

1 Deadly Step Evaluation



Enhancements to Existing Program



The enhancements consist of three components:

1. an iPad application for screening assessments;
2. a secure portal for nominated care providers to view the results of the screening assessment; and
3. a reporting portal for program administrators to monitor event data.

Data Elements



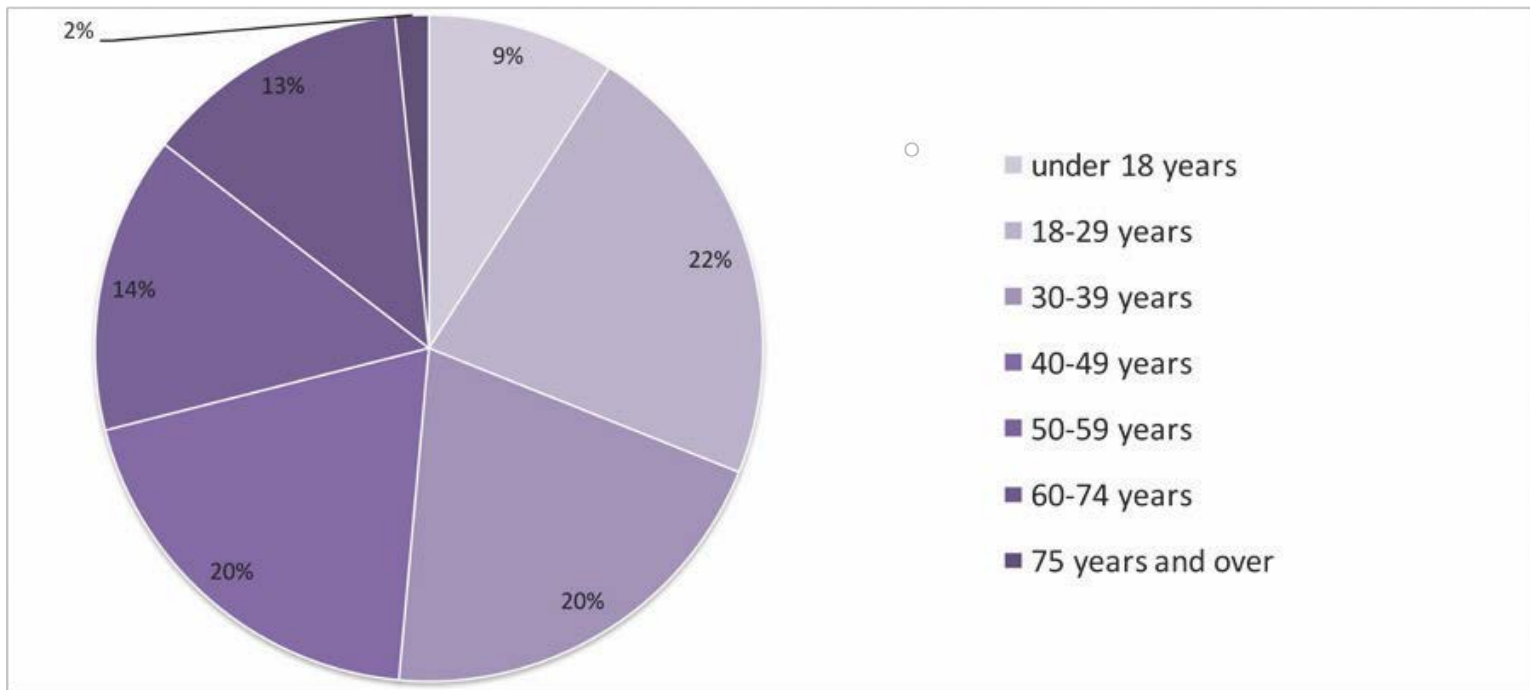
<i>Data element</i>	<i>Means of collection</i>	<i>Information collected</i>
Screening assessment de-identified data	Secure access to the data repository	Demographic information Clinical information including: Cardiovascular disease risk Diabetes risk Kidney disease risk Current treatment being received
Satisfaction surveys for participants	Anonymous paper survey at the end of a screening event	Satisfaction, acceptability and utility of the program
Reporting website follow-up data	De-identified data extract at end of project	Follow-up status of all participants screened
Key stakeholder interviews	Semi-structured interviews with health service managers, local health district staff, clinical staff and the ACI program staff	Satisfaction, acceptability and utility of the program

Demographic Profile

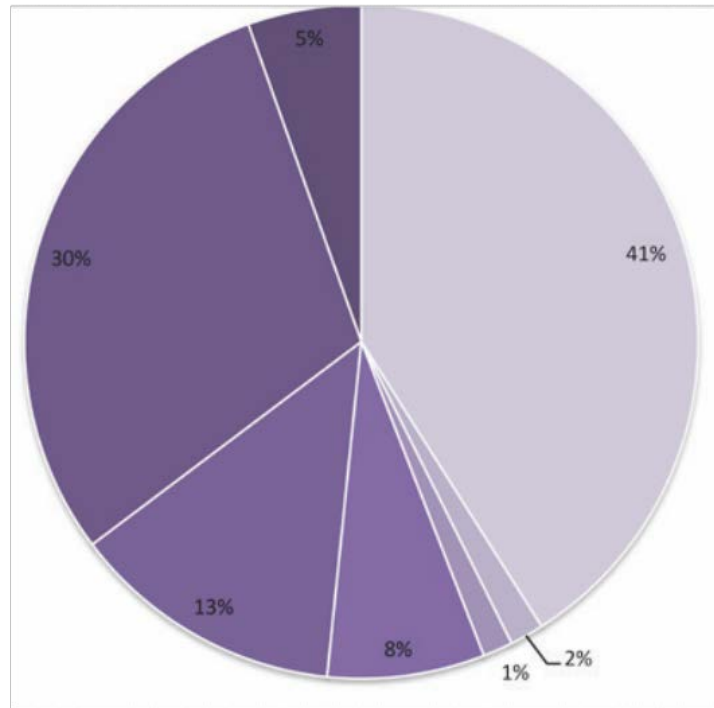


	<i>Event location</i>	<i>Date</i>	<i>Number screened</i>	<i>Average age (years)</i>	<i>% female</i>	<i>% Aboriginal and/or Torres Strait Islander</i>
1	Event 1	17/04/2015	132	42.2	64.4	84.1
2	Event 2	06/07/2015	114	40.6	62.3	99.1
3	Event 3	26/10/2015	107	34.6	58.9	84.1
4	Event 4	01/12/2015	118	41.6	60.2	96.6
5	Event 5	06/03/2016	77	39.0	71.4	88.3
6	Event 6	12/03/2016	119	38.4	50.4	95.8
7	Event 7	17/03/2016	123	47.0	59.4	87.0
8	Event 8	23/03/2016	127	40.0	63.8	93.7
9	Event 9	06/04/2016	129	37.9	62.8	93.8
	Total		1046	40.3	61.2	91.5

Age Groups

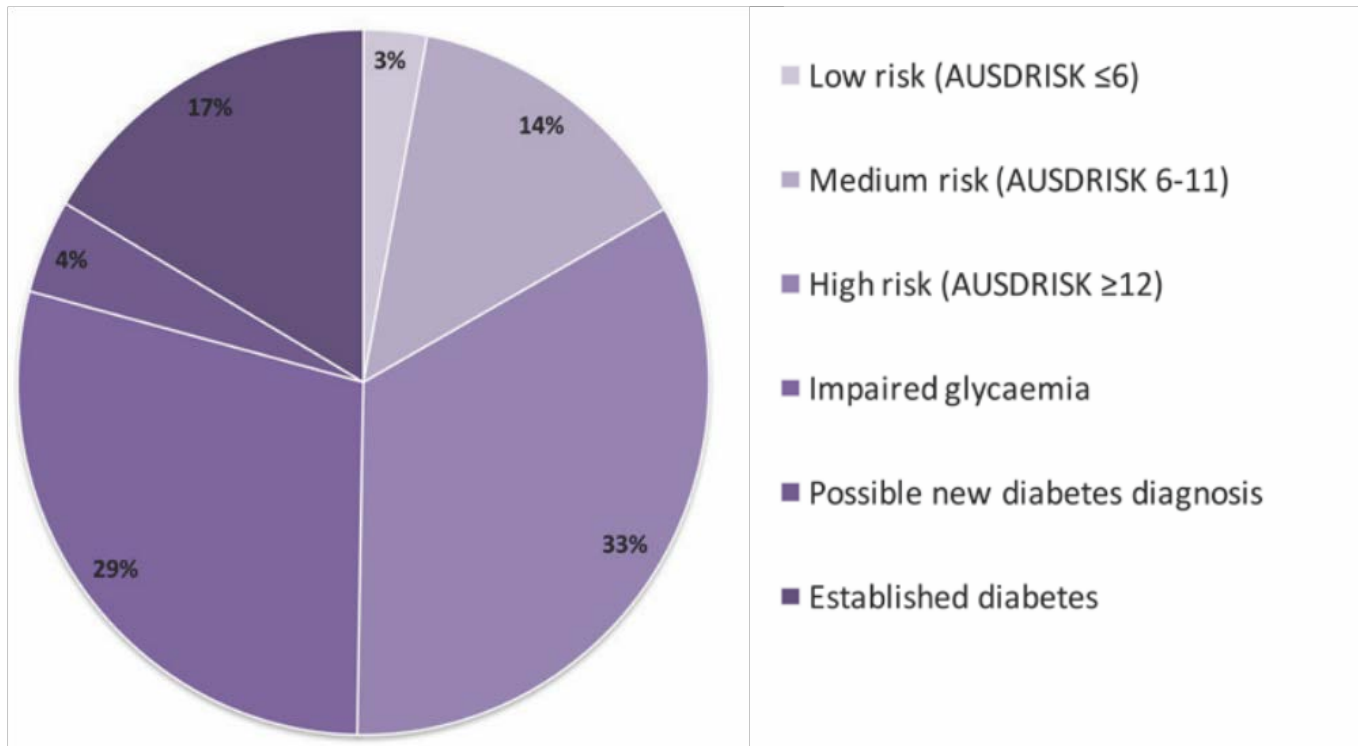


Cardiovascular Risk Profile

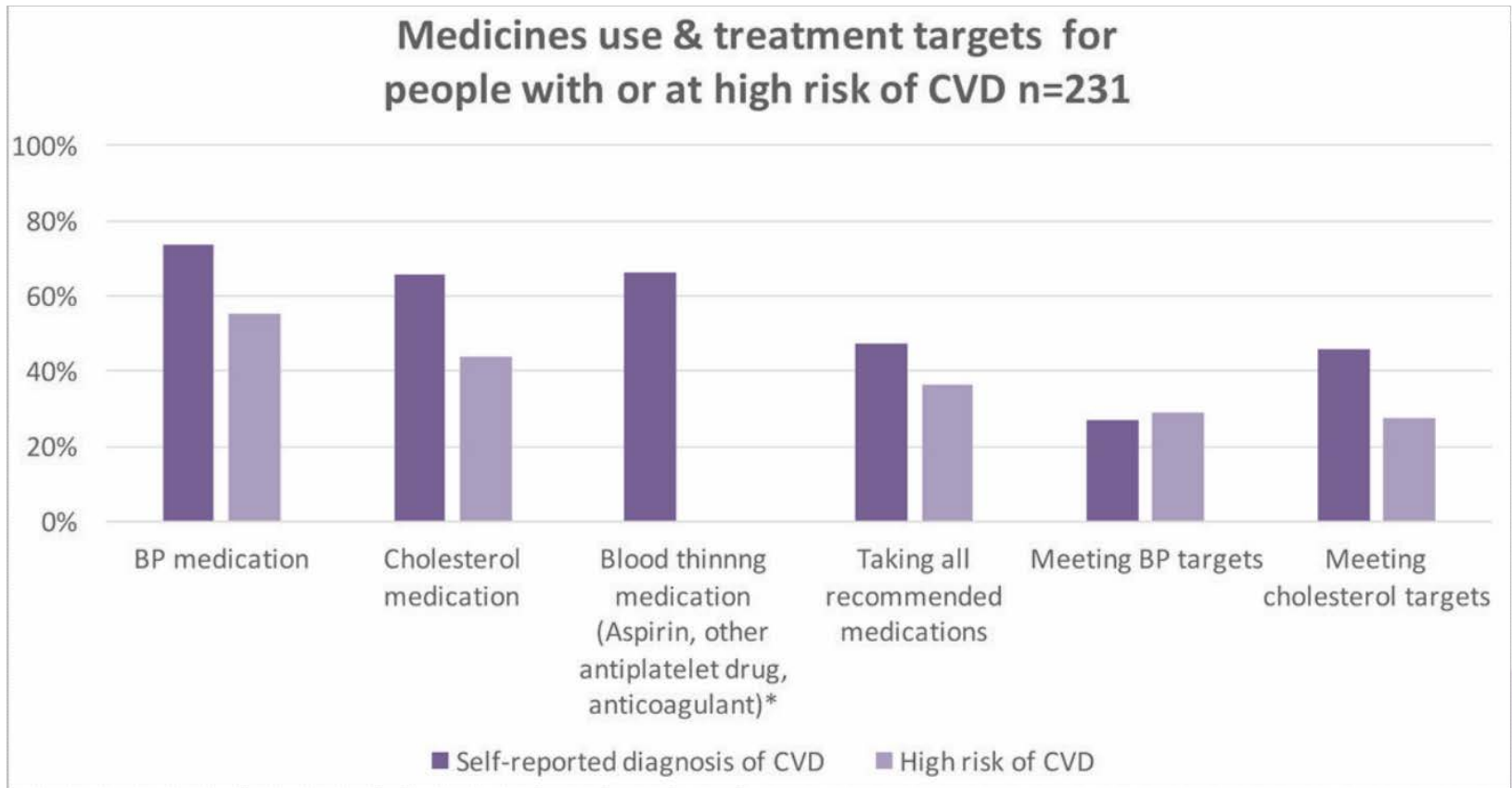


- Low risk (<10% 5 year risk)
- Medium risk (10-15% 5 year risk)
- High risk (>15% 5 year risk)
- Clinically high risk condition present
- Established CVD
- <30 year olds
- Missing data

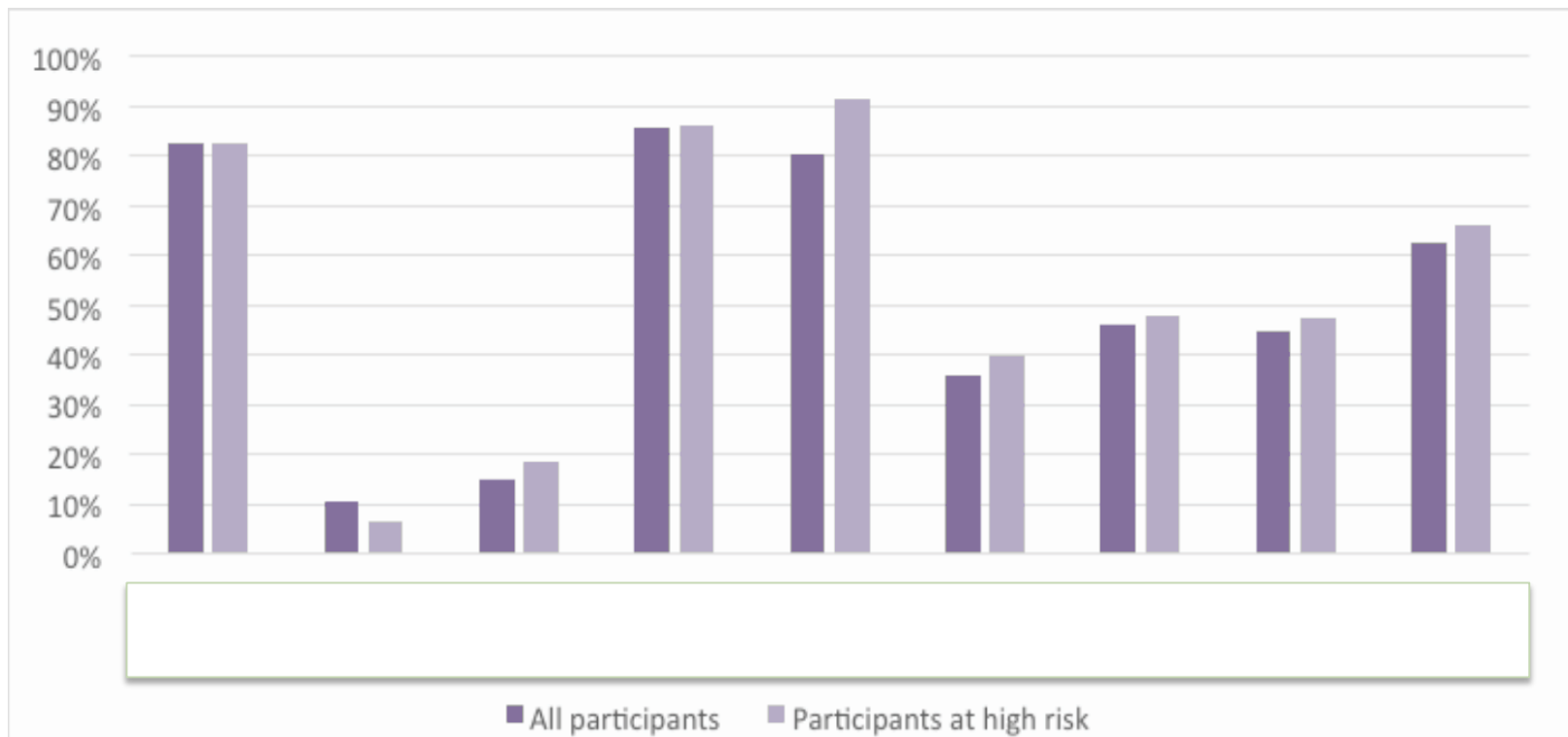
Diabetes Risk Profile



Management for High CVD Risk



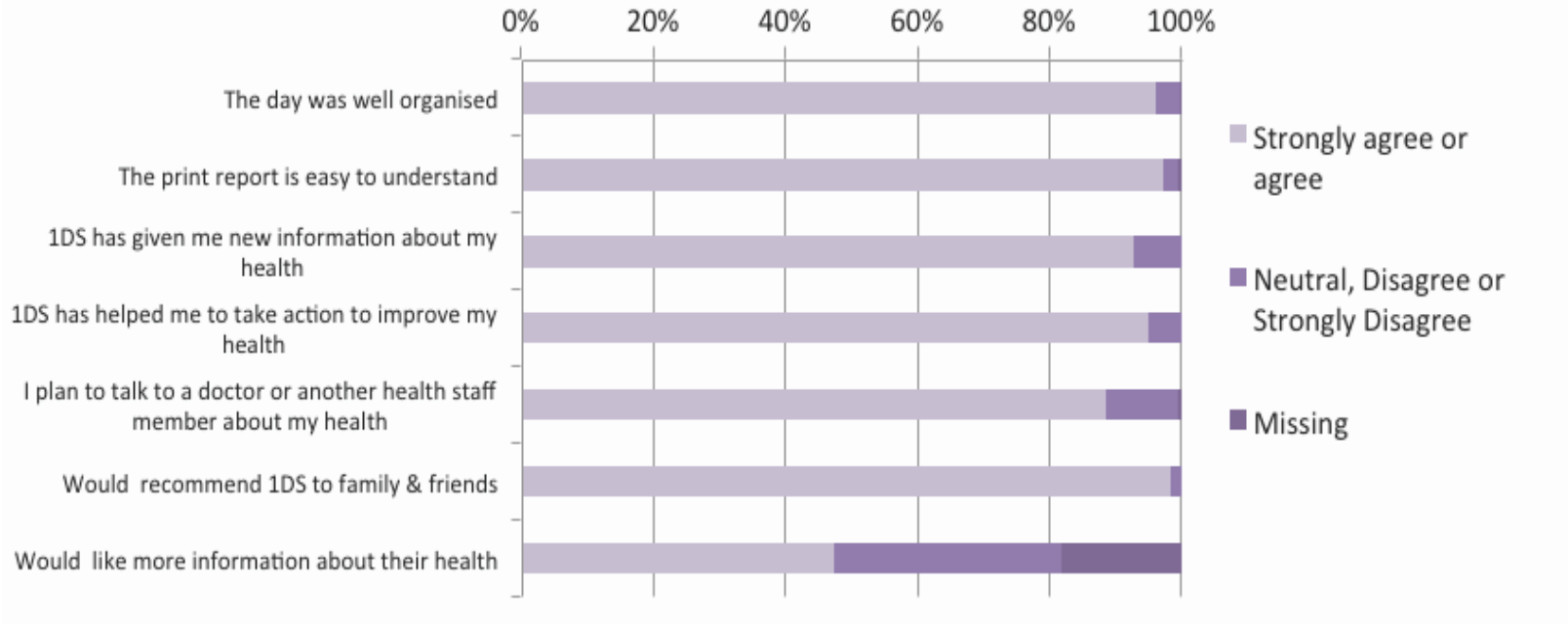
Follow Up Rates



Participant Survey



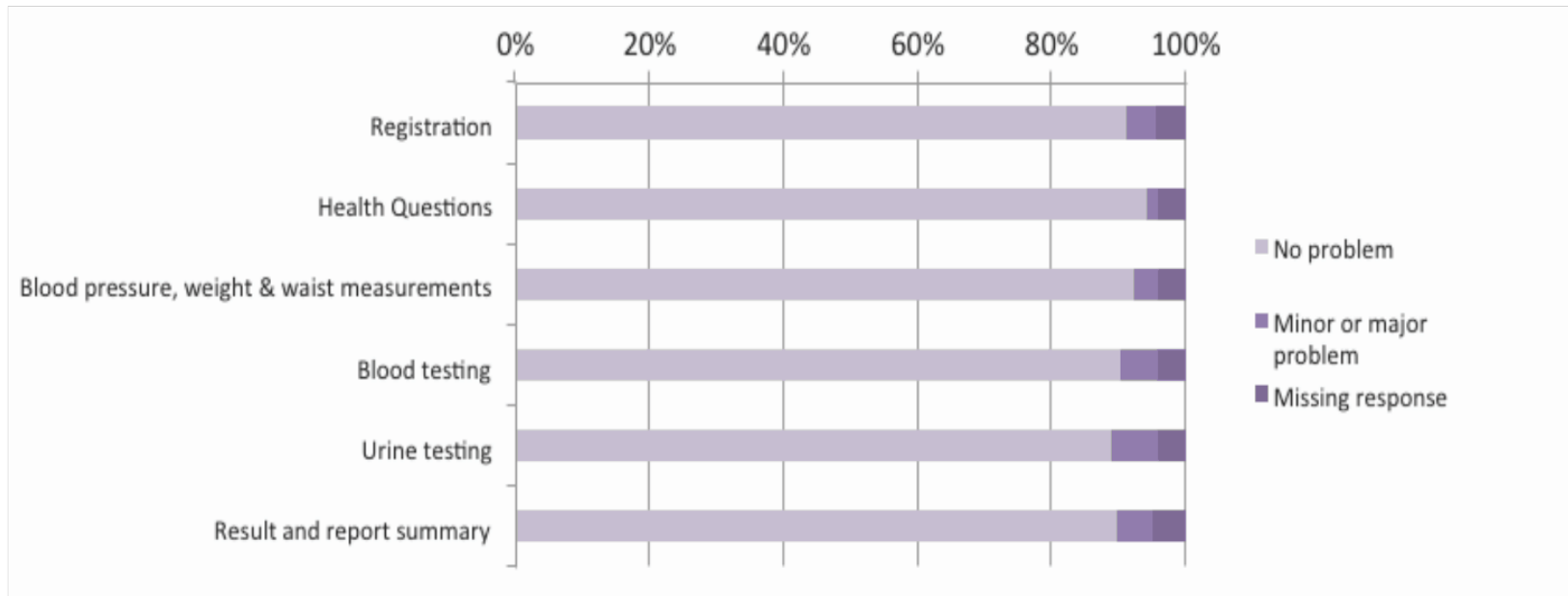
Overall Program Impression



Participant Survey



Problems Encountered



Qualitative Results



Site	CEO	Clinic manager	GP	Nurse	Aboriginal project/ liaison officer	LHD staff	ACI Program staff	Other	Total
1		1		1	1				3
2	1				1	1			3
3		1		1		2			4
4	1			1		2		1	5
5									0
6				1	1				2
7			1						1
8									0
9				1					1
Other							2		2
Total	2	2	1	5	3	5	2	1	21

Interview Themes



PRE-EVENT

Theme 1: Importance of the working group

Theme 2: Event preparation considerations

EVENT

Theme 3: Implementing a clinical program in a community setting

Theme 4: Opportunities and risks when combining 1 Deadly with other community events

Theme 5: Event day work flow considerations

Theme 6: Role of Country Rugby League and marketing activities

Theme 7: Technical challenges

POST EVENT

Theme 8: Resource burden issues for implementing follow-up processes

Theme 9: Challenges in following up non-ACCHS participants

Theme 10: Availability of GPs and senior nurses on event day

Theme 11: Implementing population management processes

Sustainability considerations

Event Related Recommendations



1. Workflow analysis to identify opportunities to optimise event day processes.
2. Dedicate additional training in use of point-of-care machines and interpretation of results.
3. Consider creating a 'well-being expo' area with smoking cessation counselling and treatments, health coaching, touch screen self-education resources, fitness equipment.
4. Dedicated resources to support sites with limited capacity to implement follow-up processes.
5. Working groups with ACCHSs and LHD representatives to implement recall and reminder systems for non-ACCHS participants

Technical Recommendations



1. Software enhancements to the app:

- Modify the app to allow the three blood test results to be saved separately.
- Developing a low information algorithm for use in locations all screening services is not feasible.
- Creating 1 Deadly Step app modules to allow services to focus on particular chronic conditions or disease risks (eg: '1 Deadly Step Kidneys').

2. Consider the following expansions to the software platform:

- Direct export of patient reports and results to practice management software systems.
- Pre-populate Health Assessment templates for MBS billing.
- Facilitate electronic referrals on event day to smoking cessation services or to the patient's nominated care provider using a secure messaging service.

General Program Considerations



8. Maintain the ongoing support role played by the ACI or an equivalent body.
9. Establish a learning collaborative for service providers to increase peer-to-peer networking opportunities.
10. Detailed costing analysis to determine the real costs associated with conducting events including staffing, marketing and opportunity costs, provision of point-of-care testing equipment and cost of consumables associated with screening.
11. Assess clinical effectiveness of the program through the use of process and patient outcome measures and use of linked, primary care and other administrative datasets.
12. Conduct an economic modelling study to better understand the potential long-term cost-effectiveness of the program

1 Deadly Step: Next Steps

David Follent





David Follent

Project Officer, Aboriginal Chronic Care Team

ACI

David.follent@health.nsw.gov.au