

The Project will occur in 4 stages

GP recruitment

16 practices within the Division will be recruited and categorised into 4 models of Practice. The categories will reflect differential uptake of primary care-based initiatives, such as diabetes PIPs and the Practice Nurse Initiative.



Patient identification and recruitment

Electronic patient records may be cleaned (optional service). Patients diagnosed with one or more of the three case study conditions will be identified by the CAT and invited to participate. We will recruit at least 10 patients per condition per Practice.



Data collection

Data will be collected from patient medical records, Medicare, the SA Department of Health and patient surveys over 1 year. Data will include health services utilisation (including health care contacts to map patient pathways and costs of services) as well as clinical measures of patient health.



Data analysis

Synthesis of the collected data with existing data sources will enable us to compare long term costs and benefits of alternative primary care-based initiatives.

If you would like further information about the project please contact

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Research Fellow and qualified GP

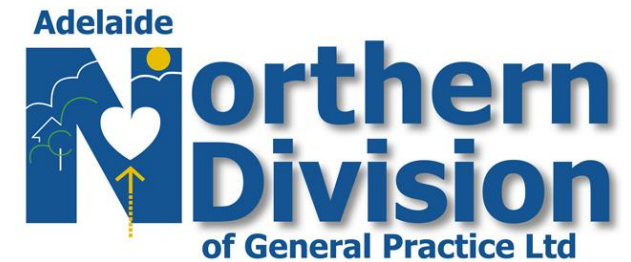
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Or visit the project website at
www.adelaide.edu.au/pcsip

This research project has been approved by the University of Adelaide Human Research Ethics Committee. For more information regarding ethics approval of the project, or if you wish to make an independent complaint about the study, the Human Research Ethics Committee's Secretary can be contacted by phone on 8303 6028 or by email sabine.schreiber@adelaide.edu.au



Primary Care Service Improvement Project (PCSIP)

Information for GPs



THE UNIVERSITY
OF ADELAIDE
AUSTRALIA

The Disciplines of General Practice and Public Health at the University of Adelaide are undertaking research to identify primary care-based initiatives that have the greatest impact on the health of the population.

By identifying efficient initiatives we can help make best use of the resources available for the provision of health care.

We would like to ask adult patients with obesity, diabetes type 2 or depression attending your Practice for permission to access their medical records and to survey them over a one-year period.

Presented results will be anonymised with respect to Practices and patients, though Practices will have access to their data.

Benefits to You and Your Practice

- **A payment of \$1000** will be offered to each participating Practice in appreciation for their involvement in this study.
- **Data cleaning:** If your Practice chooses, a trained staff member, supported by IT Staff at the Division, can be made available to clean patient records. Examples of data cleaning for Practices using Medical Director (MD) include running general maintenance programs (such as the Diagnosis Coder) and various searches in MD. This service is optional. It will require consultation with your Practice to determine your needs and preferences.
- **Installation & demonstration of CAT:** PEN Computer Systems Clinical Audit Tool (CAT) integrates with existing software, such as MD. It is easy and safe to install, and is being provided to Practices in South Australia at no cost. It can be used to improve your Practice by identifying population risk groups for targeted interventions and monitoring progress towards data quality improvement.
- **Individualised newsletters** will provide your Practice with a comparison of pathways taken by your patients, compared to the pathways of the full cohort of recruited patients.

Project staff can

- **Clean electronic patient records** to enable identification of eligible patients by the CAT (after consultation with your Practice to determine your requirements and preferences).

Project staff will

- Use the CAT to **identify eligible patients**.
- Establish initial **contact with patients**, seeking consent to survey and access records.
- **Co-ordinate** all subsequent patient contact.
- **Visit the Practice** twice to review the records of study patients (once at the beginning of the study and again approximately 12 months later).
- **Ensure patient confidentiality** by de-identifying all patient data before leaving your Practice.

We will work hard to ensure the study has minimal impact on your Practice.

You will need to

- Provide access to Practice electronic records.
- Briefly review the list of eligible patients for general suitability.