

ICARE-P:

Patient led Integration of care enabled by digital technology: a feasibility study in prostate cancer

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Background

- In the UK Prostate cancer is the most common malignancy diagnosed in men¹
- With a 10 year survival rate of 84% (UK), there are more men living with or beyond prostate cancer ¹
- There is increasing pressure on specialist resources and new models of follow up care have been introduced in response
- National and international guidelines stress the need for General Practice (Primary Care) to take a greater role in cancer follow up care²
- The National Cancer Survivorship Initiative 'Living With and Beyond Cancer' programme recommends all cancer patients have access to a Holistic Needs Assessment (HNA) and Care Plan.³

1. Cancer Research UK, <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/prostate-cancer>, Accessed Sept 2018.

2. European Cancer Organisation, http://www.oeci.eu/Attachments/ECCO_Position_Statement_Integrated_Cancer_Care.pdf . Accessed Sept 2018

3. Dept of Health, Macmillan Cancer Support & NHS Improvement (Jan 2010) The National Cancer Survivorship Initiative Vision. webarchive.nationalarchives.gov.uk/20100809114528/...nhs.uk/cancer/survivorship/ Accessed Sept 2018.



Study Aim and Design

- To test the feasibility of a patient led integrated model of care, designed for men living with and beyond prostate cancer
- The core component is an online holistic and specific needs assessment (CHAT-P)
- Designed to facilitate the identification of men's information and/or unmet needs, individual care planning and enhance communication between patients and their health care providers
- Primary outcome: Recruitment, retention and acceptability
- Secondary outcomes: Patient reported outcome measures and nurse consultation outcomes
- ICARE-P designed as mixed methods feasibility study (non randomised controlled design) with two phases
 - - **Phase 1** a qualitative phase involving refinement and installation of CHAT-P
 - - **Phase 2** a non-randomised controlled trial – testing the feasibility of the integrated model of care.





Study Outline

Phase 1

- Finalise CHAT-P, set up hosting at University Hospitals Birmingham
- Practice recruitment (10 intervention 4 control)
- Qualitative interviews
- Nurse training
- ITmate (peer supporter) recruitment and training



Phase 2

- Men asked to complete CHAT-P 3x over 9 months
- Output viewed by both linked primary and secondary care clinicians
- Followed by invitation for a phone or face to face consultation with Practice Nurse and completion of semi automated care plan
- Patient reported outcome measures (PROMS) collected at intervals
- Qualitative interviews



Composite Holistic Needs Assessment - Prostate (CHAT-P)

- Allows men to record any concerns about health and quality of life
- Is a flexible tool, designed to be easily used by men regardless of computer literacy
- Branching structure where top level concerns open up menus to more specific items
- Places concerns in order of importance, with red alerts at the top
- Generates a report which can be used in a care planning consultation with a nurse trained in prostate cancer follow-up
- Consultation outcome recorded in semi automated care plan, pdf generated for patient notes.

The screenshot displays the 'My Assessment' page for the iCare-P study. At the top, there are navigation tabs for 'ICARE-P Study', 'History', 'Acknowledgements', and 'About Us'. The main content area is divided into two columns. The left column, titled 'My Concerns', lists ten categories of concerns, each with a 'Not Started' status: Physical Symptoms, Emotional and Psychological Issues, Religious or Spiritual Issues, Information, Communication and Relationships, Independence and Activity, Access and Services, Rehabilitation and Recreation, Illness, Treatment and Care Issues, Occupational Issues, Finance Issues, and Legal Issues. The right column, titled 'Instructions', provides guidance on how to use the assessment tool, including a 'Submit Assessment' button. Below the instructions is an 'Actions' section with a 'Ready to submit?' button. The footer of the page includes the text 'Powered by InfoFlex - © 2000-2016, Flex Software Ltd. All rights reserved.' and logos for 'WARWICK MEDICAL SCHOOL' and 'The University Of Sheffield'.



A Red Flag Symptom

Men do not have to answer every question...

...but DO have to respond to those in bold

Easy navigation through these buttons

Progress tracking bar

Links to external sources of information

Free text boxes for any other concerns





Findings (1)

- **Phase 1** interviews demonstrated willingness to participate in the study
 - **Phase 2** recruitment: 41 participants (n=29 Intervention, n=12 control)
 - Recruitment rate: Intervention 22% (29/133), Control 13% (12/96)
 - Participants ages ranged from 51-86 years, with time since diagnosis ranging from 6 months to 17 years
 - Overall study retention rate was 85%
 - During the study all domains in CHAT-P were used. Most common, emotional and psychological concerns (recorded by 22 men)
 - 8 men were assisted by the ITmate
 - 61 CHAT-P assessments were completed and 61 follow up consultations or phone calls were undertaken
 - High completion rates (>80%) for PROMs.
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- A decorative blue line graphic at the bottom of the slide, consisting of a horizontal line that ends in a series of three connected zig-zag shapes.



Findings (2)

- Feedback from **Phase 2** qualitative interviews was also positive
“It’s just been really positive and even the patients who haven’t necessarily needed me to do anything for them, they’ve still appreciated that there’s some contact there because I think when they’ve had treatment a long time ago, or they’re sort of watch and wait patients I suppose they feel a little bit...left”. (Phase 2: Practice Nurse)
 - Findings demonstrate CHAT-P to be acceptable to men including those limited in their use of IT
“It’s a brilliant way of them [men] being able to say to people [health care professionals] what is wrong with you. Otherwise if you sit at home and ...as I say when you’re doing nothing your minds wandering...it’s a good idea, it’s excellent”. (Phase 2: Patient 16)
 - For many men it identified a range of concerns and provided an opportunity to raise new issues with their clinical teams
 - The semi-automated care plan provided a valuable starting point for a focussed consultation.
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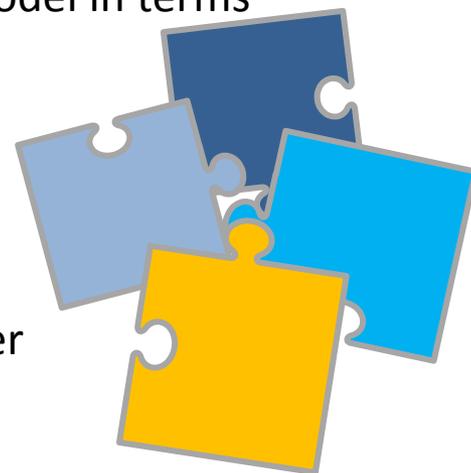


Conclusions and Next Steps

- Despite initial concerns, primary and secondary care staff recognised the potential of the model of care and the advantages of care integration
- ICARE-P shows online assessment linking patients, general practice and specialist care teams can help to ensure patients concerns are identified and addressed
- This study demonstrates the potential of the online holistic and specific needs assessment (CHAT-P), for care integration and utility of the model in terms of patient care.

Next steps

- Refinement of CHAT-P in light of feedback
- Development of CHAT-P to include colorectal & bladder cancer
- Development of studies to include other cancers and additional recruitment settings.





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