

## Self-management support in the secondary care setting

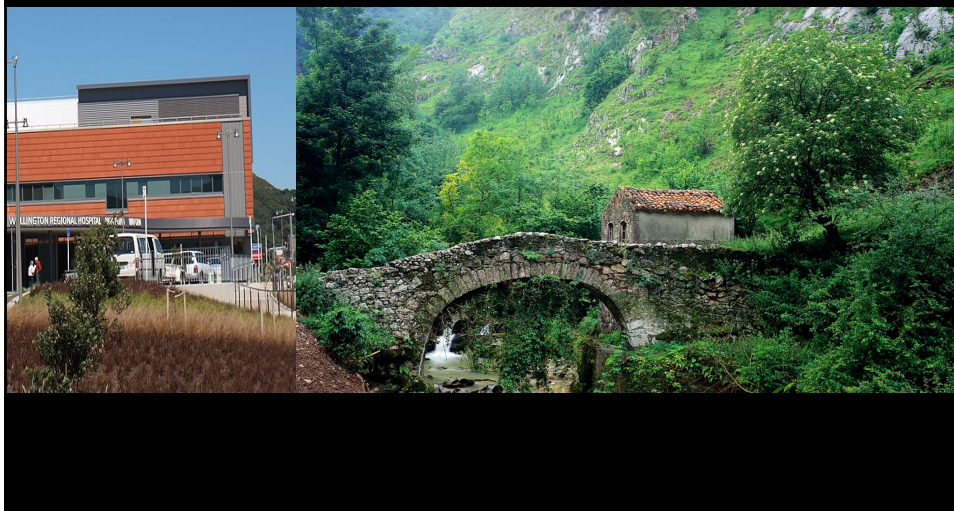
Inga O'Brien<sup>1</sup>, Diana Sarfati<sup>1</sup>, Louise Signal<sup>1</sup>, Janine Bycroft<sup>2</sup>, Sharon Lawn<sup>3</sup>, Bogda Koczwara<sup>4</sup>

<sup>1</sup> Cancer Control and Screening Research Unit, University of Otago; New Zealand

<sup>2</sup> Clinical Director, Health Navigator Charitable Trust; Auckland, New Zealand

<sup>3</sup> Flinders Human Behaviour and Health Research Unit, Flinders University; Adelaide, Australia

<sup>4</sup> Flinders Centre for Innovation in Cancer, Flinders University and Flinders Medical Centre; Adelaide, Australia



## Lifeworld-led vs Clinical-led

<b>Lifeworld</b> (TE AU MAORI – Māori Worldview) (wairua, hinengaro, whānau, tinana)	↔	<b>World of medicine</b> (tinana)
<b>Well-being (despite comorbidities)</b> (hauora)	↔	<b>Primary care + Secondary care silos</b>
<b>Life/relationship management</b> (whanaungatanga)	↔	<b>Disease management</b>
<b>Sense-making</b> (tapu, mana, aroha, tika, pono)	↔	<b>Outcomes</b>
<b>Identity</b> (whānau, rangatiratanga)	↔	<b>Compliance</b>

## Self-management support (as a supportive care assessment and intervention approach) in the secondary care setting

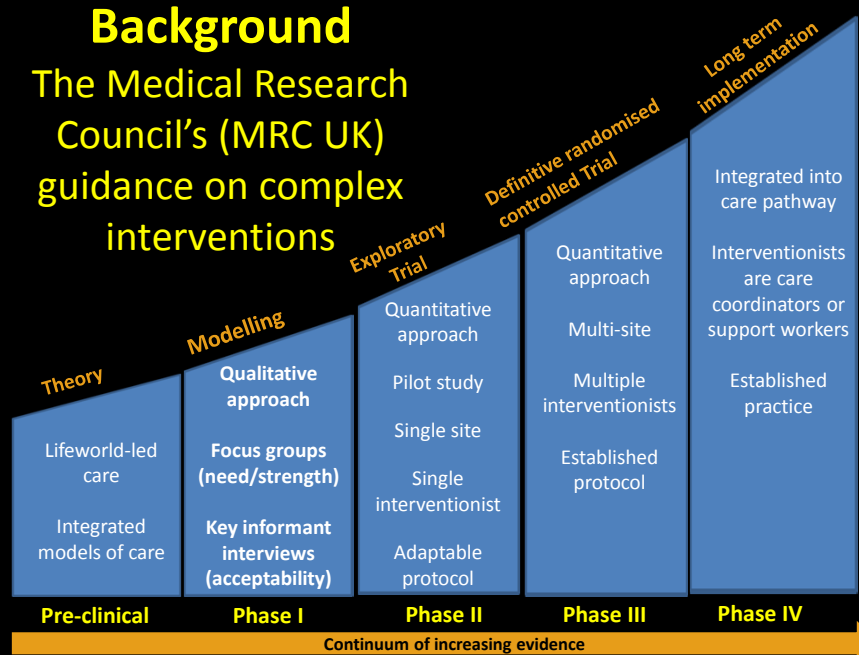


## Self-management vs Supportive care

Self-management domains (UK Health Foundation 2011)	Supportive care domains (NZ Supportive Care Guidance 2010)
Developing care plans as a partnership between service users and professionals	Coordination of care and support
Motivating people to self-manage using targeted approaches and structured information and support	Information support
Helping people to manage the social, emotional and physical impacts of their conditions	Psychological support
Involving people in decision making	Interpersonal communication
Providing opportunities to share and learn from other service users	Social support
	Spiritual support
Emphasising problem solving	Support for living long-term with cancer

## Background

The Medical Research Council's (MRC UK) guidance on complex interventions



## Focus Group and Key Informant Interview Results on Supportive Care Intervention

Focus group results (2 focus groups)	Key informant results (12 interviews)
Lifeworlds and relationships important to well-being and impacted by cancer	Not enough staff to address supportive care
Honour the whole person	Alternate approaches welcomed as need is obvious
Enable self-determination	Give it a go but 'do it right'
Hard to ask for help or know you need it	Make intervention adaptable and flexible
'By Māori, for Māori' preferred by Māori but key is aroha	No one size fits all

## Integrated Supportive Care in Secondary Care Settings

### Intervention study considerations

- Lifeworld-led and person/family-centred
- Values, evidence and strengths-based
- Addresses comorbidity & multimorbidity
- Equitable, accessible, adaptable, flexible — delivered during standard hospital appts
- Works across models
  - The Chronic Care Model (Wagner et al)
  - Whanau ora Model (Te Puna)
  - Supportive care Model (Fitch)

## Self-management support

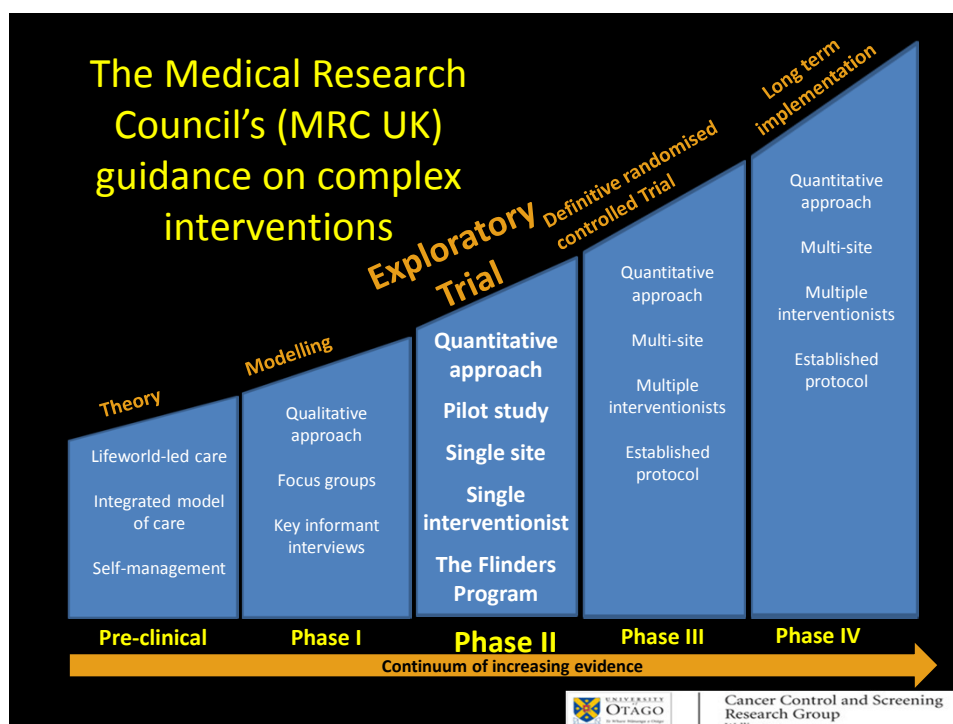
The Flinders Program

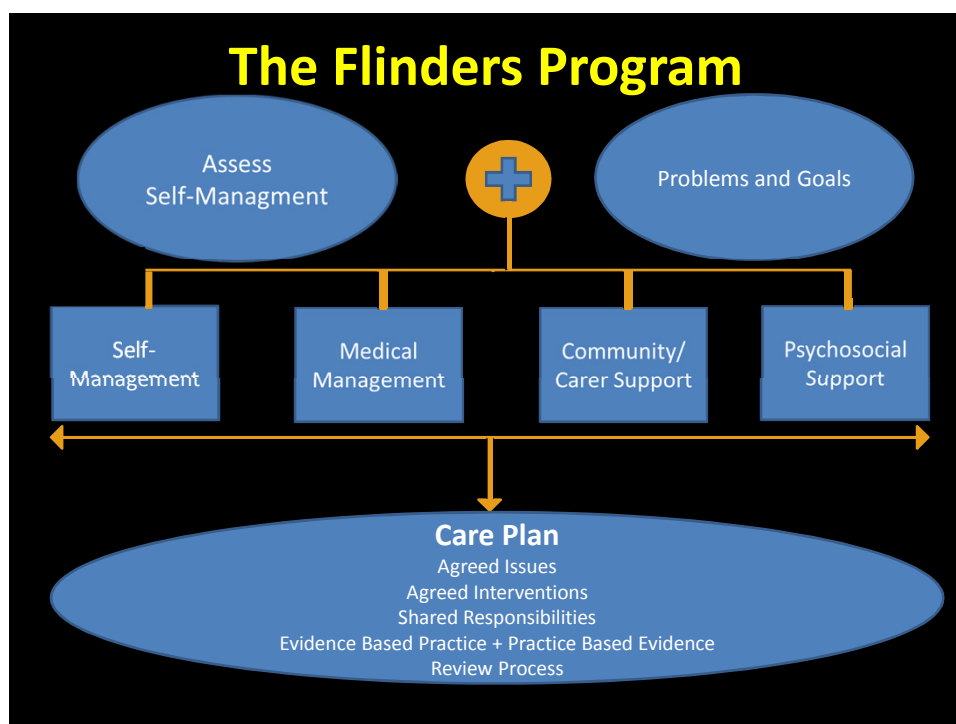
The Stanford Program

The UK Expert Patients Programme

### 5 core skills of self-management

- **Collaborative** problem solving & decision making for managing uncertainty and coping
- Health care partnerships & resource utilisation
- Taking action toward own priorities & goals





## Where to next? Phase II progress

- 27 people enrolled in a cancer care self-management support pilot study – control and intervention groups
- Recruitment taking place in oncology and surgical departments at Wellington Hospital
- Priority focus areas are acceptability, feasibility and timing of future RCT
- Outcomes –self-assessed self-management competency and distress levels as well as changes in quality of life, resilience, patient activation, and patient experience

## Summary

### Self-management support as a supportive care intervention

Self-management support reflects a **lifeworld-led approach**, and can be a foundation for an integrated model of cancer care incorporating supportive care.

The UK MRC guidance on complex interventions is a useful framework for an intervention study.

**The Flinders Program of Chronic Condition Management**, as a self-management support intervention, has not been adequately explored in the secondary care setting and further research is warranted.

## References

- 1) Battersby, M. W., Harris, M., Reed, R. L., Harvey, P. W., Woodman, R. J., & Frith, P. (2010). A randomised trial of the Flinders Program to improve patient self-management competencies in a range of chronic conditions: study rationale and protocol. *Australasian Medical Journal*, 2, 198–204. doi:10.4066/AMJ.2010.
- 2) Fitch, M. I., Porte, H., & Page, B. (Eds.). (2008). *Supportive Care Framework: A foundation for person-centred care* (p. 143). Ontario: Pappin Communications Ontario.
- 3) Galvin, K., & Todres, L. (2013). *Caring and well-being: A lifeworld approach*. Oxon: Routledge.
- 4) Medical Research Council. (2008). *Developing and evaluating complex interventions: new guidance*. Medical Research Council. Retrieved from <http://scholar.google.com/scholar?hl=en&btnG=Search&q=intitle:Developing+and+evaluating+complex+interventions+:+new+guidance2>
- 5) Te Puni Kokiri. (2012). *Whanau ora Fact sheet* (pp. 1–8). Wellington, New Zealand.
- 6) Wagner, E. H., Austin, B. T., & Michael Von, K. (1996). Organizing Care for Patients with Chronic Illness. *The Milbank Quarterly*, 74(4), 511–544. Retrieved from <http://www.jstor.org/stable/3350391>

## Acknowledgements

With gratitude to....

Cancer Society, Wellington Division

New Zealand Lotteries Health Board

University of Otago, Wellington

Capital & Coast District Health Board

Wellington Blood & Cancer Centre

My colleagues, supervisors and all people living with, through and beyond cancer who continue to share their views, lives and experiences to make it better for others.