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Editorial: Dissemination: sending messages or building bridges

Gawaine Powell Davies,
CEO, UNSW Research Centre for Primary Health Care and Equity

A recent documentary[1] showed Nick Minchin, self-confessed climate sceptic and Anna Rose, environmental activist, each trying to convince the other about climate change. Nick introduced Anna to a Perth couple who run an anti-climate change blog and a boots and all US blogger and broadcaster. Anna introduced Nick to conventional scientists. Neither was impressed. Both listened to Bjorn Lomborg who had something for each of them (the climate is changing BUT we can't do anything effective in the short term) and Anthony Leiserowitz, who spoke about the psychology and sociology of attitudes to climate change.

Nick and Anna eventually found some common ground in the need to understand and communicate with each other better. The subsequent Q&A showed that the area where progress could be made was not so much the science, which remained complex and divisive, but the agreed need to shift to a low energy economy, and the importance of cost as the ultimate arbiter of what would be adopted.

Of course researchers, health service and policy staff are not at loggerheads like Nick and Anna, but we too live in different worlds. We can find ourselves dismayed at the lack of enthusiasm from our clinical and health service colleagues for our findings. However failure to engage with us or low rates of 'compliance' with evidence may not mean a lack of interest, but a belief that it does not make sense in their world. In short, we may make some of the same mistakes as Anna and Nick:

⇒ Focusing on our information ('the findings') at the expense of what this means in (not for) the world of the consumer, clinician or policy maker, especially in terms of their values.

⇒ Expecting them to be interested when we answer our question, not theirs.

⇒ Not knowing who they do (and don't) listen to.

⇒ Ignoring the cost of our recommendations in their world.

⇒ Ignoring the social context: rivalries and professional jealousies may be more polite in health care, but they are still there.

⇒ Naivety about how decisions are made. The Nick Minchins of this world may not be good at science, but they know how decisions are made.

The key to successful use of research often lies not in the immediate strategies for dissemination, but in the long haul of building relationships and entering each others' worlds. This is difficult work, beset by institutional barriers, but well worth it in the long run.

Reference

1 *I can change your mind about climate change*. Broadcast on ABC1, 26 April 2012

Be a part of knowledge exchange... be in Canberra for the 2012 PHC Research Conference

Christina Hagger, PHC RIS

The Primary Health Care (PHC) Research Conference will be a key knowledge exchange event. It will be held in Canberra, at the National Convention Centre, from 18-20 July. We received 265 abstracts in total– 245 for papers (we have 126 paper slots in the program) and posters (unlimited), 24 for the AAAPC distinguished paper, 11 for symposia (six slots) and nine for workshops (six slots).

The details of the program are being finalised however we have confirmed the workshops and symposia. Your range of choices includes:

Symposia

1 Planning for the provision of health services in Medicare Locals and LHD in blood borne viruses and sexually transmissible infections
2 Developing international policy recommendations on retaining health workers in rural and remote areas
3 Supporting advanced nursing development and sustainability in General Practice (SANDS in GP)
4 Influencing primary health care policy for Aboriginal and Torres Strait Islanders: Innovative approaches to making change happen from APHCRI Centres of Research Excellence
5 10 years and going strong – GPET building tomorrow's research leaders
6 Research that Challenges Clinical Guidelines and Policies

Skill Building Workshops

1 Skills escalator and role redesign for the allied health workforce: a time for reflection and refocus
2 Using logic models to inform PHC policy and practice reforms: Reflections from the AGPN/APHCRI study of advanced nursing in General Practice via Medicare Locals
3 Meet the editor of the Medical Journal of Australia
4 Managing the research-policy interface
5 Translating research into practice: a framework for planning and guiding implementation of innovative models of care in local contexts
6 Presenting at conferences: preparing materials and making an impression

Our keynote speakers are confirmed:

Dr Judith Smith, Head of Policy, the Nuffield Trust, London;

Dr Carolyn Clancy, Director of the US Agency for Healthcare Research and Quality (by video-conference);

Mr Mark Booth, First Assistant Secretary of the Primary & Ambulatory Care Division of the Department of Health and Ageing;

Professor Campbell Murdoch, Emeritus Professor of Rural and Remote Medicine of the University of Western Australia.

Lunchtime sessions include My life as a knowledge broker: a conversation with Peter McInnes, Primary Health Care Research, Evaluation and Development (PHCRED) Liaison Officer, Australian Primary Health Care Research Institute (APHCRI)

The Conference will conclude with a Plenary Session that will challenge us all to use our 20/20 Vision (with a little 20/20 Hindsight) to project into the year 2020. This panel discussion will feature the following speakers:

Claire Jackson, Professor in General Practice & Primary Health Care and past Head of Discipline, University of Qld; **Robyn McDermott**, Director, SA/NT DataLink, UniSA; **Judith Smith**, Head of Policy, the Nuffield Trust, London; **Jane Gunn**, Inaugural Chair of Primary Care Research and Head of the Academic Centre for General Practice and Primary Health Care, The University of Melbourne; **David Butt**, Deputy Secretary, Australian Government Department of Health and Ageing. This Closing Plenary will be facilitated by **Sally Cockburn**.

For these three days in Canberra, delegates can listen, learn, debate and discuss all things primary health care. The program, presentations and posters will ensure a rigorous and stimulating academic core. The coffees, the conversations and the collaborations await.

There is still time to register – all information is available at <www.phcris.org.au/conference/2012>

WRITE AN ARTICLE BASED ON YOUR CONFERENCE PRESENTATION

As a presenter at the PHC Research Conference you are invited to submit your work to the Australian Journal of Primary Health (AJPH), so that the hard work you have put into your presentation can be made more permanent in the peer-reviewed literature and contribute to the knowledge base of primary health care.

Editor in Chief of the Journal, Libby Kalucy, invites you to submit an article based on your conference presentation. Guidelines for on-line submission are set out in the Instructions to Authors <www.publish.csiro.au/nid/263/aid/11564.htm>

Further information about the journal is available at <www.publish.csiro.au/nid/261.htm>

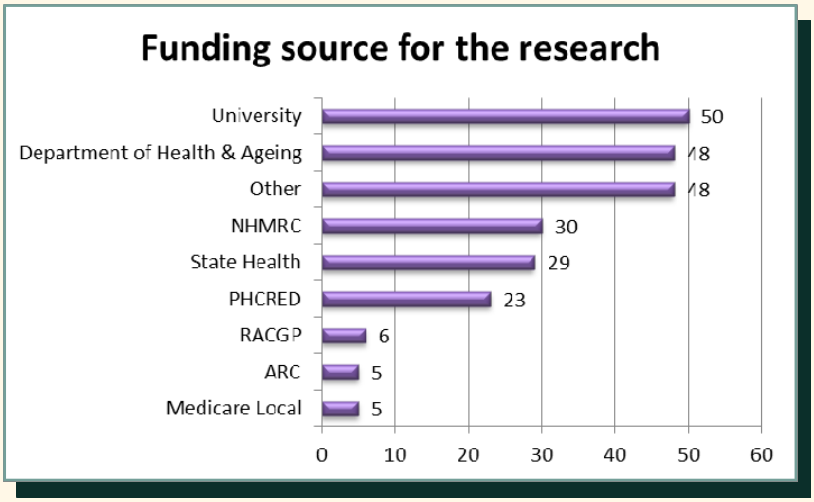
Note: Please do not just send in your presentation, but prepare an article of publishable standard. As examples of what is needed, see the papers from the 2010 PHC Research Conference published in the March 2011 issue of AJPH, available on-line at <www.publish.csiro.au/nid/262/issue/5762.htm>

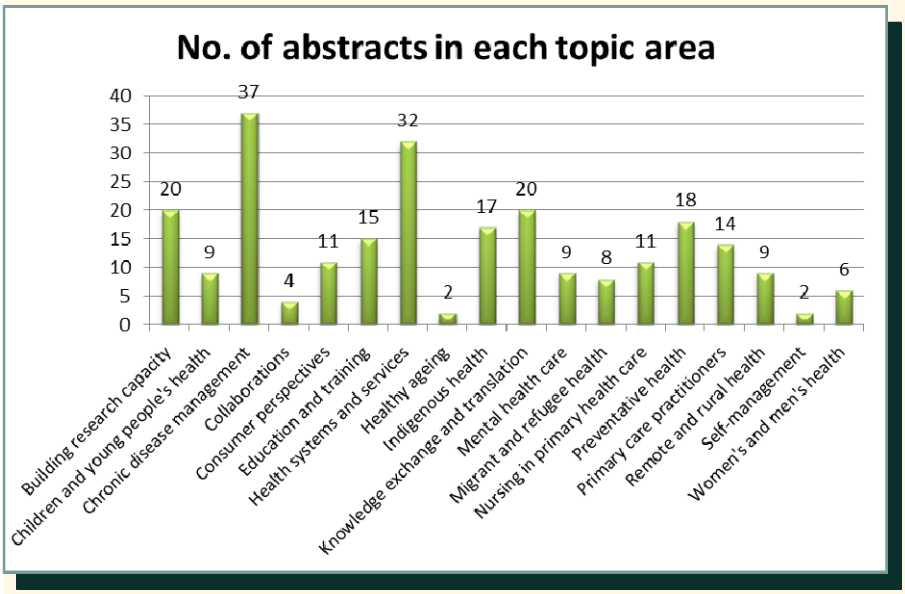
2012 PHC Research Conference: a summary of submitted papers and posters

Louise Baird, PHC RIS

The tables and graphs below provide summary information about what was submitted and by whom.

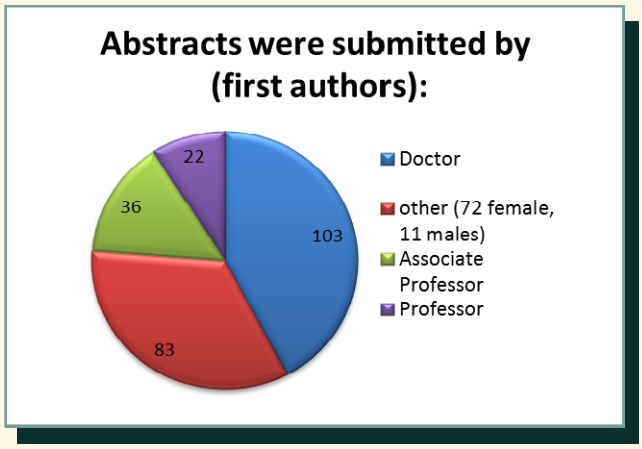
Number of authors that collaborated on the abstract	
Nine authors or more	10
Eight authors	8
Seven authors	18
Six authors	19
Five authors	28
Four authors	38
Three authors	63
Two authors	33
One author	27

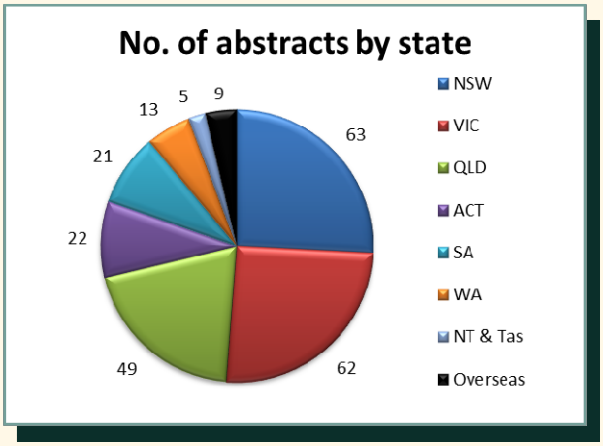




The type of research submitted was:	
Quantitative	92
Qualitative	57
Mixed (qualitative and quantitative)	75
Unknown	20
Descriptive	122
Developmental	21
Intervention	56
Unknown	45

The research summarised in the abstracts was:	
Completed	162
Ongoing	82





Interviews with ROAR researchers

JON EMERY

Jon Emery is the Professor of General Practice and Head of the School of Primary, Aboriginal and Rural Health Care at the University of Western Australia. He is also a Senior Clinical Research Associate at the University of Cambridge and the Director of PC4 <www.pc4tg.com.au>.

How did you become involved in research?

I suppose I've always been interested in medical research, stemming all the way back from when my dad took me to research labs as a child. He was an accountant for a research organisation doing work on smoking and cancer. I dipped my toe in the research waters as a student at Cambridge but then didn't really consider a career in research until my final year as a GP registrar. Reading all these research papers about general practice in preparation for the MRCGP exam got me interested in research and then I met Jenny Field, a senior lecturer at Southampton University, who helped me realise I could do this for a living.

What motivates you to do research?

I really enjoy the intellectual stimulation and the hope that the research one does might lead to improvements in the way we deliver healthcare, and therefore ultimately improve the health of the nation. This of course is why you really do research but it is sometimes hard to see immediate impacts on health. The sort of work I often do is translating medical advances into primary care, such as new diagnostic tests or risk assessment tools, to see if they could actually deliver the predicted health benefits. But then getting them into routine practice is often more challenging even if you show it could work.

What is the best advice you received as an early career researcher?

Probably from David Mant about how to start a career as an academic GP. He had just completed a national report in the UK on academic career pathways and he told me who to go and meet to help me apply for a training fellowship. As a result I was lucky enough to get funded to do my DPhil at Oxford. This was the break I needed to get me started.

What are the highlights of your research career?

Completing my DPhil at Oxford helped me get over my 'imposter syndrome' and led me to believe that I should carry on in academic general practice. You always remember your early successes, such as your first paper in the BMJ or Lancet, or your first big grant award. Moving to Australia has been a highlight. I've been fortunate to be able to carry on working with colleagues back in Cambridge and elsewhere in the UK but also build new collaborations with some great researchers around Australia. The establishment of PC4, our national primary care cancer trials group, is probably my biggest highlight since moving here as it has helped bring together so many great people to work with in the area that matters most to me, cancer. I still aim to have another 15-20 years to go in my career so I hope there are still a few highlights to come!

primary health care ROAR Roadmap Of Australian Research

Which three researchers have been an inspiration to you throughout your career and why?

As a clinical student at Oxford I was inspired by two people:

Godfrey Fowler, Professor of General Practice, who led some of the early primary care trials of smoking cessation and adult health checks, and **Sir David Weatherall**, the Professor of Medicine who worked with the WHO researching and caring for people with haemoglobinopathies. They were both very smart but very gentle, humble men who maintained their enthusiasm for research and clinical practice.

The third person would be **Ann-Louise Kinmonth,** Emeritus Professor of General Practice at Cambridge. She has mentored me through my academic career. "A woman with enough brains for two", to quote PG Wodehouse. She is a tough taskmaster but very inspiring to work with.

How do you ensure your research is used in practice and policy settings?

This is always the trickiest thing to do well, much harder than writing a good grant application! Naturally you have to pick your research questions that are practice or policy relevant, so at least you hope people might be interested in what you're doing. Then it is about having strong networks with individuals and organisations who are influential, keeping you on their radar and informing them of your research so that they may be receptive to your results when they eventually come.

Interviews with ROAR researchers

JANE GUNN

Professor Gunn is a Past President of the Australian Association for Academic Primary Care. She serves on a number of professional committees such as: the National Health and Medical Research Committee, the NHMRC Committee for Developing Guidelines for Borderline Personality Disorder, beyondblue Victorian Centre of Excellence in Research and Evaluation in Depression, the National Prescribing Service Program Evaluation and Research Advisory Group, and is Chair of the Board of the Northern Melbourne Medicare Local.

A general practitioner in active practice, her current research interests include depression and multimorbidity. Her research investigates the complex interplay between emotional well-being, physical health and illness.

How did you become involved in research?

My introduction to research was when I was doing my Diploma of Obstetrics. I was lucky enough to have a very experienced Registrar who introduced me to the idea of evidence based medicine and pointed out to me that quite a bit of obstetric practice was not supported by good evidence. He encouraged lots of discussion about how we knew whether things work or not and discussion about the potential of us (as doctors) to do harm as well as good. He encouraged me to undertake an audit of the past year of births. When I look back on it, this was really my first research project.

What motivates you to do research?

Three things motivate me. Firstly the desire to make a difference to peoples' lives, secondly the desire to understand things in depth, even things that at first sight might look simple and finally the opportunity to learn new things.

What is the best advice you received as an early career researcher?

Read, read and read some more.

What are the highlights of your research career?

The most memorable highlights are sharing discussions with colleagues about topics of mutual interest. In addition I would note some important milestones such as:

- ⇒ being awarded a GPEP scholarship to do my PhD
- ⇒ winning the *Alan Chancellor Prize for Best Presentation* in 1991 and receiving a letter from Alan (shortly before he died) congratulating me
- ⇒ being awarded my first NHMRC Project Grant
- ⇒ being invited to give the Opening Plenary Address at the North American Primary Care Research Conference in Seattle, the first time an Australian Researcher has been awarded this honour.

Which three researchers have been an inspiration to you throughout your career and why?

Professor Judith Lumley, one of my PhD supervisors, who shared her most amazing intellect so generously and patiently. Judith introduced me to the world of methodological rigour and linked me up with her wider research networks. Through Judith's encouragement I learnt that research is a global network and that Australia has much to offer to it.

Professor Charles Bridges-Webb for asking me a very kind question at my first ever presentation at a RACGP Research Conference in Hobart in 1991 and for coming up after my talk to encourage me to write up my findings. I then learnt that Charles was responsible for the *Australian Morbidity and Treatment Survey* and that he had done so much wonderful, painstaking research documenting what GPs do in everyday practice.

Dorothy Hodgkin (British Nobel Laureate and X-Ray Crystallographer). Dorothy persevered with her research with little funding and few accolades, whilst juggling family and other responsibilities. I read her biography in the mid nineties and her story has always inspired me to try and tackle important things even if the end is not in sight.

How do you ensure your research is used in practice and policy settings?

Giving presentations, being involved in committee work and making links with government are some of the ways I try to influence practice and policy. It is actually very difficult to be sure that you have influenced practice and policy and it is something that I find an ongoing challenge.

The new PHC Search Filter: fast, free and easy searching

Simon Patterson & Amanda Carne, PHC RIS

A PHC Search Filter has been developed to provide a quick search strategy for accessing primary health care literature through PubMed.

The PHC Search Filter features:

- ⇒ **Quick & easy access to primary health care literature** using **real-time searches** of the current PubMed database.
- ⇒ **Topic searches** - a collection of search terms for a PHC topic/ concept.
- ⇒ **Easy for all to use with One-Click** or **Build-Your-Own** topic searches.
- ⇒ **Refine** your search options: RCTs and/or Systematic Reviews, Free Full Text, Australia only.
- ⇒ **Developed objectively, tested** and **validated**.

The PHC Search Filter was created from a joint project by Flinders Filters Team[1] and the Primary Health Research and Information Service (PHC RIS), using a research based methodology by Damarell et al.[2] Established and validated by an Expert Advisory Group, the PHC Search Filter was developed by analysing and evaluating relevant MeSH and textword terms against a 'gold standard set' (determined from Australian Primary Health Care Research Institute (APHCRI) systematic reviews, and reviewed for relevance to primary health care). Many MeSH and textwords were tested and had to meet the criteria of: central to primary health care concept; ability to retrieve relevant results; and ability to add unique citations to results. Terms were rejected if they were too general, retrieved too many irrelevant results, or retrieved citations from other health care contexts. The gold standard set recalled 79% of relevant PHC citations. The PHC Search Filter's relevance outside the gold standard set was also tested.

Two two-member teams of the Expert Advisory Group dually reviewed 250 citations each for relevance to primary health care. The disagreements and uncertainties were sent to a fifth reviewer; resulting in a post-hoc precision estimate of 88% (ie. 88% of citations were deemed relevant to primary health care).

Currently the PHC Search Filter has 12 topic searches: Chronic disease management; Continuity of patient care; Coronary heart disease; Diabetes; General practitioners; Health services accessibility; Heart failure; Indigenous health; Mental illness/ health; Palliative care; Patient experience; and Rural and remote health – or you can Build-Your-Own topic search.

The efficiency of the PHC Search Filter is subject to the quality of titles, abstracts and MeSH terms in the PubMed database, and building your own search relies on some knowledge of searching processes for best results. While there is no such thing as a perfect search, the PHC Search Filter is an efficient and effective real-time search of a large bibliographic database - just for you.

View the PHC Search Filter on the PHC RIS website <www.phcris.org.au/phcsearchfilter>

References

1 www.flinders.edu.au/clinical-change/research/search-filters.cfm

2 Damarell et al. (2001). Development of a heart failure filter for Medline: an objective approach using evidence-based clinical practice guidelines as an

ROAR update: An Overview of 2011

Kelly Binelli, PHC RIS

The *Roadmap Of Australian primary health care Research* (ROAR) is a searchable web-based interface for finding projects and experts involved in primary health care research.

In 2011 ROAR had over 2 700 researcher (individual) profiles, over 1 000 research projects, and more than 300 organisations. Over 62 000 people visited ROAR pages.

Approximately 18% of the total traffic on the PHC RIS website visited ROAR pages, and over 37% of the visitors to the ROAR Profiles index page entered at this page <www.phcris.org.au/roar/profiles>

ROAR pages experience a high rate of return visitors with approximately 58% of visitors to individual ROAR Projects returning on at least one other occasion and visitors viewing ROAR Organisations returning over 50% of the time.

Forty five new projects were added together with 268 research activities. Twenty two new research funding opportunities were added including ongoing funding opportunities, fellowships, scholarships, grants and tenders. Altogether, 110 Research Funding Opportunities were listed in ROAR during 2011.

my PHC RIS – BE IN CONTROL

ROAR Researchers are encouraged to maintain their Profiles by using the *my PHC RIS* portal. *my PHC RIS* allows users to create, edit and manage their own ROAR data.

In 2011, over 500 individuals accessed *my PHCRIS* to make changes to their contact details, update their subscriptions to PHC RIS mailing lists and add or update projects or research activities.

Visit the *my PHC RIS* homepage to request an account or login at <www.phcris.org.au/myphcris/>

If you want to know more about ROAR or *my PHC RIS*, contact the ROAR Coordinator at E: roar@phcris.org.au

Innovative health informatics in primary care

Paul Macdonald,
South Eastern Melbourne Medicare Local

The current health reform process places greater focus and importance than ever before on the primary care sector. The reforms aim to increase the quality and efficiency of the primary care sector and to deliver integrated systems and services across sectors and disciplines.

The Health Informatics Society of Australia (HISA) is in the process of establishing a Primary Care Special Interest Group (PC SIG) which aims to identify existing excellence and innovation in informatics within the primary care sector. This is a starting point for identifying the opportunities to bring the sector to a level of informatics maturity that can enable the unhindered transfer of health information, and increase the capacity for participation by these disciplines in local, state, and national initiatives.

The aspirations described above will be underpinned by a highly skilled informatics workforce, well versed in the challenges faced across the primary care sector; a workforce that informs the development, ratification and implementation of standards, supported by a professional association (HISA) well positioned to enhance these endeavours through targeted advocacy to influence policy as required. The PC SIG will endeavour to build and sustain this capacity on behalf of its members and the primary care sector in general.

This health informatics group will focus on collaboration, inclusive of allied health professionals, general practitioners, medical specialists, practice nurses, community and district nurses, pharmacy, community health workers, aboriginal health workers, practice managers, vendors, and health informaticians. These all have a commitment to advancing informatics and eHealth maturity in a sector that is multi-faceted and striving to achieve together, systematically integrated continuity of care. Its success will be measured by your participation.

HISA welcomes membership and contributions from anyone with an interest in the field, regardless of your geographic location or profession. To express interest in participating in the PC SIG go to:
<www.hisa.org.au/members/group.aspx?id=85337>
or email: hisa@hisa.org.au

Partnerships and opportunities for Perth South Coastal Medicare Local

Janet West,
Perth South Coastal Medicare Local

The Perth South Coastal Medicare Local (PSCML) region spans 4 804 km^2 and encompasses the Local Government Areas (LGAs) of Rockingham, Kwinana, Mandurah, Murray and Waroona. Rockingham, Kwinana and Mandurah represent an outer metropolitan, coastal strip, growth area, housing 91% of the PSCML population. The remaining 9% reside in the inner region Shires of Murray and Waroona.

With the population tipped to increase from 223 000 to around 300 000 by 2020, and the state in the grip of a mining boom, we receive ongoing anecdotal feedback about the impact of Fly-In-Fly-Out (FIFO) employment models on the health and wellbeing of our population.

The PSCML is currently working in partnership with Curtin University to access a Linkage with Business Grant to conduct exploratory research on the impact of FIFO on people, families, health and wellbeing.

We hear a lot about FIFO from our primary health care practitioners, but we need to take this phenomenon from anecdotal to actual. We suspect that the FIFO lifestyle affects many aspects in a person's life but through this partnership with Curtin, we have an opportunity to investigate an issue and to introduce new evidence around this issue.

The national objectives for Medicare Locals and the establishment of Perth South Coastal Medicare Local have given us the capacity to develop meaningful partnerships and build on opportunities to impact health policy, investigate local problems and facilitate integrated primary health care models to tackle these issues.

medicare local
PERTH SOUTH COASTAL
Connecting health to meet local needs

We look forward to further opportunities in the future as the Perth South Coastal Medicare Local gets traction.

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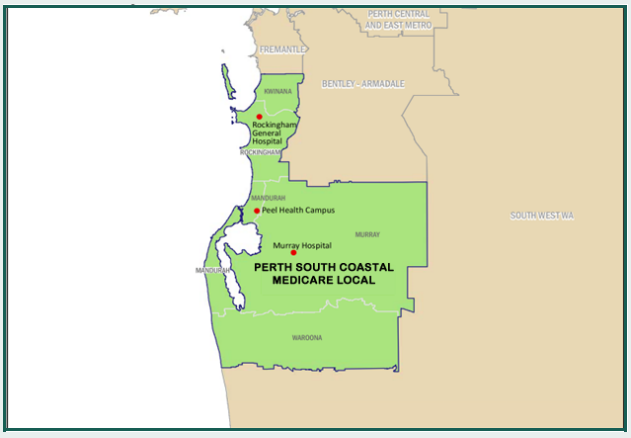

Source: www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/content/MediLocProfile_Rock_kwin

The USA's Affordable Care Act: lessons for Australia?

Dr Emil Djakic, Chair, Australian General Practice Network

Current media hype aside, President Obama's Affordable Care Act <www.whitehouse.gov/healthreform/healthcare-overview> offers some interesting insight into his ambitious health agenda. At a time of extensive health reform activity across the globe, Australia could gain from observing and analysing what the US is trying to achieve.

Of particular interest are the proposed Accountable Care Organizations (ACO), <www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ACO/> which share some common characteristics with Australia's Medicare Locals. Both will be networks of 'meso' level organisations; have strong clinical leadership; be responsible for a designated population; and must have a strong emphasis on prevention and community-based care.

An additional feature of ACOs however is their proposed shared savings incentive scheme whereby groups or networks of multidisciplinary, multi-sectoral health professionals comprising the ACOs will share in the savings generated from delivering more efficient, effective and appropriate care. These savings provide ACOs with clear financial incentives - and a mutual accountability - to jointly plan and deliver increased preventative services, better coordinate care and make better use of primary care settings.

The Centre for Medicare and Medicaid Services project using the ACO model will lead to a median saving of $470 million for 2012-15, and if Kaiser Permanente and HealthCare Partners - two apparent prototypes of this model - are anything to go by, then expectations of greater efficiencies and improved health outcomes are by no means far-fetched.

Is this type of approach one that would be useful in Australia?

The opportunity to answer this question and to observe, share and learn from international colleagues will be available through the World Health Care Networks (WHCN) July 2012 Conference. Keynote speakers include Mr Hal Wolf, Senior Vice President and Chief Operating Officer, Kaiser Permanente. Given the international health reform climate, this is an occasion not to be missed.

For more information on the Conference see <http://whcnetworks.com/>

ALLIED HEALTH: A LARGE COMPONENT OF THE PRIMARY HEALTH CARE SECTOR

Careers of mature Allied Health Professionals under the spotlight

Denise Jepsen, Macquarie University

Although more than 70 000 allied health workers play a key role in our health systems, their career stories are rarely heard. We report the voices of 106 mature, experienced allied health professionals (AHPs) discussing their careers, choices and options. We listened to professional associations' representatives, health service executives and private sector employers charged with nurturing and supporting AHPs through their careers. We listened to specialist health industry recruiters who meet AHPs at their career turning points. A total of 126 interviews (30% regional) from Cairns to Warrnambool informed this study. The five occupations – hospital pharmacists, occupational therapists, physiotherapists, radiographers and social workers – were selected for their impact on the health system.

The most consistent message we received was AHPs' need to be recognised for their day to day workplace contribution and achievements. The thank yous from patients, families, colleagues and managers go a long way towards sustaining their participation in the health workforce. This low-cost retention strategy is easily implemented and greatly valued.

We suggest AHPs are justified in feeling neglected in their professional and career development within the workplace, especially compared with the private sector. Many did not participate in traditional human resources practices such as performance review, career planning or goal setting meetings, or exit interviews when they leave.

Many AHPs 'fall between the cracks' of their professional association and their employer. It would be wrong for employers to assume the professional development needs of their AHPs are being met by the professional associations. AHPs who are not members of their association seem most at risk of leaving the profession. Professional associations may need further funding to be able to support their members.

The full report is available from the first author, Denise Jepsen.

Reference: Jepsen D, O'Neill M, Craig J. (2011) *Tackling the Allied Health Worker Crisis: A Multiple Stakeholder Perspective on Career Attitudes and Longevity: Preliminary Results*, Macquarie University. ISBN: 978-1-74138-376-8

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WebsiteWatch: Allied Health Associations

Kylie Dixon, PHC RIS

According to the **Allied Health Professions Australia** website, Australia has more than 90 000 allied health professionals, representing 20% of the country's healthcare workforce. Together with doctors and nurses, allied health professionals are regarded as the third pillar of health care providers in Australia. **<www.ahpa.com.au/>**

There are a growing number of associations that form peak bodies for some of these allied health professionals groups that offer information and resources for the public as well as support and access to a range of resources for their members. This article will showcase just three of these association websites.

Australian Psychological Society

<www.psychology.org.au>

The Australian Psychological Society (APS) is the peak body for psychologists in Australia. They represent over 20 000 members and are committed to advancing psychology as a discipline and profession.

The APS website contains a number of resources for three stakeholder groups; Practitioners, Academics and Community. They have an extensive range of publications which includes position statements, review papers, newsletters and tip sheets about a range of psychological issues. Their website also features a searchable events calendar for continuing professional development (CPD) activities and other events organised by the APS, for its members and member groups, and other organisations with an interest in psychology and psychological issues.

Speech Pathology Australia

<www.speechpathologyaustralia.org.au/>

Speech Pathology Australia (SPA) is the national peak body for the speech pathology profession in Australia. The Association represents almost 5 000 members and strives for excellence and recognition for the profession, as well as representing the interests of members and their clients with communication and swallowing difficulties.

SPA's website contains comprehensive position statements, links to current research and information for referring professionals and the public. The website also has up-to-date news and information about public awareness campaigns, as well as issues facing speech pathologists and consumers of speech pathology services. One of the most valuable tools is the Find A Speech Pathologist search function, allowing a speech pathologist to be located using postcode, practice type, clinical population or area of special interest.

Dietitians Association of Australia

<http://daa.asn.au >

The Dietitians Association of Australia (DAA) is the peak body of dietetic and nutrition professionals. DAA represents 4 800 members and provides strategic leadership in food and nutrition through empowerment, advocacy, education, accreditation and communication.

The DAA website has a number of professional and consumer resources available to both DAA members and the public. Smart Eating For You is the consumer section of the website.

(Continued on page 12)

Allied Health: Strengthening Health Outcomes

ALLIED HEALTH PROFESSIONS AUSTRALIA NATIONAL CONFERENCE

Canberra, 1-3 April 2012
Attended by Christina Hagger, Petra Bywood, Rachel Katterl & Olga Anikeeva, PHC RIS

How can allied health contribute to health reform? This was a major emphasis of the 2012 National Allied Health Conference.

The Conference was officially opened by Andrew Leigh MP, representing the Hon Tanya Plibersek, Minister for Health. He spoke highly of the integral role provided by allied health care and the opportunities for practitioners to collaborate with Medicare Locals as part of health reform. The critical importance of collaboration was underscored in his recounting of the story of the effective teamwork demonstrated by the entire crew in the successful ditching of US Airways Flight 1549 in New York's Hudson River after a bird strike.

Medicare Locals are designed as vehicles of change in a 10 year vision of primary health care reform. Reform offers opportunities, the structural elements are now in place and the policy window is open for allied health to be engaged and influence the pattern of health reform. Professor Lyn Littlefield, of the Allied Health Professions of Australia, spoke of the associated need to build capacity and develop leadership in allied health care.

A strong keynote address by Robert Fitzgerald, AM from the Productivity Commission highlighted the increasing importance of a reshaped policy focus on community wellbeing. He challenged delegates to consider how they can enhance the impact of allied health on the wellbeing of both clients and communities. He acknowledged that this requires a rethink, particularly with current community perceptions tending towards a reliance on a medical oriented system. Nonetheless, there is scope for a new model of collaboration – one which sees effective partnerships between allied health and general practice.

Presentations from the Conference will be available mid June at: <www.ahpa.com.au/Conference.aspx>

Patient Journey Mapping Tools to improve country Aboriginal people's journeys

Janet Kelly & Judith Dwyer,
Flinders Health Care Management,
Flinders University

It is well known that the journeys of Aboriginal people who travel from rural and remote health services to city hospitals for health care are often very complex. The Managing Two Worlds Together (MTWT) team have explored barriers and enablers of patient journeys from the perspective of the patient/client, their carer/family and health care providers. Patient journey mapping tools have now been developed to highlight specific gaps, the responses of wards and units, and strategies for improving continuity of care. The team is now working with health staff in city and country sites to utilise, and where necessary adapt, the tools for local use.

The use of the tools begins with one or more actual patient journeys. The whole person entering the journey is recognised by consideration of five dimensions of health: physical, psychological, social wellbeing, spiritual and cultural integrity. Next the journey is analysed in terms of the underlying factors that affect access and quality of care for country Aboriginal people (and other groups). These may include location, burden of illness, language, financial resources and being an Aboriginal person in a mainstream system. Finally the perspectives of the patient, family/carer and health care providers are brought together to map the journey chronologically, highlighting patient and health service priorities, and service gaps and responses.

Health staff in a diverse range of locations are finding the patient journey mapping tools useful and adaptable to their specific situation and challenges. Country and city GPs and divisions, Aboriginal and mainstream community health staff, hospital wards and units, and health educators are planning to use the tools for problem solving, auditing, staff in-service and education. The tools can also be adapted for other client/patient groups.

Copies of *Patient Journey Mapping Tools* are available on the MTWT website <www.flinders.edu.au/medicine/sites/health-care-management/mtwt/>

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P: 08 8201 7765

ReportWatch: Should healthcare organisations use social media?

Olga Anikeeva, PHC RIS

This report from the Computer Sciences Corporation provides an overview of social media technology followed by a discussion of the way in which American healthcare organisations currently use social media, the risks and barriers to successfully adopting this technology and a set of recommendations to help organisations use social media effectively.

The report argues that social media can be used to accomplish a range of healthcare goals, including enhanced communication between stakeholders, efficient information sharing, improvements in clinical outcomes and rapid innovation. The use of tools such as social networking websites, microblogging sites, media sharing platforms and Wikis can lead to improved consumer relations, health professional education and collaboration, population and patient monitoring and greater research collaboration.

The report provides numerous examples of providers, patients and organisations that have benefited from adopting social media technology. Some organisations have turned to social media to enhance their communication and marketing strategies, while others have reported using social media to improve their recruitment processes. The importance of social media in health education is highlighted, with tools such as YouTube, Facebook and Twitter being used to make health information more accessible to consumers. Similarly, social media has been used to enhance health professional education and collaboration through the use of Twitter journal clubs and professional networking sites.

The authors conclude that social media can be used to influence consumers and accomplish strategic business and research goals. Healthcare organisations cannot afford to take a 'wait-and-see' approach, but need to be actively involved in the social media revolution. In order to achieve the best outcomes from the use of these technologies, organisations need to develop a social media policy, focus on consumers and keep content accurate and current through frequent updates.

This report can be accessed from the CSC website: <http://www.csc.com/health_services/insights/80626-should_healthcare_organizations_use_social_media>

Reference: Computer Sciences Corporation. (2012). *Should healthcare organisations use social media?* Falls Church: CSC

APHCRI Update: National Centre for Geographic & Resource Analysis in Primary Health Care

Robert Wells, Director

The National Centre for Geographic and Resource Analysis in Primary Health Care (GRAPHC) was established at the Australian Primary Health Care Research Institute in November 2011.

GRAPHC uses geographic information systems (GIS) technology to analyse and interpret data on primary health care resource and service allocation, and to develop an evidence base to inform locally relevant and equitable solutions for improving primary health care.

GRAPHC is currently undertaking three key research objectives. The first objective is to develop GIS technology and its applications in the primary health care sector. As such, GRAPHC is collaborating with the Robert Graham Center in Washington, DC, to develop a health mapping tool, HealthLandscape Australia. This free, web-based tool is the first of its kind to map Australian health care resources nationally and to offer an interactive user experience.

The second objective is to conduct a joint research project with the University of Western Sydney to analyse GP patient catchment areas using the 45 and Up Study and Medicare data. This study will address key policy issues of access, equity and workforce.

The third objective is a joint research project with Regional Health Atlas to identify areas where diabetes is under-diagnosed in the Lefevre Peninsula in Adelaide. This study will examine the use of micro-level clinical data for understanding primary health care need, access and health outcomes.

GRAPHC's research methods will focus on the use of GIS technology, including location data, spatial analytic methodologies and mapping tools such as HealthLandscape Australia. GRAPHC's vision is to improve equity and access to primary health care services by applying an innovative, geographic approach to primary health care research, and by facilitating collaboration between the community, health care service providers, researchers, and policy advisers.

The HealthLandscape Australia tool is now available at <aphcri.anu.edu.au>

PHCRED Strategy: Centres of Research Excellence

CENTRE OF RESEARCH EXCELLENCE IN PRIMARY HEALTH CARE MICROSYSTEMS

Dr Lisa Crossland,
Post-doctoral Research Fellow

The APHCRI CRE Stream One research aims to investigate the quality, governance, and sustainability of a share-care maternity record delivered within an eHealth framework across the continuum of clinical microsystems. I joined the Stream One team in March 2012 as a post-doctoral fellow in Clinical Microsystems research. A clinical microsystem is the building block of health care (such as a general practice or primary care clinic), joining with other microsystems to create the continuum of care. The clinical microsystem approach uses the Microsystem Assessment Tool (MAT), developed from the ten success characteristics that have been identified in practices that provide high quality, cost efficient care. It can be used by microsystem members to evaluate their own front line unit. The project researcher will come to your practice to assist staff in completing the MAT.

My fellowship has two main aims, firstly to apply and evaluate the clinical microsystem approach in maternity shared care general practices, community midwifery clinics and the Brisbane Mater Mothers' Hospital (MMH) antenatal clinic by using the Microsystem Assessment Tool (MAT); and secondly to further develop the MAT as a quality improvement tool for greater use in Australian general practice based on feedback from participating practices. The study will seek to answer three key questions:

1. Does using the MAT facilitate improvements in the functioning of maternity share-care practices?
2. Does using a microsystem assessment tool assist in improving the integration of an electronic maternity record model?
3. Is the MAT a useful quality improvement tool for use in Australian general practice?

The methodology will use a two phase approach. Phase 1 will be a pilot study of the MAT and the associated facilitation process. Phase 2 will be the application of the MAT with broader study participants. This phase involves clinical microsystems (general practices) engaging in a Plan-Do-Study -Act (PDSA) cycle utilising the MAT for which they earn 40 Category 1 CPD points. The process will include feedback from participants on the acceptability, appropriateness and efficacy of the MAT. Participants will be the staff working at the approximately 120 aligned general practices participating in the MMH share-care initiative. Staff may include but are not limited to: general practitioners, nurse practitioners, receptionists, practice managers, and allied health practitioners.

The microsystem approach and the use of the MAT will assess the functioning of general practices involved in the MMH share-care with an aim of improving the functioning of each practice. The project will also validate the use of MAT in Australian general practice with an aim of improving the tool for greater use in quality improvement of general practice. We look forward to sharing these results with you in the future.

CRE In Primary Health Care Microsystems
APHCRI CENTRE OF RESEARCH EXCELLENCE

Upcoming events

Upcoming event?
Add it to PHC RIS' Events diary
phcris@flinders.edu.au

18-20 Jul 2012, Canberra ACT
2012 PHC RESEARCH CONFERENCE
Inform, influence, implement: Research improving policy and practice
E: phcris@flinders.edu.au
Web: www.phcris.org.au/conference/2012

26-28 Jul 2012, Cairns QLD
WHCN CONFERENCE 2012
Health Care Networks: Leading, Linking, Innovating, Transforming
E: ldelucia@agpn.com.au
Web: http://whcnetworks.com/

1-4 Aug 2012, Mt Isa QLD
2012 *Are you remotely interested... in Prevention - building a culture of safety*
E: micrrh-conferences@jcu.edu.au
Web: www.micrrh.jcu.edu.au/

27-31 Aug 2012, Adelaide SA
AES 2012
Evaluation in a changing world
E: aes2012@arinex.com.au
Web: www.aes2012.com.au/

27-28 Aug 2012, Singapore
GHC2012
Global healthcare
E: info@globalhc-conf.org
Web: http://globalhc-conf.org/

29 Aug-1 Sep 2012, Mandurah WA
COMMUNITY HEALTH NURSES NATIONAL CONFERENCE
From Little Things Big Things Grow
E: bonnie@peppermint.com.au
Web: www.chnwa.org.au

3-4 Sep 2012, Gothenburg SWEDEN
THE FUTURE OF PHC IN EUROPE IV
Crossing borders in primary care
E: info@euprimarycare.org
Web: www.euprimarycare.org/

3-5 Sep 2012, Cairns QLD
CONFERENCE ON S&Q IN HEALTH CARE
Hot Topics from the Tropics
E: conference@aaqhc.org.au
Web: www.aaqhc.org.au

10-12 Sep 2012, Adelaide SA
POPULATION HEALTH CONGRESS 2012
Population health in a changing world
E: congress2012@confco.com.au
Web: www.conferenceco.com.au/pophealth/

13-14 Sep 2012, Melbourne VIC
WORKING TOWARDS INTEGRATED CDM
Chronic Disease Management
E: h.sinnott@alfred.org.au
Web: www.adma.org.au

16-19 Sep 2012, Vancouver CANADA
PRIORITIES 2012
Partnerships for Improving Health Systems
E: priorities2012@buksa.com
Web: www.priorities2012.com/

20-23 Sep 2012, Launceston TAS
2012 SARRAH CONFERENCE
Rural and remote practice: Totally Wild
E: info@cdesign.com.au
Web: www.sarrah.org.au/

20-21 Sep 2012, Darwin NT
CHRONIC DISEASES NETWORK 2012
Promoting Healthy Childhood – preventing Chronic Conditions
E: Liza.shaw@nt.gov.au
Web: www.cdnconference.com.au

3-4 Oct 2012, Glasgow SCOTLAND
41ST SAPC ANNUAL SCIENTIFIC MEETING
Celebrating difference
E: office@sapc.ac.uk
Web: www.sapc.ac.uk/index.php/conference2012

10-13 Oct 2012, Hobart TAS
CONFERENCE FOR EMERGENCY NURSES
New Frontiers in Emergency Nursing: using emerging technologies, showcasing innovative ideas and leading change
E: info@cdesign.com.au
Web: www.cdesign.com.au/cena2012/

16-19 Oct 2012, Brisbane QLD
AAPM 2012
Surfing the waves of change
E: kayla@cdesign.com.au
Web: www.cdesign.com.au/aapm2012/

17-19 Oct 2012, Perth WA
RCNA COMMUNITY AND PHC NURSING CONFERENCE 2012
E: events@rcna.org.au
Web: www.rcna.org.au/

25-27 Oct 2012, Gold Coast QLD
GP12
The Conference for General Practice
E: events@racgp.org.au
Web: www.racgp.org.au/events

26-28 Oct 2012, Fremantle WA
RURAL MEDICINE AUSTRALIA 2012
Demonstating the diversity
E: m.bryan@acrrm.org.au
Web: www.acrrm.com.au/

5-7 Nov 2012, Wagga Wagga NSW
NSW RURAL AND REMOTE HEALTH CONGRESS 2012
T.E.A.M Rural - Forging Ahead
E: isabella@hotelnetwork.com.au
Web: www.hotelnetwork.com.au/conferences/Conferences/rural_health

7-10 Nov 2012, Adelaide SA
AGPN NATIONAL FORUM
Web: www.gpnetworkforum.com.au/

19-21 Nov 2012, Adelaide SA
RURAL & REMOTE MENTAL HEALTH
Putting People First
E: ruralhealth@anzmh.asn.au
Web: http://anzmh.asn.au/rrmh

1-5 Dec 2012, New Orleans, USA
40TH NAPCRG ANNUAL MEETING
Web: www.napcrg.org/index.cfm

5-7 Dec 2012, Gold Coast QLD
2012 NATIONAL INDIGENOUS HEALTH CONFERENCE
Many pathways, one outcome
E: sosmedical@ymail.com
Web: www.indigenoushealth.net/

10-11 Dec 2012, Melbourne VIC
PALLIATIVE CARE NURSES AUSTRALIA CONFERENCE
enabling, enriching, transforming
E: conference2012@pcna.org.au
Web: www.pcna.org.au/conference

13-14 Mar 2013, Edinburgh SCOTLAND
CONFERENCE ON COMMUNITY HEALTH NURSING RESEARCH
Transforming Community Health: the Nursing Impact
E: l.marshall@ed.ac.uk
Web: www.crfr.ac.uk/events/icchnr/

(Continued from page 9)

Content includes recipes, nutrition information from 'A-Z', quiz questions, tips, frequently asked questions, a healthy eating assessment, a virtual supermarket tour and an e-newsletter.

The Health Professional section has an array of resources and publications including information about the Nutrition & Dietetics Journal, and DAA position statements, endorsed practice guidelines and much more.

To find other peak body associations for Allied Health Professionals visit the PHC RIS website.

<www.phcris.org.au/organisation/search.php?orgType=stk_66>

Primary Health Care Research & Information Service

Flinders University

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