

Response ID ANON-823Y-XGZN-W

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

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Introduction

1 What is your name?

Name:

Jade Hart

2 Are you affiliated with an organisation?

Yes

3 What kind of organisation do you work for?

Non-government organisation

4 Are you representing your organisation in making this submission?

Yes

5 What state or territory do you live in?

Victoria, Tasmania

6 Which 2016–2018 MRFF Priorities do you think need further focus? (please select a maximum of three Priorities)

Building evidence in primary care, Targeted translation topics

7 How can the 2016–2018 MRFF Priorities you identified in Question 6 be extended or re-emphasised in the 2018–2020 MRFF Priorities?

How can the most important Priority identified in Question 6 be extended or re-emphasised? (max 500 words):

Victorian and Tasmanian Primary Health Networks (PHNs) fully support a MRFF focus on “building evidence in primary care”. PHNs apply a broad understanding of primary care as the initial services provided by general practitioners, practice and community nurses, nurse practitioners, allied health professionals, midwives, pharmacists, dentists and Aboriginal and Torres Strait Islander health practitioners either, in the home, general or other private practice, community health services and local or non-government services’. Primary care prevention, treatment and support are recognised as the platform for the realisation of impact and value-for-money across the Australian health and social care system. Primary care is not limited to a single disease or study area.

PHNs are change agents for health improvement at the ‘meso’ or middle layer of the Australian primary care system, acting as a conduit between individual providers/services and state, territory and commonwealth governments. PHNs provide a nationally consistent infrastructure for solutions design and implementation support at the local level. PHNs have a strong interest in research which facilitates outcomes for communities consistent with a biopsychosocial model of health (not limited to a bio-medical model). PHNs use evidence to progress efforts as a primary care service improvement partner, and through commissioning of primary care services in areas of community need.

The MRFF is ideally placed to seed evidence that should ideally inform primary care investment that occurs in parallel with the MBS funded environment. The breadth of other primary care commissioners includes the 31 PHNs (that are responsible for a \$1+ billion annual allocation of funds into the primary care sector), local/state/commonwealth governments (and statutory authorities and administrative agencies), and compensable care payers. Consistent with the interests of the Medical Research Future Fund Act (2015), PHN commissioning cycles place value on examining population health needs, procurement of new services and the conduct of service system, and quality improvement strategies to meet those needs.

It is noted that Australia lacks a current primary health care research and development strategy. Therefore, the MRFF provides an opportunity for important investment in primary care which has a pivotal role to advance the Australian Government’s and Minister for Health’s “third wave” of health reforms which it is understood will focus on avoiding hospital admissions and better addressing the health needs of older Australians. Primary health as the third wave of reform is consistent with interest in ensuring that the MRFF has “transformational” impact for all Australians who access the primary care system.

There is strong benefit in primary health care research funding fostering a formal requirement for research partnerships with commissioners including PHNs.

If you identified a second Priority in Question 6 please explain how it needs to be extended or re-emphasised? (max 500 words):

Victorian and Tasmanian Primary Health Networks (PHNs) fully support a MRFF focus on “targeted translation topics”. PHNs have a collective interest in supporting the dissemination, adoption and implementation of research-evidence informed strategies. It is noted that PHNs have formal work programs that focuses on care pathways, care transition, clinical variation, co-morbidity, and health inequities in Aboriginal and Torres Strait Islander Australians and other vulnerable populations consistent with the MRFF priority.

The MRFF research pipeline must be coupled with a strategy for how the primary care sector is placed to integrate emerging developments from a people (workforce), process (workflow) and systems (organisational/cross-organisational) perspective. The ‘research-practice divide’ within healthcare is acknowledged.

Studies have shown that that it can take "more than a decade to implement research results into clinical practice, and that it is often difficult to sustain innovations over time" (Kristensen, Nyamann, Konradsen 2016, p. 48). This divide is not consistent with the MRFF funding principles, researcher interests for utility, nor PHN interests for commissioning and procuring cost-effective service responses for communities.

There is strong benefit in targeted translation topics funding fostering a formal requirement for research partnerships with commissioners including PHNs to facilitate proactive planning for the translation and implementation of research findings.

If you identified a third Priority in Question 6 please explain how it needs to be extended or re-emphasised? (max 500 words):

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?

Most important gap identified that needs to be addressed in the 2018-2020 MRFF Priorities (max 500 words):

The priority in relation to Building Evidence for Primary Care supports an approach that considers primary health care research strategically with a long-term objective.

It is understood that the existing priority seeks to "Work alongside the Medicare Benefits Schedule Review Taskforce to identify interventions with limited supporting evidence that are amenable to randomised control trial investigations and engage the existing workforce to build capacity."

The MRFF provides an opportunity to advance Australian primary care research and contribute to the international knowledge base. The Australian primary care system is described as large and comprehensive, yet room for further development and improvement exists. Primary care is not limited to MBS funded interventions, it comprises the breadth of providers, programs, and services that are delivered through universal services (e.g. general practice) and specialist community-based services. These specialist community-based services include but are not limited to home and community services, alcohol and other drug services, mental health, oral health, maternal and children health, and women's health and family planning. The scope of primary care is broad, and it is imperative that the MRFF refocus the "building evidence for primary care" priority to reflect this and leverage the potential for the MRFF to guide practical benefits for Australians.

Primary care health services research would benefit from a study area which is inclusive of service and service system responses, and not limited to clinical interventions. Therefore, there is the potential to consider how this priority might be extended to investigate and develop strategies of an i) organisational, ii) workforce and iii) service system perspective to support evidence-informed practice (not limited to MBS funded interventions).

From a PHN perspective, the priorities for emerging research derived from the MRFF aligns with PHN national priorities which relate to building primary care evidence within the context of:

1. Mental health
2. Aboriginal and Torres Strait Islander Health
3. Population Health
4. Workforce
5. Digital Health (noting Australian Digital Health Agency efforts within the context of the MRFF)
6. Aged care
7. Alcohol and other drugs
8. Integrated care in relation to the points/sectors above.

Additionally, research with a focus on primary care commissioning and quality improvement methodology are priorities for PHNs.

Primary health care serves as the entry point to a health system. Investment in primary health care research delivers a range of benefits which are consistent with the MRFF evaluation criteria i) research - the potential for research findings to be translated into practice across the breadth of the primary health care system impacting on large numbers of practices, services and communities; ii) feasibility – a viable primary care research sector nationally with a suite of commissioners and providers placed to integrate and implement primary health services research, and iii) value for money - the realisation of cost-effective investment through evidence-based primary care services.

If you identified a second gap please explain how it needs to be addressed in the 2018-2020 MRFF Priorities (max 500 words):

The priority in relation to Targeted Translation Topics supports a strategic approach to translation efforts within primary, acute, and sub-acute settings.

It is acknowledged that the MRFF translation priority has a defined scope, specifically to "Work with the NHMRC-accredited Advanced Health Research and Translation Centres to deliver research agendas in primary care, acute and sub-acute settings relating to clinical pathways and care transition; clinical variation; co-morbidity; and health inequities in Aboriginal and Torres Strait Islander Australians and other vulnerable populations."

PHNs provide nationally consistent infrastructure for solutions design and implementation support at the local level in support of "improving coordination of care to ensure patients receive the right care in the right place at the right time." The role of PHNs in supporting robust integration of care across the continuum, including primary, acute and sub-acute settings, highlights particular interest in ensuring that this MRFF priority yields research findings which can be rapidly translated into PHN commissioning and quality improvement efforts.

The PHNs also consider that this priority would benefit from an extended scope which formally recognises that translation efforts are relevant across multiple MRFF priorities that will inevitably have an intersection with primary care sector. Indeed, translation could be considered an "enabling priority" that could be conceptually considered a component of multiple, if not all MRFF priorities. The following examples have been provided to prompt reflection:

- i) Antimicrobial resistance – Strategies for adoption of best practice among primary care prescribers and dispensers (e.g. pharmacists)
- ii) Disruptive technology – Strategies to support the adoption of technologies within primary care, with information/data flow and technology integration (e.g. with primary care considered as part of a multidisciplinary team)

- iii) Clinical registries – Record linkage and optimisation of primary care data (i.e. beyond MBS and PBS level data) to provide a more comprehensive perspective of safety and quality in healthcare delivery
- iv) Behavioural economics application – The intersection between public and preventive health behavioural economics approaches with primary care interventions.
- v) Public good demonstration trials – The extension of clinical risks for at-risk groups including adolescents and young adults, culturally diverse groups, and people with complex co-morbidities (all of whom may engage with primary care).

PHNs highlight the benefits of proactive assessment of the potential implications of MRFF priorities and associated research funded within the context of primary care. It is argued that all MRFF priorities, and particularly the translation priority and funded research should proactively identify the implications for primary care.

If you identified a third gap please explain how it needs to be addressed in the 2018-2020 MRFF Priorities (max 500 words):

9 What specific priority or initiative can address the above gaps?

What specific priority or initiative can address the first gap identified in Question 8? (max 500 words):

MRFF investment would benefit from PHN involvement in the development of primary care health services research in the following:

1. Mental health
2. Aboriginal and Torres Strait Islander Health
3. Population Health
4. Workforce
5. Digital Health (noting Australian Digital Health efforts within the context of the MRFF)
6. Aged care
7. Alcohol and other drugs
8. Primary care commissioning
9. Primary care quality improvement

If you identified a second gap in Question 8 what specific priority or initiative can address this gap? (max 500 words):

MRFF investment would benefit from PHN involvement in the development of initiatives that explore translational research/implementation science in the following:

1. Mental health
2. Aboriginal and Torres Strait Islander Health
3. Population Health
4. Workforce
5. Digital Health (noting Australian Digital Health efforts within the context of the MRFF)
6. Aged care
7. Alcohol and other drugs
8. Primary care commissioning
9. Primary care quality improvement

If you identified a third gap in Question 8 what specific priority or initiative can address this gap? (max 500 words):

10 What Strategic Platforms (identified in the MRFF Strategy document) would the Priority/ies you identified in Question 8 fall under?

Data and infrastructure, Health services and systems, Capacity and collaboration

11 How can current research capacity, production and use within the health system be further strengthened through the MRFF? (max 500 words)

Please give us your views:

The capacity to achieve research evidence-informed primary care commissioning and quality improvement is linked to the i) capacity for specific primary care research to be proactively and formally flagged, ii) structures to support commissioner engagement in the design and conduct of research (consistent with utilisation-focused evaluation principles which places the users of research front of mind), and ii) a clear research knowledge management dissemination, translation and implementation strategy. Foundational to this is a means to facilitate primary care research knowledge transfer such that findings may be accessible to practitioners in a timely manner (and alongside standard peer review publication processes). Further details as follows.

Firstly, primary care commissioners such as Primary Health Networks (PHNs) explore questions of how to ensure “the right care, at the right time, at the right place”. Research evidence must be tailored and offer granular understanding for a given context. Better practice models of immunisation or older persons mental health supports will inevitably need to vary for inner city Melbourne versus Alice Springs. A structure which supports a coordinated approach to drawing from formal/published needs assessments (e.g. those developed by PHNs) on primary care research needs will identify shared and unique questions for which the MRFF may be ideally suited to providing the evidence base to guide primary care commissioning and quality improvement efforts.

Secondly, there is a need to ensure that research achieves the intended level of utility. Utilisation-focused evaluation is grounded in a view that research such as evaluation “should be judged on its usefulness to its intended users”. Therefore, mechanisms which facilitate primary care commissioner involvement or dissemination of research updates, provide a means to ensure that the sector is well placed to consider overall findings of the MRFF funded research through a timely and more agile approach. The strategy would avoid issues of a potential divide between “research to practice”. The capacity for the users of research findings to proactively participate in research scoping will ensure relevance and consider emerging results. The outcomes derived are consistent with the MRFF’s interest in delivering real research-informed benefits for Australian communities.

Finally, primary care research knowledge management and transfer is essential to realising value for money from the MRFF investment. This may involve collaborative models to foster synthesis and dissemination of emerging primary care research (alongside the peer reviewed publication process which may

variably be accessible to practitioners). Primary care commissioners nationally and communities served are positioned to benefit from a genuinely collaborative approach research capacity, production and use.

12 Do you have any additional comments on the Discussion Paper? (max 250 words)

Please give us your feedback on the Discussion Paper:

Victorian and Tasmanian Primary Health Networks are strong advocates for evidence-informed commissioning, procurement, and quality improvement within primary care. PHNs focus on vulnerable communities, seek to ensure robust systems and care pathways, and are grounded in consumer and sector engagement. PHNs also work to improve integration within the health system. Achieving value for money is essential. The benefits of investment in high quality prevention and primary care can be greater than other “downstream” investment. Progress achieved through Primary Health Care Research and Evaluation Development (PHCRED) Strategy 2000 – 2014 in building capacity in the Australian primary health care research sector and the efforts of primary care commissioners such as PHNs provide the foundation for optimising the design and implementation of strategic and much needed research investment within primary care through the MRFF and is consistent with the MRFF vision and funding principles for whole-of-system benefit.

13 Do you consent to this submission being made public on the MRFF website?

Yes