

## AUSTRALIAN PRIMARY HEALTH CARE RESEARCH INSTITUTE



# ORGANISATIONAL DEVELOPMENTAL APPROACHES IN PRIMARY CARE

Dunbar, JA  
Reddy, P

GREATER GREEN TRIANGLE UNIVERSITY DEPARTMENT OF  
RURAL HEALTH, FLINDERS AND DEAKIN UNIVERSITIES

In our Stream Six report, we investigated the contribution of approaches to organisational change in optimising the primary healthcare workforce. Organisational Development (OD) could be thought of as facilitating change for human beings. This Stream Ten report is a story about change and therefore improvement in healthcare. OD forms part of the examples of change we describe. Other important components include use of electronic medical records and performance measurement.

At Dartmouth, Harvard and the McClelland Institute, we learned that much was known about the theory and practice of leadership and teams. Major change often comes from translating the results of randomised trials into the real world. The Americans are past masters in this art and have advanced methodology for quality improvement. In a randomised trial, context is removed but context is important for implementation. Every doctor we met knew and used quality improvement methodology in day-to-day practice. At RAND Corp Health we heard how quality improvement methodology was used to turn round an ailing provider into one of the best in the world. Through the IMPACT training at the University of Washington we saw how the results of randomised trials for collaborative care for depression have been disseminated to hundreds of sites across the United States. We saw it for ourselves at Parkchester Family Practice in South Bronx.

Professor David Marrero was part of the US Diabetes Prevention Program, a randomised trial which demonstrated that lifestyle intervention could prevent type 2 diabetes. The trial cost \$190 million for 3000 people. He described how he was implementing the results of the US DPP in the real world with a fraction of the resource. He had a great emphasis on maintaining the fidelity of the training given to the group facilitators. At the University of North Carolina Professor Ed Fisher told us how they had set up a Collaborative Learning Network for 14 sites across the US involved in the Diabetes Initiative; he emphasized equifinality as a key concept in diabetes support programs

In the private healthcare sector, Dr Russell Glasgow and his team at Kaiser Permanente Colorado put action research on diabetes management into practice through IT systems and other innovative methods. The RAND Corporation is a byword for improved policy through research and analysis, and offers ways of enhancing Linkage and Exchange.

### Options for improving Linkage and Exchange

- The best way to present the results is by visiting policy makers at the end of the study. Make a personal presentation to the appropriate level of policymaker part of the funded work and
- Develop a short training program on research and policy for Stream leaders and policymakers.
- Consider bringing leading researchers together for a forum that synthesises what is known from the work of previous Streams.
- Health Forum: arrange for researchers and policy makers to meet at the relevant time, for instance, shortly after the publication of a healthcare strategy.

## Policy Options

In the Stream Six report we listed three policy options. They were:

- Continuation of the Collaboratives
- Practice accreditation extended to clinical standards and systems
- Initiatives in clinical leadership and team development

The information we gathered in Stream Ten supports these options and adds further refinement including substantially increasing the understanding and practice of quality improvement methodology in Australian research and healthcare. We recommend also that selected medical leaders in Divisions be funded to complete clinical leadership programs such as the Harvard Business School course with an integrated course at the Institute for Healthcare Improvement, both in Boston.

For more details, please go to the [full report](#)

The research reported in this paper is a project of the Australian Primary Health Care Research Institute, which is supported by a grant from the Australian Government Department of Health and Ageing under the Primary Health Care Research, Evaluation and Development Strategy. The information and opinions contained in it do not necessarily reflect the views or policies of the Australian Government Department of Health and Ageing.