

Getting Evidence into Policy: Stimulating Debate and Building the Evidence Base

In this special edition of the Journal, we have brought together papers with the aim of contributing to primary health care reform in Australia. The papers will stimulate further debate and increase the evidence base through which policies can be informed.

Does primary health care in Australia need reform? Are there fundamental problems with the health system demanding a reform response? The challenges confronting Australia's health care system over the next decade are real and well documented (Productivity Commission, 2005; Australian Medical Workforce Advisory Committee [AMWAC], 2005). They include the ageing population and longer life expectancies, the increasing prevalence of chronic illness and co-morbidity, heightened consumer expectations, advances in health technologies and shortages in the health workforce.

Both here and overseas, policies have been implemented in primary health care aimed at addressing these challenges. It is not a question of whether the reforms are needed—reforms are already under way. In Australia, the reforms are of an incremental nature. Internationally, it is possible to discern common themes in these reforms. Patient enrolment, enhanced access, multidisciplinary teams, enhanced information technology, and non-fee-for-service physician payments are examples (Wilson, Shortt, & Dorland, 2004).

Does sound evidence underpin these reforms? Or are these policies research evidence free? The existence of common themes per se does not mean that sound research evidence underpins them. Policies are enacted in response to many inputs, and research evidence is just one (Lavis et al., 2005). The research evidence base for health system level interventions is often scant, and what evidence exists is often derived in very specific health system contexts. Findings from one context may not easily translate to another. Health systems are dynamic and factors outside the control of health service researchers continually impact on research activities. Controlled trials for system level interventions are difficult.

Through this edition of the Journal, we seek to bring research activities and evidence to bear on policy processes in three different ways:

Through increased public discussion and debate

The four "Forum" papers raise important issues and questions for further debate and discussion. Through such discussions, new ideas or new uses of older ideas potentially make their way into policy debate and provide new ways of considering the challenges. Definitive answers are not provided, but important questions are posed and some key issues related to those questions systematically addressed. How could multidisciplinary teams work in Australian general practice? Are we losing sight of comprehensive primary health care in building a system that focuses on the management of the health needs of presenting individuals? Where are we up to with health literacy in Australia? What does a population health approach mean for nurses working in primary health care? These are the overarching questions addressed in the four papers.

Through the use of systematic reviews to bring together what is known about particular topics

The systematic review papers bring together what is known about five different reform-relevant primary health care topics, synthesising this knowledge and reflecting on what this information means in the context of Australia's health system. Four of these papers arise from work commissioned by the Australian Primary Health Care Research Institute (APHCRI) in Stream Four of its research program (http://www.anu.edu.au/aphcri/Spokes_Research_Program/Stream_Four.php). APHCRI has a particular focus on the nexus between research evidence and policy, so the publication of these reviews in this edition of the Journal is apt. Cogent arguments have been advanced for the use of systematic reviews to inform policy, and there is an emerging science of systematic review methods appropriate for the types of literature relevant to policy questions (Lavis, Posada et al., 2004; Lavis, Davies et al., 2005). The five systematic reviews bring together and synthesise evidence on reform-relevant topics including funding, primary care organisations, integration, coordination and multidisciplinary care, prevention of childhood

obesity and access, and propose policy options for consideration in the Australian context.

Through reporting the outcomes of specific Australian primary research

The final group of four papers presents findings from specific pieces of primary research work or project evaluations. These contributions are reports of research activities undertaken in very specific Australian health system contexts. Because the Australian health system has many commonalities in the different states and territories,

the presentation of this context-specific information provides opportunity for learnings to be shared.

There are no magic bullets to solve these challenges. Research does have an important contribution to make to policy development. Our hope is that this collection of papers does stimulate debate and contribute to the development of primary health care policies in Australia that lead to improved access, effectiveness, efficiency, quality and safety across the health system.

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Guest Editors

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