Supporting Primary Health Care Research – future directions
Discussion paper

Developed by the Australian Primary Health Care Research Institute (APHCRI)

January 2015

This paper is intended to promote discussion regarding the future of Australian primary health care research funding to inform deliberations of the Australian Government Department of Health on the future of its Primary Health Care Research Development and Evaluation Strategy (PHCRE). Feedback and comment would be welcomed by 27 February 2015, via email or by using the template provided, and should be sent to:

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Introduction

Primary health care has been identified as having a critical function in the health care system to drive effectiveness and cost-effectiveness of population health. Better primary health care is linked to more optimal population health at lower health care costs; this requires a strong primary health care sector which can provide high quality, cost-effective care to all in the community.

Australia, like most other developed economies, is facing rising health care costs and an increased demand for health care due to lifestyle factors, ageing and the changing burden of disease of our population. To guide our response to these challenges it is critical that research is both driven by, and informs, health care policies and practice. This can only be achieved through robust Australian-based primary health care research, which reflects our policy priorities and responds to the needs of our community’s needs, using diverse research methods. The Primary Health Care Research, Evaluation and Development (PHCRE) strategy was developed by the Commonwealth government in 2000 to build the primary health care research capacity and evidence base in Australia, and to promote high quality, Australian-based primary health care research.

This document considers the achievements of the PHCRE strategy and how any future primary health care research strategy might build on these achievements and best be advanced to meet the challenges of the contemporary health environment. It offers a concept for the future delivery of primary health care research, maximising and building upon PHCRE’s successes, to provide primary health care research evidence, which can inform policy and practice responses to address current and future predicted health challenges.

Introduction to PHCRE

The PHCRE strategy is now in its third phase (2010-2014), focused on health services and systems research, rather than clinical research. It has three key aims, which support national priorities in primary health care development:

1. continuing to improve Australia’s capacity in the primary health care research sector;
2. adding to the body of knowledge and evidence of primary health care research; and,
3. actively promulgating primary health care research to engender effective knowledge exchange.

Phase 3 of the PHCRE strategy (Appendix A) is delivered through:

- The Australian Primary Health Care Research Institute (APHCRI), which supports priority-driven research and embeds it in 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.

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Australian Primary Health Care Research Institute (APHCRI)

APHCRI plays an important role in Australia’s primary health care system through leading, funding and supporting priority-driven research into primary health care.

APHCRI has three main objectives to:

1. Support priority-driven primary health care research
2. Increase the capacity to undertake primary health care research
3. Drive the implementation of research into primary health care policy and practice.
CURRENT PHCRED DELIVERY

Under PHCRED Phase 3, APHCRI and PHCRIS are the key delivery arms of the PHCRED strategy (see Appendix B for current roles). These bodies have effective systems in place to identify research priorities; fund and support primary health care research; build capacity in this research workforce; and, disseminate and efficiently translate research knowledge. Through phases 1-3 of the PHCRED strategy, APHCRI and PHCRIS have significantly increased capacity and knowledge production and translation within the primary health care research sector.

Investment in building evidence for primary health care policy and practice through the PHCRED strategy has narrowed the gap between evidence based interventions known to optimise population health and healthcare delivery and the actual care that is delivered\(^1\). However, significant gaps still remain in the implementation of research evidence. To build an effective primary health care system and drive improvement of the health system as a whole, findings from primary health care research must be translated into policy and practice.

A key element of the PHCRED strategy was to help primary health care research ’catch up’ with other health and medical research, and to develop a research infrastructure. PHCRED’s success in establishing this infrastructure makes it possible to now address the wider health system issues to which primary health care is central. Any future primary health care research strategy would benefit from driving the implementation of primary health care research to support more effective policy and practice responses to contemporary health challenges.

Australian primary health care: discussion paper context

The completion of the third phase of PHCRED coincides with the structural and functional reorganisation of Australia’s primary health care organisations. The 2014 Horvath Review\(^2\) recommended new Primary Health Networks (PHNs) be established, replacing existing Medicare Locals, in 2015. By coincidence, the restructuring of primary health care meso level organisations, in tandem with the PHCRED renewal, offers a unique window of opportunity to align primary health care research, delivery and policy enabling systems.

This paper considers the value of adopting a future primary health care research strategy that would align primary health care research, delivery and policy enabling systems to maximise the potential to implement research evidence. Building upon the investment and achievements in both the primary health care research sector (through PHCRED) and primary health care meso level organisations in recent years, we specifically target improving the translation and implementation of research findings into policy and practice. This is in keeping with key recommendations from recent review processes pertinent to the future of primary health care research in Australia, including:

- the 2014 PHCRED Phase 3 evaluation [interim verbal report\(^1\)];
- the 2013 Strategic Review of Health and Medical Research in Australia – Better Health Through Research (McKeon review); and,
- the 2014 National Commission of Audit\(^3\).

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\(^1\) In early 2014 the Department of Health appointed a review team to undertake an evaluation of PHCRED Phase 3 to better understand the impact of this phase of the strategy and consider potential future next steps for primary health care research.
Tackling greater implementation of primary health care research

The existing infrastructure of APHCRI and PHCRIS has been central to addressing contemporary health challenges through improved research translation and implementation of research evidence. A continuation of the following key functions of these two bodies, whether through the extension of existing arrangements or through the establishment of a completely new structure, would be an enabling platform by which to address complex implementation challenges through:

- commissioning and performance management of priority led research;
- engagement of policy makers and other research users in research priority setting and translation;
- primary health care research capacity building; and,
- wide scale knowledge translation and exchange strategies and processes.

However, recognising the limitations of the current model to better enable research implementation, new functions would also be needed. These essential elements include:

- expertise in Implementation Research (see page 6 for an overview of this scientific approach);
- services to support the funded research network and translation of findings; and,
- engagement of a wide range of research users (policy makers/ consumers/ researchers/ practice leaders) in priority setting, research processes and translation stages of commissioned research.

It is important to emphasise that PHCRED has been an iterative strategy adding new tasks and foci over time; any additional new roles would need to build on achievements to date.

Diagram 1: Future primary health care strategy: building on new functions
Implementing research into policy and practice

The global challenge of research translation and implementation has been acknowledged by the developing field of translational research. This emerging field seeks to address the translation and implementation gap by using scientific methodologies that support the movement of evidence-based research into policy and practice in order to benefit individuals and society\textsuperscript{vii,viii}, an approach endorsed by the McKeon review\textsuperscript{x} and further supported by international evidence\textsuperscript{x}:

"There is a need for increased funding support of research that is likely to significantly promote public and individual health, and translational research specifically aimed at implementing evidence." (McKeon review p181)

APHCRI’s experience and internal evaluation also suggests that the best approach to future primary health care research is to better enable relevant evidence to be applied to policy making and service provision (noting that research is only one factor among many considered by those developing health care policy), through a more focused and coordinated primary health care implementation research agenda. Thinking how best to improve research implementation, APHCRI has adopted the widely recognised National Institutes of Health (USA) [NIH] research translation framework, to develop its concept to deliver primary health care research.

The NIH use a three step process for the translation of research: (T1) phase 1 and 2 clinical trials; (T2) guideline development, meta-analyses and systematic reviews; and, (T3) dissemination research and implementation research\textsuperscript{xi}. This has more recently been expanded to include an additional translational step (T4), translation from health practice to population health outcomes\textsuperscript{xii}. This four step framework is advocated by the McKeon review as an appropriate approach for non-commercial health systems research such as that currently funded through PHCRED.

Our concept of the future aims to establish enablers for rapid implementation and scale up of relevant research evidence. Using the NIH research translation framework we focus on a specific area of translational research, namely implementation research (T3) (see Appendix C), which

"...as it applies specifically to health, is a type of health policy and systems research concerned with the study of clinical and public health policies, programs and practices, with the basic intent being to understand not only what is and isn't working, but how and why implementation is going right or wrong, and to test approaches to improve implementation\textsuperscript{xiii}.

This offers a platform from which to evaluate the effectiveness of implementation activities (T4) in time.

T3 and T4 elements of the NIH translational framework have developed considerably over recent years and this innovative approach provides a robust basis for future development.
Table 1: NIH translational framework

The NIH Research Translation Framework can be applied to non-commercial translation

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<th>CONSUMER</th>
<th>HEALTHCARE PROFESSIONAL</th>
<th>HEALTH OUTCOMES</th>
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<td>Healthcare Professional</td>
<td>Early Translation</td>
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<td>Clinical Practice</td>
<td>T1 Case Studies Phase I &amp; II Clinical Trials</td>
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<td>Animal Research</td>
<td>and Phase III Trials</td>
<td>Timely and Effective Delivery of Recommended Care</td>
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<td>Adoption (T4)</td>
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(McKeon review 2013)

Stakeholder perspectives on improving the implementation of primary health care research

Whilst many of the successes of APHCR and PHCRIS have centred on the translation of evidence to policy (see APHCR’s submission to the 2014 PHCRE Phase 3 evaluation10), APHCR’s work at a national level has not, until recently, been focused on driving the implementation of research into practice. In addition, the expertise of PHCRIS in the area of knowledge translation and exchange is not, on its own, able to yield rapid evidence for practice implementation. However, the work completed to date provides an essential foundation which, with extended functions could focus on enhancing translation of research into policy and systems into the future and more actively support implementation of research into practice. This thinking has led us to consider, in consultation with research stakeholders, how better enablers could be created to improve implementation at scale.

Between January and March 2014, APHCR undertook informal discussions with 25 relevant research users/stakeholders including, researchers, health service providers, consumer representatives and policy makers to explore strategies to improve implementation of research into policy and practice. Feedback from these discussions collectively supported establishing a primary health care implementation research approach. Policy makers and service providers were keen to engage in collaboration in research design, methods, application and outcomes of primary health care research. It was widely noted that the process of implementing research outcomes was often too difficult (e.g. findings weren’t easily scalable/implementable), or too slow (through the academic process) for both policy makers and providers to maximise outcomes. There was a sense of urgency, especially from healthcare providers (primary and secondary care), for usable evidence based information which could be implemented; particularly at a health systems level. Selected quotes from the discussions highlight some of these points:
Stakeholder: Academic:

“…when something goes wrong [in the research project] the academics don’t necessarily correct it – they think in a theoretical sense about how you might better do that the next time to stop that problem arising. Any real world experiment is going to run into unforeseen reality. Implementation science and reflection will guide future thinking”.

Stakeholder: Policy maker:

‘Clinical studies are easier to translate into practice, whereas in primary health care it is a lot more complex; dealing with a whole lot of interaction that involves behaviour, systems and things we don’t have control over … in terms of research. In terms of policy outcomes – you also have a problem; it’s not a linear process. Health policy is circular and may not come to bear because of political imperatives’.

Stakeholder: Service provider:

‘I want more evidence around the implementation of successful initiatives in integrated care – what factors really enable integrated care implementation? For us this is so big in scale it’s daunting – how do we bite it off?’

Building on PHCRED infrastructure: developing a concept

In a time of fiscal constraint, any future primary health care research strategy should build upon the successes of PHCRED Phases 1-3 to improve research implementation outcomes. To achieve this we must enable policy makers, educators, researchers, providers and consumers to access and use relevant information.

One option is to build on existing functions of the PHCRED Phase 3 strategy (currently delivered by APHCRi and PHCRIS), strategically streamlining joint priorities in one strategic governance structure that includes the current functions of commissioning, capacity building, knowledge translation and exchange; and adding provision of:

- technical and academic expertise in implementation research;
- services to researchers in enabling areas such as evaluation expertise, economic analysis, support for practice based networks and analytical tools (e.g. GRAPHC); and,
- national structured engagement of a wide scope of end users (e.g. policy makers, practitioners, researchers and consumers), building on successful engagement models in the current infrastructure and reflecting new system structures such as PHNs

This approach is represented in the concept below where current functions and technical expertise are brought together, acting as a foundational enabler to develop, fund and share primary health care research evidence in conjunction with tools and techniques to better support the implementation of that evidence:
This structural foundation underpinning primary health care and implementation research expertise at the national level needs to be supported by platforms that allow end users of research to contribute to and co-create research. This could be achieved by aligning platforms and drivers for research translation and implementation with newly established PHNs that can be enabled to form research links and provide a conduit between key users of research and supported at a national level by the new model.

PHNs are strategically placed to have a dual role in the research strategy. Collectives of PHNs could be supported through the infrastructure and activities of the above model to be the active recipients of best practice primary health care and implementation research evidence. Additionally, through their practical experience and relationships with primary health care providers in conjunction with the introduction of mandatory clinical councils and consumer advisory committees, PHNs are a key informant for setting future primary health care research priorities. Working with PHNs collectively as a research to practice platform would also benefit policy makers by allowing them to better understand common issues affecting PHNs, thereby reducing duplication and sharing efficient and effective local solutions to common problems. APHCRi has developed and discussed detailed arrangements to realise this potential with the Commonwealth Department of Health.

This concept directly tackles the translational and implementation elements of the NIH translational framework (described on Page 6), creating a practical application of the framework concept.
Realising the concept

To realise this concept, new activities could be built into any future primary health care research strategy, these should build on the achievement of PHCRED Phase 3 and include the following:

- **Implementation research skills and leadership could be contracted from a university(s) as a core component of infrastructure activity, integrated into governance and decision making processes.** Expertise could also be more widely available to all funded primary health care research including Practice Based Research Networks (PBRNs) and state based research networks to more widely build capacity for improved implementation research. Technical expertise would:
  - allow access to implementation expertise by primary health care researchers; and,
  - offer implementation focused capacity building opportunities to primary health care researchers and key research users/stakeholders through advice, co-working, events, training programs and web based resources.

- **Additional academic and technical experts to provide services to the research network would also be brought into the infrastructure, subcontracted from universities or provided by the hosting university, to allow improvements in effectiveness and efficiency measures and access to tools and resources; for example, health economists, evaluation experts, spatial data analysis experts and support to PBRNs.** This ‘academic outreach’ can be directed at specific tasks and projects for PHNs and practices, as well as take the form of capacity building of PHN/practice staff in operating scientific implementation strategies.

- **Engaging more widely by formalising and building new and diverse partnerships with research users/stakeholders (e.g. peak bodies, professional representation organisations, the private health insurance sector, industry (e.g. service providers, pathology, and imaging), consumer representatives and other relevant organisations)) to complement the existing relationships with policy makers, is a fundamental enabler to this concept.** PHCRED Phase 3 delivery through APHCRI currently has a specific policy liaison position to allow engagement and co-creation in the research process from policy makers (seconded PHCRED liaison officer post), which has proved highly successful. APHCRI has Board approval to move forward with a similar secondment with the Consumers Health Forum and a vision to have a research to practice role liaising with PHNs, once established. These key structures offer national enablers to engage with, and involve and support, research users to participate in research funding decisions and knowledge translation strategies. International health research funding bodies have also trialled other research translation enabling positions, which could be explored to ascertain their value in an Australian context.

- **Update and renew capacity building initiatives.** Phases 1-3 of PHCRED have enabled significant progress in building primary health care research capacity. However, it is necessary to reflect on these initiatives and look to future research workforce requirements. To address this, APHCRI and PHCRIS are undertaking a study to assess workforce capacity and develop strategies to design appropriate future workforce development and capacity building initiatives. The study will identify and define the Australian primary health care research workforce and its demographics, current areas of interest (and gaps), and is working to identify and describe career pathways. Using this information, the research team will devise mechanisms to define and project workforce needs of the sector over time. This information will form the foundation for a primary health care workforce plan. It is intended that this plan will inform future workforce development and capacity building strategies and orient the research workforce capabilities towards the needs of primary health care over the next ten years.
Benefits of the concept

BENEFITS FOR SERVICE PROVIDERS

Service providers we spoke with talked of needing information about evidence based outcomes much more rapidly than the current system allows. They discussed the need to develop their own skill sets particularly in terms of evaluating their own practice, understanding research outcomes and developing implementation skills. Our concept directly targets these expressed needs by proposing an evaluation skill set, a knowledge translation and exchange and communication approach that is accessible and prompt. Importantly, this approach would also orient all commissioned primary health care research towards implementation and build this capacity in researcher and stakeholder communities through the provision of targeted resources and online and face to face initiatives.

BENEFITS FROM A POLICY PERSPECTIVE

Building on APHCRIn’s PHCREd liaison officer model, achievements such as the ‘Conversations Series’ would continue in any future primary health care research strategy to facilitate establishing processes to break down silos thereby allowing policy makers (and other stakeholders) to better understand and enter the research world and vice versa. Researchers and policy makers that we spoke with considered such processes critical to better implement the sharing of research outcomes.

Policy makers were interested in the enabling powers of this concept to drive the implementation of research outcomes by establishing capacity building and knowledge exchange systems in the research and primary health care sectors at multiple levels: engagement, contracting, performance monitoring, evaluation and synthesis. Australian policy makers were particularly interested in the stakeholder engagement aspects as this would establish a firm platform to influence research undertakings from considering what research priorities are and should be into the future, through research design to completion; allowing something rarely seen in currently funded research projects; an analysis of ‘failure’ when expected outcomes are not borne out.

This concept allows policy makers an access point into the thinking of independent researchers and other stakeholders on issues relating to primary health care effectiveness, efficiency, value for money and return on investment.

BENEFITS FROM A CONSUMER PERSPECTIVE

Stakeholder discussions also sought the perspectives of health service consumer representatives. Consumer representatives APHCRIn spoke with embraced the idea of stakeholder engagement being “up-front” in the research process of any future primary health care strategy. Indeed, one consumer representative recounted their positive experience of how engagement at this level had re-shaped a study that was not following its hypothetical pathway. Consumer representatives’ consider that incorporating the patient/consumer voice up-front when developing the research question and method, as a key enabler for delivering more implementation ready research. Improved evaluation of research and/or health policy and practice was also supported by these representatives who complained of too little available information about the outputs of policy and practice initiatives and outcomes. As an enabler to this, it was expressed that publication of research findings in academic papers alone is insufficient to drive implementation, and that more ‘layperson friendly’ communication modes should be built into the concept (e.g. print and social media).
International evidence of benefits

The investment in research capacity building is supported by evidence from the Netherlands, which has demonstrated that a strong primary health care research capacity, with an output of high quality generic primary health care research will strengthen the process of implementation. This approach delivers tangible and significant gains to the community and ensures the health system is optimally placed to meet future health challenges.

Conclusion

This concept for the delivery of a primary health care research strategy in the future acknowledges the enormous impact of the PHCRED strategy in building both primary health care research infrastructure and capacity over the last 14 years; without this foundation the challenge of implementing primary health care evidence into policy and practice would be even harder.

The work of APHCR and PHCRIS to date provides a strong platform on which to build in any future primary health care research strategy, particularly if the existing functions of these bodies to build capability in implementation of research were aligned under one strategic governance body, and expertise was brought into this new arrangement to lead and develop implementation research capacity. Further services and tools for researchers and research users can be developed efficiently to serve the network as a whole. Lastly, and importantly, the contribution of end users into the research process, from priority setting to dissemination, cannot be overstated in giving us usable, scalable, research evidence.

With the successful conclusion of the PHCRED Phase 3 funding cycle coinciding with the establishment of Primary Health Networks there is also an opportunity to build implementation enablers into primary health care research and meso level organisation structures (e.g. clinical councils and community advisory committees). This would allow the better identification, learning and sharing of lessons between practice and research, supporting priority setting and enabling networking from the pivotal position of primary health care, into the wider health and social systems.

We welcome comment and discussion on this paper. A feedback template is provided or email:

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Appendix A: Introduction to PHCRED

The Primary Health Care Research Evaluation and Development (PHCRED) Strategy commenced in 2000 with the aim to improve Australia’s capacity to produce high quality primary health care research.

- Phase 1 of the strategy focused on improving Australia’s capacity to produce high quality primary health care research.
- Phase 2 Strategy goals were revised to reflect not only expanding the primary health care research workforce, but also in producing relevant evidence and supporting its uptake.
- Now in Phase 3 (2010-2014), the three broad elements of the Strategy are to:
  1. continue to improve Australia’s capacity in the primary health care research sector;
  2. add to the body of knowledge and evidence of primary health care research; and,
  3. actively promulgate primary health care research to engender effective knowledge exchange.

During this third phase, the PHCRED Strategy sought to focus on the broad PHC priority areas as outlined in the National Primary Health Care Strategy:

- Improving access and reducing inequity
- Better management of chronic conditions
- Increasing focus on prevention
- Improving quality, safety, performance and accountability

Components of Phase 3 of the PHCRED Strategy include:

- 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.
Appendix B: Current roles of APHCR and PHCRIS (PHCRED 3)

APHCR leads and supports priority-driven research into primary health care to embed a research culture within both general practice and primary health care. APHCR is a research commissioning body with three goals:

- To support priority driven primary health care research
- To increase the capacity to undertake primary health care research
- To drive the implementation of research into primary health care policy and services

Key outputs include:

- commissioning and performance managing nine Centres of Research Excellence and several research ‘streams’ undertaking priority driven primary health care research
- establishing and supporting research networks at practice, state and international levels to efficiently share knowledge
- undertaking primary health care research workforce capacity building initiatives, including exchange programs, to build the developing primary health care research workforce
- establishing research to policy translation initiatives including ‘APHCR conversations’ with the Department of Health

PHCRIS contributes to improved primary health care policy and practice by increasing the exchange of information and knowledge about Australian primary health care research, evaluation and development. PHCRIS currently collaborates with stakeholders to achieve four goals:

- provide comprehensive information and evidence about Australian primary health care
- facilitate the exchange of information and knowledge
- improve accessibility to quality data, information and evidence
- expand the understanding and practice of knowledge exchange and networking

Key outputs include:

- running Australia's annual primary health care research conference;
- managing the Roadmap Of Australian Primary Health Care Research (ROAR) which contains information on researchers, projects, organisations, research activities and funding; and,
- knowledge translation and exchange initiatives including a suite of online and hard publications.
Appendix C: Implementation research approach and methods

By definition implementation research has to be used in everyday or ‘real life’ settings; it is not relevant to basic research but is useful in the context of applied research. Implementation research, therefore, must work with those who will be affected by an intervention, rather than those who may not represent this group, such as in other forms of research where participants are selected based on defined inclusion and exclusion criteria. This form of research is concerned with the users of research and does not purely generate knowledge. ‘Users’ may include: patients; health service providers; policy makers; governments; educators; carers; community leaders; researchers and scientists and educators. Instrumental to the research methods are the engagement and involvement of these users in the research design and question; the research process and its dissemination. Outcome variables such as primary health care service adoption, cost, acceptability, appropriateness, sustainability, implementation cost, return on investment, coverage and sustainability can demonstrate the effectiveness, or otherwise, of an implementation.

A broad range of well recognised qualitative and quantitative methods can be used in implementation research along with some research methods which have been designed specifically to address implementation questions, but all aim to give methodological rigor on evidence based primary health care implementation approaches.
Appendix D: Glossary

Definitions of Termsxi Graham et al 2006

Knowledge translation

“The exchange, synthesis and ethically-sound application of knowledge – within translation a complex system of interactions among researchers and users - to accelerate the capture of the benefits of research for Canadians through improved health, more effective services and products, and a strengthened health care system.”

“The collaborative and systematic review, assessment, identification, aggregation and practical application of high-quality disability and rehabilitation research by key stakeholders (e.g. consumers, researchers, practitioners, policy makers) for the purpose of improving the lives of individuals with disabilities.

Knowledge transfer

“A systematic approach to capture, collect and share tacit knowledge in order for it to become explicit knowledge. By doing so, this process allows for individuals and/or organizations to access and utilize essential information, which previously was known intrinsically to only one or a small group of people.”

“Successful knowledge transfer involves much more than a one way, linear diffusion of knowledge and skills from a university to industry; it depends on access to people, information and infrastructure.”

“Knowledge transfer is about transferring good ideas, research results and skills between universities, other research organisations, business and the wider community to enable innovative new products and services to be developed.”

Knowledge exchange

“Knowledge exchange is collaborative problem-solving between researchers and exchange decision makers that happens through linkage and exchange. Effective knowledge exchange involves interaction between decision makers and researchers and results in mutual learning through the process of planning, producing, disseminating, and applying existing or new research in decision-making.”

Research utilisation

“Process by which specific research-based knowledge (science) is implemented utilization in practice”

Implementation

“The execution of the adoption decision, that is, the innovation or the research is put into practice”

Dissemination

“The spreading of knowledge or research, such as is done in scientific journals and at scientific conferences.”

Implementation researchxvii

Implementation research, as it applies specifically to health, is a type of health policy and systems research concerned with the study of clinical and public health policies, programs and practices, with the basic intent being to understand not only what is and isn’t working, but how and why implementation is going right or wrong, and to test approaches to improve implementation.
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