

The path to healthy communities — from data to delivery



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Strong primary health care is the cornerstone of an efficient and fair health system. As the 2014 Primary Health Care (PHC) Research Conference will be held on 23–25 July in Canberra, this issue includes articles with a focus on general practice, illustrating the investments this area needs and its important contributions to community health.

Australia has universal health coverage and health accounts for 8.9% of its gross domestic product — much less than other comparable countries (<http://www.oecdbetterlifeindex.org/countries/australia>) — which should promote equitable access based on need. However, 8% of patients already delay seeing a general practitioner because of cost (<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4839.0main+features32010-11>) and studies have confirmed that preventive checks, such as for blood pressure, will be further reduced if a copayment is required, resulting in increased subsequent costs for treating complications and chronic conditions (*MJA* 2014; 200: 558–559).

Chronic conditions are increasingly prevalent, due to an ageing population and unabated epidemics of risk factors, especially obesity. Ironically, survivors of cancer are living long enough to be at risk of other chronic diseases, and Berry and colleagues (*page 96*) found that cancer survivors report more chronic conditions than do matched controls. Similarly, Pinto and Cooper (*page 77*) report that, while life expectancy for patients with HIV infection has improved dramatically with antiretroviral treatments, their rates of other chronic diseases are growing. A recent rise in new HIV infections in Australia is also cause for concern, and HIV strategies now aim to halve sexual transmission by 2015 and eliminate transmission by 2020.

Primary care is an important source of valuable data for advancing community health objectives. Sullivan and colleagues (*page 109*) used data collected by GPs as part of the Australian Sentinel Practices Research Network, which collects de-identified data on influenza-like illness and other conditions, to evaluate influenza vaccine effectiveness. They found that the overall adjusted vaccine effectiveness was 23% against all influenza types and, when stratified by age, 67% for older people. Letters from Mazza et al (*page 91*) and Harding et al (*page 90*)

advocate data linkage to improve health outcomes. The former describe the benefits of linking general practice data to other datasets to map patient journeys through the health system and evaluate effective use of services, while the latter discuss linking data using unique health identifiers to enhance public health research.

The importance of translating quality research into practice is the focus of the supplement published online to coincide with the PHC Research Conference. Closing the gap between evidence and practice involves collaboration with all stakeholders, from researchers to end users — “Clinicians, managers, policymakers, consumers and bureaucrats are all involved”, write Jackson and colleagues in their supplement editorial (*page S42*).

Training an effective primary care workforce is a worthwhile long-term investment. Previous studies have shown that rural background and long-term clinical rural education terms influence medical graduates choosing to work in rural settings. The study by Wright and colleagues (*page 106*) demonstrated changes in attitude to working in rural locations after a compulsory 3-week placement for metropolitan medical students at the University of Melbourne. Students were surprised at the diminished access to health care, both geographically and by affordability, experienced by rural patients. Additionally, they did not anticipate the interprofessional teamwork they saw.

One potential team member in primary care is the nurse practitioner. However, Leidel (*page 85*) reports that this role seems to be in decline, and she advocates for greater involvement of nurse practitioners in primary care.

In an editorial, Kidd (*page 76*) says we have an obligation to share our solutions with other nations, while we can also learn from their primary care reforms. He notes the United Nations resolution “encouraging governments to move towards providing universal access to affordable and quality health care services”. We hope our own national leaders take heed and have the political will and commitment to ensure that Australians can continue to access affordable universal primary health care, and that the Australian health care system remains the envy of many other nations. □

Rewarding research

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The Royal Melbourne Hospital (RMH) and Melbourne Health began what they hope will become a tradition of rewarding the country’s best mid career researchers by announcing the winners of the inaugural RMH Research Medal at a gala event recently. Dr Kathryn Field, a medical oncologist, and Professor Fary Khan, a rehabilitation physician, shared the \$50 000 prize. Also begun was the RMH Research Hall of Fame, with 19

legends of research inducted, including Sir Gustav Nossal and Dr Glenn Begley. Dr Field and Professor Khan talk about their passion for research (*page C1*). In this issue, we introduce a new ongoing feature, a one-page calendar of events detailing conferences, college professional development meetings and other dates of importance. If you would like to add to the list, send dates, locations and a brief summary to cswannell@mja.com.au. □

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