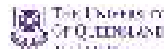
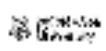


# Redesigning a trial in general practice in response to the COVID-19 pandemic: lessons learned from dealing with the challenges of GP recruitment and engagement

Presented by Dr Vera Camões-Costa on behalf of the co-authors:

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Supported by



# The Implementing work-related Mental health guidelines in general PRacticeE (IMPRovE) trial

The IMPROvE trial aims to:

- implement evidence-based guidelines
- improve patient outcomes,
- assess cost-effectiveness; and
- develop a plan for sustainability.<sup>1</sup>



<sup>1</sup> Mazza et al. Implementing work-related Mental health guidelines in general PRacticeE (IMPRovE): a protocol for a hybrid III parallel cluster randomised controlled trial. Implementation Science 2021, 16:77



## IMPRovE

*Implementing work-related Mental health guidelines in general PRacticeE, a National Health and Medical Research Council (NHMRC) Partnership Trial*

# The intervention

Academic detailing



+

Virtual Community  
of Practice



+

Resource provision



**We also asked GPs from both the control and intervention to recruit their patients with work-related mental health symptoms to the trial**

## The Problem

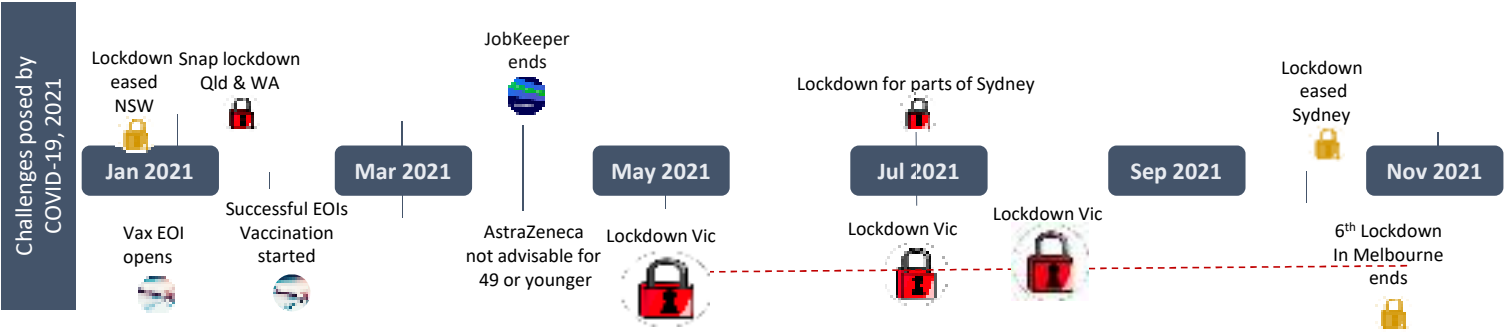
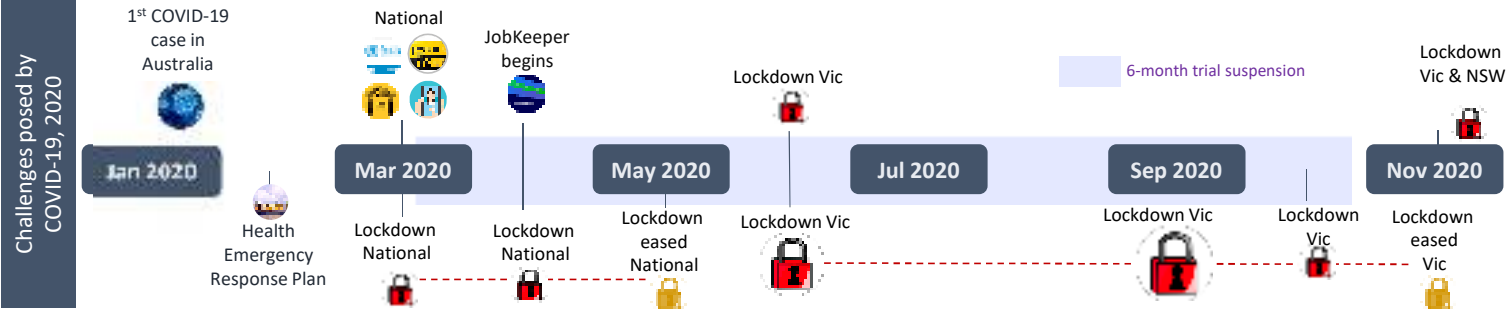
# COVID-19 pandemic coincided with trial launch

- The trial commenced in 2019 and was due to end in April 2023.
- The COVID-19 pandemic significantly disrupted conduct of the trial.
- GP-participation was affected and disruptions needed to be mitigated.



Aim: describe strategies used in the redesign of the trial to facilitate engagement of GPs, and report the impact of these strategies on GP attrition and retention.

# COVID-19 pandemic-related events in Australia



# Changes to the IMPRoVE trial design in response to COVID-19

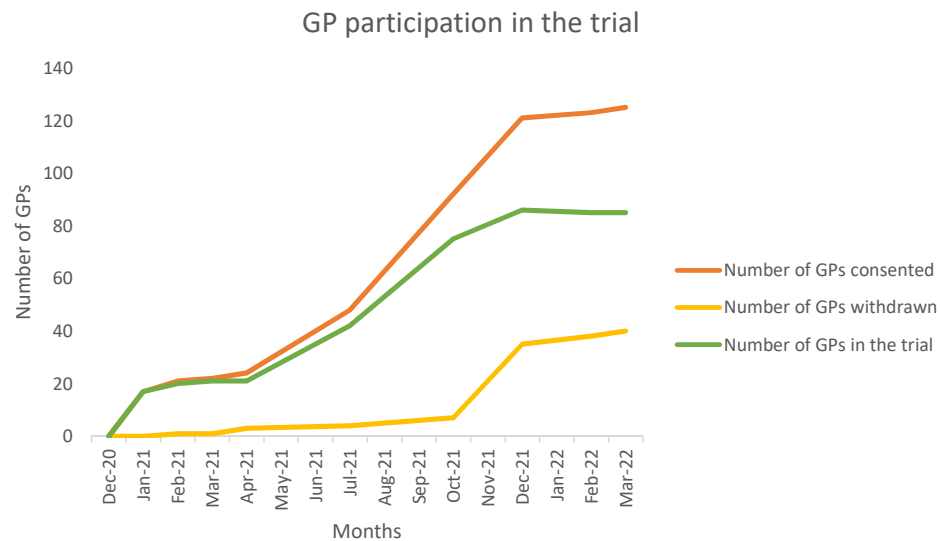
Trial component	Original protocol	Modified protocol
Timeline	May 2019-April 2023	May 2019-June 2023 (trial suspended from Apr to Sep 2020)
Recruitment	Mar-Jun 2020	Nov 2020-ongoing
Design	Hybrid III, stepped-wedge cluster RCT; 18-month follow-up	Hybrid III, parallel cluster RCT; 9-month follow-up
Intervention	Face-to-face academic detailing + online community of practice	Academic detailing via Zoom + online community of practice
GP eligibility	GPs with high workers' compensation caseload	Any GP who can recruit sufficient number of patients
Setting	NSW and VIC	National
Patients required	14-24 per clinic	7-24 per clinic
Recruitment method	Practice visit	Phone, email, social media, news
GP incentive	\$1500 to practice	\$500 to practice + \$800 to GP + \$50 to practice manager/liason



# Outcomes

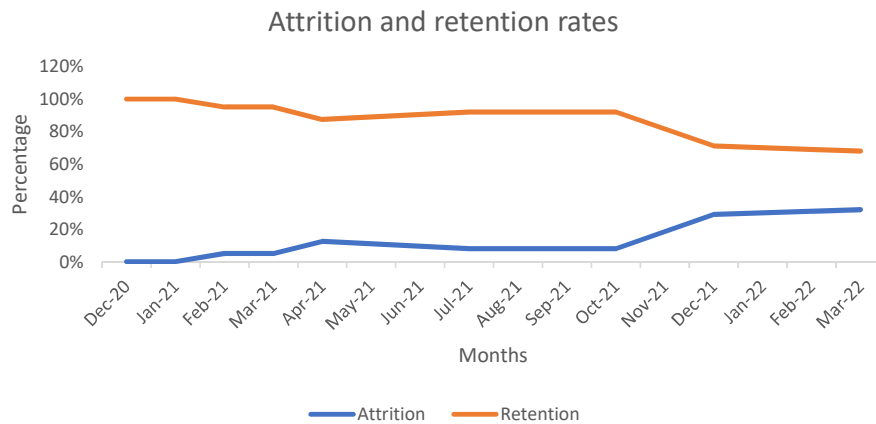
- 5,406 clinics nationwide were invited to join the trial.
- 95 practices and 123 GPs enrolled.

- Modifications to the trial conduct in July 2021 were effective in mitigating COVID-related disruptions to the trial.



# Outcomes

- 22 clusters withdrew (23% attrition).
- 89 GPs remain in the trial (72% retention).
- After an increase in GP participation, attrition and retention rates stabilised only since the last Vic/NSW lockdown.



# Conclusions

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- Large-scale trials can be modified in response to external challenges, whilst maintaining the trial's original aims.
- Value of clearly defined theory in designing interventions.
- Close engagement with stakeholders and participants.



# Implications

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- To strengthen a large-scale GP trial design in response to external challenges:
  - Be considerate of expectations placed on participants
  - Maintain regular contact with stakeholders
  - Be creative
  - Be responsive
  - Connect with the individuals



# THANK YOU



FIND OUT MORE AT <https://www.monash.edu/medicine/sphpm/general-practice>

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