

Collaborative Research Hub

Model Development –

Key Perspectives and Policy Implications

For more information about please contact:

Dr Kylie Armstrong
p: 07 4725 8868
m: 0416032307
e: karmstrong@gpql.com.au

Visit: www.gpql.com.au

A nexus between research and practice

Key Opinion

The 'Collaborative Research Hub' is the response to an evolutionary movement which represents the ground swell of support for changes in the health system to support living well in the community. Change is needed and the responsibility needs to be shared across all sectors. To support the vision will take; leadership, ownership, challenging contemporary norms and taking risks.

The Collaborative Research Hub is a linkage and exchange network which supports the World Health Organisations (WHO) Declaration of Alma-Ata¹ and has at the core of the philosophy the care of the individual and declaration to protect and promote the health of all Queenslanders, particularly gaps in inequality. This will require re-orienting systems to meet the social and economic developments for improved primary health care (PHC). This shared platform aims to formulate state policies, strategies, research informed practice and plans of action to sustain PHC as part of the health system. This will require political will, mobilizing resources and using existing resources in the spirit of corporation.

The Collaborative Research Hub supports the interim report from the National Health and Hospitals Reform Commission *A Healthier Future for All Australians*² and advocates for building the evidence base, driving quality performance through evolving knowledge and development of leadership to support building healthy communities and supporting quality of life for all Australians.

Snap shot

The establishment of a central 'Linkage and Exchange Hub,' to address the challenges and future re-orientation of chronic disease prevention and management in the Queensland (and broader Australian) primary health care sector. This includes the process for translating the political vision into evidence-informed research agenda and actions to deliver real world desired outcomes. The agenda will aim to make available the widest and latest information on research and best practice as a foundation rooted in decision-making and knowledge. advocates for building the evidence base, driving quality performance through evolving knowledge and development of leadership to support building healthy communities. This summary will provide a snapshot of the primary health care challenges, the process behind the linkage and exchange strategy to support the partnership and the development of the model.



Background

The opportunity to develop a platform to support effective linkage and exchange between universities and Divisions of General Practice emerged last year through consultation with the Queensland Divisions Network. The opportunity to foster stronger partnerships and collaborative approaches to bridging the evidence-practice gap was identified as a need. A strategic partnership between General Practice Queensland and Griffith University was formed late in 2007 and a Memorandum of Understanding (MoU) was signed which commits the partners to the development of a Collaborative Research Hub. The Collaborative Research Hub has a key focus on increasing the relevance and use of health service research to inform decision-making by facilitating knowledge transfer and exchange - bridging the gap between research and practice.

This new strategic partnership will work with the Divisions of General Practice network and expand partner membership to include State and Commonwealth bodies, other health agencies, academia and policy makers. This collaboration aims to increase the dialogue between researchers, service providers, funding bodies and consumers at each of the critical stages of development and setting priorities, doing the research, sharing the findings and ensuring end-user application.

This collaboration forms the foundation principles to support the linkage and exchange process.³ Significant capacity already exists within each lead organisation to link to other networks and to build communication and stakeholder engagement processes. The research agenda and interpretation of findings will form the foundation for engaging key stakeholders to ensure the evidence is informed by 'real world experience'.

Primary Health Care Challenges and Reform

It is now widely acknowledged in Australia "that the health system is struggling to maintain and respond to the health and well-being of our communities" (Telfer, 2004; 1).⁴ The National Health and Hospitals Reform Commission NHHRC Interim Report² reflects the longer-term views for system reform and has received broad support for an integrated primary health care led model. This has impacted on current health trends, such as 'increased life expectancies, a shift from acute to chronic conditions, higher levels of anxiety and depression, obesity and drug use and an increasingly market-driven healthcare, Australian health systems are struggling to deliver their services efficiently' (Muenchberger & Kendall, In press; 3)⁵. These challenges are complicated by workforce shortages, geographical dispersion, changing demographics and technological innovation. These challenges are coupled with the uncertainty about how best to balance public and private sectors in the provision and funding of health services.^{5,6}

The cost of chronic disease in our society remains significant and current management methods do not appear to be having sufficient impact. Even in areas where knowledge has advanced considerably, there is often little evidence that practice has followed suit. This has created major challenges in the funding and delivery of health care.⁶ The pressures associated with access to services, ageing population, increase in chronic and complex conditions and expected increase in demand for health service delivery, costs of new health technologies and indicate a continued expenditure demand to rise.^{2,7}

For the patient to navigate the system, evidence exists to support a system wide shift to adopt an integrated person-centred approach to the coordination of care



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needed to assist patients to successfully manage their condition. It highlights the critical interface between the horizontal aspects at the patient, service level and system level and also at the vertical level in facilitating interaction between levels to ensure smooth operation of the health care system over time and across contexts.⁸ The complex interface between funding of programs at both the Commonwealth and State level need to be addressed, and the success factors which drive change at the patient, practitioner, organisational and system level need to be re-aligned to better support improved pathways and systems for patients to navigate.

The findings from international research including within Australian context suggest that countries with stronger primary care systems and effective management of chronic disease systematic factors, have better health outcomes and lower costs.^{9,10} The role of primary health care in improving chronic disease consumer health outcomes and reducing health system costs highlights the fundamental need to support the sector.¹¹ Reform has commenced within in Australia both at a Commonwealth and State level in the search for effective and lasting solutions. This will require a consultative partnership approach to deciding the nation's priority health problems and to designing the health system that will best address them^{2,6} with attention devoted to all levels of the system across the care continuum.^{8,9,10} The challenges associated with the reform of the health system and finding the suitable balance will be immense, but the benefits are likely to be significant. The sense of change is imminent and milestones have been achieved in addressing the needs of consumers. The momentum and shift will take leadership, advocacy and challenging contemporary norms, and igniting debate are critical factors in moving to a process to support improved patient health outcomes and economic benefits. Traditional approaches and support mechanisms for health practitioners do not always benefit the patient and change is needed at all levels of the system including across both government and non-government sectors. Leadership will be required! Knowledge is a powerful tool and will be used to bring together government, researchers, primary health care providers, divisions of general practice, policy advisors and consumers.

Linkage and Exchange: Division – University Partnerships

Mutual exchange, addressing the barriers, linking processes of health service research to decision making³ and developing strategies to supporting a 'linkage and exchange' platform have the potential to create avenues to support University-Division partnerships. To support the 'mutual exchange' process, the linkage needs to be supported at both the research and policy/practice ends of the spectrum. This will also take leadership, mutual trust and political vision to build a shared platform, which provides greater integration, continuity and practical outcomes for the consumer, practitioner, health organisations and health system.

Evidence exists that highlights the need to explore new ways of supporting evidence-practice research, however no current platform exists which acts as a coordination centre for this interaction to occur. This includes the development of a strong network of integrated practice relevant and research active collaborations. The Collaborative Research Hub provides the core vehicle for linking and encouraging exchange between researchers, Divisions and decision makers.

Issues to Consider

In 2004-2005, the Director (Libby Kalucy) of the Primary Health Care Research and Information Service (PHCRIS) led a team who conducted a study¹² to investigate how best to support effective links between Divisions of General Practice and universities due to feedback from Divisions through the Australian General Practice



Network (AGPN), which suggested that universities were not engaging with them in research the way Divisions required. PHCRIS was also receiving feedback from academia that engaging Divisions in research was challenging.¹²

The outcomes from the findings highlighted that Divisions are interested in research, which is timely, relevant and with practical uses. Research and evaluation activities were regarded as important for their members through their impact on clinical practice and patient outcomes. Division participants valued research and evaluation activity and identified the role in helping contribute to strategic planning, performance evaluation, quality improvement, attracting funds and the potential to support organizational development.¹²

The Australian government through the Department of Health and Ageing has responded to this concern through a number of support strategies, including resourcing of the Primary Health Care Research and Education Development (PHCRED) Strategy. The strategy was evaluated in 2005, and phase 2 is funded until the end of 2009. Successful project outcomes and capacity building activity have emerged out of the Primary Health Care Research and Evaluation Development PHCRED Strategy (Snapshot of Australian Primary Health Care Research, 2008)¹³, however the evaluation in phase one¹⁴ identified a number of challenges, including highlighting the suboptimal research relationships between universities and Divisions of General Practice and the lack of research networks. New ways of supporting and facilitating good research practices and improved primary health care networks are required to not only support practitioners conducting research, but also Divisions of General Practice who need on-demand, relevant research to inform planning and organizational and health outcomes. There are a number of other relevant initiatives funded by DoHA including Australian Primary Health Care Research Institute (APHCRI), and the national competitive granting bodies the National Health and Medical Research Council (NHMRC) and the Australian Research Council (ARC) which all contribute to influencing and shaping primary health care outcomes.



Knowledge Transfer

A new way of organising research is necessary if translation is to occur effectively and in a timely way in the future, focused on engagement and consensus to create an ever-expanding learning community. There is a need for research to be relevant and meaningful to practitioners, policy makers and consumers if it is to influence the future shape of human services in Australia. Therefore, the research agenda needs to focus on the development of a comprehensive, inter-disciplinary knowledge base and the translation of that knowledge into policy and practice. The Collaborative Research Hub also provides an important nexus between the university and division concerns, maintaining a focus on collaborative projects that engage relevant sectors of the community in the pursuit of solutions. Knowledge transfer and exchange occurs through "linkage and exchange" - the interaction, collaboration, and exchange of ideas.¹⁵

Health Networks: Partnerships in Action

Gunn (2002)¹⁶ recognizes the value in investing in networks of research practices to undertake larger scales studies, as apposed to the current research output in Australia and overseas which is relatively low. The Collaborative Research Hub will seek the development of interactive research practices that involve both academic researchers and the community as equal partners in all phases of a research project. The research seeks answers of immediate relevance to the community¹⁷ and has been described as the 'missing link' in the search for quality, evidence-

based health care.¹⁸ To support this type of research and to foster University-Division partnerships, Kalucy and colleagues¹² suggest that it will require commitment and system change. This includes providing an environment, which promotes adequate opportunities, where mutual trust can grow to support effective links in increasing research activity in general practice. Linking academic institutions and Divisions of General Practice as key organizational networks forms the basis for the establishment of the Collaborative Research Hub. Zwar et al., (2006)¹⁷ acknowledges the critical role each plays and recognizes the value in Division input into governance processes and project development.

According to Baum (2000)¹⁹ who has conducted research in University-Community partnerships, for this to be successful the purpose needs to be clear, specific and realistic, be well resourced to support the implementation of activity. This will include building on existing knowledge and identifying the key characteristics associated with success and acknowledging the strategies to minimize disincentives in collaborative research.^{20,21} In the context of the University-Community partnership, 'partnerships are built on overlapping interest that converge on the aim of improving community conditions' (Baum, 2000: 235)¹⁹. Key elements, which should be considered to support the partnership, include determining the shared purpose and identify what needs to be done to accomplish goals. The second is to provide flexibility, time and resources to support the realistic implementation process.^{19,20}

Model Development

A number of International models of effective research networks, exist in the United Kingdom, Netherlands and Canada and provide strong evidence for integrating research networks and service delivery practice-based organizations. The draft model development has been informed by two of the leading organizations internationally including The Canadian Health Services Research Foundation and the Myelin Repair Foundation's Accelerated Research Collaboration.

The **Canadian Health Services Research Foundation**¹⁵ are recognised Internationally for their leadership in the 'linkage and exchange' philosophy which supports the evidence-informed management of Canada's healthcare system by facilitating knowledge transfer and exchange - bridging the gap between research and healthcare management and policy. The linkage and exchange philosophy has also been adopted by the Australian Primary Health Care Research Institute in influencing and shaping their research agenda. The Canadian Federal government invested in the foundation with a one-off endowment. The research funding supports health service research targeted at health sector researchers, managers and policy makers through co-sponsorship arrangements. The foundation provides 50% funds to encourage involving state government agencies and other health organizations to cosponsor the research activity and to support and promote collaboration and partnership. The foundation uses projects as the core vehicle for linking and encouraging exchange between researchers and decision makers. A requirement of the research team must be the inclusion of at least one decision-maker involved in management and/or policy in either a co-investigator or advisory role.

Three research papers^{12,17,22} provide practical elements and strategies for consideration in supporting the 'linkage and exchange' process. These papers and the Canadian Health Services Research Foundation 'linkage and exchange' philosophy provide solid foundation and evidence to support the establishment the Collaborative Research Hub.³ The key elements, which are relevant to this initiative, will help guide the development of the model and draft research management plan.



Zwar et al., (2006)¹⁷ highlights a number of essential elements, which include systems and processes to support the development of network structures. Examples of system supports include: systems for selecting studies to be undertaken, for timely feedback and progress, with particular feedback to GPs and practice staff. Systems to support remuneration to practitioners and practices for their involvement. Process support elements include strategies to link primary health care practitioners with researchers to provide input into research development, and potentially training. Linking IT capacity to support improved data collection practices (see Zwar et al., 2006; 111)¹⁷. These systems and processes are important elements underpinning the success of the Collaborative Research Hub and highlight the need to work closely with other initiatives such as PHCRED and the Primary Care Collaboratives Program, which also support components of these strategies.

Kalucy et al., (2006)¹² highlights five areas of practical importance in supporting links between Divisions of General Practice and universities. This includes: '(1) gaining research and evaluation in a Divisional contexts; (2) leadership and funding support for the creation of effective links; (3) addressing barriers to establishing links including cultural and funding differences; (4) equitable partnership processes and relationships assisted by clear frameworks of engagement and protocols; and (5) improving sustainability of links' (Kalucy et al., 2006; 116)¹².

The Canadian Health Services Research Foundation¹⁵ and each of these authors^{12,17,22} provide insight into the development of key strategies and elements, which potentially support University-Division partnerships. Kalucy et al., (2006)¹² five identified areas of practical importance will be embedded within the framework to ensure relevance in a Divisional context.

Research Development

To guide the research development process the Myelin Repair Foundation's Accelerated Research Collaboration™ (ARC™)²³ will be used. Whilst this model is focused on biomedical research, the principles of collaboration, acceleration and results including the steps to achieve improved health outcomes support the proposed outcomes for the Collaborative Research Hub. Over time, this model can become self-sustaining and is fully collaborative, thus bridging the gap between traditional research and its application. The steps involved in the ARC²³ include:

Research Focus	Select a well-defined problem that addresses a critical unmet need.
Researchers	Select the most talented and accomplished experts in the areas required to solve the problem.
Management	Provide small highly-efficient and motivated business and support staff supplemented by volunteers.
Oversight	Select a Research Advisory Board of international experts to ensure appropriate design and focus.
Oversight	Provide Board of Directors to manage oversight of staff and budget.
Research Plan	Work with the researchers to develop an outcome-driven research plan.



IT Tools	Connect researchers through web-enabled IT infrastructure for daily interaction and data exchanges.
Communication	Require and facilitate communication and collaboration among experts.
IP Agreements	Work closely with legal counsel to establish relevant and workable IP positions.
Development	Conduct early discussions with community and health sector to ensure the rapid adoption and normalisation of new knowledge.
Revenues	Use income generated from interventions and multiple funding sources including philanthropy to fund future research, creating a self-sustaining research model.

During the initial development of the Collaborative Research Hub, a ‘settings-based approach’ will be used. This supports the ‘linkage and exchange’ process, which acts as a ‘platform’ where different people, places and organizations paths converge²⁴ to build locally relevant health-service research. Communication processes will be developed to keep the network informed; however securing funding for core activity will be a first priority to ensure the capacity can be maintained.

The Queensland Divisions Network supports and links general practice with the wider health system and brings together the Australian, State and Territory Governments and non-government sectors for integrated service delivery at a regional level. Locally this includes building and maintaining relationships and partnerships with local government, health and community service providers, and universities. Effective use of the Network and collaborative process for the Collaborative Research Hub will address many of the problems in the current health system as well as establishing frameworks to better deal with the challenges of the future. The Collaborative Research Hub provides the opportunity to create ‘an engine room’ and platform to consolidate the vast amount of knowledge to provide focus and direction for the Queensland and broader Australian primary health care sector.



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