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Title

Collaborating with an Academic Health Science Centre to explore data led health care improvement in primary care.

Priority 1 (Research Category)

Healthcare informatics

Presenters

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Abstract

Context: There is a global movement to advance the use of data to inform and improve health service delivery. Despite extensive and long term computerisation of Australian general practice, aggregated data has rarely been used to improve the quality of primary care. This project arose from an increasing interest from a large Academic Health Science Centre (AHSC) in data-led health care improvement in primary care. The AHSC, Monash Partners, commissioned this work to inform future data initiatives. Objective: Identify contextual influences, key challenges and approaches required to embed data-led primary health care improvement in the Monash Partners' region. Study Design and Analysis: Our qualitative design used semi-structured interviews. We used purposive and snowball sampling to recruit 24 clinicians, researchers and policy makers between October and November 2021. Interviews were conducted via Zoom video-conferencing and recorded. Analysis was iterative, with thematic coding developed using deductive and inductive processes and refined during analysis, reflection and investigator discussions. Setting: The AHSC's catchment, South East and East Melbourne, Australia, between October and November 2021. Population Studied: Regional data custodians and data users. Results: We found an uncoordinated system that mirrored Australia's difficulties in using health data to benefit society. Nearly all participants were passionate about the potential for data-led health care improvement, yet cautious about the practicalities of change. General practitioner (GP) academics stressed how difficult it was for GPs to see a 'value add' from primary care data, and whether data initiatives met GP and community needs. Nevertheless, participants saw potential in creation of an accessible high quality data asset linking GP clinical data with state and federal health datasets. This resource would require a regional data strategy and formalised partnerships between regional primary care organisations, data custodians and academics. Conclusions: Our findings suggest that a region-wide strategy involving creative individual and organisational capacity building could achieve success in sustainable primary care data-led improvement. This should focus on the needs of diverse communities, and the priorities of primary care clinicians and their teams. The AHSC appears to be the only regional organisation with the mandate and capacity to promote such an approach.