

# **Online Peer Coaching Integrated with Multiple Interventions to Extend DM Effectiveness**

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# Mantras to live by

- **It Ain't Dog Food if the Dog Don't Eat It!**

The program is only as good as the users willingness to use it

- **Suction, Not Pressure!**

Develop internal motivations, align incentives

- **Information is Not Enough**

If it was we wouldn't be talking today

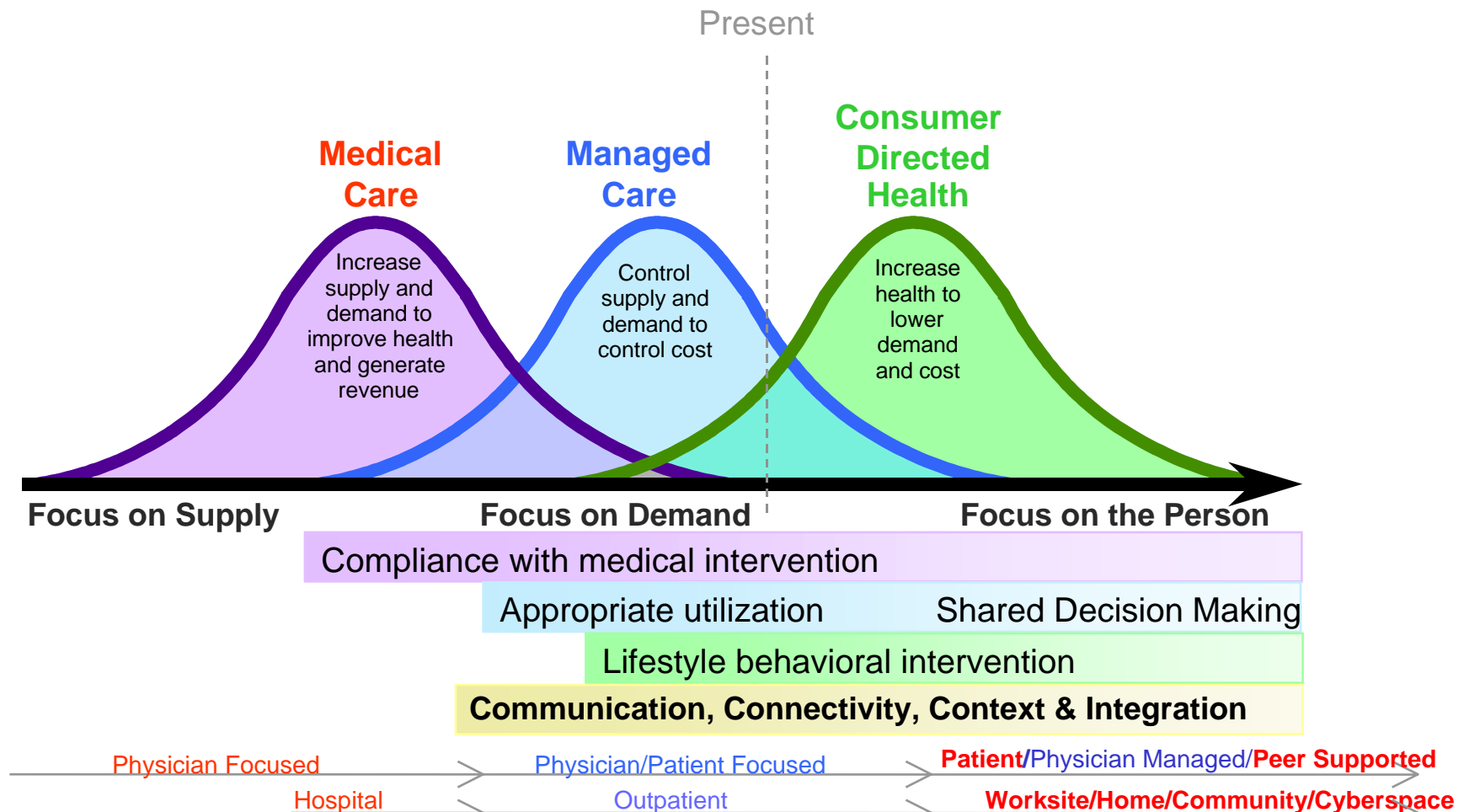
- **Watch What They Do, Not What They Say!**

People often tell you what they wish rather than how they actually behave. Design interventions and communication accordingly.

- **Listen to Your MoM!**

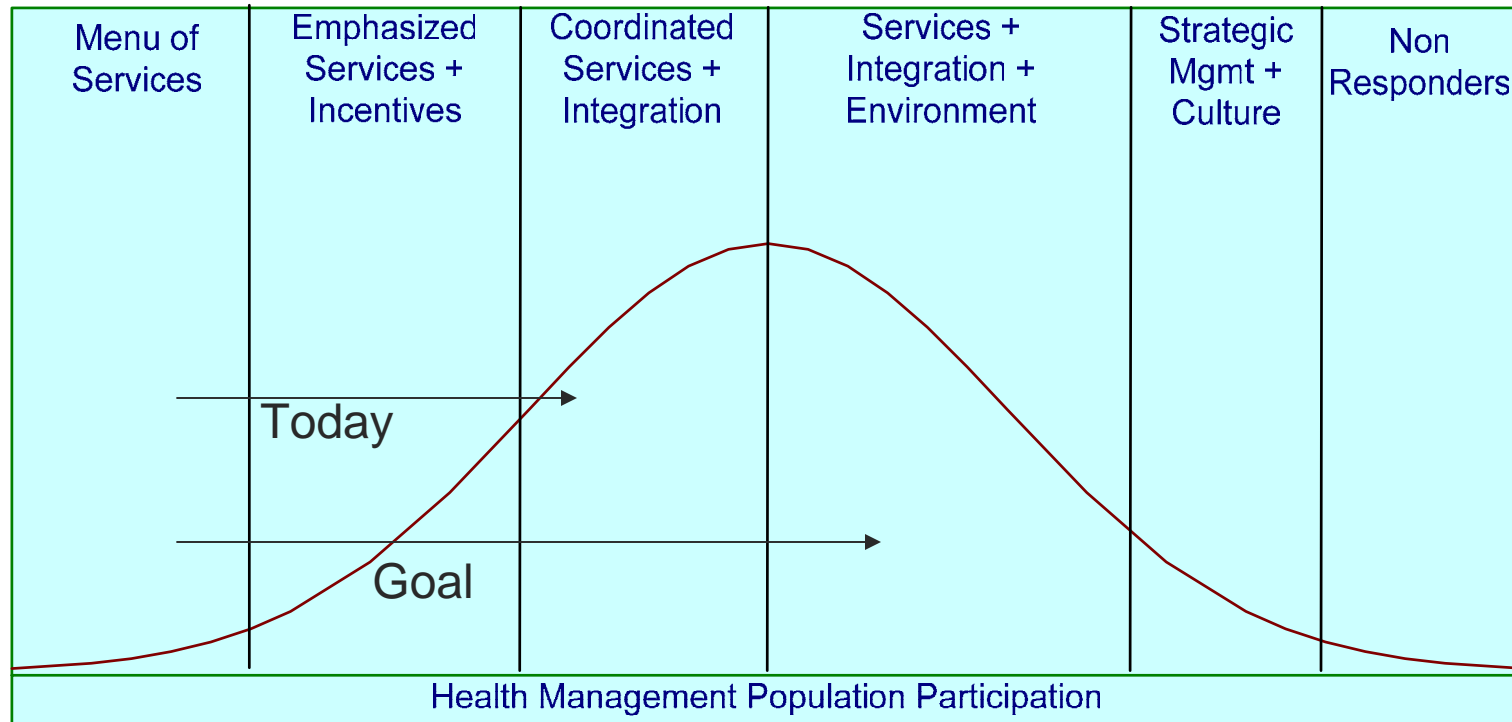
Useful information is made relevant through people

# [ Focusing on the Consumer ]

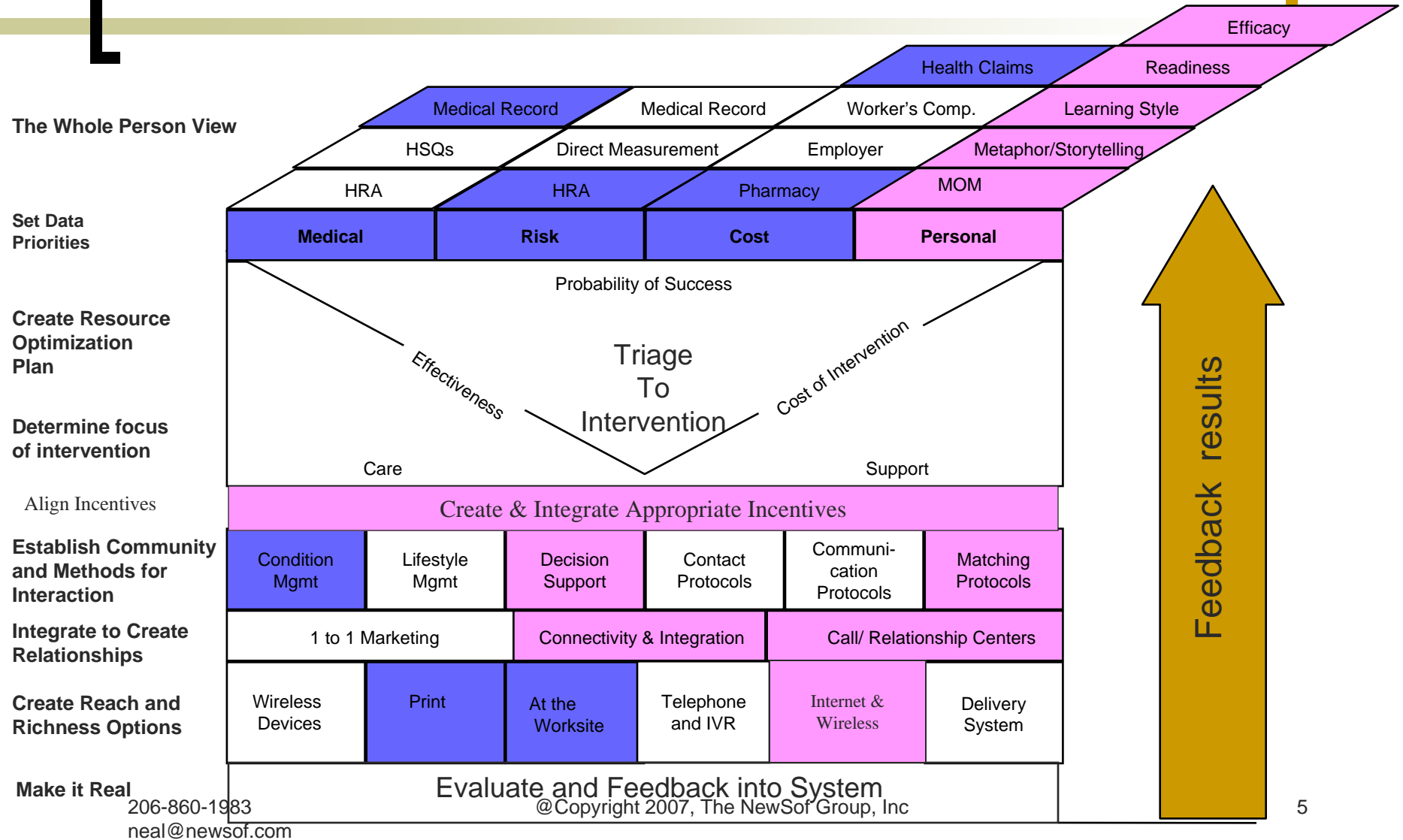


# Reaching More People in Corporate Settings

The goal is reach and richness to create significant change.  
To accomplish this requires a new management model



# Model of Health Management



# [The Science]

- Recent report: human beings are “Hardwired to Connect”
- We are “biologically primed” for finding meaning through attachment to others
- Learning is social
- Acting on learning comes from context
- Context comes from the groups of like meaning or Micro-cultures of Meaning (MoM)
- Social Constructionism demonstrates that learning is always based on the context and language/stories of the group

# [What is a MoM?

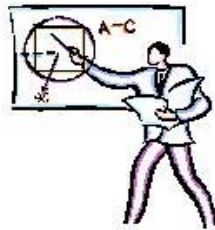
- A community of people with common need or purpose
- It's about connecting people and their knowledge (explicit & implicit): allowing them to communicate, share common experiences, interpret information, solve problems (personal, social, work), collaborate
- It assumes the consumer as well as the provider is a valuable source of actionable knowledge
- It can be virtual support group, form of intervention, training extension or community of practice
- It is a way to build a comfortable 'place' which facilitates action intertwining interaction with contextual and professional information
- It is designed to turn information into usable knowledge
- It is far more than a collection of applications
- Interactions match normal community behavior with the added benefits of the reach and richness that technology can support

# [What is context?

The beliefs, values, institutions, customs, labels, laws, divisions of labor, and the like that make up our social realities are constructed by members of a culture as they interact with one another. **That is, societies (communities) construct the ‘lenses’ through which their members interpret the world” (Freedman, 1996). We see this as central for empowering any effective intervention.**



# [ Why is context important? ]



**Relevant experience**

**+**



**Information**

**=**



**Wisdom/knowledge**



**Wisdom/knowledge**

**+**



**Appropriate resources**

**=**



**Increased chance of action**

# [ Who is like me? ]

Me can be based on:

- Demographics: age, sex, ethnicity, marital status, geography, employer, etc.
- Circumstances: disease/risk state(s), club affiliation, employer, a common problem and/or task, intra/inter mural work team, a common passion and/or need, etc.
- Common experience: veterans, an academic pursuit, attending particular events, caring for someone with a disability, hobby, etc.

**Me** can be any or all of the above and more!

# [ Communication Within a MoM ]

Modalities (integration between them all)

- Face-to-Face (group and individual)
- Telephonic (real time, IVR, group)
- Print (tailored)
- Online (self care interventions, coaching, web communities, push emails, tailored messages, web casts, audio/video transmission etc)
- Wireless Devices

# Roles for an Online MoM

- A MoM works because it can help create context and/or social connections, which in turn drive behavior.

Intervene and monitor progress

Share,

Support others,

Transfer best practices,

Collaborate,

Retain/maintain

Participate

Mentor

Purchase/use of product or service

# Effective Intervention

- Communication – pervasive, ongoing, and multi-modal
- Context – Information is not sufficient to create change
- Coaching – A suite of interventions over time using multi-modalities and learning styles along the risk continuum
- Connections – All interventions and support will only be relevant within the context of the user population. Build integrated vertical (professional) and horizontal (consumer) interventions
- Coin – Align incentives of all the stakeholders
- Culture – It is part of the core, not peripheral to a strategy. Personal stories/experience are a key driver in transmitting this strategy. Start with the person, not the technology or risk
- Create Microcultures of Meaning (MoM)

# [ Stories & Metaphors ]

Publish pictures, voice, stories (rather than food or activity diaries in support of peer or professional intervention)



**“I consider it one serving if it is smaller than either my head or my plate, which ever is larger”**

# [ Creating Systemic Change ]

- Focus on the reach and richness of content (information alone is not enough)
- Think of behavior as a transaction by creating a health action or medical event
- Create micro-cultures of meaning (to create context, tacit knowledge, and connectivity)
- Incent all parties toward the same outcomes
- Integrate multiple mediums and learning styles
- Focus on what people do, not what they say
- Start with the person, not the risk or technologies
- Build relationships, not products/programs

# [How a MoM Works Online]

## Personal Behavior

Greeting/Welcome

Gathering

Giving/Referring  
opinion giving

Finding Help, Sharing

Helping/Instructing

Family/Patient/Peer  
Updates/notification

Connecting

Relationship forming

## The Online Functionality\*

Registration, Personal Web Page & Profile, Welcome email Prepackaged links (based on profile) of applications, people, content, resources for new users

Member Directory, Search, 'Friends List' Chat

Discussion and Chat, Resource Contributions and Ratings, volunteering, and Expression Gallery

Resources, Ask the Community Manager, Search

Multimedia Stories, Talk shows, Web logs, Moderated Chats and Discussion Boards, Web casts

Web logs. Secure internal email, External email

Email, Chat, Discussion Boards, Group Web logs

Tailored newsletters, personalization filters and email notification of relevant knowledge, people, status within the community, and resources

*\*All functionality must be tied together matching human behavior. The whole is always greater than the sums of the functional parts*



# [How a MoM Works Online]

## Professional Behavior

Greeting/Capabilities  
assessment, team building  
applications,  
Team Development  
connection  
Collaborating, Co-development  
Gallery  
Best Practices  
Training, Online seminars  
Professional Development  
New Research, Innovations  
Collaborating  
Networking, Shop Talk  
Group  
Grand Rounds, In-service  
Project Status  
resources

## The Online Functionality\*

Registration, Personal Web Page & Profile, Welcome  
email Prepackaged links (based on profile) of  
people, content, resources for new users  
Member Directory, Search, 'Friends List', Chat, Web  
interface  
Discussion with Presentation and Chat, Resource  
Contributions and Ratings and Expression  
Resources, Ask the Community Manager, Search  
Multimedia Stories, Talk shows, Web logs, Moderated  
Chats and Discussion Boards, Web casts  
Web logs. Secure internal email, External email  
notification  
Email, Chat, Discussion Boards with Presentations,  
Web logs with controls over access  
Tailored newsletters, personalization filters and email  
notification of relevant knowledge, people, and

*\*All functionality must be tied together matching human behavior. The whole is always greater than the sums of the functional parts*

# [Areas of Impact]

- Intervention
- Intervention extension
- Integration between benefits and behavior
- Integrated Healthcare
- Support
- Advocacy
- Knowledge Management

# [ Service Variants ]

- Corporate employee service (could be tied to the structure of the insurance product) – a community surrounding health risk and behavioral intervention
- Contextual content within online DM/health behavior interventions
- Community support with Health Provider Intervention and monitoring
- Peer support tied to existing and/or new DM interventions
- Peer support integrated with telephonic and/or online coaching
- VOIP messaging to extend DM call centers
- ASP model for areas of disease and/or risk
- Peer support around specific product/drug intervention
- Provider focused service for professional development & knowledge management

# [The Future]

- Assessment
  - Tied to EMR, PHR, HRA data
  - Personal demographics
  - Tied to insurance product status
- Triage to intervention
- Matching to intervention
- Tailored intervention
- Peer Support
- Peer Support with sub communities tied to Professionals
- Resources
- Meet up
- Integrated Intervention
- Professional monitoring and intervention management
- Professional creation of peer networks
- Integration of Physician to care team and peers

# [ Interesting Reading ]

**The Paradox of Choice**, Why More is Less, Barry Schwartz, Harper Collins, 2004

**Influence, Science and Practice**, Robert Cialdini, 2001 Allyn & Bacon

**How Resilience Works**, Diane Coutu, Harvard Business Review, May 2002

**Bowling Alone**, Robert Putnam, 2000, Touchstone

**The Social Life of Information**, John Seely Brown, 2000 Harvard Business School Press,

**The Springboard**, How Story Telling Ignites Action, Stephen Denning, 2000 Butterworth Heinemann

**The Cluetrain Manifesto**, Levine, Locke, Searls, Weinberger, 2000 Perseus

**Emotion, Disclosure, & Health**, James Pennebaker, ed., 1995 American Psychological Association

**If you Meet the Buddha on the Road, Kill Him**, Sheldon B. Kopp, 1972 Science and Behavior Books

**Myths To Live By**, Joseph Campbell, 1972 Penguin Books USA

**Opening Up: The Healing Power of Expressing Emotions**, James Pennebaker, 1990 The Guilford Press

**Tell It by Heart: Women and the Healing Power of Story**, Erica Helm Meade, 1995 Open Court Publishing