

Response to the Strategic Review of Health and Medical Research 2012

The Sax Institute

About the Sax Institute

The Sax Institute is a national leader in promoting the use of research evidence in health policy, with a respected and growing international reputation. We aim to be the bridge between health researchers and policy makers, giving each the tools to work more closely together for the health benefit of all Australians. Our membership spans 36 public health and health services research groups and their universities. Established in 2002 as an independent, not-for-profit organisation, our core funding is provided by NSW Health and we are supported by other government, non-government, philanthropic and competitive research funding agencies.

Sax Institute Response to the Strategic Review

Why is it in Australia's interest to have a viable, internationally competitive health and medical research sector? (Terms of Reference 1 and 6)

Health and medical research across the spectrum from biomedical, clinical, health services and population health research is essential to underpin innovation and improvement in health services and better health outcomes. It is particularly important to have strong Australian capacity in population health and health services research because unique features of the Australian context – geographic, social and political – influence both the nature and the burden of population-level health concerns, and the appropriateness and effectiveness of potential solutions.

How might health and medical research be best managed and funded in Australia? (Terms of Reference 2, 3 and 7)

Well-coordinated mechanisms, and clear responsibilities, for funding major research infrastructure are crucial to ensure that health and medical research in Australia is internationally competitive in an era of “big science”. Funding for this infrastructure must support operations as well as capital costs. The 2011 Strategic Roadmap For Australian Research Infrastructure sets out several key capabilities for health and medical research, including biobanks and infrastructure for research using linked population health data, cohort studies and disease registers. These extend capabilities that have already been supported under previous funding programs including the National Collaborative Research Infrastructure Strategy. It is essential that this momentum is not lost.

In terms of governance of the health and medical research sector, there is lack of clarity regarding the roles and responsibilities of state and commonwealth governments, and of specific government agencies, with regard to funding the indirect costs of health and

medical research. Different arrangements exist for research that is conducted in independent research institutes, universities, and in the health system. A more uniform approach, built on a principle of supporting high-quality research that meets the strategic priorities of government, wherever it is conducted, would encourage cross-institutional collaboration and increase the efficiency of the sector.

What are the health and medical research strategic directions and priorities and how might we meet them? (Terms of Reference 5, 12 and 13)

Research to inform the efficient allocation of health resources is a key priority for Australia. Both the Productivity Commission¹ and the National Health and Hospital Reform Commission² note that Australia often fails to use evidence from research to inform investment decisions, to improve services or to discontinue them. Relevant research includes observational studies of variation in the provision of health services, their costs and their outcomes, and comparative effectiveness research.

Health services research has historically been underfunded in Australia, and there is an urgent need to build capacity in this research. Unlike biomedical research, and most clinical research, health services research must consider the unique nature of our health funding environment, and our geography, thus it is imperative that we have a vibrant and substantial local research community.

Australia has one of the most comprehensive collections of population-based administrative data in the world, capturing complete information about use of services including those funded through Medicare (Medical Benefits Schedule [MBS] and Pharmaceutical Benefits Scheme [PBS]), public and private hospital services and community-based and residential aged care. These are supplemented by other data that are routinely collected by government agencies, including vital statistics and disease registers, adverse incident reporting systems and surveys of patient satisfaction, and by a rich array of population-based cohort studies. Together, these present huge potential for policy-relevant research, but this will require further investment in mechanisms to facilitate access to these data to support their use for research. It is essential that research uses of data are considered as an integral part of the design of new e-health systems, so that these data can be linked with existing administrative data to support powerful new studies of the outcomes of clinical care.

Research to inform interventions to address health inequalities, in particular Aboriginal health, is an ongoing priority. Long-term programs of research, done in partnership with communities, to identify critical points for intervention, develop and test interventions, and address issues in the implementation of interventions are needed. Although setting a target for NHMRC investment in Aboriginal health research has substantially boosted the research

¹Banks G. *Challenges of Evidence-Based Policy-Making*. Australian Productivity Commission. Canberra: Commonwealth of Australia, 2009.

² National Health and Hospitals Reform Commission. *A Healthier Future for All Australians: Final Report of the National Health and Hospitals Reform Commission*. Canberra: Commonwealth of Australia, 2009.

effort, much of this has gone to short-term project grants. Additional mechanisms for supporting long-term partnership research in Aboriginal health are required.

How can we optimise translation of health and medical research into better health and wellbeing? (Terms of Reference 4, 8, 9, 10 and 11)

Several conceptual models describe factors likely to influence impacts of research on policy and therefore strategies that might be used to increase the impact of research.^{3,4,5} These stress the complex interaction of different factors but seem to agree that the following four strategies are likely to increase the impact of research on policy: improved access to evidence from research; greater exchange between researchers and policy agencies; structures to facilitate generation of new relevant research like partnerships with researchers or commissioned research; and organisational capacity for using research (research receptivity) such as policies, culture and skills.

Improving access to evidence from research requires mechanisms to support the rapid generation of reviews of existing evidence, in formats that meet the needs of policy makers. An example is the Sax Institute's *Evidence Check*, a program that allows policy agencies to commission highly targeted evidence reviews from specialised researchers. A specialised "knowledge broker" assists the policy maker to draft a brief which outlines specific policy-relevant questions to be answered by a researcher in ways relevant and useful for the particular purpose. *Evidence Check* has been used to commission more than 50 reviews from a broad range of agencies including NSW Health, NSW Treasury, NSW Department of Premier and Cabinet, NSW Department of Ageing Disability and Home Care and the Victorian Department of Human Services. A review of the *Evidence Check* program has demonstrated that its products are highly regarded by policy makers, result in more policy-relevant outcomes than traditional commissioned research; agencies that have used Evidence Check are highly likely to use it again.⁶

In terms of increasing exchange between researchers and policy agencies, and generating new relevant research, expansion of schemes such as the NHMRC's Partnerships for Better Health and Partnership Centres schemes presents a potential model. Strong partnership research programs involving both policy agencies and research teams, and making use of Australia's wealth of population health data, have the potential to drive health reform. None of the NHMRC Partnership Centres announced to date have had a specific focus on driving improvements in health service provision and clinical care.

³French B, Thomas LH, Baker P, Burton CR, Pennington L, Roddam H. What can management theories offer evidence-based practice? A comparative analysis of measurement tools for organisational context. *Implement Sci* 2009; 4: 28. doi: 10.1186/1748-5908-4-28.

⁴Graham ID, Tetroe JM. Getting evidence into policy and practice: perspective of a health research funder. *J Can Acad Child Adolesc Psychiatry* 2009; 18: 46-50.

⁵Redman S, Jorm L, Haines M. Increasing the use of research in policy: the Sax Institute model. *Australian Epidemiologist* 2008; 15: 15-18.

⁶Campbell D, Frew D, Moore G, Thackway S. Evaluating an 'evidence-into-policy' initiative. Presented at the Public Health Association of Australia 39th Annual Conference, Canberra, September 2009

In terms of how to increase the “research receptivity” of policymakers and practitioners, only very limited evidence exists.⁷ Indeed, much of the current practice across all aspects of research transfer and translation is based on expert opinion, rather than empirical evidence. We need to invest in well-designed intervention studies to test what works to facilitate the rapid uptake of research evidence into health policy and practice in Australia.

⁷Taylor RS, Reeves BC, Ewings PE, Taylor RJ. Critical appraisal skills training for health care professionals: a randomized controlled trial. *BMC Med Educ* 2004; 4: 30.