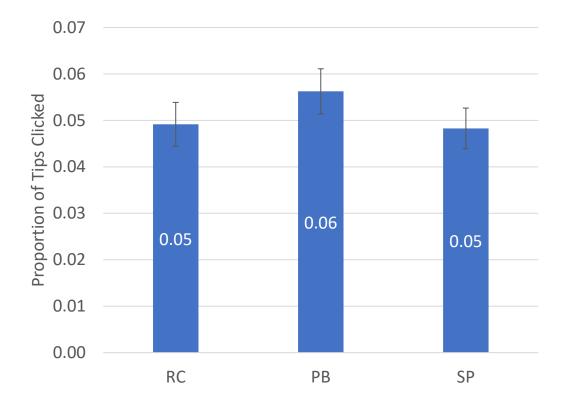


Study 2: Results

Engagement with Tips by Arm

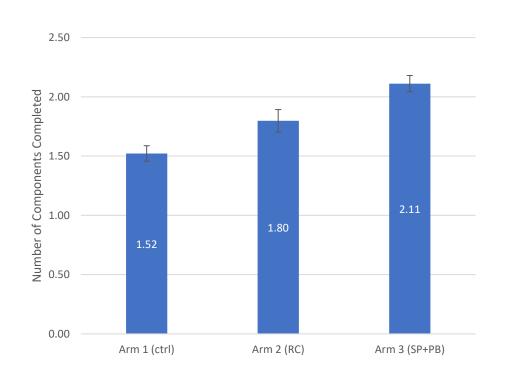


Engagement with Tips by Type



Study 2: Results

Engagement with features by Arm



Engagement by features

Arm 1 n (%)	Arm 2 (%)	Arm 3 n (%)
13 (0.73)	16 (1.85)	357 (18.65)
366 (20.47)	224 (25.9)	629 (32.86)
46 (39.66)	13 (43.33)	51 (47.66)
304 (17)	171 (19.77)	600 (31.35)
47 (24.14)	17 (46.67)	60 (51.4)
n/a	21 (2.4)	606 (31.66)
n/a	24 (2.8)	923 (48.22)
723 (40.4)	397 (45.9)	851 (44.4)
1.10	1.27	1.21
	13 (0.73) 366 (20.47) 46 (39.66) 304 (17) 47 (24.14) n/a n/a 723 (40.4)	13 (0.73) 16 (1.85) 366 (20.47) 224 (25.9) 46 (39.66) 13 (43.33) 304 (17) 171 (19.77) 47 (24.14) 17 (46.67) n/a 21 (2.4) n/a 24 (2.8) 723 (40.4) 397 (45.9)

^{*}not included in analysis due to unavailability of data

Study 2: Discussion

- Interpretation:
 - Choice overload
 - Choice architecture (reminders, checklists)
- Engagement and adherence
 - Greater % users completed at least one CBT session
 - No increase in program completion
- Limitations
 - Participant validation
 - "Tire kickers" and "super users"
 - Employee Assistance Programs

Commentary



Latent Demand

Gap between need for mental health services and their actual use

Consequences for individuals and society



Behavioural Science Framework

Barriers at each stage of patient journey (e.g., stigma, choice overload, accessibility)
Interventions at each stage (e.g., marketing, decision aids, digital treatments)



Default Appointments

Increase DMHT adherence
Preventative care

General Discussion



Applying BE & RCTs to vaccinations and digital mental health



Boost uptake and engagement



Future research on adherence

Thank You

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