icare™
Insurance and Care NSW

Enhancing SIRA's Research Program Consultation Paper

RESPONSE TO CONSULTATION PAPER

JULY 2021

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Executive Summary

icare welcomes the opportunity to provide comment on SIRA's *Enhancing SIRA's research program consultation paper* as released by SIRA in May 2021.

icare supports a collaborative research program that will enable the delivery of evidence-based research outcomes to ensure evidence-informed policy, scheme design and supervision activities that support high-quality outcomes for injured people receiving care in the personal injury schemes.

We would like to note our current collaborative relationship with SIRA in the provision of funding to the John Walsh Centre for Rehabilitation Research as well as the long history of collaboration between the Lifetime Care and Support Scheme and SIRA (CTP).

icare recommends that, when reviewing the research priorities, SIRA consider the following:

- identifying how the research priorities fit within the three areas outlined in the legislation – prevention, effective injury management and rehabilitation;
- a framework to prioritise and evaluate research, allowing flexibility to cater for new, emerging, or unanticipated issues that may impact the schemes; and
- engaging all relevant stakeholders, including research experts, to ensure knowledge sharing between agencies and other research groups and the enhancement of synergistic outcomes of investment in research and other types of innovation.

icare suggests SIRA be cognisant of the priorities in the broader healthcare and environmental setting. As an example, NSW Health is accelerating the move towards value-based healthcare through a number of programs and system enablers[1]. As such, icare suggests the key principles of value-based care be a consideration across all priority areas in the Research Program.

Finally, icare recognises that research alone will be insufficient to render positive outcomes in the personal injury schemes. Consideration should be given to the resourcing and tools required to support the implementation and operationalisation of the research priorities.

A more detailed response to the questions outlined in SIRA's consultation paper are outlined in the following response.

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[1] NSW Health – Value based healthcare. https://www.health.nsw.gov.au/Value/Pages/about.aspx

Introduction

icare understands the importance of ongoing research and supports a research program that will translate to tangible positive outcomes for injured people receiving care under the NSW personal injury schemes.

icare supports the findings of the research program review undertaken by Professor Niki Ellis, who identified that the impact of SIRA's research program would be further enhanced by:

- Implementing a more strategic approach to setting and defining research priorities;

- Increased focus and translation of findings to key stakeholders;

- Planning for and effectively evaluating impact; and

- Facilitating opportunities for research collaboration and co-design across the sector.

icare has identified five key recommendations for consideration by SIRA to further enhance its research program.

1. Closely align SIRA's research program with SIRA's legislative functions

SIRA's research role, as set out in Division 10.1(2)(c) of the *Motor Accident Injuries Act 2017* and Section 23(1)(a) and 23(1)(b) of the *Workplace Injury Management and Workers Compensation Act 1998,* supports funding for research and education that will result in strategies aimed at prevention, effective injury management and rehabilitation of injured persons within these schemes.

As such, icare believes that the research priorities proposed by SIRA would be best considered within these three areas. In doing so, outcomes would be more easily defined and measured. As such, icare suggests the key principles of value-based care be a consideration across all priority areas in the Research Program.

2. Clearly define the proposed research program and activities

There is a need for definition and clarity around the research program and activities.

icare proposes that both the concept of "customer" and the notion of "research" require further clarification. Within the NSW personal injury schemes, the term "customer" can be interpreted in a myriad of ways. "Research" covers a broad definition of work, including literature reviews, field work/pilots and collaboration of ideas amongst other things. Defining the term "research" will assist in determining how to both translate and implement the research outcomes into the real world and ensure the practical applicability of results.

3. Have a clear research prioritisation and evaluation framework

icare suggest SIRA introduce a framework that outlines how to determine, endorse, and prioritise each area of research, as well as how to incorporate the work within the overall research program, and how the findings of the research will be translated into practice which is delivered by other entities. Such a framework, however, must have flexibility to allow for research to be undertaken on:

- Current areas relevant to the schemes, such as newly identified trends.

- New, emerging, or unanticipated external issues that may impact the scheme(s); and

- New and emerging technology relevant to the scheme(s).

4. Engage stakeholders and research bodies who are experts across all of SIRA's research parameters, including the health and disability sector

icare supports SIRA's approach to engaging with key research partners and stakeholders and encourages SIRA to engage extensively with research bodies in the healthcare setting.

In the healthcare setting, many of the guidelines for best practice and care delivery are set collaboratively at a national level. Engaging with the healthcare sector would enable SIRA to fully leverage the existing work, acknowledging that care provided to people injured in NSW's personal injury schemes occurs within the existing healthcare system.

While there may be specific nuances to be considered within the personal injury schemes, engaging with stakeholders in the broader health and disability sector allows SIRA to leverage the outcomes of wider research and can help assist in bridging the knowledge and translation gaps in the NSW personal injury schemes.

Acknowledging that the health of the population in general will also impact the health of the people covered by the NSW personal injury schemes, icare suggests that the impact of the ageing population on injury also be considered as a research priority. This could be viewed both from the perspective of ageing with an injury as well as sustaining an injury at an older age. Engagement with aged care service providers and research bodies could help alleviate the pressure on the NSW personal injury schemes from these increasingly common injuries.

Appropriate stakeholder engagement and co-design throughout the implementation process is also recommended, as is clarity around the methods by which stakeholders can suggest further research topics for consideration by SIRA.

5. **Consider appropriate resourcing and tools to enable implementation across the NSW personal injury schemes**

icare recognises that research alone will be insufficient to render positive outcomes in the personal injury schemes.

Appropriately implementing research outcomes into the NSW personal injury schemes, guidelines, and other supporting material will be instrumental to ensuring the achievement of SIRA's organisational goals and research priorities. Consideration should also be given to the existing regulatory framework and available guidance material, both in respect of how these might be altered to reflect the identified outcomes, as well as to avoid additional layers of complexity.

icare suggests that implementation of any research outcomes consider the impact on SIRA's regulated entities particularly in relation to their existing tools and frameworks, staffing and practices within the NSW personal injury schemes. The successful implementation of any research outcomes will be impacted by the actual or perceived work required by all stakeholders through, for example, additional screening requirements, administrative tasks and data requirements. It will also be influenced by the potential changes in expectations of the capability of the workforce which will require development over time. Managing stakeholder expectations and workloads, and ensuring appropriate guidance and assistance, is critical.

Response to Consultation Paper Questions

1. Do you have any comments on SIRA's current research priorities? Can they be improved, and if so, how?

icare supports the research priorities outlined by SIRA, noting these priorities are broad and range across healthcare delivery, schemes, and system design. SIRA's research functions as outlined in the *Motor Accident Injuries Act 2017*[2] and the *Workplace Injury Management and Workers Compensation Act 1998*[3] support funding for research and education that will result in strategies aimed at prevention, effective injury management and rehabilitation of injured persons.

With the understanding that resources may be finite, SIRA may need to consider the introduction of a framework that outlines how a research priority is determined/approved and prioritised within the overall research program.

As the duration of SIRA's research program is unclear at present, icare suggests that SIRA circulate a general timeline for the Research Program in its entirety. This will enable SIRA and other stakeholders to consider how research priorities in the wider healthcare sector impact the prioritisation of the activities within the Research Program. This approach will potentially:

- leverage research outcomes from the broader healthcare environment;
- assist with refining the scope of research within the NSW personal injury schemes;
- assist in implementation of research outcomes, particularly as it relates to the involvement of healthcare providers.

2. Do you have any comments on SIRA's proposed research objectives? Can they be improved, and if so how?

icare is supportive of SIRA's proposed research objectives, though note they are broad in nature. In research practice, research objectives are designed to address a question or an issue, and with a proposed program of action. While the inclusion of definitive research aims is out of scope for this consultation paper, SIRA may like to consider the method of measuring how these objectives will be met.

icare also suggests SIRA ensure the research objectives are aligned with those of their stakeholders to understand stakeholder needs and support collaborative partnerships. A stakeholder review, including representatives from the most appropriate research and health organisations, is one way of ensuring a collaborative model of working is embedded in SIRA's research efforts.

3. Do you have any comments on SIRA's research guiding principles? Can they be improved, and if so, how?

icare notes SIRA's guiding principles are broad in nature, which may impact on their success in underpinning the future direction of the Research Program. Clear definition of the guiding principles will assist in ensuring that research activities undertaken have tangible measures associated with them.

icare suggests extending the definition of customer to include other regulated stakeholders, including the Nominal Insurer, CTP Care, service providers and other agencies, as well as other jurisdictions.

icare acknowledges the work currently being undertaken on the Health Outcomes Framework[4] and suggests measures may be elicited through work in this space.

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[2] Motor Accidents Injuries Act 2017 No 10. https://legislation.nsw.gov.au/view/html/2018-12-01/act-2017-010

[3] Workplace Injury and Workers Compensation Act 1998 No 86. https://legislation.nsw.gov.au/view/whole/html/inforce/2011-01-07/act-1998-086

[4] Ibid, 5.

icare also suggests an additional guiding principle for SIRA's consideration – that all research and translation activities consider the problem that requires a solution, to bridge the gap between research outcome and tangible solution.

4. How effective do you think a research community of practice would be? Please comment on what you see as the key benefits and key challenges of a research community of practice?

icare notes that SIRA is an active member of several collaborative partnerships. There may be an opportunity for SIRA to extend these partnerships by using these existing relationships as the foundational members of a research community of practice. Other members could be incorporated as required for the research focus.

In particular, icare suggests SIRA engage with the healthcare sector. icare has noted previously that management of people with injuries occurs within the broader healthcare environment. Engagement within the healthcare sector will not only enable SIRA to leverage existing guidelines but will also facilitate a clear pathway for the distribution of any guidance material through to stakeholders, including healthcare providers. icare further recommends the inclusion of research bodies working in the healthcare, prevention, disability sectors, and aged care as it pertains to the Lifetime Care, Workers Care and CTP Care schemes.

A research community of practice will benefit the personal injury schemes in enabling and coordinating information sharing from various research groups and entities and remove the duplication of research topics. By ensuring knowledge sharing between agencies and other research groups, there is enhancement of synergistic outcomes of investment in research and other types of innovation.

In developing an effective and efficient research community of practice, SIRA may like to consider the following factors:

- the need for an appropriate mix of partners and representation across relevant sectors of greatest importance;
- collaboration with clear objectives for all participants involved;
- a validated measure be used to assess the value in participation; and
- successful knowledge translation.

5. How effective do you think a collaborative model would be? Please comment on what you see as the key benefits, and the key challenges, of a need and/or topic collaborative model?

icare recognises a need and/or topic collaborative model may be a far more agile way of working and will ensure the right expertise is employed for each specific research activity. icare supports a collaborative model.

The key benefits of this model include:

- the availability of specific expertise to tailor the expert to the research agenda;
- greater freedom to expand the collaborative network of expert partners; and
- the opportunity to include a new perspective from partners outside the NSW personal injury space, including representatives from the healthcare, prevention, and other agencies including other jurisdictions.

6. How can SIRA effectively collaborate with stakeholders to prioritise new research opportunities as they arise?

In prioritising research opportunities, the potential impact, value, sense of urgency and effort must be able to be assessed and realised for each stakeholder

To effectively foster collaboration, icare suggests SIRA find reasons for stakeholders to want to be involved, such as alignment with their own organisational objectives, and demonstrate the value of their involvement to the collaboration. The value add of new research opportunities must also be clear to all stakeholders.

7. **Apart from the guiding principles, are there any other factors that SIRA should consider when determining research priorities and if so, what are they?**

icare recommends that SIRA consider four additional factors when determining research priorities:

Introduction of a research framework.

As noted in our answer to question 1, icare suggests SIRA consider the introduction of a research framework outlining how a research priority is determined/approved and prioritised within the overall Research Program.

We suggest this research framework allows for flexibility to review new and emerging research or review newly identified trends within the schemes. icare notes, for example, that WorkSafe Victoria and the Transport Accident Commission have worked together to establish ongoing research into *Non-established, new or emerging treatments and services.*[5]

icare further suggests the framework cater for unanticipated changes occurring externally to the NSW personal injury schemes that may impact research priorities, such as the current COVID-19 pandemic, recent bushfires and floods and the changing nature of employment.

Within this framework, icare suggests SIRA consider the type of research to be prioritised, with a clear methodology to measure outcomes. As such, greater weight may be placed on prioritising research that is robust, feasible and with solidity in its design methodologies and outcome measures.

Understand stakeholder interest and priorities.

An understanding of priorities that may be in place outside of the NSW personal injury schemes is beneficial in determining any impact on the research priorities or interest amongst stakeholders. For example, a General Practitioner may have a current priority related to COVID-19 and vaccinations and may not consider research into service delivery models to have the same level of priority.

Review already completed research.

SIRA may like to consider learnings from completed external research when reflecting on its research priorities.

Methodology for implementing learning into practice.

The methodology behind moving from research to practice will need an integrated framework. The alignment of programs, areas of interest and research engagement, piloting, implementation and embedment should be integrated to ensure research findings translate into better outcomes for injured persons. This, in turn, impacts the engagement of stakeholders in driving the research agenda. These methodologies are an area of expertise in themselves that could be considered in the research priorities.

8. **How might SIRA best involve people with lived experience in designing, translating, and evaluating research?**

People with lived experiences bring expertise to the process of designing, translating and evaluating research to ensure that any change(s) to be implemented are being developed to fit with people's actual needs and experiences. This grassroots approach to the design of research and services suggests that the people who use services are best placed to identify existing gaps and how their needs may best be met.[6,7] As such, research programs guided by lived experience and patient co-design have been supported by peak funding bodies, including the NHMRC. We understand there is precedent for this approach during the design process of the Motor Accidents legislation in 2015.

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[5] Transport Accident Commission. https://www.tac.vic.gov.au/about-the-tac/research/evidence-reviews

[6] Framework for the engagement of people with a lived experience in program implementation and research, 2020; Centre for Mental Health Research; The Australian National University. https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/anu-lived-experience-framework.pdf

[7] Faulkner, A and Thomas, P; User-led research and evidence-based medicine; The British Journal of Psychiatry, 2018.

icare welcomes a research approach guided by lived experience to achieve better outcomes. Consideration should be given to who the customer is with the 'lived experience', as this may encompass the injured person, employers, or any individual that participates in any capacity across the personal injury schemes.

9. How might SIRA strengthen the effectiveness of its knowledge implementation and translation activities?

The success of knowledge implementation relies on good translation activities, which are underpinned by the provision of effective communication. Identifying the knowledge gaps for the end user will assist in ensuring communication is tailored for the audience. Specifically, icare suggests communication materials (such as infographics and webinars mentioned in the consultation paper) be reviewed for language and accessibility. Importantly, we recommend outputs be available for stakeholders to republish and easily integrate into their own materials.

SIRA may like to consider developing a 'knowledge to action' implementation framework supported by stakeholders and reinforced with clear guidelines and guidance material. Implementation should consider the impact on staffing and current practices within the NSW personal injury schemes (particularly in the context of these schemes being delivered as part of NSW's broader health network). A measured approach will ensure cohesiveness of the output with the overall regulatory framework. Active engagement with all stakeholders is key to ensuring successful implementation.

10. Do you have suggestions to improve SIRA's proposed approach to planning for and responding to research impact?

SIRA proposes applying the *Logic Model of Impact* prior to the commencement of a research project to identify impact elements. The model illustrates 'impacts' as the final step to capture the consequence of applying the generated output. While icare agrees with this model in principle, icare believes it needs to go beyond identifying impacts alone. Clarity is required to identify the strategies that have been proposed for responding to identified impacts.

This model describes measuring impact at the conclusion of a research project. icare believes, however, that there is value in capturing the impact potential at defined timepoints during the research project to monitor progress. The model is linear and does not appear to cater for unknowns or the need to adjust an approach based on unanticipated impacts, new information that may come to light or a changing external or internal landscape. A non-linear model will assist in adjusting approaches as needed and provide critical preliminary data towards the direction of impact.

11. What evaluation tactics would be valuable in this context and why?

Research impact evaluation is traditionally defined as the process of assessing the significance and reach of both positive and negative effects of research.[8]

icare notes that defining the benefits of research is a highly subjective process. This results in a significant methodological challenge for evaluating impact claims. Moreover, the effects from research are often mediated by other factors, such as new incentives, economic volatility or changing attitudes of the population.

icare suggests SIRA consider:

- constructing a framework to guide evaluation of the significance and reach of impact that can be wholly attributed to the research; and
- implementing an approach that will evaluate impact on individuals and organisations/stakeholders directly affected by the research, as well as those indirectly affected.

12. Do you think SIRA's proposed success measures can be improved, or are there other success measures that should be included?

The overarching success indicators are well aligned to SIRA's research objectives and organisational goals. They are also broad in nature. While SIRA has defined what a successful outcome looks like against the proposed objectives, not all the success measures identified are able to be readily measured.

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[8] Reed et al., Evaluating impact from research: A methodological framework; Research Policy, 2021.

For example, while improved return to work metrics will be one way of gauging potential impact of the success measure *'Generate knowledge collaboratively to improve care, recover and return to work outcomes for injured people'*, it is unclear how the success of collaboration through co-creation will be measured, and whether stakeholders will be able to assess the quality of their involvement. icare suggests that one additional measure of success would be to review (via feedback or otherwise) whether the research has met the outcomes important to stakeholders.

icare suggests SIRA consider:

- providing clarity regarding how success is to be measured, documented and benchmarked; and
- consider how stakeholders, partners and end-users define impact and success measures.

This will enable SIRA to fully leverage their collaboration with stakeholders and research partnerships.

13. How would you like to see each measure benchmarked?

It is important to ensure progress is made in line with the proposed research objectives. The broad research priorities that encompass SIRA's Research Program creates the need to include different types of benchmarking, such as process (to measure work processes and operating practices) and performance (activities, services and outcomes) benchmarking.

For each of the measures, we provide comment on how they could be benchmarked:

Generate knowledge collaboratively to improve care, recovery and return to work outcomes for injured people.

icare suggests SIRA benchmark against national collaborative research groups, such as the Institute for Safety, Compensation and Recovery Research (ISCRR)[9] in the injured worker space. Research outcome metrics for consideration include, for example, research outputs, number of publications or policy statements.

Investment in research and translation activities to address current and emerging challenges and collaboration to effectively deliver knowledge translation across the sector.

Prior to considering the best method for benchmarking these measures, SIRA may like to consider how translation activities are best measured and tracked. For investment research activities, and specifically in the healthcare space, icare suggests SIRA benchmark against other workers compensation jurisdictions. Similarly, to the first success measures, internal benchmarking of performance measures will also be of benefit in determining the success of this new model.

Apply new knowledge to existing and unique organisation insights within SIRA.

The application of new knowledge can be measured through review of research impact, including impact beyond the conclusion of a particular research program. As such, the outcomes of research impact measures – appropriately documented and time pointed – could serve as an appropriate benchmark for this success measure.

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[9] Institute for Safety, Compensation and Recovery Research. https://www.iscrr.com.au/