Plan Overview

A Data Management Plan created using DMPonline

Title: Evaluation of Care Coordination Outcomes of the "Clinical Psychology in Primary Healthcare Program" in the Autonomous Community of Andalusia, Spain

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Project abstract:

CONTEXT: The prevalence of mental health issues in Andalusia, Spain has increased significantly in recent years, posing several challenges in providing mental health care at both primary and specialized care levels. In response, the "Clinical Psychology in Primary Healthcare Program" was implemented in health centers across Andalusia to improve coordination processes between primary care and specialized care in Community Mental Health Unit (USMC) and to integrate mental health into well-being-oriented care. Therefore, evaluating the outcomes of the program in the care coordination dimension is highly relevant as it will provide critical insights into the effectiveness of integrated mental healthcare in primary settings and will inform strategies for improving collaboration between primary care and specialized mental health services.

OBJECTIVES: To evaluate the outcomes of the program in care coordination dimension in the implementation of clinical psychologists in primary healthcare centers in Andalusia. The study will analyze the program's results such as referral rates, waiting times, number of mental health prevention and promotion activities, based on the duration, dedication, and permanence of clinical psychologists, it will examine if socioeconomic factors may be associated with the program outcomes, and it will analyze perceptions and barriers identified by healthcare professionals in the program's development to achieve care coordination objectives.

METHOD: A mixed-methods observational study will be conducted. A quantitative analysis will be carry out with administrative performance data collected by the program, and quantitative data of the coordination care experience obtained from a structured survey conducted to health professionals. The analysis will use multivariate regression models to evaluate the longitudinal evolution of the program's outcomes in care coordination among participating health centers according to key indicators such as referral rates, waiting times, number of mental health prevention and promotion activities, based on the duration, dedication, and permanence of clinical psychologists, and to establish possible relationships with territorial and sociodemographic factors. Additionally, a qualitative analysis will be conducted on data obtained from the open-ended section of the survey administered to healthcare professionals, focusing on their perceptions and the barriers they have encountered in achieving the program’s care coordination objectives.

KEYWORDS: Clinical Psychology, Primary Care, Care Coordination, Mental Health.

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Evaluation of Care Coordination Outcomes of the "Clinical Psychology in Primary Healthcare Program" in the Autonomous Community of Andalusia, Spain

Defining your data

- What digital data (and physical data if applicable) will you collect or create during the project?
- How will the data be collected or created, and over what time period?
- What formats will your digital data be in? (E.g. .docx, .txt, .jpeg)
- Approximately how much digital data (in GB, MB, etc) will be generated during the project?
- Are you using pre-existing datasets? Give details if possible, including conditions of use.

- This is an observational study with a mixed-methods approach and a cross-sectional design, aimed at evaluating the care coordination dimension in the "Clinical Psychology in Primary Healthcare Program" in Andalusia, Spain.
- The analysis will include: a) administrative tabular data with outcome indicators gathered by the program; and b) quantitative and qualitative data from a survey conducted with health professionals participants of the program regarding their experiences, perceptions, and barriers encountered in the program's care coordination. The data collected will support a comprehensive understanding of the program's development in relation to care coordination, integrating both structured metrics and professionals insights.
- The administrative tabular data with program's indicators outcomes from 2022-2024, categorized by healthcare center will be received in an encrypted database file, password-protected, provided by the program's coordinating team. The data will be received already anonymized by the program's coordination team so that the study will not have access any patient-identifying data. The databases received will be in Excel format and will also be available in .csv and Excel formats, with an approximate size of 2-3MB.
- Sociodemographic information about the localities of the health centers participating in the program—such as average household income and the Material Deprivation Index per household at the census tract level—will be obtained from the 2022 Living Conditions Survey (ECV) database of Spain (this is the lastest version). The data will be downloaded from the website of the National Statistics Institute (INE) in .csv and .xlsx formats, with an approximate size of 5MB.
- Finally, a survey will be conducted with health professionals of the program. The data will be collected digitally using Google Forms. The survey will be in Spanish to be accessible to the targeted participants.
- The participation in the survey will be voluntary and anonymous. The invitation to participate with a link to access to the survey will be shared by email to all participants.
- The data collected by the survey will comprehend: basic demographic information about the participants (age, sex, job role, time in healthcare center, workload and job stability), a section with statements focused on rating healthcare professionals' experiences with care coordination using a Likert scale, and a section with open-ended questions is included to explore their perceptions, perceived barriers, and suggestions for improvement regarding the program.
- The results of which will be stored on a password protected Excel spreadsheet, and .csv file.
- Consent to participate will be taken through a Google Form sheet, the results of which will be transferred to a password protected excel spreadsheet.
- All of this information will be collected electronically.

Looking after data during your research

- Where will you store digital data during the project to ensure it is secure and backed up regularly? (University research storage)
- How will you name and organise your data files? (An example filename can help to illustrate this)
- If you collect or create physical data, where will you store these securely?
- How will you make data easier to understand and use? (E.g. include file structure and methodology in a README file)
- Will you use extra security precautions for any of your digital or physical data? (E.g. for sensitive and/or personal data)

- All data (from the program datasets and the survey) will be received already anonymized and will be stored on the University of Sheffield Google drive folder.
  All the data will be grouped and contained in two digital dataset files: one dataset with the indicators outcomes of the program (File name: Care Coordination outcomes of PC in AP program); and a second dataset with the survey responses (File name: Care Coordination survey responses of PC in AP program) in .csv and .xlsx formats. For ease of use, all variables will be labelled with an appropriate name.
- The research file will only be accessible to those members of the research team named on the ethics application. The folder

will be password protected and will be kept in the University of Sheffield Google drive folder.
Folder structure:
University of Sheffield X drive:Clinical Psychologists in Primary healthcare program evaluation (example file name)> readme file>datasets.

A README file in pdf. format will be included, offering a summary of the research, file structure, methodology, and descriptions of variables to ensure easy understanding and use of the dataset.

- There will be no physical data files and the researchers will not have access to names and address of participants at any time due to the anonymized reception of the information.

Storing data after your research

- Which parts of your data will be stored on a long-term basis after the end of the project?
- Where will the data be stored after the project? (E.g. University of Sheffield repositoryORDA, or a subject-specific repository)
- How long will the data be stored for? (E.g. standard TUoS retention period of minimum 10 years after the project)
- Who will place the data in a repository or other long-term storage? (E.g. you, or your supervisor)
- If you plan to use long-term data storage other than a repository, who will be responsible for the data?

- All datasets will be stored on a long-term basis after the end of the project. No physical copies of data will be stored. Data will be electronically stored, managed by the principal investigator and both supervisors from Granada-Spain and Sheffield over the lifetime of the project.
- By agreement with the supervisors, the data will be stored in the University of Sheffield repository ORDA, and it will be preserved for the standard TUoS retention period of 10 years.
- I, as the principal investigator, under the guidance of my two supervisors, will place the data in the repository. I do not plan to use other means of long-term storage.

Sharing data after your research

- How will you make data available outside of the research group after the project? (E.g. openly available through a repository, or on request through your department)
- Will you make all of your data available, or are there reasons you can’t do this? (E.g. personal data, commercial or legal restrictions, very large datasets)
- If there are reasons you can’t share all of your data, how might you make as much of it available as possible? (E.g. anonymisation, participant consent, sharing analysed data only)
- How will you make your data as widely accessible as possible? (E.g. include a data availability statement in publications, ensure published data has a DOI)
- What licence will you apply to your data to say how it can be reused and shared? (E.g. one of theCreative Commons licences)

- The data will be available to other research groups on request through the SCHARR department or the Andalusian School of Public Health in Spain. The data will only be accessible for strictly academic or research purposes.
- Since the program datasets are not of public access, only the analysed data and survey collected data will be accessible under request.
- Some journals now request authors to make their data files available as supplementary materials; in this eventuality care will be taken to only post those variables relevant to the publication. As noted earlier, the data will be completely anonymised in any case
- I will include a data availability statement in any publications with a DOI.
- A creative commons licence will be applied to any new data produced, and will only be accessible under the restricted reasons of academic or research reasons

Putting your plan into practice

- Who is responsible for making sure your data management plan is followed? (E.g. you with the support of your supervisor)
- How often will your data management plan be reviewed and updated? (E.g. yearly and if the project changes)
- Are there any actions you need to take in order to put your data management plan into practice? (E.g. requesting University research storage via your supervisor.)

- I, as principal investigator, with the support of two supervisors: Ps. Almudena Millan, professor at the Andalusian School of Public Health, and Prof. Sarah Barnes, from the University of Sheffield, will be responsible for ensuring the data management plan is followed.
- Good practice for data management will be the responsibility of the entire evaluation team. Specific overall responsibility for data management will be shared between the Principal investigator and the supervisors.
- No additional resources will be required or extra costs incurred.