

## AuSCR Research Task Group approved projects

<b>Title</b>	<b>Evaluation of enhanced models of primary care in the management of stroke and other chronic disease (PRECISE)</b>
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<b>Submission date</b>	24 July 2018
<b>AuSCR role</b>	Data Provision and participant recruitment
<b>Approved</b>	20 November 2018
<b>Status</b>	In progress

**Summary** Models of enhanced primary care that encourage regular assessment, multidisciplinary care and self-management of patients with chronic disease have been funded through Medicare since 1999. However, an evaluation of these primary care models has not been performed.

Aim: To evaluate the effectiveness of enhanced primary care for patients with stroke using a population based cohort and data linkage.

The study cohort will be derived from the Australian Stroke Clinical Registry (AuSCR) and will include approximately 25,000 registrants from 42 hospitals who were admitted to acute care hospitals in Victoria and Queensland between January 2012 and December 2016. Patient identifiers will be submitted to the Australian Institute of Health and Welfare (AIHW) and State Data Linkage Units to link to the Medicare Benefits Schedule, Pharmaceutical Benefits Schedule, National Aged Care Data Clearing House and hospital administrative datasets. Once linked, the de-identified content data will be submitted into the Secure Unified Research Environment (SURE) system (a data security requirement of the AIHW) for analysis by researchers at Monash University. Using a unique participant identification number, these linked data sets will be merged with the corresponding acute and follow-up data held in the AuSCR for these registrants.

Additionally, approximately 1,500 cohort members registered in AuSCR in 2016 and who agreed to participate in future research at their 3-6 month AuSCR follow up, will be identified from the AuSCR database. These participants will be sent a project specific survey pack at approximately 2-2.5 years after their initial 3-6 month AuSCR follow-up. Eligible participants will be randomly selected in such a way as to ensure a balance of males and females and balance within 10 year age bands based on the AuSCR population characteristics. They will also be stratified by presence/absence of disability. We anticipate, based on previous surveys using AuSCR data that approximately two thirds of those sent a survey will provide response data (N=1,000). This survey will allow us to obtain a more comprehensive view of patient's primary care experience and assist in our interpretation of results from the administrative data. The survey pack will include re-administration of the EQ-5D-3L as well as a range of questions related to the context of the care that they received, patient treatment preferences, use of secondary prevention medication and additional information on their disability profile.

These data will enable us to assess the influence of enhanced models of primary care on hospital contacts, survival and quality of life following stroke. The additional survey data will enable us to better interpret the results obtained from the linked data to guide policy decision making in this area. A full economic evaluation will also be undertaken. Using a multidisciplinary reference committee we will provide a systematic interpretation of the results utilising priority-decision making techniques. Results will provide information important for improving uptake of appropriate models of care and guiding health policy reform at the primary care level to optimise outcomes for those with chronic disease and stroke, and maximise the use of limited healthcare resources.