

NATIONAL STRATEGIC FRAMEWORK FOR CHRONIC CONDITIONS

Response to the Consultation on the Second Draft

June 2016

**RESEARCH
AUSTRALIA**



AN ALLIANCE FOR DISCOVERIES IN HEALTH

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- 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.

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NATIONAL STRATEGIC FRAMEWORK FOR CHRONIC CONDITIONS

RESPONSE TO THE CONSULTATION ON THE SECOND DRAFT

INTRODUCTION

In May 2016 the Department of Health sought feedback on the second draft of the *National Strategic Framework for Chronic Conditions*.

The consultation invited the electronic submission of responses to a number of specific questions. The questions, and Research Australia's responses, are reproduced below. Only those questions to which Research Australia provided a written response are reproduced.

RESPONSES TO THE QUESTIONS

SECTION B – THE STRUCTURE OF THE FRAMEWORK

Research Australia is of the view that the Framework is broadly appropriate. Our specific comments in the following sections focus specifically on the role of research in the Framework.

Part 2: The Framework

The Framework identifies the key Enablers to assist in achieving the Vision of the Framework. (Relates to page 14 of the Framework). With regard to the Enablers, is anything missing or what should change? (200 word limit)

The diagram on page 7 refers to 'Research' and reference is made to 'researchers' throughout and yet the list of enablers on page 14 refers to 'health research'. Without a clear explanation of what is and isn't health research, or simply reverting to the term 'research', there is a risk of excluding a range of different types of research. For example, social sciences have a role in furthering our understanding of the social determinants of health, and what factors influence healthy and unhealthy behaviours.

The role identified for health research is strengthening the evidence base, which is generally referred to in the document as the evidence base for clinical decisions. While this is one role for research, there are also others that are critical to a Chronic Disease Framework, including research into the health system more broadly to identify barriers to the implementation and adoption of new programs and interventions, and how these can be overcome. There is also a role for research in designing, implementing and evaluating interventions and programs, understanding changes in the population over time, identifying what works in clinical practice, the health system and the population, (implementation research) and what is cost effective (health economics research).

Section C – Objectives, Strategic Priority Areas and Outcomes

Objective 1: Focus on prevention for a healthier Australia

With regard to the Outcomes in Objective 1, is anything missing or what should change? (400 word limit)

The section on risk reduction (Priority 1.1) acknowledges the need for evidence-based interventions and also acknowledges that '*...in some circumstances the evidence may be limited...*' (p.719). Research has a role to play in better understanding the risk factors and their interactions, what can be done to reduce these risk factors, and how best to communicate and support behavioural changes in a manner that drives positive change in at risk populations and the population at large. There is also a significant role for research in evaluating the effectiveness of prevention programs and for designing and evaluating pilot programs.

Critical early life stages (Priority 1.3) recognises the need for research in many areas. An outcome that is missing here is that interventions and treatments provided in the health system are based on the latest and best evidence- i.e. research findings are translated more quickly and completely into practice than is

currently the case. Building better partnerships between researchers and the health sector and involving health professionals in research are critical to delivering this outcome.

Timely and appropriate detection (Priority 1.4) requires research to improve diagnostic tools and screening programs, enhance our understanding of the interaction of multiple morbidities, and determine where and when to direct our resources most effectively.

Objective 2: Provide effective and appropriate care to support people with chronic conditions and optimise quality of life

With regard to the Outcomes in Objective 2, is anything missing or what should change? (400 word limit)

Achieving the outcomes in relation to Active Engagement (Priority Area 2.1) requires a much better understanding than we currently have of what information individuals require about themselves and what's possible and how this information is best presented. We also need to understand the barriers to greater health literacy and engagement and develop individually tailored strategies. Research will be essential to developing this understanding. The programs required to achieve this are likely to be expensive. Health services research can help evaluate whether programs lead to greater engagement and better health outcomes. Health economics research will help evaluate whether the programs are cost effective.

The outcomes identified for Priority Area 2.2 (Continuity of Care) are also likely to be expensive to achieve and will require careful planning and evaluation. Health Services research will be critical to understanding which changes in the collection, use and availability of health information are effective. The creation of better linkages between what are currently silos of health information will also provide a valuable tool for researchers. The greater availability of data for researchers should be a key objective in any actions to link and/or combine sources of health information.

Priority Area 2.3 requires the innovative use of new technologies and work practices to improve accessibility. Once again, research to design, test and evaluate pilot programs to determine which approaches improve access to services is critical if the outcomes are to be achieved.

Information sharing (Priority Area 2.4), including health information and information about health system performance, is critical to improving the management of chronic conditions for individual patients and at the system and population level. Access to this data in a timely, comprehensive and routine manner for research purposes is critical if this objective is to be achieved.

Objective 3: Target priority populations

With regard to the Outcomes in Objective 3, is anything missing or what should change? (400 word limit)

Priority Area 3.1 specifically identifies a number of Phase 2 Outcomes. Research across a range of disciplines in the social sciences will be required to devise culturally appropriate programs for different cultural groups and to develop culturally appropriate work practices for the health workforce engaging with specific cultural groups.

Targeted Action (Priority Area 3.2) will similarly require researchers from a range of disciplines to help develop, implement and evaluate targeted interventions.

Final Comments

Please provide any other comments you may have on the Framework. (500 word limit)

Research Australia welcomes the development of the National Strategic Framework for Chronic Conditions and the acknowledgement of research as one of the six key enablers. The comments below relate to the interrelated roles of these enablers.

One of the challenges for the Framework will be to ensure that the research required to achieve the objectives and outcomes of the Framework is funded. At a Commonwealth level, funding for research is provided by the National Health and Medical Research Council, the Australian Research Council, and in the near future, the Medical Research Future Fund. These funding programs operate with their own eligibility criteria and priorities and it cannot be assumed that these will align with the objectives and outcomes of this Framework. At a state and territory level, where much of the care to be provided as part of this Framework will be delivered, there is another raft of funding programs with their own priorities and objectives. Ensuring that the objectives and outcomes of the Chronic Disease Framework are given appropriate priority by these agencies may require targeted, priority driven research programs. The funding and methodologies provided by Cancer Australia may provide a partial model. In some key areas, such as health services research, health economics, and the analysis and manipulation of large data sets, there may also be a need to build capacity in the Australian research community. *Governance & Leadership* will be critical to appropriate integration of research into the Framework.

Data and Information has been identified as an enabler of the Framework. Not only is better data and information critical as an enabler of the Framework but it is also a critical input for research. If the Framework is to succeed, the information about individuals' health and their interactions with the health system must be made available to researchers in a more complete and streamlined manner than is currently the case. This will require linking of data across multiple systems and entities, and the explicit inclusion of the provision of data for research purposes as a criterion in the design and implementation of all data projects.

Building better links between researchers and the *Health Workforce* is also critical. Better engagement between researchers and health professionals will help ensure that research effort is directed to issues with practical ramifications for better management of chronic care. In turn a more 'research engaged workforce' is more likely to be open to changing practice in response to evidence.

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