



Primary Health Care Research Impact Project

Primary Health Care Research and Information Service 2007

Project team:

Associate Professor Libby Kalucy

Ass Professor Ellen McIntyre

Eleanor Jackson Bowers

Professor Richard Reed

Full report available at : <http://www.phcris.org.au/activities/rip/index.php#transfer>

Executive Summary

The purpose of this study was to develop a feasible way of assessing the impact of primary health care research. As a starting point, we assessed whether the Buxton and Hanney Payback Framework and data gathering methods provide a feasible method to assess the impact of primary health care research in Australia. This report gives the results of the first stage of the project.

This project is being conducted in stages. This first stage, conducted during 2006, studied four nationally funded research projects. Research methods included interviews with the Chief Investigators of the projects, interviews with a number of key informants who were able to provide more information on how the research findings have been used, and examination of the publications from the projects. Analysis of qualitative data was assisted by NVivo 7 software.

Interviews with the Chief Investigator provided the bulk of the information for this study of research impact. Key informants, when available, provided a further perspective and deeper information on the use of research findings.

The methods proved feasible to assess impact. There were some impacts not covered by the Payback Framework, including building collaborative links with the community and decision makers to facilitate evidence based practice and policy, and some categories required clarification. We have recommended some modifications to the Payback framework based on our findings.

This project experienced difficulties obtaining information about impact which could be partly overcome if researchers recorded all their dissemination activities and maintained contact with users of their research. Although all Chief Investigators had presented the results of their work many times, only one was able to provide a list of conference presentations, and the record of other presentations was patchy. Interpersonal connections, networks, committee participation and chance meetings were important for dissemination and impact, yet without adequate records these ephemeral connections were hard to capture as evidence of pathways to achieving impact.

In this small sample the number of peer reviewed publications was not necessarily indicative of the impact of projects. One of the projects with the highest impact had no peer reviewed publications.

The strongest pathways to impact were formed by strong collaborative links, personal relationships and the involvement of practitioners, health care managers and policy makers in defining the research question and in the research processes. Good dissemination was important and all researchers presented their work many times to different audiences. Also important was the involvement of respected and credible champions, with strong links to decision making processes, and the alignment of the research findings with Government priorities and dominant ideas.



Implications of this study for the assessment of primary health care research under the Research Quality Framework (RQF)

The preferred RQF model, released in October 2006, will assess both the quality and the impact of university research.

The **quality** of the research is defined in terms of its academic impact. Ways of measuring academic impact or quality will be **citation data** and **discipline specific outputs**, such as ranked conferences, journals or exhibition venues specific to the discipline and **grant income** data. As a discipline primary health care research is challenged to develop alternative rankings, based on discipline specific outputs, such as conferences and journals, which still needs to be done.

The **impact** of the research “relates to the recognition by qualified end users that methodologically sound and rigorous research has been successfully applied to achieve social, economic, environmental and/or cultural outcomes.” The basis of the impact assessment will be an impact statement which includes **generic and panel specific impact criteria, case studies**, and details of **end users** who can be contacted to verify claims of impact.

This study suggests that the Buxton and Hanney Payback Framework can be used with some modification as the basis of “panel specific impact criteria” to assess impact and as a Framework to structure case studies. Further development of potential “generic and panel specific impact criteria” through a second stage of this project is recommended.

A number of questions have been raised about the assessment of research impact which would apply to any model including:

- Which developments are attributable to the research project under examination?
- Are impacts derived from applications of the research attributable to the original research project?

Some issues were raised during the consultation with the Advisory Committee for this project. These included:

- whether findings from single studies have the standard of evidence required to justify their implementation in policy or practice;
- whether some research findings should have disproportionate influence, through being championed, or through the involvement of research users in the research process;
- a research group should not be penalised for having little impact because its research did not take place in a favourable political environment.

Assessment of research *impact* may be as important as publications and research grants to the assessment of primary health care research under the RQF. This study gives grounds for optimism as it shows primary health care research can have a great deal of impact and that this can occur even in projects with low citations in the literature. Primary health care research is well positioned for impact if it is collaborative, sets up the pathways through which ideas spread, and meets identified health care needs. Demonstrating that impact may be what primary health care needs to justify increased funding.

In the second stage of the project, the team will refine and develop the methodology for assessing the impact of primary health care research and use this to assess the impact of a larger set of primary health care research projects.

Research Impact and the RQF: References and Links

Categories of impact used in the Buxton and Hanney Payback Framework (Hanney et al, 2003; 2004)

Category	Scope
Knowledge production	Peer reviewed publications, citations, Journal Impact Factor.
Research targeting, capacity building and absorption	Better targeting of future research; Development of research skills, personnel and research capacity; Critical capacity to utilize appropriately existing research; Staff development and educational benefits.
Informing policy and product development	Improved information base on which to take political and executive decisions; Clinical or regional guidelines; Education/ training policies or audit and evaluation criteria; Inclusion in a systematic review; Inform product development.
Health and health sector benefits	Cost reduction in the delivery of existing services; Qualitative improvements in process of service delivery; Increased effectiveness of health services. ie increased health; Equity ie improved allocation of resources at an area level, better targeting and accessibility. Revenues gained from intellectual property rights
Broader economic benefits	Wider economic benefits from commercial exploitation of benefits arising from research; Contribution to a healthy workforce.

Primary Health Care Research Impact Project report

<http://www.phcris.org.au/activities/rip/index.php>

Bibliography of research impact and knowledge transfer publications and resources.

Compiled by PHCRIS

<http://www.phcris.org.au/activities/rip/bibliography.php>

Focus on.... Understanding and measuring research impact

PHCRIS publication

<http://www.phcris.org.au/publications/focuson/index.php>

ISI Web of Science Database <http://portal.isiknowledge.com/>

DEST Research Quality Framework website,

- Contains the Recommended RQF Model released in October 2006 and reports from the Advisory Committees giving further information on the development process.
http://www.dest.gov.au/sectors/research_sector/policies_issues_reviews/key_issue_s/research_quality_framework/



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Payback publications from the Health Economics Research Group, Brunel University

- *Payback Web site* <http://www.brunel.ac.uk/about/acad/herg/publications/payback>
- Hanney, S., et al., *Proposed methods for reviewing the outcomes of health research: the impact of funding by the UK 's Arthritis Research Campaign*. Health Research Policy and Systems, 2004. 2(4).
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Other publications

- Shyama Kuruvilla, Nicholas Mays, Andrew Pleasant and Gill Walt. Describing the impact of health research: a Research Impact Framework BMC Health Services Research 2006, 6: 134, doi:10.1186/1472-6963-6-134
<http://www.biomedcentral.com/1472-6963/6/134>
- Lowcay, B., E. McIntyre, et al. (2004). "Peer reviewed publication rates: An indication of research output." Australian Family Physician 33 (4) April 284-285
<http://www.racgp.org.au/afp/200404/14662>