

Date: 22/02/2017  
Personalised Health Care  
Pilot Study  
The Geelong Hospital  
PO Box 281 Geelong Victoria  
Australia 3220  
Telephone (03) 4215 7730  
Email : [personalisedhealth@barwonhealth.org.au](mailto:personalisedhealth@barwonhealth.org.au)

**Community Health &  
Rehabilitation Services**

Ryrie Street  
Geelong, VIC 3220

PO Box 281  
Geelong, VIC 3220

T 1300 715 673

ABN 45 877 249 165

«Name»  
«Patient Address Line 1»  
« Patient Address Suburb»  
« Patient Address Postcode»

Dear «Name»  
Barwon Health's Department of Community Health and Rehabilitation Services is currently looking for volunteers to participate in a program that aims to deliver health care to people in their homes.

### **An invitation to participate**

We would like to ask you to participate in our "Personalised Health Care" Program. However, if you are currently pregnant or live away from your usual home for more than 3 months each year then this program is not suitable for you.

### **Why You?**

This is because you have either Diabetes or Chronic Obstructive Pulmonary Disease (COPD) and based on an analysis of our hospital data we believe that you may benefit from a program which would give you increased level of access to health professionals from your home.

### **What does it involve?**

Participants are asked to enter information about their health into a computer or tablet device at least once per day for a period of 12 months, this process would normally take around 5-10 minutes. The device is designed to be very easy to use. This information is used to provide you with guidance on managing your condition. Guidance will be provided either through the computer or tablet device or by a team of experienced Nurses who would have access to your health information and medical history. Participants are also able to phone these nurses 24 hours a day for advice on their condition. The tablet device and/or internet connection would be provided to the participant for 12 months if they didn't already have access to a computer with an internet connection.

### **Are you interested? Call (03) 4215 7730**

If you are interested and would like more information please fill in the attached Reply Slip and return it in the supplied pre-paid envelope. Filling out this form does not commit you to taking part. You could also call the team on (03) 4215 7730 or email us at [personalisedhealth@barwonhealth.org.au](mailto:personalisedhealth@barwonhealth.org.au)

If you indicate you are interested in this study, a member of the study team will contact you to provide you with more information.



If you are not interested, please return the Reply Slip and you will receive no further contact regarding this pilot study.

If we don't hear from you we will follow you up with a phone call or letter to ask you what you think about participation, if you do not want to participate at that point we will not contact you again.

Participation in any study is voluntary. If you decide to take part and later change your mind, you are free to withdraw from the study at any stage. Your decision whether to take part or not, or to take part and then withdraw, will not affect your routine treatment, your relationship with those treating you or your relationship with Barwon Health.

Thank you for taking the time to read this invitation letter.

Yours sincerely

Robyn Hayles

Principal Investigator and Executive Director Community Health & Rehabilitation Services, Barwon Health

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#### REPLY SLIP

NAME: «Name»

**Yes, I am interested** and would like to be contacted in regards to the Personalised Health Care Pilot Study and can be contacted using the method/s below;

**I am NOT interested** in being contacted regarding this study, please do not contact me again.

**Please select the way you'd like us to contact you regarding this program**

Phone (provide number/s and preferred time to call)

Ph no: \_\_\_\_\_ best time/s to call: \_\_\_\_\_

email (provide address) \_\_\_\_\_

please post me information (provide address if different to the address you received this letter at)

\_\_\_\_\_  
\_\_\_\_\_