GET HEALTHY INFORMATION AND COACHING SERVICE

Information to support Research Teams

Key considerations and process guide
2019

1. Overview of the Get Healthy Information and Coaching Service

The Get Healthy Service (GHS) was launched in 2009 by NSW Ministry of Health as a free telephonic coaching service to support and motivate people to reach their personal healthy lifestyle and weight management goals. The objective of the service is to deliver a population level, cost effective and accessible service for NSW residents over 16 years who are generally well to reduce the burden of disease. Reducing the burden on acute care services will increase accessibility for those most in need.

Current target groups of GHS include (but are not limited to) the following:

- People from low socio-economic areas
- People from regional, rural and remote areas in NSW, SA and QLD
- Pregnant women
- People with an increased risk for chronic disease with a focus on T2DM
- Aboriginal and Torres Strait Islander People
- Culturally and linguistically diverse communities with a current focus on Mandarin and Cantonese speaking communities.

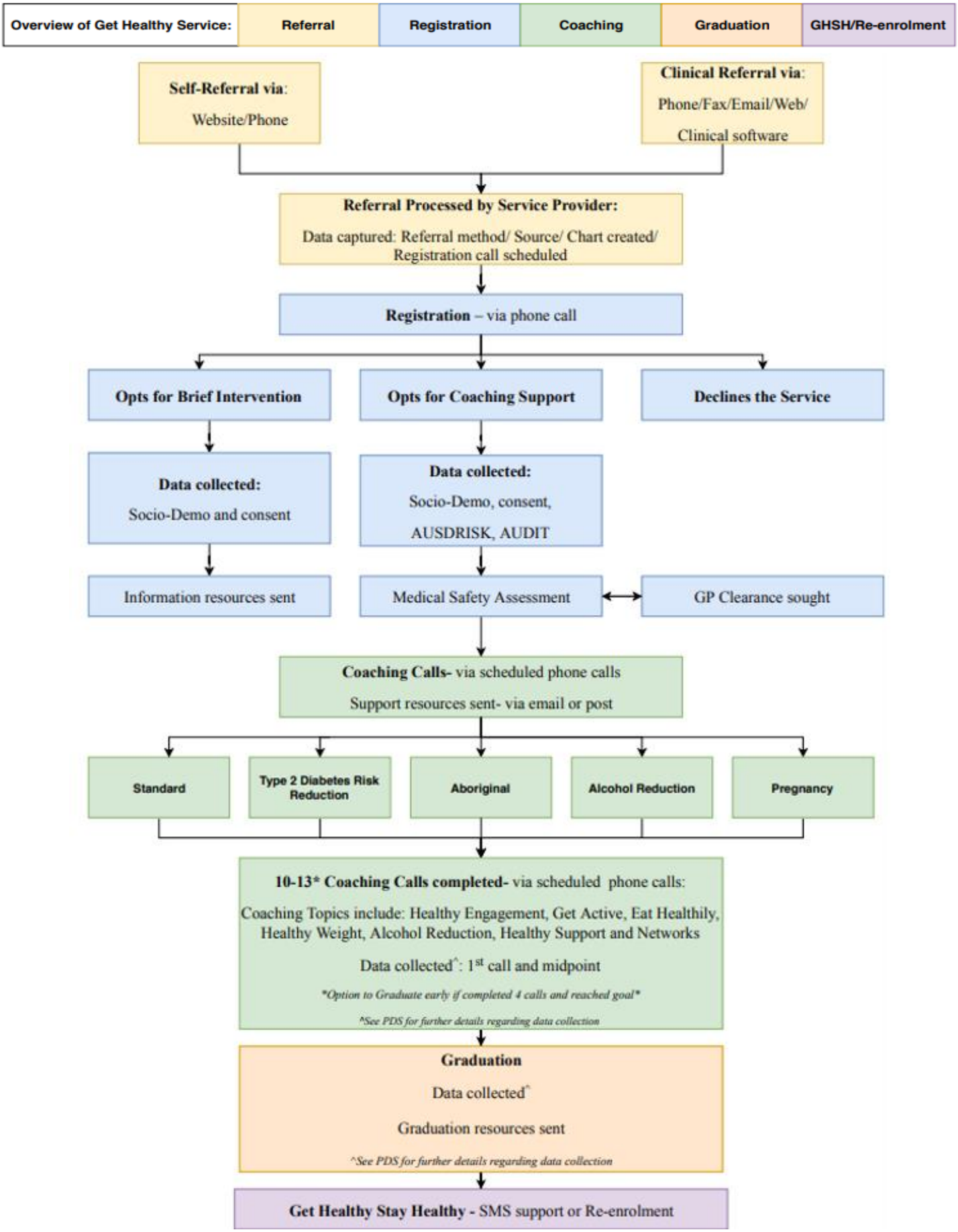
In 2017, Remedy Healthcare secured the tender to deliver this on behalf of Healthdirect for the NSW Office of Preventative Health (OPH) and the Ministry of Health (MoH). The GHS defines health coaching as a clinical intervention delivered by qualified health professionals to facilitate lifestyle risk factor reduction and support self-care in people with or at risk of chronic health conditions. GHS is a telephone-based health coaching service (up to 13 calls, usually provided over 6 months) and the Get Healthy Stay Healthy Service (GHSH) is offered to clients who have completed the GHS and want to continue with lower intensity support through regular SMS messaging. The messages are tailored to a participant's goal, tasks and actions to support healthy behaviours. The GHSH service is usually a 6-month extension of the GHS.

The GHS Coaching modules

The GHS includes the following service components:

6 month coaching program	Includes up to 13 individually tailored calls provided by university qualified health coaches based on behaviour change/self-regulation principles designed to assist with goal setting, maintaining motivation, overcoming barriers and making sustainable lifestyle changes. Coaching calls are provided on a tapered schedule, with a higher intensity of calls occurring in the first twelve weeks of the program to promote initiation of behaviour change, and less frequent calls during the latter fourteen weeks to promote maintenance and prevent relapse. Intensity is matched to the participants need. Support materials are provided in a printed or electronic form, based on participant preference. Participants can cease coaching at any time during the 6 month program and can also re-enrol in the program after completing the 6 months.
Brief-Intervention service	Provides an evidence-based printed information package on healthy eating, physical activity, alcohol reduction and achieving or maintaining a healthy weight, consistent with the Australian Healthy Eating and National Physical Activity Guidelines. In addition to the package, a one-off information and advice session on these topics is available to participants at the time of the call or at an alternate scheduled time.
Aboriginal specific program	In *November 2012,* an enhancement to the GHS for Aboriginal and/or Torres Strait Islander people commenced. Participants in this program may receive a registration call with an Aboriginal Liaison Officer and will be provided culturally adapted resources and up to three extra coaching calls in the first half of the program. The program was developed following

	formative research and focus testing with GHS Aboriginal participants, Aboriginal adults and Aboriginal Health organisations.
Type 2 Diabetes Prevention program	In *July 2013*, the GHS launched a type 2 Diabetes Prevention Module to address the high burden of disease from this chronic disease. All GHS coaching participants aged over 40 years and all Aboriginal participants are screened using the AUSDRISK tool and if their score is 12 or over they are allocated to this module. Participants in this module also receive three extra coaching calls focussed on individual risk for type 2 diabetes.
Get Healthy in Pregnancy program	In *July 2015*, the Get Healthy in Pregnancy program was introduced in NSW and QLD. This program is tailored for pregnant women aged 16 years and over, offering personalised health coaching during pregnancy which complements antenatal care. Women are provided with up to 10 confidential calls over six months, to support healthy gestational weight gain in line with national guidelines. The risks associated with unhealthy weight gain include complications during pregnancy and labour for the mother, and health risks to the baby during and after birth as well as increased risk of obesity**.** After the baby is born, there is also the option to re-enrol for further coaching to support them to maintain or achieve a healthy post pregnancy weight.
Get Health in Pregnancy (GHiP) Alcohol abstinence program	The GHiP Alcohol Abstinence program was launched in *September 2017*, and aims to support women to abstain from alcohol during pregnancy. Participants are supported to reach individual goals relating to abstinence and are offered referrals to additional support services if needed. The module consists of up to 10 coaching calls focused on alcohol-related education, management and goal setting strategies. Referrals to this coaching program are now being offered as part of routine antenatal care in all public maternity units across NSW.
Alcohol reduction program	The GHS Alcohol Reduction Program was launched in 2016. This coaching program uses the well tested Alcohol Use Disorders Identification Test (AUDIT) Screening Tool* to ensure participants receive the right level of support to reduce their alcohol consumption. The health coach works with the participant for up to 10 calls over a six month period to identify barriers and solutions to achieving their individualised alcohol reduction goal. There is also the option to re-enrol for coaching at the conclusion of the program.
Get Healthy Stay Healthy (GHSH)	In March 2018, the GHSH program was re-introduced. It is a lower intensity support provided through regular SMS messaging offered to clients who have completed the GHS. The messages are tailored to a participant's goal, tasks and actions to support healthy behaviours. The GHSH service is usually a 6-month extension of the GHS.


Overview of Get Healthy Service:
Referral
Registration
Coaching
Graduation
GHSH/Re-enrolment
Self-Referral via:
Website/Phone
Clinical Referral via:
Phone/Fax/Email/Web/
Clinical software
Referral Processed by Service Provider:
Data captured: Referral method/ Source/ Chart created/
Registration call scheduled
Registration – via phone call
Opts for Brief Intervention
Opts for Coaching Support
Declines the Service
Data collected:
Socio-Demo and consent
Data collected:
Socio-Demo, consent,
AUSDRISK, AUDIT
Information resources sent
Medical Safety Assessment
GP Clearance sought
Coaching Calls- via scheduled phone calls
Support resources sent- via email or post
Standard
Type 2 Diabetes Risk Reduction
Aboriginal
Alcohol Reduction
Pregnancy
10-13* Coaching Calls completed- via scheduled phone calls:
Coaching Topics include: Healthy Engagement, Get Active, Eat Healthily,
Healthy Weight, Alcohol Reduction, Healthy Support and Networks
Data collected^: 1st call and midpoint
Option to Graduate early if completed 4 calls and reached goal
^See PDS for further details regarding data collection
Graduation
Data collected^
Graduation resources sent
^See PDS for further details regarding data collection
Get Healthy Stay Healthy - SMS support or Re-enrolment

NSW Office of Preventive Health:

The NSW Ministry of Health funds the NSW Get Healthy Service (GHS). To support this, there is a central team within NSW Office of Preventive Health who oversees the state-wide management and implementation of the Service. Key roles of this team includes: Strategic direction of the Service; State-wide promotion to the general population and clinicians, resource development, monitoring and evaluation. NSW Office of Preventive Health contracts out the delivery of the telephone-based coaching service.

Healthdirect Australia:

Since 2013, Healthdirect Australia (HDA) has been engaged to be the NSW GHS Contract Manager. HDA manage the contract with the Service Provider to deliver on the GHS Service Level agreements. Key roles of this team include: Management of the Service Provider Contract, Oversee day to day operations and enhancements; and Clinical Governance.

Remedy Healthcare:

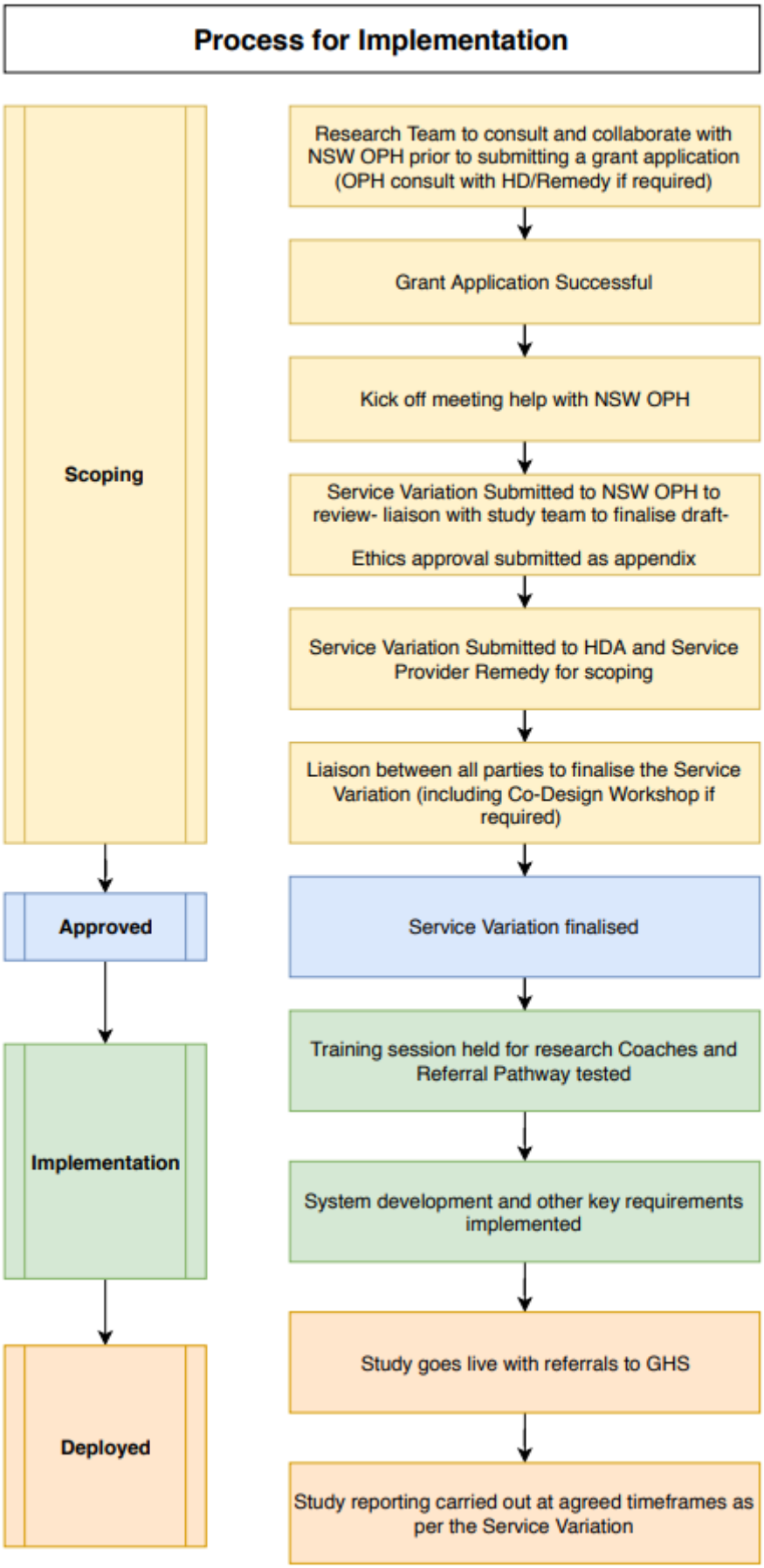
Remedy Healthcare have been the NSW GHS Provider since December 2017. They are responsible for the day to day delivery of the telephone-based coaching service. Key roles include; Management of telephone contact centre, recruitment and management of health coaches and implementation of service enhancements.

There are currently ~20 Health Coaches employed by Remedy Healthcare to deliver coaching on the GHS. Within these coaches, there is a "Research Team"- this is a team of ~4 Health Coaches who have been selected due to their qualifications and experience to support participants referred to GHS as part of a research trial.

The Research team was introduced in September 2018 to streamline the support available and ensure flexibility with implementation. Although they deliver the standard care as per the GHS operational protocols, limiting the coaches who are involved in various trials minimise disruption to regular service delivery and can allow for training and relevant information pertaining to the study to be provided to the target group. More information about the Study Team Coaches is available in *Appendix 2: Introduction to the Research team*.

2. Process for working with the NSW Get Healthy Service for studies

The NSW GHS is keen to work with Research teams to trial studies that align with the Get Healthy Service priorities within the Service. This is a great opportunity for all parties to pilot new ways of working with the telephone-based coaching service. As Remedy have been contracted to deliver a specific service, any new study has the potential to lead to a variation of the existing delivery model Remedy have been contracted to provide; therefore a formal process must be followed. This process is outlined in the flow chart below and can be discussed further with the GHS team within NSW Office of Preventive Health.


Process for Implementation
Scoping
Approved
Implementation
Deployed
Research Team to consult and collaborate with NSW OPH prior to submitting a grant application (OPH consult with HD/Remedy if required)
Grant Application Successful
Kick off meeting help with NSW OPH
Service Variation Submitted to NSW OPH to review- liaison with study team to finalise draft-
Ethics approval submitted as appendix
Service Variation Submitted to HDA and Service Provider Remedy for scoping
Liaison between all parties to finalise the Service Variation (including Co-Design Workshop if required)
Service Variation finalised
Training session held for research Coaches and Referral Pathway tested
System development and other key requirements implemented
Study goes live with referrals to GHS
Study reporting carried out at agreed timeframes as per the Service Variation

Approval and Costing

All studies are reviewed and need approval from OPH prior to implementation. Studies will be considered for approval based on:

- Relevance to OPH strategic direction and the Get Healthy service
- Clinical expediency
- Focus on high priority group/s
- Size of eligible population
- Funding

GHS can only support a given number of research trials at any one time. Service variations are at a cost to the service and agreement is reached on an individual basis on how costs are covered. Costing varies depending on the complexity of the service variation. $15,000 - $30, 000 is a general guide to typical costing for implementing a research study at present.

Timeframe

The minimum timeframe for setting up a new study within GHS is three months from the point the Service Variation is submitted. This timeline may be extended if the study is complex or requires changes to the standard service offered. Minimal changes to the service delivery is preferred.

Roles and Responsibilities

Researchers – Team developing the research trial	• **Consult and collaborate proposal with NSW OPH prior to grant submission regarding plan of trial**
	• **Attend 'kick off' meeting with NSW OPH**
	• **Submit Service Variation document and supporting documents including Ethics Approval and Study background information**
	• **** Attend a co-design workshop with all parties if required****
	• **Submit training session material 4 weeks prior to session for clinical review**
	• **Conduct training session with Research Coaches (recommended training offered between 1-4 pm weekdays due to shift times of coaching staff)**
	  • **Training length dependent on content and requirements**
	• **Keep NSW OPH up to date with any changes to study start and end dates and volume of referrals**
	  • **Referrals expected on a weekly and monthly basis to be shared for forecasting**

NSW Office of Preventive Health (NSW OPH)	• Provide Study Guide and any relevant GHS Background documentation to the Research Team • Organise 'kick off' meeting with Research team • Review Service Variation • Submit Service Variation to Healthdirect for scoping along with an updated Participant Dataset (if required) • ** Attend a co-design workshop with all parties if required** • Liaise between HDA and Research team to finalise the Service Variation • Approve final Service Variation and pay the costs of the Variation. • Provide revised referral forms if required • Attend training session • Liaise between all parties as and when required when the study has gone live • Provide reports/data back to Research Team in timely manner
Healthdirect Australia (HDA)	• Review Service Variation, including ethics grant. • Submit the Service Variation to Remedy for scoping and review proposed response. • ** Co-ordinate and attend a co-design workshop with all parties if required** • Liaise between NSW OPH and Remedy to finalise the Service Variation • Review and finalise reporting requirements for the study • Co-ordinate Training Session • Liaise between all parties as and when required when the study has gone live • Provide reports/data back to NSW OPH/Research Team in a timely manner
Remedy Healthcare	• Scope the Service Variation and provide a proposed response to support all aspects of the Variation including CRM developments • Liaise with HDA to finalise the Service Variation including costs • Attend training session • Liaise between all parties as and when required when the study has gone live • Provide reports/data back to Research Team/HDA in a timely manner

3. Key considerations for working with NSW Get Healthy Service

To effectively implement a new study within GHS, the following questions must be answered. This is to ensure the involvement of GHS within the study is designed appropriately, the objectives can be evaluated and all parties involved have a positive experience engaging with the Service. The responses to the questions below will also inform any system builds and enhancements necessary for our Service Provider's Customer Relationship Management (CRM) software that contains all GHS participant records.

The right–hand column in the table below contains background information and context relating to how the GHS currently functions.

Use this information to guide your decisions when responding to each question below. Your responses to the questions below should form the basis of your Service Variation (Appendix 1).

	Questions to answer in the Service Variation (to be discussed with NSW OPH during Kick off meeting)	Get Healthy Service (GHS) Background
Referrals	**1. How will participants be referred to the service?** a) What referral forms will be used? b) Will new referral forms need to be created? c) Where will the referral forms be accessed from? d) How will referrals be sent? Hardcopy? Fax? Emailed? Phone call? Including frequency- for the total of the study as well as weekly estimate e) How will sustainability in the referral pathway(s) be created if this study was to be rolled out more broadly? f) Who will the referrers be within the study? **2. Do the referrals from the study need to be tracked?** **3. How will participants be informed of the GHS** a) Will referrers within the study use a set script? b) Will referrers hand out any resources of the GHS to remind referrers they have been referred?	Participants can self-refer to the service via the website as an online referral, or by calling the GHS phone number and speaking to a health coach. Health Professional referrals can be sent via emails, faxes or clinical IT systems such as eMaternity, EMR, Medical Director and Best Practice. Health Professionals can also refer via a warm transfer process over the phone. Examples of the current GHS referral forms are available on the GHS website: https://www.gethealthynsw.com.au/health-professionals/how-to-refer/ - To be considered: When referrals are currently received by the Service Provider, an admin officer needs to manually enter the information on these referral forms into the CRM, to firstly check that a duplicate chart does not exist, and then create a participant record, before the participant can be contacted. - This is a time consuming and manual process, which can impact the Service provider's responsiveness to influxes of referrals that are above the monthly average. This can also then increases the time to contact with a participants which can result in dissatisfaction and a negative experience for both participants and referrers. - The GHS team are currently working on an enhancement to create an online version of the Health Professional referral form that can be accessed through the GHS website. This will allow the Health Professional to save their details and only enter in the participant's details whom they are referring. - The current GHS Health Professional/ GP referral has a general comments section for the Health Professional to make any relevant notes relating to the participant, however given the scope of the current GHS – recommendations are still non prescriptive. Health Safety Assessment may be required and can only be authorised by a Medical Practitioner. This may be an additional form, if the standard health professional form is used for referrals. If a participant's medical history or specific treatment recommendations they would like the health coach to re-enforce for the participant's coaching journey are to be provided to the health coach to tailor the coaching, the Service provider's CRM will need to be enhanced and skillset / training of health coaches will need to be reviewed.

		<u>The Warm Transfer protocol:</u> The below is an overview of what needs to be supplied by the referrer if the participant is to be referred via a phone call between a clinician and GHS (referred to as a Warm Transfer): - Confirmation of where the referral is coming from (e.g. study or referral source) - Time the referrer has available for the call e.g. 5 mins or 15 mins - Health Professional (Referrer) details – Name, profession, postcode, email, and confirmation whether you would like to receive progress reports on your participant's progress through the Get Healthy Service. - Participant's details: Name, phone number, date of birth and postcode. - Any relevant **clinical information** that has been captured already as part of the clinical consultation with the participant e.g. height, weight and waist circumference and diabetes measures. There are two options available for the warm transfer protocol 1. Facilitated transfer – limited information provided from the health professional and the disconnect leaving the participant and health coach to continue the registration. Required information is collected by the GHS coach from the participant This is useful for Health Professionals who are extremely time poor or for participants who need additional support to ensure they engage with the service. Please be aware it can be frustrating for the participant to repeat information previously provided to the study team 2. Facilitated registration call – health professional, participant and health coach are all involved in the registration call which includes a clinical handover from the health professional, and program explanation, medical screening and lifestyle assessment This is useful when a health professional is unfamiliar with the program and is available to support the participant through the first contact. The registration call can take up to 15 minutes and will be completed by either a health coach or a member of the client concierge team. In addition to the warm transfer, there is also an option for a health professional to be involved in the coaching call focused on setting goals for the coaching program. To ensure coaching availability, this will need to be arrange at the registration call at a mutually agreed time for the Health Professional, participant and Health coach. This can be requested at the registration call. Feedback collected from participants who take part in research trials constantly express frustration with repeating clinical information that has already been shared with the study team. It is mandatory

		that this is collected by the service provider so sharing any relevant information in the clinical handover will improve participant experience, reduce time taken to re-collect this information and allow more time to provide the support required. **New Referral forms** New referral forms are being developed in 2019. These will include the possibility of individualising forms as from a specific source. These can be used by any new studies. If another referral pathway is required, certain fields need to be included to support consistency and transfer of relevant information to the service provider: <u>Mandatory information for referral forms:</u> **Patient:** - Full name - Date of Birth - Phone number - Postcode - Is an Interpreter required? Language - Are you Aboriginal and/or Torres Strait Islander Origin? - Are you pregnant? - Disclaimer: By completing this form, you are consenting to this information being sent to the Get Healthy Information and Coaching Service, and consent to the Service Staff to contact you *Additional fields:* - *Preferred time for the NSW GHS to call: AM or PM* - *Email address* - *Address* - *Current anthropometric mesures i.e. height, weight and waist circumference* **Referrer (Health Professional) fields:** - Name - Postcode - Phone number - Email - Profession *Additional fields:* - *Organisation* - *Postal Address* - *Feedback Letters ○ I, the Health Professional listed, do not wish to received feedback letters on the below patients contact with the Service.*

		- *Primary reason for referral (weight management, healthy eating, physical activity, Alcohol reduction / Abstinence in Pregnancy* - *General Comments: describe any health condition (s)/impairments which may affect what the patient eats or how physically active they can be.* **Frequency of the referrals:** Forecasting the expected/estimated number of referrals is an important aspect of the GHS. The Get Healthy workforce is assigned up 8 weeks in advance in line with the coaches' terms and conditions. Therefore it is vital to forecast the number of incoming referrals as accurately as possible so there are sufficient staff on hand to make the outgoing calls on time and keep up with the already scheduled calls for participants. The more accurate the forecasting the less likely there will be delays in participants being called and we are then able to provide the quality service we all want to see. We appreciate that despite your and our best attempt to accurately forecast sometimes more or fewer referrals occur and we understand this. **Tracking referrals from the study** The GHS can track the referral source of participants entering this Service. This is either done via identified markers on a referral form or by asking the participant when they are on the phone (if a referral form hasn't been submitted). This needs to be manually entered (as a drop down) by the Service provider into their IT system (CRM). With an expanding service and list and options for referral source grow, so too does the risk of human error with how these referrals are being captured in the CRM. Adding a referral source into the CRM will increase the timeframe and costs for supporting a study. **Participants reporting they have not heard of the Service:** Over recent years, the GHS has experienced a rise in participants reporting that they did not know about the Service or know that they have been referred. This is identified when the Health Coach calls the participant after receiving a referral into the Service. This is a risk to the reputation to the Service as well as causing distress to both the participant and coaches. Whilst our coaches are trained in explaining the service, NSW OPH have also started to develop resources to be handed out to anyone referred- this resource will be available mid-2019. Wording from this resource can be provided to be included in any scripts being developed for referrers within a study.
	4. Is medical clearance needed for all referred participants? a) How will this be provided?	Remedy is responsible to manage the clinical risk for participants, and screen all participants for any acute medical conditions that may require a medical clearance from their GP to participate.

Medical Safety Assessment Process	b) Does sending a referral assume that clearance is provided?
	c) How will GHS know what specifically the clearance is for (if the participant has other complex conditions they are also managing)?
		• All participants are asked the screening questions- regardless if referred by a GP. This is because Remedy Healthcare carries the clinical risk for participation in the Service and is designed to ensure the participant is clinical stable to participate in GHS.
		• If a participant answers "yes" to any of the following medical conditions, then the coach asks them to obtain a Safety Assessment from their usual treating doctor (most usually a GP) before they can enrol in the Service:
		  • Uncontrolled Asthma
		  • Unstable COPD
		  • High Blood Pressure (resting BP of systolic >180 or diastolic >100)
		  • Post-surgery under 3 months (Including but not limited to cardiac surgery, joint replacement, wound healing)
		  • Unstable angina / chest pain
		  • Decompensated heart failure
		  • Unexplained weight loss (greater than 5% in the last 6 months)
		  • Over 5kg weight gain in 2 weeks in pregnancy.
		• Reasons for needing a Medical Safety Assessment may include that the patient had not disclosed a condition to their usual treating doctor, that their condition had changed since the referral was made or that the referral to Get Healthy may be premature in that patient's recovery process.
		• If the participant is identified as requiring medical clearance, the health coach will then send the participant a medical clearance form for completion. Coaching cannot resume until the medical clearance form has been signed by the doctor and returned to GHS.
		• The medical clearance is sent to the participant via email or post
		• The medical clearance must be completed and signed by a doctor or oncologist with note of the conditions they are providing clearance for. This can then be emailed or faxed back to the Service Provider.
		• GHS are currently investigating the possibility of providing medical clearance digitally (e.g. a digital signature), however recommendations to date have been that a physical signature is required.

	5. Will the Health Coach have access to the participant's medical history?	• Currently, all health and medical information is self-reported by the participant • The Service Provider's CRM holds information about medical conditions, however the system has not been set up to automatically upload or input this information. This is because the

	a) If the medical history is to be provided, how and when will this be given to a health coach?	service scope has been focused on generally healthy population looking at lifestyle modification.
GHS Coaching	**6. Who is the target group for this study?** a) Who is the specific target audience? b) If a participant is referred, do they have to enrol in the specific new module? Or can they choose to enrol into any of the GHS modules	The main objectives of the GHS are to support participants to overcome barriers, improve their health literacy, and increase their self-efficacy to create sustainable healthy habits relating to healthy eating, being physically active, achieving a healthy weight or a healthy gestational weight during pregnancy and reducing alcohol consumption. It is important to define clearly what is considered in scope vs out of scope for a study. • For example - the GHS has an alcohol reduction module, supporting participants to reduce their alcohol consumption. However if participants are identified at high risk of dependency, they are referred onto specialist services such as the Alcohol and Drug Information Service (ADIS). • The scope for this study group along with appropriate services to refer onto will need to be defined. • A clinical escalation protocol to manage any identified risks specific to this study group may need to be defined to ensure participant safety. **Coaching Modules.** The GHS currently offers 6 tailored coaching modules: Standard, Type2 diabetes prevention, Aboriginal, Alcohol Reduction, Pregnancy, and Alcohol Abstinence in Pregnancy. To align with the person centred model the GHS follows, all participants (referred, or self-referred) can choose which GHS modules they want to enrol into. If it is to be mandated that all participants referred from the study need to be enrolled into a certain module, the Service Provider's current system and model will need to be updated to reflect this. This will increase the timeframe and costs for supporting a study.
	7. Do treatment recommendations vary for participants being referred by this study and how will this be clear to the health coach? a) Will the advice delivered by health coaches be general advice or tailored prescribed advice by a doctor that the coaches are re-enforcing?	Currently all the advice that is provided by the health coaches is general evidence-based advice that is based on the Australian guidelines for generally healthy populations. This is then personalised to the participant's stage of change, current identified focus areas and health literacy levels. All health coaches are able to coach all participants. Coaching calls on the GHS are not scripted. This is to align with the health coaching principles of delivering patient centred care, allowing the health coach to exercise motivational interviewing and Cognitive Behavioural Therapy Principles to support participants to set appropriate lifestyle goals, explore barriers, come up with strategies and build their motivation, readiness and confidence to change. The current requirements for the GHS health coaches specified in the Service Provider's contract state that all have to have:

		i) qualifications relevant to achieve the Outcomes; and ii) university qualifications in nursing, nutrition, dietetics or exercise physiology; an iii) three years relevant experience; and iv) sufficient training in the most appropriate communication and behaviour change techniques, to underpin the service delivery model. If GHS is required to move to a more prescriptive advice setting, considerations are required to consider how the clinician referring provides this to the health coach through a referral. ○ The service provider's CRM will need enhancement to create a functionality that allows this information to be readily available for the health coaches, however this will be a significant change is likely to also incur time and costs. As part of the support offered to studies within the GHS, Research Teams are invited to conduct a training session with the Health Coaches within the Research Team at Remedy Healthcare. This training session should include information that the coaches need to know to support the participants being referred from your study. Training sessions should include: ○ Learning objectives ○ Summary of content ○ Skills and capability of the deliverer ○ Anticipated skills and competency of the coaches (what are you expecting from the behaviour change coach?) ○ What will the coaches get out of the training session? ○ Does it change the scope of the coaches and if yes, is it something they can still deliver? The training session will take place at the Service Provider's office in Sydney CBD Training materials- including a powerpoint and handouts should be provided to NSW OPH minimum 3 weeks before the training session.
	8. Structure of the coaching calls a) Can a participant early graduate?	Currently coaching calls are capped at 17 minutes long. Participants can determine the frequency of the coaching calls e.g. if they are developing a new habit and would like to be called more regularly, they can opt to book a call in the following week. If they are looking to maintain a newly formed habit, they may opt to book a call in 3-4 weeks. Participants generally receive up to 10 calls over a 6 month period. Participants who are of Aboriginal or Torres Strait Islander background or who are enrolled into the Type 2 Diabetes Prevention module receive up to an extra 3 calls for support (13 calls over a 6 month period).

<table>
<tr><td></td><td></td><td>Of the 10-13 calls a GHS participant will have with a health coach, 1-2 of these calls are taken up with data collection at the start of the coaching. This can delay the participant to starting to work on their goals to approx. 2 weeks after a referral has been made.

The GHS is currently trialling a more flexible delivery model that allows for early completion of the program. Participants can choose to early complete from the GHS after 4 calls if they feel like they have had adequate support to achieve their personal lifestyle goals.
This is based on a recent study in partnership with the University of Queensland, which found that participants who were able to choose when they graduate from the program still achieved significant improvement to their lifestyle, despite less intervention. Follow up 6 months post GHS also found that they were able to maintain these results.</td></tr>
<tr><td>Resources</td><td>9. What resources are needed?
a) Do additional resources need to be provided to study participants?</td><td>Currently participants of the GHS receive the following resources:

<table>
<tr><td>6 month coaching program</td><td>Standard GHS information booklet
Standard GHS journey booklet</td></tr>
<tr><td>Information service</td><td>Standard GHS information booklet
Standard GHS journey booklet</td></tr>
<tr><td>Aboriginal specific program</td><td>Culturally adapted Aboriginal information booklet
Culturally adapted Aboriginal journey booklet</td></tr>
<tr><td>Type 2 Diabetes Prevention program</td><td>Standard GHS information booklet
Standard GHS journey booklet
(NB: Standard booklets contain a section on Type 2 Diabetes prevention)</td></tr>
<tr><td>Get Healthy in Pregnancy program</td><td>Standard GHS information booklet
Standard GHS journey booklet
(NB: Standard booklets contain a section on having a healthy pregnancy)</td></tr>
<tr><td>Get Health in Pregnancy (GHiP) Alcohol abstinence program</td><td>Standard GHS information booklet
Standard GHS journey booklet
(NB: Standard booklets contain a section on alcohol abstinence in pregnancy)
FARE Alcohol Abstinence brochure</td></tr>
<tr><td>Alcohol reduction program</td><td>Standard GHS information booklet
GHS Alcohol reduction journey booklet</td></tr>
</table>

Coaches are also provided with a list of approved websites to refer participants on to for more information. Some of these websites are also available in the back of the GHS information booklet.</td></tr>
</table>

		Participants who enrol into the Chinese Coaching program can also choose to receive the GHS information booklet and Journey booklet in either Simplified or Traditional Chinese. The default is for these booklets to be sent electronically to the participants via email once they enrol into one of the coaching programs above. For participants who do not have an email address or request for a hard copy, a printed hardcopy version can be posted their preferred address. The resources include healthy lifestyle guidance based on current national guidelines. If your study participants need specific, tailored information then this will need to be scoped with the Service Provider. This will increase the timeframe and costs of the support provided to this study.

Evaluation and Data	**10. What GHS data will be reported on within the study?**
	a) What existing GHS data collection points will be used? (refer to the Participant Data Set (PDS) for an overview of data collection and time points)
	b) What timeframe does the GHS data need to be provided to the Research team?
	c) What format can the data be provided back in?
		To evaluate the GHS currently, a number of measures are considered including:
		• Number of referrals – total, Health Professional Referrals, Get Healthy in Pregnancy referrals
		• Outcome measures:
		  ○ Weight
		  ○ BMI
		  ○ Waist measurements
		  ○ Changes in fruit and vegetable consumption from program enrolment to completion
		  ○ Changes in physical activity levels from program enrolment to completion
		  ○ Changes in AUSDRISK and AUDIT scores
		  ○ Gestational weight gain, in relation to pre-pregnancy BMI (IOM guidelines)
		
		NSW OPH receive this information via routine reporting received as part of the contracts with Health Direct Australia and Remedy. Additional, ad-hoc reporting can be provided to Research Teams, however this does include a cost to the scoping of the support offered to the study.
		
		NSW OPH can provide an overview of the current dataset collected by the GHS upon request. This is referred to as the Participant Data Set (PDS). As is it constantly being reviewed and modified according to service improvement initiates, collaboration with other studies and reporting quality improvements it is available on request at time of delivery for most current data.
		
		Research Teams are encouraged to outline of the type of data that you would like, our standard dataset includes:

		○ Participant's name ○ Date referral received ○ Coaching module they entered into ○ Goal set ○ If withdrawn- reason for withdrawn ○ Coaching call number they are on ○ Biometric data: weight, waist circumference, fruit and vegetable intake. The data will be provided as a data dump (no analysis carried out) via a password protected excel spreadsheet, unless otherwise specified by the Research Team. Timeframes for the reports need to be agreed by all parties and can include: one-off at the end of the study, interim reports, or monthly reports. The volume and frequency of the reports impact the costs. The inclusion of identifiable participant information may require a secure file transfer via an SFTP location that can be arranged by OPH.
Re-enrolment or Get Healthy Stay Healthy (GHSH)	**11. Will participants of the study be eligible or appropriate for GHSH?**	Following completion of health coaching with the GHS, participants can choose to: • Graduate early (early completers) after 4 calls and achieving their goal; • Graduate (after 10-13 calls); • re-enrol for another round of coaching (with the same or different coach, on the same or different goal); • Choose to enrol into Get Healthy Stay Healthy. Get Healthy Stay Healthy (GHSH) is a 6 months SMS program that is designed to support participants to maintain their goals. Participants have an initial coaching call with a health coach to determine the frequency of the text messages they would like to receive, along with what they would like the text messages to focus on. Text messages can be related to their general lifestyle goal, weight, exercise or food habits, reminders of action steps to take to reach the goal or suggestions to overcome barriers. Some text messages request a Yes/No response from the participant. • If participants respond that they have achieve their goal, their efforts are affirmed. • If participants don't reach their goal, the challenges of developing sustained habits are normalised and encouragement is provided to get back on track. • If the participant doesn't reply with a simple yes/no response, the Health Coach can tailor a personalised reply to the participant that is then sent as a text message

		• If a clinical risk is raised from a text message, the health coach will call the participant to triage the risk and refer on to appropriate services as necessary All communication with the participant is linked the participant's record within the Service Provider's CRM for continuity of care. Participants of GHSH can always re-enrol into the coaching program at any stage if they feel the need. Because the GHSH text messages have been developed in English with a focus on weight, healthy eating and exercise, the following GHS programs are excluded from GHSH (they are not offered GHSH upon program completion): • Participants who use the translating interpreting service • Chinese coaching participants • Alcohol module participants – the current GHSH messages are not specifically tailored to support alcohol reducing • Get Healthy in Pregnancy/ Alcohol abstinence in pregnancy participants - because GHSH is designed to support maintenance, the goals that a woman has worked on during pregnancy may vary to that in the post-natal period.
Communication to Participants and Referrers	**12. What current participant and referrer correspondence will be used?** a) Does correspondence need to go to more than just one health professional?	The Get Healthy Service currently has a range of communication they send to participants and referrers. NSW OPH can provide a list of this correspondence upon request. Only one referring health professional is able to receive the updates on a participant's progress • In order for the health professional to receive these updates, they must include all their details, postcode, and profession and indicate on the referral form that they would like to receive updates on the participant's progress. • The participant must also consent for this health professional to be updated on their progress. • This can sometimes cause confusion if a participant has declined for the health professional to receive the updates, or opted for a different health professional to receive the updates instead (e.g. a physio refers, but the participant would prefer for their GP to be updated).
Clinical escalations	**13. What is the clinical escalations process for the study if a risk is identified?** a) Who should be notified? b) How do you define a clinical risk for this population	The Service Provider currently has a documented risk management process that all health coaches receive regular training on. This is designed to support the coaches to identify any clinical signs or symptoms that may become apparent on the coaching calls, and to refer on to appropriate services if appropriate.

	c) What are other referral services that are appropriate for this group to be referred to?	Clinical symptoms / signs are stratified by their level of risk and severity of symptoms/consequences, and rules are built into the Service Provider's CRM to support the coaches to follow this protocol. If a revised clinical escalation process is needed to support the study, this should be outlined within the Service Variation document as well as discussed within the Training Session.

4. Checklist for inclusions within a draft Service Variation

The below checklist is designed to support Research Teams to draft a Service Variation (Appendix 1). NSW OPH can provide further information and past examples in the 'Kick Off' meeting. The Research Team is responsible for completing Section 1 of the Service Variation. NSW OPH, Healthdirect Australia and Remedy Healthcare will complete the remaining sections.

Item	Section of Service Variation	Included
Outline and rationale for the study	Section 1, item 4	
Outline of the referral pathway including: Timeframe and frequency; and method of referrals	Section 1, item 5 & 6 (for date referrals to start)	
Outline of how participants will be informed of their referral/involvement in the GHS	Section 1, item 5	
Outline of the participants likely to be referred from the study- including demographics (if known) and specific medical conditions	Section 1, item 5	
Outline of a preference for a participants journey through the GHS: e.g. choice of coaching modules? Option to graduate early? Opportunity to re-enrol or sign up for Get Healthy Stay Healthy SMS support?	Section 1, item 5	
Inclusion of the following contact details: - Contact details for the Health Coaches to direct the participant too if they ask about the study specifically - Contact details for a clinical escalation process: if the participant referred from your study identifies a health condition- who do you want them to be referred back you: a study GP or their own GP	Section 1, item 5	
Availability for a training session with the Health Coaches: including potential dates for the session as well as dates training materials will be submitted.	Section 1, item 5	
Outline of GHS data required to be included in the study: - Data fields you would like to receive - Timeframe for reports to be provided to you - Format of the data to be sent to you (e.g. password protected excel) - Contact details of the person you would like the data sent to.	Section 1, item 8	
Documents to be submitted as an Appendix to the Service Variation: - Ethics approval - Additional information on the study (if considered necessary)	Section 1, item 11	
Forecasting of referrals on both a weekly and monthly basis for duration of trial	Section 1, item 5	

Appendix 1: NSW Get Healthy Service Variation Template

Services Variation Schedule

Services Variation Number: [to be completed by Healthdirect]

Date submitted:

This is a Services Variation Schedule in accordance with clause **Error! Reference source not found.** under the SDMO for the Get Healthy Service between Healthdirect Australia Ltd (Healthdirect Australia) and the NSW Department of Health (Fund Provider) dated on or around December 2017.

Section 1. SERVICES VARIATION DETAILS - to be completed by the Fund Provider

Item no.	Item	Requirement
1.	**Title/description of change request**	
2.	**Requestor**	
3.	**Urgency [e.g. high, medium or low]** **[High= impact to current situations, Medium= required in the next 3 months, low- required in the next 6 to 12 months]**	
4.	**Background to variation**	[for example, what is the objective of the variation]
5.	**Description of proposed change**	[what is the new feature / description that is being requested]
6.	**Delivery Dates**	[Insert requested/proposed delivery date]
7.	**Service Requirements**	[to be completed by Healthdirect]
8.	**Reporting Requirements** **[Will there any reporting requirements associated with this Services Variation Schedule]**	[If so, outline what reports are required.]
9.	**Risk/impact of not proceeding with this variation to the Service.**	
10.	**Related Services Variation Schedules**	

11.	**Supporting documents** These must be attached to this Schedule	

Section 2. IMPACT and RISK ASSESSMENT DETAILS - to be completed by the Fund Provider and the Company to the extent necessary

Item no.	Risk [Are there any foreseeable risks associated with the implementation of the proposed change?]	Impact of risk [What is the impact of the risk?]	Implementation measures to mitigate risk and impact
1.			
2.			

Section 3. - SUBDIVISION ASSESSMENT SUMMARY - to be completed by the Company (for Healthdirect Australia internal use only)

Sub-division	Jurisdiction (Y/N)	Service Provider (Y/N)	Website (Y/N)	Healthdirect Australia (Y/N)
Service delivery				
CRM				
Reporting				
Participant Data Set				
Monitor and Evaluation data file				
Websites				
Integration				
Email				
Fulfilment and resources				
Legal compliance				
Clinical compliance				
Contract				
Cost				

Section 4. PROPOSED SOLUTION – to be completed by Healthdirect Australia

Item no.	Item	Description		
1.	Proposed solution to service variation	Task	Description of action / steps to achieve outcome task	
2.	Deliverables of proposed solution			
3.	Delivery Dates of proposed solution			
4.	Costs of Deliverables	Service Provider		Implementation Cost (Excl. GST)
		[insert deliverable]		[Insert cost]
		Service Management		Implementation Cost (Excl. GST)
		[insert deliverable]		[insert cost]
		Total Cost excluding GST		[insert cost]
		Funding sourced from available funds		Yes ☐ No ☐
		Funding sourced from new invoice		Yes ☐ No ☐

Section 5. APPROVALS – to be signed by both parties

FUND PROVIDER	HEALTHDIRECT AUSTRALIA
Signature for and on behalf of Fund Provider	Signature for and on behalf of Healthdirect Australia
Position of Signatory	Position of Signatory
Date	Date

Appendix 2. Introduction to the Research Team

In September 2018, the 'Research team' was introduced to support the delivery of research studies utilising GHS. The research team is a multidisciplinary team of clinical experts who are experienced with delivering the Get Healthy Coaching Program. They have been selected for the dedication, qualifications and experience with supporting the participants referred to GHS as part of a research trial. Although they deliver the standard care as per the GHS operational protocols, limiting the coaches who are involved in various trials minimises disruption to regular service delivery and can allow for training and relevant information pertaining to the study to be provided to the target group. The team includes both males and females, and university qualifications in both dietetics and exercise physiologists.

We asked them some questions to find out more about who they are and what they enjoy about delivering the Get Healthy Service.

Kay– Accredited Practicing Dietitian

1. **What do you enjoy about being a Dietitian working with GHS?**
   I really enjoy helping people at risk of or with chronic disease to improve their health and wellbeing. I like to help patients to move forward, take steps to change their habits and be empowered and inspired to take action.

2. **What is your experience prior to joining GHS?**
   I have worked as a Private Practise Dietitian at several medical practices since 2015. I have been working with the Get Healthy Service since December 2017

3. **What excites you about coming to work each day/health coaching?**
   The main motivator for me as a Health Coach is to have positive impact on each participant. The supportive working environment we work in, encourages me to do better each day.

Kay is bilingual and is able to deliver the program in Mandarin to support our CALD population.

Leif – Accredited Practicing Dietitian

1. **What do you enjoy about being a Dietitian working with GHS?**
   The ability to provide nutritional advice to people so they can make an informed choice when thinking about their food intake and how it may affect their health. I also enjoy busting common nutritional myths that aren't based on science.

2. **What is your experience prior to joining GHS?**
   Outpatient Diabetes /Junior School Sports Coach/Retail Manager. I have been working with the Get Healthy Service since May 2018

3. **What excites you about coming to work each day/health coaching?**
   The opportunity to support a diverse range of people with their health goals

Adam – Accredited Exercise Physiologist

1. **What do you enjoy about being an EP working with GHS?**
   Being able to guide people through applying exercise appropriately to their lives. Assisting them in building their confidence and helping them to develop an understanding and confidence in their body.

2. **What is your experience prior to joining GHS?**
   Broad scope of patient care including chronic disease management, cardio-pulmonary, semi-acute musculoskeletal, persistent pain and neurological conditions. This was conducted under Medicare, NDIS, Workers Compensation, DVA and a private capacity**.** I have been working with the Get Healthy Service since December 2017

3. **What excites you about coming to work each day/health coaching?**
   Being able to guide participants to a healthier lifestyle that will not only improve longevity but also quality of life, allowing them to build confidence and realise their true potential.

Symone – Accredited Dietitian with a background in exercise physiology

1. **What do you enjoy about being a Dietitian/EP working with GHS?**
   Providing people with a solid and evidence based foundation to build on long-term health habits

2. **What is your experience prior to joining GHS?**
   Private practice (clinical), training specialist and yoga instructor. I have been working with GHS since 2016.

3. **What excites you about coming to work each day/health coaching?**
   That everyone is on a different journey. No two calls are the same, and the ideas and solutions that people come up with always amaze me – all we have to do is ask and create a space where they can slow down and reflect on their own motivations and plans.

Symone is dual qualified as both a Dietitian and Exercise Physiologist.

Participants can request a different coach to best support their needs. All they have to do is ask. GHS, in addition to employing bilingual coaches, utilises the Translating and Interpreting service (TIS) and the National Relay Service (NRS) to support the needs of all participants seeking support to change their behaviours and improve their health.

Appendix 3. Clinical Assessment Tools

<table>
<tr><th>Tool</th><th>Further information</th></tr>
<tr><td>Australian Type 2 Diabetes Risk Assessment tool (AUSDRISK)</td><td>The Australian Type 2 Diabetes Risk Assessment Tool was developed by the Baker IDI Heart Diabetes Institute on behalf of the Australian, State and Territory Governments as part of the COAG initiative to reduce the risk of type 2 diabetes.

<table>
<tr><th colspan="2">Australian Type 2 Diabetes Risk Assessment tool (AUSDRISK)</th></tr>
<tr><th>Question</th><th>Response</th></tr>
<tr><td rowspan="5">Your age group</td><td>Under 35 years</td></tr>
<tr><td>35-44</td></tr>
<tr><td>45-54</td></tr>
<tr><td>55-64</td></tr>
<tr><td>65 years or over</td></tr>
<tr><td rowspan="2">Gender</td><td>Male</td></tr>
<tr><td>Female</td></tr>
<tr><td rowspan="2">Are you of Aboriginal, Torres Straight Islander, Pacific Islander or Maori descent?</td><td>No</td></tr>
<tr><td>Yes</td></tr>
<tr><td rowspan="5">Where were you born?</td><td>Australia | Asia (including the Indian sub-continent)</td></tr>
<tr><td>Middle East</td></tr>
<tr><td>North Africa,</td></tr>
<tr><td>Southern Europe</td></tr>
<tr><td>Other</td></tr>
<tr><td rowspan="2">Have either of your parents, or any of your brothers or sisters been diagnosed with diabetes (type 1 or 2)?</td><td>No</td></tr>
<tr><td>Yes</td></tr>
<tr><td rowspan="2">Have you ever been found to have high blood glucose (sugar) (for example, in a health examiniation, during an illness, during pregnancy)?</td><td>No</td></tr>
<tr><td>Yes</td></tr>
<tr><td rowspan="2">Are you currently taking medication for high blood pressure?</td><td>No</td></tr>
<tr><td>Yes</td></tr>
<tr><td rowspan="2">Do you currently smoke cigarettes or any other tobacco products on a daily basis?</td><td>No</td></tr>
<tr><td>Yes</td></tr>
<tr><td rowspan="2">How often do you eat vegetables or fruit?</td><td>Every day</td></tr>
<tr><td>Not every day</td></tr>
<tr><td rowspan="2">On average, would you say you do at least 2.5 hours of physical activity per week (for example 30 minutes a day on 5 or more days a week)</td><td>No</td></tr>
<tr><td>Yes</td></tr>
<tr><td rowspan="4">Your waist measurement taken below the ribs
(usually at the level of the navel, and while standing)</td><td>Asian, Aboriginal, Torres Straight Islander Men: <90cm | 90-100cm | >100cm</td></tr>
<tr><td>Asian, Aboriginal, Torres Straight Islander Women: <80cm | 80-90cm | > 90cm</td></tr>
<tr><td>For all others Men: <102cm | 102-110 cm | >110cm</td></tr>
<tr><td>For all others Women: <88cm | 88-100 cm | > 100cm</td></tr>
<tr><td>AUSDRISK Score</td><td>Value between 1 and 30</td></tr>
</table>

The score is used to determine eligibility for the Diabetes prevention module.

http://www.health.gov.au/internet/main/publishing.nsf/Content/diabetesRiskAssessmentToolStatic</td></tr>
</table>

Tool	Further information
Alcohol Use Disorders Identification Test (AUDIT) and three-item AUDIT-C tool	

Alcohol Use Disorders Identification Test (AUDIT)	
Question	**Response**
(1) How often did you have a drink containing alcohol?	0. Never
	1. Monthly or less
	2. Two to Four times a month
	3. Two to three times per week
	4. Four or more times a week
(2) How many drinks did you have on a typical day when you were drinking?	0. One or Two
	1. Three or Four
	2. Five or Six
	3. Seven to Nine
	4. Ten or more
(3)How often did you have six or more drinks on one occasion?	0. Never
	1. Less than Monthly
	2. Monthly
	3. Weekly
	4. Daily or almost daily
AUDIT-C (First 3 Questions) Score	Value between 1-3 for Women or between 1-4 Men
	Value of 4 or more for Women or of 5 or more for Men
(4) How often during the last year have you found that you were not able to stop drinking once you had started?	0. Never
	1. Less than Monthly
	2. Monthly
	3. Weekly
	4. Daily or almost daily
(5) How often during the last year have you failed to do what was normally expected from you because of drinking?	0. Never
	1. Less than Monthly
	2. Monthly
	3. Weekly
	4. Daily or almost daily
(6) How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	0. Never
	1. Less than Monthly
	2. Monthly
	3. Weekly
	4. Daily or almost daily
(7) How often during the last year have you had a feeling of guilt or remorse after drinking?	0. Never
	1. Less than Monthly
	2. Monthly
	3. Weekly
	4. Daily or almost daily
(8) How often during the last year have you been unable to remember what happened the night before because you had been drinking?	0. Never
	1. Less than Monthly
	2. Monthly
	3. Weekly
	4. Daily or almost daily
(9) Have you, or has someone else, been injured as a result of your drinking?	0. No
	2. Yes, but not in the last year
	4. Yes, during the last year
(10) Has a relative or friend, or a doctor or other health worker, been concerned about your drinking or suggested you cut down?	0. No
	2. Yes, but not in the last year
	4. Yes, during the last year
AUDIT (full) Score	Value between 1 and 7
	Value between 8 and 15
	Value between 16 and 19
	Value is 20 or more

The score is used to determine eligibility for the Alcohol reduction module

The tool is modified for use in pregnancy. More information is available here; http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/wwtk-audit-c