

An abstract graphic featuring a network of nodes and lines. The nodes are represented by spheres of varying sizes, some in shades of blue and others in shades of orange. They are connected by thin, curved lines that create a sense of movement and connectivity. The background is composed of large, overlapping, semi-transparent shapes in light blue and light orange, creating a layered effect.

AUSTRALIA'S PRIMARY HEALTH CARE 10 YEAR PLAN 2022-2032

Response to the Consultation

November 2021

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.

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AUSTRALIA'S PRIMARY HEALTH CARE 10 YEAR PLAN 2022-2032

RESPONSE TO THE CONSULTATION

Introduction

The draft Primary Health Care 10 Year Plan 2022-2032 was based on the recommendations of the Primary Health Reform Steering Group's Discussion Paper issued earlier in 2021. The consultation was conducted via an electronic survey. Responses to each question were subject to restrictions on the number of words allowed. Research Australia's response to the electronic survey is reproduced below. The response to the first seven questions provided identifying information and have not been reproduced below.

8. Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area A: Support safe, quality telehealth and virtual health care.

The greater use of telehealth and virtual healthcare holds the promise of better health outcomes, but at this stage it is only a promise. Research Australia supports the development and implementation of telehealth and virtual healthcare in a manner that enables the benefits, disadvantages and risks to be appropriately monitored and evaluated, and supports the refinement of programs in response to evidence.

To this end, drawing on research and researchers in the design, implementation and evaluation of the various initiatives (data standards, updating guidelines and resources, extending to allied health, coordinating on state and territory governments on supporting infrastructure, patient end-supports) is going to be critical. Research Australia recommends research into models for telehealth and virtual healthcare be incorporated into a primary health care research agenda. This will be particularly important to maximise health service provision gains during the recovery from the COVID-19 pandemic and the transition to a more mature and permanent telehealth service delivery model.

It is also essential to ensure that linking the availability of telehealth to Voluntary Patient Registration (VPR) is appropriately evaluated. This is particularly so in relation to the potential to further exclude vulnerable and disadvantaged communities, including CALD, homeless and low income individuals and people with mental illness. If not addressed, this has the real potential to increase health inequality over the term of this 10 Year Plan. Appropriate areas of research include measures to support and encourage VPR among Australia's most disadvantaged, as well as rigorous ongoing evaluation of the evidence for the benefits of VPR in the Australian context.

9. Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area B: Improve quality and value through data-driven insights and digital integration (300 word limit)

Research Australia welcomes the measures outlined in Action Area B to improve the use of health data and to derive greater value from the health information we collect. The measures to improve interoperability and appropriate sharing of data are welcome. Achieving this objective will require a health workforce that is more adept at creating and using health data than is currently the case. Appropriate training and support is also critical. Research Australia recommends research to support this action area in the collection, use and re-use of data be incorporated into a primary health care research agenda.

Research Australia particularly welcomes the proposal for a Primary Health Care Data Analytics Centre of Excellence. In our response to question 18, Research Australia proposes the creation of the Institute for Primary Health Care Translational Research and Innovation. The Data Centre and the Institute would play complementary roles in supporting the implementation, analysis, evaluation and continuous improvement of primary health care under the Primary Health Care 10 Year Plan.

10. Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area C: Harness advances in health care technologies and precision medicine (300 word limit)

Better preparing and equipping the primary health care sector for advances in health care technology and precision medicine will be critical if we are to make the most of these advances in the next two decades.

This is an area that is going to change rapidly and we need to take an approach that allows the rapid trialling of new technologies and of combinations of new technologies and models of care to determine what works most effectively. Research Australia recommends research in the design, implementation and evaluation of new models of care and approaches to incorporate new health care technology and precision medicine be incorporated into a primary health care research agenda.

Part of the role of Research Australia's proposed Institute for Primary Health Care Translational Research and Innovation would be to:

- provide the platforms and expertise required to adopt an agile and adaptive approach to design, implement and trial innovations;
- ensure rigorous evaluation of innovations; and
- support the scaling of proven innovations.

Our proposed Institute for Primary Health Care Translational Research and Innovation would complement the Primary Health Care Data Analytics Centre of Excellence proposed by the draft Plan.

11. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area A: Incentivise person-centred care through funding reform, using VPR as a platform (300 word limit)

VPR is a central element of the 10 Year Plan, and it is essential that it is implemented in a manner which supports evaluation of its effectiveness. The Primary Health Care Data Analytics Centre of Excellence proposed by the draft Plan could play a key role, and analysis of data relating to VPR should be a priority.

Achieving high levels of stable enrolment in VPR is going to be important to the success of this initiative. Research Australia proposes that an innovative, research-led approach be taken to developing, implementing and evaluating different programs to encourage and support VPR. This will help determine the most cost effective methods, recognising that different strategies may be required for different populations.

The COVID vaccine roll out has taught us that the greatest benefits can come from engaging the people who are hardest to reach. Priority should be given to supporting the enrolment of populations that will have the most to gain (elderly, people with multiple chronic conditions) from disadvantaged and marginalised communities.

Research Australia's proposed Institute for Primary Health Care Translational Research and Innovation could play a lead role in activities to support the roll out and take up of VPR by target populations, with research into, for example, the most effective incentives and communication strategies.

12. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area B: Boost multidisciplinary team-based care (300 word limit)

Research Australia supports the actions proposed under this Action area to increase multidisciplinary team-based care and the focus on developing the workforce.

There are existing models for multidisciplinary care that can be evaluated for their effectiveness and the ability to be scaled up, recognising that there will not be one single model that will work in every context. There is also the opportunity to develop and evaluate new models, with input from health care providers and consumers. This is an area where we will need to be prepared to innovate and trial new models of working together, including remuneration models. Research Australia recommends research into models of interdisciplinary care be incorporated into a primary health care research agenda. Research Australia's proposed Institute for Primary Health Care Translational Research and Innovation could play a lead role, supported by the Primary Health Care Data Analytics Centre of Excellence proposed by the draft Plan. Some of the work undertaken by the UK's NIHR School for Primary Care Research could provide a model for Australian research in this area.¹

¹ <https://www.spcr.nihr.ac.uk/>

13. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area C: Close the Gap through a stronger community controlled sector (300 word limit)

Research Australia supports the measures proposed under Action Area C. Ongoing monitoring and evaluation of the measures will be essential, as will a willingness to modify approaches and innovate as we collect and assess evidence of the effects of the reforms on the Close the Gap targets. Research Australia recommends research into models that support Action area C be incorporated into a primary health care research agenda. Our proposed Institute for Primary Health Care Translational Research and Innovation could play a lead role in the development, monitoring and evaluation of these models, supported by the Primary Health Care Data Analytics Centre of excellence proposed by the draft Plan.

14. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area D: Improve access to primary health care in rural areas (300 word limit)

Research Australia supports the measures proposed under Action Area D. Ongoing monitoring and evaluation will be essential, as will a willingness to modify approaches and adapt accordingly as we collect and assess evidence of the effects of the reforms on access to primary health care in rural areas. Research Australia recommends research into models (existing or new) that increase access to primary healthcare in rural areas be incorporated into a primary health care research agenda.

Research Australia's proposed Institute for Primary Health Care Translational Research and Innovation could play a lead role in these activities, supported by the Primary Health Care Data Analytics Centre of excellence proposed by the draft Plan.

15. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area E: Improve access to appropriate care for people at risk of poorer outcomes (300 word limit)

Research Australia supports the measures proposed under Action Area E. Once again, ongoing monitoring and evaluation will be essential, as will a willingness to modify approaches and innovate as we collect and assess evidence of the effects of the reforms on access to care for the target group and their health outcomes. Research Australia recommends research into models of care and funding that support Action Area E be incorporated into a primary health care research agenda. Research Australia's proposed Institute for Primary Health Care Translational Research and Innovation could play a lead role, supported by the Primary Health Care Data Analytics Centre of Excellence proposed by the draft Plan.

16. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area F: Empower people to stay healthy and manage their own health care (300 word limit)

Research Australia supports this objective. Research Australia has been undertaking an annual public opinion since 2003 and have included a range of questions in recent years about people managing their own health and the use of technology. There is a strong desire from people to more effectively manage their own health and a willingness to adopt new technology to do so. People don't want more information, but they do want practical tips and strategies for staying healthy.²

Action Area F requires a number of programs and initiatives to be 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.

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 recommends research be undertaken on how to integrate the following 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, taking into account different levels of access to technology, technical literacy, language and cultural barriers and enablers 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, requiring a robust program with sustained effort.

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

17. Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area A: Joint planning and collaborative commissioning (300 word limit)

Research Australia supports the focus on joint planning and collaborative commissioning. It is critical that this occur at the jurisdictional and regional level to ensure local relevance. It is equally important that local actors are supported to develop, implement and evaluate plans and initiatives; and that they have access to information about what is happening elsewhere in Australia and overseas.

Research Australia's proposed Institute for Primary Health Care Translational Research and Innovation can support activity at the local and regional level by providing information and expertise in design, implementation and evaluation. The proposed Primary Health Care Data

² Research Australia, Australia Speaks, Opinion Polling for Health and Medical Research 2018, 2019, 2020 at <https://researchaustralia.org/reports/public-opinion-polling-2/>

Analytics Centre of Excellence will be an equally valuable resource for the planning, commissioning and evaluation activities proposed under this Action.

18. Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area B: Research and evaluation to scale up what works (300 word limit)

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 strongly supports the concept of an Institute for Primary Health Care Translational Research and Innovation, akin to the Australian National Institute for Primary Health Care Research Translation and Innovation proposed in 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 propose that, in line with the Steering Group's proposal, the Institute's remit should include translational research and innovation, and that it be called the Institute for Primary Health Care Translational Research and Innovation.

Established in 2006, the UK's NIHR School for Primary Care Research is a partnership between nine leading academic centres for primary care research in England. The School brings together academics and practitioners from across the country to collaborate on cutting edge, topical primary care studies that have an impact both at policy level and in general practices around the country. <https://www.spcr.nihr.ac.uk/> It provides a partial model for the proposed Institute.

We have outlined in our response to specific questions the critical role this Institute could play in the implementation of the Primary Health Care 10 Year Plan. We propose the development of a primary health care research agenda, supporting each action area of the 10 Year Plan. The Institute would be responsible for delivery of this research agenda.

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

19. Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area C: Cross-sectoral leadership (300 word limit)

Research Australia agrees with the actions proposed under Action Area C. To achieve the ambitions of the 10 Year Plan it is essential that it is communicated clearly and that all participants understand their roles, the objectives, and the planned benefits.

It is essential that a clear implementation plan is outlined, explaining how and why changes are being made and how individuals will be affected. Where the 10 Year Plan creates new expectations on how individuals will work, it is essential they are supported to make the transition and understand why it is in their interests, the interests of their patients and the broader community, as per the overarching aims of the Plan. The Plan must account for the different drivers, both economic and cultural, found within the public and private sectors in the primary care system.

Research Australia's proposed Institute for Primary Health Care Translational Research and Innovation and the Primary Health Care Data Analytics Centre of excellence proposed by the draft Plan need to be included in the groups the Department will work with and in the proposed Oversight Group (Sections 5.1 and 5.2 of the Discussion paper, page 40).

20. Please provide any additional comments you have on the draft plan (1000 word limit)

Research Australia endorses the direction of the Plan and welcomes recognition of the key role research can and must play if reforms are to be achieved. Research Australia recommends a sustained investment in translational primary care research that is commensurate with the reform task outlined by the 10 Year Plan.

The continuous improvement that is central to the 10 Year Plan 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 and must be a key component of Research Australia's proposed Institute for Primary Health Care Translational Research and Innovation, alongside implementation research.

Australian researchers can help identify and evaluate overseas practices and draw on these to design new models that could work within the Australian 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 delivering of primary care in Australia.

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

Research Australia has proposed the creation of the Institute for Primary Health Care Translational Research and Innovation. The inclusion of innovation in the title is deliberate. Research is often perceived as being the remit of academics and experts outside the health system, based in theory, with innovation the advances and improvement that arise from within, based on practical experience. It is important that the proposed Institute avoids any (false) demarcation between these two and that it is able to support the development, trialling, evaluation and scaling of good ideas wherever they arise.

(The dual importance of research and innovation is reflected in the legislation creating the Medical Research Future Fund, which provides funding for 'medical research' and 'medical innovation'.)

The structural and funding reforms proposed in the 10 Year Plan must consider other long-term reforms in health, including the National Hospital Reform Agreement Addendum 2020-25, and the current consultation around primary health care data and the use of electronic clinical decision support systems in primary health care. 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.³

³ 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

There are implications of value-based care for primary care reform and research is needed to define value and guide implementation of 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.

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.

Research Australia notes the work being done to develop the National Medical Workforce Strategy, the National Nursing Strategy and the National Mental Health Workforce Strategy; this is complemented by the renewed focus on allied health.

Successful implementation of the new Primary Health Care 10 Year plan is going to require a culture of continuous quality improvement and this in turn requires a primary care workforce (medical, nursing and midwifery, allied health and managerial workforces) which is research aware and actively seeks to adopt new and better evidence-based models of care. This culture will also enable the workforce to play an active role in innovation, and in identifying areas where evidence is lacking and research could be beneficial.

Beyond a research aware workforce, we need more of the workforce to be research active- i.e. participating in and supporting research as part of their work. Some primary care practitioners are research active, however there is a need to increase their numbers and 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.

Achieving this change 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.

Activities to support these changes need to be included in the 10 Year Plan. They also need to be considered in how the proposed Institute for Primary Health Care Research and Innovation and the proposed Primary Health Care Data Analytics Centre of Excellence Centre are formulated and will operate. Providing training for primary healthcare workers and opportunities to participate in research should be key activities for the Institute and the Centre.

The proposed Institute should 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.⁴

Research Australia is pleased to have had the opportunity to contribute to this submission and look forward to supporting the implementation of the 10 Year Plan.

END OF SUBMISSION

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⁴ <https://www.behaviourworksaustralia.org/the-method-book/chapter-4-stakeholder-consultation-to-improve-behaviour-change/>