

APRIL 2025

THE PARTNER NETWORK

# BULLETIN



## GET INVOLVED

Welcome to the PARTNER Network Bulletin where we bring members opportunities to participate in cutting-edge research and practical solutions to enhance healthcare in rural communities.

[Read More on our website](#)

## Welcome to 2025

For the first PARTNER Bulletin of 2025, we want to extend a warm welcome back to you all. PARTNER is looking forward to continuing our shared commitment to advancing evidence-based research, improving patient outcomes, and fostering collaboration across the healthcare community.



PARTNER Network Resources



[PARTNER Network Website](#)

[PARTNER GP training Module](#)

## NETWORK UPDATES



The PARTNER Victorian and Tasmanian coordinators Hannah and Chris had the privilege of visiting Darwin to engage with local general practices and organisations. This trip offered the opportunity to strengthen existing relationships and foster new ones.

Jon Emery and Suzie Harte presented on behalf of the PARTNER Network at the ATP & ACTA National Summit. The event included presentations from a number of organisations and encouraged important discussion surrounding the equity of research in rural, remote and regional Australia now and into the future.



The PARTNER Network formally thanks Prof Jon Emery for his relentless encouragement and advocacy for the PARTNER Network development and rural primary care research as we prepare to wish him well in his future role in Singapore, and welcome A/Prof David Gonzalez to the Chair of the PARTNER Network Executive team.

## Meet our Community Advisory Members

Hi, my name is Namarata, and I am proud to be a Co-Chair and member of the PARTNER Consumer Advisory Group (CAG).

### Meet Namarata

Vic CAG MEMBER

My passion for rural health stems from a deep commitment to ensuring equitable healthcare access, particularly for underserved communities. Being part of the CAG provides me with the opportunity to advocate for rural populations and contribute to meaningful solutions that address their unique challenges.



## PARTNER RESEARCH OPPORTUNITIES

### DUE TO START RECRUITING IN 2025

#### ▶ Internet-delivered Primary Care for shoulder Pain

**Summary:** Rotator cuff-related shoulder pain is common, affecting about 1.8 million Australians, with 40% experiencing disability beyond 12 months. The project aims to compare the effectiveness of internet-delivered care +/- telehealth added to usual care versus usual care alone on pain and disability pain, waiting times, quality of life, global change, and psychological/cognitive outcomes such as outcome expectations. Practice payments include \$100 per patient and for patients \$50 at three timepoints.

#### ▶ ROSELLA : Implementation of risk-stratified population screening for Australia's most common cancers

**Summary:** Hybrid effectiveness-implementation study of a genomic cancer risk assessment for melanoma, prostate, breast, and bowel cancer. It seeks to determine how best to deliver cancer risk assessment via a DNA test at scale within general practice to recommend personalised cancer screening to the Australian population

New

## CURRENTLY RECRUITING

### IMPACT Program

**Summary:** Opioid-based approaches to pain management are commonly adopted in Australia despite evidence of limited effectiveness and adverse impacts. IMPACT aims to support GPs to explore non-pharmacological approaches to pain management with their patients by enhancing resources to biopsychosocial assessment and treatment planning.

**GP Requirements:**

- Enrol up to 10 eligible QBE Insurance compulsory third party patients
- Longer consult to assess and treat biopsychosocial factors related to pain
- Complete and submit brief IMPACT consultation summary and invoice for payment

**Participating GPs Receive:**

- IMPACT Program remuneration
- \$1,860 per eligible patient for standard care
  - \$4614 per eligible patient for IMPACT Program care
  - Access to pain specialist via telehealth

**Recruiting in SA & VIC**



### TERRACOTTA: Targeting Treatable Traits in COPD to Prevent Hospitalisations

**Summary:** Evaluate the efficacy of a practice nurse-coordinated intervention - Targeting Treatable Traits in Chronic obstructive pulmonary disease (COPD) to Prevent Hospitalisations. COPD is a complex and heterogeneous disease, is the fourth leading cause of death worldwide and fifth in Australia.

**GP Requirements:** One or two nurses at each practice/clinic will be trained and employed on this project. The nurse will search the GP database/records and identify potential candidates for telephone interview based on their age, medical and medication history and lifestyle e.g. smoking. Those eligible and consent to participating will complete a face-to-face interview.

- GPs with at least 500 patients in their database
- Have/ can accommodate a practice nurse

**Participating GPs Receive:**

- \$1000 per patient recruited and followed up (intervention)/ \$500 per patient recruited and followed up (control)
- \$2500 reimbursement for time in control and \$5000 reimbursement for time in TERRACOTTA clinics

**Recruiting in TAS, NT, WA, QLD, VIC**

### IC3 Trial: Identifying Cirrhosis and Liver Cancer

**Summary:** Undetected liver disease may lead to liver changes, which can lead to liver scarring, called cirrhosis. Cirrhosis is a major risk factor for liver cancer and has low survival rates. IC3 aims to improve early diagnosis of liver cancer and improving patient health outcomes.

**GP Requirements:**

- Have installed or willing to install Torch Recruit software
- Use Best Practice or Medical Director EMR
- Practice room available for baseline appointments completed by researchers.

**Participating GPs Receive:**

- \$1000 payment for administration of Torch Recruit installation
- \$15 per participant recruited
- \$20 per patient recruited at completion of study

**Recruiting in WA, QLD**



### EQUIPP: EQUIpping the general Public to prevent and overcome chronic Pain

**Summary:** The project aims to test a method of co-designing and delivering public messaging and education around chronic pain in rural populations.

**GP Requirements:**

- Undertake the University of South Australia's 'Pain Revolution' Local Pain Educator Program (LPE)
- Co-design the EQUIPP intervention with their local community, attend an information and training session about the co-designed intervention, assist with advertising/promoting the project to potential community member participants
- Practices invited to attend an information and training session about the co-designed intervention

**Recruiting in SA & VIC**

## IDEAL Care: Identifying Advanced Liver Fibrosis in Primary Care

**Summary:** Chronic liver disease is common with 1 in 4 Australians having fatty liver. Those living with advanced liver fibrosis are at greatest risk of developing hepatocellular carcinoma and liver failure. IDEAL aims to assess the effectiveness, cost-effectiveness, and implementation context of an integrated liver fibrosis detection pathway in detecting unrecognised advanced liver fibrosis in at-risk patients in primary care.

### GP Requirements:

- Complete a GP Education package
- >1000 active patients aged 45-75 years
- Minimum of 3 GPs within the practice willing to participate
- Install Future Health Today software and follow prompted treatment pathway (intervention arm only)
- Installed or willing to install GRHANITE software
- Not currently or previously participated in the IC3 Trial

### Participating GPs Receive:

- \$1500 software reimbursement to cover administration
- GPs across collaborating practices will participate in a 2 hour CPD education module

**Recruiting in VIC, WA**



## MedCan 3 : Medicinal Cannabis

**Summary:** People with advanced cancer may experience a large range of distressing and difficult to manage symptoms. MedCan 3 aims to relieve symptom burden in patients with advanced cancer by assess the effect of escalating doses of THC/CBD 1:20 vs placebo on total symptom distress scores.

### GP Requirements:

- Referrers continue to provide normal clinical care
- Trial staff prescribe, dispense drug & monitor patients

**Recruiting in QLD**

## You're Invited!

**Register now to attend an insightful webinar about the Australian Teletrial Program's (ATP) mission to tackle geographical health inequity.**



[CLICK HERE](#)

## REST UP: Research and Evaluation Study of digital Treatment of insomnia in Underserved Populations

**Summary:** To improve access to, and quality of care, for chronic insomnia in priority populations. Participating general practices in rural and regional Australia will use digital tools to identify people with insomnia prescribed sedative/hypnotic medications

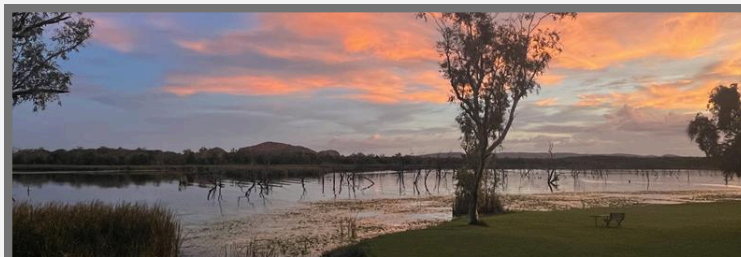
### GP Requirements:

- Contribute to the patient recruitment using EMR or Torch Recruit to identify eligible patients and send invitation to participate via email/SMS
- Identify a contact person who can respond to questions from patients
- Providing of digital resources to patients or digital program along with proactive onboarding and two follow up visits (clinician guided CBTi arm).

### Participating GPs Receive:

- Opportunity to access online Cognitive and Behavioural Therapy for Insomnia
- Access and mentoring from Cl Le Plastrier who has a background in psychiatry

**NATIONAL**



## COLCOT-T2D: Colchicine and aspirin in cardiovascular outcomes for T2D

**Summary:** People with Type 2 diabetes are more likely to develop cardiovascular disease. Colcot-T2D aims to evaluate the efficacy and safety of colchicine and non-enteric coated aspirin, combined or alone, to improve cardiovascular outcomes in high-risk patients with type 2 diabetes.

### GP requirements:

- Patient identification
- Dissemination of study information via letter or email
- Baseline & 6 monthly visits can be by practice nurse or Curtin research nurse
- provide medical updates (with pt consent) for approx 3 year follow up period

### Participating GPs receive:

- Up to \$800 reimbursement payment per completed participant
- Site training and support

**Recruiting in WA**

## OPTIMAS-GP: The Optimal Implementation of Antimicrobial Stewardship in General Practice

**Summary:** Combating antimicrobial resistance is a global health priority. The OPTIMAS-GP study will investigate the most effective means of implementing evidence-based antimicrobial stewardship activities in general practice surgeries. The OPTIMAS-GP study is codesigned with consumers and doctors to safely reduce antibiotic prescriptions for respiratory tract infections, with sustainability of the activities a key goal.

Recruiting in TAS, VIC, NSW **New**



## CASSOWARY: Cancer genomic risk ScOres in primary Care

**New**

**Summary:** The primary objective is to test the effect of a complex intervention (personalised cancer risk estimate for melanoma, colorectal and breast or prostate cancer [derived from a polygenic risk score], and tailored screening recommendations) on screening behaviour for general practice patients aged 40-59 years.

### GP requirements:

- Distribution of trial material
- Follow up discussion with patients on cancer screening

### Participating GPs and patients receive:

- Practice payment of \$1000 for <25 pts recruited, \$1500 for 25-50 pts recruited, \$2000 for 50-70 pts recruited and \$3000 for >75 pts recruited
- Patients who complete the post-trial interview will receive a \$50 reimbursement

Recruiting in VIC

## PIA-STUDY: Probucol in Alzheimer's Study

**Summary:** Scientists have discovered that a build up-up of molecules in the blood may cause damage to the brain capillaries, potentially associated with Alzheimers. The primary objective of this trial is to evaluate the efficacy of probucol (Lorelco) on cognitive performance in patients with Alzheimer's disease (AD) over a 104-week treatment period.

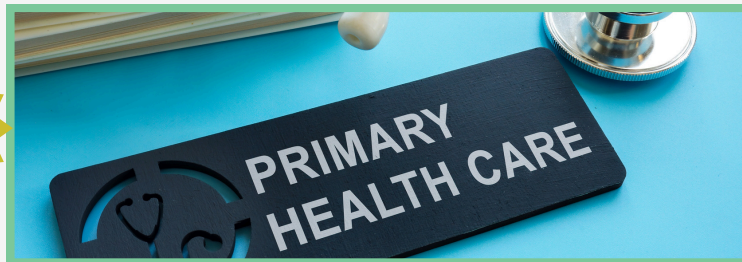
### GP requirements:

- Patient identification and referral
- distribution of trial brochures
- May assist in gathering of baseline data- by negotiation

### Participating GPs receive:

- Training materials and ongoing support

Recruiting in TAS, SA, WA **New**



## EASY-AS: Early valve replacement in severe ASYmptomatic Aortic Stenosis

**Summary:** The EASY-AS trial is testing the best way to treat people with severe but asymptomatic aortic stenosis. Help to address a fundamental unresolved question in cardiology: The relative benefits of early AVR versus watchful waiting in asymptomatic patients with severe aortic stenosis.

### GP requirements:

- Patient identification and referral
- Distribution of trial information

**NATIONAL**



## Do any of these research projects interest you?

A **PARTNER State Coordinator** will be in touch soon to offer more information. Alternatively please email the [partner-network@unimelb.edu.au](mailto:partner-network@unimelb.edu.au) with any enquiries!

## Do you have a research study recruiting in rural primary care clinics?

complete our investigator-led clinical trial enquiry form.

[click here to enquire](#)