APHCRI'S ROLE IN STRENGTHENING PRIMARY HEALTH CARE RESEARCH CAPACITY
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Research Portrait: APHCRI’s role in strengthening primary health care research workforce capacity
The Australian Primary Health Care Research Institute

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2015
FOREWORD

The Australian Primary Health Care Research Institute (APHCRI) is supported under the Australian Government Department of Health’s Primary Health Care Research, Evaluation and Development (PHCRED) Strategy.

The three APHCRI goals are:

➢ To support priority-driven primary health care research
➢ To increase the capacity to undertake primary health care research
➢ To drive the implementation of research into primary health care policy and practice.

The research that APHCRI funds is based on national priorities and informs politicians, policy makers, health care providers and consumers about how primary health care and the primary health care system can be improved. It has a tangible impact on policy and practice.

The conduct of quality research requires a research workforce skilled to international standards and with the capacity and capability to address the agenda of research priorities. To this end APHCRI funds a range of initiatives to support individuals and teams, organisations and networks. Efforts are made to ensure that these initiatives reach a diverse range of researchers at all stages of career development, including those who work in rural and remote areas, and to develop international networks that are functional and productive.

This Research Portrait outlines the current research capacity building programs that APHCRI funds and oversees. It’s the fourth in a series of Research Portraits describing APHCRI’s research and implementation programs. These Research Portraits are all available on the APHCRI website.

Associate Professor Terry Findlay
Head of Programs
Centres of Research Excellence
Centres of Research Excellence: Capacity building as part of the research program

CREs have a specific brief to develop the research workforce as part of their research program. They are each required to have a minimum of 4 post-doctoral positions (12 months or longer duration), 2 PhD candidates, and 4 scholarship or bursary positions (6 months or longer duration) during the course of their funding.

Research capacity positions as at April 2015

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Building Indigenous primary health care research capacity

Several of the CREs have a special focus on building Indigenous primary health care research capacity.

The CRE on Intervention Research in Chronic Disease, which is led by Professor Alex Brown, himself a senior Indigenous academic, will have a total of six half-time Indigenous Research Fellow (IRF) positions. The majority of the IRF positions will be based within Aboriginal Primary Healthcare partner organisations.

This CRE is also partnering with the Australian Indigenous Doctors’ Association to build the capacity of Indigenous medical students and GP registrars to engage in primary healthcare research. Each identified GP registrar will be partnered with a specific mentor, who will help to identify specific research and learning plans for the coming year. IRFs will be enrolled in a research higher degree while working with the CRE.

The CRE for Rural and Remote Primary Care is partnering with the newly established Poche Centre for Indigenous Health in Alice Springs as a means of enhancing the recruitment and training of Indigenous researchers.
Centres of Research Excellence: Additional capacity building

Additional research training support has been provided to two CREs with a focus on rurally-based researchers. These projects commenced in 2014 and will help build research capacity in the critical areas of primary health care delivery in rural and remote areas and for Indigenous populations. A key aspect of this work is helping to ensure greater representation of Indigenous researchers and communities in primary health care research.

Centre of Research Excellence in Indigenous PHC Intervention in Chronic Disease

Capacity building in Indigenous chronic disease primary health care research in rural Australia

The Centre of Excellence for Indigenous Primary Care Intervention Research in Chronic Disease is implementing a range of strategies to build capacity in rural primary health care chronic disease research in Indigenous communities/health services.

‘Mentors’ with significant experience in Indigenous health research in rural communities were selected and matched with a small group of potential early career researchers. A series of two-day “Masterclass” events introduced participants to the principles of research in rural Indigenous primary care settings, with a focus on the methods used to conduct research effectively and with ethical and cultural issues foremost. Part of the Masterclass program is to visit at least one rural Aboriginal Health Service site to spend time with health workers to discuss research in their service settings and the logistics of conducting research within Aboriginal communities and within busy health services.

The participants include higher degree research students, post-doctoral research fellows and Aboriginal Community Controlled Health Organisation (ACCHO) staff.

http://www.sahmri.com

Centre for Research Excellence in Primary Health Care Microsystems

Rural capacity building in rural and remote health care quality and safety

The project team from this CRE, extending across two University Departments of Rural Health and one Rural Clinical School, is providing the following in, and between, the regions:

> Research skills training that offers a range of research training topics to the staff and primary care clinicians engaging with integrated care providers and other organisations relevant to the regions.
> Accessible research training and support that recognises and is responsive to the context of practice for remote and rural PHC practitioners. Strategies to reduce isolation, provide flexible access and timely mentoring and support are being utilised.
> Guest presentations/training to establish and connect students with a larger effective community of practice.
> Four PHC practitioner early career researcher bursaries and supervision to local primary health professionals and other interested staff to enable them to undertake research projects to enhance their research skills and contribute to the body of knowledge of safety and quality in remote and rural PHC over an 18-month period.

http://www.greaterhealth.org/public-health/centre-of-research-excellence
Documenting Lessons from establishing and managing multi-institution research centres of excellence: The APHCRI experience

Lisa Lavey, Centre of Research Excellence in Rural and Remote Primary Health Care, Monash University
Catherine Spooner, Centre for Obesity Management & Prevention Research Excellence in Primary Health Care, University of New South Wales
Chilandu Mukuka, Australian Primary Health Care Research Institute, Australian National University
Ellen McIntyre, Primary Health Care Research & Information Service, Flinders University

The CREs funded by APHCRI are multi-institutional with at least two or more institutions (universities and/or non-government organisations) collaborating in a CRE. Establishing and coordinating a Multi-Institutional Centre of Research Excellence (MICRE) can be complex and time consuming, and there are limited “how to” resources available.

This study by APHCRI, PHCRIS and managers from two CREs is exploring the issues and challenges experienced by the nine CREs APHCRI has been funding and the information gained will be used to provide advice and guidance on the future establishment and management of such centres. The study will result in a set of experience-based guidelines for the establishment and management of MICREs in Australia, with the aim of increasing efficiency and reducing preventable problems.

The research includes a literature review, consultations and interviews with CRE Chief Investigators and CRE managers, data collection and analysis, and feedback and discussion at a face-to-face meeting.

This is a six-month study, commencing in January 2015. It is now anticipated that the required interviews will prolong the completion date.
Streams and initiatives
Institutional research capacity building

This program was developed to provide research capacity development opportunities for institutions with a Medical School but that did not receive more than two years of Research Capacity Building Initiative (RCBI) funding. The program provides funding for a post-doctoral position within the institution until March 2016 to develop a primary health care research program involving relevant disciplines across the institution in partnership with relevant stakeholders.

Two projects were awarded, each commencing in mid-2014 and due for completion in mid-2016.

Building research capacity at the University of Notre Dame Australia’s School of Medicine (Sydney) to improve chronic disease management in primary health care

Professor Charlotte Hespe, the University of Notre Dame Australia’s School of Medicine (Sydney)

The two main areas of research focus are osteoporosis and cardiovascular disease. APHCRI funding is enabling development of research capacity in primary care at the School by: (i) supporting employment of a Post-Doctoral Fellow to be based at the School’s Wagga Wagga Rural Clinical School to assist in the development and implementation of an osteoporosis project in collaboration with the Murrumbidgee integrated primary health care centre and the UNSW Rural Clinical School, and (ii) assist the development of a cardiovascular disease project to be conducted through the Notre Dame Sydney Clinical School with collaboration and ‘in kind’ support from the George Institute, University of Sydney, Inner West Sydney integrated primary health care centre and the Australian Primary Care Collaboratives (APCC).

The objectives of this project are to explore the development of systems in primary care to improve the management of chronic disease with an initial focus on osteoporosis and cardiovascular disease. The systems will aim to integrate primary care with secondary services to improve the continuum of care for patients.

Supporting Primary Health Care Providers in Western Sydney areas of socioeconomic disadvantage

Professor Jennifer Reath, the University of Western Sydney

General Practitioners working with socially disadvantaged populations face challenges in trying to solve complex health issues and social problems, often in time pressured visits. Western Sydney includes some of the most disadvantaged postcodes in Australia and has some of the highest rates of disease prevalence as well as lowest GP to population ratios. This project is describing the needs of primary health care providers in these areas, to develop a support model and to evaluate early implementation of this model in order to inform funding bids for ongoing research and support. The longer term aim is to build sustainability of the primary care workforce in order to improve health outcomes and inform the Australian health reform agenda particularly regarding workforce shortages in outer urban disadvantaged areas.
Practice-based research networks

Expressions of interest were called in 2012 from organisations to establish a secretariat to link and support a national network of Practice-based Research Networks (PBRNs). The secretariat was required to have the following features,

1. Be national in characteristic and not limited to a particular region or state
2. Support research that is related to the national reform agenda and is intended to improve primary care services for consumers based on research at the practice level, and
3. Engage with new structures, including integrated care centres and Local Health/Hospital Networks (LHNs), to improve access, quality of care (including co-ordination between primary care and specialist/acute care) for health consumers.

The Australian Association for Academic Primary Care (AAAPC) won the contract to establish the secretariat later named as the Australian Primary Care Research Network (APCReN) commencing in 2013. The APCReN has been established at the University of Melbourne, where it is housed alongside the AAAPC secretariat, in the General Practice and Primary Health Care Academic Centre. In July 2014, APHCRI agreed to fund APCReN a further $50,000 until December 2014.

Academic Director APCReN: Dr Meredith Temple Smith
President AAAPC: Prof Nick Zwar

APCReN has undertaken a number of steps to link new and current PBRNs and to assist in their further development. To establish APCReN as a key organisation in primary care research, APCReN has also established affiliations with other non-primary care networks and organisations.

Since its establishment APCReN has made impressive progress, including the following:

- Linkage of 23 networks;
- Establishment and implementation of a communication strategy via website, newsletter, brochure, Facebook and twitter;

> The conduct of a detailed interview and survey process, providing clarity around the research capacity and funding of 17 member organisations;
> Sharing knowledge and resources, and
> The design of documentation which can assist PBRNs with providing quotes for practice recruitment for grant applications and for external parties seeking practice recruitment through PBRNs.

APCReN is already recognised as an entity which represents PBRNs, as evident through invitations to represent primary care at various events eg. Australian Clinical Trials Network Annual Meeting. Strong linkages have been established with other networks including APRN (Paediatrics), eviDent (Dental), PC4 (Cancer) and the Australian Clinical Trials Network.

There is a clearly demonstrated need and enthusiasm for APCReN’s existence. Members of PBRNs as well as primary health care research stakeholders are united in their view that APCReN has a strong role both in developing the research capacity of member organisations and their members, and in supporting primary health care research in the future.

PBRNs are sustained collaborations between practitioners and academicians dedicated to developing relevant research questions, working together on study design and conduct, and translating new knowledge into practice.

Foundation Grants

The APHCRI Foundation Grants have been established to increase the potential for the Australian PHC research community to gain access to category one (e.g. NHMRC) grants and to secure a stronger PHC position in competitive research applications. This grants program allows PHC researchers with policy and practice relevant interventions to pilot test service related interventions and associated evaluation methods. The conditions of the grants are:

- Up to $50,000 in single grants for pilot primary health care clinical and health services research projects targeting demonstrated health issues.
- A collaborative approach with experienced and early career researchers and multi-discipline involvement.
- Pilot research projects with strong scientific methods with a focus on capacity building and with the aim of securing future category one and/or two research funding.
- An ‘implementation-preparation’ strategy for future grant funding.

Six Foundation Grants have been funded from 1 October 2014 to 1 October 2015. Final reports for these projects are due in December 2015.

Dr Michelle Banfield, Australian National University, ACT. Experiencing integration: a pilot study of consumer and provider experiences of integrated primary care

Prof Tom Brett, University of Notre Dame, WA. A proof of concept study to identify familial hypercholesterolaemia in primary care

Prof John Furler, University of Melbourne, VIC. Telehealth to support structured monitoring to achieve targets for glycaemia in insulin-treated type 2 diabetes in rural primary care

Prof Kelsey Hegarty, University of Melbourne, VIC. Promoting EARly intervention with men’s use of violence in Relationships through primary care (PEARL study)

A/Prof Julia Marley, University of Western Australia, WA. Integrating best practice and filling knowledge gaps in remote Aboriginal diabetes detection and care: Improving case detection and service delivery

Dr Elizabeth Sturgess, Australian National University, ACT. An implementation pilot study of “The Change Room” – a GP-delivered weight loss program for adults in primary care
International Visiting Fellowships

As part of fulfilling its mandate to drive the implementation of research evidence and outcomes into primary health care services planning and delivery, APHCRI has established partnerships with international research centres in primary health care. APHCRI routinely offers International Visiting Fellowships for Australian early career researchers at the following centres,

- The Robert Graham Center in Washington, DC, United States
- The Radboud University Medical Centre in Nijmegen, The Netherlands
- The Institute for Clinical Evaluative Sciences (ICES), Ontario, Canada

The Robert Graham Center Fellowship has been offered annually since 2007 but the Radboud and the Institute for Clinical Evaluative Sciences Fellowships were first offered in 2014.

Preference across all awards is given to applicants who can demonstrate formal links with a research centre (e.g. a university department of general practice or rural clinical school), so that the Fellow can be appropriately mentored and can contribute to that centre’s development upon completion of the Fellowship.

Successful applicants in 2014

Dr Matthew McGrail of Monash University was awarded the 2014 Robert Graham Center Fellowship and he will spend time at the Robert Graham Centre in Washington DC; in Chicago with Dr Wei Luo, expert in two-step floating catchment area (2SFCA) method, and at the Cecil G. Sheps Center for Health Services Research at The University of North Carolina. Dr McGrail will use his Fellowship to further investigate how Geospatial Information Services and large datasets can be efficiently and effectively utilised to underpin rural PHC policies relating to workforce planning and service delivery. This research will explore the wider application of Dr McGrail’s earlier Australian Index of Access work to guide planning in areas of workforce shortage.

Dr Nasser Bagheri from APHCRI was awarded the 2014 APHCRI-Radboud University Medical Centre International Visiting Fellowship for his project, Cardiovascular risk mapping in Netherlands and Australia: a comparative analysis. Dr Bagheri will join the Netherlands research team to spend three months examining ‘risk hot spots’ for preventable cardiovascular diseases (CVD) to predict their likely development over time. This will allow interventions to be targeted to the right place, at the right time, and to the right people. It will provide an innovative tool to help address the alarming rise of CVD in the Australian community.

Dr Joanne Enticott of Monash University has been awarded the 2014 APHCRI-ICES International Visiting Fellowship. Dr Enticott will spend three months at the Institute for Clinical Evaluative Sciences in Ontario, Canada, researching Primary health care for mental health: An analysis of Ontario health service activity rates by socioeconomic measures. Her work will include visits with Dr Alain Lesage, Institut Universitaire en Santé Mentale de Montréal, and with Assistant Professor Diego Bassani, epidemiologist at the University of Toronto. Dr Enticott will investigate the proportion of people in Ontario with mental disorders who are accessing primary care mental health services, and whether this varies within predefined vulnerable groups including those living within low socio-economic areas. Lesson learnt from this Canadian study will be transferred to the Australian setting and the skills and networks acquired from the Canadian visit to ICES will inform analyses of Australian data.

Reports from previous Robert Graham Center Fellows can be found on the APHCRI website at http://aphcri.anu.edu.au/aphcri-network/research-completed

Information about how to apply for these International Fellowships is also on the APHCRI website at http://aphcri.anu.edu.au/aphcri-network/international-visiting-fellowships-and-exchanges/award-details
International Visitors Program

Every year APHCRI is host to a number of International Visiting Fellows and international visitors. Their views and expertise are shared through public seminars, plenaries and workshops at conferences, and meetings with Department of Health staff and policy makers.

Their presentations and recorded lectures are available on APHCRI’s website.

APHCRI hosted three International Visiting Fellows in 2014 and two international visitors all of whom visited Canberra for their presentations. The Visiting Fellows interacted with policy makers and other researchers, and also visited several other sites across the country.

Dr Hernan Montenegro
Health Systems Advisor at World Health Organisation

Dr Hernan Montenegro shared key messages from his seminar on The role of primary health care in the context of the larger health system. His presentation in Canberra focused on the benefits of having health systems with a strong primary health care approach and the impacts of effective primary health care on equity and overall population health. Dr Montenegro also presented in Brisbane and in Sydney.

Professor Walter Rosser
The School of Medicine, Queen’s University, Canada

Professor Walter Rosser discussed key points from his roundtable discussion on Unlocking the potential of General Practice. Professor Rosser has been central to the reform of primary health care in Ontario, Canada. He related the journey from traditional medical services provided on a fee-for-service basis to the creation of multidisciplinary Family Health Teams.

Dr Nancy Edwards
Scientific Director Canadian Institutes of Health Research, Professor, University of Ottawa

Dr Edwards presented a plenary session, Contexts, systems and networks: Key considerations in joining up and integrating implementation research to improve population health outcomes, at the Primary Health Care Research Conference. Her work as both a researcher and a funder of primary health care research was timely and well-received. Following the PHC Research Conference, Dr Edwards co-presented a workshop at APHCRI, Research to support the implementation and effectiveness of primary health care policy. The objectives of this workshop were to review the state of the art of implementation research and to support researchers in the methodology design of their implementation or effectiveness research studies in the field of primary health care. Participants were invited to present their current research and receive advice on their methodological designs. Projected outcomes of the workshop were to consider options for improving implementation research studies that aim to strengthen primary health care.

Drs Henk Schers and Tjard Schermer
Radboud University Medical Centre, Nijmegen, the Netherlands

Dr Schers, a research GP and Dr Schermer, a physiotherapist, visited Canberra, Melbourne and Sydney to discuss potential primary health care research collaborations and exchanges for the future.
A critical issue impeding improvements in health today is the enormous inconsistency between those interventions which are known to optimise population health and health care delivery and those which are actually implemented in everyday practice. It is well documented that only a fraction of primary care research is translated to policy and practice. Implementation research seeks to address this gap by using scientific methodologies that support the movement of evidence-based research into policy and practice in order to benefit individuals and society.

While no single set of methods define implementation research, there are approaches that are more suited to a focus on implementation and which support the critical principles of relevancy and engagement with stakeholders.

The International Implementation Research Network in Primary Care (IIRNPC) has been formed to create a learning collaborative focused on shared lessons and the science of practice and health system transformation. A recent consultation paper An introduction to the international Implementation Research Network in Primary Care (http://aphcri.anu.edu.au/files/Introduction%20to%20IIRNPC.pdf) outlines the background, role, purpose and potential work activities of this Network. This paper has been distributed for comment.

Multiple stakeholders are involved in the development and implementation of new approaches to health care, including: patients/users of health care, community leaders, policymakers, primary health care professionals, scientists and experts in the field of implementation science. These stakeholders each represent vital, unique expertise in the design process and application of innovations in health care. Their interaction will ultimately determine the success of health care reform/improvement.

The Network has six specific objectives:

1. To support and promote the conduct of high quality implementation research in primary health care and disseminate findings.
2. To demonstrate the value and appropriateness of implementation research to the development of primary health care policy and services.
3. To develop the skills and expertise of primary health care researchers and stakeholders in implementation research.
4. To promote the value of implementation research methods in the assessment criteria for primary health care research funding.
5. To provide opportunities for international collaboration to share learning, identify mutual priorities, test translation of innovation, and implement evidence-based primary health care services.
6. To develop international collaborations to translate research findings into evidence useful to policymakers and service providers.

Objective 3 is specifically focused on workforce capacity but this issue is addressed indirectly in all the objectives.

The IIRNPC has an organising committee drawn from the three countries represented and is chaired by Associate Professor Terry Findlay from APHCRI. APHCRI also provides the secretariat support and manages the website. http://iirnpc.net
Research Workforce Project

The Primary Health Care (PHC) Research Workforce Project was initiated by the APHCRI Research Advisory Board (RAB) in 2014 and undertaken jointly by APHCRI@ANU and PHCRIS. The key objectives were to develop a better understanding of the current PHC research workforce composition, competencies and challenges and to highlight gaps and future issues to ensure that the PHC research needs in Australia are adequately recognised and met.

The first stage of this project investigated competencies and capacity building for PHC research through a review of national and international literature and an analysis of themes emerging from interviews with key senior researchers in the field.

The second stage sought to map the Australian PHC research workforce. Best practice recruitment and retention approaches were reviewed along with a scoping scan of selection criteria for PHC research positions. The PHC research workforce landscape was then assessed through exploration of the Research Profiles database (formerly ROAR) which PHCRIS coordinates. Finally, a quantitative study was conducted in which alumni who had completed higher degrees by research in PHC within the last ten years completed surveys about their research experiences and perspectives on career pathways in the field.

The different facets of this project allowed an in-depth exploration of the PHC research workforce. This included not only a description of the current state of play in Australia but also identification of the challenges faced within the field. Findings from this research informed the development of a framework for PHC research workforce capacity building.

This framework suggests the need to consider macro level (policy and infrastructure), meso level (organisational provisions and environment) and micro level (opportunities and competencies) factors affecting the decision to pursue a career in PHC research. The framework will be useful as organisations looking to recruit PHC researchers write their position descriptions. It is also a potential resource for policy makers developing the infrastructure for PHC research across Australia. Universities and other teaching organisations could use this framework when developing PHC research capacity building programs.

Australia’s diverse PHC research workforce is a valuable resource responsible for building the evidence base which informs programs and practices to improve the health and healthcare services; building capacity in this workforce is a vital future policy direction.

The first report from this project is available on the APHCRI website.
Management of NHMRC Supplements

APHCR and the National Medical Health and Medical Research Council (NHMRC) have jointly provided supplementary post-doctoral funding to enable rural / remotely located post-doctoral fellows to participate in research capacity building activities. Funding commenced in June 2012 and will continue until 2015. APHCR administers the funding to these two projects but progress reports and other communications are conducted through the NHMRC.

Fellowship holders and projects

Dr Tania Winzenberg, Menzies Research Institute Tasmania, the University of Tasmania, is applying her Fellowship to the project, Prevention of Musculoskeletal Disorders and Cardiovascular Disease – Improving the evidence-base for primary health care.

Dr Paula Wye, The University of Newcastle, NSW, is using her Fellowship to aid her research into The effectiveness of a clinical practice change intervention increasing community mental health clinician adherence to preventive care guidelines.