User goals-based approach to identify and prioritise underlying drivers of poor concordance with compression hosiery

ICC Working Group on Compression Hosiery

Jerry Hutchinson
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Outline

Introduction

Perspectives

Drivers of concordance / non-concordance

User goals

Proposal
Introduction

Concordance with compression hosiery, and other, therapies is low\textsuperscript{1-5}

The reasons are likely to be many, complex, different for each patient\textsuperscript{6-10}

Patients may have multiple reasons for low concordance \textsuperscript{6-10}

Some reasons may be known already

Cultural / national differences may driver differences in concordance

Increasing / improving concordance starts with a full understanding of the key reasons for low concordance
Perspectives

Low concordance is likely to be driven by different perspectives

– Patient
– Patient’s family / lay carer and friends
– Healthcare professional
– Product
## Perspectives 1
### Patient, family, lay carer

<table>
<thead>
<tr>
<th>Perspective</th>
<th>Whose?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>P, F, L</td>
</tr>
<tr>
<td>Strength / flexibility / comorbidities</td>
<td>P, L</td>
</tr>
<tr>
<td>Psychology related to concordance</td>
<td>P</td>
</tr>
<tr>
<td>Beliefs / experience about the condition / hosiery(^{10, 11})</td>
<td>P, F, L</td>
</tr>
<tr>
<td>Availability</td>
<td>F, L</td>
</tr>
<tr>
<td>Social factors(^9)</td>
<td>P</td>
</tr>
<tr>
<td>ADL(^{12})</td>
<td>P, F, L</td>
</tr>
<tr>
<td>Education level / ability to assimilate medical information</td>
<td>P, F, L</td>
</tr>
</tbody>
</table>

### Interaction with the product

<table>
<thead>
<tr>
<th>Interaction with the product</th>
<th>Whose?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donning / removing / comfort(^{12})</td>
<td>P, F, L</td>
</tr>
<tr>
<td>Laundering and ordering replacements</td>
<td>P, F, L</td>
</tr>
<tr>
<td>Delivery / unpacking</td>
<td>P, F, L</td>
</tr>
</tbody>
</table>

**Key:** P, patient; F, family; L, lay carer
## Perspectives 3

### Healthcare professionals and Product

<table>
<thead>
<tr>
<th>HCPs</th>
<th>Product</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expectations</td>
<td>Elasticity</td>
</tr>
<tr>
<td>Specialist</td>
<td>Stiffness</td>
</tr>
<tr>
<td>Nurse, bandagist, community carer</td>
<td>Stretch</td>
</tr>
<tr>
<td><strong>Prior experience / knowledge</strong>&lt;sup&gt;6-8, 13-15&lt;/sup&gt;</td>
<td>“Medical” design</td>
</tr>
<tr>
<td>With hosiery</td>
<td>“Consumer” design</td>
</tr>
<tr>
<td>With the patient</td>
<td>Product degradation</td>
</tr>
<tr>
<td><strong>Communication with patient</strong></td>
<td>Donning / removal aids in design</td>
</tr>
<tr>
<td>Explaining the condition</td>
<td>Secondary donning / removal aids</td>
</tr>
<tr>
<td>Explaining the role/use of hosiery</td>
<td></td>
</tr>
<tr>
<td>Explaining likely outcomes</td>
<td></td>
</tr>
<tr>
<td><strong>Communication with patient’s family / carer</strong></td>
<td></td>
</tr>
</tbody>
</table>
Identifying drivers of concordance

Concordance / non-concordance are behaviours

Behaviour: individual action driven by beliefs and goals

User’s ability to achieve goals drives adoption

Beliefs and goals can be identified by research\textsuperscript{16}

Beliefs and goals, and the degree to which goals are met, can be prioritised to determine which are common or key drivers of behaviour
Focus on User Goals

Focus on goals for “using hosiery” encourages users to think about their reasons to use, and aims for, hosiery and allows identification of all reasons for non-concordance.

Focus on hosiery alone restricts thinking to the product only and increases difficulty in identifying why a user is non-concordant.
Who are hosiery “Users”

The patient

The health care professional (HCP)
  Any HCP who interacts with the patient

The patient’s “lay carer” (eg family / friend)

The patient’s family

The patient’s friends
What are User Goals?

The user’s aims and objectives in the context of using hosiery to manage a medical condition

**Functional goals**: related to managing the condition

**Personal goals**: related to the user’s daily life, comfort, QoL

**Social goals**: related to the patient’s interactions with others
Proposal

Conduct systematic user goals research to identify the key drivers of behaviour related to non-concordance with hosiery.

Outcome and benefit: develop a clear understanding of where to focus in order to improve concordance.
Goals Research Process

Define the pathway for “using hosiery” with users (example)

First HCP consultation → HCP / patient agree care plan → Hosiery fitted → Care in home setting → Follow up HCP consultations

Pathway detail for “using hosiery” (examples)

- Patient history
- Previous care
- Assessment
- Diagnosis
- Treatment goals
- Product choices
- Product combos

- Treatment options
- Patient education
- Discuss options
- Patient goals
- Agree plan
- Set expectations
- Next visit plan

- Apply plan
- Demo hosiery
- Don hosiery
- Home care

- Remove hosiery
- Don hosiery
  (Repeat daily)
- Eg skin care
- Laundering
- Decide end of life
- Re-order
- Take delivery
- Unpack

- Review outcome
- Discuss w patient
- Reinforce plan
- Amend plan
- Deliver care

Determine factors that make achievement of pathway steps easy or difficult. Identifies functional, personal and social goals that drive concordance / non-concordance with the activity “using hosiery”
Process Detail

- Identify users appropriate to the objectives
- Develop the pathway with users
- Develop discussion guide
  - Ensure focus on functional / personal / social goals
  - Run pilot to test usability of discussion guide
- Independent interviewer conducts user interviews
- 15 respondents per group (hosiery type / indication / HCP / carer etc.)
- Account for different countries
- Goals prioritised and mapped based on responses
Summary

User goals research is proposed to develop a detailed understanding of the causes for low or non-concordance in using hosiery.

The outcomes will inform approaches to improve concordance by focusing on the goals of the patient, the HCP and others and drive improvements in communications with users and product design.
References


4. Lie SS, Karlsten B, Ellen Renate Oord ER, Marit Graue M, Bjørg Oftedal B. Dropout From an eHealth Intervention for Adults With Type 2 Diabetes: A Qualitative Study. *J Med Internet Res* 2017;19:1-11


