

SAND Method: 2004–05

Population health and health improvements resulting from interventions and strategies need to be monitored. General practice is commonly identified as a significant intervention point for health care and health promotion because general practitioners (GPs) have considerable exposure to the health of the population. As about 85% of the population visit a GP at least once a year (personal communication, GP Branch Australian Department of health and Ageing), general practice would appear to provide a suitable basis from which to monitor many aspects of the health of the population.

The BEACH (Bettering the Evaluation and Care of Health) program, a continuous national study of general practice activity is largely encounter-based. The participating GPs provide information about the patient seen, the problems managed and the management techniques utilised, at each of a series of GP-patient encounters. The database incorporates details of approximately 100,000 encounters per year. However, the program also provides an opportunity to collect information about other aspects of the health of general practice patients.

Since BEACH began in April 1998 a section on the bottom of each encounter form has been allocated to investigate other aspects of patient health or health care delivery not covered by the consultation-based information. These additional sub-studies are referred to as SAND (Supplementary Analysis of Nominated Data) . Each organisation supporting the BEACH program has access to a sub-sample of 6,000 encounter forms per year (or two sub-samples of 3,000 each) in which to insert a series of questions on a subject or subjects of their choice.

The annual BEACH data collection period is broken down into 10 blocks of recording, each block comprising five weeks. Each block includes data from about 100 GPs over the five weeks, 20 GPs recording per week. Each GP's recording pad is made up of three components (40 A forms, 30 B forms and 30 C forms). Each component covers a different SAND topic, and involves a line of questioning that is asked of the patient or the GP in addition to the encounter-based information.

The order of SAND components in the GP's recording pack is randomised, so that 40 A forms may appear first, second or third in the pad. Randomised ordering of the components ensures that there is no order effect on the quality of the information collected.

One SAND form remains constant for the year across the 10 blocks of the BEACH program. All GPs have 40 A forms in their recording pad and these investigate height, weight, smoking status and alcohol use. Questions on B and C forms vary from block to block, and address other aspects of patient health and health care delivery in general practice, effectively subsampling the overall sample.

In the first BEACH year, all the SAND topics were reported in a separate report. For subsequent BEACH years, patient risk factor data on BMI, smoking status and alcohol consumption have been reported in each annual report. The most recent is *General practice activity in Australia 2004–05* (Britt et. al. 2005).

The results of the other topics covered in SAND 1999-2004 are summarised in the abstracts on this site. Topics reported in the 2004–05 abstracts together with the sub-sample totals are listed below.

Abstract Number	Subject	Number of encounters	Number of GPs
67	Risk factors of patients on lipid lowering medications (2)	10,233	353
68	Patient weight, perception of weight and weight loss in adults (2)	2,116	82
69	Patient weight, methods & medications tried for weight loss in adults	1,721	70
70	Inhaled corticosteroid use for asthma management	7,919	269
71	Patient BMI, morbidity and medication use (in adults)	1,913	75
72	Contraceptive use among female general practice patients aged 16–44 yrs	536	76
73	Warfarin use in patients with qualifying morbidity	2,572	89
74	Smoking and passive smoking in the home	2,789	96
75	Prevalence, management and investigations for chronic heart failure	2,735	95
76	Patients with risk factors for metabolic syndrome	2,845	96
77	Heart failure—underlying causes and medication management	2,660	91
78	NSAID and acid suppressant use in general practice patients	2,783	96
79	Hypertension and dyslipidaemia—management and comorbidity	2,874	97
80	Employment status and Workers' Compensation claims	5,513	211
81	Prevalence and indications for gabapentin use in general practice patients	3,095	105

(2) This is the second report on this topic—data collected following publication of the previous abstract.

Results from these sub-studies can also be cross-analysed with data emanating from the encounters with the patients in each sub-study.

Ethics approval for these sub-studies was obtained from the Human Ethics Committee of the University of Sydney and the Health Ethics Committee of the Australian Institute of Health and Welfare.

Reference

Britt H, Miller GC, Knox S, Charles J, Pan Y, Henderson J, Bayram C, Valenti L, Ng A, O'Halloran J 2005. General practice activity in Australia 2004–05. AIHW Cat. No. GEP 18. Canberra: Australian Institute of Health and Welfare (General Practice Series No. 18).

http://www.fmrc.org.au/publications/SAND_abstracts.htm