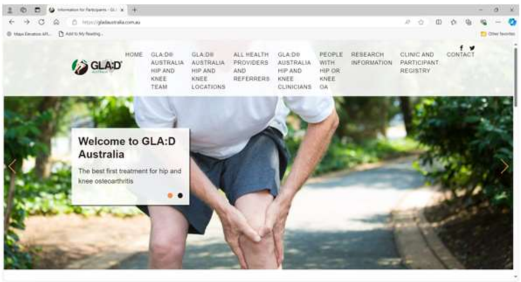
HOW TO REGISTER A PARTICIPANT AS PART OF A CHRONIC DISEASE MANAGEMENT PROGRAM

Go to: www.gladaustralia.com.au

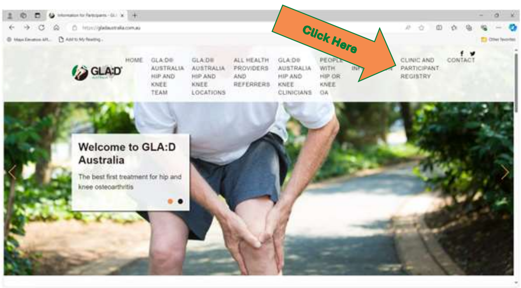


Welcome to GLA:D Australia

The best first treatment for hip and knee osteoarthritis

Go to the GLA:D Australia website, www.gladaustralia.com.au

Go to Registry tab



Welcome to GLA:D Australia

The best first treatment for hip and knee osteoarthritis

Click the tab labelled 'Clinic and Participant Registry

Enter Password: BestOption

This content is password protected. To view it please enter your password below.

Password:

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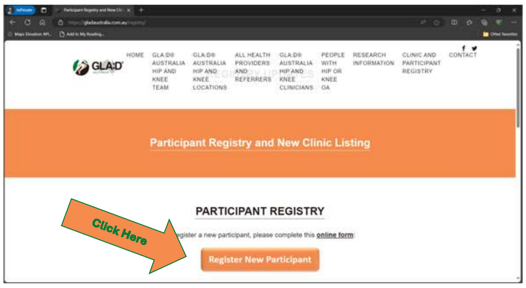
Use the password 'BestOption' to access the registry page

Click to go to Registry page



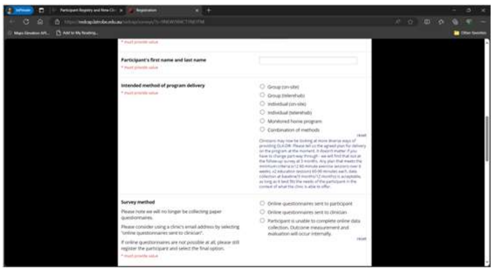
Participant Registry and New Clinic Listing

PARTICIPANT REGISTRY

egister a new participant, please complete this **online form**:

Click the button to 'Register New Participant'

Enter registration details as for all GLA:D® Hip and Knee registrations



* must provide value

Participant's first name and last name

* must provide value

Intended method of program delivery

* must provide value

○ Group (on-site)
○ Group (telerehab)
○ Individual (on-site)
○ Individual (telerehab)
○ Monitored home program
○ Combination of methods

reset

Survey method

Please note we will no longer be collecting paper questionnaires.

Please consider using a clinic's email address by selecting "online questionnaires sent to clinician".

If online questionnaires are not possible at all, please still register the participant and select the final option.

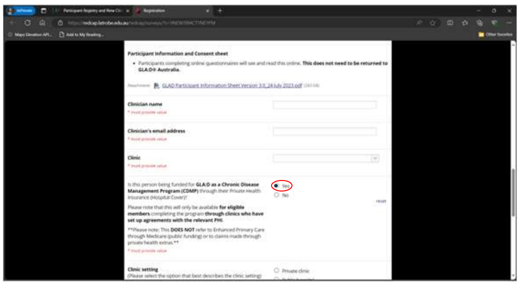
* must provide value

○ Online questionnaires sent to participant
○ Online questionnaires sent to clinician
○ Participant is unable to complete online data collection. Outcome measurement and evaluation will occur internally.

reset

Complete the registration form, just as you would for any GLA:D Hip and Knee participant registration

Select 'Yes' for CDMP



Participant Information and Consent sheet

- Participants completing online questionnaires will see and read this online. **This does not need to be returned to GLA:D® Australia.**

Attachment: GLAD Participant Information Sheet Version 3.0_24 July 2023.pdf

Clinician name
* must provide value

Clinician's email address
* must provide value

Clinic
* must provide value

Is this person being funded for **GLA:D as a Chronic Disease Management Program (CDMP)** through their Private Health Insurance (Hospital Cover)? ● Yes ○ No

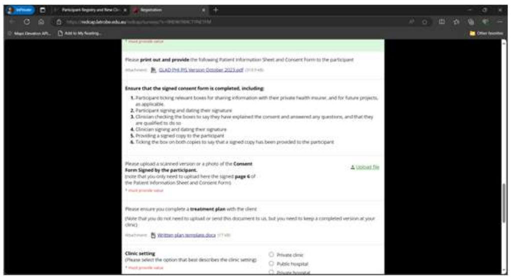
Please note that this will only be available **for eligible members** completing the program **through clinics who have set up agreements with the relevant PHI.**

Please note: This **DOES NOT refer to Enhanced Primary Care through Medicare (public funding) or to claims made through private health extras.**
* must provide value

Clinic setting
(Please select the option that best describes the clinic setting) ○ Private clinic

When you select 'yes' to the CDMP question, some further fields will open up below which will help complete the consent

Complete Consent



Please **print out and provide** the following Patient Information Sheet and Consent Form to the participant
Attachment: GLAD PHI PIS Version October 2023.pdf

Ensure that the signed consent form is completed, including:

1. Participant ticking relevant boxes for sharing information with their private health insurer, and for future projects, as applicable.
2. Participant signing and dating their signature
3. Clinician checking the boxes to say they have explained the consent and answered any questions, and that they are qualified to do so
4. Clinician signing and dating their signature
5. Providing a signed copy to the participant
6. Ticking the box on both copies to say that a signed copy has been provided to the participant

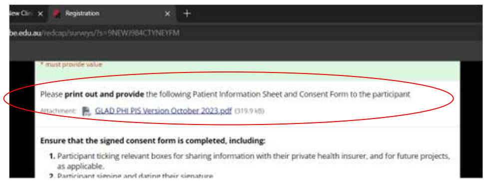
Please upload a scanned version or a photo of the **Consent Form Signed by the participant.**
(note that you only need to upload here the signed **page 6** of the Patient Information Sheet and Consent Form)
* must provide value

Please ensure you complete a **treatment plan** with the client
(Note that you do not need to upload or send this document to us, but you need to keep a completed version at your clinic)
Attachment: Written plan template.docx

Clinic setting
(Please select the option that best describes the clinic setting) ○ Private clinic ○ Public hospital ○ Private hospital
* must provide value

First, download and print the form. If you have copies already available, make sure it is the current version of the information sheet and consent form.

1. Print consent information and provide to participant



* must provide value

Please **print out and provide** the following Patient Information Sheet and Consent Form to the participant
Attachment: GLAD PHI PIS Version October 2023.pdf (319.9 kB)

Ensure that the signed consent form is completed, including:

1. Participant ticking relevant boxes for sharing information with their private health insurer, and for future projects, as applicable.
2. Participant signing and dating their signature

Give the form to the participant to read; the clinician is responsible for making sure the participant has read it or had it read to them, and that they understand the information.

Participant Information Sheet/Consent Form
Non-Interventional Study - *Adult providing own consent*

Title	Good Life with osteoArthritis: Denmark (GLA:D)
Short Title	GLA:D
Protocol Number	GLA:D protocol 2021V4Cleanversion, dated 23 September 2021
Coordinating Lead Researcher	Dr Christian Barton
Project Sponsor	La Trobe University

1. What is the study about?

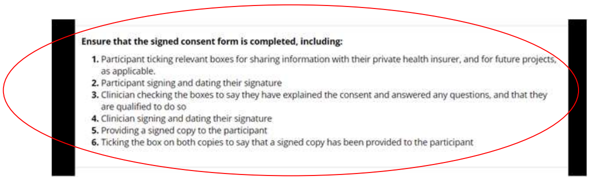
You are invited to take part in this research project. The research project is collecting information about an evidenced-based treatment program for hip/knee osteoarthritis. The treatment program is called GLA:D® Australia (Good Life with osteoArthritis from Denmark). The research project also aims to collect information about the impact of the GLA:D® Australia program on private health insurance expenditure.

The GLA:D® Australia Program is a 6-week program, consisting of 12 x 60minute exercise sessions and 2 x 60-90minute education sessions delivered by a GLA:D® trained clinician. La Trobe University oversee the GLA:D® Australia Program.

This Participant Information Sheet tells you about the research project. It explains what is

This is what the front of the Participant Information Sheet and Consent Form looks like. See the end for further information.

2. Complete consent with participant



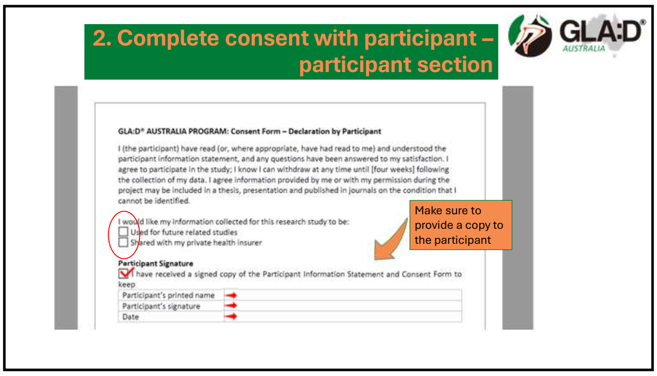
Ensure that the signed consent form is completed, including:

1. Participant ticking relevant boxes for sharing information with their private health insurer, and for future projects, as applicable.
2. Participant signing and dating their signature
3. Clinician checking the boxes to say they have explained the consent and answered any questions, and that they are qualified to do so
4. Clinician signing and dating their signature
5. Providing a signed copy to the participant
6. Ticking the box on both copies to say that a signed copy has been provided to the participant

The next step is to make sure that all the relevant fields in the form are completed:

2. Complete consent with participant

The signature page is page 6.



2. Complete consent with participant – participant section

GLA:D® AUSTRALIA PROGRAM: Consent Form – Declaration by Participant

I (the participant) have read (or, where appropriate, have had read to me) and understood the participant information statement, and any questions have been answered to my satisfaction. I agree to participate in the study; I know I can withdraw at any time until [four weeks] following the collection of my data. I agree information provided by me or with my permission during the project may be included in a thesis, presentation and published in journals on the condition that I cannot be identified.

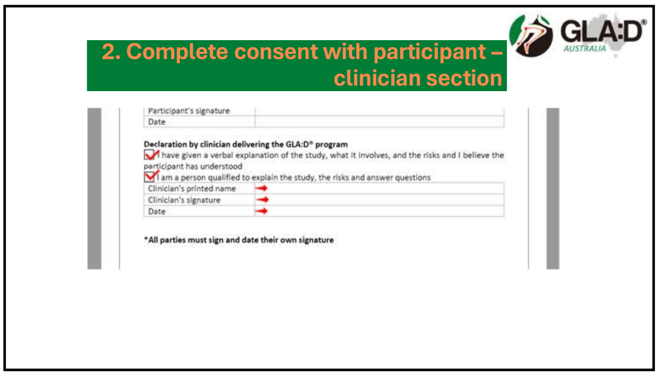
I would like my information collected for this research study to be:
☐ Used for future related studies
☐ Shared with my private health insurer

Participant Signature
☑ I have received a signed copy of the Participant Information Statement and Consent Form to keep

Participant's printed name	
Participant's signature	
Date	

Make sure to provide a copy to the participant

First, the participant needs to select whether they consent to sharing their data with their insurer, and/or being used for future studies. They need to write their name, sign and date. A copy must be provided to the participant, and the relevant box for that ticked to confirm this has happened.



2. Complete consent with participant – clinician section

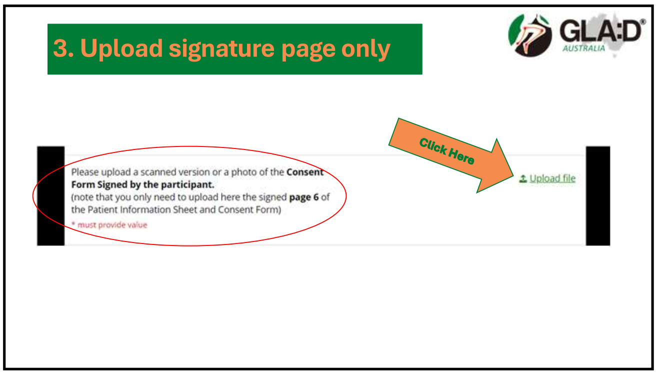
Participant's signature	
Date	

Declaration by clinician delivering the GLA:D® program
☑ I have given a verbal explanation of the study, what it involves, and the risks and I believe the participant has understood
☑ I am a person qualified to explain the study, the risks and answer questions

Clinician's printed name	
Clinician's signature	
Date	

***All parties must sign and date their own signature**

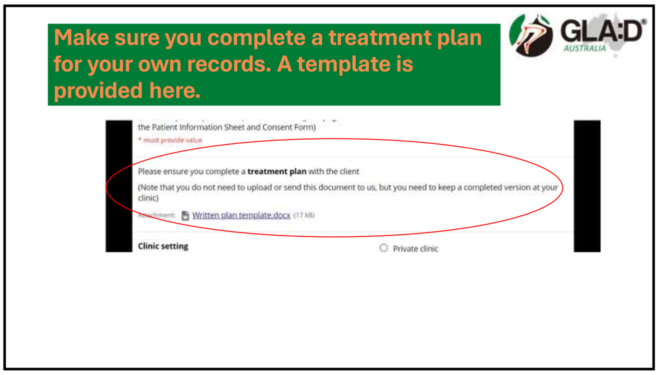
Then the clinician completes their declaration - that they have explained the information to the participant, and that they are the right person to do so. They also need to write their name, sign and date.



3. Upload signature page only

Please upload a scanned version or a photo of the **Consent Form Signed by the participant.**
(note that you only need to upload here the signed **page 6** of the Patient Information Sheet and Consent Form)
* must provide value

Only page 6, with the signatures, needs to be uploaded. Don't forget to give a copy to the participant. Do not upload withdrawal of consent forms here. If the participant doesn't consent to having their name confirmed with the insurer, they should indicate that on the form. If they do not consent to sharing their name with GLA:D Australia, do not register them.



Make sure you complete a treatment plan for your own records. A template is provided here.

the Patient Information Sheet and Consent Form)
* must provide value

Please ensure you complete a **treatment plan** with the client

(Note that you do not need to upload or send this document to us, but you need to keep a completed version at your clinic)

Attachment: Written plan template.docx (17 kB)

Clinic setting ○ Private clinic

There is a prompt in the registration form to complete a written treatment plan as part of meeting your provider obligations, and the template is there for your to download if needed. Keep that for your own records - don't provide it to us.

The Participant Information Sheet and Consent Form outlines the GLA:D Program and all that's involved with it, just like the Participant Information Sheet for the main GLA:D Program. It has some extra content that covers what else will happen to CDMP participants' data; that is, that GLA:D Australia will confirm their name with their private health insurer, and that we will provide their de-identified aggregated data (data that can't identify them in any way) as part of reports to the private health insurer. This private health insurer will use that information to facilitate payment of clinicians, and to help inform decisions about continuing this type of funding. Providing consent by signing this form will give the participant's name to GLA:D Australia, and then to their health insurer. Once they receive their baseline questionnaire, they can still decide whether or not to provide GLA:D Australia with their data through the questionnaires.