KATHOLIEKE UNIVERSITEIT LEUVEN

"Bridging Health Care and the Workplace":

Formulation of a Return-to-Work Intervention for Breast Cancer Patients Using an Intervention Mapping Approach

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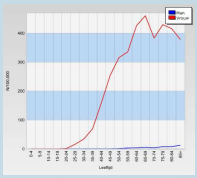
Content

- Background: RTW & BC in Belgium
- Development of BRUG-intervention : Intervention Mapping
  - Systematic review
  - Expert opinion
  - OT model for RTW in BC
- BRUG- intervention
  - Stepwise development (4 of 6 steps)
  - Results (BRUG-intervention)
- Research (in progress)
- References
- Question-time

Background

- Breast cancer patients in Belgium
  - Evolution in patient population (Kankerregister, 2013)
    - 2011: n= 10.490
    - 2012: n= 10.531
    - 2013: n= 10.695
  - Unmet needs (Pauwels et al., 2012)



http://www.kankerregister.org

- Restore/maintain participation in society is of high importance:
  - Return to work in Belgium
    - Not successful for +/- 40% (Neyt et al., 2006)
    - +/- 60 % others : able to maintain their occupations ?
  - Being able to work is part of quality of life (Rommel et al., 2012)
  - Personal, social and financial reasons (Tiedtke,2011)
  - Need for support is eminent (Tiedtke,2013)
    - No (systematic organised) after care
    - No specific legislation (in care, in work,…)

Background (2)

- Current medical approach focuses on dis-ability (Pauwels et al., 2011)
  - Curative care :
    - indication for RTW from medical point of view
    - Argues for reimbursement of dis-ability
  - Medical advisor (Soc.Insurance):
    - Indication for RTW from insurance point of view
    - Gatekeeper on reimbursement of sickness-absence
  - Occupational physician employer :
    - Spec. legislation OSH
    - Gatekeeper on health, safety and wellbeing from company's point of view
  - occupational physician unemployment office
    - Indication for right on allowance "un-employed"
    - Gatekeeper for "entrance to labour-market"
- A systematic approach is necessary, but not yet available in Belgium (Tiedtke et al, 2012)

Main Objectives

- To gather evidence on the efficacy of occupational therapy interventions (OTIs) on return to work (RTW) in rehabilitation patients with non-congenital disorders and, hereby, select the most efficient intervention of occupational therapy (OT) contributing to RTW for these patients.

  " …occupational therapy (OT) is a health care profession based on the knowledge that purposeful activity can promote health and well-being in all aspects of daily life. The aims are to promote, develop, restore maintain abilities needed to cope with daily activities to prevent dysfunction.... "

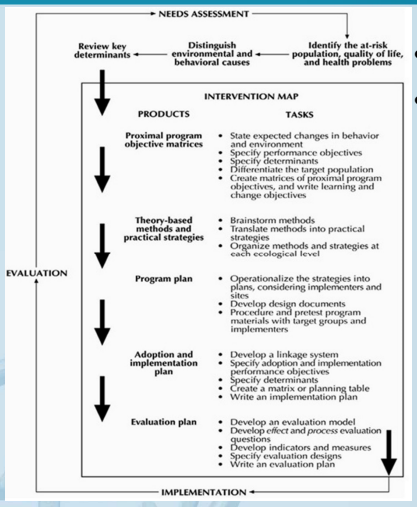
  (WFOT: World Federation of Occupational therapists)

- Developing / validating an early trans-mural OT intervention aiming on RTW
- Measuring the effect of the early trans-mural OT intervention aiming on RTW in stakeholders involved

Research Questions

- What is a qualitative OT-intervention aiming on RTW in BC?
- What is the added value of an OT-intervention provided for Belgian BC patients, aiming on RTW with enhancing QoL as final goal?
- What are results of an OT intervention provided to BC patients aiming on RTW with enhancing QoL as final goal?
- What are the experiences & perceptions of stakeholders involved in an OT intervention aiming on RTW with enhancing QoL as final goal?

Intervention Mapping



- 6 step protocol
- Enables a systematic and logically structured approach to develop a RTW intervention for BC patients
  - relates to employed BC patients who are on sick leave (needing to regain employment)
  - aims to support those BC patients that are combining work and treatment (needing to be enabled to remain at work)

Bartholomew LK, Parcel GS, Kok G, Gottlieb NH. Planning health promotion programs: an Intervention Mappping approach. San Francisco, CA: Jossey-Bass; 2006.

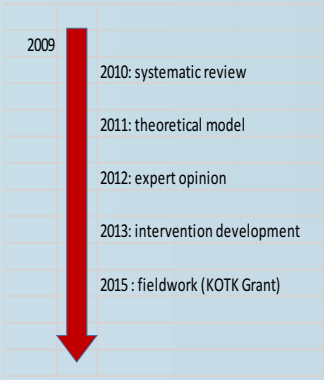
Development of “BRUG”-intervention

- BRUG* : bridging the gap between care and work starting at the hospital
  - Occupational therapy embedded in current Onco-care
  - Community oriented care
  - Linking all stakeholders to the RTW-process
  - Process follows patients’ evolution
- Method: Intervention Mapping (IM) protocol (Four steps)
  - evidence regarding RTW in BC patients (evidence based practice)
  - insights regarding OT and RTW (practive based evidence)

* NL:BRUG: Begeleiding gericht op Re-integratie vanUit Gezondheidszorg
EN: Support aiming on RTW starting from Hospital care

Preparative work (evidence base):

- Publications:
- Systematic review (BMC 2011)
- Theoretical model (JOOR 2013)
- Expert opinion (ECC 2014)
- BRUG-Intervention development (JOOR 2016)



Step 1: Needs assessment

Needs of BC patients

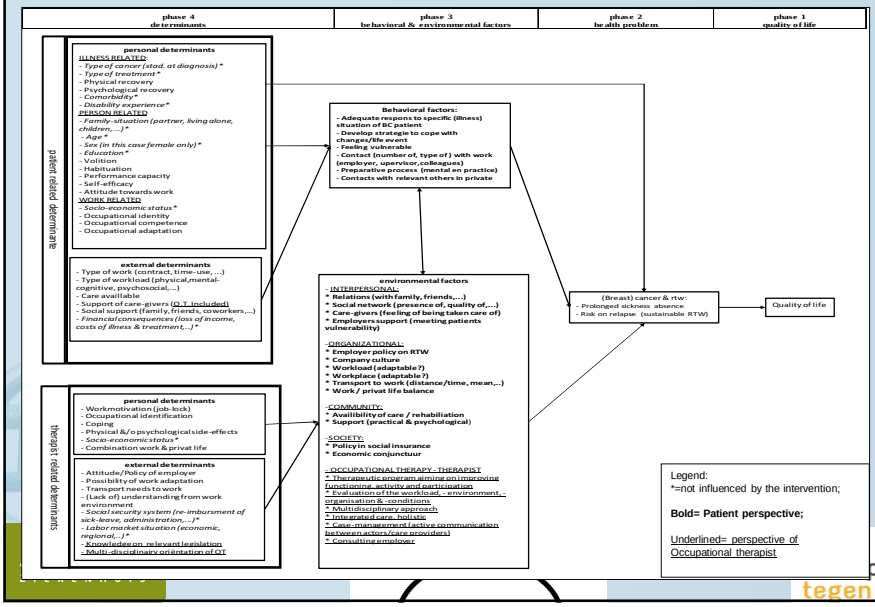
- Need of taking RTW into account in care process, from diagnosis on.
- Need for information that can be offered repeatedly and tailored to specific situations of BC patients on different moments during the process of transition from patient to survivor.
- Need to be enabled to make well-founded decisions in how to go on with their lives during and after treatment.
- Need for assistance in taking decisions on actions needed and support in realizing actions that - consequently - are to be undertaken

Step 1: needs assessment

Needs of Occupational therapists

- Need to make use of a participatory ergonomic approach
- Need for putting OT competences aiming at enhancing patients' participation more upfront.
- Need for a framework that conceptually guides RTW support for BC patients.
- Need for integration of OT in oncologic care.
- Need to deliver care that addresses the patients' needs more directly.
  - 1) be part of an integrated, holistic and client-centred approach; in a legal and societal environment that supports RTW,
  - 2) be embedded in a multi-disciplinary setting that includes psychosocial care;
  - 3) to be available in the very early stage of the rehabilitation process of the BC patient;
  - 4) support the goal setting of the RTW process with focus on abilities of the patient and linked to the total QoL of patients 5) include workplace visits to observe the patient's situation and have contact with all stakeholders

Step 1: Needs assessment (pre-cede / procede)



Step 2: Identification of outcomes, performance objectives and change objectives

- BC Patients
  - Final aim: enhancing (labour-) participation ➔ no obligation for patients to regain their jobs.
  - Patients are enabled to make well-founded decisions in how they will go on with their lives during and after treatment.
  - The process of transition from patient to survivor differs between individuals and can evolve during the treatment
  - Performance objectives should enable patients to (re-)evaluate their situation using specific information on different moments in time during treatment and rehabilitation

Step 2: Identification of outcomes, performance objectives and change objectives

- Occupational therapists
  - Encourage and invigorate the competences of occupational therapists that are (at date) underused
    - Competences related to coaching patients, their relatives and their employers in a change process with RTW as focus and QoL as final goal.
    - Actions of the occupational therapist are defined by those work-related goals, changes needed in patients' behaviour, her personal situation and/or context
    - In their role as case-managers, occupational therapists should guard that all other stakeholders take these factors in account in order to support RTW

Step 2: Identification of outcomes, performance objectives and change objectives

- Environmental outcomes focus on RTW realizing equilibrium between
  - 1) Abilities of the BC patient, her choices in (work) life and
  - 2) The workload / work offer that can be provided by the employer, including
    - Emphasis on respecting RTW policy (legal obligations and directions of the employer);
    - Evaluating expected work performance (by criteria preliminary agreed upon by relevant stakeholders);
    - Assessing scope, limitations and workload of the job together with occupational hazards that could occur due to patients' functional limitations..

Step 3: Selecting theory and evidence based methods and practical applications

Identify theoretical methods that can influence change in determinants.

	Determinants	Volition (personal causation, values, interests)			
Objectives (behavioral)		**Patient behavior**	**Methods**	**Occupational therapist behavior**	**Methods**
* Evaluate current (functional) situation * Define therapeutic goals * Define perception on work-life balance	**ILLNESS RELATED** - Physical recovery - Psychological recovery -Psycho-social recovery **PERSONAL RELATED** - Performance capacity (self-efficacy) **WORK RELATED** - Occupational identity - Occupational competence - Occupational adaptation	* Assimilate information from caregivers * Enhance awareness of (dis-)abilities * Enhance acceptation of (dis-)abilities * Adapt disability cognitions * Goal-setting (work-life balance / QoL) * Reflect on job (patient's perspectives) * Question caregivers on relevant issues	* Consciousness raising * Framing * Participative problem solving * Goal setting * Shared decision making * Self reevaluation * Environmental evaluation * Personalizing risk * Scenario based risk * Modeling * Elaboration	* Inspect medical record of patient * Determine rehabilitation needs (roles, values, habits,…) * Tailor made goal-setting (shared decision making) * Provide tailor made information to the patient (including answering questions) * Use OT model to set up comprehensive action plan (focus on restoring participation)	* (Good OT pratice) * Elaboration * Framing * Modeling * Shared decision making * Goal setting * Enhancing network linkages * Technical assistance * Participative problem solving
* Define goal-setting regarding work * Train /enhance abilities regarding work	**ILLNESS RELATED** - recovery (over-all) **PERSONAL RELATED** - performance capacity - self-efficacy - attitude towards work **WORK RELATED** - occupational identity - occupational competence - occupational adaptation	* enhance awareness of abilities * create acceptation of functional scope & limitations * decide on goal-setting (work-life balans / QoL) * reflect on matching own abilities & requirements of the job		* provide tailor-made information to the patient (including answering questions) * set up tailor made train to enhance work related abilities * connect to employer & other relevant stakeholders (soc.sec.,…) * participate in mdteam	

Step 4: Developing intervention components and materials (roadbook)

aim	stakeholder involved	what	when
Phase 0: indication			
fase 1: explore			
Phase 2: match (assessment)			
Phase 3: prepare / therapeutic program			
Phase 4: goalsetting and action planning			
Phase 5: realisation / evaluation			

Development of “BRUG”-intervention

- Results:
  - BRUG- intervention: 5 phases
  - Guided by an occupational therapist available at the hospital (embedded in MDT oncology)
  - Characteristics:
    - Engaging all stakeholders,
    - Goal-setting using shared decision making,
    - Progressively developing tailored actions,
    - Continuous evaluations and adjustments of goals and actions.
- Conclusion:
  - IM enables to set up a RTW oriented intervention that fits seamlessly to OT interventions (tailor-made).
  - BRUG forms a bridge between individual BC patient needs, the input of stakeholders at the hospital and those at the workplace.

BRUG – intervention

- Phase 1: assessment of the worker, the usual work and contextual factors (personal and environmental) which impacts on (re-)employment:
  1) An intake that provides diagnostic and prognostic information;
  2) Assessment of the worker's capacity, including:
  - ✓ On-the-job evaluation,
  - ✓ Workplace based assessments,
  - ✓ Work simulations,
  - ✓ Physical capacity evaluation or functional capacity evaluations;

  3) Assessment of the workplace, including interviews with managers and/or supervisors:
  - ✓ To determine the employees' understanding of the RTW intervention,
  - ✓ To confirm the nature of the patients' usual duties
  - ✓ To establish a range of suitable duties available at the workplace;

  4) Workplace assessment – job analysis in order to assess the physical, cognitive, psychosocial and environmental demands of the worker's usual duties and/or potential suitable duties with the same employer

BRUG intervention

- Phase 2: Professional OT to explore the match/differences between the worker and the usual work.
- Occupational therapists make us of their professional skills
  - As fundament for their professional reasoning and to – thereby - connect their findings to those of the MDT
  - Reasoning assists the occupational therapist to identify barriers and, where possible, strategies to minimize those barriers.

BRUG -intervention

- Phase 3: Establishing short term and long term goals.
  - Using shared decision making to narrow the gap between the rhetoric and reality of client-centered occupational therapy practice
  - Using the outcomes of the professional reasoning, the occupational therapist tries to predict the likely long-term goals and program-parts in the intervention, needed to achieve RTW.
  - Included in the timeframe for RTW, these goals are identified by using shared decision making with consultation and agreement from
    - The patient/ worker,
    - The medical staff,
    - The MDT,
    - The employer (incl. occupational physician and safety-counselor)
    - Medical advisor Social Insurance
    - Organizations that funds parts of the intervention or adaptations (when relevant)

BRUG- Intervention

- Phase 4: tailored interventions are developed by carefully setting up the steps that result from the preceding phases.
  - Occupational therapist = case-manager
  - OT & patient communicate (respecting legal and professional rules) with employers and other stakeholders on legislative level (e.g. social insurance provider)
  - The intervention plan as described is broken down to separated steps and the included short term goals, combined in tailored short-term programs.
  - Enhancing work performance and safety within existing tasks can be a specific short term goal of a program part of the intervention that can be realized at the workplace and/or in the rehabilitation center (e.g. physiotherapy aiming at enhancing strength when using a tool).

BRUG - Intervention

- Strategies in phase 4 should include
  - 1) A therapeutic program in which the actions, timeframe and tasks are well reasoned and that provides the means to assist the worker to return to tasks that fit as closely as possible to patients' abilities;
  - 2) Eventual modification of the environment, tasks, tools or equipment that can be necessary in order to enhance the fit between worker and the work;
  - 3) Education or training, preferably incorporated in program parts of the intervention to ensure the worker learns to use skills that are needed to undertake new tasks, to make correct use of new equipment, and to behave in a safe way when working in an adapted environment.

BRUG- Intervention

- Phase 5: Step by step, the program as described in phase 4 will be executed.
  - The occupational therapist
    - monitors,
    - measures
    - reviews goals and program-steps in the intervention
  - To secure the tailor-made approach of each program-step of the intervention.
- No linear progress ➔ process with regular evaluations, possiblities to reconsider and follow reality as it evolves:
  - Continuous evolution ot patient and patient-system
  - Reality in employers company
- Importance of involvment of ALL stakeholders (different gate-keepers)

… Ongoing research…

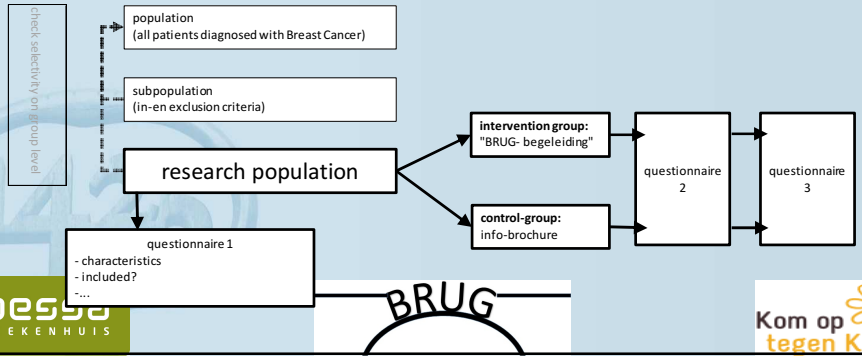
- Step 5: Planning for program adaptation, implementation, and sustainability
  - 02/2015 – 08/2015:
    - Defining roadmap
    - Participative input MDT Jessa Ziekenhuis Hasselt
    - Try-out mimic RCT (Quant & Qual research)
- Step 6: Planning for evaluation
  - 09/2015 – 08/2017: Implementing mimic RCT (n= 100)
  - 09/2017 – 10/2017: analyses of results
  - 1/11/2017: final report

Research on Brug -Intervention:

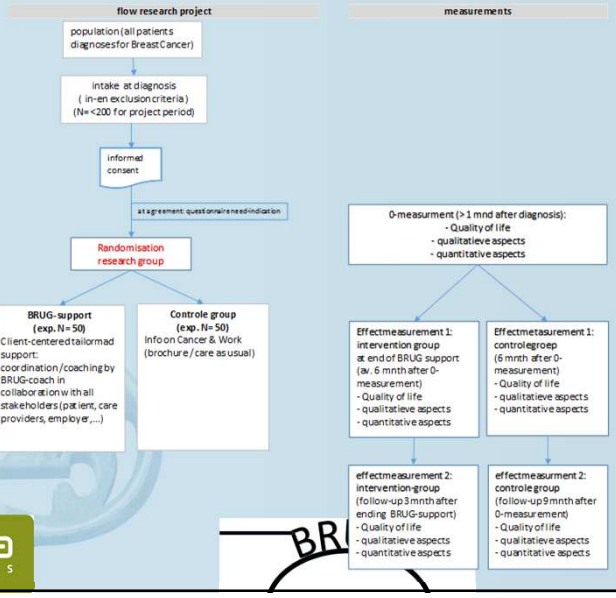
- **IM step 5 & 6**
- **Fieldwork** "BRUG"-intervention (pilot)
  - Inclusion - exclusion criteria
  - Setting : Oncologic multidisciplinary team in one hospital (Jessa Ziekenhuis Hasselt BE)
  - Quantitative measurement
    - Quality of life
    - Days of sick-leave
      - Since diagnosis
      - Relaps
    - Time-use care givers
  - Qualitative measurement:
    - Perceptions of patients, caregivers, stakeholders
      - Research specific questionnaires
      - Questionnaire QoL

Research plan

- Specific research questions:
  - Is the allocation of patients to RTW-support with the indication-instrument adequate?
  - Does BRUG-support lead to RTW and – thereby – to maintain/restore QoL?



Study design & actions



Preliminar results (sept 2016)

- Evidence based findings are confirmed but also nuanced:
  - Information is needed (early, tailored)
  - Early start is important but differs widely between patients
    - Moment in treatment process
    - Start of support versus start of specific actions regarding RTW
  - Knowing support “could” be available is already helpfull
  - Respons/advice of health care staff is very influencial (on RTW & NOT RTW)
    - Care-oriented (verbal and non-verbal) attitude tends to encourage not (yet) working (protecting attitutde)
    - Care-staff has little insight in jobrequirements, they advice towards avoiding overload
    - Care-staff members rarely discuss pro-& contra RTW
  - Socio-econ culture (incl. soc insurance) is highly influencial for moment of RTW

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Questions
&
remarks?!

Thanks

For your attention
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feedback

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