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**Reform Directions: the contribution of organisational development**

Prof James Dunbar & Prof Prasuna Reddy
Greater Green Triangle UDRH
Flinders and Deakin Universities

**What is OD?**

- Organisational Development (OD) is the application of behavioural science action research and systems theory to human systems to increase the internal and external effectiveness of the organisation, especially in managing change, using participative processes that involve all those affected.


**Global Health Policy Context**

- The burden of chronic disease is increasing rapidly. General Practice has a central role in prevention, detection and management.
- Implementation will require considerable change in how teams work in general practice. (NHHRC 14.1)
- OD aims to improve how individuals and organisations perform in achieving organisational objectives.

**Current Australian Health Policy**

- National Health and Hospital Reform Commission
- Comprehensive Primary Healthcare Centres
- Outcome-based payment
- Patient enrolment
- Electronic health records
- Improving culture, management and leadership skills
- GP Superclinics
- Integrated model of care

**Method: meta-narrative mapping**

- Papers from search of electronic databases and snowballing
- Reference group of experts and multidisciplinary research team
- International reference panel
- Material from key informants in five countries

Trisha Greenhalgh et al. (2004) How to Spread Good Ideas. For the NHS SDO, UK

**Key findings**

- Efforts to change clinical practice by influencing individuals have proved ineffective unless the organisation within which they work is ready to change.
- Performance in healthcare organisations is inextricably linked to leadership, culture, climate and collaboration which can be improved by OD.
- We have focused on how OD can contribute to delivering better outcomes in chronic disease management because that is where the need is greatest and the evidence is strong.
Chronic disease management and OD

In chronic disease management, aspects that would benefit from OD are:
- managing change towards multidisciplinary care;
- care planning, coordination, and review;
- integrated primary healthcare networks;
- adopting standard procedures for referral;
- focusing services away from acute care onto chronic disease management; and
- developing strategic partnerships at regional and local level.

Key Findings (NHHRC 2.0)

- Remuneration systems matter.
- Collaboratives methodology used in Australia, Canada, Netherlands and UK has been shown to improve chronic disease management.
  BUT...
- The underdeveloped state of practice teams has limited performance and sustainability.
- Systems matter.

Policy Recommendations

The establishment of a small, expert centre for clinical leadership
- to work with leading Divisions and Practices on real change problems in real time;
- to optimise the delivery of chronic disease management across organisational boundaries; and
- to adapt the Quality Team Development program for Australia.

Any Questions?

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Method

| Papers from search of electronic databases | 612 |
| Selected as useful for report | 120 |
| Systematic Reviews | 1 |
| Randomised Control Trials | <10 |
| References from additional papers | 54 |
| Additional material from key informants | 31 |

Yield from formal electronic searching

- Very little in databases
- Mostly descriptive information
- Very few measured effectiveness
- Nothing on health economics
Other sources of information

- The Australian reference group
  - Derived primary care policy
  - Information from Hay Group
  - Model from education
- International key informants
  - Canada
  - Netherlands
  - New Zealand
  - UK