DRIVING INNOVATION:
HCF RESEARCH FOUNDATION

Dr Chris Pettigrew | June 2023

HCF RESEARCH FOUNDATION

History of high quality, impactful health services research

Since 2000, over $27m has been invested in Australian research (100+ individual projects).

Additional strategic long-term partnerships:

- RACGP (professional body for General Practitioners): $1.4m of co-funding for 26 research projects in general practice over 12 years.
- HSRAANZ: Member organization of Health Services Research Association of Australia and New Zealand and major sponsor of biennial conference since 2015
- Long-term Professorial support (8yrs) initiated the identification of low value care in PHI claims/private care, leading to a broader industry analysis and report

HCF RESEARCH FOUNDATION

History of high quality, impactful health services research

Prof Brett Mitchell	Dr Isuru Ranasinge	Natalie Simmance	Prof Chris Pearce	Dr Chris Freeman	A/Prof Jill Newby
Chlorhexidine (rather than saline) to clean urethra opening prior to catheter insertion.	Assessment of variation in complications for Cardiovascular Implantable Electronic Devices	Development of decision support tool to reduce hospital acquired malnutrition.	Use of machine learning algorithm to develop a tool that identified ED presentation risk.	GP and Community Pharmacy collaboration to reduce unplanned readmission in comorbid patients.	Evaluation of digital programs designed to reduce anxiety and depression during pregnancy and postnatal.
Infection rate declined 74% - 94% compared to control. Potential saving of $388,000 per 100,000 catheterizations.	8.2% of patients had major complications. Rates varied across device type. Complications varied by hospital and physician.	Increase in at risk patients being referred to dietitian and earlier in the admission. Tool easily used in routine ward practice.	75% accuracy in predicting risk of admission to ED in the next 30 days. Able to be highlighted to GP during patient visit.	65% reduction in readmission rate and 50% reduction in ED presentation. Cost effective: Savings of $5126 per patient at 12 months.	Significant improvements in distress, depression and anxiety. Programs available on This Way Up platform.

THE ONGOING CHALLENGE

How do we move research into practice?

Making a real impact for our members, and all patients in the Australian health care system requires more than academic publications and conference presentations.

- How do we set up our funded projects for translation success?
- How does HCF utilize the outcomes from successful research projects?
- How do we maximise the potential for their implementation into health care settings across Australia?

THE HCF RF ADOPTED A NEW STRATEGY IN 2021

And increased the annual investment in research

HCFRF Mission

To improve health and wellbeing outcomes for HCF members and all Australians by providing funding and support to encourage health services research for the benefit of all.

HCFRF Objectives

Primary Objective:	To increase the evidence base in the delivery of health care services and support the translation and uptake of effective health care models / services
Secondary Objective:	To increase awareness of HCF Research Foundation, the projects that it funds and the results of that activity

PRIMARY OBJECTIVE: THERE ARE NOW THREE GRANT STREAMS, EACH WITH ITS OWN FOCUS AND PROCESSES

Health Services Research Grants

- HCFRF's **core grants program**
- **Supports 'gold standard' research**
- Funding increased to support:
  - Projects of larger scale
  - Translation activities
  - Extension of successful research
- Focused on health services issues with scale/significance e.g.:
  - Low value care
  - Health literacy and patient care choices
  - Alternate care models and settings
- Additional funding available for **extension of research with existing researchers and/or assisting translation of work** via selected requests for submissions

Indicative project range: $20-$300k+

EXAMPLE HSRG PROJECTS

Health Services Research Grants

A selection of projects from the 2021 and 2022 HSRG rounds:

- "AAT-App": Smartphone-delivered Approach Avoidance Training to prevent relapse and treatment re-admission among patients leaving residential alcohol treatment.
- Effectiveness, cost-effectiveness and implementation of Emergency Hospital in the Home model of care for older people.
- Reducing the burden of care on children with bone and joint infections with entirely oral antibiotic treatment
- Testing a new digital model of care for child anxiety in regional communities
- Understanding variation in the use of hysterectomy to improve outcomes for women with heavy menstrual bleeding

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Translational Research Grants

- **New** research grant stream responsive to health service **issues and opportunities within provider communities.**
- Funding for health care providers e.g. private hospitals; health professional groups; regional/local health groups
- Funds **translation, implementation and evaluation of health services research into practice** (introducing evidence-based practice as standard care)
- Opportunity for broad engagement in the selection and promotion of projects within HCF and with provider peak bodies.
- Given opportunity for direct translation, HCF may seek matched contributions from grant recipients as part of the EOI project criteria.

Indicative project range: $50 - $150k

EXAMPLE TRG PROJECTS

Translational Research Grants

A selection of projects from the 2021 and 2022 TRG rounds:

- Implementation of evidence and consensus-based perioperative care pathways to reduce unwarranted clinical variation in a private, academic health sciences centre
- Value In Care - optimising surveillance COLonoscopy (VIC-COL) in Victorian healthcare services: an interrupted time series study
- Reducing Inappropriate Medications for low back pain in the Emergency department (RIME): a controlled interrupted time-series implementation study
- Implementing and evaluating an integrative palliative care model for older people in the community who wish to die at home.
- Identify and provide management support for people at risk of frailty in general practice to reduce potentially preventable hospitalisations.
- Age Well@Home program for rural Australians

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Innovation Research Grants

- **New** research grant stream focused on the uptake and adoption of innovative models of care through building the evidence base and understanding the system challenges.
- **HCF** can identify the opportunity/need for **research to address specific questions and evaluate of model(s) of care**
- HCFRF to **commission independent, expert** third parties to undertake the **research** to address the target question.
  - Preferred **research team will engage with HCF and HCFRF in co-design** the research scope, plan, data requirements and milestones.
- Partnerships with other stakeholders on topics of common interest (data sharing, funding etc.)

Indicative project size: $100- $250k (evaluation and translation funding)

EXAMPLE IRG PROJECT
SHORT STAY HIP AND KNEE REPLACEMENTS

Innovation Research Grants

Issue:

- There is rising demand with an ageing population, and nearly 20,000 procedures were missed in 2020-21 due to COVID, and there are long wait times. Safe and more efficient models of care for joint replacement will be critical to address delays.
- Length of stay in some countries average 1-2 days. In Australia, average LOS is 5 days (private) and 4 days (public). There has been minimal implementation of short-stay models in Australia – but current practices, acceptability and implementation challenges are unknown.

The project will address this through:

- Understanding barriers and enablers to implementation of short stay models: systematic literature review of Australia vs international; national stakeholder survey (patients & carers, health professionals (incl. surgeons, nurses, physios, anaesthetists etc), hospital administrators), etc.
- Understand economic implications through multi-scenario budget impact analysis

EMBEDDING TRANSLATION THINKING THROUGH OUR PROCESSES

Application

- "Translation plan and Impact" section / "Implementation"
- Budget
- Stakeholder engagement and role for HCF
- Dependencies and risk mitigation

Review

- Assessment criteria: "Translation potential" (25%) / "Implementation" (25%)
- Expert review panel: academic, clinical, system perspective

Active period

- Funding agreement: IP management
- Progress reporting and Final Report

Post Completion

- Follow-up report (12 months after completion)
- Survey of all funded projects every 3 years

COLLABORATIONS BETWEEN PHI AND RESEARCH

Partnerships to drive innovation and better health outcomes

How PHI can assist research:

- **Unique data set for exploration**
  - Contribution of physician and hospital to unwarranted variation
  - Short Stay Hip and Knee Replacements budget impact analysis
- **Members as participants**
  - Improving patient selection for total knee replacement (TKR)
  - Evaluating the effect of a decision tool on the rate of surgical referral
- **Drive translation and implementation**

How Research assists PHI:

- **Optimise models of care**
  - Finding the right balance of "support" in a digital model of care for child anxiety in regional communities
- **Develop novel models/interventions**
  - Online CBT program for perinatal women experiencing depression and/or anxiety
  - Decision-aid for patients with OA considering a knee replacement
  - Online behaviour change programs during cardiac rehabilitation
- **Address pressing issues**

QUESTIONS?

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