AAAPC

Australian Association for
Academic Primary Care Inc.

Submission to Evaluation of the Primary Health Care Research, Evaluation and Development (PHCRED) Strategy

April 2014

Recommendations

1. Provide PHCRED training awards at a variety of levels (PhD scholarships, post-doctoral fellowships and senior practitioner fellowships) administered through the NHMRC.

2. Provide funding to support academically led practice-based research networks which can facilitate involvement of primary care practitioners and practices in research.

3. Continue to fund the Primary Health Care Research Information Service (PHCRIS).

4. Continued funding of Australian Primary Health Care Research Institute (APHCRI) with some changes in direction.

5. Give the continuing Centres of Research Excellence funded by APHCRI a specific role in linking with the broader primary health care research community including providing advice in their area of expertise.

6. APHCRI should actively link primary health care researchers to the broader Australian research community.

Background

Since its inception by the Coalition Government in 2000, the Australian Government has funded the PHCRED Strategy as a long term capacity building program to build the primary health care research evidence base. Much has been achieved over this period but more remains to be done. Key achievements have been expanding the pool of highly skilled researchers and assisting the development of a number of nationally and internationally known primary health care research groups. Funding from the PHCRED strategy has supported the development of practice-based research networks around the nation and these are now being linked up by the Australian Primary Care Research Network (APCReN). The strategy has also supported the establishment of the Australian Primary Health Care Research Institute (APHCRI). APHCRI has led the production of substantial amount of policy relevant research which has informed the development of Australian primary health care. APHCRI has also had a major role in assisting general practice and primary health care researchers form new national and particularly international linkages that have been of great significance. These links include the United States, Canada, United Kingdom and Netherlands in particular.

The current strategy (phase 3) is nearing completion (end 2014) and a national evaluation is being conducted by Consan Consulting. After circulating a set of questions about the PHCRED strategy around its membership the AAAPC executive had a telephone discussion with Robyn Considine from Consan Consulting on 13th March 2014. The following is the written submission to the PHCRED evaluation following these processes.

Why Australia needs to continue the Primary Health Care Research, Evaluation and Development Strategy

AAAPC strongly supports its continuation of the PHCRED strategy for a number of reasons. Primary health care is a fundamental building block of an effective health care system. Evidence from around the world is that countries that have a strong primary health care system have more effective and equitable health care delivery and better population health at a lower cost [1]. The greatest contact between the population and health care services is with primary care and the decisions made in primary care have important consequences for the rest of the system [2]. An example of this, also highlighted in the AAAPC submission to the McKeon Review of Medical Research, is the DIGEM randomized trial [3] of blood glucose monitoring for diabetic patients who were not using insulin showed there was no gain from routine monitoring. The trial cost (£0.5M) was a small fraction of the costs of monitoring (£100M/ year in the UK), and would have paid for itself within a few weeks of publishing.

The Australian health system is facing many challenges including an ageing population, increasing prevalence of chronic illness and escalating use of expensive hospital services. Over the next four years there will be challenging questions facing the Australian health care system about how best to manage increasing demand for services and associated costs. Primary health care is the context in which consumer expectations of health care services can be most effectively managed. The debates will include the optimal organisation and delivery of services, availability, access and equity and financing including the role of private health insurers.

Research is therefore essential to inform and improve policy and practice in primary health care. This research needs to address questions relevant to primary health care practitioners, decision makers and policy makers. It needs to involve populations who use primary health care services or could benefit from these services. The evidence base informing the practice of primary health care professionals cannot be based on research generated from highly selected population such as those seen in tertiary hospitals.

A more complete analysis of the need for primary health care research, the expected return on investment and the current state of this research sector in Australia was provided in the AAAPC submission to the McKeon review. This submission is attached. As pointed out in that submission, other developed countries including the United Kingdom and the Netherlands, have also recognised the need for investment in primary health care research. In the United Kingdom an implementation focussed research funding body (National Institute of Health Research www.nihr.ac.uk) has been established with responsibility for supporting applied health research. Primary health care research has been recognised as an important part of this agenda with £3 million per year allocated by NIHR for the National School of Primary Care. This investment flowed on from a period of advocacy and capacity development in the United Kingdom [4] and includes investment in a primary care research network made up of eight local research networks across England (www.pcrn.org.uk). In the United States the National Institutes of Health has provided strategic funds for

implementation research including primary health care research and it is also an area of interest for the Patient-Centered Outcomes Research Institute (http://www.pcori.org/.) Canada has also made important recent investments in primary health care research including the Community-Based Primary Health Care Initiative http://www.cihr-irsc.gc.ca/e/44079.html.

In order to build on the considerable achievements of the PHCRED strategy to date, further support for developing research capacity in primary health care research is needed. In a number of areas the development of primary health care research capacity lags behind basic sciences and specialised clinical research. One of these is in the embedded infrastructure supporting researchers. There are large research institutes across the country focussed on basic sciences research and research in specific diseases. The latter are typically associated with both Universities and large public hospitals. These attract substantial public funding and philanthropic donations and this infrastructure helps support both the conduct of research and the development of research expertise. In contrast primary health care research groups have minimal infrastructure support and are on a small scale compared to basic sciences and clinical centres. The Centres of Research Excellence established by APHCRI are in their early stages and involve a fairly small proportion of the PHC research population. Other academic groupings are dependent on a narrow range of sources of grants from highly competitive funding rounds.

Another area of need for further capacity building is the further development of the primary health care research workforce. To achieve better health outcomes we need the delivery of high quality, safe, effective, efficient primary health care services to individuals and communities. To do this in a sustainable way we need to educate tomorrow's primary health care workforce on the one hand and also ensure there are high calibre innovation and research personnel critiquing, examining, testing and improving the system. Despite the attention paid to developing the research workforce in Phase 2 of the PHCRED strategy there is considerably more to be done to achieve an adequate and sustainable workforce for the sector. There are substantial gaps in pathways for career progression and opportunities for career support are extremely limited. As a consequence researchers have to make difficult choices to leave the sector or take on teaching focussed positions which limit their research time and capacity.

Reflections on the appropriateness, effectiveness and efficiency of the Phase 3 PHCRED strategy

AAAPC received considerable comment from its members on these questions. There was a general view that the focus of the research supported under the strategy (in the main by funding through APHCRI) has become too focussed on policy issues with a lack of understanding that practice focused research has policy implications. The point was made that effective translational research requires investigation of the evidence base for clinical decision making as well as related questions of health services organisation and delivery. It is not helpful if our systems are delivering less than optimal care due to not understanding what best practice clinical care looks like.

There was concern that following the withdrawal of the Research Capacity Building Initiative (RCBI) funding there had been a loss of capacity in some research groups, particularly in smaller departments, where this funding was being had been very effectively leveraged to help maintain a critical mass of researchers and to engage with primary health care

practitioners through practice-based research networks and other activities such as the researcher development program. The substantial research outputs from university departments of general practice and rural health who received funding under the RCBI has been summarised by Brown and McIntyre [5]. There was view that the RCBI funding helped researchers engage with other parts of the health system on a local level to address questions of common interest. It was also noted that some of the newer departments of general practice and rural health had not had access to RCBI funding.

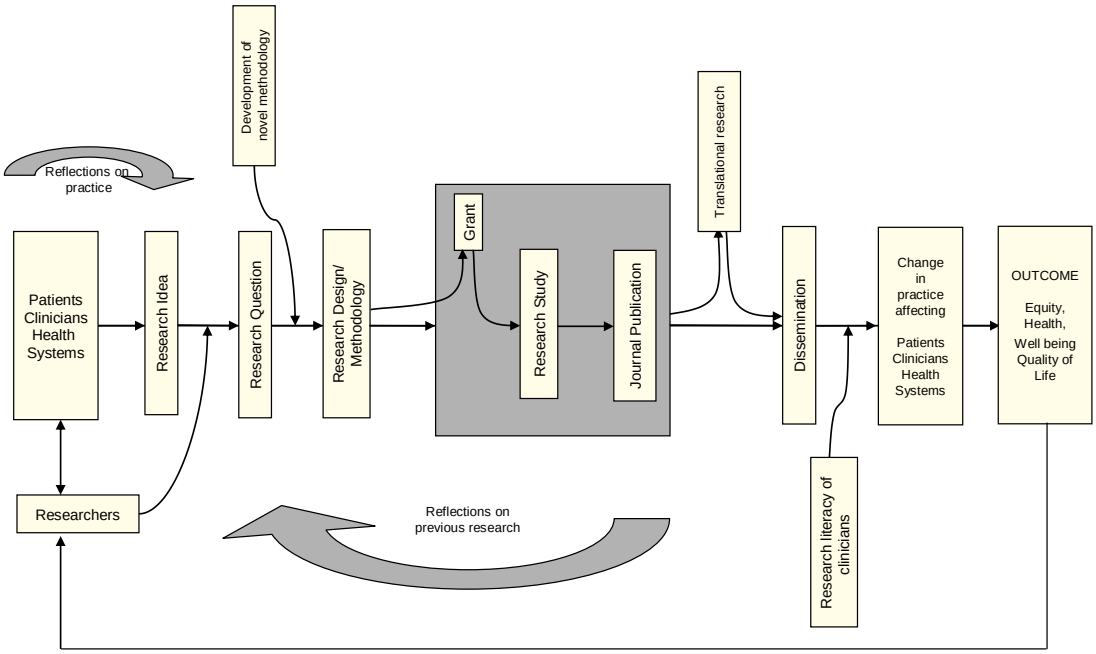
While the argument for focussing support to a smaller number of centres with greater critical mass was understood, there was a widely held view that the transition to APHCRI funded Centres of Research Excellence has not (as yet) picked up the capacity building activity and sufficiently addressed the issue of supporting the development of the research workforce. The recent funding through APHCRI of a national network of PBRNs (APCReN) was seen as a very positive development which needs to be continued and expanded.

Suggested focus for Phase 4 of PHCRED

AAAPC suggests that the Phase 4 PHCRED strategy should focus on research aimed at improving the quality, organisation and delivery of primary health care for the Australian people. Under phase 3 of PHCRED there has been support for policy relevant research but relatively little attention to research relevant to the clinical decisions of primary health care practitioners. This type of research is important to improving practice and has implications for effectiveness and costs of care. As such is it also relevant to policy – if a research project shows that a change in practice can lead to better quality and outcomes, then a policy response is needed to support this practice. So practice-based research generates policy questions and leads on to investigation of policy options. Such research seeks to actively involve primary health care clinicians in generation of research questions and in making use of research findings. A diagram illustrating the research model developed by Dr Parker Magin from University of Newcastle and Prof Mieke van Driel of the University of Queensland is shown below. The diagram shows the cyclical link between practice and research questions and also the importance of translation and dissemination. This includes not only to practitioners, decision and policy makers and other researchers but also to the wider community to develop health literacy and evidence-based decision making in users of the health system.

It is important to note that the funding of such practice and policy relevant research should certainly not be solely the responsibility of the PHCRED strategy. In fact other organisations such as the NHMRC, the Australian Commission for Safety and Quality in Health and non government organisations such as private health funds, National Heart Foundation and Diabetes Australia all have important roles to play. Key contributions of PHCRED are capacity building in workforce, facilitating structures such as PBRNs, support for developing innovative ideas, linkage and exchange and leadership for development of research collaborations.

The Continuum of Research Activity



Suggested elements of the PHCRED Phase 4 strategy

• People support. Under the second phase of the PHCRED Strategy there was a focus on building a sustainable primary health care research workforce. This is vitally important for increased capacity in the sector but to some extent this was lost in the most recent iteration. AAAPC suggests that PHCRED should provide training awards at a variety of levels (PhD scholarships, post-doctoral fellowships and senior practitioner fellowships) administered through the NHMRC (**Recommendation 1**). There are key gaps at the early and middle steps in career pathways which need to be addressed if workforce capacity is to be enhanced.

• Practice-based research networks: AAAPC suggests that in the next iteration of the PHCRED strategy there be funding to support academically led practice-based research networks which can facilitate involvement of primary care practitioners and practices in research (**Recommendation 2**). These networks are in existence in other countries such as the US, Canada, UK and the Netherlands and have been an important facilitating structure for grass roots practice and policy relevant primary care research. Such networks are not only of general practices but also include allied health and oral health practitioners. Recent work by the APCReN has identified that there are currently 19 PBRNs across Australia, with others under development. Numbers of individual members ranged from 35 - 450, and included GPs, practice nurses and other allied health professionals. Some PBRNs have loose formations, and only link up when a project is underway; others meet regularly, even in the absence of any projects. Common goals are capacity building and research training. With additional funding most PBRNs believed they could build capacity for primary care clinicians to undertake research.

Building on the development of networks that has occurred to date, funding could be provided through APHCRI for a number of regional networks which should be linked by the national network of networks (APCReN). Each PBRN would need sufficient infrastructure support for local co-ordination and funding for engaging the network membership. Models of such networks and their connection to Universities and to primary health care organisations have been previously proposed. [6,7]

- The Primary Health Care Research & Information Service (PHCRIS) (**Recommendation 3**) is a key resource, linkage and knowledge exchange organisation supported under the PHCRED strategy and AAAPC strongly supports continued funding. Their website, newsletters, publications and database of researchers and research connect, promote and inform the PHC community. The Primary Health Care Research Conference convened by PHCRIS has become the major event of the primary health care research year and PHCRIS and AAAPC have a strong collaborative relationship in working on the scientific program. AAAPC members assist with reviewing abstracts for the conference and in choosing the AAAPC most distinguished paper award which is presented in a plenary session. This collaborative relationship has extended into international linkages with the United Kingdom Society for Academic Primary Care (SAPC) where the winner of the AAAPC most distinguished paper is facilitated to attend and present at the following year's SAPC conference. Linkages with the North American Primary Care Research Group are also being explored.

- Australian Primary Health Care Research Institute, also funded through PHCRED, has had a major role in developing national and international collaborations and in producing policy focussed research funded research closely aligned to policy considerations through Centres of Research Excellence and through focussed funding rounds. AAAPC strongly support continued funding of APHCRI with some changes in direction (**Recommendation 4**).

The CREs are variable in their development, their output and the extent to which they have engaged the broader primary health care community. AAAPC suggests that criteria for deciding on continued funding of CREs should include their relevance to population health, their relevance to the organisation and delivery of primary health care services, the extent to which they are addressing questions relevant to the practice of primary health care professionals and the extent of their contribution to research capacity building. AAAPC also recommends that continuing CREs be given a specific role in linking with the broader primary health care research community including providing advice in their area of expertise (**Recommendation 5**). This would help address the current lack of engagement between the CREs and other research groups.

AAAPC suggests that APHCRI should reconsider aspects of its role and become more active in capacity building, linkage and advocacy for primary health care research (**Recommendation 6**). As suggested to APHCRI by AAAPC in December 2013, APHCRI funding could be used to help primary health care researchers develop projects for competitive funding rounds. This would build capacity for a relatively modest investment and greatly assist primary health care researchers to develop innovative research on important practice and policy relevant questions.

This funding support could address the need for development work to underpin trials of complex interventions and also be important for demonstrating the application of the methods proposed. AAAPC has been extremely gratified by APHCRI's positive response to this suggestion.

APHCRI could also play a more active role in linking primary health care researchers to the broader Australian research community (**Recommendation 7**). This would include with research groups from disease specific areas who have come to understand the importance of advancing evidence-based care in the community but do not have well developed relationships with primary health care researchers. The linkage role also includes fostering engagement between primary health care researchers and a range of organisations such as Medicare Locals, the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine who have interest in development, conduct and use of research.

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