A randomised controlled trial to improve GP services in cancer rehabilitation:
Effects on GPs’ proactivity and on patients’ participation in rehabilitation services

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Background

The complexity of cancer:

Cancer → existential → physical → psychological → social → financial → occupational → Cancer

Unmet needs
Background

Lack of knowledge about how to address these needs:

• Effective interventions
• Organisation of rehabilitation services
• Placement of responsibility
Interactions

Patient interview with identification of unmet needs

Enhanced information from hospital to GPs

Encouragement to GP proactivity

Patient participation

GP proactivity

Patient outcomes

Process measures

Quality of life

Satisfaction with GP

Psychological distress
The Research Unit of General Practice in Odense

Vejle Hospital
"Rehabilitation Coordinators"

GPs of all included patients

Red: The Region of Southern Denmark (1.2 million inhabitants)
Aim of the RCT

”To test the effects of a complex intervention aiming to enhance the GP involvement and proactivity regarding their cancer patients’ rehabilitation course”
Inclusion criteria

• Adult patients diagnosed with a new cancer disorder from May 2008 to February 2009

  • diagnosed < 3 months earlier
  • not recurrence of a previously treated cancer
  • cancer treatment at Vejle Hospital
  • listed with a GP (98% of Danish population)

• Patients diagnosed with carcinoma in situ and non-melanoma skin cancer were excluded
Study profile

1896 patients assessed for eligibility

955 patients met the inclusion criteria

486 to intervention group

• Patient interview with identification of rehabilitation needs
• Enhanced information from hospital to GPs
• Encouragement to GP proactivity

469 to control group

• Usual care and communication between hospital and GP
• No contact or interview by the RC
• No specific or systematic focus on rehabilitation

1896 patients assessed for eligibility

486 to intervention group

469 to control group

955 patients met the inclusion criteria
Collection of Data

- Questionnaires were administered to:
  - All patients alive after
    - 6 months of follow-up (response rate 72%)
    - 14 months of follow-up (response rate 70%)
  - GPs after 14 months of follow-up (response rate 80%)
Outcomes of the RCT

1) Quality of life and psychological distress

2) GPs’ proactivity and patients’ participation in rehabilitation activities

3) Patients’ satisfaction with
   1) their GPs’ contribution to the rehabilitation course
   2) their GP in general
Results of the RCT

1) Quality of life and psychological distress

2) GPs’ proactivity and patients’ participation in rehabilitation activities

3) Patients’ satisfaction with
   1) their GPs’ contribution to the rehabilitation course
   2) their GP in general
1st publication

No effect of the intervention on

$1^0$ outcome: Quality of life (EORTC QLQ-C30)
$2^0$ outcome: Psychological distress (POMS-SF)

after 6 or 14 months of follow-up

(SH Bergholdt et. al., BMJ Open Feb 2012)
Outcomes of the RCT

1) Quality of life and psychological distress

2) GPs’ proactivity and patients’ participation in rehabilitation activities

3) Patients’ satisfaction with
   1) their GPs’ contribution to the rehabilitation course
   2) their GP in general
Sampling of Data

Proactivity:

- Patients’ and GPs’ were both asked if the GP had contacted the patient spontaneously during the 14 months of follow-up

Participation in rehabilitation activities:

- Patients were asked if they participated in one or more of the following activities (list of activities/providers) during the 14 months of follow-up
Results: GP proactivity

No effect of the intervention on

- Patient-reported proactivity
  intervention group 60% vs. control group 52%

- GP reported proactivity
  intervention group 61% vs. control group 55%
Results: Patients’ participation

No effect of the intervention on

Patients’ participation in rehabilitation activities during the 14 months of follow-up:

- intervention group 56% vs. control group 55% participating in one or more activities
Results

However, regardless of randomisation group:

Patient-reported proactivity among the GPs was associated with patients’ participation in one or more rehabilitation activities (p=0.012)
Key messages

Intervention

Patient interview with identification of unmet needs
Enhanced information from hospital to GPs
Encouragement to GP proactivity

Process measures

Patient participation

GP (pro)activity

Patient outcomes

Quality of life
Satisfaction with GP
Psychological distress

Patient participation

GP (pro)activity

Quality of life
Satisfaction with GP
Psychological distress
The complexity of cancer:

Patient interview with identification of unmet needs

Enhanced information from hospital to GPs

Encouragement to GP proactivity

Intervention

Patient outcomes

Hospital staff

Time

Family/Friends

Comorbidity

Satisfaction with GP

Psychological distress

Patient participation

GP proactivity

Delay

Process

Quality of life

Time

Family/Friends

Comorbidity

Satisfaction with GP

Psychological distress

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