



Australian
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University

Map of APHCRI projects

Linking current work with Government priorities

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Introduction

This paper highlights the APHCRI Network funded Centres of Research Excellence (CRE) and Research Streams which aim to meet the priorities of the National Primary Health Care Strategy.

The APHCRI **CREs** in Primary Health Care are long term, focused research units each funded for \$2.5 Million over a period of four years. CREs may be actual (i.e. comprising a physical entity or Institute) or virtual (i.e. geographically disparate, linking a collaborative research effort from several organisations). They are multi-institutional with at least two institutions (universities and/or non-government organisations) collaborating, are multidisciplinary and should collaborate with, and participate in, international research studies and partners

APHCRI funded **Research Streams** are a group of projects funded to responsively research a particular area of identified government priority. Funding is typically for a duration of 18 months with a maximum of \$150,000.00

Centres of Research Excellence

The aims of the **CREs** are to:

- > Enhance knowledge exchange between the researchers and the wider primary health care sector (including State and Commonwealth Governments) which will enable effective translation of research outcomes into policy and practice.
- > Facilitate multi-disciplinary collaboration across the Australian primary health care research community.
- > Build Australian primary health care research capacity through enhanced career development of research leaders and new researchers.
- > Develop internationally renowned Centres of Excellence in primary health care research.
- > Develop positive impacts for the Closing the Gap initiative to improve the health and well-being of Aboriginal and Torres Strait Islander Australians.

PRIORITIES MAP

	Centres of Research Excellence	Map to national priorities in National Primary Health Care Strategy
	Name of CRE	map to national PHC strategy
1	Centre of Research Excellence in Indigenous PHC Intervention in Chronic Disease	Key Priority Area 1: improving access and reducing inequality Key Priority Area 2: Better management of chronic conditions Key Priority Area 4: Improve quality, safety, performance and accountability
2	Centre of Excellence for accessible and equitable primary health care service provision in rural and remote Australia	Key Priority Area 1 improving access and reducing inequality Key Priority Area 4: improving quality, safety, performance and accountability
3	Centre of Research Excellence for Prevention of Chronic Conditions in Rural and Remote High Risk Populations	Building block 1; building regional integration Key Priority Area 2: better management of Chronic Conditions Building block 3: skilled workforce (research)
4	Centre of Research Excellence in Urban Aboriginal Child Health	Key Priority Area 1: improving access and reducing inequality Key Priority Area 2: Better management of chronic conditions

5	Centre of Excellence for Building quality, governance, performance and sustainability in Primary health care through the clinical microsystem approach	<p>Key Priority Area 4: improving quality, safety performance and accountability</p> <p>Building block 2: information and technology including eHealth</p> <p>Building block 5: financing and system performance</p>
6	Centre Obesity Management and Prevention Research Excellence in Primary Health Care (COMPARE-PHC)	<p>Building block 1; building regional integration</p> <p>Building block 2: Information and Technology including ehealth</p> <p>Building block 3: skilled workforce</p> <p>Key Priority Area 2: better management of Chronic Conditions</p> <p>Key Priority Area 3: increase focus on prevention</p>
7	Centre of Research Excellence in Primary Oral Health Care.	<p>Key Priority Area 1: improving access and reducing inequity</p> <p>Key Priority Area 4: Improving quality, safety, performance and accountability</p>
8	Research Excellence in Finance and Economics- Primary Health Care (REFinE PHC)	<p>Building block 4: financing and system performance</p> <p>Key Priority Area 4: improving quality, safety, performance and accountability.</p>
9	Innovative Models Promoting Access and Coverage Team (IMPACT) Supporting the Implementation of Organisational Innovations in Community-Based Primary Health Care to Improve Population Coverage and Access for Vulnerable Groups	<p>Key Priority Area 1 improving access and reducing inequity</p> <p>Key Priority Area 4 improving quality, safety, performance and accountability</p> <p>Building block 1: Regional Integration</p>

ABOUT THE CENTRES

Centre of Research Excellence in Indigenous PHC Intervention in Chronic Disease

Synopsis

The Kanyini Vascular Collaboration (KVC) represents a network of leading Aboriginal and non-Aboriginal researchers, Aboriginal medical services, community members and policy advisers with the overarching mission of achieving health system reform to improve outcomes for Indigenous people with chronic disease. The collaboration aims to: 1) improve health outcomes in Indigenous people with or at risk of diabetes, heart and kidney diseases 2) explore and understand health system enablers and barriers to care across the continuum 3) develop, implement and evaluate strategies to improve access, quality and safety of care 4) build the capacity of community and services in conducting high-quality primary care research.

Research activities

- > Developing a model of chronic disease care for Indigenous Australians - The Kanyini Chronic Care Model (CCM).
- > Building better systems of chronic disease care involving innovative trials in family-based chronic disease prevention and care (The Danila Dilba Project) and electronic decision support tools.
- > Extending emerging yet pioneering research on the interplay between psychosocial factors such as chronic stress and depression on the burden and management of chronic diseases in Aboriginal communities in order to develop future interventions in comorbid chronic disease.

Centre of Excellence for accessible and equitable primary health care service provision in rural and remote Australia

Synopsis

Improved access to appropriate primary health care services for populations with poorest access will increase equity in health care through improved health literacy, service utilisation and health outcomes. The Centre provides systematic evidence and identifies objective criteria relating to the nature, volume and distribution of the resources required to overcome problems of poor access to primary health care services and to deliver equal health outcomes. This new knowledge will provide health consumers, service providers and policymakers with the evidence that enables them to plan, monitor and evaluate the equitable provision of health care for all Australians.

Research activities

The research team will examine:

- > how best to measure access to primary health care services using an 'index of access' that links service availability with the health needs of different communities, thereby enabling providers to evaluate the impact of service performance on health behaviour, service utilisation and health outcomes
- > what indicators best measure the volume and distribution of primary health care services that communities require (taking account of population size, location and need) and what are appropriate benchmarks for these indicators
- > what models of service delivery work best to minimise barriers (such as distance and affordability) and maximise access to primary health care in different contexts,

focusing on three national priorities (aged care, mental health and Indigenous health).

Centre of Research Excellence for Prevention of Chronic Conditions in Rural and Remote High Risk Populations

Synopsis

This Centre brings together researchers and clinicians who collectively have experience in remote health care, clinical epidemiology, chronic disease prevention and management, health promotion, economics, policy development, program implementation and evaluation, and who have extensive clinical and research networks. The Centre is supported by international and national experts in primary care and chronic disease prevention and will generate new knowledge directly relevant to policy, as well as encouraging young and novice researchers into this important multidisciplinary field.

Research activities

The Centre will employ a 'mixed methods' approach. In particular the Centre will:

- > Establish whole-of-service cohort studies by enrolling at least 80% of adult clients with identified chronic conditions and risk factors (with informed consent) and tracking them through the health care system prospectively. Researchers aim to link PHC, selected pathology, hospitalisations, MBS, PBS and death registers. Over time, researchers will be able to measure how different service models contribute to critical care processes (checks, active management including smoking cessation, quality use of medicines) and outcomes (progression of disease especially renal function; preventable hospitalisations and deaths)
- > Utilise a continuous quality improvement approach in a participatory action framework to clarify aspects of PHC service models which appear to be important from the evidence and from interviews with clients and staff and assess whether various aspects of the models of care are implemented as planned and how these line up with effective community prevention activities.
- > Look at value for money: how do budgetary and staffing inputs relate to health outcomes?.
- > Look at how well the workforce mix lines up with the needs of the community.

Researchers will work closely with 8 regional communities in South Australia and Queensland to answer these questions.

Centre of Research Excellence in Urban Aboriginal Child Health

Synopsis

The Centre of Research Excellence (CRE) in Urban Aboriginal Child Health aims to address these key gaps in evidence by supporting Aboriginal Community Controlled Health Services (ACCHSs) to use data from the children attending their services to improve their health and health care.

Research activities

The CRE aims to:

- > Determine the primary care provided to children attending four urban ACCHSs in relation to community identified priority health conditions (ear health, developmental disability, risk factors for chronic disease and social and emotional wellbeing).

- > Identify barriers to best practice primary care provided by these ACCHSs for these health issues.
- > Evaluate (a) the process of implementing an integrated data driven ACCHS led quality improvement program Ensuring Quality in Urban Aboriginal health (EQUAL), including its cost effectiveness and acceptability (b) the impact of EQUAL on the health care provided to children attending these ACCHSs.
- > Implement strategies to translate evidence from the CRE research into practice and policy. Build research capacity for improving urban Aboriginal child health.

Centre of Excellence for Building quality, governance, performance and sustainability in Primary health care through the clinical microsystem approach

Synopsis

Addresses primary health care quality, governance, performance and sustainability issues by investigating improved models in regional governance, e-health, effective multidisciplinary teamwork, performance and accountability, within a program of research based on clinical microsystems, two core research streams and capacity building in multidisciplinary settings nationally. The research aims to support Australian primary care as it moves from a series of disparate sectors to an integrated system, able to reliably engage in the reform challenges ahead. The Centre will work to develop and implement its research with the Australian Commission on Safety and Quality in Health Care, Australian General Practice of Accreditation Limited, Improvement Foundation Australia, Australian Practice Managers Association, Australian Practice Nurses Association, the Chronic Illness Alliance and the Royal Australian College of General Practitioners. The Centre will actively involve key policymakers and practitioners, and it will have a diverse visiting fellow and international training network.

Research activities

Research Stream 1: Improving quality and sustainability in integrated primary health care

Aims to investigate the quality, governance, and sustainability of a share-care maternity record delivered within an e-health framework across the continuum of clinical microsystems.

Research Stream 2: Improving safety and quality in primary health care

Aims to improve safety and quality in primary healthcare through measuring the performance and organisational development of practices participating in the Collaboratives and identifying the characteristics of high performing practices and how to spread high performance.

Centre Obesity Management and Prevention Research Excellence in Primary Health Care (COMPARE-PHC)

Synopsis

Firstly, the Centre will conduct research across the lifecycle (families with young children, middle aged people at risk of chronic disease, older people with chronic illnesses) and with disadvantaged population groups (including Indigenous people) to evaluate new ways for primary care practitioners to deliver assessment, brief advice, goal setting, more intensive coaching and skill development, weight maintenance and relapse prevention. This includes use of information technology (including web and social media), developing new roles for health care providers, and integrating interventions in PHC with local community services and resources. This research program will, by virtue of its embedding with health service

structures and practices, have high generalisability and external validity in the Australian context (as interventions trialed overseas may not be directly translatable).

Secondly, the Centre will conduct research on how these innovative programs can be translated into routine practice. This aspect of the research will enable the implementation of the new National Health and Medical Research Council Obesity Prevention and Management Guidelines and the policies and initiatives of ANPHA. The translational research will address models for funding (of both health care services, providers and consumers), workforce development (including new roles and training for health professionals), the roles of Medicare Locals (including their roles in service development, coordination and facilitation), the roles of Indigenous health services, state and local government, and non government organisations, and links between PHC and population health programs and inter-sectoral initiatives.

Centre of Research Excellence in Primary Oral Health Care

Synopsis

This Centre of Research Excellence will conduct a program of research to improve primary oral health care for disadvantaged Australians, comprising four major themes.

1. Successful aging and oral health

Problems of tooth wear, tooth fracture, root caries and pulpal necrosis are associated with the aging population.

The Centre will undertake two projects involving: assessing the long-term success rate of screening questions used by physicians and nurses linked to priority dental care, and investigating better options for oral care in residential aged care.

2. Rural oral health

Non-capital-city residents are more likely to suffer complete tooth loss, have less than 21 teeth, wear dentures, have a higher proportion of untreated coronal dental caries, have great dental caries experience than capital city residents, and are more likely to avoid certain foods due to dental problems. The Centre will conduct research projects to investigate the attitudes, barriers and enablers for Australian dental practitioners toward living and working in rural areas, demonstrate that more collaborative, interprofessional systems of care can have a positive impact on oral health, and identify gaps in policy approaches to oral health in rural and remote areas.

3. Indigenous oral health

Compared to the overall Australian population, Indigenous children generally have more than twice the caries and a greater proportion of untreated caries, while adults have more missing teeth and worse periodontal health. Research into the oral health of Indigenous Australians was listed as a priority area in the National Oral Health Plan. This Centre will undertake two research projects to discover why Aboriginal adults who are referred for priority dental care do not take up or complete a course of dental care and to investigate the perceptions and beliefs of Aboriginal adults regarding oral health care.

4. The oral health of people with physical and intellectual disabilities

People with special needs, such as those with physical and intellectual disabilities, experience substantially higher levels of oral disease, with considerably less access to treatment. This project will consult stakeholders and develop and test an intervention model for carers of adults with disabilities.

Research Excellence in Finance and Economics- Primary Health Care (REFinE PHC)

Synopsis

This Centre for Research Excellence will focus on the economics and finance of primary care in Australia. The aim is to build an evidence base to support primary care reform. The

research will evaluate recent and new primary care policies. It will use this evidence to inform the development and implementation of new initiatives. The research of the Centre will show how new policies will affect the utilisation and costs of health care, how these changes affect health outcomes, and what happens to the patients who use the system and whether their experience is improved. The team of researchers brings together experts in policy development and implementation, experienced health economists, and people with a strong understanding of primary care and service delivery. It also adds new international links, to ensure that Australian researchers and policymakers are up to date with developments overseas, and are contributing to the lessons of international experience.

Innovative Models Promoting Access and Coverage Team (IMPACT)

Supporting the Implementation of Organisational Innovations in Community-Based Primary Health Care to Improve Population Coverage and Access for Vulnerable Groups

Synopsis

Recent and widespread reforms in primary health care (PHC) in western countries reflect a growing concern that health systems should become more affordable, inclusive and fair. In Australia and Canada PHC reforms have prioritised access to effective and high-quality health services, with equity being at the heart of that system. Despite these reforms, meaningful gaps in equitable access to Community-based Primary Health Care (CBPHC) remain. These gaps particularly affect vulnerable groups, such as the poor, refugees and indigenous communities. These problems translate into unmet needs for care, delayed or inappropriate treatments and avoidable emergency department consultations and hospitalisations. Many of the myriad PHC innovations and pilot projects have been limited in their ability to generate transformative change throughout health care systems. Innovative Models Promoting Access and Coverage Team (IMPACT) program aims to generate organisational innovations to promote access to PHC for vulnerable populations, more specifically the poor, refugees and people from indigenous communities. Activities will be conducted through a learning network of administrative regions within three Canadian provinces and three Australian states. Like many, these regions are grappling with the challenges of optimising access for vulnerable populations to quality CBPHC. In partnership, the multidisciplinary team (including care providers and community representatives) will work with the regions to identify and perform an in-depth and rigorous assessment of existing system-level organisational innovations that address access to vulnerable populations. Then, informed by state of the art evidence on these potential interventions, teams will select, adapt, and implement/evaluate approaches that best address their needs and context.

Research activities

Stream one

Identifying and understanding access-related organisational CBPHC innovations

Stream two

Adapting, implementing and evaluating promising organisational CBPHC innovations

Streams

PRIORITIES MAP

Project title or research question		map to National PHC strategy
Coordination and the Vulnerable Consumer Stream (research projects)		
1	How can the primary health care system better support Aboriginal people released from prison?	Key Priority Area 1: improving access and reducing inequity Building Block 1: Regional Integration
2	Y Health – Staying Deadly	Key Priority Area 1: improving access and reducing inequity Key Priority Area 3: Increase focus on prevention Key Priority Area 4: improving quality, safety, performance and accountability
3	Coordinated primary health care for refugees: a best practice framework for Australia	Key Priority Area 1: improving access and reducing inequity Key Priority Area 4: improving quality, safety, performance and accountability
4	Overcoming barriers for transitioning vulnerable clients from targeted programs to mainstream primary care	Key Priority Area 1: improving access and reducing inequity Key Priority Area 4: improving quality, safety, performance and accountability Building Block 1: regional infrastructure Building Block 5: Financing and system performance
5	The impact of a Rapid Equity Focussed Health Impact Assessment (EFHIA) on local planning for after-hours care to better meet the needs of vulnerable populations.	Key Priority Area 1: improving access and reducing inequity Building Block 1: Regional Integration
6	Partnerships in care: attributes of successful care coordination models which improve health care networks for people with intellectual disability	Key Priority Area 1: improving access and reducing inequity Key Priority Area 2: better management of chronic conditions Key Priority Area 3: Increase focus on prevention

Sub-acute and primary health care relationships 1 Apr 2013 – 31 Aug 2014		
1	Join the conversation: evaluating the effectiveness of experienced based co-design in improving the client experience of mental health transition across health sector interfaces	Key Priority Area 1: improving access and reducing inequity Key Priority Area 3: Increase focus on prevention Building block 1: Rural integration Building block 3: skilled workforce (research and primary care)
2	Enhancing health system interfaces: a study of experiences of sub-acute care patients, their carers & providers	Key Priority Area 1: improving access and reducing inequity
3	Improving the 'network planning and management' of integrated primary mental health care for older people in rural regions	Building block 1: regional integration Building block 5: financing and system performance Key Priority Area 4: Improve quality, safety, performance and accountability
4	Functional decline in community-dwelling older people and the Medicare 75+ health assessments	Key Performance Area 4: Improve quality, safety, performance and accountability
5	REDIRECT: reducing older patients' avoidable presentations for emergency care treatment	Key Performance Area 4: Improve quality, safety, performance and accountability
National Lead Clinicians Group - transitions of care		
1	Implementing care coordination plus early rehabilitation in high-risk COPD patients in transition from hospital to primary care	Key Priority Area 1: improving access and reducing inequity Key Priority Area 2: Better Management of Chronic Diseases Key Priority Area 3: Increase focus on prevention Key Priority Area 4: Improve quality, safety, performance and accountability
2	Pilot implementation of I-CoPE: an innovative model to support patients with glioma and their carers across key care transitions	Key Priority Area 1: improving access and reducing inequity Key Priority Area 2: Better Management of Chronic Diseases Key Priority Area 3: Increase focus on prevention

		Key Priority Area 4: Improve quality, safety, performance and accountability Building block 1: Regional Infrastructure
Integrated Primary Health Care Centres (GP superclinics) Establishment of the Integrated Primary Health Care Centres projects is currently in process. Full applications have been received and projects will be selected by the end of January 2014. Expected research questions are outlined below; these have been mapped against national priorities:		
1	What are the enablers and barriers to achieving integration of different service types, for example allied health, social care, acute care?	Key Priority Area 1: improving access and reducing inequity Key Priority Area 4: Improve quality, safety, performance and accountability Building block 4: Infrastructure
2	What are the enablers or barriers to co-located services achieving objectives of improved integration and access? The GP Super Clinics selected as case studies should provide for a geographic spread and reflect the variation in models including factors such as governance, scope of services, community engagement, ownership, multi- disciplinary teams, funding sources, extent of shared services.	Key Priority Area 1: improving access and reducing inequity Key Priority Area 4: Improve quality, safety, performance and accountability Building block 1: Regional Infrastructure Building block 4: Infrastructure
3	Are there any differences between GP Super Clinics and other co-located models such as Health One/ GP Plus that have an impact on achieving objectives of improved integration and access?	Key Priority Area 4: Improve quality, safety, performance and accountability Building block 1: Regional Infrastructure Building block 4: Infrastructure Building block 5: financing and system performance
4	Using individual GP Super Clinics as case studies what has been the role of the centres in diverting emergency department presentations? What factors have contributed to successful diversion e.g. co- location, triage and service profile? What has been the experience of consumers and what education/communication strategies have been required and effective?	Key Priority Area 1: improving access and reducing inequity Key Priority Area 3: Increase focus on prevention Key Priority Area 4: Improve quality, safety, performance

		<p>and accountability</p> <p>Building block 1: Regional Infrastructure</p> <p>Building block 3: Skilled workforce</p> <p>Building block 4: Infrastructure</p>
5	Using individual GP Super Clinics as case studies what has been their role in development and implementation of e-health initiatives and virtual networks to support integration?	<p>Key Priority Area 4: Improve quality, safety, performance and accountability</p> <p>Building block 1: Regional Infrastructure</p> <p>Building block 2: Information and Technology Including eHealth</p> <p>Building block 4: Infrastructure</p> <p>Building block 5: Financing and system performance</p>
6	Using individual GP Super Clinics as case studies what measures of service quality have been adopted for individual services and for the centre as whole/ Identify potential frameworks that would support quality improvement in multi-service/discipline integrated care settings	<p>Key Priority Area 4: Improve quality, safety, performance and accountability</p> <p>Building block 1: Regional Infrastructure</p> <p>Building block 2: Information and Technology Including eHealth</p> <p>Building block 4: Infrastructure</p> <p>Building block 5: Financing and system performance</p>

Streamlined sub-acute pathways research project (Tasmania)		
1	<p>Identify the local and international evidence base around sub-acute care pathways/ barriers/ initiatives through a literature review</p> <p>Have regard to other research being undertaken through the Tasmanian Health Assistance Package (THAP) and analyse existing sub-acute care pathways in Tasmania to identify gaps and system inefficiencies negatively impacting on patient post-hospitalisation care</p> <p>Identify and develop practical strategies to address these gaps and inefficiencies to improve post-hospital sub-acute care in terms of health outcomes, patient experiences and efficiency of service utilisation</p> <p>Produce a set of recommendations that can be readily used to inform the development of best practice post hospital patient care pathways</p>	<p>Key Priority Area 4: Improve quality, safety, performance and accountability</p> <p>Building block 1: Regional Infrastructure</p> <p>Building block 2: Information and Technology Including eHealth</p> <p>Building block 5: Financing and system performance</p>

ABOUT THE STREAM PROJECTS

Coordination and the Vulnerable Consumer

How can the primary health care system better support Aboriginal people released from prison?

Aboriginal Australians transitioning from the criminal justice system to the community require immediate and consistent long-term support in order to adapt back to family and community life. Instead of support, however, Aboriginal Australians are often faced with entrenched forms of racism which serve to exclude them from full participation in society. As such, there is a need to explore the ways in which primary health care can better meet the health care and social support coordination needs of Aboriginal Australians transitioning from prison to the community. Researchers will study multiple perspectives from the Aboriginal community, from theoretical and empirical evidence, and from practitioners, service providers and policy officers. Researchers aim to develop culturally specific understandings of how primary health care services can better support the health and social needs of Aboriginal Australians, and from there, expand these understandings into practical models for coordinating the needs of Aboriginal Australians transitioning from the criminal justice system into the community.

Y Health – Staying Deadly

Currently, Aboriginal youths can access either the Child Health Check (under 14 years old) or the Adult Health Check (15 or older) under the Medicare Benefits Schedule Items, but there is no dedicated Youth Health Check to meet their specific developmental and health needs. A comprehensive Aboriginal youth assessment tool is necessary, as young people often under-utilise primary health care, are reluctant to seek help for health problems and seldom receive counselling about risky behaviours when they do. This project aims to

develop and embed an evidence-based Aboriginal Youth Health Check within a Continuous Quality Improvement cycle. The Health Check will be used as a basis for a planned step-wise design for service delivery with community involvement and strategic use of existing resources. A further aim of the project is to establish research capacity within an Aboriginal primary care setting.

Coordinated primary health care for refugees: a best practice framework for Australia

A number of models of care have evolved across Australia to address the complex health and social welfare needs of refugees. Refugees often require multiple service providers and struggle to receive coordinated care because of problems with health service integration and inadequate community support. This study will evaluate how effective the current models of care are in delivering accessible, high quality, coordinated care for refugees. In particular, the study will examine existing models of primary health care delivery for resettled refugees, and evaluate the effectiveness and feasibility of these models of care. Researchers aim to develop an evidence based framework for delivering refugee health care, and to develop a strategy for the implementation of this framework across Australia.

Overcoming barriers for transitioning vulnerable clients from targeted programs to mainstream primary care

This project will examine how people from vulnerable groups establish and maintain care networks, and how health care services can engage and encourage people from vulnerable groups to manage their health care in the most effective manner over the long term. Researchers will identify strategies to support smooth transitions for vulnerable consumers from specialist health services to mainstream services as their needs and/or circumstances change, by studying the transition of refugees from the Western Region Health Centre's Refugee Health Program to mainstream general practices. Researchers aim to develop a framework of the barriers and facilitators for providers, consumers and service managers, and to describe its general applicability according to different service characteristics. The findings will assist key service providers and planning bodies such as Medicare Locals in developing a sustainable, coordinated and systematic approach to meeting the needs of vulnerable consumers.

The impact of a Rapid Equity Focussed Health Impact Assessment (EFHIA) on local planning for after-hours care to better meet the needs of vulnerable populations

The Equity Focussed Health Impact Assessment (EFHIA) is a mechanism used to assess the consequences of a proposed policy, program or project on the specific needs of vulnerable populations, in order to minimise unfair or unjust differential impacts between population groups. This project aims to develop and evaluate EFHIA as a practical tool for Medicare Locals and Local Health Districts to use in modifying their service plans to engage vulnerable groups and address their needs. Researchers will pilot the use of the EFHIA in implementing after hours services by four Medicare Locals. They will evaluate the impact of the EFHIA on these Medicare Locals' final service plans, in comparison with Medicare Locals which do not use EFHIA to assess service plans.

Partnerships in care: attributes of successful care coordination models which improve health care networks for people with intellectual disability

This study focuses on the provision of coordinated care for people with intellectual disability who live in rural towns, as well as their carers and/or other close advocates. People with intellectual disability are a neglected community with high rates of mortality and chronic disease, but little progress has been made in overcoming the difficulties of providing care for them. Researchers aim to inform policy through the development and testing of a conceptual model for the implementation of a coordinated care program. Researchers will review the mechanisms that contribute to improved health outcomes under the Coordinated Care Demonstration Project delivered in Ararat, Victoria. Using this data, researchers will

then develop a conceptual model for coordinated care which will be implemented and tested in Riverland, South Australia.

The relationship between sub-acute and primary care

Join the conversation: evaluating the effectiveness of experienced based co-design in improving the client experience of mental health transition across health sector interfaces

- > Understand the experience of consumers as they transition through tertiary/sub-acute programs to primary care and self-management support
- > Identify opportunities for service redesign and integration, which will improve consumers' service transition
- > Develop, trial and evaluate strategies for preventing consumer re-entry from primary care to acute/sub-acute care at a clinical and systems level, based on the consumer experience
- > Promote greater understanding of services, more integrated care across the system, and more effective communication between stakeholders
- > Develop the research culture and capacity of primary care staff, GPs and service providers in implementing experience based co-design methodology

Enhancing health system interfaces: a study of experiences of sub-acute care patients, their carers & providers

- > Examine experiences and impacts of the Geriatric Evaluation and Management (GEM) service on patients following different care pathways
- > Examine how personal, systemic and local community factors impact and influence GEM patients' journeys across acute, sub-acute and primary care settings
- > Determine optimal approaches to local coordination of individualised primary health care and subacute services for older people with complex care needs

Improving the 'network planning and management' of integrated primary mental health care for older people in rural regions

Validate and test the effectiveness of a 'Model for Integration' in a Medicare Local and Local Health Network to support the 'network planning and management' of integrated primary mental health care for older people in a rural region using a participatory Plan, Do, Study, Act cycle.

Functional decline in community-dwelling older people and the Medicare 75+ health assessments

- > Identify signs of early Functional Decline (FD) articulated as important by community-dwelling older people, their families and neighbours, primary and sub-acute sector healthcare providers
- > Compare these signs with published literature on early FD, and develop a comprehensive test battery
- > Use the test battery to describe the epidemiology of FD (its trajectory) over 12 months, for older individuals living independently in the community at time of recruitment
- > Develop an early warning system of indicators for use by primary and sub-acute healthcare sectors, to assist in identifying early FD in community-dwelling older people;

- > Incorporate the above into a blueprint for integrating early FD identification across primary and subacute healthcare sectors, which will assist policy-makers, administrators, clinicians and service providers to be:
 - o proactive in meeting the challenge of supporting older community-dwelling Australians on the cusp of FD to remain safe, and independent at home
 - o prepared to prevent unnecessary use of expensive tertiary sector and residential care.

REDIRECT: reducing older patients' avoidable presentations for emergency care treatment

The project brings together researchers, primary and acute care service providers, and consumers with the primary aim of identifying strategies to reduce avoidable presentations of older patients to Emergency Departments (ED) by redirecting them to primary and community health services. The objectives are to:

- > Understand the journey of older patients who present to ED unnecessarily by analysing four datasets, which include data from regional and national levels, to identify the clinical, social, and health system-related risk factors for ED attendance and re-attendance
- > Identify the appropriate strategies for preventing older patient re-entry from primary health care to sub-acute or acute care
- > Establish the applicability of the proposed interventions at a regional level and the generalisability and feasibility of their implementation in other settings.

National Lead Clinicians Group - transitions of care

- > Implementing care coordination plus early rehabilitation in high-risk COPD patients in transition from hospital to primary care
- > Pilot implementation of I-CoPE: an innovative model to support patients with glioma and their carers across key care transitions

GP Integrated Care

Research questions are:

- > What are the enablers and barriers to achieving integration of different service types, for example allied health, social care, acute care?
- > What are the enablers or barriers to co-located services achieving objectives of improved integration and access? The GP Super Clinics selected as case studies should provide for a geographic spread and reflect the variation in models including factors such as governance, scope of services, community engagement, ownership, multi-disciplinary teams, funding sources, extent of shared services.
- > Are there any differences between GP Super Clinics and other co-located models such as Health One/ GP Plus that have an impact on achieving objectives of improved integration and access?
- > Using individual GP Super Clinics as case studies what has been the role of the centres in diverting emergency department presentations? What factors have contributed to successful diversion e.g. co-location, triage and service profile? What has been the experience of consumers and what education/communication strategies have been required and effective?

- > Using individual GP Super Clinics as case studies what has been their role in development and implementation of e-health initiatives and virtual networks to support integration?
- > Using individual GP Super Clinics as case studies what measures of service quality have been adopted for individual services and for the centre as whole/ Identify potential frameworks that would support quality improvement in multi-service/discipline integrated care settings

Streamlined sub-acute pathways (Tasmania)

Project goals are to:

- > Identify the local and international evidence base around sub-acute care pathways/ barriers/ initiatives through a literature review
- > Have regard to other research being undertaken through the Tasmanian Health Assistance Package (THAP) and analyse existing sub-acute care pathways in Tasmania to identify gaps and system inefficiencies negatively impacting on patient post-hospitalisation care
- > Identify and develop practical strategies to address these gaps and inefficiencies to improve post-hospital sub-acute care in terms of health outcomes, patient experiences and efficiency of service utilisation
- > Produce a set of recommendations that can be readily used to inform the development of best practice post hospital patient care pathways