

April 2016

Committee Secretary
Standing Committee on Health
PO Box 6021
Parliament House
Canberra ACT 2600

Australasian Association of Academic Primary Care submission to the House of Representatives Standing Committee on Chronic Disease Management

The Australasian Association for Academic Primary Care (AAAPC) (www.aaapc.org.au) wishes to provide a written submission to the House of Representatives Standing Committee on Health Inquiry into Chronic Disease Prevention and Management in Primary Health Care.

Key Recommendations:

- **The introduction of a Primary Health Care Research And Development Strategy that prioritises the strengthening of the evidence base in the prevention and management for chronic disease in primary care.**
- **The strategy would incorporate:**
 - **A funding agency whose specific focus is applied health care research.**
 - **Training awards to allow individuals to foster careers with a focus on primary care and its integration with the rest of the health care system.**
 - **Support for the information and knowledge transfer and exchange functions of the former Primary Health Care Research Information Service**
 - **Coordinated support for practice-based research networks**

AAAPC represents a multidisciplinary group of Australian and New Zealand primary health care academics. AAAPC is a representative body for academics, which undertakes teaching and research in general practice and primary care. It promotes the value of linking research and practice to inform and enhance primary health care policy and practice to improve health outcomes

Most members work in Universities in Departments of General Practice, Nursing, Health Sciences or Public Health and Community Medicine. The current membership is about 180 with backgrounds ranging from medicine, nursing, pharmacy, psychology and social sciences.

AAAPC provides academic support to grass-roots PHC research. It champions the value of local practice-based research networks for facilitating primary health care research and quality improvement in Australia. In 2013, AAAPC established the Australian Primary Care Research Network (APCRen), a national linkage body, to support practice-based research networks across Australia to contribute to research that is of major significance to policy and practice.

The greatest contact between the population and health care services is with primary care, the front line of the health system. Decisions made in primary care services have important consequences for the rest of the system. This is of particular importance for the care of chronic illnesses where high quality evidence-based primary care can reduce the need for expensive hospital based care (Starfield, 2011).

Research about and within primary health care is essential to improve clinical practice, service delivery, as well as health systems. Given that the majority of chronic disease management is in the primary care setting, it follows that any capacity building approach needs to incorporate primary care. Indeed, primary care research has been described as “the missing link in the development of high-quality, evidence-based health care for populations” (van Weel et al, 2004).

Any reform to the health care system needs to be based on robust evidence. In turn, the quality of that evidence depends on support from a vibrant and skilled PC research community. Since its inception by the Coalition Government in 2000, the Australian Government has funded the Primary Health Care Research and Development (PHCRED) Strategy (www.health.gov.au/internet/main/publishing.nsf/Content/pcd-programs-phcred) as a long term capacity building program to build the primary care research evidence base. There have been three 5 year iterations of the PHCRED strategy. The funding has come from flexible funds. PHCRED has provided the funding for the Primary Health Care Research and Information Service at Flinders University, (www.phcris.org.au) and for the Australian Primary Health Care Research Institute at ANU (<http://aphcri.anu.edu.au>) as well as for a yearly primary health care research conference. In earlier iterations of PHCRED, there was some funding to University Departments of General Practice and Rural Health, and this funding helped establish practice-based research networks.

AAAPC has become increasingly concerned that the infrastructure supporting primary care research will, in effect, be dismantled: APHCRI was defunded at the end of 2015, and two weeks ago, PHCRIS staff were told that the program was ceasing as of June 30 2016. With this, 2016 will also see the final Primary Health Care Research Conference. Although APHCRI supported Centres of Excellence will be allowed to complete their contracted work, only one of them will still be functioning by mid 2017. Little encouragement comes from other sources - the NHMRC has, for many years, allocated barely 1% of its total allocations towards primary care specific projects, and has not provided PC directed career support for some time. Finally, as a result of APHCRI's demise, the AAAPC hosted, national support service for Practice-Based Research Networks (the Australian Primary Care Research Network (APCRen)) ceased operations in late 2015, removing infrastructure support from a network of 23 PBRNs through the country.

Other countries understand the importance and value of applied health research, particularly that based where people live – in the community. Britain invests in applied health research via the National Institute for Health Research. The vision of the NIHR, "to improve the health and wealth of the nation through research" specifically recognises the value of this sort of research to the national economy and to population health. Canada has a specific Institute of Health Services and Policy Research and has made major recent investments in primary care. The United States funds clinical effectiveness research through the Patient-Centered Outcomes Research Institute.

Primary health care research is vital for equitable, good quality and sustainable health care services and for improving population health. AAAPC considers that continued support for primary health care research is essential and that sound investments for the future would be:

- **The introduction of a Primary Health Care Research And Development Strategy that prioritises the strengthening of the evidence base in the prevention and management for chronic disease in primary care.**
- **The strategy would incorporate:**
 - **A funding agency whose specific focus is applied health research.** This would not have an exclusive primary health care function, but to incorporate a key theme that would support high quality primary care delivery and integration with the wider health care system. It is widely recognized that the NHMRC project funding cannot support health reform and innovation in its current iteration. The creation of such a body would be consistent with the vision of the government's National Innovation and Science Agenda and could be funded from the initial \$1 billion investment in the Medical Research Future Fund. This would be a local first step for the Future Fund as research funded by such an agency would contribute to identifying the savings in the health care system needed to grow the Future Fund over time. The agency would provide targeted project and program funding, training awards and support for infrastructure. Incorporated initiatives would include:
 - **The provision of training awards** at a variety of levels (PhD scholarships, post-doctoral fellowships and senior practitioner fellowships) to allow individuals to foster careers with a focus on primary care and its integration with the rest of the health care system.
 - **Support for the information and knowledge transfer and exchange functions of the former Primary Health Care Research and Information Service** in particular to facilitate sharing (on-line and face-to face) information, knowledge and research evidence.
 - **Coordinated support for practice-based research networks** that can facilitate involvement of primary care practitioners and practices in research and quality improvement. In particular, APCRen <http://www.apcren.org.au> an existing (and now unfunded) body links 23 PBRNs, requires support to sustain and develop these structures which help governments and industry find answers to questions on local health priorities.

As a footnote, we consider that some attention should be given to academic registrars in general practice. The academic registrar program funded by the Australian government through Australian General Practice Training (AGPT) has been important in developing the academic general practice work force. An academic registrar is a trainee GP who completes part time academic training where they develop skills in research and teaching.

Currently there are about 23 GP registrars entering the program each year. Currently administration of the program and academic support for centralised activities such as Registrar Research Week sit within the Department of Health. In the longer term AAAPC considers these aspects may better fit within an academic college such as the Royal Australian College of General Practitioners and the Australian College of Remote and Rural Medicine with continued funding from AGPT. We understand that this would need a submission to government from the professional groups involved. We welcome the news that the GP training advisory committee will soon be established and this will be an appropriate forum for discussion of this idea.

I hope that this submission can give the Committee some cause for reflection. We would be more than happy to give oral evidence at any time

Good luck with your deliberations

Sincerely



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References

van Weel, C. and W. W. Rosser (2004). "Improving health care globally: a critical review of the necessity of family medicine research and recommendations to build research capacity." *Ann Fam Med* 2 Suppl 2: S5-16.

Starfield, B. (2011). "The hidden inequity in health care." *Int J Equity Health* 10: 15.

Note: we have used the term primary health care to reflect the broader system and primary care where referring to service delivery in the primary health care setting.