

Welcome to this month's VicReN e-bulletin in which we invite your input into developing the intervention of a study about managing child obesity in general practice, celebrate VicReN member research, and introduce VicReN Foundation Member Dr. Hubert van Doorn.

What Changes are Needed to Underpin an Electronic Shared Record Environment? What are the Ethical Issues?

Dr. Gillian Braunold is a general practitioner in London, England, and Clinical Director for Summary Care Records in the National Health Service. She presented a talk to VicReN members and wider health care stakeholders on 4 July about the ethical considerations of her work in developing a shared electronic patient records environment.

Medical records are medico-legal aide memoires for clinicians which enable other clinicians to rapidly make patient assessments.

Much debate has taken place about the need for shared records, what should be shared, and how privacy will be ensured. If a shared electronic records environment was to occur, what are the underlying ethical issues?

A shared records environment enables a dynamic time relationship with information. Patient access to records may allow them to learn about their diagnoses or knowledge of issues before a clinician. It also enables information to be drawn from multiple sources to enable the most appropriate care.

The challenges for record keeping in a shared environment include data quality, data fit for sharing, determining who will have editorial control, what the role of primary care is, and how to seal sensitive information within a clinical environment, and who will be able to access that sensitive information. The perspective of patients is crucial in determining many of these challenges.

There are several ways that ethical issues may be broached. Patients may choose to opt in rather than opt out, but this traditionally has a low participation rate compared with automatically being enrolled and the patient electing to opt out.

Opting in automatically raises the issue of ensuring patients are fully informed and can provide informed consent and enables them the right to say no. Implicit consent already occurs between primary, secondary and tertiary healthcare.

Currently, a Care Record Guarantee is being developed which outlines what audit trails and protections are in place, and how patient information will and will not be used. Exploring patient concerns and expectations as well as GP hesitation to a shared electronic records environment will be taken into account in the Guarantee.

A shared records environment could not work without accurate records. This can be achieved through joint discussions between patients and clinicians as to what is put in records, practices could be accredited for improving data quality and data could be verified through regular audits. Progress in this area will rely on respecting patient choices.

* Braunold G (2006) *Opting in or out of electronic patient records: National clinical leads of Connecting for Health respond*. BMJ 333:261-262

“There is continuing discussion and debate in NHS Connecting for Health and the clinical professions on how best to control access to sensitive data while ensuring that security systems are not so complex as to be impractical... The pivotal issue in this debate is whether all patients should be asked for their consent to the potential sharing of their information in advance or whether they should all be informed in advance and their consent assumed unless they say otherwise.”

- Gillian Braunold*



Dr. Gillian Braunold

What is VicReN Doing for You?

Outcomes of the May VicReN Committee Meeting

VicReN Committee Members were invited to discuss their involvement in VicReN and consider what makes and would make their future involvement worthwhile. The suggestions noted were:

- an email web group to be posted on the VicReN website;
- dialogue: events and meetings to enable the development of research ideas by encouraging members to talk about their research interests;
- continue with news, events, research opportunities in the newsletters/e-bulletins;
- mentoring.

This is what ALL MEMBERS can look forward to in the next 6 months:

- 1) **Two breakfast meetings** to discuss the areas of need you see in primary care to be researched over croissants and coffee. This could include but is certainly not limited to clinical areas. You might like to discuss sharing patient electronic records or wish to research consultation lengths or particular demographics of your practice, or perhaps provide insights into methods you have used in your practice to improve a process that other members may wish to consider for their practices...
- 2) **Primary Care Research Unit (PCRU) & VicReN Event** The PCRU is housed in the Department of General Practice, the University of Melbourne and is involved with many research projects. This event will celebrate and thank ALL practice and academic staff for their involvement in PCRU research projects. It will also enable practice staff to meet other practice staff involved in the same studies and for VicReN members to meet each other and be congratulated for their membership and input into the network. The provisional date for this event is 28 November 2008.
- 3) **Visiting Speakers** The Department of General Practice attracts many academics and primary health care stakeholders each year across a variety of disciplines. VicReN members will be invited to attend these public talks.

We Congratulate and Celebrate VicReN Members' Research Successes

Foundation Member Dr. Chris Hogan has recently had two papers published.

Dr. Chris Hogan co-authored the paper *Management of Osteoporosis in Primary Care in Australia* which has been published in Osteoporosis International. If you have access to the journal, you can be linked to the paper via: <http://dx.doi.org/10.1007/s00198-008-0686-z>.

Dr. Hogan also contributed to a paper entitled *Present Status and Future Role of Family Doctors; A Perspective From an International Collaboration*. It has been finally accepted for publication by Journal of Primary Health Care, Research and Development. The principal author is Waris Qidwai, Associate Professor and Chairman, Department of Family Medicine, Aga Khan University & Vice-Chairman, International Federation of Primary Care Research Network (IFPCRN). Well done!

The Establishment of a Consumer Outcome Evaluation Process

Foundation Member Dr. Cathy Hutton delivered her first conference presentation recently.

Dr. Cathy Hutton presented on Friday 9 May at the VicServ Joining the Dots Mental Health Conference held in Melbourne. Entitled *The Establishment of a Consumer Outcome Evaluation Process at Regina Coeli Community*, the presentation outlined the need for an evaluation at the Community based in North Melbourne which houses homeless women, many of whom suffer from mental illnesses. Evaluation is the basis of good clinical practice and health services management because it provides information about what is successful or unsuccessful. The aim of the work was to undertake an evaluation process that will lead to improved outcomes for the clients of Regina Coeli Community and, ultimately, for evidence leading to quality improvements of homeless services more broadly.

To map the framework of cause and effect around why the women of Regina Coeli Community are unable to fully achieve self-determination and independence, Dr. Hutton used the Problem Tree analysis in collaboration with her fellow Working Group members Ms. Cheryl Sullivan, Director of Regina Coeli Community, and Ms. Melinda Soós, a volunteer at the Community. This led to the development of a questionnaire concerning 8 themes. This formed the first part of the Delphi Technique that was used to assess the importance of all services to stakeholders (women, outreach women, staff and board) and which invited feedback regarding how services could best be improved. The Delphi Technique is a method of generating ideas and facilitating consensus among individuals who have knowledge to share, without actually meeting. Three rounds of questionnaires were delivered quasi-anonymously over a period of 4 months. Despite some significant differences in the views of stakeholders to services, the themes to be evaluated in future are lifestyle, education and employment, financial management, social skills, confidence, social supports, physical health, drug and alcohol issues and compliance with medications.

This is the first evaluation of its kind to be undertaken in such a service in Australia, and is perhaps the first of its kind internationally. Congratulations to Dr. Hutton for her co-presentation of the work.

Help us design HopSCOTCH!

VicReN is collaborating with the Murdoch Childrens Research Institute and the Royal Children's Hospital in this new shared-care trial to address child obesity through general practice—we'd like your input.



Currently, 200,000 Australian children have established obesity.

Associate Professor Melissa Wake from The Murdoch Child Research Institute at the Royal Children's Hospital and Professor Jane Gunn from the Primary Care Research Unit in the Department of General Practice, The University of Melbourne along with other experts in child obesity, are collaborating to trial an innovative shared-care approach to the management of childhood obesity, drawing together four established lines of research:

- 1) specialist child obesity approaches that are known to be effective;
- 2) positive aspects of our previous child obesity prevention general practice trials;
- 3) computerised support and decision assistance in primary care; and
- 4) the effectiveness of shared-care approaches. Because all elements are already in place, it has a high degree of feasibility and, therefore, a high chance of success.

VicReN aims to ensure that all projects associated with it are ethical and support general practice. VicReN member Dr. Cathy Hutton provides a GP advisor role to this project to ensure its methodology and intervention is appropriate to general practice, feasible and sustainable. The VicReN Coordinator will provide administrative and recruitment support.

Do you have an interest in child obesity? Do you have any thoughts on how best an intervention should be developed to tackle child obesity? We invite you to attend an evening meeting to discuss the project and the designing of the intervention to ensure it is the most practical and successful intervention to be used in normal daily general practice.

We seek 5 GPs.

The first meeting will be held Thursday 21 August 18:30—20:00 for which each GP will be paid \$200 for providing his or her valuable input.

Sushi, sandwiches and drinks will be provided.

If you are interested in contributing to this project, please read the attached Expression of Interest and complete the HopSCOTCH fax-back form. Please fax the form to the VicReN Coordinator on **9347 6136** or email via **msos@unimelb.edu.au**

VicReN Research Update

Exercise and Type 2 Diabetes Study

Sophie Yeo, PhD candidate from the Department of Physiology at the University of Melbourne, is conducting research to better understand the molecular bases of type 2 diabetes and the effects of exercise so as to optimise existing, and develop potentially novel, therapeutic strategies that enhance health outcomes in type 2 diabetes.

She seeks your assistance in identifying potential participants in our studies – these patients must have been diagnosed with diabetes and are being managed primarily by diet/weight loss, with perhaps oral hypoglycaemic agents, but ideally not with metformin or TZDs. When such patients are identified, she will provide the plain language statement and contact details should they wish to proceed. For further information please contact: **Ms. Sophie Yeo, 8344 5851** or on **syeo3@pgrad.unimelb.edu.au**

VicReN Engagement

- VicReN was presented in a poster presentation at the General Practice & Primary Health Care Research Conference 4-6 June 2008 in Hobart, Tasmania: "Building VicReN Beyond the Boundaries" by the Coordinator Melinda Soós.
- Dr. Meredith Temple-Smith and Melinda Soós presented the talk "Practice-Based Research Network Development in Victoria: The VicReN Experience" at the Nossal Institute for Global Health on 26 June to a team of Indian health practitioners.
- The abstract "Research Capacity Building: The Role of the Practice-Based Research Network VicReN" has been accepted and will be presented at the WONCA Conference, to be held in Melbourne 3-5 October, by the Coordinator Melinda Soós.

VicReN Coordinator has submitted the abstract "The Role of Practice-Based Research Networks in Solving Real Mental Health Issues" to the Australian General Practice Network Conference to be held in Darwin 29 October—1 November.

The 10 Steps of the Research Process

1. Develop an Idea into a Research Question

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.

Research ideas come from you!

General practitioners and practice nurses see thousands of patients a year, often times a month in order to provide the best possible care. Research is about creating new knowledge. Knowledge underpins the work of health professionals, so research shows a special commitment to patients. Consider the number of clinical guidelines that have been added since you began your practice. These are determined by systematic research which, in turn, influences the care given to patients. Research is the basis of all developments in health care.

Research is undertaken for many different audiences. Quite a lot of research conducted is to evaluate new or existing policies, practices and initiatives. For example, it would be worthwhile to evaluate the effect of reducing the cost of a standard consultation fee on the numbers of patients visiting a practice, or how patients would respond if nurses began to run specialized diabetes, heart disease or triage clinics within general practice. Research would reveal whether a new medicine for asthma is more effective than those currently on the pharmacy shelves. Academic research (that undertaken through universities) often helps to develop a greater understanding of an area of interest such as attitudes to chlamydia screening. Academic research has also been at the forefront of our understanding of social, gender, class and geographical inequalities (Sapsford & Abbott 1992).

There is a difference between conducting an audit and conducting research. Research aims to generate new knowledge that forms the basis of agreed guidelines and standards by determining best practice. In contrast, audits determine whether guidelines and standards are being followed and whether best practice is being applied.

What might you consider researching? A GP heard from a patient that drinking carrot juice might help improve prostate cancer, so he undertook a review of the literature to help him answer the question (http://www.mja.com.au/public/issues/174_04_190201/delmar/delmar.html). Divisions consultant Susan Webster wanted to examine what factors might influence GPs to become involved in health assessments of children living in out-of-home care, so she undertook a PHCRED fellowship to help answer this question.

Questions to ask yourself:

- Have you noticed any patterns in your clinical practice?
- Are there gaps in current knowledge?
- Is there a workplace procedure you would like to refine or change?
- What is your general aim?
- What is your hypothesis?
- Is your idea novel?
- Who will benefit from your idea?
- Who and what will be involved?

Resources:

- http://www.phcris.org.au/phcred/research_bites/research_bites_3.pdf
- Hek G, Judd M and Moule P (2004) *Making Sense of Research: An Introduction for Health and Social Care Practitioners*. SAGE Publications Ltd, Great Britain.
- Sapsford R and Abbott R (1992) *Research Methods for Nurses and the Caring Professions*. Open University Press, Great Britain.
- Sim, J and Wright C (2000) *Research in Health Care: Concepts, Designs and Methods*. Stanley Thornes Ltd, Great Britain.



Dr. Petrina Barson teaching medical students

7 Questions for Dr. Hubert van Doorn

Hubert van Doorn, VicReN Foundation Member, is a dedicated and considered general practitioner who has recently undertaken research in the area of mood disorders and who has a strong commitment to improving general practice.

Currently, Hubert van Doorn's main focus is to provide a high level of service to the patient base at East Brunswick Medical Clinic. Like all other areas of Australia, the practice in East Brunswick is very busy where it can be difficult to meet the challenge of providing enough consultation time to its patients.

However, Dr. van Doorn is assisting General Practice Victoria consultant Susan Webster, a fellow PHRED Fellow, in delivering an educational module on the medical assessment process involved in Victorian children entering out of home care. Dr. van Doorn has also recently been appointed to the Child and Adolescent Committee of the Consultative Council on Obstetric and Paediatric Mortality and Morbidity.

"[Practice-based research networks can] open up what is really happening in primary care and work towards making it as good as it can get."

1) How long have you been a GP for?

I have been a GP for about 22 years.

2) What are the highlights of your job?

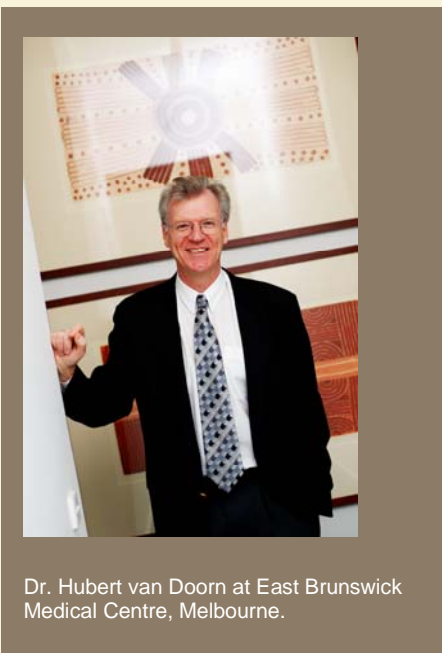
After being in practice for a while, especially with a relatively stable population of patients, the highlights are often invisible. By this I mean not seeing adverse medical or social sequelae in our patients over time and feeling (as we never really know) that you and your colleagues had some part in preventing an adverse outcome. This is a quietly affirming part of our job.

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

In 2007 I was a RDP Primary Health Care Research, Evaluation and Development (PHCRED) Fellow in the Department of General Practice at the University of Melbourne. This year gave me the time to study and think about primary care research. It highlighted the processes involved in actually doing the work and gave me the time to think more deeply in the area of my interest. My final project ended up being an audit of patients with depression in our practice. What struck me about the final data was the uncanny correlation with national data such as the BEACH study, confirming the ubiquity of mood disorders such as anxiety and depression.

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

Research in general practice needs to be just as integral to our work as it is to our colleagues in specialist practice. It would be great to see it woven into the fabric of our daily practice. Like other domains of medical care, it is vital to inform us of best practice.



Dr. Hubert van Doorn at East Brunswick Medical Centre, Melbourne.

5) What role do you see for a PBRN such as VicReN?

A PBRN in effect creates the equivalent of an academic meeting place for GPs. We have no immediate place such as a hospital to meet, exchange ideas and challenge each other. Just as important is the opportunity to open up what is really happening in primary care and work towards making it as good as it can get.

6) and 7) Why are you interested in participating in VicReN? What would you like VicReN to offer you?

Our practice has been coding most consultations and main diagnostic problems since 1994. We have 14 years of longitudinal data on a full spectrum of primary care issues. VicReN seemed like a great way to share this resource and our patient care experience to a wider audience. I hope that our practice as a whole including staff, our manager and our doctors and nurses can benefit, together with our patients, from pooling our experiences with our university research colleagues.

Dr. van Doorn 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