Stakeholder Consultations to Inform Development of a pan-Canadian Self-Management Program for Persons with Spinal Cord Injury (SCI)

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Introduction

Introduction: Although self-management (SM) skills are recognized as critical, there is no shared understanding of the best SM approach for persons with SCI in managing health. We undertook multiple consultative processes to inform development of a pan-Canadian SM program. These consultations had two distinct objectives: 1) identifying viable and sustainable use cases across various stakeholders and 2) obtaining feedback on potential solutions associated with iterative prototype development.

Methods: Consultation process 1 addressed nine questions associated with the Business Model Canvas (Osterwalder & Pigneur, 2010). This included individual consultations with commercialization think-tanks, SCI consumer agencies, researchers, clinicians and consumers (n=30 across these stakeholders). This culminated in a consensus-seeking face-to-face meeting. Consultation process 2 involved iterative focus groups (n=15 persons with SCI, n=4 SCI clinicians) to provide feedback and guidance on prototype development.

Consultation Process Methods

Consultations with, and stakeholders from:

- Think-tanks: RH Commercialization, Me&R
- Community Organizations: SCI Ontario, SCI British Columbia, SCI Alberta, SCI Canada
- Rehab Centres: Vancouver Coastal Health - GF Strong, University Health Network-Lindhurst, St. Joseph’s Health Care London - Parkwood Institute
- Research Centres: Queens University, University of Toronto, Parkwood Institute Research, University of British Columbia, University of Ottawa, The Centre for Family Medicine, Sunnybrook Research Institute, McGill University
- Funders: Rick Hansen Institute, Ontario Neurotrauma Foundation

Focus Groups

Consumers
- n=15 across 7 sessions
- M=3, F=6
- Age range 29-64
- Post injury range 2-42 years
- Tetra and paraplegia
- Participants across Canada
- In-person and online sessions

Clinicians
- n=4 across 2 sessions (minimum of 3 years experience in SCI rehab)
- Occupational therapist, physical therapist, inpatient nurse, outpatient nurse

Overarching Principles
- Identifying consumer needs
- Healthcare utilization
- Supporting people during transition in their first year

Results and Conclusions

Results: Consultations with stakeholders using the business model canvas resulted in narrowing the field to 2 specific use cases: Peer health coaching & Post-discharge transition planning, with the overarching principles of: Identifying consumer needs, impacting healthcare utilization, and supporting persons with SCI during transition in their first year post-rehab. These consultations also enabled identification of key partners in program creation and sustainability going forward.

Key findings from the focus groups have led to an emphasis on the post-rehabilitation period, supporting healthcare interactions and the importance of implementing peer coaching in the program. Clinicians emphasized the importance of persons with SCI to have accountability and ownership of their own health in order to build confidence.

Conclusion: Development is currently underway to incorporate the learnings from these consultations into updated prototypes of the self-management program. These updated prototypes will be tested as part of a validation trial of this pan-Canadian program. A key aspect has been to consider the value propositions and evolving business model that might ensure sustainability.

The Program

Pan-Canadian Self-Management Program
Currently focusing on: bladder management, bowel management, physical activity, and health coaching

Figure 1 - Goal-setting and Action planning app
Figure 2 - Example of a health coaching profile
Figure 3 - Bladder management app home page
Figure 4 - Example blog posts, resources, etc.