AUSTRALIAN PRIMARY HEALTH CARE RESEARCH INSTITUTE
STATEMENT OF STRATEGIC INTENT
2013-2016
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Statement of Strategic Intent 2013 - 2016
Australian Primary Health Care Research Institute

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Our mission:
To maximise the health and well-being of the community by leading high quality, priority-driven research and supporting its uptake into primary health care policy, programs and services.
INTRODUCTION

The Australian Primary Health Care Research Institute (APHCRI) plays a key role in Australia’s primary health care system through leading, funding and otherwise supporting priority-driven research into primary health care.

By strengthening the capacity of the primary health care sector to conduct high-quality, health systems research, and embedding this research within policy and service delivery, APHCRI is contributing to a more effective and equitable primary health care system for Australia’s future.

This document provides an overview of APHCRI’s role within the Australian health system, including its current priorities and future directions. It builds on the earlier Statement of Strategic Intent 2012-2015 and, in conjunction with APHCRI’s Annual Workplan, provides a comprehensive picture of APHCRI’s progress to date and future directions. This includes both immediate actions and potential activities and opportunities for APHCRI for the remainder of the current contract to 2015/16.

APHCRI’S MISSION

To maximise the health and well-being of the community by leading high-quality, priority-driven research and supporting its uptake into primary health care policy, programs and services.

Currently, the PHCRED Strategy is in its third phase and consists of the following three components:

- The Australian Primary Health Care Research Institute (APHCRI) which supports priority-driven research and embeds it into policy and practice.
- The Primary Health Care Research and Information Service (PHCRIS) which collects and disseminates relevant primary health care information and knowledge.
- National Health and Medical Research Council (NHMRC) Career Development and Early Career Fellowships which provide direct support for research in priority areas.

Over this period (2010-2014), the PHCRED Strategy is focused on the following priority areas of the National Primary Health Care Strategy:

- improving access and reducing inequality
- better management of chronic conditions
- increasing the focus on prevention
- improving quality, safety, performance and accountability.

APHCRI’s specific role within the PHCRED strategy is to lead and support priority-driven research into primary health care and to embed a research culture within general practice and primary health care. APHCRI’s aim is to develop a system in which research, policy and service delivery are comprehensively integrated so that each sector both drives, and itself is driven, by the others (as illustrated in the diagram below).
Australia’s primary health care system has a number of strengths but there is good evidence that it is failing to achieve its potential to improve the health of Australians at both the individual and population levels.

This is partly due to the changing consumer health care needs, resulting from the ageing of our population, our affluent and sedentary lifestyle and advances in the treatment of communicable and other diseases. These changes have led to an increase in the prevalence of chronic disease and multi-morbidity in our community and a consequent need for long-term, coordinated and multidisciplinary care and a focus on illness prevention at the population health level. Other changes are the result of an increasingly informed and engaged community and consumer expectations that they will play an active role in decisions made about their health care.

Our primary health care system was not designed to meet these needs. As a result many consumers experience poor care coordination and have difficulties in accessing the information, support and treatment they require to self-manage chronic conditions and maximise their health and well-being. Current funding and administrative systems do not optimally support a team approach to treating complex problems. Many consumers experience gaps in their care or difficulties in coordinating the required mix of services to meet their needs. Evidence for this includes the current high rate of hospital admissions for conditions which could be either prevented or managed in the community. However, some examples of alternative models of delivery in primary health care have demonstrated that they can better meet community needs. For example, Aboriginal Community Controlled Health Services (ACCHSs) have played a large role in reducing health inequities for Aboriginal and Torres Strait Islander peoples.

There is an inadequate focus on preventive health strategies at the population health level. Our existing primary health care system is structured around the provision of care to individual consumers presenting with individual problems. It is not designed to provide structured, preventive care to both individuals and the community as a whole. As a result, Australia is failing to prevent many emerging health problems before they become more serious.

Access issues in many rural, regional and outer suburban areas are also contributing to inequities in health status across the Australian population and create pressure elsewhere in the health system. In particular, problems in accessing specialist services places increased demands on GPs to manage the care of more serious and complex conditions. Identified quality and safety problems are also resulting in poorer health outcomes and reduced consumer satisfaction.

This sub-optimum functioning of our primary health care system represents an inefficient use of health care resources and is placing an unsustainable burden on our hospital system. It also is not meeting consumer or community needs for more person-centred care that addresses multiple co-morbidities in complex social circumstances.

Reforms have been introduced in the primary health care sector to address these issues and these are ongoing. However, it is important that the gains of the reform process are consolidated and that the ongoing improvement of primary health care services is informed by high-quality research. This will ensure that Australia’s primary health care sector evolves to deliver better quality care and more cost-effective services which meet the changing needs of our community. International evidence demonstrates that primary health care-oriented health systems are more equitable and more efficient than those centred around hospital services. Countries with a high-quality and accessible primary health care system achieve better health outcomes for a lower overall cost than those which focus more resources on their hospital sectors.

These issues are being addressed through the implementation of Australia’s first National Primary Health Care Strategy which outlines a range of reforms required to ensure Australia’s primary health care system can meet the challenges of the future. Research is an essential component of all four priority directions for change outlined in that Strategy. As implementation of the strategy continues it is essential that key reforms are informed by high-quality, targeted research. This means that APHCRIs role will be pivotal in ensuring Australia’s health system is based on a high-quality, efficient and equitable primary health care sector which delivers evidence-based care to all Australians.

Key goals

APHCRI has three main goals which are achieved through undertaking a number of specific activities. These are outlined below.

1. To support priority-driven primary health care research

Support for priority-driven research is critical to the role of APHCRIs. Rather than research which follows the interest of researchers, APHCRIs funds and facilitates research into areas driven by nationally identified priorities. This enables research to be focussed on issues of current policy interest and supports a closer link and interaction between research, policy and service delivery. It also ensures that APHCRIs-supported and led research is focussed on the most important policy and service priorities of the day, so that research findings can be incorporated into policy and directly influence the delivery of primary health care.

2. To increase the capacity to undertake primary health care research

APHCRIs aims to increase overall capacity for research in the primary health care sector through targeted initiatives, such as supporting PhD students, networking researchers working in similar areas, identifying early-career researchers and facilitating their research, developing partnerships with relevant international organisations and working with primary health care organisations to translate research into practice.

3. To drive the implementation of research into primary health care policy and services

To ensure primary health care research delivers maximum community benefits it needs to be embedded within policy and services. APHCRIs supports an interactive engagement between researchers, policy makers and practitioners and service users to promote evidence-based primary health care by building relationships and developing strategic partnerships. Through establishing a dialogue between policy makers, researchers, system managers, health care practitioners and service users, APHCRIs promotes informed national debate on ongoing primary health care reform initiatives.
Key issues

High-quality, priority-driven research which informs policy and practice is critical to the future of Australia’s primary health care system. However, in achieving this aim APHCRI faces a number of challenges. Compared with other sectors of the health system (such as hospitals), primary health care is fragmented and decentralised. Many primary health care providers work alone or in small practices and are often isolated from other practitioners at both a personal and professional level. This means that there is no straightforward strategy to engage providers in research or to disseminate relevant knowledge and research findings. Similarly, there is no overarching strategy or uniform approach to research and data collection in the primary health care sector or systematic dissemination of this knowledge across the primary health care sector.

Partly due to this fragmentation, the research culture within primary health care is still developing and less mature than other areas of the health and medical sector. Therefore, significant support is often required for primary health care practitioners to undertake research and to ensure this research is embedded within policy and service delivery. A key focus for APHCRI is to develop and support relationships across the primary health care sector to facilitate the sharing of data, research findings and interaction with service delivery. This includes relationships with Medicare Locals, the Primary Health Care Research and Information Service (PHCRIS), peak consumer organisations and key research and data collection bodies, such as the Australian Institute of Health and Welfare.

Current funding systems do not provide incentives for primary health care practitioners to engage in research. In addition, workforce shortages and maldistribution in many areas result in high levels of demand for services so that practitioners can find it hard to take time away from their practices. There are also few incentives in most areas of primary health care for practitioners to adopt new practices, even when they are clearly supported by evidence. This can make it difficult to promote the importance of primary health care research to the sector.

The field of primary health care research has developed rapidly over the last 10 years but it is still in its relative infancy compared with other disciplines. Because primary health care research often does not fit a conventional research model, such as a randomised clinical trial, it can be difficult for many researchers to obtain funding under mainstream research programs. The nature of primary health care is that it deals with people within the context of their local communities and cultures. Research methods need to reflect this essence of primary health care. Consequently assessment criteria for research proposals in this field continue to demand dedicated programs to support primary health care research which focusses on individuals within their social, physical and cultural contexts. This complements other health and medical grants programs, such as the National Health and Medical Research Council (NHMRC), which have a broader focus than APHCRI and specific research projects, such as the Bettering the Evaluation And Care of Health (BEACH) program which collects statistical information on general practice activity.

Another reason for dedicated primary health care research funding is that primary health care research is less attractive to philanthropy and public donation as other forms of health research. This is because the benefits of improved primary health care are more diffuse than (for example) funding a cure for a life-threatening disease.

The challenge to translate or implement research findings into policy and health services remains difficult to both achieve and measure. It requires an alignment of research activity with priorities, embedded research methods and a sophisticated understanding and tailoring of strategies to facilitate implementation.

APHCRI is addressing these issues through its work in the key priority areas listed above. It achieves these goals through a range of strategies which utilise the academic and research infrastructure provided by ANU to support high-quality research in identified priority areas. By developing links and strategic partnerships with key policymakers, consumer and practitioner groups, APHCRI is also ensuring that research is driven by and, in turn informs, current developments in primary health care policy and practice.

Progress to date

APHCRI has made significant progress in strengthening the capacity of primary health care research through funding and conducting research in priority areas and supporting the implementation of research findings into health care policy and service delivery. Following are APHCRI’s major achievements to date:

**Centres of Research Excellence (CREs)**

APHCRI has established a network of Centres of Research Excellence. These Centres are funded to coordinate innovative, high-quality, consumer-centred and multidisciplinary research in primary health care policy and system improvement. They pursue collaborative research, where consumers are involved at all stages from the research design to the implementation of findings. They also develop research capacity in primary health care services on themes aligned with the primary health care reform agenda, as follows:

- Obesity Management and Prevention (example below)
- Prevention of Chronic Conditions in Rural and Remote High Risk Populations
- Urban Aboriginal Child Health
- Finance and Economics of Primary Care
- Primary Health Care Microsystems
- Indigenous primary care intervention research in chronic disease
- Accessible and equitable primary health service provision in rural and remote Australia
- Primary Oral Health Care
- Optimising primary health care access for vulnerable socioeconomic groups (Australian-Canadian CRE).
- Primary Care - System, Services and Workforce Innovation (APHCRI-NHMRC Partnership Centre)

**Example: The Centre for Obesity Management and Prevention Research Excellence in PHC**

A quarter of the population is obese and this proportion has increased in all age groups by about 1% a year over the past 30 years. Preventing and managing obesity requires complementary intervention strategies through population health and primary health care (PHC). However there are many unanswered questions about the role of PHC in this. The Centre for Obesity Management and Prevention Research Excellence in PHC aims to address some key gaps in our knowledge about:

- the role and effectiveness of PHC in preventing and managing obesity across the lifecycle and for high risk and vulnerable population groups
- how evidence-based guidelines for prevention and management of overweight and obesity can be implemented within PHC
- the implications for primary health care organisations, workforce development, health information systems and financing of PHC.

The Centre brings together an experienced research team from the University of New South Wales, University of Technology Sydney, Adelaide and Deakin Universities with Inga Health Service and the University of Queensland and collaborating investigators from the UK (Robert Gordon University), USA (CDC and New Zealand (Otago Universities)).

The Centre’s research is organised into three streams focused on: families with infants; at risk adults with low health literacy; and implementation of guidelines in primary health care.

**Support for priority-driven primary health care research**

In 10 years APHCRI has strengthened the numbers and capacity of the primary health care research workforce by financially supporting over 400 researchers. There has been a corresponding steady and significant increase in peer-reviewed publications with approximately 380 articles that can be directly linked to APHCRI funding. More than 800 authors have contributed to these publications, suggesting that APHCRI funding is enhancing not just the number of publications but also the number of primary health care researchers in Australia. Furthermore, 14% of these authors have published five or more times, which indicates that APHCRI funding is facilitating the development of an Australian-specific primary health care corpus.
Stronger relationships between knowledge producers & users

APHCR has a strong track record of strategically engaging with policymakers at all stages in the research process to encourage the uptake of research knowledge into policy. It does this through a number of mechanisms, including the APCHRI Conversations series, CREs and knowledge translation & exchange workshops, which are run over the course of stream funding and at both national and international conferences. All these initiatives make a valuable contribution to strengthening Australia’s overall primary health care research capacity but require dedicated time and resources to deliver optimum outcomes.

Example: PHCRE Liaison Officer

This innovative knowledge-exchange intervention entails the secondment of a Department of Health policy officer to APHCR. Based in APHCR the role serves the needs of both APHCR and PHCRI by facilitating the exchange of knowledge and information about research findings and government policy priorities. This has significantly increased the quantity, quality and appropriateness of interactions between APHCR researchers and policymakers.

Example: APHCR Conversations series

Beginning in 2008 the Conversations series held in the Department of Health has enabled APHCR researchers to present their research outcomes to a broad range of Department of Health policymakers. Since 2011 there have been 40 formal Conversations involving different levels of the Department of Health’s officers. There is emerging evidence of the effectiveness of this knowledge exchange strategy. Evaluations of the 2012 Conversations series found that overall 90% of respondents either agreed or strongly agreed with the statement that the presentation had stimulated their thinking. Similarly 80% agreed or strongly agreed that the presentations were directly applicable to their work and they would be able to use the knowledge that they contained. APHCR CREs have consistently involved senior decision makers in their research advisory bodies.

Example: ‘Managing the policy-research interface’ workshop

This workshop sought to overcome the cultural, institutional and practical barriers which impede attempts to get research users and producers to interact. Our evaluation of three consecutive workshops established that the workshop helped participants to understand both the barriers to the translation of research into policy and the factors that facilitate translation. In the process, the participants practiced working collaboratively with people from different professional environments. Encouragingly, the participant evaluations indicated that most were likely to put their new understanding to use in the future.

Influencing service delivery

APHCR funds a number of CREs and research projects with a strong focus on influencing primary health care service delivery.

Example: Australian General Practice Nurse Study (AGPNS)

Participating practices were asked to nominate a change to the role of the nurse in their own practice, and the multidisciplinary research team provided tools and support to develop the change and evaluate its success. In five of the seven sites the practices achieved a sustained change in the practice nurse role; examples include nurse-led collaboration for better mental health care communication, nurse- and GP- run rapid assessment clinic, and nurse-led clinics. Practices nurses played an important role in enabling practices to manage the change and it is clear that they enhance organisational resilience.

Example: CRE in Urban Aboriginal Child Health

The CRE in Urban Aboriginal Child Health was established to support Aboriginal Community Controlled Health Services (ACCHSs) to use data from the children attending their services to improve their health and health care. The CRE

- investigates how research data are currently used for service planning and improvement in ACCHSs, identify current practice issues and how ACCHS staff would like to see use of data enhanced
- explores the impact of a range of knowledge exchange strategies (such as training in critical appraisal and evaluation, tools and resources) in increasing the use of evidence from research
- explores the impact of strategies designed to help ACCHSs make best use of research data collected on their clients for service planning and improvement, using detailed data on children attending four ACCHSs from the SEARCH Study as a case study in the first instance.

Developing strategic partnerships at both national & international levels

APHCR fosters these partnerships through:

- Workshops held throughout research projects encouraging network development between researchers and relevant policymakers, service users, consumer and professional groups
- Encouraging research collaborations across institutional and state boundaries. For example as a requirement of funding, all CREs must be multi-institutional partnerships
- Promoting relationships between researchers and policy and decision makers through the Conversations with APHCR series and the presentations of research findings to policymakers
- Travelling Fellowships where Australian researchers spend time with an overseas research organisation
- International Visiting Fellowships which enable Australian researchers to collaborate with overseas researchers ‘on the ground’
- The Australian Canadian Joint Centre of Research Excellence - Innovative Models Promoting Access and Coverage Team (IMPACT) - which is an international research collaboration between APHCR and the Canadian Institute of Health Research
- APHCR-funded Practice Based Research Networks which provide opportunities for collaboration between academic and clinical researchers, encouraging the development of research awareness and skills development for clinicians as well as providing an immediate feasibility and relevance test to the research itself

Research translation & dissemination

APHCR actively and strategically disseminates its research findings through a range of methods. This ensures that research findings are accessible to a wide target audience, including health professionals, policymakers, politicians and health service managers. Their feedback and advice is then used to inform future research activities, thus forming a continuous feedback loop. This process supports both high-quality and more practically relevant research as well as evidence-based policy and program development. Specific activities which contribute to this outcome include:

- new reporting formats which make findings available and accessible for use in policy decisions
- articles of strategic relevance through PHCRS publications
- APHCR@work eNewsletter, distributed regularly to keep subscribers up to date with APHCR. Subscribers include policymakers, academics and researchers, non-government organisations, and other stakeholders
- regular engagement with the media on important topical issues and to promote APHCR’s research findings

> a twitter account that is used for important announcements and upcoming events

Strengthening Australia’s primary health care research capacity

APHCR’s CREs are playing a critical role in identifying and supporting early career researchers in pursuing high-quality research into priority areas of primary health care. Currently, the CREs have:

- 18 full-time PhD students in place, (27.2% of the 66 researchers employed in CREs)
- 14 postdoctoral fellows in place (21.2% of the 66 researchers employed in CREs)
- 1 Indigenous research fellow in place, (1.5% of the 66 researchers employed in CREs)

In total, 50% of the researchers working in CREs are early career researchers being assisted in their career. In addition, APHCR ANU has graduated three PhD candidates, another has submitted and a further two candidates are currently undertaking working towards their doctorate.
Future Directions

During 2013-2016 APHCRI will build on its achievements (outlined above) in the context of key review processes, such as the McKeon Review into Medical Research and the PHCRED evaluation, to drive further improvements within the primary health care sector. The following diagram outlines the current timeline of funding programs to 2016. It is clear that 2014/15 is a critical time as the first round of CREs come to an end. Our planning is based on the assumption that the PHCRED Strategy will be refreshed with learnings from the evaluation and new priorities for the future. It is therefore essential that we maintain the capacity of the sector to meet these new challenges and be ready for a seamless transition.

APHCRI will continue to play a pivotal role in ensuring that Australia’s primary health care sector provides high-quality, efficient, equitable and evidence-based frontline care to the community. Future areas of focus for APHCRI include responding to the dynamic policy environment with short-term research projects while also building a sustainable research infrastructure in key ongoing areas of need. This will maximise the benefits of APHCRI’s contribution to capacity building of the primary health care research sector and its input into policy analysis and development. In this context a number of key areas for action have been identified for immediate action.

Address emerging primary health care priorities

Review of priorities

Government policy will continue to evolve in the health sector more generally and it is expected that the role of primary health care to address significant issues will be increasingly recognised. APHCRI will facilitate the input of research evidence into the primary health care sector, including working with Primary Health Care Organisations (such as Medicare Locals) to ensure that new primary health care policies, programs and services are informed by high-quality evidence and that emerging priorities from the sector drive future research.

Rapid research response

APHCRI will maintain a capacity for rapid response to emerging priorities and the commissioning of short-term (up to two years) research streams or projects. This will enable government policy development processes to be informed by the latest research and assist industry, professional and consumer organisations to work with the research community to identify emerging research priorities. It will include identifying collaborations that support a focus on integration throughout the health and social care sectors.

Evaluation & review

PHCRED evaluation

APHCRI will work with the PHCRED evaluation team to provide input into the review process with a focus on recognising:

- the goals and context of primary health care research
- the structure and process of APHCRI
- outcomes to date and future directions.

This will include preparing a submission that outlines future directions for the Strategy based on evidence from the past and best practice in achieving the overall aim of a research to support a high performing and quality primary health care sector. The submission will focus on the need to maintain APHCRI as a discrete organisation to maintain the focus on priority-driven and embedded research. This would not occur if, for example, APHCRI was absorbed into a broader grants program, such as that administered by the NHMRC. The submission will focus on identifying strategies to maintain capacity in the first round CREs and identifying optimal models for sustaining and growing primary health care research into the next phase of PHCRED. It will also address the relationship between APHCRI and PHCRIS.

APHCRI review

APHCRI will continue to implement a self-evaluation framework based on quality improvement principles that identifies performance measures in respect of key goals and collects and analyses relevant data on an ongoing basis.
Conclusions

Over the past 13 years APHCRI has established itself as a key primary health care organisation which plays a critical role in improving the performance of Australia’s primary health care system. To date, APHCRI has developed and supported Australia’s emerging primary health care research capacity and nurtured a current and future primary health care research workforce. It has established strategic partnerships at both the national and international levels to inform the implementation of research and its application to policy and practice.

As APHCRI moves into its next phase of development, it will strengthen its focus on the implementation and application of research findings to deliver improved primary health care and better health outcomes for the Australian community. This will involve building on existing relationships within government and the primary health care sector to ensure policy and practice priorities drive research and that research findings are fed back into the development of policies and practice.

Through these activities, APHCRI will continue to work with government, practitioners and researchers to support priority-driven research and ensure that all Australians can benefit from high-quality, evidence-based, cost-effective and accessible primary health care.
Health services research (HSR) is a multidisciplinary scientific field that examines how people get access to health care practitioners and health care services, how much care costs, and what happens to patients as a result of this care. Studies in HSR investigate how social factors, financing systems, organizational structures and processes, medical technology, and personal behaviors affect access to health care, the quality and cost of health care, and quantity and quality of life. Compared with medical research, HSR is a relatively young science that developed through the bringing together of social science perspectives with the contributions of individuals and institutions engaged in delivering health services. (Wikipedia)

Knowledge translation and exchange is a dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically sound application of knowledge to improve the health of Australians provide more effective health services and products and strengthen the healthcare system. (Definition based on one developed by the Canadian Institutes of Health Research and used worldwide by many health research organisations)

Primary Health Care: This paper uses the following definition of Primary Health Care, based on the World Health Organisation definition and adapted by APHCRI to the Australian context:

Primary health care is socially appropriate, universally accessible, scientifically sound first level care provided by health services and systems with a suitably trained workforce comprised of multi-disciplinary teams supported by integrated referral systems in a way that: gives priority to those most in need and addresses health inequalities; maximises community and individual self-reliance, participation and control; and involves collaboration and partnership with other sectors to promote public health. Comprehensive primary health care includes health promotion, illness prevention, treatment and care of the sick, community development, and advocacy and rehabilitation.

References


[10] See www.ourhealth.org.au for a range of examples of consumer, carer and family issues with the current health system
