

Interim Report: Feedback

Following the Sustainable Health Review Interim Report feedback was sought. Open feedback provided by the organisation or individual is detailed below.

Your Personal Details	
1. Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
2. First Name(s)	
3. Surname	
4. Contact Details	
5. Organisation	Research Australia
6. Location	<input type="checkbox"/> Metropolitan <input type="checkbox"/> Regional WA <input type="checkbox"/> Outside WA
7. Are you providing a response on behalf of your group/organisation or as an individual? (Required)	<input checked="" type="checkbox"/> Group/organisation <input type="checkbox"/> Individual <input type="checkbox"/> Other, please specify _____
Q8. Do you consent to your feedback being published, in summaries or in the Final Report? (Required)	
<input checked="" type="checkbox"/> I consent to my feedback being published <input type="checkbox"/> I consent to my feedback being published anonymously <input type="checkbox"/> I do not consent to my feedback being published	

SUSTAINABLE HEALTH REVIEW INTERIM REPORT

Response to the Consultation

May 2018

ABOUT RESEARCH AUSTRALIA

Our vision: Research Australia envisions a world where Australia unlocks the full potential of its world-leading health and medical research sector to deliver the best possible healthcare and global leadership in health innovation.

Our mission: To use our unique convening power to position health and medical research as a significant driver of a healthy population and contributor to a healthy economy.

Our goals:

Engage

Australia in a conversation about the health benefits and economic value of its investment in health and medical research.

Connect

researchers, funders and consumers to increase investment in health and medical research from all sources.

Influence

government policies that support effective health and medical research and its routine translation into evidence-based practices and better health outcomes.

Nadia Levin

CEO & Managing Director
02 9295 8547

Nadia.levin@researchaustralia.org

www.researchaustralia.org
384 Victoria Street Darlinghurst NSW 2010

This document and the ideas and concepts set out in this document are subject to copyright. No part of this document, ideas or concepts are to be reproduced or used either in identical or modified form, without the express written consent of Research Australia Limited ABN 28 095 324 379.

TABLE OF CONTENTS

SUMMARY OF RECOMMENDATIONS	4
SUMMARY OF RECOMMENDATIONS (CONT'D.)	5
INTRODUCTION	6
QUESTION 12: THE SUSTAINABLE HEALTH REVIEW INTERIM REPORT IDENTIFIES 12 DIRECTIONS. DO YOU THINK THESE 12 DIRECTIONS WILL LEAD TO A SUSTAINABLE HEALTH SYSTEM?	7
RESEARCH AS AN ENABLER OF A SUSTAINABLE HEALTH SYSTEM	7
RESEARCH FOR VALUE.....	8
QUESTION 13. IN REGARD TO THE 12 DIRECTIONS, PLEASE PROVIDE DETAILED COMMENTS ON HOW TO MAXIMISE IMPROVEMENTS IN EACH OF THE DIRECTIONS. WHERE POSSIBLE, PLEASE INDICATE WHICH DIRECTION YOUR COMMENTS RELATE TO.	9
DIRECTION 1: KEEP PEOPLE HEALTHY AND GET SERIOUS ABOUT PREVENTION AND HEALTH PROMOTION.....	9
DIRECTION 2: FOCUS ON PERSON-CENTRED SERVICES	10
DIRECTION 3: BETTER USE OF RESOURCES WITH MORE CARE IN THE COMMUNITY	11
DIRECTION 4: FACILITATE EFFECTIVE INTERACTION BETWEEN ACUTE AND COMMUNITY-BASED MENTAL HEALTH SERVICES TO DELIVER MENTAL HEALTH REFORMS ACROSS THE WA HEALTH SYSTEM	11
DIRECTION 5: NEW WAYS TO SUPPORT EQUITY IN COUNTRY HEALTH	11
DIRECTION 6: DEVELOP PARTNERSHIPS FOR ABORIGINAL HEALTH OUTCOMES.....	11
DIRECTION 7: CREATE AND SUPPORT THE RIGHT CULTURE.....	13
DIRECTION 8: GREATER USE OF TECHNOLOGY, DATA AND INNOVATION TO SUPPORT CONSUMERS, CLINICIANS AND DRIVE CHANGE.....	13
DIRECTION 9: HARNESS AND SUPPORT HEALTH AND MEDICAL RESEARCH COLLABORATION AND INNOVATION	15
DIRECTION 10: DEVELOP A SUPPORTED AND FLEXIBLE WORKFORCE.....	16
DIRECTION 11: PLAN AND INVEST MORE WISELY	16
DIRECTION 12: BUILDING FINANCIAL SUSTAINABILITY, STRONG GOVERNANCE, SYSTEMS AND STATEWIDE SUPPORT SERVICES	18
QUESTION 14: IS THERE ANYTHING ELSE THAT THE PANEL HAS MISSED SO FAR THAT IS IMPORTANT IN DEVELOPING A MORE SUSTAINABLE HEALTH SYSTEM FOR WESTERN AUSTRALIA?	19
INTEGRATION AND ENGAGEMENT TO DRIVE IMPROVEMENT	19
CONCLUSION	20

Summary of recommendations

<p>The Final Report should explicitly acknowledge the critical role of research in supporting and achieving the transformational change required to deliver a more sustainable health system for WA as an ‘enabler’ of all 12 Directions.</p>
<p>The Final Report should encourage and promote a closer relationship between health providers, the health department and the Western Australian health and medical research community to optimise the performance of the health eco-system and achieve sustainability.</p>
<p>Research Australia encourages the Department to engage closely with the WA research community to identify areas where prevention and health promotion programs can be implemented most effectively.</p>
<p>Research Australia urges the Review Panel to recommend the WA Government engage with researchers before commencing the actions identified in Direction 2.</p>
<p>Researchers can support the evaluation of existing services and the identification of gaps. Researchers can also assist the design, development, trialing and evaluation of new models of care to improve the coordination of services and getting the research community engaged as part of the process can enable supported policy outcomes.</p>
<p>Research Australia urges the Review Panel to recommend the WA Government engage with researchers before commencing the actions identified in Direction 7.</p>
<p>Involving researchers in the development of a statewide electronic medical record and the other proposed measures to introduce greater technology and innovation in the health system will lead to significantly better outcomes with engagement and awareness part of the process.</p>
<p>Research Australia believes Western Australia requires a body with the capacity to formally evaluate innovative new practices that have been developed at specific sites for their safety, quality, efficacy, efficiency and transferability to the broader WA health system. This body would require the capacity to drive the introduction of evidence-based innovation and best practice across the Western Australian health system.</p>
<p>Research Australia urges the Review Panel to recommend that the Government draw on the significant expertise in health economics in Western Australia’s universities in pursuing these reforms.</p>
<p>Research Australia encourages the Review Panel to consider a possible role for Social Impact Investing.</p>
<p>How to better incorporate consumer expectations and experience in to healthcare delivery is an important area of health services research, and an area where the Western Australian research community can make a valuable contribution to the development of policy and programs.</p>
<p>The Review Panel should explicitly recognise the short-term cost of better integrating research into the delivery of healthcare.</p>

Summary of recommendations (cont'd.)

The Final Report should recommend greater engagement of the health system with research. This engagement involves not only implementing research findings but researchers and healthcare providers working together to frame the research questions and identify solutions.

The Review panel should recommend the Health Department develop a formal framework for:

- evaluating where and when the Department should engage research expertise as part of its process for developing all new initiatives and programs, and for the evaluation of all existing programs; and
- engaging researchers in the Health Department's work program.

SUSTAINABLE HEALTH REVIEW INTERIM REPORT

RESPONSE TO THE CONSULTATION

Introduction

Research Australia welcomes the opportunity to make a submission in response to the Sustainable Health Review Panel's Interim Report to the Western Australian Government.

Research Australia has elected not to respond to all the survey questions. Instead our submission addresses the last three questions posed in the survey:

12. The Sustainable Health Review Interim Report identifies 12 Directions. Do you think these 12 Directions will lead to a sustainable health system?

13. In regard to the 12 Directions, please provide detailed comments on how to maximise improvements in each of the Directions. Where possible, please indicate which Direction your comments relate to.

14. Is there anything else that the Panel has missed so far that is important in developing a more sustainable health system for Western Australia?

Research Australian welcomes the identification by the Review Panel of the need to 'Harness and support health and medical research, collaboration and innovation' as one of the Interim Report's 12 Directions.

Our response to the Interim Report seeks to further elaborate the role for health and medical research in achieving the other 11 Directions identified by the Review Panel. We seek to emphasise and illustrate the role that research can and should play across the health system in identifying opportunities for reform and further developing Western Australia's health system.

Research Australia welcomes the recognition in the report that both Western Australia's health system and its health and medical research community are part of a broader national ecosystem and that there are opportunities to further leverage national funding schemes and policy initiatives. We acknowledge and applaud the creation of the Future Health and Research Innovation Fund and its capacity to complement the Western Australian Government's significant investment in the Western Australian Health Translation Network. Western Australia has a tradition of innovation and excellence in both research and healthcare, and the current Review provides an important opportunity to continue and extend that tradition. In preparing this submission we have drawn on examples and case studies from our Western Australian members that demonstrate the role research can play in achieving the Review's goals and we gratefully acknowledge their support.

Question 12: The Sustainable Health Review Interim Report identifies 12 Directions. Do you think these 12 Directions will lead to a sustainable health system?

Research as an enabler of a sustainable health system

Research Australia submits that the 12 Directions identified by the Review are broadly appropriate, but that notwithstanding the inclusion of Direction 9: 'Harness and support health and medical research, collaboration and innovation', what is missing from the Final Review is a recognition of the broader role that health and medical research can play in achieving a sustainable health system.

The Interim Report identifies that for the WA health system to become sustainable, '*Transformational change is needed, giving emphasis to reinvestment, people, culture and behaviour.*' Research Australia submits that health and medical research is a critical enabler of such transformational change; helping to identify areas of need, develop and trial new approaches, programs and services, and evaluate their effectiveness.

Integrating research into the health system and into the transformation process provides the means to:

- assess the safety, quality, effectiveness (including cost effectiveness) of existing programmes and services;
- include the perspective of health consumers and their carers;
- help identify and develop new approaches, programs and services;
- trial and evaluate these new approaches, program and services, thus providing an evidence base for what works and what doesn't; and
- inform and support the translation of new evidence-based approaches, programs and services into practice, and the implementation of policy and guidelines.

The advantages of an integrated approach include:

- Community education and prevention measures which have a basis in research and are subjected to rigorous assessment of effectiveness and cost effectiveness;
- Identification of ineffective and inefficient practices and interventions;
- Adoption of proven new approaches, programs and services that are more effective and cost effective;
- Clinical interventions, standards and guidelines which have an evidence base;
- Data collection which serves clinical, research and performance reporting needs;
- Research which is directed to areas of need and seeks to answer the questions that are relevant to policy makers, healthcare providers, consumers and carers;
- Integration of KPIs and performance measures for research conducted in health services and programmes with existing KPIs and performance measures for service delivery; and
- The opportunity to include effective measures of patient experience and patient outcomes.

Research Australia submits that the Final Report should explicitly acknowledge the critical role of research in supporting and achieving the transformational change required to deliver a more sustainable health system for WA as an 'enabler' of all 12 Directions.

Research for value

'By focusing on sustainability, it is timely for the WA health system to look towards value – to understand what is being spent and being achieved and measuring the health benefits to patients and the wider community.'

The Panel's lens to sustainability therefore focuses on: patient experience; population health outcomes and safety and quality of services; cost and waste reduction; and staff engagement.'
(Interim Report, Executive Summary)

Research Australia agrees that a better understanding of expenditure and outcomes is essential to a sustainable health system. And building this understanding is an area where research can provide a key role.

Health services research is a multidisciplinary scientific field that examines:

- where, when and how people use health care services;
- barriers to access;
- how much healthcare costs and who meets these costs;
- what happens to patients as a result of this care; and
- longer term outcomes.

The aim of health services research is to improve the management and delivery of healthcare to promote safety, effectiveness, equity of access and efficiency. It can improve the delivery of health care through the development of best practice models and structures for health services; guide the reform process; support the evaluation of outcomes; and identify programmes and services (and combinations thereof) which best support people remaining well.

Health services researchers can provide information about approaches and models used elsewhere, and support the design, implementation and evaluation of new, tailored models of care. Researcher involvement in the implementation of policy and practice can help ensure a focus on how performance is to be tracked and measured.

Researchers in the discipline of health economics can assist in the development of models for the identification and evaluation of the cost effectiveness of new and existing programs and service delivery models and help identify existing programs that are poor value.

Research Australia submits that the Final Report should promote a closer relationship between health providers, the health department and the Western Australian health and medical research community to optimise the performance of the health system and achieve sustainability.

Question 13. In regard to the 12 Directions, please provide detailed comments on how to maximise improvements in each of the Directions. Where possible, please indicate which Direction your comments relate to.

Direction 1: Keep people healthy and get serious about prevention and health promotion

Research Australia strongly supports the Review's focus on prevention and health promotion. Researchers from a range of disciplines can play a key role in the identification of appropriate areas of focus and assist in the establishing appropriate targets.

Research can also support the design and development of effective programs, drawing on global experience and helping to adapt and test programs and approaches in the local context. This includes ensuring that the appropriate data is captured to be able to measure success.

Finally, researchers can support the evaluation of the effectiveness of programs, and the calculation of benefits.

Research Australia submits that the Department should engage closely with the WA research community to identify areas where prevention and health promotion programs can be implemented most effectively. This includes determining the relative burden of disease of specific areas and their responsiveness to preventive and health promotion programs.

Healthway

Healthway is a great example of how research and practice can work together in disease prevention and health promotion.

Healthway operates under the Western Australian Health Promotion Foundation Act 2016. It provides grants for innovative health promotion projects and campaigns in the community, as well as research funding to support studies that lead to healthier outcomes for individuals and the community. In providing grants for both research and activities, it is able to fund research to develop the evidence base for what works and then fund programs that are evidence based.

A relatively new body, it provides a good base for strengthening evidence-based health promotion policy and activities in Western Australia.

<http://www.healthway.wa.gov.au/>

Direction 2: Focus on person-centred services

Researchers in a range of disciplines can support efforts to design better connected and more user-friendly services. Research Australia submits that researchers, including those from the social sciences, have a role to play in identifying the specific cultural, demographic and other barriers to the use of health services and navigation of the health system. They can also assist in developing strategies and programs to overcome these barriers to participation.

There is also a growing body of evidence around how to best utilise the consumer experience and patient reported outcomes in the design of more responsive and effective health systems.

Western Australia has a long history of consumers, researchers and health providers working together to improve the delivery of care and to inform and direct research.

Consumer and Community Health Research Network

The Consumer and Community Health Research Network (CCHRN) was initially established in 1998 through The University of Western Australia, School of Population Health and the Telethon Kids Institute in response to community concerns and interests regarding the utilisation of linked data for health research purposes. It has evolved into a state-wide platform that is recognised nationally and internationally as a good practice model.

The CCHRN has devised a range of strategies, systems and methods to successfully involve consumers and community members in research and gain insight into community needs. Such involvement will help to shape research priorities and ensure the research undertaken will lead to improvements in health and healthcare from the community's perspective. Furthermore, actively engaging consumers and community members assists in research advocacy, dissemination of research information and the translation of results into policy and practice.

In 2016 Lotterywest provided funding to expand on the existing program and develop the Consumer and Community Health Research Network across all the WAHTN partner organisations.

<https://www.involvingpeopleinresearch.org.au/>

Research Australia urges the Review Panel to recommend the WA Government engage with researchers before commencing the actions identified in Direction 2.

Direction 3: Better use of resources with more care in the community

Direction 4: Facilitate effective interaction between acute and community-based mental health services to deliver mental health reforms across the WA health system

Direction 5: New ways to support equity in country health

Direction 6: Develop partnerships for Aboriginal health outcomes

Directions 3 to 6 all involve proposals to implement new models of care and systems for the delivery of health services. **Researchers can support the evaluation of existing services, and the identification of gaps. Researchers can also assist the design, development, trialing and evaluation of new models of care to improve the coordination of services.**

Researchers can assist with the evaluation of the proposed areas for further work to determine the likely benefits and costs, and work with health care providers, administrators, patients and carers to design, pilot and evaluate new programs. These pilot programs can then be evaluated to determine if they should be implemented more broadly and to guide decisions about effective implementation and change management strategies. A research-based approach provides clear a clear rationale and objectives for a program, well documented methodology and a rigorous evaluation.

Disabilities and equity in country health

Recent research by Edith Cowan University's Professor Kathy has explored health and disability policy from the perspectives of people with mild intellectual disabilities in the Greater Bunbury area of regional WA. The project identified a high level of interest in equity issues amongst this group and a willingness to engage in research (Boxall et al *forthcoming* 2018). People with mild intellectual disabilities are rarely included in research as active participants. Yet research which includes their views and perspectives can offer innovative ways of supporting greater equity in country health. Research which facilitates listening from them can help us to understand where to best use limited resources.¹

Clinical Trials

There is a poor evidence base for many therapies and practices in healthcare; we don't know what works well or what is cost effective. Addressing this situation is fundamental to improving the efficiency and effectiveness of health services and programmes.

Clinical trials have a demonstrated capacity to directly influence health service delivery and improve practice through the assessment of the efficacy of existing practices as well as evaluating new therapies. Their utility goes beyond assessing the safety and efficacy of medications to the evaluation of the full range of therapies, interventions and services. The clinical trial methodology has application in many settings in which health services are provided including hospitals, community mental health services, private practice and general

¹ Kathy Boxall, Adam Johnson, Lawrence Mitting, Suzanne Simpson, Stefan Zwickl, Judith Zwickl, Shae Kermit, Luke and Caroline (*forthcoming* 2018). Disability policy and lived experience: reflections from regional Australia, in Beresford, P. and S. Carr (Eds) *Social Policy First Hand*, Bristol, Policy Press.

practice. Investigator-driven (i.e. non-commercial) clinical trials are a key means of generating the evidence needed to support decision making by health practitioners, policy makers and consumers of health services about what works and what doesn't.

Western Australian expertise and capability in clinical trials

The Clinical Trials and Data Centre is a Western Australian Health Translation Network (WAHTN) enabling platform that aims to enhance clinical trials and related data management in Western Australia. The platform is a WAHTN-wide entity sharing expertise in clinical trial study design (including novel designs), clinical trial conduct, data management, data-linkage, analytical techniques for clinical trial datasets, bio-repository techniques and clinical registry datasets. It facilitates the pursuit of large-scale clinical trials and translational healthcare research in WA.

Benefits of the Clinical Trials and Data Centre include:

- Enhanced access to high-quality clinical trials for patients and clinicians.
- Attract a greater number of clinical trials to Western Australia.
- Secure a nationally recognised leadership role for Western Australia in the management of large clinical trials and public health data-sets.
- Position Western Australia to capitalise on its established leadership in data-linkage and the increasing need for large database capacity in areas such as large clinical trials, clinical registries, and quality of care monitoring.
- Meet an increasing demand for specialist skills in software and web developments related to clinical trials analysis, health data-management and bio-statistical analysis.
- Increase national capacity in clinical trials and clinical registries data-management and analysis skills.
- Reduce risks associated with large-scale data processing.
- Maintain leading-edge skills with training and professional development and provide a structured career path for staff involved in clinical trials and data management.

<https://www.wahtn.org/enabling-platforms/clinical-trials-data-centre/>

Increasing the level of care delivered in the community and at home can have significant benefits for patients and help reduce costs. This is equally true of avoiding unnecessary procedures and interventions.

Care in the community- active surveillance with exercise as an alternative to surgery for prostate cancer

Prostate cancer is a major health challenge. In 2017 more than 200,000 Australian men were living with prostate cancer, 80% of them were long-term survivors. The widespread PSA screening for prostate cancer has led to concerns about the overdiagnosis and overtreatment of this disease.

Active surveillance is a strategy for managing low risk localised prostate cancer, where men are observed with serial PSA assessments to identify signs of disease progression. It reduces overtreatment in clinically insignificant disease, reducing prostate cancer burden for the individual, the healthcare system and society. However, most men either do not continue with active surveillance monitoring or convert to active treatment before it is clinically necessary.

The NHMRC Centre for Research Excellence in Prostate Cancer Survivorship at ECU is leading a multi-centre randomised controlled trial of exercise versus usual care in men with prostate cancer on active surveillance to determine the efficacy of an exercise program in delaying or preventing the transition to active therapies and to impede prostate cancer progression. It is the first ever trial of proactive patient support of men on active surveillance for prostate cancer and will provide the evidence required for lifestyle-based interventions to delay (prevent) patient morbidity associated with prostate cancer primary therapy. If successful, the social benefits will be extensive, as will savings to the health and medical system reducing costs of current overtreatment substantially.

<http://www.exercisemedicine.org.au/>

Partnerships for Aboriginal Health- Healing Right Way

Brain injury after stroke or head trauma is up to 3 times more common in Aboriginal than non-Aboriginal Australians and yet Aboriginal Australians are under-represented in rehabilitation services. A national multidisciplinary team of Aboriginal and non-Aboriginal researchers led by ECU (Prof. Elizabeth Armstrong) is currently conducting the first clinical trial in Australia (*Healing Right Way*) in the area of brain injury with Aboriginal Australians across Western Australia, with the aim of improving the brain injury survivor's quality of life. The trial intervention is based on previous work consulting extensively with a range of stakeholders across WA, including Aboriginal brain injury survivors and their families, Aboriginal Health Workers, hospital staff, GPs, and aged care facilities.

Partners are central to the trial and were active in its development. They include the WA Department of Health, four Perth metropolitan hospitals, WA Country Health Service, four Aboriginal Controlled Community Health Organisations, the Neurological Council of WA, the Stroke Foundation and Royal Perth Hospital Research Foundation. Economic analysis and process evaluation are embedded within the trial in order to provide input into translation and sustainability of the intervention and provide reliable evidence to drive redistribution of scarce healthcare resources to accommodate the service delivery gap in meeting Aboriginal health needs following brain injury. This evidence will be critical to helping us close the gap in the future.

Direction 7: Create and support the right culture

There is a substantial body of research dealing with how to effectively implement cultural change. **Research Australia urges the Review Panel to recommend that the WA Government engage with researchers before commencing the actions identified in Direction 7.**

Western Australian Centre for Rural Health

The Western Australian Centre for Rural Health (WARCH) aims to improve rural, remote and Aboriginal health through research, education, student support and community service activities. Operating with support from The University of Western Australia, WARCH works closely with numerous health organisations on a local and national level. A significant area of research for WARCH centres around the rural health workforce, including what can be done to recruit, retain, support and develop the rural health workforce, and appropriate models of clinical care.

<http://www.wacrh.uwa.edu.au/workforce-development/workforce-development>

Direction 8: Greater use of technology, data and innovation to support consumers, clinicians and drive change

Data science is an emerging field with significant opportunities. It is also a rapidly evolving field and Australia's universities are at the forefront. Western Australian researchers have a long history and considerable expertise in making use of health data to support better health outcomes. They also have extensive experience working with Western Australian and other datasets and can assist in identifying critical gaps in current health information systems, as well as bring a global perspective to what is occurring elsewhere; both what has worked, and what hasn't.

Research Australia submits that involving researchers in the development of a statewide electronic medical record and the other proposed measures to introduce greater technology and innovation in the health system will lead to significantly better outcomes.

A state wide electronic medical record can be the data platform that facilitates the research and data analysis needed to drive improved service delivery and greater efficiencies.

Digital Health CRC

The recently created Digital Health CRC engages a multi-disciplinary collaboration of research, clinical, industry, government and educational organisations to focus research and development on combining this expertise with data, information and telecommunication technologies.

It is using health data to explore outcomes in the following three major areas:

1. Improve health, welfare, quality of life, and wellbeing of citizens through

- a. Improved safety & quality in the provision of healthcare & social services
- b. Increased participation of consumers in all aspects of their health & healthcare
- c. Prevention: reduction in unnecessary procedures & drug interventions
- d. Improved medicines adherence/persistence
- e. Getting sick and injured people back to their regular daily activities faster

2. Improve the efficiency & integrity of Health Services

- a. Reduce fraud, abuse, waste and errors
- b. Ensure efficient and complete data flows to enable seamless care

3. Increase the value of every health dollar spent

- a. Direct majority of funding to appropriate and timely care
- b. Reduce consumer out-of-pocket health expenses
- c. Increase the value derived from public & private health insurance

A national CRC, it has strong Western Australian representation. Its partners include Curtin University, University of Notre Dame Australia, WA Department of Health, WA Country Health Service, St John of God Health Care and WA Primary Health Alliance.

<https://www.digitalhealthcrc.com/>

Linking a new statewide electronic medical record to other datasets provides the opportunity for new insights into areas of greatest need, ways to improve service delivery, and new means of assessing and measuring outcomes. Western Australia has significant capacity and expertise in data linkage and the curation of data sets that could support such initiatives.

The Population Health Research Network

The Population Health Research Network (PHRN) provides a nationwide data linkage infrastructure capable of securely and safely managing health information from around Australia. Established in Perth, it comprises a network of Project Participants and Data Linkage Units located in each Australian state/territory.

The PHRN is developing and testing leading-edge technology to ensure the safe and secure linking of data collections whilst working to protect peoples' identity and privacy. The PHRN is also developing mechanisms for the secure exchange of linkable data between those who hold the data collections (Data Custodians) and the researchers who receive approval to analyse the linked data. The PHRN data linkage units do not conduct their own health or health related research.

<http://www.phrn.org.au/>

Direction 9: Harness and support health and medical research collaboration and innovation

Research Australia believes the Future Health and Research Innovation Fund provides an important opportunity to strengthen Western Australia's health and medical research capability and to build closer links between the research and health care workforces. Doing so will enable Western Australia to capitalise on the significant investment it has already made in research; most recently in the Western Australian Health Translation Network.

As the Review Panel has recognised, there is significant scope for innovation within Western Australia's Health System. If the Review Panel's vision for a sustainable health system is to be achieved, the health system needs to be more open to innovation and the adoption of new technologies and practices.

The sector's capacity to translate 'good' innovations into standard health care must be significantly expanded and accelerated. There are specific areas where new skill sets are required to facilitate innovation from fields as diverse as bio-mathematics and health economics. There also needs to be a significant investment in comparative effectiveness research to assist with shifting practitioners to adopt better practice.

Health services research can support innovation and improve the delivery of health care through:

- using existing innovations to develop best practice models and structures for Australian health services;
- guiding the reform process; and
- supporting the evaluation of outcomes.

Harnessing workforce innovation

Many individuals in our health system are striving to deliver better health care, and to do so more efficiently. These efforts account for some of the variation in performance between individual hospitals and health providers noted in the Atlas of Healthcare variation and in other studies. At the same time there are many practices and technologies which have been in place in particular parts of the health system for many years without having been properly reviewed or evaluated for their relative effectiveness or cost effectiveness against (often more recent) alternatives.

As the level of government closest to the delivery of healthcare, the role of the Western Australian Government in identifying and implementing reforms to our health system is critical. It needs to capitalise on initiatives at the local level for the broader statewide benefit, and to better integrate the research community in this endeavour.

Research Australia submits that Western Australia needs a body with the capacity to formally evaluate innovative new practices that have been developed at specific sites for their safety, quality, efficacy, efficiency and transferability to the broader WA health system. This body also needs the capacity to drive the introduction of evidence-based innovation and best practice across the Western Australian health system nationally. The following actions would be required:

- 1) Charge a new or existing body with responsibility for identifying innovative practices and initiatives in existing health care sites that can be evaluated for their suitability for adoption more widely, and for the assessment of existing practices that are potentially harmful and/or inefficient.
- 2) Provide incentives for health providers at the individual and organisational level to nominate practices/initiatives for evaluation.

- 3) Provide the body with the capacity to fund the research necessary to evaluate the practices/initiatives. The researchers would partner with the healthcare providers to undertake the necessary research. 'Targeted Calls for Research' would be made within Western Australia's research community (and could incorporate and expand the Health Department's existing Research Translation Projects grant program).
- 4) Use the existing funding, standard setting and accreditation systems to promote the adoption (or discontinuance) of the practices/initiatives.
- 5) Utilise Western Australia's clinical quality registers and other health and administrative data in the evaluation of whether the new practices/initiatives have achieved the desired outcomes.

Direction 10: Develop a supported and flexible workforce

The healthcare system is complex and the demands on it are constantly changing, with new technologies and therapies, greater patient expectations and shifting demographics. This environment can place significant pressure on individual healthcare professionals and create the need for new roles and changes to existing ones. Research has a key role to play in helping to understand the effects of change on the healthcare workforce, how it can evolve to better provide services and to forecast future workforce needs.

Nursing workforce design and sustainability

Research conducted by Professors Di Twigg and Christine Duffield at Edith Cowan University has informed and driven change on nursing workforce design and sustainability. Their research program has generated data on:

- the relationship between nursing numbers, the mix of staff and patient, and staff outcomes;
- the impact of adding nursing support workers;
- the costs and consequences of nursing turnover;
- factors impacting on nurses' health, and
- the role of nurse managers and leaders in ensuring positive patient and staff outcomes.

By examining the relationships between nurse staffing (the number and mix of nurses) to patient outcomes, the research has informed the design of workforce models, policies on working conditions, union wage and condition negotiations, and determinations through expert witness opinion within WA and beyond by state and federal government health departments, in coronial inquests for specific cases, and in government inquiries into nurse staffing ratios.

Having established a clear relationship between nurse staffing and patient outcomes in the acute sector their work is now focusing on other areas of care such as mental health and on evaluating the economic benefits of optimising the nursing workforce profile.

Direction 11: Plan and invest more wisely

Research Australia welcomes the Review's focus in Direction 10 and 11 on developing new options for purchasing and funding mechanisms and for workplace reform. **Research Australia urges the Review Panel to recommend that the Government draw on the significant expertise in health economics in Western Australia's universities in pursuing these reforms.**

Health economists draw on economic theory to undertake research and analysis which makes significant contributions to the understanding of how pricing and funding mechanisms influence the behaviour of consumers and health service providers. This expertise is critical in understanding current behaviours and designing new pricing mechanisms and programs which deliver the desired outcomes and minimise undesirable behaviours.

WATCHE

The Western Australian Translation and Collaboration in Health Economics (WATCHE) was founded through a strong collaboration between Curtin University and UWA that has grown to encompass input from several health and medical research institutes, universities, hospitals and the WA department of Health.

WATCHE facilitates regular meetings to encourage cross-institutional collaboration and discuss current systems and methodological issues in on-going research projects.

Collaborative research is currently being undertaken between health economists at WA universities, metropolitan hospitals, primary care and community groups regarding a range of interventions including mental health, Indigenous health and cardiovascular disease. One example is a programme to identify need, supply and cost of health across WA to inform priority setting and resource allocation decision making within Primary Care. See: Better health, better care, better value. WA Health Reform Program 2015–2020.

Collectively, WA health economists have strong representation on national committees including the Medical Benefits Scheme review taskforce, the Medical Services Advisory Committee, Pharmaceutical Benefits Advisory Committee, NHMRC panels for Partnership Centres, Centres for Research Excellence and Project grants, alongside national and international health economics associations.

<https://www.wahtn.org/enabling-platforms/health-economics-evaluation/>

There are also new and innovative funding models which not only provide alternative sources of funding but provide the incentives necessary to drive sustainable changes in practice. **Research Australia encourages the Review Panel to consider a possible role for Social Impact Investing.**

Social Impact Investing

Internationally, Social Impact Investing is being used to address health issues through interventions with the potential to lead to better health outcomes and reduce health costs. Examples include behavioural interventions with pre-diabetic patients in Israel, and a program to reduce hospital admissions for asthma among low income populations in California.²

Social Impact investing provides an opportunity to test and develop new interventions in healthcare to the point where they are ready to be implemented across the healthcare system. The characteristics of many pilot projects and clinical trials needed to further develop new interventions are well suited to the Social Impact Investing model, and there are ample opportunities for new interventions.

Australia has significant capacities in the research, design, conduct and implementation of such interventions, but there is a current shortage of alternative funding sources for these activities. Social Impact investing provides the opportunity for direct investment where it is most needed.

These interventions can improve patient care and provide financial benefits to the State and Government as the principal provider of healthcare. Social Impact Investing also provides an opportunity for Australia to make better use of its investment in health and medical research through the greater translation of research into practice within shorter timeframes.

² <http://www.socialfinance.org.il/social-impact-bonds/42/reducing-development-type-2-diabetes-in-high-risk-pre-diabetics>; <http://www.socialfinance.org.il/social-impact-bonds/25/asthma-usa>

Direction 12: Building financial sustainability, strong governance, systems and statewide support services

The greater involvement of consumers in the way health care is delivered and programs are designed is essential to a health system that delivers better health outcomes sustainably. **How to better incorporate consumer expectations and experience in to healthcare delivery is an important area of health services research, and an area where the Western Australian research community can make a valuable contribution to the development of policy and programs.**

Informing New Models of Primary Care

Informing New Models of Primary Care was a 6-month collaborative project between the WA Primary Health Network (WAPHA), Health Consumers' Council, and Curtin University undertaken in 2017.

Prior to this project being established, WAPHA and Curtin undertook consultations with general practice staff to inform how care can best be provided to people to keep them well and out of hospital as much as possible. Informing New Models of Primary Care project was the second stage, and HCC worked with WAPHA and Curtin but this time focusing on the experience of people who access GP services. It involved convening a series of focus groups with people with multiple chronic health conditions with management under a Care Plan. The report of the project has identified scope to further develop and expand the work undertaken so far.

http://www.wapha.org.au/wp-content/uploads/2016/10/Naive-Inquiry-2017_Informing-Primary-Care-Responses-to-Chronic-Health-Conditions.pdf

Question 14: Is there anything else that the Panel has missed so far that is important in developing a more sustainable health system for Western Australia?

Integration and engagement to drive improvement

Research Australia proposes that the Review Panel seek to better integrate research and innovation into the Western Australian health system because of the significant benefits that flow from the engagement of researchers with health practitioners.

Health and medical research is central to improvements in health, both in the treatments available and improvements in the system through which healthcare is delivered. However, it can take between 10 and 20 years for proven treatments to be implemented routinely into healthcare. Reducing this timeframe and promoting more effective and complete adoption of new evidence-based practice is a sure way of improving the safety, quality and sustainability of the health system. This requires a health system that looks for new developments and is open to change.

Active engagement between researchers and the healthcare sector, to ensure the right questions are being addressed, is a vital means of improving the safety and quality of our mental healthcare system. This engagement requires a two-way flow of information, resources, experience and expertise. Health services are enriched and improved when providers are engaged in health and medical research.

Participation in research by health providers in all disciplines and in all settings:

- enables clinicians and managers to more critically appraise new research outcomes;
- lifts the overall standard and quality of care; and
- promotes the more effective and timely translation of research outcomes into practice.

In turn, the engagement of researchers in healthcare delivery helps direct research to the issues that need to be addressed to improve the quality of healthcare. It also provides opportunities for patients to provide input into the direction of research and to participate in research through clinical trials and helps ensure research outcomes such are fit for purpose.

While in the longer term there are benefits to integrating research into the delivery of healthcare, in the short term there are costs associated with providing staff with time to participate in research, gaining additional skills and expertise, and the provision of facilities and space for researchers in health settings.

Research Australia submits that the Review Panel must explicitly recognise the short-term cost of better integrating research into the delivery of healthcare.

There are also significant benefits to be gained from greater involvement of the research community with the administrators and designers of the Western Australian Government's health service.

Research Australia submits that the Panel's Final Report should recommend greater engagement of the health system with research. This engagement involves not only implementing research findings but researchers and healthcare providers working together to frame the research questions and identify solutions.

Research Australia submits the Review Panel should recommend the Health Department develop a formal framework for:

- evaluating where and when the Department should engage research expertise as part of its process for developing all new initiatives and programs, and for the evaluation of all existing programs; and
- engaging researchers in the Health Department's work program.

Conclusion

The value of Australia's continued investment in health and medical research lies in better health outcomes for Australians, a safer, higher quality, and more efficient health system, and a stronger Australian economy. These benefits are realised when the results of this research are implemented as new therapeutics and devices, but also as new evidence-based policies, procedures and work practices. The Interim Report has identified 12 critical directions that can help develop a more sustainable health system and we trust that our submission has highlighted the role that the Western Australian research community, and the research community more broadly, can play in the design, planning, implantation and ongoing evaluation of this endeavour.

We thank our membership for their contribution to this submission.

Research Australia is willing to contribute further information and use its convening power in the health and medical research and innovation sector to respond to any further questions the Review Panel may have.

RESEARCH AUSTRALIA LIMITED

384 Victoria Street, Darlinghurst NSW 2010

P +61 2 9295 8546 ABN 28 095 324 379

www.researchaustralia.org