



**Australian Government
Department of Health**

Submission to the Medical Research Future Fund consultation
to inform the second Australian Medical Research and
Innovation Priorities 2018-2020

31 August 2018



OUR VISION

A healthy Australia, supported by the best possible healthcare system.

OUR MISSION

To conduct research, educate and influence the healthcare system to achieve better health outcomes, improved patient and provider experience, greater equity and sustainability.

OUR GUIDING PRINCIPLES

Healthcare in Australia should be:

- Effective
- Accessible
- Equitable
- Sustainable
- Outcomes-focused.

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INTRODUCTION

1. WHAT IS YOUR NAME?

Rebecca Haddock

2. ARE YOU AFFILIATED WITH AN ORGANISATION?

Yes.

Australian Healthcare and Hospitals Association

3. WHAT KIND OF ORGANISATION DO YOU WORK FOR?

Non-government organisation

4. ARE YOU REPRESENTING YOUR ORGANISATION IN MAKING THIS SUBMISSION?

Yes

5. WHICH STATE OR TERRITORY DO YOU LIVE IN?

Australian Capital Territory

6. WHICH 2016-2018 MRFF PRIORITIES DO YOU THINK NEED FURTHER FOCUS?

- National Institute of Research
- Building evidence in primary care



7. HOW CAN THE 2016-2018 MRFF PRIORITIES YOU HAVE IDENTIFIED BE EXTENDED OR RE-EMPHASISED IN THE 2018-2020 MRFF PRIORITIES?

7A. HOW CAN THE MOST IMPORTANT PRIORITY YOU HAVE IDENTIFIED BE EXTENDED OR RE-EMPHASISED?

The Australian Healthcare and Hospitals Association (AHHA) recognises the significance of the current MRFF and priorities. AHHA recommends that continued strategic investments be made by establishing a National Institute for Research to build evidence in primary care, with specific attention given to health services research. This should also encompass how primary healthcare can most effectively interact with other parts of the health sector, in addition to interactions with the aged and disability care sectors, to maximise patient outcomes and improve system efficiency.

Health systems are under immense pressure from the growing burden of chronic disease and with the increasing costs of healthcare are in danger of becoming unsustainable. Emerging and legacy technologies can both enable innovative models of care or detrimentally entrench existing practices.

Addressing these issues is about more than the clinical management of patients. Health systems research has a critical role in addressing this problem by helping to identify affordable and innovative models of healthcare for the treatment and management of chronic disease. This is also consistent with the Council of Australian Governments (COAG) identification of the need for long term system wide reform in the healthcare sector.

The Australian Medical Research Advisory Board (AMRAB) previously identified a need to prioritise the establishment of a National Institute for Research (Health Services and Public & Preventative Health). This should be fully supported with appropriate funding in 2018-2020.

To be policy and practice relevant, health services research must include both clinicians and health services practitioners, and be carried out in partnership with research experts and policy makers. Healthcare providers understand the problems in healthcare and often have the best ideas for solutions, but they need support to undertake rigorous research to evaluate, implement and disseminate their ideas. A National Institute for Research would contribute to building Australian capacity and capability for health services research, and build a culture of value-based healthcare, with its focus on the patient outcomes achieved for the resources expended and innovation in the care provided to patients.

A National Institute would also provide a framework upon which standards in health services research could be established and best practices readily disseminated. This would enable the participation of the full spectrum of health care systems researchers, rather than supporting a narrowly defined research area. In addition, lessons learned from the system could be documented and used to inform the design and implementation of future research. This will further strengthen the national health services research workforce capacity and maximise opportunities for research success, leading to more sustainable, high quality and cost-effective healthcare.

It should be noted that the existing NHMRC model is often not appropriate for funding health services research. Health services research often requires initial short-term and small-scale pilot-studies which are better assessed and funded locally as part of research in local health



networks rather than via a national assessment process. A National Institute for Research (Health Services and Public & Preventative Health) could provide national support and leadership by distributing MRFF funding for targeted health services research.

7B. IF YOU IDENTIFIED A SECOND PRIORITY PLEASE EXPLAIN HOW IT NEEDS TO BE EXTENDED OR RE-EMPHASISED?

AHHA strongly recommends greater investment in those areas of health services research that continue to build evidence in primary healthcare.

The notion of quality of care is multifaceted and quality improvement and efficiency performance in primary healthcare needs medical, contextual, and policy evidence to have impact. More effective coordination between primary and secondary care can be achieved when research takes into account specific characteristics of a population and the presentation and prevalence of illness and disease. At present there is mismatch between the burden of diseases and research into the effective clinical management of patients across their journey of care and their life course.

Investment in primary healthcare research is necessary for improving the integration of all aspects of primary healthcare within the broader healthcare system. Comprehensive and systematic data on morbidities treated within primary healthcare and associated analytical information relating to the models of care utilised in this service delivery are lacking. Coordinated patient care between health service contact points is typically limited. It can also be difficult for practitioners within primary healthcare to balance maintaining their practice with allocating time to participate in research projects. These issues point to both the difficulty and the need to support research capacity building within the sector. This is an issue for improved patient care and outcomes, in addition to system efficiencies and sustainability.

The MRFF should be made available to cover soft infrastructure (for example, education, training and data) and health services research on-costs. For example, practice-based research networks can be supported to contribute to broader primary healthcare practices and drive improvements in primary healthcare delivery systems. Then research generated in, by and on primary healthcare can be assimilated and applied where it is needed most across the health system. Support for practice-based research networks will also strengthen the links between broader primary care research units, universities and practices. More comprehensive data collection is needed in primary healthcare around the care provided to patients and the outcomes achieved is required to support this research focus. By involving health centres in data collection and by linking to external research projects, important research questions, from the point of view of primary healthcare can be answered. Additional benefits will include reducing wasteful and low value care, and implementing sustainable evidence-based, cost-effective and high-quality care within the primary healthcare setting.

Health services research in primary health care can also assist in the appropriate uptake of new technologies and services through structured engagement and co-design of implementation



strategies with relevant stakeholders including providers, policymakers and consumers. However, for primary care research to be effective, research must occur under context-relevant conditions within realistic primary healthcare settings. The MRFF should continue to reemphasise support directed at those resources designed to enhance the capacity of primary healthcare providers who want develop research skills and contribute to broader health system research.

WHY IT'S IMPORTANT

8. WHAT UNADDRESSED GAPS IN KNOWLEDGE, CAPACITY AND EFFORT ACROSS THE HEALTHCARE SYSTEM AND RESEARCH PIPELINE NEED TO BE ADDRESSED IN THE 2018-2020 MRFF PRIORITIES?

8A. MOST IMPORTANT GAP IDENTIFIED THAT NEEDS TO BE ADDRESSED IN THE 2018-2020 MRFF PRIORITIES.

The MRFF must prioritise support for Aboriginal and Torres Strait Islander health and health services research. Essential elements in achieving this include developing the research capacity of people with an Aboriginal or Torres Strait Islander background, involving Aboriginal or Torres Strait Islander people in all stages of the research process, being flexible and responsive to local conditions and needs, and consciously developing healthcare service delivery practices that are culturally safe and respectful.

Aboriginal and Torres Strait Islander people comprise 3% of the Australian population and experience a burden of disease 2.3 times the rate of non-Indigenous Australians. Most of the burden (64%) is from chronic disease. Systemic problems related to racism and marginalisation also had a negative impact on Indigenous health.

Given the poor health outcomes of Aboriginal and Torres Strait Islander people, it is of significant concern that access to and use of primary and other healthcare services by Aboriginal and Torres Strait Islander people is often far lower than would be expected. Aboriginal and Torres Strait Islander people are also almost five times more likely than non-Indigenous peoples to be hospitalised for conditions that are potentially avoidable by accessing appropriate primary healthcare.

In 2015-16, total direct government expenditure on health services for Aboriginal and Torres Strait Islander people was estimated to be \$6.3 billion (Productivity Commission 2017). Yet the Close the Gap Campaign Steering Committee (CtGSC) has stated, "After 10 years, and despite closing the gap being a national bipartisan priority, it is clear that Australian governments at all levels are, in key respects, failing Australia's First Peoples" (CtGSC Progress and Priorities Report 2017).

For there to be improvements in health outcomes for Aboriginal and Torres Strait Islander people, policy, planning and delivery of services must be informed by evidence about what does and does not work for this group of Australians. This requires research and evaluation of service and program outcomes that can contribute to building the evidence base for more effective models of care and to communicate the effectiveness of programs. However, interpreting and applying the best available



evidence to inform policy, program design and service delivery must recognise the setting and context.

To be most effective, Aboriginal and Torres Islander health researchers should be included within research teams. Research must be planned, developed and delivered with strong Aboriginal and Torres Strait Islander participation at every level, including community involvement. A key component of this leadership should come through the meaningful participation of Aboriginal and Torres Strait Islander people in all decision-making process including ethics and funding decisions, and health service delivery and review.

Service providers and researchers, must actively engage Aboriginal and Torres Strait Islander people as consumers in the design, development, implementation, delivery and evaluation of services. How this can be achieved will vary between communities and locations, but should be an essential component of research planning, conducting and reviewing to ensure services are meeting the needs of their target populations both in scope and approach.

8B. IF YOU IDENTIFIED A SECOND GAP PLEASE EXPLAIN HOW IT NEEDS TO BE ADDRESSED IN THE 2018-2020 MRFF PRIORITIES.

AHHA strongly advocates for greater investment in health services implementation science that will translate research evidence into practice, policy and public health improvements.

Research evidence is currently implemented across the healthcare system in an *ad hoc* manner. This prevents the widespread adoption of evidence into practice from occurring and results in a vast number of discoveries in disease prevention and treatment having limited impact on improving the health of all Australian's.

With better population health outcomes there can be improved economic performance. The MRFF provides an opportunity for supporting outcomes-focused, value-based research that underpins a high-quality healthcare system. This requires the broader health research sector in Australia to place consumers at the centre of research and ensure that research performance and reporting is fit for purpose. Good research is of limited value if not sustainably embedded within ongoing practices.

Audit, feedback and reporting of patient outcomes is essential to informing the development of health care strategies and targeted improvement efforts. The systematic review of health care data and its application allows service providers to track improvements in care provision over time and assist consumers in choosing high-value care and quality providers. This requires recognising the ability for health services research teams to be able to employ principles and methods derived from multiple disciplines outside of health and medicine. The MRFF should support the development of a health research workforce that is able to serve and meet population health needs.

In order to take into account the complexities of the health system, sustained investment in integrated and multi-disciplined research networks are urgently needed to ensure effective translation of research into practice. It is critical to facilitate evidence use through organisational processes and direct engagement between practitioners, researchers and policymakers. This can be sustainably achieved through a greater investment in health services implementation science.



9. WHAT SPECIFIC PRIORITY OR INITIATIVE CAN ADDRESS THE ABOVE GAPS?

9A. WHAT SPECIFIC PRIORITY CAN ADDRESS THE FIRST GAP IDENTIFIED IN QUESTION 8?

The MRFF should promote the development of health services research that builds evidence and supports the translation of evidence into policy and practice for Aboriginal and Torres Strait Islander health gains. It is vital that the MRFF supports Aboriginal and Torres Strait Islander health services through research that:

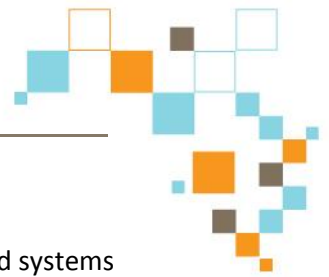
- Benefits Aboriginal and Torres Strait Islander communities;
- Leads to the creation of new knowledge that can be translated into Aboriginal and Torres Strait Islander health gains;
- Responds to the needs of and work in partnership with, Aboriginal and Torres Strait Islander stakeholders and communities;
- Promotes the development of research systems that support the translation of evidence into policy and practice;
- Includes data collection for analysis of the effectiveness of health systems and services;
- Builds a contemporary evidence base which includes traditional healing and cultural models of care;
- Addresses institutional racism in health services, systems and research;
- Includes Aboriginal and Torres Strait Islander representation in ethics and project selection processes; and
- Promotes the development of Aboriginal and Torres Strait Islander research leadership and the development of Aboriginal and Torres Strait Islander researchers.

9.B IF YOU IDENTIFIED A SECOND GAP IN QUESTION 8, WHAT SPECIFIC PRIORITY OR INITIATIVE CAN ADDRESS THIS GAP?

The Australian health care system is grappling with the problem of bridging the gap between evidence-based health interventions and actual practice in health service settings. This is in part created by a shortfall in capacity of the implementation science workforce. Therefore, it is essential that the MRFF provides support for increasing the capacity of the healthcare system to implement evidence-based practices, by training professionals in implementation science.

Implementation science practice and training will require partnerships between researchers, practitioners and policy makers, or more broadly between academia, health service providers and government. An effective way in which the MRFF can support capacity building in implementation science is therefore to provide funding for the development of formal competency training and mentorship in the area of health services research.

Training programs should be systematically developed through engagement with the Australian Research Council whose research networks have experienced mentors and also a full capacity to promote data analytics, health economics and implementation science.



Funding could be used to:

- Provide competitive fellowships and development grants to health services and systems researchers with a strong emphasis on multidisciplinary research that include policy-makers and practitioners from the point of research development.
- Support targeted translational research in health services research.
- Provide a centralised national reference point for consumer and policymaker participation in health services research, including access to research information and opportunities to advise on research.
- Link with the ARC, health services and other stakeholders, to facilitate their participation in translational research.

10. WHAT STRATEGIC PLATFORMS (IDENTIFIED IN THE MRFF STRATEGY DOCUMENT) WOULD THE PRIORITIES YOU IDENTIFIED IN QUESTION 8 FALL UNDER?

AHHA has identified:

- Aboriginal and Torres Strait Islander health and health services research; and
- Building the workforce capacity in implementation science;

as priorities for the MRFF (2018-2020). While these priorities, for the purpose of this submission, specifically identify with the strategic platform 'Health Services and Systems', both priorities must be considered against all six platforms identified in the Australian Medical Research and Innovation Strategy 2016-2021 (strategic and international horizons; data and infrastructure; health services and systems; capacity and collaboration; trials and translation; commercialisation).

This underscores the importance of supporting research that is integrated and is capable of delivering health care that is safe, patient-centred, outcomes focussed, timely, effective and equitable.

11. HOW CAN CURRENT RESEARCH CAPACITY, PRODUCTION AND USE WITHIN THE HEALTH SYSTEM BE FURTHER STRENGTHENED THROUGH THE MRFF?

Current research capacity and production and use can be strengthened through the MRFF by:

- Ensuring that evaluation is embedded in all research trials and translational research from the start;
- Identifying those research grants which have led to published research and/or changes to medical or health policy or services;
- Working to understand discipline context and accurately evaluating existing research capacity;
- Providing transparency in funding processes;
- Ensuring that research identifies stakeholder priorities and that consumers have increased opportunities to participate in research;
- Establishing robust research governance and support structures and promoting effective leadership;
- Incorporating a preventative health agenda within health research and implementation;



- Ensuring that clinical and translational research are supported with effective linkages and partnerships, including with the ARC;
- Securing a pathway for funding fellowships and partnerships that are health service or policy based;
- Ensure the inclusion of Aboriginal and Torres Strait Islander people in primary healthcare and clinical trials; and
- Robustly supporting the capacity to provide evidence in support of the Aboriginal and Torres Strait Islander Health Performance Framework

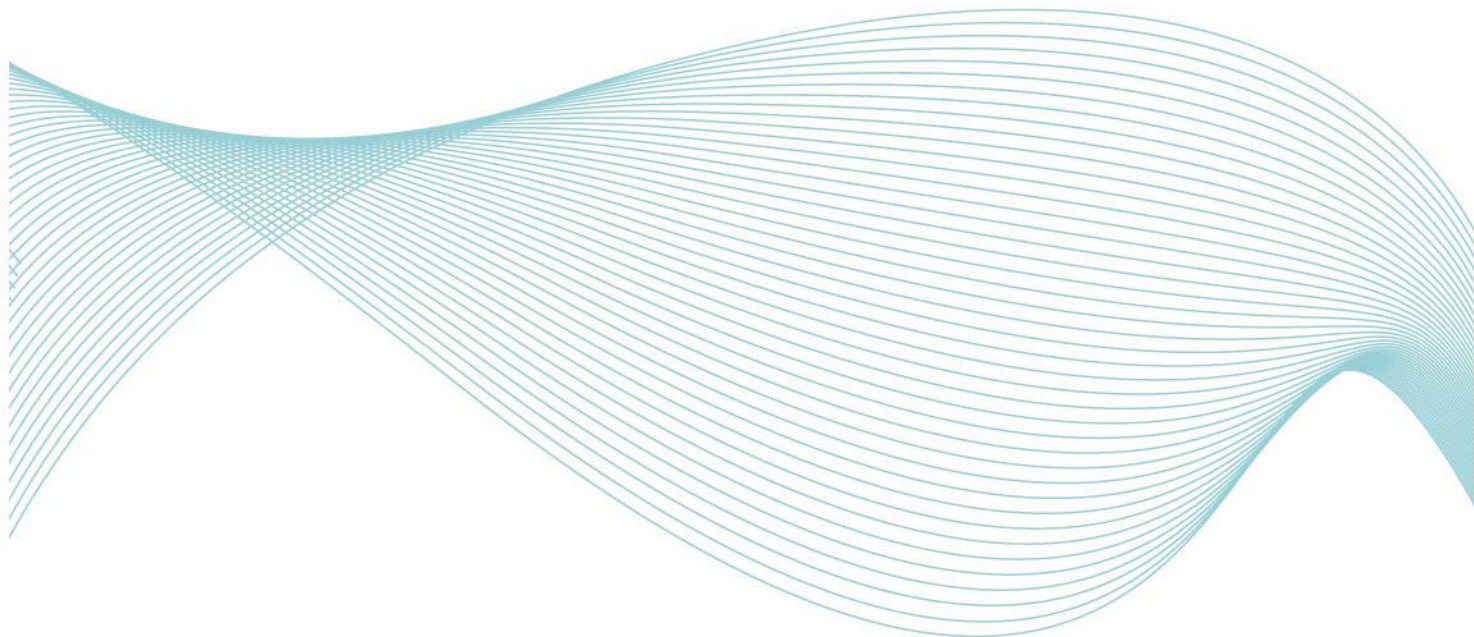
12. DO YOU HAVE ADDITIONAL COMMENTS ON THE DISCUSSION PAPER?

It is critical that outcomes from the research supported through the MRFF be characterised by:

- Improved patient care, access, satisfaction, safety and quality of life;
- Reduced burden of disease and improved population health;
- System efficiencies being achieved;
- Improved productivity and responsiveness of the health workforce; and
- The demonstrated capacity of the sector to adapt to a changing health system environment.

This will result in better patient experience and health outcomes, improved access to timely health services and reduced costs either directly through out-of-pocket expenses or reduced government expenditure.

The Australian Healthcare and Hospitals Association welcomes the opportunity to discuss our submission with you further.



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