Australian Government
Department of Health and Aged Care

Medical Research Future Fund

Emerging Priorities and Consumer-Driven Research initiative and Primary Health Care Research initiative

Primary Health Research Plan

August 2023

Background

In 2022, the Australian Government convened the Strengthening Medicare Taskforce (the Taskforce), with the goal of ensuring that Australia's primary care system could meet the current and future challenges it was facing. The Taskforce identified the following key issues:

- Accessing primary care for Australians is becoming harder across diverse groups, with more people presenting at emergency departments or delaying care, increasing challenges with recruitment and retention of health workforce, and bulk billing rates falling
  - Challenges with access are concentrated particularly in people living in rural and remote communities, First Nations Australians, people from culturally and linguistically diverse backgrounds, people with disability and people on low incomes
- Although Australia's health professionals provide quality services across a range of disciplines, the way services are organised and funded is disjointed, with the system hard to navigate for people and their health care providers
  - Funding for primary care rewards episodic care and fast throughput, creating disproportionate impact on older people, First Nations Australians, people with chronic and complex conditions, people with mental health conditions, people with disability, people from culturally and linguistically diverse backgrounds and people on low incomes
- Despite important progress on digital reform during the COVID-19 pandemic, critical patient health information tends to sit in siloed clinical information systems and cannot be shared easily across the health system and care settings, and not all health professionals have access to enable upload to a shared health record
  - Poor information flow leads to increased cost, creates risk and worsens patient outcomes

As a result, the Strengthening Medicare Taskforce Report, released on 3 February 2023, outlined the key priority that there is a need for all Australians to be supported to be healthy and well, through access to timely, equitable, affordable, person-centred primary care services, regardless of where they live and when they need care.

The Taskforce report outlines a vision for Australia's primary care system of the future, designed and funded to meet the population's increasingly complex health needs.

The Australian Government has already responded to the recommendations of the Taskforce, including opening the recent $20 million Medical Research Future Fund (MRFF) 2023 Primary Health Care Research Grant Opportunity, which focuses on supporting best-practice models of multidisciplinary team-based care for patients with complex and chronic conditions.

There is an opportunity for the MRFF to continue to respond to pressing research priorities identified by the Taskforce. This includes the need to support research to address inequities in access and outcomes for priority populations, with a particular focus on ensuring all patients have access to multidisciplinary models of care, and promoting a sustainable workforce to provide that care.

For the purposes of this Plan, the definition of multidisciplinary models of care aligns with the Ngayubah Gadan Consensus Statement on Rural and Remote Multidisciplinary Health Teams released in 2023 by the Office of the National Rural Health Commissioner. The term 'model of care' broadly defines the way health services are delivered, and by whom. It outlines best-practice care and services for a person, population group or patient cohort as they progress through the stages of a condition, injury or event. It aims to ensure people get the right care, at the right time, by the right team and in the right place, and as such, must always be patient centred.

The term 'multidisciplinary teams' includes the person receiving the care at the centre, their support persons (family or carers, as permitted by the patient) as well as the following concepts:

- Teams comprise health professionals, practitioners, rural generalists, workers and students, including but not limited to health disciplines such as nursing, medicine, allied health, Aboriginal and Torres Strait Islander Health Workers and Practitioners, dental, midwifery, nurse practitioners and paramedicine, and assistant workers such as dental assistants, allied health assistants and physician assistants. Importantly, teams include non-clinical members such as administrative workers, information technology (IT) workers, community leaders, consumers, peer-support workers and volunteers
- Teams should be forward thinking and innovative, looking to not only implement what is currently known, but future focused including incorporating new and emerging technologies including digitally enabled approaches
- The core team is locally based and/or virtually accessible and the composition is determined according to the best possible place-based care to meet the health and social needs of the specific community/population or patient
- Team members may be employed in different public, private and not-for-profit health services (forming clinical networks) and are supported by

their organisations to work together to provide the best possible primary health care. The team may call on outside expertise from visiting or virtually accessible health professionals, including non-primary health care specialists when required, as well as other agencies or services, through in-person or digitally enabled approaches

- The team is closely connected to the communities they serve, working collaboratively to design, improve and deliver appropriate, affordable and accessible models of care that meet the health and wellbeing needs of the community, including tailoring provision of health information
- With clearly defined roles, professional autonomy and communication processes, the team works together to provide high-quality, holistic person-centred care to their patients and their community

This Primary Health Research Plan (the Research Plan) has been developed by an independent Expert Advisory Panel to advise the Minister for Health and Aged Care on the strategic priorities for research investment.

$50 million over 4 years from 2023–24 has been allocated for this Research Plan, including up to $30 million over 4 years from 2024–25 from the Medical Research Future Fund's (MRFF's) Emerging Priorities and Consumer-Driven Research (EPCDR) initiative, and up to $20 million over 2 years from 2025–26 from the MRFF's Primary Health Care Research initiative.

Emerging Priorities and Consumer-Driven Research initiative

The EPCDR initiative will support research on addressing emerging priority health needs and areas of unmet need. It will:

- improve patient care
- translate new discoveries into clinical practice
- encourage researchers to work together with consumers

The objectives of the EPCDR initiative are to support research that improves patient care and translation of new discoveries, and encourages collaboration between consumers and researchers.

Primary Health Care Research initiative

The Primary Health Care Research initiative will focus on supporting projects that enhance equity of access to high-quality primary health care. Funding decisions will be driven by meaningful engagement with end users to address

specific needs of Australian populations, including those in rural or remote locations.

The objective of this initiative is to support an increase in Australia's evidence base in primary health care through research to improve service delivery and patient outcomes and translate this knowledge into action, including supporting self-care.

This Research Plan is intended to make the research purpose and direction transparent and provide certainty to stakeholders.

Objectives of the Research Plan

As requested by the Minister for Health and Aged Care, this Research Plan is to provide advice on research investments required to meet the following objectives:

- identify and evaluate multidisciplinary models of primary care (for example, those relating to voluntary patient registration, innovative models in rural and remote communities, team-based care) to deliver higher-quality and more effective care, with a focus on addressing inequities in access and outcomes experienced by priority populations
- enhance linkage and/or use of research data infrastructure sources (for example, electronic medical record repositories and administrative datasets) to identify and evaluate models of primary care excellence and/or support health system planning
- support translational research carried out with practitioners in primary care settings, and knowledge transfer among practitioners in primary care and academia to improve person-centred care

This Research Plan must also:

- align with the objectives of the EPCDR initiative and Primary Health Care Research initiative
- align with the recommendations from the Strengthening Medicare Taskforce

Research activities

Priority areas for investment are allocated across short- and medium-term timeframes. These priority areas will be used by Government in the design of competitive grant opportunities under this Research Plan.

Research activities will be, or contribute to, programs of work of national strategic importance that are informed by the key priority areas outlined in this Research Plan. Research activities will be both small and large scale, with the aim to concentrate research efforts into areas of critical importance and areas not already targeted through existing MRFF initiatives.

Monitoring and evaluation

To support this Research Plan, the MRFF Monitoring, Evaluation and Learning Strategy (the Strategy) provides an overarching framework for assessing the performance of the MRFF, focused on individual grants, grant opportunities, initiatives (for example, the EPCDR initiative and Primary Health Care Research initiative) and the entire MRFF program.

The Strategy sets out the principles and approach used to monitor and evaluate the MRFF. It outlines the need for evaluations to be independent and impartial. The Strategy aims to be transparent in process and outcomes, and agile to the needs of the MRFF, its consumers and stakeholders (such as the health and medical research industry). This Research Plan and grants funded under it will be evaluated against the Strategy.

Our goal

To transform primary care access, equity, safety and efficiency through primary-care-led research that improves health outcomes and patient experience, and contributes to a sustainable and thriving workforce.

Overview

The following aims and priority areas for research investment have been identified to achieve the objectives under this 4-year Research Plan.

Aim	Priority areas for investment
1. Patients can access multidisciplinary team-based care	**1.1** Articulate components of comprehensive, accessible, equitable, safe and efficient multidisciplinary team-based primary care
	1.2 Promote multidisciplinary team-based primary care that improves health outcomes, increases workforce satisfaction and meets patients' needs
2. Integrated health services provide patient-centred care	**2.1** Specialist, hospital and primary care services working together to deliver multidisciplinary person-centred care and improve workforce satisfaction
	2.2 Priority populations receive person-centred care addressing their health and wellbeing needs
3. Use data to improve patient care	**3.1** Locally integrated information is used to promote high-quality care

AIM 1

Patients can access multidisciplinary team-based care

Priority area 1.1

Articulate components of comprehensive, accessible, equitable, safe and efficient multidisciplinary team-based primary care

Priority area 1.2

Promote multidisciplinary team-based primary care that improves health outcomes, increases workforce satisfaction and meets patients' needs

Research to begin in ...	Priorities for investment (objective, outcome and funding)
2024	**Objective:** A competitively selected primary-care-led national consortium who will work collaboratively to support future-focused ways of thinking about primary care delivery through multidisciplinary team-based care. Key components will include: • evaluating the implementation of evidence-based, high-quality multidisciplinary team-based primary care to optimise health outcomes, workforce satisfaction and experience of care • refining and measuring the key components of high-quality comprehensive (that is, not disease based), accessible and equitable primary care (for example, relevant health professions, resources such as continuous quality improvement, infrastructure including IT) • evaluating (for example, health economic) the feasibility, scalability, cost-effectiveness, acceptability and sustainability of models comprising these key components across settings • identifying and assessing outcome measures that can be used across projects to document comparisons of the effectiveness of different multidisciplinary models of care, including any change-management measures used • testing through mixed-methods implementation science research how to best implement the key components in models of care in different settings (for example, across geographies, for priority populations), both locally and at scale

- promoting the ability of health professionals to work at their full scope of practice, and workforce satisfaction and retention
- promoting sharing of information between practices and patients through the use of My Health Record
- engaging a wide range of primary care providers across different structures, including but not limited to private, public and corporate practices
- involving consumer and community engagement
- presenting outcomes to support policy and program decision-making around primary care implementation nationally
- working with the Department of Health and Aged Care (the Department) to ensure alignment with other planned evaluations in similar areas

Outcome: Generate knowledge on optimal models of multidisciplinary team-based primary care at local and regional levels, including their critical elements and how they can be deployed in different settings (within and across practices) to improve health outcomes.

Funding: Up to $5.2 million per project over 5 years. One project is anticipated to be funded. Up to 50 Chief Investigators (CIs) may be included per application.

Additional eligibility requirements

The CIA must be a Primary Care Clinician Researcher.

The CI team must include 20% or more CIs as either Early to Mid-Career Researchers or Early Career Clinician Researchers (defined as clinicians within 10 years of their qualification but without a research qualification such as a PhD or Masters).

Additional funding requirements

The application must clearly demonstrate activities for capacity building for primary care practitioners and early-career researchers.

2024

Objective: Prospectively evaluate patient registration (using new and routinely collected data, quantitative and qualitative approaches) and how effective it is in different settings.

The intention is to support early evaluation of the initial uptake of MyMedicare to inform future policy development and the anticipated MyMedicare evaluation. Grantees will be expected to work with the Department to ensure alignment with formal evaluation work.

Proposed projects are encouraged to consider more complex issues such as enrolment bias, drivers of differential uptake, equitable uptake across groups who traditionally do not access primary care, and any differences in outcomes for patients who are included in the MyMedicare rollout and those who are not.

Two streams of funding are available based on the geographic location of the organisation undertaking the majority of the research:

- **Stream 1:** the organisation undertaking the majority of the research is based in any area according to the Modified Monash Model locator (MM 1–7)
- **Stream 2:** The organisation undertaking the majority of the research, the Chief Investigator A and 50% or more of all Chief Investigators, and all research participants are primarily based in a rural, regional or remote area according to the Modified Monash Model locator (MM 2–7)

Outcome: Generate knowledge on the efficiency, effectiveness and acceptability of voluntary patient enrolment in improving health service access and delivery, workforce satisfaction, and patient experience and outcomes.

Funding: Up to $1 million per project over 5 years. Four projects are anticipated to be funded (two urban and two rural).

Additional eligibility requirements

The CIA must be a Primary Care Clinician Researcher.

The CI team must include 20% or more CIs as either Early to Mid-Career Researchers or Early Career Clinician Researchers (defined as clinicians within 10 years of their qualification but without a research qualification such as a PhD or Masters).

Additional funding requirements

The application must clearly demonstrate activities for capacity building for primary care practitioners and early-career researchers.

2025

Objective: Evaluate the effectiveness and feasibility of new or existing models of integrated, multidisciplinary team-based primary care for people who would most benefit from this type of care, including but not limited to First Nations Australians, people from culturally and linguistically diverse backgrounds, people with disability including intellectual, children, older populations (either in residential aged care homes or those ageing at home), or those with social disadvantage or multiple chronic conditions. Cross-jurisdictional collaboration, where relevant, is encouraged, and projects should consider sustainability and scalability of solutions beyond the project.

Three streams of funding are available based on the health service provider or geographic location of the organisation undertaking the majority of the research:

- **Stream 1:** the organisation undertaking the majority of the research is based in any area according to the Modified Monash Model locator (MM 1–7)
- **Stream 2:** the organisation undertaking the majority of the research, Chief Investigator A and 50% or more of all Chief Investigators, and all research participants are primarily based in a rural, regional or remote area according to the Modified Monash Model locator (MM 3–7)
- **Stream 3:** the organisation undertaking the majority of the research must be an Aboriginal Community Controlled Health Service

Outcome: Generate knowledge on optimal models of primary care for Australians.

Funding: Up to $2 million per project over 5 years. Four projects are anticipated to be funded (two urban, one rural and one Aboriginal Community Controlled Health Service).

Additional eligibility requirements

The CIA must be a Primary Care Clinician Researcher.

The CI team must include 20% or more CIs as either Early to Mid-Career Researchers or Early Career Clinician Researchers (defined as clinicians within 10 years of their qualification but without a research qualification such as a PhD or Masters).

Additional funding requirements

The application must clearly demonstrate activities for capacity building for primary care practitioners and early-career researchers.

AIM 2

Integrated health services provide patient-centred care

Priority area 2.1

Specialist, hospital and primary care services working together to deliver multidisciplinary person-centred care and improve workforce satisfaction

Priority area 2.2

Priority populations receive person-centred care addressing their health and wellbeing needs

Research to begin in ...	Priorities for investment (objective, outcome and funding)
2024	**Objective:** Develop and implement multidisciplinary, collaborative, regional consortia that design, implement and evaluate (including cost–benefit analyses) system-level reform strategies for local health system integration that: • bring together Primary Health Networks, local health networks/districts, local primary care practices, Aboriginal Community Controlled Health Services, pharmacies and other health care providers • facilitate integration of health care, including service integration to improve patient access to quality care by overcoming barriers between services such as but not limited to specialist and hospital services, primary care, mental health, aged care, community and disability services • evaluate how local services work together to commission or jointly fund multidisciplinary, person-centred care • bring together existing funding mechanisms already available from partners for service delivery in innovative ways, to create new funding packages, to ensure sustainability beyond the life of the project • assess feasibility, costs and cost-effectiveness • embed co-design with consumers and health services in all aspects of research design and implementation, and address health issues that are a priority for the community, including timely access to information Grantees will be required to work with the Department to complement other evaluations being undertaken in similar settings.

Two streams of funding are available based on the geographic location of the organisation undertaking the majority of the research:

- **Stream 1:** the organisation undertaking the majority of the research is based in any area according to the Modified Monash Model locator (MM 1–7)
- **Stream 2:** the organisation undertaking the majority of the research, the Chief Investigator A and 50% or more of all Chief Investigators, and all research participants are primarily based in a rural, regional or remote area according to the Modified Monash Model locator (MM 2–7)

Outcome: To improve the patient journey through the interface between primary, secondary and tertiary care, with the goal of achieving seamless transitions.

Funding: Up to $2.8 million per project over 5 years. Six projects are anticipated to be funded (three urban and three rural). Funding will be allocated to a maximum of one project per state or territory (per stream) unless there are no fundable applications from another state or territory, in which case funding will go to the next-highest ranked application in that stream.

Additional eligibility requirements

The CIA must be a Primary Care Clinician Researcher.

The CI team must include 20% or more CIs as either Early to Mid-Career Researchers or Early Career Clinician Researchers (defined as clinicians within 10 years of their qualification but without a research qualification such as a PhD or Masters).

Additional funding requirements

The application must clearly demonstrate activities for capacity building for primary care practitioners and early-career researchers.

AIM 3

Use data to improve patient care

Priority area 3.1

Locally integrated information is used to promote high-quality care

Research to begin in ...	Priorities for investment (objective, outcome and funding)
2024	**Objective:** Develop and implement collaborative consortia that use existing data assets in innovative ways to inform value-based care, safely share critical patient information to support better diagnosis and healthcare management, empower people to participate in their own health care, and drive insights for planning, resourcing and continuous quality improvement. Projects should promote: • comprehensive primary care (that is, not disease focused) • scalability of the intervention or capacity to translate across jurisdictions or geographical locations • use of health data or digital assets (such as validated point-of-care devices) for prevention and self-care, not just clinical care • access to patient-held clinical summaries, including My Health Record • use of digital clinical decision support tools • patient flows across jurisdictions, depending on geographical location Grantees will be required to work with the Department to align with work currently funded in established partnerships between the Department, Primary Health Networks and the Australian Institute of Health and Welfare. **Outcome:** Using data or other digital infrastructure to support collaborative team-based care to drive better clinical practice, patient experience and health outcomes. **Funding:** Up to $4 million per project over 5 years. Four projects are anticipated to be funded.

AIM 3

Additional eligibility requirements

The CI team must include 20% or more CIs as either Early to Mid-Career Researchers or Early Career Clinician Researchers (defined as clinicians within 10 years of their qualification but without a research qualification such as a PhD or Masters).

Additional funding requirements

The application must clearly demonstrate activities for capacity building for primary care practitioners and early-career researchers.