AUSTRALIAN PRIMARY HEALTH CARE RESEARCH INSTITUTE

(APHCRI)

A/Prof Kirsty Douglas
Acting Director

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Australian Primary Health Care Research Institute - APHCRI

MISSION:

- Provide national leadership in improving the quality and effectiveness of primary health care through the conduct of high quality priority-driven research and the support and promotion of best practice.

GOALS:

- Strengthen the knowledge base of primary health care through research
- Facilitate uptake of research evidence in primary health care policy and practice
- Enhance capacity through partnerships with relevant national and international groups.

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APHCRI – A Virtual Institute

- Hub and Spoke model
- Hub based at ANU
- Spokes are programs of research undertaken around the nation commissioned by the institutes Research Advisory Board
- The hub and spokes together form the institute and meet the Institutes goals and missions

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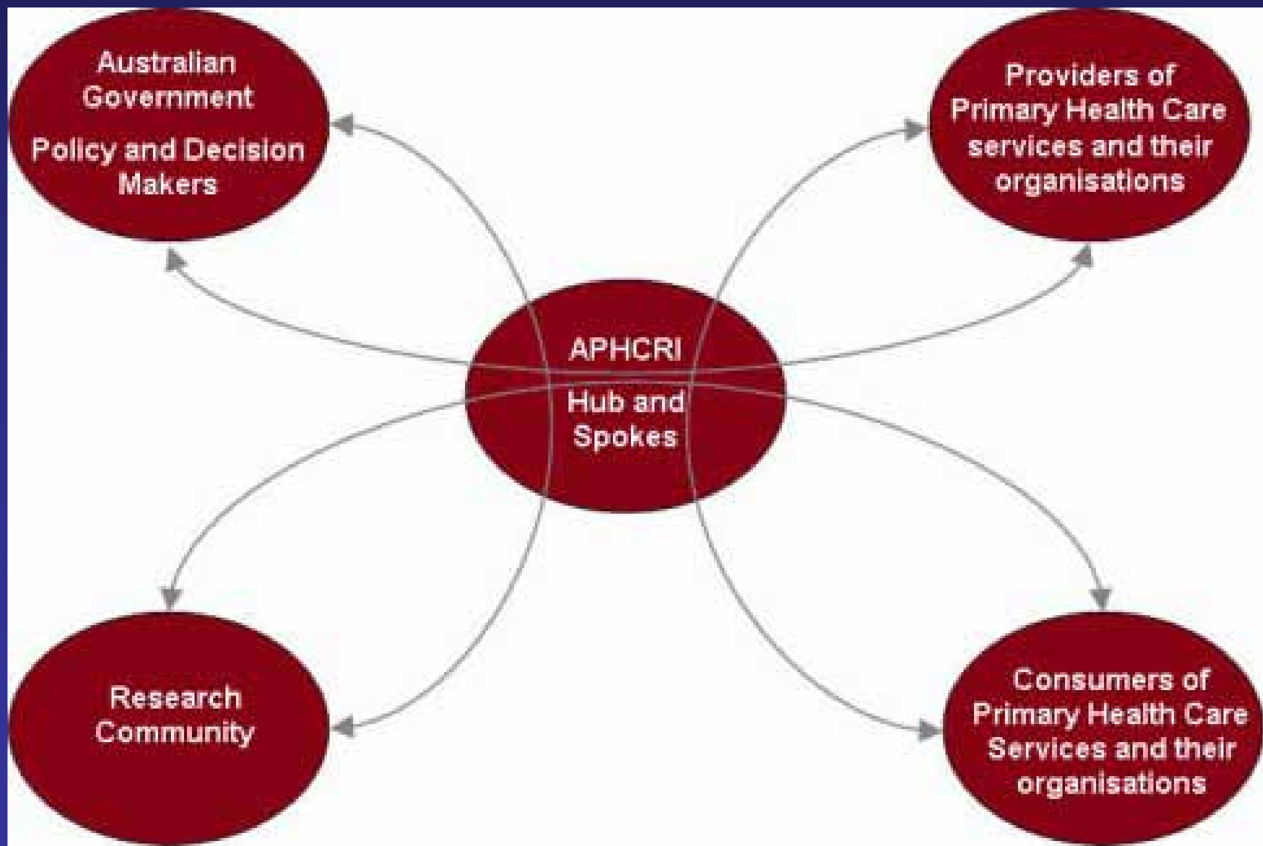
LINKAGE AND EXCHANGE

- Evolved from the linkage Canadian model CHSRF.
- collaboration between research teams & policy advisers
- research is informed by policy needs & policy is informed about the research process.



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- 13 Streams of research
- 66 individual projects funded
- 112 researchers involved
- Every state, 12 institutions
- 20 international visiting fellowships

Actionable messages *

** (Lavis J. Enhancing the Contribution of Research Knowledge to Health Policy November 2003 Third HSRAANZ Health Services and Policy Research Conference Melbourne, Australia)*

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- Website - http://www.anu.edu.au/aphcri
- 1:3:25 Reports

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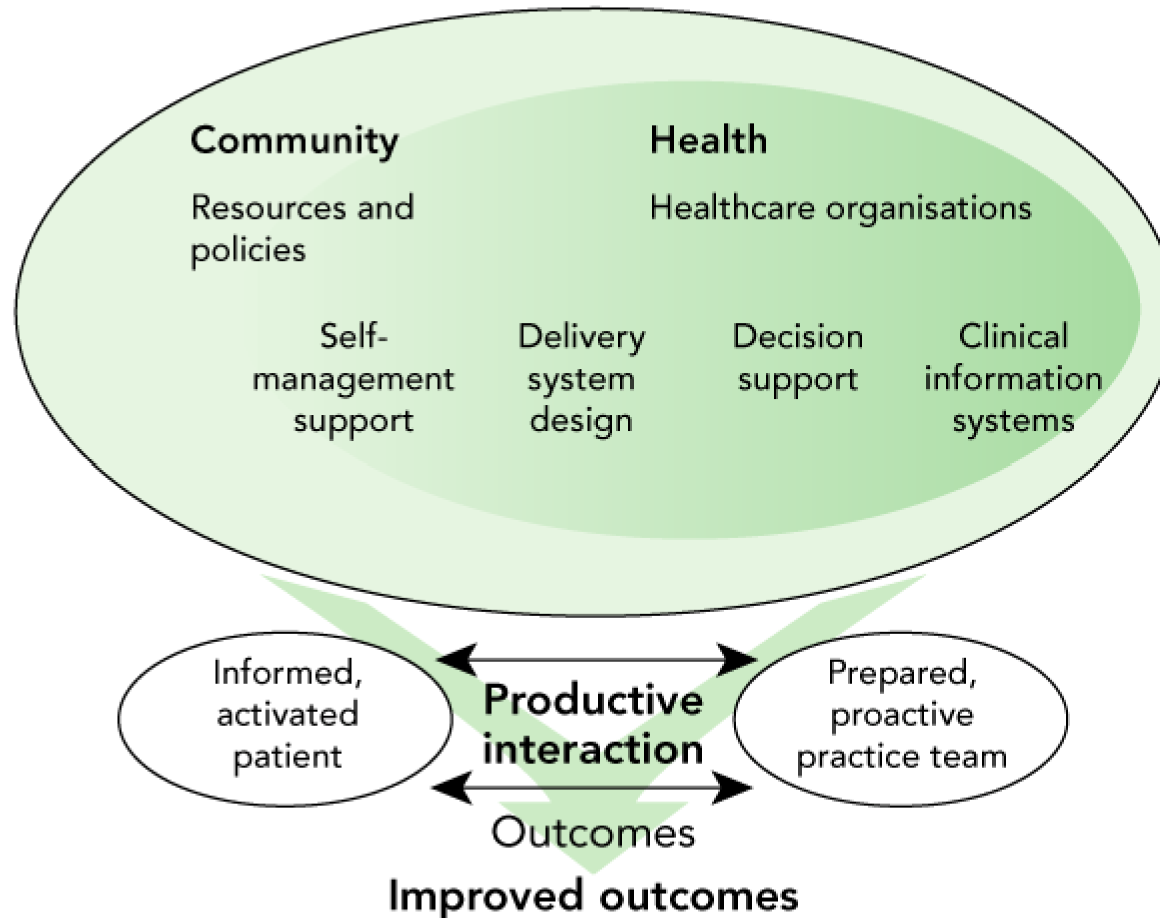
Chronic Disease Self Management

The APHCRI evidence

The Chronic Care Model



From Wagner EH Chronic Disease Management: What will it take to improve care in chronic illness. Effective Clinical Practice 1998;1:2-4.

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CHRONIC DISEASE SELF MANAGEMENT CDSM

- A systematic review of chronic disease management *Zwar N, Harris M, Griffiths R et al*
- Travelling Fellowship report *Sarah Dennis*
- Models of Chronic Disease management in Primary Care for Patients with Mild to Moderate Asthma or COPD *Cranston JM, Crockett A, Moss J et al*
- Chronic Disease Self management support - in press - *Glasgow NJ*

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Challenges

- No clear consensus on definitions for
  - Health literacy
  - Self-Care
  - Self-management
  - Self-management support
- Linked concepts – a health care system in which patients are central to decision making & empowered to actively participate in decisions regarding care

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Challenges

- Evidence base relatively underdeveloped and difficult to expand
  - Complex interventions
  - Interdisciplinary nature of evidence
  - Complex intersectoral context

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Challenges

- Patient, carer, clinician and organisational engagement difficult
  - Lack of integration with & within health system
  - Relative lack of focus on carer/clinician &/or organisation
  - development parallel to provision of clinical services not integrated with it

In the 21st century the management of chronic disease becomes the test of our own ingenuity and imagination.

Dr John Best – NHMRC 2001 – “Tackling Chronic Disease”

Zwar – A Systematic Review of Chronic Disease Management

- Self management support beneficial
  - HbA1c
  - QOL
  - Health & functional status
  - Patient satisfaction
  - Health service use
- Evidence
  - Strongest for diabetes & hypertension,
  - some evidence for arthritis,
  - less clear for Asthma & COPD
- Self management support
  - Patient education
  - Motivational counseling

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Zwar – A Systematic Review of Chronic Disease Management

- Combination of delivery system design & self management support is particularly effective
  - Eg nurses acting as case managers for diabetes combined with self management education
- No evidence in research literature about role of health care organisations/community resources in chronic disease management.

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UK CONTEXT
APHCRI Traveling fellowship –Sarah Dennis

- High quality practice level data- used to monitor & reward chronic disease management through the QOF
- Payment system which favours multidisciplinary approach
- Expert patient Program
  - Still challenges posed by poor integration
  - Poor recruitment by ethnic minorities and low SE status
  - Mixed messages/inconsistent advice – 20/52% of nurses providing advanced level asthma/COPD care had not undertaken accredited training

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Cranston - Models of Chronic Disease Management in Asthma or COPD

- Self-management education, GP review & action plan may produce short-term benefits for asthma particularly with mod- severe disease
- Evidence for self-management education for mild to moderate CPPD is equivocal
- No clear benefit of nurse-run asthma clinics compared to usual care in altering asthma morbidity, quality of life, lung function or medication use

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- Primary Care Management of Co-morbid Mental Health and Drug and Alcohol Problems: co-occurring depression/anxiety problems and substance use problems *H Christensen*
- 45-49 Year old Chronic Disease Prevention Health Checks in General Practice: Utilisation, Acceptability and Effectiveness. *M Harris*
- Upcoming MJA Supplement

Life is not a matter of holding good cards but of playing a poor hand well

Robert Louis Stevenson