
From: Kneipp, Erica
Sent: Thursday, 1 November 2018 12:43 PM
To: s 22
Cc: s 22
Subject: RE: PLEASE USE THIS - MRFF P2 [SEC=UNCLASSIFIED]

OK noted- have made this change and will circulate to AMRAB now.

Digital health uses information technology to support and enhance clinical safety and connect the health system. The potential for improved prevention, patient care, behavioural change and care compliance is enormous, as articulated in Australia's *National Digital Health Strategy*, which is agreed by all governments. Australia is at the cusp of an eHealth revolution and research is critical in harnessing the potential of My Health Record to improve health outcomes.

Thanks EK



Erica Kneipp

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From: s 22
Sent: Thursday, 1 November 2018 11:38 AM
To: Kneipp, Erica
Cc: s 22
Subject: RE: PLEASE USE THIS - MRFF P2 [SEC=UNCLASSIFIED]

Hi Erica,
Re digital strategy edits - https://conversation.digitalhealth.gov.au/sites/default/files/adha-strategy-doc-2ndaug_0_1.pdf

- The Australia's National Digital Health Strategy does not appear to be in italics on their website and official documents.
- The strategy does not have a timeframe. The only reference to time is that "the Strategy proposes seven strategic priority outcomes to be achieved by 2022".

I have left the digital strategy section unchanged in this version.

I have accepted all other editorial changes.

Attached cleaned version for distribution if you are happy with no change to the digital strategy section.

Thanks

s 22

From: Kneipp, Erica
Sent: Thursday, 1 November 2018 12:00 PM

s 22

Subject: RE: PLEASE USE THIS - MRFF P2 [SEC=UNCLASSIFIED]

Importance: High

Thanks s 22

Attached minor edit around the digital strategy for consideration.
Can you fix and return to me and I will send out to AMRAB this hour.

Cheers, EK



Erica Kneipp

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From: s 22

Sent: Thursday, 1 November 2018 10:51 AM

To: Kneipp, Erica <Erica.Kneipp@health.gov.au>

Cc: s 22

Subject: PLEASE USE THIS - MRFF P2 [SEC=UNCLASSIFIED]

Importance: High

Sorry – not sure why tracked changes didn't show up in the previous one..

From: s 22

Sent: Thursday, 1 November 2018 11:44 AM

To: Kneipp, Erica

Cc: s 22

Subject: MRFF P2 [SEC=UNCLASSIFIED]

Importance: High

Hi Erica,

s 22

Please see attached current master copy of P2.

Before final distribution to AMRAB, would you please consider the tracked editorial suggestions? Good to go after it's been cleaned up.

Changes made this week have been highlighted in yellow.

If you could send back a clean version after you've considered the tracked editorial suggestions – I will proceed with sending the package to LSB.

Thanks!

s 22

From: Kneipp, Erica

Sent: Wednesday, 31 October 2018 5:53 PM

s 22

Subject: RE: MRFF P2 - RACGP INPUT [SEC=UNCLASSIFIED]

That works for me and think that is a fair adoption of her input.

MO is happy and we can now proceed!!!

Can you please send me the final with highlighted changes since this week so I can circulate to AMRAB, one last time.

Great work !!!



Erica Kneipp

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| E: erica.kneipp@health.gov.au

From: s 22

Sent: Wednesday, 31 October 2018 10:17 AM

To: Kneipp, Erica <Erica.Kneipp@health.gov.au>

s 22

Subject: RE: MRFF P2 - RACGP INPUT [SEC=UNCLASSIFIED]

Hi Erica,

The team has one additional proposed change (see snapshot below) – this is to ensure that other collaborations such as smaller GP networks are not excluded – updated version in track attached for your consideration.

~~Clinical Trials Alliance. Develop a grant opportunity to support PBRNs collaborators and other collaborations to conduct prioritised~~

The edits do not directly address s 22 comment 4 “pragmatic studies which enable evidence base to extended into people with complex health care needs and into complex health care setting”

We can probably mention in our response to her that we acknowledge the need for studies that involve multi-morbidity and patient complexity. This aspect is reflected in the Primary Care Research Priority, as well as the Public Health Interventions Priority. This can also be taken into account in the program design phase.

Thanks

s 22

From: Kneipp, Erica

Sent: Wednesday, 31 October 2018 9:16 AM

s 22

Subject: MRFF P2 - RACGP INPUT [SEC=UNCLASSIFIED]

Importance: High

Can you please have a LOOK at this – suggesting to take on a few of s 22 comments in track – welcome your thoughts.

Another email from her forth coming on Canadian PHC priority setting – and the emerging GP priority research list is a good find.

Thanks EK



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From: s 22

Sent: Tuesday, 30 October 2018 12:46 PM

To: Kneipp, Erica <Erica.Kneipp@health.gov.au>

Subject: RE: s 22

[SEC=UNCLASSIFIED]

Hi Erica

Thanks very much for giving me the opportunity to take a look.

Happy to discuss any of this further

Cheers

s 22

From: Kneipp, Erica <Erica.Kneipp@health.gov.au>

Sent: Monday, 29 October 2018 3:17 PM

To: s 22

Subject: FW: RACGP Foundation and Medical Research Future Fund Co-funding Proposal [SEC=UNCLASSIFIED]

HI s 22 – sorry for my terrible tardiness in reply and thanks for the attached we will review and separately return to you and s 22 .

Just undergoing final clearances, but the following (three out of a total of 12) would be relevant:

Priority	WHY action is needed	HOW best addressed
Comparative Effectiveness Research Support systematic evaluation and demonstration of the comparative value of	Healthcare is about choices – this treatment over that, essentially ‘what works best’. Knowledge of the benefits and harms of alternative means to	Develop a program to drive prioritised targeted grant opportunities to conduct randomised control trials; data, observational, service

Priority	WHY action is needed	HOW best addressed
medical interventions to better inform the decisions clinicians and consumers make in healthcare.	prevent, diagnose, treat, and to monitor care, can transform health outcomes. This evidence generation improves health outcomes, addresses over diagnosis, improves treatment and informs decision making about investment and divestment.	model and behavioural economic studies; and decision analysis research. Priorities need to be driven by clinicians, consumers and policy makers.
Primary Care Research Address the capacity and production gap in primary care research with an emphasis on multi-disciplinary, adaptive research methodologies and clinician capability support.	While most healthcare occurs in the community, most research occurs in tertiary or specialist settings. In primary care patients typically present early with undifferentiated disease and multiple co-morbidities. The increasing complexity of care environments make practitioner and care team decisions increasingly difficult. The business reality of general and allied health practice also leaves little time for research translation. The growth in chronic and complex diseases, particularly in cohorts with low socioeconomic status, calls for a more concerted effort in primary care research that is geographically relevant and where possible scalable nationally to maximise impact.	Support the establishment of Practice-Based Research Networks (PBRNs) in partnership with Advanced Health Research and Translation Centres (AHRTCs) and Centres for Innovation in Regional Health (CIRHs), and the Australian Clinical Trials Alliance. Develop a grant opportunity to support PBRNs collaborators to conduct prioritised primary care research that is led by clinicians, can permeate daily practice and has potential for scalability.

Capacity and Collaboration

Priority	WHY action is needed	HOW best addressed
Clinical Researcher Capacity Continue to enhance Australian clinical researcher capacity with a focus on next generation fellowships that target multidisciplinary engagement, fields of emerging scientific effort that has healthcare application potential and primary care.	Clinically active researchers bring a practice perspective that aids research translation. Sufficient and sustained investment is required to ensure Australia maintains its reputation for research excellence. This attention must traverse career stages with a focus on early and mid-career to ensure the viability of the next generation of researchers. It must also draw on the increasing diversity of disciplines intersecting with healthcare innovation and engage with the end-user of research – clinician and consumer.	Continue to harness the fellowship schemes operated by the National Health and Medical Research Council (NHMRC). Determine priority fields of study for concentrated investment. Explore opportunities working in with professional colleges and industry to enhance access to PhD scholarships for general practice and allied health.

s 22

Cheerss EK



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From: s 22

Sent: Wednesday, 24 October 2018 4:58 PM

To: Kneipp, Erica <Erica.Kneipp@health.gov.au>

Subject: FW: s 22

[SEC=No Protective Marking]

Hi Erica

s 22

Cheers and best wishes

s 22

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BY THE DEPARTMENT OF HEALTH

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