

Australian Healthcare and Hospitals Association Submission to the McKeon review

1. Background

- 1.1 The Australian Healthcare and Hospitals Association (AHHA) is the independent peak membership body and advocate for the Australian public healthcare system. Our membership includes a wide range of health services across the nation, including: state governments, local hospital networks, individual public and not-for-profit health services, Medicare Locals, Community Health Services and Multi Purpose Services.
- 1.2 In November 2011, the AHHA established an innovative Health Policy Research Institute with Founding Academic Partners: Queensland University of Technology, the Australian National University, the University of Wollongong and the University of Western Australia
- 1.3 The AHHA also publishes the Australian Health Review, a peer-reviewed quarterly journal that is widely supported by health services and universities nationally and internationally. It is the only Thomson impact factor-rated Australian journal which focuses on health services policy, healthcare delivery systems and management – that is, matters of interest to those working in the healthcare industry. It publishes new research from practitioners (managers and clinicians) and reports of breakthrough projects that demonstrate better ways of delivering care.

2. Collaborative research and the role of non-government organisations

- 2.1 The AHHA strongly believes that the best health policies are made when researchers, practitioners and policymakers work together. The AHHA's Institute is uniquely placed to facilitate nation-wide collaborations between researchers, practitioners and policymakers by linking its diverse and well-established membership base of high-level health service managers and policymakers, with its growing cohort of academic partners.
- 2.2 However, there are many structural and cultural barriers that prevent effective collaborations to support better health policymaking. For example, researchers have strong incentives to publish in peer-review journals that are not widely read by policymakers. And it is difficult for practitioners to justify the time required to participate in research activities (including disseminating results) when they do not relate directly to patient care. The AHHA believes that a concerted effort is needed to overcome these structural and cultural barriers so that it is easy for researchers, practitioners and policymakers to collaborate on research projects and support the rapid translation of research outcomes.

2.3 We acknowledge recent initiatives in this area, such as the establishment of the National Health and Medical Research Council’s Partnership Centres for Better Health, but we believe that more needs to be done. Below we outline a number of issues that we think should be addressed to make it easier for non-government organisations like the AHHA Health Policy Research Institute to facilitate collaborative health policy research in Australia.

3. **Administering Institutions**

3.1 The AHHA’s Institute is a not-for-profit organisation, currently funded through membership and operating on a very tight budget. Regrettably, the Institute cannot apply, as a lead applicant, for NHMRC or ARC research funds because it does not fit the definition of an Administering Institution and/or Eligible Organisation. While the Institute is aware of other sources of research funds (for example, government departments), these funding opportunities are limited and often taken the form of tenders or evaluations rather than research. The NHMRC and ARC are the two principal funding organisations in the areas relevant to health policy research, and we believe it should be able to secure funding from these organisations to conduct large-scale research projects that capitalise on its strengths, including:

- facilitating collaborative research between academics and a broad range of health services;
- disseminating research findings to wide audiences;
- facilitating knowledge exchange and the diffusion of innovation in health services; and
- synthesising research findings so that they are accessible and relevant to policymakers.

3.2 Very few organisations are in a position to conduct collaborative research that has the potential to lead to the rapid translation of research outcomes into improved health policies and practices. We think it is important for organisations like ours, which can foster these important collaborations, to be able to apply for research funds as lead applicants in collaboration with universities. To do this, we strongly recommend that the rules for Administering Institutions/Eligible Organisations be reviewed and amended accordingly.

4. **Funding for organisations conducting translational research**

4.1 To gain the most from health and medical research conducted in Australia, innovations need to be taken up quickly and widely. This means investing in organisations, such as the AHHA Health Policy Research Institute, that can facilitate the uptake and translation of research.

4.2 At present, other than the ARC and NHMRC, there are very few funding options for organisations that focus on translational research. The private sector tends to see this area as the role of governments (unless there is potential for the commercialisation of research). And governments have traditionally not made substantial investment in this area, perhaps because they under-estimate the challenges and obstacles to translating evidence into practice.

4.3 We recommend that consideration be given to establishing a funding program where organisations involved in translational research can compete for funds. Such a program should support broader participation in the research process – i.e. funds would be used to support ongoing participation from end-users of research (policymakers and practitioners) through policy networks or communities of interest.

5. Incentives for publishing in non-peer reviewed formats

5.1 We acknowledge the importance of publishing health and medical research in scholarly journals. However under the current system, there are few incentives for researchers to publish their work in other places that are more accessible to policymakers.

5.2 To facilitate knowledge exchange, stronger incentives need to be put in place to encourage researchers to publish their work in non-peer reviewed formats that are more accessible and relevant to the needs of policymakers and/or practitioners.

6. Researchers working outside the university and hospital sectors

6.1 Under the current NHMRC and ARC funding rules, it is difficult for qualified researchers with adjunct positions at universities to compete for research funds, even if they are working on projects that aim to facilitate the translation of research into policy and practice. The funding rules are complex and differ across schemes.

6.2 We recommend consideration be given to simplifying the funding rules and eligibility requirements for ‘practitioner’ researchers, particularly those working outside hospitals.

7. Social Science Discipline

7.1 Finally, we believe there is a lack of recognition by traditional academia, including the NHMRC and ARC, of the social sciences disciplines as a cohesive academic field. As health policy debate and research is predominantly classified as a social science, this has the potential to create a further barrier to seeking funding from the NHMRC and ARC. We recommend that consideration be given to rectifying this anomaly with the research community.

Yours sincerely



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