

Title

Study protocol: Health kiosk, social prescribing, integrated primary care centres - the GP perspective on concepts for the care of people with non-medical health-related social problems

Authors

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Significance/Background:

Health-related social problems are common in the GP practice. So far, there are no nationwide implemented solutions in Germany on how to care for them, but there are different concepts in the pilot stage. However, the GP perspective is unknown so far.

Objective(s):

With the help of a cross-sectional survey, we would like to collect the perspective of GPs working in Germany on four concepts that address health-related social problems in primary care:

- 1) social prescribing,
- 2) social workers in the practice,
- 3) health kiosks and
- 4) integrated primary care centres.

With the results of the study, we would like to improve the care of people with health-related social problems.

In order to get the GPs' point of view, we want to answer the following questions:

To what extent are the concepts of

- 1) social prescribing,
- 2) social workers in the practice,
- 3) health kiosks and
- 4) integrated primary care centres.

known to GPs working in Germany?

How do GPs working in Germany assess the concepts of

- 1) social prescribing,

- 2) social workers in the practice,
- 3) health kiosks and
- 4) integrated primary care centres.

?

Outcome Variables:

As this is an exploratory study, there are no predefined hypotheses.

All variable can be found in the supplementary material. The relation of all documents can be looked up in the accompanying READMED file: **HaSocPres_Readme** in its current version.

Setting/Resources for the Study:

This is a monocenter study conducted by the Institute of General Practice and Family Medicine. The investigators did postgraduate training in epidemiology and biostatistics. Invitation is done via mail after sampling (s. below) with a protected link to an online survey. Data acquisition is planned to be performed between September 25th 2023 and October 31st 2023.

Study Design:

Cross-sectional study

Study Subjects:

The target group are German general practitioners. Study subjects are defined as Family doctors working in Germany (general practitioners or internal medicine specialists working as family doctors that are listed in the Federal Register of Physicians at the time of sampling by the National Association of Statutory Health Insurance Physicians).

Survey/Data Collection Tool:

Item construction: Items were drafted using careful consideration for question type, wording and layout, matching response options to questions and applicability of the survey questions to the study objective and the participants.

Pretesting/pilot testing: 12 GPs and researchers from different backgrounds not selected for the study sample were asked to go through the questions for feedback (e.g., readability, applicability, understanding, content). The investigators reviewed feedback and made necessary changes to the items.

The survey is conducted via a SoSciSurvey server operated at the Charité – Universitätsmedizin Berlin.

Sampling Procedures:

A random sample of 10,000 GPs in Germany is drawn by the National Association of Statutory Health Insurance Physicians (Kassenärztliche Bundesvereinigung) from the Federal Register of Physicians

(Bundesarztregister) after approval according to § 75 para. 2 SGB X due to the transmission of data for research and planning by the Federal Ministry of Health.

Collecting Responses:

Survey dissemination: Potential participants will be invited via mail. The letter contains a link and QR code for the survey, as well as a specific password.

Response tracking: To keep the survey anonymous there will be no response tracking.

Follow-up reminders: There will be one reminder. As the survey is anonymous, the whole sample will be contacted again two weeks after the first mail. If the response rate is below 5% one week after the first reminder, we will send out a second reminder.

Problems/Issues with data collection:

Rights to deletion, information, and correction, as well as the right to object to data processing, data portability, and the right to withdraw consent are limited because the survey data is collected anonymously. However, participants still have the right to inquire about the project and to file a complaint with the supervisory authority.

The survey includes contact information for the principal investigator and for the data protection authorities. Questions will be handled on a case-by-case basis. If something is brought up that affects the study, appropriate actions will be taken to address the issue.

Concerns about data processing and compliance with data protection requirements

*Data Protection Officer of Charité - Universitätsmedizin Berlin
Charitéplatz 1
10117 Berlin
Phone: +49 30 450 580016
Email: datenschutzbeauftragte@charite.de*

In the event that participants believe that data processing is unlawful, they have the option to file a complaint with the supervisory authority responsible for Charité - Universitätsmedizin Berlin:

*Berlin Commissioner for Data Protection and Freedom of Information
Alt-Moabit 59-61
10555 Berlin
Phone: +49 30 13889-0
Fax: +49 30 2155050
Email: mailbox@datenschutz-berlin.de*

Statistical Plan

Sample Size Determination:

As this is an exploratory study, there is no formal sample size determination. It was deemed appropriate to assess responses of around 1,000 GPs. With a response rate of 10% this leads to a total sample of 10,000 GPs.

Statistical Analysis:

Summary statistics will be calculated. Quantitative data will be expressed as median and interquartile range and nominal data will be expressed as absolute numbers and percentages. Missing data will not be imputed.

Ethics:

The survey was approved by the ethics commission of the Charité – Universitätsmedizin Berlin (EA2/154/23).

Registry:

The survey was prospectively registered in the German Clinical Trials Register (DRKS).

DRKS-ID: DRKS00032585