Workshop of the WBMT in cooperation with the World Health Organization Hanoi, Vietnam

Dissemination of Information Nov 11, 2011 (15:30) David Ma Nov 2011



Objectives

To discuss strategies on how best to:

- communicate <u>effectively</u> to the patients/donors, public and policy-makers about the value and the integration of hematopoietic stem cell (HSC) transplantation within a developing healthcare system
- disseminate information <u>effectively</u> to health care professionals for establishing the basic ethical, medical and infrastructure requirements for providing HSC transplantation or optimize existing transplant programs

Dissemination of information: Target groups

- **1. Patients and relatives**
- 2. Staff and colleagues
- 3. Health authorities, government and international agencies
- 4. Public including volunteer adult donors and cord blood donors

Aim: inform <u>different</u> target audiences the value and benefit of BMT

Issues involved to achieve the goal

- How to be effective using media available
- Awareness of cultural & religious sensitivities
- Understanding of political and economical environments
- Knowledge of disease prevalence and burden (e.g. Haemoglobinopathies, HIV, Autoimmune Diseases)

No one size fits all: aim is to develop an adaptable framework

Patients and relatives

• What to communicate ?

 Evidence based recommendations: Australian Cancer Network - Clinical Practice Guidelines for the Diagnosis and Management of Lymphoma What patient information should be provided? (Evidence from cancer & surgical studies)

- Meaning and extent of disease; suspected risk factors
- Proposed investigations and treatment, including expected benefits, the process, side effects, whether Rx is standard or experimental and the Rx team
- Likely consequence of choosing a particular treatment, or no treatment
- Time and costs

Culture competence in managing patients

- To provide culturally competent communication and counselling, telephone help line, community support
- To assess cultural competence of printed education materials and other media
- To mobilize religious and other cultural specific groups
- To collaborate with other non-transplant related culturally competent health promotion

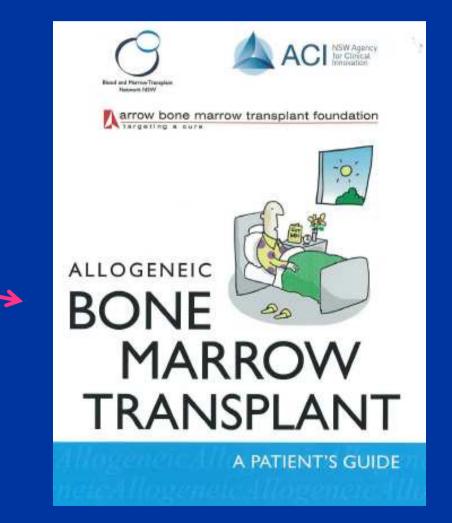
Culturally competence in managing patients

 To provide training & evaluation of workers' competence in dealing with cultural issues

- 'Breaking bad news', to whom; whether patient should know, how involved patient would like family members to be. Care beyond medical management: after death; how to express grief and to remember the person

Examples: Not for profit organisations for patients in Australia

 Arrow BMT Foundation:-funds ABMTRR registry, research, BMT patient information book, patient supports



Allogeneic BMT Peer Support Induction Training (Telephone helpline)

Looking after both the caller and the volunteer helper

Sponsored by:



Help

Hope

Support

Services

St Vincent's Hospital Sydney



Arrow Bone Marrow Transplant Foundation



Dissemination of information: Target groups

1. Patients and relatives

2. Staff and colleagues

Health author
 international
 Public includi
 and cord bloc



Dissemination of information to staff & colleagues

Foster team: empowering staff

 Improve knowledge and skill base: in-service training, participating scientific meetings, regular reviews

 Evidence of team work and experience of team in better patient outcome

publications demonstrating centre effect

Dissemination of information to staff & colleagues

- Enhance collaboration among colleagues
- Partnership between countries with experience with those with little/no experience : learn from their mistakes
- Registries e.g. APBMT & Austr BMTRR
- Quality Assurance Programs for lab
 - e.g. Australasian CD34 QAP for HSC quantification

Participants in Royal College of Pathologists of Australasia (RCPA) CD34 QAP



37 in Australia

18 in Asia •Hong Kong •India •Malaysia •Phillipines •Singapore •Taiwan •Thailand 2 in South Africa 1 in NZ 1 in Oman

Examples of global collaboration: International Network for Cancer Treatment and Research (INCTR)



Examples: International Network for Cancer Treatment and Research (INCTR)

- To build cancer Rx and research in countries with limited resources via long term collaborative projects coupled to training and educational programs with technologically advanced countries
- To take advantage of unique opportunities for cancer research in emerging countries

Dissemination of information: Target groups

Patients and relatives
 Staff and colleagues

3. Health authority, government and international agencies

4. Public including volunteer adult donors and cord blood donors Prime Minister Australia 1996-2007



Health authorities, Government policy makers, International Agencies

 Appreciate their responsibilities in healthcare & other matters

- Understand cost-benefit
 - assessing disease burden such as Disability Adjusted Life Years (DALYs)
 - Demonstrate value of BMT in economic term and in their terms (popularity)

Health authorities, Government policy makers, International Agencies

- How to get them on side : communicate effectively, public supports (advocacy groups)
- Value of data collection and registries (to provide evidence)

Dissemination of information: Target groups 4. Public including volunteer adult donors and cord blood donors



Public including volunteer adult donors and cord blood donors

- Donors (WHO principles)
 - informed consents (family and non-family)
 - education and recruitment
 - appreciation of their contributions and care for their well-beings
- Public awareness
 - Methods written, visual and audio media; power of new cyberspace social networks & personal touches – non medical language
 - Benefits of HSCT life saving

Public including volunteer adult donors and cord blood donors

Advocacy groups

- Counselling, education programme, peer & family supports
- Dealing with government and other authorities
- Funding raising and awareness campaigns
- Use of celebrities e.g. South Korean actresses (volunteer donors), sport heroes

Elements of effective communication

• Clarity

Objectives

Understanding the receiver

- Consistency
- Completeness
 - Feedback
- Timing & Time



Thank you



References

- http://www.arrow.org.au/
- <u>http://www.ausaid.gov.au/</u>
- http://www.canrevive.com/
- <u>http://www.cancercouncil.com.au/editorial.asp?pageid=22</u>
 <u>9</u>
- http://www.canceraustralia.gov.au
- <u>http://www.inctr.org/programs/</u>
- http://sydney.edu.au/medicine/hocmai/about/index.php

DISSEMINATION OF INFORMATION ON HSCT

Wish list Priorities

SNAPSHOT OF CURRENT STATUS ON DISSEMINATION OF INFORMATION ON HSCT:

- What is the commonest medium of communication in your centre/country?
- Is internet access widely available? Any limitations or restrictions?
- Describe the access of supportive services for patients and families, and donors?
- Describe your country's volunteer/ charitable support organizations? Does your centre or country have advocacy groups for transplantation?