

## CONFERENCE ABSTRACT

### Patients' perspectives of self-testing when using anticoagulant therapy

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**Introduction:** Warfarin is still the anticoagulant of choice and self-testing has been shown to be as reliable as clinic visits. The aim of this study is to describe the perceptions of patients, who self-test their international normalised ratio (INR) and communicate their results via a text or phone messaging system, to determine their satisfaction with the education and support they receive.

**Methods:** Three sites were used in this cross sectional prospective descriptive study. Patients who were currently self-testing were invited to take part in the study. The anonymous survey examined patients' usage, issues, perceptions, and satisfaction with using self-testing. Descriptives were used to describe the quantitative data. Responses to open questions were analysed using open coding, categories and theme development.

**Results:** The response rate was 57% (178). The majority of patients were prescribed Warfarin for six years or more (77%). The highest satisfaction ratings with self-testing related as how to use the machine and take a blood sample. The lowest satisfaction ratings were mainly further information needs such as information about support groups, side effects, dietary information and disposal of needles. Patients confidence in self-testing was high (90%), although 29% did do more tests than required. When asked if they felt confident to adjust their own Warfarin levels 73% agreed. When invited to cite advantages of the system 115 patients did. These included reduced burden, more autonomy, convenience and ease of use. When invited to cite disadvantages 79 patients did. The main ones cited were cost and communication issues.

**Discussion and conclusion:** The findings in this study support previous studies that show significant satisfaction with this point of care model. Patients were satisfied with self-testing and reported the system to be convenient, reliable and less costly. Although the disposals did cost the reduction in costs of not utilising hospital clinics and through time

saving outweighed these. However, to be most effective, and provide optimal empowerment for patients, support needs to be at least equal to what is provided in the clinics.

**Lessons Learned:** To best support this model of integrated care and for self-management to be realized, a planned system of remote patient support needs to be in place that includes the clinical team, patient support groups and government agencies. In this study the self-testing machines were supplied free of charge and the patients had to self-finance the disposals. Moving forward with self-testing and self-management to a wider cohort of the eligible population is likely to have limited success unless a funding system similar to that of self-testing in diabetes is supported.

**Limitations:** The total available population of those using Warfarin was 4475, the sample population were those who were eligible and who self-selected for the 330 self-testing machines available. The applicability of the results to a wider population may therefore be limited.

**Suggestions for future research:** As we continue to shift care in chronic illness from a hospital to a community base the need now is to develop and test models of self-testing and self-management across this continuum.

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**Keywords:** anticoagulant treatment; self-testing; warfarin; point of care; inr

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