Submission Id: 6512

Title

Comparison of the sustainability of the impact of healthcare professionals' training in two approaches to serious illness con

Priority 1 (Research Category)

Palliative and end-of-life care

Presenters

Kouessiba Lokossou, MSc, France Legare, MD, PhD, MSc, CCMF, Sabrina Guay-Bélanger, PhD, MSc, Odilon Quentin Assan, MD, louis-paul rivest, Seiko Izumi, PhD, RN, Georgina Suélène Dofara, MSc, Souleymane Gadio, MSc

Abstract

Advance Care Planning is essential for patients with serious illnesses. A trial of the Serious Illness Care Program compared two approaches to Advance Care Planning, interprofessional and individual. We therefore compared how the two approaches affected the burden of care of family caregivers of patients with serious illnesses. We conducted a secondary post-intervention analysis of a cluster randomized controlled trial in the USA and Canada. Primary care practices were randomized to an interprofessional team-based training arm or an individual clinician-focused training. Primary care professionals were trained in the two Serious Illness Care Program approaches. Patients with serious illnesses cared for by each group were invited to refer their family caregivers. We used the Zarit Burden Interview (range: 0-48) to assess the caregiver burden immediately after intervention (T1), six months (T2) and 12 months after (T3). Statistical analysis using linear mixed model were performed to compare caregiver burden between the two arms at the three times. We included 192 family caregivers. Most were female (67.8%); aged from 65-74 (28.6%). The mean caregiver burden scores were low at the three times in both the interprofessional (T1: 11.3 ± 8.5; T2: 9.1 ± 6.8; T3: 9.9 ± 8.3) and the individual arm (T1: 10.8 ± 9.0; T2: 10.1 ± 8.2; T3: 9.2 ± 8.0). The difference in mean burden between the two study arms was 1.05 (95% CI -1.47 to 3.59; p=0.40), -0.24 (95% CI -2.57 to 2.08; p=0.82), and 0.09 (95% CI -2.61 to 2.81; p=0.94) at T1, T2 and T3 respectively. The p-value of interaction term between study arm and time was p=0.47. Mean difference between arms after performing a model with time effect was -0.16 (95% CI -2.32;2.00; p=0.88). After adjusting, the mean difference between arms was 0.90 (95% CI -0.76;2.57; p=0.28). There were no statistically significant differences in the perceived level of caregiver burden between the two arms. However, some factors were associated with higher caregiver burden (patient's

presence in emergency in past six months; caregiver feeling anxious and depressed, and others were associated with lower burden (an optimal caregiver overall mental health and having a social life. Intervention didn't have an impact on the caregiver burden. There was no difference between the perceived caregiver burden in the two arms. Our study highlights the importance of recognizing diverse factors influencing caregiver well-being.