Innovations in Treatment Fidelity: Measuring Quality of Implementation for a Life Coaching and Pharmacist Counseling Intervention for Employed Diabetics

Research Objective
Treatment fidelity is a critical component in evaluative interventions to ascertain that treatment staff delivered a particular intervention as intended. Aspects of treatment fidelity identified in the literature include adherence, response, quality of provider, and participant responsiveness and program outcomes (Dane, A. V. & Schneider, B. H. 1998). The objective of this study was to measure treatment fidelity within the Hawai’i Demonstration to Maintain Independence and Employment (HI-DMIE) to understand how well key components of the program were delivered in order to determine whether the life coaching and pharmacist counseling could forestall or prevent the loss of employment and independence due to diabetes-related complications.

Program Components

**Life Coaching**
Life coaching is a collaborative process between a coach and client with the goal of increasing motivation to maximize a client’s ability to reach their desired health or personal goals. Coaches assist participants to develop a realistic and doable action plan, provide feedback and monitor complications that occurred throughout the intervention period. The degree to which participants were aware of, reacted to and made recommendations about program components.

**Pharmacist Counseling**
Pharmacist counseling is a collaborative process between a pharmacist and patient who seeks to improve medication adherence. Pharmacists provide one-on-one consultations in a pharmacy setting to understand medication adherence and encourage participants to take an active role in managing their medications. Pharmacists provided documentation that was related to the HI-DMIE project.

Background
Geographic area: Honolulu, Oahu, Hawai’i
Target population: Employed Diabetics
Participant characteristics: The demographic characteristics of the sample were as follows: 83% female, 83% minority, 79% Caucasian, 9% Asian, 2% African American, and 3% others. The mean age was 56.8 years (SD = 7.5). The mean family income was $39,200 (SD = $15,000). The mean education was 12.6 years (SD = 2.3). The mean employment was 17.0 years (SD = 16.8). The mean diabetes duration was 7.9 years (SD = 8.4).

Quality of Service Delivery

**Participant Responsiveness**
Participant responsiveness assessed using Satisfaction Survey items that measured the effectiveness of the life coaching and pharmacist counseling. A total of 536 life coaches and 153 pharmacists were rated.

**Behavioral Rating Scale Item**
Behavioral rating scale items used a 4-point Likert scale ranging from 1 (completely dissatisfied) to 4 (completely satisfied). An average rating of 3 indicates neutrality, a rating of 2 indicates a moderate level of adherence, and a rating of 1 indicates a low level of adherence.

**Performance of Theoretical Ideals**
Performance of theoretical ideals was assessed using a 4-point rating scale ranging from 1 (minimal adherence) to 4 (exemplary). An average rating of 3 indicates neutrality, a rating of 2 indicates a moderate level of adherence, and a rating of 1 indicates a low level of adherence.

Findings

**Adherence**
Adherence to treatment was measured using select response items from a program staff survey and participant responsiveness survey.

**Quality of Service Delivery**
Quality of service delivery was measured using select response items from a program staff survey and participant responsiveness survey.

**Performance of Theoretical Ideals**
Performance of theoretical ideals was measured using select response items from a program staff survey and participant responsiveness survey.

Conclusions

**Implications for Policy, Delivery or Practice**
Measuring treatment fidelity was challenging but feasible. The life coaching model was a comprehensive, multi-component intervention that may be scalable to other settings. Identifying specific life coach behaviors to deliver the scale required a comprehensive review of the literature, consideration of existing life coaching frameworks, and consultation with practicing life coaches, and working closely with project administrators to design a comprehensive framework.

**References**

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