



Illawarra and Southern Practice Research Network (ISPRN) Newsletter

GRADUATE SCHOOL OF MEDICINE



Above: The ISPRN team at the IRT project launch (Left: A/Prof Judy Mullan, Prof Andrew Bonney, Ms Athena Hammond, Ms Alyssa Horgan)

ILLAWARRA RETIREMENT TRUST (IRT) PROJECT

On 31 March the ISPRN team launched its latest project, funded by the Illawarra Retirement Trust Foundation. The study will investigate older patients and their involvement in the decisions concerning their health care.

At present there is strong evidence that suggests that patient centred approaches to health care are associated with improved patient outcomes, but there is uncertainty about the degree to which older patients are at the centre of their health care decisions.

The research team will undertake a comprehensive qualitative study based in general practice.

The aim of the project is to better understand both patients' and health care team members' experiences and views of older persons' involvement in decisions regarding their care.

The research team will interview 40 older patients with multiple conditions, who receive health care from numerous health care providers. Some of the practitioners providing this health care will also be interviewed to understand what their experiences have been around patient participation in health care decision making and to seek their views on improving this process.

ELECTRONIC MEDICAL DATA (EMD) PROJECT

The purpose of this study was to determine the prevalence of diabetes in a primary care population, by searching a range of diagnostic indicators within primary care electronic health records.

Six practices from the Illawarra and Southern Practice Research Network (ISPRN) agreed to participate in the study. Data was obtained by running an SQL query on medical records stored in Best Practice software. Data from a number of fields was extracted, including patient age, sex, smoking status, residential postcode as well as medical indicators for diabetes mellitus.

A sample of 30,007 patients, with a median age of 47 years was obtained. A total of 1,953 patients (6.5%) were estimated to have diabetes (either type 1 or type 2).

As part of this study the researchers developed an incremental assessment model, which can be used by primary care planners and other researchers to provide an accurate estimate of diabetes from general practice clinical electronic records.

In summary, this study demonstrates the value of 'uncleaned' data from primary care electronic medical records. With the addition of proxies for diabetes, the disease prevalence rates appear highly accurate.

These findings could be built on by developing proxy 'maps' for a range of chronic diseases. In addition, there is the potential to use this approach to develop an accurate diabetes 'cohort' for longitudinal observational or even intervention studies.

The researchers involved in this study are: Dr Stephen Barnett, Dr Adam Hodgkins, Dr Joan Henderson, Mr Abhijeet Ghosh, Ms Bridget Dijkmans-Hadley, Mr Christopher Harrison, Dr Allan Pollack, Dr Khin Than Win, Dr Pippa Burns, Prof Liz Halcomb, Dr Lucie Stanford, Mr Jack Bird.

This project was funded by Grand Pacific Health.

WEIGHING IN GENERAL PRACTICE-DOES IT HAVE AN IMPACT ON WEIGHT MANAGEMENT?

Obesity has become the fastest growing health risk of the 21st Century. This excess weight is associated with increased morbidity and premature mortality. The combined health cost to the Australian economy is estimated to total \$58 billion annually.

The aim of this pilot study was to assess if the weighing of patients with discussion at each incidental GP presentation, had an impact on weight maintenance.

Six general practices recruited a total of 198 patients aged between 20 and 70 years. Patients were weighed each time they presented to the practice over a 12 month period.

This study demonstrated a weight loss of 0.8kg overall and a significant 2.5kg weight loss in obese patients.

This small intervention could have nationwide benefits, with minimal costs to national health services.

The researchers involved in this study are: Dr Duncan Mackinnon, Prof Andrew Bonney, Mr Darren Mayne, Ms Bridget Dijkmans-Hadley, Dr Stephen Barnett, A/Prof Karen Charlton.

This project was funded by the Department of Health and Ageing.





COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM) AND HEALTH LITERACY PROJECT

Researchers have recently completed a study that investigated whether health literacy affects the use of complementary and alternate medicine (CAM) in urban, regional and rural Australian general practice.

Health literacy refers to the degree to which individuals understand basic health information to make appropriate health decisions.

Complementary and alternate medicine refers to a set of health care practices that are not part of conventional medicine.

A questionnaire was developed and piloted in Tasmania. This questionnaire was refined and distributed among patients of eight general practices. The questionnaire was completed by 377 participants.

The questionnaire asked participants about visits to complementary practitioners; (chiropractors, homeopaths, acupuncturists, herbalists and spiritual healers). It also questioned patients on treatments received from medical doctors; the use of herbal and dietary supplements; and the use of self-help practices.

Participants were asked to indicate which treatments were used and how often. They were asked the main reason for use of the treatment and how helpful they found it.

The results of the study showed that participants who could read and understand health information well were less likely to use CAM (odds ratio 0.46, 95% CI 0.3-0.7, $P < 0.001$).

The researchers commented that patient education remains a cornerstone of the medical consultation and may result in more thoughtful use of CAM.

The researchers involved in this study are: Dr Dora von Conrady, Prof Andrew Bonney, A/Prof Judy Mullan, Mr Jason Nunes.

This project was funded by Grand Pacific Health.

REFERRAL OF ACNE PATIENTS IN PRIMARY CARE PROJECT

The aim of this project was to investigate GP experiences around the barriers and facilitators of referral to dermatologists for isotretinoin treatment. This is a very important issue, most specifically because of the potential for psychological distress that may arise from acne scarring.

Twenty GPs participated in a telephone interview on the topic. Six GPs practiced in metropolitan areas in and around Wollongong (30%), seven were from regional areas in the Shoalhaven (35%), and seven were from rural areas (mostly from Milton-Ulladulla) (35%).

Multiple factors were mentioned by participants in determining when to escalate to specialist dermatologist care, in particular, the patients' level of distress was mentioned by the majority of those interviewed.



Major barriers to referrals included long waiting times, cost of seeing a specialist and travel. Multiple participants brought up the need to have more urgent appointments for severe acne or very distressed patients. GPs should be encouraged to discuss acne with their patients and provide patients with educational resources.

This project concluded that investing in GP education about treating acne, early recognition of acne scarring and referrals to dermatology care has the potential to improve the outcomes of acne treatment.

The researchers involved in this study are: Dr Munther Zureigat, Prof Andrew Bonney, A/Prof Judy Mullan, Ms Athena Hammond, Dr Jo-Ann See, Dr Jenna Rayner, Ms Karen Fildes, Mr Luke Dalla.

This project was funded by Grand Pacific Health.

GP ATTITUDES TOWARDS HOSPITAL DISCHARGE SUMMARIES

The aim of this study was to develop a discharge summary assessment tool to explore the attitudes of General Practitioners (GPs) to hospital discharge summaries and to pilot the tool to measure the satisfaction of GPs with components of the discharge summaries in comparison with the importance of those components to patient care.

A literature review was used to develop the tool. Each item was presented in a 5-point likert-style format; ranging from very unimportant to very important and very unsatisfied to very satisfied for each set respectively. An open response section collected respondents' additional written comments.

GPs rated core clinical and management data as the most important features of discharge summaries. The top three elements ranked important or very important were: reason for admission to hospital; list of diagnoses on discharge and reasons for medication change.

GPs were most frequently unsatisfied with the changes in medication component. Other top-ranked unsatisfied/very unsatisfied items were prioritisation of pathology results and efficiency of the format of the discharge summary.

The researchers involved in this study are: Dr Carl Mahfouz, Prof Andrew Bonney, A/Prof Judy Mullan, Ms Bridget Dijkmans-Hadley, Dr Warren Rich.

This project was funded by Illawarra Shoalhaven Medicare Local.

THE EFFECT OF TARGETED SOCIAL MARKETING RESOURCES ON OLDER PATIENT ATTITUDES TOWARDS GP REGISTRARS

Recent research has shown a significant reluctance by older patients to see a GP registrar for chronic problems. A key factor in this reluctance was older patients' lack of knowledge about GP registrars and their qualifications and what their role was in general practice.

This study used targeted information resources to better inform older patients and then assess older

patients' attitudes and behaviours regarding GP registrars.

Ten general practices displayed brochures and posters about GP registrars for a six month period. Nine general practices did not display any resources during this time to act as a comparison.

Patients who were exposed to the brochures and posters demonstrated a significant improvement in trusting their GP registrar. They were also more comfortable in having a GP registrar treat them for a complex or chronic condition.

The researchers involved in this study are: Prof Andrew Bonney, Dr Lyn Phillipson, Ms Julie Hall, Ms Elizabeth Smyth, Dr Pippa Burns.

This study was funded by Coast City Country General Practice Training. (CCCGPT)

NO AFTER HOURS... NO NURSING HOMES

The aim of this project was to discover what GPs behaviours/attitudes were towards providing care in residential aged care facilities (RACF) and what they perceive to be barriers and enablers to patient care in this setting.

The views of a purposive sample of 26 GPs and GP Registrars working in rural and regional NSW were captured through focus group discussions and one-on-one interviews.

Analysis of the qualitative data revealed that GP attitudes towards RACF visiting fell into five key themes: pleasure, duty, remuneration, hesitation and frustration.



The data also revealed that the overriding emotion GPs felt about RACF visitation was frustration

with the avoidable delays and inefficiencies associated with the work.

Despite the pleasure GPs derived from their work in RACFs and their sense of obligation to be involved, their hesitation and frustration was compounded by the work's perceived poor remuneration. The researchers commented on the need for further research to help improve GP engagement in RACF visits.

The researchers involved in this project are: Dr Russell Pearson, Prof Andrew Bonney, A/Prof Judy Mullan, Dr Eniko Ujvary, Ms Bridget Dijkmans-Hadley.

This project was funded by CCCGPT and the Graduate School of Medicine. (GSM)

THE ATTITUDE OF PATIENTS OVER 65 YEARS TO CEASING LONG TERM SLEEPING TABLETS

The aim of this project was to assess elderly patient's use and knowledge of sleeping tablets and their attitude to stopping them.

Seventeen patients aged over 65yrs from four Australian General Practices took part in telephone interviews.

Many patients in the study had been taking sleeping tablets for some time despite limited benefit.

The majority of patients showed a willingness to cease medication however did not see a need to as they were not aware of side effects or addictive nature of sleeping tablets.



The researchers commented that GPs need to recognize the importance of spending time with patients presenting for repeat prescriptions of sleeping tablets. They stated that GPs need to discuss the cause of sleep disturbance, potential side effects of the medication and alternative options for insomnia. Discussing these strategies may reduce the use of this potentially harmful medication in the elderly.

The researchers involved in this study are: Dr Fiona Williams, Prof Andrew Bonney, A/Prof Judy Mullan, Dr Carl Mahfouz, Dr Rowena Ivers, Dr Russell Pearson, Dr Bastian Seidel, Ms Bridget Dijkmans-Hadley.

This project was funded by CCCGPT.

USE OF A NOVEL POPULATION HEALTH DATA SOURCE TO INFORM LOCAL DIABETES CARE PLANNING: THE SIMLR STUDY

In this project, the researchers investigated the associations between body mass index (BMI), diabetes prevalence and control, area level socioeconomic disadvantage and geography within a sample of Illawarra and Shoalhaven health service users.

The results demonstrated a clear worsening of diabetes control as neighbourhood disadvantage increased. Those living in the most disadvantaged neighbourhoods were shown to have 1.6 times the odds of poor diabetes control compared with those in the least disadvantaged areas.

The results show that it is feasible to link routinely-collected clinical data, representative of a discrete population, with geographic distribution of disadvantage, and to obtain meaningful area-level information useful for targeting interventions to improve population health.

At the local level, the results will enable a better understanding of the burden of chronic disease, particularly diabetes, within the Illawarra-Shoalhaven area and will inform the provision of resources and information targeted to specific practitioners and health planners serving the area.

After adjusting for age, sex and geographic location of residence, the odds of having prevalent diabetes (types 1 or 2) or poorer glycaemic control (higher HbA1c levels) increased with increasing socioeconomic disadvantage of the area in which people lived, and were highest for the most versus least socioeconomically disadvantaged areas.

The Researchers involved in this study are: Prof Andrew Bonney, Mr Darren Mayne, Dr Kathryn Weston, Prof Peter Caputi, Prof Don Iverson, Mr Abhijeet Ghosh, Dr Christopher Magee, Mr Bryan Jones, Dr Stephen Andersen OAM.

This project was funded by the Illawarra Health and Medical Research Institute (IHMRI) and Southern IML Pathology.

(Below: This graph demonstrates socioeconomic gradients in both the prevalence and management of diabetes in the Illawarra Shoalhaven using data on 34,120 diabetics from the Southern.IML Research (SIMLR) Study cohort.)

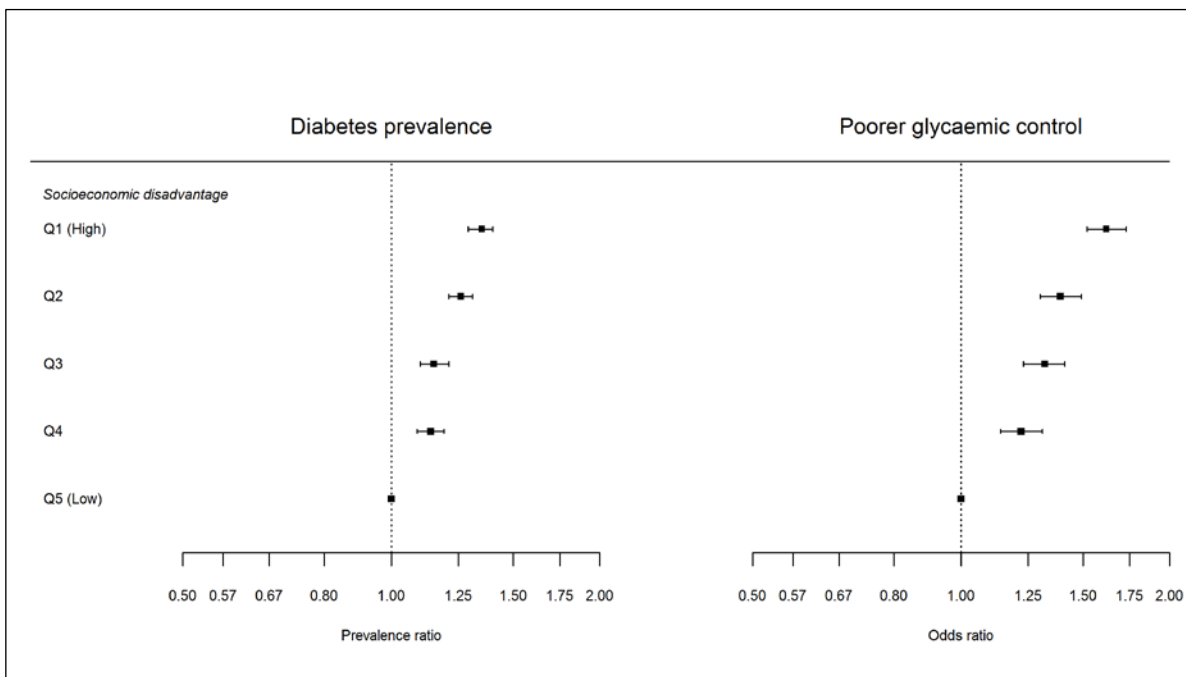


PROF DON IVERSON

We would like to take this time to pay tribute to Professor Don Iverson who passed away in March 2016 after a year of illness.

Professor Iverson was instrumental in establishing both the Illawarra and Southern Practice Research Network and the Graduate School of Medicine. He assisted in gathering the foundation team of academics for the Graduate School of Medicine.

He was also instrumental in inspiring and supporting the academic lives of so many of us and in making our lives richer through his enthusiasm, energy and intellect. He has left a wonderful legacy in which we work every day and he will be greatly missed.



MEDICAL STUDENT WELLBEING AND INTENTION TO PRACTICE IN PRIMARY CARE

A career in medicine can be very stressful and stressors can commence as early as medical school. This research aimed to measure the wellbeing and career intentions among Phase 1 and Phase 3 medical students at UOW.

The results indicated that factors such as the ability to balance work and family life was very important for both cohorts, when considering a specialty. Reassuringly the students reported overall high levels of wellbeing with similar scores between cohorts. These findings were in contrast to previous research suggesting increased rates of poor psychological health in medical students.

The researchers involved in this study were: Prof Andrew Bonney, Dr Andrew Dalley, Prof Lindsay Oades, Dr Min Ko Ko Thaug, Ms Bridget Dijkmans-Hadley, Ms Alyssa Horgan, Dr Louise Wright, Dr Fiona Williams and Mr Jason Nunes.

This project was run by in-kind support from its investigators.

VALIDATION OF AN INSULIN PROFICIENCY ASSESSMENT TOOL FOR INSULIN SELF MANAGEMENT IN ADULTS WITH TYPE 2 DIABETES MELLITUS

Research has identified gaps in insulin self-management outcomes, particularly for patients with type 2 diabetes mellitus (T2DM) over the age of 65. The research team developed a 26 item tool to be used in assessing T2DM patients' knowledge and self-management of their T2DM and administration of insulin.

The tool demonstrated high accuracy in identifying patients who have inadequate knowledge of hypoglycaemia and hyperglycaemia management. The research also found that there were gaps in patients' knowledge around insulin self-management.

The researchers involved in this study were: Ms Dianna Fornasier, Ms Bridget Dijkmans-Hadley, Ms Alyssa Horgan, Ms Judy Mullan, Prof Peter

Caputi, Mr Jason Nunes, Ms Cheryl Nanikvell, Mr Simon Scott- Findlay, Ms Helen Hulme-Jones, Ms Bronwyn Henderson, Ms Angela Clark, Ms Christine Campbell.

This project was funded by the Department of Health and Ageing.

GP ATTITUDES TOWARDS CONTINUING PROFESSIONAL DEVELOPMENT

The aim of this project is to investigate the attitudes of GPs to their continuing professional development. Insight will be obtained by purposefully recruiting GPs in different locations to be involved in qualitative interviews. It is anticipated that results of this study will be of value in promoting professional self-development for GPs and, hopefully, greater work satisfaction for GPs and improved outcomes for patients.

The researchers involved in this study are: Dr George Albert, Prof Andrew Bonney, A/Prof Judy Mullan, Dr Stephen Barnett, Dr Bastian Seidel, Dr Andrew Moreton.



CONTRACEPTIVE IMPLANON- WHY DO GP'S GET ASKED TO REMOVE IT EARLY FROM FEMALE PATIENTS?

Interviews were undertaken with 19 women aged between 18 to 50 years of age regarding their experiences with Implanon™. Bleeding side-effects were the main cause for early removal of the contraceptive device. Interestingly, mood swings and weight gain were also common factors for early removal.

Patients felt they hadn't been as well informed about their side effects. The study found that women would be less likely to remove their Implanon™ early if they were made aware of potential side effects.

The researchers involved in this study were Dr Meike Flore, Dr Lilly Chen, Prof Andrew Bonney, A/Prof Judy Mullan, Ms Bridget Dijkmans-Hadley, Dr Adam Hodgkins, Mrs Gina Evans, Mrs Haley Frew, Mrs Gail Lloyd, Ms Alyssa Horgan

This project was funded by Grand Pacific Health.

ANOTHER PAIR OF EYES IN THE ROOM: DO AUSTRALIAN PATIENTS WANT CHAPERONES FOR INTIMATE PHYSICAL EXAMINATIONS?

A cross-sectional survey completed by 732 adult patients, between August-November 2012, was used to investigate Australian patients' attitudes toward chaperone use for intimate physical examinations in a GP setting. The study findings suggested that both male and female patient participants (aged between 18-95 years) were significantly more likely to want a chaperone present when their usual GP was conducting an intimate physical examination (e.g. genital or ano-rectal examinations), as compared to when a GP they did not know well was conducting the examination ($p < 0.05$).

In addition, the study found that even though 45.3% of the study participants had no preference with regard to whether or not the chaperone was outside or inside of the curtain during the examination, as many as 41.3% responded that they wanted the chaperone to remain outside the curtain and just over an eight (11.3%) preferred that the chaperone remain inside the curtain.

Researchers on this project were: Dr Lucie Stanford, Prof Andrew Bonney, Dr Rowena Ivers, A/Prof Judy Mullan.

This project was funded by the Department of Health and Ageing.

CONSULTING SERVICES

If you are looking for assistance with primary care related research, consultancy, project evaluation or analyses please feel free to get in touch with us to further discuss project costing.

Our History

ISPRN researchers have had over 100 primary health care-related papers published in peer reviewed journals in the last five years.

ISPRN has received in excess of \$2M of research funding.

ISPRN has completed over twenty four individual practice-based research projects since 2011.

Services we provide

- Conducting primary care related research projects
- Running research workshops
- Policy analysis, literature reviews
- Data mining
- Conducting surveys
- Case studies
- Translating research into policy
- Consumer consultation
- Program evaluation
- Critical analysis

If you are interested in becoming a member of ISPRN or finding out more about our consulting services please contact Ms Alyssa Horgan on 02 4221 5819.

The Illawarra and Southern Practice Research Network (ISPRN) would also like to acknowledge support from the Illawarra Health and Medical Research Institute (IHMRI), the Illawarra Shoalhaven Local Health District, The Graduate School of Medicine (GSM) at the University of Wollongong, Coordinare and Peoplecare.