



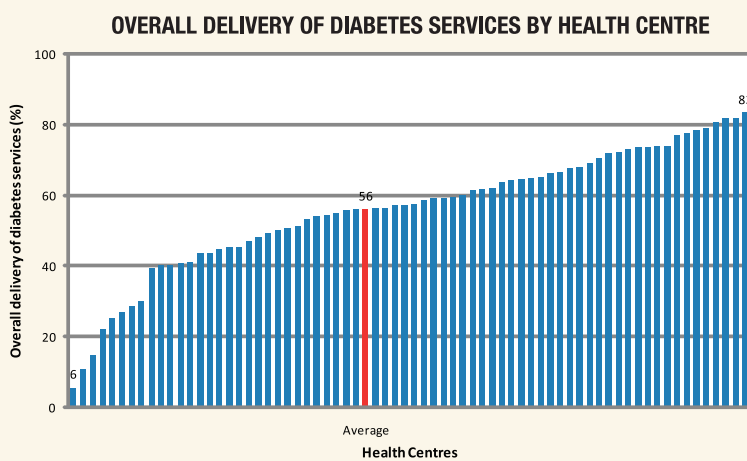
Research Focus 2010 to 2014

The ABCD National Research Partnership, a five year project commencing in 2010, aims to continue to develop the evidence-base available to "One21seventy", the National Centre for Quality Improvement in Indigenous Health and health centres enrolled with One21seventy, and to answer key questions relevant to quality improvement in the sector. A key aim of the Partnership is to provide opportunities and an institutional base for regional researchers to conduct practice-based research that is identified as important by local participating services. At the same time, the Partnership will provide local health centres with opportunity to get the most use out of their audit data and to contribute their priority issues to inform regional, national and international debates and agendas. The project builds on the Audit and Best Practice for Chronic Disease Project (ABCD) (2002-2009).

What is the scope of research included in the Partnership?

The work of the Partnership focuses on three main areas, which taken together aim to improve the quality of Indigenous Primary Health Care, and ultimately health outcomes of Aboriginal and Torres Strait Islander peoples.

1. Identifying factors that underlie variation in health care practice, including variation in practice between regions and between health centres. Our work to date has shown wide variation in the quality of care that is received by clients. For example, across all centres participating in the ABCD project an average of 56% of diabetes services specified by evidence-based guidelines were delivered to patients. However, there was a large variation between health centres (range 6% to 83%). Unwarranted variation in clinical practice is a clear indicator of the need for quality improvement.



Data from clinical audits conducted as part of continuous quality improvement processes in participating health centres, will enable exploration of why clients attending some health centres receive health services in line with available evidence-based guidelines, and others do not receive this care. For certain services, such as screening, the greatest variation may be found at the level of the health centre, whereas for others, such as prescriptions for recommended medications, or blood glucose control, the characteristics of patients may be more important. Identifying sources of variation of different kinds of care can help in the development and targeting of the right kinds of interventions at the level where they are likely to be most effective.

Understanding the reasons behind variation in health care is critical to develop interventions that will have the greatest chance of reducing disparities in health care and health outcomes.

As the clinical audit tools available through One21seventy become used by greater numbers of health centres, there will be opportunity to identify variation in care across a range of conditions, including diabetes, coronary heart disease, hypertension, renal disease, rheumatic heart disease, mental health and maternal and child health conditions. During the course of the project, additional tools may be developed and taken up by health centres.



2. Identifying characteristics of health centres and regions that enable them to deliver high quality care

Existing challenges to delivery of care in remote and disadvantaged settings, including high staff turnover, low morale and high burden of illness, make it hard for some health centres to provide consistent high quality care, while other health centres seem more able to overcome these obstacles, and achieve and sustain improvements.

Preliminary work based on quantitative and qualitative data from 69 health centres participating in the ABCD project up to December 2009, explored why some health centres were able to improve the quality of care they provide to their clients during the period of CQI implementation, whilst other health centres were not able to achieve or sustain improvements. Factors that were identified as being particularly important enablers for improvement were: strong leadership for quality improvement; population health approaches; regional level support systems; involvement of Aboriginal Health Workers in preventative care; and dedicated funding to support CQI activity.

Although higher than expected voluntary uptake of ABCD tools and processes indicated that the approach that was developed was acceptable and appropriate to the Indigenous primary health care sector, considerable work remains to be done to understand the kinds of support that different health centres need in implementing improvement processes.

Developing an understanding of what factors help health centres to achieve improvements in care despite challenging environments will help to refine quality improvement tools and processes so that they can be used effectively across a diversity of settings. Such understanding will also help to identify which kinds of health centres may be in need of additional support to achieve positive outcomes, and what kind of support is likely to be most effective.

3. Identifying and disseminating specific strategies that have been found to be effective in improving clinical performance in real world implementation settings and; working with health centre staff to enhance effective implementation of successful strategies.

Health centres participating in continuous quality improvement processes, have informally trialed innovative ways to improve the quality of care – many of these local solutions are thought to be effective, but are not well documented, and therefore cannot be shared as widely as they should be. The Partnership intends to work alongside selected health centres to document, evaluate and disseminate successful strategies for quality improvement. Outputs from this research are likely to be useful to other health centres which may be grappling with similar issues, and would also have potential for showcasing the kinds of activities that policy-makers, planners and funders could productively support in the sector.

Health centres may require specific support to counter negative effects of well known challenges in remote and other settings, such as high staff turnover, low morale or high burden of disease. Identifying situations where solutions to such challenges have been found, and what is required for effective solutions to be applied more widely is key to finding sustainable ways to improve health services available to Indigenous peoples.

Within these three broad areas of work, specific priority research issues in each region will be identified through on-going engagement between researchers, clinicians, health service staff, managers and policy makers.

>>>> More Information <<<<

To find out more about the ABCD National Research Partnership and how you can be involved, contact the ABCD National Research Partnership Project Manager (email : ABCD@menzies.edu.au)

You can also visit our website at **www.menzies.edu.au/abcd**

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Ethics approval has been granted by the Human Research Ethics Committee of the Northern Territory Department of Health and Families and Menzies School of Health Research; and ethics committees in a number of other states.