

Welcome to the March-April e-bulletin in which we share a recent talk to VicReN Committee members about the possibilities and benefits of data linkage, list new research projects that might interest you, outline research process steps, and introduce Dr. Debra Wilson.

## New Technologies Enabling Ethical Clinical Information Sharing and Research

Dr. Douglas Boyle is a senior research fellow in informatics at the School of Rural Health, University of Melbourne, Shepparton. He presented a talk to VicReN Committee members on 11 March.

Wagner and Groves (2002) showed that the evidence is that we are not doing as well in caring for those with chronic diseases as we could; this problem lies more with our systems of care rather than the care actually provided. Therefore changes to the organisation and delivery of care can improve the quality of care and some outcomes of chronic disease.

Dr. Boyle elegantly demonstrated how organisation of data can improve both the quality of care and health outcomes by outlining the experience of the Scottish Care Information Diabetes Collaboration (SCI-DC) through the National Health Service Scotland, established 2002 on which he worked. SCI-DC Network allows for the identification of all people with recorded diagnoses of diabetes across Scotland. It has regionally customisable web pages to allow access to standardised treatment guidelines for decision support, and provides access to patient leaflets and local information such as clinic times and eye van schedules. SCI-DC Network allows for automated practice audit in support of clinical governance, and contains such features as graphical representation of laboratory results over time, allowing for longitudinal risk to be gauged and providing a focus for discussion with patients, who can obtain a summary of their results. Data also includes patient medication, retinopathy scans, physician letters and blood pressure readings. The data linking meets confidentiality criteria set out by the Caldicott Committee and the Data Protection Act 1998 MEL(2000) through informed consent and data encryption techniques.

Data derived directly from the SCI-DC system as part of the annual Scottish Diabetes Survey demonstrated improvements in patient process indicators due to improvements in care processes and clinical interventions. Between 2003-2005, recording of HbA1c improved ~40% with similar results for blood pressure, cholesterol, and urinary microalbumin. The number of patients reaching these biochemical targets also increased markedly by 5-10%.

Dr. Boyle is currently working on the Collaborative Network and Data Using Information Technology (CONDUIT) project and has designed the Generic Health Network Information Technology for the Enterprise (GRHANITE) technologies to enable data sharing between general practices and hospitals across Victoria. GRHANITE addresses many of the common ethical barriers to data sharing by systematically managing patient consent and by removing patient identifiers before encrypted data transmission. Importantly, GRHANITE can record link and allow clinical data sharing with the coordinating database holding *no* patient identifiers. This technology is currently supporting the ACCESS Chlamydia Sentinel Surveillance study (see p 2).

Wagner and Groves (2002) *Care for Chronic Diseases*, British Medical Journal 325(7370):913

For more information: <http://www.scotland.gov.uk/Publications/2003/01/16290/17641> (SCI-DC) or [www.conduit.unimelb.edu.au](http://www.conduit.unimelb.edu.au) (CONDUIT)

Dr. Douglas Boyle can be contacted on [dboyle@unimelb.edu.au](mailto:dboyle@unimelb.edu.au)

## VicReN Members Research Skills Survey

The VicReN Member Survey has been developed and will be piloted with the VicReN Committee members before being disseminated to VicReN members more widely.

Surveying members of any organization is useful to collate information on its membership and can be used as a tool to help determine how best to meet the needs of its members. As VicReN aims to build research capacity in primary health care, in line with the Primary Health Care Research, Evaluation and Development Strategy goals, undertaking a baseline descriptive survey is essential to tailor network activities to members' needs to ensure a effective and sustainable network.

The VicReN Member Survey aims to assess your personal and professional background, current level of research participation, level of experience within the research process, publication and funding record, and your interest in undertaking research development, training and networking activities. Some of this information has been ascertained from your membership form. However, this survey will provide a far broader scope of information which can be used to help you.

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## VicReN & Other Events

### Weave launch:

- Launch of the **weave** project (Women's Evaluation of Abuse and Violence Care in General Practice: A Cluster Randomised Trial) took place on April 18 4-5:30pm in the Department of General Practice, the University of Melbourne. Speakers included Associate Professor Kelsey Hegarty, Ms. Vig Geddes from the Victorian Domestic Violence and Incest Resource Centre Victoria and a consumer representative. For more information about the **weave** project, please contact Dr. Lorna O'Doherty on 8344 3369 or [l.ohdoherty@unimelb.edu.au](mailto:l.ohdoherty@unimelb.edu.au)

## Research Update

### Australian Collaboration for Chlamydia Enhanced Sentinel Surveillance

Wanted: General practices interested in joining a national network to track chlamydial infection in young people. The network will support you to adapt your information systems as necessary and provide unique information on this silent and growing cause of infertility and other complications. CME points and \$750 will be offered.

For more detailed information click on <http://epi.burnet.edu.au/downloads/10304> or contact **Fabian Kong on (03) 8506 2327** or [fabian.kong@burnet.edu.au](mailto:fabian.kong@burnet.edu.au)

### The Bacterial Vaginosis Antibiotic Probiotic Study

Did you know that:

- BV is the commonest cause of abnormal vaginal discharge in women of reproductive age
- however, we still do not understand how or why it occurs, or whether it is even sexually transmitted.
- BV has significant symptoms (malodorous and often profuse vaginal discharge)
- BV has serious sequelae including chorioamnionitis, spontaneous abortion, preterm delivery and low birth weight, post-abortion endometritis, post hysterectomy vaginal-cuff infection and increased susceptibility to HIV and sexually transmitted infections.

BV relapse is common at 12 months (60-70%) using current recommended therapy (seven days metronidazole therapy). In conjunction with the Melbourne Sexual Health Centre, we are running a randomised controlled trial funded by the NHMRC to test whether adding vaginal clindamycin OR a vaginal probiotic to metronidazole will improve long term cure rates. The rationale for this is based on two main pieces of evidence; firstly single antibiotic treatment does achieve a 30% long term success rate (12 months) and that a broader antibiotic cover may address organisms not covered in mono-therapy (not single dose) for this polymicrobial syndrome. Secondly, the replacement of Lactobacillus species following metronidazole together with local oestrogen supplementation, both of which may aid in the maintenance of normal flora following antibiotic treatment.

If you have any patients with symptomatic BV who might be interested in joining this study, ask them to telephone the MSHC on **1800 217 490** 9am to 9pm any day of the week. All recruitment and treatment is done at the MSHC free of charge.

*“Research is to see what everybody else has seen, and to think what nobody else has thought.”*

*- Albert Szent-Gyorgi, Nobel Laureate in Biochemistry*

## VicReN Members Research Skills Survey

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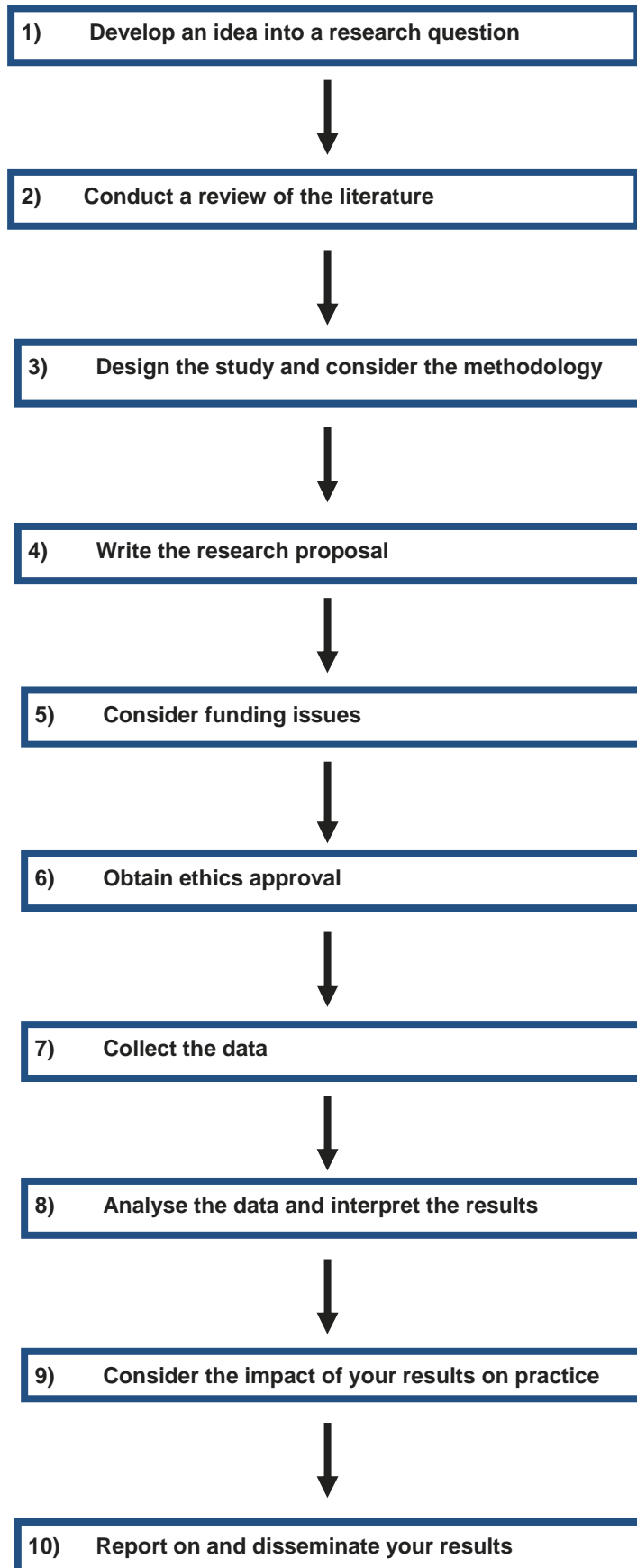
The South Australian Network for Primary Health Care Research administered through the Flinders University undertook such an exercise between November 2002 and December 2003 of its 229 participants, the results of which were published in 2006 in the BioMed Central Family Practice journal. The survey “provided valuable information about members’ needs and interest in strategies to develop their research skills”. We extend a warm thank you again to Karin Ried, Elizabeth Farmer and Kathryn Weston and the SARNet team for enabling us to adapt their survey for VicReN members.

Ried K, Farmer EA and Weston KM (2006) *Setting directions for capacity building in primary health care: a survey of a research network*. BMC Family Practice 7:(8) 1471-2296. <http://www.biomedcentral.com/1471-2296/7/8/>

# The 10 Steps of the Research Process

In the following e-bulletins we will provide a basic outline of the research process, providing relevant links to current resources to help build your understanding.

Have you ever wondered how you would develop a research question of interest into an established project, or what goes into many of the research projects you are invited to participate in? Here is a basic outline of the steps involved. Each will be expanded on in forthcoming issues.



# 7 Questions for Dr. Debra Wilson

Debra Wilson, VicReN Foundation Member, is a dynamic, forthright and energetic general practitioner who is committed to bridging the gap between policy and practice.

Debra Wilson worked until recently part-time as a GP at Dianella Community Health Centre in Broadmeadows and is, for the third year, Chair of the North West Melbourne Division of General Practice (now Impetus, Progressive Health). She participates in many reference groups including the Primary Care Research Unit at the Department of General Practice (DGP), the University of Melbourne, and a DGP-based PhD project. She is also studying towards a Masters degree.

We are excited that VicReN Foundation Member Dr. Wilson also contributes her time and considerable efforts to VicReN.

## 1) How long have you been a GP for?

I graduated from Melbourne University in 1988 and completed the college exams in 1994. I was admitted as a fellow to the RACGP in January 1995.

## 2) What are the highlights of your job?

The highlights particularly as a part time female GP are that I get to do interesting and challenging work in a family friendly environment. I am also able to assist patients right across life's transitions taking into account the importance of temperament, nature and nurture to the patient's experience of their condition. It is a privilege to care for patients over a long time too, assisting them to make healthier decisions and then alleviating their suffering at the end of their life.

## 3) What are you currently studying and how is it important to primary health care?

I am currently undertaking the Masters of Social Health (Health Policy) at the School of Population Health. The main reason for choosing this course is that I work in a low socioeconomic area with high need and burden of disease. It is important to understand both the social determinants of health and the systems barriers to achieving change in order to balance the difficulty in providing one-on-one clinical care. I am hoping to balance policy and clinical work in order to encourage the decision makers to invest wisely in solutions that will make a difference particularly for those that fall through the gaps.

## 4) What role do you see for a PBRN such as VicReN in general practice?

Research also informs policy and it is hoped that harnessing the rich amount of information that exists in primary care will again assist policy makers to make better decisions. Research also leads to improvements in behaviour and practice and I hope that it will bring a culture of reflection and continual improvement to general practice and primary care more widely.

## 5-7) Why are you interested in participating in VicReN, what would you like VicReN to offer you, and how could VicReN help you achieve this?

VicReN provides a platform to bring interested parties together to pursue a common or collaborative goal. It could also potentially bring together clinicians, researchers and policy makers in a 'think tank' so that priorities can be established and the gap between research and practice can be bridged. I hope that VicReN can provide skills and knowledge for me to implement in my practice; that morale in general practice can be improved as we can see the difference that we make to our patients' lives; the quality of teaching in GP improves so that we retain the next generation of GPs particularly in areas of need. I also hope that VicReN becomes an advocate for general practice and primary care to assist in finding funding to drive these quality initiatives and to look at newer and better models of providing health care in the future.



Dr. Debra Wilson

*"I hope that [research] will bring a culture of reflection and continual improvement to general practice and primary care more widely."*

Dr. Wilson is one of 5 VicReN Foundation Members. Meet each Foundation Member in forthcoming newsletters!

## General practitioners, practice nurses and managers: are you interested in joining VicReN?

If you would like to learn more about how VicReN can build your research skills capacity, add a new dimension to your day-to-day routine, or link you with other primary care clinicians with a genuine research interest, or if you know of fellow clinicians who are, don't hesitate to contact Melinda Soós for more information on (03) 8344 3392 or via [msoos@unimelb.edu.au](mailto:msoos@unimelb.edu.au)