

**AUSTRALIAN PRIMARY
HEALTH CARE RESEARCH INSTITUTE**

**THE CONTRIBUTION OF APPROACHES TO
ORGANISATIONAL CHANGE IN OPTIMISING THE
PRIMARY HEALTH CARE WORKFORCE**

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POLICY CONTEXT

Health care systems worldwide are facing pressure from an ageing population, improved health care technologies, increasing emphasis on effectiveness and efficiency, changes to traditional professional roles workforce shortages and generational changes in approaches to working.

To be successful in securing a capable and professional workforce in the global marketplace designers of health systems will need to consider not only the nature and levels of remuneration but the culture and climate of the workplace. Organisational development (OD) can contribute to success in the workforce market. OD is the application of behavioural science action research and systems theory to human systems to increase the internal and external effectiveness of the organisation, especially in managing change, using participative processes that involve all those affected. A workforce with good leadership and teamwork will deliver high quality care.

**The burden of chronic disease and the contribution of
primary health care**

The burden of chronic disease is increasing rapidly, accounting for 80% of the disease burden and 80% of health care costs. The National Chronic Disease Strategy recognises the central role of general practice in prevention, detection, and management. Investing in OD in primary health care, especially general practice, by enhancing its ability to manage chronic disease can significantly improve patient health outcomes. The strategy recognises that early detection of the disease should be seen as a multidisciplinary task for all existing primary health care services and not just general practice. Implementation of the strategy will require considerable change in how teams work in primary health care and this is where OD can contribute.

Key findings

OD is widely used in the general economy but its use in health services, especially primary health care, is less evident. Nevertheless we found convincing evidence of its potential contribution to chronic disease management, quality improvement and safety

Efforts to change clinical practice by influencing individuals have proved ineffective unless the organisation within which they work is ready to change

Performance in health care organisations is inextricably linked to leadership, culture, climate and collaboration which can be improved by OD

In the review we have focused on how OD can contribute to delivering better health outcomes in chronic disease management because that is where the need is greatest and the evidence is strong

The role of organisational development

In chronic disease management, aspects mentioned in the National Chronic Disease Strategy that would benefit from OD are:

- managing change towards multidisciplinary care
- care planning, coordination, and review
- integrated primary health care networks
- adopting standard procedures for referral
- focusing services away from acute care onto chronic disease management
- developing strategic partnerships at regional and local level.

Interventions in the health policy area are often complex. Fee-for-service creates increased activity with no evidence of improved outcomes, thereby diminishing the effectiveness of the workforce. A blended system, including capitation or outcome payments, would encourage teamwork in chronic disease management.

POLICY OPTIONS

- the Collaboratives continue
- practice accreditation be extended to clinical standards and systems
- initiatives in clinical leadership and team development are considered by the Department of Health and Ageing.

The Australian Primary Care Collaboratives

Systematic review demonstrated the Collaborative methodology was successful. The National Primary Care Collaboratives have improved chronic disease management, but greater gains in improved health care outcomes, performance and sustainability could be achieved with further development of practice teams.

Clinical leadership

Clinical leadership training is widely used in the US and Europe, and in the Australian hospital system. It is a common approach aimed at improving organisational performance, especially in safety and quality. Queensland Health has recently run a large scale leadership program for 5000 employees.

By improving clinical leadership, collaboration and performance will also improve, which in turn creates important health outcomes and the wider organisational culture.

Clinical leadership training for primary health care teams is commonplace in the UK. In England and Wales, the Improvement Foundation runs a Leadership for Quality Improvement course for primary health care professionals leading to a Masters degree. The course has had significant individual and [organisational impact](#). Another example of OD in action is The Scottish Leadership Foundation which characterises its courses as multidisciplinary, developing leadership, not just leaders, and working on real problems in real time. Often the courses involve the whole team.

The time is ripe to introduce clinical leadership training for primary health care teams in Australia to improve chronic disease management.

Team development

The most outstanding program identified for developing primary health care teams is the UK Royal College of General Practitioners [Quality Team Development \(QTD\)](#) program. Practices report positive changes in teamwork and patient services. They valued its formative, participative and multidisciplinary nature, especially the peer-reviewed element. QTD promotes national policies on clinical quality and modernisation as well as encouraging inter-organisational collaboration. One outcome was formal and systematic planning procedures being introduced for the first time.

METHOD

The questions addressed in this review are:

1. Are approaches to organisational change effective in the primary health care workforce?
2. How can approaches to organisational change support the achievement of policy in primary health care?
3. How can approaches to organisational change be applied efficiently and cost effectively to primary health care in Australia?

This systematic review using meta-narrative mapping is based on the scientific literature, advice from a reference group of experts and interviews with 25 key informants from Australia, Canada, Netherlands, New Zealand and the United Kingdom. Health services managers, academic general practitioners, health services researchers and health policy researchers were consulted in these countries. The reference panel included a health policy academic, senior health services managers, GP academics, CEO General Practice Divisions of Victoria, management and organisational development consultants. A multidisciplinary research team was assembled with backgrounds encompassing key research traditions relevant to the questions. A narrative was compiled for each country looking at the main developments in primary health care since 1992 and analysing the contribution of each development to the evolution of primary health care in that country.

For more details, please go to the [full report](#)

The research reported in this paper is a project of the Australian Primary Health Care Research Institute, which is supported by a grant from the Australian Government Department of Health and Ageing under the Primary Health Care Research, Evaluation and Development Strategy. The information and opinions contained in it do not necessarily reflect the views or policies of the Australian Government Department of Health and Ageing.