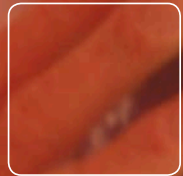


Snapshot

of Australian
primary health
care research



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This snapshot of recent Australian research projects demonstrates the potential for primary health care research to improve the health of Australians.

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Foreword



I am pleased to introduce this publication showcasing some fine examples of primary health care research in Australia.

Primary care is a key priority for the Australian Government. The Government recognises the importance of an effective, accessible and affordable primary care system in keeping Australians healthy and out of hospital.

We are committed to quality improvement in the health system, and measures such as the National Health and Hospitals Reform Commission and the development of a National Primary Health Care Strategy will inform and shape the future direction of health policy in this country.

Research into primary care can play an important role in supporting

improved care by building an evidence base that addresses not just the immediate, but also the emerging needs of the community.

Conducting research is also beneficial for the health workforce as it engages practitioners in exploring key questions that can lead to improvements in patient care and encourages an inquiring approach to the delivery of health care.

And research evidence that is relevant to policy makers can make an important contribution to the development of options which can shape the future of Australia's health system.

This is why the Government is investing in the Primary Health Care Research, Evaluation and Development Strategy.

The strategy funds research to produce evidence that can underpin health care services and help to reduce the burden of chronic disease and improve quality of life.

'Snapshot' provides a glimpse into the diversity of Australian primary health care research and the impact that research projects can have on local communities.

The publication includes studies on: improving children's health in remote Indigenous communities and better understanding Indigenous suicide; the impact of care plans on diabetes care; health assessments for older Australians; and improving end-of-life care.

The work provides an insight into the tangible benefits across the health system and among different population groups that are possible from primary health care research.

I look forward to the ongoing contribution of primary health care research to the health policy debate in Australia.

*Nicola Roxon
Minister for Health and Ageing
Canberra*

1 Care plans improve diabetes care



Project:

Professor Nicholas Zwar, Professor of General Practice, School of Public Health and Community Medicine, University of New South Wales

Funding:

National Health and Medical Research Council Primary Health Care Project Grant

In Australia, type II diabetes affects 7.5% of the population and is predominantly managed in general practice. Increasingly, diabetes care is delivered using multidisciplinary teams. This is particularly important in diabetes care because the presence of additional conditions is common but there is evidence that referral to other health providers is low relative to patient needs.

In 1999, the Australian Government introduced the Enhanced Primary Care program to specifically fund the development of multidisciplinary care plans for GP patients with chronic and complex conditions.

Subsequent research on this major policy reform had identified problems in uptake among GPs. However, there was limited research on their impact on chronic disease care.

This new study of GP patients with type II diabetes showed that one year after implementing a care plan there was a significant increase in the proportion of patients involved in multidisciplinary care and in the adherence to diabetes care guidelines. It also found improvements in patients' metabolic control and cardiovascular risk factors.

In addition to revealing, for the first time, an association between care plans and improved diabetes care, the research was also important from a national policy perspective. Its findings came to the attention of Australian government policymakers and were influential in a review of the EPC program which resulted in care plans being restructured as part of efforts to improve uptake of their use.

Increasingly, diabetes care is delivered using a multidisciplinary approach.



2 When antibiotics don't work



Project:

Professor Nigel Stocks, Head of Discipline of General Practice, University of Adelaide

Funding:

National Health and Medical Research Council Primary Health Care Project Grant

Patients with acute bronchitis are managed in more than two million GP consultations in Australia each year, often with a prescription for antibiotics.

With evidence that the benefits of antibiotics use in the treatment of acute cough is marginal and may be offset by side effects, this collaborative research venture designed a clinical study to answer the fundamental question: how effective is the use of antibiotics in the treatment of acute bronchitis?

The researchers found that 61% of GPs prescribed antibiotics when a patient presented with an episode of acute cough. However, the duration of patient cough and illness were not significantly improved by the use of antibiotics - an episode usually lasted just over two weeks, with or without antibiotics.

The study also found that patients with 'complicated' acute bronchitis - those with chest signs or who were older and sicker - coughed on average two days longer than other patients. An ongoing study by the researchers into these cases may provide evidence to support antibiotic prescribing for this sub-set of patients.

These new findings have a significance similar to the evidence that fuelled major public health campaigns about antibiotic overuse in the management of the common cold. Coupled with the upcoming results on more 'complicated' patients, this fundamental research will help GPs and patients have realistic expectations about episodes of acute bronchitis and the appropriate use of medication.

...the duration of patient cough and illness were not significantly improved by the use of antibiotics...



Can I get my stitches wet?



Project:

Dr Clare Heal, Senior Lecturer and GP, James Cook University

Funding:

Supported by a Primary Health Care Research, Evaluation and Development Strategy Research Network

The conventional advice to patients has been to keep a sutured wound covered and dry for 48 hours. Yet for patients living in tropical climates, like those of Dr Clare Heal and her colleagues in Mackay, Queensland, such advice was not always easy to follow.

Literature on wound management is sparse and studies on the effect of getting sutures wet have been limited and few. So, looking for a pragmatic way to improve patient care, Dr Heal and her colleagues conducted a trial which involved more than 850 patients visiting their GP after having had a minor excision such as a mole removal.

Following suturing, half of patients participating in the trial received the conventional advice. The other half were told to uncover the wound within 12 hours and not to fret about getting it wet. In the month following surgery, the number of people in the two groups who developed an infection was almost the same (8.9% versus 8.4%).

Skin excisions form a large part of a GP's workload and the results of this collaborative general practice research will benefit many. Presented and published nationally and internationally, this local study has provided some answers to a fundamental and essential question of care.

“Skin excisions form a large part of a GP’s workload and the results of this... research will benefit many.”



4 Better health for older Australians



Project:

Dr Ian Williams, GP and researcher,
University of Queensland

Funding:

Primary Health Care Research,
Evaluation and Development
Strategy Fellowship

Australia's rapidly ageing population has a high prevalence of chronic disease and disability, a trend that is creating greater challenges in efforts to meet the social and health needs of older adults.

The Australian Government's Enhanced Primary Care program specifically promotes preventive and coordinated care for older adults by funding health assessments of patients over 75.

This new study - undertaken by the GPs, nurses and staff at a large suburban practice in Brisbane - used health assessments performed by a GP-nurse team to identify both the physical and psychosocial needs of community-dwelling patients aged over 75 years.

Of the 546 patients in the study, the research found that 50% of women and 25% of men lived alone. Ninety per cent of participants reported one or more health problems, with musculoskeletal issues being the most common. Men rated their health more poorly than women, who reported more psychological distress. Of the health assessments reviewed 12 months on, improvements were found in patient immunisation rates, self-rated health status, blood pressure, vision and hearing.

Against the backdrop of a rapidly ageing population, this study has demonstrated that health assessments and collaboration between GPs and community nurses may represent an important solution to improving the quality of life for older Australians living the community.

...health assessments represent an important solution to improving the quality of life for older Australians...



5 Understanding suicide



Project:

Leonore Hanssens, Nurse Researcher PhD Candidate, Centre for Remote Health - a joint centre of Flinders University and Charles Darwin University

Funding:

Primary Health Care Research, Evaluation and Development Strategy Grant

Indigenous suicide has escalated rapidly in the Northern Territory – by 800% among Indigenous men in the past two decades – but there has been little evidence as to what has triggered this public health tragedy or what might help reverse it.

This primary health care research examined the effect of suicide clusters in the NT, a unique and discrete phenomenon in which a single suicide seems to precipitate a series of other suicides and, in some cases, further ‘echo’ clusters.

Using data from 1996 to 2005 collected from the Australian Bureau of Statistics and the National Coroner’s Information System, the research analysis revealed 77% of Indigenous suicides occurred in clusters, far exceeding rates across the population, which are around 5-10%.

It also showed that people vulnerable to suicide tended to group together well before the occurrence of any overt suicidal stimulus. It appears rapid social change is affecting a subgroup of young, male, married, unemployed Indigenous men.

With this new insight, researcher Leonore Hanssens concluded that half of the total Indigenous suicides in the Northern Territory were potentially preventable with culturally appropriate and timely responses to the cluster phenomenon.

This important research has shed light onto the escalating physical, social and economic effects suicide is having on communities. Its evidence has already contributed to suicide prevention and capacity building workshops initiated by Suicide Prevention Australia and partnered by the Commonwealth Government.

*...half of the total
Indigenous suicides in the
Northern Territory were
potentially preventable...*



Pit Stop - A men's health package



Project:

Debbie Chambers, Allied health professional and researcher, Midwest, Western Australia

Funding:

Primary Health Care Research, Evaluation and Development Strategy Fellowship

Engaging men about their health is notoriously difficult, yet in 1999 the Gascoyne Public Health Unit in rural WA developed a health program that captured men's imaginations and was adopted throughout Australia and overseas.

Appealing to men's interests by using a mechanical theme, the 'Pit Stop' program enables men be put 'over the pits' and checked for general roadworthiness and maintenance requirements. It is delivered in familiar non-'health' environments such as agricultural, boating and car shows.

Pit Stop seemed like a success, but its creators wanted to know whether it was doing what it was designed to do.

Researcher Debbie Chambers collaborated with the Pit Stop designers and coordinators in three WA regions, as well as population and men's health professionals, to evaluate the program's impact on men and their health.

The evaluation found Pit Stop worked. It successfully reached 40%-50% of men with significant health risk profiles in the three regions studied. Men recalled 70%-90% of their Pit Stop performance and for 43% of the men, the experience had resulted in some change in behaviour and/or connection with a health professional.

With this strong evidence base behind it, Pit Stop secured new funding that allowed it to release an updated version of the program in late 2007 and continue to make a positive impact on men's health and lifestyles.

...for 43% of the men the experience had resulted in some change in behaviour and/or connection with a health professional.



7

Where would you want to die if you had a terminal illness?



Project:

Julie Poon, Clinical Nurse Consultant and Researcher, Goulburn Valley Hospice Care and School of Rural Health, University of Melbourne

Funding:

Primary Health Care Research, Evaluation and Development Strategy Fellowship

‘Where would you want to die if you had a terminal illness?’ It may seem an unpalatable question to some, but to those who have a terminal illness or are involved in the care of someone who is dying, it can be a subject of the utmost importance.

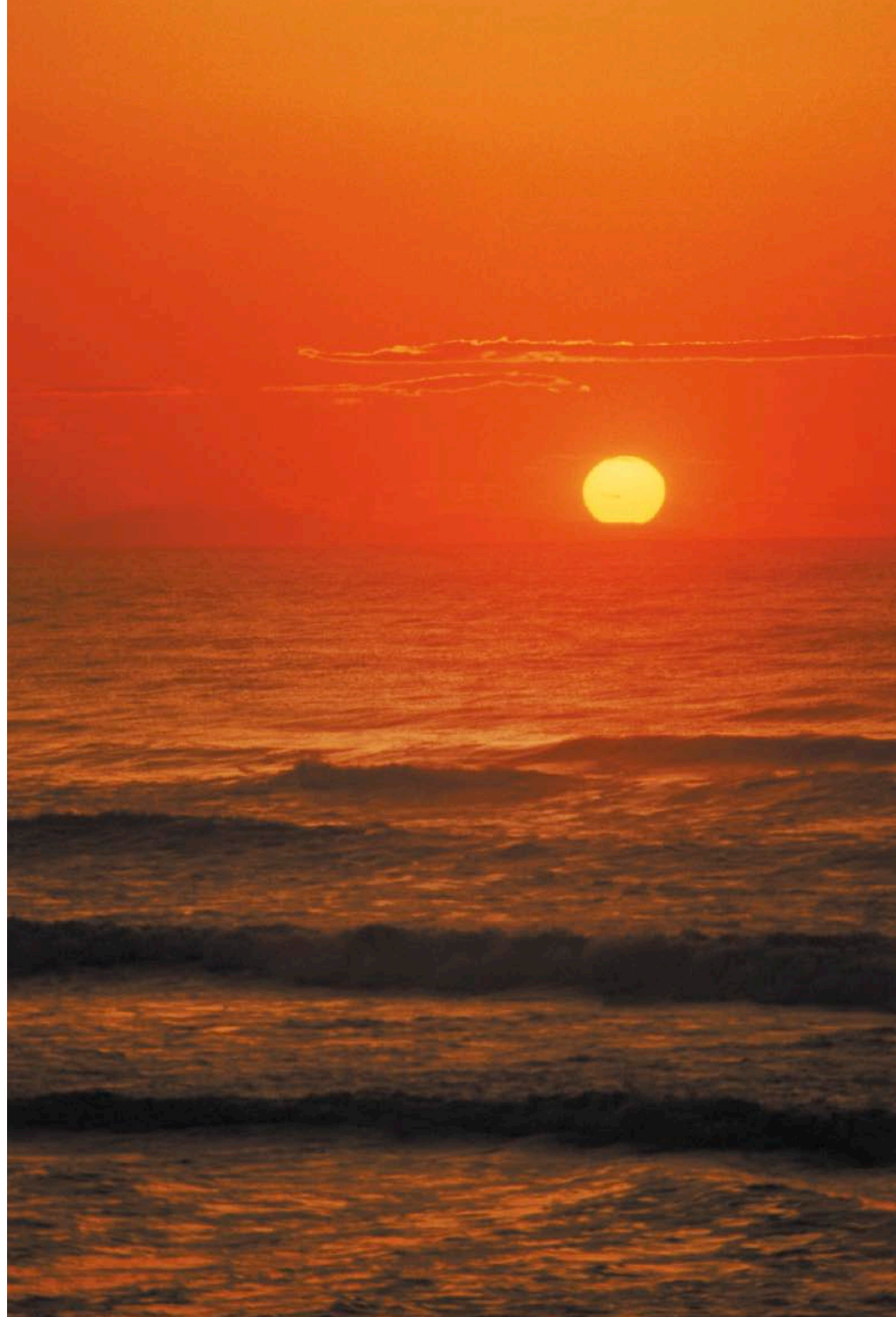
Previous studies have shown that dying in a place of choice is vitally important to people who have cancer, yet the literature also reveals a disparity between people’s expressed wishes and the achievement of their goals.

This research investigated the stated preferences of 346 palliative patients registered with a community-based palliative care service in rural Victoria, including the preferences of their informal carers, and compared these with actual place of death.

Importantly, the study demonstrated that most people are willing and able to participate in discussions about end of life care. It found 80% of patients and 86% of carers expressed a preference for place of death. Of those who had chosen a home death, 88% of patients and 94% of carers achieved that goal. Overall, patients died in their home (35%), hospital (33%), hostel (11%), nursing home (12%) and palliative bed (9%).

This research has provided information essential to the optimum care of palliative patients and demonstrates that specialist palliative care services can enable people to maximise dignity and control in their end of life care.

*This research...
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8 Delivering better asthma care

Project:

Professor Justin Beilby, Professor of General Practice and Executive Dean, Faculty of Health Sciences and Chris Holton, Research Fellow, Discipline of General Practice, University of Adelaide



Funding:

National Health and Medical Research Council Primary Health Care Project Grant

Project:

Professor Nicholas Zwar, Professor of General Practice, School of Public Health and Community Medicine, University of New South Wales

Funding:

Supported by the Primary Health Care Research, Evaluation and Development Strategy

Australia has a high prevalence of asthma and there is evidence that proactive management and care planning can improve health outcomes.

In 2001, the Australian Government introduced the Asthma 3+ Visit Plan to better support asthma care. However, the model of care implemented had never been formally tested and participation in the program began to decline.

University of NSW researchers collaborated with local GPs to investigate why this was the case and found the major barriers to greater uptake were the complexity and administrative work of the program, as well as the requirement for a patient to have three visits in four months.

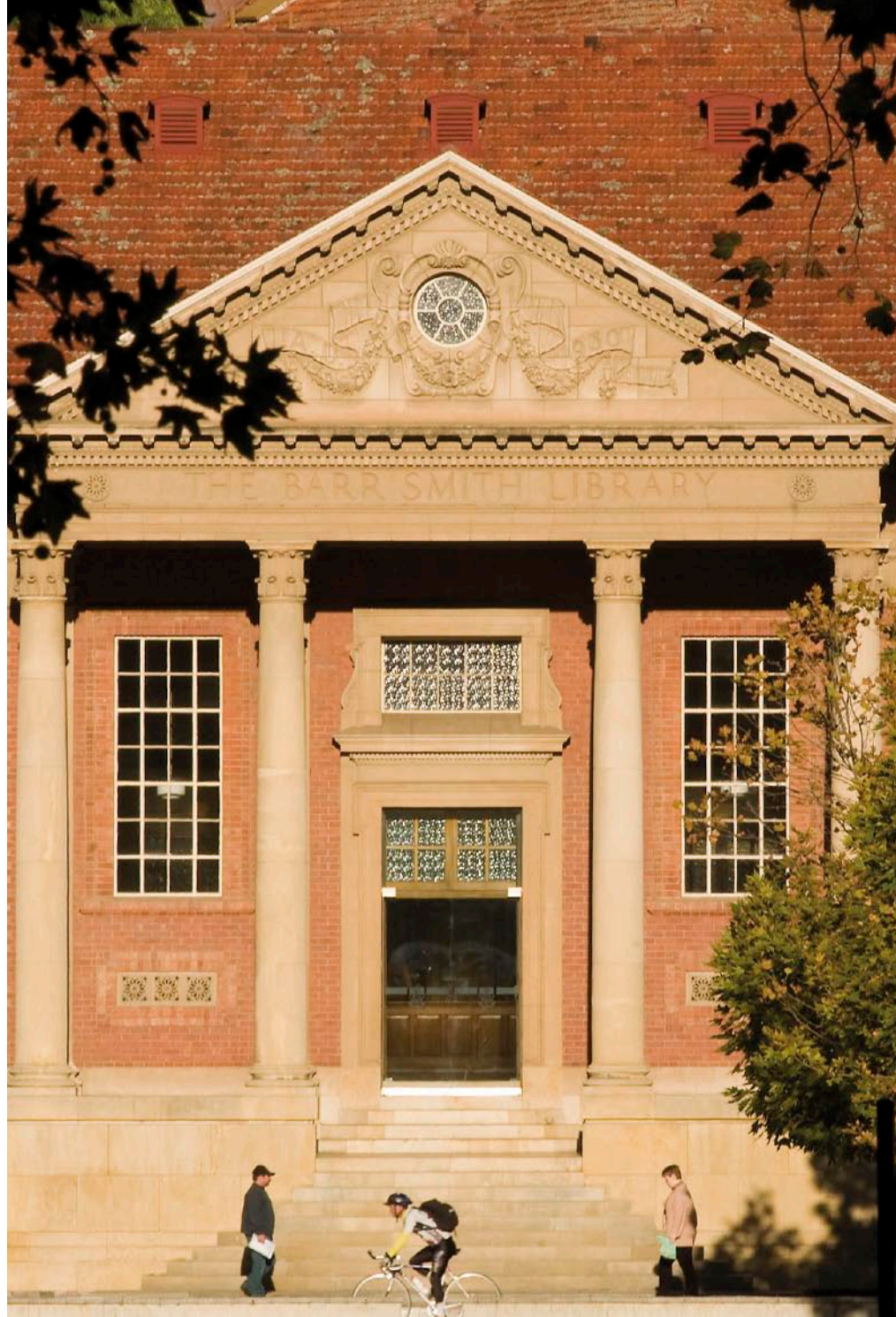
The NSW researchers, working in partnership and parallel with the University of Adelaide, also implemented a study to examine models of systematic asthma care similar to the Asthma 3+ Visit Plan.

The study included the use of a register-recall system to prompt 565 patients to see their GP for an asthma management review. Only one-third of patients attended and, although the majority felt it was worthwhile, the study found no significant overall change in their care or health outcomes.

This partnership between two university general practice disciplines produced an evidence base about how the Asthma 3+ program could be modified to improve its feasibility and effectiveness.

The original research had a considerable impact on policy and the future of the program. Its recommendations were consistent with changes made by the Commonwealth, which simplified the program to increase its use among GPs and their patients.

This partnership between two university general practice disciplines produced an evidence base about how the Asthma 3+ program could be modified



The psychological impact of skin disease



Project:

Dr Parker Magin, GP and researcher, University of Newcastle

Funding:

Supported by the Primary Health Care Research, Evaluation and Development Strategy

Common skin diseases such as acne, psoriasis and eczema affect millions of Australians, many of who will see their GP for help.

Yet the impressions gained by researcher Dr Parker Magin in his clinical work as a GP suggested the potentially significant psychological effects of these conditions on their sufferers would often be trivialised.

The existing body of literature on the link between skin diseases and psychological or psychiatric illness has been almost entirely conducted in specialist, not general, practice.

This is despite the fact that skin problems are raised between GPs and their patients in 1 in 6 consultations in Australia each year.

This new research involved studies of patients with acne, psoriasis, and eczema in general and specialist practice, and a high school-based study of adolescents with acne.

Conducted in collaboration with GPs and schools, the research revealed significant levels of psychological suffering attributed to skin disease by patients.

Patients' psychological conditions did not meet criteria for specific psychiatric morbidities but they nonetheless caused considerable suffering. More prominent were other morbidities such as embarrassment, shame and self-consciousness.

An analysis of the data confirmed a significantly greater overall psychological morbidity and self-consciousness in skin-disease patients compared to those without conditions. With this greater understanding of the impact of skin diseases, GPs have a better opportunity to help the millions of patients who seek their help.

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10 Improving hygiene and children's health in remote Indigenous communities



Project:

Dr Liz McDonald, Registered Nurse and Midwife/Remote Area Nurse, Menzies School of Health Research

Funding:

National Health and Medical Research Council Primary Health Care Scholarship

Young Aboriginal children living in remote Northern Territory communities continue to experience poor health due to chronic infection and malnutrition with high levels of underweight (14.5%), stunting (11.3%) and wasting (9.0%). These levels compared to an expected prevalence of 2.3% in a healthy population.

Poor health during children's vital growth and development stages is a serious problem affecting their general wellbeing, cognitive development, educational outcomes, and their risk of developing chronic diseases later in life.

This research focused on the lesser-examined area of hygiene improvement. In particular, it investigated the physical and social barriers that prevent the hygiene needs of young children from being satisfactorily met, as well as potentially effective interventions.

The study revealed that extreme levels of social, economic and educational disadvantage underpin the unsanitary living conditions and poor hygiene that exist in many communities. Household crowding and non-functioning toilets, taps, and showers combine with poor standards of personal and domestic hygiene to underlie the high burden of childhood infection.

Many of the barriers to hygiene and health improvements are at policy and systems levels. Collaboration between researcher Dr Liz McDonald and relevant NT government departments has already begun to transfer these findings into policy and practice.

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Communicating research: a worthwhile investment in the health of the Australian community



The effective support and dissemination of primary health care research is critical to improving the health of Australians and the Primary Health Care Research and Information Service (PHC RIS) plays a prominent role in achieving this.

PHC RIS actively supports the dissemination of primary health care research results through the national General Practice & Primary Health Care Research Conference. This annual conference has long been seen as a key event for researchers to showcase their work and provides an opportunity for them to connect with decision makers and practitioners.

PHC RIS takes great pride in convening this important event and goes to great lengths to ensure that the program provides opportunities for collaboration. For example the findings of Nick Zwar's work (pg 4)

came to the attention of policy makers in the Department of Health and Ageing at the Conference and were influential in the revision of care plan policy.

PHC RIS provides additional means of sharing research and information with researchers, decision makers and practitioners through the newsletter *PHC RIS infonet*, the PHC RIS website and the *Roadmap Of Australian primary health care Research* (ROAR), a research database that allows researchers to not only 'present' their research findings but for all to find out what work is being done. All of these allow primary health care researchers to communicate in domains accessed by both policy advisors and practitioners.

See www.phcris.org.au

The support PHC RIS provides to the dissemination of primary health care research is critical to improving the health of Australians.



12 Australian Primary Health Care Research Institute



Self-management of chronic illnesses, depression and anxiety, should be encouraged by general practitioners to improve patient quality of life and health outcomes, according to the published results of the Australian Primary Health Care Research Institute's (APHCRI) research program.

The research, commissioned by APHCRI and conducted by several teams investigating multidisciplinary teams, chronic illness and mental health, shows that self-management is under utilised, but contributes to attaining improved outcomes in a number of areas.

The Institute's approach to research ensures that these and other findings link directly with policy advisers by ensuring the research program focuses on priorities for national primary health care policy.

Unique in Australia, the Institute provides a 'linkage and exchange' approach to research – bringing

researchers, policy advisers and stakeholders together to make research relevant.

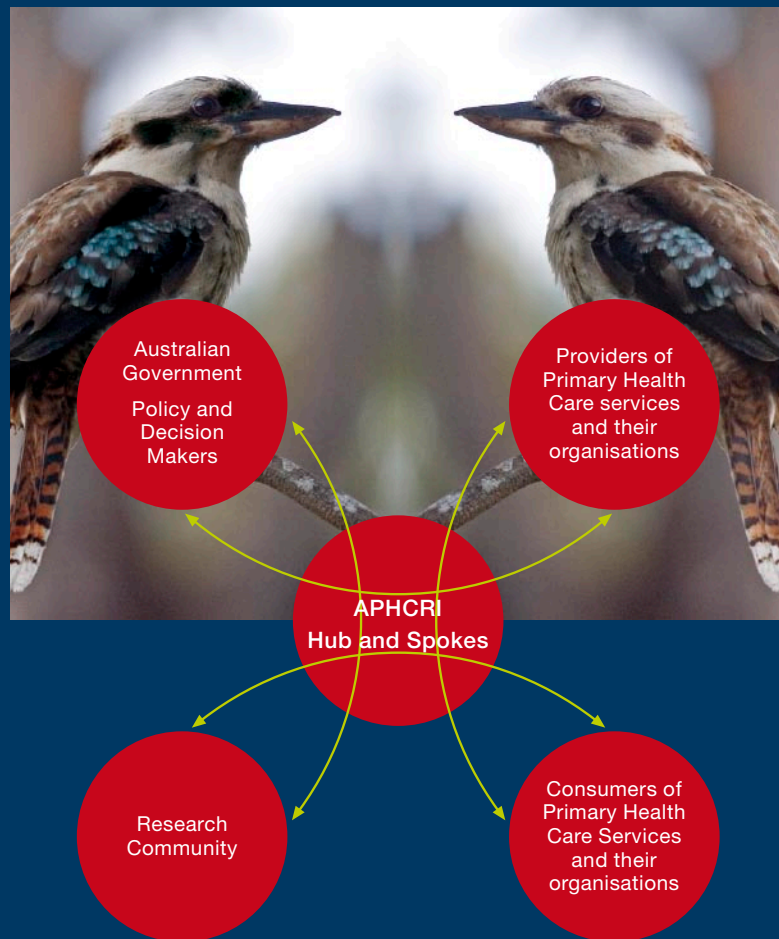
The model means research is informed by the needs of policy advisers and that policy advisers are aware of research and able to utilise it from the earliest stages.

The work of the Institute has attracted a great deal of international attention. Not only are international experts regularly part of research teams attached to APHCRI grants, but many leaders in primary health care research have visited the Institute.

Research to date has been conducted around Australia and includes work from eight streams of research covering a diverse number of research areas from adolescent and child health, Indigenous health to mental health, chronic disease and workforce.

See www.anu.edu.au/aphcri

Unique in Australia the Institute provides a 'linkage and exchange' approach to research – bringing researchers, policy advisers and stakeholders together to make research relevant.



Snapshot of Australian primary health care research is a collaborative venture involving representatives from PHC RIS, the Australian Government Department of Health and Ageing, Australian Primary Health Care Research Institute, National Health and Medical Research Council, Australian Association for Academic General Practice, Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine.

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