



THE AUSTRALIAN NATIONAL UNIVERSITY

The Evidence for Primary Health Care

Queensland Divisions Forum

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Overview

- § Summary of the “Scoping the evidence” document
- § Decontextualised evidence and evidence to inform policy
- § The role of general practice and divisions

APHCRI's mission and strategic goals

- § Mission: to provide national leadership in improving the quality and effectiveness of primary health care through the conduct of high quality priority-driven research and the support and promotion of best practice
- § Strategic Goals
 - A stronger knowledge base
 - Uptake of research evidence
 - Enhanced research capacity
 - An effective organisation

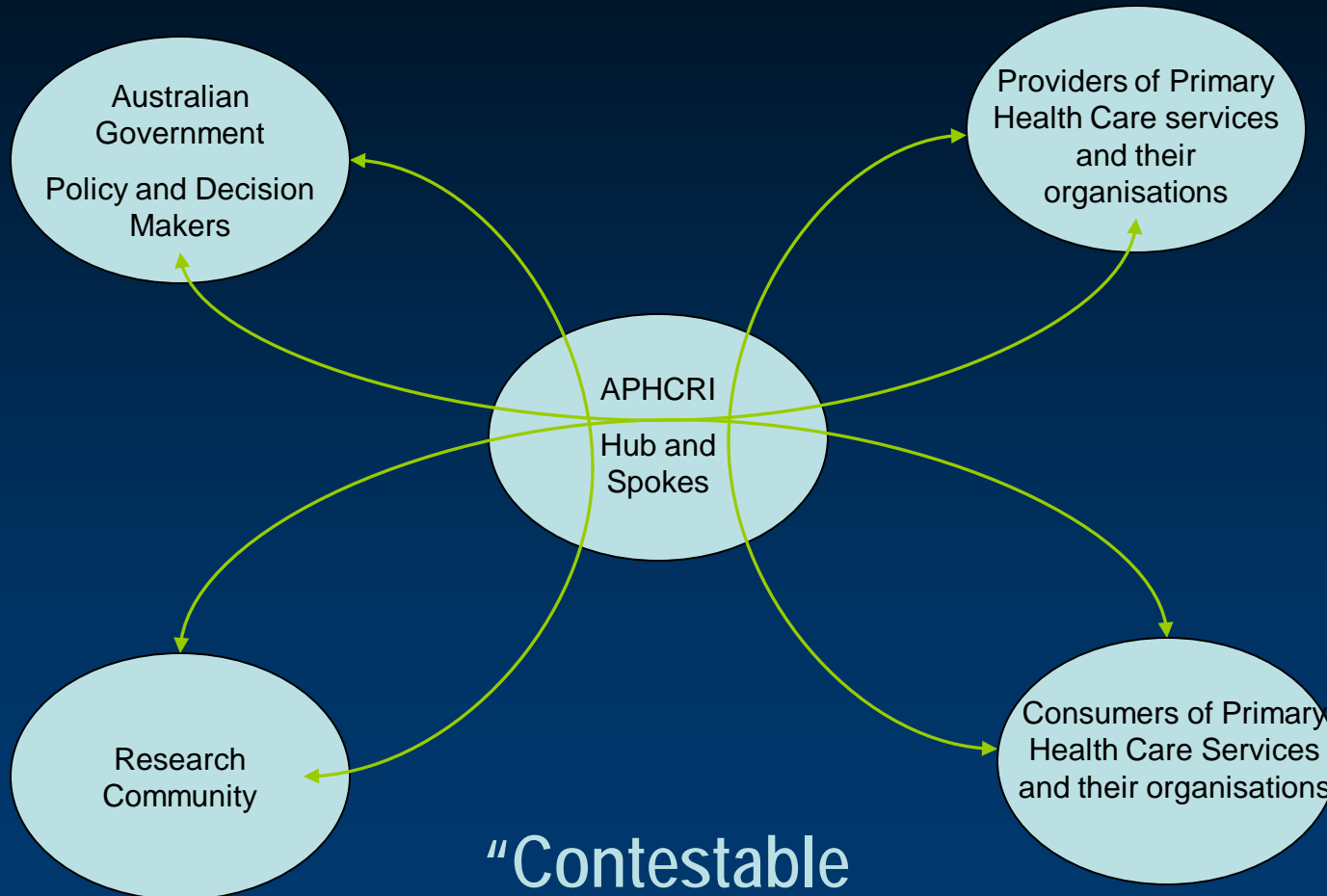
APHCRI – a virtual institute



- § “Hub and Spoke” model
- § Hub based at the Australian National University
- § Spokes are programs of research undertaken around the nation commissioned by the Institute’s Research Advisory Board
- § The Hub and Spokes together form the Institute and meet the Institute’s mission and goals

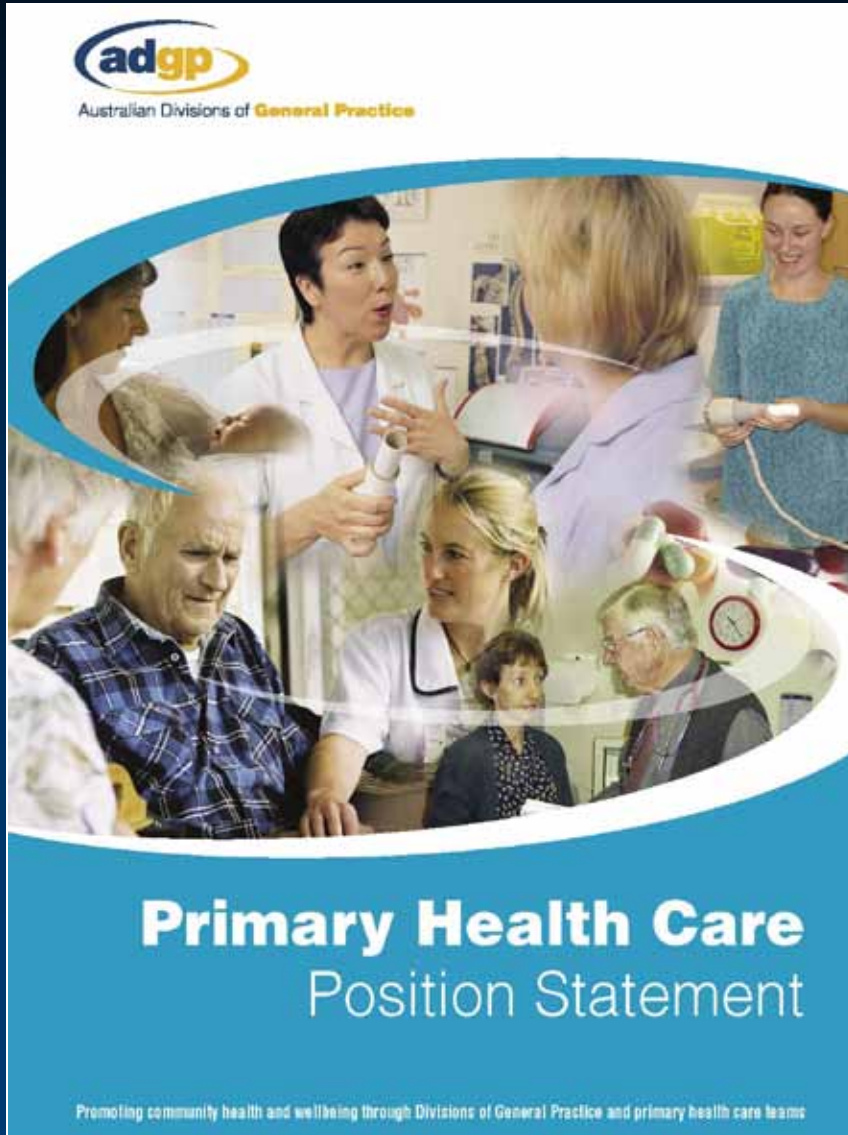
APHCRI's approach

Co-producers with APHCRI



“Contestable collaboration”

Co-producing with the Divisions

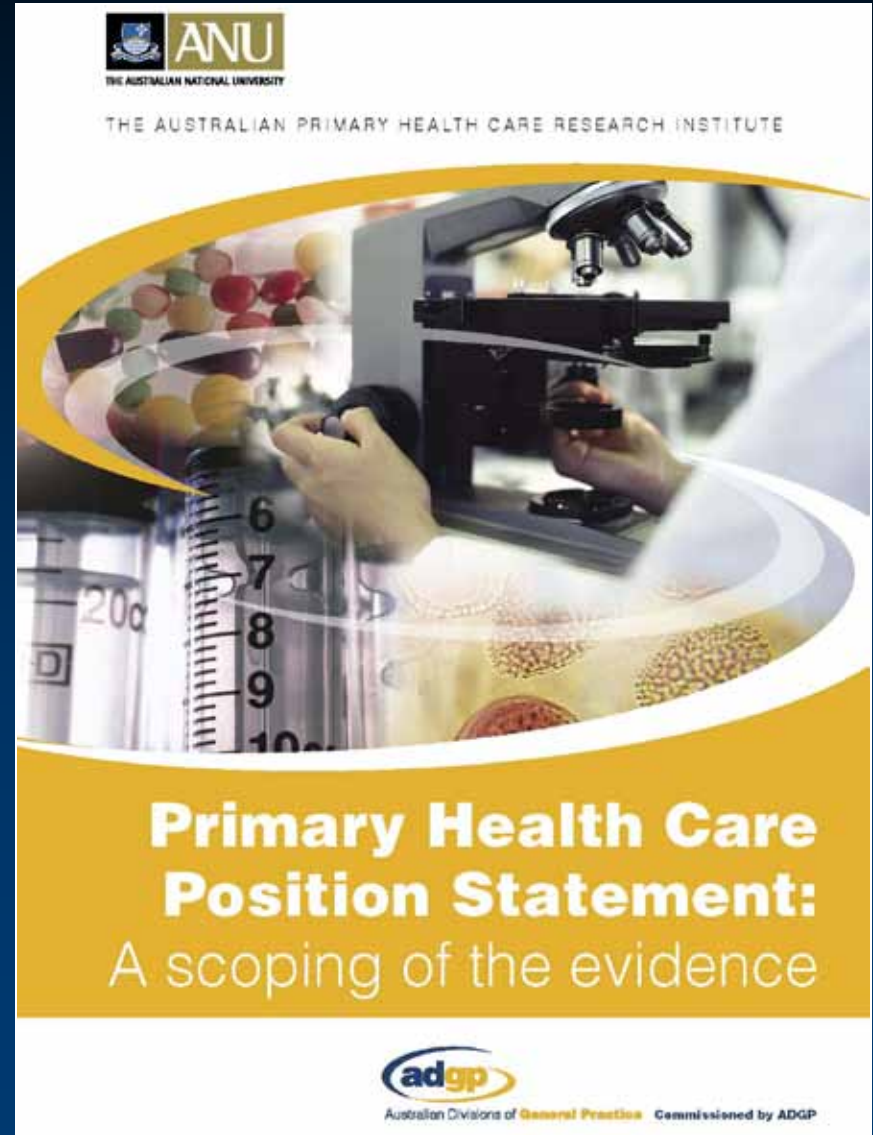


adgp
Australian Divisions of **General Practice**

**Primary Health Care
Position Statement**

Promoting community health and wellbeing through Divisions of General Practice and primary health care teams

The cover features a collage of images showing healthcare professionals interacting with patients in a clinical setting. The background is a light blue gradient.



ANU
THE AUSTRALIAN NATIONAL UNIVERSITY

THE AUSTRALIAN PRIMARY HEALTH CARE RESEARCH INSTITUTE

**Primary Health Care
Position Statement:
A scoping of the evidence**

adgp
Australian Divisions of **General Practice** Commissioned by ADGP

The cover features a collage of images showing laboratory equipment, including a microscope and test tubes, with a focus on scientific research. The background is a light yellow gradient.

Scoping the evidence

- § **Health system reforms aimed at improving quality, equity, efficiency, effectiveness and responsiveness**
- § **Growing evidence base about the importance of primary health care in achieving these outcomes**
 - E.g. *“improved population health outcomes for all-cause mortality, all-cause premature mortality, and cause-specific premature mortality from major respiratory and cardiovascular diseases.”* [\[1\]](#)
- § **Deployment of “meso” level organisations**

1] What are the advantages and disadvantages of restructuring a health system focused on primary care services? *WHO Regional Office for Europe's Health Evidence Network (HEN) January 2004* <http://www.euro.who.int/document/e82997.pdf> Accessed October 2005

Functions and activities of meso level primary health care organisations

- § Allocation of regional budgets
- § After hours care
- § Brokering access to services
- § Clinical and practice support
- § Commissioning services
- § Community engagement
- § Contracting with providers
- § Data management
- § Funds pooling
- § Local/regional decision making
- § Disease management
- § Education and training including continuing professional development for health professionals
- § General practitioner, practice nurse and allied health professional recruitment and support
- § Linkage between micro and macro levels of the system; linkage between “horizontal components of the system, including in some cases, other arms of government (e.g. housing); linkage between acute and community sectors of the system
- § Monitoring quality
- § Patient enrolment
- § Population health activities
- § Triage

Nine domains

1. Access
2. Workforce
3. Integration
4. Chronic disease management and prevention
5. Multidisciplinary teams/networks of health service providers
6. Population health and health promotion
7. Community/consumer participation
8. Quality and safety
9. Indigenous health.

Method

- § Focused on systematic reviews addressing nine domains
- § Supplemented with key papers from Australian literature, or from Canada, UK, NZ, USA if data were not found in Australian sources
- § Material published as a “systematic review” was accepted as meeting appropriate quality standards for systematic reviews
- § Authors identified key questions within each domain

(Note: Undertaken in short timeframes with limited resource)

Cautionary notes

- § The document clearly states its limits and its intent to be a basis for further discussion.
- § Systematic reviews “decontextualise” evidence
 - “average of an average”
- § Policy makers must take account of context
- § The Scoping document needs to be “contextualised” for Australian conditions

Links between policy and evidence

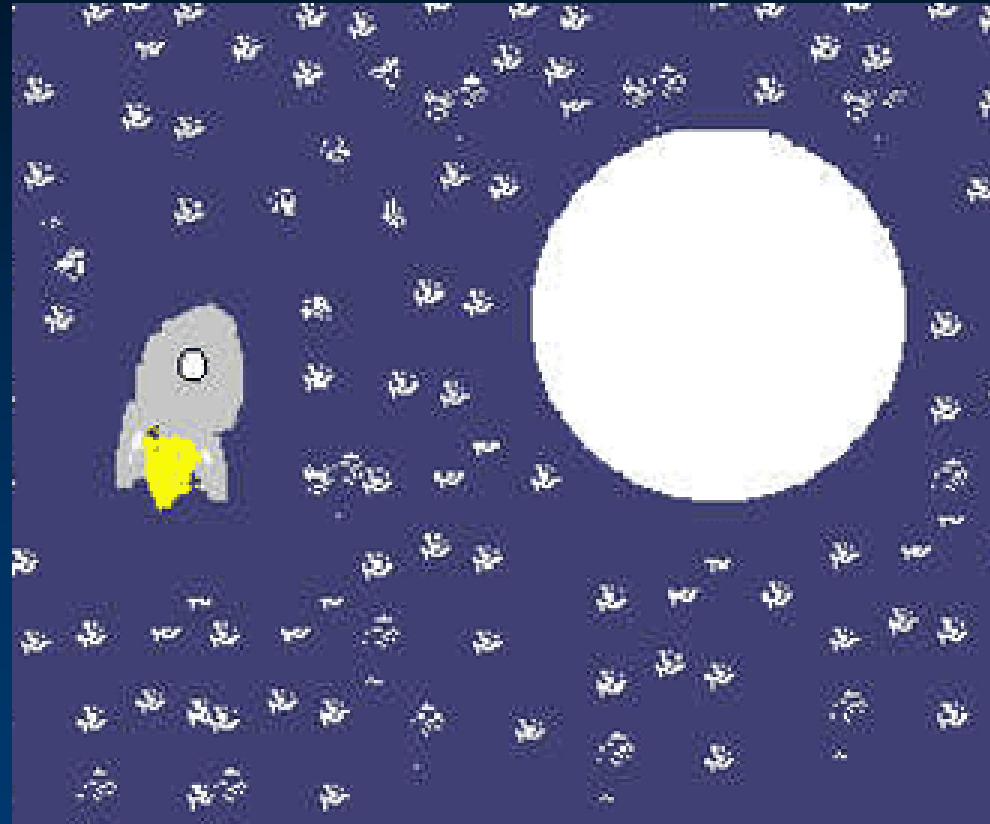
- § Linear
- § Complicated
- § Complex

Linear



Image on Port Stephens Council Website: <http://portstephens.local-e.nsw.gov.au/community/35624/35630.html>

Complicated



Credit: NASA Kids/Bharadwaj

Complex



§ Contributions from academic general practice

- Application of General Systems Theory to the Family Medicine context (see for example “A Textbook of Family Medicine” I R McWhinney 1989 Oxford University Press)

§ Contributions by philosophers in science and organisational theorists

- The application of Complex Science, in particular Complex Adaptive System thinking to the health sector (See for example McDaniel RR, Driebe DJ Complexity Science and Health Care Management in *Advances in Health Care Management, Volume 2* pages 11 – 36 2001 Elsevier Science Ltd. This is an excellent overview of CAS)
- The contribution of context-sensitive science (See for example Gibbons M Mode 2 society and the emergence of context-sensitive science *Science and Public Policy* June 2000)

What do these frameworks add?

- § They provide a different way to think about GP & PHC health systems and research
- § They lead to new strategies being postulated by which the challenges faced by the sector can be addressed

Key characteristics of CAS

- § Embrace paradoxes
- § Are self-organizing with distributed controls
- § Emergent – “Emergence is above all a product of couples, context-dependent interactions. Technically these interactions and the resulting system are *nonlinear*. The behavior of the overall system cannot be obtained by *summing* the behaviors of the constituent parts” (Holland, 1998)
- § Interconnected – patterns of interconnectedness are fundamental and range from simple to very complicated. Relationships are nonlinear in nature. Small changes in CAS can have very large effects and the converse is also true.
- § Co-evolution – the “observer CAS” is altered by the “subject CAS” observed

Managerial strategies relevant to CAS (From McDaniel)

- § **“Making sense”** of the CAS and heterogeneity among agents as the most fruitful managerial strategy for enriching sense making
- § **Remembering (and forgetting) history** – “the most important learning we do flows from the trial and error action we take in real time and especially from the way we reflect on those actions as we take them”
- § **Thinking about the future** – scenario planning to develop organizational capabilities to respond to uncertainty
- § **Dealing with surprise** – as surprise emerges in a CAS managers must encourage agents to respond to unanticipated circumstances through a balance of structure and flexibility
- § **Taking action** – the key here is to take action as circumstances unfold
- § **Developing mindfulness** – “Processes that lead to mindfulness include a preoccupation with failure, reluctance to simplify interpretations, sensitivity to operations, commitment to resilience and under-specification of structures”

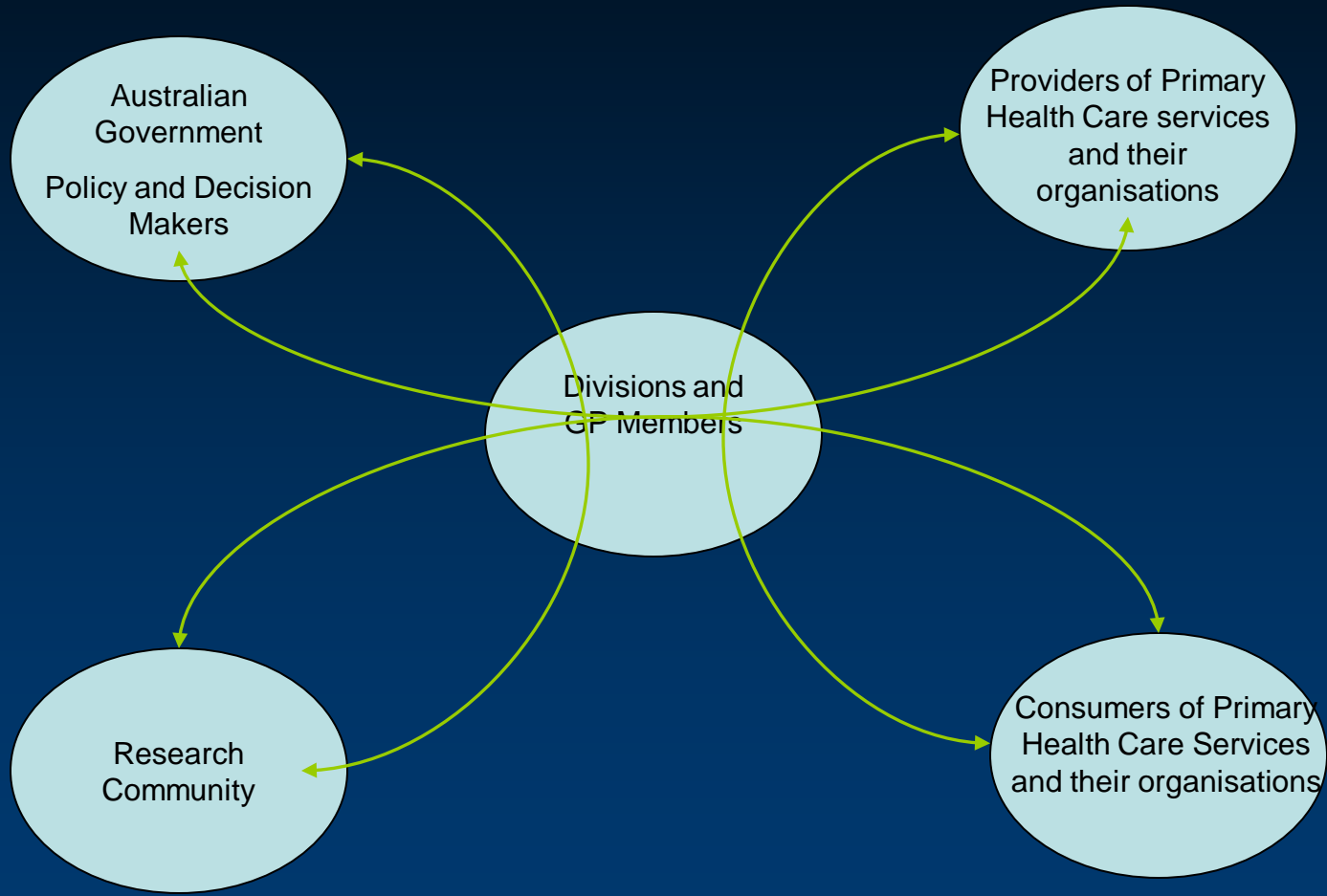
Bringing it together

- § The health system is under real strain
- § The scoping document summarizes some important relevant evidence that informs the ways forward
- § It is a first step, not a completed work
- § It needs to be contextualized

Responses could be informed by

- § Linear solutions (uncommon but don't discourage "simple" ideas coming forward)
- § Complicated solutions (possible but don't think that there is a "one small step..." answer)
- § Complex adaptive systems which emphasize:
 - The interconnectedness of things
 - Relationships
 - Response to emergent conditions

Commit to co-produce



END

