

Family Medicine Updates



From the North American
Primary Care Research Group

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INTERNATIONAL COLLABORATION IN INNOVATING HEALTH SYSTEMS

Aim and Background

Strong primary health care is critical to secure sustainable health care.¹ The *International Implementation Research Network in Primary Care* (IIRNPC) was founded to facilitate exchanges of experiences between countries in primary health care implementation.^{2,3} Involvement of all stakeholders, and focus on local conditions to approach health problems in a broad social, economic, political and cultural context⁴ are core components.

Based on these principles, a pre-conference was organized at the 2014 North American Primary Care Research Group (NAPCRG) conference to explore international aspects of innovating health systems to:

- Come to a better understanding of health systems, and their needs and potential for change
- Review models of success in changing health systems
- Analyze the role of research funding agencies in international comparisons to inform systems' change

A full report is available on NAPCRG's website at <http://www.napcr.org>.

Methods and Findings

Health care systems from Mexico⁵⁻⁷ and Hong Kong⁸⁻¹⁰ served as case studies for critical appraisal, using the World Organization of Family Doctors (WONCA) instrument.¹¹ In both populations the available capacity of primary health care is limited, and policy makers are uncertain of health care consequences. Advocacy of primary health care policy and research were identified as a priorities for instigating and supporting change.

Three innovative international approaches were shared:

- The *Embassy Conversations* organized in Washington, DC, allowed policy makers to learn from health care reform in Australia, Denmark, and The Netherlands. Experts from these countries spoke in their US embassies so that they could be recognized as experts by their home governments. Clinical and policy reactors provided US and Canadian context.

- An Australian community-based team of family physicians and endocrinologists applied a co-creation approach, involving highest-need patients in their own health care, resulting in better outcome of diabetes care and risk reduction,¹² and lower hospitalizations,¹³ with higher patient satisfaction and lower costs¹⁴ compared with usual care.
- The EU *RESTORE* project addressed how improved communication with migrants in primary health care can overcome lingual and cultural challenges. Through Participatory Learning and Action, contemporary social theory methods,¹⁵ and implementation of communication guidelines and training initiatives, the most vulnerable and difficult-to-reach populations were engaged.^{16,17}

The shift to primary health care asks for a redirection of research towards the community setting. Four funding agencies: the US Agency for Healthcare Research and Quality (AHRQ),¹⁸ the Australian Primary Health Care Research Institute (APHCRI),¹⁹ the Canadian Institutes of Health Research (CIHR),^{20,21} and the Netherlands Organization of Health Research and Development (ZonMw)^{22,23} presented their approaches towards innovation and translation support.

All 4 commission funding to establish partnerships beyond the research community to other stakeholders, in order to guide change. Innovative approaches included trained implementation experts who serve as change agents.

Bi-national collaborative funding between APHCRI and CIHR²⁴ was highlighted, exploring the variation between countries as a natural research experiment. International comparison-of-care outcomes were seen as powerful support for health systems innovation and change, but funding agencies are often restricted in funding to their national jurisdictions. The most efficient way to obtain transnational comparisons is for researchers to collectively apply to their national agencies. Comparisons would benefit from a standardization of outcome measures.

Conclusions and Actions

On the basis of these findings, the IIRNPC decided to pursue the following next steps:

- Inform Mexican leaders about effective primary health care policy and implementation practices via a preconference at the 2015 NAPCRG annual meeting in Cancun, Mexico
- Review the systems of Japan, the Republic of South Korea, Hong Kong, Taiwan, and Singapore at a

workshop at the WONCA Asia Pacific Conference in 2015 in Taipei^{11,25}

- The *Embassy Conversations* model will be promoted as a promising approach for engaging policy makers and lawmakers in health systems innovation
- Promote participatory research methodology as a meaningful tool for engagement with stakeholders
- Promote the value of international comparative outcome research for health systems' innovation:

- The 4 funding agencies have committed to ongoing informal discussions to consider opportunities for collaboration over shared areas of interest

- Pursue the development of a standardized set of primary health care-sensitive outcome measures.

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References

For a complete list of reference, see <https://www.napcrg.org/Conferences/AnnualMeeting>.



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'HEALTH IS PRIMARY' LAUNCHES TO MUCH FANFARE AT AAFP ASSEMBLY

Family medicine is no stranger to innovation. From becoming the first medical professional organization to require completion of continuing medical education as a condition of membership in 1949 to essentially reinventing itself through the Future of Family Medicine project in 2004, the specialty has maintained its leadership role and relevance by embracing change.

Now, a decade after that re-envisioning, family medicine is once again taking the lead in transforming not only itself, but the American health care system, as

well. That announcement came during the 2014 AAFP Assembly in Washington, DC.

In his inaugural address as the Academy's new leader on October 22, AAFP President Robert Wergin, MD, gave Assembly-goers their first glimpse of a 3-year communications campaign being launched by the AAFP and its 7 family medicine sister organizations. Dubbed Health is Primary, the campaign will use advertising, news media outreach, online communications, partnerships and other outreach efforts to rally patients, employers, policy makers and other local stakeholders across the country to recognize and support the value of family medicine and primary care.

In conjunction with the communications campaign, the 8 groups—which together have formed a new organization known as Family Medicine for America's Health—also will execute a 5-year strategic implementation plan that seeks to do no less than transform the US health care system—a goal that will require family physicians to work alongside their primary care colleagues, patients, policy makers, and other key players in the health care arena.

An overview of these conjoint efforts was published in October 2014 as a supplement to *Annals of Family Medicine*.

Former AAFP President Glen Stream, MD, MBI, is board chair of Family Medicine for America's Health. During an October 23 press event that marked the official kickoff of the organization's multiyear venture, he cited a convergence of factors as a strong indicator that now is the time to move forward.

"We believe our country is at a tipping point, with a number of major shifts—including the (Patient Protection and) Affordable Care Act, the establishment of the patient-centered medical home, and improvements in technology—that have changed the landscape," said Stream. "We believe these represent an opportunity to truly transform and improve our nation's health."

According to Stream, Health is Primary will begin traveling to cities around the country starting early in 2015 to highlight community-level interventions that are improving health while enhancing and expanding primary care. The campaign also will work with employers, health advocates, and others to activate patients to take charge of health issues such as chronic disease management and smoking cessation.

"It's time to put the health back in health care," said Stream. "We believe the solution to many of the problems in the health care system can be found in primary care."

At the same time, Family Medicine for America's Health will further the evolution of family medicine and propel system-wide change by focusing on the following areas: