

Beyond “motherhood and apple pie”: using research evidence to inform primary health care policy

The Australian Primary Health Care Research Institute undertakes and commissions research with the aim of increasing the links between research and policy

“Family, neighborhood, community are apple pie virtues, unassailable and unavoidable in political rhetoric.”¹ In primary health care, we have our own rhetoric. The challenges facing the primary health care system are endlessly rehearsed: ageing of the population, management of chronic disease, equity, new technologies and workforce issues are but a few. These challenges are not unique to Australia — they drive reform of primary health care around the world. It is agreed that the goal of this reform is to improve health for individuals and communities, and that public policy on this reform should be in the public good, have clear objectives, be transparently communicated, and be assessable in terms of effectiveness, efficiency and achievements. It should also be informed by research evidence.^{2,3}

Yet, sadly this is no more than comfortable rhetoric if there is no practical outcome. How can we move on?

Moving beyond rhetoric

Both researchers and policy makers should move out of their “silos”.⁴ Research cannot be an isolated activity that never impacts on primary health care. Equally, policy formulation cannot be a secretive bureaucratic activity, viewing research as “naive, jargon-ridden and irresponsible in relationship to practical realities.”² All players within the primary health care system must be engaged, including policy- and decision-makers in both the Commonwealth and the states and territories, researchers, and providers and users of primary health care services.

Yet, lack of engagement is common. For example, the Asthma 3+Visit Plan was tested as an intervention in a randomised controlled trial of structured asthma care in general practice.⁵ The design, conduct and reporting of this study were research-driven, and the results could not be disseminated until the peer-reviewed publication process was complete. However, just as the early results of the trial were becoming known to the research team, policy makers were fitting the Plan into Medicare through paid incentives for GPs to adopt and complete the Plan. The policy had to be implemented before the trial was formally published. There was no link between the researchers and the policy makers. Would the policy have been different if there was engagement between these parties across these activities?

The players must be engaged at all stages of the policy research “cycle” — from priority setting and question formulation, through the development of research methods and conduct of research, to analysis and interpretation of results. Engagement must be real and may be uncomfortable.

The role of research

“Research” and “evidence” are value-laden words with different meanings for different players. The goal is valid and reliable knowledge that responds to the real needs of those using and providing health services, along with wisdom in applying this

knowledge. If we are to achieve this, then all players must be willing to understand research and evidence from the viewpoints of the others. A range of research traditions will yield helpful insights.⁶ For example, policies for evidence-based clinical care of Aboriginal and Torres Strait Islander communities will be informed both by evidence-based medicine (EBM) and by a well developed understanding of Indigenous cultures derived from other research traditions, such as sociology. This is not a call for less rigour — it is a call for thinking beyond narrow methodological approaches.

The role of research evidence in informing policy is broad.² It should not be understood solely in terms of the findings of individual studies *directly* shaping particular policies. At times, the use of research evidence may be more *symbolic* — to add weight to a particular policy direction. At other times, research evidence may be used for *enlightenment*. For example, it may prompt participants to think in new ways about issues and potential solutions.

The National Service Improvement Framework (NSIF) for Cancer is an example. This government initiative aims to drive improvements in health services through the development of a guide to “best practice”. Policy makers, the research community, clinicians, and other stakeholders have been actively engaged in the process through a consultative committee and a public consultation process. The resulting framework incorporates their different perspectives. Its usefulness is evidenced by its adoption as the model for the other NSIFs.⁷

Research needs to be undertaken within timeframes that are useful to policy makers. This does not rule out research programs longer than 3 years, but means that researchers should be aware of the timeframes that drive policy, such as 3-year election cycles, and should be willing to contribute to policy discussions despite their research being incomplete. In addition, concepts such as “track record” need to be rethought, as publications and grants received are not relevant measures of the success of policy makers and service providers. Methods need to be developed to appraise the relevance of research to policy making. Primary studies should be funded only when systematic reviews of existing evidence indicate they are required. For example, research to resolve the controversy about the role of nurses in Australian general practice should be built on what is already known from a systematic literature review, which is not yet available.

If primary health care reform was easy, this editorial would be unnecessary. Research will not be perfect. Evidence will not be complete. Solutions will not be simple or universally acceptable. Reform will not happen overnight. Well intended innovations might deliver unintended harms. Patience, collaboration, good will and resilience are essential for the challenges to be met.

The Australian Primary Health Care Research Institute (APHCRI) is a government initiative to increase the links between evidence and policy. Its brief includes prioritising research topics and questions

relevant to national primary health care, and then commissioning and undertaking research to address these priorities. Announced as part of the federal government Primary Health Care Research and Evaluation Development Strategy,⁸ the Institute began operations in 2003. It is committed to a collaborative model that engages policy makers, researchers, providers and consumers in its activities. It adopts new approaches in setting its research priorities and funding research activities. It will go beyond rehearsing the challenges, and question some of our basic assumptions about how to achieve a more equitable, more efficient primary health care system delivering enhanced health outcomes for all Australians.

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- 1 The American heritage dictionary of the English language. 4th ed. Houghton Mifflin, 2000. Available at: <http://www.yourdictionary.com/ahd/a/a0379200.html> (accessed Apr 2005).
- 2 Innvaer S, Vist G, Trommald M, Oxman A. Health policy-makers perceptions of their use of evidence: a systematic review. *J Health Serv Res Policy* 2002; 7: 239-244.
- 3 Lavis JN, Posada FB, Haines A, Osei E. Use of research to inform public policymaking. *Lancet* 2004; 364: 1615-1621.
- 4 Lomas J. Improving research dissemination and uptake in the health sector: beyond the sound of one hand clapping. McMaster Centre for Health Economics and Policy Analysis. Policy Commentary C97-1, Nov 1997.
- 5 Glasgow NJ, Ponsonby AL, Yates RJ, et al. Proactive asthma care in childhood – a general practice based randomised controlled trial. *BMJ* 2003; 327: 659-663.
- 6 Greenhalgh AT, Robert G, Macfarlane F, et al. Diffusion of innovations in service organisations: systematic review and recommendations. *Milbank Q* 2004; 82: 581-629.
- 7 National Health Priority Action Council. National Service Improvement Frameworks (NSIFs). Available at: http://www.nhpac.gov.au/news_nsifs.htm (accessed May 2005).
- 8 Australian Government Department of Health and Ageing. Primary Health Care Research Evaluation and Development (PHCRED) strategy. Available at: <http://www.health.gov.au/internet/wcms/publishing.nsf> (accessed May 2005). □