

# “NO PLACE LIKE HOME:” UNDERSTANDING WHAT AFFECTS CHOICES FOR HOME CARE IN PAEDIATRIC FEBRILE NEUTROPENIA

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## Background & Aim

- A low-risk febrile neutropenia (FN) program was opened at all 8 tertiary paediatric cancer centres in Australia as part of the “No Place Like Home” study
- The program enables children with cancer and FN at low risk of infection to be managed at home (see oral proffered papers session, 28/6/24)
- **We report the pilot phase of a study to understand the factors that affect participation in home-care amongst health care providers (HCP) and parents of children with cancer.**

## Methods

**Co-design**

- A discrete choice experiment (DCE) was co-designed with key stakeholders, including consumers.

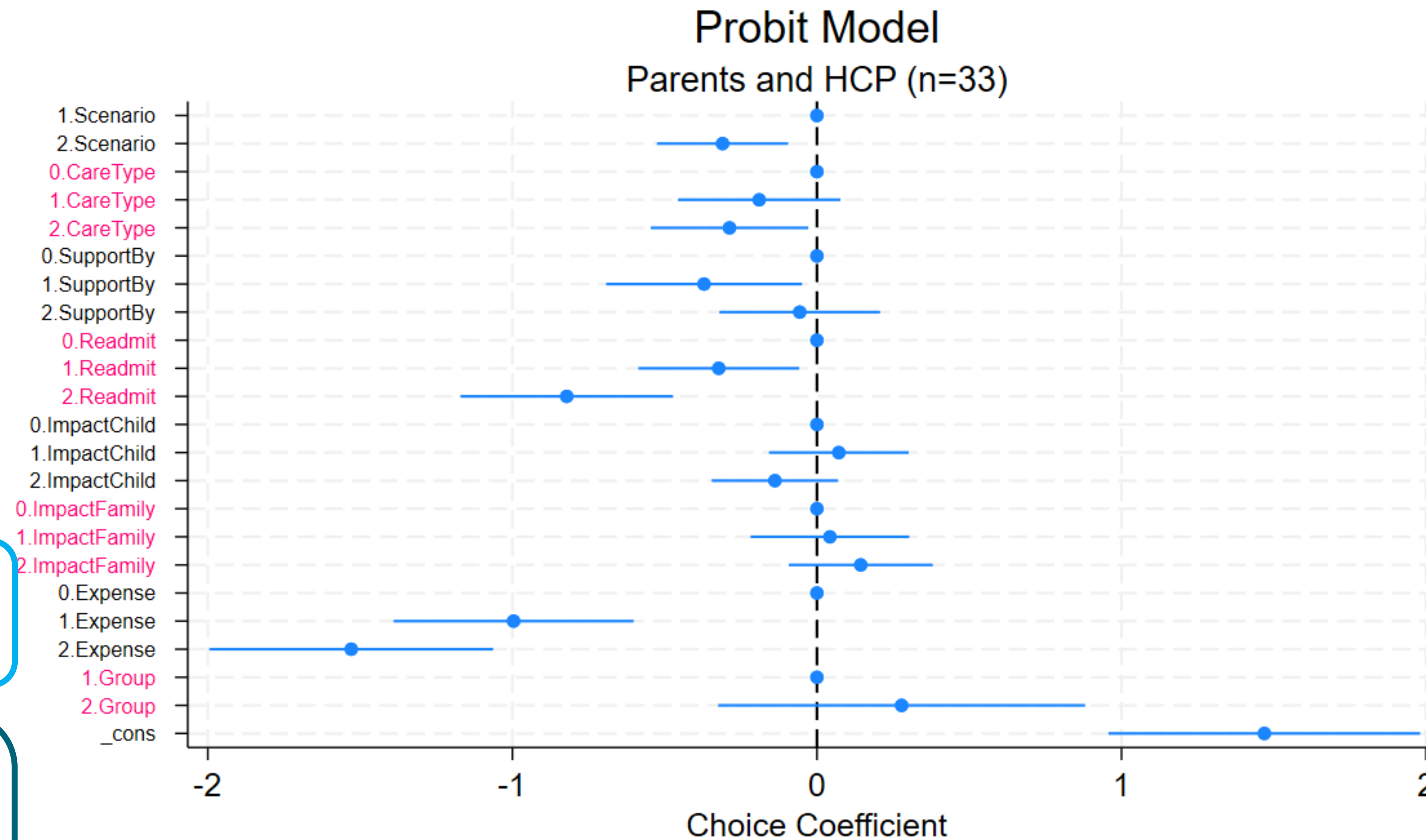
**Pilot**

- Online surveys comprised scenarios describing home-based care
- Participants completed 12 scenarios which varied across 7 attributes: FN risk, type of care, who provided support, chance of readmission, impact on the child’s/families’ usual activities & out-of-pocket expenses.

**Analysis**

- Responses were analysed using a probability regression model (PROBIT) for the overall sample.

**Figure 1.** Combined preference results: Positive coefficients indicate a positive impact of that attribute level, relative to its base



**KEY.** 1.Scenario - low/very low risk, 4-24hrs in hospital; 2.Scenario - Mod/higher risk, 24-48hrs in hospital; 0.CareType – hospital in the home; 1.CareType - Parent/carer + telehealth + clinic; 2.CareType - Parent/carer + request support; 0.SupportBy Usual Team; 1.Support By Not Usual Team; 2.Support by Usual Team (BH), Not Usual Team (AH) 0.Readmit - 1/100; 1.Readmit - 10/100; 2.Readmit - 20/100; 0.ImpactChild - A few of usual activities; 1.ImpactChild - Some of usual activities, ;2.ImpactChild - Most of usual activities; 0.ImpactFamily - Significant disruption to usual activities; 1.ImpactFamily - Moderate disruption, 2.ImpactFamily - Minimal disruption; 0.Expense - AUD0, 1.Expense - AUD250, 2.Expense - \$500; 1.Group - Parent, 2. Group – healthcare practitioner; \_cons - Constant

## Results

**Pilot survey included 32 participants; 17 HCPs and 15 parents of children with cancer**

Overall, participants accepted/recommended the home-care program (see Figure 1). The probability of accepting the program was lower when associated with higher initial risk, care type other than hospital in the home, support provided from outside of the usual care team, increased risk of readmission and greater expense.

Participants were overly focused on the expense attribute, but did not feel it reflected their experience of the program.

## Conclusions

This pilot provides initial insights into the factors that influence preferences for participation in home-care programs for FN. Results have influenced the design of a larger survey, including replacement of the expense attribute with one to understand the influence of wearables as monitoring devices in affecting preferences for home-care .