

Primary health care reform: setting the research agenda

A workshop on the research needed to support primary health care reform in Australia was held at the General Practice and Primary Health Care Research Conference 2009. It was organised by the Centre for Primary Health Care and Equity at the University of NSW. The aim of the workshop was to:

identify the research questions that will contribute to developing, implementing and evaluating primary health care reform in Australia over the next 3-5 years, and the types of research and research capacity that will be needed to answer the questions.

The workshop was held on 15th July and was attended by about fifty people.

Introductory talks

The workshop was introduced by **Assoc. Prof. Gawaine Powell Davies** from the Centre for Primary Health Care and Equity. He recalled the consultations on primary health care research that were held when the current Primary Health Care Research Evaluation and Development strategy was being planned. With primary health care reform in the air and the re-funding of the Primary Health Care Research Evaluation program it was time for another round of discussion on the kind of research that was needed to support the development of effective primary health care in Australia.

Megan Morris from the Department of Health and Ageing gave a brief overview of possible reforms to primary health care. With several of the key reports still awaited or with the Department there was much she could not reveal. However the Minister had indicated that she wanted primary health care reform to include better management of chronic disease, a better focus on prevention in primary health care, integrated teamwork and more of a patient focus within the system.

Megan highlighted several initiatives that were important for primary health care reform. These included:

- Closing the Gap, focusing on Aboriginal health;
- the Maternity Services Review, opening up private practice for midwives;
- workforce developments, including rural workforce measures announced in the budget;
- the National e-Health Strategy.

She noted that primary health care was very complex, with many different players and an increasingly fluid relationship with acute care.

Five primary health care researchers then gave their perspectives on what we need to learn from primary health care research.

Dr Christine Walker from the Chronic Illness Alliance spoke on what was needed from a consumer perspective. She gave the example of research she had conducted with people with epilepsy to find out what research they thought was needed to improve the quality of their lives. The researchers consulted widely and developed a strategic plan for applied social research in epilepsy, which they presented to an interested group of parliamentarians in Canberra. Christine is now part of a group who are planning to do a similar exercise with people with diabetes, to inform the strategic plan of the Clinical Centre for Research Excellence in Diabetes in

Melbourne. She stressed that it was expensive and time consuming to do this systematically, but that it was important for giving a strong and coherent consumer voice.

Professor Michael Kidd from Flinders University spoke of the need to measure the changes arising from the reforms, using previous research to provide a baseline to measure progress. He described his own priorities for research, which included person centred care, different models of care delivery, improving access of care, quality and safety, education and training and primary health care, rural and remote issues, indigenous health of course, e-health prevention, chronic disease management, mental health, care of disadvantaged people, and genetics, but said that what mattered was for researchers to set their own agenda, based on what they were passionate about. He concluded with six areas for research to consider coming out of the current reforms:

- how the reforms are implemented, especially whether they generate real, practical changes in the health care system;
- the role of Divisions of General Practice in the emerging system;
- bringing general practice and community health closer together;
- voluntary enrolment with a general practice for people with chronic conditions;
- new models for rural and remote primary health care;
- implementing reform at a time of global financial crisis.

He finished by encouraging younger researchers to be ambitious, and find a question which would make a difference to the world.

Professor Helen Keleher from Monash University spoke of the importance of addressing inequalities in health. Incremental

change would not enough. Public sector primary health care for vulnerable population groups was a good buy, but needed to be much better connected with the private sector, especially general practice, where practice nurses could take on much broader roles than currently allowed. General practice did not always need to take the lead, and fee for service health care was often not the best approach: indeed, a focus on the determinants of health often lead beyond the health system. The primary health sector therefore had to be involved in population health planning with intersectional planning at local community level to ensure that its work reflected local community needs.

Helen finished by stressing the importance of improving health literacy. She called for a much broader approach to risk factor management, moving away from programs that address single risk factors and identifying what made programs effective for different populations, especially those experiencing the challenges of poor health, refugee backgrounds, low levels of empowerment and poverty - which should be seen as the greatest single risk factor of all.

Professor David Dunt from Melbourne University called for research to explore the real world of the health care system. The important questions were often about the how programs worked on a day to day basis rather than how effective they were under ideal conditions. In primary health care, randomised control trials often had to be pragmatic, and other approaches were needed, especially when investigating the processes of health care: qualitative as well as quantitative research, program theory and stakeholder analysis. Health economics was also important for guiding policy choices, measuring the efficiency and cost effectiveness of competing programs, and their opportunity costs. These methods were

needed at all levels of the health system to fully understand how it was operating.

Megan Morris reminded the group that Australians on the whole have very good health, but that some miss out, and this needed to be better understood. She suggested that not all research needed to be directed towards government, but if it was, it should focus on things that were unique to Australia rather than on issues that were well understood through research elsewhere – recognising that the particular characteristics of the Australian health care system often raise locally specific issues. Ideas were most valuable if they were scalable, and could be implemented widely. She was always interested in finding out on which programs

did and did not achieve their aims, to guide decisions about re-investment.

Megan highlighted three questions which she always asked of any research.

- What does this do for patients?
- How does it help clinicians do their work better?
- How does this make the health system as a whole work more effectively – for example people seeing the right provider for the right problem at the right time?

She finished by reminding researchers that what policy makers needed from researchers was the results of their research rather than their advice on how to implement these.

Plenary discussion

The introductory talks were followed by plenary discussion. Points included the following:

- we need to distinguish between primary care and primary health care, and know which we are talking about;
- it is important to use a wide range of research methods and accept their legitimacy;
- researchers can improve health literacy by making their research as accessible as possible to clinicians and to the public;
- creating knowledge takes a long time, and research agendas need to allow for this;
- research has its own politics, with everyone being committed to their own perspective. Managing this can be difficult.

Small groups: generating research questions

Participants worked in five small groups to consider e-health, prevention, primary care organisations, integration and access. Each group was asked for three high priority research questions for their topic and were allowed one 'wild card' question on any topic. The questions they generated are presented in the box below.

Prevention

1. What is the optimal **balance and consistency of approach** between social marketing, community based and PHC based prevention (in order to achieve equity of access and effectiveness)?
2. What are the optimal **roles and responsibilities for primary health care providers** and the balance between health and other sectors eg education in prevention?
3. How can we establish more effective **networking of preventive care** between the PHC team and community based services and programs (eg referral to lifestyle programs)?

Integration (including multi-disciplinary care)

1. What aspects of **inter-professional education** are important for facilitating inter-professional teamwork?
2. What is the impact of **multidisciplinary teamwork** on patients' lives?
3. Who should lead the **multidisciplinary team** and how should this be organised?

Primary Care Organisations

1. What constitutes success for **governance (corporate and clinical) models** in various settings (including for Indigenous populations)?
 - a. What are the elements of success (process, impacts, and outcomes)?
 - b. How are the successes sustained?
 - c. What can be learned from successful models?
2. How are organisations set up to support **community engagement** and at what level (including for indigenous populations), and how effective are these arrangements?
3. What **range and type of organisations** do we need to deliver PHC services for the whole populations?

E-health

1. How can we **collect and manage data** cost-effectively at the practice/service delivery level? (Requires an understanding of the infrastructure required and change management processes for both general practice and multi-disciplinary teams, and monitoring of processes and outcomes.)
2. How do we go about **sharing data across practices/service delivery organisations** effectively

and securely, including between public and private sectors?

3. What is **hierarchy of data** is required in general practice and primary health care to meet the needs of individual patient and clinician, the practice, the Division, at state/regional and national levels?

Access

1. What are the benchmarks for **access to multi-disciplinary primary care** (including dental care) from the consumer's point of view?
2. What is **clinically and culturally appropriate care** for people from marginalised groups?
3. What are the **models of payment** to enhance access to multi-disciplinary care for marginalised groups (include dental)?

Wild card questions

1. How can we **integrate the work of different departments** (education, health etc) for health?
2. How can we get **policy makers and researchers** to jointly develop research?
3. How can we **harness professional values** to improve health care?

Plenary discussion

The following points were raised in the subsequent discussion.

- In e-health, we need research into **providing services through the internet** as well as the use of information systems to support care through clinician.
- We need to do primary health care research on care for **multiple complex chronic conditions**. This throws up challenges that have hardly been thought about.
- We need to be much smarter in **using health economics** in research, to provide better guidance on what should be considered for implementation and how best to organise services.
- We need to think carefully about the **outcomes used in trials**, and consider measures of empowerment, resilience and health literacy because these underpin changes in risk factors.
- In considering **who should lead multi-disciplinary teams**, it is important to consider the influence that different individuals and professions may have with professionals outside the practice.
- **Change management** is essential for bringing about multi-disciplinary team care.

- **Clinicians usually take up their profession to do good.** Research is needed on how best to harness that motivation.
- We often assume that people know how to **work in teams**, want to work in teams and have the skills to partner with the patient. This is not necessarily so, and needs further investigation.
- It would be very desirable to have **a clear research agenda and a budget** that related to it.
- **Randomised control trials are often not suited to the complexity of primary health care**, and other methods are often required. The effectiveness of a trial may relate to the context, or how it is implemented, as much as the effectiveness of the intervention. However funding is often harder to get for designs other than RCTs.
- Some of the research questions are **too focused on individuals rather than the community**. Community development and social inclusion provide opportunities for more community focused research, but require more mixed research methods.
- **RCTs are often possible for population health studies**, comparing different locations. However this is limited by problems in accessing Medicare data.
- **Data – especially local data – need to be fed back**, including to local communities. However this is not easy with current information systems.

Final words

Bob Wells from the Australian Primary Health Care Research Institute and Megan Morris were invited to give a final comment.

Megan Morris reiterated that it would be sensible to wait for the government response to the reform reports before firming up research questions. She commented on how primary health care research had matured over recent years, and suggested that researchers should take many factors in setting their research directions, and not just look to government and its priorities. From a government perspective the main question was how best to spend the health budget. This needed researchers with a wide range of skills, including geographers, social scientists and economists. Research skills were much more important than having a health professional background.

Bob Wells stressed that although primary health care reform was coming, there would in fact be much more continuity than change for primary health care researchers, and many of the old questions would remain relevant. He noted that research now involved a much wider range of disciplines, and suggested that this trend would continue. He highlighted the value of investigator driven research, and the importance of research that considered the perspective of consumers.

Gawaine Powell Davies thanked all the presenters, the small group leaders and all those who had taken part in the workshop.