

## Emerging Health Policy Research Conference 2010

### Abstract Submission

#### Presenter(s) Details

Name of Author(s) – asterisk the presenting author(s):

Raelene West\*

Presenter(s) institution/organisation, address, email, and telephone:

CHS - Melbourne School of Population Health, University of Melbourne  
c/o 302/668 Swanston St, Carlton, Vic, 3053

[westr@unimelb.edu.au](mailto:westr@unimelb.edu.au)

0425 712 315

Short Biography of presenter(s) (maximum 50 words):

Ms West is currently completing her PhD at the University of Melbourne. Her PhD examines support service and compensation structures for people with impairment, and what it means for people with impairment to be supported by community.

#### Presentation Details

Presentation Title :

Concepts of support – support frameworks for people with impairment

Keywords: (up to 5 to assist organisers in streaming papers):

Support, support services, compensation, disability, impairment

#### Research Details (250 word limit)

Introduction/Background:

This study examines the concept of support, and specifically what it means for people with impairment to be supported by community. It examines support service and compensation frameworks in Victoria, and explores the experience of individuals with a spinal cord injury in receipt of funded support services and compensation.

Research Question:

What do we mean by support? Support Service and Compensation Frameworks for people with SCI (spinal cord injury) in Victoria

Methodology:

This study utilises a relativist ontology and grounded theory methodologies to explore the experience of receipt of support services and compensation processes. Unstructured, in depth interviews and document analysis were used for data collection.

Findings:

The experience of receiving support services was significantly impacted by eligibility to support service programs. Individuals were required to source support services from a variety of support services across varying levels of government and pathways external to the support framework in order to meet need. Support services were often characterised by limitations, bureaucracy and waiting lists. The quality of work-relationship with funders, service providers and attendant carers was also significantly impacted on the experience of receipt of support services. In addition, opportunity to claim for compensation was disparate, and the impact of receipt or non-receipt of compensation was considerable on the extent to which individuals felt financially supported and had access to resources to make required lifestyles changes.

**Policy Implications\*\*\*:**

**Introduction of a national disability insurance scheme for support services, inclusive of opportunity to claim for compensation through Common Law**

**\*\*\*All presenters will be asked to include a final slide in their presentations that summarises the policy recommendations and/or implications that can be drawn from the research presented.**

## Emerging Health Policy Research Conference 2010

### Abstract Submission

#### **Presenter(s) Details**

##### **Name of Author(s) – asterisk the presenting author(s):**

Dr Lorna L Barton\*  
Prof Paul F Jenkins

##### **Presenter(s) institution/organisation, address, email, and telephone:**

University of Western Australia

Academic Building  
Joondalup Health Campus  
Joondalup  
Perth  
WA 6027  
[lbarton@meddent.uwa.edu.au](mailto:lbarton@meddent.uwa.edu.au)  
0466 264 324

##### **Short Biography of presenter(s) (maximum 50 words):**

Lorna Barton is a Senior Registrar training in the North East of England in Acute and Intensive Care Medicine. She is currently working as an Assistant Professor with Paul Jenkins at The University of Western Australia on research projects in Acute Medicine including predictive scoring for emergency medical patients.

#### **Presentation Details**

##### **Presentation Title (up to 10 Words):**

A deductive approach to acute medical service design

##### **Keywords: (up to 5 to assist organisers in streaming papers):**

Acute medicine, Emergency department, Health service design, Hospital medicine

#### **Research Details (250 word limit)**

##### **Introduction/Background:**

The inexorable demand for urgent medical care continues to pressurise Emergency Departments (EDs) internationally. One British response has been the establishment of Acute Medical Units (AMUs). This model is being adopted in Australia despite limited evidence of success and a paucity of comparative information on the clinical needs of the respective patient populations.

##### **Research Question:**

Can a group of acute medical patients be identified as benefitting from an AMU at the time of their presentation to ED?

##### **Methodology:**

One thousand consecutive patients presenting to a hospital ED and referred for medical assessment were studied retrospectively. Patient demographics, details of medical assessment and diagnosis, lengths of stay, readmission and mortality rates were recorded.

##### **Findings:**

- 41% patients stayed in hospital for  $\leq 3$  days
- Patients waited 19 hours (mean) for both consultant review and ward admission
- There was diagnostic uncertainty in 25% patients at initial assessment
- 15% patients were assessed physiologically unstable but <5% required Critical Care facilities
- 19% patients were referred by GPs, 84% of whom were assessed safe to have bypassed ED for direct admission
- 17% patients required rehabilitation, specialised elderly or end-life-care.

**Policy Implications\*\*\*:**

- Safety, quality and efficiency may benefit from AMU establishment, particularly targeting clinically unstable patients not requiring Critical Care, those with diagnostic uncertainty or those predicted to require short hospital stay at their time of ED presentation.
- Timely senior medical review is essential in managing these groups.
- An AMU may facilitate safe implementation of the 'Four-Hour Target'.

**\*\*\*All presenters will be asked to include a final slide in their presentations that summarises the policy recommendations and/or implications that can be drawn from the research presented.**

## Emerging Health Policy Research Conference 2010

### Abstract Submission

#### **Presenter(s) Details**

##### **Name of Author(s) – asterisk the presenting author(s):**

Dr. Justin McNab\* and the SCIPPS team.

##### **Presenter(s) institution/organisation, address, email, and telephone:**

Menzies Centre for Health Policy  
Rm 224, Victor Coppleson Bldg – D02, The University of Sydney, NSW 2006  
T +61 2 9036 7004  
Email: justin.mcnab@sydney.edu.au

##### **Short Biography of presenter(s) (maximum 50 words):**

Justin McNab's research experience has involved working on government and non-government evaluation projects including health and community service evaluations using both qualitative and quantitative methods. Justin has a strong interest in theory and analysis of qualitative data and has had 15 years practical experience in qualitative data collection.

#### **Presentation Details**

##### **Presentation Title (up to 10 Words):**

SCIPPS Phase Two – Evaluation of Chronic Disease Interventions in Sydney West

##### **Keywords: (up to 5 to assist organisers in streaming papers):**

Chronic disease interventions, evaluation, chronic disease self-management

#### **Research Details (250 word limit)**

##### **Introduction/Background:**

The SCIPPS team at the Menzies Centre for Health Policy has a long-term objective to describe current chronic disease management strategies and evaluate new interventions in this area.

##### **Research Question and Methodology:**

SCIPPS Phase two is evaluating Care Navigation at Nepean Hospital combining an RCT with a process evaluation; HealthOne Mount Druitt (HOMD) using qualitative and quantitative methods; and the Blue Mountains GP Network (BMGPN) Chronic Disease Self-Management (CDSM) Project using qualitative methods. This presentation will briefly describe these interventions and the research methods used to evaluate them.

##### **Findings:**

The Care Navigation RCT commenced recruitment in May 2010 and the evaluation of HOMD will commence in July 2010 so results are not yet available.

The BMGPN CDSM Project evaluation was conducted in two parts: an evaluation of objectives developed by the project to increase awareness of chronic disease self-management and support groups in the area; and an evaluation of Moving On, a chronic disease self-management program

implemented by the Project. The first part of the evaluation is completed and results will be reported. The second part, the evaluation of the implementation of Moving On, will not be completed until October 2010 and so not reported on.

**Policy Implications\*\*\*:**

NSW Health and National Chronic Disease Strategies focus on self-management and consumer consultation as policy priorities. Drawing on the findings from the BMGPN CDSM Project evaluation, and bearing in mind the small scale of the Project and the evaluation, policy implications of the general roll out of consumer focussed self-management strategies and programs within the primary care setting will be discussed. Some concluding comments will also be made about the role of evaluation in health services research and its input into health policy development.

**\*\*\*All presenters will be asked to include a final slide in their presentations that summarises the policy recommendations and/or implications that can be drawn from the research presented.**

## Emerging Health Policy Research Conference 2010

### Abstract Submission

#### **Presenter(s) Details**

##### **Name of Author(s) – asterisk the presenting author(s):**

Liz Gill \*, Lesley White, Ian Cameron

##### **Presenter(s) institution/organisation, address, email, and telephone:**

Liz Gill  
Pharmacy Management  
Faculty of Pharmacy  
The University of Sydney  
NSW Australia 2006  
lgil9930@uni.sydney.edu.au

Lesley White  
Pharmacy Management  
Faculty of Pharmacy  
The University of Sydney  
NSW Australia 2006  
lwhite@pharm.usyd.edu.au

Ian Douglas Cameron  
Rehabilitation Studies Unit  
Northern Clinical School  
Sydney Medical School  
The University of Sydney  
Royal Rehabilitation Centre Sydney  
PO Box 6,  
RYDE NSW Australia 1680  
ianc@mail.usyd.edu.au

##### **Short Biography of presenter(s) (maximum 50 words):**

Liz's is enrolled in a PhD. She has worked at the direct service provision, the health system design and policy levels.

Lesley works in Pharmacy Management, Faculty Pharmacy, focusing on services quality.

Ian works with Aged Care and Rehabilitation Services. His professional background is in Rehabilitation and Aged Care Medicine.

#### **Presentation Details**

##### **Presentation Title (up to 10 Words):**

Service Co-creation in Community Based Aged Healthcare

##### **Keywords: (up to 5 to assist organisers in streaming papers):**

Service Co-creation, Client Orientation, Client Involvement, Provider Empowerment, Client Empowerment

## **Research Details (250 word limit)**

### **Background:**

The emerging theory fundamental to Service-Dominant Logic highlights that it is the interaction of the service participants which reciprocally co-creates the service and its quality. An exploratory inductive triadic study and literature review identified that service participant interaction within the manager-provider-client network related to four key themes: Client Orientation; Client Involvement; Provider Empowerment and Client Empowerment.

### **Research Question:**

The research aimed to identify and understand the key themes associated with these four concepts.

### **Methodology:**

Triadic studies were undertaken in two separate locations with three discrete community-based aged healthcare service networks. Using a phenomenological approach, 29 individual semi-structured in-depth interviews were conducted with managers, providers and clients with dementia, living in their own home. Inductive and deductive analysis was used to identify the emerging themes. The data was stratified for each theme by respondent category and comparative analysis undertaken.

### **Findings:**

18 shared themes were identified for the four concepts, but the meaning ascribed to each theme was found to differ between the participant categories. Manager comments were found to be normative; provider comments, relational; and client comments, positional. This divergence in how service network participants perceive the creation of a service explicitly reflects each participant's place and role in the network.

### **Policy Implications:**

The identified differences in perspectives offer service managers insights to embedding interaction perspectives into aged care policy, including the areas of staff selection, training and assessment. The translation of interaction focused policies to service design and delivery will ultimately achieve better engagement of clients and improve the quality of their service and its outcomes.

**\*\*\*All presenters will be asked to include a final slide in their presentations that summarises the policy recommendations and/or implications that can be drawn from the research presented.**

## Emerging Health Policy Research Conference 2010

### Abstract Submission

#### **Presenter(s) Details**

**Name of Author(s) – asterisk the presenting author(s):**

Kirsten Harley\*, Stephanie Short, Karen Willis, Fran Collyer, Jonathan Gabe

**Presenter(s) institution/organisation, address, email, and telephone:**

Postdoctoral Research Associate, Health Systems & Global Populations  
Faculty of Health Sciences, The University of Sydney,  
Cumberland Campus C42, PO Box 170  
Lidcombe NSW 1825

**E** kirsten.harley@sydney.edu.au

**M** 0407 449 500

**T** 02 9351 9129

**Short Biography of presenter(s) (maximum 50 words):**

In 2010 Kirsten (PhD (Sociology, Sydney), BA (Hons Sociology, Medal, UNE), BSc (Sydney)) commenced researching the social experience of healthcare in Health Sciences, Sydney, and received her PhD, on theory use in sociology. Previous work includes communications policy Research Fellow (RMIT), policy and audience research (ABC), and sociology lecturer/tutor (Sydney).

#### **Presentation Details**

**Presentation Title (up to 10 Words):**

**Researching the social experience of healthcare: the concept of boundaries**

**Keywords: (up to 5 to assist organisers in streaming papers):**

**Boundaries, healthcare, public/private, theoretical**

#### **Research Details (250 word limit)**

**Introduction/Background:** This paper presents some preliminary reflection on the notion of “boundaries” undertaken in developing a proposal for a research project on the social experience of public and private health care in Australia and the United Kingdom.

**Research Question:** How might we best think about and research boundaries in relation to patient, provider, professional, public and policy negotiation of mixed public-private healthcare systems? What role does the concept of “boundaries” play in undertaking comparative research across two countries’ healthcare systems?

**Methodology:** The paper engages with the social sciences literature on boundaries by conceptually applying it to the research area and reflecting upon appropriate research approaches.

**Findings:** The concept of boundaries – whether pragmatic, symbolic or social – focuses attention on relationality and the social and cultural processes involved in “boundary work”. Boundaries may be variously watertight or permeable, fixed or mobile, black and white or grey. The paper will discuss theoretical, methodological and practical implications in relation to instances such as: the social identities of health professionals; patient decisions about whether to purchase and use private health insurance; political, marketing and media constructions of the public and private systems; embodiment of national identities, cultures and traditions in health systems; jurisdictional and social plurality within ‘nations’; and the definitional work entailed in empirical research.

**Policy Implications\*\*\*:** This thinking will contribute to research which offers a better understanding of public-private systems as they are experienced by a range of stakeholders.

**\*\*All presenters will be asked to include a final slide in their presentations that summarises the policy recommendations and/or implications that can be drawn from the research presented.**