

Monday, 4 July 2022

Catherine Morgan-Wicks
Secretary, Department of Health

Dear Ms Morgan-Wicks,

Re – Our Healthcare Future Advancing Tasmania’s Health Strategy exposure draft consultation

The Menzies Institute for Medical Research (Menzies) at the University of Tasmania is the state’s only medical research institute. The Institute conducts research under five themes: (1) Public Health, Primary Care and Health Services; (2) Cardiovascular and Respiratory Health and Disease; (3) Brain Health and Disease; (4) Musculoskeletal Health and Disease and (5) Cancer, Immunology and Genetics. Our research addresses the major health issues facing Tasmanians with our purpose being to perform internationally significant medical research leading to healthier, longer and better lives for Tasmanians.

Menzies strongly supports the strategic ambitions outlined within the Our Healthcare Future Advancing Tasmania’s Health Strategy exposure draft and our staff are well placed to work in partnership with the Department and the Tasmanian Health Service to achieve the goals outlined in the Our Healthcare Future Advancing Tasmania’s Health Strategy. In this response we provide specific examples of how we can work with the Tasmanian Health Service to achieve their strategic ambitions.

Evidence synthesis

Identifying new models of care to deliver within the Tasmanian health system will require synthesis of existing research evidence. Our researchers have substantial expertise in undertaking high-quality scoping, rapid and systematic reviews and meta-analyses to generate summaries of existing evidence. For example, our researchers authored over 70 systematic reviews and meta-analyses in 2021 alone. With appropriate resourcing we have the capacity to undertake high quality systematic reviews and meta-analyses within short time frames to assist in the identification and development of new evidence-based models of care.

Evidence generation

Our researchers can assist with the generation of evidence to demonstrate whether new models of care are acceptable, feasible, effective, sustainable and cost-effective. We can do this through process, outcome and economic evaluations using a variety of study designs. This could include assisting with the development of novel study designs to test interventions within the health service, potentially using existing administrative data (see Tasmanian Data Linkage Unit) and advanced analytic techniques to replicate randomisation. This could be facilitated by our team of epidemiologists, health economists and biostatisticians. Relevant examples aligning with specific strategic ambitions include national modelling of the burden of multiple sclerosis, our work generating a funding model for afterhours GP care that was implemented by Tasmanian Medicare Local, and Covid-19 epidemiological modelling. Through the generation of this type of evidence the Department and the Tasmanian Health Service would be able to make informed decisions to plan and improve health services.

Evaluation planning

We have expertise in the development of evaluation plans. Examples include the recent Healthy Tasmania Research and Evaluation Plan that was created in partnership between Menzies and the Department of Health and the Healthy@Work project funded by the National Health and Medical Research Council.

Infrastructure through the Tasmanian Data Linkage Unit

The Tasmanian Data Linkage Unit (TDLU), located at Menzies, provides unique infrastructure that can assist the Tasmanian Health Service to achieve the strategic ambitions within Advancing Tasmania's Health. The TDLU can create large de-identified linked datasets across health services including emergency department presentations, hospital admissions, general practice with patient outcomes such as survival, readmission and 'time at home'. The power of these linked datasets is their ability to track individuals through the health system, linked to outcomes. Potential uses of this infrastructure to support the strategic ambitions include: (1) creating a deeper understanding of the use of the health services, including among priority population-groups; and (2) evaluation of the effectiveness of new models of care. An example of policy and practice relevant linked data is the CKD.Taslink dataset which brings together data from statewide public and private pathology; kidney transplant and dialysis registries, emergency department presentations, hospital admissions and deaths. Analysis of this linked data has established levels of chronic kidney disease, defined access to health services and outcomes across the state, as well as quantifying the health and economic burden of diabetes in Tasmania. We can also provide skills, infrastructure and guidance to facilitate linkage within the Department of Health. As data custodians for these data assets, in house linkage may be an efficient way to harness the power of these assets.

Building capacity among the Tasmanian Health Workforce

We are well placed to provide support to the Tasmanian Health Service to create a highly skilled health workforce. In particular, we have the ability to build research and evaluation capacity. This is important because health services and health professionals who are engaged in research are more likely to provide evidence-based care, which is a cornerstone of the Our Healthcare Future plan. Strengthening evaluation capacity is also likely to lead to better monitoring and quality improvement of health services. We can build such capacity through several mechanisms:

- (1) Supervision of health professionals undertaking higher degrees by research – We have provided high-quality research training to candidates from surgery, cardiology, neurology, physiotherapy, podiatry, and nursing. Several of our senior academics hold clinical positions within the Tasmanian Health Service, e.g. Prof Alex Hewitt, Prof Peter Dargaville, Prof Bruce Taylor.
- (2) Epidemiological training and support – Menzies-trained people have provided much needed surge capacity within the Department of Health during the Covid-19 pandemic. Our biostatisticians and epidemiologists supported the Department of Health to develop reporting processes for Covid-19 tests, cases, hospitalisations, deaths and vaccinations.
- (3) Targeted short courses – We have existing short courses that can be delivered face to face or online in conducting high quality medical research and health economics. These have been

developed with experts in teaching and learning, including stakeholders. We also have the potential to develop and deliver other training in epidemiology and biostatistics.

- (4) Mentoring – our researchers have expertise in providing mentoring to clinicians wanting to build capacity in research. We are willing to explore models of providing mentoring and support to clinicians and policy makers across the Department of Health and Tasmanian Health Service that want to build skills in research and evaluation.

Consumer and clinician engagement to improve health outcomes

We are committed to engagement with consumers and clinicians to improve health outcomes, aligned with strategic ambition 4 'Partnering with Consumers and Clinicians'. Menzies has several examples of where effective consumer and clinician engagement has guided our research from the development of research ideas, study design, and dissemination of research findings. Our engagement with the community is guided by our recently developed Consumer and Community Involvement Policy to ensure that we align with best practice when working with end users.

- (1) Consumer engagement – We have expertise in embedding consumers in the development of priorities, aspects of design, implementation and dissemination of findings across multiple research areas. Key examples include the Multiple Sclerosis Research Flagship and The Communities for Walkability project.
- (2) Health professional and policy engagement – the Tasmanian Public Health Research Action Collaboration (TASPHRAC) is a partnership between Menzies and Public Health Services in the Department of Health. This partnership currently addresses four shared public health priorities including active living, nutrition, tobacco control and air quality. TASPHRAC is an example of how our research expertise can be used in practice to develop priorities and undertake applied research to answer policy and practice relevant questions.
- (3) Sector-wide engagement - the Tasmanian Collaboration for Health Improvement, called The Collaboration in short, brings together consumers, communities, health professionals, policy makers and researchers committed to improving health for Tasmanians through effective research translation. The Collaboration's partners are the University of Tasmania (including the College of Health and Medicine and Menzies), Primary Health Tasmania, the Department of Health and Health Consumers Tasmania.

(4)

We would welcome the opportunity to discuss how the Menzies Institute for Medical Research can continue to work with the Tasmanian Health Service and the Department of Health to achieve the strategic ambitions outlined in this response.

Kind regards,

A/Prof Seana Gall

Member, Senior Leadership Team – Lead Cardiovascular and Respiratory Health and Disease theme

e-mail: seana.gall@utas.edu.au, [REDACTED]

Submitted on behalf of working group – Prof Alison Venn, Prof James Sharman, Dr Kim Jose, Prof Graeme Zosky, A/Prof Dawn Aitken, Mr Martin Henschler, Prof Tania Winzenberg, A/Prof Verity Cleland, Prof Andrew Palmer