HKCFP-HKU Primary Care Morbidity Survey in Hong Kong

Investigators:
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Information Sheet

Thank you for considering to join this study. Please read the information below, and if you agree to participate, sign and date the accompanying Consent Form.

Research Background and Objective
Practice-based morbidity surveys, which include physicians' interpretation of various health complaints, is useful for forecasting morbidity trends for planning health services to meet the needs of the population. The aim of this study is to find out the morbidity and management patterns of primary care services in Hong Kong to guide the planning of both primary and secondary services.

Procedure
This study will recruit approximately 100 doctors practicing in primary care in both public and private sector. If you agree to participate, you will be asked to record all clinical encounters within a designated week (or until 100 patient encounters), on average 4 weeks of data collection per doctor. The patient initials, age, sex, diagnoses and subsequent management will be recorded on the Patient Encounter Form (Appendix A). Some background information such as training background and district of practice will also be collected from you. All data from this research will be kept strictly confidential, and will be anonymised so you and your patients will not be identifiable when the findings of this study are presented in reports or academic publications/presentations.

Expected study period
This study will last for 12 months.

Potential Benefits
We hope that you will experience satisfaction from being a part of this study to help us understand morbidity trends in primary care in Hong Kong. A token of thanks of HK$400 gift certificate will be given to you for each week of data collection.

Potential risks
This study only involves collecting basic information about clinical encounters without identifier of patients. Therefore, no major risks are anticipated.

Participation and Withdrawal
Your participation is completely voluntary. You may choose to withdraw the permission to use the data provided, or withdraw from the study at any time without consequence.

Confidentiality and privacy
All information collected about you and your patients during the course of the study will be kept strictly confidential. Data for reports and publications will remain anonymous. For keeping confidentiality, your name and your patients' name will not be written on the data collection form. Your signed consent forms will be kept separately with the data collection forms and personal data, and will only be accessible by researchers of this study. All data will be stored in computers only accessible by the research team. You are free to withdraw the permission to use your data at any time. Raw data will be destroyed after 7 years. You

have the rights of access to personal data and publicly available study results, if and when needed.

Under the laws of Hong Kong (in particular the Personal Data (Privacy) Ordinance, Cap 486), you enjoy or may enjoy rights for the protection of the confidentiality of your personal data, such as those regarding the collection, custody, retention, management, control, use (including analysis or comparison), transfer in or out of Hong Kong, non-disclosure, erasure and/or in any way dealing with or disposing of any of your personal data in or for this study. For any query, you should consult the Privacy Commissioner for Personal Data or his office (Tel No. 2827 2827) as to the proper monitoring or supervision of your personal data protection so that your full awareness and understanding of the significance of compliance with the law governing privacy data is assured.

By consenting to participate in this study, you expressly authorize:

- the principal investigators and their research team and the Institutional Review Board of the University of Hong Kong / Hospital Authority Hong Kong West Cluster responsible for overseeing this study to get access to, to use, and to retain your personal data for the purposes and in the manner described in this informed consent process; and
- the relevant government agencies (e.g. the Hong Kong Department of Health) to get access to your personal data for the purposes of checking and verifying the integrity of study data and assessing compliance with the study protocol and relevant requirements.

Study Review

This study is reviewed by the Institutional Review Board of the University of Hong Kong/ Hospital Authority Hong Kong West Cluster (reference number: UW19-806). If you have questions about your rights as a research participant, please contact the office (Tel No. 2255 4086) quoting the reference number.

For further information, please contact:

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APPENDIX A: Patient Encounter Form – **Private** Doctor Ref No.: _____ Location: ☐ HK ☐ KLN ☐ NT Date: _____ Page: ____ / ____

[1] Payment model : S – Self payment; G – Government subsidized; R – remunerated by insurance company or provided by employer; O – others

[2] Reason : Epi – Episodic; F/U – Follow-up; P – Preventive; Ad – Administrative

[3] Prescription : ABx – Antibiotic; Benzo – Benzodiazepine; Z – zopiclone/ zolpidem/ zaleplon; AD – Antidepressant

[4] Preventive care : V – Vaccination; CRC – Colorectal cancer screening; Others – e.g. Physical measurements (e.g. BP, BMI, WC measurement), lifestyle habit advice (e.g. diet, exercise, smoking, drinking), cancer screening (other than colorectal cancer)

[5] Mode of consultation: Please fill in "P" for phone consultation and "V" for video consultation; leave blank for face-to-face consultation

No.	Patient Initials	Age	Sex (M/F)	Payment[1] (✓ all that apply)				New problem? (✓/×)	Presenting complaint and other complaint(s) during this visit (one per line)	Corresponding diagnosis/ ICPC-2 of each complaint	Reason[2] (✓ for each complaint)				Overall management of patient														Is this part of PPP? (✓)	Mode of consultation (P/V)[5]
															Prescription[3] (✓ all that apply)						Ix (✓)	Referral (✓)			Preventive Care[4] (✓)					
				S	G	R	O				Epi	F/U	P	Ad	Total No.	ABx	Benzo	Opioid	Z	AD		Specialist	A&E	Allied Health	V	CRC	Others		

APPENDIX A: Patient Encounter Form – **Public** Doctor Ref No.: _____ Location: ☐ HK ☐ KLN ☐ NT Date: _____ Page: ____ / ____

[1] Reason : Epi – Episodic; F/U – Follow-up; P – Preventive; Ad – Administrative

[2] Prescription : ABx – Antibiotic; Benzo – Benzodiazepine; Z – zopiclone/ zolpidem/ zaleplon; AD – Antidepressant

[3] Preventive care : V – Vaccination; CRC – Colorectal cancer screening; Others – e.g. Physical measurements (e.g. BP, BMI, WC measurement), lifestyle habit advice (e.g. diet, exercise, smoking, drinking), cancer screening (other than colorectal cancer)

No.	Patient Initials	Age	Sex (M/F)	New problem? (✓/×)	Presenting complaint during this visit (one per line)	Corresponding diagnosis/ ICPC-2 of each complaint	Reason[1] (✓ for each complaint)				Overall management of patient												
											Prescription[2]							Referral (✓)			Preventive Care[3] (✓)		
											Total No.	(✓ all that apply)					Ix (✓)	Specia-list	A&E	Total No.	V	CRC	Others
							Epi	F/U	P	Ad		ABx	Benzo	Opioid	Z	AD							