**Enhancing SIRA’s research program**

**Response from John Walsh Centre for Rehabilitation Research**

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

The research priorities are appropriate. They cover the areas of importance for SIRA well. With further planning they could be refined as the listed areas are very broad.

Research is defined very broadly and includes program evaluation and evaluation of scheme effectiveness. Perhaps a definition of “research” could be included in the “list of terms”.

Priorities may change over time and there could be a recognition of this. Innovative concepts or areas might emerge that could modify the stated priorities or constitute an additional area for research focus.

An additional research priority could be treatment effectiveness.

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

The research objectives are appropriate. They could perhaps be modified to permit more specific monitoring as to the extent that they are achieved over time.

Another modification could be to prioritize the objectives according to the burden and cost. Some people with specific types, or severity, of injury have poorer recovery and require greater resources and / or cost more to rehabilitate.

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

Generally these principles are suitable. However, “leveraged on existing evidence” is an unfamiliar phrase that seems to mean building on existing scientific evidence.

There will be issues related to SIRA research where new evidence will be required because current evidence is insufficient with reference to injuries sustained in compensable situations. This is more than building on existing evidence.

It should be made clearer that clinicians are also important Scheme stakeholders and research partners. They should be included, with consumers, in co-design of activities.

Question 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.

A research community of practice could be effective. The key benefits of this model are that people with broad and different expertise collaborate to set the research priorities. The challenge is that individuals’ research agendas would need to be recognized and, if necessary, modified for the common good.

It would be important to establish clearly who are the collaborators. In addition, there should be agreement that the goal for the collaboration would be to improve the outcomes and experience of Scheme participants. The community of practice should build on successful existing collaborations so that existing knowledge is leveraged and not lost.

Researchers are under great pressure to deliver outcomes that are academically valued. Sometimes this can limit collaborative work because research effort is seen to be diluted across multiple institutions.

Question 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?

Adopting the second option of a collaborative model is more agile and allows SIRA to respond to a situation or need as it arises. This may allow collaborators to be brought in on an “as needed” basis.

This model can bring focused attention and effort to specific issues and has worked well in the past. This is the preferred model in our opinion.

Question 6 how can SIRA effectively collaborate with stakeholders to prioritize new research opportunities as they arise?

Identifying key stakeholders that are specific to the new research opportunity is important. Work would need to be done to ensure that stakeholders are aware of the scheme objectives prior to meeting.

Ideally at least an annual meeting that sets the priorities for the immediate, medium and long term would be helpful. The stakeholders could nominate representatives to the committee who have the required expertise in the area and this committee could meet to set the research priorities. This committee could set an overall strategy (focused on intermediate and long-term priorities). It should also consider outcome indicators and a translational strategy.

Separate committees may need to be established to address any needs that arises that is not addressed by the overall strategy.

There are structural difficulties in some areas of research that are relevant to SIRA. There is a lack of recognition that research in some areas (for example dispute resolution processes) is a legitimate scientific activity that could improve outcomes for Scheme participants. This confirms the importance of including legal practitioners and services as research stakeholders.

Question 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?

As stated above, one guiding principle to consider may be to ensure the research objectives are prioritized accruing to the participant burden and cost to the Scheme. It is well established that is some injures have poorer recovery and require greater resources and or cost more to rehabilitate. Also, some types of treatment are much more costly than others. Lack of return to paid work or usual roles is potentially detrimental to participants as well as being costly.

Health inequalities are highly relevant to SIRA’s research because people participating in compensation schemes are more likely to have health disadvantages than the general population. The World Health Organisation defines health inequalities as “systematic differences in the health status of different population groups [which] … have significant social and economic costs both to individuals and societies”. This issue should be considered in determining research priorities.

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

There are several methods that SIRA could consider. The first, at least initially, is to consider qualitative methods. Such methods can be rich in identifying concerns of injured people.

Secondly, a consumer representative (relevant to the problem) should be included in all research teams. There are health consumer organisations that have considerable experience with these activities and they are able to suggest consumers who have both lived experience and appropriate training. Collaborations with suitable consumer organisations should be developed.

These activities, broadly related to co-design, require adequate resourcing and should financially recognize the time spent in these activities.

There is no question requesting comments on the knowledge generation statements. In these statements it is not clear what “enhancing transparency” means. This should be clarified.

Question 9 how might SIRA strengthen the effectiveness of its knowledge implementation and translation activities?

There could be activities to identify gaps in translational effectiveness. While some knowledge is translated well, others remain as gaps. Directing implementation strategies to identified gaps should be more cost effective. Equally important, is to understand effective implementation strategies for the target market because methods to translate for one group may not be effective for another.

For example, risk assessment (with references to a poor outcome) is not usual clinical practise. Changing clinical pathways matched to risk assessment is also not common practise. Clinicians, however, are good at delivering evidence based care in general.

This existing knowledge relating to risk assessment and treatment tailored to risk has translated less effectively to industry, particularly insurers and the legal profession. That should be a target for translational activities.

The variety of suggested translational approaches are appropriate.

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

Following a translational research framework may assist. Collaborators (researchers) often think of impact being publications or conferences. Ensuring data is collected about engagement of stakeholders, reach of the intervention would be helpful. Many translational frameworks and or organizations have impact trackers, which may be useful to use.

There should be recognition that research can sometimes determine that a treatment or a scheme component is not effective. This may mean that translation can’t occur or that translation involves changing the use of treatments or changing scheme components. There is commonly pressure on compensations schemes to provide treatments that do not have established effectiveness or overuse them. Therefore, there should be a focus on translating research that demonstrates lack of effectiveness. This is occurring in other areas of health care.

Question 11 what evaluation tactics would be valuable in this context and why?

Evaluation could be measured against outcomes of the collaborative research. Important are outcomes across the process (engagement) and outcomes at micro (eg patient), meso (eg clinician, insurer and other stakeholders) and macro (health policy) levels.

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

In relation to the first success measure*: Generate knowledge collaboratively to improve care, recovery and return to work outcomes for injured people*. Comments are that outcomes to measure these successes need to be carefully thought out. For example, researchers may want to change “pain” or “disability”. However, these outcomes may not be relevant to the patient or the scheme. The patient for example may want to “go back to yoga” and the Scheme wants to deliver reasonable treatment such that the injured person can self-manage. Determining how to measure the successes will be critical and will require thought.

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

Each measure should be specifically defined.

There are similar activities in other jurisdictions and the goal should be to enable benchmarking across jurisdictions. This is already happening with reference to workers compensation schemes. A high priority would be to agree on metrics that could be applied across motor vehicle accident compensation schemes.