



2020 Research Priorities Forum Report: Research Priorities for Central and Eastern Sydney

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Website: <https://cphce.unsw.edu.au/research/health-system-integration-and-primary-health-care-development/central-and-eastern-sydney>

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For further information, please contact Centre for Primary Health Care and Equity (CPHCE).

The Central and Eastern Sydney Primary and Community Health Cohort/Linkage Resource is jointly funded by NSW Health Sydney Local Health District, NSW Health South East Sydney Local Health District and the Central and Eastern Sydney Primary Health Network. Current members of the management committee are Mark Harris (Chair), Margo Barr, Lou-Anne Blunden, Fiona Blyth, AnnMarie Crosier, Elizabeth Comino, Deb Donnelly, Julie Finch, Brendan Goodger, John Hall, Liz Harris, Ben Harris-Roxas, Tony Jackson, Alamgir Kabir, Jane Lloyd, Sonia van Gessel, Kylie Vuong, Heidi Welberry, Anurag Sharma, Damian Conway, Fiona Haigh and Lisa Woodland.

Abbreviations used in the document:

Cardiovascular Disease (CVD); Central and Eastern Sydney (CES); Central and Eastern Sydney Primary Health Network (CESPHN); Central and Eastern Sydney Primary and Community Health Cohort/Linkage Resource (CES-P&CH); Centre for Health Record Linkage (CHeReL); Centre for Primary Health Care and Equity (CPHCE); Cultural and Linguistic Diverse (CALD); electronic medicine (eMED), Emergency Department (ED); General Practitioner (GP); Health Equity Research and Development Unit (HERDU); Local Health District (LHD); Medicare Benefits Schedule (MBS); Non-admitted patient (NAP); Primary health care (PHC); Primary Health Network (PHN); Private Health Insurance (PHI); South Eastern Sydney Local Health District (SESLHD); Socioeconomic status (SES); South Eastern Sydney Research Collaboration Hub (SEaRCH); Sydney Local Health District (SLHD).

Key outcomes from the forum

- The seven research priorities identified were: (1) Telehealth according to demographic groups, (2) Transition of hospital to community, (3) Diabetes and CVD – usage patterns and predictors of use. (4) Preventing unplanned hospitalisations, (5) Emerging populations groups (6) How to build GP capacity (7) Researching - Social determinants.
- These research priorities will be considered, and specific research questions will be developed by researchers at Centre for Primary Health Care and Equity (CPHCE), with assistance from forum participants as required.
- Each of the proposed projects will be developed so that they are relevant to primary health care in Central and Eastern Sydney (CES), have a policy relevance, and are able to be answered using the Central and Eastern Sydney Primary and Community Health Cohort/Linkage Resource (CES-P&CH).

Introduction

The CES Research Priorities Webinar, held on 2 September 2020 in Sydney NSW, was organised by the CPHCE, via Zoom in collaboration with South Eastern Sydney Local Health District (SESLHD), Sydney Local Health District (SLHD) and Central and Eastern Sydney Primary Health network (CESPHN).

The purpose of the two-hour session was: to build on the Central and Eastern Sydney primary and community health research priorities identified at the previous workshops held in 2016, 2018 and 2019; explore ways to maximise use of the research findings from the CES-P&CH to improve policy and practice; and to inform a program of work using the CES-P&CH for 2020 and beyond. The workshop was chaired by Professor Mark Harris, Executive Director, CPHCE.

The CES-P&CH includes questionnaire (45 and Up Study managed by the Sax Institute) and administrative data (hospitalisations, emergency department (ED), primary health, prescriptions, cancer registry, deaths, and mental health data) on 264,732 participants in NSW and 30,645 in CES area (20,337 in SESLHD and 10,308 in SLHD); and umbrella ethics approval until August 2021 for mutually agreed health-service relevant research.

Invitations were sent to the appropriate SESLHD, SLHD, CESPHN, and NSW Ministry of Health staff. Key research and non-government organisation partners were also approached for representation at the forum. Thirty-four participants attended the forum, of which half were from the partner organisations (see Appendix 1 for the list of participants). The Webinar was divided into two sessions: (1) Translating what we have found into practice; and (2) Identification of research priorities.



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Welcome

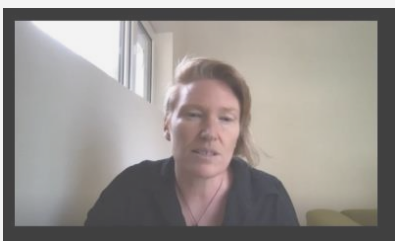
Prof Mark Harris welcomed participants to the day and highlighted the strengths of the existing networks and the importance of getting together, via Webinar this year because of the pandemic, in developing research priorities. He firstly acknowledged the traditional owners of the ancestral lands on which we were meeting across Sydney, predominantly from the Eora nation, and paid respect to the elders both past and present, acknowledging them as the traditional custodians of knowledge for this land. He then highlighted the progress made to date by the consortium (UNSW, SESLHD, SLHD and CESP HN) to build and use CES-P&CH to answer mutually agreed health service promoting research and for this Webinar to build on the forums held in 2016, 2018 and 2019.

Webinar etiquette

A/Prof Fiona Haigh from CPHCE and Health Equity Research and Development Unit (HERDU) facilitated the Webinar. She began with an exercise to see where everyone was from, with people giving a virtual clap or a thumbs up depending on where they were from.

She highlighted the importance in a Webinar of using the chat to record expectations and comments.

She also requested for people to keep their cameras on as much as possible so that we are talking to people rather than computer screens.



	Time	Item	
P R O G R A M	10:00 am	Welcome and Introductions and acknowledgment of country – Prof Mark Harris CES-P&CH Research findings – A/Prof Margo Barr	
	10:10am	<ul style="list-style-type: none"> Impact of care plans on PPHs and ED visits Impact of GP follow-up within 2 weeks of hospital on re-hospitalisation Association between social isolation and health service use Predictors of services use in older people 	
	10:30am	Group discussion – translating what we have found into practice	
	11:00am	Morning Tea	
	11:10am	Introduction to Research Priorities Discussion	
	11:20am	Small group Research Priorities Discussion	
	11:50am	Wrap up and identification of next steps – Prof Mark Harris	
	12:00pm	Close	
	<p>Build on priorities identified at previous forums; Explore ways to maximise use of the research findings to improve policy and practice; Reflect on and identify CES primary and community health research priorities</p>		

Session 1: Research translation

Presentation on the research to date

A/Prof Margo Barr, who leads the CES-P&CH team provided an overview of the key findings from the research. This was presented as a starting point to the discussion around how we could begin to translate some of the findings from the research into practice. How the research can inform change. Margo spoke about the resource and then concentrated on the four projects that had been completed using the resource. The resource, based on the 45 and Up Study, has around 30,000 participants aged 45 years and over in CES (250k in NSW), of which 20,000 were in SESLHD and 10,000 in SLHD. She stated that the resource contains 10 data sets, and over 170 million records for New South Wales with around 20 million of those records for participants in CES. She highlighted that the strength of the resource is the longitudinal nature of it.

Impact of care plans on health outcomes: The rationale for this study was that there was a rapid uptake of chronic disease management plans and little evidence on patient characteristics or the impact on longer term patient outcomes e.g. in preventing hospitalisations. We looked at care plans during the health service period around the baseline survey and over the next five years looking at time to post hospitalization (potentially preventable hospitalisations and emergency admissions). We found that although care plans overall did not impact of the hospitalisations allied health service, particularly physiotherapy, did.

Impact of GP follow-up after hospitalisation on re-admission: The rationale for this study was that there was varied evidence on the impact of GP follow-up on re-hospitalisation. Also, it was important to determine the characteristics of patients who did and did not see their GP after hospitalisation. We found that within two weeks of discharge 64.3% participants saw a GP and that seeing a GP within two weeks of discharge was associated with lower rates of re-hospitalisation (HR:0.83;95%CI:0.70-0.97) for infrequent GP users (less than 7 visits in year).

Understanding the needs of older people who are socially isolated: The rationale for this study was to gain a better understanding of the relationships between social isolation, loneliness and living alone with health service use. This was important because social isolation had been identified as a potential risk factors for poor health outcomes and inappropriate or inadequate service use. We found no difference in mortality for those socially isolated or living alone. However, people who lived alone did use services more. People who lived alone were also less likely to be socially isolated.

Predictors for high service use in older people: The rationale for this study was because service data was showing that patients aged over 75 years account for 12.4% of all ED presentations, but only 6.7% of the population. Our aim was to explore predictors of high service use so as to inform planning and the provision of quality cost effective care. We found that the main predictors for high service use in patients over 75 years of age in CES were being an ex-smoker, having private health insurance (PHI), having a health care card, having a recent fall, self-reported osteoporosis, CVD or cancer. We also found that frequent ED use appears predictive of high subsequent health service use and mortality.

Link to the presentation:

https://cphce.unsw.edu.au/sites/default/files/uploads/Research%20Finding%20CES_PACH_MBarr.pdf

Longitudinal data within the resource

- EDDC: 2006 - 2018
- APDC: 2005 - 2018
- MBS: 2004 - 2017
- PBS: 2004 - 2017
- PHDC: 2006 - 2018
- CGR: 2006 - 2015
- PHM: 2006 - 2016
- PHC: 2006 - 2016

Recruitment 2006-2009 (n=250k)
SEEP 2010 (n=60k)
W2 2012-2016 (n=60k)
W3 2018-2021

Hospitalization Outcomes: 10,240 index hospitalisations 2007-2014. 2,295 participants re-hospitalised. 7,426 saw a GP/Specialist within 2 weeks of discharge. 3,653 did not see a GP/Specialist. 588 participants re-hospitalised. 7,369 not re-hosp.

Social Connections Model: Location Environment, Lifestyle, Health status, Personality. Social Connections (Preferred vs Actual). Loneliness (disparity between preferred and actual). Access to support and services. Friends and family support, Social and welfare services, Primary care health services, Tertiary health services. Psychological wellbeing, Physical wellbeing, Adherence and Compliance, Morbidity, Mortality.

Population Pyramid: Shows population distribution by age and sex. Source: Health Statistics New South Wales (Interim). Sydney: NSW Ministry of Health, (2018). Available from: www.health.nsw.gov.au

Research Projects	Evidence	Application
Impact of care plans on health outcomes		
Impact of GP follow-up after hospitalisation on re-admissions		
Association between social isolation and health service use		
Predictors for high service use in older people		

Translation

The group spent the next 30 minutes discussing some of the ways that we could translate the findings from these projects into practice. Firstly, the group voted on which of the four main findings they wanted to discuss first. The group decided to begin with (ii) GP follow-up after hospitalisation on re-hospitalisations and Predictors for high health service use in older people.

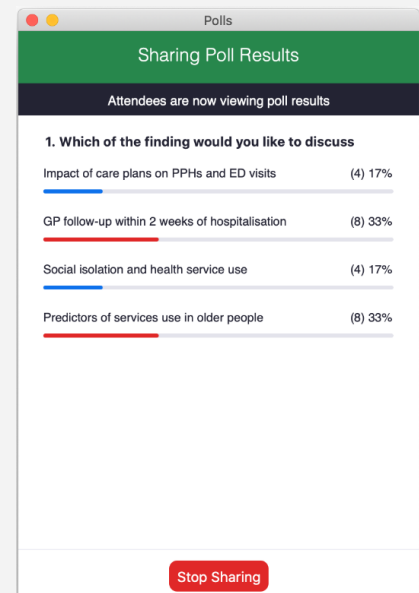
Subsequent Webinars will be dedicated to translation of the other two findings.

Group discussion

The group discussion on translating what we have found into practice on impact of GP follow-up after hospitalisation on re-hospitalisations included:

- improving the quality of discharge plans
- appropriateness of discharge plans instructing people to go back to ED if they have problems rather than visiting their GP
- need for and ways that community health workers can be used to improve communication between hospitals and GPs
- enablers for GPs to help them keep their patients in the community,
- alternative communication channels for GPs and hospitals,
- impact of telehealth
- opportunities to proactively target those who are less likely to see their GP after a hospitalisation (female, less educated, working part-time or full-time, having PHI, drinking 1-13 alcoholic drinks a week, self-rated good health, having been hospitalised in the year prior).

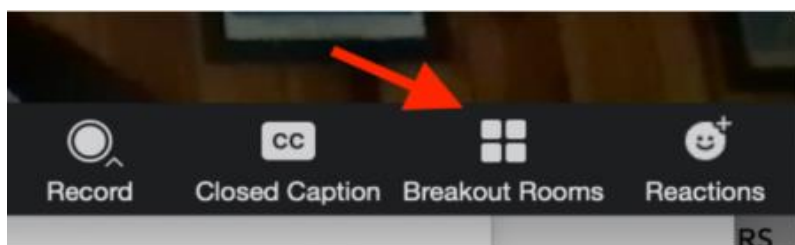
Ways identified by the group to maximise translation of research into practice included: targeted discussions on findings as they arise; preparing infographics of the findings; and policy briefs on what it means.



Session 2: Research priority development

The breakout room session was again facilitated by A/Prof Fiona Haigh. The aim of the session was to develop research priorities for 2020 and beyond. The Research projects which have and are being conducted are summarised in the table below:

Completed Projects	Current Projects
Impact of GP care plans on health outcomes	Health of carers
GP follow-up after hospitalisation on subsequent hospitalisations	Weight/obesity and healthy ageing
Impact of social isolation on health service use and health outcomes,	Primary health care to reduce Preventable hospitalisations and emergency department attendances
Health service use in over 75 year olds	



Small group discussion

Group 1:

Priorities identified included: What is the usage of telehealth according to demographic groups and at at-risk groups; Who has benefited from telehealth? How have different demographic groups such as culturally and linguistically diverse (CALD) groups or disadvantaged groups used such services? And What is the link between telehealth and hospital or ED presentations?

Group 2:

Priorities identified included: Impact of telehealth consults on service use; Transition from hospital to community; Health services needs of CALD participants; Co-design of projects to engage community groups; Understanding the health needs of emerging population groups; Embracing emerging data opportunities and datasets e.g. Non-admitted Patient (NAP) data and electronic medicine (eMED).

Group 3:

Priorities identified included: Preventing unplanned hospitalisations; How to translate evidence into practice for CALD communities – how to make relevant recommendations (need for input from people working in CALD); Need for community and GP involvement in research planning and implementation; Researching - social determinants (eg loneliness, marginalised populations) of health and health care use; Diabetes – usage patterns and predictors of usage; CVD – usage patterns and predictors of usage; Rising risk for ED and hospitalisations in people less than 75 years; and Integrating experiential studies into research findings.

Group 4:

Priorities identified included: Two at-risk population groups: people at risk of going to aged care and CALD populations; How to build GP capacity – improving communication between GPs and hospitals; Health service use and socioeconomic status (SES)/disadvantage – mapping by area; and How carers can be used to facilitate access to care.

Group 5:

Priorities identified included: Disadvantaged groups such as those with Intellectual Disability who have substantially poorer health outcomes and lower longevity.

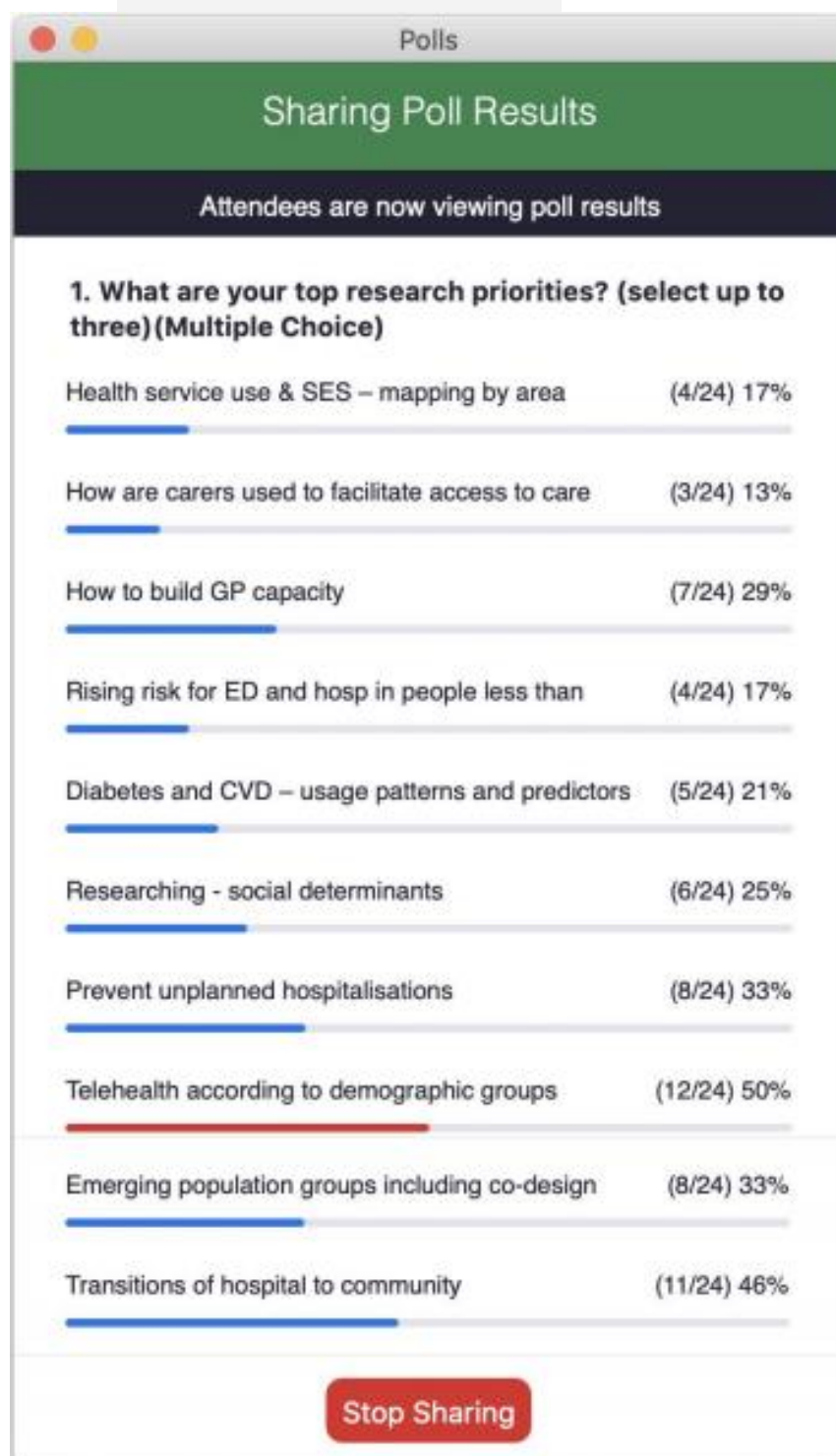
Prioritisation

Each participant was asked to vote up to three times on the research priorities that were most important to them.

The research priorities that had the highest number of votes were developed further.

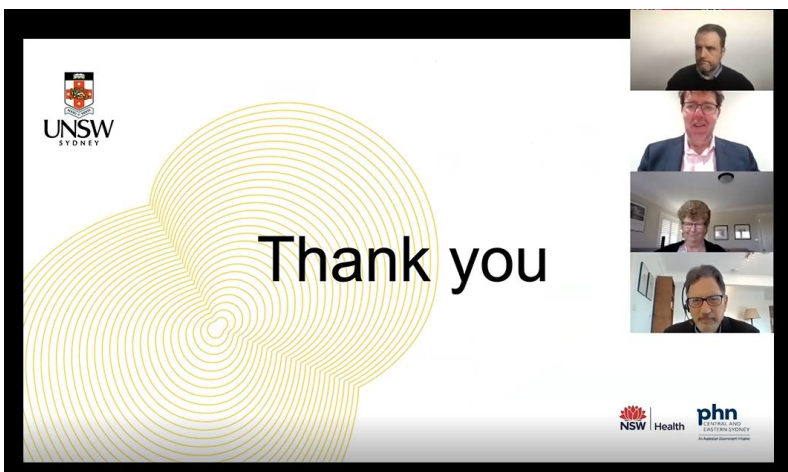
Those chosen from the small groups to vote on (as shown in the poll image) were:

- Health Service use and SES – mapping by area
- Use of carers to facilitate access to care
- How to build GP capacity
- Rising risk for Ed and hops in people less than 75 years
- Diabetes and CVD – usage patterns and predictors’
- Social determinants
- Preventing unplanned hospitalisations
- Telehealth according to demographic groups
- Emerging population groups
- Transition of hospital to community



Session 3: Bringing it all together and next steps

Prof Mark Harris highlighted that the Management Group would develop research questions based on these themes—applying primary health care, feasibility and policy relevance lenses—and three to four of these questions will be selected as the CES-P&CH research projects for 2020/2021. He concluded by thanking everyone for attending and hoped that the next forum will be able to be conducted face-to-face.



Management Group synthesis and plan for finalisation

The Management Group considered the outcomes of the day and the different ways the resultant themes and research priorities could be considered including: health conditions (diabetes and cardiovascular disease); settings (hospital and community); demographics (CALD, socio economic status, disability); points of interventions (prevention, acute, transitions between); or cross cutting themes (appropriate access to health care and health inequalities).

The Management Group decided that the three main priority areas that resonated most from the webinar were (1) Telehealth according to demographic groups (although not possible until delivery of the new 45 and Up Study data in 2021 and new 2020 Medicare Benefits Schedule (MBS) item data in early 2022); (2) Transition from hospital to community, and (3) Diabetes and CVD – usage patterns and predictors of use.

With regard to the other proposed topic areas of preventing unplanned hospitalisations, emerging populations groups, social determinants and building GP capacity the Management Group considered that: (1) Although preventing unplanned hospitalisations was important, it was included as a priority in 2020, and work is currently being undertaken so specific issues identified at the forum can be included in that analysis; (2) Although emerging populations groups, social determinants and building GP capacity were important, they were not identified as priority areas instead, they were included as a cross-cutting priority for which time and resources need to be allocated.

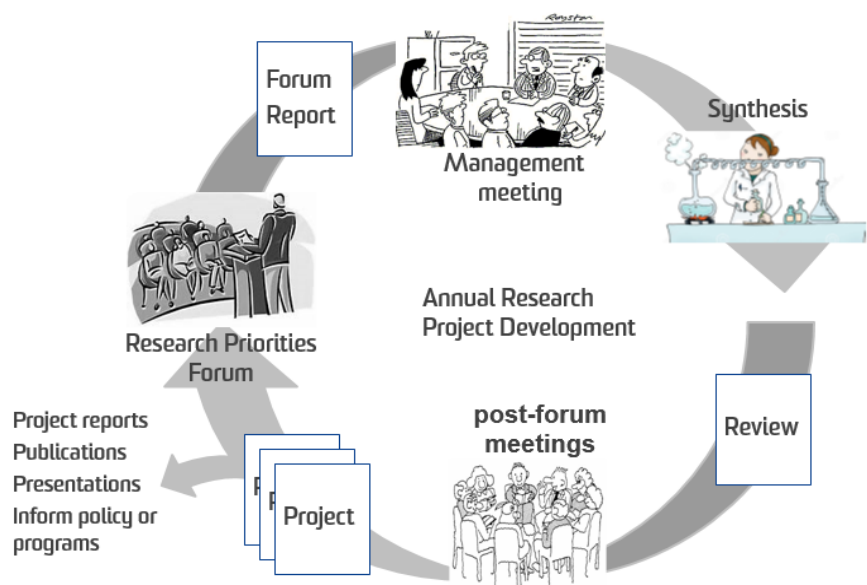
Three to four research questions will be developed for each of these priority areas by a researcher at CPHCE with each of the proposed questions needing to address the following to be considered further:

- Is it relevant to PHC in CES? Why? Why not all of NSW?
- What is the policy relevance?
- Can we do it using CES-P&CH?
- What is already known?

A standard template will be used to summarise the proposed research questions within each theme. These summaries will then be considered firstly by the Management Group and then more broadly by the partners.

A decision will be made for each of the proposed questions to recommend:

- no further exploration



Appendix 1: List of attendees

Name	Position	Centre/Section	Organisation
Sue Baker	Project Officer, HealthPathways	Primary Integrated and Community Health	South Eastern Sydney LHD/Central and Eastern Sydney PHN
Margo Barr	Associate Professor	Centre for Primary Health Care and Equity	University of NSW
Sameer Bhole	Clinical Associate Professor	Clinical Director of the Sydney Dental Hospital and Oral Health Services	Sydney LHD and University of Sydney
Lou-Anne Blunden	Executive Director Clinical Services Integration and Population Health	District Executive	Sydney LHD
Antony Bolton	Researcher	Centre for Primary Health Care and Equity	University of NSW
Vera Buss	PhD Candidate	Centre for Primary Health Care and Equity	University of NSW
Paula Caffrey	Director	Child and Family Health	Sydney LHD
Elizabeth Comino	Associate Professor	Centre for Primary Health Care and Equity	University of NSW
Damian Conway	Epidemiologist	Planning, Population Health and Equity	South Eastern Sydney LHD
Joanne Corcoran	Multicultural Health Service Coordinator	Priority Populations Unit	South Eastern Sydney LHD
Julie Finch	Chronic Care Program Manager	Aged, Chronic Care and Rehabilitation Services	Sydney LHD
Brendan Goodger	General Manager	Primary Care Improvement	Central and Eastern Sydney PHN
Fiona Haigh	Associate Professor	Centre for Primary Health Care and Equity	University of NSW
John Hall	Professor	School of Population Health	University of NSW
Elizabeth Harris	Associate Professor	Centre for Primary Health Care and Equity	University of NSW
Mark Harris	Executive Director	Centre Primary Health Care and Equity	University of NSW
Ben Harris-Roxas	Director, South Eastern Sydney Research Collaboration Hub (SEaRCH)	Centre for Primary Health Care and Equity	University of NSW
Rebecca Ivers	Head of School	School of Population Health	University of NSW
Tony Jackson	Deputy Director	Primary Integrated and Community Health	South Eastern Sydney LHD
George Johnson	Director	Sydney Institute for Women, Children and their Families	Sydney LHD
AYM Alamgir Kabir	Research Analyst	Centre for Primary Health Care and Equity	University of NSW
Dalya Karezi	Project Co-ordinator	Priority Populations	South Eastern Sydney LHD

Name	Position	Centre/Section	Organisation
Renee Moreton	Acting General Manager	Population Health	Sydney LHD
Cathy O'Callaghan	Research Fellow, SEaRCH	Centre for Primary Health Care and Equity	University of NSW
Julie Osborne	Manager, Integrated Care Unit	Primary Integrated and Community Health	South Eastern Sydney LHD
Lisa Parcsi	Director	Integration and Partnerships	Sydney LHD
Claire Phelan	Director	Oral Health	South Eastern Sydney LHD
Sharon Reid	Senior Lecturer	Public Health	Sydney University
Zoe Richards	Program Officer	Primary Care Improvement	Central and Eastern Sydney PHN
Devanshi Seth	Principal Scientist and Group Head	Medicine	Sydney University
Anurag Sharma	Senior Lecturer	School of Public Health and Community Medicine	University of NSW
Frederic Sitas	Director	Centre for Primary Health Care and Equity	University of NSW
Catherine Spooner	Senior Research Fellow	Centre for Primary Health Care and Equity	University of NSW
Kath Thorburn	PhD Candidate	Centre for Primary Health Care and Equity	University of NSW
Kylie Vuong	Senior Lecturer in Primary Care	School of Population Health	University of NSW
Sonia van Gessel	Medical Advisor	Primary Integrate and Community Health	South Eastern Sydney LHD
Gurdive Webster	Carer Program Manager	Priority Populations Unit	South Eastern Sydney LHD
Margaret Williamson	Senior Research Officer	Centre for Primary Health Care and Equity	University of NSW