

REFRESH OF THE NATIONAL STRATEGIC FRAMEWORK FOR CHRONIC CONDITIONS

Submission to the Department of Health and
Aged Care

April 2024

Introduction

In March 2024 the Department of Health and Aged Care commenced a refresh of the National Strategic Framework for Chronic Conditions.

'The Framework was published in 2017 with a timeframe of eight years, from 2017 to 2025. The Department of Health and Aged Care (Department) is leading a review and refresh of the Framework to ensure it remains current, accurate and relevant.'

'The refresh of the Framework will consider how chronic conditions can best be prevented and managed for all Australians, including priority population groups.' (Consultation paper, page 7)

Research Australia made a submission in response to the consultation on the initial Strategic Framework, and has now followed this up with a response to the new consultation.

The responses below were provided in an electronic questionnaire. The length of responses able to be provided was restricted, generally to 1000 characters, so the responses are necessarily brief. Text from the consultation paper is provided where necessary to provide context to the question.

Responses to the Questionnaire

Context provided in the Consultation paper:

The following are identified in the Framework as 'enablers':

1. Governance and leadership — supports evidence-based shared decision-making and encourages collaboration to enhance health system performance.
2. Health workforce — a suitably trained, resourced and distributed workforce is supported to work to its full scope of practice and is responsive to change.
3. Health literacy — people are supported to understand information about health and health care and appropriate health care settings, to apply that information to their lives and to use it to make decisions and take actions relating to their health.
4. Research — quality health research accompanied by the translation of research into practice and knowledge exchange strengthens the evidence base and improves health outcomes.
5. Data and information — the use of consistent, quality data and real-time data sharing enables monitoring and quality improvement to achieve better health outcomes.
6. Technology — supports more effective and accessible prevention and management strategies and offers avenues for new and improved technologically driven initiatives.
7. Resources — adequate allocation, appropriate distribution and efficient use of resources, including funding, to address identified health needs over the long-term.

Question: Are there any other enablers you think should be included in the Framework?

Response:

Reference is made to research and researchers throughout and yet the enabler refers specifically 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.

Question: Do you agree with the statement ‘I have access to health information and data, and use this to help make decisions regarding the prevention, diagnosis, treatment and management of chronic conditions.’?

Response:

Agree.

Question: Please provide further comments about your response.

Response:

Priority Area 2.4 emphasises effective sharing of consistent, relevant, secure health information and data in improving service delivery performance and health outcomes.

It also explicitly recognises importance of sharing data for research. This remains critical and several initiatives since the Framework was released are relevant to the refresh. One is the data sharing agreement put in place between during the COVID pandemic between the Commonwealth, state and territory governments. Another is the work that has been undertaken through the Data Availability and Transparency Act and the Office of the National Data Commissioner to improve sharing of Commonwealth data. The review of the Privacy Act 1988 is considering the use of information for research, and data collection and analysis are identified as critical roles for the proposed Australian Centre for Disease Control. It is important that these developments are appropriately recognised in the refresh of the Framework.

Context provided in the Consultation paper:

Many common issues and challenges can be found in the prevention, treatment and management of different chronic conditions. Several of these issues are listed below.

- Multi-disciplinary care
- Managing multimorbidity
- Continuity of care across life stages
- Transitions of care as a patient moves across and through the health system
- Enhanced and targeted support for priority populations
- Health promotion and education
- Self-management
- Life stage transitions
- Embedding prevention in the continuum of care

Question: Do you believe a focus on these common issues is relevant, accurate and appropriate for Australians living with a chronic condition?

Response:

Yes

(Optional): Please elaborate on your response and/or include any other common issues across chronic conditions that you would like to note.

Response:

These common issues and challenges outlined above are a good example of areas where the Framework should more explicitly articulate the role of research. All of these are areas where a non-disease specific approach to research will be most effective. The Framework should, for example, articulate how the health system can better address these common issues and the role of research in doing so. This goes beyond the limited conception of research as an 'enabler' provided by the current Framework.

Question: Please provide information on any opportunities for digitisation to enhance the prevention, treatment and management of chronic conditions.

Response:

Digitisation is another good example where the provision of platforms to enhance the prevention, treatment and management of chronic conditions is best developed at the level of the Framework rather than in individual disease specific strategies and action plans.

Any work in this area needs to be cognisant of the National Digital Health Strategy and the work being undertaken under the Digital Health Blueprint.

Question: Please provide any additional feedback on the Framework including any other opportunities to improve the Framework.

Response:

The purpose of the existing Framework remains unclear, although some of the changes suggested in the Refresh could make it more relevant. It seems likely that the main audience for the Framework will continue to be the Commonwealth, state and territory governments, although it remains unclear how the Framework influences their individual initiatives and investment.

Research Australia submits the role of the Australian Centre for Disease Control needs to be recognised and articulated in the Framework. In particular, in the context of this question about audiences for the Framework, will the Australian CDC be a user or a driver of the Framework?

On page 11, the Consultation paper notes 'Collaborative, policy-relevant research supports prevention, finding new treatments and repurposing existing medicines to provide better health care.' While this is true, there is nothing in the Framework or the underlying strategies which ensures the delivery of 'collaborative, policy-relevant research' to support prevention, new therapies or repurposing of existing medicines. The National Health and Medical Research Strategy under development by the Department of Health and Aged Care could help in this regard.

Research Australia recommends the Framework references the National Health and Medical Research Strategy.

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).

END OF SURVEY RESPONSE

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