

## **SAND Method: 2007–08**

Population health and health improvements resulting from interventions and strategies need to be monitored. General practice is commonly identified as a significant intervention point for health care and health promotion because general practitioners (GPs) have considerable exposure to the health of the population. As about 88% of the population visit a GP at least once a year<sup>1</sup>, general practice would appear to provide a suitable basis from which to monitor many aspects of the health of the population.

The BEACH (Bettering the Evaluation and Care of Health) program, a continuous national study of general practice activity is largely encounter-based. The participating GPs provide information about the patient seen, the problems managed and the management techniques utilised at each of a series of GP-patient encounters. The database currently incorporates details of over 1,000,000 encounters. However, the program also facilitates collection of information about other aspects of the health of general practice patients.

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

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

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

One SAND form remains constant for the year across the 10 blocks of the BEACH program. All GPs have 40 A forms in their recording pad and these investigate height, weight, smoking status and alcohol use. Questions on B and C forms address other aspects of patient health and health care delivery in general practice, effectively subsampling the overall sample. These SAND topics therefore usually vary from block to block. However, sometimes a topic is repeated to increase the sample size and the statistical power of the study. Results from these substudies can also be cross-analysed with data emanating from the encounters with the patients in each substudy.

In the first BEACH year, all the SAND topics were reported in a separate report. From 1999–2006, patient risk factor data on BMI, smoking status and alcohol consumption were reported in each annual report. Other topics covered in SAND 1999–2006 are summarised on this site [www.fmrc.org.au/publications/SAND\\_abstracts.htm](http://www.fmrc.org.au/publications/SAND_abstracts.htm) and are also available in a recently published book<sup>2</sup>. The 2007–08 abstracts are published in the latest annual report<sup>3</sup> and are listed below together with the subsample totals.

Abstract number	Subject	Number of respondents	Number of GPs
111	Adverse drug events in general practice patients	8,602	294
112	Prevalence and management of chronic pain	3,131	108
113	Management of hypertension and hypercholesterolaemia among general practice patients	3,160	112
114	Chronic kidney disease among general practice patients	5,924	195
115	Type 2 diabetes among general practice patients	2,784	86
116	Schizophrenia and bipolar disorder among general practice patients	3,374	116
117	Lipid management in patients with high-risk conditions	8,834	301
118	Risk factors for osteoporosis among general practice patients	2,613	89
119	Management of diabetes among general practice patients	5,989	204
120	Management of asthma among general practice patients	2,987	101
121	Gastrointestinal symptoms and management among general practice patients	3,293	112

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

## Reference

1. Knox SA, Harrison CM, Britt HC, Henderson JV 2008. Estimating prevalence of common chronic morbidities in Australia. *Med J Aust* 189(2):66-70.
2. Britt H, Miller GC, Henderson J, Bayram C 2007. Patient-based substudies from BEACH: abstracts and research tools 1999-2006. General practice series no. 20. AIHW cat. no. GEP 20. Canberra: Australian Institute of Health and Welfare.
3. Britt H, Miller GC, Charles J, Henderson J, Bayram C, Harrison C, Valenti L, Fahridin S, Pan Y, 2008. General practice activity in Australia 2007-08. AIHW Cat. No. GEP 22. Canberra: Australian Institute of Health and Welfare (General Practice Series No. 22).