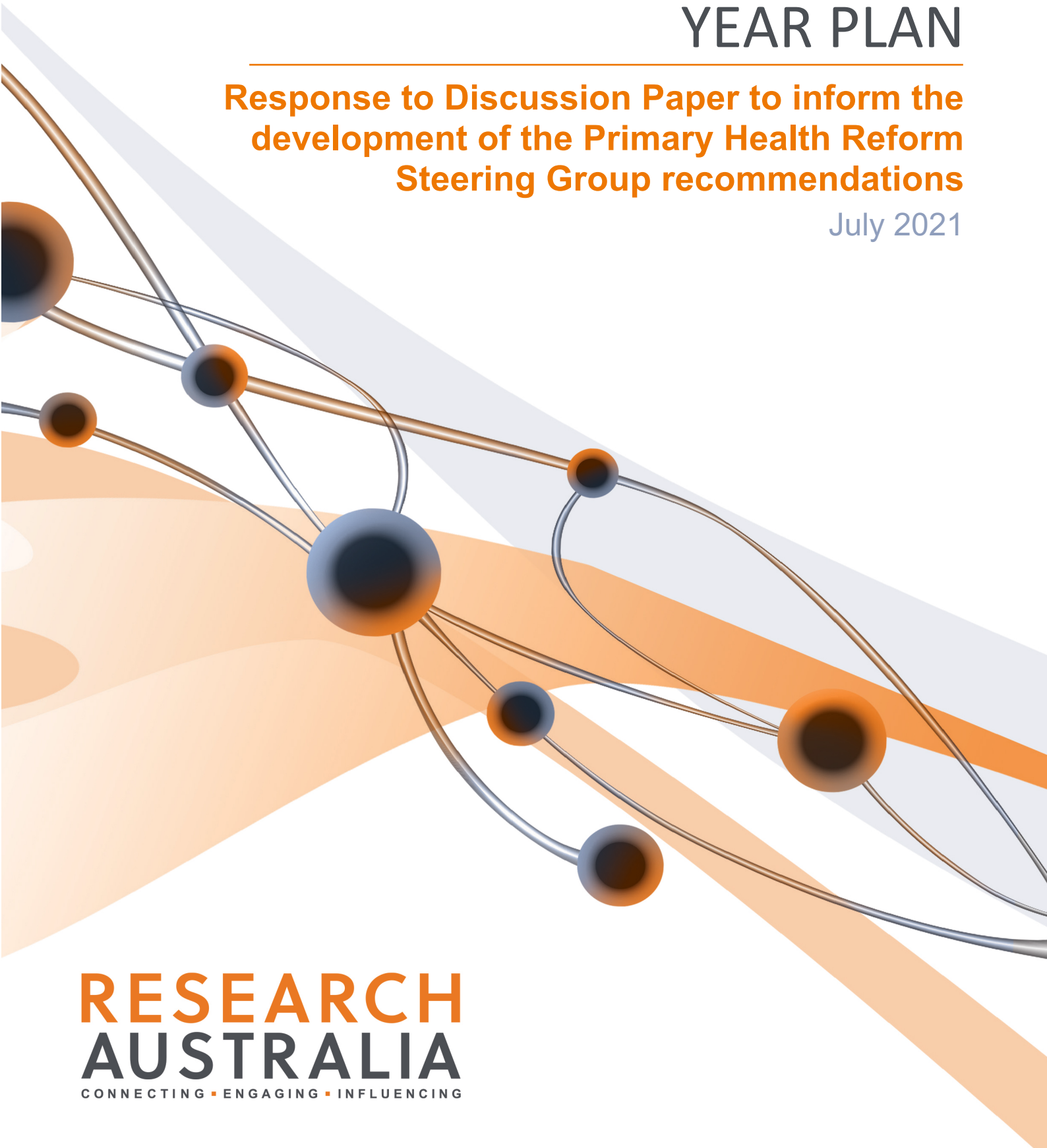
PRIMARY HEALTH CARE 10 YEAR PLAN

Response to Discussion Paper to inform the development of the Primary Health Reform Steering Group recommendations

July 2021



RESEARCH AUSTRALIA

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ABOUT RESEARCH AUSTRALIA

We are the national peak body representing the whole of the health and medical research pipeline.

Our vision: Research Australia envisions a world where Australia unlocks the full potential of its world-leading health and medical research sector to deliver the best possible healthcare and global leadership in health innovation.

Our mission: To use our unique convening power to position health and medical research as a significant driver of a healthy population and contributor to a healthy economy.

Our goals:

Engage
Australia in a conversation about the health benefits and economic value of its investment in health and medical research.

Connect
researchers, funders and consumers to increase investment in health and medical research from all sources.

Influence
government policies that support effective health and medical research and its routine translation into evidence-based practices and better health outcomes.

Acknowledgements

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Adding building blocks for future primary health care – better outcomes and care experience for all	**A continuous self-improving approach to implementation should be adopted, where programs are developed based on available evidence, trialled, evaluated and modified to ensure they deliver the desired outcomes, before being scaled up across the health system.**
	The proposed Australian National Institute for Primary Health Care Research Translation and Innovation should be responsible for the development and oversight of this approach.
	Research should be undertaken on how to integrate these elements: • **new technology, including wearables and remote monitors** • **new systems and approaches,** • **pre-screening and guided early intervention, and** • **social prescribing** **into one system to allow patients and communities to manage their wellness and health and to make choices that matter to them.**
	Research into models that enable primary care to facilitate and support self-care should be incorporated into a primary care research agenda.
Leadership and culture	**The Steering Group should recognise the importance of creating a research active and aware workforce to its goal of building a culture of continuous quality improvement.**
	Valuing and supporting research and innovation should be identified as key attributes of primary care leaders.

Primary care workforce and development	**A national primary care workforce plan should support primary care practitioners in all disciplines to participate in and lead research. This includes mechanisms to encourage practitioners to identify areas where there are gaps in knowledge and evidence, or where there are possible new approaches that need to be tested and evaluated.**
	Supportive services such as translators, health coaches, social prescribing link workers and the peer support workforce (all recognised by the Steering Group) should be considered as integral team members to this multidisciplinary team, rather than add-ons.
Innovation and technology	**The research areas identified by the United Kingdom's School for Primary Care Research are broadly applicable in Australia and should include a) telehealth and remote health and b) Aboriginal and Torres Strait Islander health as additional key research themes.**
	The Steering Group's proposed Institute should adopt a research agenda that facilitates and supports collaboration with all sectors that have a role in primary care delivery. This includes developing an infrastructure and support that enables primary care practitioners to actively participate in and lead research.
	Co-design with practitioners, patients, carers and the community should be a guiding principle of the proposed Institute.
Research, data and continuous improvement of value to people, population, providers and the health system	**A primary care research agenda should explicitly include applied health economics focused on primary care in order to drive and facilitate a continuously improving primary care system.**
	The proposed Institute should develop a platform to share primary care research outcomes across the nation.

Emergency preparedness	**Research into emergency preparedness should be incorporated into a primary care research agenda.**
Implementation is integral to effective reform that delivers on the Quadruple Aim	**A primary care research agenda should include assessment by health economists of proposed projects to identify research with the greatest potential impact – for practitioners, the health system and the patients and community it serves.**

PRIMARY HEALTH CARE 10 YEAR PLAN

RESPONSE TO DISCUSSION PAPER TO INFORM THE DEVELOPMENT OF THE PRIMARY HEALTH REFORM STEERING GROUP RECOMMENDATIONS

Introduction

Research Australia welcomes the opportunity to make this submission to the Primary Health Reform Steering Group's Discussion Paper to inform their recommendations to the Australian Government's Primary Health Care 10 Year Plan (the Plan). We have followed the Steering Group's headings to respond to the twenty recommendations the Steering Group has proposed.

Research Australia endorses the direction of the Plan, and we welcome the recognition of the key role research can and must play if reforms are to be achieved. Research will be critical to addressing the evidence gaps and problems identified by the primary care sector and patients. The key to effective research is for it to be informed by primary care practitioners (this includes nurses and midwives, allied health and general practitioners) and patients and carers.

As the national peak body for health and medical research, Research Australia has included case studies of relevant primary care research that demonstrates the expertise available in Australia to support implementation of the Steering Group's Plan.

Person-centred health and care journey, focusing on one integrated system

Research Australia endorses the Steering Group's recommendation for a high performing and agile primary health care system that delivers coordinated services, integrated care and team-based approaches. We are pleased to see the incorporation of Primary Health Networks, Aboriginal Community Controlled Health Organisations and Local Health Networks. We believe this will be critical to delivering innovative, evidence-based healthcare in primary health care settings.

The recommendations under this heading (1 to 5) have a focus on structural and funding reform. There is international experience that can be drawn upon and considered for adaptation to suit the Australian health environment, and as action 1.3.4 states, research will be critical to developing this 'one integrated system'.

Research Australia believes these structural and funding reforms must consider other long-term reforms in health including the National Hospital Reform Agreement Addendum 2020-25. There is increasing discussion about models of value-based care being used to lead the long term reform agenda for Australia's future health care system. Value based care seeks to align payment incentives with health system objectives to achieve better value by driving improvements in quality and slowing growth in spending.[1] There are implications of value-based care for primary care reform and research is needed to define value and how to implement new models that are efficient and effective (in both health and economic terms).

Research Australia recommends an evidence and research led approach to reform, drawing on Australian research expertise in health economics and health systems research.

Australian researchers can help identify and evaluate overseas practices and draw on these to design new models that could work within the Australia context. They can also model the effects of proposed reforms to identify the desired and unintended consequences: cost; patient health; and workforce implications. An important consideration of these new models must be the public-private mix for both funding and the delivery of primary care in Australia. **Research Australia recommends the Steering Group's recommendations account for the different drivers, both economic and cultural, found within the public and private sectors in the primary care system.**

Research can also help develop the measures needed to evaluate whether the reforms that are implemented perform as intended, and to help design and trial further changes.

[1] A Blueprint for outcomes-focused, value-based health care. AHHA 2021 at https://ahha.asn.au/sites/default/files/docs/policy-issue/healthy_people_healthy_systems_-_a_blueprint_for_outcomes_focused_value-based_health_care_1_1.pdf

Adding building blocks for future primary health care – better outcomes and care experience for all

Research Australia supports the objective of the recommendations under this section (6 to 8) to improve health outcomes for all Australians by involving them more in their own care.

Implementing these recommendations requires a number of programs and initiatives implemented over many years and in many different situations to improve health literacy and change the way practitioners interact with patients, their carers and families; and with other practitioners.

Research Australia recommends the adoption of a continuous self improving approach to implementation, where programs are developed based on available evidence, trialled, evaluated and modified to ensure they deliver the desired outcomes, before being scaled up across the health system.

Research Australia recommends the proposed Australian National Institute for Primary Health Care Research Translation and Innovation be responsible for the development and oversight of this approach.

Any conversation about primary care research must include how we reshape primary care to facilitate and support better self-care, helping patients and communities manage their own health. **Research Australia supports the actions outlined in recommendation 6 and recommends research be undertaken on how to integrate these elements:**

- **new technology, including wearables and remote monitors**
- **new systems and approaches,**
- **pre-screening and guided early intervention, and**
- **social prescribing**

into one system to allow patients and communities to manage their wellness and health and to make the choices that matter to them.

Visible and ongoing communication as part of this approach is necessary to empower personal choice and responsibility as a lifelong habit to managing one's own health. This is a fundamental shift away from current practice and will require a robust support mechanism to enable its success.

Research Australia recommends research into models that enable primary care to facilitate and support self-care be incorporated into a primary care research agenda.

Case study: Institute for Evidence-Based Healthcare, Bond University

The Institute for Evidence-Based Healthcare (IEBH) has undertaking research into evidence-based healthcare since 2010. Professor Paul Glasziou AO leads IEBH with his experience as a general practitioner and expertise in evidence-based research to reduce the gap between research and practice.

A guiding purpose for IEBH is to enable patients to have the agency and knowledge to manage their health and wellness. Their research which aligns evidence and patient care has been instrumental in facilitating and supporting better self-care.

IEBH includes the Centre for Evidence-Informed Health Decisions which focuses on conducting research that helps people to make informed decisions about their health. [2] Their research is aimed at health professionals to increase the awareness and usability of evidence into conversations with patients.

Leadership and Culture

Research Australia supports the objectives of recommendation 9 to foster leadership development that drives reform and builds a culture of continuous quality improvement.

Continuous quality improvement requires a culture which is both research aware and research active (action 9.2.7). The primary care workforce (medical, nursing and midwifery, allied health and managerial workforces) needs to be research aware and actively seeking to adopt the latest evidence based care. This will enable the workforce to have a role in identifying areas where evidence is lacking and where research could be beneficial to enable a continuous self-improving primary care system.

This requires primary care leadership which actively values research and innovation and supports the integration of research and innovation into primary care, including supporting practitioner researchers.

Some primary care practitioners are research active, however there is a need to expand this research active culture across all primary care disciplines (for example nursing, physiotherapy, psychology, psychiatry, podiatry, occupational therapy, rehabilitation providers in addition to GPs). There is also a need to foster more research leaders in all primary care disciplines. Examples of research led and active general practitioners can be seen in the case study below.

Research Australia recommends the Steering Group recognise the importance of creating a research active and aware workforce to its goal of building a culture of continuous quality improvement.

Research Australia recommends that valuing and supporting research and innovation be identified as key attributes of primary care leaders.

[2] https://iebh.bond.edu.au/our-research/centre-evidence-informed-health-decisions

Case Study: Examples of Research Active General Practitioners

A recent article from researchers at the University of Melbourne, Monash University, UNSW Sydney, the Ingham Institute, and University of Queensland in the Medical Journal of Australia shines a light on the opportunities to recognise and invest in general practice research.[3]

Examples of general practice research informing clinical practice and health service design

Research	Key findings and implications for general practice	General practice research involvement
ASPirin in Reducing Event in the Elderly (ASPREE)[12]	Higher all-cause mortality was found in healthy older adults in Australia aged over 70 years of age who received daily aspirin. This suggests that aspirin may not be of benefit for primary prevention of cardiovascular disease in this age group	Mark Nelson (principal investigator) and Nigel Stocks were authors on this randomised controlled trial. Australian GP Associate Investigators in clinical practice recruited 87% of the 19 114 patient participants
What treatments are effective for common colds in adults and children?	Decongestants alone, or with antihistamines or analgesics, can be helpful for adults with nasal symptoms, but other commonly recommended treatments such as echinacea, vapour rub and heated, humidified air have no evidence of effect	Systematic review led by Mieke van Driel[13]
Comparing non-sterile to sterile gloves for minor surgery: a prospective randomised controlled non-inferiority trial[14]	Non-sterile gloves are not inferior to sterile gloves in regard to wound infection for minor skin excisions in general practice	Trial led by Clare Heal, conducted in a single private general practice in Mackay, Queensland
How to increase uptake of long acting reversible contraception (LARC) through general practice[15]	Online GP training in effectiveness-based contraceptive counselling, together with GP access to rapid referral to a LARC insertion clinic increases LARC uptake by women	Cluster randomised controlled trial in 57 general practices in Melbourne led by Danielle Mazza
Bettering the Evaluation and Care of Health (BEACH)[2]	The BEACH dataset, consisting of almost 1.8 million GP–patient encounters recorded between 1998 and 2016, has been used to inform general practice research, education and policy	Each year, about 1000 GPs recorded data about 100 consecutive patient encounters, contributing to the development of the BEACH dataset. Graeme Miller was the Medical Director of BEACH
Clinical outcomes of an integrated primary–secondary model of care for individuals with complex type 2 diabetes: a non-inferiority randomised controlled trial[16]	GPs with special interests working with a Beacon model of integrated care for diabetes achieved clinical outcomes that were not inferior to hospital-based specialist clinics, with greater patient satisfaction	Claire Jackson co-led the development and evaluation of the Beacon model, which has now also been adapted and utilised in Western Australia
Composite Abuse Scale[17]	The Composite Abuse Scale was developed as a research tool to classify women according to type and severity of abuse. It has been translated into eight languages and is considered the standard for assessing women's self-reported experiences of abuse	The Composite Abuse Scale was developed by Kelsey Hegarty and used in a cluster randomised controlled trial to identify women who screened positive to intimate partner violence and who may benefit from brief counselling from their GP

[3] General Practice Research: an Investment to Improve the Health of all Australians. Jo-Anne E Manski-Nankervis, Elizabeth A Sturgiss, Slaw-Tend Liaw, Geoffrey K Spurling and Danielle Mazza. Doi: 10.5694/mja2.50589.

Primary Care Workforce Development and Innovation

As already stated, delivering the new primary care system envisaged by the Steering Group is going to require a more research aware and research active workforce.

Research Australia supports the workforce recommendations 10 to 14 under this section to support a multidisciplinary model of primary care that is integrated, accessible, equitable and sustainable.

Research Australia recommends a national primary care workforce plan support primary care practitioners in all disciplines to participate in and lead research. This includes mechanisms to encourage practitioners to identify areas where there are gaps in knowledge and evidence, or where there are possible new approaches that need to be tested and evaluated.

Research Australia welcomes the consideration of all primary care disciplines in the Steering Group's recommendations to support an integrated multidisciplinary team, with providers working together. **Research Australia recommends supportive services such as translators, health coaches, social prescribing link workers and the peer support workforce (all recognised by the Steering Group) be considered as integral team members to this multidisciplinary team, rather than add-ons.**

Innovation and Technology

Research Australia welcomes the recognition of the critical role of research in the Plan, particularly the recommended Australian National Institute for Primary Health Care Research Translation and Innovation (action 16.1).

We agree this Institute will be important to fostering and delivering a culture of innovation to improve primary health care and ensure the process for continuous quality improvement. This body is proposed to have a role not only in targeting investment in research and in setting the research agenda and disseminating this research to the primary care sector. Research Australia recommends the proposed Institute also have a role in supporting the evaluation of progress and continuous improvement, which will enable the adoption of a continuous self-improving approach to implementation we previously recommended. This should include the communication aspect of the initiatives to enable the intended outcomes.

An example that can be used as a partial model for the recommended Institute is the United Kingdom School for Primary Care Research (SPCR), funded through the National Institute for Health Research (NIHR).

Case study: UK School for Primary Care Research

The NIHR SPCR was established in 2006 as a partnership between nine academic centres for primary care research with the aim to increase the evidence-base for primary care practice through high quality research and strategic leadership and to build capacity in primary care with a well-established training programme.[4]

SPCR has now entered into its fourth phase (2021-2026) receiving 22 million (GBP) of funding from the NIHR to deliver research that covers: disease prevention and diagnosis; non-communicable disease, multi-morbidity and ageing; acute care; organisation and the delivery of care; and research innovation and new technologies.[5]

Research Australia believes the research areas identified by SPCR are broadly applicable in Australia and recommends including a) telehealth and remote health and b) Aboriginal and Torres Strait Islander health as additional key research themes.

An important element of the SPCR is the focus on collaboration. Both between academics and practitioners, and collaboration with those beyond the school membership – the community nursing and pharmacy sectors and the Royal College of General Practitioners and Society of Academic Primary Care.

Research Australia recommends Australia's proposed Institute adopts a research agenda that facilitates and supports collaboration with all sectors that have a role in primary care delivery.

Research Australia recommends the research agenda develop an infrastructure and support that enables primary care practitioners to actively participate in and lead research.

The proposed Institution must also facilitate research participation and involvement from patients and carers. Citizen panels are one example of how to incorporate patients into research. Citizen panels provide an opportunity for a diverse group of citizens, or a group with a specific lived experience, to deliberate about a problem and its causes, options to address it, and key implementation considerations. Co-design centred approaches to community consultation can reveal new understandings about an issue and spark insights about how it should be addressed. For example, in the case of spinal cord injury, researchers and funders assumed that new surgeries and treatments would be the highest priority for patients. However, qualitative consultation through citizen panels uncovered that better management of urinary tract infections had the greatest impact on quality of life.[6]

Research Australia recommends co design with practitioners, patients, carers and community be a guiding principle of the proposed Australian Institute for Primary Health Care Research Translation and Innovation.

[4] https://www.spcr.nihr.ac.uk/
[5] https://www.spcr.nihr.ac.uk/news/next-five-years
[6] https://www.behaviourworksaustralia.org/the-method-book/chapter-4-stakeholder-consultation-to-improve-behaviour-change/

Research, data and continuous improvement of value to people, population, providers and the health system

Research Australia agrees that research and data are critical to delivering a high performing and agile primary health care system as recognised in the recommendations under this section (17-18). The recommendations rightly support primary care research to facilitate continuous quality improvement, but also to allow primary care to adapt to changing landscapes (reactive) as well as predicting and preparing for the future (proactive).

Research Australia has advocated for the more effective use and linkage of health data for many years. We know health is one of the areas where better use of data can provide the greatest benefits and health data will be critical for implementing the long-term reform proposed in this Plan. [7]

Research Australia supports the Steering Group's recommendation to integrate data between providers and across health care systems (action 17.2). It is our members' experience that we need to make the data routinely collected in our health system more available to researchers. It is an essential input to the research needed to deliver a self-improving primary care system that responds to the needs of the patients and providers within the system, as envisaged by the Steering Group.

Many of Research Australia's members undertake research into healthcare improvement and innovation and we welcome the Steering Group's recommendation for targeted investment in translational research (action 18.1). Research Australia recommends this investment be sufficient and sustainable to support health services and primary care research and drive the innovation and continuous quality improvement outlined by the Steering Group.

Continuous improvement requires an understanding of the likely and actual effects of any change or intervention on the primary care system. A key component of this is the effects on the costs and value delivered through the changes, and implications for other parts of the system. Health economics is a discipline that is central to this task.

Research Australia recommends the explicit inclusion of applied health economics focused on primary care – a skill set in short supply in the research agenda in order to drive and facilitate a continuously improving primary care system.

[7] This point was well illustrated in the reports of the Australian Government Productivity Commission report on *Data Availability and Use* (2017) and *Efficiency in Health*, 2015.

Case Study: Australian Institute of Health Innovation (AIHI), Macquarie University

AIHI conducts world-class research to catalyse performance improvement in healthcare services and systems in Australia and internationally.[8] Led by Professor Jeffrey Braithwaite who is a leading and internationally reputable health services and systems researcher, AIHI focuses on developing clinician led approaches to organising, managing and evaluating the full spectrum of care.

AIHI comprises three centres: the Centre for Healthcare Resilience and Implementation Science (CHRIS); the Centre for Health Informatics (CHI); and the Centre for Health Systems and Safety Research (CHSSR).

CHRIS undertakes research on complex problems, adopting evidence and translating this into practice to improve delivery systems and design new model of care for healthcare systems of the future.

While the conduct of research is essential, research only leads to change when its findings are adopted in practice. There is a key role for the proposed Australian Institute for Primary Health Care Research Translation and Innovation in disseminating primary care research.

Research Australia recommends the Institute develop a platform to share primary care research outcomes across the nation.

There is also a key role for the Institute in promoting the value of primary care data and research to the primary care workforce, and by extension engendering a greater understanding of the value and importance of these in the broader community.

Case Study: NICE Guidelines

the National Institute for Health and Care Excellence in the United Kingdom sets NICE guidelines which are evidence-based recommendations for health and care in England so decision makers, providers and practitioners and patients can see what models have been evaluated and the reported costs and consequences of each model. [9]

Emergency Preparedness

Research Australia strongly supports the recommendation to deliver a nationally coordinated emergency preparedness and response and to boost capacity in the primary care sector. There is a critical role for primary care to support communities during, and in the aftermath of, an emergency. We continue to learn from each emergency with which we are confronted, whether it be a bushfire, flood, pandemic or drought.

Research Australia recommends research into emergency preparedness be incorporated into a primary care research agenda. This research must include all primary care providers, including allied health, physiotherapy, psychology, psychiatry, podiatry, occupational therapy and rehabilitation providers. For example we saw during COVID that patients were provided with more psychologist sessions, recognising the role of other disciplines (not just general practitioners)

[8] https://www.mq.edu.au/research/research-centres-groups-and-facilities/healthy-people/centres/australian-institute-of-health-innovation/about-AIHI
[9] https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-guidelines

during an emergency. Long COVID is being recognised as a long term condition with multiple components that require a multidisciplinary approach to treatment and recovery in the community setting.

Implementation is integral to effective reform that delivers on the Quadruple Aim

Implementation research is an emerging and growing area in Australia. One example of implementation research can be seen in Associate Professor Julie Marley's work at Kimberly Aboriginal Medical Services.

Case study: Be Healthy Program, Kimberly Aboriginal Medical Services

The 'Be Healthy' program was co-designed, piloted and refined with 110 Derby Aboriginal people to implement culturally secure programs for obesity and chronic disease prevention. The content was tailored to local culture and younger age and delivered by Aboriginal facilitators in a culturally secure, supportive and enjoyable atmosphere.

The program combines the power of research to drive evidence-based positive behaviour change with the wisdom, knowledge and cultural strength of Aboriginal communities, integrated with the major Kimberly healthcare providers. This community led initiative will be adapted using a similar codesign process with other Aboriginal communities, implemented on a large scale over 5 years and evaluated. [10]

An important aspect of research implementation is evaluation and assessment, particularly when it comes to cost efficiency – the third aim of the Plan's Quadruple Aim. This has been recognised by the Hunter Medical Research Institute which stresses the need to be cognisant of affordability and equity.

Case study: Hunter Medical Research Institute

Hunter Medical Research Institute (HMRI) conducts a vast range of health and medical research including research into effective health services delivery. This includes monitoring health service use and its effectiveness in improving people's health.

Researchers from HMRI, the University of Newcastle and Hunter New England Health were awarded a MRFF grant in 2020 to explore the cost-effectiveness of integrated evidence-based models of medical nutrition therapy (MNT) delivery in rural and regional primary health care.[11] The project will directly collaborate with general practitioners and primary care providers to test telehealth models of care. This project can be seen as an example of research active practitioners.

Research Australia supports the recognition of cost-efficiency of the health system as one of the Quadruple Aims. Failure to understand the cost-effectiveness of implementation strategies can lead to poor decision making in healthcare and unintentional waste in the health system.
Not only must Australia's health system be affordable; it must be equitable and available to all.

[10] http://kams.org.au/research/current-projects/
[11] https://hmri.org.au/news-article/new-funding-improve-regions-heart-health

Research Australia recommends the development of a research agenda which includes assessment by health economists of proposed projects to identify research with the greatest potential impact – for practitioners, the health system and the patients and community it serves.

Conclusion

Australia has a world class health system of which primary care is a key component. While our health system is among the world's best we can do better, and Research Australia strongly supports the long term reform agenda put forward in the discussion paper, which seeks to deliver the best and most person-centric model of care for Australians.

Research Australia welcomes the recognition of the key role research can play in delivering, implementing and evaluating reform in primary care. We are strongly supportive of the proposed Australian National Institute for Primary Health Care Research Translation and Innovation as a mechanism to supplement and transform the work already underway in primary care research; ensuring it is appropriately supported, translated and implemented for the benefit of all.

We also strongly urge the inclusion of an information sharing component for the primary care workforce to drive health literacy and awareness of self care options at a grass roots level to achieve better health outcomes.

We look forward to the further development of the 10 year Primary Care Plan.

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