Patient Preference and Adherence

Dovepress

open access to scientific and medical research

Open Access Full Text Article

RESPONSE TO LETTER

A Nurse-Led Model of Care with 2 Telemonitoring to Manage Patients with Heart Failure in Primary Health Care: A Mixed-Method Feasibility Study [Response to Letter]

Jessica Longhini[1], Federica Canzan[1], Paola Zambiasi[2], Stefano Toccoli[2], Lorenzo Gios[3], Maurizio Del Greco[2], Simona Sforzin[2], Monica Moz[3], Michela Fracchetti[2], Luisa Saiani[1], Renata Brolis[2], Annamaria Guarnier[2], Mariangela Soverini[2], Massimiliano Maines[2], Elisa Ambrosi[1]

[1]Department of Diagnostics and Public Health, University of Verona, Verona, Italy; [2]Azienda Provinciale per i Servizi Sanitari, Trento, Italy; [3]TrentinoSalute4.0, Competence Center for Digital Health, Trento, Italy

Correspondence: Jessica Longhini, Email jessica.longhini@univr.it

Dear editor

We thank the authors of the letter to the editor regarding our manuscript entitled "A Nurse-Led Model of Care with Telemonitoring to Manage Patients with Heart Failure in Primary Health Care: A Mixed-Method Feasibility Study."[1]

We appreciate the insightful comments addressing potential biases and weaknesses inherent in our study and proposing implications for future research endeavors.

We would like to engage in further discussion on specific points.

Firstly, challenges in recruitment and the limited sample size were process outcomes of our study, aligning with our intention to conduct a feasibility study rather than a randomized controlled trial assessing the model's efficacy. The Medical Research Council[2] outlines distinct phases for investigating complex interventions: development or identification, feasibility, evaluation, and implementation. Our focus on the feasibility phase aimed to evaluate predefined progression criteria, gauging the necessity for modifications to mitigate potential issues, such as uncertainties related to recruitment, acceptability, and adherence, in the subsequent randomized controlled trial.

In evaluating the feasibility of our care model, we adhered to the framework proposed by Bowen and colleagues,[3] encompassing eight dimensions: acceptability, demand, implementation, practicality, adaptation, integration, expansion, and limited-efficacy testing. For this study, we assessed acceptability, demand, practicality, integration, and limited efficacy testing.

We established a priori feasibility cutoffs to ascertain our care model's effectiveness in recruitment and adherence rates. Consequently, the observed challenges in recruiting patients and caregivers, along with the small sample size, were considered outcomes necessitating improvements to the model for evaluation in the subsequent randomized controlled trial. It is acknowledged that the limited sample size might have constrained the assessment of the model's feasibility; however, it is necessary to note that our primary aim was not to evaluate the model's efficacy on an estimated sample size or its effectiveness in preventing heart failure complications.

Suggestions for enhancing the model include adopting diverse screening strategies to enhance patient detection. Recruitment through general practitioners and outpatient cardiology clinics could identify stable patients, allowing time to educate them on self-care and potentially preventing decompensation events and re-hospitalizations. Alternatively, recruiting patients post-hospitalization for heart failure discharge could facilitate educating patients on self-care since the hospitalization makes self-care relevant to them, potentially reducing re-hospitalization rates in high-risk patients.

Received: 27 November 2023
Accepted: 5 December 2023
Published: 12 December 2023

© 2023 Longhini et al. This work is published and licensed by Dove Medical Press Limited. The full terms of this license are available at https://www.dovepress.com/terms.php and incorporate the Creative Commons Attribution – Non Commercial (unported, v3.0) License (http://creativecommons.org/licenses/by-nc/3.0/). By accessing the work you hereby accept the Terms. Non-commercial uses of the work are permitted without any further permission from Dove Medical Press Limited, provided the work is properly attributed. For permission for commercial use of this work, please see paragraphs 4.2 and 5 of our Terms (https://www.dovepress.com/terms.php).

Concerning the autonomous completion of the Self-Care of Heart Failure Index, we acknowledge the potential influence of the Hawthorne effect on responses. Nonetheless, it is essential to note that this instrument is widely utilized, even in more extensive randomized controlled trials, to measure self-care abilities.

Lastly, we are cognizant of the study's limitation regarding the absence of a control group. This will be addressed in our forthcoming experimental study, ensuring the inclusion of a control group to comprehensively evaluate the model's efficacy on self-care and clinical outcomes, including long-term complications.

Disclosure

The authors report no conflicts of interest in this communication.

References

1. Longhini J, Canzan F, Zambiasi P, et al. A nurse-led model of care with telemonitoring to manage patients with heart failure in primary health care: a mixed-method feasibility study. *Patient Prefer Adherence*. 2023;17:2579–2594. doi:10.2147/PPA.S431865
2. Skivington K, Matthews L, Simpson SA, et al. A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance. *BMJ*. 2021;374:n2061.
3. Bowen DJ, Kreuter M, Spring B, et al. How we design feasibility studies. *Am J Prev Med*. 2009;36(5):452–457. doi:10.1016/j.amepre.2009.02.002

Dove Medical Press encourages responsible, free and frank academic debate. The contentTxt of the Patient Preference and Adherence 'letters to the editor' section does not necessarily represent the views of Dove Medical Press, its officers, agents, employees, related entities or the Patient Preference and Adherence editors. While all reasonable steps have been taken to confirm the contentTxt of each letter, Dove Medical Press accepts no liability in respect of the contentTxt of any letter, nor is it responsible for the contentTxt and accuracy of any letter to the editor.

Patient Preference and Adherence Dovepress

Publish your work in this journal

Patient Preference and Adherence is an international, peer-reviewed, open access journal that focusing on the growing importance of patient preference and adherence throughout the therapeutic continuum. Patient satisfaction, acceptability, quality of life, compliance, persistence and their role in developing new therapeutic modalities and compounds to optimize clinical outcomes for existing disease states are major areas of interest for the journal. This journal has been accepted for indexing on PubMed Central. The manuscript management system is completely online and includes a very quick and fair peer-review system, which is all easy to use. Visit http://www.dovepress.com/testimonials.php to read real quotes from published authors.

Submit your manuscript here: https://www.dovepress.com/patient-preference-and-adherence-journal

https://doi.org/10.2147/PPA.S451932