00:00:03

It’s 5 past 10, so we don't want to keep you sitting around for

00:00:07

too long. I know there's a few more people joining, but I

00:00:11

think that's OK. So for those who don't know me, my

00:00:15

name is Stephanie Blows and I look after the TRGS program

00:00:19

here in the Office for Health and Medical Research.

00:00:23

I just like to start by welcoming everyone. We've had a

00:00:27

lot of interest in this webinar, which is really excellent. I'm

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I'm not sure how many people have got attending, but there's

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a lot of you so welcome and thanks for your interest. I'd

00:00:39

also like to welcome our presenters today, so as you can

00:00:43

see from the agenda.

00:00:45

This has been a collaborative piece of work

00:00:48

between the Office for Health and Medical Research, the

00:00:50

Centre for Epidemiology in Evidence here at the

00:00:53

Ministry, and also the Hunter Medical Research Institute.

00:00:57

And I'll, I'll talk through the agenda in a moment.

00:01:01

So today we're going to be talking about research

00:01:05

impact and how we measure that in TRGS.

00:01:08

Research impact is a big focus for the New South Wales

00:01:12

government at the moment, and it arises from New South Wales.

00:01:16

Treasury. Sorry could everyone else just go on

00:01:19

Mute? Sorry cause I'm getting an echo.

00:01:23

Thank you.

00:01:25

It's a big focus for the New South Wales

00:01:29

Government. It arises from Treasury requirements that we

00:01:32

document the value of our programs and Dr Elizabeth

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Whittaker will talk a little bit more about

00:01:39

that in a minute, but basically for especially for our big

00:01:43

flagship program, such as TRGS, it's really important

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that we can demonstrate the clinical and economic value of

00:01:49

the program and the research that we're doing.

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And it's also important for TRGS recipients and

00:01:56

researchers to be able to demonstrate the value and the

00:02:00

cost benefits of the intervention that you're

00:02:03

studying. It's important for implementation locally, but

00:02:06

also scaling to other areas in New South Wales.

00:02:12

Do today on the agenda, we've got as I said, Dr

00:02:16

Elizabeth Whittaker talking about some of the context for the

00:02:19

research impact assessment work. And then we've got Professor

00:02:23

Andrew Seals from HMRI, who's going to be talking about some

00:02:26

of the principles behind research impact, the framework

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that we're using to do the work, program logic, and some

00:02:34

of the principles of economics

00:02:35

analysis. Then Brigitte Fienberg is going to talk about impact,

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impact metrics and reporting that are specific to TRGS. So

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I just like to reassure you at this point that although a lot

00:02:50

of this information might be new to you, what we require

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from you as a TRGS recipient will remain very similar to what

00:02:59

we currently require. You'll still have the same

00:03:02

progress and reporting schedules for your research in the same

00:03:06

financial reporting

00:03:07

requirements. Um, we will be developing some new templates

00:03:12

to better capture some of the metrics around research impact.

00:03:17

The majority of the metrics that will be using a very similar to

00:03:23

what you're currently reporting.

00:03:27

Andrew Searles will be talking about program logic and we will

00:03:30

require all TRGS recipients to complete the program logic. If

00:03:33

you haven't already. We’ll give you a template for that. And

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as I said, Andrew will sort of step you through how to

00:03:39

complete those today.

00:03:42

So the new template will basically be very similar to

00:03:45

what you are already completing, we are just

00:03:48

setting it up, so we can better quantify the impact that your research is

00:03:52

having. And will send out the new template to you within the next

00:03:57

couple of weeks.

00:04:00

You will also you also see an increased focus on research

00:04:05

impact at the application stage for new TRGS Rounds

00:04:08

moving forwards.

00:04:11

Um Tony, I think you're online. Tony Penna. Did

00:04:13

you want to add anything?

00:04:19

No all good Stephanie. I think I need this to reiterate that

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this is going to be a work in progress for all of us.

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It'll only improve overtime and we'd welcome your

00:04:31

feedback as you do start going down this pathway so

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so this is very much communication and a two way

00:04:39

approach to things we are going to

00:04:44

inform and educate with what we are currently doing, but we will evolve

00:04:49

it and with your assistance, so over to you guys.

00:04:55

OK, thanks Tony. Um, just a couple of housekeeping matters.

00:04:58

We are recording this session because we'd like to publish it

00:05:02

on our website for the benefit of people who couldn't attend

00:05:06

today and future TRGS applicants and recipients.

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For that reason, will be holding most of the questions

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and answers over to the end and although we will record the

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questions and answers, we won't publish those

00:05:22

as part of the webinars that we do eventually put up on the

00:05:27

website. If anyone has any issues with the recording, just

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send me an email after the session and I'm happy to discuss

00:05:34

that with you.

00:05:36

Uh, are there any questions at this point before we get started?

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OK, and I think I will hand over to Dr Elizabeth Whittaker

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again from the Centre for Epidemiology and Evidence to

00:05:54

talk about the context for research impact assessment.

00:06:01

Great, great thanks Stephanie.

00:06:05

Alright.

00:06:20

Hi everyone, sorry where we're just physically in the same room

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so I'm just working out the technology so to help set the

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scene on the broader government context that has led to us

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investing in this research impact assessment approach.

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Firstly, you might be aware that New South Wales Treasury is in the

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process of leading a number of government wide reforms that all

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agencies must comply with. So across a number of these

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reforms, Treasury has indicated that there's going to be a much

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greater importance being placed.

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Particularly on economic evidence, as they really are

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intending to use this economic evidence as a primary source of

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information to inform their resource allocation

00:07:01

decision-making. Like to give you a couple of examples.

00:07:05

Treasury is currently revising their evaluation guidelines, and

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these guidelines will specify how and when government agencies must

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evaluate their funded initiatives, and this revision

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is now taking him on a much greater focus towards economic

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evaluations. Another example that we’ve seen in this space is that

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Treasury is currently implementing the new

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South Wales Government Evidence Bank. So for those of you not

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familiar with the evidence bank, this is essentially for new

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government initiatives over $10

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million. And it captures key economic information from

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business cases and there are evaluations to allow comparisons

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across initiatives. So originally, Treasury had

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proposed that only cost benefit analysis or CBAS from these

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business cases and evaluations would be reported and therefore

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used in funding discussions. But fortunately, we've now been

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successful in obtaining agreement from Treasury to allow

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health to include evidence from

00:08:08

multiple forms of economic analyses such as cost

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effectiveness and cost consequences analysis, and this

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is really important because it will give us greater flexibility

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to report on those outcomes which are important to our key

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stakeholders but may not be able to be monetized in a CBA.

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So while this is a great outcome that we can draw from

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a range of economic methods now and we can use the one

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most suitable for the initiative we're looking at,

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there does remain this overarching requirement to

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produce some form of economic evidence from our funding

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schemes.

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So to do this, we have partnered with the Hunter Medical Research

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Institute, who have been working closely with us to apply our

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funding scheme. Their research

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impact assessment methodology, which you will hear shortly from

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Andrew Searles, has an economic component and to the best of our

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knowledge, this is the first time an approach like this has

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been applied at the funding scheme level anywhere in the

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world. So really, what we're doing here is a really exciting

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innovation for the measurement of health and medical.

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Research impact.

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The final point, I would like to make is that our goal from

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investing in this approach is to continue to secure and attract

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research funding, which will presumably become more difficult

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as we enter a budget repair phase. But we do feel confident

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with that with the research impact assessment approach that

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Andrew is about to outline that we will be able to demonstrate

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high level of accountability for these funds to executives in

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both Health and Treasury because we will be able to clearly

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measure how to fund research has made a real difference to

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clinical practice. And NSW communities overtime. So with

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that as the background, I'm now going to hand over to

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Andrew Searles to provide some more detail on what is a

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research impact assessment.

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Many thanks Liz.

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And to start off, what I was just going to do is just to talk

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a little bit about the way that we used to understand the value

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that we extracted from Health and Medical Research. So I'm

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using the abbreviation of HMR

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throughout this presentation. So before research impact

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assessment, the way that we typically have issues, I have the medical

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research was to look at the academic achievements, or

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specifically sometimes it was the trial outcomes. Now these

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are important. Um critically important, but those outcomes on

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their own don't necessarily capture the impacts that are

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important to other members of the community, such as patients,

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governments, industry and so on.

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So for researching purposes, this is an opportunity to capture a

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broader basket of evidence around the range of facts that

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are going to be generated from health and medical research.

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We can apply research impact analysis to a research

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project to research program, but also to a funding stream. And as

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I've said earlier, these are much broader than the kind of

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evaluations that you might build in. For example, which are

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typically built into a research trial, for example.

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There are two core components of research impact analysis, so

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firstly it's understanding what are the impacts. So in a broad

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sense, these are the returns or the benefits that have been made

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possible by the funded research. As I said, they do include trial

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outcomes and the academic achievements. They also

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should include benefits that are meaningful to others in the

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community, whether that be patients, health services,

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industry, government and also importantly to the broader

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economy. A lot of what we do in health and medical research has

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direct economic consequences, but quite often we don't capture

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that. The other component of research impact analysis is to

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look at cost and to summarize what cost looks like. There are

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two broad cost buckets. Firstly, the cost of undertaking the

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research, which is typically research and development and

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secondly there will be a cost of using the research outputs and

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what we mean by this. If you come up with a new model of care

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or a new device, something that we introduced into health

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services, there may be a cost to the users of that model of care

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of that that also need to be captured when we're doing an

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economic analysis or research impact assessment

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Brigitte, if I could just go to the next slide, please.

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And so I'm going to talk a little bit about how to measure

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research impact. So there are many research impact frameworks.

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Typically when we did our literature review before we came

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up with the FAIT Framework, which is the framework to assess

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the impact from translation or health research, most of the

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impact frameworks that we found were based on a retrospective

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analysis and that is they would look at what was achieved at the

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end of the research program and go back for over the five years,

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for example, or when funding might have started to see what

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actually happened. And the second point that we found from

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our review of the frameworks is that most of them did not

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include an economic analysis. And as we're being saying in

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this presentation, including an economic analysis is important

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to understand value and this is becoming more and more important

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in New South Wales, particularly with the lens that New South

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Wales Treasury is putting over funding streams in this state.

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A quick few points on the FAIT framework so it is a means to

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capture a wider range of impacts generated from health and

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medical research. It draws on an economic evaluation methodology,

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a cost benefit or cost consequence analysis and you

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would remember that Liz specifically mentioned those two

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techniques earlier on in this

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presentation. The framework that we use is based on both

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quantitative and qualitative methods, and that's because

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even though we're basically quantitative researchers, we

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understand that they don't always capture some of the

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intricacies or the difficult pathways that sometimes

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research takes to translate. So it's a combination of

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quantitative and qualitative.

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The FAIT Framework is recommended to be applied

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prospectively from the time that the research is being

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conceptualized, and that's when we would typically recommend

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that you start to put together a program logic which I'm going to

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go to in a couple of slides. But the FAIT framework can be

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applied retrospectively, and we've done a number of

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retrospective assessments

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already. The framework reinforces a basic economic

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principle and when we speak with colleagues in our own network,

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what we emphasize to them is that even though you might come

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up with fantastic research evidence of something as

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effective and cost effective if we do not get translation and

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the utilization of that research evidence, the impact will be 0.

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So in the framework that New South Wales Treasury are looking

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at what we say to our research colleagues is that if we don't

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have translation utilization, it's going to appear that we are

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all cost. And little, if any benefit. So when applied

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prospectively, the FAIT framework can be used to

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encourage researchers to conceptualize how they're

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going to translate and how their research evidence will

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be utilized, and hence there is an opportunity in a

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prospective application to incorporate

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nudges to both support, translation and utilization.

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Next slide, please.

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So just a brief overview of the methods that go into the FAIT

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framework. Can I say at the outset there is no rocket

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science involved in this. We have used three existing

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methodologies that have been well used the first time that we

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use is based on the payback methodology. So for people who

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have done impact assessments before, you'll know that payback

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is around The Globe is a very well used technique to measure

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impact. It's typically done retrospectively at the end of

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the research and the way that they measure research impact is

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often by forming an expert panel. So when, and we worked

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with the researchers from Brunel where payback came from, we

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thought that this was a very expensive and time consuming way

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to do an impact analysis. So we tweaked those methods. We use

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domains of benefits such as knowledge generation, clinical

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care policies and programs, the economy, community and health as

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broad buckets of the kind of impacts we were looking for.

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And instead of using an expert panel, we use metrics and this

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was the ability for us then to start introducing process output

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and impact metrics across the life of a research project.

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The second methodology that we use is an economic analysis, so

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I won't go into detail of what the analyses are cause there's

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a range of them that we can use, but they are included to give us

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the ability to estimate the return on investment from funded

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health and medical research.

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And as I said earlier, because the quantitative measures don't

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necessarily capture the complexity of translation and

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utilization. We've also included a qualitative or a narrative

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within the frame. The framework for one of the key things that

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undertakes or underpins the techniques that we've got here.

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These three methods are a modified program logic model and

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Brigitte, if I could go to the next slide, please. So I'm sure

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everybody in this in this room will have used

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Program logic before, we tweaked the standard way of looking at

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program logic, and we put an economic lens over it. Again, we

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suggest it be prospectively

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designed and applied. And by using this logic model we can

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identify the process output and the impact metrics.

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And so um Brigitte. If we could go to the next slide, please.

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And I'm just going to show you in very broad terms what the

00:18:01

program logic looks like for research impact assessment in

00:18:04

very broad terms.

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At the end of this webinar, we're going to provide a link of

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where myself and one of my colleagues are Doctor Shanti

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Ramanathan from HMRI will take you through each of the steps of

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putting together a program logic like this. Can I say at

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the outset it is not a big task. It takes generally between 45

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minutes an hour at the most. If it's taking more than two hours,

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something is wrong, and if that's where we say, get some

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help and some advice. They are fairly straightforward to put together.

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The way that we viewed the program logic from an economic

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lens is to start with demand or need. What is the problem that

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your research is addressing? Describe it. Quantify it. Is it

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common or rare. What does the needs analysis and the evidence

00:18:51

synthesis show? And most importantly, is this a priority

00:18:54

for the health system?

00:18:56

The aims and activities of what your research is

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delivering to address that need. So this is in fact in

00:19:04

effect what you're supplying.

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For every activity and some examples of activity on the

00:19:09

slide, and because we're making these slides available, I'm not

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going to read them out word for word, but it might be, for

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example, that your research is going to be looking at

00:19:18

developing a new model of care.

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You might be undertaking some engagement with your end users.

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You might have a capacity building stream throughout your

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research, and when I talk about capacity building, an example of

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that might be that you've got a postdoc program, or you're

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employing PHD's to work on your particular project. These are

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all activities, and every activity should have a

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particular product or an output, so it might be that you

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have completed and analysed some trials. You might have new

00:19:49

evidence on our new model of

00:19:51

care. You might have undertaken capacity building that would be

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evidenced in terms of completed postdoc projects completed

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PhDs, etc. The very last point I've got on the slide

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there under key outputs is actually a business case for the

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model of care, and I'm going to mention this a couple of times

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in the presentation because we're trying to also to give you

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some takeaway messages around the way that you can build in

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some economic tools or policy tools to also help your

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translation and having it.

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One of those tools.

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For every product, from your research you should also be able

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to identify end users so end users can be patients. The

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Community Health Services, decision makers, or budget

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holders within the health service. It might be other

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researchers and we mention this because we are fully aware

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that being translation or pipeline or the research

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pipeline for that matter is not linear. It actually is quite

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complex and it might be that your research outputs are

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actually going to be used by another research team.

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We also include other end users funders, people in policy and

00:21:04

generally government

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departments. The additional column that we've got there is

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to get people thinking about the pathway to adoption. How do or

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how will your research outputs get to those people who are

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going to use them or utilize them? This is around

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translation. What does this pathway look like? And also you

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might ask the question, who else do we need? For example, on our

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grant to help successful adoption or adoption of our

00:21:33

research findings. For example, it might be a patient body.

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In going through this, this form of program logic, and as I've

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said there will be a web link to a more detailed run through of

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how to actually complete this for a research project. We can

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then start to tease out impacts. Now we all know that impacts

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from health and medical research don't necessarily happen in the

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year that the project completes. Sometimes they could take a

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decade or more, so the way that we look at impacts is to break

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them into short term and we break and build them into

00:22:07

various domains of benefit, and as I’ve mentioned those domains of

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benefit earlier. So it might be that you have for a short term a

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documentation of a new model of care, or you've contributed to a

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guideline or policy advice for

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example. The intermediate impact would be that there's been an

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observable or an evidence based change in practice that a policy

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has shifted that you started to record some economic impacts. So

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for example, employment on your

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research project. The final impacts though, that we're

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looking for from health and medical research at typically

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around those for improved outcomes for patients. So this

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could be reported for example by quality of life or other

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clinical outcomes. But we're also looking at those broader

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baskets of impacts that could impact on health services

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businesses and the broader economy. So you also, when

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you're looking at the pathway to adoption, and I'm just going to

00:23:02

mention it here, you might also be considering some of the

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translation or frameworks.

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So for example, you might be looking depending on whether

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it's appropriate for your research. The re AIM framework

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or for example the knowledge to action framework. So these are

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all of the kind of things that you would be thinking about

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around the pathway to adoption.

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Brigitte, if I can go to the next slide, please.

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And this slide shows a summary of the detailed program logic

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that we've collaboratively put together for the Translation

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Research Grant Scheme.

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And we've done this from the perspective of New South Wales

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Health from LHD's, but also from TRGS recipients. So again,

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this is going to be provided to you after the presentation, so

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I'm not going to read it through. But it starts with

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identifying the need. It has some high level aims of the TRGS

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scheme and these aims relate both to those who are administering

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the scheme. So in this particular flow diagram, sorry

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in this particular program logic you can see under activities

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I've got activities for the

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TRGS Scheme. And then underneath I’ve got activities

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for TRGS recipients? So this is a common group of names for both

00:24:18

of those groups where separated them for both, those

00:24:21

administering the TRGS scheme and the recipients of TRGS. We

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go to the end users. There's an overlap of end users between

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those administering the scheme and those receiving TRGS

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funding. When we get to the path of adoption, I put a little bit

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more detail there for the TRGS recipients, and there are some

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takeaway messages from this, and again this will be provided to

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to the Member to everybody who is in this webinar and those

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who would like to download it.

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So what we're suggesting is a pathway to adoption, and this

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evidence comes out of the literature that you have an

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upfront plan for translation and implementation, scale and impact.

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That you understand what the engagement is going to look like

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with your key stakeholders. This might be patients. Could be

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decision makers within health

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services. But you've got a pathway for translation,

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implementation and scale up activities that are

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appropriate to the type of research that you're doing. And

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again, here this is where you might be thinking about the

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translation or frameworks that I mentioned on the previous slide.

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Points five and six are quite important, and again, I think

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there's an important takeaway message here, and this is around

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building in evidence of value from your research. So evidence

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of cost, efficiency or affordability, and if your

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research is proven to be cost efficient that you think about

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how you're going to be building up a compelling evidence based

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business case. Both points five and six are components of an

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economic analysis, so I'm going to come to a bit more detail on

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that in a future slide.

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So in terms of the impact, I've just given some examples here

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from the TRGS scheme and I've mixed in here the kind of

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impacts that we will be looking for from both the TRGS scheme overall

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So from the TRGS scheme, I've ruled they'd be looking at the

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inclusion of value as business as usual in health and medical

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research in this state.

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But for TRGS recipients would be looking at, for

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example, in the short term, we're looking still at some

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of your traditional academic achievements might be

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publications, presentations, academic, sorry, input to

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policies, or to guidelines, for example.

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There are other broad domains of impact. We’ve got some

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listed under clinical care, policies and programs. But

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importantly, you can see we've got a basket of impact metrics

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there for the New South Wales economy, so this could be

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around for example, more efficient and effective

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healthcare. This is really important to think about with

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your research. With many of the conditions that we

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work with, they come up with models of care that are actually

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cost saving or cost avoiding. So that's a benefit. It's an

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impact, and it's important that

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we capture that. It might be that you're coming up with a new

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device or a new technique, and it could be that there will be

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revenues and jobs from that particular stream of work. There

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could also be jobs associated with your TRGS funded research.

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So, for example, you might put on a researcher system. You

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might create a position for a postdoc. These are the kind of

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things that we want to start capturing because these are the

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kind of outputs that New South Wales Treasury will be

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interested in when we start looking at the benefits to the

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New South Wales economy.

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The last basket of impacts that we've got there. Of

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course, those the broader ones around patient and population

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health under the new the domain of New South Wales

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Community and health outcomes.

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So the way that we put this program logic together also

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supports an economic analysis and Brigitte, if I could just

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go to the next version of this slide, please.

00:28:02

And thank you and so the activities of undertaking the

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research program, so activities for those administering the

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TRGS scheme, there will be costs associated that with

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establishment and administration of the scheme. But the TRGS

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recipients are also going to have costs and effectively, this

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is the cost of the research and development on the TRGS

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Projects. In terms of utilization, and I've got these

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costs here, this listed under the pathway to adoption. So for

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The TRGS administrators this will be the cost of utilizing

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The TRGS scheme. This is administration costs, but also

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the ongoing monitoring and evaluation that will take place

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so that we can build in continual improvement into the

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TRGS scheme. For the TRGS recipients, there will be a cost

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of affecting the research. That is how there might be a cost for

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other people to use your research outputs. There might be

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a patient related cost, or maybe the health service needs to

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contribute to the cost of implementing your model of care

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an example that I often give to people is for example, if you

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were to come up with a new drug and new pharmaceutical, there

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would be an additional cost both to the pharmaceutical benefit

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scheme. In terms of providing those medications to Australian

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patients, but there also could be a copayment that's involved

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with that as well.

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So there in the purplish colour there the cost side of the

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equation of research impact assessment that we're looking

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at. Under the Impact column is where we start to list the

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benefits and where possible we will monetize these benefits,

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but quite often in health and medical research it's not

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possible to do that monetization, and so and with

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Treasury's approval we are actually now able to list those

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benefits in their natural units. Many of them are can I can I

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suggest can be monitored.

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So cost savings from the model of care that will improve the

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efficiency of the way that we deliver health services. We can

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usually estimate what downstream costs avoided would

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be if your capacity building on your grant, we can actually

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look at the increase of productivity. If you upskill

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somebody who has a Masters degree to a PhD, we can

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estimate the value of that to the New South Wales economy so

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we can monetize many of those benefits, but clearly not all

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of them.

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The very final slide, if I could just turn to.

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My last slide there. Thank you Brigitte, is just around economic

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analysis, so I'm just going to make a couple of points here

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because all the way through talking about research impact

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assessment many of the points I've been making there actually

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how we can embed economics into both research impact assessment

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of the TRGS scheme but also the individual TRGS projects.

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So adding an economic lens to an evaluation introduces the

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concept of measuring and valuing the resources to do research.

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And in an economic analysis will compare these costs to the

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measures of impacts. So we're taking you through those steps

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already. I've already given some simple comparison of costs and

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impacts on a previous slide.

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One of the points I would like to make here is that doing these

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kind of economic analysis are very doable, and even though I

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don't get brownie points from my economist colleagues, I just

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like to point out that the economics with many of these

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grants is not rocket science and you can build them in. You can

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build the economics in from the

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very beginning. The inclusion of an economic perspective is

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important information to decision makers. So one of the

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take home messages from this webinar is to consider an

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economic evaluation as part of your TRGS application and

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remember that the inclusion of an economic analysis can also

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contribute to translation by helping you make the business

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case. If you could come up with effective and cost effective

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research evidence then the economics can help you with a

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business case to persuade decision makers that there will

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be a good decision to

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implement that within the health

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care system. So with that I would like to thank you Brigitte

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for turning the slides over for me and I would now like to actually

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In fact pass over to you, Brigitte for metrics and reporting.

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Thanks Andrew. Hope everyone can hear me. OK, so yes, you're

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probably now wondering what does this all mean for me? And so the

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main change will be to our reporting. However, this is only

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going to be in a minor way as many of you probably know that

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our current progress reports and final reports

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already align with the FAIT Framework quite

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conveniently, so the main change will be likely to the

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structure of our template, and this is just to better

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capture some of the key impact metrics with which

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we've got listed here.

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That cover, I guess, five key domains which Andrew had

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mentioned, so that's knowledge generation, capability building

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policy and practice, patient health and population outcomes,

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and of course economic outcomes. And so I guess the main thing to

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keep in mind for these impact metrics is that they directly

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relate to your TRGS project, so we're interested only in

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metrics that relate to your particular project. So for

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knowledge generation, we are interested in any new research

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findings. We are interested in the number of peer reviewed

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publications and the impact factor, so that would relate to

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the strength of the publication. The inclusion of findings

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in any meta analysis or other reviews. The number of

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citations, the number of presentations on the project, so

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that could be sharing new knowledge at a conference. It

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could be training a particular audience in a new technique at a

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workshop. Or it could be providing a recommendation to

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Ministry or local health district decision makers in a

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meeting. In terms of capability building, we're looking for the

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number of collaborations on the TRGS project, and what their

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contributions would be. The number of training and

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professional development activities by the research team

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members. The number of research students that are supported in

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the project, so these could be, as Andrew mentioned, PhD

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students, Masters students.

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Those that are supported through TRGS funding

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directly, through other NSW Health Funding but also

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through other external organisations.

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The policy and practice were looking for instances where

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research findings have impacted policy and or clinical practice.

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Usually they interrelate within the LHD, other LHD's, or

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statewide. And so we're looking as, as Andrew had

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said before, for TRGS projects that propose, say,

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a new model of care, an intervention, a new

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technology - have they been adopted within the LHD or

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have they been scaled across LHDs or statewide?

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For patient health and population outcomes we are

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interested in improved health outcomes, so these are the I

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guess the direct or the projected benefits to patients.

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So for example, if your new model of care has reduced the

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probability of a life-threatening event occurring,

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then we're interested in that. If your TRGS project proposes a

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new intervention which is saving a number of lives, then we would like

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to see that. So we are

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interested in I guess our TRGS recipients quantifying

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the impact, but also providing us qualitative

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information as well around these

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impacts. Um, in terms of reduced health in equities, for priority

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populations were interested in this and we're interested in

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knowing who the priority populations are and how have you

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reduced their health in equities through your TRGS project. So

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have you improved access to a particular treatment? Or, you

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know, have you improved health outcomes in any way?

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For economic outcomes were looking for the number of

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research positions that have been funded on the project, so

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that could be through TRGS funding, or it could also be

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through external sources.

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Number of other grants that have been obtained through

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the project, so that could be NHMRC or MRF grants. And

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we were really interested to know whether those

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grants could have been obtained with without

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trends. That's really important for us.

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Well, also wanted to collect data around cost savings as

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Andrew had mentioned, just before to the health system. So

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this could be through improved health system efficiencies. It could be

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Through, I guess, reduced health, service utilization and so we

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are really looking for our TRGS recipients to include an

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economic analysis within their projects. And this is very

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favorable for funding as well. So we like to see it right from

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the application stage.

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And to see how that analysis is going throughout the reporting

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phase. Um, and we're also interested in understanding the

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costings for whether it's a model of care, an intervention

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that's being proposed, or a program, and how that compares to

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standard care or standard

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delivery. The final metric is the number of Commercialisable

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findings, so some output we are looking for are patents,

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agreements with commercial partners, and any revenue

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generated. So whether that's through training or resources or

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consultancies. So I

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understand that many of the metrics that relate to policy

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and practice, patient health and population outcomes and

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economic outcomes may not be realized until the final

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reporting stage, or even many years after as

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Andrew had mentioned before.

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And that's OK as we are very interested in understanding the

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pathway to impact. So as we do with our usual progress,

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reports will be looking for progress against regular

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milestones and also the implementation plan which is

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submitted at the application stage, so will still be looking

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for those key translation activities.

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So in terms of reporting, the next thing that we're going to

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do, is to send a reporting template to you, and we're

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looking to do that before the end of the month. So the way

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that will work, the template should be suitable for both progress

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and final reports. So it means that recipients will simply need

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to update their previous progress report each

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reporting stage. So hopefully this should make

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things a bit easier both for the recipient and for OHMR.