

Primary health care – Strengthening Helsam's academic contributions

Background

Institute for Health and Society (Helsam) presented for the Faculty board in June a background for and a discussion of how to strengthen our academic contribution to primary health care (see attachment). The discussion in the board emphasized:

- A clear and feasible inter-disciplinary approach
- Lead by a person with a clear mandate, responsibility and authority
- Evaluation after 2 years

The dean has later advised us to organize the work as a centre in order to obtain a strong initiative.

As the background is described in a previous document (see attachment), we do not repeat the political or academic trends here. But we will highlight some of the challenges that our initiative will address. These examples are examples and the first tasks to be addressed. The approach will therefore be as focused as possible on selected areas, building on competence and ongoing activity in the institute, but will also incorporate national and international collaborators, with complementing competency and research agendas.

In late June 2017, Helsam established a group with representatives from each department to develop a targeted plan. The group has had one meeting (15 Aug 2017) discussing the plan. The department heads have discussed the plan twice. The institute leadership has led these discussions and it is our impression that there is enthusiasm and energy for working together on a targeted plan for primary health care.

As the decision of the faculty board was made late June, we have used August to come as far as possible with our plan. We have emphasized the organisational part, as this seems to be a crucial question for the board.

Helsam's capacity within Primary Health Care Research

Helsam has over many years built a broad portfolio of research within and together with primary health care. All departments have strong groups and networks within or relevant for primary health care. We host two national research schools directed towards competence building in primary care: *The national research school in General Practice Medicine* and *The Norwegian Research School for Research and Development of Municipality Health and Care*. During the summer, we have been informed that the research council will fund the proposal *The Norwegian Primary Care Research Network*. This will allow a national network to be established by spending about 100 mill NOK over 5 years, of which the research council covers 50 mill NOK. Helsam has a strong position in this infrastructure and the funding will allow an important platform for our strategic initiative.

Challenges

Although Helsam has a large portfolio of research within and about primary health care, we face several shortcomings and challenges. The most important are:

- Unrealized potential for more large-scale and ambitious cross-departmental research projects in primary health care
- Insufficient structures and incentives to facilitate cross-departmental research collaboration and to promote synergies in primary health care research and education
- Potential for improved coordination and collaboration with external actors and partners (education and research)

- Potential for improved recruitment from primary health care to some educational programs
- Lack of a reference group to facilitate dialog between external stakeholders and to promote feedback, input and mutual ownership to research and educational programs

Building on the institute's capacity and considering the challenges, the Institute has developed a plan to promote a more strategic and coordinated action to strengthen primary health care research and education. The plan is presented below.

Organisation of the initiative

It is of utmost importance that the initiative is visible and has a dedicated leader with sufficient mandate. Combining the leadership of the initiative with the institute leadership has been forwarded as one solution. This is vulnerable, and a solution as a centre is a clear alternative. Whether it is established as a centre or not, we need a strong structure including dedicated people from all departments. We suggest the following steps to be taken to establish a sufficient organisation:

- Appoint a dedicated full-time Director for a *Centre for Primary Healthcare Research (CPHR)* (active from January 2018). The centre will be a network-based matrix of staff from Helsam's departments and external actors. The Director will report to the Head of institute.
- Establish a coordination group for primary health care research, affiliated to the centre, with representatives from all departments with members who are expected to dedicate 20% of their working time (the departments will be compensated for the time). The group will meet regularly. In addition, the group members will work towards own department and externally to mobilize ideas and input.
- The coordination group will develop an action plan with clear milestones. The group will have a joint responsibility for ensuring inter-disciplinarily and coordinated initiatives such as development of larger research proposals.
- Establish a reference group of members from municipalities, hospitals, other service providers, patient groups/societies etc. Two key questions that we want to discuss are: *How well do our education and research match the need for competence and knowledge? How can we better match them?* A special action point will be to explore the possibilities for bilateral commitments between Helsam and municipalities for collaborative education, research and innovation.
- Establish a group of strategic international collaborators (2-3) who will work in close collaboration with the director and the coordination group, and who will supervise and assist project development and facilitate international collaboration.
- Allocate funds to promote workshops, seminars, international interaction, and study trips to further expand and build networks for collaboration and project development.

Focus areas

Based on our competence and ongoing research, we will prioritize activities within the following two headings:

Innovative structures and processes of primary health care service

Helsam has already a large portfolio of research on organizational, financial and other structural aspects of the services through our projects on for instance the collaboration reform, Healthy Life Centres, priority setting and decision making, systematic handling of ethical dilemmas, and implementation of new tools or systems (e.g. e-health). In addition, our educational master program in advanced geriatric nursing

provides a new competence of nurses to meet challenges in the care for elderly. Also our comprehensive clinical ethics teaching equips clinicians in primary health care with ethics skills and provides Helsam with feedback about challenges experienced in clinical practice.

With our strategic initiative we will start out with focusing on three prioritized areas and build stronger teams around these.

1. Primary health care teams
Pilots for implementation of such teams will be launched over the next few months, and Helsam aims to be a strong partner in evaluation of these teams. Our approach will be developed in close collaboration with the participating municipalities. We also aim at being a main partner in a consortium for evaluation of the pilots.
2. Integrated care
Although integrated care has been a buzz-word for many years, experience shows that the ambition is far from reached. A number of factors are involved, including issues related to the service (e.g. organization, financial systems, leadership), the health care providers (e.g. competence, multiprofessional collaboration) and the patients (e.g. multimorbidity, ageing, chronic conditions, multiethnic population). In addition, a key challenge is the availability and use of patient data, since the information systems are not compatible. We will combine registry-based research with qualitative approaches to examine structures and processes of treatment and care, and explore how patient needs and services match. Thereby, we can obtain a rich and broad foundation for identification of important components for well-functioning integrated care.
3. Patient registry for primary care
A new national registry of data from patients in primary health care (KPR) is currently under development. Helsam will conduct research aiming at critically analyzing the potential for this registry, but also develop foundation for innovative changes. We will particularly address issues such as validity, as this is a key property for the quality of the registry. Our focus on registry-based research is an important asset here.

Health care services in groups with complex needs

Primary health care services deal with large numbers of patients with complex needs, calling for a broader interaction between health care providers and also between health care sectors. These patient groups include those with chronic conditions, and Helsam has a long standing tradition for research on such groups (e.g. musculoskeletal problems, diabetes, COPD, brain injuries, mental illness, and elderly).

4. Elderly and patients with chronic health problems
Helsam has many research projects on various patient groups. As many of these are carried out with departments or research groups, we miss synergy across the projects. We will seek to combine the research groups to provide complementary data that will have a larger impact.
5. Marginalized groups in primary health care
We will focus on marginalized groups (such as immigrants, drug users etc), their needs, support and health services, in a collaboration with external collaborators.

Goals and milestones

We expect that the initiative will strengthen the Institute as a main national actor within the primary health care arena and at the policy level that disseminates knowledge, engages and evaluates initiatives within primary health care. The initiative shall lead to:

- More and larger projects (NRC/EU) within and in collaboration with primary health care actors capitalizing on the broad competence of Helsam's departments.

- Clinical research projects using platforms like the National research network for primary health care and FYSIOPRIM.
- Health service delivery innovation
- More relevant advanced primary health care education
- New and revised agreements for collaboration with external institutions, in particular the municipality of Oslo and Norwegian Institute of Public health.
- Increased synergies and collaboration within the current research schools (MUNI-HEALTH-CARE – National research school for municipal health and care services and NAFALM – National research school for general practice).

2017

26. Sept 2017: The faculty board approves the plan.

Oct-Dec 2017: Plan further developed by the coordination group with involvement of Heads of departments - Head of institute approves the final plan

- Finalizing goals and activity plan
- Choosing focus areas – describe projects
- Establish strategic international collaborators
- Establishing reference group
- Recruit director for the centre

2018

Q1: 1. Jan 2018: Full scale operation of the centre

Q2: Host a national health services research conference focusing on primary health care research

Q2-4: Arrange workshops/seminars: 1) Research projects; 2) Education with external stakeholders;

Q1-4: Project development

2019

Q1-4: Arrange workshops/seminars: 1) Research projects; 2) Education with external stakeholders;

Q1-4: Project development

Q4: Evaluation

2020

Tasks and milestones will depend on the evaluation

Evaluation:

We will have an almost continual evaluation in connection with the biannual seminars with our international collaborators. In addition, we will have a formal evaluation Oct-Dec 2019. The panel will be decided in close collaboration with the faculty leadership. One possibility is to ask Helsam's scientific panel to serve as an evaluation committee. However, it might be better to have a more external committee.

It should be possible to evaluate the goals at all three levels (see above), although it might be difficult to obtain a strong societal impact in two years. Possibly it should be possible to provide sufficient information to judge whether some of the goals are reached, and whether others are reachable with more time.