

# Facilitating patient self-management in chronic disease: integrating electronic personal health records and ongoing communication into a web-based self-management tool

<b>Submission date</b> 23/03/2009	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 07/04/2009	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 05/12/2016	<b>Condition category</b> Respiratory	<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Prof Sarah Ahmed

**Contact details**  
3654 Prom Sir-William-Osler  
Montreal  
Canada  
H3G 1Y5  
+1 (0)514 398 4400 ext. 00531  
sara.ahmed@mcgill.ca

## Additional identifiers

**Protocol serial number**  
179464; MOP-89859

## Study information

**Scientific Title**

Facilitating patient self-management in chronic disease: integrating electronic personal health records and ongoing communication into a web-based self-management tool - a multicentre, two-armed randomised controlled trial

### **Study objectives**

Higher rates of usage of the web-based self-management tool will be associated with greater improvements in asthma-related quality of life and asthma control.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

McGill Institutional Review Board (IRB), 18/02/2009, ref: A10-E36-08B

### **Study design**

Multicentre two-armed randomised controlled trial

### **Primary study design**

Interventional

### **Study type(s)**

Quality of life

### **Health condition(s) or problem(s) studied**

Asthma

### **Interventions**

Intervention group: access to the web-based self-management tool including personal asthma profile, educational material, communication and feedback with the healthcare team, telephone follow-up by the study nurse

Control group: usual care and follow-up

Duration: 6 months

### **Intervention Type**

Other

### **Phase**

Not Applicable

### **Primary outcome(s)**

1. Asthma Specific Health-Related Quality of Life, measures four functional impairments at baseline and at the end of the study
2. Asthma control, defined as the excess use of rescue fast-acting bronchodilators (beta-2-agonists) (FABA) at baseline and at the end of the study

### **Key secondary outcome(s)**

1. Technology Acceptance Measure (TAM): to evaluate intention to use the system and perceived benefits at the end of the study
2. Usage rates of the system, assessed by examining automated audit trails which will include the frequency of use defined as the number of minutes patients spent logged into the system

/week

3. Patterns usage

4. Asthma Self-Efficacy, using a rating scale an overall mean score is calculated that can range from 1 (no confidence) to 5 (very confident), measured at baseline and at the end of the study

5. Medication adherence, evaluated by comparing medications prescribed to medications dispensed based on the prescription claims file

6. Healthcare utilisation: asthma-related emergency room (ER) visits/hospitalisations

**Completion date**

30/12/2011

## Eligibility

**Key inclusion criteria**

1. Male and female patients over the age of 18 years suffering from asthma

2. Have full health insurance coverage from Régie de l'assurance maladie du Québec (RAMQ)

3. Physicians are actively using the asthma decision support system

4. In poor control despite being prescribed appropriate therapy and a written action plan.

Specifically, poor control is defined as those patients who have had a respiratory-related emergency room (ER) visit or excessive beta-2-agonist use in the six months before recruitment.

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Key exclusion criteria**

1. Aged over 60 years

2. Serious medical diagnosis such as lung cancer

3. Severely limited mobility preventing patients from leaving home

**Date of first enrolment**

30/03/2009

**Date of final enrolment**

30/12/2011

## Locations

**Countries of recruitment**

Canada

**Study participating centre**  
3654 Prom Sir-William-Osler  
Montreal  
Canada  
H3G 1Y5

## Sponsor information

**Organisation**  
McGill University (Canada)

**ROR**  
<https://ror.org/01pxwe438>

## Funder(s)

**Funder type**  
Government

**Funder Name**  
Canadian Institutes of Health Research (Canada) (ref: MOP-89859)

**Alternative Name(s)**  
Instituts de Recherche en Santé du Canada, The Canadian Institutes of Health Research (CIHR), Canadian Institutes of Health Research (CIHR), Canadian Institutes of Health Research | Ottawa ON, CIHR - Welcome to the Canadian Institutes of Health Research, CIHR, IRSC

**Funding Body Type**  
Government organisation

**Funding Body Subtype**  
National government

**Location**  
Canada

## Results and Publications

## Individual participant data (IPD) sharing plan

### IPD sharing plan summary

#### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/12/2016		Yes	No
<a href="#">Protocol article</a>	protocol	14/12/2011		Yes	No