

## Selected research from the 10th Health Services Research Association “Shifting priorities: balancing acute and primary care services”

Editorial team

Robinson S.<sup>1</sup>, McMillan S.S.<sup>2</sup>, Song H.J.<sup>3</sup>, Dalziel K.<sup>4</sup>, Hall, L.<sup>5</sup>, Morton R.L.<sup>6</sup>, Percival N.<sup>7</sup>, Wilkinson-Meyers L.<sup>8</sup>

- (1) Health Systems and Health Economics, Curtin University.
- (2) School of Pharmacy and Pharmacology, Griffith University.
- (3) Centre for Primary Health Care and Equity, University of New South Wales.
- (4) Health Economics Unit, Centre for Health Policy, Melbourne University.
- (5) School of Public Health, University of Queensland.
- (6) NHMRC Clinical Trials Centre, Faculty of Medicine and Health, University of Sydney.
- (7) Australian Centre for Public and Population Health Research, Faculty of Health, University of Technology Sydney.
- (8) School of Population Health, University of Auckland.

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The complexity of health care services, systems and changes in disease patterns and the rise of complex chronic disease make the provision of high quality, safe and affordable health care a global challenge. The field of health services research is well-placed to support evidence-based health policy for strengthening health systems by providing decision makers, at all levels of the health system, with timely and implementable evidence in the effective and efficient delivery of health care services and systems.

The definition of health services research is continually evolving; the Academy for Lohr and Steinwachs (2002) note it is:

[T]he multidisciplinary field of scientific investigation that studies how social factors, financing systems, organisational structures and processes, health technologies, and personal behaviours affect access to health care, the quality and cost of health care and ultimately our health and wellbeing. Its research domains are individuals, families, organisations, institutions, communities and populations.

Health services research is an applied rather than “basic” science that draws on theories, knowledge and methods from a range of disciplines including, epidemiology, health economics, medicine, political science, allied health, biostatistics, nursing, psychology and sociology (Institute of Medicine, 1995).

The papers gathered in this special issue of the *Journal of Health Organisation and Management* provide examples of research activity illustrating the spectrum of health services research. These papers are derived from selected presentations from the 10th Health Services Research Association Australia and New Zealand (HSRAANZ) Conference 2017 entitled “Shifting Priorities: Balancing Acute and Primary Care Services”. The conference title was topical given the pressures facing the health system and the increase in chronic diseases requiring a different approach to service provision. In particular, a focus on keeping people out of hospital and well in the community has been given priority by Australia’s peak medical research funding body, with a targeted call for research in this area (NHMRC, 2019).



The conference brought together over 300 scholars and policy makers from across five different countries to share their research experiences and understanding. Papers presented at the conference explored a range of topics relating to health services organisation, structure and delivery, and this diversity is reflected in the papers selected to form this special issue. Our intention was to capture the breadth and depth of health services research, from a variety of perspectives, to illustrate the contribution that health services research can provide to the complex study of health and health systems. The papers also showcased work that demonstrates the broad range of methods employed in health services research. In addition, we also wanted to support early career researchers in publishing their research.

The first paper by Khoo *et al.* report on a study that analysed Australian private health insurers claims data and focussed on exploring the utilisation patterns of privately funded mental health services. The analysis involved both cross-sectional and longitudinal methods. Findings from this study suggest that while claims for mental health related hospital services are small, resource utilisation for mental health claims are higher than claims for other non-mental health reported activity. Whilst the study demonstrates the potential to use insurance claims data to support health planning, it also recognises the challenges and limitations of using a single data source. The authors note that single data sources only provide a partial picture of activity, with patients hospitalised for mental health conditions often accessing a number of services that are not captured by insurance claims data. The study calls for the integration of multiple data sources that provide a more comprehensive picture of health service utilisation.

Littlejohns *et al.* focus on incorporating societal priorities in health care priority setting and decision-making, and reflect on the importance of these priorities to creating sustainable health services. The paper reports the development of the decision-making audit tool (DMAT) to support priority setting in health. The first half of the paper reports the trialling of DMAT in New Zealand, while the latter half provides a synthesis of the evidence relating to current public engagement activity and practical approaches to public involvement.

The paper by Owusu *et al.* focusses on policy development and management of hypertension and diabetes in Ghana. It uses qualitative methodologies to gather information and perspectives from key stakeholder groups, including policy makers, health funders, providers, advocates and patients. Study results demonstrate that policies for managing hypertension and diabetes in Ghana are fairly well established compared to other African countries. However, in order to provide more effective co-ordinated care, more clarity is needed in relation to the process of policy development and implementation. The study findings also highlight that the current focus is largely on clinical management rather than on preventative measures. Evidence from this study will be important in informing future health policy initiatives in Ghana and is of relevance to similar health systems.

Three papers focus on the role of clinicians in health care. Gordon *et al.* presented findings from a study that undertook an evaluation of a nurse navigator programme being implemented in a hospital setting in Queensland. The study used matched controls to assess differences in service utilisation for patients receiving the nurse navigator programme compared to those receiving normal care. Whilst the control and nurse navigator groups were well matched on socioeconomic characteristics, they differed by disease type and number of co-morbidities, with the nurse navigator programme having patients with higher number of co-morbidities. Given these differences, the study concluded that in this instance, the matched case-control approach provides a reasonable but insufficient design to compare the nurse navigator programme with usual care. The authors note that given the rise in the interest and uptake of nurse navigator programs, further evaluation and research is needed to explore impact on patient outcomes.

Officer *et al.* used a realist approach to explore how advanced practitioner development occurs in New Zealand primary health care settings. The paper specifically focusses on mechanisms occurring across policy creation and in practice, leading to successful role development. This research is timely given the interest in the implementation of the advanced

practitioner role. In New Zealand, the introduction of nurse practitioners and pharmacy prescribers was considered a means of improving patient choice of health provider, and for improving access to care especially for vulnerable and disadvantaged groups. This study found three mechanisms that influenced the success of these roles, including engagement in planning and integrating roles, establishing opportunities as part of a well-defined career path, and championing role uptake and work to full scopes of practice. The paper provided novel insights into the process of developing new health programmes within an already established system.

The Young *et al.* paper used qualitative methods to evaluate the Systematised Interdisciplinary Malnutrition Program Implementation (SIMPLE) initiative being implemented across six hospitals in Queensland, Australia. The SIMPLE initiative was developed in response to an urgent need to better manage malnutrition. The aim of this research was to gain a greater understanding of the barriers and enablers to implementing SIMPLE. The study suggests that the key functions of the facilitator role are relational and focus on building trust and understanding. Having a dedicated role with protected time and support was identified as both a barrier and enabler to success. Champions to support facilitators in harnessing trust and support were also found to be an important enabler to success.

The focus of Howell *et al.*'s paper was exploring the effectiveness of research support networks to build research capacity among emergency clinicians. Utilising a case study approach, they demonstrated the effectiveness of research support networks for increasing research capacity, activity, connectivity and capability of front-line clinicians. The implementation of the networks also strengthened engagement with the community, government, industry and academia. The review noted an increase in research activity post-implementation of the network, as well as an increase in collaborations and research activity in rural and remote areas. The study calls for more in-depth analysis of the effectiveness and cost effectiveness of the research support networks.

The final paper by Feo *et al.* uses qualitative methodologies to explore how patients with acute abdominal pain experience fundamental care at presentation and to seek patients' perspectives on the types of health professional behaviours that contribute to positive care experiences. This study was undertaken in a large public hospital in South Australia. Participants reported that health professionals established genuine professional-patient relationships despite the busy care environment, but also perceived this environment as impeding information-provision. Patients were typically accepting of a lack of information, whereas poor professional-patient relationships were seen as inexcusable. The implications of these findings and areas for future research are outlined, such as suggestion on future care delivery for those with acute abdominal pain and explore the translation of these findings across other health service delivery programs.

Looking to the future, the HSRAANZ will be hosting its 2019 conference in Auckland, New Zealand offering another great opportunity to further promote the value of health services research among researchers, policymakers and clinicians. The theme of the conference will be on health inequities and impact on health systems performance. The body of research presented in this issue is a great representation of the depth and breadth of research that is being undertaken across the region and its important contribution to strengthening health systems and improving patient and population health outcomes.

**Suzanne Robinson**

*Department of Health Systems and Health Economics, Curtin University, Perth, Australia*

## References

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