PARTY Trial Update

The PARTY Project trial gained further momentum this month with the recruitment of PARTY’s second round of general practices.

With both round one and two cycles operating concurrently but in different phases, it has been all systems go for the PARTY staff team.

- Round One Practices
  
  Round one control practices are presently busy recruiting young people for their cohort, whereas the intervention practices are currently implementing their system change projects prior to commencing recruitment.

- Round Two Practices
  
  Round two practices have completed their baseline data collection and randomisation phases and will commence their training session in October.

- Round Three Practices
  
  PARTY is now recruiting for Round Three practices in rural and metropolitan areas in Victoria. (See advertisement below!)

PARTY Pilot

At present, PARTY is analysing the pilot project data for reporting purposes and the three month young people follow-up interviews are near completion.

Conference Presentations

PARTY is presenting a poster at the October Royal College of Nursing Australia’s 5th General Practice Nurse Conference: Maximising Nursing’s Contribution to Primary Health Care.

For further information about the PARTY Trial, please contact Brenda Grabsch, PARTY Project Coordinator, on 03 8344 7196.

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Round Two Practices

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Round Three Practices

PARTY is now recruiting for Round Three practices in rural and metropolitan areas in Victoria. (See advertisement below!)

Expressions of Interest NOW Invited for third round PARTY practices in metro & rural Victoria

Would your metropolitan Melbourne general practice be interested in:

- Enhancing health care access & outcomes for young people (14-24 yrs)
- Earning 30 Category 1 RACGP QA &CPD points for GPs
- Free evidence-based training in health care

If "YES", for more information please phone Kitty at the Department of General Practice on 8344 4638.

Primary Care Research Unit (PCRU) & PARTY October Seminar

‘Screening & Counseling Adolescents for Risky Behavior in Primary Care: Can it be done and does it make a difference?’

The PARTY Project and the Primary Care Research Unit (PCRU), the Department of General Practice, hosted a presentation by Associate Professor Elizabeth Ozer, Associate Professor of Pediatrics in the Division of Adolescent Medicine at the University of California, San Francisco.

Wednesday, 3 October 2007, 1pm – 2pm

See back page for further information...
Managing Data Challenges

With so much information on systems mapping, staff baseline surveys and interviews with young patients, PARTY Data Manager, Fan Yang, and our Database Programmer, David Ormiston-Smith, have certainly had their work cut out for them.

So far the PARTY Project has audited eleven practices, received baseline surveys from 51 staff and 196 young people from our trial practices have agreed to hear more about the PARTY Project. Of these 196 young people, 102 have already been consented and completed their interviews (40—50 minutes) with PARTY CATI staff.

One of the biggest challenges for PARTY has been in making contact with the young people. The number of call attempts made by the CATI staff is averaging between seven and eight attempts before contact is actually made.

“To make our young people recruitment process streamlined and more appealing to young people, we have tried to be innovative”, Fan Yang said.

PARTY has received an ethics clearance to enter every young person who completes an interview into a draw to win an IPOD. “So if someone has done one exit interview and two follow-up interviews, then he/she will have three chances to win.”

“As we aren’t able to provide young people with cash remuneration for their time due to ethical and financial constraints, this provides some extra incentive,” said Fan.

Another strategy employed by PARTY to support the recruitment of young people has been the use of a web-based SMS system. After several unsuccessful call attempts, PARTY CATI staff send text messages to young people’s mobile phones (where available) to remind them of who we are and that we would like to talk to them about the study.

“This way, we can let the young people know that PARTY is trying to contact them so they don’t keep seeing ‘private number’ flash in their missed call registers”, Fan explained.

PARTY: Database Design & Function

Despite being known as the ‘PARTY database guy’, the design and creation of the PARTY database forms a comparatively small fraction of my work. Translating survey questions into database fields with appropriate types (eg. dates, numbers or free text fields) is a straightforward process (numerous late additions and edits aside); the more interesting (and time-consuming) work consists of providing a functional, (hopefully) user-friendly front-end to the database tables, and designing meta-systems that help with quality control.

This work includes:

- The creation of a tiered user authentication system, so that CATIs can enter data, but only PARTY researchers can export and manipulate it (and unauthorised people can’t access anything at all).
- Designing reports to allow the researchers to more easily manage the many practices, doctors, nurses and young people involved in the study.
- Integrating a tracking system to manage callbacks, with all the attendant possibilities that follow (no answer, phone is engaged, wrong number, someone other than the survey subject answers the phone etc), and using this system to efficiently allocate surveys to the available CATIs. This in particular takes a great deal of time and is constantly being fine-tuned - for example, we recently refined the system that allows CATIs to see how many young people have calls scheduled for any given timeslot, to distinguish between definite appointments to conduct the survey and the less time-consuming calls where we simply call for the young person’s consent.

All of which combined leads to a relatively hefty workload!
**PREVENTION**

- The main health problems that will affect young people now, and into their adulthood, are preventable. These problems are related to sexual health, mental health, substance use, accidents and injury.

**ACCESS &**

- Many young people are unaware of how to recognise and express their health problems in order to get the help they need, when they need it.
- Young people report significant barriers to accessing health care. Concerns include: confidentiality of health information; cost of services and treatments; convenience of access and fear of judgment. This can lead to delays in seeking help and can result in young people presenting to health services in a state of crisis.
- Despite these barriers, around 80% of young people will still visit a GP at least once per year, usually for physical health complaints. This visit provides an important opportunity for young people to develop positive experiences with accessing health services and relationships with health service providers.

**RISK-TAKING IN**

- Risk-taking and defining boundaries is a normal and necessary part of development in adolescence. However, adolescent risk-taking that poses dangers to life and health need to be assessed.
- Risk-taking behaviour also tends to cluster in individuals. For example, a regular smoker in adolescence is also:
  - 2 times more likely to diet severely
  - 3 times more likely to have psychiatric morbidity
  - 7 times more likely to be heavy alcohol drinker
  - 9 times more likely to have unprotected sexual intercourse
  - 19 times more likely to use Marijuana weekly

(ref: Victorian Adolescent Health Cohort Survey, Centre for Adolescent Health, 1996)

- There is a mismatch between the major health problems of young people and the reasons they visit general practice, possibly because of barriers to health care access and developmental stage. The major causes of death in young people (14-24yrs) are traffic accidents and suicide and most other ill-health is caused by mental health problems, injuries, unprotected sexual activity, substance abuse and other risk-taking behaviours. Yet, young people visit GPs mainly for physical reasons like respiratory and skin problems.
- There is an imperative for health professionals to pro-actively screen all young people for risky behaviours to ensure potential and actual health risks are not overlooked.

**YOUNG PEOPLE**

- Young people (14-24yrs) require support to navigate the immense physical, intellectual and psychosocial changes they are experiencing when: transitioning to adult roles, relationships and responsibilities; exploring self-identity and experimenting with boundaries.
- GPs, practice nurses and practice support staff all play a vital role in supporting young peoples’ access to care, as well as in carrying out important health-risk screening and preventable health care interventions.

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Monica Barrett: Reflections of a PARTY CATI Interviewer

*PARTY*’s Computer Assisted Telephone Interviewers (CATIs) are critical to the success of the PARTY Project. Working both day and night shifts, the CATIs are responsible for making contact with young people attending PARTY general practices, recruiting them to the PARTY study and interviewing them about their health-risk behaviour. This is no mean feat!

**PARTY CATI Interviewer Monica Barratt shares her reflections as a PARTY CATI Interviewer....**

I was initially a bit skeptical about whether enough young people would be prepared to complete a 40 minutes plus phone interview. What I have found is that there are certainly many young people who are quite interested in this research, whether it be that they are just happy to be involved, or to contribute, or appear to have a genuine interest in improving the quality of care provided by doctors to young people. I have also noticed that quite a few young people who don't want to participate are articulate about either not having the time or just not being interested in being involved. In the middle are a fair number of young people who do not answer their mobile phones when called.

One of my personal research interests is in exploring how the increased use of communication mediated by technology (computer and mobile phone) affects us. This societal trend towards mediated communication influences this study more than it would for a study focused on all adults or on older adults, due to the high uptake and use by young people of newer communication technologies. The PARTY project began sending text message alerts to young people in an attempt to boost recruitment. This is not only because text messages are used widely by this population, but it is also a response to a cultural change where people do not necessarily answer their mobile phones, especially in the case where they get no information about who the caller is (private number). Unsolicited advertising calls are so common that this method of screening has increased, and may have negative effects on recruitment if not managed appropriately.
PARTY’s very own Dr Lena Sanci and PARTY Chief Investigators, Professor George Patton and Professor Susan Sawyer, were co-authors of a special adolescent health series in the prestigious international journal The Lancet. The six part series aimed to highlight adolescence as an area of health that remains neglected, marginalised, and ignored in many countries. Dr Sanci said, “This is an extremely important and significant volume of work. The mounting evidence on the changing nature of adolescence, plus the research breakthroughs in areas such as health service access, will hopefully lead to policy and political action and further international collaboration.”

PARTY has been working on a paper to highlight a number of key Commonwealth initiatives and incentives that are currently available to general practice which could be utilised in the provision of health care and services to young people. This paper has been added to the collection of resources provided to practices participating in the PARTY training. As the Medicare Benefits Schedule (MBS) is influenced by a variety of factors including: emerging evidence, national health priorities and the political health landscape to name a few, the MBS schedule is subject to change. General practices staff and practitioners can keep abreast of changes to item numbers through visiting: Medicare Australia website: www.medicareaustralia.gov.au/providers

The vast majority of young Australians, particularly those in need of support, are...well financially challenged. For many general practices working with young people, this means minimising patient costs and raises issues of how to balance quality, best practice primary health care services within a sustainable and efficient small business model. The good news is that there are a number of Medicare initiatives available that can provide financial support to general practices caring for young people with chronic and complex needs.

General practitioners (GPs) are often the first point of contact with the health system for the majority of Australians, including young people. Skilled to deliver both preventive and curative primary health care, general practitioners also act as gate keepers to many secondary and tertiary health services. Against a backdrop of general practice workforce shortages, particularly in rural and regional areas, and the changing epidemiology of disease resulting in the increase in demand for primary care chronic disease management services, the Australian Government has introduced a number of national initiatives/programs to assist general practice in providing quality health care. Medicare Australia is the key provider to practices for the management of the majority of general practice initiatives/programs that focus on assisting and resourcing general practice and general practitioners to provide quality health care to patients. While many of these program have strict eligibility requirements and are targeted at addressing and resourcing chronic disease management primarily servicing older populations, there are a number of initiatives that could be applied by general practices participating in the PARTY Project to assist in developing clinical systems, processes and structured responses to the complex health needs of young Australians.

PARTY Policy Adviser, Verity Newnham, explained, "Many practices are already using some or all these items quite systematically and effectively, particularly with their older patients. Anecdotally, what we have found however, is that many GPs don’t think to use these items for eligible young people with complex health issues such as dual diagnosis.”

PARTY Funding Supporting Adolescent Health Services in General Practice

| Paper 1 – mismatch between biological and social maturity linked to health problems for adolescents |
| Paper 2 – adolescents are key to improving sexual and reproductive health |
| Paper 3 – mental health services fail adolescents |
| Paper 4 – substance use a major burden of disease for adolescents |
| Paper 5 – more understanding of the needs of adolescents with a chronic condition is required |
| Paper 6 – more youth-friendly health services needed |
PARTY Time for Young People

Youth Participation is an important part of the PARTY project

Involving and consulting with young people in the design and implementation of our study has been a key consideration for PARTY staff and academics.

Over the last twelve months PARTY has been engaging and involving young people in the various projects we have underway.

- Youth Focus Groups

  In 2006/07 PARTY has conducted a series of Youth Focus Groups. Split into 3 different demographics (teenage mothers, young people in metropolitan areas, and young people in rural areas), the groups were asked to fill in a health risk screening tool, and then provide feedback on its effectiveness. Young people were also asked for their views on the PARTY Project aims and recruitment processes and about their experiences of ‘youth-friendly’ consultations in general practice.

- Youth Actors Involved in PARTY Training

  PARTY members, Lena, Helen and Verity have also been busy conducting training sessions for reception staff, general practitioners and practice nurses involved in the study. The training has covered receiving patients at the front desk, use of the health risk screening tools, conducting ‘youth-friendly’ consultations in general practice, and the use of motivational interviewing for high risk behaviours. Helen and Lena have also been working on DVD resources where experienced clinicians were recorded conducting health-risk screens and motivational interviews with youth actors role-playing complex physical and emotional needs.

- Youth and Practice Resources

  As part of PARTY’s commitment to improving ‘youth-friendliness’ in general practices, we have been developing a series of resources for general practices. These include: confidentiality posters; information for parents brochure; road safety awareness brochure; and a young people’s health brochure. The production of these materials involved a photo shoot to produce the resource graphics. Jess, 21, a model for the photo shoot commented, “I know a lot of people who get involved in some risky behaviour, and raising awareness about ways people can get help is important.” Another youth model and a young actor involved in the PARTY Project, Marty, 17, also had positive things to say about his experience working on PARTY, “It was not only a lot of fun doing the shoot, but it’s good to be involved in something that could potentially help out friends and people my age. I also got to meet some doctors and nurses and they were great to talk to,” said Marty.

Woodend PANACHE Nurses Focus in on Young People

As part of their involvement in the PANACHE project, practice nurses Michelle Duley and Marilyn Mueller from Woodend’s Brooke Street Medical Centre recently organised focus groups with young people in the Macedon region.

With the assistance of the Macedon Ranges OurS project – Our Space, Our Shire, Our Solutions – the nurses were able to discuss youth health issues with local young people.

The nurses also viewed this as a valuable opportunity to promote the youth health clinic currently running at Brooke Street Medical Centre as part of the University of Melbourne PANACHE pilot study. “They are well aware that the clinic is available to help with any issue troubling a young person” said Michelle Duley, who found meeting with this bright group of young people to be a fantastic experience.

Over pizza and soft drink the nurses were able to chat with the young people about the health needs of young people living in the Macedon region. Relationships, mood, sexual health and self-esteem issues were all touched on during this discussion. Both Marilyn and Michelle valued the opportunity to gain a better understanding of the health needs of young people in the area while simultaneously making the group aware of the services provided by the youth clinic. “Our staff are sympathetic to the needs of young people and aim to help at all times” said Michelle Duley of Brooke Street Medical Centre.

The pilot of the Woodend nurse-led youth clinics was completed in September.

Danielle Newton, PANACHE Research Fellow, can be contacted at the Primary Care Research Unit (PCRU), Department of General Practice, Tuesdays, Wednesdays and Fridays.

Phone: 8344 4547.

Michelle Duley and Marilyn Mueller, PARTY & PANACHE Practice Nurses

“Our staff are sympathetic to the needs of young people and aim to help at all times”

Michelle Duley
PARTY Hosts Visiting Associate Professor Elizabeth Ozer

October Seminar ‘Screening & Counseling Adolescents for Risky Behavior in Primary Care: Can it be done and does it make a difference?’

Dr. Elizabeth Ozer is a psychologist whose research experience has focused primarily on the health of adolescents and families. She has served as either Principal Investigator or Co-Principal Investigator of several studies on implementing and evaluating adolescent preventive services. This has included the development of primary care provider trainings and the integration of screening and charting tools to increase the screening and counseling of adolescents for risky behavior. Her work has moved beyond implementation of preventive services to examine the effects of delivering preventive services on adolescent risk behavior.

Further information on Elizabeth’s seminar will be available in the next edition of the PARTY newsletter. For more information on the Primary Care Research Unit’s seminar program, please contact Vikki Homes, Department of General Practice, Primary Care Research Unit, e-mail: vholmes@unimelb.edu.au or by phone: 03 8344 4478.

ABOUT THE PARTY PROJECT: In 100 words or less...

The five-year PARTY project will use a type of research called a randomised controlled trial to test the effectiveness of health risk screening and counselling for young people attending general practices for health care. This project will also assess the feasibility of practice nurses performing this role, as well as models of practice nurse engagement with other health, education and welfare providers, to support the access of higher risk young people to general practice. Finally, PARTY will be looking at ways of making general practice more ‘youth-friendly’ and will conduct a cost-benefit analysis of the entire project.

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