

Provider Research Grant - Richard A. Krasuski, MD  
Director of the Adult Congenital Heart Disease Center  
Duke University

**Peer Coaching Adaptive Self-Management Interventions for Young Adults with Congenital Heart Disease (CHASM IN ACHD)**

Individuals born with congenital heart disease (CHD) are increasingly living into adulthood, leading to the need for interventions that will prepare adolescents and young adults (AYA) to take on more independence in their healthcare. When healthcare transition is not adequately addressed, there are often lapses in care and avoidable morbidity, mortality, and emergency department utilization. Our **Peer Coaching Adaptive Self-Management Interventions for Young Adults with Congenital Heart Disease (CHASM IN ACHD)** is a pilot randomized controlled trial to evaluate the acceptability, feasibility, and efficacy of a four-month peer coaching intervention. Our team has conducted similar coaching studies with AYA with other conditions and have shown this type of intervention is feasible, acceptable, and shows preliminary positive results in efficacy. We hypothesize that we will find similar results in AYA with CHD. The CHASM IN ACHD intervention empowers AYA with CHD to become more independent and motivated to transition through the use of peer coaches. Peer coaches are adults in their 20s with the shared experience of living with CHD who are trained as peer health coaches to provide the intervention. The intervention utilizes a trackable, HIPAA-compliant telephone/texting platform, InquisitHealth Mentor1to1™. The coaches will work with each AYA with CHD to identify specific self-management and healthcare navigation skills to target and will follow up longitudinally. The coach will contact the patient at least eight times over a four-month period (initial call with project coordinator for goal setting and then at least three months of coaching with the peer coach) and will provide support around their identified goal(s). After the four-month period, the team, including the coach and patient, will decide whether to continue the coaching intervention and explore additional behavioral targets. We expect to train two coaches, and each coach will work with five youth at a time. With two cycles a year each coach will coach 10 patients a year for a total of 40 patients over the two-year period. We plan to use the results from this pilot study to refine and scale the intervention, with a plan of pursuing a large, multisite study in the future.