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Centre for Primary Health Care and Equity

Central and Eastern Sydney Primary and Community Health Cohort/Linkage Resource

2019 Research Priorities Forum Report:

Research Priorities for Central and Eastern Sydney

Margo Barr, Alamgir Kabir, Ben Harris-Roxas, Elizabeth Comino, Lou-Anne Blunden, Brendan Goodger, Tony Jackson, Sonia van Gessel and Mark Harris.

NSW Health

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For further information, please contact Centre for Primary Health Care and Equity (CPHCE).

The Central and Eastern Sydney Primary and Community Health Cohort/Linkage Resource is jointly funded by NSW Health Sydney Local Health District, NSW Health South East Sydney Local Health District and the Central and Eastern Sydney Primary Health Network. Current members of the management committee are Mark Harris (Chair), Margo Barr, Lou-Anne Blunden, Fiona Blyth, Kathy Clinch, AnnMarie Crosier, Elizabeth Comino, Deb Donnelly, Julie Finch, Brendan Goodger, John Hall, Liz Harris, Ben Harris-Roxas, Tony Jackson, Alamgir Kabir, Jane Lloyd, Sonia van Gessel, Kylie Vuong, and Heidi Welberry.

Abbreviations used in the document:
Australian Bureau of Statistics (ABS); Australian Institute of Health and Welfare (AIHW); Cardiovascular Disease (CVD); Central and Eastern Sydney (CES); Central and Eastern Sydney Primary Health Network (CESPHN); Central and Eastern Sydney Primary and Community Health Cohort/Linkage Resource (CES-P&CH); Centre for Health Record Linkage (CHeReL); Centre for Primary Health Care and Equity (CPHCE); Cultural and Linguistic Diverse (CALD); Electronic Medicine (eMED); Emergency Department (ED); Family and Community Services Insights, Analysis and Research (FACSIAR); General Practitioner (GP); Health Equity Research and Development Unit (HERDU); Integrated Care Outcomes Database (ICOD); International Conference on Integrated Care (ICIC); Language other than English (LOTE); Local Health District (LHD); Medicare Benefits Schedule (MBS); Memorandum of Understanding (MOU); Non-admitted patient (NAP); Non-English Speaking Background (NESB); North American Primary Care Research Group (NAPCRG); Pharmaceutical Benefits Scheme (PBS); Primary Health Care (PHC); Practice Incentives Program for Quality Improvement (PIP QI); Primary Health Network (PHN); Private Health Insurance (PHI); Psychological Support Services (PSS); Residential Aged Care Facilities (RACF); Socio-Economic Indexes for Areas (SEIFA); Socio-economic status (SES); South Eastern Sydney Local Health District (SESLHD); South Eastern Sydney Research Collaboration Hub (SEaRCH); Sydney Dental Hospital (SDH); Sydney Local Health District (SLHD).

Key outcomes from the forum

- The six research priorities identified were: (i) Increased Primary Health Care (PHC) use to reduce avoidable hospitalisations; (ii) Weight/obesity; (iii) Data gaps and spatial analysis; (iv) Homelessness and vulnerable populations; (v) Oral Health and (vi) Carers.
- Three to four specific research questions will be further developed for each research priority by researchers at Centre for Primary Health Care and Equity (CPHCE), with assistance from forum participants as required.
- Each of the proposed questions will be developed so that they are relevant to primary health care in Central and Eastern Sydney (CES), have a policy relevance, and are able to be answered using the Central and Eastern Sydney Primary and Community Health Cohort/Linkage Resource (CES-P&CH).

Introduction

The CES Research Priorities Forum, held on 16 July 2019 in Sydney NSW, was organised by the CPHCE, at the University of NSW in collaboration with South Eastern Sydney Local Health District (SESLHD), Sydney Local Health District (SLHD) and Central & Eastern Sydney Primary Health Network (CESPHN).

The purpose of the day was to: build on the CES primary and community health research priorities identified at the previous workshops and forums; highlight existing research using the CES-P&CH; reflect on and identify CES primary and community health research priorities that could be undertaken over the next one to three years using CES-P&CH with/without enhancements to meet the identified priorities in CES; and develop an program of work using CES-P&CH for 2019 onwards.

The CES-P&CH includes: questionnaire (45 and Up Study managed by the Sax Institute) and administrative data (hospitalisations, emergency department (ED), primary health, prescriptions, cancer registry, deaths, and mental health data) on 264,732 participants in NSW and 30,645 in CES area (20,337 in SESLHD and 10,308 in SLHD); and umbrella ethics approval until 2021 for mutually agreed health-service relevant research.

Invitations were sent to the appropriate SESLHD, SLHD, CESPHN, and NSW Ministry of Health staff. Key research and non-government organisation partners were also approached for representation at the forum. Thirty-four participants attended the forum, of which half were from the partner organisations (see Appendix 1 for the list of participants). The day was divided into three main sessions: presentations to set the scene, identification and development of the research priorities, and bringing it all together.

Contents

Progress to date

A/Prof Margo Barr, CES-P&CH Project Leader at CPHCE, provided information on progress to date and future opportunities using the resource.

She also provided an overview of the research priorities identified at the 2016 workshop and the 2018 forum. The broad topics that were identified from the previous workshops and forums were:

1. Care systems
2. Medications
3. Chronic disease care
4. Demographics and environment
5. Mental health
6. Hospitalisations
7. Carers
8. Immunization
9. Falls

Session 1: Scene setting

Prof Mark Harris, who chaired the half day forum, welcomed participants to the day and highlighted the strengths of the existing networks and the importance of such forums in developing research priorities.

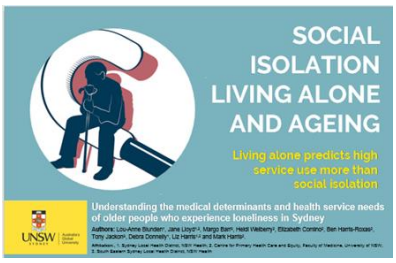
Presentations at recent international conferences

Presentations, using the resources, from recent international conferences where provided.

Prof Mark Harris spoke about the presentation *General Practice (GP) follow-up within two-weeks of hospital discharge in a community dwelling population of residents in CES, Australia* – which he gave at the North American Primary Care Research Group (NAPCRG), in Chicago, USA.

Dr Sonia van Gessel spoke about the presentation *Understanding the predictors of services use in older people to plan for and provide quality cost-effective care* – which Dr Greg. Stewart presented at the International Conference on Integrated Care (ICIC) in Spain and Dr Sonia van Gessel attended.

A/Prof Margo Barr and Ms Lou-Anne Blunden spoke about the poster *Understanding the medical determinants and health service needs of older people who experience loneliness in Sydney, Australia* that was displayed at the ICIC in Spain which Ms Lou-Anne Blunden attended.

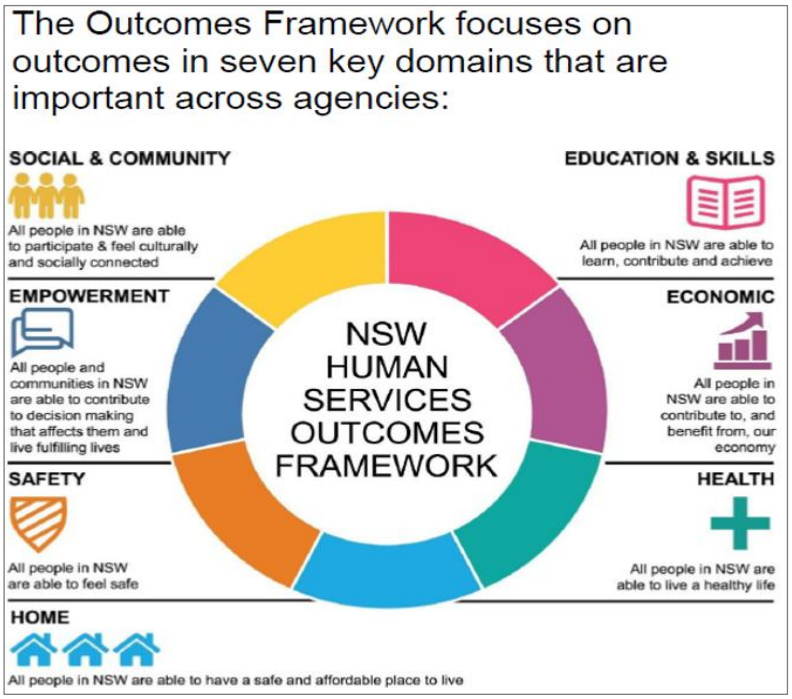


Keynote

Dr Jessica Stewart, Director of Family and Community Services Insights, Analysis and Research (FACSIAR), gave the keynote presentation which focused on how agencies/services do and can work together to improve outcomes, with emphasis on outcomes frameworks.

She stated that the frameworks were developed using evidence about what matters across one's life course. She highlighted how the framework helps government agencies and non-government organisations adopt an outcome focused approach, have a shared understanding and work together. She then provided several examples where they have been applying the framework including Pathways of Care, Seeding Success, Child Development Study, 45 and Up Study and Pathways into Homelessness.

Dr Stewart then concluded by talking about the FACSIAR Evidence to Action Model which is designed to bridge the research/evidence gap, increase use of evidence in decision making and value add.



Landscape and partner priorities

Each of the partner organisation presented on their primary health care/health care integration priorities and current issues.

These presentations were given by: Mr Tony Jackson, Director, Primary and Integrated Health for SESLHD; Ms Lou-Anne Blunden, A/Executive Director, Clinical Services Integration & Population Health for SLHD; and Dr Michael Moore, Chief Executive Officer, CESPHN.

The presentations are summarised in Table 1.

Slides from the presentations are available at https://cphce.unsw.edu.au/news-events/news/2019/07/research-priorities-forum-research-priorities-central-and-eastern-sydney

Table 1: Summary of the primary health care/health care integration priorities and current issues for SESLHD, SLHD and CESPHN.

SESLHD	SLHD	CESPHN
About/Integrated Care Landscape		
• 930,000 people within the district (37% have long term conditions and 98,281 adult admissions per year). • By 2027 this is predicted to be 1,022,000 adult admissions. • With current rate of service use by 2027 there will be 112,500 (50%) more ED visits, 21,685 (20%) more acute admissions and a need for 480 additional acute hospital beds.	• Population covered by SLHD live in areas with high housing density • SLHD area: 0.9% Aboriginal people, 43% speak a language other than English (LOTE) at home, 8% have low English proficiency. • Area experiencing rapid population growth (particularly older age).	• Vision is to have better health and wellbeing. • Purpose is to improve and transform care. • Values are collaboration, integrity, learning and growth. • Aim is to improve practice, integrate systems and commission services through good governance, operations, partnerships and evidence.
Key Strategies/Initiatives		

Key SESLHD integrated care initiatives:
• Improving the lives of vulnerable and priority populations.
• Improving outpatients and community care.
• Working within the NSW Strategic Framework for Integrated Care which includes improved:
  ○ experiences for people
  ○ families and carers
  ○ experiences for service providers and clinicians
  ○ health outcomes for the population
  ○ cost efficiency of the health system.
• Investing in the first 2000 days of life.
• SESLHD Journey to Excellence Strategy which includes:
  ○ safe person-centered integrated care,
  ○ workforce wellbeing,
  ○ better value,
  ○ community wellbeing and health equity
  ○ fostering research and innovation.
	Key SLHD integrated and collaborative care flagship programs:
	• Living Well, Living Longer
	• Healthy Homes & Neighbourhoods
	• IC for People with Chronic Conditions (xtend workers)
	• Better Pathways to Housing
	• Healthy Families, Healthy Children
	• HealthOne in Green Square (Primary Care Academic Unit)
	• Sydney Institute for Women, Children and their Families
	• Residential Aged Care Outreach
	• Place-Based Hubs.
	Current activities are:
	• Healthy Strong Communities
	• Implementing first 2000 days framework
	• Diversity Hub in Population Health (57 cultural support workers)
	• A healthy and resilient Waterloo
	• Cross Agency Homelessness Plan
	• Sydney Dental Hospital (SDH) holistic approach to addressing complexity
	• Diabetes Information Hub Memorandum of Understanding (MOU) SESLHD SLHD CESPHN
	• Regional Mental Health Plan.
		The CESPHN priority areas for:
		Improving practice are:
		• Quality and safety
		• Prevention
		• Chronic disease management
		• Build capacity
		• Transform care.
		Integrating systems
		• Advocacy
		• Person-led care
		• Service navigation
		• Care coordination
		• Integrated care.
		Commissioning services:
		• Informed by local needs
		• Outcomes focused
		• Co-design
		• Efficient
		• Accountable.

Priorities/CES P&CH Use		
Priorities included: • ED to community • Specialist care in primary care • Demonstration to scaling to normal practice.	Priorities and opportunities include: • Electronic medicine (eMED)s, characteristics of people who fill or don't fill prescriptions, number of medications used, etc. • Use of Psychological Support Services (PSS) access data and the correlation between uptake and poor health outcomes • Quantum of superannuation upon retirement • Oral health, putting the mouth back into health.	Research priorities/questions: • Has the Practice Incentives Program (PIP) Quality Improvement (QI) achieved improvements in the quality of patient care? • What proportion of patients are delivered the right care at the right time and the right place? • What is the level of social connectedness and wellbeing necessary for a healthy community? • How can we make better use of 'big' data?

Session 2: Research priority development

The small group session, facilitated by A/Prof Frederic Sitas from CPHCE, was conducted in the second half of the morning. The aim of the session was to develop research priorities. The research priorities from previous workshops (2016 and 2018) were provided along with the projects which have been or are being undertaken. These are summarised in the table below:

2016 Research Forum (projects)	2018 Research Forum (projects)
Chronic disease care: (Do GP visits reduce re-hospitalisation)	
Medications	***Medication Use***
	Aged Care: (Predictors of service use)
	Social Isolation: (Impact on outcomes and service use)
	Physical/mental health (Service use/gaps; SLHD)
Care Systems: (Use and impact of care plans)	***Care Coordination***
	Carers: (Exploring health and wellbeing; SESLHD)
Falls	

Participants were then given the opportunity to add additional research priorities for consideration in the small groups. The following were suggested:

- Oral health
- Homelessness
- What brings about change in practitioners?
- Increased PHC use to reduce avoidable hospitalisations
- What are the gaps in this data and the opportunities to fill them?
- Weight/obesity
- Care plans and reviews
- Carers
- PIP Qis – what's the impact?
- Economic / value / cost benefits
- Vulnerable populations e.g. Non-English Speaking Background (NESB)
- Community workers
- Health needs of people in social housing, and identifying the support needs to get out of social housing
- Cancer screening, particularly for bowel cancer
- Spatial variation of all of the above
- Using the data for intervention trials
- Complexity of care – multimorbidity, social issues, polypharmacy
- Care coordination. What are the staff inputs (e.g. Practice Nurses) that can affect change?
- People in residential care–how many in cohort?

Summary

The facilitator summarised the small group research priorities into similar topics/themes resulting in the following:

existing topics for consideration:

- Chronic disease care
- Medications
- Aged care/residential care
- Social isolation
- Physical/mental health
- Care systems/care coordination
- Carers
- Falls

new topics for consideration:

- Increased PHC use to reduce avoidable hospitalisations
- Weight/obesity
- Data gaps and spatial analysis
- Homelessness and vulnerable populations
- Oral health
- PIP QI – what's the impact?
- Practice nurses - staff inputs that can affect change
- Economic analysis
- Use the data for intervention trials
- Cancer Screening

Prioritisation

Each participant was given one sticker (two for the Partner participants) to vote on the research priorities that were most important to them.

The research priorities that had the highest number of votes were developed further.

Those chosen for further discussion in the small groups, in order of highest votes, were:

1. Increased PHC use to reduce avoidable hospitalisations
2. Weight/obesity
3. Data gaps and spatial analysis
4. Homelessness and vulnerable populations
5. Oral health
6. Carers

See details of all of topic areas and the votes in Appendix 2.

Small group discussion

Each of the small groups considered, What the research questions should be for each of the topics chosen. They considered: Why is it a priority? What are the challenges? What are the opportunities? and What information is required to answer the question?

Each group provided a three minutes summary at the end of the session. A summary of the discussion and the feedback received is provided in Appendix 3.

The types of questions that were identified in the small groups included:

- What are the characteristics of those not attending GPs, but using EDs and/or hospitals?
- What is the PHC profile of people who have avoidable hospitalisations?
- Does the absence of bulk billing GPs impact on ED and/or hospital admissions? Possible spatial analysis.
- How will weight and comorbidities change as people age over time?
- What are the service needs of older heavier people? How will obesity/weight affect ageing and aged care responses?
- What are the data gaps and how does this impact on the quality of the analysis being conducted?
- Are older Australians oral health needs being met? Comparison of oral health check as part of the aged care assessment with services provided.
- What are the characteristics of carers?
- What are the long-term health impacts on them from their role as carers?
- Are carers getting the support they require?

Session 3: Bringing it all together and next steps

Final presentation

The final session of the day included presentation from Dr Yalchin Oytam, Manager of Data Analytics at the NSW Ministry of Health, entitled Informatics here and now to support efficient care coordination – translating what we learn from linked data into practice.

Dr Oytam began by talking about the Primary Care Data Linkage Dataset that includes GP visits, ED presentations and hospital admissions on 150,000 patients over five to eight years. He provided examples of its use including an analysis of the impact of conditions not diagnosed and managed in primary care which found longer lengths of hospital stay for these patients.

He then talked about how the data are assisting in the scaling up of successful programs such as the ED to Community program in particular who is best suited for this program.

Forum close

Prof Mark Harris thanked the speakers and the attendees, and stated that this was not the end of the journey to identify the research priorities but rather the beginning. He also stated that the information from the forum would be summarised and considered by the management group in order to develop a program of work using the CES-P&CH for 2019 and beyond.

Management group synthesis and plan for finalisation

The management group considered the outcomes of the day and the different ways that the resultant themes and research priorities could be considered including: health conditions (diabetes, mental illness, oral health), settings (urban environments, health care in the home), demographics (NESB, socio economic status, disability), points of interventions (prevention, acute, transitions between) or cross cutting themes (health literacy, appropriate access to health care and health inequalities).

The management group decided that the five main priority areas that resonated most from the forum and the pre-meetings were: (i) Exploring ways that increased PHC use can reduce avoidable hospitalisations; (ii) Impact of weight/obesity on healthy ageing; (iii)Health of vulnerable populations; (iv) Oral health and health ageing; and (iv) Health of carers.

With regard to the other proposed topic areas of 'homelessness' and 'data gaps and spatial analysis', the management group, while recognising that both these topic areas were important, decided: (i) it would be more appropriate to explore 'homelessness' using resources other than CES-P&CH such as datasets held by FACS and (ii) 'data gaps and spatial analysis' was not a priority areas but rather a cross-cutting priority for which time and resources need to be allocated.

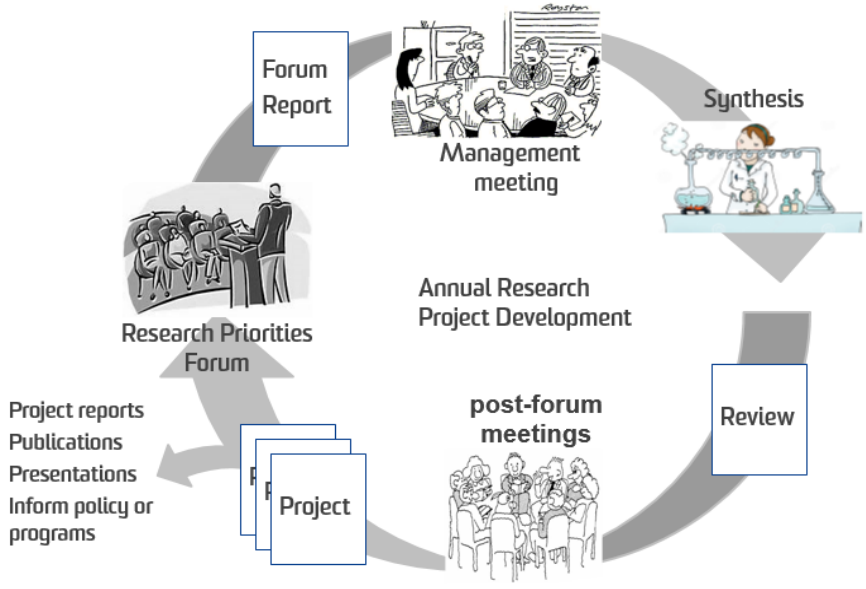
Three to four research questions will be developed for each of the five priority areas by a researcher at CPHCE with each of the proposed questions needing to address the following:

- Is it relevant to PHC in CES? Why? Why not all of NSW?
- What is the policy relevance?
- Can we do it using CES-P&CH?
- What is already known?

A standard template will be used to summarise the proposed research questions within each theme. These summaries will then be considered firstly by the management group and then more broadly by the partners.

A decision will be made for each of the proposed questions to recommend one of the following:

- no further exploration
- including exploration of the research question in the 2019-2021 workplan for 2019
- work towards including the research questions in the workplan in subsequent years once new data/further analysis is completed.



Appendix 1: List of attendees

Name	Position	Centre/Section	Organisation
Sue Baker	Project Officer, HealthPathways	Primary Integrated and Community Health	South Eastern Sydney LHD/Central and Eastern Sydney PHN
Margo Barr	Associate Professor	Centre for Primary Health Care and Equity	University of NSW
Mark Bartlett	Director	Data Management & Analysis	Sax Institute
Amy Bestman	Research Fellow	Health Equity Research and Development Unit	Sydney LHD and University of NSW
Lou-Anne Blunden	Executive Director Clinical Services Integration and Population Health	District Executive	Sydney LHD
Vera Buss	PhD Student	Centre for Primary Health Care and Equity	University of NSW
Elizabeth Comino	Associate Professor	Centre for Primary Health Care and Equity	University of NSW
Elizabeth Denney-Wilson	Professor of Nursing	Nursing and Midwifery	Sydney LHD and Sydney University
Julie Finch	Chronic Care Program Manager	Aged, Chronic Care and Rehabilitation Services	Sydney LHD
Brendan Goodger	General Manager	Primary Care Improvement	Central and Eastern Sydney PHN
Nathalie Hansen	General Manager	Planning and Engagement	Central and Eastern Sydney PHN
Elizabeth Harris	Associate Professor	Centre for Primary Health Care and Equity	University of NSW
Mark Harris	Executive Director	Centre Primary Health Care and Equity	University of NSW
Ben Harris-Roxas	Director, South Eastern Sydney Research Collaboration Hub (SEaRCH)	Centre for Primary Health Care and Equity	University of NSW
Carinna Hockham	Research Fellow, Kidney Research, Renal & Metabolic Division	George Institute	University of NSW
Tony Jackson	Deputy Director	Primary Integrated and Community Health	South Eastern Sydney LHD
AYM Alamgir Kabir	Research Analyst	Centre for Primary Health Care and Equity	University of NSW
Brendon McDougall	Program Manager, Integrated Care	Primary Integrated and Community Health	South Eastern Sydney LHD
Anna McGlynn	Program Manager, HealthPathways	Primary Integrated and Community Health	South Eastern Sydney LHD

Name	Position	Centre/Section	Organisation
Michael Moore	Chief Executive Officer		Central and Eastern Sydney PHN
Cathy O'Callaghan	Research Fellow, SEaRCH	Centre for Primary Health Care and Equity	University of NSW
Julie Osborne	Manager, Integrated Care Unit	Primary Integrated and Community Health	South Eastern Sydney LHD
Yalchin Oytam	Manager	Data Analytics	NSW Ministry of Health
Claire Phelan	Director	Oral Health	South Eastern Sydney LHD
Adrian Power	Collaboration Lead	Systems Integration Monitoring and Evaluation	NSW Ministry of Health
Anurag Sharma	Senior Lecturer	School of Public Health and Community Medicine	University of NSW
Miranda Shaw	General Manager	Community Health Services	Sydney LHD
Frederic Sitas	Director	Centre for Primary Health Care and Equity	University of NSW
Catherine Spooner	Senior Research Fellow	Centre for Primary Health Care and Equity	University of NSW
Jessica Stewart	Executive Director	FACS Insights Analysis and Research	Department of Families and Community Services
Kerry Uebel	Senior Lecturer	School of Public Health and Community Medicine	University of NSW
Sonia van Gessel	Medical Advisor	Primary Integrate and Community Health	South Eastern Sydney LHD
Nirupama Wijesuriya	Research Manager	Drug Health Services	Sydney LHD
Sameer Bhole	Clinical Associate Professor	Clinical Director of the Sydney Dental Hospital and Oral Health Services	Sydney LHD and University of Sydney

Appendix 2: Scores by topic area and facilitators for the small groups

Topic	Previous or New	Score	Facilitator	Topic	Previous or New	Score
Increased PHC use to reduce avoidable hospitalisations	New	8	Tony Jackson SESLHD	Physical/mental	Previous	1
Weight/obesity	New	7	Ben Harris-Roxas SEaRCH, CPHCE	Social isolation	Previous	1
Data gaps and spatial analysis	New	7	Elizabeth Commino CPHCE	Practice nurses - staff inputs that can affect change?	New	1
Homelessness and vulnerable populations	New	6	Sonia van Gessel SESLHD	Economic analysis	New	1
Oral health	New	5	Amy Bestman HERDU, SLHD	Falls	Previous	0
Carers	Previous	4	Brendan Goodger CESPHN	Integrated care plans and reviews	Previous	0
Aged care/ residential care	Previous	3		Use the data for intervention trials	New	0
PIP QI – what's the impact?	New	2		Cancer screening	New	0
Medications	Previous	1		Complexity of care (social issues and multimorbidity)	Previous	0

Appendix 3: Summary of the small group discussions

Topic	General discussion/questions	Why is it a priority	What are the challenges	What are the opportunities	Information required to answer the question
Increased PHC use to reduce avoidable hospitalisations	Characteristics of those not using GPs, building on previous work. Characteristics of those presenting to EDs plus relationship to hospital admission. Identifying trends in avoidable admissions plus comparing CES-P&CH with ICOD (Integrated Care Outcomes Database). Any features of GPs that influence regular attendance. Who are the group who have the avoidable hospitalisations? Any features of EDs that influence regular attendance.	A premier's priority. Decrease avoidable hospital admissions by 5% by 2023 by commissioning evidence-based care in CES in addition to existing IC initiatives).	Using the data to inform as this is a short timeframe. Lack of behavioural data in study. Know what happening but not necessarily why.	Data could inform identification of cohort to target with interventions. Needs analysis between PHN and Districts regarding what the needs and gaps are. Spatial analysis could also direct place-based initiatives to identify areas of need (e.g. mapping areas with absence of bulk billing GPs and asking does this impact on GP admissions).	
Weight/obesity	Service issues with regard to heavier older people e.g. PHC services and/or ED or hospital presentations. Infer from patterns of service.	Increasing prevalence; related to a range of acute and chronic conditions (e.g. diabetes, falls). How will obesity/weight affect ageing and aged care responses (e.g. ability to stay at home, bariatric beds and stretchers). Impact on services. Impact on people's ability to stay at home.	1.Heath literacy (consistent messaging or understanding of healthy weight) and resources (information and knowledge). 2.Identfiying life stage points for intervention at ages above 45 years (prevention, change, interventions). Deterministic 'can't do anything' 3.Stigma and health services' response including GPs. 4.Affordability and impact of PHI (service use differences). 5.How will weight and comorbidities change as people age over time? 6.Impact of weight on patterns of admissions and PHC use in later life.	Ability to examine weight over time and service use. Ability to collect additional information from 45 and Up Study participants on health literacy through sub-studies.	Longitudinal weight data. Health literacy/weight literacy. Stigma – ways to consider. PHI affordability. Info on ageing in place - how/when to decide to go into Residential Aged Care Facilities (RACF). Service issues what heavier older people service use/presentations.

Topic	General discussion/questions	Why is it a priority	What are the challenges	What are the opportunities	Information required to answer the question
Data gaps and spatial analysis	Gaps include: Private Pathology data/pathology; service use for people without a Health Care Card; PHI data; My Health Record; Community Health data and Outpatient data from the Non-admitted patient (NAP) database.	Information about what data we can't get regarding services delivered and indicators of diagnosis. Gaps in relation to PHC/continuity of care clinical information. Access to PHI data to get all the other services delivered e.g. private allied health services, etc. Access to community health data and outpatient data via the Centre for Health Record Linkage (CHeReL) master linkage key or as a project.	Medicare Benefits Schedule (MBS)/ Pharmaceutical Benefits Scheme (PBS) – gaps in who is included e.g. international students MBS data has services delivered but not diagnoses (e.g. HBA1c test indicates diabetes but no diagnosis is recorded) Data held by private companies e.g. pathology; PHI and maintaining these relationships especially when there are personnel changes and data updates required. My Health Record linkage political sensitivities.	Access to other datasets e.g.: pathology, PHI data; My Health Record; welfare datasets (via Australian Institute of Health and Welfare (AIHW)). Sub studies using 45 and Up Study participants.	Better co-ordination of data extracts. More streamlined access to datasets.
Homelessness and vulnerable populations	Spent time defining what that group included: e.g. CALD, Refugee, homeless, disability, severe and persistent mental illness, indigenous, socially isolated, loneliness, low Socio-Economic Indexes for Areas (SEIFA), at risk of homelessness, low education achievement. Not sure what the question is. Need to know what data are available.	Health inequalities and inequity of social determinants. All about social justice Impact across all avenues of health system, i.e. under or over use of health services	Diverse group, small numbers within the population. Small populations within larger groups get averaged out because of small numbers in datasets. Hard to identify homeless and loneliness etc. Hard to reach and hard to get data. Complexity of issue.	Learn from multiple, multiagency datasets such as housing – can still be difficult. May be able to examine strengths and assets of the groups rather than poor outcomes. Understand causal process. May be able to use loss to follow-up (questionnaire data) as an indicator of vulnerable populations.	Low level data e.g. SA1 or the like from Australian Bureau of Statistics (ABS). Good to access to social housing data. Compare with other.
Oral health	Measurement of oral health behaviours and health service use and how this change as people age, transition into aged care, benchmark measures.	Emerging evidence of the role of oral health in other conditions such as Cardiovascular Disease (CVD) and mental health. Not paid for by Medicare. Vulnerable populations excluded – health inequalities.	Reorientating to prevention rather than treatment. Understanding the true cost of service provision. Equity of access. Aged care assessments when people go into care all require an oral health check but not treatment.	Opportunity to link oral health check with treatment needs and to examine if treatments were received. Opportunities linking in referral pathways to improve BMI, smoking etc.	Dental questions in questionnaire; Aged care data; dental information; MBS data on dental checks. NSW population health survey on dental health (spatial linkage).

Topic	General discussion/questions	Why is it a priority	What are the challenges	What are the opportunities	Information required to answer the question
Carers	What is the status of carers? Consider all groups, including carers of children with disabilities. What are the models of carers, i.e. are they paid or not?	Large number of carers looking after the most vulnerable group who would need other services if their carers were not available (good investment) - hypothesis. Who are they? What are the long-term health impacts on their role as carers? What benefits does society get by having that carer group? Gender equity issues which changes over time as they get older – and how the transition points are managed. Carers voiceless; prevent future service use; gender equity; heath of cares; ageing carers.	Carers support – does it reduce/relieve the impact of caregiving	Better targeting of carers with the appropriate carer services. Mismatch e.g. waiting periods etc. Risks for carer arrangements breaking down, e.g. challenging behaviour, night-time, incontinence.	Better data across agencies. Who are the carers? Link with bigger datasets. What intervention studies might overcome e.g. stressful situations (examine how access to the required services relieves stress for the carer). Ability of carers-after they no longer need to care for someone, can they return to work? Carers have a whole range of skills. How can we as service providers support them?