Introduction

Researchers at the School of Pharmacy, University of Tasmania, are developing a technique to model the outcomes of interventions made by community pharmacists. This model involves the assigning of consequences that may occur as a result of an intervention. Your participation in this study will assist the research team to “value” several parameters that describe each of these consequences.

Defining consequences

The fundamental premise of this study is that any clinical intervention is associated with numerous potential consequences. Each of these consequences may be either beneficial or detrimental to a patient’s health. Ideally, the net effect of all the consequences associated with any intervention will be positive, resulting in a benefit to a patient’s health.

For example, consider the following scenario:

- a patient with chronic atrial fibrillation is commenced on warfarin to prevent complications relating to thromboembolism

One potential beneficial consequence of this intervention is a reduction in the risk of cerebrovascular events, whilst a detrimental consequence is an increase in the risk of bleeding.

Both “cerebrovascular events” and “bleeding” are broad terms that encompass a spectrum of severity. For this study, we have defined three levels of severity for each consequence, termed mild, moderate and severe. Using the consequence of “bleeding” as an example, each severity level has been described as follows:

<table>
<thead>
<tr>
<th>Severity level</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Mild</td>
<td>Easy bruising, bleeding from small cuts, petechia, ecchymosis, mild elevation of INR not requiring adjustment of dosage</td>
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<tr>
<td>Moderate</td>
<td>Haematoma, epistaxis, blood loss from mouth, vagina, melaena, eye bleed, haematuria, haematemesis, moderate elevation of INR requiring modification of dose of anticoagulant</td>
</tr>
<tr>
<td>Severe</td>
<td>Bleeding requiring hospitalisation, blood product and/or haemodynamic support</td>
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</tbody>
</table>

Table 1 - Three severity levels of “bleeding”

Costs of consequences

Most of these consequences will require some degree of medical management to resolve (termed health-resource utilisation). It is likely that the management of each severity level of each consequence will require a different degree of health-resource utilisation. For the purposes of this study, we are interested in quantifying three items of health resource utilisation:
• the NUMBER of GENERAL PRACTITIONER visits,
• the NUMBER of SPECIALIST visits, and
• the INVESTIGATIONS (laboratory or otherwise) that would be performed to resolve the consequence.

The aim of this study is to quantify the potential health-resource utilisation of each severity level of each consequence. Participation involves providing your opinion regarding these parameters for sixty consequences at the three severity levels. Essentially, you are answering the question, “If a patient presented to me with this particular problem (i.e. consequence), what would I expect to occur for the problem to be resolved, for up to the next 12 months?”. Some of the consequences (especially at mild severity levels) may not require any management whatsoever to resolve; most, however, will require at least one visit to a general practitioner.

It is acknowledged that many factors may influence the health-resource utilisation of these consequences in certain patients - for example, the presence of comorbidities or extremes of age may necessitate more intensive management of each consequence. Please provide your opinions for each consequence based on your typical patients. The data we are collecting is therefore based on your experience; there is no “correct” answer for any of the fields.

The description of the severe level of many of the consequences may include a patient being hospitalised. For this study, we are only investigating health resource utilisation outside hospital (we will be using Australian Hospital Statistics data to quantify hospitalisation). If a consequence involves hospitalisation, please assess the total number of GP/specialist visits and investigations that you would expect to occur outside of the patient being hospitalised.

Duration of each consequence

In addition to the health-resource utilisation of each consequence, you are also asked quantify how many days of ill health you would expect the consequence to cause at each level of severity. The timeframe for your projections is 12 months; hence the question you are answering here is, “If a patient presented to me with one occurrence of this particular problem (i.e. consequence), how many days of ill health would I expect them to experience in the next 12 months because of it?”. Some consequences may result in a very limited duration of illness (perhaps as short as a few days), and some may cause ongoing illness for the full 12 months. If a consequence results in hospitalisation, please include the expected time hospitalised in your assessment of the duration of the consequence.
How to participate

Participation involves completing three online surveys. Please answer the “days of ill health” and “number of GP/specialist visits” questions using numbers only. “Likely investigations” may be answered in the format of your choice- please indicate what investigations you would perform and the number of times you would perform them to resolve the consequence (throughout the duration of “ill health” caused by that consequence). Leave fields blank where appropriate if you believe no GP visits, specialist visits, or investigations would be required. It is assumed that every level of every consequence will result in some “days of ill health”, so a response is always required for this field.

A comments box is also available for each consequence- please use this field to make any comments as appropriate.

To participate in this study, the surveys may be accessed at www.valmer.com.au using the password: Umore

Each survey should take approximately 30 to 60 minutes to complete, and you will be reimbursed $500 once all three surveys are completed. At the conclusion of the study, it may be necessary for us to contact you to clarify your responses if they are unclear. Once you have completed all three surveys, please send a computer-generated invoice for $500 (plus GST if appropriate) to:

VALMER Study
Private Bag 26
University of Tasmania Hobart 7001

Please ensure that your invoice contains your ABN and the words “TAX INVOICE”; if you do not have an ABN, please also fill in an ATO Hobby Declaration (available from this link).

Thank you for your interest. Please contact Andrew Stafford at the University of Tasmania (andrews5@utas.edu.au or 03 6226 1715) if you require any further information.

This study has been approved by the Tasmanian Social Sciences Human Research Ethics Committee. If you have concerns or complaints about the conduct of this study you should contact the Executive Officer of the HREC (Tasmania) Network on (03) 6226 7479 or email human.ethics@utas.edu.au. The Executive Officer is the person nominated to receive complaints from research participants. You will need to quote HREC project number H9360.