

BRIEFING 2, AUGUST 2010

The Role of Knowledge Networks in Primary Health Care Reform

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This briefing was prepared as part of a primary health care research collaboration between Griffith University and General Practice Queensland.

This briefing explores the impact of the translation of knowledge into practice and policy in relation to reform in primary health care. The key findings are a summary of the publication **Armstrong, K., & Kendall, E. (2010)** Translating knowledge into practice and policy: the role of knowledge networks in primary health care, *Health Information Management Journal*, Vol 39 No 2 2010 ISSN 1833-3583 (PRINT) ISSN 1833-3575 (ONLINE), 9-17. This paper was also presented at the Inaugural World Health Care Networks Conference in Auckland, New Zealand June 21-24, 2010.

Background

The establishment of Knowledge Networks provides a promising method for supporting the rapid adoption and generation of health information within the primary health care sector to advance health care services. Local Knowledge Networks provide a platform to support a innovation in health care through a collaborative approach designed to influence health policy and planning, thus driving systematic and institutional change. Knowledge Networks have the capacity to provide a strategy for the adoption of innovation in health care as they are positioned at the nexus between research, policy and practice. These networks will be particularly important to the implementation of the national reform agenda in providing responsive decision-making and the translation of new frameworks into practice.

Demand for primary healthcare services is expected to increase in the future. Factors such as the rise in chronic and complex chronic disease, an ageing population with multiple comorbidities, workforce shortages, geographical dispersion, increasing health care costs, advances in technology and changes in inter-professional service delivery models of care (Humphreys & Wakeman 2008; National Health and Hospital Reform Commission 2009; Tran et al. 2008). There is a recognition that we must invest in preventive healthcare and early intervention (Armstrong et al. 2007, National Health and Hospital Reform Commission NHHRC 2009; Dooris 2004; Swerissen & Taylor 2008) and address social inequality in health, especially for Indigenous Australians (NHHRC, 2009; National Preventative Health Task Force 2009).

Policy and Practice Reform – The Role of Knowledge Networks

Australia is currently faced with significant changes associated with reform in the health care sector and there is a need for support to provide the growth and leadership required to sustain the proposed primary health care vision (Jackson & Nicholson in press). This is particularly important in recognition of the proposed new models of Primary Health Care

Organisations (PHCO)/Medicare Locals that were recently announced by the Australian Government as the foundation pillars and mechanism to support the implementation of primary health care governance and leadership. Our hospital system and GP-led primary care system must work together to provide an integrated, coordinated and seamless service to the Australian people. This includes working closely with Local Hospital Networks and PHCO's to ensure that innovation and the adoption of research is translated into practice.

We know from International research that countries with stronger primary healthcare systems, effective chronic disease management models and support for addressing the systematic determinants of health, have better health outcomes and lower costs (Starfield & Shi 2007; Swerissen & Taylor 2008). However, we know from reform experiences in both Canada and the United Kingdom that strategies are needed to support the transformation and improvement of our primary healthcare system. Mere exposure to information and new models of practice is insufficient to bring about change. We have learnt from these international experiences that transformation of evidence is dependent on:

- The presence of key agents of change;
- The accumulation of collective knowledge of the evidence;
- The development of critical mass and;
- The full engagement of the clinical and community sectors to drive local activity (Baum 2007; Dobbins et al. 2009).

Collaborative and interactive mechanisms between researchers and practice/decision-makers are fundamental to the exchange of knowledge and its utilisation in practice. Having access to current knowledge to enable informed decision making to - review, consider and evaluate its implications for policy and practice are fundamental. However, acquiring these skills is a complex process, which requires an interactive, collaborative approach to effectively support and communicate information so it can be easily adopted into practice (Graham et al. 2006; Innvaer et al. 2002; Jacks et al. 2010). Strategies are required to incorporate more research evidence into the policy development process (Kalucy et al. 2009; Lomas et al. 2005). A new way of organising and sharing evidence will be necessary to achieve the translation of knowledge into practice and policy. This approach must focus on:

- Engagement of practitioners in the creation of information and consensus about it's meaning in practice.
- Creating an expanding learning community (Kalucy et al. 2009; Kilpatrick et al. 2003) that can develop, disseminate knowledge rapidly across artificial divides.
- Research and evidence which is more relevant and meaningful to practitioners, policy makers and consumers.....*if it is to influence the future shape of health services in Australia.*
- A consistent, integrated response, particularly during this turbulent period of reform and rapid change.
- Partnership and collaboration.
- Build the evidence base and leadership capacity that will support healthy communities.

The reform recommendations of *A Healthier Future for all Australians* (2010) highlighted the importance of leadership and the formation of agencies that could act as platforms for creating healthy communities and integrating these elements of the health system. The establishment of regional primary healthcare organisations (PHCOs) as a key recommendation from the reform commission and the National Health and Hospitals Network: Further Investments in Australia's Health (Department of Health and Ageing 2010b) were endorsed by the Council of Australian Governments (COAG) *other than Western Australia*, to support major reforms and injection of funds into the Australian health system (COAG Communiqué 19 & 20 April 2010). The PHCO's provide a pathway to support strengthening and increasing support in primary health care as a strategy to improve

efficiency, reduce hospitalisations and mortality, address inequality and access and improve health outcomes. Although the full implications of the reform recommendations on primary healthcare have yet to be understood, now, more than ever, there is a need to draw on our current knowledge in order to shape services in the future. ***No current platform exists in Australia to coordinate the level of interaction that would be required to draw on this knowledge and facilitate knowledge translation across the whole health sector. Knowledge Networks have the potential to provide such a platform as a cross-sectoral interface for knowledge translation and innovation.***

Emerging Knowledge Networks – Queensland Context

New ways of supporting and facilitating good research practices and improved primary health care outcomes are required to not only support practitioners who want to conduct research, but also to support entire PHCO's, which will need relevant research "on-demand" information to inform planning and health outcomes. In Queensland, the establishment of the Collaborative Research Hub (http://www.gpql.com.au/page/Partnerships/Collaborative_Research_Hub/) was a response to this need and has a key focus on increasing the relevance and use of health service research to inform primary health care decision-making by facilitating knowledge transfer and exchange. The Collaborative Research Hub provides an important nexus between the primary health care and research sectors, maintaining a focus on collaborative projects that engage relevant stakeholders in the pursuit of solutions. The Collaborative Research Hub engages in knowledge transfer through "linkage and exchange" (Lomas 2005) – the interaction, collaboration, and exchange of ideas. This collaboration aims to increase the dialogue between researchers, service providers, funding bodies and consumers at each of the critical stages of development in setting priorities, doing the research, sharing the findings and ensuring end-user application.

The Collaborative Research Hub provides knowledge translation and exchange activities which has also led to the proposal of Knowledge Networks as a strategy to meet the challenges of the current reform agenda. The role of decision makers involved with Knowledge Networks is fundamental to supporting the translational research agenda. Active participation and engagement of health managers, early dissemination of key findings and discussion about the implication of these findings in practice are key elements of the Knowledge Networks and are critical to supporting the adoption of evidence in practice. Collaboration and partnership development also plays a key role and Queensland Partnership Councils supported through the Connecting Health Care in Communities (CHIC) Initiative would be well positioned as regional structures to support the emergence of Knowledge Networks in advancing innovation in service delivery.

The proposed Knowledge Networks would focus on four identified priorities, which have been informed by a combination of sources. These priority areas include:

- 1) Health promotion and preventive medicine;
- 2) Capable consumers
- 3) Coordinated systems of care and;
- 4) Workforce development.

It is intended that the Knowledge Networks would include both public and private representation and would require a mixed funding allocation model including all stakeholders, but with predominant government investment for establishment and maintenance. In each priority area, the proposed Knowledge Networks would support building participation and capacity in the application of existing and new knowledge to inform the practice community and decision-makers. When fully established, the Queensland Knowledge Networks will contribute to a reflective and collaborative approach to reform in primary health care, providing a platform for discussion and supporting the process of translation. The KTE

activities will address a range of identified areas of critical need. They will bring together diverse databases, collective knowledge and inter-disciplinary skills to inform policy development with a view to improving health capacity for Queensland including health managers and policy makers who support translational research through the adoption of evidence informed approaches.

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