

# PRIMARY CARE Building research capacity

Professor Jane Gunn



PRIMARY CARE RESEARCH UNIT DEPARTMENT OF GENERAL PRACTICE

#### **Australia (Victoria)**



Over 20 million resident population in Australia

Almost 5
million
resident
population in
Victoria





### Where we live..











# Why a primary care research unit?



- Health care costs >\$66bn
  - \$4,319 per Australian
- •102 million GP services/year



- •GP role as 'gatekeeper'
  - Prescribing
  - Referral to allied health care
  - Referral to specialist medical care





#### Australian health care: A strife of interests

- Organisation
  - Two levels of Government
  - National: General Practice (inc Divisions of GP), some other primary care, some public health
  - State: Hospitals, some primary care (community health) some public health
- Financing:
  - A\$66.5 billion, 9.3% of GDP (2001-2)
  - General Practice as fee-for service, small business model
    - Chronic illness and teamwork initiatives
    - Some capitation and incentive payments, Divisions program
- Workforce
  - 24,301 (2001) non specialist medical practitioners (GP:Pop ratio 1:920).
    - No increase in the last 10 years
      - » Fall in city, rise in remote
    - 60% full time, 35% female, 25% >55yrs
- Outcomes
  - Mortality of internationally, inc indigenous





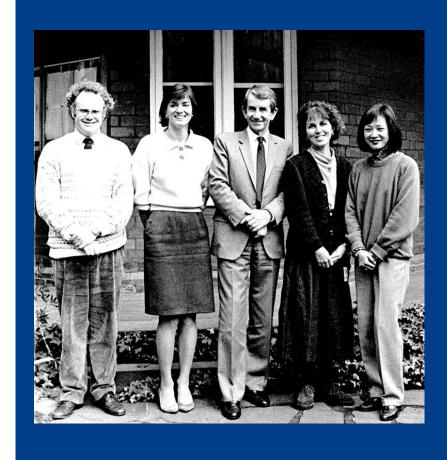
#### Australian health care: Challenges in primary care

- The usual issues...
  - Chronic disease, ageing population, movement of care into the community
- Challenges arise from the fragmented organisation of care
- Equity
  - Rural, Outer metro, SES, Indigenous
  - Difficulty managing workforce and funding distribution
- Quality
  - Practitioner vocational recognition voluntary
  - Practice accreditation voluntary
  - Inability to enforce or mandate quality frameworks
- Efficiency
  - Fee-For-Service
  - · Levers to encourage teamwork, integration. Quality care
- Research support and culture
  - Little infrastructure or financial support





#### History of Primary Care Research at Melbourne



1975 – Dept of Community Health

1991 – First research grant

1993 – Dept of Public Health and Community Medicine

1997 – First general practice PhD

1998 – Dept of General Practice and Public Health

2001 – Dept of General Practice

2004 - First NHMRC CIA Grant

2006 - PCRU established





#### **Primary Care Research at Melbourne**

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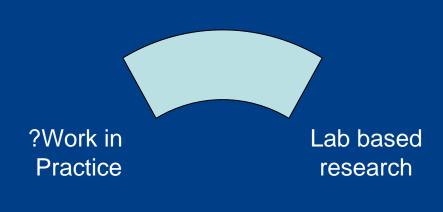
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# Why bother?



# Importance of community based practitioners

- Problems vs diseases
- Rise of chronic disease



Can we provide quality care without research in practice?





### Research in practice

Clinical research in crisis?

Clinical research in Australia (NHMRC "Chalmers Report" 2001)

Strengthening clinical research

(Academy of Medical Sciences Report, 2003)

Reforming clinical research (McNally BMJ 2003)

Clinical research in the US at a crossroads. (Crowley JAMA 2004)





### How are we doing?

Small but growing numbers of RHDs

1 paper per 1000 EFT GP, less for AHPs

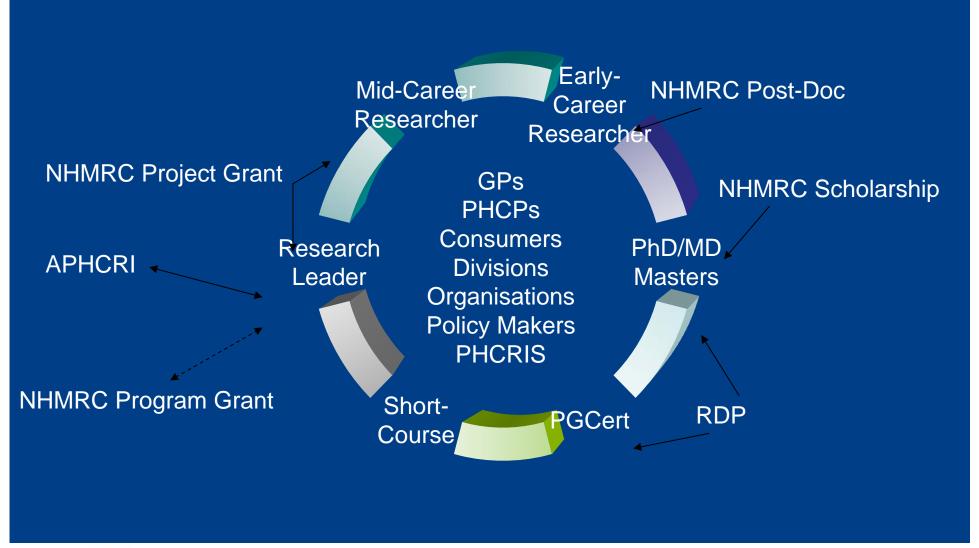
**Entering NHMRC other Competitive Grants** 

Research Quality Framework – opportunity and threat





# **Career Pathway – PHCRED led**







# Beyond the university......







#### The challenge

To build a sustainable research workforce

To undertake purposeful research that is used in practice and underpins policy

To make a difference





#### **PROGRAM AREAS**



•Mental Health

Chronic Disease

Young People's Health





#### **CURRENT PROJECTS**

- Australian Primary Care Research Institute (APHCRI)
- National Health & Medical Research Council (NHMRC)
- The beyondblue Victorian Centre of Excellence (bbVCoE)
- Diabetes Australia- Victoria
- Royal Australian College of General Practitioners (RACGP)
- Australian Health Ministers' Council of Australia





### **PROGRAM LEADERS**











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#### **COLLABORATORS**



of Southampton































































