

Friday

16th October 2009

TIME	Lake Monger Room	Oceanic Room
1.50 – 3:20	PAPER SESSIONS	
	Paper Session A - Chronic disease	Paper Session B - Health care delivery
1:50	Interim evaluation of the WA chronic disease self-management project <i>Setareh Ghahari</i>	Coronary care in primary care: defining appropriate use of troponin testing <i>Helen Wilcox</i>
2:05	Understanding time to presentation in rural cancer patients: a systematic review of the Safer/Andersen model of “patient delay” <i>Andrew Webster</i>	Community collaboration: A pilot study to ascertain views of health professionals and community members in primary health care research projects <i>Nancy Pierce</i>
2:20	Wellness Intervention Negotiating Diabetes <i>Melissa Barrett</i>	Pandemic influenza and general practice: hearing the messages above the ‘oinks’ <i>Nick McLernon</i>
2:35	Why doctors dispense? <i>David Lim</i>	Patients’ perceptions of barriers to discussing and testing for STIs in general practice <i>Jo Baker</i>
2:50	The prescribing of statins in Australian and Irish general practice: a qualitative study <i>Brett Montgomery</i>	Increasing the cost savings for WA Health and effectiveness of the Chronic Disease Management Program by delivering improved patient outcomes <i>David Whyatt</i>
3:05	Telehealth research across the community: a randomised controlled trial of remote monitoring of chronic disease <i>Joanna Smith</i>	Are WA GPs planning to continue to look after the aged and the disadvantaged? <i>Tom Brett</i>
3:20 – 3:45	AFTERNOON TEA	
3:45 – 4:25	PAPER SESSIONS	
	Paper session C – Health Care Delivery II	Paper session D - Perceptions of Health and Health Care
3:45	Efficacy of wheatbelt GP Network’s <i>Discovering Solutions for Family Abuse Men’s Domestic Violence</i> Program: a Qual (quan) mixed method study <i>Bridget & Sean Copson</i>	Exploring perceptions of radiation dose and effects in general practice <i>James Runciman</i>
3:55	The effects of a regular cycle of clinical audit on disease prevention and health promotion, the quality of documentation and the quality of care delivered by General Practitioners <i>Lucy Gilkes</i>	Research interest in general practice <i>Cam Phan</i>
4:05	The prevalence and severity of surfing injuries in South West, Western Australia <i>Denise Howting</i>	Patient perceptions of the role of practice nurses in primary health care <i>James Haridy</i>
4:15	Audit of antenatal services for Aboriginal women in Western Australia <i>Tracy Reibel</i>	Attitudes amongst seniors towards generic medicines: an issue of cost or an issue of trust <i>Caroline Bulsara</i>

Abstracts - Chronic Disease

Interim Evaluation of the WA Chronic Disease Self-Management Project

Boldy D*, Packer T*, Ghahari S*, Roberts L*, Jones T*, Fulton N**

**Centre for Research into Disability and Society, Curtin Health Innovation Research Institute, Curtin University of Technology, **WA Health Networks, WA Department of Health*

Background

Chronic disease is acknowledged as a global epidemic, associated with lowered quality of life and increased health care costs. This epidemic has been acknowledged through the Australian Better Health Initiative (ABHI) which aims to refocus the health system to promote good health and address the impact of chronic disease. In WA, ABHI has funded several agencies to conduct self-management programs, with the aim of supporting consumers to manage their own chronic conditions. The specific programs covered in this paper are the six week self-management courses provided through either the Diabetes WA (16 courses) or WA GP Networks (13 courses) up to March 2009.

Aim

To present the interim results from the outcome evaluation of these programs.

Method

A pre-test, post-test research design has been used to measure change in outcome variables over time. Following a literature review, a core set of relevant yet manageable generic measurement tools were identified and incorporated into baseline (pre-course), immediate (end of course) and 12 week follow-up questionnaires, for completion by participants. The questionnaire is designed to measure health education/self-management knowledge and skills, quality of life, depression, social isolation, loneliness and self-efficacy.

Results

To date (n=195), statistically significant improvements have been found in health education knowledge and skills, depression and self-efficacy immediately post-intervention for all groups together. Three-month follow-up data are only just becoming available.

Discussion

The results to date are impressive and most encouraging. However, GP referrals to these self-management programs represented only about 5% of the total, which is disappointing, given the prominent role GPs play within primary health care.

Key message

That self-management courses can achieve positive health outcomes for a range of participants and that the self-management 'message' represents an important, yet possibly under-developed component of a comprehensive primary health care approach to chronic disease management.

Understanding time to presentation in rural cancer patients: a systematic review of the Safer/Andersen model of “patient delay”

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Background

Describing and minimising the time to diagnosis in cancer is a major focus of current research and health policy in the UK and Australia. A model of patient delay was described by Safer (1979) and modified by Andersen (1995) using studies of cancer patients. These theoretical models help to illustrate the various decisional processes associated with time to diagnosis and allow researchers to determine the interval lengths within this period. The models also allow researchers to conceptualise the reasons for longer diagnostic periods and therefore suggest potential targets for interventions.

Aim

To examine the application of the Safer/Andersen models where they are used to inform the collection or analysis of data in studies which assess cancer diagnosis. Also, to assess the utility of such models in conceptualising and measuring the various stages of the diagnostic process for cancer.

Method

A systematic literature search of four major databases: PubMed, Web of Science, PsycINFO and IBSS. Citation searching and reference searching were also conducted in an aim to conduct a highly sensitive search. Following identification of relevant articles, a narrative synthesis was conducted with the aim of reporting the findings of included studies but to describe the utility of these models at conceptualising the *time to presentation* process for cancer.

Results

The main findings will be presented at the conference. This is likely to include a description of how the theoretical model has been applied in the cancer delay literature and an exploration of the model's utility and potential adaptations required to improve the description of patient delay.

Discussion

This research highlights some interesting methodological issues with the literature in this field. The presentation will discuss the review strategies as well as the synthesis findings and their implications for future research and clinical practice.

Key messages

To be presented at the conference (synthesis ongoing)

Wellness Intervention Negotiating Diabetes

Barrett, M., Skinner T., Greenfield, C.

Combined Universities Centre for Rural Health

Background

The prevalence of type 2 diabetes continues to rise in Australia, with current estimates being that 7.4% of the total population currently live with diabetes. It has been estimated that nearly 880,000 adults over the age of 25 had diabetes in 1999-2000, 96% of which were type 2 (Dunstan, et al., 2001).

People with diabetes have twice the risk of CVD compared to the general population and have a higher mortality rate following their first cardiovascular event (Buse et al., 2007). In addition to mortality, the morbidity resulting from diabetes complications is high, **incur a high cost to health systems** and substantial decline in quality of life for the individual (Dunstan et al., 2001). However, good control of blood glucose, blood pressure, lipids, weight reduction and smoking cessation, will delay and possibly prevent the long term complications (Turner et al., 1998).

One mechanism to reduce the rates of diabetes complications and health service utilisation, is to increase the level of self-care in people with diabetes (e.g. diet, activity and medication use). This study proposes to evaluate a model of care that assists people with type 2 diabetes to make lifestyle changes that reduce their risk of complications from their diabetes.

Interventions that provide people with accurate risk information, in conjunction with clear behavioural goal setting, have been shown to engage people in becoming proactive in reducing their risks, and producing improved metabolic outcomes.

The target population will be people with type 2 diabetes, with sub-optimal diabetes control.

The participants will be recruited from two GP (General Practitioner) practices and a physician practice in Geraldton, Western Australia.

Aim

The aim of this project is to evaluate the feasibility of the above intervention within Australian primary care. The primary analysis will be to determine whether there has been a greater reduction in risk in the intervention versus the control group and the calculation of potential cost savings to the health system.

Method

A small scale wait-list randomized feasibility trial of the intervention in a rural town.

Results

Work in progress, project will be completed in June 2010 however methodology and risk engine will be discussed in detail with preliminary findings.

Discussion

This study will test the feasibility of providing actual risk information to people with diabetes in combination with structured goal setting to enhance outcomes for diabetes. The model has been designed, building on interventions that have previously shown good results and will be integrated into a coherent package that is cost effective and sustainable.

Key messages

Do life style interventions improve outcomes in Type 2 diabetics?

Why doctors dispense?

Lim, D^{1,2}., Lewis, J²., Sunderland, V B³., Emery, J⁴

1. *Wheatbelt GP Network*
2. *School of Public Health, Curtin University*
3. *School of Pharmacy, Curtin University*
4. *School of Primary, Aboriginal and Rural Health Care, University of Western Australia*

Background

The global health workforce shortage is requiring policymakers to pursue strategies to enhance the recruitment and retention of healthcare professionals. Concomitantly policymakers are also investigating expanding traditional health professional roles. An example of such is the dispensing doctor (DD), a medical practitioner who routinely prescribed and dispenses pharmaceutical benefits to their patients. This paper will report on research that investigated the factors that influence DDs practice.

Aim

To understand factors that influence doctors decisions to dispense.

Method

The study used a qualitative description approach as described by Sandelowski (2000). In-depth interviews were conducted with a purposive sample of DDs who were best able to inform the research. These GP-informants (DDs; n=13) were recruited through Divisions of General Practice network. Each interview lasted for 30-60 minutes and explored factors that influence DDs' decisions to dispense. The interviews were audiotaped with the consent of the GP-informants, transcribed verbatim and analysis followed an interpretive framework approach.

Results

DDs regard dispensing as a service to their deprived community in order to improve access to pharmaceutical care. The additional income generated from the dispensary assisted in supporting an otherwise unviable rural general practice. The cost of establishing and maintaining a dispensary is both a barrier and an enabler which increased GP retention.

Discussion

DDs who are located in rural and remote areas of unmet needs, are important players in the rural healthcare landscape. The debate of whether doctors should be able to routinely dispense pharmaceuticals needs to move beyond professional silo and costs, balancing health outcomes against workforce shortages and patient convenience.

Key messages

- Dispensing doctors generally perceive patient convenience as the main reason for them to dispense.
- Revenue from the dispensary is an important factor in GP retention and sustaining an otherwise unviable general practice.

The prescribing of statins in Australian and Irish general practice: a qualitative study

Montgomery, B. D., Emery, J. D.

*General Practice
School of Primary, Aboriginal and Rural Health Care
University of Western Australia*

Background

The prevention and treatment of cardiovascular disease is a challenge for health systems worldwide. Statin drugs (HMG-CoA reductase inhibitors) are widely prescribed by general practitioners to reduce cardiovascular risk. Although highly studied, controversy still exists about how these drugs may be best prescribed. Further, evidence suggests that their prescribing is not optimally tailored to patients at risk.

Aim

To explore general practitioners' decision-making about the prescribing of statins, and factors influencing this decision-making.

Method

Semi-structured interviews with 17 general practitioners in Australia and Ireland. Analysis using qualitative methods including principles of qualitative description and grounded theory.

Results

While still a work in progress, many themes have emerged from our study so far. Our interviews revealed statin prescribing as a complex process, influenced by diverse informational, interpersonal and social influences. Patient characteristics, beliefs and behaviours were integral to the prescribing process. Participants were consistently comfortable prescribing for secondary prevention, but prescribing for primary prevention was often an area of uncertainty. Changing guidelines and treatment targets added to uncertainty. Participants weighed multiple cardiovascular risk factors in their decision-making, but varied in their processes of risk estimation and their threshold for prescribing. Other influences on prescribing included personal and vicarious experience of statin effects, specialists' prescribing, colleagues, guidelines, pharmaceutical companies, journals, and media sources. Participants rarely read the original trial reports on which guidelines were based.

Discussion / Key messages

Statin prescribing is complex. Interventions to improve statin prescribing may be more likely to be successful if designed with mindfulness of this complexity and of the diverse influences on prescribing that we describe.

Telehealth Research Across the Community: A randomised controlled trial of remote monitoring of chronic disease

Smith, J., De San Miguel, K., Smith, R., York, S., Black, L., Tang-Taye, J.

Silver Chain

Background

Silver Chain's analysis of its clients' hospital admissions show that clients with diagnoses of chronic obstructive pulmonary disease (COPD) or heart failure (CHF) are frequently admitted to hospital and identified as the frequent flyers of hospital usage (Smith & Lewin, 2008). A recent report, Australian Hospital Statistics (AIHW, 2008), reports that 9.6% of all hospital admissions for diagnoses of these and other chronic conditions are preventable. The use of telehealth self monitoring is seen as one way in which Silver Chain can assist in reducing such preventable hospitalisations.

In order to determine the applicability and the potential savings to the health system of telehealth devices in an Australian context, Silver Chain is undertaking a randomised controlled trial of telehealth self monitoring.

Aim

Self-monitoring via home-based telehealth equipment can, when combined with ongoing monitoring of the patient's results and review by a nurse working closely with the individual's GP, reduce the incidence of hospitalisation for people with chronic disease.

Method

A randomised controlled trial will be used to compare the outcomes for 100 clients using the telehealth monitoring (intervention group) with the outcomes for 100 clients receiving information only (control group).

Results

Currently the research is in the recruitment stage and results are not yet available.

Discussion

This presentation will describe the research methodology, the telehealth intervention used and learnings arising from undertaking a large randomised controlled trial in a community care organization.

Abstracts - Health Care Delivery

Coronary care in primary care: defining appropriate use of troponin testing

Wilcox, H¹., Emery, J¹., Burnett, J²., Edwards, G³.

1. *School of Primary, Aboriginal and Rural Health Care, University of Western Australia*
2. *Pathwest, Royal Perth Hospital*
3. *St John of God Pathology*

Background

The protein troponin is released from damaged myocardium and is used in the diagnosis of acute coronary syndromes.

Best practice guidelines state that troponin testing should occur in inpatient settings with resources to manage complications and early access to revascularization. However, troponin testing is available for use without restrictions in primary care and reasons for its use are not known. Its use may be harmful by causing diagnostic delays or an increase in complications. Alternatively general practitioners may be using the test appropriately to benefit patients by identifying unusual presentations of acute coronary syndromes.

Aim

To assess whether patients are exposed to adverse outcomes by troponin testing in primary care.

Method

Prospective audit. 2500 troponin results will be obtained from St John of God Pathology and Pathwest laboratories. Requesting GPs will provide clinical information by faxback survey on the scenario behind the test and its effect on management. Patient outcome information will be obtained through Health Department Data Linkage.

Key messages

Possible findings are:

1. Troponin testing is used safely in general practice on certain patients who are likely to be those who present late or with atypical symptoms;
2. GPs have good knowledge of the use and limitations of troponin testing;
3. Ordering troponin in general practice on certain patients causes a delay in diagnosis and treatment of acute coronary syndromes and increased complications.

Results of this study will help direct access to troponin testing for GPs in the future.

Community Collaboration - A pilot study to ascertain views of health professionals and community members engaged in primary health care research projects

Pierce, N., Bulsara, C., Jayasuriya, P.

Department of General Practice, University of Western Australia

Background

Government and health organisations acknowledge primary health care research partnerships are forged by opening lines of communication between health professionals and communities. Positive and lasting relationships drive and implement change in future health outcomes and health policy.

Aim

This pilot studied the community/ researcher experience in being involved in primary health care research.

Method

Health professionals and community/consumer advocates were interviewed from several states in Australia. The data was collated and analysed manually to identify the main findings and emerging trends.

Results

The roles of all steering/management group participants including community members should be clearly defined and involvement should begin at submission stage if possible. Good project structure and communication strategies from project officers and managers are essential. Adequate funding, clear and concise guidelines for grass roots engagement would ensure that community representatives and health professionals have a clear understanding of roles. Acceptance, mutual preparedness, respect and an acknowledgement of all members' views was considered paramount for effective collaboration. Distributing feedback of study outcomes to colleagues and publishing for broader distribution was important to inform others and avoid repetition of research.

Discussion

This was a pilot study with a small numbers of participants. However, the results are worth investigating further in a larger scale study. A research project must be in response to a community need and built in funding would improve contributions and attendance at meetings. The recruitment process for community members should be improved to ensure the appropriate person is selected to participate.

Pandemic influenza and General Practice – Hearing the messages above the ‘oinks’

McLernon, N., Emery, J.

University of Western Australia

Background

This study sought information from general practitioners regarding their perceptions of their involvement in the management of the H1N1 (2009) Influenza Pandemic.

Aim

Determine how authorities communicated with General Practice during the 2009 influenza season regarding management of the illness in the community.

Method

We identified a sample of 196 GPs from GP division lists and telephone directories covering a range of metropolitan and regional areas across Western Australia. A survey was mailed in the first week of July (three weeks prior to the peak of the epidemic) and completed anonymously. 186 surveys were posted and 61 surveys were returned.

Results

The overall response rate was 33%. Of the 61 surveys were returned, 19 were from rural and 42 from metropolitan GPs. 53% GPs received unsolicited information regarding pandemic influenza from four or more authoritative sources.

51% of GPs surveyed agreed that information was of appropriate length. GPs were more confident with regard to when to test (71%) and treat (74%) and use self protection (66%) than when to prescribe prophylactic therapy (46%). The most preferred source of information was the WA Health Department (55%) followed by Divisions of GP (10%). 46% of GPs would prefer to be contacted by email.

Overall, 56% of GPs reported that the threat of the influenza pandemic interfered with their usual practice and 35% of GPs reported that it resulted in personal stress. A majority of 62% of GPs agreed that the threat of the influenza pandemic was overstated by health authorities.

Discussion

GPs reported receiving information from multiple health authorities. Whilst most GPs were confident with regard to testing and treatment, less than half were confident with the more complex problem of providing prophylactic therapy. The WA Department of health was by far the most preferred source of information and a surprisingly large percentage of GPs would prefer to receive information by email.

Key Messages

Future pandemic plans should consider streamlining the supply of information to GPs.

Patients' perceptions of barriers to discussing and testing for STIs in general practice.

Baker. J., Arnold-Reed, D., Brett, T., Bulsara, M.

Student Honours Research Project, School of Medicine, The University of Notre Dame Australia.

Background

Research shows that optimal sexual health care provision suffers due to assumptions made about patients' attitudes and perceptions towards discussion about STIs with their General Practitioner (GP). These assumptions can lead to avoidance of discussion of the topic, which in turn has important consequences for the spread of STIs in the community. There is limited published research which investigates the extent to which these assumptions about patients' attitudes and perceptions to discussing STIs are justified.

Aim

This study aims to identify patients' perception of barriers to discussing sexually transmitted infection in general practice and determine which factors can be modified to improve opportunities for patient education, testing and treatment.

Method

Participants include male and female patients between 16-70 years at four Perth metropolitan general practices. Reception staff offered eligible participants the opportunity to fill out a 26 item questionnaire which took approximately 10 minutes to complete. No personally identifiable information was contained in the questionnaires. Patients placed the completed questionnaires in sealed boxes at the reception desks. Analysis of the results is currently being undertaken at the University.

Results

Overall, 269 surveys have been collected from the four selected general practices. Analysis is currently ongoing. Results will be analysed and presented at the conference.

Discussion

Discussion will include main findings of the research relative to the primary aim.

Key messages

The study will provide evidence based information on patients' perception of barriers to discussing sexually transmitted infection in general practice. Information will improve patient and GP initiation of sexual health discussions.

Increasing the cost savings for WA Health and effectiveness of the Chronic Disease Management Program by delivering improved patient outcomes.

David Whyatt¹, Alistair Vickery¹, Jon Emery¹, Aurora Popescu¹, Sarah Bolt¹, Joey Kaye², Peter Kendall³, Nic Santamaria⁴, Grace Frances⁴

1. *Department of General Practice, UWA*
2. *Sir Charles Gairdner Hospital*
3. *Fremantle Hospital*
4. *Curtin University*

There is a large unmet need in the community and amongst patients admitted to hospital for the management of chronic disease. The patients referred to the Chronic Disease Management Program (CDMP) are high users of hospital services. Our analysis of the North Metropolitan Area Health Service (NMAHS) CDMP shows a significant improvement in biometric and physical assessment markers for two of the chronic diseases; Type 2 Diabetes Mellitus (T2DM) and Chronic Obstructive Pulmonary Disease (COPD). This improvement reduces the risk factors for hospitalisation in patients graduating from the CDMP. Heart Failure (HF) patients managed by the CDMP were not evaluated due to the small sample size. Patients who presented to hospital in the four years before participation in the CDMP with a diagnosis of T2DM have a 50% reduction in length of stay (i.e. a saving of 3.3 bed days each) in the following 12 months, relative to matched controls. Each year in WA there are ~45 000 such T2DM patients who could benefit from this program. The identified reduction is a potential saving of \$158M across WA Health. While not all of these patients would be appropriate for referral to the CDMP, only an insignificant percentage of such patients are currently entering or graduating from the program. However, this graduating cohort avoided hospital admissions worth over \$500,000 for WA Health. There is capacity to increase the number of patients seen by the current service by stabilisation and improvement in referral and usage patterns. Further expansion could lead to management of an increased number of patients with avoidable hospital admissions. It is noteworthy that there was a significant improvement in biometric and hospitalisation data in graduating patients within 12 months. We suggest that continued systematic evaluation of the management of chronic disease will identify avoidable hospital admissions and result in even greater cost savings for WA Health.

Are WA GPs planning to continue to look after the aged and the disadvantaged?

Brett, T. D., Arnold –Reed, D. E., Moorhead, R., Wood, I., Phan, C., and Hince, D.

General Practice and Primary Health Care Research, School of Medicine, The University of Notre Dame.

Background

The progressive ageing of the Australian population, increasing rates of multimorbidity amongst the elderly together with declining GP workforce numbers highlight the need to examine the prospects for equitable access to adequate medical care in the future for the elderly and disadvantaged. Over 83% of Australians aged over 75 years have multimorbidity.

Aim

To examine changing GP plans for undertaking home, nursing home and hostel visits and the likely future impact of these changes on at-risk patients.

Methods

This paper draws on data from the Notre Dame Retirement Intentions study and GP Registrars Work Intentions study. These studies utilised postal survey responses of 89 GP Registrars and 178 senior colleagues aged 45-65 years.

Results

The GP Registrars' work intentions study found that 18% of new doctors planned to undertake home visits while 27% were still unsure and 55% had no such plans. For nursing home and hostel patients, 27% of Registrars planned to undertake visits, 31.5% were still unsure with 41.5% not planning to do so.

The Retirement intentions study revealed that 71% of GPs undertook home visits at present while 29% did not. Similarly, 64% of GPs studied undertook nursing home and hostel visits while 36% did not.

Discussion

Fewer numbers of the emerging cohort of new GPs are planning to undertake home, nursing home and hostel visits as compared with their senior colleagues. This is likely to impact on the ability of a vulnerable subset of the Australian population – the elderly and housebound as well as long-term residents of nursing homes and hostels – to access general practitioner medical care at a level currently enjoyed by this group.

Key messages

Alternative sources of primary care support (e.g. practice nurses or nurse practitioners) may need to be integrated into general practice-based teams to help meet future non-office-based medical care needs.

Abstracts - Health Care Delivery II

Efficacy of Wheatbelt GP Network's *Discovering Solutions for Family Abuse Men's Domestic Violence* Program: a Qual(quan) embedded mixed method study

Copson, B., Copson, S.

Wheatbelt GP Network

Background

The Program studied runs over a 16-week period and is designed to equip perpetrators with the psychological and emotional tools needed to counter the patterns of interpersonal violence and abuse. The participants are both voluntary and mandated (part of a magistrate sentencing order). The study utilised embedded Qual(quan) mixed methodology and the findings will be used to ascertain short-term outcomes from participating in the Program. Information gathered will also assist in improving the Program and for application of new funding.

Aim

The aim of the project is to document the immediate short-term effects of the Wheatbelt GP Network's *Discovering Solutions for Family Abuse Men's Domestic Violence* Program.

Method

This project utilised mixed method to ascertain the immediate short-term efficacy of the Program. It consist of a quantitative phase involving the use of standardized psychometric instruments used as a survey given to participants directly after the completion of the program and compared to their scores of these same instruments before starting the program and at six months follow up. The instruments used were:

- Readiness to Change Questionnaire
- Depression, Anxiety and Stress Scale
- WH0-5 Well-Being Index

The second part of the research comprised a qualitative phase which involved semi-structured interviews. The analysis and interpretation followed a framework approach: familiarisation, identifying a thematic framework, indexing, charting, mapping and interpretation.

Discussion

The study is currently being conducted and no results are yet available, the study will be completed by the end of September.

Key messages

- Experienced with program evaluation by MBBS-III students.

The effects of a regular cycle of clinical audit on disease prevention and health promotion, the quality of documentation and the quality of care delivered by General Practitioners

Gilkes, L.

University of Western Australia, General Practice

Background

Despite an increasing awareness of the benefits of Preventive Health Strategies there remain many gaps in the delivery of preventive health care in Australia.

Clinical Audit is established in clinical practice as an effective way to improve quality of care and to change professional behaviour. Uptake of clinical audit activities by general practitioners in Australia is low.

A study on clinical audit by Johnston, Crombie et al identified a number of barriers to effective audit activities such as lack of time, resources, training. To date, there are no studies in which medical students were used as data collectors for Primary Care based audits on disease prevention and health promotion.

Method

As a learning exercise for 5th year medical students to improve the clinical application of their knowledge of disease prevention and health promotion activities, they have been performing an audit in their general practice clinical attachments on 20 consecutive, consented patients.

They then discuss the results of their audit with their GP preceptor and the GP is given a copy of these results for their reflection. This will occur 4 terms in each year over a 2 year period with the same audit format, many GPs have students for each of these terms.

Results

Preliminary results after 3 cycles of audit appear to show an improvement in the quality of documentation of some aspects of preventative health. I will be continuing this project for another 5 terms and will be monitoring implementation of activities of preventive medicine to see if this also demonstrates change over time.

Discussion

Using medical students to conduct clinical audit in General Practice provides a valuable learning exercise for the students, and also may provide a way of overcoming many of the barriers to audit activities identified by previous studies.

The prevalence and severity of surfing injuries in South West, Western Australia

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¹*General Practitioner, Margaret River Medical Centre*

²*Research Officer, Primary health Care Research Evaluation & Development, UWA*

Background

The coast from Capes Naturaliste and Leeuwin around Margaret River is renowned world wide for its surfing breaks and has become a very popular destination for surfers, both nationally and internationally.

Aim

This study seeks to identify the conditions encountered during surfing, such as weather, experience, equipment, crowd size, that are predispose riders to injury.

Method

All patients with surfing injuries who presented to a medical facility for treatment, between January 2007 and January 2009, were invited to complete a survey by the treating medical professional. The questionnaire included details on demographics, surfing experience, equipment and conditions. The treating medical professional then completed a short section on the nature of the injury sustained and its treatment. Data were collated and analysed using SPSS V15.0.

Results

Preliminary frequency analysis shows surfers most likely to suffer injury were males living locally, age between 25-35 years, who surf more than 3 times a week and for more than 5 years. They also had self-determined intermediate or advanced experience and were wearing wetsuits but not helmets. Most injuries were sustained from own boards during medium (1-2 metre) waves, with small crowds of less than 10 people. Lacerations were the most frequent injury type, with head the most frequently injured. Further analysis shows that >90% of those with head, face or neck lacerations were not wearing a helmet.

Discussion

Based on the present analysis, most surfing injuries seem to be preventable, with simple physical barriers such as helmets and wetsuits reducing the number of lacerations and abrasions. There may also be an element of inattention or risk-taking by the more experienced surfers.

Key messages

Most surfing injuries can be prevented and severity reduced.

Audit of Antenatal Services for Aboriginal Women in Western Australia

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Background

Aboriginal maternal and infant outcomes remain unacceptably poor. High quality, antenatal care can improve maternal and child outcomes. The Department of Health required a detailed picture of currently available antenatal services for Aboriginal women throughout Western Australia.

Aim

Through an audit process, develop an informed understanding of current antenatal services and identify those practicing key elements of culturally responsive service delivery as identified in the literature.

Method

An evidence-based audit tool was developed to identify which services incorporate culturally responsive principles such as maintaining best possible access and employing Aboriginal Health Workers towards improved antenatal encounters with Aboriginal women. Telephone interviews utilising a purpose specific audit tool comprising 60 questions were conducted with representatives from 42 services across WA. Data was analysed according to antenatal characteristic (e.g., risk assessment, treatment, risk reduction) and service status (e.g. Aboriginal specific or non-specific, location).

Results

Data shows many antenatal services although utilised to some extent by Aboriginal women have not achieved a model of service delivery consistent with the principles of culturally responsive and secure care which may explain minimal antenatal attendance by Aboriginal women at most services. Analysis identified few services that consistently incorporate Aboriginal specific antenatal protocols and maintain optimal access. Those services identified as culturally responsive reported an average of 5 or more antenatal visits per Aboriginal women.

Conclusions

The available evidence supports delivery of effective, culturally responsive antenatal care for Aboriginal women as key indicators for improved attendance and clinical outcomes. The development of culturally specific guidelines for service planning and allocation of resources and strategies to support staff and organisational cultural competence is recommended to meet the needs of Aboriginal women.

Abstracts - Perceptions of Health & Health Care

Exploring Perceptions of Radiation Dose and Effects in General Practice

Runciman, J.

Researcher Development Program Fellowship (administered by PHCRED, University of Notre Dame)

Background

How is radiation dose from medical investigations perceived and managed in a General Practice setting? Current literature points overwhelmingly to a gap in the knowledge of junior doctors into the dose and effects of common imaging investigations. Despite an extensive literature review, an Australian study into the management of radiation risk in a general practice setting from common imaging investigations has not been performed. In addition to considering this issue in an Australian population this study further explores the barriers to discussing the risks of radiation to patients in a general practice setting.

Aim

Explore Perceptions of Radiation Dose and Effects from commonly ordered imaging investigations in General Practice. Barriers and recommendations for further education are also explored.

Method

A literature review was performed using COCHRANE, MEDLINE, CINAHL and PUBMED databases. A questionnaire was distributed to general practitioners and registrars attending professional development programs run by the local GP networks in Western Australia. The questionnaires were anonymous and an incentive was offered for completion (a chance to win a \$50 book voucher). The questionnaires were anonymous and collected both quantitative data regarding average radiation dose of common imaging investigations, in terms of CXR equivalent dose and background equivalent radiation time, and qualitative data regarding the barriers to adequate patient consent and needs for further education in this area. The common investigations reviewed are CT head, CT abdomen, MRI, ultrasound, bone scan and interventional fluoroscopic procedures. Standard radiation doses are used from the International Commission on Radiological Protection (ICRP) recommendations for reference. The SPSS software program was used for statistical analysis of data.

Results

TBA

Discussion

TBA

Key Messages

TBA

Research Interest in General Practice

Phan CT, Arnold-Reed DE and Brett TD.

School of Medicine (Fremantle), The University of Notre Dame (Australia)

Background

The current level of research interest in general practice in WA is unclear. What is currently known is that nationally and internationally there have been fewer research publications from general practice than any other discipline of medicine.

Aim

To canvas the level of research interest in GPs in metropolitan Perth, which area of general practice is of current interest to GPs and what might be some of the reasons inhibiting research.

Method

As this project was funded by Independent Practitioner Network (IPN), IPN and non-IPN GPs were contacted via emails, fax or phone calls to set up a 'lunch time' session to discuss GP research.

Results

Sixty GPs from 15 metropolitan medical practices responded. Only 18 of the 60 GPs indicated an interest in research. Of the 42 GPs that indicated no research interest, 19 indicated they may consider participating if the project was interesting enough. In total, 29 GPs indicate that they might be interested in participating if presented with an interesting research project, while 23 stated that they were not interested in participating at all. A lack of interest or desire to do research was the major reason cited followed by a lack of time. Some of the areas of research interest identified by GPs include diabetes and mental health management, evaluation of a local GP Registrar program and observational studies on existing practice's subpopulation (i.e. community-based methadone patients).

Discussion and Key message

Research interest from general practice remains low although future research relevant to general practice may induce more participation from GPs and corporates. While time remains an obstacle to research, the level of research interest is the major hurdle.

Patient Perceptions of the role of Practice Nurses in Primary Health Care

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Background

In June 2008, the Australian federal government called for greater access to practice nurses and allied health professionals as part of the development of the National Primary Health Care Strategy. This reflects an overall government strategy to deliver primary health care more efficiently in a climate of national GP shortage. To date there has been two Australian studies that examined patient perceptions of the practice nurse (PN) but neither included Western Australia in their sampling. The most recent study concluded that there were differing expectations of the role of the PN based largely on geographical and cultural backgrounds. It is the intent of this study to further investigate these findings.

Aim

This study aims to explore patient perceptions of the current role of the PN in Western Australian general practices. The study also seeks to explore patient views on any possible expansion of the role of practice nurse in the future. The key objectives of the study are to examine:

- How patients view the current role of the practice nurse
- How comfortable the patient is with the practice nurse performing specific tasks
- What services patients would be happy for a practice nurse to perform in the future
- What services patients would be concerned about a practice nurse performing

Method

Subjects will be recruited from three general practices in Perth – two metropolitan and one outer metropolitan. Patients attending the practices will be invited to complete an anonymous questionnaire in the waiting room. The questionnaire will gather minimal demographic data (gender, age, geographic location), quantitative data on the patient's satisfaction of the PN being able to perform specific tasks and qualitative data containing four open questions asking for further ideas or concerns regarding practice nurses. Data gathered will be analysed and compared to previous studies in the area.

Results

The study is currently in progress.

Attitudes amongst seniors towards generic medicines: an issue of cost or an issue of trust?

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Background

The study was a collaborative project into medications safety attitudes amongst seniors between General Practice and the School of Population Health at UWA and the Health Consumers Council. Three forums and six subsequent focus groups explored the viewpoints of seniors in regard to perceptions that influence the decisions amongst this population to use generic medicines.

Aim

To explore senior consumers' perspectives on generic medicine use.

Method

Three consumer forums attended by 104 seniors (ages 65 years and older) were held in 2006-7 and attendees were subsequently invited to participate in either a seniors' consumer panel or a focus group. The consumer panel and the forums identified topics for discussion in the subsequent focus groups. Overall, 58 seniors participated in the focus groups. One of the key themes was participant attitudes towards generic medicines.

Results

Overall there was a great deal of mistrust amongst participants towards generic medicines regardless of reassurance from health professionals and the National Prescribing Service. There is still lack of knowledge regarding generic medicines regardless of recent advertising campaigns. The concerns were compounded by lack of consistency in packaging and the need for generics to be more fully discussed first and foremost with the GP. Contrary to what might be assumed, cost was not the major issue for seniors who would prefer to pay more for a branded medicine than save on costs with a generic alternative.

Discussion

Altering consumer beliefs and attitudes towards generic medicines might require a more sustained effort to reduce senior consumer mistrust of the pharmaceutical industry. Consumers' beliefs about generic medicines will strongly affect attempts to increase generic prescribing in Australia.

Key messages

By understanding the misconceptions, it is hoped that a series of recommendations arising from the focus groups and the seniors' consumer panel are seeking to redress the concerns.