discussion

Priorities for research in the area of primary health care

How relevant are recently completed General Practice Evaluation Program projects?

Barbara Beacham, Libby Kalucy, Belinda Lowcay

Barbara Beacham, BSocSc, is a research officer, Primary Health Care Research and Information Service, Department of General Practice, Flinders University, South Australia.
Libby Kalucy, MSc, DipEd, is Manager and Co-Director, Primary Health Care Research and Information Service, Department of General Practice, Flinders University, South Australia.
Belinda Lowcay, BBehavSc, is a research officer, Primary Health Care Research and Information Service, Department of General Practice, Flinders University, South Australia.

INTRODUCTION Seven priority areas were recently identified for research into primary health care. We report on the relevance of research funded under the previous General Practice Evaluation Program (GPEP) to the areas identified.
METHOD We analysed reports of 52 projects completed between January 1999 and September 2001.
RESULTS Projects related to the priority areas as follows: quality of care (n=20, 38%), evidence based practice (n=11, 21%), models of organisation and care delivery (n=9, 17%), integration (n=8, 15%), economic issues (n=3, 6%), prevention and health promotion (n=1, 2%) and health inequalities (n=4, 8%). Thirty-two projects (57%) have implications for further research in quality of care, models of organisation and care delivery, integration, economic issues, and prevention and health promotion.
CONCLUSION Completed GPEP projects have relevance to the identified priority areas. They provide information to support research applications in the primary health care area funded through the National Health and Medical Research Council, and identify areas for further research.

The General Practice Evaluation Program (GPEP) was established in 1990 as part of the Commonwealth General Practice Strategy to research and evaluate changes in Australian general practice, and to determine the effects of these changes on the quality and economic efficiency of the Australian health care system.[1] The GPEP program funded 248 projects between 1990 and 1999, representing an investment of over $13 million.[2] Research under GPEP included clinical trials of community based programs to control chronic diseases, the development of clinical guidelines and practice organisation models for general practitioners, examination of issues concerning specific communities (such as rural and non-English speaking background consumers), evaluation of vocational registration, examination of occupational stress on GPs, and ways of improving standards of care in general practice.[3] Those involved included GPs, nonclinical researchers (epidemiologists, statisticians, social scientists and health economists) and consumer groups.[3]

Final project reports augment published general practice research, which has increased five-fold during the past decade.[4] The GPEP collection is accessed through online searchable databases (http://www.phcris.org.au), maintained by the Primary Health Care Research and Information Service (PHCRIS) (formerly the National Information Service) based at the Department of General Practice, Flinders University, Adelaide, South Australia.

In 2000, GPEP was succeeded by the Commonwealth Department of Health and Aged Care (now Department of Health and Aging [DoHA]), Primary Health Care Research, Evaluation and Development strategy (PHCRED) which supports a program of priority driven research in the area of primary health care.[5] Seven priority areas were identified in early 2001 through a comprehensive consultation process commissioned by DoHA.[6] These priorities were endorsed by the General Practice Partnership Advisory Council in August 2001. The seven areas are:

Table 1. PHCRED priority areas and main area of research interest of GPEP projects (n=52)

Priority area researched as main area of interest	Projects N	GPEP project numbers*
Quality of care	20	243, 354, 396, 496, 548, 563, 582, 584, 590, 605, 620, 628, 645, 674, 712, 721, 750, 761, 777, 833
Evidence based practice	11	543, 622, 661, 672, 705, 720, 728, 740, 756, 766, 774
Models of organisation and delivery of care	9	499, 504, 526, 560, 571, 612, 724, 757, 783
Integration	8	449, 531, 535, 536, 654, 685, 773, 779
Economic issues relating to optimal use of resources	3	537, 549, 711
Illness prevention and health promotion	1	467
Health inequalities and the determinants of health	–	
Total	**52**	

*Information about all 248 GPEP projects is available online through the databases located at the PHCRIS website: www.phcris.org.au

- evidence based practice
- quality of care
- models of organisation and delivery of primary health care
- integration
- economic issues relating to optimal use of resources
- health inequalities and the determinants of health, and
- illness prevention and health promotion.

Priority populations were rural and remote populations, Aboriginal and Torres Strait Islander communities, and people who are disadvantaged or 'hard to reach' due to their health, social, economic or environmental factors. These priorities are intended as a guide for researchers applying for project grants in primary health care through the National Health and Medical Research Council (NHMRC), as a discussion of research from the GPEP database is required.[7] We examined the relevance of GPEP projects to future research into the priority areas.

Methods

Fifty-two GPEP projects completed between January 1999 and September 2001 are contained on the GPEP database. We examined the final report (provided by the research team) and the project summary (compiled by PHCRIS in consultation with the chief investigator). Data were analysed for key themes (thematic analysis) to determine the relevance to PHCRED priority areas.

A pilot study of 10 GPEP projects completed before January 1999 was conducted by two PHCRIS research officers (Beacham and Lowcay) who also independently performed the main analysis. There was strong agreement between them for 44 of the 52 projects. Interpretation of the final eight projects was adjudicated (Kalucy). Thematic analysis and categorisation of report content was performed.

Results

Research most frequently related to the priority areas of quality of care, evidence based practice, models of organisation and delivery of care and integration (*Table 1*). Although health inequalities and the determinants of health was not a main area of interest, it was associated with four projects focussed on quality of care, evidence based practice and economic issues (*Table 2*).

The research of 28 projects (54%) related to two priority areas, and nine (17%) projects related to three priority areas. Projects relevant to quality of care, evidence based practice, models of organisation and delivery of care, integration or economic issues were more likely to extend to additional priority areas (*Table 2*).

Projects in the study also had implications for several fields of activity: further research, policy, practice, and education and training. Forty-five percent had implications for more than one field, 57% for further research, 45% for practice, 39% for policy, and 16% had implications for education and training (*Table 3*).

Discussion and conclusions

Recently identified PHCRED priority areas represent an expanded, rather than completely new, research agenda for primary care. Research projects conducted under the previous GPEP research program have high content relevance to the recently identified PHCRED priority areas. Projects provide a strong foundation for future research, evaluation and development particularly in four of the seven identified PHCRED priority areas for quality of care, evidence based practice, models or organisation and delivery of care, and integration. In designing future PHCRED research proposals it will be useful to examine the GPEP databases for the results, designs and methods used by other projects in related priority areas.

Projects also identified areas for further research, particularly in the five priority areas of quality of care, models of organisation and care, integration, economic issues and illness prevention and health promotion.

Although only recently completed

Table 2. Combinations of priority areas in association with GPEP projects

Main area of research interest	Project n=28	Quality	Evidence	Models	Integration	Economic	Prevention	Inequalities
Quality	563			✖				✖
	712			✖	✖			
	721		✖					
	674		✖			✖		
	645		✖	✖				
	750							✖
	833		✖					
	777			✖				
	582			✖				
	584					✖		
	605				✖			
	Project	**Quality**	**Evidence**	**Models**	**Integration**	**Economic**	**Prevention**	**Inequalities**
Evidence	720	✖						
	766					✖		
	740	✖						
	661							✖
	531			✖				
	Project	**Quality**	**Evidence**	**Models**	**Integration**	**Economic**	**Prevention**	**Inequalities**
Models	783	✖			✖			
	757	✖						
	612	✖			✖			
	504	✖			✖			
	Project	**Quality**	**Evidence**	**Models**	**Integration**	**Economic**	**Prevention**	**Inequalities**
Integration	685	✖						
	779	✖						
	536	✖						
	449			✖				
	724	✖	✖					
	Project	**Quality**	**Evidence**	**Models**	**Integration**	**Economic**	**Prevention**	**Inequalities**
Economic	711			✖	✖			
	728	✖						
	705							✖
Total number of projects	**28**	**11**	**5**	**8**	**6**	**3**	**-**	**4**

GPEP projects were examined, other GPEP projects may be relevant to the PHCRED priority areas, particularly projects still in progress (n=40 approximately).

Table 3. Priority areas in association with the fields of activity for which they have implications

Priority area of interest	Field/s of activity for which projects have implications*			
	Further research N	Policy N	Practice N	Education/training N
Quality of care (n=20 projects)	13	7	6	2
Evidence based practice (n=11 projects)	4	5	6	1
Models of organisation and delivery of care (n=9 projects)	6	5	3	2
Integration (n=8 projects)	5	1	5	2
Economic issues (n=3 projects)	2	1	–	–
Illness prevention (n=1 project)	1	1	1	–
Health inequalities (n=4 projects)	1	2	4	2
Overall totals (n=56 projects)	**32 (57%)**	**22 (39%)**	**25 (45%)**	**9 (16%)**

*Some projects have implications for more than one field of activity

Conflict of interest: none declared.

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Implications of this study for general practice

- GPEP research provides a sound footing for the new PHCRED primary health care research agenda based on national research priorities.
- Researchers into primary care need to be aware that the research agenda has expanded since GPEP, to include health inequalities, health promotion and health economics.

Correspondence
Barbara Beacham
Primary Health Care Research and Information Service
Flinders University
GPO Box 2100
Adelaide, SA 5001
Email: barbara.beacham@flinders.edu.au