

# Abstracts of the Australasian Association for Academic Primary Care (AAAPC) Annual Research Conference

Transforming Primary Health Care: Creating a Vision of Health for All

18–19 August 2022, Online

The Australasian Association for Academic Primary Care (AAAPC) held its online Annual Research Conference from 18-19 August 2022. The Conference provided an important opportunity to:

- Showcase Australasia's leading primary care research
- Nurture research excellence
- Promote multidisciplinary research networks and collaborations
- Support the translation of evidence into policy and practice
- Strengthen the impact of primary care research

The Conference hosted 150 delegates from across Australia and New Zealand. We were also delighted to welcome colleagues from Asia, the UK and North America. The Conference opened with presentations by Prof Michael Kidd AM (Deputy Chief Medical Officer and Principal Medical Advisor with the Australian Government Department of Health) and Prof Claire Jackson AM (University of Queensland); and our first day was closed with a plenary session by Dr Mataroria Lyndon (University of Auckland), Andrea McKivett (Flinders University) and Dr Roannie Ng Shiu (University of Auckland). We hosted four workshops for academics at all stages of their careers; enjoyed 55 oral and over 50 poster presentations as well as some amazing presentations from award winners! This supplement contains the oral, poster and workshop abstracts from the event, where permissions were granted.

### **Conference Committee**

Dr Renee Fiolet (Committee Chair), University of Melbourne

Dr Lynsey Brown, Flinders University

Dr Sibel Saya, University of Melbourne

Dr Kristi Milley, Primary Care Collaborative Cancer Clinical Trials Group (PC4)

Dr Annette Peart, Monash University

Dr Phyllis Lau, Western Sydney University

Dr Katelyn Barnes, Australian National University

### **About AAAPC ([www.aaapc.org.au](http://www.aaapc.org.au)):**

#### **Vision**

The Australasian Association for Academic Primary Care's vision is for a multidisciplinary primary care oriented health care system founded on patient-centred, primary care principles and developed through evidence and education.

#### **Our Strategic Goals**

- To become a visible, effective and sustainable organisation that is responsive to a broad primary care membership.
- To increase linkages with other organisations with an involvement in primary care including community groups.
- To provide effective advocacy for primary care and primary care research and training.
- To promote and nurture research and scholarly activity in primary care.
- To promote excellence in primary care education.
- To train and mentor the academic primary care workforce.
- To champion a vision of primary care oriented health care underpinned by evidence and education.

#### **Members**

We are a proudly multidisciplinary Trans-Tasman organisation. Our members are from Australia and New Zealand and include:

- Research or education active primary care professionals and academics
- Higher degree research students and postgraduate trainees of primary care disciplines
- Organisations including universities, regional health authorities, training providers and professional colleges with a focus on teaching, research, policy or service delivery in primary care.

**Australasian Association for Academic Primary Care  
2022 Annual Research Conference  
18–19 August 2022, Online**

**Abstracts**

**Exploring the health seeking narratives of Assyrian refugee women living with chronic pain**

*Areni Altun<sup>A</sup>, Helen Brown<sup>B</sup>, Elizabeth Sturgiss<sup>A</sup> and Grant Russell<sup>A</sup>*

<sup>A</sup>Monash University

<sup>B</sup>Deakin University

**Background:** The Assyrian culture is a strongly patriarchal society, deeply rooted in Christianity, and family traditions. These cultural values significantly influenced how resettled refugee women thought about accessing health care and their struggles with chronic pain. Insights into the health and socio-cultural experiences of refugee women seeking care for chronic pain may help inform practice protocols and reduce health inequalities in populations that are systematically marginalised. **Objectives:** To explore the health-seeking narratives of Assyrian refugee women and the factors that influence their care for chronic pain in Australia. **Methods:** A qualitative study using a phenomenological perspective was conducted to understand the lived experience of Assyrian refugee women and explore factors that influence their ability to access care for chronic pain. The study was set in Melbourne, Victoria where recruitment began by approaching Iraqi Assyrian refugee community leaders, acting as key informants, through pre-existing partnerships with settlement services. We used purposive sampling and a snowballing approach to identify eligible participants who then agreed to participate in semi-structured, in-depth interviews. **Findings:** We recruited 10 women, whose ages ranged from 19 to 85 years and who had lived in Australia for four years or longer. Refugee women arriving in Australia are confronted with social and cultural conditions and health systems that are radically different to their past experiences. Five major themes emerged from the interviews; trust in the health care system, barriers seeking care, perceptions of pain, support seeking mechanisms and health knowledge. These values held significant influence on shaping and forming the models of thought around accessing health care and their struggles with pain. **Implications:** This study provides rich insights into the health needs of refugee women, informing an evidence base for better patient advocacy around chronic pain management and guiding practice protocols, to support refugee women resettling in Australia.

### Can introducing a 'COIL program' enhance medical students' awareness regarding the relevance of cross-cultural communication skills in healthcare?

Vikram Amara<sup>A</sup>, Nadida Kachkouche<sup>A</sup>, Chris Barton<sup>A</sup>, Itzel Bustos<sup>B</sup> and Amy Bohren<sup>A</sup>

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**Background:** In multicultural societies, doctors are highly likely to treat patients from different cultural backgrounds. A considerable body of literature supports the value of incorporating cross-cultural communication education in undergraduate medicine training programs. Hence, the Monash Medical program in Australia has introduced a Collaborative Online International Learning (COIL) program in collaboration with Nagoya University, Japan. The goal is to promote cross-cultural communication skills among medical students through experiencing cross-cultural communication.

**Aim/Objectives:** This research aims at finding out if introducing a COIL program can enhance medical students' awareness regarding the relevance of cross-cultural communication skills in healthcare.

**Methods:** A mixed methods study design will be used. Quantitative data will be collected from students using pre- and post-COIL questionnaires, while qualitative information will be obtained from the questionnaires and focus group interviews with students following the COIL experience. Participants include first-year medical students at Monash University and third-year medical students at Nagoya University. Focus group interviews will be conducted on Zoom. They will be audio/video recorded and transcribed verbatim for analysis.

**Findings:** Ethics approval has been obtained and the educational sessions will be held on May 18 and 25, 2022. During the COIL sessions, students from both medical schools will practice history-taking skills, discuss cross-cultural communication challenges, and reflect on their progress in developing cross-cultural communication skills. Focus groups will be held in June.

**Implications:** Effective communication is an important part of the doctor–patient relationship and a key skill taught in medical programs in Australia. Incorporating a COIL program in undergraduate medical courses provides an innovative approach to further promote patient-centred care at an early stage of student learning. The aim is to enhance health outcomes related to miscommunication. The virtual mode of interaction with medical students from different cultural backgrounds might be a step towards preparedness for cross-cultural international telehealth.

### Diagnosing Doctor Google: investigating the relationship between cognitive bias and information behaviour in older Australians accessing vaccine-related online information

Chavy Arora<sup>A</sup>, Grant Russell<sup>A</sup> and Chris Barton<sup>A</sup>

<sup>A</sup>Monash University

**Background:** Online vaccine misinformation has been rife during the COVID-19 pandemic. An important factor that influences the spread of misinformation online is how people access, use, synthesise and apply information, i.e., their 'information behaviour'. Interpretation of online vaccine-related information is also thought to be influenced by cognitive bias, defined as unconscious errors in thinking causing a misinterpretation of information, which may lead to inaccurate judgments. Only 54 percent of adults over 65 years of age are up to date with both five-yearly pneumococcal and annual influenza vaccines. Further, vaccine misinformation accessed online is a particular problem in this group.

**Aims/Objectives:** This study aims to investigate: (1) the

relationship between information behaviour and cognitive biases amongst Australians over 65 when accessing online vaccine-related information; and (2) how this relationship influences decision-making regarding vaccination. **Methods:** This qualitative study will involve semi-structured interviews with a maximum variation sample of Victorians over 65 years of age, recruited via a Facebook advertisement using purposive sampling. The Eisenberg and Berkowitz information behaviour model will inform data collection and analysis. Data analysis will draw upon the tenets of Grounded Theory, involving constant comparison, and open and axial coding to assess relationships between a range of cognitive biases on the one hand, and information behaviours on the other. Data collection will continue until data saturation is reached. **Findings:** The findings of the study will highlight how cognitive bias interacts with information behaviour, and how this interaction impacts upon vaccine uptake for older Australians. **Implications:** Many online environments are designed to manipulate cognitive biases to increase screen-time. Findings will help inform how primary care clinicians can communicate vaccine-related information in this context. Understanding the interaction between cognitive bias and information behaviour will also inform the design of interventions to tackle misinformation, ranging from consulting strategies to online information tools.

### **Patterns of multimorbidity show strong association between many chronic condition pairs**

*Tylie Bayliss<sup>A</sup> and Steph Gordon<sup>A</sup>*

<sup>A</sup>The Australian Institute of Health and Welfare

**Background:** Many people with chronic conditions do not have a single condition: 4.9 million (20%) Australians had multimorbidity (2 or more chronic conditions) in 2017–18. Understanding which conditions co-occur can inform treatment guidelines. **Aim/Objectives:** This study performed analysis on Australian Bureau of Statistics 2017–18 National Health Survey (NHS) data to identify conditions that commonly co-occur, and that co-occur at a higher than expected prevalence. Due to limitations of the 2020–21 NHS, the 2017-18 NHS remains the most recent, robust source of self-report chronic condition information for national reporting. This work provides baseline information on chronic condition multimorbidity in Australia, before the COVID-19 pandemic. **Methods:** Analysis was restricted to people aged 45 and over (most people with multimorbidity). Using 10 selected chronic conditions, weighted age-adjusted estimates of observed and expected events for each combination of two conditions were calculated. To identify pairs of conditions that co-occurred at a higher than expected prevalence, the ratio of observed to expected prevalence was assessed using a 95% confidence interval. **Findings:** Over half of the condition pairs tested were significantly associated. The most strongly associated conditions were asthma with COPD (with co-occurrence 3.5 times as high as expected), diabetes with chronic kidney disease (2.5 times as high), and cardiovascular diseases with chronic kidney disease (2.3 times as high). **Implications:** Multimorbidity is common, with many conditions co-occurring more frequently than expected by chance. There were strong associations between asthma and COPD, diabetes and chronic kidney disease, and cardiovascular diseases and chronic kidney disease. Developing treatment guidelines that consider common multimorbidities would support holistic patient care.

## **Adult obesity management in Australia: how can we bridge the gap between guidelines and current general practice?**

Bo Bi<sup>A</sup>

<sup>A</sup>University of Queensland

**Background:** In 2017-18, two thirds of Australian adults were overweight or obese, with rural areas disproportionately more affected. Common barriers cited by GPs include poor knowledge and low confidence in discussing specific strategies; weight stigma threatening the doctor-patient relationship; inadequate time during opportunistic consults; lack of local resources and referral options; and poor remuneration. This is reflected by the lack of preventive health assessments across the lifespan for the general population and specific MBS item numbers for obesity management. There is also little consensus around the definition of obesity, with GPs left to decide eligibility for chronic disease management item numbers, leading to further uncertainty and hesitancy around its treatment. **Aim/Objectives:** To explore current practice across different GP demographics and attitudes toward proposed educational and financial strategies in obesity prevention and management. **Methods:** Phase 1 (cross-sectional survey, online): 1,000 GPs across Australia will be selected at a time through AMPCo data services, distributed across 72% metro and 28% rural, until 200 responses are received. SPSS will be used for statistical analyses. Phase 2 (semi-structured interviews, face-to-face, phone or video conference): up to 30 GP interviews (consent and contact details sought in phase 1) with reasonable representation by age, gender, experience and rurality. Interviews will be recorded, transcribed, and NVivo used for coding and thematic analysis. **Findings:** Online survey data will be collected in May-June, interviews in July-September, with data analysis to follow in October-November. **Implications:** This study hopes to inform the development of targeted clinician education and billing schemes to enable obesity management in line with national recommendations. This has the potential to enhance clinician skill and satisfaction and improve patient outcomes. An analysis of the economic feasibility of the proposed strategies will also show how investment in preventive healthcare today can lead to significant savings for the economy tomorrow.

## **Adaptive research practices in a pandemic: what have we learned during COVID-19?**

Ruby Biezen<sup>A</sup>, Jo-Anne Manski-Nankervis<sup>A</sup> and Barbara Hunter<sup>A</sup>

<sup>A</sup>University of Melbourne

**Background:** Real world research has long required adaptability and flexibility to respond to the challenges and changing contexts in which we operate. But, how can we adapt when a global pandemic interrupts usual strategies and contingency planning? **Aim/Objectives:** The aim of this critical review was to examine strategies that effectively support the delivery of successful research projects in primary care during the pandemic. **Methods:** Using a pragmatic case review approach, we examined three projects undertaken by our team during the first two years of the covid-19 pandemic. Content analysis of project documentation and progress reports was undertaken, examining timelines and impacts of events on research strategy. Robust debrief sessions were held with project staff, examining project-specific risks, strengths and weaknesses of strategies attempted/used, and project outcomes. **Findings:** Common issues for the three projects related to timely and effective consultation with participants when face-to-face contact was either impossible or severely restricted. Challenges included: delivering interventions through repeated lockdowns;

recruiting patients in clinical practice; relocating classroom environment to online; and mitigating ethical risks to participants during video recording. Strategies successfully applied included moving co-design in-person sessions to a zoom environment mid-project; open and timely consultation and genuine collaborative practice with participants, stakeholders, staff and governing bodies; utilisation of networks; and the availability of online communication and research tools. Factors facilitating success included strong relationships established with research participants; agile and skilled research team; digital literacy of participants; and a shared belief in the importance of the projects. **Implications:** Use of technology for research has increased substantially since the beginning of the pandemic, enhancing the responsiveness of researchers to changing circumstances. However, the effectiveness of technology to support research in a rapidly changing and unstable environment is dependent on the ability of researchers to communicate effectively with research participants, stakeholders and team members.

### **Culturally safe ways of working with Aboriginal and Torres Strait Islander peoples in focus groups on sensitive topics**

*Deb Bowman<sup>A</sup>, Emma Stubbs<sup>A,B</sup> and Renee Fiolet<sup>A</sup>*

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**Aim/Objectives:** The aim of this workshop is to raise awareness of how to work in culturally safe ways with Aboriginal and Torres Strait Islander peoples when addressing sensitive research topics. The workshop will be led by both Aboriginal and Torres Strait Islander and non-Indigenous researchers experienced in working in qualitative research. **Educational objectives:** (1) To understand the importance of including Aboriginal and Torres Strait Islander voices in research addressing their peoples; (2) The ability to identify the rationales for Indigenous governance over Aboriginal and Torres Strait Islander research; (3) To be able to describe methods for promoting a culturally safe environment in qualitative research; and (4) To demonstrate knowledge on how to show reciprocity when working with Indigenous knowledge holders. **Format:** An online workshop involving a Q and A panel, take away tips for researchers engaging in Aboriginal and Torres Strait Islander research, and question time. **Content:** (1) Historical perspectives on research undertaken on Aboriginal and Torres Strait Islander people and the resulting fear of research. (2) Panel discussion addressing the importance of having Aboriginal and Torres Strait Islander people leading Indigenous research, how to do this safely, and how to demonstrate reciprocity when working with Aboriginal and Torres Strait Islander communities, families and individuals. This section will include distribution of resources such as example TOR's and example introductory scripts when working in focus groups. (3) Question and Answer opportunity for 10 minutes at end of session. **Intended audience:** All primary care researchers interested in working with Aboriginal and Torres Strait Islanders in a culturally safe way. **How the online format will be used to engage audience:** Short presentation, followed by a discussion panel featuring two Aboriginal researchers and one non-Indigenous researcher discussing safely undertaking sensitive research with Aboriginal and Torres Strait Islanders. Finally, audience question and answer time.

### **Supporting resilience and recovery: understanding general practitioners' perspectives on trauma-informed care for survivors of domestic and family violence**

*Eleanor Bulford<sup>A</sup> and Kelsey Hegarty<sup>A</sup>*

<sup>A</sup>University of Melbourne

**Background:** A public health problem of epidemic proportions, exposure to domestic and family violence is one of the most pervasive forms of trauma and associated with a number of adverse health outcomes. The concept of trauma-informed care provides a framework for healthcare providers to respond to the needs of survivors of trauma and promote resilience and recovery. General practitioners (GPs) are uniquely placed to support individuals with managing the consequences of trauma, including domestic and family violence. However, GPs' perspectives on the implementation of trauma-informed primary care have not been explored in depth. **Aim/Objectives:** This qualitative study aims to explore GPs' perspectives on how trauma-informed care can be implemented in general practice for survivors of domestic and family violence. **Methods:** Purposive sampling will be used to recruit practising GPs in Australia who have completed training in trauma-informed care or have particular experience or expertise in the field. Semi-structured interviews will be conducted and transcribed interviews analysed using thematic analysis. **Findings:** The project has been submitted for ethical review. It is anticipated that data collection will begin in May and be completed by July. Data saturation is expected to be achieved after approximately 20 interviews. Findings are expected to shed light on GPs' perspectives on the concept of trauma-informed care, its implementation in the primary care setting when working with survivors of domestic and family violence, and their experiences of barriers and facilitators to practising in a trauma-informed way. **Implications:** It is anticipated that findings will lead to a greater understanding of how trauma-informed care can be implemented in general practice, helping to inform future interventions to improve the delivery of trauma-informed primary care. Ultimately it is hoped that findings will contribute to ensuring that survivors of trauma, including domestic and family violence, consistently receive high quality, responsive, patient-centred primary care.

### **Providing healthcare to rainbow young people in Aotearoa, New Zealand – Experiences and challenges in primary care**

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**Background:** Rainbow young people (RYP) face barriers to accessing primary care and often report negative experiences which can lead to avoidance in seeking help. Rainbow healthcare education is lacking, and patients often feel the need to educate their health providers. **Aim/Objectives:** To explore experiences and challenges faced by primary healthcare providers in an urban area of Aotearoa New Zealand in caring for RYP. **Methods:** Face to face focus groups were held with staff from five primary care clinics. Practices were purposively selected to include those who saw higher and lower numbers of RYP. A total of 25 participants took part including GPs (7), nurse practitioners and nurses (15), a healthcare assistant (1) and practice managers (2). Focus groups were audio-recorded and transcribed. Transcripts were analysed using inductive thematic analysis. **Findings:** Four main themes were identified: (1) Practice experience, (2) Feeling awkward, (3) Knowledge and training, and (4) Structural barriers. We observed differences in health provider knowledge, comfort and experience in providing care between practices who had more interactions with RYP compared

with those who did not regularly see RYP. This was often a self-perpetuating cycle where experienced practices saw more RYP through word of mouth, thereby gaining further experience and confidence. Participants identified a lack of knowledge, training, resources and education. Structural barriers such as lack of options or idiosyncrasies in recording gender appropriately on IT systems often contributed to awkward clinical encounters. **Implications:** Primary care staff participating in this research recognised shortcomings in their training, knowledge and level of confidence providing care to RYP. Participants expressed a desire to improve their competency in this area but wanted guidance on how best to achieve this. Further work is needed to identify and trial practical strategies that help improve communication skills, knowledge and the delivery of more equitable healthcare to RYP.

### **The M-CHooSe Pilot: the acceptability and utilisation of the nurse-led, general practice clinic co-located 'Mater CALD Healthcare Coordinator Service' for patients from multicultural backgrounds**

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<sup>A</sup>Griffith University

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**Background:** People from culturally and linguistically diverse (CALD) backgrounds may have unmet healthcare coordination needs. These are usually exacerbated by culturally inadequate healthcare systems which lead to inequities in care access and health outcomes. Poor care coordination can result in suboptimal healthcare utilisation, delays in receiving care and unsatisfactory care. To address unmet care coordination needs and healthcare access inequities for people from CALD backgrounds, Mater Refugee Health piloted 'M-CHooSe', a nurse-led, general practice co-located, healthcare coordination service. **Aim:** To evaluate the acceptability, utilisation and perceived benefits of M-CHooSe. **Methods:** The service began in March 2020 at five sites across Brisbane, Queensland. This study saw patient activity data collected at one site over 12 months from March 2020. An online survey evaluated perceived benefits to primary healthcare professionals (PHC). Another survey sent to M-CHooSe nurses revealed their perceptions on how long each service category took to perform, indicating task complexity. Survey participants were invited from all pilot sites. **Findings:** 206 individuals utilised the M-CHooSe program over a 12-month period. Commonly delivered services included following up with external health services, chart reviews and helping patients coordinate external health care appointments. M-CHooSe nurses reported the most time-consuming tasks were following up with external health services, performing social care work and chart reviews. M-CHooSe benefits perceived by providers included better patient access to external health services and improved patient understanding of their care. **Implications:** M-CHooSe was found to be acceptable and was useful for patients and PHCs. PHCs also reported a variety of benefits to them and their patients because of M-CHooSe. Our pilot highlights the potential of a healthcare coordination service for multicultural patients to improve healthcare equity, accessibility and system efficiency. Further investigations will be required to confirm the effectiveness and cost-effectiveness of embedding M-CHooSe into usual primary care services.

## Introducing Delphi Plus: an enhanced methodology for identifying evidence-based reporting standards in primary health

Peter Clark<sup>A</sup>, Lauren Williams<sup>A</sup> and Lauren Ball<sup>A</sup>

<sup>A</sup>Griffith University

**Background:** Data linkage and minimum reporting standards datasets for all primary care services are critical for implementing the Australian Government's National Primary Health Care 10-year plan. There is no universal approach to developing minimum reporting standards in health, and traditional quantitative and qualitative methods lack the scope and rigour to identify the relevant evidence assessed in practice. A novel, purposefully selective mixed-methods process may be more suited to determining the appropriate evidence to be used to develop reporting standards in primary health. **Aim:** To develop a methodology to identify the critical evidence required to inform primary health decision making. **Methods:** A novel sequential, mixed-methods, exploratory design entitled 'Delphi Plus'. An initial group of items of evidence was identified through a review of publicly available literature. Combining these items with a content analysis from a series of semi-structured qualitative interviews of 'Thought Leaders' (TL) resulted in a comprehensive group of items. Following two rounds of a modified Delphi, a prioritised list of the most relevant items informed reporting standards for evidence-based decision making. **Findings:** A comprehensive group of items is initially identified, representing the breadth of published and practised evidence. The content validity of all items was determined, and those items with a content validity index of 0.78 indicated a valid TL consensus. Individual content validity indices were combined to form a valid scale for evidence if their average scale validity was >0.90. This methodology has recently been applied to identify 97 evidence-based minimum reporting standards in dietetic primary care practice. **Conclusions and implications:** This methodology provides a roadmap for developing evidence-based reporting standards in primary care. The routine use of Delphi Plus could provide a framework for benchmarking in health services, enabling greater monitoring and evaluation of client outcomes and improving quality care.

## Stakeholders' perceptions about challenges and opportunities for developing and maintaining a PBRN in primary care: a qualitative study

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**Background:** Practice-Based Research Networks (PBRNs) are collaborations of primary care practitioners and researchers to perform research, address problems that arise from practice, and translate evidence into practice. The rise of Advanced Health Research and Translation Centres (AHRTC) in Australia expands the potential for PBRNs to have an additional focus on improving care across the healthcare continuum. **Aim/Objectives:** To explore stakeholders' perceptions about challenges and opportunities for developing and maintaining a successful primary care PBRN in the current Australian context. **Methods:** Our qualitative study was set in South East and Eastern regions of Melbourne in 2021. We conducted semi-structured interviews with general practitioners (GPs), PBRN staff, Primary Health Network representatives, AHRTC representatives and public health researchers with an interest in primary care. Interviews were audio-recorded and transcribed. Nvivo

was used to assist with coding and the principles of thematic analysis were followed. **Findings:** Establishing and maintaining a PBRN requires collaborative efforts from all key stakeholders. When recruiting GPs to a PBRN, academics must consider the time constraints of the GP sector. Engagement can be increased with appropriate funding, continuing professional development points, publication opportunities and opportunities for quality improvement. Research education is critical, as is a clear communication strategy and a prioritisation of clinically relevant research of significance to the needs of clinicians and patients. Central administrative support was also seen as being crucial to a successful PBRN. **Implications:** Involving practice staff in primary care PBRNs can be difficult due to barriers such as lack of time, skill and resources. Determining the barriers and enablers to participation in research for primary care staff can enable strategies to support practice staff to engage in research relevant to their practice and patient cohort.

### **A protocol for a realist evaluation of The WisserAD online support tool for antidepressant deprescribing**

Amy Coe<sup>A</sup>, Jane Gunn<sup>A</sup> and Cath Kaylor-Hughes<sup>A</sup>

<sup>A</sup>University of Melbourne

**Background:** Antidepressants (ADs) are an effective treatment for moderate to severe depression however research suggests that potentially up to 50% of AD users continue their medication without experiencing any clinical benefit. Most ADs are prescribed in primary care, placing general practitioners (GPs) in unique position to also deprescribe, however deprescribing is not occurring routinely in practice. Patients have shown a willingness to deprescribe their medications but little is known about what mechanisms motivate them to do so. Realist evaluations can provide insight into what components of the deprescribing process are engaging for patients for ceasing their ADs.

**Aim:** This study will investigate the underlying mechanisms of the WisserAD online support tool (OST) which has been developed to support patients and their GPs to deprescribe ADs in primary care.

**Method:** A realist evaluation framework using a mixed methods approach will be conducted alongside the WisserAD randomised controlled trial. Quantitative data measuring patient knowledge, self-efficacy and activation, beliefs about ADs and depressive and anxiety symptom severity at baseline and 3-month follow-up collected from the first 30 intervention arm participants will be analysed. Participants will also be invited to complete a semi-structured interview. **Results:** It is anticipated that several mechanisms will trigger patient motivation and engagement in AD deprescribing, including: (1) Education for patients about ADs, AD deprescribing and readiness to deprescribe (based on stable mild depressive symptoms); (2) Empowering patients to engage in self-efficacy; and (3) Increased support from their GP. **Implications:** This will be one of the first, if not the first, realist evaluation of an AD deprescribing intervention. The results of this study will inform the implementation of AD deprescribing into routine clinical practice for patients and GPs.

### **Deprescribing intervention activities mapped to guiding principles for use in general practice: a scoping review**

Amy Coe<sup>A</sup>, Cath Kaylor-Hughes<sup>A</sup> and Jane Gunn<sup>A</sup>

<sup>A</sup>University of Melbourne

**Background:** The World Health Organization estimates that half of all prescribed medicines are potentially inappropriate, placing patients at risk of poor health outcomes. Deprescribing (the supervised and planned process of reducing or stopping unnecessary or inappropriate medications) is part of best practice prescribing. Most medication is prescribed by general practitioners (GPs) however many are not routinely deprescribing in practice due to a lack of knowledge and guidelines. **Aim:** The aim of the study was to identify activities for deprescribing used in general practice and to map the identified activities to guiding principles of deprescribing. **Method:** A scoping review methodology was used to effectively synthesise a broad range of literature on an emerging topic. The Arksey and O'Malley and the PRISMA guidelines for scoping reviews were followed. A systematic literature search was conducted in comprehensive medical research databases, grey literature databases and national and international trial registries. Handsearching of four general practice journals was conducted. 5107 search results were screened and 50 articles were included in the final review. Co-authors conducted 10% checks at data screening, extraction and analysis. **Results:** Sixteen activities were identified. Identification of appropriate patients for deprescribing (76%), patient education (50%), GP education (48%), and development and use of a tapering schedule (38%) were the most frequently used activities. Six activities did not align with deprescribing principles therefore two new principles were added which created a self-sustaining model for the systematic application of deprescribing in general practice. **Implications:** This is the first study to focus on deprescribing activities in general practice and the first to map activities to guiding principles. Pairing activities to guiding principles has created an accessible, comprehensive and implementable guide to deprescribing for use by GPs. The findings also advocate for wider practice staff to play an instrumental role in sustaining deprescribing within practice.

### **Project ECHO: application of the ECHO Model as a learning tool for primary care education in rural Victoria**

Lauren Cussen<sup>A</sup>, Jo-Anne Manski-Nankervis<sup>A</sup> and Barbara Hunter<sup>A</sup>

<sup>A</sup>University of Melbourne

**Background:** Project ECHO is an online medical education community designed to meet the needs of primary care practitioners in locations distant to tertiary level care. Through partnering with academic institutions and GP and non-GP specialists Project ECHO is designed to educate, support, and upskill primary care workers to manage complex chronic diseases to a high quality within their community. **Objective:** To determine whether Project ECHO is an acceptable and useful education model supporting practitioners to provide high quality comprehensive care in their setting. To explore whether metropolitan and rural cohorts have similar or differing experiences with the program. **Method:** Mixed methods were used to explore participant experience with Project ECHO sessions. Post-session surveys evaluated session content, learning outcomes and experience. Semi-structured interviews were conducted with eight participants (three rural, five metropolitan participants) at the completion of the ECHO series (6 sessions). Interviews were audio-recorded, transcribed verbatim and analysed using thematic analysis. **Findings:** 37 participants attended the

series, from five different professional backgrounds in primary care; practice nurses, GPs, physiotherapists, pharmacists and medical researchers. Majority of participants attended three or more sessions of the six in the series. Rural and metropolitan attendees reported Project ECHO sessions as engaging and useful. There were four key themes emerging from the data: (1) content relevance and applicability to practice; (2) session timing and design; (3) socialisation; and (4) interactivity and engagement. **Implications:** The Project ECHO design is an acceptable and applicable online medical education tool for primary care providers in metropolitan and rural Victoria.

### **Evaluating the performance of existing automated text de-identification tools on patient progress notes from Australian general practice**

*Carol El-Hayek<sup>A</sup>, Siamak Barzegar<sup>B</sup>, Noel Faux<sup>B</sup>, Kim Doyle<sup>B</sup>, Priyanka Pillai<sup>B</sup>, Simon Mutch<sup>B</sup>, Alaina Vaisey<sup>B</sup>, Roger Ward<sup>B</sup>, Lena Sancic<sup>B</sup>, Jane Hocking<sup>B</sup>, Karin Verspoor<sup>C</sup> and Douglas Boyle<sup>B</sup>*

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**Background:** Digitised patient data in general practice represent a significant resource for clinical research and public health. Patient information cannot be used for secondary purposes without de-identification which is particularly complex for clinical text like patient progress notes. Several open-source automated de-identification tools have been developed to redact personal identifiers from clinical text however mostly in other countries and in hospital settings. It is important to understand how off-the-shelf tools operate and perform on localised data to ensure patient privacy while preserving the data's intended purpose. **Aim:** To evaluate the performance and suitability of existing de-identification tools on Australian general practice progress notes. **Methods:** We created a reference dataset of 300 manually annotated patient progress notes from three general practice clinics categorising 701 personal identifiers (PI). After running the de-identification tools over the same sample, we conducted a pairwise comparison of exact and relaxed matches for each PI category. Performance was assessed using recall (sensitivity), precision (positive predictive value) and F1-measure (accuracy). An error analysis of false-positive and false-negative results was conducted. **Findings:** The best results were achieved with relaxed matches using the tool Philter: 76% precision, 94% recall, 84% F1-measure for PI category DATES; 70% P, 86% R, 77% F1 for NAMES; and 53% P, 26% R, 35% F1 for LOCATION. Error analysis showed that Philter's pattern matching rules for detecting dates do not support all date formats and the dictionaries used to look up names and locations are limited. **Implications:** Existing off-the-shelf solutions for automated de-identification of clinical text are not suitable for Australian general practice progress notes without customisation. If a PI is not accurately redacted, sensitive patient information could be shared or important medical information could be lost. Philter shows potential as a solution for Australian GP data however requires extensive revising of rules and dictionaries.

### **Contemplating the appropriateness of online resources for Indigenous Australians seeking support: evidence from a co-designed online family violence tool**

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**Background:** Indigenous Australians experience numerous barriers when attempting to seek support for health issues, including those associated with the ongoing impact of colonisation, including fear, shame and lack of cultural safety. This leads to underutilisation of primary care services within a population who have poorer health outcomes than the majority of non-Indigenous Australians.

**Aim/Objectives:** To determine whether online resources can help address the significant barriers Indigenous Australians face when seeking support using evidence from a co-designed family violence resource. **Methods:** 23 interviews and five focus groups with Indigenous Australians on one Aboriginal Country (Wadawurrung Country) located in the South of Victoria. **Findings:** Findings indicate that the Wadawurrung community support the development of online resources, perceiving them to potentially address some of the barriers they experience in accessing support. The community indicated that use of technology is common amongst their peoples, however, to ensure that community members engage with an online resource, it would need to be co-designed and heavily influenced by Indigenous knowledges. There were clear messages about the importance of feeling culturally connected, anonymous and safe during online resource use. **Implications:** There is potential to explore the use of co-designed online resources in creating accessible primary care services for Indigenous Australians which may lead to greater engagement and improved health outcomes.

### **'Part of a suite of solutions': a qualitative study exploring the use of Natural Cycles fertility tracking app in the 'prevent a pregnancy' mode**

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**Background:** The past decade has seen a considerable rise in mHealth apps, providing an opportunity to improve health agency, accessibility and autonomy. Fertility tracking apps (FTAs) in particular are widely popular, with over 68 million downloads. Natural Cycles is the first and only FTA to be certified as a contraceptive method by both the United States FDA and the European Union. In the context of its recent popularity, this qualitative study aims to explore the experience of using the app as an emerging contraceptive method. **Methods:** Purposive sampling was undertaken to recruit participants who had used Natural Cycles in both the 'plan' and 'prevent' pregnancy modes. Recruitment was through the Natural Cycles app and social media, with snowball sampling for male partners. Thirty in-depth qualitative interviews were conducted (24 women; 6 male partners). Construction of themes was informed by a hybrid of an inductive and deductive approach. **Results:** Participants deemed the app suitable for individuals with routine, or ambivalence towards pregnancy. Starting Natural Cycles was often due to a move away from hormonal methods, and towards natural methods. Through using the app, participants expressed a sense of empowerment and control over their fertility. Yet they described a fine line between the app validating or dictating subjective experiences of mood and libido. Therefore, Natural Cycles appeared to reinforce gender

norms and expectation. Further, feelings of guilt, shame and blame emerged among those experiencing failure of the app to prevent pregnancy. **Conclusion:** Fertility tracking apps such as Natural Cycles are an emerging field reframing contraception and menstrual tracking. Despite an acknowledgement of its limitations, Natural Cycles may be suitable and acceptable for particular circumstances and preferences.

### **Comparing clinicians' perceptions of informed consent versus mental health models of care for gender affirming treatment – A qualitative study**

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**Background:** Trans and gender-diverse individuals experience a sense of gender incongruent to that presumed at birth. For many, gender-affirming hormone treatment (GAHT) is medically necessary and relatively low-risk. There are two primary models for provision of treatment: a mental health (MH) model – based on the World Professional Association for Transgender Health (WPATH) standards of care (SOC7) – and an informed consent (IC) model. Preliminary evidence supports high patient satisfaction with the IC model, however there are minimal data exploring healthcare providers' experiences and satisfaction. Monash Health Gender Clinic (MHGC) practitioners currently implement the MH model, but will soon include a GP implementing the IC model. **Aims/Objectives:** To gain an understanding of clinicians' experiences implementing these models of care in Victoria, Australia, their perceptions of each model, and limitations with regards to delivery of care. **Methods:** A literature review of existing evidence is underway. Qualitative interviews will be conducted online with Victorian clinicians between June and July 2022. Practitioners will be recruited from MHGC (MH model) and private practice Victorian GPs (IC model). Thematic analysis of data from the literature review and interviews will be performed. **Findings:** The WPATH model, considered the gold-standard, requires MH professionals to assess whether patients warrant GAHT. Much literature criticises this model for 'gatekeeping' access to treatment and pathologisation of gender variance. In response, the IC model has emerged, whereby a primary care practitioner conducts an assessment focusing on the patient's ability to understand the nature of proposed treatments and provide consent. Interviews will gather information surrounding clinicians' understanding of the models of care, and how their practice is adapted from the defined standards. **Implications:** The results of this study will guide the development and implementation of a prospective randomised trial among MHGC patients, which aims to compare outcomes of patients allocated to either model of care.

### **Ability to seek primary care among women of a refugee background in South-East Melbourne: a qualitative study**

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**Background:** Levesque's model of patient-centred access conceptualises access as being a consequence of a dynamic interaction between the characteristics of a health care system and a community's abilities to perceive, seek, reach, afford and engage with appropriate care. The model's concept of 'ability to seek' care involves personal autonomy, cultural beliefs and knowledge about health care options. While these factors are particularly important in refugee communities, little is known about how these abilities influence individuals' experiences of obtaining needed care.

**Aim/Objectives:** We will explore and characterise the ways in which Somali women in South-East Melbourne seek accessible, appropriate primary care. **Methods:** Our qualitative, phenomenological design will be undertaken with a purposive sample of adult Somali women attending relevant community groups in South-East Melbourne. Participants will be invited to participate in semi structured interviews exploring the ways in which they have sought needed primary care since arrival in Australia. Our interview guide will explore how personal and social values, culture, gender and communication can influence participants' ability to seek care. The interview template will be informed by both a literature review and the Levesque model, and will be refined at regular team meetings. Interviews will be transcribed verbatim prior to thematic analysis using QSR NVivo12. Summarised findings will be shared with participants and other members of the South-east Melbourne Somali community. **Findings:** This study is a work in progress, with preliminary findings likely to be available in August 2022. **Implications:** The findings of this Honours thesis study will provide a deeper insight into how Somali women seek primary health care and refine our understanding of this fundamental component of access to care. Data should help inform interventions in order to improve primary health care to this vulnerable community, and provide an approach for further exploration of key dimensions of the model.

### **The WiserAD trial: a protocol for the randomised trial of a structured online intervention to promote and support antidepressant deprescribing in primary care**

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**Background:** The use of antidepressants (ADs) is increasing globally, including within Australia, which has one of the highest rates of AD prescribing. Despite clear benefits for many people, there is reason to believe that the ongoing use of ADs is often not properly monitored or ceased (deprescribed) when a person returns to better mental health. General practitioners (GPs) prescribe 86% of ADs in Australia, placing them in a unique position to also deprescribe. **Aims:** The WiserAD Trial aims to test how well the WiserAD online support tool can help patients and their GP to manage the careful and appropriate deprescribing of antidepressants in primary care patients.

**Methods:** The study will be a two-arm, stratified, single-blind, individually randomised controlled trial conducted in 30 Victorian general practices. WiserAD aims to recruit 312 (156 in each arm) patients aged between 18–75 years who are taking an SSRI or SNRI and have had no depressive episodes in the past 12 months. The intervention arm will use the WiserAD tool to guide AD deprescribing, alongside usual care from their GP as well as being provided with a personalised wellbeing plan throughout the trial period. Participants in both the intervention and attention control arms will be followed up at 3, 6, 12, and 18 months. **Findings:** The primary outcome will be the proportion of patients successfully deprescribing ADs at 6 months with an absence of clinically significant depressive symptoms. **Implications:** WiserAD looks to address the growing problem of AD overtreatment by assisting patients and GPs to successfully navigate and engage in routine deprescribing. The WiserAD tool is designed to be immediately scalable into routine primary care practice and have minimal impact on GP workload. As such the potential for this research to inform Australian mental health policy and practice is high.

### Formative evaluation of e-mental health in practice provider education and community of practice

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<sup>A</sup>Black Dog Institute

**Background:** The e-Mental Health in Practice Project (eMHPrac) is a Federal Government funded project which aims to inform primary health practitioners about digital mental health programs and resources. Its goal is to build practitioners' skills and confidence in selecting and using digital mental health interventions, support organisational change to facilitate integration of digital mental health in routine practice and offer an online Community of Practice (CoP) to foster continued skill development. **Aim/Objectives:** The purpose of the evaluation was to produce learnings to improve the program during implementation. The evaluation focused on two activity 'clusters' delivered by Black Dog Institute: Education (face-to-face trainings, online modules, and webinars), and the CoP. We examined utilisation of and satisfaction with program components, and assessment of knowledge, skills, and attitudes. **Methods:** Participants in eMHPrac activities were invited to take a Qualtrics survey via email in July 2020, which asked about demographics, utilisation of, and satisfaction with the Education and CoP components of eMHPrac. Secondary data included pre-post Education data, and CoP engagement. Analyses were conducted using SPSS, examining relationships among variables using statistical tests such as t-tests and ANOVA. **Findings:** The majority of users were satisfied with eMHPrac activities. Respondents were most satisfied with online modules, and least satisfied with face-to-face trainings, which also had the lowest uptake among survey respondents. There were pre-post increases in knowledge, confidence, and skills in webinars, trainings, and modules. Finally, participants used the CoP in a more passive way than intended, receiving information more than propagating it. Recommendations were produced to encourage active engagement in the CoP. **Implications:** eMHPrac continues to provide practitioners with digital mental health resources, and the CoP offers improved opportunities for skill development. Increased practitioner comfort with eMH tools and resources will benefit the Australian public by increasing their access to effective, accessible treatments.

## Characteristics and health service use of carers aged over 45 in Central and Eastern Sydney, Australia

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**Background:** Carers make up a significant portion of the Australian community. In 2015, almost 2.7 million Australians were identified as carers, and almost one-third (31.7%) of this group were identified as primary carers. **Objective:** To investigate the impact of being a carer on a person's health and wellbeing compared to non-carers. **Methods:** Analysis of the 29,489 people in Central and Eastern Sydney aged over 45 were followed over an eight year period, based on the 45 and Up Study, Medicare Benefit Scheme claims, hospitalisations and deaths datasets. Characteristics of carers and non-carers were described and compared. Characteristics of carers who were coping well compared to those who were not, using quality of life as the indicator, were also analysed. **Findings:** Compared with non-carers, carers in CES were more likely to be: female, married, speak a language other than English, current smoker, engaging in adequate physical activity, have ever had anxiety, psychological distress, heart disease, self-rated poor quality of life and less likely to be older, have higher incomes, and need help with daily activities. Carers had higher rates of primary care use than non-carers [Adj. HR (95% CI): 1.21(1.13, 1.30)]. However, hospital admissions and mortality were not significantly different. Compared with carers who were not coping well, carers who were coping well, once adjusted for other covariates, were more likely to self-report good quality of health, and less likely to have high psychological distress. Carers who were coping well were 24% less likely to be high primary care users [Adj. HR (95% CI): 0.76 (0.63, 0.94)] and had 33% lower mortality rates [Adj. HR (95% CI): 0.67 (0.51, 0.87)]. Hospital admissions were not significantly different. **Implications:** This study's finding that carers are well-engaged with primary care suggests that it is an important setting to: identify people in caring roles; identify carers who may be struggling in these roles; and deliver interventions for carers. This is particularly important for those carers who are not coping well.

## The role of community leaders and other information intermediaries in enhancing health care in culturally diverse communities: insights from the COVID-19 pandemic

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**Background:** Community and religious leaders, as well as other natural leaders, from culturally and linguistically diverse backgrounds have been posited as a gateway into communities, acting as information intermediaries to enable or broker public health messages about COVID-19. However, there is currently limited understanding of the capacity, role, reach, and support needs of these leaders in fulfilling this function. **Aim:** To understand the role and impact of information intermediaries in promoting and supporting COVID-19 public health communication and engagement activities in culturally diverse communities, based on the perceptions of those working in services and other social support roles. **Methods:** Forty-six semi-structured telephone interviews were undertaken with key stakeholders who played an active role in the delivery of services and other social support to culturally diverse communities in Australia during the COVID-19 pandemic. Thematic analysis was undertaken using the constant comparative approach. **Findings:** Four key

themes emerged related to the role of information intermediaries during the interviews: (1) Ideas around the role they fulfil in 'bridging the gap' and supporting the delivery of pandemic related information into communities; (2) Participants suggested that there had been a failure by Australian Commonwealth Government agencies to recognise the role these information intermediaries play within their communities early in the pandemic, as well as a failure to provide sufficient resources and support; (3) Concerns were raised that information may be inappropriately interpreted or translated by the community information intermediaries or potentially blocked, if the message does not align with the broker's own personal beliefs; and (4) Concerns were raised about the potential for burn-out amongst information intermediaries. **Implications:** Community leaders and other information intermediaries play a critical role in preparing and responding to pandemics and other disasters. There needs to be a recognition of these roles formally in pandemic community service planning, and resources are required to enhance and sustain their involvement.

### Telehealth use and satisfaction with telehealth during the COVID pandemic in metropolitan Sydney

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**Background:** The COVID-19 pandemic impacted on health service access, due to lockdowns and isolation measures. To address this access to telehealth items were expanded. **Aim/Objectives:** Explore use and satisfaction with telehealth during the COVID-19 pandemic in metropolitan Sydney using a cohort of older Australians. **Methods:** Data from Wave 3 (2020) of the 45 and Up Study were used. Participants in metropolitan Sydney who answered the telehealth question were included. Satisfaction was measured using a question on likelihood of recommending telehealth. Factors influencing telehealth use and satisfaction were then analysed using Poisson modelling to calculate prevalence ratios (PRs). In addition, associations between telehealth use, satisfaction and delaying GP/specialist healthcare during COVID-19 were modelled. **Findings:** The cohort consisted of 17,190 participants (mean age=70.3 years, 55.1% female). 7,585 (44.1%) participants reported using telehealth in the last 12 months. 83.1% received services via telephone, 3.4% via video and 5.3% via both. Health conditions such as cancer (adjPR=0.18, 95CI=0.11–0.24) or anxiety (adjPR=0.16, 95CI=0.08–0.25) were associated with higher telehealth use. People who report delayed or missed GP or specialist visits due to COVID-19 (adjPR=0.15, 95CI=0.07–0.23, and adjPR=0.17, 95CI=0.08–0.25 respectively) were more likely to use telehealth. 4185 (55%) reported they 'probably will' or 'definitely will' recommend telehealth. Satisfaction varied with demographics, with self-reported good quality of life having the highest impact (adjPR=0.11, 95CI=-0.06–0.28). **Implications:** Just under half of the participants used telehealth, with the majority being via telephone. Participants who used telehealth were more likely to have had physical and mental ill health. However, we did not have data on overall health service use for comparison. Having good health was associated with less telehealth use and higher satisfaction with telehealth. We plan to investigate the influence of telehealth on GP access, using MBS items before and after additional telehealth items were introduced.

## **Patients' experience of QR code-based health education program in university general practice waiting room**

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**Background:** The general practice waiting room is a novel setting for health promotion and education. Research suggests that waiting rooms are a potential location for engaging patients with health education resources, with some studies showing positive patient response to digital-based content such as videos. Quick response (QR) codes have recently surged in popularity and are an emerging platform for engaging the public with various types of information. Despite this, little is known about the public's views towards QR codes as means of engaging with health education material. **Aim/Objectives:** This student project aims to assess the reach and explore participant experience and views of a QR code-based health education program in a university-based general practice waiting room. **Methods:** A mixed-methods approach will be used. Posters with information about the research project and the QR code linked to health education videos, healthy recipes, and community digital resources that promote healthy dietary behaviours will be displayed at a university health service waiting room. Patients who scanned the QR code will have access to the education program and invited at the end of the program to be considered for semi-structured interviews to explore their experience of the health education program and their views of QR code-based health information. The interviews will be recorded and transcribed. Quantitatively, data scan rates of QR codes will be collected and analysed to produce descriptive statistics. Qualitatively, interview data will be thematically analysed. **Findings:** Ethics approval for this project is pending. Data collection is planned to start mid-June for a two-month period. Preliminary results will be presented at this conference. **Implications:** Understanding of patients' experience and views of QR code-based health education programs will inform future development of engaging and effective preventative health resources to promote community health literacy.

## **'All you need is 30 seconds': optimising clinical decision support technology in general practice**

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**Background:** Future Health Today (FHT) is a software platform designed with general practice staff for use in general practice. It provides guideline concordant recommendations for patient care, with a current focus on chronic kidney disease, type 2 diabetes, cardiovascular disease and identification of cancer risk. Throughout 2020 FHT was implemented progressively in 12 general practices across Victoria. **Aims:** An evaluation of the implementation was undertaken to review and improve the FHT platform and the implementation processes, exploring factors such as installation, accessibility, usability, fit with workflow and ongoing issues. **Methods:** An action research approach was utilised, whereby evaluation activities informed changes in the platform and implementation in real time. Data sources included 58 interviews, conducted from July 2020–April 2021, with 30 practice staff and data directly from practices provided on a Practice Assessment Tool (PAT). Interviews were analysed using a realist lens applying inductive and deductive strategies. Secondary data from the PAT were analysed using simple descriptive analysis. **Findings:** FHT was broadly acceptable to participating general practices. Participants primarily utilised the point of care prompt and described it as useful and user friendly. Concise, clear, targeted and immediately actionable recommendations

were received more positively, and participants reported change in awareness and behaviour as a result of receiving the recommendation prompt. Few participants reported accessing the dashboard component of FHT, in part due to not knowing how to access it, and in uncertainty in what to do with it. Most frequently cited challenges related not to the technology but to the capacity to address FHT recommendations within the consultation time allocation. **Implications:** FHT is a useful and acceptable software platform for general practice. Further research is underway to explore the effectiveness of FHT and to expand the range of recommendations and conditions available for use in FHT.

### **General practitioners' experiences when treating fellow doctors as patients: a scoping review**

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**Background:** In order to function well, doctors need to look after themselves. They often delay seeking medical care, for a range of reasons. Once they do, there is evidence that the treating doctor can struggle to provide optimal care. **Aim/Objectives:** This scoping review investigates the extent and nature of existing literature describing doctor-patient relationships, when the patient is also a doctor. Our emphasis is on the perspective of the treating doctor, and the challenges they experience when caring for a doctor patient. **Methods:** Guided by JBI methodology, we will search Medline, Embase, and PsycINFO (in the Ovid interface), as well as CINAHL (EBSCO) and Scopus databases, to identify papers describing provision of care by GPs to fellow doctors. Qualitative, quantitative and mixed-method studies that describe, explore, and/or measure aspects of the 'doctor's doctor' experience will be included. Grey literature will also be searched. Concepts of personal beliefs/attitudes, identity, role ambiguity, and how these impact treatment of doctor-patients will be explored. **Findings:** A preliminary literature search was used to refine the research questions and search terms used. We found few empirical studies and only one related literature review, which focused on doctors' experience of becoming patients. Guidelines developed for doctors who treat fellow doctors were primarily based on individual experience, rather than empirical data. **Implications:** Good patient care, when the patient is also a doctor, is only possible with an accurate picture of what the experiences and challenges are. Findings will provide understanding of current knowledge and identify gaps in empirical evidence informing research in this area.

## **A qualitative study exploring the barriers and enablers of healthcare assessment delivery in older Australians**

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**Background:** Health Assessments (HAs) were introduced in Australia as a Medicare benefits schedule (MBS) item available for at risk patients including older people, to have their health comprehensively monitored by their general practitioner (GP), with the optional aid of a practice nurse (PN) or Aboriginal liaison officer (ALO) to assess specific areas of health, such as risk factors for chronic disease and psychosocial problems, which may be overlooked in shorter consultations. Two forms of HAs are available for GPs to perform annually, HAs for non-Indigenous older Australians aged >75 years (75+ HA) and for Indigenous Australians aged >55 years (55+ IHA). **Objectives:** In the present study, we aim to explore the perspectives of older Australians undertaking HA (both 75+ HA and 55+ IHA) and clinician perspectives (including GPs, PNs, ALOs) to enhance the items covered within the HA and develop targeted education resources to improve uptake of HAs. **Methods:** A qualitative study design incorporating narrative inquiry will be performed inviting patients (75+ HA and 55+ IHAs) who have undergone HAs in rural, metropolitan and Aboriginal health clinics to understand the personal health stories and health experience of older Australians. **Findings:** Thematic analysis evaluating audio recordings from interviews will be critically appraised and key themes presented. **Implications:** Research to date indicates that delivery of 75+ HA is associated with a lower risk of mortality, identification of risk factors, improvements in quality of life and patient satisfaction. By understanding the barriers and enablers for HAs, the findings of the present study will improve healthcare delivery for older Australians.

## **Primary health care nurse use of telehealth for women's sexual and reproductive health services: a scoping review**

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**Background:** Primary health care nurses (PHCNs) deliver women's sexual and reproductive health (SRH) services, and telehealth services are within their scope of practice. Despite the WHO resolution about eHealth in 2005 and increased use of telehealth during COVID-19, the extent to which PHC nurses have used telehealth technology to deliver SRH care in the international literature is not clear. **Aim/Objectives:** To explore how telehealth is used by PHCNs in the delivery of women's SRH care. **Methods:** A scoping review of peer-reviewed primary research papers was undertaken following a Joanna Briggs Institute approach. Seven databases were searched including papers from 2005-December 2021 and published in English language. A grey literature search was used to identify current national or international policy or strategy documents about nurse roles in telehealth. Extracted data were then entered in NVivo and conceptual categories were mapped from descriptive summaries. **Findings:** Our database search yielded 745 papers and of these, eight papers met our inclusion criteria and were included in the review. The search of grey literature yielded 21 documents that met our inclusion criteria. Papers were largely from the United Kingdom ( $n=5$ ), part of interventional trials ( $n=5$ ) or used synchronous telehealth methods ( $n=5$ ). Papers about patient perspectives described acceptability of SRH telehealth services ( $n=4$ ). Grey literature revealed policy support for telehealth implementation as an approach to improving patient-centred care, were

largely from the northern hemisphere ( $n=15$ ) or outlined case studies of nurse use of telehealth ( $n=11$ ). From all included documents, SRH care most commonly addressed pregnancy ( $n=6$ ), cervical cancer screening ( $n=4$ ), sexual health ( $n=3$ ), and abortion ( $n=2$ ). **Implications:** Evidence about the use of telehealth by PHCNs for SRH care is lacking. Opportunities exist to address women's health policy and service gaps, and better describe and optimise PHCN involvement in telehealth care.

### **Lifestyle risk reduction during interconception: a scoping review of women's preferences**

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**Background:** As maternal parity increases, the risk of maternal mortality from pre-existing chronic conditions also increases. While lifestyle is responsible for many chronic conditions, antenatal engagement with women about lifestyle behaviours can be too late to prevent some adverse pregnancy outcomes and ongoing childhood risks. To reduce the risk of future adverse outcomes, the interconception period is an ideal time to intervene. **Aim:** To explore women's preferences for lifestyle risk reduction strategies during the interconception period. **Methods:** A scoping review of primary research papers was undertaken following the Joanna Briggs Institute approach. Six databases were searched for English, peer-reviewed papers from 2010-September 2021. After screening, reference list hand searching was undertaken to identify other relevant papers. Extracted data were entered in NVivo and a descriptive and tabular approach was used to map the main conceptual categories identified. **Findings:** A total of 1734 papers were screened, and 33 met our inclusion criteria. Most papers were from the United States of America ( $n=12$ ), followed by Australia ( $n=7$ ) and the United Kingdom ( $n=5$ ). Included papers largely addressed postpartum diet and physical activity ( $n=21$ ). These papers focussed primarily on weight management and gestational or type 2 diabetes prevention. Behaviour change guidance, informational needs and support for the prioritisation and motivation of lifestyle risk reduction were described. Women wanted improved access to physical environments as well as clinicians and fitness providers that tailored a flexible lifestyle risk reduction approach to their personal and life stage needs. Improved access would also address tension between financial and time constraints, caring responsibilities, physical and emotional health, cultural appropriateness, family and peer support. **Implications:** Competing personal and life stage demands make it difficult to engage with women about lifestyle risk reduction. Clinicians need to consider women's needs when developing and providing lifestyle risk reduction services so that there are a variety of accessible options.

## Advanced care planning in general practice – Interpersonal experiences of general practitioners in Greater Western Sydney

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**Background:** The sociocultural and linguistic diversity of Greater Western Sydney (GWS) presents a unique set of challenges for generating and promoting uptake of Advanced Care Planning (ACP) in general practice. Despite a growing ageing population, there are few Australian studies investigating the reasons behind low uptake of ACP in primary care, fewer still that consider interpersonal influences on ACP uptake, and none of which are focused on general practice in GWS.

**Aim/Objectives:** Our objective is to understand how GPs experience interacting with patients and their families while engaging in ACP in GWS, how sociocultural and linguistic diversity influences engagement, and how these interpersonal experiences influence ACP uptake in general practice.

**Methods:** We will adopt an exploratory qualitative design involving semi-structured interviews with GPs who are working in GWS and are involved in ACP. Interview content will include exploring the interpersonal experiences, barriers, and facilitators to ACP from the GP perspective, including the influence of sociocultural and linguistic diversity. We will recruit participants using a mix of purposive and snowball sampling. Interviews will be audio-recorded, transcribed verbatim, and thematically analysed. **Findings:** Our study is currently in progress. We anticipate that fieldwork will commence in May. We will present preliminary results that discuss the interpersonal factors influencing uptake of ACP in general practice from the perspective of GPs working in the socio-economic and culturally diverse population of GWS. **Implications:** Our findings may further inform clinical practices and health promotion strategies, particularly focused on how general practice can optimise their promotion and engagement of advanced care planning to better support patients and their families in this community.

## Tracking implementation of eConsultant in Queensland

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**Background:** In response to excessive patient wait times for specialist outpatient (OPD) appointments, eConsultant services have been developed. eConsultant provides specialist input for general practitioners (GPs) via secure-messaging within 3-business days to support care for adult patients who would otherwise require an OPD referral. GPs send a Request-for-Advice to the eConsultant (general physician) and discuss the eConsultant advice at patient follow-up. **Aim:** This study aims to track implementation of our eConsultant service in two Australian regions (Western Queensland, Brisbane South) to identify barriers and enablers to adoption and penetration to inform strategy modifications prior to extending implementation. **Methods:** Our prospective mixed-methods observational study included tracking of implementation activities and outcomes (adoption/penetration). Semi-structured interviews were conducted with GPs/stakeholders to understand determinants of implementation. Implementation activities were coded against implementation strategies. Adoption (enrolment & usage by GP practices/GPs) and penetration (GP & practice enrolment & usage as a percentage of all GPs & practices in the catchment) were assessed. **Findings:** Between July 2020-March 2022, 20 GP practices (5.2% of practices in the catchment) completed enrolment in the programme and 39 GPs (2.7% of GPs in the catchment) used

eConsultant. Implementation was guided by 15 different implementation strategies (534 tracked activities). The qualitative interviews, conducted with 11 GPs and 4 stakeholders (12 from rural/remote regions, 11 females) lasted 12–37 (mean 22.8, SD 7.8) minutes. Barriers identified to using eConsultant related to secure-messaging access, reliance on existing referral options and workforce issues. Key facilitators identified were engaging GPs, the positive response from patients to the program, and the relative advantage of eConsultant over other options. **Implications:** This evaluation highlighted the priority for successful implementation in Queensland is an improvement in secure-messaging access and operability in some settings and offering a greater variety of specialties to embed the eConsultant option in GP advice processes.

### Chlamydia management in Australian general practices participating in the Data for Decisions program between 2018 and 2020

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**Background:** The sexually transmitted infection (STI) chlamydia can result in serious reproductive health consequences, including ectopic pregnancy and infertility as infection is often asymptomatic. Australian STI management guidelines recommend annual opportunistic screening tests for all sexually active young people under 30 years of age. Re-testing at 3 months after treatment is also recommended to identify re-infection early. General practitioners play an important role in providing chlamydia screening tests, treatment, and retesting. Unfortunately, chlamydia management practices in general practice are not well reported. **Aim:** To evaluate chlamydia management in Australian general practice between 2018 and 2021. **Methods:** We conducted a cross sectional analysis of routinely collected data captured in the Patron database at the Department of General Practice, University of Melbourne. We analysed episodes of care for individuals aged 16–29 years who attended 88 general practices between 1/1/2018 and 31/12/2020. Multivariable logistic regression was used to determine the odds of testing, treatment and re-testing for chlamydia, adjusting for year, sex, clinic location and age group. **Findings:** There were 300,522 episodes of care for 187,017 16–29 year-olds during the study period. 10.3% ( $n=30,870$ ) were tested for chlamydia and 6.8% ( $n=1,556$ ) tested positive. Males were less likely to be tested for chlamydia than females (OR 0.49, 95% CI 0.45–0.54), but were more likely to test positive (OR 1.67, 95% CI 1.48–1.88). Appropriate antibiotic treatment was provided for 88.8% ( $n=1,499$ ) chlamydia cases. 22.6% ( $n=1,068$ ) diagnosed with chlamydia were re-tested within 6 weeks–4 months. **Implications:** By analysing data extracted from general practice medical records, our study provided important insights in current chlamydia management in primary care. These data can also be used to explore the effectiveness of intervention strategies, such as computerised clinical decision support tools for testing, appropriate treatment, and re-testing, going forward.

### **WiserAD: designing an online support tool to help reduce antidepressant medication use in primary care**

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**Background:** The use of antidepressants is increasing globally, and Australia is no exception, having one of the highest rates of prescribing in the world. Despite the benefits of antidepressants for many people, there is reason to believe that ongoing use of these medications are often not properly monitored or deprescribed when a person's mental health improves and there is little support for patients to do so when the time is right. **Objectives:** As part of a randomized controlled trial (RCT) set in primary care, we set out to design and build an online tool to support patients in collaboration with their GP, to deprescribe their antidepressant medication when they no longer have a clinical need. **Methods:** Through semi-structured interviews with patients and general practitioners the barriers and facilitators to deprescribing antidepressant medication were identified and an online tool developed. Using an iterative, user-centred design process with a lived experience group, modifications to the design have been made through usability testing groups, which will culminate in a final product for the research trial. **Results:** So far two large developments of the tool have taken place to reach a final product. Areas of concern to users focused on the look and feel of the tool but so far users have generally felt positive about the messaging, information and recording of their daily check-in information. **Conclusions:** The user-centred design approach to the WiserAD tool endeavours to develop a pragmatic and patient approved model of support for antidepressant deprescribing. It will be trialled within a RCT to determine if it serves as an effective tool for successful antidepressant cessation at 6 months. **Implications:** It is anticipated that the use of an online support tool to assist patients with clinical guideline deprescribing will lead to the successful cessation of antidepressant medication, resulting in an enhanced quality of life and cost saving over the longer term.

### **Tensions in the therapeutic relationship: emotional labour in the response to child abuse and neglect in primary healthcare**

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**Background and objectives:** Child abuse and neglect (child abuse) is a prevalent public health issue linked to survivors experiencing a higher risk of health issues including obesity, heart disease and major depression. Given the significant impact of child abuse on health, general practitioners (GPs) and primary care nurses (nurses) are well-placed to respond to child abuse. However, research shows that responding to child abuse is difficult for health practitioners, especially the act of reporting child abuse. The present study aimed to understand how GPs and nurses experience the response to child abuse in primary healthcare. **Methods:** This study employed qualitative methods. Twenty-six in-depth individual and group interviews were conducted with 30 GPs and nurses. The interviews were audio recorded with consent, transcribed verbatim and thematically analysed. **Findings:** Participants were mostly metropolitan-based female GPs. Participants were sampled from two settings: private general practice; and Doctors in Secondary Schools, a program that places GPs and nurses in high schools. Participants felt that, in considering child abuse, they were betraying the

trust of the therapeutic relationship and thus, had to manage their patients' reactions to preserve the therapeutic relationship. They used strategies that created shifts in perception in both themselves and their patients to help maintain the therapeutic relationship. Participants often felt that they had to compromise their professional code of ethics to fulfil their mandatory reporting obligations. Thus, they experienced internal emotional battles when responding which led to some experiencing burnout or vicarious trauma and others resilience. **Implications:** This research identifies opportunities for educational bodies to develop practical strategies that can be used to manage the therapeutic relationship when dealing with sensitive and distressing issues. Additionally, health professionals, clinics and the child protection system may benefit from undertaking a values assessment. This can help stakeholders to be aware of the tension between ethical principles and mandatory reporting obligations.

### Exploring the potential for data-led primary care improvement within the South East and Eastern regions of Melbourne

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**Background:** Primary care (PC) data are a rich but underutilised information source for health care improvement. Monash Partners (South East and Eastern Melbourne's Advanced Health Research and Translation Centre) has an ongoing interest in data-led health care improvement, and commissioned this work to inform future PC quality initiatives. **Aim/Objectives:** We sought to identify contextual influences, key challenges and approaches required to embed data-led primary healthcare improvement in the Monash Partners' region. **Methods:** Our qualitative design used semi-structured interviews with regional data custodians and data users. Informed by our stakeholder advisory group, we used purposive and snowball sampling to recruit 24 clinicians, researchers and policy makers between October and November 2021. Contact summary sheets and transcripts of exemplar interviews were entered into NVivo 12. Analysis was iterative, with thematic coding developed through deductive and inductive processes and refined during analysis, reflection and investigator discussions. **Findings:** We found an uncoordinated system that mirrored Australia's long-standing difficulties in using health data to benefit society. Nearly all of the participants were passionate about the potential for data-led healthcare improvement, yet cautious of the realities of change. Data users emphasised how data innovations needed to match practitioner and community needs. Participants saw potential in an accessible, high quality data asset linking GP clinical data with state and federal health datasets. This resource would require a regional data strategy and formalised partnerships between Primary Health Networks, data custodians and the academic community. **Implications:** Our findings suggest that a region-wide strategy involving creative individual and organisational capacity building could achieve success in sustainable primary care data-led improvement. This needs to centre on the needs of diverse communities, and the priorities of primary care clinicians and their teams. Monash Partners seems to be the only regional organisation with the mandate and capacity to promote such an approach.

## **e-Prescription: what are the benefits and challenges for general practitioners and community pharmacists**

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**Background:** Since May 2020, the Australian Government has implemented e-prescription to provide convenience and choice to patients, improve efficiency of prescribing and dispensing medications, reduce errors, and minimise use of paper prescriptions. e-Prescriptions are digital prescriptions with a unique QR code which pharmacists could scan for the relevant information to provide patients with the prescribed medications. In the current COVID-19 pandemic environment, this initiative also provides an opportunity to protect community members and healthcare providers from exposure to infectious diseases by contributing to the telehealth services. However, there are mixed opinions amongst GPs and pharmacists about the switch to digital services. Anecdotally, there are also differences in the challenges in e-prescription faced by rural and metropolitan healthcare providers. **Aims/Objective:** Our study aims to explore the potential benefits, barriers and enablers of e-prescription to GPs and pharmacists in metropolitan Sydney by identifying challenges to and perceptions of its implementation. Findings will be compared with those of a similar study conducted in rural NSW. **Methods:** This MBBS student research project is a qualitative study using semi-structured interviews with 10 GPs and 10 pharmacists, recruited via professional networks and social media, to explore their experiences and views about e-prescription. Their responses will be audio-recorded, transcribed and thematically analysed. More interviews will be conducted to reach data saturation if necessary. Findings will be compared with those of the study conducted by the Bathurst Rural Clinical School in 2021. **Findings:** Ethics approval for this project is pending. Data collection is planned to start in May for 2 months. Preliminary results will be presented at this conference. **Implications:** Findings may facilitate the implementation of e-prescription either through raised awareness of new technology or identification of areas for improvement. Further research to address any barriers that prevent providers from using e-prescription can improve patient care.

## **Interprofessional Collaboration (IPC) in primary care research**

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**Background:** Practice-based research networks (PBRNs) are important facilitators of sustained collaborations between practitioners and researchers. They work together on research questions that are relevant to practice and translate new knowledge into practice to ultimately benefit the health of Australians. Currently, the PBRNs in Australia are predominantly general practice-based. Ideally, primary care research should be interprofessional and collaborative. However, anecdotally, interprofessional collaboration in research (IPCR) is still challenging in primary care. There is a need to understand the barriers and facilitators to IPCR and the formation of PBRNs for non-medical disciplines. **Aims/Objectives:** This study aims to identify the barriers and facilitators to IPCR, and to use the findings to inform the establishment of primary care PBRNs, particularly in non-medical health disciplines. **Research method:** This Honours project is a qualitative research study using in-

depth semi-structured interviews with primary care health professionals including general practitioners, pharmacists, optometrists, physiotherapists, nutritionists, and primary health care nurses. Interviews will be recorded and transcribed. Data will be thematically analysed. **Findings:** This project has human research ethics approval from the University of Melbourne. Data collection started in early April and will continue for 4 months. Preliminary results will be presented at this conference. **Implications:** Findings from this study will inform the promotion of IPCR and the establishment of PBRNs, particularly in non-medical disciplines. These will have the potential to lead to more impactful research conducted by multidisciplinary practitioners and researchers, increased research capacity of healthcare professionals, and improved practices and patient health outcomes.

### Driving research impact through Interprofessional Collaboration (IPC)

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**Aim and intended educational objectives:** This workshop aims to showcase the value of IPC in the generation and dissemination of research, knowledge translation and research impact, and share with participants the best strategies to promote and engage in IPC in research. Educational objectives include:

- Understand the value of IPC.
- Develop strategies to build IPC.
- Learn how to embed impact measures through a program of IPC research.
- Understand the importance of ongoing engagement and ensuring transparency/shared vision with stakeholders in IPC.

**Format:** There will be a short presentation followed by interactive activities, breakout sessions facilitated by experts, a Q&A panel with experts and a summary of the workshop.

**Content:**

- Present a case study to highlight the strategies that have been implemented to engage in IPC.
- Discuss how an existing program of research, developed over 4–5 years, involving multiple stakeholders, has resulted in various key outcomes (publications, grants, awards, research impact and international recognition) to showcase the strategies for IPC.
- Showcase the Australian Centre for Integrated Oral Health (ACIOH) as a platform for IPC for anyone in the audience interested in collaborating in general health and oral health research.

**Intended audience:** This workshop will be opened to clinicians, academics and researchers interested in IPC to enhance their research outputs and networking with like-minded colleagues to resolve some of the barriers to IPC in research.

**How the online format will be used to engage the audience:** This workshop will use:

- Fun and engaging online interactive activities (eg. polling, web-based activities such as word clouds) to explore the audience's perspectives, and encourage reflections and idea generation.
- Breakout sessions to allow networking between participants and more in-depth discussions about the case study, challenges of IPC and solutions to address them.
- A Q&A panel at the end of the workshop.

## Exploring consumer perspective of patient-reported measures (PRMs) used in primary health care

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**Background:** In Australia, there is currently no consensus as to what constitutes high-quality primary health care (PHC). The Quality Equity and Systems Transformation in Primary Health Care (QUEST PHC) project is developing a tool for measuring high-quality general practice to inform quality improvement and PHC funding reforms in Australia. Patient-reported measures (PRMs) of outcomes and experience are an important aspect of identifying high-quality PHC. **Aim:** This study aimed to explore PHC consumer perspectives on a selection of PRMs for inclusion in the QUEST PHC Tool and their value and potential use in Australian PHC. **Method:** Patient-reported measures (PRMs) that would be potentially suitable for use in an Australian general practice setting were identified through a systematic review of PRMs used in PHC in the last decade. Focus groups were conducted via Zoom to investigate consumers' views on the PRMs identified, and their perspectives on what constitutes high-quality general practice, and the value of PRMs in general practice. **Findings:** Two online focus groups were conducted with 16 participants in March 2022. Thematic analysis indicated that consumers' perspectives of high-quality PHC included patient-centred care, timely appointments and up-to-date advice and information from healthcare providers. They valued PRMs that are easy to comprehend, non-judgemental and efficient, and they highlighted the importance of ensuring that PRMs are inclusive of all people from diverse age, gender, cultural and linguistic backgrounds. Participants recognised the value of PRMs in general practice but emphasised the need for consumer input in the design of PRMs to realise that value in today's multicultural Australia. **Implications:** Understanding patient views and perspectives will inform the effective use of PRMs in PHC. Consumers' input should be sought in the design of PRMs or modification of existing PRMs for use in the Australian PHC context and for the development of the QUEST PHC Tool.

## Assessing the quality of patient-reported measures (PRMs) used in primary health care: development of a PRM compendium

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**Background:** Patient-reported measures (PRMs) of outcomes and experience are an important aspect of providing high quality primary health care (PHC). PRMs provide insight to healthcare professionals, practices and primary health networks about patient experience, needs and expectations, areas of importance to patients, as well as highlight areas of achievement and gaps. There are numerous PRMs available. However, the quality of these PRMs in the context of development and validation is largely unknown and many are not readily accessible. **Aim/Objectives:** As part of a wider project, Quality Equity and Systems Transformation in Primary Health Care (QUEST PHC), to develop a tool for measuring high quality in Australian general practice, we aimed to assess the quality of PRMs used in PHC to provide information about their purpose, quality and accessibility. **Methods:** A systematic review of PRMs used in PHC in Australia and overseas within the last 10 years was conducted between July and August 2021. Of the 519 papers identified, 58 were included after screening, and information about the PRMs was extracted by three reviewers. Each PRM was assessed by two reviewers for relevance to Australian PHC. Ninety-

two PRMs were finally included for critical appraisal. Development and validation papers were sourced and each PRM was assessed for quality of development, content validity and validation based on a modified COSMIN framework by five reviewers. **Results:** A compendium of 92 PRMs has been developed consisting of a description of each PRM, critical appraisal of its quality, a repository of the PRMs freely available and the weblinks of PRMs that require permission for access.

**Implications:** This compendium adds to the knowledge base of PRMs used in PHC. It has the potential to inform health care professionals' choice of PRMs to use, and enhance patient experience and outcomes through quality improvement.

### **Achieving consensus on indicators and measures of high quality in Australian general practice using a Delphi survey**

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**Background:** High quality primary health care (PHC) is key to containing spiralling health costs and providing equitable community-based care. Currently Australia is amongst OECD countries with the highest proportion of PHC funding as fee-for-service payments (90%), and there is no agreement on what constitutes high quality PHC to guide alternative funding models. In partnership with WentWest, the Western Sydney University 'Quality Equity and Systems Transformation in Primary Health Care (QUEST PHC)' team developed a suite of 79 indicators and their corresponding 128 measures of high quality general practice in 2019–2020. **Aim/Objectives:** To establish consensus with general practice and primary health networks (PHNs) on the relevance and feasibility of the QUEST PHC suite of indicators and measures for an Australian general practice context. **Methods:** Partnering with eight PHNs across four states, general practitioners, practice staff and PHN staff were recruited to participate in three rounds of an online Delphi survey to rate each indicator and measure on a Likert scale for relevance and feasibility. Participants were also asked to provide comments, suggestions and views regarding the implementation of a quality indicator tool. Agreement of  $\geq 70\%$  in both relevance and feasibility was required for each indicator and measure to reach consensus. Ratings were statistically analysed for response rates, level of agreement, means, standard deviations, medians, ranges and group rankings. Qualitative responses were thematically analysed. **Results:** Seventy-eight indicators and 127 measures achieved consensus. Thematic analysis indicated that although primary health care professionals feel that high-quality indicators and measures are relevant and feasible, they face numerous challenges in collecting these data including accessibility of appropriate assessment tools, patient compliance, time constraint and requirement of technological skills. **Implications:** Findings of the Delphi survey will contribute to the design of an assessment tool of high quality care in general practice that would enable future primary health care reforms in Australia.

## Consulting in languages other than English: general practice registrars' perspectives

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**Background:** It has been estimated that one in every six patients presenting to general practice (GP) speaks a language other than English (LOTE) at home and one in every 20 GP consultations are conducted in a LOTE. Preliminary data from the Registrar Clinical Encounters in Training (ReCEnt) research project demonstrate that one in every 12 GP registrars have consulted in a LOTE, of which two registrars did so in more than half of their recorded consultations. Consultations in a LOTE have been explored extensively from perspectives of patients and health outcomes, both in Australia and abroad. However, an evidence gap has been identified where the impact of consulting in a LOTE on GP registrar training is not well understood. **Objectives:** To better understand the characteristics and impact of consulting in languages other than English on GP registrars and their training. **Methods:** This is a multi-methods study. Semi-structured interviews will be undertaken with those who self-identify as having conducted consultations in a LOTE during GP registrar training. Reflexive thematic analysis will then be applied to the data. Also, a secondary analysis of data from the ongoing ReCEnt inception cohort study of NSW, ACT, Victorian, and Tasmanian GP registrars' in-consultation experiences will establish the prevalence and associations of consultations conducted in a LOTE. The principal quantitative analysis will involve univariate and multivariable logistic regression. Analyses will be conducted at the level of consultation and within the Generalised Estimating Equations framework to account for clustering of consultations within registrar. **Findings:** Data collection is progressing. Preliminary results will be presented. **Implications:** This research will inform strategies to enhance training for registrars who consult in a LOTE.

## Beyond synthesis: using meta-ethnography to reconceptualise published qualitative data

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**Aim and intended outcome/educational objectives:** Meta-ethnography is one approach to the synthesis of multiple qualitative studies. It can be used to highlight important themes, underlying reasons and context associated with lived experiences. Meta-ethnography is fundamentally an interpretive endeavour involving relating knowledge and creating meaning. Importantly it goes beyond synthesis and involves re-coding and re-conceptualising findings from purposively selected qualitative reports. In this workshop we will introduce the meta-ethnography method (Noblit and Hare 1988) and walk participants through a recently completed meta-ethnographic study. Challenges and opportunities when using this approach in the context of primary care research will be explored and how we adapted a classic ethnographic approach for use in synthesising qualitative evidence of patient experience in primary care. **Educational objectives:** To know the contexts in which meta-ethnography is an appropriate choice of study design and describe how it differs from quantitative meta-analysis; to be able to describe the steps in conducting meta-ethnography; to be able to apply the coding processes of a meta-ethnography; and to know how to evaluate the quality of a meta-ethnography. **Format:** An interactive online workshop. **Content:** The workshop is divided into three elements: (1) Firstly, an overview of history, principles and philosophy underpinning meta-

ethnography; (2) We describe and illustrate one approach to synthesis of qualitative data and how this was adapted in a recent meta-ethnography completed by the authors; and (3) Finally, participants will complete an exercise to understand processes in coding and reconceptualisation of raw data in meta-ethnography. **Intended audience:** This workshop will be valuable to everyone from doctoral to experienced researchers interested in synthesis of qualitative data from multiple studies. **How the online format will be used to engage the audience:** We will incorporate didactic and interactive elements using features of Zoom such as break-out groups, online polls and interactive whiteboard to engage the audience.

## Reference

Noblit GW, Hare RD (1988) Meta-ethnography. Thousand Oaks, California: SAGE Publications.

## The experience of primary care for patients with chronic obstructive pulmonary disease (COPD) who continue to smoke: an interpretative phenomenological inquiry

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**Background:** Studies of adults living with Chronic Obstructive Pulmonary Disease (COPD) reveal a number of challenges when interacting with healthcare providers and may be exacerbated by unwillingness or inability to quit smoking. However, none have explored in-depth, primary care experiences among patients with COPD in the Australian healthcare setting. **Aim/Objectives:** The study used Interpretive Phenomenological Analysis (IPA) to explore healthcare experiences of participants in primary care settings amongst current smokers or those who had recently quit smoking. **Methods:** The study was guided by principles of IPA and participants' sense-making of their personal and social 'world', particular experiences, events and emotions were explored. Thirteen participants were purposively recruited from 33 responses to social media posts in COPD and carer support groups, general community groups, community noticeboards and paid adverts. In-depth interviews were held between February and April 2022 by phone or Zoom. Interviews explored healthcare experiences, smoking and stigma. Cross-case analysis was conducted to form group experiential themes. **Findings:** Participants self-reported doctor diagnosed COPD, were living in Australia and aged between 45 to 75 years. Nine were female and 60% were current smokers. Interviews explored experiences of care including access, interpersonal care, coordination, comprehensiveness of services and trust. Participants described how their care experience shifted as primary care adapted care delivery during COVID. Problematic experiences included time-constrained consultations 'You're a number, and that's where I feel like a sheep and they can stress you out more', having to self-advocate for care and guilt about smoking. Positive care experiences described non-judgemental interpersonal interactions with doctors, timely referral, proactive care and trust 'I have an actual great trust for my GP... they're awesome, they'll look after you'. **Implications:** Understanding and valuing the patient experience in healthcare interactions provides insights to how care can be transformed for vulnerable patients living with socially stigmatised illness.

**Associations of inner metro, outer metro and rural/remote locations in GP vocational training: cross-sectional study**

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**Background:** The Registrar Encounters in Training (ReCEnT) project has found evidence of a richer training experience in regional/remote locations compared to major cities, in terms of more older patients, continuity of care, Aboriginal or Torres Strait Islander patients and procedures performed. However, major cities are not homogenous, and there may be training experience differences between inner- and outer-metropolitan locations. **Aim/Objectives:** To determine associations of NSW and ACT GP registrars' training location ('Inner Metropolitan' (IM), 'Outer Metropolitan' (OM), and 'Non-metropolitan' (NM) locations). A modified Australian Department of Health categorisation (omitting Newcastle and Wollongong practices from the NM category) defined IM/OM/NM. **Methods:** GP registrars participating in ReCEnT record data for 60 consecutive consultations during each of 3 GP training terms. A cross-sectional analysis of data (2016 to 2020) used multinomial logistic regression incorporating a broad range of independent variables (at patient, registrar, practice and consultation levels). **Findings:** Of 211,776 consultations, 61,367 (29%) were OM, 71,967 (34%) IM, and 78,442 (37%) NM. OM registrars were significantly more likely to see elderly adults (65+ years), patients from lower socioeconomic status, and Aboriginal and/or Torres Strait Islander patients, than IM registrars, and to complete training terms in the same practice (though, for all four variables, less than NM registrars). They were more likely to see paediatric patients than IM or NM registrars. They were more likely to see patients of non-English speaking background than NM registrars. OM registrars were less likely to order pathology than NM registrars or refer patients than IM and NM registrars. They were more likely to arrange follow-up appointments than NM registrars. **Implications:** Our findings suggest a possibly richer training environment for OM registrars compared to IM locations, though less rich than NM locations. Differences for investigations and referrals may reflect particular health access/equity issues in OM areas.

## Early-career general practitioners' perceptions of the utility of vocational training for subsequent independent practice

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**Background:** It is controversial which information and skills general practice registrars should be taught, how this teaching is best done, and in which context. Both in-practice (the 'apprenticeship-like' training model) and formal out-of-practice education sessions are anecdotally thought to be useful preparation for independent specialist practice. **Aim/Objectives:** To evaluate Australian early-career general practitioners' perceptions of the utility of their prior vocational training in preparing them for independent specialist practice. We hypothesised that in-practice teaching would be perceived as more impactful than that received in formal educational sessions through Regional Training Organisations (RTOs). **Methods:** A cross-sectional questionnaire-based study of early-career general practitioners ('alumni' of RTOs 6-months to 2-years post-Fellowship), supplemented with routinely-collected in-training data. The outcomes were Likert scale ratings of how well the alumni's RTO versus in-practice vocational education and training prepared them for their current independent practice. Ratings for RTO-delivered versus in-practice educational utility were compared using Wilcoxon signed-rank tests. Multivariable linear regression was used to establish alumni characteristics associated with perceptions of utility of in-practice versus RTO-delivered education/training. **Findings:** 354 alumni participated. In-practice training was rated higher for minor procedural skills, teaching skills, professional responsibilities, tolerating clinical uncertainty, and preparing for managing child and adolescent health, aged care, chronic disease, multi-morbidity, and mental health. RTO-provided teaching rated higher in preparing registrars for practicing evidence-based medicine and Aboriginal and Torres Strait Islander Health. There was a relative lack of participant, practice, and training associations of in-practice versus RTO-delivered training utility outcomes in multivariable analyses. **Implications:** In-practice or RTO-led teaching were perceived as more useful for some components of independent practice. For others, there was no difference. The current mix of in-practice and RTO-delivered training does not adversely affect any identifiable demographic within Australian GP vocational training. The findings support maintenance of the current dual system of education/training.

## Snakes and Ladders: clinical research during the Covid-19 pandemic

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**Background:** Covid-19 has created unique challenges for clinical research, partly due to changes in how patients are seen in general practice and the introduction of telehealth. There were also competing demands on general practitioners (GPs) who were managing the pandemic and specifically the vaccination roll out. Our research team was funded by an RACGP Grant in 2020 to conduct a study to develop and test a GP-Practice nurse team-based model of care for Mandarin speaking international students seeking sexual and reproductive healthcare. The study ran over 2021 and the early part of 2022. **Aim:** To highlight the challenges and lessons learnt in conducting clinical research during 2020/21. **Methods:** The researchers will describe their experience of conducting a clinical research study during Covid-19, specifically in the context of recruiting international university students. **Findings:** Over the course of conducting the study for 18 months, there was progress moving forward and then steps backwards, akin to a game of snakes and ladders. Challenges encountered included:

- Recruiting Mandarin speaking international students, when a significant proportion had returned home or were unable to enter Australia due to border control policies
- Competing clinical demands due to the pandemic, including the management of Covid-19 positive patients, significant practice resources dedicated to the vaccination roll out and staff rostering changes due to illness
- Prolonged lockdowns, which affected clinical practice and the ability to complete patient consultations as part of a research project
- The Mandarin speaking project officer returning overseas.

**Implications:** Despite the challenges experienced, the study was completed. This involved ongoing review and adaptation of expectations including pushing back timelines, requesting extensions relating to the Research Grant, reducing patient recruitment numbers and translating a face-to-face focus group to an online environment across two countries. It was a stressful but insightful experience for the researchers.

## Achieving equitable access to abortion care in regional, rural and remote Australia: recommendations from the SPHERE Women's Health Coalition

Danielle Mazza<sup>A</sup>, Jessica Botfield<sup>A</sup> and Members of the SPHERE Women's Sexual and Reproductive Health COVID-19 Coalition

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**Background:** Improving access to abortion services is a priority of the National Women's Health Strategy 2020-2030. However, access remains highly inequitable in Australia, with limited availability and inconsistent access to both medical and surgical abortion services and few publicly-funded options available in most states, particularly in regional, rural and remote areas. Rates of unintended pregnancy are disproportionately higher in non-urban areas, and access to abortion services similarly differs by geographical location. **Aim:** The SPHERE Women's Sexual and Reproductive Health COVID-19 Coalition aimed to develop a consensus statement to highlight current challenges and call for increased access to abortion care. **Methods:** The statement was drafted and ratified by

members of the Coalition (clinician experts and consumers, representatives from peak bodies and key stakeholder organisations and eminent Australian and international researchers) and disseminated in November 2021. **Findings:** Key recommendations outlined in the consensus statement included: (1) development of an abortion care standard that includes key performance indicators (KPIs); (2) annual public reporting against KPIs to monitor progress; (3) a National Federation Reform Council process that mandates that major regional or tertiary hospital services provide comprehensive abortion care with appropriate referral, as well as abortion training for hospital-based health professionals and students; and (4) that Primary Health Networks develop an integrated regional approach to abortion care that involves identifying gaps in local service provision, commissioning services to fill those gaps, and maintaining strong collaborative links and referral pathways. **Implications:** Increasing access to abortion care for women in rural and remote areas will contribute to meeting the goals of the National Women's Health Strategy and improving health outcomes. Government and stakeholder commitment to implementation of these recommendations is critical to ensure equitable access to abortion care for all women.

### Provision of medical abortion services in Australian general practice: a knowledge, attitudes and practice survey of Australian general practitioners

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**Background:** Across Australia, especially in rural and remote regions, women describe challenges finding general practitioners (GPs) to provide early medical abortion (EMA). Only 10% of GPs are certified EMA prescribers and it is unknown how many actively provide this care. Current knowledge, attitudes and practices of GPs in Australia in relation to EMA are unknown. **Objective:** To describe knowledge, attitudes and practices regarding EMA amongst Australian GPs. **Methods:** As part of the AusCAPPs mixed-methods project aiming to improve access to long acting reversible contraception and EMA in Australian primary care an online survey of GPs was undertaken between July-October 2021. Recruitment occurred through direct email, letters, social media and GP organisations and networks. Participants received a \$40 gift card. Data were summarised using counts and proportions. **Findings:** 500 GPs completed the survey. Of these, 46% ( $n=230$ ) were based outside metropolitan areas. Most were from Victoria ( $n=156$ ; 31%) and New South Wales ( $n=148$ ; 30%), and identified as female ( $n=388$ ; 77.6%). Over two-thirds of GPs were aware that EMA is registered for use up to nine weeks gestation ( $n=303$ ; 60.6%). While 54% ( $n=272$ ) felt they had the knowledge to provide EMA counselling, almost one-third did not ( $n=159$ ; 32%) and 14% ( $n=68$ ) were undecided. Only 23% ( $n=117$ ) provided an EMA service. Use of telehealth to deliver EMA was negligible ( $n=41$ , 8%). Those who provided EMA services delivered an average of 5 EMAs/month ( $SD=10.6$ ). **Implications:** While GPs are ideally placed to provide EMA services, many do not provide this care. Supporting GPs to further integrate EMA services into their practice, both face to face and via telehealth is required to better support women to exercise their sexual and reproductive health choices.

### **Zoster vaccine effectiveness against Zoster and Postherpetic Neuralgia in New Zealand: a retrospective cohort study**

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**Background:** Herpes zoster (HZ) and associated complications cause significant burden to older people. An HZ vaccination programme was introduced in Aotearoa New Zealand in April 2018 with a single dose vaccine for those aged 65 years and over with a four-year catch up for 66–80 year-olds. **Aim:** This study aimed to assess the ‘real-world’ effectiveness of the zoster vaccine live (ZVL) against HZ and postherpetic neuralgia (PHN). **Methods:** We conducted a nationwide retrospective matched cohort study including adults  $\geq 50$  years from 1 April 2018 to 1 April 2021 using a linked de-identified patient level Ministry of Health data platform. A Cox proportional hazards model was used to estimate ZVL vaccine effectiveness (VE) against HZ and PHN adjusting for covariates. A sub-group analysis was carried out in immunocompromised adults. **Results:** A total of 824,142 (274,272 vaccinated with ZVL matched with 549,870 unvaccinated) New Zealand residents were included in the study. Vaccinated versus unvaccinated incidence of hospitalised HZ was 1.63 vs. 3.07/10,000 person-years and 0.31 vs. 0.80/10,000 person-years for PHN. The adjusted overall VE against hospitalised HZ and hospitalised PHN was 48.6% (95% CI: 36.3%–58.5%), and 62.8% (95% CI: 40.0%–77.0%) respectively. For ZVL immunocompromised adults VE against hospitalised HZ was 51.5% and PHN hospitalisation was 75.8%. **Interpretation:** ZVL was associated with a reduction in risk of hospitalisation from HZ and PHN in adults 50 years and older in New Zealand.

### **Exploring barriers and facilitators to implementation of a new quality improvement program targeting the reduction of cardiovascular risk in chronic kidney disease in general practice**

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**Background:** According to the Australian Institute of Health and Welfare National Mortality Database, Chronic Kidney Disease (CKD) contributed to 11% of all deaths in Australia in 2018. People with moderate to severe CKD are automatically considered to be at ‘high risk’ of cardiovascular disease (CVD). This risk can be mitigated through various lifestyle and pharmacotherapy interventions. Future Health Today (FHT) is a technology platform developed by the University of Melbourne and Western Health that integrates with clinical software to provide individualised clinical decision support based upon these recommended interventions. A clinical trial is underway exploring the effectiveness of FHT. **Aim/Objectives:** To explore the factors influencing implementation of FHT from the perspectives of participating health professionals in the context of CVD risk in CKD. Through a clinical lens we explore the user experience, impact on workflow, perceived usefulness and credibility of recommendations, and what processes and staff roles are important to implementation of the program. **Methods:** Nineteen practices, randomly assigned to the CKD arm of the FHT pragmatic cluster randomised control trial, were asked to nominate at least one GP and/or practice nurse for interviews scheduled to take place in May 2022. Qualitative analysis will be undertaken using software NVivo 12 (QSR International). Data will be coded by at least two researchers and will be analysed using Framework Analysis and Clinical Performance Feedback Intervention Theory (CP-FIT). **Findings:** Preliminary results will be available by the end of

July 2022. **Implications:** It is vitally important that development of new technology be continued with the active involvement of clinicians. This project aims to keep general practitioners at the forefront of implementation and optimisation, to ensure the technologies are appropriate to the primary care setting and have the best chance of uptake as well as improvement in clinical outcome.

### **You what? Explaining your research to someone who isn't you**

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**Aim:** To help primary care researchers reflect on and improve their research communication, particularly to lay audiences, or those outside their field.

**Intended outcome/educational objectives:**

- Understanding the challenges researchers often face when translating their research for non-scientific audiences.
- An improved understanding of the stylistic choices researchers can make to improve the quality of their research communication activities.
- Awareness of available tools and resources that can assist with research communication.

**Format:** Interactive workshop – presentation, questions & discussion. **Content:** We would develop content based on the results of a survey distributed to attendees prior to the event. The survey would identify key topics that attendees would like to learn more about. We would restrict content to approaches and tools to improve how primary care researchers as individuals may engage in research communication. Examples of platforms that could be included are Twitter, LinkedIn, oral presentations/webinars, printed/digital communications, podcasts, animation/videos. Materials that may be developed and presented could include 'before and after' examples that explain how research content was adapted to be presented to a lay audience in different formats. Tools and considerations may include identifying your audience, adapting language, eliminating jargon, adapting visual content, finding the right narrative, crafting the right take home message, and understanding the needs of the audience. **Intended audience:** This workshop would be useful for primary care researchers who are interested in improving their approaches to research communication. This workshop would have a maximum of 25 participants. **How the online format will be used to engage the audience?** As content will be tailored to the audience via the survey, we hope that it will be very engaging for participants. We would aim to use a series of real-world examples to demonstrate the learning objectives.

## Designing a decision aid for cancer prevention

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**Objectives:** Australian guidelines recommend people aged 50 to 70-years-old without contraindications, consider taking low-dose aspirin for at least 2.5 years to reduce their risk of colorectal cancer. **Aim:** The aim was to design a decision aid (DA) with clinician and consumer input including expected frequency trees (EFTs) to communicate risks and benefits of taking aspirin. **Methods:** Semi-structured interviews were conducted with relevant clinicians. Focus groups were conducted with consumers aged between 50 and 70. The clinician and focus group interview schedules covered ease of comprehension, design, potential effects on decision making, and approaches to implementation of the DA. Thematic analysis was employed; independent coding by two researchers was inductive. Themes were developed through consensus between authors. The final versions of the DAs were shown to consumers for their final comments and approval. **Results:** Sixty-four interviews were completed with clinicians between March and October 2019. Twelve consumers, aged 50 to 70 years, participated in two focus groups in February and March 2020. The clinicians agreed that the EFTs would be helpful to facilitate a discussion with patients but suggested including an additional estimate of the effects of aspirin on all-cause mortality. The consumers felt favourably about the overall DA, especially if used with a clinician, and suggested some additional changes to the design and wording to improve ease of comprehension. **Conclusion:** DAs were designed to communicate risks and benefits of low-dose aspirin for disease prevention. The DAs are currently being trialled in general practice to determine their impact on informed decision-making and aspirin uptake.

## Models of care for intrauterine device delivery by Australian general practitioners

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**Background:** Intrauterine devices (IUDs) are forms of long-acting reversible contraception that are both safe and effective. IUD services are delivered in various healthcare settings. General practice is ideally placed to provide and improve access to IUD services as it is community-based and first line for contraceptive provision. To explain low IUD uptake in Australia, models of IUD service delivery must be understood. However, literature on current models is limited. This may discourage and prevent general practitioners (GPs) from performing IUD insertions, consequently hindering women's access to IUD services. **Aim:** To describe IUD models of care used by Australian GPs. **Methods:** Twenty GP IUD providers participated in semi-structured, audio-recorded telephone interviews. Participants were recruited across Australia using convenience and purposive sampling. Following de-identification, data were transcribed verbatim and managed in NVivo. Two coders undertook thematic analysis. A quality framework was used in interview tool development, IUD model of care conceptualisation and to guide themes and implications. **Findings:** Participants

described three models of care for IUD service delivery. The common model comprised three to four appointments. Some participants, however, believed multiple appointments prevented women's access. Therefore, they opted for streamlined (maximum two appointments) or same-day insertion models. Only one participant reported a nurse-led model, however, all participants described task-sharing approaches to delivery. Participants also discussed adaptations to current delivery models, such as removing follow-up appointments and using telehealth, to accommodate patients' needs and choices. Participants believed IUD uptake could be increased by removing financial barriers to the service for both patients and providers. **Implications:** Current Australian models of care for IUD provision are inefficient, limit access and hinder GPs' ability to provide this service. Quality enhancement can be achieved with fewer appointments, adhering to current best practice and prioritising patients' preferences. Providers should adapt service delivery to facilitate patient choice and access.

### **Codesigning improvements for primary maternity care in Indonesia under the Covid-19 pandemic**

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**Background:** Primary maternity care in Indonesia faces significant challenges during the COVID-19 pandemic. The pandemic has exposed the fragility of primary care practice. The setting is pushed to help prevent the spread of the infection while maintaining care for pregnant women, however, with limited available guidance and support in practice. **Aim/Objectives:** To seek consensus on key recommendations and design a model for improving primary maternity care in Indonesia under the Covid-19 pandemic. **Methods:** Four online co-design workshops and interviews were conducted with general practitioners (GPs), midwives, nurses, obstetricians, and patients. The first workshop discussed the way current maternity care was provided and the participants' expectations for improving the service in primary care. The second workshop discussed potential improvements for maternity care identified from a review of international recommendations, as well as discussing opportunities and potential challenges for implementing the recommendations in practice. The third and fourth workshops designed and finalised the maternity care model under the Covid-19 pandemic. Individual substitute interviews were also available for participants who could not attend the workshops. The participants' responses and suggestions were analysed using thematic analysis. **Findings:** Twenty-three participants were recruited, and 23, 20, 17, and 18 participants participated in the first-fourth workshops or substitute interviews. Key recommendations identified from the review and agreed upon in the workshops were health screening, maintaining antenatal-postnatal breastfeeding care, limiting visitors, and using telemedicine. A model of care for improving primary maternity care, covering arrangements for patients' encounters and referral plans, was also agreed and received suggestions from the participants. Potential challenges to the recommendation implementation include the available clinical resources and negotiating providers' authority. **Implications:** Recommendations and models of care would benefit for improving primary maternity care in Indonesia under the Covid-19 pandemic. Further research includes exploring the acceptability of the recommendations' implementation in practice.

## **Roadblocks to health care: an integrative review of men's help-seeking and engagement with general practice**

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**Background:** Males are dying earlier than females due to preventable causes and lifestyle factors. General practice supports individuals and families to maintain their physical and mental well-being, as well as prevent future ill health through proactive screening and risk reduction. However, there is evidence to suggest that males engage less with general practice than females, and so miss the full benefits of this preventive health care. **Aim/Objectives:** This review sought to explore the literature around men's help-seeking and engagement with general practice. **Methods:** An integrative review method was used to explore the literature. Databases were searched for original research of any design pertaining to men's help-seeking and engagement with general practice published between 1999 and 2021. The Mixed Method Appraisal Tool was used to assess methodological quality. Findings were extracted into a summary table, critically examined, and analysed using thematic analysis. **Findings:** Four themes were identified from the 20 included studies, namely; (1) structural barriers; (2) internal barriers; (3) men's understanding of the role of general practice; and (4) self-care and help-seeking. It was found that men can find general practices unwelcoming. Psychological barriers that impact engagement and help-seeking were identified. Findings demonstrated that men largely view general practice as a place for acute health care and don't appreciate its role in preventive health care and advice. **Implications:** The review has elucidated barriers that men can face in help-seeking and engagement with general practice. General practices that implement strategies to address these barriers could enhance the engagement of men with the practice. Enhancing engagement has the potential to reduce the impact of men's health on their quality of life, well-being and productivity and improve health outcomes.

## **The enactment of safety in an exemplary general practice: an ethnographic approach**

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**Background:** There has been an increasing interest in patient safety in primary care over the last few decades. Primary care safety is complex, encompassing patient, staff, and practice factors. Existing qualitative studies on safety have been restricted to interview studies of clinicians and patients. Recent ethnographic case studies of exemplary clinics overseas have increased our understanding of the ways in which primary care practices can transition to the Patient Centred Medical Home. Ethnography (combining non-participant observation, interviews, and document analysis) could provide a new insight into patient safety in the real world of primary care. **Aims:** We will explore the ways in which safety is enacted in the routines and culture of an exemplary Australian General Practice. **Methods:** We will conduct an ethnographic case study of a single accredited general practice in Melbourne, Victoria. The study will be informed by the sociological concept of routines and set in a practice chosen from those publicly acknowledged by professional bodies as providing high quality care. Data will be collected from May to August 2022. Multiple rounds of direct observation of staff activity and practice meetings will occur. The observation template will be developed iteratively and be informed by the Manchester Patient Safety Framework. Data will be complemented by textual review of policy documents, photographs, and in-depth staff interviews.

Case study analysis will be conducted using a constant comparative approach and refined at regular team meetings. **Findings:** Our findings should allow deeper insights into the safety routines in general practice and how the people embedded in quality care do their work. Findings will be presented to the practice at a later stage of the project. **Implications:** This pilot study will inform approaches for future research and provide an outsider's insight to inform future practice change at a high performing practice.

### **Practice and patient considerations for conducting a young person's health check in general practice: insights from key informants**

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**Background:** Adolescence and young adulthood herald the emergence of health compromising behaviours, including substance use and unsafe sex. In Australia, young people's (YP) access to health care is increasingly costly and compromised by a system that does not support timely and comprehensive risk assessment and intervention in general practice. Understanding this context and resourcing needs will inform the implementation of timely health checks for YP. **Aim/Objectives:** To identify facilitators and barriers to conducting preventative health checks for YP in general practice and to inform an adolescent health randomised trial, we explored: i. How preventative health checks currently work in general practice; ii. How a YP check could work; iii. What training and support is needed to conduct YP health checks; and, iv. How to optimise the accessibility of YP health checks. **Methods:** Focus groups and in-depth interviews were conducted with: 1) Practice staff comprised of General Practitioners (GPs  $n=11$ ), Practice Nurses (PNs  $n=9$ ), and Practice Managers (PMs  $n=3$ ); and, 2) YP aged 14-17 ( $n=5$ ); aged 18-24 ( $n=6$ ). We used a qualitative descriptive approach and conventional content data analysis. **Findings:** Two focus groups and three in-depth interviews with 23 practice staff were conducted over Zoom between September and November 2021. Two YP focus groups were conducted over Zoom in February 2022. Key findings from practice staff included the need to consider appointment logistics (eg scheduling and time, follow-up and referral care), staff roles (eg nurse and reception engagement), and billing structures. YP discussed their preferred method of communication (eg text message, informative videos) and comfort engaging with GPs and nurses. **Implications:** There are clear barriers and facilitators to YP health checks in general practice. Involvement of key informants in trial design generates stakeholder perspectives that aid intervention development and implementation.

## **The pattern of mental health consultations at a metropolitan university general practice clinic in Sydney before and during the COVID-19 pandemic**

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**Background:** The COVID-19 pandemic has created social and medical disruptions to the Australian community. The introduction of telehealth Medicare Benefits Schedule (MBS) item numbers in early March 2020 has shifted mental health consultations from face-to-face to telehealth. There is a literature gap pertaining to the ongoing trends that extend past the initial 'first wave' of the pandemic in the context of an Australian landscape. **Aim/Objective:** To describe the pattern of mental health care consultations in a university-based general practice in Sydney, specifically, the distribution of face-to-face, telephone and tele-video consultations, according to the change in socio-political landscape and lockdowns. The secondary aim is to explore the effect of age, ethnicity, birth sex and student status, and the severity of patient symptoms via K10/DASS21 scores. **Methods:** Retrospective data will be obtained from records of 456 patients attending a university-based general practice in Sydney, Australia between four different 35-day time periods: baseline pre-COVID-19 (1st February 2019 to 8th March 2019); first COVID-19 lockdown (31st March 2020 to 5th May 2020); second COVID-19 lockdown (20th August 2021 to 24th September 2021); post COVID-19 lockdown (1st February 2022 to 8th March 2022). Attendances will be defined by mental health MBS codes that correspond to mental health consultations, mental health care plans, and mental health care plan reviews, for face-to-face, telephone and tele-video consultations. K10/DASS21 scores will also be obtained. Statistical analysis will be performed using the two-sample t-test on SPSS. **Findings:** Data analysis is currently in progress. Results will be available by July 2022. **Implications:** Given the recent temporary telehealth extension announced by the Australian Government on 16th January 2022, the findings of our study will illustrate the impact of the COVID-19 pandemic on mental health consultations in various subgroups and provide additional data for policymakers to facilitate further examination in continuing MBS subsidisation.

## **Primary health care access and utilisation for population groups without Medicare**

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**Background:** The primary health care system in Australia has been designed to provide timely, efficient, and equitable access to health care based on needs. However, this objective does not seem to be met for of all the population. Temporary visas holders to Australia are required to obtain their own private health insurance because they are not recipients of Australia's universal health care, Medicare. **Aim:** Understand the experience of Chinese extended family visa holders and Mongolian international students to accessing health care in South Eastern Sydney. **Methods:** Qualitative interviews and focus groups were conducted with temporary population groups without Medicare through Bilingual Research Assistants. Consultations were also held with health providers about the provision of care. **Findings:** Temporary visa holders have mixed experiences in accessing primary health care. There is great variance between insurance companies in which health conditions and treatments are covered. General practices then choose how much to charge. The variance in the coverage has resulted in doctor-shopping beyond the patient's local geographic area rather than visiting health care based on need for care. Some residents also experienced barriers in accessing

appropriate health services due to not having the proficiency to discuss health matters in English. Unfortunately, in primary health care, doctors can only use the Translating and Interpreting Service Doctors' Priority Line for Medicare holders. These barriers have meant some go to hospital emergency. Unfortunately, holders of certain private health care funds must pay their fees upfront and claim later. This is difficult for people with low incomes who have had to leave the hospital without care. **Implications:** This paper demonstrates the range of factors affecting accessibility of care including appropriateness and affordability, which are major structural deterrents to realised access to care. Solutions discussed include applying an equity lens to service delivery.

### Enablers of and barriers to nurses providing preventive care in general practice

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**Aim/Objectives:** General practice nurses play an essential role in Australia's primary health care sector by delivering preventive care and chronic disease management. This study aimed to identify enablers of and barriers to effective preventive care by general practice nurses to create and utilise a vision of health for all. It sought to improve the empirical understanding of the factors contributing to the advancement of general practice nursing and how to achieve improvements within the clinical practice. **Methods:** This study featured an exploratory sequential, mixed-methods design informed by the socio-ecological model and a critical realism approach. Quantitative data were collected via the Lifestyle Risk Factor Survey, and qualitative data were collected via semi-structured individual interviews. Quantitative data were analysed using SPSS to generate descriptive statistics, and NVivo 12 was used to manage qualitative data analysed using Braun and Clarke's framework. **Findings:** Quantitative data were collected from 277 general practice nurses, and qualitative data were collected from 34 general practice nurses. This study found that the primary enablers of the provision of effective preventive care practices by general practice nurses were individual (e.g., experience, personal motivation, knowledge of the system, confidence, attitude) and interpersonal (e.g., motivated patients, supportive work colleagues, working dynamics with colleagues). The main barriers to the provision of effective preventive care practices by general practice nurses were organisational (e.g., inadequate time, the structure of the organisation, workplace focus/ culture, inappropriate consultation rooms) and public policy and funding (e.g., lack of Practice Nurse Incentive Program funding). **Implications:** This study has contributed valuable insights into the motivational and socio-ecological factors that influence general practice nurses' provision of preventive care. These insights suggest that practice nurse training and support initiatives, including a greater understanding and expansion of funding opportunities and the Practice Nurse Incentive Program budget, may promote practice nurse preventive care improvement to optimise patient health outcomes.

## **While We Wait: understanding the impact of service wait times on GPs' treatment behaviour for youth patients with mental health problems**

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**Background:** Wait times for in-person mental health treatment are a national crisis for young people. Long wait times are associated with many negative consequences such as lower treatment satisfaction and discontinuation, symptom deterioration and relapse, and lower likelihood of future help-seeking. With the onset of COVID-19, wait times have become longer. General Practitioners (GPs) are the primary referrers to in-person mental health treatment, however, their ability to care for their youth patients' mental health is often negatively impacted by long wait times, often resulting in GPs engaging in significantly high levels of management, with little resources to do so. Brief, low-intensity digital interventions may provide accessible, evidence-based, and cost-effective care while young people await in-person mental health care. **Aim/Objectives:** This study aims to examine the impact of service wait times on GPs' treatment of mental health problems in youth patients and explore their openness to recommending digital interventions as support during this time. **Methods:** A national cross-sectional survey conducted among 430 GPs (currently recruiting). **Findings:** This presentation will outline the survey results. Preliminary results (N=53) indicate that wait times impact GP decisions and management of young patients. Specifically, participants reported that due to long wait times, they often increase their care rather than refer patients to services (M=4.08, SD=.79) and often refer patients to different services than their preferred service (M=4.00, SD=.69), are very open to recommending mobile mental health apps to their patients (M=4.24, SD=.84), but are only somewhat confident in doing so (M=3.57, SD=1.27). **Implications:** This research is the first in Australia to examine mental health service wait times on GP treatment care and decisions specifically for youth. It will inform how young patients can be best supported and which interventions GPs consider to be most ideal for supporting young people while they await in-person mental health care.

## **Can Practice-Based Research Networks foster integrated care across the healthcare system? A scoping review**

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**Background:** Integrated health care, particularly between the broader health care system and primary care can ease the patient journey, improve outcomes and reduce healthcare costs. The rise of both Primary Health Networks and Advanced Health Research and Translation Centres in Australia expands the requirement for Australia's Practice Based Research Networks (PBRNs) to incorporate a focus on integration. However little is known about the ways in which PBRNs can help align and coordinate different parts of the health care system. **Aim/Objectives:** To conduct a scoping review to examine how PBRNs have been used to foster integrated care across the healthcare system. **Methods:** Our scoping review used the PRISMA-ScR framework and was based on Valentijn's conceptual framework for integrated care. Two independent reviewers used Covidence™ to search

titles, abstracts, and full texts in Ovid Medline, EMBASE, CINAHL and Scopus. We sought to identify peer-reviewed empirical studies conducted since 2000 that examined collaboration between PBRNs and the broader healthcare system. We excluded studies that solely used PBRNs for recruitment and those restricted to a single practice. **Findings:** We identified 3022 articles, of which 74 studied primary care PBRNs. Of these, 13 focussed on 'integrated care.' The studies documented collaboration between primary care and a wide range of professions and organisations. Only one explored integration at a clinical, organisational and system level, and few showed how collaborations could be established or maintained. Most prioritised population health rather than clinical care. **Implications:** While system integration is beginning to be explored as PBRNs evolve, there is a paucity of information on how PBRNs form and foster integration between primary care and the broader healthcare system. An improved understanding of the role of PBRNs in integration is important given the focus on system integration and sustainability within Australia's new 10 Year Plan for primary health care.

### **Developing a national primary care research and surveillance network: a qualitative study of stakeholder views**

*Abigail Pigden<sup>A</sup>, Tim Stokes<sup>A</sup> and Carol Atmore<sup>A</sup>*

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**Background:** Primary care research is critical to understand primary health care challenges such as workforce issues, health system delivery, and barriers to equitable health outcomes experienced by Māori, Pacific, rural and refugee populations. Elsewhere, primary care data are routinely collected at a national level by primary care research and surveillance networks (PCRN). These networks provide an enhanced understanding of disease epidemiology and exploration of potential community-based interventions. Aotearoa New Zealand (NZ), however, has no such networks. **Aim/Objectives:** To investigate the views of health sector stakeholders on the utility of and critical elements needed for a national PCRN in NZ. **Methods:** Twenty semi-structured interviews and a focus group were conducted with key stakeholders identified from across different levels of the health sector and Hauora Māori providers to explore their views on what national primary care research infrastructure is needed in NZ. Interview and focus group data were analysed thematically. **Findings:** Six themes were identified. Participants discussed current challenges in the field of primary care research in NZ, including difficulties with collecting data and disconnections between research, practice and policy. Participants identified the need for improved primary care research infrastructure in NZ to strengthen the connection between research and practice, to identify specific regional and community needs, and to provide data for evidence informed decision and policymaking. Specific to the NZ context, improving health equity for Māori and vulnerable populations was identified as a critical function of a NZ primary care research network. **Implications:** Stakeholders identified challenges in conducting primary care research and translating research into practice and policy in NZ and supported the development of a NZ PCRN. The findings from this research were used to generate a NZ-specific set of recommendations for a national primary care research network.

## The association between frailty, social isolation, loneliness and adverse health outcomes in the UK Biobank cohort

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**Background:** Three challenges for ageing populations are frailty (a state of reduced physiological reserve), social isolation (objective lack of social connections), and loneliness (subjective experience of feeling alone). These are associated with adverse outcomes. **Aim:** To examine how frailty in combination with loneliness or social isolation is associated with all-cause mortality and hospitalisation rate using data from UK Biobank, a large population-based research cohort.

**Methods:** 502,456 UK Biobank participants were recruited 2006–2010. Baseline data assessed frailty (via two measures: Fried frailty phenotype, Rockwood frailty index), social isolation, and loneliness. Adjusted cox-proportional hazards models assessed association between frailty in combination with loneliness or social isolation and all-cause mortality. Negative binomial regression models assessed hospitalisation rate. **Findings:** Frailty, social isolation, and loneliness are common in UK Biobank (frail as per frailty phenotype 3.38%, frail as per frailty index 4.68%, social isolation 9.04%, loneliness 4.75%). Social isolation/loneliness were more common in frailty/pre-frailty. Frailty is associated with increased mortality regardless of social isolation/loneliness. Hazard ratios for frailty (frailty phenotype) were 3.38 (3.11–3.67) with social isolation and 2.89 (2.75–3.05) without social isolation, 2.94 (2.64–3.27) with loneliness and 2.9 (2.76–3.04) without loneliness. Social isolation was associated with increased mortality at all levels of frailty; loneliness only in robust/pre-frail. Frailty was also associated with hospitalisation regardless of social isolation/loneliness. Incidence rate ratios for frailty (frailty phenotype) were 3.93 (3.66–4.23) with social isolation and 3.75 (3.6–3.9) without social isolation, 4.42 (4.04–4.83) with loneliness and 3.69 (3.55–3.83) without loneliness. At all levels frailty, social isolation/loneliness are associated with increased hospitalisation. Results were similar using the frailty index definition. **Implications:** Social isolation is relevant at all levels of frailty. Risk of loneliness is more pronounced in those who are robust or pre-frail. Proactive identification of loneliness within primary care regardless of physical health status may provide opportunities for intervention.

## 'Gender, Sex and Sexuality: Getting the Basics Right' – A student-led teaching intervention to improve knowledge of LGBTQIA+ healthcare issues in undergraduate medicine?

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**Background:** Not only do LGBT+ people face health inequalities, but institutionalised homophobia and transphobia results in 1 in 4 LGBT people having witnessed healthcare staff make negative remarks about LGBT people (Bachmann and Gooch 2018). It is more important than ever for current and future healthcare staff to provide LGBTQ+ inclusive care. **Aim:** To assess whether teaching enhanced student knowledge and understanding of the LGBTQ+ community. **Methods:** Members of the UofG Medical Students LGBTQIA+ Society created a pre-recorded lecture, titled 'Gender, Sex and Sexuality: Getting the Basics Right', which was sign-posted to pre-clinical medical students and tutors, via an online learning environment. Viewers were invited to complete an online questionnaire, to evaluate the resource's impact. **Findings:** Despite a small sample size of responses

(N=33), some key learning points were noted. Students reported increased confidence using relevant terminology, comfort in their ability to consult with LGBTQIA+ patients, and recognised a need for knowledge of the LGBTQIA+ community, as a healthcare issue. Initial qualitative analysis of written feedback identified several themes, including increased self-affirmation of own identity, acknowledgement of own areas of weakness, and improved awareness of the importance of LGBTQIA+ healthcare. Where discomfort or lack of confidence existed, a majority reported this related to use of pronouns, in introductions and/or consultations. However, there was a keenness to see this incorporated into communication skills teaching. **Implications:** Preliminary feedback suggests student-led teaching can increase awareness of neglected areas of health. Ideally, this pilot would be repeated with a longer follow up, and expanded to include staff in the sample. Future lectures could be enhanced based on feedback. Changing the current status quo of LGBTQIA+ healthcare, must start within education, to provide students and staff with the knowledge they need for inclusive and effective care within a diverse population.

### Reference

Bachmann CL, Gooch B (2018) LGBT in Britain: Health report. London, Stonewall.

### Delivering essential care services during COVID lockdowns: GP experiences and approaches

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**Background:** While the UK's Royal College of General Practitioners developed guidance concerning the delivery of essential services during the COVID pandemic, no such guidance was available in Australia and little is known about the experiences or approaches taken by general practitioners (GPs) for the delivery of care in Australia. **Aims/Objectives:** To describe GPs' experiences and approaches to delivering essential clinical services (ECS) during COVID lockdowns. **Methods:** A survey of GPs who had practiced during lockdowns in Melbourne and Sydney. Questions focused on changes made to care delivery including what services were continued: (1) regardless of outbreak scale, (2) if capacity allowed, or (3) postponed. **Findings:** Of 274 completed surveys, 95% of participants reported increased use of telehealth for diagnosis, investigation, and management of clinical conditions, and 97% for follow-up. Time-sensitive services such as provision of care for symptoms consistent with cancer or those with immediate health impact (e.g., immunisations, prolia injections) were generally continued even if requiring face-to-face delivery. Consultations involving screening or health assessments or those necessitating face-to-face care but not clinically urgent (e.g., low risk cervical cancer screening and IUD insertions), were more likely to be postponed, as were visits to homebound and nursing home patients. **Implications:** The almost universal uptake of telehealth by GPs supported continuity of service provision during lockdown. Australian GPs acted autonomously to triage and provide ECS face to face through the lockdowns. To optimise future preparedness, local guidance for safe delivery of ECS must be developed considering contextual factors relevant to the Australian primary healthcare system.

**'Low-value' clinical care in general practice – associations with GP registrars' summative examination performance: a retrospective cohort study**

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**Background:** 'Low value' clinical care and medical services overuse are 'questionable' clinical activities – more likely to be harmful than beneficial, or whose benefit is 'disproportionately low compared with its cost'. **Aim/Objectives:** We sought to establish whether GP registrars' 'questionable' in-practice clinical activities are predictive of summative examination performance. **Methods:** A retrospective cohort study of NSW-based registrars' in-consultation clinical behaviours and subsequent Fellowship examination performance (2012–2020). Outcome factors in multivariable regression analyses were standardised scores on first attempt RACGP AKT, KFP, and OSCE examinations (linear regression) and passing all three examinations (at first-attempt) without failure (logistic regression). The study factor was registrar score on the QUestionable In Training Clinical Activities (QUIT-CA) index. QUIT-CA was constructed from Choosing Wisely Australia recommendations (for 'tests, treatments, and procedures for healthcare providers and consumers to question') of peak Australian medical colleges and organisations. QUIT-CA scores (higher scores = more 'questionable' practice) were derived from the Registrar Clinical Encounters in Training (ReCEnT) study of registrars' in-consultation behaviours. Registrar, patient, practice, and consultation factors were co-variables. **Findings:** 1265 registrars attempted the AKT, 1145 the KFP, and 553 the OSCE. On multivariable analysis, higher QUIT-CA scores were associated with poorer AKT scores (beta co-efficient  $-0.03$  [95% CIs  $-0.05, -0.01$ ],  $P=0.001$ ), poorer KFP scores (beta co-efficient  $-0.03$  [95% CIs  $-0.04, -0.01$ ],  $P=0.003$ ), and poorer OSCE scores (beta co-efficient  $-0.03$  [95% CIs  $-0.06, -0.01$ ],  $P=0.005$ ). Lower QUIT-CA scores predicted passing all three examinations without failure (odds ratio 1.06 [95% CIs 1.00, 1.12],  $P=0.043$ ) on multivariable analysis. **Implications:** The finding of association of registrars' actual clinical behaviours with summative examination performance provides evidence of validity for these examinations as barrier/licensing examinations. Limitations to interpretation of the findings are QUIT-CA reflecting only questionable activities codable in the ReCEnT dataset, and that interpretation of effect sizes is not straightforward.

## The CATALYST programme: can a knowledge work intervention help tackle the UK GP workforce crisis?

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**Background:** UK healthcare recognises ‘the future doctor is a generalist’. Yet research highlights both professional and service/system barriers to the practice of expert generalist care. We developed a complex intervention (CATALYST) to address the described professional barriers - a lack of confidence and skills in the knowledge work (KW) of beyond-disease-protocol and whole-person medicine. CATALYST draws on the work of Reeve (Interpretive Medicine), Gabbay (generating knowledge-in-practice-in-context), and WISEGP (knowledge work for practice). Intervention design was informed by Transformational Learning Theory and Normalisation Process Theory. **Aim:** To understand if and how CATALYST impacts on professional confidence and skills for everyday practice for new-to-practice GPs in northeast England. **Methods:** Funding: NHS England new-to-practice-GP-fellowship scheme in NE England. Sample frame: all eligible GPs (n~80). Intervention: 11 month programme, GPs attend 2 days/month with back-fill to practice. CATALYST delivers 6 modules on KW, 5 months advanced Quality Improvement project. Evaluation: Normalisation Process Theory informed evaluation of the delivery and impact of programme using observation, interview, focus groups and survey data. **Findings:** 36 GPs registered, 90% completed programme. CATALYST increased understanding of and confidence in the KW of generalist practice; through the practice and outputs of clinician scholarship - formation of new communities of practice, supporting generation of mindlines. Participants described new perception of value of their role (as consultant in primary care medicine); confidence and skills in whole-person-medicine; and extended network to learn together. **Implications:** Analysis supports/refines CATALYST logic model – understanding of mechanisms-of-action to enhance generalist expertise. CATALYST supported participating GPs to feel more engaged with their professional role and so may offer ways to address wider workforce problems in GP. Stakeholders valued the emerging ‘new story’ of general practice and have extended the project funding. We now need to scale and test if the CATALYST approach can enhance professional practice elsewhere.

## Developing and evaluating a pilot project to enhance gambling harm screening in general practice in Fairfield NSW

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**Background:** Gambling is a significant public health issue in Australia. Across Australian communities, gambling is often stigmatised, this is especially so in culturally and linguistically diverse (CALD) communities. To date there has been limited research that examines the role of early intervention and screening in primary healthcare settings to normalise discussions on gambling

harm. **Aim:** Our research sought to co-design and evaluate a gambling screening model within general practice settings in Fairfield, New South Wales (an area with high gambling expenditure). **Methods:** A co-design approach was used to develop a gambling screening and referral pathway in general practice. This model was implemented in GPs in 2020 (130 participants were screened). An evaluation of the model was used to investigate the feasibility and acceptability of the model with nine healthcare professionals who implemented the model. **Findings:** The co-design process involved three key phases: (1) model development (development of surveys, semi-structured interviews and 2 co-design workshops); (2) training development (development of a gambling expert working group to develop and deliver training and translation of tools and materials into three languages); and (3) implementation of the model. Enabling factors linked to model implementations included aligning the tool with current work, use of an online platform and staff empowerment. Key barriers included unclear referral pathways following screening, complexity of gambling harm and ongoing project funding. **Implications:** This research shows the potential benefits of a gambling screening model in general practice settings. This research supports others that have identified the clear link between gambling and comorbidities, such as violence, financial harm, and substance abuse. In addition, it adds to the growing amount of evidence suggesting GPs are well placed to provide early and brief intervention. Future research should evaluate the long-term impacts and potential scalability of this tool.

### **Improving hypertension control in Australian general practice: a multi-method study using electronic health records**

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**Background:** Hypertension affects 6 million Australians and is the most significant contributor to cardiovascular morbidity and mortality. In addition to lifestyle adjustments, effective antihypertensive therapy is available to manage hypertension. Guidelines recommend treating patients according to their absolute cardiovascular disease (CVD) risk. However, adherence to guidelines and medication is poor. **Aim/Objectives:** This study aims to inform the design of cost-effective interventions for improving blood pressure (BP) control. **Methods:** Methods include: (1) cross-sectional analyses of de-identified electronic medical records of 1.2 million patients attending 650 general practices across Australia between 2016-2018 (NPS MedicineInsight); (2) development of a costing model to estimate the cost of uncontrolled hypertension through increased absolute CVD risk and the effects of improving blood pressure control; and (3) a scoping review of interventions using behavioural economic concepts to improve medication adherence in patients with chronic conditions. **Findings:** The prevalence of hypertension among adults was 39.8% (95% CI 38.7–40.9) and 54.9% (95% CI 54.2–55.5) were controlled (BP <140/90mmHg). In patients eligible for CVD risk assessment, only 51.0% (95% CI: 48.0–53.9) had data available in their medical records to calculate CVD risk. Prescribing of antihypertensives was similar across all CVD risk categories (low risk=63.3% (95% CI: 61.9–64.8); moderate risk=61.8% (95% CI: 60.2–63.4); high risk=57.4% (95% CI: 55.4–59.4)). Cost analysis demonstrated a potential reduction of 18,307 CVD events over five years with an associated cost saving of \$127 million with improved BP control. The review highlighted the importance of targeting non-adherent patients, understanding their reasons for non-adherence, and providing reminders and feedback to patients and physicians. **Implications:** The findings from the scoping review provide a foundation for the design of interventions to improve adherence to BP

medications, for which the findings on prevalence and costs provide the basis for early economic evaluations to inform the expected value of alternative intervention options.

### **New Zealand's Integrated Primary Mental Health and Addiction services: a multiple case study critical and appreciative inquiry**

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**Background:** A 2018 national inquiry noted a critical lack of services for those with mild/moderate mental health issues and recommended a more integrated system, focused on primary and community care. To date, the one visible development is IPMHA (a.k.a. Access and Choice): staff working within a brief behaviour-change model are being embedded into General Practices, initially large to moderate-sized but now rolling out into smaller practices. Several evaluations, based mainly on interviews with IPMHA staff and their General Practice colleagues, have been very positive. Through personal experience of this programme and our previous research in smaller communities we decided to explore the roll-out into smaller practices. **Aim/Objectives:** In this 10-week student project we aimed to explore both challenges and adaptations in the IPMHA roll-out to smaller practices. **Methods:** We employed multiple embedded case-study design (Yin 2014) and a strategy of iterative explanation building. We purposively chose clusters of practice sites and sought confirming or contrary findings relating to the following propositions: (1) Issues of scale mean that smaller practices will receive incomplete implementation of some key components of IPMHA; (2) In smaller practices, adaptations will be made to the model according to contextual factors; (3) These adaptations will be consequential; and (4) Patients and staff of practices without IPMHA will be inherently disadvantaged, constituting an equity issue. **Findings:** Overall the propositions were confirmed. Spreading IPMHA staff between several practices was challenging, affecting their engagement with patients and practice staff and even threatening sustainability. However, staff were inventive in adapting to context. There was enthusiasm for the programme, but IPMHA was not possible for all practices, reducing their patients' access to prompt help. **Implications:** Although a small exploratory study, our fine-grained evaluation of this programme appears to shed light on specific matters requiring further attention in order to mitigate equity issues.

### **Reference**

Yin RK (2014) Case study research: Design and methods (5th ed.). Thousand Oaks, California: Sage Publications.

## Perceptions of Australian general practitioners on e-cigarettes as a smoking cessation aid

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**Background:** A significant policy change in Australia impacting the availability of nicotine for use in electronic cigarettes (e-cigarettes) took effect in late 2021. This is an opportunity for general practitioners (GPs) to discuss use of e-cigarettes and provide information and support for smoking cessation to patients who use or are interested in using these devices. **Aims/Objectives:** To determine GPs' knowledge, attitudes, beliefs and confidence discussing e-cigarettes with patients for smoking cessation and intentions to prescribe e-cigarettes to quit smoking. **Methods:** An online survey was distributed nation-wide through practice-based research networks, primary health networks and social media between December 2021 and March 2022. Survey items were drawn from published literature and included questions assessing knowledge, attitudes, beliefs and prescribing intentions of e-cigarettes as a smoking cessation aid. **Findings:** A total of 286 responses were recorded. Two thirds of respondents were female GPs (64%) and average age was 43 years. Most GPs worked in a group practice (70.1%) with an average of 12 years' experience. GPs believed it is their responsibility to aid patients to quit smoking (97.1%) but under half agreed e-cigarettes were a suitable smoking cessation method (49.8%) or safer than regular cigarettes (42%). Australian GPs' knowledge about e-cigarettes was poor and they were not confident in their ability to discuss e-cigarettes with patients or prescribe nicotine e-liquid. The majority of respondents (85.9%) have not recommended the use of e-cigarettes, 40.7% won't be prescribing e-cigarettes and 36.4% do not recommend e-cigarettes for smoking cessation. **Implications:** Our findings suggest Australian GPs have limited knowledge about e-cigarettes, do not recommend e-cigarettes and lack confidence in discussing e-cigarettes as a smoking cessation aid with their patients. The results from this study will provide crucial insights to guide policy and guidelines for practice, particularly in regards to GPs in supporting patients to quit smoking.

## General practitioner perspectives and experiences in delivering early medical abortion services to women from culturally and linguistically diverse backgrounds in Australia

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**Background:** Women from culturally and linguistically diverse (CALD) backgrounds have higher rates of unintended pregnancy than Australian-born women but underutilise sexual and reproductive health services. Consequently, the 2020–2030 National Women's Health Strategy has identified women from CALD backgrounds as a priority group for improving access to sexual and reproductive health care, including early medical abortion (EMA). General practitioners (GPs) are ideally placed to deliver EMA services. However, little is known about their experiences providing this service to women from CALD backgrounds, and strategies to improve access in general practice. **Aim/Objectives:** To explore GP perspectives and experiences in providing EMA services to women from CALD backgrounds and their recommendations for service improvements. **Methods:** Semi-structured telephone interviews were conducted with 18 GPs nationwide who provide EMA to

women from CALD backgrounds. GPs were purposively sampled using email invitations, social media posts, and participant referral. Following verbatim transcription, reflexive thematic analysis was used to develop themes, categorised according to the capability, opportunity, and motivation domains of the Capability-Opportunity-Motivation-Behaviour (COM-B) model. **Findings:** GPs experienced challenges in communication and cultural competency because of insufficient training, lack of multilingual resources, and organisational constraints. Inadequate government reimbursement for EMA consultations, which contributes to high out-of-pocket costs for women, was identified as a financial impediment to care because women from CALD backgrounds tend to be more socioeconomically disadvantaged than the general population. Despite these challenges, GPs believed they are ideally positioned to provide EMA to women from CALD backgrounds since their embeddedness within communities facilitates the building of trusting provider-patient relationships. **Implications:** Up-skilling GPs in culturally competent care and cross-cultural communication, multilingual patient education resources, and efficient systems for interpreter use can optimise EMA service provision to women from CALD backgrounds. Additionally, dedicated government funding for EMA provision will help overcome financial barriers to patients accessing care.

### **Barriers and facilitators to cardiovascular disease prevention following hypertensive disorders of pregnancy in primary health care**

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**Background:** Women with a history of hypertensive disorders of pregnancy (HDP) have an increased lifelong risk of CVD. Despite being transferred to primary care, detailed advice regarding long-term CVD prevention and general practitioners' (GPs) roles in provision of cardiovascular prevention following HDP is lacking overall, and within the Hunter New England Local Health District (HNELHD) of NSW, Australia. **Aims/Objectives:** To understand current practices, barriers, and facilitators of GPs in the HNELHD in providing CVD preventative care with women following HDP. **Methods:** A cross-sectional online survey with 16 questions based on the Theoretical Domains Framework using a 5-point Likert Scale was disseminated via email to GPs practising in the HNELHD. Quantitative data were analysed using basic descriptive statistics (mean/SD) and open-ended questions were summarised by theme. **Findings:** GPs (67.7%) were unaware of guidelines outlining recommended CVD prevention after HDP. The main barriers to providing CVD preventative care post HDP were identified as a lack of resources within practices and lack of skills needed to perform CVD assessment after HDP. GPs felt that the best two strategies to improve practice were to increase awareness among women of the need to inform GPs of their history of HDP ( $n=23$ , 69.7%) and to improve communication between primary care and hospitals ( $n=22$ , 66.7%). **Implications:** It appears there are several strategies that may be required to improve the provision of CVD preventative services. These are ranging from raising awareness amongst women of their CVD risk and the need to inform their GP of their obstetric history, improving communication between primary care and hospitals, and delivering professional development, resources, and training to GPs in CVD risk reduction post HDP.

## The provision of cardiovascular disease preventative care following a hypertensive disorder of pregnancy: postnatal woman's perspective

Kaylee Slater<sup>A</sup>, Rachael Taylor<sup>A</sup>, Clare Collins<sup>A</sup>, Karen McLaughlin<sup>A</sup>, Craig Pennell<sup>B</sup> and Melinda Hutchesson<sup>A</sup>

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**Background:** Women with a history of hypertensive disorders of pregnancy (HDP) have an increased risk of developing cardiovascular disease (CVD) within 10 years postpartum. Because women are transferred to primary care after pregnancy, general practitioners (GPs) are well positioned to provide ongoing CVD care after HDP. Current practice suggests that GPs are largely unaware of women's HDP history, and therefore may not be aware of the need to provide CVD assessment and management with these women. To improve the provision of cardiovascular preventative services provided to women post HDP in primary care, we need a better understanding of barriers and facilitators women face when obtaining recommended CVD care from their GPs. **Aims/Objectives:** To understand among women with a history of HDP, the extent of CVD preventative services provided to them, barriers and facilitators associated with receiving these services and potential strategies to improve the care provided by their GPs. **Methods:** A cross-sectional online survey with 34 questions will be disseminated through social media (Facebook and Instagram) and HDP-specific organisations, such as Australian Action on Preeclampsia, to target Australian women with a history of HDP ( $\leq 5$  years). Quantitative data will be analysed using basic descriptive statistics (mean/SD) and open-ended questions broken down into themes and reported using quotes. **Findings:** The findings from the analysis will provide information about the current practices of GPs regarding CVD prevention after HDP, however from the women's point of view. It is important that we understand what care these women are currently receiving, as well as their perceived barriers and facilitators to obtaining appropriate care to develop patient-centred health systems. **Implications:** This information will be used to understand how to support GPs to provide CVD preventative care to women after HDP.

## Barriers and facilitators to the participation of general practice in shared care arrangements with community mental health services for preventive care of people with serious mental illness (SMI): scoping review

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**Background:** People with severe mental illness (SMI) die about 20 years earlier than the general population from preventable diseases. Shared care arrangements between GPs and mental health services (MHSs) can improve consumers' access to preventive care, but implementing shared care is a challenge. **Aim:** To describe current evidence on the barriers and facilitators to the participation of GPs in shared care arrangements with community MHSs. **Methods:** Scoping review of black and grey literature in six research databases and 73 websites. Setting=general practice and MHS; participants=18+ with SMI; publication years=2010–2022. **Findings:** 295 records identified. After screening and full-text review, seven studies included. Facilitators of engagement: a good fit with organisation and practice, someone to coordinate the parties and help patients to navigate appointments, multidisciplinary teams and shared health records. Barriers: lack of motivation and

confidence of GP, poor alignment of funding/incentives, inability to share information and other demands on the life and care of people with SMI. **Implications:** Consistency of these results with other research on shared care between specialists and primary care for people with other long-term conditions (e.g. cancer) suggests the broader literature on shared care is likely to be applicable to the context of GP-MHS shared care. Our findings were consistent with relational coordination theory, which posits that performance outcomes rely upon providers sharing 'goals and knowledge, mutual respect' and engaging in 'frequent, timely, accurate, problem-solving communication' supported by structures such as shared information systems. This suggests the usefulness of this theory for planning and evaluation. These results have informed a trial of electronic shared care in Sydney LHD e.g., the intervention includes training of GPs and is facilitated by MHS clinicians and peer workers.

### Can a general practice nurse intervention improve blood pressure control? Findings from the ImPress Study

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**Background:** The benefits of lowering blood pressure, especially for those at high risk of cardiovascular disease (CVD) is well established, yet optimal blood pressure control remains elusive for many Australians. The nursing workforce within general practice presents an opportunity to optimise a team-based approach to blood pressure management. **Aim:** This study sought to examine the effectiveness of a general practice nurse-led intervention to reduce blood pressure in adults with hypertension who are at high risk of CVD. **Methods:** A randomised control trial was conducted in 10 general practices across South West Sydney and Southern Illawarra. Adults with hypertension (>140/80 mmHg) and absolute CVD risk >15% were identified through electronic clinical auditing tools. Over 6 months, intervention participants were offered 5 nurse consultations to assess risk, develop an action plan and support behaviour change, as well as a general practitioner consult for medication optimisation. The primary outcome of blood pressure was evaluated at 6 and 12 months. Interviews were conducted with general practitioners, nurses and patients to assess the feasibility and acceptability. **Findings:** Sixty-five participants were recruited. The adjusted mean systolic blood pressure difference between groups at 6 months was -8.0 mmHg ( $P=0.15$ ) and -0.2mmHg ( $P=0.77$ ) diastolic blood pressure. Changes at 12 months were statistically significant for systolic blood pressure (-11.3mmHg;  $P=0.03$ ) but not for diastolic blood pressure (-7.1mmHg,  $P=0.36$ ). Interview data indicated that nurses, GPs and patients all viewed the intervention as a feasible, acceptable and sustainable model in practice. **Implications:** Findings demonstrate the potential to enhance clinical outcomes in hypertension management through nurse intervention. However, there is a need for further large scale trials to confirm effectiveness.

## What is the role of primary care in COVID-19 programs focused on people experiencing homelessness?

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**Background:** The pandemic has had a disproportionate impact on people who are living in socially disadvantaged situations. People experiencing homelessness are less able to isolate and follow public health messaging to reduce the risk of infection. In addition, due to the higher prevalence of chronic disease, they have a poorer prognosis with infection with higher rates of mortality and hospitalisation. In the early pandemic, many countries implemented programs that were exclusively focused on the care of people experiencing homelessness. **Aim/Objectives:** Our aim was to describe programs that have been implemented to reduce COVID-19 transmission and severity of illness in homeless populations and to understand the involvement of primary care. **Methods:** We performed a rapid review of the international literature documenting COVID-19 related programs for people experiencing homelessness. We searched PubMed, Embase, and CINAHL plus Google using search term combinations of homeless persons and COVID-19. All articles were screened by two independent reviewers and one person extracted the items of interest. **Findings:** After screening 615 studies we included 42 studies and most were from the USA ( $n = 26$ ). Programs commonly focused on isolation centres for people experiencing homelessness who tested positive for COVID-19 ( $n = 15$ ). Sixteen studies included an evaluation of program effectiveness and two investigated the perspective of program participants. Universal screening was more effective than symptomatic screening in reducing COVID-19 transmission in homeless shelter settings. Comprehensive healthcare, including mental health and addiction support, was essential for people to be able to tolerate isolation, but care continuity post-isolation was problematic with limited primary care involvement. **Implications:** Few COVID-19 programs for people experiencing homelessness involve the primary care sector. As continuity of care post-program was a common problem, primary care may have a role in cross-sector collaboration.

## Digital health access, engagement, literacy and trust in people with experience of homelessness

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**Background:** The rapid growth of digital health in recent years brings the promise of improved healthcare efficiency, empowerment of consumers and increased healthcare equity. Unfortunately, the 'digital health divide' describes a pattern where socioeconomically disadvantaged patients with poor access to traditional health, also have lower access to, and utilisation of, digital health services. Understanding the nature of the digital health divide is essential to maximising the potential of digital health to help all patients in need. **Aim/Objectives:** This survey-based study aims to understand whether and how people experiencing homelessness access digital health, e-health and telehealth, and what barriers they experience. **Methods:** An existing Australian survey, previously

administered in adult Australian primary care, was modified for our population. Outcome measures include validated measures of digital health literacy, and frequency of use of, and trust in, various digital health options. A convenience sample of people attending general practices that target populations with experience of homelessness in central Brisbane were approached in the waiting area while they were waiting to consult with a General Practitioner, and invited to participate in a paper-based survey, with the assistance of a medical student investigator if requested. **Findings:** Following ethics approval, a total of 85 surveys were completed between May and November 2021. Information about people who declined to participate was not collected. Descriptive statistics will be undertaken with the data to show outcome variable levels and associations, and comparison with a recent dataset for an Australian population with chronic conditions will also be undertaken. **Implications:** Information about engagement with digital health, access to suitable technology, including devices and connectivity, and trust in digital health and digital health literacy will contribute to identifying ways to increase equity in healthcare access, and health outcomes, for people experiencing homelessness.

### Enhancing shared care between health services and primary health care using an interactive e-care plan in South Eastern Sydney Local Health District

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**Background:** Public health services are looking for more integrated models of care due to increasing demands and limited resources, more intensive treatment regimens and diverse patient needs. Communication and the sharing of care between public health services and primary health care are currently limited. Interactive shared e-care plans can support communication and the sharing of care by providing a collaborative space for care teams and patients to set and monitor goals, tasks and responsibilities that meet the needs of patients. **Aim/Objectives:** Improving communication, collaboration and sharing care between health services and primary health care of people with long term conditions. **Methods:** Feasibility studies of an intervention using a web-based GP interactive e-care plan for cancer shared follow-up care and clozapine shared care. **Findings:** In cancer follow-up, specialists, patients and GPs were receptive to shared care and the e-care plan. Some patients were frustrated if their GP did not want to participate. A competent level of digital literacy helped. Shared care was enhanced when communication through the care plan was evident. There was variation in patient engagement with the e-care plan. Monitoring completion of tasks was a challenge due to the other responsibilities of cancer care coordinators. Managing clozapine treatment is complex and engaging GPs is challenging. The e-care plan template provided a summarised list of the tasks and responsibilities to simplify the shared care regimen. Supporting GPs and monitoring care through the e-care plan has been identified as a challenge due to the stretched roles of the mental health service care coordinators. **Implications:** There are common pathways for implementation of interactive e-care plans in sharing care between specialist health services and GPs. However additional resources are needed to introduce and support the processes involved. We are conducting further studies to evaluate follow-up e-care planning compared with usual non shared-care.

### Whole person assessment in family medicine: a systematic review

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**Background:** Whole person care (WPC) is foundational to primary care and recognised best practice. Our previous research characterised WPC as generalist, multidimensional, integrated and founded upon longitudinal relationship. There is an urgent need for coherent approaches to whole person assessment (WPA) as clinicians seek to manage complex problems in a person-centred way. **Aim:** To identify and compare clinical approaches to WPA that are translatable to general practice (GP) and to evaluate their feasibility, quality and alignment with theoretical models of whole person care (WPC). **Methods:** We performed a systematic review of English language literature. We searched four databases to March 2020. Literature from medicine, allied health, nursing, mental health and pastoral care, that described WPAs that were translatable to GP, were eligible for inclusion. We appraised included literature for quality, extracted data to analyse assessments' alignment with theoretical WPC and feasibility for GP, and performed framework synthesis. **Findings:** Fifty-seven papers were identified from 7,509 non-duplicate search items. These described 41 WPAs. None sufficiently captured the WPC paradigm and were robust and feasible for broad implementation in GP. Some were suitable for specific purposes. Strengths of individual assessments could be combined to develop a robust GP WPA in future. **Implications:** These findings demonstrate the absence of an existing theoretically and empirically robust WPA for implementation in GP and provide a basis to develop such an approach. This is urgently needed to address the practical and ethical shortcomings of fragmented, reductionistic approaches to care, with resulting inefficacy and potential harm (e.g. overinvestigation, polypharmacy) when these are used inappropriately. Such an approach will assist in transforming primary health care and meeting the needs of patients with conditions such as multimorbidity and medically unexplained symptoms, who are not well served by the current system.

### Exploring security in the GP-patient relationship: a qualitative study

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**Background:** GP-patient relationships are the basis of general practice whole person care, with benefits including improved adherence, satisfaction and perceived health outcomes. Healing relationships are characterised by trust, hope and a sense of being known. Some characteristics of these relationships may be described by psychological attachment theory. Further work is required to progress existing understanding of the nature and development of GP-patient relationships, in order to inform medical education, clinical practice, and advocacy for health systems that appropriately value these relationships. **Aim/Objectives:** To explore how patients and GPs experience and cultivate healing relationships. **Methods:** Qualitative thematic design. Participating

GPs whose patients perceive positively their relationship (assessed by initial patient survey) will be purposively selected for interview. Selected GPs and several of their patients will be separately interviewed regarding how they experience and cultivate the GP-patient relationship. Interview participants will complete a survey concerning their relational (attachment) style and the person-centredness of their practice. Interviews will be analysed using inductive thematic analysis, informed by attachment theory. **Findings:** Research is in progress. By exploring relationships that patients perceive positively, we expect to identify how GP-patient dyads experience and cultivate healing relationships. **Implications:** Findings will advance our understanding of healing GP-patient relationships, from both GP and patient perspectives. Additionally, a preliminary understanding of how well attachment theory describes these relationships may assist in understanding the importance of relational continuity in general practice, and the inadequacy of a consumerist model to describe the GP-patient relationship. Better understanding GP-patient relationships will inform medical education, clinical practice, and advocacy for health systems that appropriately value these relationships.

### **Primary care practitioners' roles in interventions to reduce loneliness and social isolation in older people**

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**Background:** Assessing loneliness and social isolation does not routinely occur in primary care. This is because of difficulties in effectively identifying lonely and socially isolated older people, limited knowledge of the health impacts and lack of interventions appropriate to primary care.

**Aim/Objectives:** This review sought to critically synthesise interventions for community-dwelling older people that 'intentionally' aim to reduce loneliness or social isolation and explore the contribution of primary care practitioners to intervention delivery. **Methods:** Using an integrative review approach, databases were searched for original research of any design published in English from 2000-22. The Whitemore and Knaf (2005) framework was followed through problem identification, literature search, evaluation, analysis, and reporting. The Mixed Methods Appraisal Tool was used for critical analysis. **Findings:** Thirteen studies were included in the review. Interventions differed in scale, duration, complexity, and effectiveness. All but one were multi-component interventions. Primary care practitioners contributed via four primary roles: as an 'identifier/referrer', 'assessor', 'responder' and/or 'supporter'. Social prescribing interventions emphasise the 'identifier/referrer' role and the contribution of the primary care practitioner may not extend further. This review identifies that there is significant potential for primary care to contribute to mediating the risks and health consequences of loneliness and social isolation for older people.

**Implications:** Primary care practitioners are well-positioned to identify and address loneliness and social isolation as they are a trusted source of health advice for many older patients, are often embedded within local communities, and have established networks with service providers. Policy and practice implications include how to equip and incentivise practitioners to routinely identify, assess and respond to lonely and socially isolated older patients and support community-based interventions.

### **Reference**

Whitemore R, Knaf K (2005) The integrative review: updated methodology. *Journal of Advanced Nursing* 52, 546–553. <https://doi.org/10.1111/j.1365-2648.2005.03621.x>

### **Interpreter mediated sexual and reproductive health consultations in primary care: practical application of debriefing**

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**Background:** Debriefing is an essential part of all interpreter mediated interactions but is critical in sexual and reproductive health (SRH) consults. It allows both interpreters and service providers to clarify specific issues, for instance, appropriateness of specific reproductive health terminology. However, the interpreters' code of ethics specifies that interpreters keep all participants informed of any side comments made by any party. Thus, interpreters who may be keen to discuss what they could not say during a consult, may hesitate to do so, even if debrief is offered by providers of refugee services (PRS). **Aims and objective:** In this paper we examine the perspectives of PRS and patients regarding complexities involved in debriefing post SRH consultations in context of refugees from Burma. We then suggest ways of implementing debrief routine so that good intentions are translated into action and improve communication. **Methods:** We selected qualitative techniques and conducted semi-structured interviews with 17 community members from Burma and PRS closely involved with them which included GPs ( $n=8$ ), nurses ( $n=14$ ), interpreters ( $n=10$ ), social practitioners ( $n=11$ ), and practice managers ( $n=3$ ). Interviews were audio-recorded and transcribed. Research team members reached consensus on coding, content and thematic analysis and key results. **Findings:** Four major themes emerged from the thematic analysis on debriefing: (1) Debriefing challenges; (2) Ethical conflicts; (3) Organisational difficulties; and (4) Potential solutions. To cite an example 'The interpreters are always hesitant to talk to us without the patient. In reproductive consults it is so obvious that they do not want to do a debrief'. An interpreter says 'Doctor asks me to talk after patient leaves, I am not sure. I think debriefing is not permitted'. **Implications:** Given that PRS face ethical dilemmas, resolution of these conflicts will be central to increasing debriefing uptake. This open and honest discussion of these issues will be a starting point for solving the practical difficulties of much needed debriefing post SRH consultations.

### **'We can talk only when the interpreter will go home': negotiating complex interpretation needs of refugees from Burma in sexual and reproductive health consults in primary care**

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**Background:** Sexual and reproductive health (SRH) is recognised as a difficult topic for health care providers to discuss even with English speaking patients. Challenges are compounded by language discordance, presence of the interpreter and unfamiliarity with the Western health systems. Refugee

journeys combined with sexual assault make interpreting particularly demanding. We established an ongoing partnership between a community health centre located in the settlement area of refugees from Burma and the University of Melbourne. We aimed to develop a deeper understanding of the cultural traditions surrounding SRH of refugees from Burma to inform interventions appropriate to this vulnerable community. **Aim:** This paper explored the communication challenges in SRH consults involving interpreters. **Methods:** We conducted semi-structured interviews on SRH consultations with providers of refugee services (PRS) ( $n=46$ ) involved with refugees from Burma. The PRS perspectives were further discussed and validated by interviewing monolingual refugees from Burma ( $n=17$ ). Interviews were audio-recorded and transcribed. Research team members reached consensus on coding, content and thematic analysis and key results. **Findings:** PRS considered linguistic differences, cultural traditions different from Western expectations and low levels of health literacy to be problems when conversing with people from Burma about SRH issues. Interpreters were the prime bridge to straddle these barriers. However, working with interpreters was never straightforward and issues such as identity of the interpreter, privacy of SRH matters and mode of interpretation (telephone versus phone) were critical to the success of the consultation. Key recommendations to improve communication included: (1) provider training regarding working with interpreters; (2) investing in improving health literacy; and (3) partnerships between PRS and community members. **Implications:** We have drafted a best practice resource which defines steps for effective communication including booking an interpreter, the conversation itself and after the appointment to guide culturally appropriate patient centred SRH care for people from Burma.

### **GP placement: comparing what GP supervisors want to teach and what medical students want to learn**

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**Background:** Engaging in clinical placement in medical school is an essential component of ensuring medical students graduate as safe and competent practitioners. However, a positive and productive experience on placement requires supervisor and student engagement and there is limited literature on what GP supervisors want to teach and what medical students want to learn. **Aim/Objectives:** The aim of the study was to identify what GP supervisors and medical students viewed as the core areas for teaching and learning on GP placement in order to inform a university GP curriculum. **Methods:** Three medical students conducted semi-structured interviews with GP supervisors and medical students in their clinical years who study and work in New South Wales. Transcripts were coded by at least two members of the research team, including a student researcher. Thematic analysis was used to determine themes and subthemes. **Findings:** Eleven GP supervisors and six medical students were interviewed. GP supervisors reported wanting to teach students diagnostic frameworks, procedural skills, how to work as a team with clinic and allied staff and how to have difficult conversations. Similarly students reported wanting to learn from allied health and the practice nurse to add to learnings from the GP. GP supervisors also reported the importance of the following teaching methods: modelling consultations for observation, Socratic questioning and supervised consulting. Students on the other hand, focussed on the importance of practising clinical skills under observation or with a debrief and being quizzed. **Implications:** There is overlap in what supervisors and medical students want to teach and learn on GP placements, but they have different emphasis. It is important that both supervisors and students are aware of the range of preferred skills, topic areas and learning styles to ensure GP placements are positive and productive for both supervisors and students.

## **The space between: a scoping review of providing future fertility care for women in Australian general practice**

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**Background:** In Australia, the percentage of women having their first child over the age of 30 has increased from 23% in 1991 to 51% in 2019. One reason for this change in Australian maternal age trend is the increase in delayed childbearing. While there are multiple reasons for women to delay their childbearing, many women underestimate the impact of age on fertility. While more women are seeking advice, care, and counselling on their fertility from their general practitioner due to trouble conceiving, little is known about the practice of providing care for women for their future fertility. **Aim/Objective:** To explore the published literature to determine whether future fertility care is being provided to women in the Australian general practice setting. **Methods:** Using a systematic approach, all relevant articles were identified by searching three electronic databases (OVID Medline, Scopus, and Web of Science) using a PRISMA search strategy. Strict inclusion and exclusion criteria were applied. The articles were thematically analysed. **Findings:** Two articles were included in this review. The review identified 3 major themes: (1) Future fertility care begins with education and awareness; (2) Barriers in providing care – the same old story; and (3) A path towards collaborative practice is key. **Implications:** Infertility, which can result in physical and mental health complications, is rising in Australia. With a rise in obesity and delayed childbearing, reproductive life planning and the education towards protecting fertility is one preventive approach. However, the area of providing future fertility care in general practice is under-researched and there is currently very limited understanding of its practice.

## **‘It’s what we should be doing anyway’: using financial incentives to promote relational continuity in Australian general practice – A nested case study analysis**

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**Background:** Relational continuity is a core value of primary care. However, little is known as to how it can be promoted. EQUIP-GP was a 12-month cluster randomised trial across 36 practices investigating whether financial incentives can improve relational continuity in general practice (GP). Intervention practices received quality-linked incentives for offering longer consultations and early post-hospital review for enrolled patients. **Aim/Objectives:** We examined: (1) how financial incentives are perceived and experienced by patients and GP teams; and (2) whether practice routines related to relational continuity are influenced by the introduction of financial incentives. **Methods:** Mixed methods case study design set in a maximum variation sample of 6 (2 from each

state) intervention practices from NSW, Victoria and Tasmania. Data comprised a baseline practice attributes survey; a patient completed Primary Care Assessment Tool (baseline and 12 months); and semi-structured interviews with 13 patients, 10 general practitioners, 1 practice nurse and 5 practice managers (baseline and post intervention). EQUIP-GP's three intervention facilitators provided reflective notes of practice visits and participated in post-study interviews. **Findings:** Between 23 and 30 patients completed the PCAT per practice. Patients reported high relational continuity at baseline (both on PCAT and interviews). Both patients and practitioners thought financial incentives for continuity were a blunt instrument. They viewed continuity as a core component of primary care that should not need incentivising; however, rewarding quality care would be more acceptable. Practices felt that EQUIP-GP's incentive model increased attention to pre-existing organisational routines rather than generating new ways of working. **Conclusion:** While financial incentives can help practices identify how existing routines can influence continuity, incentives for this core component of primary care seem better framed as a reward for good practice rather than an incentive for improvement. Further research could explore these issues in practices with lower baseline continuity of care.

### Measuring frailty in clinical trials for dementia and MCI and investigating its relationship with serious adverse events and trial attrition

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**Background:** Frailty is a risk factor for dementia and complicates its management. However, frailty is rarely reported in clinical trials for dementia and mild cognitive impairment (MCI) which limits assessment of trial applicability. **Aim/Objectives:** Assess the feasibility of using a frailty index (FI) to measure frailty using individual participant data (IPD) from clinical trials for MCI and dementia. Quantify prevalence of frailty and its association with serious adverse events (SAEs) and trial attrition. **Methods:** We analysed IPD from three dementia ( $n=1$ ) and MCI ( $n=2$ ) trials. An FI comprising physical deficits was created for each trial using baseline IPD. Poisson and logistic regression were used to examine associations with SAEs and attrition, respectively. Estimates were pooled in random effects meta-analysis. Analyses were repeated using an FI incorporating cognitive as well as physical deficits, and results compared. **Findings:** The mean physical FI was 0.13 and 0.14 in the MCI trials and 0.25 in the dementia trial. Frailty prevalence ( $FI > 0.24$ ) was 5.1%, 5.4% and 55.6%, respectively. After including cognitive deficits, prevalence was similar in MCI (4.6% and 4.9%) but higher in dementia (80.7%). 99th percentile (0.29 in MCI, 0.44-0.47 in dementia) of FI was lower than in most general population studies. Frailty was associated with SAEs (physical FI IRR = 1.63 [1.43, 1.87]; physical/cognitive FI IRR = 1.67 [1.45, 1.93]). Frailty was not associated with trial attrition (physical FI OR = 1.18 [0.92, 1.53]; physical/cognitive FI OR = 1.17 [0.92, 1.49]). **Implications:** Measuring frailty from baseline IPD in dementia and MCI trials is feasible. Frailty may be under-represented but is associated with clinically significant outcomes. Including only physical deficits may underestimate frailty in dementia. Frailty can and should be measured in future and existing trials for dementia and MCI, and efforts should be made to facilitate inclusion of people living with frailty.

### **Diagnosing and managing prescription Opioid Use Disorder in patients prescribed opioids for chronic pain: Australian general practitioners' salient beliefs, social norms and perceived behavioural controls**

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**Background:** Chronic pain affects 20% of Australians. Prescription opioids are commonly used to treat this disabling condition. Unfortunately, 1 in 5 people prescribed opioids for chronic pain may develop prescription Opioid Use Disorder (pOUD). Diagnosis and management are complex and pOUD may be underdiagnosed and under-treated. Untreated pOUD causes significant harm. General Practitioners' (GPs) experience diagnosing and managing pOUD in patients prescribed opioids for chronic pain is not well understood. **Aims/Objectives:** To investigate the experience of GPs diagnosing and managing pOUD in their patients prescribed opioids for chronic pain. **Methods:** Semi-structured interviews with 24 GPs working in general practice in NSW explored the complexity of diagnosis and management of pOUD in patients prescribed opioids for chronic pain in the GP setting through the lens of the Theory of Planned Behaviour. **Findings:** Participants reported that new onset pOUD in their patients prescribed opioids for chronic pain was difficult. All participants took a holistic, general health approach. Some participants were able to describe the components of pOUD with difficulty and described feeling overwhelmed and unsure. Others understood and were concerned about risk but had little understanding of pOUD diagnostic criteria. Three who had undertaken further training in the management of opioid use disorder had good understanding of the diagnosis and treatment. All participants described limited confidence managing pOUD in the GP setting. Their beliefs, social norms and perceived behavioural controls adversely influence their intentions to diagnose and manage pOUD in the primary care setting. **Implications:** In patients prescribed opioids for chronic pain, a new diagnosis of pOUD is complex. GPs need a working understanding of the diagnostic criteria and management of pOUD. Beyond this there is a need to alter prevailing beliefs and social norms and remove some of the barriers to assist GPs to respond to this important condition.

### **Feasibility of using general practice electronic medical records to identify women who most require preconception care in Australia: a protocol**

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**Background:** Preconception care (PCC) aims to optimise women's health prior to pregnancy by managing risk factors that may lead to adverse pregnancy outcomes. Primary care settings in Australia, such as general practices are the first point of health care contact for most women and therefore are appropriate settings to provide PCC. Currently, PCC is not routinely provided in Australian general practices. Optimal delivery of PCC would ideally involve the identification of women who are most at risk; however, there is currently no uniform approach to identify these

women. **Aim:** To determine the feasibility of identifying non-pregnant reproductive-aged women who most require PCC through the review of general practice electronic medical records (EMRs). **Method:** We will develop an audit tool of preconception health indicators based on the literature and in collaboration with general practitioners (GPs) from Victoria. Ten general practices in Victoria will be recruited through the Healthdirect Australia database and invited to complete the audit tool for 100 non-pregnant reproductive-aged women seen consecutively at each practice from January 2021. Following preliminary analysis, participating GPs will be invited to participate in an interview to discuss how they may use the audit tool for the provision of PCC. **Anticipated findings:** Findings will assist in understanding whether general practice EMRs can be utilised to identify women who most require PCC. Findings may also provide an indication of the proportion of women attending general practices who may be at risk of adverse pregnancy outcomes. **Implications for practice:** This study will lead to the development of a checklist of preconception health indicators. This may be a useful reference tool that can be incorporated into general practice EMRs for GPs to use when seeing reproductive-aged women. Findings may also inform the development of a uniform approach in general practice to identify women who most require PCC.

### The effectiveness of preconception interventions in primary care: a systematic review

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**Background:** Preconception care (PCC) refers to interventions delivered prior to conception to optimise the health of reproductive-aged women and men and to improve pregnancy outcomes. As the first point of health care contact, primary care providers have a role to play in the delivery of PCC; however, the effectiveness of primary care-based PCC is unclear and has not recently been reviewed. **Aim:** To evaluate the effectiveness of primary care-based PCC interventions delivered to reproductive-aged women and men on improving health knowledge, reducing preconception risk factors and improving pregnancy outcomes. **Methods:** We searched seven databases for randomised controlled trials (RCTs) published between July 1999 and May 2021. Two reviewers independently evaluated article eligibility and quality. **Findings:** Twenty-eight articles reporting on 22 RCTs were included. All but one focused on women. Interventions included brief education (single session) ( $n=8$ ), intensive education (multiple sessions) ( $n=9$ ), supplementary medication ( $n=7$ ) and dietary modification ( $n=4$ ). Brief education improved health knowledge among women ( $n=3$ ) and men ( $n=1$ ), reduced alcohol/tobacco consumption ( $n=2$ ) and increased folate intake ( $n=3$ ). Intensive education reduced spontaneous pregnancy loss ( $n=1$ ) and alcohol-exposed pregnancies ( $n=2$ ), but increased physical activity ( $n=2$ ). Supplementary medication increased folate intake ( $n=4$ ) and dietary modification reduced pre-eclampsia ( $n=1$ ) and increased birthweight ( $n=1$ ). Only eight articles reported pregnancy outcomes from a range of interventions used; of these, four reported improvements in pregnancy outcomes. Most RCTs were of low quality ( $n=12$ ). **Implications:** Primary care-based PCC, including brief and intensive education, supplementary medication and diet modification, were reported to improve health knowledge and reduce preconception risk factors in women, although there is limited evidence for men. Given the limited number of studies reporting improvements in pregnancy outcomes across a variety of interventions, further research is required to determine if primary-care based PCC can improve pregnancy outcomes.

## The impact of COVID-19 pandemic on the financial viability of Australian general practice

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**Background:** Primary care practices faced many challenges responding to the COVID-19 pandemic including a downturn in patient attendances, the rapid adoption of telehealth and increased bulk-billing requirements. **Aim:** The aim of this research was to understand impacts of COVID-19 and public health response on practice financial viability. **Methods:** An online survey of Australian general practices and community allied health practice (AHP) staff operating prior and during the pandemic was administered in April 2021. The survey explored adaptations and impacts on practice finances during early lockdown (March 2020) and a year into the pandemic (March 2021). Respondents were recruited through primary health networks, peak bodies and social media. Survey data were analysed using Stata 16. **Findings:** 72% ( $n=213$ ) of valid responses were from general practices, including general practitioners (GPs) ( $n=142$ ), practice managers ( $n=49$ ) and practice nurses ( $n=19$ ). 28% ( $n=84$ ) of responses were from AHPs (most commonly psychologists  $n=22$ , chiropractors  $n=19$ ). During early lockdown most respondents reported reductions in patient numbers (66%) and income (72%). One year into the pandemic most practices reported patient numbers had increased as had practice costs. 46% of respondents reported decreased practice profitability one year after pandemic onset. Reduced profitability was more commonly reported by GP respondents (56%) than AHPs providing mental health services (24%) or physical health services (31%). **Implications:** Many primary care practices continue to suffer negative financial impacts one year after the pandemic onset. This has potential to decrease practice viability, affecting the sustainability of the primary care workforce, access to services and current models of primary care.

## General practitioners' perspectives on what enables rural patients to have a good enough death

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**Background:** There is an increasing need for general practitioners (GPs) to provide quality end of life care. The demand for palliative care is greater than the supply of specialist palliative care services, and this gap is more pronounced in rural areas. However little is known from a GP's perspective what constitutes a good enough death, and how their patients at the end of life can achieve this. **Aims:** This study aims to explore from the perspectives of rural GPs, what are the enablers and barriers to their patients achieving a good enough death. **Methods:** Qualitative study, involving semi-structured interviews (by telephone and videoconference) of GPs working in rural areas of NSW. Participants will be recruited via purposive sampling and a snowballing process. **Findings:** Interviews will be conducted between June and August 2022. The GPs' perspectives on what constitutes a good enough death and how they have been able to facilitate their patients and their families to achieve this will be reported. **Implications:** The study will identify the factors that contribute to patients living in rural areas achieving a good enough death and how GPs can facilitate this. From this, training needs can be identified and strategies developed to assist rural GPs to help patients and families to achieve a good enough death.

## **An eDelphi study exploring what primary care staff think should be prioritised to improve primary prevention of acute rheumatic fever**

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**Background:** Aboriginal and Torres Strait Islander people have a high burden of rheumatic heart disease (RHD), a disease process initiated by Group A streptococcal (Strep A) infection of the skin and throat. Antibiotic treatment of these Strep A infections can prevent the development of RHD but is not well delivered. **Aim:** To establish what strategies primary care staff think should be prioritised to improve management of skin sores and sore throats among Aboriginal and Torres Strait Islander people. **Methods:** Modified eDelphi survey of general practitioners and other people working in primary care, informed by an expert focus group and literature review. **Findings:** Fifteen broad concepts for improving primary prevention were synthesised from a nine-person scoping focus group and literature review. Concepts were comprised of 29 strategies and 63 specific actions and were presented to participants in a two round eDelphi survey. Twenty-six participants from five jurisdictions participated, 16/26 (62%) completed both survey rounds. Seven strategies were endorsed as high priorities. Most were demand-side strategies with a focus on engaging communities and individuals in accessible, comprehensive, culturally appropriate primary health care. Eight strategies were not endorsed as high priority, all of which were supply-side approaches, including technical and disease specific strategies such as improved guidelines and training. Qualitative responses highlighted the importance of comprehensive primary health care, adequate Aboriginal and Torres Strait Islander workforce and the need for environmental health initiatives to prevent skin and throat infections. **Implications:** This research suggests that primary care staff believe that partnership with communities, empowerment and self-management supports have the greatest potential to improve treatment of skin sores and sore throats, rather than disease-specific strategies alone. This further emphasises the need for a comprehensive primary care approach to reduce the burden of rheumatic heart disease in Australia.

## **Influence of alcohol use on intentional medication non-adherence in people with chronic disease**

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**Background:** Adherence to medications is important in the management of chronic disease. The use of alcohol and its effect on non-adherence has been little explored and mostly limited to patients with HIV. There is a need for increased understanding of how beliefs such as alcohol interactive toxicity and medication necessity may impact medication adherence in people with chronic disease. **Objectives:** To explore how alcohol use may affect decision to adhere to medications prescribed for chronic disease. **Methods:** This is a mixed methods study involving quantitative, cross-sectional, online surveys and qualitative, semi-structured phone interviews. Participants' adherence to medication on days they drink alcohol, beliefs regarding medication necessity and alcohol interactivity are explored. Patients with hypertension, hyperlipidemia and/or diabetes are recruited to participate in the survey via targeted convenience sampling. Through an opt-in strategy, patients self-respond to QR codes on adverts/flyers in GP clinics across Western Sydney Primary Health

Network and social media platforms. Participants are given the opportunity to opt-in for follow-up phone interviews at the end of the survey. Survey data will undergo statistical analysis. Interviews will be audio-recorded, transcribed, and thematically analysed. **Findings:** Data collection will commence in May. Preliminary results will be presented at the AAAPC conference. **Implications for clinical practice:** Understanding patients' intentional non-adherence to chronic disease medications when drinking alcohol can identify modifiable areas to improve adherence, inform future primary care interventions, improve alcohol drinking habits and ultimately reduce burden of chronic disease.

### **Understanding the implementation and effectiveness of regular/annual health checks in prevention and early detection of chronic diseases among Aboriginal and Torres Strait Islander peoples in Australia: a realist review**

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**Background:** Building upon recent improvements in chronic disease attributable mortality, there are further opportunities at the primary health care (PHC) level to strengthen the prevention and early detection of chronic diseases in Aboriginal and Torres Strait Islander peoples. A health check, which is performed in the PHC setting, provides a comprehensive health assessment and plays an essential role in the implementation of PHC level prevention activities. **Aim/Objectives:** To understand the opportunities and challenges in the effective implementation of health checks in the prevention and early detection of chronic diseases for Aboriginal and Torres Strait Islander people. **Methodology:** Our realist review will be conducted in accordance with the reporting guidelines set out in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Protocols statement and reported following the reporting guidelines provided in the Realist and Meta-narrative Evidence Syntheses. The realist program logic will be developed through literature review and stakeholder consultation, and multiple electronic databases will be considered as sources of data from the period 1 November 1999 to 31 April 2022, limited to the English language. In this review, the context-mechanism-outcome (CMO) configuration will be applied to gain an understanding of the how, why, and whom of health check effectiveness. **Findings:** We will present the program logic of our realist review. We will also report on the progress of our research, including identified opportunities and priorities for health check improvements at the PHC level. **Implications:** By developing evidence-informed recommendations that value and acknowledge the contexts and diversity of Aboriginal and Torres Strait Islander peoples, the review findings may help to guide and inform co-designed, people-centred interventions for strengthening the implementation and effectiveness of health checks in prevention and early detection of chronic diseases.

## What is it like to live with obesity in Asian countries? Findings from a scoping review of qualitative studies

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**Background:** Asian populations have different socio-cultural values from their western counterparts, which may influence the meanings they ascribe to obesity. **Aim/Objectives:** To identify and synthesise the qualitative evidence that explores the lived experience of adults with obesity in Asian countries. **Methods:** Guided by the Joanna Briggs Institute guidelines for scoping review, we conducted a systematic search of five databases (Ovid Medline, Embase, PsychINFO, CINAHL and Scopus). Inclusion criteria were: (1) population: adults with obesity; (2) concept: the lived experience; and (3) context: conducted in Asian countries, with English full text. Conference abstracts and studies exploring obesity with a specific health condition or experiences of specific interventions were excluded. Two reviewers screened the titles/abstracts and full texts. The findings were extracted and analysed using descriptive qualitative content analysis. Data summaries and coding categories were discussed among all co-authors. **Findings:** Out of 16,764 articles retrieved, 136 were screened for full-text, and 11 were included. Seven of these were published from 2018 onwards. Various qualitative research designs were employed, but some did not describe the specific qualitative approach. Lived experience around bariatric surgery was the most explored topic, with many newer studies focused on patients' adaption to life after bariatric surgery. The analysis identified three categories of the lived experience: (1) cultural norms shaped the lived experience of adults with obesity; (2) the influence of obesity on the social relationship; and (3) coping with life challenges. **Implications:** Future research should detail the qualitative methods to provide important contextual information about the findings. The lived experiences of adults with obesity in Asia are strongly influenced by their social-cultural background and affect their social relationships, which are distinct from the majority of studies conducted in western countries. Therefore, their implications on public health policy for obesity management in Asian countries should be explored further in future research.