



**Title: Reflections on Narrative Review of Innovative Models for Comprehensive Primary Health Care Delivery**  
**SIREN Project - Systems Innovation & Review of Evidence in Primary Care**

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# Review Approach & Policy Context

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## Review approach

- Review team mapped and critically appraised evidence from:
  - New Zealand, the UK, USA, Canada and the Netherlands
- Evidence Review Form - Evidence type, focus and quality
- 780 references were searched, with 318 documents reviewed

## Policy context

- Primary health care (PHC) delivery models can be influenced through mechanisms that affect three different system relationships:
  - General Practitioners (GPs) and patients;
  - GPs and other health professionals; and
  - Third-party funders of PHC and PHC providers.

# Key Findings & Reflections

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## Policy Options

- Relationships framework for synthesising literature
- Flexible GP funding
- Quality frameworks at a practice level
- Meso-level primary care organisations
- Infrastructure

## Reflections

- Not mutually exclusive
- Based on a limited evidence base (aspirational)
- Not linked to patient outcomes, effectiveness of PHC delivery; and
- Implementation to consider existing features of the Australian PHC context

# Examples of Policy Options

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## **Flexible GP funding**

- Supply-side mechanisms are effective in achieving PHC reform
- Delivering funding to groups of GPs and PHC teams encourages joint decision making, team working and discourages solo practice, with efficiency and quality gains when working in groups and teams
- Victorian CHSs are an example of State funding being used to offer GPs an alternative type of funding.

## **Meso-level primary care organisations**

- Strong PHC systems are characterised by devolution of governance
- Meso-level PHC organisations exist (Area Health Services, CHS, DGP) paving way for implementing PHC reforms.
- Other organisations exist that integrate regional governance of both primary and secondary care, such as Multi-Purpose Services.

# Review Process: Conceptually

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## Conceptual Reflections

- **Review topic**
  - Models, comprehensive, innovative
  - Organisational, financial, governance
- **Review setting** - focus on primary care (general practice)
- **Review level** - focus on macro/systems level innovative models
  - Focus on mechanisms not models
  - Focus on relationships
- **Review & synthesis frameworks** (realist review & evaluation frameworks)
  - Developmental nature of review & synthesis frameworks

## Conceptual Aspirations

- **Review topic**
  - one aspect (models/***mechanisms & relationships***) with implications for compreh. and / or innovation
  - One arrangement (***financial***) with implications for organ. & govern.
  - One priority area (***mental health***) with implications for other Chr. Dis.
- **Review setting**
  - one setting (***GP***) implications for PHC
- **Review level**
  - One level (***macro***) with implications for meso and micro
- **Review & synthesis frameworks**
  - dual frameworks (***Realist & Cochrane***) with time & capacity



# Review Process: Operationally

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## Operational Challenges

- **Review team** – developmental capacity
- **Review evidence** -
  - aspirational vs actual mechanisms
  - Focus on documentary evidence vs
  - interviews with key players
  - patient (vignettes)
- **Review process** – iterative & interconnected:
  - Country –specific documents
  - Synthesis documents
  - Key policy informants process
- **Review – policy linkage** – process
  - Breadth vs depth
  - Project vs funder level
- **Review time-frame** - limited

## Operational Aspirations

- **Review team** – consolidated capacity + policy advisors
- **Review evidence:**
  - **increase focus on**
    - actual mechanisms
    - interviews with key players
    - patients
- **Review process**
  - interconnected cycles:
    - Country-->Synthesis-->policy-->country-->synthesis-->policy
- **Review – policy linkage**
  - Increase breadth & focus at funder level
- **Review time-frame**
  - Need pilot, main & validation review phases

# Thank You

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