SCOPE OF WORK 2019-1 – PHYSICAL ACTIVITY COACHING MODEL OF CARE

1. Introduction/Background

There is a significant drop in physical activity among people with spinal cord injury (SCI) in the months following discharge from rehabilitation [1,2]. The ProACTIVE toolkit is a guide to promoting physical activity to clients with SCI that has demonstrated potential to help address this sensitive time frame for physical inactivity. The ProACTIVE toolkit was co-developed with 300 physiotherapists, community members with SCI, and university researchers and has been shown to improve physical activity and fitness in this population [3,4].

Guided by established frameworks of implementation, the toolkit will be adapted to a local setting, with peer coaching. Assessments will be conducted of how well the toolkit is used, the effectiveness of the toolkit to improve physical activity levels and potential economic benefits.

2. Economics Research Questions

- To what extent does the ProACTIVE toolkit and peer coaching impact a participants' health and wellness?
- How much in cost savings result from these participant outcomes?
- How much does it cost to provide these services – at the site level and across sites? (How many sites might provide these services in the future?)
- How do service provision costs compare to cost savings – at the site level and across sites?

3. Population, Setting, Intervention and Control/Comparison Group

An estimated n=30 individuals will be recruited to an intervention group and n=25 will be allocated to a control group.

In-patient and out-patients with traumatic or non-traumatic SCI will be considered. Participants with traumatic or non-traumatic SCI, who do not require ventilatory assistance, and have no medical contraindications to exercise identified by the care team are eligible to participate.

To answer the above research questions the following data could be used:

- Proposed outcome measures to be collected by semi-structured interviews assessing perceived benefits from the perspectives of the Peer Coaches will be collected at 1-year post implementation.

- Participant outcomes include:
  1) health service utilization (as measured by the Healthcare Utilization Measure or Chronic Disease Healthcare Utilization component of the Health Outcome Survey),
  2) self-reported secondary complications (pressure ulcers, chronic pain, stress, and depression)
  3) functional independence (as measured by the SCIM III), and quality of life & social participation (as measured by LISAT-11).

- Cost savings measures include:
  1) direct health care costs as a result of optimized health service utilization, increased functional independence and improved quality of life and
  2) income replacement as a result of improved quality of life (employment).

- Service provision costs include:
  1) site set up costs e.g., orientation/training, computer (access)

2) site implementation costs e.g., staff support and in-kind contributions
3) across site set up and implementation costs e.g., coordinator time
4) per participant costs e.g., peer coaching time.

4. Outcomes

Praxis is requesting a prospective analysis (forecast) at the site level.

5. Time Frame and Budget

Study activities are planned in 2019 and/or 2020. The table below shows the proposed timeline for the study, described by tasks/activities and their end dates. All project deliverables will be provided to Praxis in English.

The budget for this analysis is CDN$9,000-$18,000.

	Schedule
TASKS	**TBD**
Request Proposals/Review/Select and Set Up Contract	
Start Up Meeting/Confirm Scope of Work	
Develop Analysis Plan	
Conduct Analyses	
Summarize Results	
Draft/Final Report	

References

1. van den Berg-Emons RJ, Bussmann JB, Haisma J a, *et al.* A prospective study on physical activity levels after spinal cord injury during inpatient rehabilitation and the year after discharge. *Arch Phys Med Rehabil* 2008;**89**:2094–101. doi:10.1016/j.apmr.2008.04.024

2. Martin Ginis KA, Latimer AE, Arbour-Nicitopoulos KP, *et al.* Leisure time physical activity in a population-based sample of people with spinal cord injury part I: demographic and injury-related correlates. *Arch Phys Med Rehabil* 2010;**91**:722–8. doi:10.1016/j.apmr.2009.12.027

3. Ma J, Cheifetz O, Todd K, *et al.* Combining an integrated knowledge translation approach and behaviour change theory to develop a physiotherapist-delivered physical activity intervention for adults with spinal cord injury. 2018; *Submitted.*

4. Ma JK, West CR, Martin Ginis KA. The effects of a patient and provider co-developed, behavioural physical activity intervention on physical activity, psychosocial predictors, and fitness in individuals with spinal cord injury: A randomized controlled trial. *Sport Med* 2019.