



Urban Disease Surveillance

Role of Private Health Care Providers in Pune



Consent Form

Purpose

The main objective of the project on urban disease surveillance in Pune is to develop and implement a prototype urban disease surveillance system which addresses the gaps identified in existing surveillance systems in Maharashtra notably weak private sector integration and exclusion of non-communicable diseases from routine surveillance. The aim is to design a generic “blueprint” which can then be extrapolated to other cities. The system will be designed in a way that it does not duplicate existing programmes but rather supplements them.

A **pilot test** will be conducted for 12 months, beginning from November 2013, within selected health care facilities in three areas in Pune (Kasba Peth, Dhankawadi and Lavale). The pilot test will help to gain important insights into routine disease surveillance. It will also provide information about opportunities and barriers for the integration of private health care facilities into routine data collection. The data analysis and the process evaluation of the pilot will help to generate recommendations on 1) how the design of the health monitoring system can be extrapolated to Pune city and 2) how components of the design could be integrated into existing surveillance structures.

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Voluntary Participation and Confidentiality

You have been selected as a private practitioner in one of three research areas to be part of this survey. You will be asked some questions about your clinic and your opinion regarding disease surveillance. The interview will last approximately 15 minutes.

Your participation is voluntary and you can withdraw from the survey at any point after having agreed to participate. You are free to refuse to answer any question. The information you provide is confidential and will only be used for research purposes. If I have your oral consent can I begin the interview?

Agreed: ₁ yes ₂ no; if no please state reason: _____

₃ agreed to fill out form manually (if appointment not possible)

Date Visit 1: __/__/2013 (facility closed/no time)

Date Visit 2: __/__/2013 (facility closed during opening hours/no time)

Date Visit 3: __/__/2013 (facility closed during opening hours/no time)

Facility ID: __/__/__

Investigator: _____

Respondent:

Name: _____

Duration of practice (years): _____

Gender: ₁ male ₂ female

Qualification: _____

Designation: _____

Speciality: _____

System of medicine: _____

Phone-Nr.: _____

Email-ID: _____

Facility infrastructure		
1	Since when is the facility functional?	Year: _____ <input type="checkbox"/> ₉₉ don't know
2	Does the facility have a functioning phone (landline or cell phone) at all times?	<input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no
3	a) Does the facility have electricity at all times? b) Do you have a generator backup?	<input type="checkbox"/> ₁ yes (<i>go to 3b</i>) <input type="checkbox"/> ₂ no (<i>go to 4</i>) <input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no
4	Does the facility have a functioning computer ?	<input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no
5	Is there access to internet within the facility today?	<input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no
6	Do you maintain patient registers or record files at the facility?	<input type="checkbox"/> ₁ yes, always <input type="checkbox"/> ₂ yes, sometimes <input type="checkbox"/> ₃ no (<i>go to 16d</i>) <input type="checkbox"/> ₉₈ no answer
	a) If yes , what format? (<i>check where applicable</i>)	<input type="checkbox"/> ₁ electronic <input type="checkbox"/> ₂ paper <input type="checkbox"/> ₃ electronic and paper
	b) Which patient data do you collect on a routine basis? (<i>check where applicable</i>)	<input type="checkbox"/> ₁ name <input type="checkbox"/> ₂ address <input type="checkbox"/> ₃ age <input type="checkbox"/> ₄ gender <input type="checkbox"/> ₅ occupation <input type="checkbox"/> ₆ weight <input type="checkbox"/> ₇ height <input type="checkbox"/> ₈ case number <input type="checkbox"/> ₉ prescription <input type="checkbox"/> ₁₀ referral <input type="checkbox"/> ₁₁ diagnosis <input type="checkbox"/> ₁₂ test results <input type="checkbox"/> ₉₇ other (<i>pls. specify</i>): _____ _____
	c) For how many years does this register contain data?	_____ (<i>number of years</i>)
	d) If no : What are the main reasons? (<i>don't read out</i>) (<i>check where applicable</i>)	<input type="checkbox"/> ₁ lack of time <input type="checkbox"/> ₂ not significant <input type="checkbox"/> ₃ not mandatory <input type="checkbox"/> ₄ lack of infrastructure <input type="checkbox"/> ₉₇ other: _____ <input type="checkbox"/> ₉₈ no answer <input type="checkbox"/> ₉₆ not applicable
7	a) Does this facility have a receptionist?	<input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no
	b) Does this facility have paramedic or any other staff?	<input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no <input type="checkbox"/> ₉₇ other staff: _____
	c) For polyclinics/nursing homes/hospitals: How many general practitioners and specialists are working in this facility?	<input type="checkbox"/> ₁ no. of GPs: _____ <input type="checkbox"/> ₂ no. of specialists: _____ <input type="checkbox"/> ₉₉ don't know <input type="checkbox"/> ₉₆ not applicable
8	What is the average number of patients you see per day?	_____ <input type="checkbox"/> ₉₉ don't know
9	From which areas do the majority of your patients come from? <input type="checkbox"/> ₁ this ward (<i>specify area</i>): _____ <input type="checkbox"/> ₂ other wards/areas: _____ <input type="checkbox"/> ₉₈ don't know	
10	According to you, what is the socioeconomic background of majority of the patients?	<input type="checkbox"/> ₁ below poverty line (BPL) <input type="checkbox"/> ₂ lower middle class <input type="checkbox"/> ₃ middle class <input type="checkbox"/> ₄ upper middle class <input type="checkbox"/> ₅ upper class <input type="checkbox"/> ₉₉ don't know
11	Does the facility admit patients overnight ?	<input type="checkbox"/> ₁ yes: how many beds? _____ <input type="checkbox"/> ₂ no

Diagnostics and referrals		
12	Does this facility diagnose and/or refer the following diseases? <p style="text-align: center;">Diagnosis → (if yes) How are you diagnosing? → Do you treat at your facility or refer?</p> a) Diabetes <input type="checkbox"/> ₂ no <input type="checkbox"/> ₁ yes <input type="checkbox"/> ₃ clinical symptoms <input type="checkbox"/> ₄ lab-confirmed <input type="checkbox"/> ₆ treat <input type="checkbox"/> ₅ refer b) BP/Cardiovascular diseases <input type="checkbox"/> ₂ no <input type="checkbox"/> ₁ yes <input type="checkbox"/> ₃ clinical symptoms <input type="checkbox"/> ₄ lab-confirmed <input type="checkbox"/> ₆ treat <input type="checkbox"/> ₅ refer c) Chronic respiratory diseases <input type="checkbox"/> ₂ no <input type="checkbox"/> ₁ yes <input type="checkbox"/> ₃ clinical symptoms <input type="checkbox"/> ₄ lab-confirmed <input type="checkbox"/> ₆ treat <input type="checkbox"/> ₅ refer d) Cancers <input type="checkbox"/> ₂ no <input type="checkbox"/> ₁ yes <input type="checkbox"/> ₃ clinical symptoms <input type="checkbox"/> ₄ lab-confirmed <input type="checkbox"/> ₆ treat <input type="checkbox"/> ₅ refer e) Tuberculosis <input type="checkbox"/> ₂ no <input type="checkbox"/> ₁ yes <input type="checkbox"/> ₃ clinical symptoms <input type="checkbox"/> ₄ lab-confirmed <input type="checkbox"/> ₆ treat <input type="checkbox"/> ₅ refer f) Dengue <input type="checkbox"/> ₂ no <input type="checkbox"/> ₁ yes <input type="checkbox"/> ₃ clinical symptoms <input type="checkbox"/> ₄ lab-confirmed <input type="checkbox"/> ₆ treat <input type="checkbox"/> ₅ refer	
13	a) Does this facility provide in-house investigations? (<i>check where applicable</i>)	<input type="checkbox"/> ₁ X-ray <input type="checkbox"/> ₂ ECG <input type="checkbox"/> ₃ USG <input type="checkbox"/> ₄ laboratory <input type="checkbox"/> ₅ spirometry <input type="checkbox"/> ₆ rapid diagnostic test <input type="checkbox"/> ₇ none

Disease Surveillance		
14	Are you aware of disease surveillance?	<input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no (<i>go to 16</i>) <input type="checkbox"/> ₃ undecided
15	How would you describe the main functions of a disease surveillance system? (<i>don't read out</i>) <input type="checkbox"/> ₁ systematic collection of disease information <input type="checkbox"/> ₂ dissemination to allow action (outbreak) <input type="checkbox"/> ₃ application of collected data for disease prevention & control <input type="checkbox"/> ₄ analysis of disease information <input type="checkbox"/> ₅ other: _____ <input type="checkbox"/> ₉₈ don't know	
16	Do you agree that diseases surveillance is important to improve urban health? (<i>pls. add comments below</i>)	<input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no <input type="checkbox"/> ₃ undecided <input type="checkbox"/> ₄ no opinion
17	Do you agree that the current burden of infectious diseases in Pune is adequately captured?	<input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no <input type="checkbox"/> ₃ undecided <input type="checkbox"/> ₄ no opinion
18	Do you agree that the current burden of non-communicable diseases in Pune is adequately captured?	<input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no <input type="checkbox"/> ₃ undecided <input type="checkbox"/> ₄ no opinion
19	a) Are you aware of any disease surveillance programs in Maharashtra currently requiring reporting from private sector? (<i>don't read out</i>)	<input type="checkbox"/> ₁ yes (<i>which?</i>) <input type="checkbox"/> ₂ no <input type="checkbox"/> ₃ IDSP <input type="checkbox"/> ₄ NVBDCP (Vector Borne) <input type="checkbox"/> ₅ RNTCP (TB) <input type="checkbox"/> ₆ NPEP (Polio) <input type="checkbox"/> ₉₇ Other: _____
	b) Are you aware of the following disease control programs in your state? (<i>read those not checked</i>)	<input type="checkbox"/> ₁ Integrated Disease Surveillance Program <input type="checkbox"/> ₂ Nat. Vector Borne Disease Control Program <input type="checkbox"/> ₃ Nat. Revised Tuberculosis Control Program <input type="checkbox"/> ₄ National Polio Eradication Program
20	a) Do you report dengue cases to the PMC?	<input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no <input type="checkbox"/> ₉₆ not applicable
	b) Do you report TB cases to the PMC?	<input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no <input type="checkbox"/> ₉₆ not applicable

21	In your opinion, is the involvement of private practitioners in disease surveillance necessary to improve urban health?	<input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no <input type="checkbox"/> ₃ undecided <input type="checkbox"/> ₄ no opinion
22	Have you been approached by any disease surveillance program to participate in regular surveillance in the last one year?	<input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no (<i>go to 23</i>) <input type="checkbox"/> ₉₈ no answer
	a) If yes, which program?	_____
	b) Did you accept to be part?	<input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no <input type="checkbox"/> ₉₈ no answer
23	In general, would you be willing to participate in a routine sentinel surveillance system on a continuous basis?	<input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no <input type="checkbox"/> ₃ undecided
24	In your opinion, which non-communicable diseases should ideally be included in such a system? (<i>don't read out</i>)	<input type="checkbox"/> ₁ cardiovascular diseases <input type="checkbox"/> ₂ cancers <input type="checkbox"/> ₃ chronic respiratory diseases <input type="checkbox"/> ₄ injuries <input type="checkbox"/> ₅ mental health <input type="checkbox"/> ₆ metabolic diseases/diabetes <input type="checkbox"/> ₇ none <input type="checkbox"/> ₉₇ others: _____
<i>As part of the project a pilot study will be conducted in three areas of Pune city. Data on selected diseases will be collected from private practitioners over a period of 12 months. The participation in the pilot will be entirely voluntary and can be terminated at any time during the process.</i>		
25	Would you be interested to participate in our pilot study?	<input type="checkbox"/> ₁ yes (<i>go to 25 b/c</i>) <input type="checkbox"/> ₂ no (<i>go to 25a, skip 26/27/28</i>) <input type="checkbox"/> ₃ undecided (<i>go to 25a</i>)
	a) If no , could you state some of the main reasons why you hesitate?	
	b) If yes , how would you prefer to submit data?	<input type="checkbox"/> ₁ paper based <input type="checkbox"/> ₉₉ don't know <input type="checkbox"/> ₂ electronically (Email)
	c) How frequent should such data be collected?	<input type="checkbox"/> ₁ weekly <input type="checkbox"/> ₂ bi-weekly <input type="checkbox"/> ₃ monthly <input type="checkbox"/> ₉₉ don't know
26	In your opinion is it feasible to collect the following spatial and socioeconomic data in regular sentinel surveillance system from private practitioners?	
	a) age <input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no <input type="checkbox"/> ₉₉ don't know	
	b) gender <input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no <input type="checkbox"/> ₉₉ don't know	
	c) address (sub ward level or pin code) <input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no <input type="checkbox"/> ₉₉ don't know	
	d) highest educational degree <input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no <input type="checkbox"/> ₉₉ don't know	
	e) occupation <input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no <input type="checkbox"/> ₉₉ don't know	
	f) income (broad categories) <input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no <input type="checkbox"/> ₉₉ don't know	
	g) BPL status <input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no <input type="checkbox"/> ₉₉ don't know	
	h) residency: slum/non-slum <input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no <input type="checkbox"/> ₉₉ don't know	
27	What incentives could be given to improve private practitioner participation in routine surveillance?	
28	What main barriers should be eliminated to facilitate private practitioner participation?	

Interviewer observations:

Interviewee Comments: