

Title: Reflections on Narrative Review of Innovative Models for Comprehensive Primary Health Care Delivery SIREN Project - Systems Innovation & Review of EvideNce in Primary Care

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Review Approach & Policy Context

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Review approach

- Review team mapped and critically appraised evidence from:
 - New Zealand, the UK, USA, Canada and the Netherlands
- Evidence Review Form Evidence type, focus and quality
- 780 references were searched, with 318 documents reviewed

Policy context

- Primary health care (PHC) delivery models can be influenced through mechanisms that affect three different system relationships:
 - General Practitioners (GPs) and patients;
 - GPs and other health professionals; and
 - Third-party funders of PHC and PHC providers.



Key Findings & Reflections

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Policy Options

- Relationships framework for synthesising literature
- Flexible GP funding
- Quality frameworks at a practice level
- Meso-level primary care organisations
- Infrastructure

Reflections

- Not mutually exclusive
- Based on a limited evidence base (aspirational)
- Not linked to patient outcomes, effectiveness of PHC delivery; and
- Implementation to consider existing features of the Australian PHC context



Examples of Policy Options

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Flexible GP funding

- Supply-side mechanisms are effective in achieving PHC reform
- Delivering funding to groups of GPs and PHC teams encourages joint decision making, team working and discourages solo practice, with efficiency and quality gains when working in groups and teams
- Victorian CHSs are an example of State funding being used to offer GPs an alternative type of funding.

Meso-level primary care organisations

- Strong PHC systems are characterised by devolution of governance
- Meso-level PHC organisations exist (Area Health Services, CHS, DGP) paving way for implementing PHC reforms.
- Other organisations exist that integrate regional governance of both primary and secondary care, such as Multi-Purpose Services.



Review Process: Conceptually

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Conceptual Reflections

- Review topic
 - Models, comprehensive, innovative
 - Organisational, financial, governance
- Review setting focus on primary care (general practice)
- Review level focus on macro/systems level innovative models
 - Focus on mechanisms not models
 - Focus on relationships
- Review & synthesis frameworks (realist review & evaluation frameworks)
 - Developmental nature of review & synthesis frameworks

Conceptual Aspirations

- Review topic
 - one aspect (models/mechanisms & relationships) with implications for compreh. and / or innnovation
 - One arrangement (*financial*) with implications for organ. & govern.
 - One priority area (*mental health*) with implications for other Chr. Dis.
- Review setting
 - one setting (*GP*) implications for PHC
- Review level
 - One level (*macro*) with implications for meso and micro
- Review & synthesis frameworks
 - dual frameworks (*Realist & Cochrane*) with time & capacity



Review Process: Operationally

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Operational Challenges

- Review team developmental capacity
- Review evidence -
 - aspirational vs actual mechanisms
 - Focus on documentary evidence vs
 - interviews with key players
 - patient (vignettes)
- Review process iterative & interconnected:
 - Country –specific documents
 - Synthesis documents
 - Key policy informants process
- Review policy linkage process
 - Breadth vs depth
 - Project vs funder level
- Review time-frame limited

Operational Aspirations

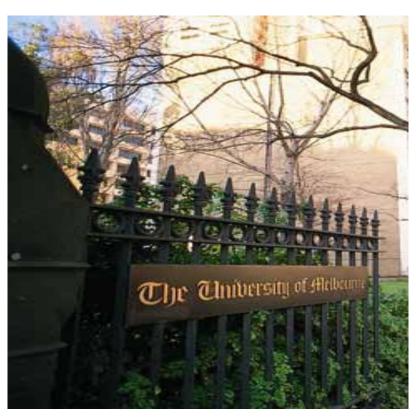
- Review team consdolidated capacity + policy advisors
- Review evidence:
 - increase focus on
 - actual mechanisms
 - interviews with key players
 - patients
- Review process
 - interconnected cycles:
 - Country-->Synthesis-->policy--> country-->synthesis-->policy
- Review policy linkage
 - Increase breadth & focus at funder level
- Review time-frame
 - Need pilot, main & validation review phases

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Thank You

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