



Title	A Randomised Controlled Trial to Assess the Impact of a Package Comprising a Patient-orientated, Evidence-based Self-help Guidebook and Patient-centred Consultations on Disease Management and Satisfaction in Inflammatory Bowel Disease
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Aim

To determine if informed patients who are given patient-centered care and open access to outpatient clinics had a better quality of life (QoL) and made more cost-effective use of NHS services compared to a control group of patients who received normal care.

Conclusions and results

At 12 months the intervention had no impact on QoL, but resulted in significantly fewer hospital visits ($p < 0.001$). The number of GP visits did not change, and the intervention did not increase anxiety or depression scores. Both groups reported similar satisfaction with consultations, but those in the intervention group had greater confidence to cope with their condition. Qualitative interviews explored the success of different strategies used in the intervention. Our results suggest that the guidebook was effective since it increased support for patients. Qualitative data suggest that more attention should be given to self-referral and access. Control needs to be redistributed to patients via greater adherence to patient-centered norms by consultants. Our approach to self-management was found to be more cost effective than standard management of IBD. Scarce NHS resources may be best allocated using this self-management model. The model is more likely to be cost effective than existing practice.

Recommendations

A whole-systems approach toward introducing self management leads to a significant and cost-effective reduction in hospital visits and an increase in patients' ability to manage (enablement) without changing QoL or increasing anxiety and depression. Both patients and their consultants preferred the new system of care.

Methods

The design was a two-armed pragmatic multicenter trial with randomization by treatment center. The components of the intervention included: provision of a guidebook, a written self-management plan, a

patient-centered approach, and direct self-referral to services. Seven hundred patients with established IBD were recruited. Qualitative interviews with 30 intervention patients and all consultants from the intervention hospitals were used to understand the whole experience of the intervention.

Further research/reviews required

The health service must respond to the changing demographics of disease and the changing expectations of patients by modifying traditional practices which have often been physician-centered and disempowering to patients. Further research is needed to:

- Study long-term effects of self-management in empowered patients with chronic illness.
- Establish efficient operating systems in secondary and primary care to allow self-managers to self-refer and to keep them informed of new treatments.
- Explore models to train health professionals in methods to promote and support self-care.