Studying in Australia’s red centre was a defining period for Dr Paul Burgess, one during which he witnessed situations most Australians never experience or even see.

‘A watershed moment in my life,’ he told Good Practice. ‘I realised there were so many important issues [in Aboriginal and Torres Strait Islander health] that weren’t visible to mainstream Australia.

It was 1995 when, having taken a year away from medical studies to undertake a Bachelor of Medical Science in the Northern Territory’s (NT’s) Alice Springs, Dr Burgess came to the conclusion he wanted to make a difference to the healthcare of Aboriginal and Torres Strait Islander peoples.

Seeing the plight of some of Australia’s most vulnerable patients helped determine his healthcare path.

‘These were populations that were very needy at that time, with few medical staff and resources, and a lack of robust systems of care. I soon realised that to have a larger impact we need to work at scale, at a population-health level,’ he said.

After completing his general practice training in remote medicine, Dr Burgess lived and worked in Aboriginal and Torres Strait Islander communities in the NT’s Arnhem Land. He has now been based in Australia’s top end for the past 16 years, plying his healthcare trade as a GP and as a public health physician.

‘Both roles inform each other, which is critical,’ he said. ‘A GP’s work tends to focus on the person in front of you, and a public health physician focuses at a population level.

‘As public health physicians, we think about interventions or systems at scale that can lead to health improvements for entire populations.’

Dr Burgess is passionate about the importance of working to improve health outcomes for Aboriginal and Torres Strait Islander peoples through recognising broader systems issues and adopting roles outside of clinical practice, like research, governance, policy and strategy, and implementing better systems of care through data-driven healthcare improvement.

‘With Aboriginal [and Torres Strait Islander] health, a lot of the issues are systems issues or population health issues, whether that be housing, education or employment, or accessing things like immunisation programs or programs around diabetes detection and management,’ he said.

‘In the NT, we have a very strong culture of data-driven healthcare improvement and continuous quality improvement initiatives in Aboriginal [and Torres Strait Islander] primary healthcare.

‘We have had some significant achievements, such as adopting a shared electronic health record, which shares health information across the Aboriginal [and Torres Strait Islander] health sector across all providers. We’re also continuing to see better chronic disease outcomes and declines in child mortality for Aboriginal and Torres Strait Islander peoples.’

Perhaps unsurprisingly, Dr Burgess found that these achievements didn’t come about without a lot of hard work from a lot of people.

Harkness Fellowship
The Commonwealth Fund’s Harkness Fellowship in Health Care Policy and Practice is offered to practitioners and academics involved in the healthcare sector.

It provides a rare 12-month opportunity to partake in health policy research with leading US experts.

We’ve worked against some pretty strong head winds of increasing incidence of diabetes and premature cardiovascular disease, and a high turnover of staff,’ he said. ‘We’ve thus had to design, implement and sustain systems that are turnover-proof. That’s been a significant challenge.’

Fellowship year

In 2014, Dr Burgess was selected as the 2014–15 Australian representative for the Commonwealth Fund’s Harkness Fellowship in Health Care Policy and Practice (refer to breakout on page 24 for more information). This Fellowship included a 12-month placement at the MacColl Center for Health Care Innovation in Seattle, in the US.

The year he spent as a Harkness Fellow was an enriching opportunity that Dr Burgess used to further his understanding of public health policy and systems of care. By joining scholars from 12 different nations over the course of a year, Dr Burgess was provided with a first-hand look at how the US healthcare system differs to Australia’s. He then had the opportunity bring some of those ideas home, while also offering his own expertise to his US counterparts.

‘It was a rare opportunity to spend a year with my heroes, Dr Ed Wagner and Dr Michael Parchman, who are best known for publishing and disseminating the Chronic Care Model, which underpins our care of chronic conditions in Australian general practice,’ he said. ‘It is a fantastic year that … provides you with an awareness of health performance levels being adopted in your own country.’

Dr Burgess found relevant comparisons between the US and Australian healthcare systems when looking at each country’s social determinants of health. The aim of using data-driven healthcare and continuous quality improvement to tackle health barriers for vulnerable populations formed a large part of his research and idea-sharing during the time at the MacColl Center.

‘My Harkness project looked at how the patient-centred medical home is being used to successfully care for vulnerable populations in the US. In Australia, this innovation is now being implemented by the Commonwealth as Health Care Homes,’ he said. ‘Not only was my Fellowship relevant to my work here in the NT, but I have also been very fortunate to share my learnings as part of the Commonwealth’s implementation advisory group on Health Care Homes.

‘In the US, you have these incredibly inspiring individuals and organisations doing fantastic things and that makes it a really important place for us to look towards. A lot of our health reforms, particularly Health Care Homes, have their genesis in the solid work that is being done in the US.

‘Through health services research, we hope to implement and evaluate some of those ideas into our own healthcare settings here in Australia, where I think we have a very strong and complementary discourse around equity,’

Dr Burgess values his year as a Harkness Fellow as an inspirational experience that provided not only the opportunity to bring an increased knowledge of public healthcare to Australia, but also influence others in the US.

‘It’s been a really rewarding journey that’s opened up professional opportunities for me and generated insights which I wouldn’t have had otherwise,’ he said.

He also considers the experience worthwhile on a personal level.

‘One of the best parts of the Fellowship was the opportunity for a family gap year and the new friendships I’ve made with my fellow Harkness scholars from all over the world,’ he said.

Left: Dr Burgess (middle back) described his year in the US as the Commonwealth Fund’s Harkness Fellow as ‘a year-long master class on health policy and practice’.

I’m a member because ...

The RACGP is the peak body representing our profession as specialists in comprehensive primary healthcare. The college has a vital advocacy role, ensuring a safe, integrated and equitable health system for all Australians.

Dr Paul Burgess, RACGP member since 2008.