

Hospital-based supported self-management intervention for colorectal cancer survivors: Acceptability and feasibility in New Zealand

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Aim

To demonstrate that supported self-management intervention in the hospital setting could acceptably and feasibly address cancer care gaps reported by New Zealand cancer survivors.

Background

Research into New Zealand cancer survivor needs and experiences indicates that people affected by cancer would like more timely information, better support, and help fitting the cancer journey into the context of everyday life. *How can the experience of cancer care be improved?* Self-management interventions intend to help people acquire and practise skills to carry out different medical regimens and lifestyle changes as well as support physical and psychosocial transitions. *Can supported self-management intervention in the hospital setting address cancer care gaps identified in New Zealand?*

Methods

The Medical Research Council (UK) guidance on complex interventions guided the study design (see figure below). The study took place at Wellington Hospital. Phase 1 involved focus groups and clinician interviews. Phase 2 was a pilot study of The Flinders Program involving 3 sessions at usual hospital appointments covering 13 areas where self-management skill might be improved and patient experience enhanced. Outcomes assessed included patient-reported self-management competency, quality of life (SF12v2), distress and patient experience.

Results – Phase 1 Acceptability (vignette)

Qualitative Themes – from experience of impacts and support as well as views on a self-management vignette

Cancer impacts on life and challenges self-management.

Additional support to better self-manage welcome; Clinicians want evidence on providing emotional support.

Most cancer survivors and clinicians perceived the supported self-management intervention vignette as acceptable. Further research needed on timing & setting.

Results – Phase 2 Feasibility (RE-AIM)

Quantitative Outcomes - Pilot study (May '13 - Oct '14).

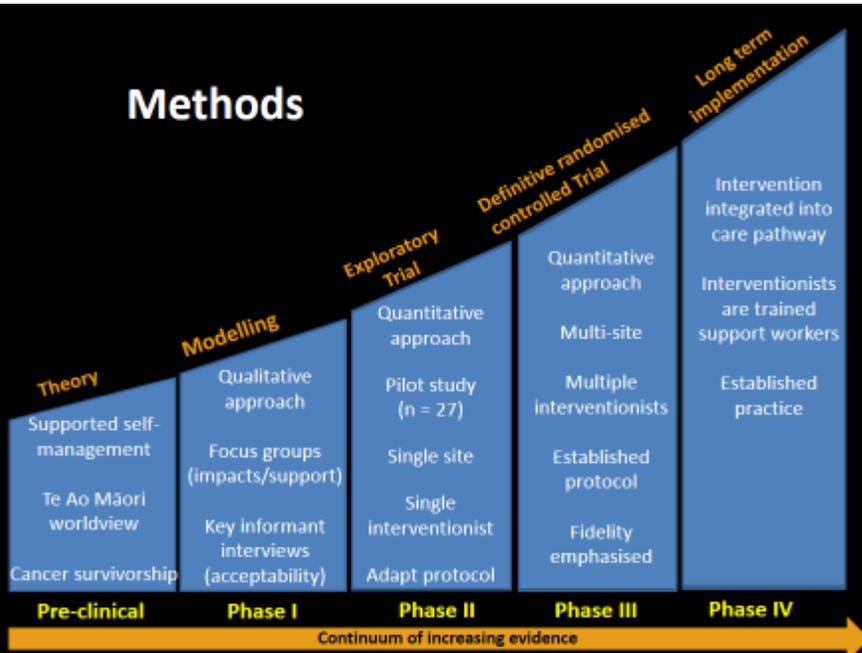
Reach – 33 patients referred by treating clinicians (out of ~100); 28 consented/randomised; 27 completed; 14 intervention group, 13 control group.

Effectiveness – 58% (8/14) intervention participants reported self-management deficiency in at least one area with clinically significant increase reported in confidence pre- to post- (p=0.06).

Adoption – Intervention delivered in hospital outpatients (oncology) and inpatients (surgery) with some adaptation indicated (i.e. cultural considerations; phone follow-up).

Implementation – 14 intervention care plans completed; Study flow successfully linked to clinical flow; Respondents rated the intervention as highly satisfying (score >3.5 out of 4) but did not think the care plan actions were sustainable. Most clinicians agreed the intervention enhanced care in the hospital setting.

Maintenance – Not assessed;. Fidelity & dose concerns.



Conclusions

- Supported self-management intervention addressed cancer care gaps identified in NZ.
- It improved patient-reported outcomes for just over half of intervention participants. The greatest benefit was reported by colorectal cancer survivors who lived alone and with comorbidity.
- Supported self-management was acceptable and feasible in the hospital setting.
- The next step in the MRC guidance, a Phase 3 multi-site RCT, is warranted. The protocol benefits from Phase1 & 2 work.