1 Deadly Step Evaluation

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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

### Data element | Means of collection | Information collected
--- | --- | ---
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

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<table>
<thead>
<tr>
<th>Event location</th>
<th>Date</th>
<th>Number screened</th>
<th>Average age (years)</th>
<th>% female</th>
<th>% Aboriginal and/or Torres Strait Islander</th>
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Age Groups

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- under 18 years: 2%
- 18-29 years: 13%
- 30-39 years: 9%
- 40-49 years: 22%
- 50-59 years: 20%
- 60-74 years: 20%
- 75 years and over: 14%
Cardiovascular Risk Profile

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Australia

- 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

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Australia

- Low risk (AUSDRISK ≤6)
- Medium risk (AUSDRISK 6-11)
- High risk (AUSDRISK ≥12)
- Impaired glycaemia
- Possible new diabetes diagnosis
- Established diabetes
Management for High CVD Risk

Medicines use & treatment targets for people with or at high risk of CVD n=231

- BP medication
- Cholesterol medication
- Blood thinning medication (Aspirin, other antiplatelet drug, anticoagulant)*
- Taking all recommended medications
- Meeting BP targets
- Meeting cholesterol targets

<table>
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<tr>
<th>Medicine Type</th>
<th>Self-reported diagnosis of CVD</th>
<th>High risk of CVD</th>
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Follow Up Rates

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Australia

![Follow Up Rates Chart](chart.png)

- All participants
- Participants at high risk
Overall Program Impression

- The day was well organised
- The print report is easy to understand
- 1DS has given me new information about my health
- 1DS has helped me to take action to improve my health
- I plan to talk to a doctor or another health staff member about my health
- I would recommend 1DS to family & friends
- I would like more information about my health

Legend:
- **Strongly agree or agree**
- **Neutral, Disagree or Strongly Disagree**
- **Missing**
Problems Encountered

- Registration
- Health Questions
- Blood pressure, weight & waist measurements
- Blood testing
- Urine testing
- Result and report summary

Legend:
- No problem
- Minor or major problem
- Missing response
## Qualitative Results

### Site CEO Clinic manager GP Nurse Aboriginal project/liaison officer LHD staff ACI Program staff Other Total

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*Site CEO Clinic manager GP Nurse Aboriginal project/liaison officer LHD staff ACI Program staff Other Total*
Interview Themes

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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
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.
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