GPPAC RESPONSE TO MINISTER ON PRIMARY HEALTHCARE, RESEARCH, EVALUATION AND DEVELOPMENT STRATEGY
February 2000

Overview

The strategy recommended in this paper draws on previous reports relevant to primary health care research, evaluation and development. If implemented, it would, in particular, give effect to recommendations of the General Practice Strategy Review which have already been approved by the Government. The proposal encompasses:

- a national body to co-ordinate and lead primary health care research, evaluation and development (the Primary Health Care Research Institute);
- a new research program to replace the current General Practice Evaluation Program;
- development funding to university Departments of General Practice to upgrade the research skills among general practitioners and develop a sustainable General Practice research structure;
- a focus on rural health research, through a dedicated percentage of funds of the new research program, funding direct to university Departments of Rural Health to strengthen their capacity, and linking part of the development funding to rural priorities;
- a priority research setting process; and
- an independent monitoring and evaluation effort.

Principles

There has been an extensive consultative process within the general practice profession over the last 18 months, on implementing relevant recommendations from the General Practice Strategy Review[1] (GPSR), which culminated in a coalescing of the findings of the Wills[2], Public Health Education and Research Program[3] (PHERP), Mudge[4] and GPSR into the Wall[5] report. The last mentioned report proposed that there should be an expanded research, evaluation and development agenda for primary health care and a recommended structure for this.

Historically, the way the general practice research program has been developed indicates that an expectation that the research, evaluation and development strategy could be absorbed into the total National Health & medical research Council (NH&MRC) research pool within the next five to ten years would not work. Consequentially, the research, evaluation and development strategy as proposed would be maintained within the general practice profession for the time being, with development of strategic links to the NH & MRC and other national and international research bodies.

Evidence and consensus suggests that there is a need for a 5-year funding round to ensure continuity and stability within the research community.

Both national and international experience indicates that although primary health care comprises half the patient care and half doctors' services, primary health care research is currently underfunded. Each year some 90% of the Australian population has

contact with the primary health care system. It accounted for some 37% of all sources of health expenditure in 1996-97, about 31% of Commonwealth health funding, 26% of State Government and 77% of individual spending. Approximately 80% of Commonwealth primary health care funding is spent on medical, para-medical and consequential services. Primary health care is an area in which the Commonwealth Government has a legitimate interest and the opportunity to show national leadership as, it is also believed that primary health care has the capacity to make a real difference to both individuals and population health status. To achieve potential health gains, primary health care has to be evidence and research based. Consequentially, to address the research questions within the primary health care environment (of which general practice is part), it makes sense that adequate funding should be made available to this sector, bearing in mind a set of guiding principles.

Formal linkages also need to be made to peak health consumer organisations so that the research, evaluation and development strategy is appropriate to meet consumer needs. This would imply peak health consumer organisation involvement in both planning and implementation of the strategy.

The background to the establishment of University Departments of General Practice has been described by Kamien. Kamien noted that the Departments of General Practice needed to be: leaders and innovators in medical education; good researchers; and scholars in areas of importance to the betterment of general practice.[6] These roles are still important to general practice. Recently, Lawson et al examined Australian academic general practice, profiled some key personnel in the universities, their key research to date and their suggestions for application of extra resources.[7]

Currently University Departments of General Practice are both underfunded and understaffed to provide the research, evaluation and development support that is required to undertake the research that is necessary and to engage meaningfully with the whole general practice profession. Academic research training must occur within the university system, and there is a need to develop a pool of clinically active GPs who understand research methods and concepts and who are willing to work cooperatively with professional researchers on areas of interest.

The academic departments of general practice are well placed to encourage research during all levels of medical education from undergraduate through to postgraduate and vocational training (RACGP). The close links between research and training encourages processes whereby the results of research get put into practice; students and trainees are also able to see that research is the foundation of the knowledge that they are acquiring and is a legitimate pursuit for them either as a career or as part of their practice.

Provision of developmental funding would ensure that general practice research in the future attains the standards and rigor needed to hold its own in the competitive environment of the NHMRC and other competitive granting bodies. Targeted streams of research could include areas identified by the strategy review such as development of evidence-based clinical guidelines, development of models of applying best practice including cost-effectiveness, focus on national health priorities as well as other areas of R&D which have clinical and/or policy relevance. A review of research conducted by the academic departments over the last seven years will

demonstrate the relevance of much of this research in terms of the national health priorities as well as and the needs of GPs. Such a review would also show the slow but steady progress general practice research has made to becoming increasingly rigorous - gains which would continue and be strengthened by provision of this funding.

In addition to providing the results of such research, funding would be able to further fulfil the needs of divisions by providing a stream of research focused on the identification of meaningful and measurable outcomes for the divisions to use in their outcome based funding and planning.

There needs to be encouragement and enhancement of close linkages between Divisions of General Practice within each state and their locally skilled researchers within the Universities. These have developed over the last ten years with the development of divisions, from the grass roots base and encouragement by way of financial input to universities will enhance this relationship. Although clinical and health services research is carried out in general practice settings, and involve primary care clinicians, to maintain scientific rigour and credibility, there must be strong links between universities and general practice, and in particular, Divisions of General Practice , State Based Organisations, as well as the Royal Australian College of General Practitioners. Local linkages are important, as previous experience with organisations, such as the Support and Evaluation Resource Units (SERUs), at a national level were not able to provide the local direction and support required to all the divisions of general practice in their considerable variety.[8]

The GPSR made a series of recommendations in relation to research, evaluation and development, which have been accepted by the Minister. It clearly delineated a set of strategic principles in relation to this:[9]

- High quality patient care requires a sound evidence base derived from high quality research and development
- High quality research and development requires effective collaboration between health service providers and universities
- Any increase in general practice research and development activity in the health service sector requires parallel expansion in research and development capacity in the university sector
- Successful expansion of primary care research and development requires a coordinated approach from the Department of Health and Aged Care, the NH&MRC, universities and other research funding organisations.
- Expansion of research and development activity in general practice should be carefully managed

These principles have been accepted by the Government and in consultations on implementing relevant recommendations of the GPSR.

Integral to a new research evaluation and development proposal is that the focus should primarily be on targeted areas of research, evaluation and development that have clinical and or policy significance.[10]

The PHERP type model might work with a national coordinating body equivalent to National Centre for Epidemiology and Population Health at the Australian National University and then the Universities in each state to form a consortium to deliver GP research training courses/programs. The funding which was to be administered by the NH&MRC and the GPNIS can be incorporated into the National coordinating body, with formation of strategic links with NH&MRC, rather than the NH&MRC administering primary health care research funding itself. The recently released PHERP review noted that the injection of funds into the Schools of Public Health consortia had provided an expansion of a Public Health workforce, which is now capable to undertake the Public Health research. The current proposal is based on the recommendations that the same results can be obtained in primary health care research by such an injection of funds.

Previous reports into primary health care have not explicitly addressed rural health research needs, although it was understood that rural needs would be addressed within the overall strategy. The proposals below articulate suggested rural components and reflect the current focus within general practice to ensure rural Australians have access to high quality general practice services.

It is recognised that the Government, Minister for Health and Aged Care, the Department of Health and Aged Care, health care consumers, State Based Organisations and divisions of general practice are customers of priority driven and targeted research and need to have the links established with the researchers so that appropriate research, evaluation and development is undertaken. Research is intended to inform both clinical practice, health services delivery and policy development and implementation.

Proposed Structure

A) Advice would be to Government from the peak advisory body, i.e. GPPAC, which will be involved in setting priority research areas and providing advice to the Minister. It is anticipated that this process would be through a constituted subgroup of GPPAC (with appropriate coopted expertise).

B) Development of a real or virtual national coordinating body, known as the Primary Health Care Research Institute. There is a difference of opinion as to whether it should be virtual or real and this might be resolved through a competitive tendering process to reveal the most effective and efficient proposal. It would be essential that all stakeholders be represented and provided with the opportunity to access funds on an open competitive basis and/or contribute to national level activities. There would be a Board of Management, including state-based representation (from all the University Departments of General Practice), and representation from the Royal Australian College of General Practitioners, consumers and Australian Divisions of General Practice, to provide for national input and accountability.

This centre would have the role of:

- Overseeing priority research areas
- Making the research results available (eg from ongoing research under the General Practice Evaluation Program (GPEP), and the replacement program

recommended below, the new General Practice Research, Evaluation and Development Program (GPRED) to inform national policy development
- Undertaking the research clearing house and dissemination function currently performed by the General Practice National Information Services (GPNIS)
- Manage a new GPRED program (including allocation of grant funds)
- Establish strategic links with NH&MRC and other national and international research bodies
- Developing a national perspective on rural primary health care research (ie have a specific national rural primary health care research, evaluation and development arm). A virtual centre or collaborating satellite would allow for people with rural credibility and knowledge to be involved. A broad collaboration would ensure inclusion of broad areas of activity such as:
    - health needs of rural Australia (the whole health environment)
    - resource allocation (including integrated health and health service models)
    - workforce
    - human behavioural change
    - effectiveness (including monitoring of programs and evaluation of outcomes)

This national rural primary health care research, evaluation and development arm would have a specific national perspective and would build upon work undertaken at a state level by the university Departments of Rural Health and the academic Departments of General Practice. Infrastructure funding proposed for university Departments of Rural Health below would enable the Departments to engage suitable staff to continue to participate in such activities. Post Doctoral scholarships pertaining to rural health issues could be allocated through this national rural primary health care research, evaluation and development arm to encourage the development of international links in rural health research issues.

C) Substantial PHERP type funding to university Departments of General Practice consortia to ensure that there is the development of a pool of well trained general practice researchers to increase the research culture within general practice. This would be specifically linked to the GPSR recommendations. To encourage Divisions of General Practice and University Departments of General Practice to work together, developmental funding could be linked to deliverables (as defined by the funding body, the Department of Health and Aged Care, with input from the General Practice Partnership Advisory Council (GPPAC).

Developmental funding to University Departments of General Practice is essential to strengthen the role of Divisions in General Practice, which in turn have the capacity to strengthen Departments of General Practice. Allocation of funding could be via by calling for expressions of interest from universities and by defining national objectives to be met by funding recipients. This funding might encourage establishment of consortia, such as already exist in several states. For example, in SA there are strategic links already existing between University Departments of General Practice and Public Health, the Department of Rural and Remote Health (Whyalla), rural and urban divisions, the SBO and the rural workforce agency.

Rural research linkages have been developed over the past few years and around Australia are in varying stages of development. The Department of General Practice at Sydney University has well developed functional linkages from its four clinical

schools to local Divisions of General Practice, local educators of RACGP training program and locally based primary care researchers. This department also has strong links with its Department of Rural Health in Broken Hill and has academic staff at Dubbo.

In Queensland at the present time, academics from the University of Queensland Department of General Practice have developed strategic linkages with the rural division in Mackay and are providing research-based support. In Western Australia the University Department of Rural Health in Geraldton has close ties and support from the Department of General Practice at the University of Western Australia. The linkages and provision of research skills and expertise will continue and can be fostered by strategic provision of appropriate developmental funding.

To further strengthen the focus on rural Australia, it is suggested that one of the deliverables mentioned above be linked to a key rural initiative in each State/Territory. In addition, GPPAC suggests, infrastructure funding is provided to the university Departments of Rural Health to provide extra staff to work on primary health care research issues.

D) There is good evidence that investigator driven research (through GPEP) has in the past assisted the professional development of young researchers interested in general practice/primary health care. While the professional development function of a new grants program is important and could be subject to a specific allocation, the emphasis should be on a competitive research fund pool, some of which might be tied to specific priority areas. Competitive PhD scholarships tied to specific research priority areas in General Practice would also be managed through this program.

E) Priority research. The priority areas for primary health care research should be defined in consultation with the all stakeholders, with final advice via GPPAC (as noted above). The Department of Health and Aged Care should assist GPPAC in the priority setting process. Vis-avis the national rural primary health care research focus, control of the research direction should come through this process also for consistency. As noted above, once priorities are defined and agreed by Government, implementation would be through the Primary Health Care Research Institute, which would have a reporting line to GPPAC and the Government.

F) External evaluation of the research evaluation and development strategy would occur through inviting an international evaluator at an appropriate interval. Interim monitoring and evaluation of the strategy would occur through GPPAC reporting regularly to the Government.

G) Cost. An *indicative* budget is set out below for the next five years. GPPAC understands approval from the Department of Finance and Administration will be necessary before obligations for funding for five years can be entered into. However, there are significant barriers to research capacity building and effecting a cultural change in general practice over shorter periods. There is now an opportunity to build on the recommendations of the GPSR, the PHERP, Mudge and Wills reviews. If funded for five years, the proposed strategy offers the prospect of a sustained effort in primary health care research to parallel the Government's commitment to health and medical research via the NHMRC.

The full cost this financial year is $100,000 and over the following five financial years a total of circa $50M. Due to the breadth of primary health care, there is significant potential for contributions from other areas of the Commonwealth health portfolio and/or from State/Territory Governments, for example. With other contributions, a primary health care research, evaluation and development effort could easily exceed $60M over the five years. It is not envisaged the funding would necessarily be evenly distributed over the five years due to initial start-up costs and the fact that commissioned research will take some time to begin.

In the current financial year, an estimated **$100,000** funding is required to enable a consultative process to determine research, evaluation and development priorities for the next five years and to enable competitive tendering for the establishment of the national co-ordinating body (the Primary Health Care Research Institute) and to enable development funding to be subject to expressions of interest and critical assessment and negotiation of those expressions of interest.

A budget of **$3.0 per annum ($15M over 5 years)** should be provided for the National Primary Health Care Research Institute. This will enable establishment, development and consolidation of the Institute over the 5 years. This would provide for key infrastructure and personnel and for the Institute's role in information dissemination and promotion of the uptake of research findings in clinical practice and policy development and administration of the proposed General Practice Research, Evaluation and Development Program see below. Increasing the uptake of research findings is a prime task and should be funded adequately otherwise even the best research will not provide a good return on investment to the Australian community. The Institute should be encouraged to attract research funding from a variety of sources, so as not to rely exclusively on Commonwealth funding from the health portfolio.

A budget of **$3.25M per annum (16.25M over 5 years)** should be provided for a new General Practice Research, Evaluation and Development Program. As recommended by the GPSR, the program should concentrate on issues of policy and clinical relevance and focus on priority driven research, and, within the priority driven research, a small element of investigator initiated research. Development and evaluation needs, including at division of general practice level, will also be catered for within the program. A specific rural/remote element of the General Practice Research, Evaluation and Development Program will give effect to the Government's already articulated commitment to meeting the health care needs of rural/remote Australians. Most rural/remote research is expected to be population health and health systems research and, therefore, funded rural/remote research should be generalisable, supported by the community and offer opportunities for community involvement. Up to 30% of the program's budget could be allocated to rural/remote research. Research PhD scholarships could be provided out of this money and be linked to defined priority areas. These PhD scholarships would be competitive and administered by the national coordinating body.

Development funding of $**2.25M per annum ($11.25M over 5 years)** is proposed and would be administered via the university departments of general practice to assist them to develop a pool of practising GPs who have a sound understanding of research

methods and concepts and are willing to co-operate professional researchers on priority topics of relevance to Australian general practice. This is critical for the future of primary health care research in Australia.

Infrastructure support in rural/remote Australia totalling **$1.4M ($7M over 5 years**) is proposed to be offered to university departments of rural health and for competitive post doctoral scholarships in rural health. This funding would enable staff in departments of rural health to work with departments of general practice, Rural Workforce Agencies and rural divisions of general practice to: develop intellectual capital in rural areas; strengthen rural population health approaches and programs; and develop feasible multi-disciplinary approaches to meeting rural needs for health and aged care services, which, inter alia, integrate services for older Australians with higher and lesser dependency needs. A trust fund that could provide an annual scholarship or two for an Australian academic GP(s) to undertake an overseas study tour/secondment exploring international links and solutions to rural health and workforce problems.

Monitoring and evaluation should be an integral part of the strategy. On-going monitoring is proposed with a mid-term review and a final evaluation report. An amount of **$100,000 per annum, $500,000 over 5 years**, should permit GPPAC and the Government to monitor and report on the research, evaluation and development strategy on a regular basis and to engage an independent evaluator to design and implement an evaluation strategy with major reports at, say, two-and-a- half and four-and-a-half years after the strategies' beginning.

F) Sustainability and return on investment. For sustainability, primary health care researchers will have to engage with industry and other partners, improve research career development and develop improved management skills. The proposed structure offers scope to for this to occur, especially via the National Institute of .Primary Health Care Research.

With respect to return on investment, first class research which is quickly disseminated and reflected in changes to primary health care services delivery is the goal of the proposed strategy. The GPSRG proposed a vision for general practice into the 21st century. For the vision to come to fruition, a strong research, evaluation and development program is required. For example, the Vision advocates that general practitioners will be able to develop initiatives in primary health care and create opportunities for better patient care as a result of the shift in resources from hospitals to communities; and be actively involved in research, evaluation and teaching and be appropriately remunerated for these activities. The Vision also foresees that general practice will have a recognised role in planning and development of health services and be an active participant in on-going evaluation of the effects of policy implementation.

Endnotes

[1] General Practice Strategy Review Group (1998) *General practice. Changing the future through partnerships.* Commonwealth of Australia: Canberra.

[2] Health and Medical Research Strategic Review (1999*) The virtuous cycle. Working together for health and medical research.* Commonwealth of Australia: Canberra.

[3] Nolan, T, Bryson, L & Lashof J. (1999) Independent review of the Public Health Education and Research program. Department of Health and Aged Care: Canberra.

[4] Mudge P. (1999) *Research and development in general practice*. Unpublished report to the General Practice Branch, Department of Health and Aged Care.

[5] Oceania Health Consulting (1999) *Progressing primary care research, evaluation and development*. . Unpublished report to the General Practice Branch, Department of Health and Aged Care

[6] Kamien M. Academic general practice comes of age. *Australian Family Physician*. Volume 26, Supplement 1, January 1997. pp47-49

[7] Lawson KA, Chew M & Van Der Weyden MB. The rise and rise of Academic general practice in Australia. *Medical Journal of Australia*. 1999; 171, pp. 643-648.

[8] In the period following release of the GPSRG, efforts were made to simplify the structure of existing committees and supporting bodies around the general practice program and new structures were put in place. New bodies to support and represent divisions of general practice at both a state and national level were established. Divisions of general practice funding requires completion of business and strategic plans, which enabled them to articulate, and provide for, their evaluation and support needs among other things. Significant additional funding was made available via the Divisions' Innovations Pool. In was in this context that the decision was made to cease funding for SERUs. In addition to the funding flowing directly to divisions of general practice at various levels, the proposed development funding for University Departments of General Practice provides for evaluation skill development as well as for development of research capacity and expertise.

[9] General Practice Strategy Review Group (1998) op.cit. p.316 (box 29.3).

[10] Ibid. p.316, recommendation 163.