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Using MADIP for primary health care research: cardiovascular disease prevention and telehealth

Policy and Practice Forum

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On behalf of Jenny Welsh, Hsei-Di Law, Lynelle Moon, Grace Joshy, Kirsty Douglas, Emily Banks and Rosemary Korda

Funding: NHMRC Partnership Grant no. 1134707

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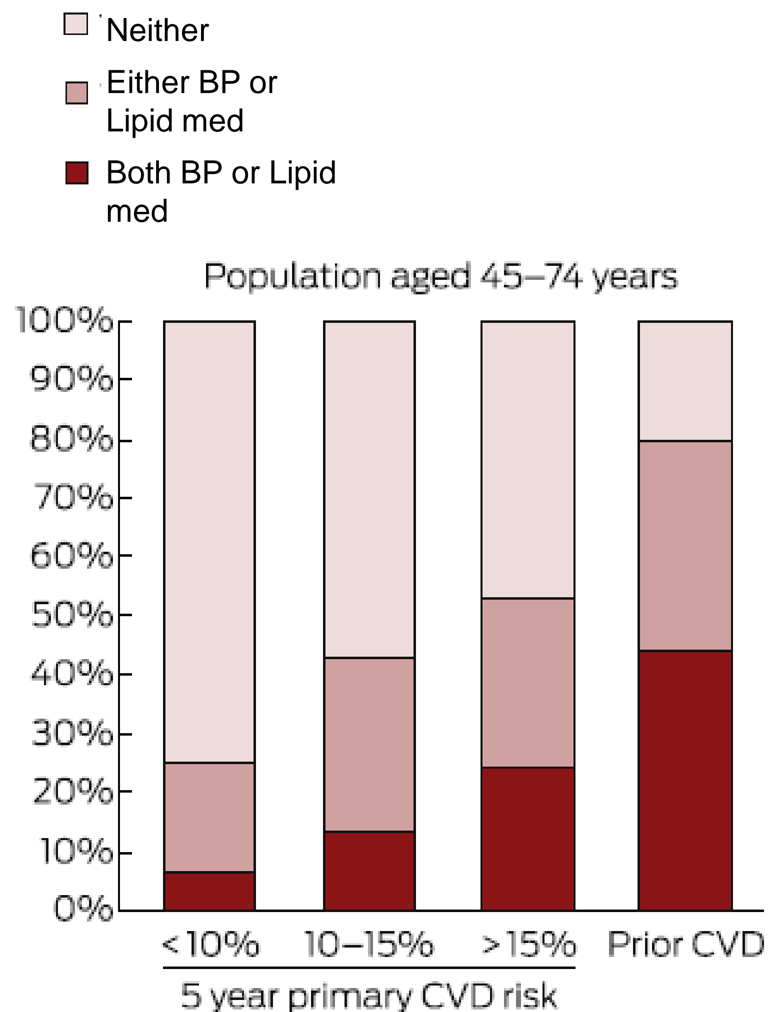
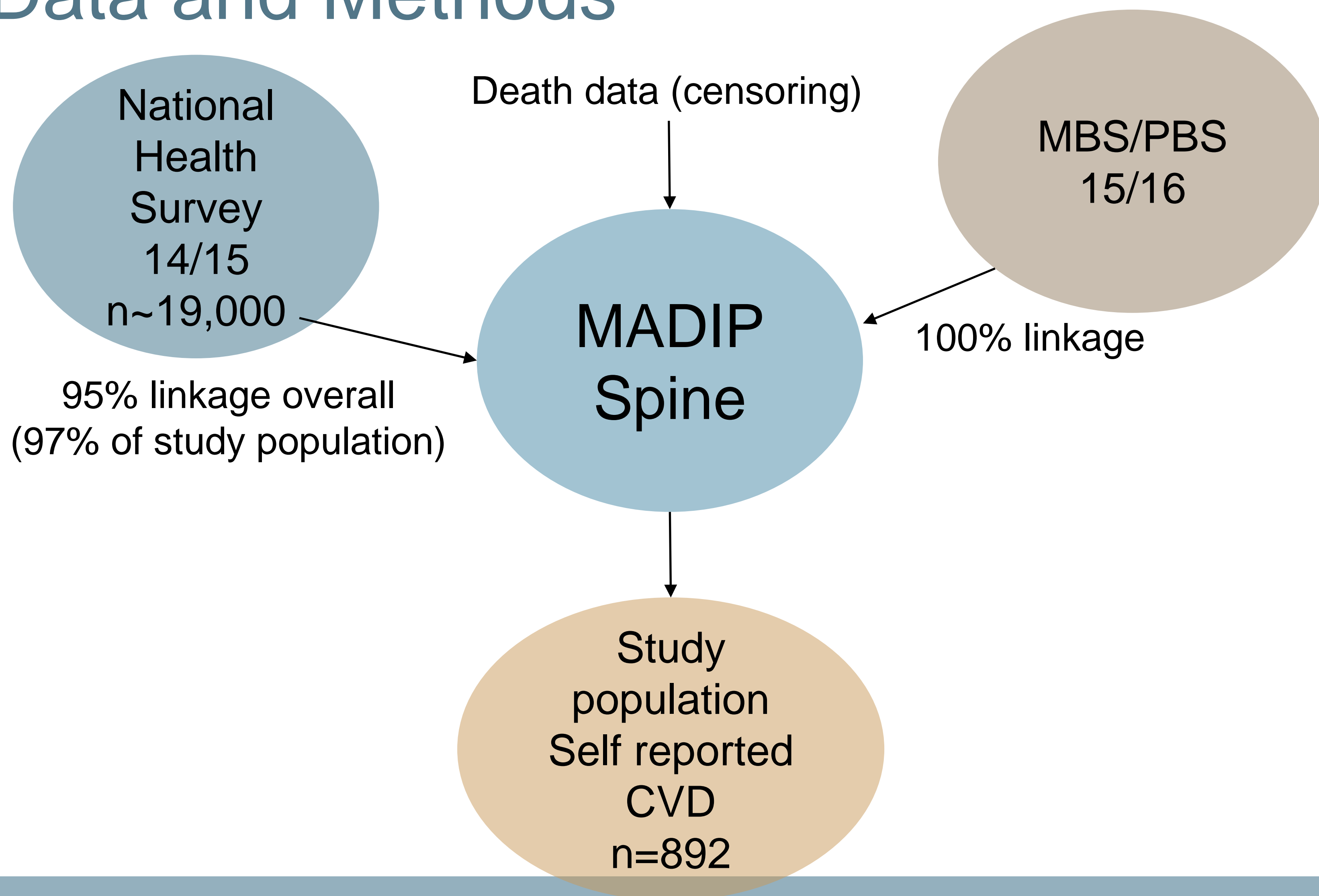
Background and aim

- CVD preventable through access to primary healthcare and recommended medication
- ~50% with prior CVD not on recommended therapy
- How is this related to individual characteristics (sociodemographic, health and use of GP services)?



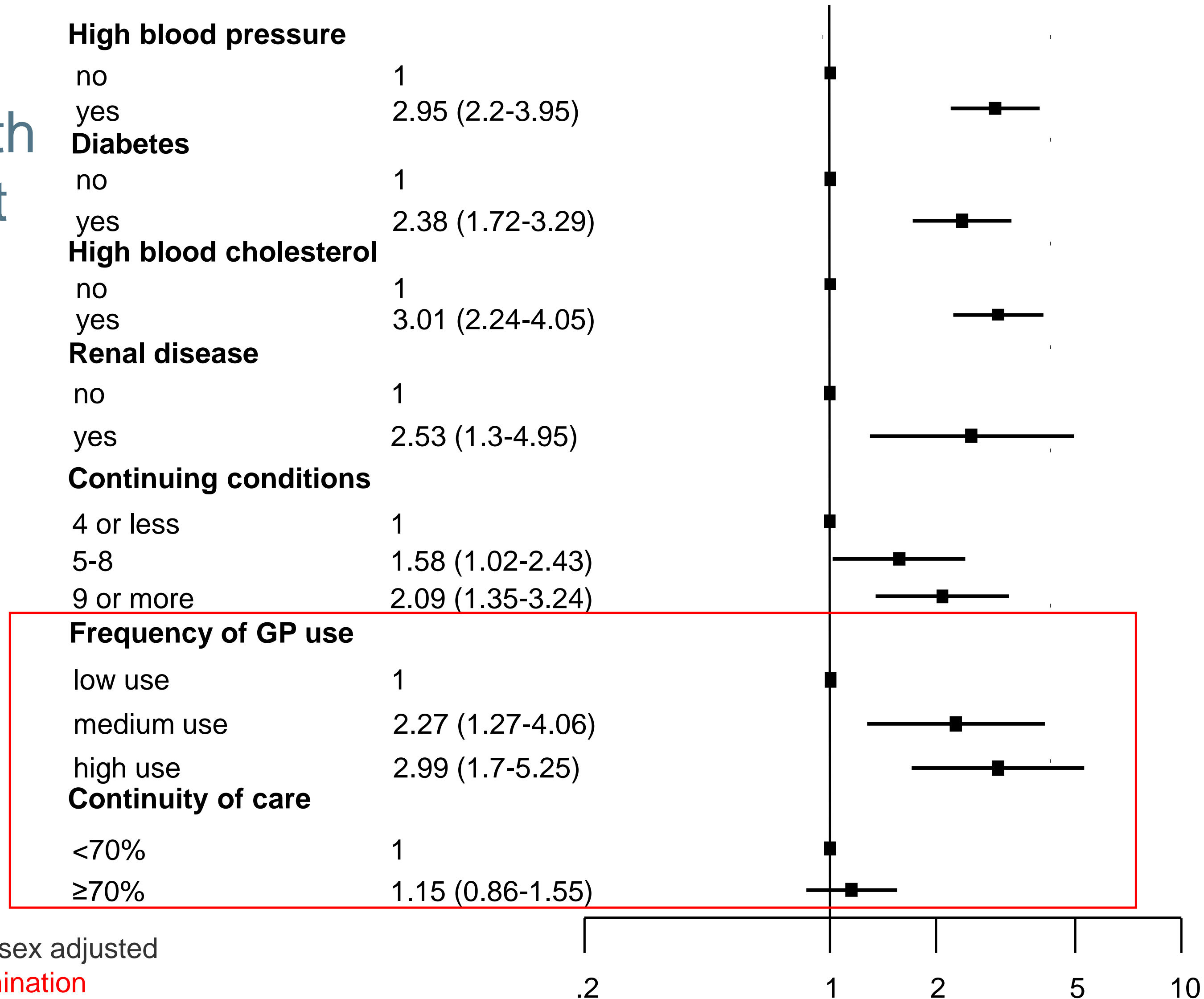
Banks E, Crouch SR, Korda RJ, Stavreski B, Page K, Thurber KA, et al. Absolute risk of cardiovascular disease events, and blood pressure- and lipid-lowering therapy in Australia. Med J Aust. 2016;204(8):320

Data and Methods



Preventative CVD medication

CVD risk factors and primary health care engagement



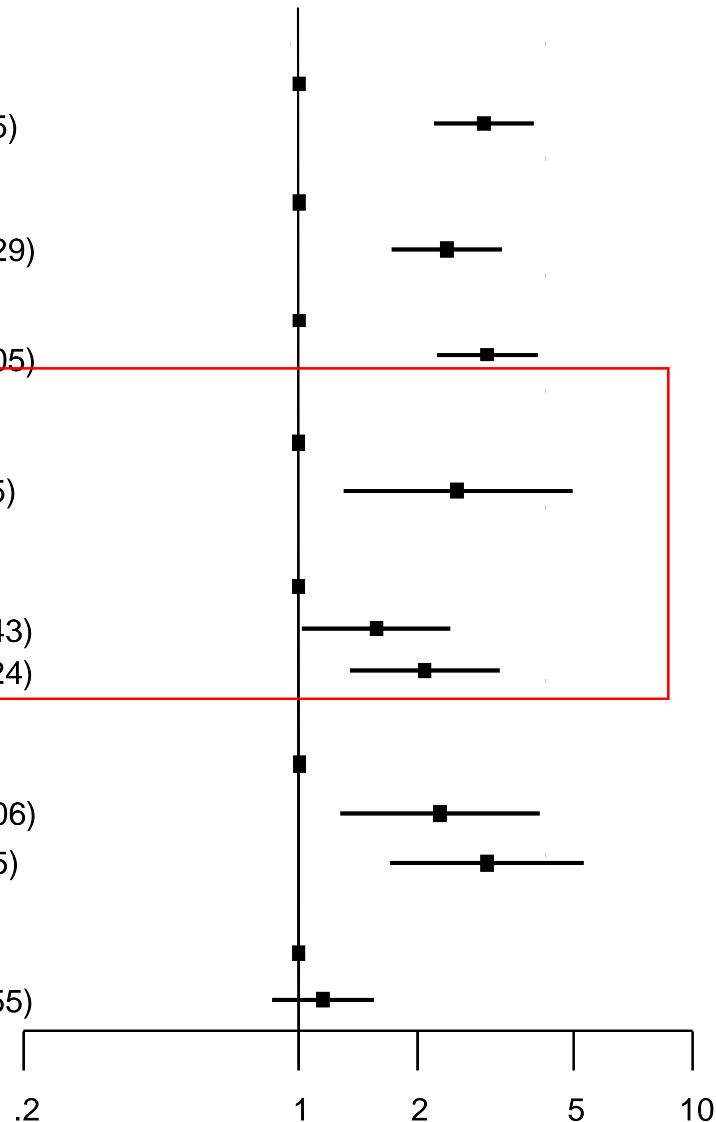
*Odds Ratios and 95%CI, age and sex adjusted

*Unpublished results not for dissemination

Preventative CVD medication

CVD risk factors and primary health care engagement

High blood pressure	
no	1
yes	2.95 (2.2-3.95)
Diabetes	
no	1
yes	2.38 (1.72-3.29)
High blood cholesterol	
no	1
yes	3.01 (2.24-4.05)
Renal disease	
no	1
yes	2.53 (1.3-4.95)
Continuing conditions	
4 or less	1
5-8	1.58 (1.02-2.43)
9 or more	2.09 (1.35-3.24)
Frequency of GP use	
low use	1
medium use	2.27 (1.27-4.06)
high use	2.99 (1.7-5.25)
Continuity of care	
<70%	1
≥70%	1.15 (0.86-1.55)



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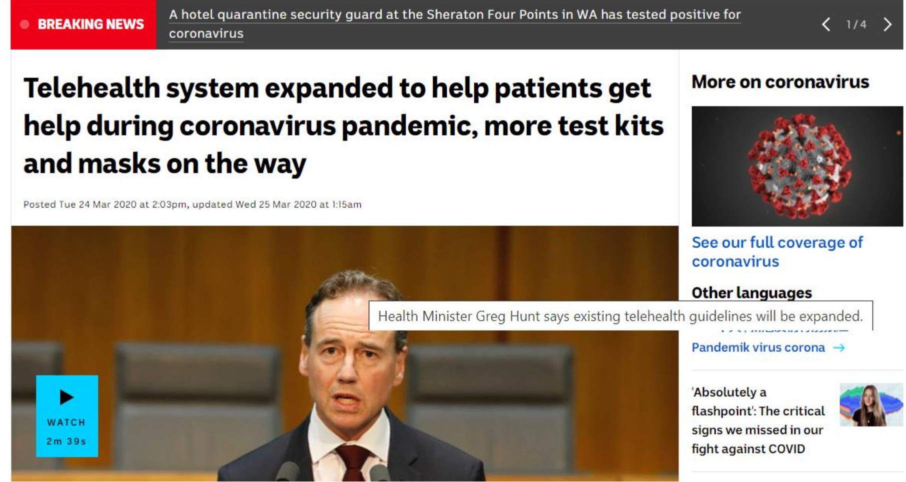
COVID 19, Telehealth and general practice

- Rapid transition in PHC service delivery
- Little time to consider impact of this



FEATURE

What will general practice look like after the pandemic?

The coronavirus will have long-lasting effects on how primary care is delivered, writes Dr Edwin Kruys.

The pandemic has exposed weaknesses the system, but at the same

This was published 4 months ago

Telehealth extended in $2b boost to coronavirus health measures

For our free coronavirus pandemic coverage, learn more here.

By Katina Curtis, Dana McCauley and Latika Bourke
September 17, 2020 — 10.30pm

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Australians wanting to consult their doctor via phone or video call will continue to get access to subsidised telehealth until March in a $2 billion extension of coronavirus measures.

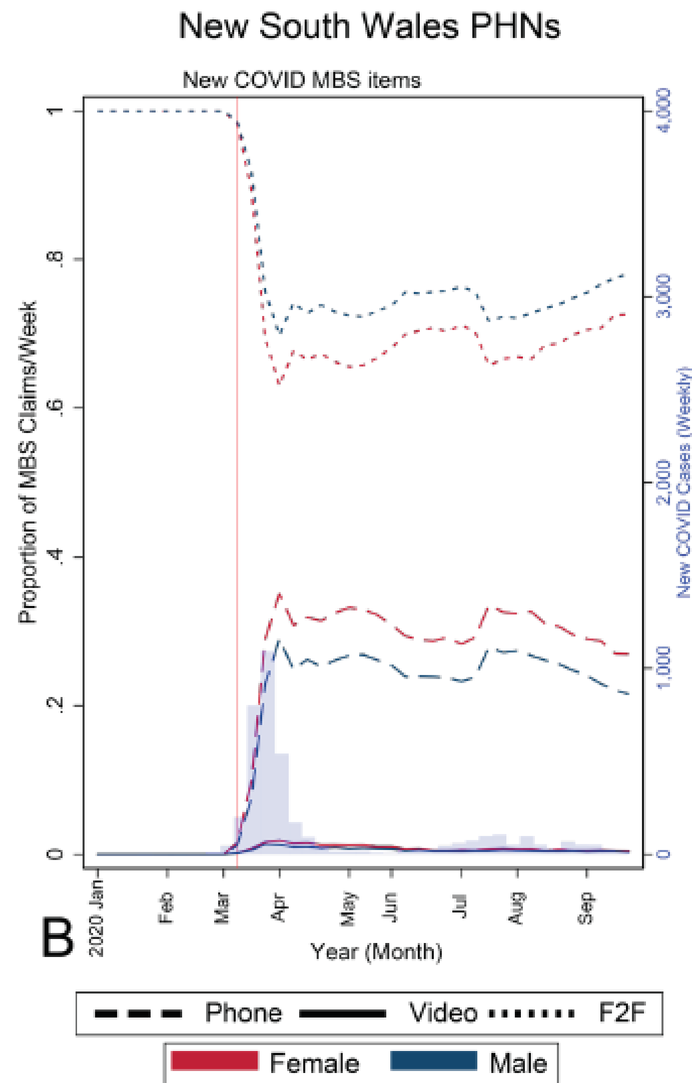
Other health initiatives including free coronavirus tests, backing for 148 GP-led respiratory clinics and home medicine deliveries are also being extended, as is a deal with state governments and private hospitals to free up beds when required. The 24-hour National Coronavirus Helpline will continue to operate too.

The federal government is extending Medicare subsidies for telehealth consultations for another six months, until March 2021.

Nearly 10.6 million Australians have sought more than 30.5 million medical consultations with

Background

- Aggregate data available
- Limited information on characteristics of users and patterns of change
- With MADIP can examine impact on use and cost at an individual level



Hardie R-A, Sezgin G, Dai Z, Wabe N, Georgiou A. Socioeconomic and demographic comparisons in the uptake of telehealth services during COVID-19. COVID-19 General Practice Snapshot. Issue 2: 22 January 2021. Sydney: Macquarie University; 2021

Research Questions

- How did individuals' use of GP services and associated out-of-pocket (OOP) costs change over the course of the COVID-19 pandemic, including before and after the introduction of telehealth?
- How did these effects vary in relation to patient sociodemographic characteristics?

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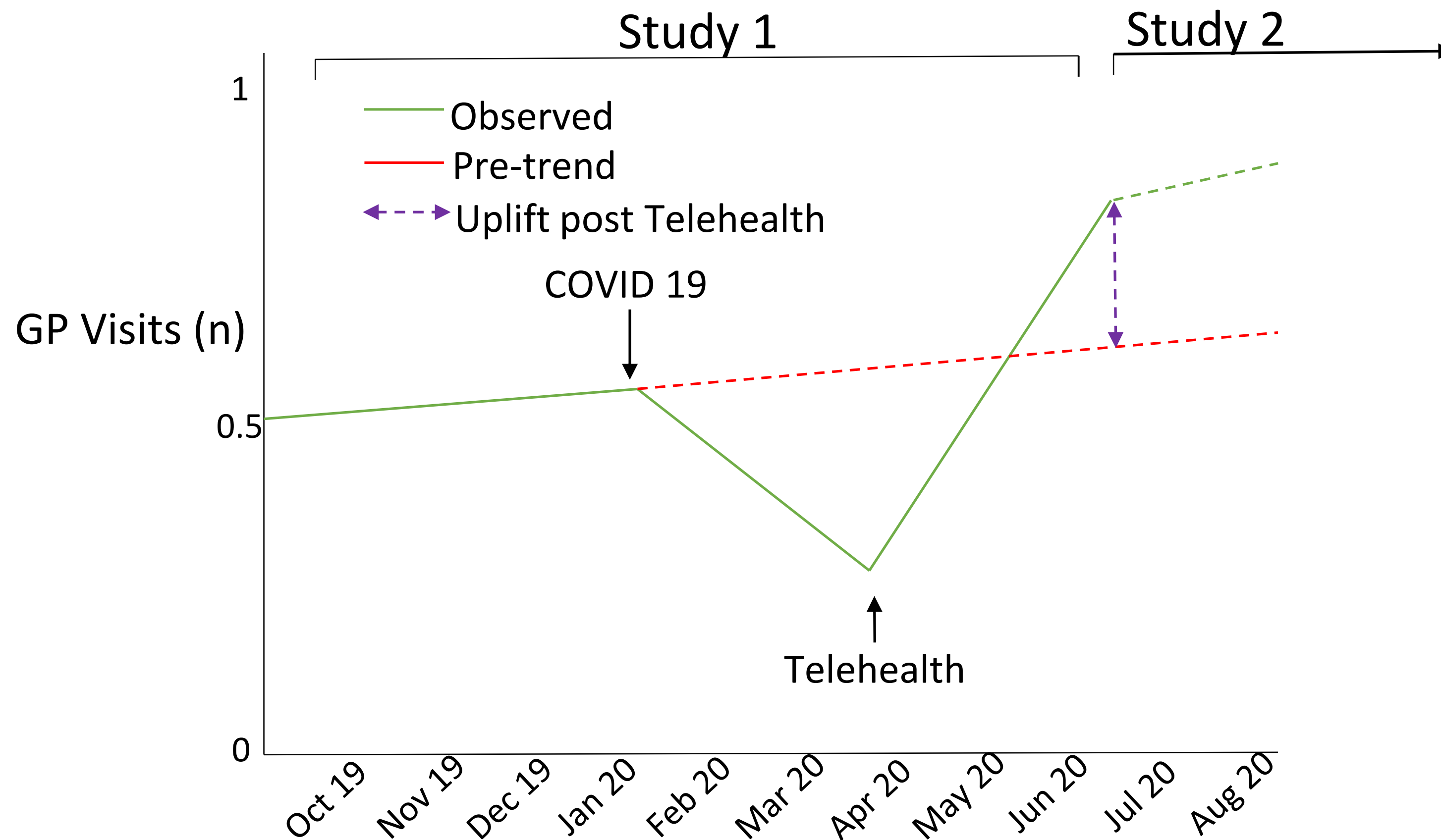
Hypothetical results-Interrupted time series



Next steps (Study 2)

- Quality of care measures
  - continuity and regularity of care, types of care, preventative and chronic disease care
- Changes in response to policy interventions (bulk-billing rules, continuity of care)
- Specific health conditions and health risk profiles
- Building infrastructure for rapid response to policy questions

Acknowledgements

- **NHMRC partnership grant, Grant #1134707** (Whole-of-population linked data: strengthening the evidence to drive improvement in health and health care in Australia)
- **RACGP Foundation/HCF Research Foundation** (The effect of COVID-19 and the introduction of temporary telehealth items on use and costs of GP services: a while of population linked data study)