

**AUSTRALIAN PRIMARY HEALTH CARE
RESEARCH INSTITUTE**

THE UNIVERSITY OF MELBOURNE

**OPTIMISING THE CONTEXTUALISATION OF EVIDENCE FOR
PRIMARY HEALTH CARE POLICY MAKING**

**APHCRI LINKAGE & EXCHANGE TRAVELLING FELLOWSHIP
REPORT**

**Stream Four Report: SIREN project: Systems innovation & reviews of
evidence in primary health care: narrative review of innovative models for
comprehensive primary health care delivery**

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CONTEXT

In 2006 the Australian Primary Health Care Research Institute (APHCRI) funded a literature review of innovative models for comprehensive primary health care delivery as part of Stream Four. A key finding was that models develop in differing 'historical and cultural contexts', thus potentially influencing the relevance and use of the review. To facilitate evidence use into policy making APHCRI uses a linkage and exchange model. It is emphasised that policy making should be based on evidence, however, there is less evidence about how to improve the use of evidence by relating it to the context in which it is likely to be used. A research project was conducted as part of a visit to the United Kingdom to identify strategies to optimise the contextualisation of evidence for primary health care policy making.

KEY FINDINGS

- Widely documented contextual factors were reported as influencing the use of evidence in primary health care policy making ranging from: the need for personal relationships, the variable evidence underpinning primary health care; researcher awareness of political ideologies, financial arrangements; policy maker values and beliefs; and the timing of issues and ideas
- The UK has funded initiatives designed to enhance the immediate, medium and longer term use of evidence in: primary health care policy (National Primary Care Research Development Centre); health policy (Department of Health Policy Research Programme; On-call Facility for International Health Care Comparisons); and policy (The UK Foresight Programme)

- In the UK there is a readiness and receptivity to evidence-informed policy making due in part to the Government's investment into reviewing its use of evidence in policy making (Scientific advice, risk and evidence-based policy making, 2006; Capability Reviews of the Department of Health, 2007)
- Literature addressing the research-policy nexus reveal shifts are occurring in terminology from evidence-based to evidence-informed policy making, and approaches to enhancing evidence use in policy making, from a 'two-communities' approach to a 'network' approach
- APHCRI's model of linkage and exchange is contributing to establishing relationships between researchers and policy makers. However, it appears that the model is not sufficiently recognising nor addressing the known contextual factors influencing evidence use in policy making
- APHCRI's model of linkage and exchange appears to still be premised on the 'two communities' theory, thus providing limited opportunity to build interdependent networks of relationships (relational capacity) between policy stakeholders
- APHCRI could further develop its model of linkage and exchange and strategic leadership role by adopting a capacity building framework, which has three domains: learning environment; workforce development and resource infrastructure to optimise the contextualisation of evidence for primary health care policy making

IMPLICATIONS FOR APHCRI'S LINKAGE & EXCHANGE MODEL

To inform the further development of APHCRI's linkage and exchange model, a capacity building framework underpinned by three domains: learning environment; workforce development; and resource infrastructure is suggested as a way to optimise the contextualisation of evidence-informed primary health care policy making.

CO-CREATE LEARNING ENVIRONMENTS ORIENTED TO USING EVIDENCE FOR PRIMARY HEALTH CARE POLICY MAKING

In future APHCRI's linkage and exchange model could have a strategic leadership role in:

- Advocating for the recognition by policy makers of need to build whole-of-person care evidence and not disease oriented evidence to inform primary health care policy making
- Facilitating 'whole-of-government' approaches to clarifying and articulating primary health care relevant policy questions, and commissioning subsequent evidence reviews and syntheses
- Advocating for the commissioning of a review by the Australian Government about its use of evidence in primary health care policy making
- Developing and hosting workshops for policy stakeholder networks that facilitate: psychological safety for all; a commitment to on-going communication; and a commitment to using evidence to inform policy making

FACILITATING OPPORTUNITIES FOR BUILDING & SUSTAINING A WORKFORCE THAT IS ORIENTED TO USING EVIDENCE FOR PRIMARY HEALTH CARE POLICY MAKING

In future APHCRI's linkage and exchange model could have a strategic leadership role in:

- Advocating for using the 1.3.25 approach in conjunction with existing templates, processes and structures that are used within Government by policy makers to develop policy briefs
- Identifying, engaging and working with actors who 'embody the evidence', in mounting arguments (filtering, amplifying, translating) on evidence into policy messages on behalf of researchers
- Developing workshops and events that build the skills, expertise and confidence of primary health care researchers to develop and sustain network of relationships with policy makers
- Hosting workshops between policy networks that provide opportunities to explore, understand and develop a mutual respect for differing beliefs, values, interests, assumptions and positions, and time for interactive discussion about filtering, amplifying, and mounting arguments to inform policy making.

ENCOURAGING FLEXIBLE MODELS OF RESOURCING EVIDENCE INFORMED PRIMARY HEALTH CARE POLICY MAKING

APHCRI's linkage and exchange model could have a strategic leadership role in:

- Advocating for funding mechanisms that support the provision of 'direct infrastructure' funding to research institutions to commission – on call rapid reviews (On-call Facility), investigator driven reviews (NPCRD Centre) and priority driven reviews
- Advocating for the establishment of a Australian Government Department of Health and Ageing 'Policy Research Program' to provide an evidence base for policy making in the Department of Health and Ageing
- Advocating for funding mechanisms that enable the 'placement' of policy makers in research institutions, and researchers in Government policy making settings
- Advocating for the Government to consider providing recurrent block funding (compared to project or topic-specific) to research institutions to be enable institutions and individual researchers to negotiate, plan, conduct reviews and syntheses and knowledge transfer and exchange activities with all policy making stakeholders networks