

**Translating Evidence Into Clinical Practice And Policy through Informatics
Roundtable 17 July 2008
Sponsored by The University of Melbourne Steering Committee for Health Informatics
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Background

In May 2008, The University of Melbourne held its first Health Informatics Roundtable, discussing Health informatics and Public Health. That roundtable produced a number of possible research themes, with an emphasis on linking currently separate public data sources.

This second Roundtable in July 2008 aimed to produce a concrete research proposal which can be put into immediate action in each of three clinically focused areas: diabetes, infectious disease and spinal injury.

The following research proposals all address current issues in health care that are both expensive for the public purse and, more importantly, have a significant effect on the quality of life and ultimately the longevity of numerous patients. In each case the research proposals provide opportunities to immediately translate research results into improved clinical practice and improved patient management and outcomes.

Summary

The roundtable attempted to identify three concrete research proposals which are achievable today with moderate funding and could be readily translated into clinical practice to improve patient outcomes. These are presented in the table on the following page.

It also looked at some of the common issues surrounding Health Informatics research in Australia, including:

- The need for more Health Informatics specialists, and questions for universities in creating courses to fill this need
- The need to better inform General Practitioners, the public and governments about the role of health informatics in studying and improving current health care practices in Australia.

Full details of the proposals and a list of participants can be obtained by contacting health-informatics@unimelb.edu.au

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Theme	Research Proposal	Expected Outcomes	Benefits
Diabetes – improved patient awareness and compliance with glycaemic guidelines	<ul style="list-style-type: none"> • Using current information and communication technology tools (internet, text messages), design a system that captures blood glucose results directly from patients, and provides immediate feedback to the patient using emails and text messaging • Evaluate if the system is effective in improving patient compliance with glycaemic targets 	<ul style="list-style-type: none"> • Improved patient awareness of the importance of glycaemic control • Improved compliance by the patient with their management regime • Immediate information to the GP about a patient’s deviations from their management plan 	<ul style="list-style-type: none"> • For the patient: <ul style="list-style-type: none"> ○ reduced and/or delayed diabetic complications as a result of better glycaemic control • For the community: <ul style="list-style-type: none"> ○ Reduced cost in the long-term treatment of diabetic patients
Spinal Injuries – long-term care of spinal patients	<ul style="list-style-type: none"> • Identify gaps in the current delivery of services, leading to the design of a pilot program of targeted care • Focus on improving education of regional staff about preventable complications, early warning signs of their occurrence, and the provision of “regular maintenance” for patients • Determine ways to create more individually tailored care plans, based on data mining of existing patients’ histories • 	<ul style="list-style-type: none"> • Creation of a database of practice and outcome data for long-term spinal patients • Determination of best practice models in the care of long-term spinal patients, including the evidence-based design of “personal” care plans • Improved carer awareness of preventable complications, especially among remote care-givers 	<ul style="list-style-type: none"> • For the patient: <ul style="list-style-type: none"> ○ Better overall management leading to fewer preventable complications • For the community: <ul style="list-style-type: none"> ○ Lower overall cost of services over the lifetime of spinal patients
Infectious disease control – antibiotic resistance	<ul style="list-style-type: none"> • Study current GP prescribing patterns for infections • Design and implement a decision support system to assist GPs in prescribing antibiotics for infection control • Evaluate the system to determine if it is effective in reducing the number and range of antibiotics prescribed in the community 	<ul style="list-style-type: none"> • Analysis of current GP practices in prescribing antibiotics • Creation of a decision support system that could help GPs when prescribing antibiotics • Increased awareness among GPs of best practice guidelines in prescribing antibiotics • Reduction in the number and range of antibiotics prescribed in the community 	<ul style="list-style-type: none"> • For the patient: <ul style="list-style-type: none"> ○ Lower rates of resistance to antibiotics, leaving those antibiotics available at times of real need • For the community: <ul style="list-style-type: none"> ○ Lower number of antibiotic scripts and overall cost ○ Lower community-based resistance to antibiotics, leading to more effective treatments of serious infections