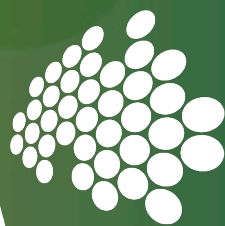


PRE-BUDGET SUBMISSION TO THE AUSTRALIAN TREASURER

Health and Medical Research

February 2015

**RESEARCH
AUSTRALIA**



AN ALLIANCE FOR DISCOVERIES IN HEALTH

ABOUT RESEARCH AUSTRALIA

Research Australia is an alliance of 160 members and supporters advocating for health and medical research in Australia. Research Australia's activities are funded by its members, donors and supporters from leading research organisations, academic institutions, philanthropy, community special interest groups, peak industry bodies, biotechnology and pharmaceutical companies, small businesses and corporate Australia. It reflects the views of its diverse membership and represents the interests of the broader community.

Research Australia's mission is to make health and medical research a higher priority for the nation. We have four goals that support this mission:

- A society that is well informed and values the benefits of health and medical research.
- Greater investment in health and medical research from all sources.
- Ensure Australia captures the benefits of health and medical research.
- Promote Australia's global position in health and medical research.

A copy of *Research Australia's 10 Strategic Imperatives 2015- 2025* is attached for further information.

Elizabeth Foley

CEO & Managing Director

02 9295 8547

elizabeth.foley@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

Introduction	4
Summary of recommendations	5
Medical Research Future Fund	7
Driving innovation in healthcare.....	7
Enhancing engagement between researchers and industry	8
Research to reform Australia’s health system.....	8
Improving care and reducing cost	9
Overcoming barriers to the implementation of new practice	10
Better adoption of evidence based practice	11
Clinical trials and beyond.....	11
Making better use of data	12
Restoring NHMRC funding	13
Maintain Australian Research Council Funding	14
Conclusion	15

PRE-BUDGET SUBMISSION TO THE AUSTRALIAN TREASURER

HEALTH AND MEDICAL RESEARCH

INTRODUCTION

Research Australia welcomes the commitment the Commonwealth Government has made to substantially increase funding for health and medical research (H&MR) through the creation of the Medical Research Future Fund.

Preserving and increasing the wellbeing of its members is a goal of every human community and is a fundamental responsibility of government. Australians value the contribution the Commonwealth makes to funding H&MR. In public opinion polling by Research Australia over the last decade the provision of health services and of increased funding for health and medical research have consistently rated as high priorities for government funding. In the polling conducted in June 2014, 76% of respondents rated increased funding for health and medical research by the Australian Government as 'Important' to 'Extremely Important'.¹ Ongoing community support depends on ensuring we continue to apply the research outcomes in ways that benefit us all.

Research Australia also welcomes the Government's Innovation and Competitiveness Agenda which acknowledges both the critical importance of research to Australia's future prosperity and our particular strengths as a nation in H&MR. Research Australia supports the Government's focus on ensuring that the outputs of research are utilised through the development of new products and services ideas and the translation of non-commercial research into better and more efficient healthcare.

H&MR provides the opportunity to improve the efficiency and productivity of our health system and its workforce. With health expenditure in Australia of \$140 billion per year, even small improvements in efficiency and productivity can provide significant dividends for both the broader economy and the Australian Government's budget. A key priority for the Government should be to ensure that the health system is able to more rapidly absorb research findings into evidence based practice.

Analysis by the Australian Institute of Health and Welfare (AIHW) shows health expenditure stabilising, with Commonwealth Government expenditure declining in 2012/13. This is consistent with a broad trend to lower rates of growth in health expenditure internationally.² In a difficult fiscal environment this provides

¹ Research Australia, *Australia Speaks! 2014 Opinion Poll- views of 1000 Australians*, <http://researchaustralia.org/publications/public-opinion-polls.html>

² OECD Health Statistics 2014, at <http://www.oecd.org/els/health-systems/health-data.htm>

the opportunity to invest in H&MR to further improve health care and simultaneously improve the efficiency of our healthcare system.

Total expenditure on health goods and services in Australia was estimated at \$147.4 billion in 2012–13, the annual growth the AIHW has recorded since the mid 1980's. The Australian Government's funding of health expenditure fell 2.4% in real terms.³

SUMMARY OF RECOMMENDATIONS

1. **The Government proceed with implementation of the Medical Research Future Fund and continue to explore savings that will enable it to achieve its target of \$1 billion annually for H&MR.**
2. **Creation of a PHD Scholarship scheme for candidates who are sponsored by a business. The PhD would be undertaken with a degree of financial and non financial support provided by the private sector sponsor.**
3. **Additional emphasis on health systems research to increase the capacity to analyse and identify best practice for the Australian health care system and to increase research into the most effective and efficient delivery mechanisms for implementing best practice.**
4. **Better provision be made for:**
 - **Career structures that support moving between research and health delivery roles.**
 - **More roles in health services across medical, nursing and allied health professions that have a dedicated time and resource allocation to research as a means of supporting innovation.**
 - **Providing research 'buy-outs' to enable General Practitioners and other health professionals to engage in research, including clinical trials.**
5. **Expand the mandate of the Australian Commission on Safety and Quality in Health Care to include efficiency as well as safety and quality, and provide incentives for health care providers to nominate existing practices and initiatives to the Commission for adoption as part of the Healthcare Standards.**
6. **Increased funding be made available for research to support the effective and rapid translation of new discoveries into practice. This requires:**
 - **Building capacity and investing in implementation research, including comparative effectiveness research, to assist with shifting practitioners to adopt better practice.**
 - **Investment by the health system in 'change management' expertise and practice to incentivise and support professionals to adopt new practices and create behavioural change.**
 - **Creating evidence based decision support tools for practitioners, to support the adoption of best practice.**
7. **The creation of an Office for Clinical Trials within the Department of Health to better coordinate the current reforms being undertaken and to support the work of COAG's Standing Committee on Health (SCoH) in this area.**

³ Australian Institute of Health and Welfare 2014. Health expenditure Australia 2012–13. p.ix

- 8. The Department of Health work with other agencies such as the Australian Commission on Safety and Quality in Healthcare and the Australian Institute for Health and Welfare to identify clinical trials that have demonstrated interventions with the potential to improve the effectiveness and efficiency of healthcare delivery. The Department should then tender for a healthcare service to provide a large scale 'demonstration project' to further establish the intervention's 'real world' efficacy and support its wider adoption in practice.**
- 9. The Commonwealth Government work with the State and Territory governments to achieve the secure linkage of publicly held databases with public and private hospital databases and make suitably protected and de-identified data available to researchers.**
- 10. The Commonwealth Government continue to fund the Population Health Research Network (PHRN) to enable it to continue and expand the work it is undertaking.**
- 11. Increase the funding allocated to the NHMRC in the short term to better support early to mid career researchers.**
- 12. Provide additional funding to the NHMRC to raise the level of infrastructure funding provided to MRIs through IRISS from 20% to 30% of the value of competitively awarded grants. (Based on previous years' expenditure, this measure would cost approximately \$20 million in 2015/16.)**
- 13. Exempt ARC funding programs from further cuts.**

MEDICAL RESEARCH FUTURE FUND

Research Australia supports the Commonwealth Government's proposal for a Medical Research Future Fund. Additional ongoing funding of \$1 billion per year has the potential to transform healthcare and prevention in Australia through new discoveries and better translation of research into practice. It is a potential source of funding for programs to support health care innovation including, for example, providing infrastructure for commercial and non commercial clinical trials and support for interdisciplinary research and innovation.

It is imperative that the MRFF is of sufficient size to provide annual funding of \$1 billion per annum as initially envisaged. The 2014-15 budget outlined a number of savings to be made over the coming decade to enable the MRFF to achieve its full potential. Some of these measures have already been implemented while others have lacked the necessary parliamentary support. Research Australia submits that there is significant scope to generate further savings in the health system through the application of H&MR to:

1. develop new interventions and treatments that lead to faster and more complete recoveries and reduced disability;
2. identify better and more cost effective models of care, and
3. develop strategies to implement best practice.

The MRFF provides a significant opportunity to collaborate with and leverage private sector and philanthropic funding for H&MR. There is already a joint collaborative funding program between Cancer Australia and a number of cancer oriented foundations; Research Australia has been advocating for some time for the creation of a large scale philanthropic foundation with the objective of supporting the broad spectrum of health and medical research and which could expand on this model. Designing the MRFF from the 'ground up' to provide funding in collaboration with other philanthropic and private sector bodies has the potential to provide strategic direction to the H&MR sector and to promote collaboration between researchers and the public, private and philanthropic sectors.

Making the most of the MRFF will include careful consideration and implementation of its objectives, programs and structure, and how it complements existing research funding. The next 12 to 18 months provides the ideal opportunity to undertake this planning and to consult with the States and Territories, health services, medical technology and pharmaceutical industries, and publicly funded research organisations. Some of the proposals for additional funding contained in this submission could be appropriately funded from the MRFF.

Research Australia recommends that the Government proceed with implementation of the Medical Research Future Fund and continue to explore savings that will enable it to achieve its target of \$1 billion annually for H&MR.

DRIVING INNOVATION IN HEALTHCARE

As has been identified in the Government's Industry Innovation and Competitiveness Agenda, Australia has research strengths in pharmaceuticals, biotechnology and medical technologies. These can provide the base for innovative new Australian products and services as well as the opportunity to improve the performance of Australia's healthcare system.

Enhancing engagement between researchers and industry

The lack of engagement between industry and researchers has been identified as a key barrier to innovation. One way to increase engagement is to encourage individuals who are already working in industry to undertake further training in research in areas that are related to their work. The Government's planned review of research training has the potential to lead to reforms which significantly improve the interaction between the academic research community and the health services, medical technology and pharmaceutical industries. In addition to promoting the development of new products and services this has the potential to accelerate the rate of adoption of new evidence based practice and to focus research on the needs of the sector, driving improved productivity and efficiency.

Research Australia recommends the creation of a PHD Scholarship scheme for candidates who are sponsored by a business. The PhD would be undertaken with a degree of financial and non financial support provided by the private sector sponsor.

The scholarship program would be Government funded, national and competitive. The program would be most attractive to individuals in research related areas who are considering returning to further study and are able to secure a sponsor (eg. their existing employer) because the further study would be in an area likely to be of interest and benefit to the private sector sponsor.

Established in 1970, Denmark's Industrial PhD Programme is internationally recognised for its successful integration of academic research in a business environment. The Industrial PhD student is employed by a private company and concurrently enrolled at a university, dividing their time between their employer and the university during the three years of the project. The company receives a monthly wage subsidy from the Danish Agency for Science, Technology and Innovation, and the university receives funds to cover its supervision expenses.

Research to reform Australia's health system

*'In Australia, the debate on improving outcomes has relied too much on arguments about increasing resources and not enough on improving productivity and effectiveness through micro economic reform and translation of innovations from research. The total resources available and people costs are largely determined by government budget allocations. Productivity and effectiveness, on the other hand, are driven by choices on interventions that have varying costs and impacts on health outcomes. Decisions on some of these interventions, such as vaccination, are made at a population level as public health policy, while others are choices made by health professionals within hospitals and other settings.'*⁴

The Strategic Review of Health and Medical Research undertaken for the Australian Government in 2012 by an expert panel chaired by Simon McKeon AO (the McKeon Review) identified the role that H&MR can play in transforming the delivery of healthcare in Australia. In particular it pointed to the potential for a strategic investment in H&MR to lead to significant savings in public health expenditure, a portion of which could be used to fund future research.

While a small number of the recommendations made by the Panel in its report have been implemented, the majority of the recommendations are languishing. Many of these recommendations are consistent with the Government's own objective of improving the effectiveness and efficiency of Australian health care.

⁴ Australian Government, Report of the Strategic Review of Health and Medical Research, 2013, p.17

Case study- MSAC

Advances in healthcare as a result of research often lead to the availability of new options (eg. MRI vs. arthroscopy for the diagnosis of some knee injuries), cast doubt on the efficacy of existing practices (eg. Vitamin D testing) and can lead to significant reductions in the length of some procedures (eg. the adoption of laparoscopic techniques). The MSAC plays an important role in ensuring that effective new practices are funded, ineffective practices are discontinued, and that remuneration remains appropriate. MSAC relies on the latest and best research in making its decisions, demonstrating the important role of research in this process.

Improving care and reducing cost

While the health needs of Australians are broadly the same across the nation and the National Health Reforms have established a broad national framework and a set of targets, the practices adopted by individual Australian hospitals and other healthcare providers vary significantly. Some of this variation is evidence of the adoption of innovative healthcare practices in particular locations; other variation is evidence of a failure to adopt best practice. Several reports of the National Health Performance Authority have highlighted the variation in performance by individual hospitals and health providers across Australia.⁵ While the NHPA reports have highlighted the differences and are a valuable resource, they do not identify what needs to be done to improve performance.

To improve efficiency, productivity and effectiveness, the national health system needs to be more open to innovation and the adoption of new technologies and practices. The CareTrack study published in July 2012 reported relatively low levels of appropriate care (in accordance with current guidelines) provided by health care providers across a range of common medical conditions.⁶ This study indicates that we have a long way to go in ensuring the provision of health care in accordance with current guidelines, and the task for translating new discoveries into mainstream healthcare practice is just as great if not greater.

We need to increase the sector's capacity to translate 'good' innovations into standard health care. There are specific areas where new skill sets are required to facilitate innovation from fields as diverse as bio-mathematics and health economics. We also need to invest in comparative effectiveness research to assist with shifting practitioners to adopt better practice.

Innovations in healthcare that improve quality and safety typically improve patient management, reduce adverse events and readmissions and lead to quicker recoveries, and these are the major drivers of efficiency gains.

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.

Research Australia proposes additional emphasis be placed on health systems research to increase the capacity to analyse and identify best practice for the Australian health care system and to increase research into the most effective and efficient delivery mechanisms for implementing best practice.

⁵ National Health Performance Authority, *Hospital Performance: Time patients spent in emergency departments in 2011–12; Healthy Communities: Avoidable deaths and life expectancies in Australian Communities, 2009–2011; Hospital Performance: Length of stay in public hospitals in 2001–12* <http://www.myhospitals.gov.au>

⁶ W. B. Runciman et al, *CareTrack: assessing the appropriateness of health care delivery in Australia*, Medical Journal of Australia 197 (2), 16 July 2012

If the benefits of H&MR discoveries are to be realised, new practices and behaviours that are supported by research need to be adopted by practitioners and the community. Participation in research by health providers in all disciplines and in all settings:

- Enables clinicians to more critically appraise new research outcomes
- Lifts the overall standard and quality of care
- 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.

Research Australia recommends the following initiatives to improve the adoption of innovations in health care:

- **Career structures that support moving between research and health delivery roles.**
- **The creation of more roles in health services across medical, nursing and allied health professions that have a dedicated time and resource allocation to research as a means of supporting innovation.**
- **Providing research ‘buy-outs’ to enable General Practitioners and other health professionals to engage in research, including clinical trials.**

Overcoming barriers to the implementation of new practice

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 above. 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.

We are not suffering from a lack of ideas on how to make our health system more effective and efficient but we don't have the infrastructure in place to efficiently evaluate and document these ideas and apply them more broadly.

The Australian Commission on Safety and Quality in Health Care already plays a role in setting national standards for healthcare and is undertaking important work to address variations in practice. Research Australia proposes enhancing and extending the Commission's role as a way of driving innovation.

Australia needs a national body with the capacity to formally evaluate individual practices for their safety, quality, efficacy, efficiency and transferability; and which is able to drive the introduction of evidence based best practice in the health system nationally. Research Australia proposes adapting the Australian Commission on Safety and Quality in Health Care for this purpose. The following actions would be required:

Research Australia recommends expanding the mandate of the Australian Commission on Safety and Quality in Health Care to include efficiency as well as safety and quality, and provide incentives for health care providers to nominate existing practices and initiatives to the Commission for adoption as part of the Healthcare Standards.

Efficiency should not be prioritised over safety and quality but it should be included with safety and quality in the Commission's mandate. As noted earlier, innovations that improve quality and safety typically improve patient management, reduce adverse events and readmissions and lead to quicker recoveries, all of which are major drivers of efficiency gains.

Better adoption of evidence based practice

As noted in the extract from the McKeon Review report above some interventions, such as vaccination programs, can be implemented directly by governments. Others are more difficult for governments to implement directly. While ‘top down’ measures like healthcare standards and MBS items for reimbursement are important in changing healthcare practice, it is also important to influence key decision makers in the healthcare system, including senior clinicians and health executives. To do this we need to improve the communication of new evidence based practices and its benefits, facilitate the adoption of change and foster a culture of continuous improvement.

Research Australia recommends increased funding for research to support the effective and rapid translation of new discoveries into practice. This requires:

- **Building capacity and investing in implementation research, including comparative effectiveness research, to assist with shifting practitioners to adopt better practice.**
- **Investment by the health system in ‘change management’ expertise and practice to incentivise and support professionals to adopt new practices and create behavioural change.**
- **Creating evidence based decision support tools for practitioners, to support the adoption of best practice.**

Clinical trials and beyond

Clinical trials, both commercial and non-commercial, are an essential element of innovation in health and medical research. Australian practices in relation to clinical trials were identified as a barrier to innovation several years ago and are now the subject of several initiatives to improve and streamline the ethics approval and governance processes. The adoption by COAG’s Standing Council on Health (SCoH) of the streamlining of clinical trials as an area for reform should drive further progress in this area.

Research Australia recommends the creation of an Office for Clinical Trials within the Department of Health to better coordinate the current reforms being undertaken and to support the work of SCoH in this area.

While better facilitation of clinical trials is an important development we need to ensure that promising initiatives arising from clinical trials are properly evaluated and are implemented in the health system when they provide benefits. All too often, clinical trials are undertaken which provide useful models for better health practice but fail to have the impact necessary to change practice. An interim step between a clinical trial and full system wide implementation is required, in which the new practice is applied in a healthcare setting for an extended period to both demonstrate and evaluate its ‘real world’ efficacy and to enable the development of clear strategies and protocols that will facilitate its broader adoption. This could be achieved through inviting healthcare providers to tender for the provision of an innovative new service or practice for a fixed period, after which it can be fully evaluated for its practical applicability in the healthcare setting.

Research Australia recommends that the Department of Health work with other agencies such as the Australian Commission on Safety and Quality in Healthcare and the Australian Institute for Health and Welfare to identify clinical trials that have demonstrated interventions with the potential to improve the effectiveness and efficiency of healthcare delivery. The Department should then tender for a healthcare service to provide a large scale ‘demonstration project’ to further establish the intervention’s ‘real world’ efficacy and support its wider adoption in practice.

Making better use of data

Information is critical to innovation. Australian governments at all levels are custodians of large volumes of information with the potential to drive innovation in the delivery of a range of services and the development of new products. Making appropriately de-identified public data available to researchers and innovators in the public and private sectors should be a priority for all levels of government, and the development of common protocols for the use of and access to data would be a useful topic for the proposed whole of governments innovation strategy.

As an example in the health sector, smarter use of existing and potential data sources has enormous potential to stimulate and support innovation. A key initiative in this regard would be linkage of the Pharmaceutical Benefits Scheme (PBS) and Medicare Benefits Schedule (MBS) with public and private hospital data and various state registries.

Research Australia recommends that the Commonwealth Government work with the State and Territory governments to achieve the secure linkage of publicly held databases with public and private hospital databases and make suitably protected and de-identified data available to researchers.

The Population Health Research Network (PHRN) has been established to build a nationwide data linkage infrastructure capable of securely and safely managing health information from around Australia. 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. It 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.

Research Australia recommends that the Commonwealth Government continue to fund the Population Health Research Network (PHRN) to enable it to continue and expand the work it is undertaking.

RESTORING NHMRC FUNDING

Research Australia notes the commitment made during the last election that NHMRC funding would not be reduced.

While the MRFF promises to boost funding for health and medical research in the long term, in the recent past NHMRC funding levels for projects and programmes have stagnated and have fallen in real terms when inflation is taken into account. This has had most impact on early and mid career researchers. The success rate of project grant applications has fallen from 23.5% in 2010 to 14.9% in 2014.⁷ And this is not because of a lack of quality applications. In 2013, 2751 project grant applications (73%) were considered good enough to be funded, but only 646 (16.9%) were actually funded.⁸

The move by the NHMRC towards more grants of longer duration has been welcomed by the sector but has compounded the difficulties experienced by early to mid career researchers in the short term, because the higher average value of these grants reduces the number of applications that can be funded.

Research Australia recommends an increase in the funding allocated to the NHMRC in the short term to better support early to mid career researchers.

The Independent Research Institute Infrastructure Support Scheme (IRISS) was introduced by the NHMRC in 2005. It assists Independent Medical Research Institutes to meet overhead funding costs and is paid at the rate of 20% of competitively awarded research funds in the year.

Covering the indirect costs associated with research is a well-recognised problem for the publicly funded health and medical research community, and was considered by the McKeon Review's expert panel. The panel recommended that all eligible H&MR bodies receive at least a 60% indirect cost loading for national competitive grants.⁹

Research Australia supports this recommendation and proposes that as a first step, additional funding be provided to the NHMRC to raise the level of infrastructure funding provided to MRIs through IRISS from 20% to 30% of the value of competitively awarded grants. Based on previous years' expenditure, this measure would cost approximately \$20 million in 2015/16.

⁷ <http://www.nhmrc.gov.au/grants-funding/outcomes-funding-rounds>

⁸ <http://www.nhmrc.gov.au/media/newsletters/ceo/2014/new-data-set-comment-project-grant-outcomes-institution>

⁹ Australian Government, *Report of the Strategic Review of Health and Medical Research*, 2013, Recommendation 10, p.155

MAINTAIN AUSTRALIAN RESEARCH COUNCIL FUNDING

H&MR does not exist in a vacuum. Increasingly it is a multidisciplinary endeavour, drawing on expertise in a diverse range of areas such as materials science and engineering.

While it does not fund 'Medical and Dental Research', a significant proportion of ARC funding is provided to research that fits within a broader definition of health and medical research. The Hon Christopher Pyne, Minister for Education, has highlighted the role of the ARC in funding H&MR:

'The ARC's value here is in its flexibility—for the ARC works in all disciplines. Take for example the Future Fellow Professor Martina Stenzel. Although her background is in chemistry, she has taken her breakthrough work in nanoparticles into the hospital, to help cancer patients. Her unique platinum project, to develop nano-sized drug delivery containers for the targeted delivery of platinum containing anti-cancer agents, bridges a gap between chemistry and medicine in a way that perhaps only an ARC fellowship can effectively support.'¹⁰

An analysis of completed ARC National Competitive Grant Projects since its inception in 2001 to 2012 suggests that on a conservative estimate, at least 10% of ARC project grants were related to health and medical research. This includes a range of projects from medical device engineering to health economics. The Government has more recently redirected \$103 million of ARC funding over four years to health and medical research in diabetes, dementia and tropical diseases.

Research Australia submits that the ARC funding programs must be exempted from further cuts in funding.

¹⁰ The Honorable Christopher Pyne, Minister for Education, Second Reading Speech, Australian Research Council Amendment Bill 2013, 14 November 2013

CONCLUSION

H&MR is dependent on Commonwealth Government investment and support. While there is private sector investment, many of the outcomes of H&MR are public goods, not amenable to commercialisation. In making this submission, Research Australia is conscious of the current difficult fiscal environment and the Government's objective to reduce expenditure. We are also appreciative of the Government's continued support for, and commitment to, H&MR. This commitment is well placed.

A strategic investment in H&MR supported by good policy has the potential to:

- improve the health of all Australians,
- boost productivity and economic growth;
- curb the growth in health expenditures; and
- support Australia's transition to a modern, knowledge intensive economy.

The Medical Research Future Fund provides a unique opportunity to advance Australian H&MR and to better capture the social and economic dividends that it can deliver, and we urge the Government to proceed with its implementation. It is imperative that the MRFF is of sufficient size to provide annual funding of \$1 billion per annum as initially envisaged. Research Australia submits that there is significant scope to generate further savings in the health system through the application of H&MR which could then be used to fund the MRFF.

Research Australia appreciates the opportunity to make this submission and would be pleased to provide further information or answer any questions that this submission may have raised.

RESEARCH AUSTRALIA LIMITED
384 Victoria Street Darlinghurst NSW 2010
T +61 2 9295 8546 | **ABN** 28 095 324 379
www.researchaustralia.org