PHC RIS infonet

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Editorial: Inspiring research

Libby Kalucy, PHC RIS

When was the last time you heard about some research that really inspired you? I imagine you talked about it enthusiastically with your colleagues, whether you work in policy, in practice or in research. You probably picked out the people you thought would be most interested, and thus by word of mouth contributed to one of the most powerful dissemination mechanisms.

Why did this piece of research inspire you? It may have been the unexpected methods or results, or the exact fit between design and purpose. It may have been just what you were looking for at the time, or it was presented so skilfully that the content was made fascinating. From the contrasting reactions I have heard in the past, I would guess that researchers, policy makers and practitioners would have been inspired for different reasons.

As well as being inspired by other people's research, as researchers we need to feel inspired by what we do.

Much of our routine activity as researchers is detailed but not exciting, but we sometimes experience memorable inspirational moments as we collect data, work out the analysis, or struggle over the interpretation. It can be very rewarding to find other people who are very interested in our work, or to get published in the journal of one's choice.

When we meet at the General Practice and Primary Health Care Research Conference in Hobart in early June, many of us will be looking for inspiration, for that *Aha!* moment, for the excitement of really good research that fits its purpose beautifully.

I look forward to hearing and meeting admirable speakers and colleagues known and unknown. I particularly look forward to hearing about the role that research can play in the huge challenge we face to bring about health for all.

I hope all who attend the Conference will find people and ideas to inspire and reinvigorate them.

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2008 GP & PHC Research Conference

Health for All?

Hobart, Tasmania 4 – 6 June 2008

www.phcris.org.au/conference/2008

View 2008 abstracts on-line at www.phcris.org.au/conference/2008

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Divisions Network matters

WHAT DID DIVISIONS ACHIEVE IN 2006-2007?

Libby Kalucy, PHCRIS

On-line reporting makes the display of results direct and timely. You can easily find the results of Divisions' activities on the PHC RIS website. At present, results are available for 107 Divisions.

Using the national indicators on Childhood Immunisation as an example, according to the Indicator Calculator for the N_IMM 2.1, 107 Divisions reported that 75.7% of their 6513 practices were registered with the General Practice Immunisation Incentives (GPII) scheme. This raises questions about the remaining practices. A quick scan of the indicator viewer shows that the unregistered practices:

- ⇒ were recently established
- ⇒ were in areas of shared postcodes and appear on other Divisions reports
- ⇒ were satellite sites, where the main practice is registered for the scheme
- ⇒ were solo practitioners with no nurses and were generally not accredited
- ⇒ had small numbers of children in the practice.

Almost half of the 4040 practices for which data were available, transferred at least some immunisation data electronically. Most of the others transferred data by paper, and only 6% did not transfer data in any format, as shown in the table below.

Do browse this site, see what you can find out about your area of interest, and let us know how we can improve the display. See <http://www.phcris.org.au/dios/displayReport0607.php?diosDst=home>.

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Childhood immunisation in Divisions							
	Does not provide childhood immunisations	Provides childhood immunisations but does not transfer data	Provides childhood immunisations and does paper-based data transfer	Provides childhood immunisations and transfers at least some data electronically	Number of practices for whom data available	Not known/ missing	Total number of practices in the selected Reports
Number	419	225	1496	1900	4040	2471	6513
Percent	10.37%	5.57%	37.03%	47.03%	100%	N/A	N/A

SUPPORT TOOL FOR GPS TO NAVIGATE MENTAL HEALTH CARE INITIATIVES

Mary Shone & Alison Ollerenshaw Ballarat and District Division of General Practice (BDDGP)

In early 2007 the Ballarat and District Division of General Practice (BDDGP), collaborated with the University of Ballarat's Centre for Health Research and Practice, and the Centre for eCommerce and Communications to develop a web-based tool to support local GPs with the Better Access to Mental Health Care (BAMHC) Program. The aim of the project was to provide GPs from the BDDGP catchment with information about BAMHC to assist their decision making in treating and referring patients with mental health issues. The project was initiated following local GP demand and was funded by the Department of Health and Ageing (DoHA), through BDDGP.

This project was guided by BDDGP staff and GP representatives. The content of the site was obtained from various resources (ie. DoHA; Australian Division of General Practice; Australian Psychological Society; BDDGP and other GP Divisions) and provides:

- ⇒ a local, on-line resource for GPs (hosted through the BDDGP website)
- ⇒ 7-stage decision support tool to assist GPs to make decisions and access resources about treating and referring patients under the BAMHC program
- ⇒ on-line service directory comprising local allied mental health care professionals and psychiatrists from the region
- ⇒ 'Quicklinks' page containing useful resources about BAMHC, including sample GP Mental Health Care Plan, referral letter template, Medicare rebate information etc.

The website was officially launched in December 2007 and is accessible via the BDDGP website, or directly <http://mentalhealth.bddgp.org.au>

Feedback from GPs and website statistics since December has been positive. To highlight this, the average hits on the website from December 2007 until the end of March 2008 was 2920 (monthly) and 98 (daily). To ensure the ongoing success of this website, the content requires regular review and maintenance. The chosen method for presenting this information – as an internet tool box – will help to meet this requirement and will allow the tool to evolve over time to ensure that it best meets the needs of GPs.

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Fast Facts

ACCESS TO ALLIED HEALTH PROFESSIONALS IN DIVISIONS OF GENERAL PRACTICE

Sara Howard, PHC RIS

In urban areas direct access to allied health services is often taken for granted. In rural and remote areas of Australia access to all health services is much more difficult, whether due to distance, infrastructure or availability. Divisions of General Practice, with funding support from the Department of Health and Ageing, play an important role in providing rural populations with access to allied health professionals (AHPs), access that otherwise may not have occurred.

AHPs delivering services to patients through Divisions can be funded from a variety of sources. The Annual Survey of Divisions (ASD) reports on funding from three main categories: the More Allied Health Services (MAHS) Program, the Better Outcomes in Mental Health Care (BOiMHC) Initiative (both core programs funded by the Australian Government) and 'programs other than MAHS or BOiMHC'. For each type of AHP the full-time equivalent (FTE) workload is calculated for each funding category as well as all three combined (total FTE).

In 2005-06, almost half of the overall FTE reported was funded by 'other' sources (285 FTE out of 604 FTE). However, inspection of individual types of AHPs highlights different funding distributions for different AHPs. For example, audiologists were funded solely by MAHS (FTE=0.4). Similarly, large proportions of asthma eductors (63% of total FTE), diabetes educators (62%), dieticians (60%) and podiatrists (60%) were also funded by MAHS. This demonstrates the importance of context on both service delivery and funding and that change to one source of funding could have a large impact on service delivery.

For more details please go to Chapter 6 *Access*, in the 2005-06 ASD Report <http://www.phcris.org.au/products/asd/results/05_06.php>

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How do you deal with dementia in general practice?

Rosi Benninghaus, Dementia Collaborative Research Centre

The Dementia Collaborative Research Centres (DCRCs) are an Australian Government Initiative consisting of three university-based research centres, each with a different focus:

⇒ Assessment and Better Care Outcomes - based at UNSW
⇒ Prevention, Risk Reduction and Early Detection - based at ANU
⇒ Consumers, Carers, and Social Research - based at QUT

Each centre supports centre-based research as well as research through its node partners. The Director of the UNSW-based DCRC, Professor Henry Brodaty works closely with Professor Dimity Pond at the University of Newcastle who leads the GP node of the DCRC. They are collaborating on a multi-site NHMRC-funded project on the detection and management of dementia in General Practice. This research focuses on more accurate diagnosis, cognitive screening, a brief, efficient questionnaire (GPCOG) designed for GPs to detect dementia in its early stages, and on improving management strategies.

Professors Pond and Brodaty

Prof Pond has also completed two separate projects for the DCRC: a literature review covering diagnosis, assessment and management of dementia in General Practice and a focus group project which discussed the same topic with GPs and practice nurses. Prof Pond is currently working on a new DCRC-sponsored project examining inappropriate medication use in community dwelling elderly people with and without cognitive impairment.

Prof Brodaty will soon start a new and exciting project which will see the establishment of a website for screening for dementia and cognitive impairment. This website will be freely available to any interested party world-wide and has been co-funded by the Canadian National Initiative for the Care of the Elderly (NICE), Toronto.

Prof Pond will present a workshop on GPs and Dementia at the National Dementia Research Forum 18-19 September 2008 in Sydney. For more information about the Forum and the work of the Dementia Collaborative Research Centers please visit our website <http://www.dementia.unsw.edu.au>.

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An Australian Government Initiative

PHCRED Strategy: APHCRI update

CHRONIC CARE ON APHCRI'S AGENDA AT THE GP&PHC RESEARCH CONFERENCE

Frith Rayner, APHCRI

The Australian Government's commitment to developing policy that will assist in easing the chronic illness burden on primary health care could be well-informed by research led by Dr Ellen Nolte, who is speaking at the General Practice and Primary Health Care Research Conference this month.

Dr Nolte comes to the conference as the Australian Primary Health Care Research Institute sponsored keynote speaker and will discuss her work with the European Observatory examining chronic illness care approaches in seven different countries.

The project, which will be published in book form this year is part of a major piece of work by the European Observatory titled: *Responding to the epidemic of chronic disease*. APHCRI Foundation Director Professor Nicholas Glasgow has led the Australian work included in the publication.

Dr Nolte will also participate in the *Linkage and exchange: researchers and policy makers working together to improve health* workshop, reflecting on United Kingdom models and approaches.

Dr Nolte is a senior lecturer at the London School of Hygiene and Tropical Medicine, as well as Honorary Senior Research Fellow at the European Observatory on Health Systems and Policies. Her research interests are in health systems, including:

⇒ approaches to health system performance assessment

⇒ health system responses to chronic disease

⇒ international health care system comparisons

⇒ trends and determinants of population health in former communist countries of Central and Eastern Europe.

APHCRI has also announced several new research streams in recent

months, with the aim of expanding both the linkage and exchange opportunities for research teams engaged in APHCRI research, but also to facilitate international visitors sharing their expertise with Australia and expanding capacity in primary health care research. More information on these research streams, is available on the website. Further research announcements are planned for later in 2008.

See <http://www.anu.edu.au/aphcri>

PHCRED Strategy: Research Capacity Building Initiative

DISCIPLINE OF GP

UNIVERSITY OF QUEENSLAND

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PHCRED has funded my role in the adult indigenous health check research proposal to evaluate its role in primary care.

We aimed to examine demographic information, health status and outcomes of the health check for urban indigenous adults attending the Inala Indigenous Health Service. Data was collected from consented routine adult indigenous health checks in the course of the clinic's daily activity and will be analysed.

Logistic regression of multiple variables will be undertaken when the target sample of 400 health checks is reached.

After the first 101 health checks were analysed it was found that, 95% were aboriginal, 3% Torres Strait Islander and 1% both. Fifty two percent were female, the age spread was even and 40% worked full time. Twenty percent suffered overcrowding or conflict at home. Fifty seven percent were smokers, 46% were identified as problem drinkers and 21% used illicit drugs. Thirteen percent were hypertensive, 41% had waist measures greater than 100cm and 60% were overweight or obese. Thirty five percent did 30 minutes or more of exercise per day. Forty four percent of health checks resulted in a new medication, 50% in a new referral, 73% in an investigation, and 40% in immunisation and there was one new diagnosis: breast cancer.

The health status information for our clinic community will provide useful feedback to staff, the community and for planning health promotion. Our findings also demonstrate that the health check is a tool associated with high rates of preventive activities, referrals, medications and investigations, which should lead to better health outcomes.

This research topic has been selected as a paper presentation at this year's General Practice and Primary Health Care Research Conference.

PHCRED Strategy: Research Capacity Building Initiative

PHCRED QUEENSLAND

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Queensland join forces for a policy showcase

More than 150 state health executives, academic leaders, consumers and clinicians attended the first Primary Health Care Research Showcase in Brisbane to explore opportunities for collaboration in research and policy development. The Showcase was hosted by the Primary Health Care Research, Evaluation and Development (PHCRED) Queensland Strategy. Showcase Chair, Professor Judy Searle, Dean of School of Medicine at Griffith University, said that the day provided a real grassroots level opportunity to bridge the gulf that is often present between clinical practice and research.

The sessions looked at chronic disease management, workforce issues and world class best evidence examples of innovative research being trialled across Queensland designed to improve patient care. Presentations can be viewed at <http://www.som.uq.edu.au/research/phcredqld/2008ResearchShowcase.htm>. Qld government's Minister for Health, Stephen Robertson outlined the importance of building networks with primary health care clinicians, particularly in the management of heart disease and diabetes. He said he was particularly encouraged by pilot projects being run in Queensland addressing the integration of new provider roles and better integration with services in the community.

Deputy Secretary from the Australian government's Department of Health and Ageing, Mr Philip Davies also spoke about the opportunities that may be created working across primary and secondary services. He outlined the important impact the PHCRED program had on providing resources to foster collaborative research that engage and utilised the primary health care sector. Assoc Professor Libby Kalucy, Director of Primary Health Care Research Information Service chaired a forum that provided the guests with an opportunity to explore potential collaborations in research that could inform and improve chronic disease management.

In summing up the vibrant and dynamic discussion, Professor Judy Searle suggested that the Showcase had provided a very real opportunity to get policy-makers, researchers, clinicians and consumers on the same page when it came to improving the care of chronic disease in the ageing population.

Qld Research Policy Showcase held on 5th March in Brisbane concluded with a panel discussion exploring potential collaborations in research

MOUNT ISA CENTRE FOR RURAL AND REMOTE HEALTH

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Carole Reeve, a Public Health Registrar at Mt Isa Centre for Rural and Remote Health was funded in 2007 through the Research Capacity Building Initiative under the Researcher Development Program. She has been involved in a simple study designed to look at vaccine uptake using a school based program for delivery.

A local Mount Isa General Practice received the tender to provide the school-based program through which year 8 students are to receive Hepatitis B and varicella-zoster vaccination, year 10 students to receive diphtheria-tetanus-acellular pertussis (DTPa) vaccine, and female year 10, 11 and 12 students to receive three doses of the Human Papilloma Virus (HPV) vaccination.

Data was collected on the number of consent forms returned, the number declined, the number of students actually vaccinated, the number requiring catch-up vaccination and the number completing the full course of immunisations. Also recorded were adverse events. The total cohort of girls eligible for HPV vaccination was 304:

- ⇒ Returned consent forms 285 or 94%
- ⇒ Consented to vaccination 275 or 90%
- ⇒ Declined vaccination 13 or 4.3%.

When compared with the other adolescent vaccinations given at the same schools and at the same time HPV coverage was higher. There were only three significant adverse events, three girls fainted at the time of immunisation but recovered immediately.

HPV immunisation has good uptake and is well tolerated. Integrating school immunisation provision with General Practice provides continuity with preschool immunisations and provides a convenient location for parents to bring children who have missed out on immunisations or would like further discussion.

This study has now been published in the latest *Communicable Disease Intelligence* Volume 32 Number 1, March 2008. See <http://www.health.gov.au/internet/main/publishing.nsf/content/cda-pubs-cdi-cdicur.htm>

Carole Reeve, 2007 Mount Isa Centre for Rural and Remote Health RDP recipient.

PHCRED Strategy: Research Capacity Building Initiative

DISCIPLINE OF GENERAL PRACTICE

UNIVERSITY OF NEWCASTLE

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The CAPRE Program at the Discipline of General Practice has appointed three RDP fellows for 2008.

Jeremy Bramston: I'm a general practitioner in Woy Woy in charge of a large multidisciplinary team that delivers health care to about 2000 patients a week. I've done a little research in the past in varying areas from the design of an auditory synthesizer to working out why rats wiggle their whiskers. This time around I'm focusing on what I have experience in, that is general practice. I'm interested in skill mixing in general practice and how to delegate and or replace doctor tasks with nursing tasks. This is a long term project which will encompass more than a PhD.

Bernard Goldman: During my early career I worked as a lawyer in the area of constitutional law and advising. For 10 years I have held management positions in law and program delivery. I have had long standing involvement in Indigenous issues particularly in relation to culture and economic development. My wife, Mary Price, is a GP. It may explain why my main research interest to date relates to the personality of the GP. My research topic is whether remote GPs differ significantly in hardiness compared to GPs living in the city.

Jacqui Trinne: I have been living in Newcastle since 2007 following my relocation from the remote north of South Australia. I was employed by the SA Health Commission to procure funding to develop and implement the Building Healthy Communities in remote Australia project. As a RHD candidate with the University of Newcastle looking to work in partnership with Hunter New England Health, I have been fortunate enough to gain an RDP Fellowship. The aim of the project is to identify a structure to progress implementation of proposed Standards. These Standards are to enhance capacity in mainstream services and strengthen partnerships with Aboriginal Community controlled organisations.

Parker Magin (RDP mentor) with RDP Fellows- Jacqui Trinne, Bernard Goldman and Jeremy Bramston

UDRH NORTHERN NSW

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The Primary Health Care Research Capacity Building Programs (based in the Discipline of General Practice and University Department of Rural Health Northern NSW) at the University of Newcastle continue to facilitate the Hunter, New England and Central Coast Network of Research General Practices (NRGP). The NRGP is committed to fostering a culture of inquiry and building research capacity among general practice staff in order to produce research findings of relevance to clinical practice.

With the support of the NRGP, Dr Jenny May was successful in her application to the Royal Australian College of General Practice (RACGP) for a 2008 Family Medical Care, Education and Research Grant (FMCER). Jenny is a GP based in Tamworth who works as a clinician at the Peel Health Centre and as a GP Academic in the UDRH Northern NSW. Jenny's research is a cross-sectional study of occupational violence in general practice (including both GPs and non-GP staff).

The NRGP is providing the practice-based infrastructure to enable Jenny to conduct her research, as well as, mentoring, assistance with grant writing and preparing the ethics application. She is currently collecting cross-sectional data with invitations to participate in the study being sent to all staff (both GP and non-GP) of the 13 NRGP member practices. The NRGP will then provide training for Jenny in data analysis and interpretation.

Other NRGP members are also supported to develop research questions and proposals that may be supported through the NRGP. For example, we are collaborating with a team of practice-based GPs to review the procedural skills that GP Registrars are taught. This project is in its early stages and funding is currently being sought to progress it further.

Preliminary findings of these projects and other research ideas will be discussed by NRGP members at the 2nd Annual NRGP Forum to be held later this year.

UNIVERSITY DEPARTMENT OF RURAL HEALTH, BROKEN HILL

UNIVERSITY OF SYDNEY

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For the Research Capacity Building program at the Broken Hill University Department of Rural Health (BHUDRH), 2008 is set to be another very productive year. In February we welcomed the arrival of Associate Professor David Perkins as Director of the Centre for Remote Health Research (a joint initiative of BHUDRH and the Greater Western Area Health Service).

David was previously the Director of the Centre for Equity and Primary Health Research at the University of New South Wales, and brings a wealth of experience in the evaluation of health service delivery programs.

We have run two major workshops in Sydney in collaboration with other members of the New South Wales PHCRED Collaboration: in February David Perkins and David Lyle (Head of Department) were part of the team that provided a newly developed Project Evaluation Workshop and a subsequent Project Development Retreat for the Alliance of New South Wales Divisions. In April David Lyle and Frances Boreland helped provide a Short Course in research Skills with a subsequent Project Development Retreat for Researcher Development Placement holders across New South Wales.

All areas of the BHUDRH are now involved with research and evaluation and are developing expertise through a 'hands on' approach, with projects ranging from evaluating the experience of students on placement in western NSW, to evaluating the effectiveness of a cultural preceptor program. Katina Kardamanidis, a Trainee Public Health Officer on a joint placement with BHUDRH and the Broken Hill Child and Family Health Centre, is developing evidence-based initiatives to increase attendance at the local blood lead screening clinic, including ways to monitor the outcome.

On a national level, David Perkins and David Lyle edited the April edition of the Australian Journal of Rural Health, which was a special issue highlighting the importance of public health and epidemiology in rural and remote health.

DISCIPLINE OF GENERAL PRACTICE

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We are pleased to advise that Mr Sean Appoo and Dr Melinda Prince have been awarded 2008 RDP Fellowships by the Discipline of General Practice.

Sean Appoo recently took up the position of Tobacco Control Research Project Manager at the Aboriginal Health & Medical Research Council of NSW. Prior to that, he worked at the Sax Institute for a number of years. His RDP research project will be a literature review of tobacco interventions for Indigenous Australians. Dr Melinda Prince is a GP with a special interest in GP health and wellbeing and complementary medicine. Her RDP research project will examine urban Practice GP Registrar health and wellbeing, in particular how this group maintains a work-life balance. Both Fellows recently attended the NSW PHC Short Course on Research Methods and Project Development Retreat.

Sean and Melinda have joined Ms Sam Stott and Dr Penny Abbott, who are continuing their RDP Fellowships for a second year. Sam is a Health Promotion Officer at Youthblock Health & Resource Service. Her research topic is Youth SMS Appointment Reminder Trial. Penny is a GP at the Aboriginal Medical Service Western Sydney and a member of the Service's Chronic Care Team. Her research topic is Effectiveness of a cooking course for Aboriginal people with diabetes and those at risk of diabetes at the Aboriginal Medical Service Western Sydney. Sam and Penny will present their research at the 2008 GP & PHC Research Conference. Sam presented her research earlier this year at the National Health Care Reform Conference. Both Sam and Penny have had abstracts accepted for the Population Health Congress in Brisbane in July.

SCHOOL OF PRIMARY HEALTH CARE

MONASH UNIVERSITY

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Problem gambling is a serious mental health problem in the Australian community and one that is increasingly being encountered by primary health care practitioners. One to 2 per cent of the adult Australian population is classified as 'problem gamblers' with 'at risk gamblers' constituting an additional 2.5 to 5 per cent of the population. In Australia, people with gambling problems have a higher prevalence than people with stroke, people with CHD and a comparable prevalence with people with Type II diabetes.

Within our research centre (The Melbourne Monash Centre for Gambling Research and Treatment) we have found in a recent study involving a community survey of 2012 Victorians that problem gamblers compared to non-gamblers had serious co-morbidities associated with their problem gambling. We found a relative risk of 18.8 for problem gamblers of having a severe mental disorder (as measured by the Kessler K-10), that they are 4.3 times more likely to engage in hazardous alcohol use (WHO-AUDIT), 3.4 times more likely to smoke daily and 5.6 times more likely to be divorced. Problem gambling is a significant clinical issue that is strongly associated with other physical and mental health problems.

In a forthcoming MJA editorial we are advocating the routine inclusion of problem gambling screening in primary health care practice. We are also collaborating in the development of clinical guidelines for the screening, assessment and treatment of people with gambling problems. The guidelines will be oriented to primary health care practitioners.

PHCRED Strategy: Research Capacity Building Initiative

GENERAL PRACTICE

UNIVERSITY OF MELBOURNE

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I would like to introduce our 2008 PHCRED Fellows:

Dr Ann-Marie Diggins, a graduate of Otago University in New Zealand, came to Australia 19 years ago. A GP for 17 years, she works mainly at Darebin Community Health, which focuses on refugee health, but she also has interests in pharmacotherapy and indigenous health. She has been enthusiastically involved in a Balint group for four years and is currently the secretary of the Balint Society of Australia. She is interested in examining the efficacy of Balint groups in increasing GP empathy and preventing burnout.

Dr Carolyn Ee graduated from UWA in 1998, subsequently studied Traditional Chinese Medicine and joined us as an Academic Registrar in 2006. Her systematic review on acupuncture for pregnancy-related pelvic and back pain was published in the American Journal of Obstetrics and Gynecology. Carolyn is a GP and acupuncturist in a holistic clinic. She plans to conduct a randomized placebo-controlled pilot study and/or a systematic review on acupuncture for treating hot flushes in menopause.

Dr Jessica Kneebone recently completed GP training in the Northern Territory. During her five years there, she worked in Darwin, Alice Springs, Katherine and a remote Aboriginal community in Western Arnhem Land. Since moving to Melbourne, she has been working as a GP at North Richmond Community Health Centre, whilst completing a Masters of Public Health through Charles Darwin University. Jessica's passion is Indigenous health, and she is using her PHCRED project to explore GP workforce issues as they relate to Aboriginal communities.

Dr Richard Teague graduated from Monash University in 1993. Through working in general practice he developed an interest in sexual health medicine and retrained to become a sexual health physician. He now works at Carlton Clinic, Melbourne Sexual Health Centre and Turning Point and has a special interest in HIV medicine, hepatitis C and the health of injecting drug users. His research will examine the sexual health needs of injecting drug users.

The PHC RED Fellows from the Department of General Practice at the University of Melbourne (left to right) Dr Ann-Marie Diggins, Dr Carolyn Ee, Dr Jessica Kneebone and Dr Richard Teague.

PHCRED, DEPARTMENT OF GENERAL PRACTICE

FLINDERS UNIVERSITY

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In March 2008 the PHCRED Program welcomed two new Research Development Program (RDP) Fellows to the department. They are Nova Reinfeld-Kirkman and Linda Isherwood.

Linda is a social worker who has worked in a variety of community and hospital-based mental health services in the UK and Australia. She is currently undertaking a research higher degree with the School of Social Work at Flinders University, exploring factors which assist in successful recovery from alcohol problems in the veteran population.

In her role as RDP fellow, Linda will be working on a project analysing emergency demand at Flinders Medical Centre. The project has been funded by the South Adelaide Health Service (SAHS) as part of their overall demand management strategy.

Focusing on emergency admissions of older adults to Flinders Medical Centre, the project will involve a team of research staff from PHCRED and Flinders University.

The project will use a root cause analysis methodology. Root cause analysis has traditionally been used to investigate industrial accidents and disasters.

Over the past decade, the approaches of root cause analysis have been modified and are now commonly used to explore adverse events in healthcare settings. Root cause analysis aims to identify the underlying factors that contributed to the event in question and measures that could be implemented to reduce the risk of the event occurring again.

The project intends to address the following issues:

- ⇒ What are the circumstances that led to the emergency admission?
- ⇒ Was the admission potentially avoidable?
- ⇒ What strategies could be implemented in order to provide improved preventative management in the community and hence reduce future emergency admissions?

Nova's research project will be discussed in a later issue of *PHC RIS infonet*.

Performance management and accountability

Libby Kalucy, PHC RIS

The performance of health systems is always a hot topic with the public. For accountability and to improve quality, many countries have put in place systems to measure different dimensions of performance at the level of individual practitioners, practices, or health care organisations, or most difficult of all, the way different components of the system fit together to provide coordination and continuity. Just as measuring the performance of athletes at the forthcoming Olympic Games needs many specific measures, rules, and criteria, there is no single measure for a health system.

In the current 'plandemic' of discussions about health reform, many people have expressed the need for better data about the quality of our health system and the outcomes for people using it. Systems of measuring performance require specific targets and standards, accurate data, incentives and reporting mechanisms, and system design is determined by the purpose of the system.

Many initiatives are underway relating to performance management in Australia. The National Health and Hospitals Reform Commission has delivered its first report on accountability mechanisms between jurisdictions in the next round of Australian Health Care Agreements. Work to identify indicators of safety and quality is progressing, with primary care as a case study. A reduced number of National Performance Indicators has been developed for the next phase of funding for the divisions of general practice program, with emphasis on outcomes rather than process.

Australians working to develop new systems are aware of countries such as UK, NZ, USA, Canada and the Netherlands which assess the performance of their health care practitioners, practices and/or organisations against different frameworks of specific standards and targets, with varying uses of incentives to suit their local context.

For up to date information on these systems, check the PHC RIS website at <http://www.phcris.org.au/infobytes/>

See *Beyond the Blame Game: Accountability and performance benchmarks for the next Australian Health Care Agreements.* A report from the National Health and Hospitals Reform Commission, April 2008.

WebsiteWatch

Kylie Dixon, PHC RIS

Peoples Health Movement - Health for all now!

In December 2000, at the first People's Health Assembly in Savar, Bangladesh, delegates from around the world founded the People's Health Movement (PHM) to work towards achieving Health for All!

The PHM is now a global network of people oriented health professionals and activists, academics and researchers, campaigners and people organisations that have actively promoted the re-endorsement of the 'Health for All' principles of the Alma-Ata Declaration.

Today the PHM has a presence in almost every country in the world.

International PHM website <http://www.phmovement.org/>

The international PHM website provides links to the other PHM websites as well as offering a large number of resources which include charters, newsletters, news briefs, important papers and published PHM books.

PHM – Oz (Australia) <http://phmoz.org>

The PHM in Australia website, known as PHM Oz offers monthly internet workshops to debate current global health issues as well as an email alert service that allows interested people to stay up-to-date with what is happening with the PHM.

PHM – Aotearoa New Zealand <http://www.phm.org.nz/>

While the PHM Aotearoa New Zealand organisation and website are currently under construction, activists have had early meetings about how PHM might advocate for 'health for all' in Aotearoa New Zealand and how it might contribute to global action.

They hope to link with existing groups and individuals who are striving to reduce health inequalities and increase community participation in decision-making which affects people's health.

PHM – USA Circle <http://www.phm-usa.org/>

The PHM-USA Circle is currently the smallest PHM organisation. They have just begun to organise various outreach activities as a way to build awareness of and support for the PHM and they think it is imperative to build their organisation and take advantage of their location in the United States to carry out activities focused on support for the international movement.

Translating research into policy and practice

NICS KNOWLEDGE TRANSLATION WORKSHOP

14 March 2008, Melbourne
Eleanor Jackson-Bowers, PHC RIS

The National Institute of Clinical Studies recently hosted a workshop on knowledge translation (KT) featuring presentations by visiting speakers, Jeremy Grimshaw from the University of Ottawa and Nick Mays from the London School of Hygiene and Tropical Medicine.

The theme of the workshop was how to promote evidence use in policy making and in practice and we heard about many activities which are happening in this area.

We were fortunate in hearing many perspectives on evidence based policy making including Adam Chapman from the Victorian Department of Human Services who spoke about his experience of using evidence in policy making in the context of other considerations.

We heard about a large study by the Australasian Cochrane Centre of evidence use in Local Government policy making which is underway. One to watch as results emerge.

Jeremy Grimshaw examined the evidence for methods of KT by researchers to policy makers, which is scant and shows little effectiveness. He argued for systems to encourage policy makers to be explicit about their use of evidence and for improved procedures and resources to facilitate evidence based policy making.

One promising model, described by Sally Green, is the Evidence Based Policy Network, facilitated by the Australian Cochrane Centre, which provides a community of practice for DoHA policy makers interested in evidence based policy, a liaison officer, and access to summarised Cochrane reviews.

One strong outcome of the day was the argument that syntheses provide more reliable evidence and should be used in preference to individual studies in policy making and this was strongly endorsed by several speakers.

Nick Mays spoke about methods for research synthesis. Look out for his new book: Pope, Mays and Popay: Synthesising Quantitative and Qualitative Health Evidence published by Open University Press.

The presentations from the workshop can be found here: <http://www.epoc.nhmrc.gov.au/asp/index.asp?>

Turnaround in UK health organisations—lessons from research

3RD HARC FORUM: CAPITALISING ON OPPORTUNITIES FOR HOSPITAL REFORM

1 April 2008, Sydney
Attended by Libby Kalucy, PHC RIS

Why do organisations decline and fail? Can we predict or prevent decline? When failures occur, how are they best managed? Professor Kieran Walshe, Centre for Public Policy and Management, Manchester Business School and new Director of the Institute of Health Sciences at Manchester, has been researching these topics in the UK. He has plenty of studies of failure to examine, starting with events at Bristol Royal Infirmary. He discussed his research in Sydney on 1 April at the 3rd Forum of the Hospital Alliance for Research Collaboration which was auspiced jointly by the Sax Institute and the Clinical Excellence Commission.

The primary causes of failure are organisational culture and attitude; introspection, arrogance, myopia and trauma; and failure to learn, adapt and change appropriately. While hard and soft data about these causes are available, they are not necessarily looked at or used.

A crisis or declaration of failure occurs through external assessment by key stakeholders, a disaster or major failure, a change of perspective such as a new CEO or team, and new governance. When failures occur, the self regulation response can work if the organisation recognises the situation, is willing to respond and has the capacity to respond. Otherwise intervention for instance by a 'turnaround team' in the UK, becomes important. A common response is to replace, retrench and renew. The turnaround sometimes works, but it takes longer than twelve months to renew an organisation's culture. It is necessary to find a way to avoid return of failure after the intervention.

Prof Walshe stated that the learning capacity of organisations is at the heart of failure and turnaround. Organisations need absorptive capacity, to acquire and apply knowledge to improve performance. Public sector failures are important in the political narrative, functionally and symbolically.

The presentation is available on the Sax Institute website, which is well worth browsing: <http://www.saxinstitute.org.au/researchassetsprograms/BetterHealthServicesThroughResearch/HARCpastEventsPresentationsDownloads.cfm?objid=771#3_HARC>

Linking evidence policy and practice

NATIONAL HEALTH CARE REFORM CONFERENCE 2008

12-13 March 2008, Sydney
Attended by Libby Kalucy & Ann-Louise Hordacre PHC RIS

Health care reform is needed because the health system is not meeting needs, and costs to government and individuals continue to climb. There is not enough prevention, health promotion and early detection of chronic illness; a lack of access, integration and coordination; and reducing satisfaction for consumers and providers. Dr Kirsty Douglas, Acting Director of APHCRI, outlined succinctly in the opening plenary that reform was needed to meet the needs and expectations for users, providers and government. This was especially salient for patients with chronic and complex conditions, Aboriginal and Torres Strait Islanders, people with low socio economic status or from rural and remote areas, who found services hard to access and bore the greatest burden of ill health with the poorest outcomes; practitioners who are so overwhelmed by acute demands that health promotion and advocacy drop in priority; and governments responsible for the well being of the population who are spending more dollars on a system which is not working.

This was an opportune time to discuss reform, when primary care is in the spotlight through the National Hospital and Health Reform Commission, the National Primary Care Strategy, the National Prevention Taskforce, and other initiatives. Phillip Davies, Deputy Secretary of the Australian Government Department of Health and Ageing identified the hotspots as access, affordability and effectiveness. He suggested that multidisciplinary teams are the key to each of these. The concept of the 'medical home' was raised as a possible way ahead - a goal worth shooting for. The Department is looking for creativity, replicability, and the best way to organise and manage structures and businesses in primary care.

It was gratifying to see that the PHCRED Strategy was the foundation for many of the presentations in this excellent conference. APHCRI systematic reviews provided valuable and relevant evidence, PHCRED research fellows presented their results, and PHC RIS data were prominent.

For presentations see: <http://www.cyberwisecomputing.com/yrd-nhcr/nhcr.htm>

Investing in Australia's health and wellbeing

NATIONAL PREVENTION SUMMIT

9 April 2008, Melbourne
Attended by Libby Kalucy, PHC RIS

About 100 leaders from many fields of prevention attended the National Prevention Summit in Melbourne. This key consultative event which was organised by the Australian Institute of Health Policy Studies (AIHPS) and VicHealth, took place at a most opportune time two weeks before the 2020 Summit. High level commitment to prevention was shown by the presence of both the Federal Minister of Health, Nicola Roxon and the Victorian Minister for Health, Daniel Andrews. Minister Roxon announced the members of the National Prevention Taskforce who will drive national debate on prevention, have an input to the Australian Health Care Agreements, and will develop a blue print for priorities.

Much of the emphasis of the summit was on tackling chronic disease and its causes. Minister Roxon referred to 500,000 preventable hospital admissions each year, and the high costs of drug use. These drive the need to invest in prevention, to deliver savings for the community and improve participation and productivity.

Beyond chronic disease and its risk factors, the broader scope of prevention encompasses 'what it takes to lead a flourishing life' in the words of one delegate. This requires a whole of government approach to address the health impact of policies outside the health sector.

Many speakers recognised reorienting the system towards prevention requires significant cultural change in the community at grass roots, policy and service delivery level. The task is neither simple nor quick. Partnerships will be essential between all jurisdictions of government, NGOs, the private sector, and the community.

Indigenous health is the most pressing challenge.

Results from discussions and workshops at the National Prevention Summit were presented to Minister Roxon in time for the 2020 Summit, and will contribute to the work of the Prevention Taskforce and the National Hospital and Health Reform Commission.

For further details, see AIHPS at <http://www.aihps.org>

Upcoming events

7-9 Jul 2008, Brisbane QLD
POPULATION HEALTH CONGRESS 2008
A Global World
Practical Action for Health and Well Being
E: congress2008@confco.com.au
Web: www.populationhealthcongress.org.au/

9-11 Jul 2008, Galway IRELAND
SOCIETY FOR ACADEMIC PRIMARY CARE ANNUAL SCIENTIFIC MEETING
Primary Care Research and Education
E: office@sapc.ac.uk
Web: www.sapc.ac.uk/08/

13-15 Aug 2008, Alice Springs NT
2008 JOINT ACRA & CDN CONFERENCE
Health at the Heart of Australia
E: info@thebestevents.com.au

14-16 Aug 2008, Surfers Paradise QLD
9TH INTERNATIONAL MENTAL HEALTH CONFERENCE
Managing the Psychologically Injured Worker - Research, Knowledge, Practice
Web: www.gcimh.com.au/conference/

15-17 Aug 2008, Mt Isa QLD
2008 REMOTE HEALTH CONFERENCE
Are you remotely interested?
E: miccrh-conferences@jcu.edu.au
Web: micrrh.jcu.edu.au/conferences-workshops/

27-28 Aug 2008, Wollongong NSW
GENERAL PRACTICE EDUCATION AND TRAINING CONVENTION
Further, Higher, Stronger - Achieving a personal best through teamwork
E: gpet@onqconferences.com.au
Web: www.abcon.biz/gpet2008.htm

27-30 Aug 2008, Yeppoon, QLD
2008 NATIONAL SARRAH CONFERENCE
Many Paddocks, One Herd – We are all Outstanding in our Fields
E: conference@ruralhealth.org.au
Web: www.sarrah.org.au

31 Aug-2 Sep 2008, Melbourne VIC
HEALTH INFORMATICS CONFERENCE 08 (HIC08)
The Person in the Centre
E: conference@hisa.org.au
Web: www.hisa.org.au/hic08

1-3 Sep 2008, Melbourne VIC
2ND INTERNATIONAL CONFERENCE ON ALCOHOL AND OTHER DRUG RELATED BRAIN IMPAIRMENT AND THE BRAIN INJURY AUSTRALIA NATIONAL CONFERENCE 2008
Insights & Solutions
E: events@adf.org.au
Web: www.bia.net.au/Conference_2008.htm

2-5 Sep 2008, Auckland, NEW ZEALAND
2008 ANNUAL THEMHS CONFERENCE
Be the Change You Want - workforce ingenuity
E: info@themhs.org
Web: www.themhs.org

4-5 Sep 2008, Sydney NSW
4TH ANNUAL NATIONAL DISEASE MANAGEMENT CONFERENCE 2008
Evaluating Disease Management!
E: k.fiddes@alfred.org.au
Web: www.adma.org.au/

10-12 Sep 2008, Melbourne VIC
5TH WORLD CONFERENCE ON THE PROMOTION OF MENTAL HEALTH AND THE PREVENTION OF MENTAL AND BEHAVIORAL DISORDERS
from margins 2 mainstream
E: info@margins2mainstream.com
Web: www.margins2mainstream.com

18-19 Sep 2008, Hindmarsh SA
ANNUAL SA DIVISIONS CONFERENCE
E: sadi@sadi.org.au
Web: www.sadi.org.au/events.html

18-19 Sep 2008, Sydney NSW
ANNUAL NATIONAL DEMENTIA RESEARCH FORUM
Translating dementia research into practice
E: dementiacrc@unsw.edu.au
Web: www.dementia.unsw.edu.au/DCRCweb.nsf/page/Forum

20-25 Sep 2008, Prague, CZECH REPUBLIC
XIV WORLD CONGRESS OF PSYCHIATRY
E: wpa@guarant.cz
Web: www.wpa-prague2008.cz/

1-5 Oct 2008, Melbourne VIC
WONCA 2008 ASIA PACIFIC REGIONAL CONFERENCE & RACGP 51ST ANNUAL SCIENTIFIC CONVENTION
A celebration of diversity
E: wonca2008@meetingplanners.com.au
Web: www.wonca2008.com

9-10 Oct 2008, Liverpool UK
9TH INTERNATIONAL HIA CONFERENCE - HIA 08
Health Impact Assessment and Sustainable Well-being
E: london@profbriefings.co.uk
Web: www.profbriefings.co.uk/hia08/index.htm

20-21 Oct 2008, Sydney NSW
AUSTRALIAN ASTHMA CONFERENCE 2008
Advancing Asthma Where?
E: asthma2008@tourhosts.com.au
Web: www.asthmaconference2008.com

Upcoming event? Add it to the PHC RIS diary phcris@flinders.edu.au

20-22 Oct 2008, Melbourne VIC
6TH INTERNATIONAL CONFERENCE ON EARLY PSYCHOSIS
Catching the Wave of Early Psychosis
E: jessicah@icmsaust.com.au
Web: www.iepa2008.com

29-31 Oct 2008, Adelaide SA
NATIONAL FORUM ON SAFETY AND QUALITY IN HEALTH CARE
Safety and Quality is Everyone's Business
E: forumsqhc08@sapmea.asn.au
Web: www.sapmea.asn.au/conventions/forumsqhc2008

30 Oct-1 Nov 2008, Darwin NT
2008 AUSTRALIAN GENERAL PRACTICE NETWORK FORUM
E: twong@agpn.com.au
Web: www.gpnetworkforum.com.au

6-8 Nov 2008, Lisbon PORTUGAL
16TH EUROPEAN CONFERENCE ON PUBLIC HEALTH
iHealth - Health and innovation in Europe
E: i-health@healthinnovation2008.com.pt
Web: www.healthinnovation2008.com.pt/

15-19 Nov 2008, Rio Grande PUERTO RICO
36TH NAPCRG ANNUAL MEETING
E: kparry@stfm.org
Web: www.napcrg.org/conference.html

23-26 Nov 2008, Adelaide SA
BETTER CHOICES BETTER HEALTH CONFERENCE
Improving compensation outcomes
E: conference@aomevents.com
Web: www.alloccasionsgroup.com/BetterChoicesBetterHealth

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