Evaluation of the NT Health*Connect* trial:
Research design and plan for phase 2

31 July 2003

Contents

Abbreviations

CDH&A	Commonwealth Department of Health and Ageing
CRCATH	Cooperative Research Centre for Aboriginal and Tropical Health
CRCAH	Cooperative Research Centre for Aboriginal Health (formerly CRCATH)
IT	Information technology
NT	Northern Territory
NTDH&CS	NT Department of Health and Community Services

1 Background

Building a national electronic health information network

Health*Connect* is the proposed national electronic health information network designed to facilitate the safe collection, storage and exchange of consumer health information between authorised health care providers.

In November 2000, Australian Health Ministers agreed to fund a two-year research and development project to test the Health*Connect* concept in a live setting. The Commonwealth, States and Territories are jointly undertaking the Health*Connect* project. The first two-year phase of the project commenced in 2001, and the Health Ministers recently agreed to embark on a second, two-year phase of research and development from 2003 to 2005.

The phase 1 achievements of Health*Connect* were:

- design work was completed;
- two fast-track trials were commenced, in the Northern Territory (NT) and Tasmania, to provide formative data about the feasibility and usefulness of Health*Connect*;
- Health*Connect* common services were developed; and
- mainstream trials were commenced.

The interim review of the first phase of the Health*Connect* project reflected the overall focus on answering a set of seven high-level research questions intended to gauge the potential of Health*Connect* to be developed as a national system. A research report on the outcomes of this first phase will be forwarded to the Health Ministers in the second half of 2003.

The second phase of Health*Connect* involves further sustained trial work to achieve a definitive view about the feasibility and value of Health*Connect* to develop a business case for the Health Ministers. To inform this business case, phase 2 is shaped by eight business objectives that reflect the continued importance of the Health*Connect* trials, including the NT trial. This phase will further test and refine the architecture, design work and development of the e-health building blocks that underpin the safe electronic transfer of information for Health*Connect* and the wider e-health agenda. The existing Tasmania trial sites will continue, and further trials of Health*Connect* will be undertaken in New South Wales and Queensland.

Health*Connect* in the Northern Territory

The Northern Territory Health*Connect* trial commenced in September 2002. The NT Department of Health and Community Services (NTDH&CS), with approval from the stakeholders (detailed in the Introduction), initiated a trial in the Katherine region. The purpose of the trial is to build a local infrastructure solution to enable testing of the Health*Connect* concept within a largely mobile Indigenous population in a remote geographical setting.

Developing an NT electronic health information network

Health service providers in the Katherine region currently use computer-based clinical information systems to facilitate individual health care delivery and planning. During the Health*Connect* trial, with the consent of an individual consumer registered with Health*Connect*, health care providers create an event summary at the end of each consultation. The health care provider forwards the event summaries to an electronic repository securely housed in the NT Health*Connect* Trial Office. During subsequent health

care consultations, other participating service providers can, with the individual consumer's consent, electronically access available event summaries from the repository. Event summary information is stored or retrieved during the trial only with the express consent of the individual consumer. Electronic data transmission and storage is protected by encryption and security protocols.

It is envisaged that the NT Health*Connect* trial will yield important learnings (findings) about the use and effectiveness of an electronic health information network in remote locations. This feedback is also likely to include valuable insights into the cultural sensitivities surrounding Indigenous health issues. The trial will test some of the key e-health building blocks — such as acquiring consent and ensuring privacy, as well as information storage and retrieval — in the unique setting of this trial.

The NT trial: progress and plans

The original proposal for the NT trial envisaged two phases: phase 1 operating from September to December 2002; and phase 2 operating from January to June 2003. Given the challenges that face a region as remote as Katherine — such as the recruitment of staff and establishment of extra infrastructure — the trial has been extended by one year to enable sufficient time to undertake sustained trial work and evaluate the findings.

Phase 1 of the NT Health*Connect* trial involved the following processes:

- establishment of the NT Health*Connect* Governance Board;
- finalisation of the trial proposal;
- finalisation of the funding agreement;
- recruitment of the NT Health*Connect* Trial Manager and Project Officers;
- development, procurement and testing of the information technology (IT) system;
- establishment of effective infrastructure maintenance;
- development of a training and support strategy;
- development of a communication and marketing strategy;
- development of a change and risk management strategy;
- development of a local business model;
- development and piloting of consent and privacy protocols;
- registration of participants; and
- establishment of a reporting framework.

The aims of the NT trial during phase 2 are to demonstrate the value and feasibility of Health*Connect* through further trialling and evaluation to inform the Health*Connect* business objectives. This work will be a source of learning for implementation issues faced by the other Health*Connect* trials and projects.

Interim review of phase 1

In late 2002, the Cooperative Research Centre for Aboriginal and Tropical Health (CRCATH) was contracted to undertake an interim review of phase 1 of the NT Health*Connect* trial.[1] The interim review, undertaken in December 2002, gathered early feedback from local stakeholders regarding the progress of implementation.

A key finding of the interim review was that, among stakeholders in the Katherine region, there is widespread support for the concept of electronic health information exchange. The Indigenous consumer population of the trial has a great deal to gain from improved information sharing because the population is remote, highly mobile and can often experience relatively limited communication with health providers. However, the review also revealed a number of challenges to the successful implementation of a network of electronic health records such as Health*Connect*. These challenges include the remoteness of the Katherine region, poor IT infrastructure, high staff turnover, excessive workloads for health care providers, and poor telecommunications.

Accordingly, the interim review identified the desirability of extending the trial beyond June 2003 to enable these issues to be resolved, and to provide a suitable environment for the Health*Connect* concept to be effectively demonstrated and evaluated.

Planning to evaluate phase 2

In March 2003, the Commonwealth Department of Health and Ageing (CDH&A) contracted CRCATH to undertake negotiations with the NT Health*Connect* Governance Board to prepare a research design and plan for the evaluation of phase 2 of the NT Health*Connect* trial.

CRCATH undertook an extensive consultation process to develop an appropriate and viable evaluation plan that reflected the input of all stakeholders in the trial. This process included development of a draft evaluation plan to initiate and guide discussion. The draft evaluation plan drew on the learnings from the December 2002 interim review as well as subsequent discussions with the Health*Connect* Program Office and the NT Health*Connect* Trial Office.

In March 2003, The NT-based member of the CRCATH evaluation team undertook a two-day visit to Katherine to meet with NT Health*Connect* Trial Office staff and members of the NT Health*Connect* Governance Board. Before this visit, each stakeholder was sent a copy of the draft plan to guide discussion. NT Health*Connect* Governance Board members whom the evaluator was unable to meet personally were contacted by phone or by email and asked to comment on the document.

The revised draft plan was tabled at a NT Health*Connect* Governance Board meeting, where members provided further feedback that was incorporated into the final proposal. Of particular note, the governance board directed that the CRCATH evaluation team was not to look at any client information on the inside of client folders. Information was to be gleaned only from the stickers on the outside of folders, which record health information transfer activity.

Finally, the CRCATH evaluation team consulted regularly with staff of the Health*Connect* Program Office and the NT Health*Connect* Trial Manager in order to finalise the evaluation design and plan in keeping with the needs and requirements of these groups.

[1] From July 2003, the Cooperative Research Centre for Aboriginal and Tropical Health (CRCATH) will become the Cooperative Research Centre for Aboriginal Health (CRCAH). Thus, the text concerning the stage 2 evaluation refers to the CRCAH.

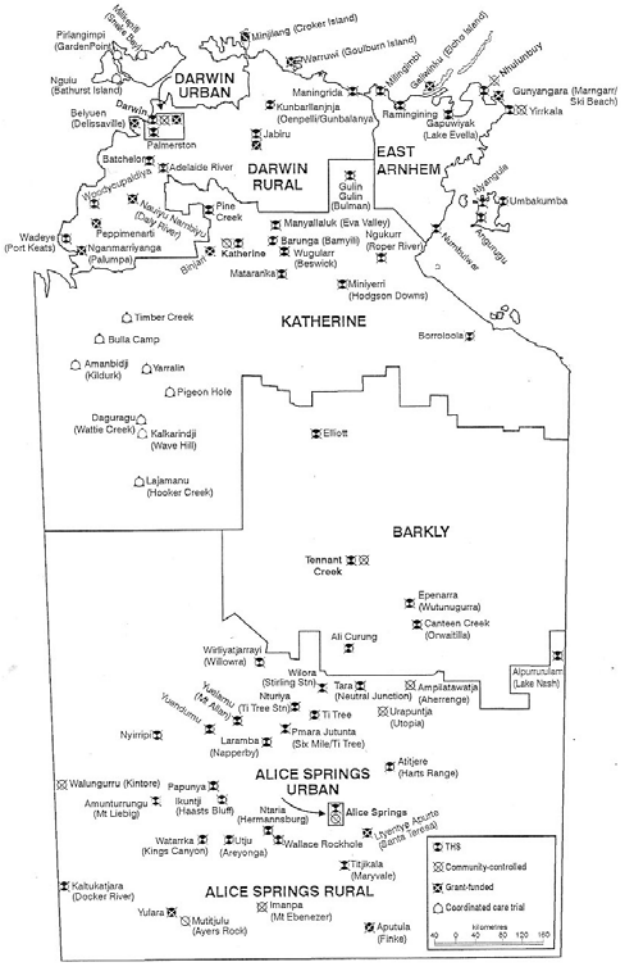
2 Introduction

Demography of the NT trial sites

The specific localities covered by the NT Health*Connect* trial include:

- the Town of Katherine;
- Aboriginal communities just outside Katherine, such as the Kalano and Rockhole communities;
- the Aboriginal communities of Barunga (100 km east of Katherine) and Yarralin (280 km south-west of Katherine); and
- the small town of Timber Creek (250 km south-west of Katherine), which services a nearby Aboriginal community and a non-Indigenous population.

Figure 1 Northern Territory health districts



Health care in the region is provided through the Katherine Hospital and a number of primary health care services (see Figure 1). The health care services targeted in the NT Health*Connect* trial provide health services for more than 4,500 Aboriginal people.[2] The Aboriginal population is extremely mobile and individuals often seek health care from different providers in the region.

[2] 2001 ABS data.

Stakeholders

The key stakeholders for the NT Health*Connect* trial include the following.

1. NT Health*Connect* Governance Board, which comprises representatives from:
   - the Health*Connect* Program Office in the Commonwealth Department of Health and Ageing;
   - the NT Department of Health and Community Services;
   - the NT Health*Connect* Trial Manager;
   - Wurli Wurlinjang Health Service;
   - Katherine community representative;
   - Katherine West Health Board;
   - Sunrise Health Services coordinated care trial;
   - Kalano Community; and
   - Katherine Hospital.
2. Health Care providers from the health services involved in the trial, comprising:
   - Wurli Wurlinjang Health Service;
   - Katherine Hospital;
   - Timber Creek clinic;
   - Barunga clinic; and
   - Yarralin clinic.
3. Trial consumers from the communities of:
   - Barunga;
   - Timber Creek;
   - Katherine;
   - Kalano; and
   - Yarralin.
4. NT Health*Connect* Trial Office staff, comprising:
   - the NT Health*Connect* Trial Manager; and
   - Health*Connect* Project Officers.

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Governance and management

The NT Health*Connect* Governance Board oversees the operation of the NT Health*Connect* trial. The governance board comprises representatives from:

- participating health care provider organisations, communities and consumers;
- the Commonwealth Department of Health and Ageing; and
- the NT Department of Health and Community Services.

The NT Health*Connect* Governance Board meets monthly in Katherine.

Local coordination of the NT trial is undertaken by a dedicated trial manager, based at the NT Health*Connect* Trial Office in Katherine. The NT trial manager is supported by three project officers who provide training and awareness-raising for both consumers and health care workers.

3 Research design and plan for phase 2 evaluation of the NT Health*Connect* trial

Purpose and outcomes

The NT Health*Connect* trial will play a critical role in identifying the value and feasibility of Health*Connect* in remote regions of Australia. The findings will also assist in gauging the potential of Health*Connect* to be developed as a national system.

Relating the NT trial to the business objectives

The findings of the NT trial will feed into the key business objectives established for phase 2 of the Health*Connect* project. The key business objectives are:

1. demonstrate the value and feasibility of Health*Connect* through further trialling and evaluation;
2. develop a robust business case for proceeding with national implementation;
3. finalise the Health*Connect* design;
4. deliver selective Health*Connect* system components;
5. commence a process of national integration of Health*Connect* with Medi*Connect* and other electronic health record initiatives;
6. continue development of e-health building blocks essential for electronic health records;
7. ensure stakeholders are informed about and are ready for Health*Connect*; and
8. develop a national implementation plan for Health*Connect*.

The evaluation of phase 2 of the NT Health*Connect* trial will inform the first four of these key business objectives. In particular, the NT evaluation will examine the value and feasibility of Health*Connect* for remote areas, as well as identify any preferred implementation models for remote areas such as the NT.

Additional outcomes of the evaluation may include:

- an analysis of trial strengths, and the risks and issues for longer-term sustainability;
- development of suitable evaluation methodologies that might be appropriate for future assessment of similar trials in remote and Indigenous settings; and
- provision of lessons learnt from the NT trial to inform the implementation of Health*Connect* in other remote areas of Australia.

Reporting

As part of the evaluation activities, the CRCAH will provide:

- ongoing feedback to the NT Health*Connect* Governance Board about the progress of the evaluation; and
- regular reports to the Health*Connect* Program Office at the end of each phase, in addition to the final evaluation report as a culmination of all activity.

Evaluation approach

The evaluation approach taken is impacted by: the demographic make-up of the trial's consumer group; the geographical isolation of the participating health services; and the range of health service models involved.

The participating health services comprise a range of funding and management structures. Katherine Hospital, and the Barunga and Timber Creek clinics are NT Government health services. Wurli Wurlinjang is a community-controlled health service, and Katherine West Health Board and Sunrise Health Services are coordinated care trials funded by a mixture of Commonwealth and State grants. The range of management structures requires the CRCAH evaluation team to negotiate individually with each organisation about access to information, staff and clients.

The CRCAH evaluation team will negotiate with key stakeholders about their preferred methods of providing information. In most instances, individual interviews will be undertaken with health service managers and health care providers, workshops with consumers, and site visits to review the technical capability of the IT systems used for the trial. Such methods are considered to be acceptable to key stakeholders and informants. They are also considered to provide more meaningful information than written or telephone surveys with the particular informant groups. The small number of sites makes visits and individual interviews a cost-effective option. If informants are unable to provide information via an interview, questionnaires will be administered.

Site visits will be made to each participating health centre to interview informants and to review the IT systems that underpin Health*Connect*, including the source data-feed systems. The technical review will concentrate on aspects of the IT systems that are relevant to the evaluation questions, rather than being a full technical assessment of the trial implementation. The approach will include a combination of interviews with technical support staff and health care providers, and some testing of sending and receiving medical summaries using dummy data.

Key informants for the evaluation of the NT Health*Connect* trial include:

- managers of health services participating in the trial;
- health care providers participating in the trial;
- consumers participating in the trial; and
- NT Health*Connect* Trial Office staff.

Ethical and methodological priorities

There is considerable wariness among Aboriginal people and organisations throughout the NT regarding the conduct and outcomes of research projects. Many Aboriginal people, communities and organisations hold a high level of mistrust of research activities and perceive research as an exploitative exercise. Concern has been expressed over the years, in many forums, about the uses to which research work is put and the lack of perceived value that results from research activities for Aboriginal people and communities.[3] The onus is on researchers to demonstrate through ethical negotiation, conduct and dissemination of research findings to all participants that they are trustworthy and not repeating the mistakes of the

[3] Matthews S et al (2001). When research reports and academic journal are clearly not enough: Strengthening the links between Aboriginal Health Research and Outcomes, CRCATH, Darwin.

past.[4] The data collection and feedback methods used to evaluate the NT Health*Connect* Trial have been chosen to demonstrate ethical practices.

Ethics approval for the evaluation of the NT Health*Connect* trial has been sought and obtained from the Human Research Ethics Committee of the NT Department of Health and Community Services and Menzies School of Health Research (see Appendix 8). The CRCAH evaluation team has undertaken to provide clear information to consumers and other informants on the conduct and outcome of the evaluation and the uses that will be made of the information (see Appendix 6 for the information sheet). The CRCAH has committed to obtain written informed consent from all consumers interviewed as part of the trial. This written consent is in addition to the consent provided by consumers at the time they register with Health*Connect* to be part of the evaluation activities.

The collection and storage of personal health data is a particularly sensitive area for many Aboriginal people. Health services and consumers involved in the NT trial have strongly expressed that they do not want to share individual health information in the course of the Health*Connect* evaluation. Evaluation activities will respect these concerns and deal with them in a way that enables individuals and organisations to feel comfortable about assisting the evaluation process. Data collection methods for the NT Health*Connect* trial evaluation are designed to be flexible and responsive to the expressed wishes of the NT Health*Connect* Governance Board.

Community engagement and participation

Key stakeholders involved in decisions concerning the planning, implementation and dissemination of findings of the evaluation include the NT Health*Connect* Governance Board, Commonwealth Department of Health and Ageing, NT Department of Health and Community Services and NT Health*Connect* Trial Office. Community organisations, health services and community councils were consulted about the most appropriate mechanisms for engaging consumers during the planning process for the phase 2 evaluation of the NT trial. Before entering an Aboriginal community to interview health care providers and consumers, the CRCAH evaluation team will seek permission from the relevant community organisations.

At each stage of the evaluation, the CRCAH evaluation team will keep the community health services, organisations and councils informed of activities planned and implemented, and will seek advice and support for the conduct of evaluation activities. At the end of each field visit, the evaluation team will provide feedback to the key stakeholder organisations about the progress of the evaluation and any issues arising from it.

Demonstration of the Health*Connect* concept

The Health*Connect* concept will be evaluated by examining four 'domains' that relate to the satisfactory demonstration of Health*Connect*. The four domains are:

1. registration and consent (the model of engagement with consumers);
2. sending and receiving summaries (the technical model);
3. sending and receiving summaries as a part of medical care (the incorporation of domains 1 and 2 into health care providers' work processes); and
4. benefits for consumers and health providers that result from the electronic exchange of consolidated health information.

[4] NHMRC, Draft Values and Ethics in Aboriginal and Torres Strait Islander research — Consultation draft — 13 November 2002, p.20.

Domain 1: Registration and consent

This domain concerns the informing of consumers about the Health*Connect* concept, the registration process and the obtaining of consent for both the sending of medical event summaries to the Health*Connect* repository and the later retrieval of that stored information.

The evaluation will review the perceptions of stakeholders (consumers, health care providers, the Health*Connect* Governance Board and the Health*Connect* Trial Office) regarding the consent model and privacy arrangements as well as the degree to which the consent protocols conform to the privacy legislation and privacy framework.

This domain will provide evidence of the level of acceptability of Health*Connect* to consumers, health care providers and key stakeholders.

Domain 2: The technical model for sending and receiving summaries

This domain relates to the technical capability of sending and receiving medical summaries according to the storage and retrieval model described in the NT Health*Connect* proposal. The evaluation will assess the interaction and reliability of the core system components and the system overall, predominantly using dummy test data. It will also assess perceptions of the system's usability and efficiency. This part of the evaluation will examine the system's up-time and user-support facilities as well as its dependence on and interactions with other systems.

The NT Health*Connect* trial is expected to provide important information on the capacity of remote area health services to be involved in Health*Connect*. Information will be generated on the minimum components needed to successfully operate the Health*Connect* system in remote areas, and the level of success using existing technologies to operate Health*Connect*.

Domain 3: Sending and receiving summaries as part of medical care

This domain relates to the use of Health*Connect* in practice. It will be evaluated by collecting a combination of electronic records and qualitative information from health care providers. The CRCAH evaluation team believes that, to demonstrate this aspect of the Health*Connect* concept, information exchanges must be shown to have been taking place between health care providers at different health centres on a comparatively routine basis. This will be assessed using activity logs.

To demonstrate sending and receiving medical summaries as a part of medical care, the following steps are required:

1. a registered consumer attends a clinic;
2. their health care provider sends a medical summary to Health*Connect* with the consent of the consumer;
3. the same consumer attends a different clinic participating in the trial; and
4. their health care provider requests and retrieves a Health*Connect* medical summary with the consent of the consumer.

There are many possible combinations of pathways for sending and receiving medical information among the sites participating in the NT trial. Each pathway has a different potential capacity for demonstrating this domain. An analysis of the pathways will show whether this aspect of the Health*Connect* concept has been demonstrated and how successfully. Of the many possible pathways to send and receive information, it is proposed

that the evaluation effort will focus mainly on data transfers between relevant clinics and the Katherine Hospital.

Domain 3 will provide evidence on whether health care providers have information for better decision making and whether they are able to exchange information more quickly, accurately and securely because of Health*Connect*.

Domain 4: Benefit to health care providers and consumers

This domain relates to the demonstration of benefit/s resulting from the sending and receiving of event summaries. The storage and retrieval model used by Health*Connect* will be compared with existing methods of clinical data exchange, predominately fax and telephone. This assessment will provide learnings on the capacity for health services and care providers to integrate Health*Connect* into existing work practices. It will also reveal the degree to which information exchange practices have improved, including the privacy of individual information.

Positive outcomes could include any or all of the following: more timely or less time/effort-consuming retrieval of relevant clinical information from another clinic; reduced frequency of costly activities, such as visits to hospital; improved outcomes for consumers, such as more rapid or fewer clinic visits; or perhaps a positive outcome unlikely to result from systems other than Health*Connect*.

Benefits to consumers may include: increased control over the transmission their own health information; greater confidence that their health information is subject to strict privacy standards; or faster transmission and retrieval of health information at the time of a consultation, resulting in reduced waiting time for test results.

Evaluation methodology

The small scale of the NT trial, the remoteness of a number of the trial sites and the demographic composition of the informant group pose a number of challenges for the evaluation. These challenges have influenced the design of the data collection methods. In order to overcome the wariness of research and its uses discussed in the earlier section 'Ethical and methodological priorities', the evaluation methods selected enable the evaluation team to work closely with informants to build relationships and establish an evaluation process that is accountable and trustworthy.

The range of management structures within the health services participating in the NT trial requires the CRCAH evaluation team to negotiate individually with each organisation about access to information, staff and clients.

Field visits to each of the trial sites will enable the conduct of technical reviews, interviews and workshops. These data collection activities have been confirmed by key stakeholders as valid methods for this particular evaluation, and the small number of Health*Connect* sites makes visits a cost-effective option. Site visits provide opportunities for informants to provide detailed qualitative information and enable review of the technical model. The evaluation team will be flexible in timing their visits to remote health centres to suit the preferences of health service providers. Workshops with consumers will be negotiated with consumer representatives and community organisations or councils.

Data collection methods

A series of methodology matrices outlines the links, for each informant group, between the key research areas for Health*Connect* and the data collection methods (see Appendix 1).[5]

Document review

A review of documentation relevant to the NT Health*Connect* trial will support the data collected by other methods.

Documents examined will relate to:

- the design of the Health*Connect* system;
- privacy and consent principles and protocols;
- the IT infrastructure used;
- governance activities;
- the registration process;
- visits to communities by Health*Connect* Trial Office staff; and
- Health*Connect* activities.

Interviews

Semi-structured interviews will be conducted with managers and health care providers at each of the five health services trialling Health*Connect*, as well as with representatives of community organisations. Interview guides have been developed for each key informant group that is to be interviewed (see Appendix 4 for the health service managers' interview

[5] adapted from Trilogy Information Solutions (2002) 'Research and Evaluation Framework Health*Connect*' for the Health*Connect* board, July 2002.

guide, and Appendix 5 for the health care providers' interview guide). Where interviews are not possible, informants will be asked to respond by completing a written questionnaire.

The questionnaires provide a guide to discussion. Where possible, interviews will be conducted during each field visit. Questions asked during a field visit will depend on the stage of implementation of Health*Connect* at the particular trial site. A number of the NT trial sites are at different stages of implementation.

Health care providers will be interviewed three times. The first interview will be conducted to collect baseline data, and the second and third will track changes over the life of the NT trial. Health service managers will be interviewed twice wherever possible.

Health care providers

Baseline data collection

A pre-trial questionnaire was developed by the Health*Connect* Program Office to collect baseline data during phase 1 of the trial (see Appendix 2 for the baseline data interview guide). The health care providers involved in phase 1 have already completed the pre-trial questionnaire. To collect further baseline data, the questionnaire will be administered during phase 2 to healthcare providers working in trial sites that have been established since the first questionnaire was administered.

Health care providers working in newly-established trial sites will be interviewed at the beginning of phase 2 to identify information exchange practices, and the comprehensiveness and timeliness of information exchange prior to the implementation of the Health*Connect* trial technologies. This baseline data collection will:

- establish information relevant to a provider during a health event — such as medications, health history and pathology tests;
- establish processes used to collect, store and exchange individual patient information;
- establish whether providers receive/d requested information in a timely fashion, and the comprehensiveness of this information; and
- identify the number of tests ordered.

Post-implementation

Health care providers working with the Health*Connect* system will be reinterviewed once the Health*Connect* technologies are installed and being used regularly. Data collected during these interviews will identify changes to information transfer and work practices resulting from the Health*Connect* system. The post-implementation interviews will collect the following information from providers:

- level of understanding of Health*Connect*;
- acceptability and effectiveness of the consent process;
- perceptions of increased or decreased privacy;
- ease of use of the computer system;
- impact of Health*Connect* on work practices;
- time taken to send and retrieve information;
- positive and negative outcomes of the Health*Connect* system for consumers and health care providers; and
- suggestions for strengthening the Health*Connect* system in remote areas.

Health service managers

Health service managers will be interviewed twice during the evaluation to identify the feasibility and acceptability of the Health*Connect* system to the key stakeholder organisations. Interviews with the participating health services will yield information about the:

- acceptability and effectiveness of the consent process and privacy model;
- strengths and weaknesses of the NT model for governing Health*Connect*;
- options for governing the system in remote areas; and
- challenges and opportunities for Health*Connect* in a remote setting.

Questionnaires

Where interviews are not possible, informants can provide information via questionnaire (see Appendices 3, 4 and 5 for the dual purpose interview guides/questionnaires). The interview guides/questionnaires have been developed to facilitate a flexible approach to data collection from health care providers and health service managers. Given the high workload pressures on health care providers in remote health centres, the CRCAH evaluation team will consult with health care providers about whether a questionnaire or interview is most convenient for them.

Workshops

Workshops will be held with consumers in each of the communities participating in the NT trial in order to gain feedback on the:

- level of understanding about the Health*Connect* trial, and in particular the issues of consent and privacy;
- perceptions of the advantages and disadvantages of Health*Connect* for consumers;
- practical issues of using Health*Connect* as a consumer; and
- benefits of Health*Connect* for consumers.

The workshop process will involve consumers working in small groups to discuss their experiences with and perceptions of Health*Connect*. Outcomes of small group discussions will be fed back to the whole group, clarified, synthesised and recorded.

Aboriginal people in the NT are familiar and comfortable with the workshop process. Workshops enable people to work in self-selected small groups and provide adequate time for questions to be translated, explained and discussed. Support for conducting community-based workshops will be sought from the community representatives on the Health*Connect* Governance Board, local health services and the relevant community council.

The CRCAH evaluation team will gain written consent from consumers before asking them questions about the Health*Connect* trial (see Appendix 7 for the consent form). This consent will supplement the written permission already provided when people initially register with the Health*Connect* trial. Written consent for interviews with consumers is a requirement of the ethics approval provided by the Human Research Ethics Committee of the NT Department of Health and Community Services and Menzies School of Health Research.

Computer log analysis

An analysis of existing electronic ‘event’ logs, which are maintained automatically by the Health*Connect* system, will be conducted to monitor the data collection and retrieval activity

taking place during the trial. The analysis will cover significant events recorded in all available system logs, down-time logs and clinical data-access logs.

Manual verification of data-access audit trial

The security of the Health*Connect* system is crucial. In order for consumers to maintain their rights to privacy, there should be no unauthorised access to Health*Connect* electronic medical summaries. To assess the integrity of the system, the evaluators will randomly select from the audit logs up to 50 transactions that routinely record the times, locations and user-identification each time the Health*Connect* repository is accessed on behalf of a client. These recorded details will be checked manually against the individual access details attached to the outer cover of the medical record to confirm that the record was accessed appropriately. This process has been agreed to by the NT Health*Connect* Governance Board. In accordance with the direction of the governance board, no medical record files will be opened, no internal contents of the files will be examined and no clinical details of audited transactions will be examined.

Testing technical components of the Health*Connect* system

The live Health*Connect* system will be tested to ensure that each feeder component communicates as expected with the next component and the database. The efficiency and user acceptance of the computer application interfaces will be reviewed.

Review of service and support aspects of the trial

A hardware review will be conducted at each site:

- to assess, for instance, whether uninterruptible power supplies are present at each site, and whether personal computers are of reasonable capability;
- to test network capacity and response-times (including land and satellite telecommunications links);
- to test any help desk service;
- to verify service levels against existing IT service level agreements (for instance, whether backups are appropriately performed, and whether virus protection is current); and
- to review change/enhancement management.

Evaluation plan

Evaluation sites

The CRCAH evaluation team will conduct the data collection activities outlined in the previous section from the following sites in the Katherine region:

1. The Health*Connect* Trial Office;
2. Health*Connect* repository;
3. The health care providers involved in the trial, comprising —
    - Wurli Wurlinjang Health Service
    - Katherine Hospital
    - Timber Creek clinic
    - Barunga clinic
    - Yarralin clinic
    - Katherine West Health Board
    - Sunrise Health Service coordinated care trial
    - Kalano Community Association;
4. Trial consumers from the following communities —
    - Barunga
    - Timber Creek
    - Katherine
    - Kalano
    - Yarralin.

Stages of the evaluation

The evaluation will have five clearly-defined stages:

1. pre-trial data collection;
2. field visits;
3. synthesis and analysis of data;
4. feedback of findings from field visits; and
5. development of the final report.

The timetable for the evaluation is outlined in Table 1 (see over).

Table 1 Timetable: phase 2 evaluation of NT Health*Connect* trial

Stages	Dates	Evaluation Activity
1. Pre-trial data collection	August 2003	**Field visit 1** Collect baseline data
2. Field visits	Nov 2003	**Field visit 2** Registration and consent Benefit to consumers
	February to March 2004	**Field visit 3** Review of the technical model Sending and receiving as part of medical care Follow up on benefits to consumers and providers
3. Synthesis and analysis of data	September 2003	Synthesis and analysis of baseline data
	December 2003	Synthesis and analysis of collected data
	April 2004	Synthesis and analysis of collected data
4. Feedback of findings	September 2003	Feedback to governance board
	December 2003	Feedback to governance board
	March 2004	Feedback to governance board
	June 2004	Feedback to governance board
5. Final report	May 2004	Presentation of draft evaluation report for comment
	June 2004	Presentation of final evaluation report

The following sections detail each stage of the phase 2 evaluation.

Stage 1: Pre-trial data collection

Health care providers working in each of the trial sites established since December 2002 will be interviewed at the beginning of phase 2 to identify information exchange practices and the comprehensiveness and timeliness of information exchange prior to the implementation of the Health*Connect* trial technologies.[6] This baseline data collection will:

- establish information relevant to a provider during a health event (such as medications, health history, pathology tests);
- establish processes used to collect, store and exchange individual patient information;
- establish whether providers receive/d requested information in a timely fashion, and the comprehensiveness of this information; and
- identify the number of tests ordered.

[6] Baseline data was collected in September 2002 from health care providers working in trial sites established prior to December 2002.

Stage 2: Field visits

The CRCAH evaluation team will make three field visits to the Katherine region to conduct interviews and technical reviews.

The first field visit will be conducted over 2 weeks in August 2003 to collect baseline data. Visits will be made to the participating health services in Katherine, Barunga, Timber Creek and Yarralin.

The second field visit will be conducted over two weeks in November 2003 to collect information about registration, consent and the perceived benefits of Health*Connect* for consumers. Visits will be made to the Kalano, Barunga, Timber Creek and Yarralin communities if permission is granted and the timing of the visits is acceptable to the communities involved.

The third field visit will be conducted in March and April 2004. All trial sites will be visited in order to review the effectiveness of the technical model for sending and receiving information as part of medical care, and to identify the benefits to consumers as a result of the implementation of Health*Connect*. A number of the issues investigated during the second field visit will be reviewed during the third field visit.

Each field visit will take approximately two weeks. The trial sites are spread over a large distance, and travel time to each site must be allowed for. It is advisable to spend at least two days in each community to enable sufficient time to collect data.

Stage 3: Synthesis and analysis of data

At the conclusion of each field visit, the CRCAH evaluation team will synthesise and analyse the data. The findings and analysis will be presented: in writing and verbally to the Health*Connect* Governance Board; in brief field visit reports to the Commonwealth; and in a final evaluation report presented to the Commonwealth.

Stage 4: Feedback of findings

The Darwin-based member of the CRCAH evaluation team will attend Health*Connect* Governance Board meetings at regular three-monthly intervals. Attendance at these meetings will enable the evaluation team to provide feedback to the governance board about the progress of the evaluation activities to date. Feedback will take the form of an oral presentation to the board as well as a written report to be included in the governance board minutes.

Stage 5: Reporting

Brief reports on the key findings of each field trip will be prepared for the Commonwealth Department of Health and Ageing.

In May 2004, a draft final report will be produced and sent out to all key stakeholders and informants for review. A final report will be prepared and submitted to the Commonwealth Department of Health and Ageing for approval in June 2004.

Outputs of the evaluation

The findings of the evaluation will be presented in the following ways.

Reports to the NT Health*Connect* Governance Board

The CRCAH evaluation team will present quarterly written and verbal progress reports to NT Health*Connect* Governance Board meetings — that is, in September and December 2003, and

in March and June 2004. The CRCAH evaluation team will provide additional written or verbal input to NT trial activities and meetings if requested.

Field visit reports

Brief reports on the key findings of each field visit will be prepared for the Commonwealth Department of Health and Ageing one month after each field visit.

Final evaluation report

A final evaluation report on the NT Health*Connect* trial will be presented to the Commonwealth Department of Health and Ageing on or before 30 June 2004.

Structure of the evaluation report

The final evaluation report will include the following key areas:

- overview and description of the NT Health*Connect* trial;
- methodology;
- data analysis;
- key findings (learnings);
- input to the Health*Connect* business objectives;
- conclusions; and
- appendices (data collected).

Appendix 1: Methodology matrices

The methodology matrices outline the links, for each informant group, between the key research areas for Health*Connect* and the data collection methods.

Matrix	Evaluation research area
Matrix 1	Research area 1: Demonstration of the value of Health*Connect*
Matrix 2	Research area 2: Demonstration of technical feasibility
Matrix 3	Research area 3: Informing a preferred implementation model
Matrix 4	Research area 4: Major strengths, major risks and issues of the trial

Key to abbreviations: methodology matrices

Informant Group		Data collection Tools	
Con	Consumers	CLA	Computer log analysis
HCP	Health care providers	DR	Document review
HS	Health service managers	HR	Hardware review
RP	Repository	I	Interviews
TO	Trial office	Q	Questionnaire
		TA	Technology assessment
		W	Workshop

Matrix 1 Research area 1: Demonstration of the value of Health*Connect*

Health*Connect* research areas	Evaluation domains															
	Registration and consent				Technical model for sending and receiving				Sending and receiving as part of medical care				Benefit to Health*Connect* providers and consumers			
Informant group	**Con**	**HCP**	**HS**	**TO**	**Con**	**HCP**	**HS**	**TO**	**Con**	**HCP**	**HS**	**TO**	**Con**	**HCP**	**HS**	**TO**
Consumer better informed/empowered	W	I Q	I Q	I DR									W	I Q	I Q	DR
Better decision making										I Q	I Q			I Q	I Q	DR
Enhanced privacy for consumers	W	I Q	I Q										W	I Q	I Q	DR
Ability of Health*Connect* to contribute to flexible, seamless and integrated process of care											I Q					DR
Level of reduction in unnecessary tests?											I DR					
Ability to save time for providers and consumers											I		W	I Q	I Q	
Acceptability to consumers and providers	W												W			
Ability to fit seamlessly into existing business practices										I Q	I Q					

Matrix 2 Research area 2: Demonstration of technical feasibility

Health*Connect* research areas	Evaluation domains															
	Registration and consent				Technical model for sending and receiving				Sending and receiving as part of medical care				Benefit to Health*Connect* providers and consumers			
Informant group	**RP**	**HCP**	**HS**	**HC**	**RP**	**HCP**	**HS**	**HC**	**RP**	**HCP**	**HS**	**HC**	**RP**	**HCP**	**HS**	**HC**
Preparedness of the IT sector to support Health*Connect*						I Q TA		TA HR								
Minimum components required for operation					TA HR			TA HR								
Ability to work using existing technologies					TA HR		I Q	TA HR			I Q TA					
Ability to integrate with existing systems and practices					TA HR			TA HR	TA	I Q	I Q TA					
Ability for data to be accessed at an acceptable rate to meet workflow requirements of participants					TA CLA	I Q TA		TA CLA	TA HR	I,Q TA		TA HR				

Matrix 3 Research area 3: Informing a preferred implementation model

Health*Connect* research areas	Evaluation domains															
	Registration and consent				Technical model for sending and receiving				Sending and receiving as part of medical care				Benefit to Health*Connect* providers and consumers			
Informant group	**Con**	**HCP**	**HS**	**TO**	**RP**	**HCP**	**HS**	**TO**	**RP**	**HCP**	**HS**	**TO**	**RP**	**HCP**	**HS**	**TO**
The consent model		I Q												I Q	I Q	I
Optimum long storage model					TA HR											I
Form of long-term summaries model					TA HR			I								
Control of views be and sequencing of access										I Q						
Whole of population appeal — especially value to rural services		I Q	I Q			I Q	I Q	I Q		I Q	I Q					
Governance model															I Q	I

Matrix 4 Research area 4: Major strengths, major risks and issues of the trial

Health*Connect* research areas	**Evaluation domains**											
	Registration and consent			Technical model for sending and receiving			Sending and receiving as part of medical care			Benefit to Health*Connect* providers and consumers		
Informant group	**HCP**	**HS**	**TO**	**HCP**	**HS**	**TO**	**HCP**	**HS**	**TO**	**HCP**	**HS**	**TO**
The model for governance of the trial										I Q	I Q	I
Security of the Health*Connect* system				I Q	I Q	I	I Q	I Q	I	I Q	I Q	I
Challenges for Health*Connect* in a remote setting	I Q	I Q	I				I Q			I Q	I Q	I
Opportunities for Health*Connect* in a remote setting							I Q			I Q	I Q	I
Support and training requirements							I Q	I Q	I Q			
Governance of the trial											I Q	

Appendix 2: Baseline data interview guide for health care providers

NT HEALTH*CONNECT* TRIAL
BASELINE DATA INTERVIEW GUIDE/QUESTIONNAIRE FOR HEALTH CARE PROVIDERS

COOPERATIVE RESEARCH CENTRE FOR ABORIGINAL HEALTH

Health*Connect* is an electronic network allowing a health consumer to share their health information between health professionals in participating organisations. This survey asks a few questions that will help us understand how health information is currently exchanged in the Katherine region, and your expectations of Health*Connect*.

COLLECTION OF HEALTH INFORMATION AT YOUR PLACE OF WORK

(These questions will let us know the time and effort needed now to get the sort of information that will be available through Health*Connect* when the trial starts.)

1. Collection of health information at your place of work

What is the average length of time required to get:

a) A background health history of a consumer _____

b) A pathology result (measured from the time a sample is collected) _____

2. Collection of health information from another organisation

a) What sort of health information have you sought from another organisation?

(Tick boxes that are relevant)

☐ Information about client health history

☐ Medication history

☐ Pathology results

☐ Other (please specify) _____

b) What is the average length of time required to get health information from any of the organisations below (all of which are participating in the Health*Connect* trial)?

(Leave blanks for your place of work and if you have not sought information from an organisation recently)

Katherine Hospital _____

Wurli Wurlinjang Health Service _____

Barunga Clinic _____

Yarralin Clinic _____

Timber Creek Clinic _____

c) If requesting health information from other organisations is a regular activity, please indicate: for each organisation, the type of request and how often (e.g. the number of times per month) you seek that information.

Organisation	Type of request	Frequency of request

d) How do you get health information from these organisations?

(Tick boxes that are relevant)

☐ Phone

☐ Fax

☐ Post

☐ Email

☐ Other (please specify) _____

e) Do you have any comments about how effectively information is currently exchanged between these organisations?

_____

_____

_____

_____

f) Please rate the timeliness, for meeting client needs, of information received by the above methods.

(Please the circle the number that best describes your experience)

Far too slow	Slow	Adequate	Good	Excellent
1	2	3	4	5

g) How comprehensive is the information received by the above methods?

(Please the circle the number that best describes your experience)

Not at all	Poor	Adequate	Good	Excellent
1	2	3	4	5

3. Health*Connect* is supposed to give consumers more control over who sees their health information and what they are allowed to see. Do you think Health*Connect* will achieve this?

☐ Yes

☐ No Please comment on your answer:

4. Are there other benefits you think Health*Connect* might bring?

5. Do you have any concerns about Health*Connect*?

6. Have you been given enough information about how Health*Connect* will work?

☐ Yes

☐ No If 'No', what other information do you need — and how you would like that information presented:

Appendix 3: Interview guide for consumers

NT HEALTH*CONNECT* TRIAL INTERVIEW GUIDE/QUESTIONNAIRE FOR CONSUMER WORKSHOPS

COOPERATIVE RESEARCH CENTRE FOR ABORIGINAL HEALTH

1. Level of understanding about the Health*Connect* process

a) How did you find out about Health*Connect?*

b) What is your understanding about consent and privacy for Health*Connect* consumers?

c) Is there any more information that you would like to know about Health*Connect?*

2. Experiences with the registration process

a) How easy it was to register with Health*Connect*?

3. Perceptions of the trial

a) What do you like about Health*Connect*?

b) What don't you like about Health*Connect*?

c) Has there been any change in the amount of time you spend waiting for test results since being registered with Health*Connect*?

d) How secure do you feel that your health information is kept private with Health*Connect*?

4. Level of increased control over own health information

a) What level of control over your health information do you feel you have as a result of registering with Health*Connect*?

(Please the circle the number that best describes your experience)

No control	Low	Moderate	High	Complete
1	2	3	4	5

b) If you feel you have increased control, can you identify any ways you have increased control over your own health information?

Appendix 4: Interview guide for health service managers

NT HEALTH*CONNECT* TRIAL INTERVIEW GUIDE/QUESTIONNAIRE FOR HEALTH SERVICE MANAGERS

COOPERATIVE RESEARCH CENTRE FOR ABORIGINAL HEALTH

The following set of questions will provide information early in the trial about your level of understanding of the Health*Connect* concept.

Understanding of the Health*Connect* concept

1. Based on the information provided to you abut the Health*Connect* trial, how do you rate your understanding of each of the following:

(Please the circle the number that best describes your understanding)

a) The registration process

None	Low	Adequate	Good	Excellent
1	2	3	4	5

b) Roles and responsibilities of service providers

None	Low	Adequate	Good	Excellent
1	2	3	4	5

c) The consent process

None	Low	Adequate	Good	Excellent
1	2	3	4	5

d) Sending and receiving event summaries

None	Low	Adequate	Good	Excellent
1	2	3	4	5

2. Do you feel that you have received enough information about the trial?

☐ Yes

☐ No If 'No', what information is missing?

_____

_____

_____

_____

Value of the NT Health*Connect* trial

3. How easily is Health*Connect* able to be incorporated into the work of your organisation?

(Please the circle the number that best describes your experience)

Not easily	A few difficulties only	Easily
1	2	3

a) Please comment on the factors that affect the ease with which Health*Connect* can be incorporated into the work of your organisation.

_____

_____

_____

_____

4. Has there been any ongoing disruption resulting from Health*Connect*?

(Please the circle the number that best describes your experience)

A great deal of disruption	Some disruption	No disruption
1	2	3

If you answered 1, please describe the disruption

_____

_____

_____

5. Has any disruption been offset by benefits brought by Health*Connect*?

_____

_____

_____

_____

6. Have you received any feedback from consumers attending your health service that they:

(Tick all boxes that apply)

☐ Are better informed about their own health information

☐ Have increased privacy as a result of Health*Connect*

☐ Spend less time waiting for results as a result of Health*Connect*

☐ Other (please specify) _____

Acceptability and effectiveness of the consent process

7. How acceptable to you is the consent process adopted by the NT Health*Connect* trial?

(Please the circle the number that best describes your viewpoint)

Not at all	A little	Acceptable	Very	Extremely
1	2	3	4	5

If you selected 1 or 2, please explain:

8. What feedback have you received about the acceptability of the consent processes from:

a) Service providers

b) Consumers

The governance model

The NT Health*Connect* Governance Board governs the NT Health*Connect* trial. The board comprises representatives from all participating organisations and the larger communities in the Katherine region, as well as representatives from the Commonwealth Department of Health and Ageing and the NT Department of Health and Community Services.

9. What do you consider to be the:

a) Strengths of the NT Health*Connect* trial governance model:

b) Weaknesses of the NT Health*Connect* trial governance model:

10. What suggestions do you have to improve the current governance model?

11. What alternative models for governance of the Health*Connect* trial would you suggest?

Security of the Health*Connect* system

12. How do you perceive the ability of the Health*Connect* system to ensure:

a) Security of consumer information:

b) Security of health centre/service information:

Challenges for Health*Connect* in a remote setting

13. What do you see as the key challenges for Health*Connect* in a remote setting such as the Katherine region?

14. What are the opportunities for Health*Connect* in a remote region?

Appendix 5: Interview guide for health care providers

NT HEALTH*CONNECT* TRIAL INTERVIEW GUIDE/QUESTIONNAIRE FOR HEALTH CARE PROVIDERS

COOPERATIVE RESEARCH CENTRE FOR ABORIGINAL HEALTH

These questions will guide interviews with health care providers held during subsequent field visits.

Understanding of the trial

1. As a result of the information provided abut the Health*Connect* trial, how do you rate your understanding of each of the following:

(Please the circle the number that best describes your experience)

a) The steps of the registration process

None	Low	Adequate	Good	Excellent
1	2	3	4	5

b) Roles and responsibilities of service providers

None	Low	Adequate	Good	Excellent
1	2	3	4	5

c) Consent

None	Low	Adequate	Good	Excellent
1	2	3	4	5

d) Sending and receiving summaries

None	Low	Adequate	Good	Excellent
1	2	3	4	5

Registration process

2. In your opinion what are the strengths in the registration process?

3. In your opinion what are the weaknesses in the registration process?

The consent process

4. How acceptable to you is the consent process adopted by the NT Health*Connect* trial?

(Please the circle the number that best describes your viewpoint)

Not at all	A little	Acceptable	Very	Extremely
1	2	3	4	5

5. List the strengths of the consent process from your perspective:

6. List the weaknesses of the consent process from your perspective:

7. To what extent have you observed consumers, who are registered with Health*Connect*, exercise control over:

(Please the circle the number that best describes your observation)

a) Health information that is recorded

Not at all	To a small extent	A moderate extent	A large extent	Total control
1	2	3	4	5

If you circled 3, 4 or 5, please provide examples that illustrate this:

_____

_____

_____

_____

_____

b) Who sees their health information

Not at all	To a small extent	A moderate extent	A large extent	Total control
1	2	3	4	5

If you circled 3, 4 or 5, please provide examples that illustrate this:

_____

_____

_____

_____

_____

Ease of use of the Health*Connect* system

8. How do you rate the ease of use of the system for sending and receiving summaries?

(Please the circle the number that best describes your experience)

Impossible	Not easy	Adequate	Easy	Very Easy
1	2	3	4	5

Effect on work practice

9. What is the average length of time it takes to retrieve a Health*Connect* record?

10. What is the average length of time it takes to complete a Health*Connect* electronic discharge summary?

11. How does this compare with the time taken to retrieve information with the existing methods?

(Please the circle the number that best describes your experience)

Much less	A little less	The same time	A little more	Much more
1	2	3	4	5

a) How comprehensive is the information received using Health*Connect* compared to the information received by existing methods?

Much less	A little less	The same	A little more	Much more
1	2	3	4	5

12. List any positive effects of Health*Connect* on work practice:

13. List any negative effects of Health*Connect* on work practice:

Benefits of the Health*Connect* system

14. To what extent does Health*Connect*:

(Please the circle the number that best describes your understanding)

a) Contribute to better decision making

Not at all	Small amount	Moderate amount	Large amount	Very large amount
1	2	3	4	5

b) Contribute to flexible, seamless and integrated care

Not at all	Small amount	Moderate amount	Large amount	Very large amount
1	2	3	4	5

c) Enhance privacy for consumers

Not at all	Small amount	Moderate amount	Large amount	Very large amount
1	2	3	4	5

d) Reduce unnecessary tests

Not at all	Small amount	Moderate amount	Large amount	Very large amount
1	2	3	4	5

e) Save time for health care providers

Not at all	Small amount	Moderate amount	Large amount	Very large amount
1	2	3	4	5

15. List any benefits resulting from the Health*Connect* system for:

a) Health care providers

_____

_____

_____

_____

b) Consumers

_____

_____

_____

_____

16. List any negative outcomes resulting from the Health*Connect* system for:

a) Health care providers

b) Consumers

IT capabilities in the health centre

17. Are internet systems fully installed and functioning in your health centre?

☐ Yes

☐ No If 'No', what needs to be installed or adapted to enable Health*Connect* to function?

Level of IT support and training

18. How do you rate the availability of IT support for Health*Connect* in your workplace?

(Please the circle the number that best describes your experience)

Not at all	Not easily	Adequate	Good	Excellent
1	2	3	4	5

19. How much training have you undertaken to use Health*Connect*?

☐ Less than 1 day

☐ 1–3 days

☐ 3–5 days

☐ 6 days or longer

20. Please describe the nature of the training you have undertaken to use Health*Connect*?

Recommendations for improving the Health*Connect* system

21. What recommendations do you have for improving the existing system with regard to:

a) Consent and privacy

a) Sending and receiving summaries

a) Technical capabilities

22. What other recommendations do you have to improve the Health*Connect* system for the Katherine region?

Appendix 6: Information sheet

NT HEALTH*CONNECT* TRIAL INFORMATION SHEET

COOPERATIVE RESEARCH CENTRE FOR ABORIGINAL HEALTH

The Cooperative Research Centre for Aboriginal Health (CRCAH) is undertaking an evaluation of the NT Health*Connect* trial being conducted in the Katherine region.

The evaluators are: Ms Nea Harrison from the CRCAH, based in Darwin; and Ms Lesley Roberts and Associate Professor Tony Grivell from Flinders University in Adelaide.

The CRCAH evaluation team is asking questions about the Health*Connect* trial to see:

- How well Health*Connect* works;
- How useful Health*Connect* is for people who attend clinics in the Katherine region; and
- How useful Health*Connect* is for health staff.

We are interested to know from you:

- How easy it was to register with Health*Connect*?
- What you like about Health*Connect*?
- What you don't like about Health*Connect*?

Nea will talk to as many people as possible and will use the information to write a report to the governing board of Health*Connect*. The government wants to introduce Health*Connect* to other places in Australia but needs to know what works well and what needs changing before they can introduce it outside the Katherine region.

The things that we will produce from this evaluation will be:

1. a report to the governing board of Health*Connect*; and
2. suggestions to the Health*Connect* trial staff about how Health*Connect* can work best in the Katherine region.

If you agree to talk to the CRCAH evaluation team, we will write down what you tell us but we will not use your name or identify you in any way.

If you do not wish to talk to us, that is okay.

If you want any further information, please contact Nea Harrison at the CRC for Aboriginal Health on phone 8922 8451.

If you have any concerns or complaints about this project, you can contact the Top End Human Research Ethics Committee secretary, Gabby Falls, on phone 8922 8624.

Appendix 7: Consent form

NT HEALTH*CONNECT* TRIAL CONSENT FORM

COOPERATIVE RESEARCH CENTRE FOR ABORIGINAL HEALTH

The evaluation of the NT Health*Connect* trial will be conducted in accordance with the Top End Human Research Ethics Committee Guidelines.

I agree to participate in an interview about my experiences with the NT Health*Connect* trial, and I understand that:

- Any report using this interview will record only a summary of what I have said, and I will not be identified by name.
- A report will be written at the end of the evaluation and presented to the Commonwealth Department of Health and Ageing.
- I may withdraw from the project at any time.
- All information collected for this evaluation will be kept secure in a lockable cabinet. After 3 years it will be destroyed.

I understand the purpose of this interview and agree to the points on this consent form.

Signed _____ Witness _____

Printed name _____ Printed name _____

Date _____ Date _____

Evaluators

Ms Nea Harrison, phone 8922 8451

Ms Lesley Roberts, phone 8204 5269

Associate Professor Tony Grivell, phone 8204 4417

If you have any concerns or complaints about this evaluation, you can phone the Top End Human Research Ethics Committee Secretary, Gabby Falls, on 8922 8624; or the Chairperson of the Indigenous Subcommittee, Peter Thompsen on 8922 8916.

Appendix 8: Ethics approval notification

NT HEALTH*CONNECT* TRIAL
ETHICS APPROVAL NOTIFICATION

COOPERATIVE RESEARCH CENTRE FOR ABORIGINAL HEALTH