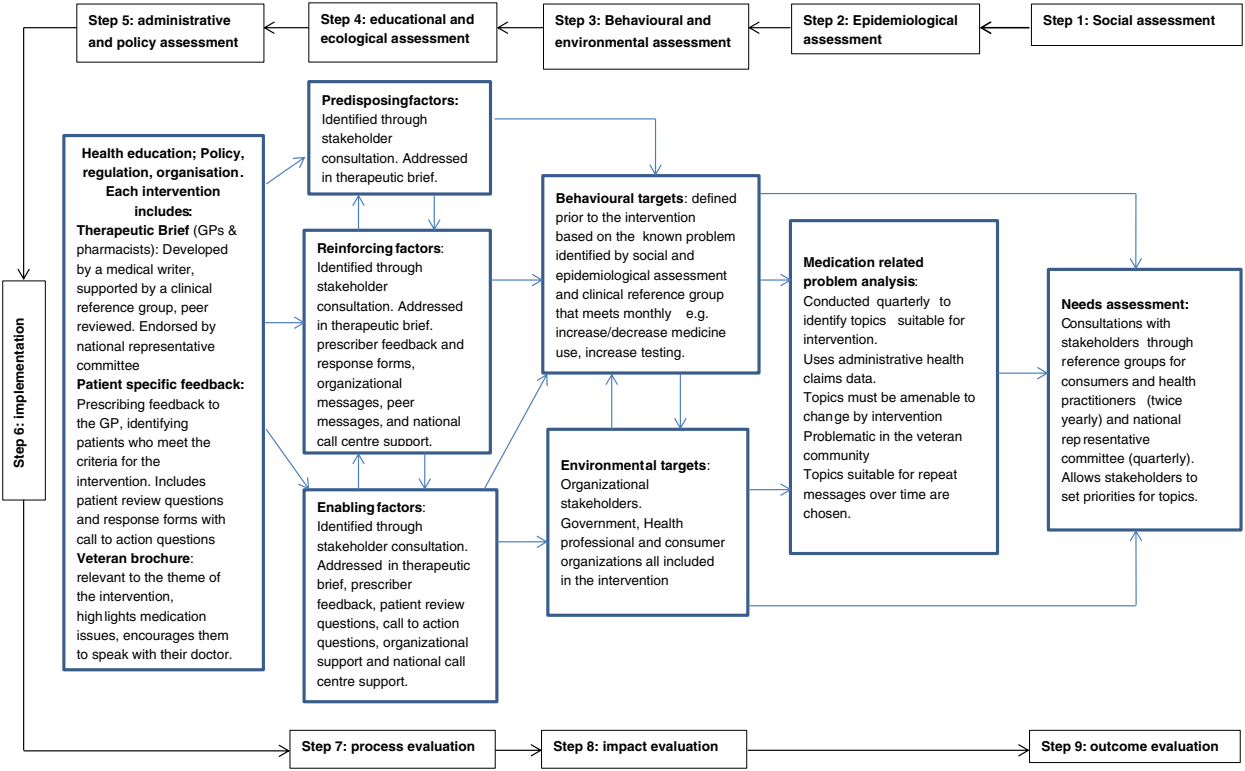
Step 1: Social assessment
Step 2: Epidemiological assessment
Step 3: Behavioural and environmental assessment
Step 4: educational and ecological assessment
Step 5: administrative and policy assessment
Step 6: implementation
Health education; Policy, regulation, organisation. Each intervention includes:
Therapeutic Brief (GPs & pharmacists): Developed by a medical writer, supported by a clinical reference group, peer reviewed. Endorsed by national representative committee
Patient specific feedback: Prescribing feedback to the GP, identifying patients who meet the criteria for the intervention. Includes patient review questions and response forms with call to action questions
Veteran brochure: relevant to the theme of the intervention, highlights medication issues, encourages them to speak with their doctor.
Predisposingfactors: Identified through stakeholder consultation. Addressed in therapeutic brief.
Reinforcing factors: Identified through stakeholder consultation. Addressed in therapeutic brief. prescriber feedback and response forms, organizational messages, peer messages, and national call centre support.
Enabling factors: Identified through stakeholder consultation. Addressed in therapeutic brief, prescriber feedback, patient review questions, call to action questions, organizational support and national call centre support.
Behavioural targets: defined prior to the intervention based on the known problem identified by social and epidemiological assessment and clinical reference group that meets monthly e.g. increase/decrease medicine use, increase testing.
Environmental targets: Organizational stakeholders. Government, Health professional and consumer organizations all included in the intervention
Medication related problem analysis: Conducted quarterly to identify topics suitable for intervention.
Uses administrative health claims data.
Topics must be amenable to change by intervention
Problematic in the veteran community
Topics suitable for repeat messages over time are chosen.
Needs assessment: Consultations with stakeholders through reference groups for consumers and health practitioners (twice yearly) and national representative committee (quarterly). Allows stakeholders to set priorities for topics.
Step 7: process evaluation
Step 8: impact evaluation
Step 9: outcome evaluation