



# **GREATER HEALTH**

**GREATER GREEN TRIANGLE**

*University Dept. of Rural Health*

## **Progress Report** January - June 2009

### ***Networking for Greater Health***

**A Flinders University and Deakin University Partnership**



***Funded by the Australian Government Department of Health and Ageing***

Greater Green Triangle  
University Department of Rural Health  
Progress Report  
January to June 2009



**This report is to be read in conjunction with the  
Department's Key Performance Indicator Report for  
the period 1 January to 30 June 2009.**



# EXECUTIVE SUMMARY

## 1. A LETTER FROM THE DIRECTOR

## 2. ADVISORY BOARDS

The Local Clinicians'/ PHCRED Advisory Group met on the 24<sup>th</sup> March 2009. The minutes can be found in Appendix 2.

## 3. RESEARCH

- The Department was awarded a NHMRC grant to the value of \$833,125 for the project titled “Life! Diabetes Prevention Program: A Randomised Cluster Control Trial of its Efficacy, Effectiveness and Cost Effectiveness” (Section 5.1). This project is now known as the Melbourne Diabetes Prevention Study.
- Facilitator training material for the Life! Taking Action on Diabetes program (Section 5.3) has been finalised. Between November 2007 and March 2009 175 facilitators have been trained between. A summary report on this training was completed in April 2009.
- Five treatment practices and six control practices are now actively involved in the TrueBlue study. 180 patients have been recruited from the five treatment practices with a depression (PHQ-9) score of five or more. 84% of the three-month and 34% of the six-month reviews have been completed for these participants. Patients with a PHQ-9 score over five from the six control practices are currently being recalled to assess the nature of their “usual care” over the previous six months.

## 4. EDUCATION & TRAINING

- The Student Program supported 246 undergraduates and 45 postgraduate students for a total of 1139 weeks.
- Students were supported, through the provision of accommodation, orientation to their town of placement, academic support and seminar presentation, Aboriginal cultural awareness training and IT facilities.
- 45 students undertook Aboriginal Cultural Awareness Training.
- 35 students participated in the Department's Population Health seminar series.
- 176 health professionals undertook continuing professional education with the Statewide Allied Health Workforce Education Program (SAHWEP).
- Mentoring and supervision was provided for 12 individuals and 11 bursary projects under the Department's PHCRED program.



The bursary-holders received supervision from senior academic staff resulting in continued publication output.

## **5. RESOURCES AND SUPPORT**

- Media releases have appeared regularly in the local GGT region press, as well as the medical press and regional radio.
- Website development has continued with all research and education and training programs now featured, along with a wide range of new and improved information for students undertaking placements in the GGT region.



## **EXCEPTION REPORTS**

Major exceptions to progress can be found in the Department's Key Performance Indicator Report for the period 1 January – 30 June 2009. Exceptions to progress for individual research projects are listed with each project.



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## 1. Letter from the Director

The UDRH program is currently one year into a three-year program cycle which ends on the 30<sup>th</sup> June 2011. Following the recommendations of the recent program evaluation, the Australian Government Department of Health and Ageing is offering a Deed of Variation to all UDRHs that will:

- a. Add additional funds allocated by the 2009 budget.
- b. Replace the annual calculation of indexation with a one time calculation of indexation at current levels (2.2% applied across all remaining years of the current agreement).
- c. Replace the current requirement to provide a full KPI report every six months with a requirement to provide a full KPI report once per year, as well as a brief six monthly update during the year.
- d. To replace reference to Rural, Remote and Metropolitan Areas classification 3-7 with Australian Standard Geographical Classification Remote 2-5.

The additional funding which is worth approximately \$150,000 per annum is in recognition of the increasing workload of UDRHs; increasing number of health science students undertaking rural placements; and, to make up for loss of the value of core funds over the last ten years. The reduced reporting burden is welcome and means that for future meetings the Board will receive a brief report for its August meetings with the full report in February each year.

The main findings of the program evaluation have already been circulated to Board members. At this stage there are no major changes proposed other than increasing the activities of the UDRHs and their geographic cover. Evaluation was largely complimentary about the program overall and seems to be reflecting the Government's own view. We can be optimistic about the future.

Importantly the program will no longer be a lapsing one which means that we will be able to offer staff longer term contracts and perhaps even tenure from July 2011. The short term nature of employment to date has been a major barrier for recruitment.

### RESEARCH PROGRAMS

On the research side, the last six months have been extremely busy. The NHMRC-funded effectiveness and cost-effectiveness study of the Life! program commenced in early January and is now recruiting participants. It has been re-named the Melbourne Diabetes Prevention



Study. We have been able to attract high quality staff and develop good relationships with the various Divisions of General Practice providing participants. The advantages of having some of our staff Melbourne-based are paying off in the quality of the people we can recruit to the project teams, and the availability of large numbers of participants for the projects. The administrative arrangements within the Public Health Research Evaluation and Policy Cluster at Deakin University are now working well.

Three other grant submissions have been prepared for the NHMRC and the results will not be known until late October/ early November.

The US Peers for Progress program has also commenced and Professor Prasuna Reddy is in charge of the training of the peer facilitators. This program aims to train peer facilitators who will set up peer support groups across Victoria for people with diabetes. The first international meeting of the six projects was in Reston, New Jersey in March. At that meeting, Professor Reddy along with a colleague in San Diego, was placed in charge of developing the standards for training for all six projects.

The TrueBlue project, which studies co-morbid depression, diabetes and heart disease using a collaborative care model with practice nurses undertaking an enhanced role, is at an exciting stage. Although delays in recruitment have led to a one-year delay in the project, it's now back on track with preliminary results coming in from the patients who have been on the control group receiving usual care for one year.

## **EDUCATION AND TRAINING PROGRAMS**

### ***Clinical Supervision Support Pilot***

In June the Department finalised results from the Victorian Department of Human Services'-funded pilot project on clinical supervision support. This pilot aimed to support a learning culture and the sustainability of clinical supervision within the Victorian health system, and to develop and implement a range of resources and tools for health professionals that offered professional development and networking opportunities in clinical supervision.

A platform was created on the existing SAHWEP website (a continuing professional development website for allied health professionals). It contained the recordings of the presentations delivered in each of the five Victorian Department of Human Services regions, as well as other resources for health professionals involved in clinical supervision. The Department encountered a number of problems in developing and launching this website – these centred on misunderstandings around



deliverables and were complicated by the unexpected resignation of our web programmer in December 2008. These issues resulted in the need to develop a second website that was eventually launched in May 2009, about 3 months behind the anticipated launch date. This new platform successfully met the funding body's requirements and also alleviated any misperception that the resources and tools were only for allied health professionals.

The Victorian Department of Human Services ceased this pilot project after internal review and discussions that saw the limited pool of funding for this type of work diverted to other projects. In order to maximise materials that had been developed for this project, the Department, in consultation with the Victorian Department of Human Services, moved the relevant material on clinical supervision website to the SAHWEF website in early July (post shutdown of the Clinical Supervision Support (CSS) website on June 30).

A final report has now been submitted to the Victorian Department of Human Services and contains comprehensive recommendations around future development of such programs. These are discussed in more depth in the body of this report (See Section).

### **Pharmacist Academic (PAUDRH) Program**

The Department now has two Pharmacy Academics appointed under the Pharmacy Academics at UDRH (PAUDRH) program (funded under the Third Community Pharmacy Agreement via the Rural and Remote Pharmacy Program). Frances Walsh is our newest recruit to the program – she commenced with the Department in its Mt Gambier office in early July. Kevin, our 'older' PAUDRH recruit (he has been with the Department for five years) is supervising Frances. He is now in his second year of a National Institute for Clinical Studies (NICS) Fellowship and has registered his PhD candidacy with Flinders University. His is a broad academic role which supports rural pharmacists and research of relevance to pharmacists, and which encourages undergraduate students to take an interest in a rural career.

One of the research projects he is involved in - "Pharmacist Assessment of Adherence, Risk and Treatment in Cardiovascular Disease (PAART CVD)" - was completed in June and has produced important findings in support for community pharmacist involvement with the prevention of heart disease. Following a comprehensive risk assessment and five community pharmacist counselling sessions, estimated risk of CVD for 70 patients without existing heart disease was reduced by 24% (16% when adjusted for extra factors). This finding was complemented by several other results showing



improvements to individual CVD risk factors, and also to patient self-reported lifestyle management and medicines adherence. The scale of these risk reductions are on a par (or exceeding) with any other similar trial of which we are aware.

By using the same theoretical approach as the Diabetes Prevention Project this study adds more weight to the validity of our approach to chronic disease management. Two presentations of these findings are being made at the International Pharmacy Congress (Istanbul, Turkey) this September, along with presentations of the risk factor studies from a community pharmacy perspective, and an update of our ongoing quality improvement program in hypertension management for 55 pharmacists across Western Victoria and Melbourne. These various studies provide a platform for future high-level research looking at the role of the community pharmacist in CVD prevention.

### **UDRH Mental Health Project**

The UDRH Mental Health Project has continued to attract post graduate students from clinical and health psychology programs in Victoria and South Australia. They are particularly competent students in their final year of doctoral programs and undertake supervised placements with us in hospitals and primary care services within the Greater Green Triangle region. The team of Kate Schlicht (Health Psychologist) and Prasuna Reddy (Chair of the program and Clinical Psychologist) has also worked with Andrea Hernan (PHCRED RDP appointee), to conduct a qualitative study of the practice nurses' experiences with the True Blue Project. This project is an advanced adaptation of the IMPACT program in the US for depression. In the True Blue project we have adapted this model for the management of co-morbid depression, diabetes and coronary heart disease in primary collaborative care. The qualitative information supplements the results of the randomised control trial which should be completed over the next couple of months.

### **STUDENT SUPPORT**

The Student Support program has continued to grow in strength with a Student Support Officer now based in both Mt Gambier and Warrnambool, which makes managing the program's geographical spread easier. The Student Support Program Coordinator role is still based in Hamilton. Promotional work has been undertaken with visits to a number of metropolitan universities and a mail out to all hospitals and health services within the GGT region.

The Department has submitted an application to the Australian Government Department of Health and Ageing for an infrastructure



grant in partnership with Wimmera Healthcare Group to continue improvements to the accommodation facilities in Horsham. The Student Support program is also examining opportunities to establish student accommodation in Colac.

Website development has now meant that more material is accessible online for students coming to the region for clinical placement.

## **OTHER NEWS**

David Mernagh has resigned as the Warrnambool Office Manager to move along the corridor on promotion to a role with Deakin's Pro-Vice Chancellor Regional and Rural. I am grateful to David for the work he has done for us and wish him well.

I would like to thank all the staff for their superb effort over the last six months.

*James A Dunbar*  
James A Dunbar  
Director  
July 2009



## **2. Advisory Boards**

The Local Clinicians' Advisory Group met the 24<sup>th</sup> March 2009. The minutes can be found in Appendix 2.

## **3. Key Collaborations**

Details of the Departments main collaborations and partnerships can be found in the Department's Key Performance Indicator Report for the period 1 January – 30 June 2009 (KPI 5).

## **4. Resources and Support**

### ***4.1. Human Resources***

The current staff listing can be found in Appendix 1.

### ***4.2. Infrastructure***

#### **Warrnambool Office**

The Department is working with Deakin University's Project Architect to re-develop the office area in Building D previously occupied by Deakin's Student Services in order to co-locate all Department staff into one area (Staff have been split between two buildings for the last five years). Detailed plans are currently being drawn up and it is hoped that once these plans have been approved the project can commence with staff relocated at the start of 2010.

### ***4.3. Finance and Grants***

Financial reports are detailed in Appendix 2. Details of grants awarded during this period can be found in the Department's Key Performance Indicator Report for the period 1 January – 30 June 2009 (KPI 3a).



#### **4.4. Information Technology**

Planning around the migration of the information technology infrastructure from Novell to Microsoft commenced, as part of an overall rationalisation of systems being undertaken by Flinders University. Work continued on ensuring a smooth transition process for an email system changeover from Groupwise to Exchange/Outlook in late 2009. This changeover will coincide with the implementation of a university-wide exchange/outlook service change also planned towards the end of 2009.

The Department is currently examining the option of leasing, rather than outright purchase of its information technology hardware, in liaison with the Flinders University Remote Support Unit. Benefits include improved asset management, more accurate and simpler annual budgeting, and more cost effective use of equipment.

The Remote Support Unit continued its campaign to have funding for remote campus network connections covered by the wider Flinders University infrastructure budget. The Vice Chancellor has stated that the inclusion of rural sites is an area of importance for Flinders University.

Mr Darryl Ross was employed to replace Nick Lane as the Department's Website Developer in March. Darryl is working on both the Department's website and also the Statewide Allied Health Workforce Education program (SAHWEP) website.

The second and third phases of the Department's web site upgrade have recently been completed and work has commenced on phase four. The changes completed include continued re-development of the site's structure, menu options and front page. The latter will soon feature an even simpler left hand menu, with sub menus for simpler navigation; quick links to some of the Department's higher profile research programs and links to the Department's "top ten" publications.

There have been extensive updates to, and expansion of, the content of the 'Research' and 'Education and Training' Sections of the web. All pages within these sites have been re-formatted so information is displayed consistently; information has been updated and all projects and programs have now been added to the website. There are improved links between the research project pages and associated publications, staff profiles and the grants database. New pages have been developed to showcase recent funding; the Department's research interests and strengths and collaborations. The 'Education and Training' menu has been developed so that details of all programs are readily accessible and also to improve



promotion of suitable programs to health professionals and students in the region and beyond.

Work has now commenced on the 'Students' menus and in re-developing the way publications are stored and displayed.

#### **4.5. *Media Releases***

Details of all media releases for the period 1 January – 30 June 2009 can be found in the tabled document “*Media Articles*”.

#### **4.6. *Risk Management Plan***

An updated Risk Management Plan can be found in the tabled document “Risk Management Plan”. This plan has been tabled for review and comment by Board of Management members before review by an independent panel of risk management auditors at Deakin University. Changes, including the addition of a few new risk management areas and expansion of some existing controls, have been integrated into the plan.



## 5. Research

### 5.1 *Centre of Clinical Research Excellence (CCRE): Clinical Science in Diabetes*

**a) Funding Body:**

National Health & Medical Research Council (NHMRC). Centres for Clinical Excellence funding

**b) Funding Period:**

2007 - 2011

**c) Total Funding (GST Exclusive Amount):**

\$ 2,000,000

Funding awarded to and held by the University of Melbourne. Professor James Dunbar is an Associate Investigator with the CCRE

**d) Project Aim(s)/Descriptions:**

CCRE funding aims to promote research, training and mentorship through clinical studies in diabetes, with a strong emphasis on translation of research findings into clinical practice, both hospital and community based. The CCRE was designed to strengthen the collaborations of the Chief Investigators and lead to the development of a cohesive training and mentoring program for early career stage clinical investigators in medicine, nutrition and nursing.

**e) Progress to Date:**

The Diabetes CCRE has made significant progress in its three key aims of fostering new clinical research in diabetes, providing training and professional career development opportunities for early career clinical science researchers, and translating research findings into clinical practice.

#### ***Key Area 1: Fostering New Clinical Research Programs***

##### **1. Supported Fellows Program**

The Fellowship Support Scheme was originally set up in recognition of the lack of programs to support the retention of highly-qualified individuals after their PhD or MD. The CCRE-supported program is designed to encourage a cohort of clinical researchers to reach their research potential rather than drift into full-time clinical practice. Success of the scheme can be measured through the ability of supported Fellows to attract



competitive funding independently, leading the way to the establishment of a strong, independent research career.

Fellows that have been funded to date have been actively involved in research into diverse areas relating to both type 1 and type 2 diabetes.

## **2. Collaborations with CCRE in Nutritional Physiology, Interventions and Outcomes**

Two collaborative meetings were organised between representatives of the Diabetes CCRE and the University of Adelaide's CCRE in Nutritional Physiology, interventions and Outcomes. These meetings were designed to provide opportunities for collaboration and linkages between the two CCREs and were based on identifying and building on common themes. Several collaborations have been set up between researchers from each CCRE, leading to the submission of a number of NHMRC Project Grant Applications.

### ***Key Area 2: Training and Professional Career Development***

#### **1. CRX meetings**

The CRX meetings are run to promote clinical research and to help in building the clinical research profession. There have been two meetings so far, and members of the Diabetes CCRE have been actively involved in both meetings. The Diabetes CCRE supported a number of diabetes researchers to attend the CRX07 meeting in Melbourne which attracted over 400 delegates from 140 countries and was a highly successful meeting. The Diabetes CCRE also supported a number of researchers including several early career researchers (Fellows) to attend the CRX08 conference in Brisbane, at which a Diabetes CCRE Fellow made an oral presentation, one of only 12 selected for presentation from submitted abstracts. Many Diabetes CCRE researchers will attend the upcoming CRX09 conference in Melbourne, the theme of which is the "Expansion of Australia's place in the World of Clinical Research" by supporting young Clinician Scientists. .

#### **2. Award Courses in Clinical Diabetes Research**

Significant progress was made in 2007 on the development of an articulated program of award courses in clinical diabetes research and clinical nutrition/obesity research to be offered through the Melbourne Consulting and Custom Programs at the University of Melbourne (formerly the School of Enterprise). Curriculum development is currently being undertaken on programs to be offered initially at specialist certificate level, being designed to attract primarily early-career clinicians/allied health professionals



who have an interest in learning more about clinical research methodology and future directions in the diabetes/obesity/nutrition field.

### ***Key Area 3: Translation of Research into Clinical Practice***

#### **1. Translational Research Projects**

Many of the projects supported by the CCRE have direct translational application – for example, the ALG-OS study lead by CIs Jenkins, Best and AI O’Neal, which evaluated an algorithm prescribing real-time continuous glucose monitoring on the responses of 60 patients with type 1 diabetes using insulin pumps. The study found improvement in adult patients through the reduction of serum glucose, without associated hypoglycaemia.

CI Jenkins and AI O’Neal have obtained a Continuing Professional Development Grant application to the Royal Australasian College of Physicians to fund half-day training seminars in insulin pump and glucose sensor technology. The seminars will be targeted to physicians and physician trainees, with input from pump users and diabetes educators with experience in pump use.

#### **2. Promotion of Diabetes Research**

The CCRE website has been updated to increase its use as a promotional tool, including measures to better highlight research being conducted at the CCRE. Modules have been added which are relevant to the wider diabetes community, including reference pages for health care professionals and consumers. Resources relevant to clinical training will also be provided on the website.

#### **3. Community Engagement**

In accordance with its commitment to translation of research into clinical practice the CCRE is developing a program to increase engagement of members of the diabetes community in its research activities.

The CCRE is establishing formal links and collaborations with Diabetes Australia Victoria (DAV) to facilitate diabetes community consultations to help inform the Diabetes CCRE’s research priorities. Such consultations will also form part of the establishment of consumer focus groups, which will be used in several CCRE-funded studies. The Diabetes CCRE and DAV also wish to establish joint projects, particularly through the DAV community support groups throughout Victoria.

CCRE AI Dr Christine Walker, an expert on consumer representation and advocacy in chronic illness, continues to work



with CI Young to guide and facilitate consultation with relevant community and advocacy groups. Al Dunbar has also expressed interest in community engagement, and his role and work in rural Victoria (Warrnambool) makes him well-placed to assist in the CCRE's community outreach in rural areas.

**f) Major Exceptions to Progress**

Nil for this period

**g) Associated Staff Development and Training:**

Details of the Department's staff development and training can be found in the Department's Key Performance Indicator Report for the period 1 January – 30 June 2009 (KPI 4).

**h) Associated Publications:**

Nil for this period

**i) New Grants associated with this work:**

Nil for this period

**j) Study Outcomes**

Described in detail in Section 'e'

**k) Future Directions for Study**

**Date of Last Update:**

July 2009

**Last Updated by:**

Ayan Dasvarma



## 5.2 *Life! Taking Action on Diabetes*

- a) **Funding Body:**  
Department of Human Services - Victoria
- b) **Funding Period:**  
1 July 2007 – 30 June 2011
- c) **Total Funding (GST Exclusive Amount):**  
\$40, 000 (GGT UDRH Portion of funds)
- d) **Project Aim(s):**  
To undertake a lifestyle behaviour change program for 25,000 Victorians who are at high risk of developing type 2 diabetes.
- e) **Project Description:**  
The *Life!* program is an evidence-based lifestyle change program. The Department is responsible for the training of facilitators, as well as program development and evaluation. Diabetes Australia – Victoria (DAV) is the lead agency in the overall program.
- f) **Progress to Date:**
- Facilitator training material has been finalised and 175 facilitators were trained between November 2007 and March 2009. A summary report on the training was completed in April 2009.
  - A review of manuals developed for other Australian and international diabetes prevention programs has been undertaken and recommendations for the update of *Life!* Program manuals have been made and will be integrated into future versions.
  - A Evaluation Coordinator (Ms Amy Timoshanko) was appointed in January 2009. Evaluation processes and tools have been prepared, including the online database.
- g) **Major Exceptions to Progress**
- Recruitment of participants to the program continues to be slower than anticipated. Strategies to address this are being continually developed and evaluated.
- h) **Associated Staff Development and Training:**  
Details of the Department's staff development and training can be found in the Department's Key Performance Indicator Report for the period 1 January – 30 June 2009.



**i) Associated Publications:**

Jayawardena A, Dunbar JA, Reddy P, Audehm R, Johnson G.  
Lessons on continuous quality improvement: An Australian  
state level Diabetes Prevention Program (Poster) -  
5th World Congress on Prevention of Diabetes and its  
Complications Helsinki, Finland

A manuscript on the evaluation of the program training is  
currently being prepared for submission to the "Patient  
Education and Counselling Journal".

**j) New Grants associated with this work:**

National Health & Medical Research Council (NHMRC) Grant  
titled "*Life!* Diabetes Prevention Program: A Randomised Cluster  
Control Trial of its Efficacy, Effectiveness and Cost-  
Effectiveness" \$883,125 (See KPI report 3a & Section 5.3 within  
this report).

**k) Study Outcomes**

- It is anticipated that by 2011 25,000 Victorians at high risk of developing type 2 diabetes will have completed the program, with the outcome of prevention or delayed onset of T2D.
- Improvement in the workforce's ability to facilitate lifestyle change for chronic disease prevention.
- Improved partnerships for health service delivery for chronic disease prevention.

**l) Future Directions for Study**

- Implementation of the NHMRC-funded diabetes prevention program (Section 5.3).

**Date of Last Update:**

July 2009

**Last Updated by:**

Clare Vaughan



### **5.3 *Melbourne Diabetes Prevention Study (Life! Diabetes Prevention program: a randomised cluster control trial of its efficacy, effectiveness and cost-effectiveness)***

**a) Funding Body:**

National Health & Medical Research Council (NHMRC)

**b) Funding Period:**

1 January 2009 – 31 December 2011

**c) Total Funding (GST Exclusive Amount):**

\$194,250.00 (GGT UDRH Portion of funds)

**d) Project Aim(s):**

This project aims to:

- 1) Evaluate the efficacy and effectiveness of a structured primary care-based diabetes prevention program (Life! Taking Action on Diabetes) being implemented in Victoria for people over 50 years of age who are at high risk of type 2 diabetes by:
  - i. monitoring clinical and behavioural outcomes before and after the intervention (particularly reduction in diabetes risk, weight and central obesity, and changes in quality of life); and
  - ii. comparing the Life! program with another cohort receiving usual care at the same time.
- 2) Undertake an economic assessment of the Life! program by:
  - i. evaluating whether it is 'value-for-money' through Cost Utility Analysis (CUA) and economic modelling of longer term impacts;
  - ii. evaluating technical efficiency issues through Cost-Effectiveness Analysis (CEA), combining resource usage data and the clinical/behavioural outcomes;
- 3) Assess a broad range of factors to supplement the technical analysis, based on second stage filter analysis pioneered in the Assessing Cost- Effectiveness (ACE) projects. (1)
- 4) Evaluate 'usual care' in the management of individuals at high risk of progression to type 2 diabetes.



**e) Progress to Date:**

- Recruitment of high quality staff to this research program is complete.
- Initiation of strong relationships with the Divisions of General Practice from which participants are being recruited for the study.

**f) Major Exceptions to Progress**

Recruitment of study participants for this project was due to commence in July 1<sup>st</sup> 2009, but has been delayed by a month due to delays in finalising recruitment strategies. These strategies have been developed to ensure that recruitment targets are met and that the study will be completed on time.

**g) Associated Staff Development and Training:**

Details of the Department's staff development and training can be found in the Department's Key Performance Indicator Report for the period 1 January 2009 – 30 June 2009.

**h) Associated Publications:**

Nil for this period

**i) New Grants associated with this work:**

Nil

**j) Study Outcomes:**

Primary outcome: The estimation of reduction in the risk of diabetes imputed from the outcomes of clinical trials, using extrapolation of the changes in weight and waist.

Secondary outcomes:

1. Comparative information about clinical and behavioural measures from Life! Taking Action on Diabetes participants and controls.
2. Health economic information about the Life! Taking Action on Diabetes program (and comparison with usual care).
3. Identification of individual characteristics and predictors of successful outcomes.

**k) Future Directions for Study:**

Recruitment of participants will be the major focus of the study for the remainder of 2009. It is anticipated that the first intervention group will start in September 2009.

**Date of Last Update:**

June 2009

**Last Updated by:**

Dr Debbie Rankins



#### **5.4 TrueBlue (Chronic Disease Management of Co-morbid Depression, Heart Disease and Diabetes (National Project, Stage 2))**

**a) Funding Body:**

*beyondblue*, the National Depression Initiative (\$465,000) and the Australian Government Department of Health and Ageing (\$65,000)

**b) Funding Period:**

April 2007 – March 2009 (extension currently being negotiated)

**c) Total Funding (GST Exclusive Amount):**

\$530,000

**d) Project Aim(s):**

To develop and evaluate a system of primary care for patients with coronary heart disease and/or type 2 diabetes and co-morbid depression (CHD). Specifically the study aims to:

- Develop and pilot test a general practice-based model of chronic disease care for people with co-morbid depression, type 2 diabetes and/or CHD.
- Develop and test a training program for general practitioners and practice nurses in the screening, assessment and management of depression in patients with type 2 diabetes and/or CHD.
- Test the feasibility of practice nurses to screen, assess, collect data, counsel, refer, review and monitor patients with co-morbid depression, type 2 diabetes and/or CHD.

**e) Project Description:**

This project continues to build on the successful work of the Depression\_Treatment Evaluation Care Team (D\_TECT) and the National Heart Foundation of Australia (NHFA)-funded “Evidence-Based Best Practice Model Clinical Pathways for People with Co-Morbid Depression and Coronary Heart Disease” projects.

The study design is a randomised experiment that aims to compare clinical outcomes between usual care and nurse led collaborative care. The model of chronic disease management is based on a successful system of care developed in the US (IMPACT) and UK. It involves developing evidence-based practice protocols, which are implemented as part of a continuous quality improvement cycle. A key feature is the re-alignment of the role of the practice nurse to care manager. The implementation of this model is being facilitated in Australia by the



National Primary Care Collaborative, new MBS Item Numbers supporting chronic disease management and the changing role of practice nurses.

**f) Progress to Date:**

- **Methodology:** The Project Advisory group that met in August 2007 made a number of suggestions to refine the methodology for the current project using lessons learnt from the D\_TECT pilot study. The study is now based on a randomised cluster trial methodology.
- **Ethics:** Minor variations to the original Ethics Application were approved on 31 October 2008 by the Flinders University Social and Behavioural Research Ethics Committee.
- **Project Advisory Board:** The next meeting of the Board is planned for the 4<sup>th</sup> September 2009 and will advise on the extension of the project to allow comprehensive data capture and analysis.
- **Handbook:** A handbook for General Practice participants has been completed. The handbook sets out details of the methodology and processes, including protocols, project outcome measures and data collection tools.
- **Local infrastructure recruitment:** Funding and Service Agreements were signed with the Northern Rivers UDRH and the Adelaide West and South Divisions of General Practice. These organisations will employ Practice Facilitators to provide on-site assistance to 31 August 2009.
- **Participant Recruitment:** Eighteen practices were recruited to participate (nine treatment and nine control clusters). Fifty patients from each of these clinics were expected to be recruited from their combined Diabetes and CHD registers. A number of practices have withdrawn from the study for a variety of reasons including:
  - Lack of interest from patients prevented practices from recruiting adequate numbers of patients into the study.
  - Transfers of trained staff.
  - Lack of support by clinic staff to continue in the study.

Currently there are five treatment practices (Warradale, Health on Grange, Lismore, Lennox Head, Evans Head) and six control practices (Southcare, Woodcroft, Woodville, Seaton, Keen Street and Tintenbar) actively involved in the study.



To date 180 patients have been recruited from the five treatment practices with a depression (PHQ-9) score of five or more. Practice staff are tracking the progress of these patients every three months: To date 84% of the three-month and 34% of the six-month reviews have been completed.

Patients with a PHQ-9 score over five from the six control practices are currently being recalled to assess the nature of their “usual care” over the previous six months

- Project Management Team: Met monthly during the first six months of 2009.
- Training: A two-day training workshop was held for practice nurse participants from the control cluster practices in June 2009 (the treatment cluster underwent training in July 2008).
- Data Collection: The data collection for the study is based on custom made GP Management Plan (GPMP) templates designed for use in the Electronic Medical Record systems (EMR) of each Practice. An Excel-based data repository has been developed and implemented to collect, check and store de-identified study data extracted from participating practices.

#### **g) Major Exceptions to Progress**

- Timing: The original methodology involved recruiting patients for six months of usual care followed by six months of intervention. The revised methodology agreed to in August 2007 involved changing to a randomised-cluster-trial methodology with treatment patients receiving 12 months of care, and control patients receiving a total of six months of “usual care”.

As well as delays caused by this change, the study experienced considerable slippage in recruiting patients due mainly to the challenges in implementing the postal survey of patients on practice registers and the impact of staff changes in some practices.

These factors resulted in delays in the implementation of GP Management Plan-based reviews. It is anticipated that the final review visits (undertaken by one practice) will be completed in April 2010, approximately 6 months after the original target. Accordingly, the data analysis and reporting period will need to be extended to June 2010 to take into account these delays. The current budget estimates make provision for this extension.



- Recruitment of subjects: 5400 surveys were distributed to the patients on the registers of the 18 original practices. Of these, 1470 were returned with 598 having a PHQ-9 score of 5 or over (representing 66% of our target of 900). In summary, 79% of patients in the treatment cluster and 54% in the control cluster were recruited. This sample size does have sufficient power to test the objectives of the study.

**h) Associated Staff Development and Training:**

Details of the Department's staff development and training can be found in the Department's Key Performance Indicator Report for the period 1 January 2009 – 30 June 2009.

**i) Associated Publications:**

Morgan M, Dunbar J, Reddy P, Coates M and Leahy R: The True Blue study: Is practice nurse-led collaborative care effective in the management of depression for patients with heart disease or diabetes? BMC Family Practice 2009, 10:46

Dunbar J and Reddy P. Integration and coordination of care- Australian Journal of Rural Health 2009;17: 27-33

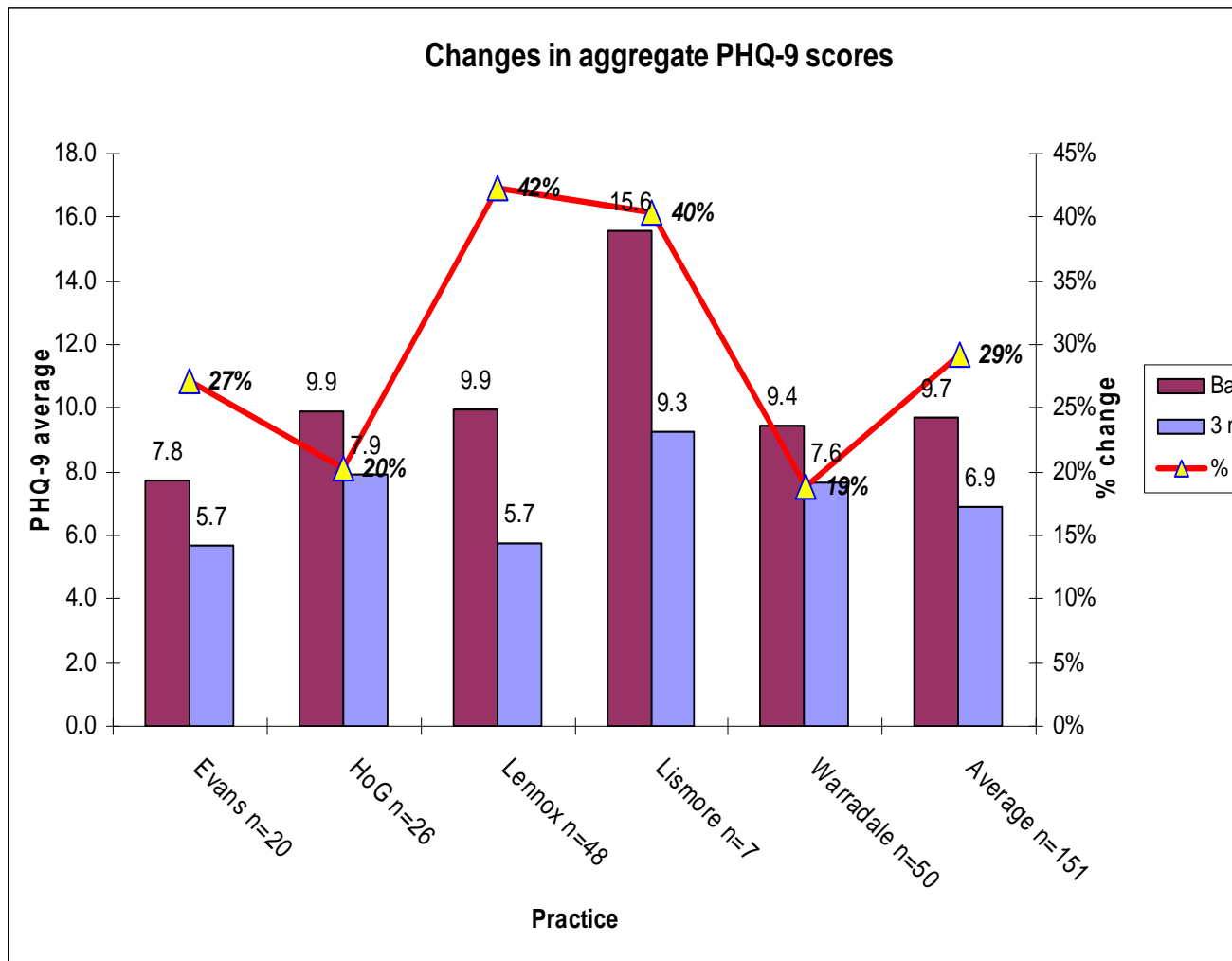
**j) New Grants associated with this work:**

Nil



**k) Study Outcomes:**

Currently 180 patients are being tracked across the five practices. In aggregate, they have experienced a 29% drop in their PHQ-9 score between baseline and their first review (13 weeks). The following chart shows the decrease in each of the five practices in PHQ-9 scores of between 19 to 42%.



**l) Future Directions for Study**

**Date of Last Update:**

July 2009

**Last Updated by:**

Robert Leahy



## 6. Education and Training

### 6.1 *Statewide Allied Health Workforce Education Program (SAHWEP) (incorporating the Discipline Specific Pilot)*

**a) Funding Body:**

Department of Human Services – Victoria

**b) Funding Period:**

2008/2009 – 2009/2010

**c) Project Aim(s):**

The aims of this project are to:

1. provide needs-based professional development to rural and remote allied health professionals
2. offer topics of interest to different professions and starting with physiotherapists, occupational therapists, podiatrists and speech pathologists
3. facilitate allied health networks and inter-professional practice
4. create the opportunity for professionals to re-enter the workforce
5. improve self-management, team skills and leadership
6. enhance career options in rural Victoria

The Discipline Specific Pilot, which is currently a sub-program within SAHWEP, aims to pilot the dissemination of discipline-specific CPD via SAHWEP.

**d) Project Description:**

SAHWEP seeks to support the continuing professional development needs of Victoria's allied health workforce. Allied health professionals from Queensland, the Northern Territory and South Australia can now access this program.

The Discipline Specific Pilot seeks to provide more discipline-specific CPD to participating professional associations via the SAHWEP platform. Occupational Therapy Australia (Victoria), The Society of Hospital Pharmacists of Australia (Victoria) and Optometrists Association of Victoria are participating in this pilot. This pilot is due for completion in December 2009.

**e) Progress to Date:**

- **Account holders and presentations**



- There are now 2,737 active account holders
  - 33 presentations on allied health CPD were recorded (including presentations at two conferences) and 25 generic presentations on various health topics, including population health, were delivered
  - One two-day training session on “Personal Effectiveness, Group and Interpersonal Effectiveness, and Organisational Effectiveness” was delivered during this period (and 11 separate presentations on various topics of this course were presented);
- **Recording/Presentation System**  
The CBOX presentation recording system is working well. Presentations are available for viewing and download from the CPD website. An operation manual has been put together to assist staff with the recording. An e-Presence system has been built and tested to increase the recording capacity.
  - **Video Conferencing**  
Some video conferencing (VC) has occurred during this reporting period, although problems around VC remain and are complex. For example, although a VC unit has been purchased by the Department to facilitate delivery of presentations, not all organisations can access this due to IT limitations surrounding the need for an IP address.
  - **Website**  
Maintenance and upgrade of the website is ongoing. There is now a need to review the current platform and to further develop this in line with advancements in e-learning and IT delivery for the benefits of those accessing the site (ie. increasing its capabilities).

Currently, discipline-specific pages are being added as part of the Discipline Specific Pilot and a section under ‘Resources’ has been created for clinical supervisors (moved from the Clinical Supervision Support website which was shutdown in June 2009). Information available on the discipline-specific pages will be expanded greatly as part of this pilot program.

#### f) **Major Exceptions to Progress**

##### SAHWEP

- Resignation of the Administration Assistant for the program. This has now been addressed with the appointment of Ms Katie Dopheide.



- External evaluation of SAHWEP  
Findings of the external evaluation demonstrated strong support for the continuation of the three state-wide projects (SAHWEP, Region of Choice and Mentor-Works), but recommended some scope and operational refinements be made to each project. That Associate Professor Adrian Schoo is the major driving force behind the SAHWEP program, was highlighted as a significant issue for long term program sustainability. Additional, but limited, funding has since become available from the Victorian Department of Human Services via the participation of other jurisdictions - South Australia, Queensland and the Northern Territory – in the program. These funds will be used to appoint a Research Fellow (0.4FTE) to the program to work alongside Associate Professor Adrian Schoo thereby helping ensure longer-term sustainability of the program.  
The evaluation report is available at:  
<http://www.health.vic.gov.au/workforce/allied>.

#### DISCIPLINE SPECIFIC PILOT

- An extension was granted until 31 December 2009 (original completion date June 30 2009) due to issues relating to:
  - The slow uptake by the professional associations (including difficulties in accessing membership details)
  - Limited recording capabilities of the professional associations (limiting the ability to quickly shift presentations to the web platform)
  - The resignation of the Department's web programmer in December 2008

Milestones for this pilot are:

1. The discipline-specific pages are active per start of August (Monday 3 August) together with the pre-program survey;
2. Participating associations make information available up to at least mid November, and flag key events for possible recording. This may require recording by using a portable e-Presence system;
3. The follow-up survey will be made available from Monday 30 November until Sunday 13 December; and
4. Survey results will be analysed from Monday 14 December. An executive report on this specific pilot



will be made available to the department by Monday 21 December.

**g) Associated Staff Development and Training:**

Details of the Department's staff development and training can be found in the Department's Key Performance Indicator Report for the period 1 January – 30 June 2009 (KPI 4).

**h) Associated Publications:**

Doherty G, Stagnitti S, Schoo AMM. From student to therapist: Follow up of a first cohort of Bachelor of Occupational Therapy students. *Australian Occupational Therapy Journal (On-Line)*. February 2009.

Hernan A., Schoo AMM. O'Toole K. Leaving the bush: why did they do it? 10<sup>th</sup> National Rural Health Conference, Cairns Qld, Australia. May 2009.

Schoo AMM. Supporting Self-management: Common Models and Approaches (Presentation) Health SA (South Australian Department of Health) - SA Country Allied Health Forum; Barossa, SA; 2-3 April 2009.

Schoo AMM. Motivational interviewing in the prevention and management of chronic disease: Using internal control psychology to improve and maintain mental and physical well-being (Workshop). Health SA (South Australian Department of Health) - SA Country Allied Health Forum; Barossa, SA; 2-3 April 2009.

Schoo A, O'Toole, Hernan A, Gerber T. Improving personal, group and organisational effectiveness of allied health professionals who work in the public health sector. Allied Health Network (Loddon Mallee Region) - The 2009 Loddon Mallee Allied Health Conference; Bendigo, Vic; 27 February 2009.

**i) New Grants associated with this work:**

Approximately \$30,000 of external revenue returned to the Department from the external jurisdictions accessing the SAHWEP program.

**j) Study Outcomes**

Session evaluations have demonstrated positive responses on how content has been received and how it has impacted on participants working life (and life in general). A follow-up survey exploring participants' experiences since the workshop and the



extent to which they felt the workshop impacted on them showed that participants felt they now had a greater awareness of their own styles (personality, communication, team member, and conflict resolution) and the impact of their style on their work life/relationships.

In addition, survey results demonstrated a need for disease-specific and discipline-specific education.

**k) Future Directions for Study**

- Further development of the SAHWEP program, including canvassing the viability of online learning modules.
- Expanding the SAHWEP program to other States and Territories.
- If funding becomes available expanding the Discipline Specific Pilot to a program that showcases discipline-specific content.

**Date of Last Update:**

July 2009

**Last Update:**

Assoc Prof Adrian Schoo



## 6.2 *Clinical Supervisions Supports Project*

**a) Funding Body:**

Department of Human Services – Victoria

**b) Funding Period:**

1 July 2008 – 30 June 2009

**c) Project Aim(s):**

The aim of this project was to support a learning culture and the sustainability of clinical supervision within the Victorian health system, and to develop and implement a range of resources/tools for health professionals that offer professional development and networking opportunities in clinical supervision.

The underlying objective was to improve recruitment and retention of health professionals by offering career development and networking support opportunities in clinical supervision. The long term objective was to increase clinical placement capacity in Victorian health services through ensuring an adequate number of appropriately trained clinical educators are available to deliver high quality clinical teaching to the next generation of health workers.

**d) Project Description:**

The five key program activities were:

1. Establish an additional platform on the existing SAHWEP website to contain clinical supervision resources and tools. The information will be accessible to all health professionals within Victoria.
2. Coordinate and deliver a number of workshops on clinical supervision specific topics to health professionals who are either currently engaged in teaching or seeking to undertake clinical education duties. The workshops will be delivered by the SAHWEP facilitator and/or guest presenters. The workshops will be made available by videoconference (where available) and recorded for access on the clinical supervision website. At least one seminar will be delivered within each of the non-metropolitan Department of Human Service regions during the term of this service plan.
3. Establish and promote a multi-disciplinary supervision network and encourage health professionals to



participate. This network will align with the workshops and provide both formal and informal communication opportunities for health professionals to discuss issues relating to clinical education. The network will provide a level of support for all clinical educators and encourage all health professionals to become involved in clinical education.

4. Collect identified information from health professionals attending the workshops or seminars through surveys and evaluations. Information collected will include on preferences for training and networking; supervision activities; barriers to supervision; work satisfaction, career paths, intention to stay in rural practice, etc.
5. A report outlining the activities undertaken as part of the program and an evaluation of the data collected.

**e) Progress to Date:**

This pilot was completed in June 2009. The pilot has not been funded beyond 2008/2009 so the resources and tools created have been moved to the SAHWEP website to allow continued access by the health professionals who access this site.

Overall five workshop presentations were delivered, one in each of the Victorian department of Human Services non-metropolitan regions. In addition, resources were collected to make retrospective access available.

In organising the program contacts were made in each of the five regions to initiate regional support networks that could contribute to the development and support of the program. Currently, both the Grampians and Loddon Mallee regions have established support networks for clinical supervisors, and the Barwon South West region is in the process of establishing a network. Contacts in the other two regions are included in Appendix B.

Supportive resources identified include clinical supervision training (face-to-face and online). An online discussion forum was also created to facilitate networking between the supervisors.

**f) Major Exceptions to Progress**

The program delivered the agreed services, although extensions regarding timelines were negotiated due to problems encountered around the development and launch of the pilot website - these issues centred on misunderstandings around deliverables and were complicated by the unexpected



resignation of our web programmer in December 2008. These issues resulted in the need to develop a second website that was eventually launched in May 2009, about 3 months behind the anticipated launch date. This new platform successfully met the funding body's requirements and also alleviated any misperception that the resources and tools were only for allied health professionals.

**g) Associated Staff Development and Training:**

Details of the Department's staff development and training can be found in the Department's Key Performance Indicator Report for the period 1 January – 30 June 2009 (KPI 4).

**h) Associated Publications:**

There are no publications associated with this project.

**i) New Grants associated with this work:**

No new grants are associated with this work.

**j) Study Outcomes**

A final report will be submitted to the Victorian Department of Humans Services in late July 2009. It contains an evaluation of the pilot and a series of recommendations (detailed in the Future Directions of Study ('m') below).

**k) Future Directions for Study**

This pilot is not continuing beyond June 2009, but a number of important recommendations were included in the final report.

These were:

1. Programs that have a large information technology (IT) component need adequate time to develop, implement and evaluate. Ideally, a period is needed that is long enough to:
  - i. engage all stakeholders, including holding an adequate number of meetings to gauge interest and specific requirements, and to manage expectations;
  - ii. develop clear web (requirement) protocols and other deliverables with stakeholders, including the funding body and project managers, and examining the feasibility of the desired program components and their delivery (including timeframes);
  - iii. develop the support program, including engaging presenters and developing appropriate presentation content;



- iv. engage stakeholders, particularly the professional bodies, in promoting the program and its uptake amongst all health professionals; and
  - v. continually evaluate and amend/improve the program in collaboration with stakeholders.
2. The program was open to all health professionals (medicine, nursing and allied health) who supervise or are interested in supervising students. Although it was promoted amongst all professions and was accessed by nursing and allied health, there was no uptake amongst medical practitioners. There is a need to develop ways to increase interest and attendance among medical practitioners.
3. Different professional groups had different needs in relation to the information delivered and the preferred time of the day to attend presentations. One of the benefits of a web-based program is that programs can be accessed around availability and preferred time(s). If future programs rely on attendance in person there is a definite need to examine interest and desired format.
4. Improving linkages between programs that support clinical supervision in Victoria, and utilise regional contacts would aid further development and the sustainability of the regional support networks.
5. Aside from program uptake and session evaluation more information is needed to shape and justify a support program for all health professions (or subgroups if needed). A targeted survey with valid pre-program survey questions would assist in the justification, implementation and fine-tuning of a program that is relevant to a wide spectrum of health professionals.

**Date of Last Update:**

July 2009

**Last Updated by:**

Assoc Prof Adrian Schoo



### **6.3 Pharmacy Academic at UDRH Program (PAUDRH)**

- a) Funding Body:**  
Australian Government Department of Health and Ageing, via the Pharmacy Guild of Australia
- b) Funding Period:**  
2008, 2009
- c) Total Funding (GST Exclusive Amount):**  
\$160, 000
- d) Project Aim(s):**  
The PAUDRH program aims to:
1. To raise the profile of rural pharmacy within Pharmacy Schools and UDRHs and to increase rural content in rural curricula so that pharmacy graduates will be equipped with the necessary skills to practice effectively in rural areas.
  2. To ensure that pharmacy graduates will have an awareness of the relevant issues involved in the treatment and care of rural populations and to encourage them to practice in rural and remote communities.
  3. To provide advisory, mentoring and developmental support to pharmacists practising in UDRH areas and to increase the number of trained preceptors to supervise students in the areas.
  4. To provide academic support and mentoring to students on internship placements in the UDRH areas.
- e) Project Description:**  
The PAUDRH has a number of areas of major focus in the GGT region:
- Supporting student clinical placements in the GGT region and fostering links with Schools of Pharmacy.
  - Providing continuing professional development opportunities and other support to pharmacists in the region.
  - Participation in larger research programs with the UDRH.
  - Development of research areas specific to rural and remote pharmacy.



**f) Progress to Date:**

Progress activities include:

*Student support:*

- Coordinated placement activities for 34 students undertaking rural placements of three-week durations. Activities included:
  - Attendance at a seminar on the population health issues and disease trends of the region.
  - A visit to the regional hospital
  - Aboriginal cultural awareness training at Tower Hill Game Reserve
  - Visits to community health services
  - Visits to pharmacy depots
- Involvement with Monash University's School of Pharmacy and Pharmaceutical Sciences Rural Placement Working Group to revise the placement workbook in advance of the 2009-2010 placements.

*Support to regional pharmacists:*

- Facilitating the recruitment of a second part-time academic pharmacist based in Mount Gambier.
- Assisting several pharmacists with arranging student placements.
- Support to pharmacists involved in the research project "Controlling Hypertension through Innovation in Primary Care" (Kevin Mc Namara is the Chief Investigator). Twenty four pharmacists and two intern pharmacists in regional Victorian community pharmacists are involved in this quality improvement program. All were visited for an average of one hour for initial training, and the intervention group (one third) were allowed access to around 8 hours of online clinical training.
- Authorship of a continuing education article for community pharmacists on the management of blood pressure.
- Ongoing support to five rural pharmacies in Victoria and Tasmania involved in the clinical trial "Pharmacist Assessment of Adherence, Risk and treatment in Cardiovascular Disease", aka 'Healthy Hearts in Pharmacy' (Kevin Mc Namara is the Principal Investigator).
- Professional development (up to two hours) provided to community pharmacists involved in the research project "Increasing the involvement of community pharmacists in the prevention of cardiovascular disease" (Kevin Mc Namara is an Co-investigator).

*Participation in larger research programs within the GGT UDRH, and pharmacy specific research:*

This period saw the progression of several projects which had been in development throughout 2008:



- *Pharmacist Assessment of Adherence, Risk and Treatment in Cardiovascular Disease (PAART CVD) trial* (Chief investigator).

This clinical trial involves community pharmacists from rural Victorian and Tasmanian communities, as well as Melbourne and Hobart. The multifaceted intervention involves pharmacist monitoring of adherence and patient education in the areas of cardiovascular medication and lifestyle modification.

Completed in June 2009, the primary outcome was changes to patient cardiovascular risk after the six month intervention phase. This project was completed on schedule and a draft final report submitted.

- *Improving blood pressure control for people with hypertension* (formerly named *Improving blood pressure control through enhanced community pharmacist involvement in assessment of treatment*) (Principal investigator).

This grant funds a fellowship for Kevin Mc Namara. The purpose of the fellowship is to implement a program in rural and metropolitan areas of Victoria to examine the ability of community pharmacists to impact on evidence treatment gaps in the management of hypertension during routine care.

Twenty four rural Victorian pharmacists were recruited to this quality improvement project. The intervention phase of the project commenced May 2009.

- *Increasing the involvement of community pharmacy in the prevention of cardiovascular disease* (Co-Investigator)

This project which will attempt to develop models of cardiovascular care for community pharmacy which focuses on improved medication adherence and supported blood pressure monitoring. This is due for completion in March 2010. Kevin was directly responsible for development of training in blood pressure management and monitoring. This training, and patient recruitment, was rolled out from June 2009.

**g) Major Exceptions to Progress**

N/A

**h) Associated Staff Development and Training:**

Details of the Department's staff development and training can be found in the Department's Key Performance Indicator Report for the period 1 January – 30 June, 2009.



**i) Associated Publications:**

Chapman A, Bunker S, Dunbar A, Philpot B, Mc Namara K, Baird A, Vartiainen E, Laatikainen T, Janus ED. Rural Smokers: a prevention opportunity for GPs. *Australian Family Physician* 2009(30);5:352-356.

Mc Namara K, Dunbar JA, Reddy P, Philpot B, Vaughan C, Morgan M, Janus E. How population health data can help primary care services to improve population health – a rural case study. In print May 2009 (Editorial, SA Public Health Bulletin)

Mc Namara K. Reducing the risk of heart disease. Pharmacy news. In print June 2009

Mc Namara K. Blood pressure management. Pharmaceutical Society of Australia. Melbourne, June 2009. Invited speaker.

Mc Namara K, Duncan G, Marriott JM, Mc Dowell J. Community pharmacists' preferences for continuing education delivery. *Journal of Continuing Education in the Health Professions* 2009;29(1):52–57 doi: 10.1002/chp.20006 (published online 14/3/2009)

**k) New Grants associated with this work:**

Nil

**l) Study Outcomes**

This is an ongoing program to develop pharmacy practice in the GGT region.

**m) Future Directions for Study**

A number of pharmacy research projects have been significantly advanced in this period, paving the way for reporting and publications in the near future. The appointment of a second part-time pharmacist academic based in Mount Gambier will significantly improve the capacity to support student placements and regional pharmacists, as well as offering further avenues for research in south east South Australia.

**Date of Last Update:**

July 2009.

**Last Update:**

Kevin Mc Namara



## **6.4 Primary Health Care Research Evaluation and Development (PHCRED) Program**

**a) Funding Body:**

Australian Government Department of Health and Ageing

**b) Funding Period:**

2006-2009

**c) Total Funding (GST Exclusive Amount):**

\$960,000

**d) Project Aim(s):**

The main aims of this project are to:

1. Increase the pool of primary health care researchers by up-skilling early-mid career researchers, and supporting the sustainable advancement of research careers in primary health care.
2. Support early-mid career researchers to undertake more high quality primary health care research and ensure its relevance to policy and practice by aligning it with identified needs and priorities.
3. Disseminate and facilitate the uptake of evidence in policy and practice.

**e) Project Description:**

The PHCRED program includes both the Research Capacity Building Initiative (RBCI) and the Researcher Development Program (RDP). Both are Australian Government initiatives which aims to develop and strengthen research capacity amongst primary health care provider groups and support groups (consumers), in areas such as general practice, mental health and psychology, indigenous health, nutrition and dietetics, midwifery, nursing, physiotherapy, occupational therapy, and dentistry.

**f) Progress to Date:**

RBCI:

- Mentoring and supervision were provided to 12 bursary holders (representing 11 projects) to undertake research projects.
- Four 2006 -; two 2007; and one 2008-funded bursary holders completed their projects during this period. Unspent funds were re-allocated to new bursary projects.
- Two new bursaries were funded:
  - Kate Schlicht - Interviewing practice nurses involved in a collaborative system of care and co



- morbidity regarding their experiences and impact on service provided
- Dr Adrian Elliot-Smith - Application of UK quality outcome framework to an Australian general practice
- Significant program time was allocated to support a group of twelve GP Registrars to undertake a research skills training program in collaboration with Greater Green Triangle General Practice Education and Training (GGT GPET). This program, the “Research and Critical Thinking Program”, was based, with permission, on the “Adelaide to Outback GP training program”.
- Five writing group sessions; a number of research skills workshops, and a two-week writing retreat were held. The retreat included local and visiting academics, including representatives from the National Institute of Health and Welfare (THL) in Finland.
- The PHCRED content on the GGT UDRH website was significantly improved (updated and expanded)
- A fortnightly electronic newsletter, offering research skills resources and information and detailing funding opportunities, continues to be distributed to a wide number of professionals and consumers within the GGT region.

#### RDP

- Ms Andrea Hernan continued in the 2008-2009 Research Development Program (RDP) position, at 1.0FTE. This position is supervised by the PHCRED program Coordinator.
- Andrea worked primarily on a project analysing and publishing data from a 2006 bursary projects titled “Healthy Minds for Country Youth”.

#### **g) Major Exceptions to Progress**

During this period Ms Rachel Boak, Program Coordinator, resigned from the Department. Her role has been filled by Dr Michael Coates.

#### **h) Associated Staff Development and Training:**

Details of the Department’s staff development and training can be found in the Department’s Key Performance Indicator Report for the period January to June 2009 (KPI 4).

#### **i) Associated Publications:**

Primary Health Care Research, Evaluation & Development (PHCRED) Strategy. Research capacity building initiative funded strategies and initiatives. Report for the Australian Government Department of Health and Ageing.



Chapman A, Bunker S, Dunbar A, Philpot B, McNamara K, Baird A, Vartiainen E, Laatikainen T, Janus ED. Rural Smokers: a prevention opportunity for GPs. *Australian Family Physician* 2009(30);5:352-356.

Hernan, A., A. M. M. Schoo, O'Toole, K. (2009). Leaving the bush: why did they do it? 10th National Rural Health Conference. Cairns, Queensland.

Laatikainen, T., E. Janus, Kilkkinen A, Heistaro S, Tideman P, Baird A, Tirimacco R, Whiting M, Franklin L, Chapman A, Kao-Philpot A, Dunbar J. (2009). Chronic disease risk factors in rural Australia – results from the Greater Green Triangle Risk Factor Surveys. *Asia-Pacific Journal of Public Health*. 21(1).

**j) New Grants associated with this work:**

Nil

**k) Study Outcomes**

- Providing financial, academic, and training support to bursary holders, practitioners, consumers, and career researchers to undertake research and to build research skills in the area of primary health care.
- Supporting bursary holders and GGT UDRH staff to undertake research to ensure relevance to identified national health research priorities and relevance to policy and practice.
- Providing academic support to GGT UDRH staff and bursary holders to publish their research work, thereby facilitating the uptake of evidence into policy and practice.
- Collaborating with the GGT GPET to plan the research skills training program for 14 basic term registrars as a component of their general practice vocational training.

**l) Future Directions for Study**

The PHCRED Business Plan for 2010 is currently being prepared for the Australian Government Department of Health and Ageing whilst we await an announcement of further funding.

**Date of Last Update:**

July 2009

**Last Update:**

Dr Michael Coates



## **6.5 University Department of Rural Health Mental Health Project**

**a) Funding Body:**

Australian Government Department of Health and Ageing

**b) Funding Period:**

1 July 2009 to 30 June 2010

**c) Total Funding (GST Exclusive Amount):**

\$436,509

**d) Project Aim(s):**

The UDRH Mental Health Project for health professionals aims to:

- Increase community access to mental health services
- Promote community awareness of mental health issues
- Provide education and training opportunities for health professionals so they are more equipped to manage mental health issues
- Create a student placement program that services the GGT region with nurses, occupational therapist, psychologists and other mental health disciplines

Over the longer term it is expected that the initiative will improve recruitment and retention of mental health professionals by increasing clinical training capacity and improving support structures and networks.

**e) Project Description:**

The program offers mental health professionals access to a range of education and training sessions, seminars and workshops. The program also aims to develop and implement a range of resources and tools for health professionals and the general community that assist with raising awareness, and improving management, of mental health issues.

**f) Progress to Date:**

Activities include:

- Meetings with representatives from Swinburne University, Flinders University, the University of Adelaide, Deakin University and La Trobe University to facilitate postgraduate psychology student placements. The second intake of postgraduate psychology students is expected to commence in July 2009.



- Meetings held with Western District Health Service, Scott Street Medical Clinic and Otway Division of General Practice continue to encourage greater uptake of students.
- Meetings with local supervisors and various allied health and mental health professionals were held with a view to increasing placement opportunities for students.
- Successfully held “Borderline Personality” education session to better equip health professionals in the area of mental health disorders. Other meetings were held to help raise community awareness about mental health issues. These are detailed in the associate KPI report.
- Two workshops were completed in Applied Suicide Interventions Skills training. The 23 participants included nursing, psychologists, carers, counsellors, school nurses and social workers.
- Two Ethics workshops were held. The 32 participants included nurses and psychologists.
- Provided training at the Life! Taking Action on Diabetes seminar. The 54 participants included nurses, dieticians, podiatrists, exercise physiologists and GPs.
- Meetings with Deakin University’s School of Medicine regarding support for medical students undertaking rural placement in the GGT region.
- Trained practice nurses for screening of depression in conjunction with chronic disease management (True Blue project).
- Exit questionnaire developed to evaluate the UDRH Mental Health project from the student’s perspective.

**g) Major Exceptions to Progress**

Exceptions to Progress include:

- Difficulty in arranging adequate supervision for postgraduate students. Currently the GGT UDRH is only able to supervise postgraduate psychology students, but is looking to provide supervision for social work and occupational therapy students in the future.
- Difficulty in organising student placements, include finding appropriate funding for the placements, abiding by Workplace and Insurance legislations without entering employee/employer relationships, and providing adequate workspace for the students to work in within the health service practices.

**h) Associated Staff Development and Training:**

Details of the Department’s staff development and training can be found in the Department’s Key Performance Indicator Report for the period 1 January – 30 June 2009.



- i) **Associated Publications:**
  - Nil for this period
  
- j) **New Grants associated with this work:**
  - Nil
  
- k) **Study Outcomes**
  - Increased student placement opportunities.
  - Increased number of education and training opportunities for health workers within the GGT region.
  - Heightened community awareness of mental health issues within the health and broader community.
  
- l) **Future Directions for Study**
  - Expand and consolidate the student placement program

**Date of Last Update:**

July 2009

**Last Updated by:**

Ms Kate Schlicht



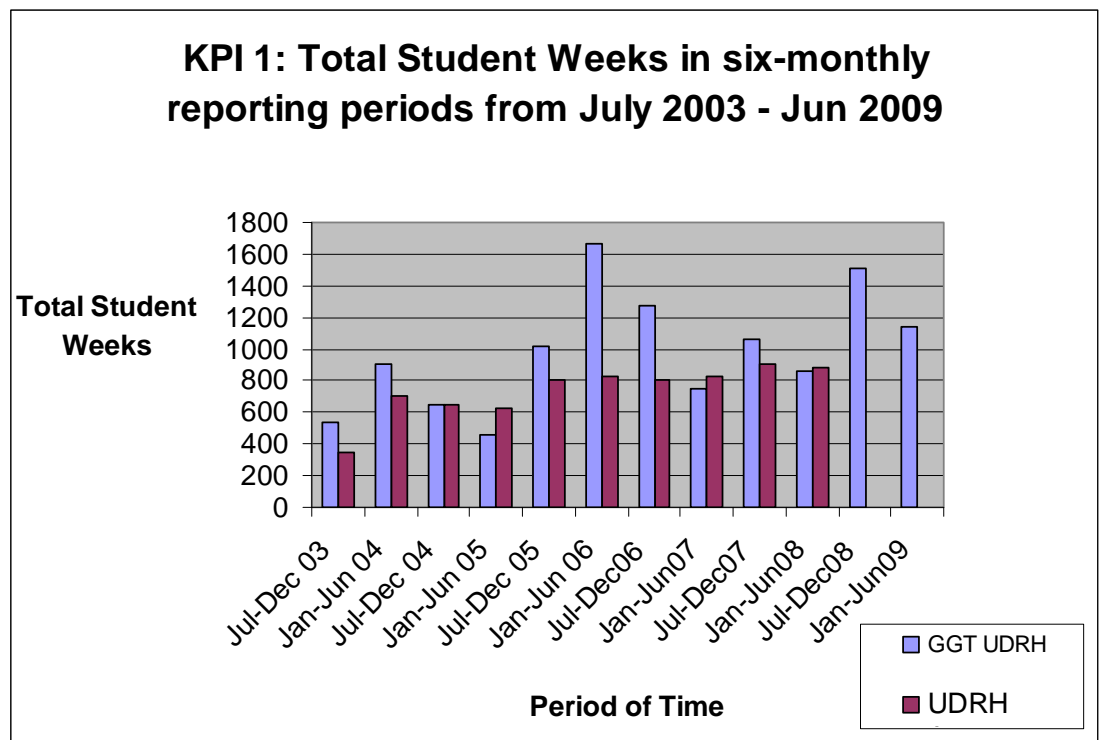
## 7. Student Support Program

### 7.1 Current Student Placements

Details of student placements can be found in the Department's Key Performance Indicator Report for the period 1 January – 30 June 2009 (KPI 1a and 1b).

#### Chart 7.1.1: Total Student Weeks supported since July 2003.

Data is presented in six-monthly blocks as per KPI reports. "Total Student Weeks" includes both undergraduate and postgraduate students and is for placements over 1 week in length. The chart compares the GGT UDRH figures to those provided by ARHEN as averages for all 11 UDRHs. Due to insufficient reporting ARHEN were not able to provide an average for July – December 2008.

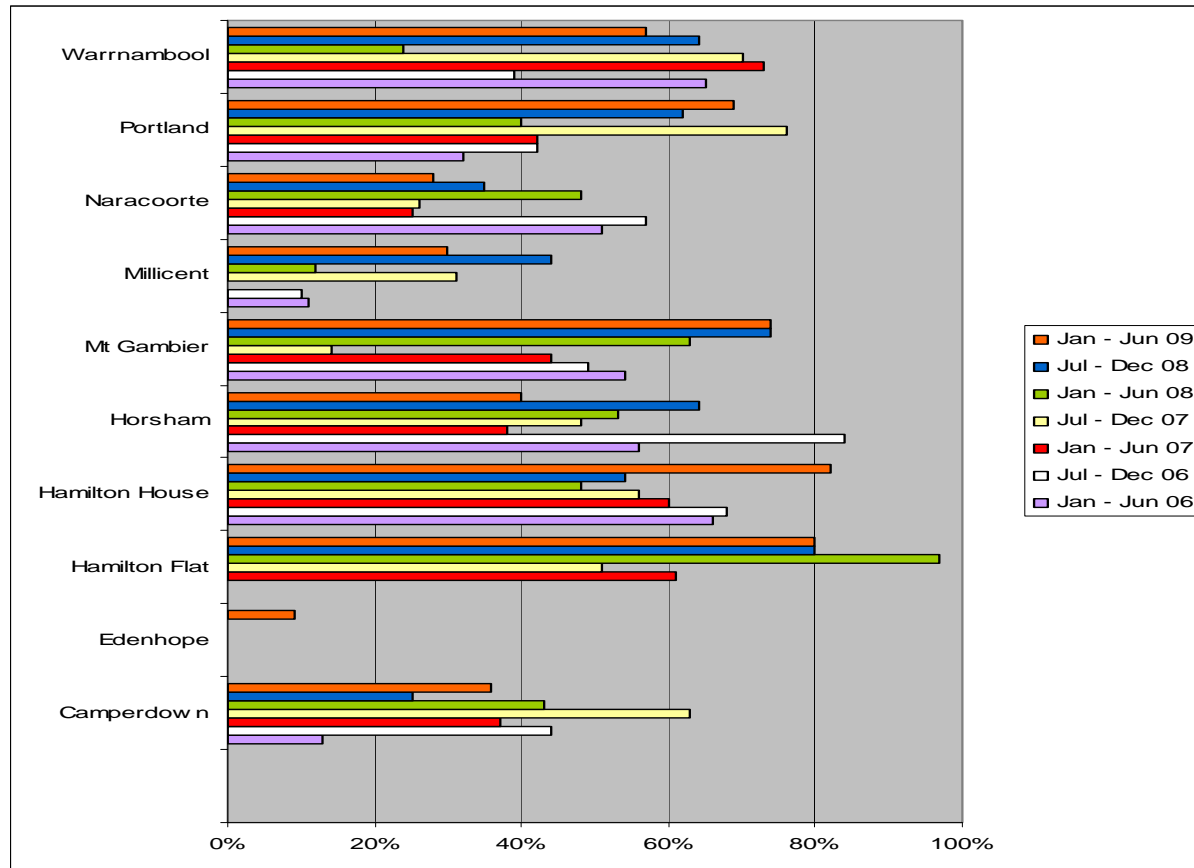




## 7.2 Student Accommodation

**Chart 7.2.1: Occupancy Rates in Student Accommodation to 30 June 2009**

Note that occupancy refers to undergraduate and postgraduate student occupancy. It does not include health professionals and/or staff.



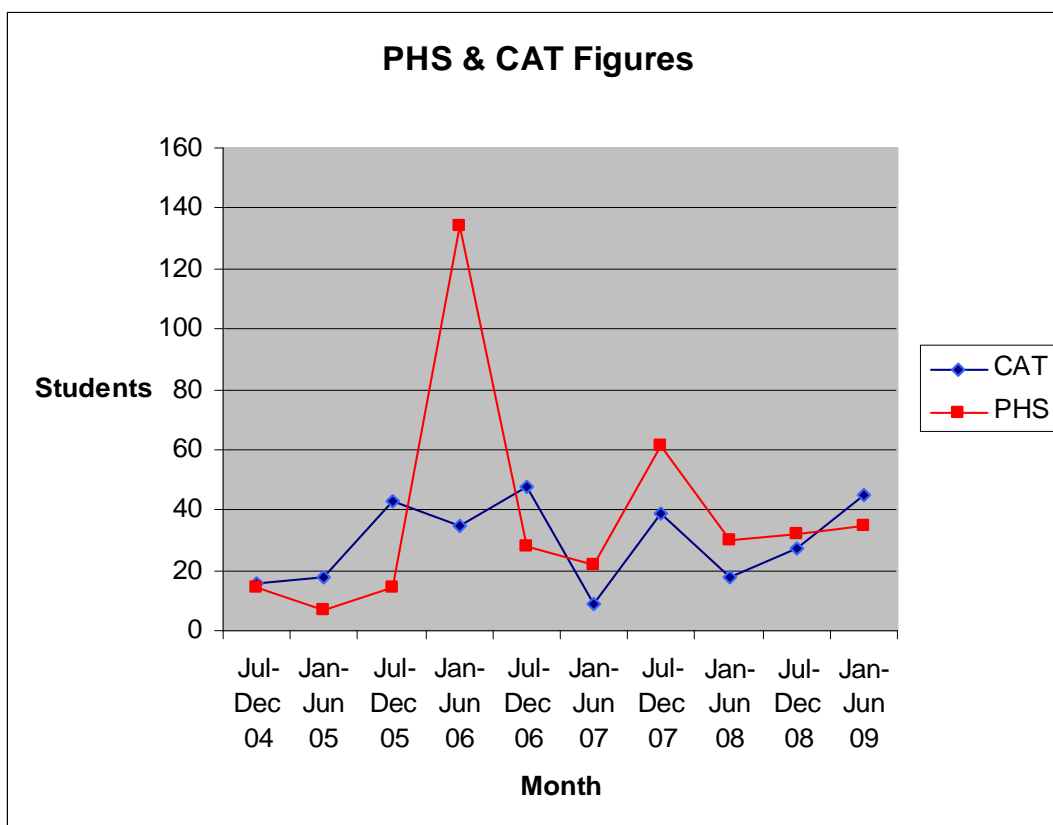


### 7.3 **Aboriginal Cultural Awareness Training and Population Health Seminars for Students**

Details of Cultural Awareness Training (CAT) and Population Health Seminars (PHS) can be found in the Departments Key Performance Indicator Report for the period 1 January to 30 June 2009 (KPI 1a and 1b; KPI 2 and KPI 4).

**Table 7.3.1: Student Participation in Aboriginal Cultural Awareness Training (CAT) and Population Health Seminars (PHS) to 30 June 2009**

Figures refer to undergraduate and postgraduate student participation. It does not include health professionals and/or staff.



### 7.4 **Postgraduate Students**

Dr Ruth Stewart and Mr Kevin McNamara continued their PhD studies with the GGT UDRH under the supervision of Professor James Dunbar.



# **APPENDIX 1**

## **CURRENT STAFFING**



## Current Staffing: 30 June 2009

Name	Title	EFT	University	Location	Funding Source
<b>Academic Staff:</b>					
Prof James Dunbar	Director	1.0	Flinders University	Warrnambool	Core
Ms Rachel Boak	Research Coordinator	1.0	Flinders University	Warrnambool	External
Dr Michael Coates	Deputy Director (Warrnambool Campus), Senior Research Fellow	1.0	Flinders University	Warrnambool	0.6 External 0.4 Core
Dr Nathalie Davis	Research Fellow	1.0	Flinders University	Warrnambool	Core
Mr Kevin Mc Namara	Research Fellow	0.5	Flinders University	Melbourne	External
Dr Mark Morgan	Senior Research Fellow (PHCRED)	0.2	Flinders University	Mt Gambier	External
Mr Ben Philpot	Research Associate & Biostatistician	1.0	Flinders University	Warrnambool	Core
Prof Prasuna Reddy	Chair Rural Mental Health & Director of Research	1.0	Flinders University	Warrnambool	Core 0.25, External 0.75
Assoc Prof Adrian Schoo	Deputy Director (Hamilton & Mt Gambier Campuses) & Director of Education and Training	1.0	Flinders University	Hamilton	Core 0.2, External 0.8
Ms Clare Vaughan	Research Associate	0.6	Flinders University	Warrnambool	Core



Name	Title	EFT	University	Location	Funding Source
<b>General Staff:</b>					
Ms Gillian Beard	Personal Assistant to the Director	1.0	Flinders University	Warrnambool	Core
Ms Sandi Elliott	Facilities Administrator	0.5	Flinders University	Mount Gambier	Core
Ms Lisa Engel	Project Officer (Peers for Progress)	0.6	Deakin University	Melbourne	External
Ms Janice Heaven	Receptionist	0.5	Flinders University	Mt Gambier	Core
Ms Andrea Hernan	Research Assistant (PHCRED - RDP)	1.0	Flinders University	Warrnambool	External
Ms Jude Houghton	Accounts Clerk	0.6	Flinders University	Hamilton	Core
Ms Liz Jackway	Administration Assistant (PHCRED)	0.4	Flinders University	Warrnambool	External
Ms Leonie Kenny	Administration Assistant	0.3	Flinders University	Hamilton	Core
Mr Robert Leahy	Project Manager (TrueBlueProject)	0.4	Flinders University	Warrnambool	External
Ms Jan Lier	Administration Assistant (SAHWEP)	0.8	Flinders University	Hamilton	External
Ms Nadia Marsh	Senior Program Manager – Family leave	0.6	Flinders University	External	Core
Mr David Mernagh	Office Administrator Student Support Officer	0.5 0.3	Flinders University	Warrnambool	Core
Ms Jacqui Milchalski	Student Support Officer	0.5	Flinders University	Mt Gambier	Core



Name	Title	EFT	University	Location	Funding Source
Ms Angela Paulin	Receptionist	0.5	Flinders University	Warrnambool	Core
Ms Diana Perrotta	Administrative Assistant	0.5	Flinders University	Melbourne	Core
Dr Debbie Rankin	Project Manager, Melbourne Diabetes Prevention Study (NHMRC).	0.6	Deakin University	Melbourne	External
Ms Melanie Robertson	Finance Administrator	0.8	Flinders University	Hamilton	Core
Ms Kate Schlicht	Psychologist (UDRH Mental Health Project)	0.8	Flinders University	Warrnambool	External
Ms Amy Timoshanko	Evaluation Coordinator, Life! Taking Action on Diabetes	0.4	Deakin University	Melbourne	External
Ms Amanda Urquhart	Student Support Program Coordinator	0.6	Flinders University	Hamilton	Core
Ms Sue Willmott	Grants Officer	0.2	Flinders University	Adelaide	Core
<b>Honorary Staff:</b>					
Dr Andrew Baird	Adjunct Senior Lecturer		Flinders University		
Dr Bill Bateman	Adjunct Senior Lecturer		Flinders University		
Dr Steve Bunker	Adjunct Senior Lecturer		Flinders University		
Dr Ann Dunbar	Adjunct Senior Lecturer		Flinders University		
Dr Dale Ford	Adjunct Senior Lecturer		Flinders University		
Dr Cameron Loy	Adjunct Lecturer		Flinders University		
Dr Brian Meade	Honorary Fellow		Deakin University		



Dr Bruce Warton	Adjunct Senior Lecturer		Flinders University		
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Name	Title	EFT	University	Location	
Dr Alan Wolff	Adjunct Assoc Professor		Flinders University		
<b>Postgraduates:</b> (where UDRH staff are internal or external supervisors)					
Mr Kevin McNamara	PhD	0.5	Flinders University	Melbourne	
Dr Ruth Stewart	PhD	0.5	Flinders University	Camperdown	



## **APPENDIX 2**

### **LCAG/PHCRED REFERENCE COMMITTEE MINUTES**



**(These minutes have not been edited for the purposes  
of this report)**

**Local Clinicians' Advisory Group (LCAG)/ Primary Health Care Research  
Evaluation and Development (PHCRED) Reference Committee**

**Local Clinicians' Advisory Group/ PHC RED\* Reference Committee  
"Road Show"**

**Minutes**

**11.00 am – 2.00 pm (South Australian time), 24<sup>th</sup> March 2009  
Venue: GGT UDRH/Flinders University Rural Clinical School (FURCS)  
Lecture room  
24 Vivienne Ave, Mount Gambier**

**Chair: Ms Sue Cameron**

Sue Cameron welcomed everyone to the meeting

**Present:**

Assoc Prof Adrian Schoo	Deputy Director (Workforce) Greater Health, GGT UDRH
Amanda Urquhart	Student Support Officer Greater Health, GGT UDRH
Dr Dale Ford	General Practitioner Otway Division of General Practice
Dr Dianne Barrington	Director Medical Services Mount Gambier & District Health Service Inc
Prof James Dunbar	Director Greater Health, GGT UDRH
Kate Whitehead	Physiotherapist South East Regional Community Health Service
Kevin Mc Namara	Research Fellow (Pharmacy) Greater Health, GGT UDRH
Liz Jackway	Administrative Support Greater Health, GGT UDRH
Assoc Prof Lucie Walters	GGT PRCC Academic Coordinator/Senior Lecturer Flinders University Rural Clinical School
Dr Mark Morgan	Senior Research Fellow (PHCRED) Greater Health, GGT UDRH
Rachel Boak	Research Fellow (PHCRED) Greater Health, GGT UDRH
Rosie Deer	Senior Physiotherapist South East Regional Community Health Service
Dr Sarah Mott	Head-Mount Gambier Regional Centre, Centre for



	Regional Management, University of South Australia
Stefan Nowak	Coordinator Aged Care Assessment Team/Social Worker South East Regional Community Health Service
Sue Cameron	Speech Pathologist Western District Health Services
Sue Charlton	Physiotherapist Private practice
Zabelle Huni	Physiotherapist South East Regional Community Health Service

### **Apologies:**

Assoc Prof Alan Wolff	Director of Medical Services, Wimmera Health Care Group
Dr David Cameron	General Practitioner, Millicent Clinic
David Walshaw	Chief Executive Officer, Mount Gambier & District Health Service Inc
Donna Shepherd	Podiatrist, Portland and District Health
Fiona Jeffs	Clinical Nurse Consultant-Maternity Paediatric Unit, Mount Gambier & District Health Service Inc
Grant King	Chief Executive Officer, Limestone Coast Regional Development Board Inc
Heather Ashby	Staff Dev Consultant /Grad nurse coordinator, Mount Gambier & District Health Service Inc
Jayne Downs	Manager, Community Health, Mount Gambier Hospital
Josephine Gibb	Occupational Therapist, Southwest health care
Dr. Julie Reis	Nursing Lecturer, University of South Australia, Mount Gambier
Pam Schubert	Director of Nursing, Naracoorte Hospital
Pauline Maunsell	Allied Health Team Leader , Colac Area Health

### **Minutes of Previous Meeting:**

Accepted as written –Sue Charlton, Prof James Dunbar

### **Presentations by GGT UDRH**

- **Governance and Key Performance Indicators** (Prof James Dunbar)
- **UDRH Mental Health Academic Project** (Prof James Dunbar)
- **Research Projects, including the Life! program** (Prof James Dunbar)
- **Workforce Development Programs and Student Support** (Assoc Prof Adrian Schoo)
- **PHCRED\*** (Rachel Boak)



- **Pharmacists Academic Program, student placements** (Kevin McNamara)

PowerPoint presentations were delivered

**PHCRED bursary project and experiences – Sue Charlton, Physiotherapist, Mount Gambier**

Sue Charlton presented a PowerPoint presentation

**Open discussion forum on regional health issues led by Professor James Dunbar, Director, GGT UDRH**

James Dunbar opened the floor for any issues to be discussed.

A number of issues were discussed that concerned the clinicians in the region.

These included:

- high workload and absence of guidelines on physiotherapy staffing levels
- challenges related to student supervision
- attracting and retaining health professionals in the region

**Actions arising from the discussion are:**

- Rachel Boak, Dr Lucie Walters and Dr Dianne Barrington to make contact and discuss potential for a regional 'research committee' which could review and approve GPET registrar projects, Mount Gambier Hospital audit projects, possibly other projects and also possibly such a committee could have other roles.
- Adrian Schoo to send recommended physiotherapy staffing levels for rural health services.
- Each area could contact their local councils to set up an attraction plan for health professionals. This could include tours, discount vouchers, cheap accommodation options, things to do and see maps etc. Sue Cameron also suggested that Grant King (Limestone Coast Regional Development Board Inc) may be worthwhile contacting. Greater Health Student Support currently does this for all students who register placements with their website and these could be used as a model.
- Sue Cameron suggested that a representative from Mount Gambier Allied Health could contact Peter Chapman (Chief Medical Adviser Country Division, DHS) to discuss some of the issues related to accessing specialist visiting medical practitioners.
- Adrian Schoo suggested that Mount Gambier physiotherapy staff could contact Bendigo hospital physiotherapy department to learn more about the staff mix that includes exercise physiologists and assistants.



Next meeting: October 6<sup>th</sup> 2009, Portland (venue to be advised)

Meeting closed at 2.00pm

**Please note:** More details in relation to any of the information in these minutes can be obtained in the first instance by contacting Liz Jackway via email: [liz.jackway@greaterhealth.org](mailto:liz.jackway@greaterhealth.org) or phone 03 5563 3526.



# **APPENDIX 3**

## **FINANCE REPORTS**