



Issue 24

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Research Theme

He Mana Te Matauranga: Knowledge is Power

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1. He Mana Te Matauranga: Knowledge is Power

The phrase **He Mana Te Matauranga: Knowledge is Power** impressively captures the goals of the District Health Board Research Fund. The knowledge gained and shared through this innovative partnership empowers all of us to actively improve understanding and communication between our own networks and across interdisciplinary networks.



This theme was chosen for the December issue of the enews hoping to summarise some of the enthusiasm and the passion we have witnessed since the inception of the DHBRF. The objective of the DHBRF initiative has been to commission research that addresses key knowledge gaps for DHBs and supports and promotes the translation of research into clinical practice. We recognise that only with an evidence base can truly informed decisions be made.

To round off the year, the intention of this issue has been to profile projects funded to date with this fund. Profiles are included below of the projects on the themes of **Chronic Care** and **Access to Services**. More recently an exciting project was funded on the **Integration of Mental Health Care within a Primary Health Care Setting**.

Hot off the press are the funding decisions made this month to fund seven small scale **Translational Research Projects** with the objective of reducing the incidence or impact of cardiovascular disease, diabetes and/or obesity. The announcement of these projects, with brief summaries can also be found in this issue. A second RFP on this theme will be launched early in 2009.

A further key priority of the DHBRF has been to stimulate engagement with key stakeholders, communication of research outcomes to end-users and the facilitation of an

interconnected network of health providers and researchers. We hope this enewsletter has started to do this! Please remember to forward on to others that may be interested in subscribing and we are always happy to [receive your contributions](#).

The **DHBRF online forum** was launched for the Translational Research RFP as a tool for applicants to network with each other, and to ask questions regarding the RFP. This will be utilised again in the future for similar purposes. There is the possibility a general researchers forum will be made available at a later date, to further facilitate interdisciplinary communications across this fantastic country of ours.

Further to this theme, the 'Sharing Innovation' DHBRF workshop was proudly hosted late last year, enabling members of our communities to interact and share new innovative ideas. This was recently followed up by the impressive and highly successful **INNOV'08 conference**. In this enews issue NZTE briefly summarise some highlights of this exciting meeting.

With this final issue for the year, on behalf of the DHBRF Governance Group we wish to thank all our enews readers, stakeholders, contributors and supporters for their encouragement of the research fund this year, and wish everyone well for a fantastic 2009.

2. Translational Research in Cardiovascular Disease, Diabetes and Obesity: Seven Diverse Projects Funded in Recent Round

The Translational Research RFP was released just a few months ago, with the DHBRF Governance Group keen to ensure a fast turn around for assessment and funding, to enable research to address topical issues and have a rapid translation into the clinical setting.

Funding decisions were made this month, and are officially announced below. Seven small scale projects were selected for funding, each addressing a component of the objective of reducing the incidence or impact of cardiovascular disease, diabetes and/or obesity. The application process includes the submission of a lay summary; the project proposals are therefore included below, in the words of the applicants:

Preventing diabetes in people with acute coronary syndrome and hyperglycaemia. Dr Jeremy Krebs, Department of Endocrinology, Capital & Coast DHB

This project is a prospective intervention study involving individuals at-risk of having further cardiovascular events or developing Type 2 Diabetes Mellitus. Those people with acute coronary syndrome and hyperglycaemia are identified as at-risk individuals. The proposed study will involve two groups. Group A is the control and the subjects will receive primary and secondary healthcare as per normal. Group B is the intervention and participants will receive normal secondary care but a more structured and focused link with primary healthcare. The intervention will involve regular check-ups over a 9 month period and a comprehensive package of education, diet and exercise from the primary health care services. The aim of this study is to optimise and co-ordinate the resources that are already present in the healthcare sector to provide a more strategic focus on the at-risk groups and to ultimately reduce the incidence of further cardiac events and development of type 2 diabetes.

NZ group-based self-management education for patients/whanau with Type 2 Diabetes.

Dr Jeremy Krebs, Department of Endocrinology, Capital & Coast DHB

Type 2 diabetes affects 200 000 New Zealanders. Maori and Pacific populations have higher rates and related complications. Tight control of glucose and blood pressure reduces the rates of complications and underpins the management of diabetes. International evidence demonstrates that group-based self-management education facilitates improved glucose control, better understanding of disease and quality of life. These programmes have been developed in particular population, cultural and social contexts. New Zealand must develop an efficacious and cost-effective education programme that meets the specific needs of our population. This must be deliverable in primary care, meet the needs of Maori and Pacific and be developed in partnership with them. In this proposal a broad partnership between Secondary care, PHOs, Maori and Pacific stakeholders and University, reviews existing evidence-based programmes and develops a NZ equivalent including distinct Maori and Pacific components. The programme will be piloted and revised accordingly. It will then be tested in primary care environments in Wellington and Dunedin, including Maori and Pacific providers.

A trial program for reducing the impact of diabetes related food disease through Māori whanau contexts.
Dr Lisa Ferguson, Taupua Waiora, Centre for Māori Health Research, AUT University

Decreasing diabetes foot and limb complications among Māori is a priority. Prior research found that informed supportive whanau contexts are essential for ensuring and maintaining change. This research will translate those findings into an appropriate programme. This programme will work with people who have diabetes and their whanau, using a multi-method design, within a Māori theoretical framework. In collaboration with a facilitator from the Taranaki PHO, six Māori with diabetes and their whanau (N= approx 60) will develop their own plans for supporting preventive foot health. Evaluation will assess the effectiveness of the program in reducing the impact and incidence of diabetes related foot pathology in the participants with diabetes and ensuring a supportive family context. This will inform policy at a national level about the effectiveness of a program designed by and with whanau rather than for an individual. It will inform national strategies about processes that work in the regional DHB delivery of preventive health.

Optimal management of morbidly obese diabetes patients undergoing bariatric surgery.
Dr Brandon Orr-Walker, Middlemore Hospital, Counties Manukau DHB

Bariatric surgery is a safe and effective method of delivering marked long-term weight reduction and a dramatic improvement in diabetes control. However, it is not without its own side-effects and recipients may still regain the lost-weight if a commitment to lifestyle changes is not maintained. The aim of the current study is to investigate whether intensive pre- and post-operative counselling and support of morbidly-obese diabetic subjects will provide a better outcome than standard care. A cohort of patients with type 2 diabetes and morbid obesity (BMI equal to or greater than 35) will be randomised to receive a "wrap around" regimen comprising intensive psychological assessment/counselling, cultural support, intensive dietetic assessment/counselling and an exercise programme or standard guideline-based care in a 1:1 ratio. All participants will undergo a bariatric surgery procedure 6-months after randomisation. The total duration of follow-up is 18 months (i.e. 6-months pre-surgery and 12-months post-surgery). Principle outcome measures include change in BMI, HbA1c, blood pressure, fasting lipid levels, resting pulmonary function and quality of life. If the study is successful, this could lead to a new health strategy where the very obese diabetic patient is offered an effective weight reduction treatment and the possibility of avoiding the worst scourges of long-term diabetes.

Does a Virtual Specialist Diabetes Clinic improve linkages with primary care and reduce the demand on secondary care diabetes specialist services?
Associate Professor Patrick Manning, Endocrinology, Otago DHB

Specialist diabetes services are currently delivered by diabetologists through the conventional outpatient clinic. Because of the demand on this service waiting times for people with diabetes referred by their GP can be considerable. The aim of this study is to examine the impact of providing a virtual (telephone) clinic for general practitioners and practise nurses. All referrals made to the diabetes service will be answered by way of direct telephone contact with the referrer by one of the four diabetes specialists at Dunedin Hospital. The aim will be to provide the advice that the primary care worker requires to care for the patient in the community without the patient having to come to the diabetes outpatient clinic. We will also be able to provide advice for primary care workers who telephone the service at this time. We will determine the effectiveness of this service by comparing the number of patients seen in the outpatient clinic in the 6 months prior to and after the virtual clinic is established.

Whole of System Approach to CVD Interventions in Counties Manukau.
Dr Allan Moffitt, Primary Care Development, Counties Manukau DHB

This research will build on a national CVD dynamic simulation model to explore how it can be translated to the specific local context of Counties Manukau. We will partner with local DHB and PHO experts to identify: local priority questions that might be addressed by the model; where local data is available to apply within the national model; to quantify local changes in service during the time of the study and determine whether the model accurately reflects the effects of these changes on the system of cardiovascular services in Counties Manukau. By involving local experts we expect to transfer knowledge of how to use these tools, and assess whether these experts consider this modelling process will help refine local decision making and therefore improve delivery of services within the available resources.

Factors affecting effective implementation of the National Diabetes Retinal Screening Grading System and Referral Guidelines: A multi centre analysis.
Dr Edward Hutchins, Ophthalmology Section, University of Otago Dunedin School of Medicine.

We plan to take an in depth look at how those with diabetic eye disease referred to and seen in hospital eye departments across the country in an effort to identify what practices make an efficient referral service (measured by meeting the national guidelines) so that these practices might be adopted by other services to improve efficiency and health outcomes for patients. Blindness as a result of diabetes when managed appropriately is almost entirely preventable. This will take the form of a cross-sectional analysis or audit. We anticipate that this will take six months to do; and that we will need to look at quite a number of the different eye clinics around the country in order to identify trends that are applicable to our different target populations (Māori, Non Māori, Pacific Islanders as well as younger and older populations).

3. Integration of Mental Health Care within a Primary Health Care Setting

The recently funded DHBRF project in the area of mental health care, "Toolkit for Primary Mental Health Care Development", is led by Dr Sunny Collings, co-Director of Social Psychiatry and Population Mental Health, based at the University of Otago Wellington, and Mr Philip Gandar, of Synergia Ltd. The other investigators are Professor Tony Dowell, Department of Primary Healthcare and General Practice at University of Otago Wellington, and Mr David Rees of Synergia Ltd.



The research team (from left) David Rees, Philip Gandar, Sunny Collings and Tony Dowell

The aim of the project is to use a translational approach to research and develop an evidence based, sustainable system framework for primary mental health care. This will build on and strengthen existing capacities and capabilities. The overall aim is to support Primary Mental Health Care implementation in a range of New Zealand settings by producing a series of best practice toolkits.

The research will look at what DHBs, PHOs, NGOs and other organisations need to do to provide mental health care, ranging from mental health promotion to treatment of disorders in the primary care setting. The process will engage a range of key stakeholders in the participative development of the framework, based on the principles of Participatory Action Research.

4. Projects in Chronic Care and Access to Services

Earlier this year, the Access to Services and Chronic Care Projects were both profiled in enews issues on these specific themes. Both studies continue to develop and are leading to some valuable research outcomes. These projects are briefly summarised below as a reminder of their objectives, with links to relevant downloads.

Alleviating the Burden of Chronic Conditions

The aim of the Alleviating the Burden of Chronic Conditions Study (ABC-NZ) is to find effective interventions that will improve health outcomes, particularly in vulnerable populations. A multidisciplinary team led by Professor Martin Connolly at the University of Auckland is investigating current models of care for chronic conditions and reasons why they have not been widely translated into practice, and how this could be improved upon. A valuable 'DHB Workbook' will be produced as part of the project output, to provide an accessible chronic care management resource for all health professionals.



Download the [HRC project fact sheet](#) here to read more.

You may also be interested in reading the Ministry of Health [Long-Term Conditions Programme update, November 2008](#)

Reducing Inequalities in Access to Health Services

Dr Barry Gribben of CBG Health Research Limited is leading an interdisciplinary collaborative team from health care providers around the country, looking at Reducing Inequalities in Access to Health Services. The research project will identify and learn more about actions and solutions that improve access to health services for vulnerable population groups, with a particular focus on access to primary care, medications and diagnostic services. A key research output will be the development of practical tools to aid the implementation of proven interventions.

Download the [HRC project fact sheet](#) here to read more.

A recent press release regarding [access to services for young people](#) may be of interest.

5. Health Innovation Takes Centre Stage

In early November more than 400 people gathered in Wellington for the [INNOV'08 - Weaving Innovation into Health summit](#), presented by New Zealand Trade and Enterprise and the Ministry of Health.

The three-day summit provided a forum for health practitioners, businesses, researchers, policy makers and managers to share ideas, network and explore all aspects of health innovation – from ideas to implementation to commercialisation. It also celebrated and showcased New Zealand's talent and innovations across the wider health sector and included the [Health Innovation Awards](#).



The conference featured high-level international speakers from the UK, US, Canada and Australia, including from the Harvard Business School, the Institute of Health Improvement, Kaiser Permanente and the National Health Service. A mix of presenters from New Zealand's health sector including industry players such as Fisher and Paykel Healthcare, Aranz and Orion Health also featured.

In summing up the conference, former CEO of the Canadian Health Services Research Foundation Jonathon Lomas and conference rapporteur David Galler of the Ministry of Health reinforced the key themes: successful innovation requires leadership, investment in people and relationships, and change management to be positioned front and centre. It requires creativity tempered with discipline and structure to help us recognise when our innovations aren't actually that good; and if we are to have a virtuous circle between health services, outcomes and wealth, we need far greater collaboration across the sector as a whole.

As David Galler observed: New Zealand is uniquely placed and potentially sitting on a health innovation "goldmine". But, we need to act now to put in place the support, structures, collaboration and investment needed to ensure that innovation is taken to the next level.

The challenge now is to ensure that the momentum gained at INNOV'08 is not lost, and that health innovation continues to break new ground.



6. Announcement of a Second Round for Translational Research Proposals

A second Request for Proposals will soon be released to fund small-scale translational research projects with the objective of reducing the incidence or impact of cardiovascular disease, diabetes and/or obesity. Partnerships between DHBs and/or PHOs are central to these projects in which findings will be quickly disseminated through the Health Sector.

The research is being administered by the HRC through a modified application process, in which we hope to provide opportunities for DHBs and Primary Care Providers to undertake translational research.

The Request for Proposal, application forms and explanatory forms will be posted on the HRC web site and at <http://dhbrf.hrc.govt.nz/index.php/home> in early 2009. Individuals or organisations interested in undertaking small scale translational research within cardiovascular disease, diabetes and/or obesity are welcome to register their interest with Ms Katie Hart at the HRC on (09) 303 5081 or, khart@hrc.govt.nz. All registered parties will receive notification of the release of the Request for Proposal documentation.

7. Next DHBRF e-newsletter:

There will be no DHBRF enews in January. We look forward to launching 2009 with an exciting new issue in February.

We are always happy to receive contributions of relevance to our readership. If you have a proposed newsletter item please email ahaggie@hrc.govt.nz

8. About the purpose of the DHBRF e-newsletter:

- Provide DHBs with information relevant to DHB core business i.e. funding and planning activities
- Identify research that could inform planning for public health services
- Identify less relevant research which may have more of a biomedical focus
- Monthly communications focus on one of the priority population health goals as outlined in the New Zealand Health Strategy
- Information is taken from an annual HRC report identifying publications produced by New Zealand research teams or funded by the HRC between May 2005 – June 2006

Information included represents highlights of findings of high-quality research, readily available at the time of writing

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10. Contact Us:

To contact us telephone Aroha Haggie at the HRC on (09) 303 5207 or email: ahaggie@hrc.govt.nz



Check out the HRC's website on <http://www.hrc.govt.nz/>