Kathy Eagar
Director
Centre for Health Service Development
About the CHSD

• Established 1993
• **Self-funded** health services R&D centre
• 120+ R&D projects - mix of national, state and local projects
• Now 28 academic and 6 general staff (25 FTE in total):
  - 14 academic staff with practical experience working as clinicians and managers in the health sector.
  - 17 disciplines - psychology, statistics, economics, public health, management, health planning, informatics, education, pharmacy, human geography, medical anthropology, sociology, medicine, occupational therapy, nutrition, nursing and communications.
About CHSD (2)

- One of the 12 UoW Research Strengths
- One of 4 ‘health services research centres of excellence’ in NSW
  - $500k annual infrastructure grant under NSW competitive grant scheme
- Represent about 80% of Faculty of Commerce research income

So we are a bit different
5 research themes

• Case mix classification across settings
• Health and community care financing
• Care coordination
• Health service delivery and organisation
• Management decision-making
My background

• Clinician - 5 years
• Senior manager in various positions in the public health system - 15 years
  – kept looking for research evidence to help with the decisions I had to make
  – couldn’t find anything helpful or relevant
  – eventually decided to find the evidence myself
• Moved to UoW to run CHSD in 1994
The Issue

• University research traditions are very individualist
  - “My research interest is X and I look for opportunities to get $ to pursue my interest”
  - Promotional structures etc reflect this
  - As does the apprentice model of research student training

• CHSD works on a team-based model to research and development
  - Different to traditional academic model
  - Grounded more in industry work practices

• What model or mix of models will best position WIC and the Faculty for the future?
  - Individual careers, building research strengths, attracting funds etc
How CHSD works

Some background information
We plan what we do as a Centre, not as individuals

ANNUAL GOALS:

• Minimum external R&D income of $___
• Minimum of ___ peer-reviewed publications
• More than 50% of projects we do result in changes to either health policy or practice within 3 years

AND WE MEASURE AND REPORT OUR PERFORMANCE AGAINST OUR GOALS
Draft goals for 2005

• Income - $2.7m
• Outputs - 40 DEST eligible publications
• Outcomes - at least 50% of projects result in changes in policy or practice within 3 years
• CHSD is positioned for 2006-2009 infrastructure funding round (NSW Health infrastructure grants program)
## Summary of 2004

<table>
<thead>
<tr>
<th></th>
<th>Goal</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td>$2 million</td>
<td>$2.188 million</td>
</tr>
<tr>
<td><strong>Outputs</strong></td>
<td>30 DEST eligible</td>
<td>31 published plus</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 in press and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11 others submitted</td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>At least 50% of projects result in</td>
<td>75% of projects completed between</td>
</tr>
<tr>
<td></td>
<td>changes in policy or practice within 3 years</td>
<td>1999 and 2004 have resulted in</td>
</tr>
<tr>
<td></td>
<td></td>
<td>changes in policy or practice</td>
</tr>
</tbody>
</table>
## Track record in research transfer 1999 to 2004

<table>
<thead>
<tr>
<th>Funding Level</th>
<th>No instrumental outcome at this stage</th>
<th>Results informed policy or practice</th>
<th>All completed projects</th>
<th>% of projects at each level resulting in changes in policy or practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>3 7.7%</td>
<td>12 30.8%</td>
<td>15 38.5%</td>
<td>80.0%</td>
</tr>
<tr>
<td>NSW</td>
<td>3 7.7%</td>
<td>5 12.8%</td>
<td>8 20.5%</td>
<td>62.5%</td>
</tr>
<tr>
<td>Other State</td>
<td>0.0%</td>
<td>6 15.4%</td>
<td>6 15.4%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Illawarra</td>
<td>2 5.1%</td>
<td>3 7.7%</td>
<td>5 12.8%</td>
<td>60.0%</td>
</tr>
<tr>
<td>Other local authority</td>
<td>1 2.6%</td>
<td>3 7.7%</td>
<td>4 10.3%</td>
<td>75.0%</td>
</tr>
<tr>
<td>International</td>
<td>1 2.6%</td>
<td></td>
<td>1 2.6%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>10 25.6%</td>
<td>29 74.4%</td>
<td>39 100.0%</td>
<td>74.4%</td>
</tr>
</tbody>
</table>

Includes only projects completed during this period
We have a team work program

• 3 ongoing R&D programs and 10-20 R&D projects a year
• CHSD staff form a team for each project, with a team leader (however named) for each
• Most staff would typically work on 4-6 projects a year, but variable
• Regardless of discipline or interest area, everyone is expected to be a good generalist health services researcher
  - specialist expertise in a particular discipline or issue is a bonus, but not essential
  - we match individual interests to projects as much as possible, but often not a perfect fit
<table>
<thead>
<tr>
<th>Type</th>
<th>Project</th>
<th>Income 2004</th>
<th>Percentages</th>
<th>Funding source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infrastructure</td>
<td>NSW Health Infrastructure grant</td>
<td>$550,000</td>
<td>25.1%</td>
<td>NSW Health</td>
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<tr>
<td></td>
<td>Publication grant</td>
<td>$50,000</td>
<td>2.3%</td>
<td>Commerce</td>
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<td>UoW Research Strength Funding</td>
<td>$78,489</td>
<td>3.6%</td>
<td>UoW</td>
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<td></td>
<td><strong>Total infrastructure</strong></td>
<td><strong>$678,489</strong></td>
<td><strong>31.0%</strong></td>
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<tr>
<td>Programs</td>
<td>Australasian Rehab Outcomes Centre</td>
<td>$271,500</td>
<td>12.4%</td>
<td>Various</td>
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<tr>
<td></td>
<td>Australian Health Outcomes Collaboration</td>
<td>$185,000</td>
<td>8.5%</td>
<td>Various</td>
</tr>
<tr>
<td></td>
<td>SNAP implementation NSW</td>
<td>$66,000</td>
<td>3.0%</td>
<td>NSW Health</td>
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<tr>
<td></td>
<td><strong>Total programs</strong></td>
<td><strong>$522,500</strong></td>
<td><strong>23.9%</strong></td>
<td></td>
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<tr>
<td>Projects</td>
<td>Catastrophic injury project</td>
<td>$173,580</td>
<td>7.9%</td>
<td>IAG</td>
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<tr>
<td></td>
<td>ATLAS, assessing the needs and costs of post-school leavers</td>
<td>$130,619</td>
<td>6.0%</td>
<td>DADHC</td>
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<tr>
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<td>Illawarra Area Health agreement</td>
<td>$93,500</td>
<td>4.3%</td>
<td>IAHS</td>
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<tr>
<td></td>
<td>Rural Palliative Care</td>
<td>$92,906</td>
<td>4.2%</td>
<td>DHA</td>
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<tr>
<td></td>
<td>National CCP evaluation</td>
<td>$86,069</td>
<td>3.9%</td>
<td>DHA</td>
</tr>
<tr>
<td></td>
<td>Pall care booklets</td>
<td>$84,254</td>
<td>3.8%</td>
<td>DHA</td>
</tr>
<tr>
<td></td>
<td>Palliative Care Tasmania</td>
<td>$53,702</td>
<td>2.5%</td>
<td>Tasmania</td>
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<tr>
<td></td>
<td>Childrens health and wellbeing</td>
<td>$44,368</td>
<td>2.0%</td>
<td>Victoria</td>
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<td></td>
<td>Queensland HACC reform</td>
<td>$43,065</td>
<td>2.0%</td>
<td>Queensland</td>
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<tr>
<td></td>
<td>Mental Health Integration Project Phase 2</td>
<td>$40,000</td>
<td>1.8%</td>
<td>DHA</td>
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<td></td>
<td>ED Availability</td>
<td>$36,692</td>
<td>1.7%</td>
<td>NHMRC</td>
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<td></td>
<td>Provision of a Health Economics Consultancy</td>
<td>$28,012</td>
<td>1.3%</td>
<td>Western Aust</td>
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<td></td>
<td>PADP - develop assessment tool</td>
<td>$23,420</td>
<td>1.1%</td>
<td>NSW Health</td>
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<tr>
<td></td>
<td>Retirement Options-Day Activities Linking</td>
<td>$20,000</td>
<td>0.9%</td>
<td>DADHC</td>
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<td></td>
<td>NSW HACC assessment project</td>
<td>$19,403</td>
<td>0.9%</td>
<td>DADHC</td>
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<td></td>
<td>Southern DADHC Autism project</td>
<td>$8,029</td>
<td>0.4%</td>
<td>DADHC</td>
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<tr>
<td></td>
<td>Illawarra pharmacy project</td>
<td>$7,000</td>
<td>0.3%</td>
<td>Kiam Council</td>
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<tr>
<td></td>
<td>Health Financing training – Fiji</td>
<td>$3,000</td>
<td>0.1%</td>
<td>WHO</td>
</tr>
<tr>
<td></td>
<td><strong>Total projects</strong></td>
<td><strong>$987,619</strong></td>
<td><strong>45.1%</strong></td>
<td></td>
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<td></td>
<td><strong>Grand total</strong></td>
<td><strong>$2,188,608</strong></td>
<td><strong>100.0%</strong></td>
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</tbody>
</table>
Implications for staff

• Very stable core team
• Opportunities for variety of work, to work on different and changing projects and to work in different teams
  – good skills development
• But hard to juggle competing demands and some projects are of more interest than others
• Projects are run by team leaders (not Chief Investigators), grants are held by CHSD (not individuals)
  – different, but doesn’t seem to be a problem in terms of careers (eg, CHSD staff winning promotional positions elsewhere)
• But how we work doesn’t fit well with UoW structures and processes, especially HR
Strengths and weaknesses?

**STRENGTHS**
- Stable and experienced team
  - mix of health and academic expertise
- Strong links with health system
- Commissioned R&D
- Track record of useful outputs
  - turn-key solutions

**WEAKNESSES**
- Internal capacity building
  - little opportunity till 1993 for staff to develop careers or complete doctoral studies
- Insufficient capacity to supervise doctoral students
- Self-funded
  - not enough resources and time to maximise publications
- Few peer-reviewed grants
  - can’t afford to bid
What have we learned?
Successful outcomes

• We get our best results (ie, the results get implemented) when our work is supported by all 3 groups of our stakeholders
  - Health system funding bodies (payers) and health service managers, clinicians and consumers

Implication

• We need to understand and manage the inevitable dynamic tensions between payers, providers and consumers
What do decision-makers want from us? (1)

• R&D on problems and issues that are priorities for them
  - completed on time and budget
  - reported in ways that are useful for them
  eg, not only a report but also sometimes:
    • a briefing session with senior managers,
    • a draft briefing note for them to put up through their system and
    • workshops for their staff
    • etc
What do decision-makers want from us? (2)

- Sometimes, help in identifying what their priority problems and issues actually are and in developing strategy
- Assistance in consultations with key stakeholders (especially clinicians)
- Assistance with implementation
  - we do a project, the outcome of which is a decision to change either policy or practice
  - we continue into the implementation stage
  - training, technical advice, design information systems, design evaluation, identify further developments etc
Implications for us

• Do things we’re good at
• Do things that are useful (not just research)
• Careful planning
• Ongoing dialogue
• Perception of genuine independence
• But also a player prepared to act as broker and translator if necessary
What we’ve learned

• Ask important questions:
  - avoid the trivial
  - look for questions of equal interest to researchers and decision makers (blur the distinction between investigator-driven and priority-driven research)

• Do thematic research - small projects become building blocks to large ones

• Do work we’re good at
Required skills

• Good planning
• Good governance (so that it is possible to distinguish between various reasons for the success or failure of a project)
• Good project management skills
• Good communication skills

(and we also have to be good at research)
Implications - bigger issues

• Re-definition of peers (not just academic peers)
• Set goals for each year:
  – Input (income)
  – Output (publications etc)
  – Outcomes (changes in health policy or practice resulting from our work)
• Blur the distinction between ‘research’, ‘evaluation’ and ‘consultancy’
• Blur the distinction between ‘investigator-driven’ and ‘priority-driven’ research
Issues for discussion

• What model or mix of models will best position WIC and the Faculty for the future?
  – Individual research tradition or team-based research?

• In terms of:
  – Individual careers, building research strengths, attracting research funds etc

• What, if anything, needs to change in terms of:
  – research student training
  – academic culture
  – work practices
  – UoW structures and processes?