



3rd Annual Research Informing Policy in Primary Health Care Forum

*"Smart health system reform: using evaluation to improve
systems and services for consumers"*

Held on Tuesday 2nd March 2010

Royal on the Park Hotel, Brisbane

Keynote addresses by Queensland Government and Australian Government Department of Health representatives

*Sponsored by the Queensland Primary Health Care Research Evaluation and Development
Collaboration and supported by Queensland Health*

Background

The Queensland PHCRED Management Committee hosted the 3rd annual "Research Informing Policy in Primary Health Care" Forum on Tuesday 2nd March 2010. The Forum's program focused on *"Smart health system reform: using evaluation to improve systems and services for consumers"*. (See page 5 for program.)

The event was held in order to provide a forum for the members of the primary health care community, researchers and policy decision makers to meet and discuss areas of mutual interest.

The 2010 Forum followed the success of the primary health care research/policy showcase held on 5th March 2008 and the primary health care research forum held on 4th March 2009.

Key presenters included Senior Government representatives, University Deans of Medicine, Queensland Health Chief Executives, non-government organisations' Chief Executive Officers and respected Community representatives.

Proceedings

Despite the downpour, over one hundred participants attended the Third Annual Research Informing Policy in Primary Health Care Forum hosted by PHCRED in Brisbane in March. The event attracted professionals working in primary health care service delivery from private, public and non-government agencies. This year the Forum participants focused on building greater inter-sectoral approaches to improving the health and wellbeing of Queenslanders.

Summary of the Keynote Address

Vicki Murphy, Assistant Secretary, Service Access Programs Branch, Primary & Ambulatory Care Division, Department of Health and Ageing, in her keynote address outlined the key principles of reform stating that the current government reform agenda was the greatest scale initiative since the inception of Medicare. Ms Murphy made a key point about research informing policy, suggesting that policy makers were often not able to find relevant research on primary health care conducted in the recent Australian context. In addressing this problem, she suggested that a fruitful initiative from the research community would be to think about opportunities that might emerge from conducting a priority setting mapping activity that could situate current and proposed research areas.

In the keynote address three contemporary examples were provided to demonstrate where primary health care research had informed the policy agenda and contributed to direction in the current reform strategy.

Firstly, GP Superclinics were presented as a service delivery model based on success internationally. This new setting also presented new opportunities for researchers from

universities to investigate the impact and effectiveness of the new model of care – particularly examining the team-based approach to primary health care service delivery.

Secondly, the Closing the Gap strategy was provided as another example of research informing policy, from a methodological perspective. Ms Murphy said that this initiative is strongly embedded with an evaluation and data monitoring milestones. Baseline measures, clear outcomes and indicators that will inform the development and refinement of the strategy have been included in the architecture of this national initiative.

And finally, the national funding of the chronic disease packages in primary health care, which Ms Murphy suggested is having dramatic and positive impact on improving the quality of life for many people with a diagnosed chronic disease.

Audience participants asked Ms Murphy to address the following questions:

Q: How do researchers and policy-makers collaborate?

A: Both APHRI and PHCRIS were cited as important national infrastructure that provided both knowledge brokerage and research translation services to both the research community and policy-makers at the Federal, state and international level. Ms Murphy suggested that a trial of regular 'policy conversations' hosted by APHRI or PHCRIS would extend this service and provide a forum for regular contributions. While the ROAR database is another great resource for both the policy and research communities, increased coverage on research aligned to strategic areas could also be incorporated into this site.

Q: Is there currently any work occurring on embedding evaluation into the roll-out of new programs? (for example, baseline measures, common measures, consistent framework for evaluation)

A: Ms Murphy made the point that all funded programs are required to provide a comprehensive evaluation as dictated by the funding agreement, however, she did concede that there seemed to be lacking a systematic approach to incorporating consistent evaluations across programs.

Summary: How to turn good ideas into government policy

Murray Watt, Queensland's Parliamentary Secretary for Healthy Living, suggested that changing people's behaviour despite the overwhelming evidence of a healthy lifestyle was a problem that every level of government faced.

Mr Watt suggested that researchers had played a vital role in discovering what we currently know about risk factors and lifestyle choices and their impact on health. He said that more work needs to be done now to understand and motivate behaviour changes in the population, but investigating what it was about successful programs that made the difference.

He cited examples of programs that were underpinned by legislative procedure such as smoking and alcohol consumption reduction programs which had been highly successful.

He also provided examples of community health programs such as Mum's & Bub's programs, healthy men checks and workplace safety campaigns that had delivered local impacts sustained in communities because they had broad network potential and extended beyond the traditional medical community referral pathways.

From a political perspective, Mr Watt argued that there are a number of factors that impact on the success of a community health program. These include:

- Having a clear program structure that provides the community with a clear action plan

- Using community champions to motivate community sentiment and local adoption of the program
- Garnering ongoing community support and embedding the program into existing community resources with mutual or shared values
- Remembering that, in politics, as in much of life, timing is everything
- Securing political interest, at the beginning and over the life of the program, by aligning the program to current trends in strategy or policy, and lastly
- By measuring the program's success.

Mr Watt was asked two questions from the audience.

Q: How can Queensland primary health care providers work in a more integrated way with Queensland Health services on illness prevention?

A: Greater integration between QH, the State Government and private GPs is the cornerstone of the reform agenda focussing on prevention. Mr Watt said his personal opinion was that Queensland generally supports the move to have the Federal government take responsibility for primary health care and community health to work more effectively in prevention.

Q: How do we get governments to embed good evidence into their decisions?

A: I think that this is a case of considering the areas where this has and does occur regularly. Very rarely do we ignore good evidence, it is more of the case, as raised by Vicki Murphy, that policy makers are often hopeful of finding good evidence that relates to our specific context to inform policy and direction.

Other speakers also outlined their expectations of how the imminent reform package may impact on their agency and sector. Speakers including Director-General of Queensland Health, Mick Reid and Director of the Queensland Social Services Council, Jill Lang outlined their priorities for attaining closer professional collaborations with the primary health care sector.

A central theme of this year's Forum related to translating current research into policy. Some suggestions focused on the importance of understanding the key product offering. Professor Nick Lennox, Murray Watt (MP) and Dr Cindy Shannon, all provided examples of how research is incorporated into policy when the drivers for action align. Their advice included looking broadly at the opportunity for evidence researchers are presenting, the political timing, and traction that may emerge from collaborating across sectors.

Key themes

Professors Chris Del Mar and Richard Murray provided a summary of the key themes that emerged from presenters and the audience questions. Five key themes or problems emerged:

1. How do we direct resources to disadvantaged groups?
2. How does the health sector now mobilise the 'whole of government' or inter-sectoral action?
3. How do we translate research evidence into policy?
4. How do we ensure judicious use of performance measures to improve service delivery and combat 'gaming' strategies that may distort priorities? Should these performance indicators be built on a framework underpinned by values such as consumer involvement, partnerships and collaborations across sectors, reward remunerated targets, practice-level collection?
5. How do we use e-health as a practical tool for patients and providers, rather than as a tool for governments?

Later in the day, participants formed groups to workshop the themes raised in the Forum for future research collaborations. Professor Richard Murray from James Cook University described this activity as an important undertaking that reflected the resource and opportunity investment of the Forum. He said that he believed the event was a hallmark of the collaborative activities in PHCRED Queensland and by including a commitment to developing a rapid research summary on themes

that emerged from the day was one tangible outcome that captures our commitment to building the primary health care evidence base.

This year, the Forum's Working Party has decided to pursue a research activity generated from discussions on the day to investigate the impact of tele-health on the health sector workforce.

Participant Evaluation of the Forum - Overview of Key Findings

This is the third year PHCRED Qld has hosted this event. A range of participants from Government, Universities and NGOs attended the Forum.

There were forty-one (41) responses to the survey posted in Survey Monkey from 4 March 2010 to the 26 March 2010. There were approximately 112 people at the forum, so this is a response rate of 36.6%. Statistical analysis was done automatically by Survey Monkey and the files of the open questions were imported by Elly Scheermeyer into NVivo. Iterative thematic analysis of qualitative data was then undertaken by Robyn Preston and Kylie Armstrong.

Of the 41 respondents twenty per cent (8) of participants at this year's event had attended the first forum in 2008 and 39% (16) in had attended the second event in 2009. Encouragingly, 66% (25) of the respondents in the evaluation survey suggested they would attend a similar event next year.

- The Strengths of the Forum were:
 - Hearing about current PHC Policy/Research;
 - Networking;
 - An opportunity to share and discuss;
 - Collaboration between sectors and Institutions;
 - The Policy/Research Interface;
 - The Speakers/MC; and
 - Future research/work opportunities.
- The Limitations of the Forum were:
 - People did not stay for the whole day;
 - The research question/proposal and afternoon session;
 - There was not enough time to discuss and share ideas;
 - Not fully addressing topic of PHC and the dilution or diversity of issues; and
 - Undefined outcomes.
- Follow-up: Most would like an *update on research project arising from the forum*. The *outcome statement from forum* and *notification of similar events* were also popular.
- At the afternoon session, Respondents expected:
 - To develop research questions or a proposal;
 - Research Collaborations or collaboration in general; and
 - Networking
- There was a mixed response to whether these expectations had been met.
- Suggestions for improving the afternoon session included:
 - Clearer objective/direction on how to develop a research question
 - Clear planning steps/direction (after the forum)
 - Grouping people by profession and research interests
- Nine (24.3%) of the 37 respondents said that they intended to progress some research as a result of their attendance at the forum. Time and expertise limited opportunities for research.



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FORUM PROGRAM

8:30am Introduction to Showcase by Philip Davies, Professor of Health Systems and Policies, School of Population Health, The University of Queensland

KEY NOTE PRESENTATIONS

8:40am Vicki Murphy, Assistant Secretary, Service Access Programs Branch, Primary and Ambulatory Care Division, Department of Health and Ageing, Australian Government

8:55am Questions

9:00am Murray Watt MP, Parliamentary Secretary for Healthy Living, Queensland Health

9:15am Questions

SMART HEALTH SYSTEM REFORM: USING EVALUATION TO IMPROVE SYSTEMS AND SERVICES FOR CONSUMERS

9:20am Policy presentation: Mr Mick Reid, Director General, Queensland Health

9:35am University presentation: Prof Nick Lennox, Queensland Centre for Intellectual and Developmental Disability

9:50am NGO presentation: Ms Jill Lang, The Queensland Council of Social Service

10:05am AMS presentation: Prof Cindy Shannon, Director Centre for Indigenous Health, The University of Queensland

10:20am Consumer presentation: Mrs Heather Wieland, National President, CWA of Australia

10:35am Questions

10:45am Morning Tea

11:15am Sum up of morning themes

- Assoc Prof Richard Murray, Dean of Medicine, James Cook University
- Prof Chris Del Mar, Dean Health Sciences and Medicine, Bond University
- Professor Liz Patterson, Dean of School of Nursing and Midwifery, Griffith University

11:30am DISCUSSION SESSION

11:30am Round table discussion

12:10pm Feedback from tables

12:40pm Wrap up of morning session and briefing for afternoon session

1:00pm BUFFET LUNCH

1:30pm Presentation of themes/priority areas as identified through the post-morning tea sessions.

2:00pm Group discussions to conceptualise and develop potential research projects and collaborations.

3:20pm Feedback from tables

3:45pm Wrap up of Forum

4:00pm Close