

Driving research translation and measuring impact across the Sydney Partnership for Health, Education, Research & Enterprise (SPHERE)

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Working together for good health and well-being

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The Sydney Partnership for Health, Education, Research & Enterprise (SPHERE)

Partners



Background

- *SPHERE has allocated substantial internal partnership funding to accelerate research translation via cross-disciplinary and cross-institutional clinical academic groups (CAGs).*
- *Seed funding allocations are aiming to drive innovative projects and leverage larger scale funding*
- *Investment has driven a focus on the -*
 - *“value proposition” for partners, health and academic leaders – their “return on investment” in terms of research and translation via the partnership*
 - *need to monitor performance against both traditional academic metrics and health service improvement/patient outcome/patient experience metrics*
- *Establishment of a framework for -*
 - *leverage assessment*
 - *measurement of practice and policy impact*
 - *reviewing performance annually*
 - *potentially “decommissioning” CAGs that do not hit milestones towards delivery translation-to-impact over a 3 year cycle*

Objectives

- *To develop and implement a “research translation to impact” performance framework for annual performance review of CAGs.*
- *To establish a culture of accountability for “research translation to impact” within the clinical academic group leadership.*
- *To undertake a formative assessment of the first year of activity across 12 CAGs engaging Council, internal and key external leaders including the NSW Ministry of Health*

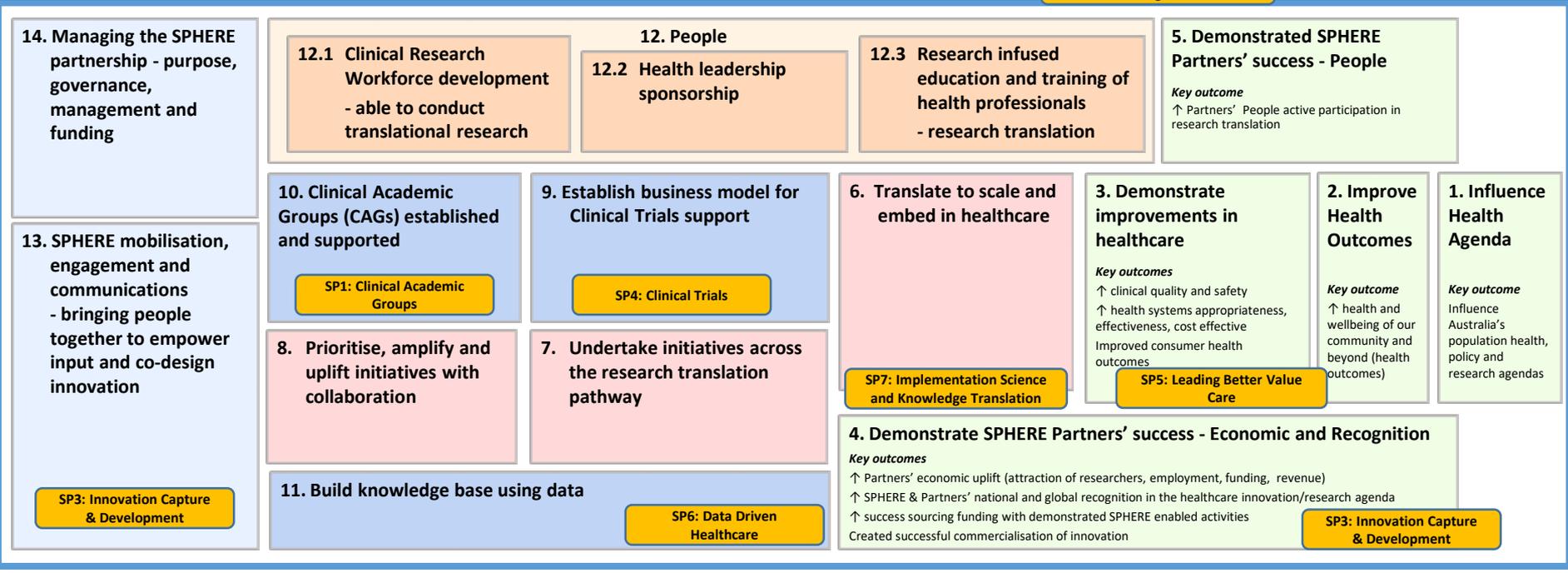
CAGs in Context - SPHERE Strategy – Key programs and focus areas

Builds workforce
(Strategic Goal 4 : Education – professional development and workforce capacity/capability)

SP2: Workforce development

SP7: Implementation Science and Knowledge Translation

Legend: SPHERE Strategic Programs



Bringing People Together
(Strategic Goal 5: Partnership – listen and engage)

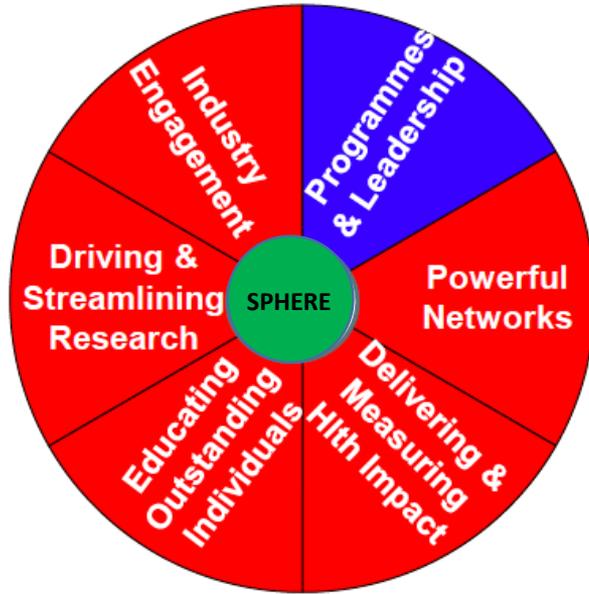
Amplify and uplift Research initiatives
(Strategic Goal 3: Research - knowledge creation and innovation)

Drive and accelerate the translation of evidence into healthcare
(Strategic Goal 2: Research translation)

Improve the health of our community and beyond
(Strategic Goal 1: Health & Economic – deliver improved health outcomes)



Strategic Program 1 - CAGs



1. Age and Aging
2. Aboriginal Health & Wellbeing
3. Cancer
4. Diabetes, Obesity and Metabolic Disease
5. Early Life Determinants of Health
6. Genome Connect
7. Kids to Adults
8. Musculoskeletal Health
9. Maternal Newborn & Women's Health
10. Neuroscience Mental Health & Addiction
11. Respiratory, Sleep & Environmental Health
12. Triple I
13. Cardiovascular Health
14. Frontiers Technology
15. Health and Built Environment
16. Palliative Care

Process - June to December 2017

- Operational Plan development in alignment with -
 - AHRTC deliverables
 - MRFF priority areas
 - Local/regional priorities and opportunities – especially health service priorities
- Review and adaptation of the Oxford AHSN process for CAG Performance management – June 2017 (Gary Ford)
- Establishment of CAG project portfolio
 - internal contestable seed funding calls
 - *(MRFF priority driven contestable funding 2018ff)*
- CAG leadership and management training in two focus areas
 - Project co-design for optimal knowledge translation
 - Project evaluation focusing on “milestones, outcome and impacts”
- Desired “end-products”
 - Clear line of sight to pre-specified project milestones and outcomes and impact
 - Annual reporting “dashboard” for key projects
 - CAGs poised for development of impact statements relevant to their project outcomes

Process – January to June 2018

- CAG projects progressing
- Project managers asked to begin to report against the dashboard indicators -
 - Milestones
 - Outcomes
 - Impacts
- Annual reporting of CAG progress July 2018
 - Detailed written report reflecting the CAG operational plan
 - Dashboard “summary” report on key projects
 - F2F presentation of outcomes and work in progress
- Independent peer-review panel assessment – academic leaders, health service leaders including PHN CEs and consumer representatives
- Formative guide of CAG performance after year 1 of activity

Assessment Framework

Table 1 – Year 1 CAG Performance Review Assessment June 2018

<i>Categories under Assessment</i>	<i>Weighting %</i>
Leadership	20
Research & Innovation	25
Education and Training	15
Translation into Policy and/or Practice that delivers Impact	35
Collaboration and Partnership extension across AHRA	5
<i>Total</i>	<i>100</i>

Example – Translation category

Assessment Category

Highly achieved

Partial achievement

Limited achievement to date

Translation into Health – Practice Change or Policy Development Locally, State or Nationally (Score out of 10)

Descriptors for a score 10 - 8

Evidence of:

- *All CAG projects having alignment with healthcare partner priorities for improving service delivery and/or patient outcomes and/or new policy development*
- *Extensive executive sponsorship by senior Health Service Management of key projects*

Descriptors for a score between 7 - 5

Evidence of:

- *Most major CAG projects having alignment with healthcare partner priority areas*
- *Some health service management executive sponsorship of projects*
- *Some co-leadership of projects involving Health Service Staff*

Descriptors for a score between 4 - 0

Evidence of:

- *Limited alignment between CAG projects and healthcare partners priorities*
- *No evident health service management executive sponsorship of key projects*
- *Predominantly researcher led projects with limited Health Service*

Example – Leadership category

Leadership of the Clinical Academic Group (Score out of 10)

Descriptors for a score 10 - 8

Internal Stakeholders

Evidence of:

- *Developing Participation: High attendance at executive meetings; Conduct of at least one larger scale meetings engaging the entire CAG membership;*
- *Inclusiveness: All or near all SPHERE Partners represented at both Executive and membership level. Regular consumer engagement in priority setting and decision-making.*
- *Partnership: strong strategic alignment of purpose between CAG and Partner plans*
- *Communication: clear evidence of inclusive leadership and shared decision making across stakeholder groups (including public and patients)*

External Stakeholders

- *High CAG “visibility” across SPHERE including cross-CAG collaboration*
- *Developing CAG “visibility” outside SPHERE including CAG activities and collaborations state-wide and national*

Descriptors for a score 7 - 4

Internal stakeholders

Evidence of:

- *Developing Participation: Partial attendance at executive meetings*
- *Inclusiveness: Most SPHERE Partners represented at both Executive and broader membership level and some consumer engagement in leadership decision-making.*
- *Partnership: some strategic alignment of purpose between CAG and partners plans*
Communication: some shared decision making

External Stakeholders

- *Some CAG “visibility” across SPHERE including cross-CAG collaboration*
- *Limited CAG “visibility” outside SPHERE including CAG activities and collaborations state-wide and national*

Descriptors for a score of 0-4

Internal Stakeholders

Evidence of:

- *Limited Participation: Minimum attendance at meetings*
- *Inclusiveness: Limited number of SPHERE Partners represented across both the Executive and the broader membership*
- *Partnership: limited alignment of purpose between CAG and its Partners*
- *Communication: limited or no shared decision making*

External Stakeholders

- *Limited CAG “visibility” across SPHERE including cross-CAG collaboration*
- *No CAG “visibility” outside SPHERE*

Operational Plan vs KPIs – Building capacity

Aims	Outcomes 2018 & 2019	Impact 2020	KPIs
Musculo-skeletal health clinical researcher workforce capacity and capability building initiative	Clinician PhD program aligning with project focus areas in OA, OP and LBP Clinician-researcher co-supervision initiative in project focus areas	Clinical academic “pipe-line” development Support current (tranche 1) LBVC focus areas	2018 – Clinician PhD program established in all areas 2019 – Interim evaluation on progress 2020 – Evaluation of workforce initiative impact and outcomes

- 3 Working Groups established (OA, OP, Back pain)
- PhD students commenced for OA and LBP and in progress for OP
- Co-supervisor structures developed
- Network of MSK PhD students (SPRiNG) with SHP & NSW Regional Health Partners

Aims	Outcomes 2018 & 2019	Impact 2020	KPIs
Musculo-skeletal health clinical researcher workforce capacity and capability building initiative	Clinician PhD program aligning with project focus areas in OA, OP and LBP Clinician-researcher co-supervision initiative in project focus areas	Clinical academic “pipe-line” development Support current (tranche 1) LBVC focus areas	2018 – Clinician PhD program established in all areas 2019 – Interim evaluation on progress 2020 – Evaluation of workforce initiative impact and outcomes

- PROGRESS/UPDATE:** Three Working Groups have been established in the priority focus areas of OA, OP and Back Pain. PhD students have been recruited and commenced for the OA and LBP working groups and STREAM is currently advertising the PhD scholarship for the OP working group. Co-supervisor structures have been developed across clinical, research institute and university partners.

Initiate specific projects in high prevalence and low value care areas - osteoarthritis, osteoporosis and low back pain supporting LHD activities in alignment with NSW MoH LBVC initiative and ACI evaluation work	Seed grant funding with the aim of completing proof of concept and proof of value, supporting LHD/ACI measurement	Local improvements in health care outcomes and systems effectiveness and efficiency linked to LBVC. Leveraging submissions and success larger contestable funding June 2019 Roll-out across SPHERE LHDs	2018 – Progress report for all focus area projects including preliminary data 2019 – Evidence of meeting LBVC metrics Leveraging submissions and success of larger contestable funding 2020 – PREMS, PROMs, program evaluation linked to LBVC outcomes
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- PROGRESS/UPDATE:** The three Working Groups have initiated projects in focus areas of OA, OP and Back Pain. The OA and OP projects are aligned to add value to the NSW MoH Leading Better Value Care initiatives of OACCP and ORP Models of Care. The Back Pain project and other initiatives are complementary to the ACI Acute Low Back Model of Care. A brief summary of progress for each project is outlined below:
 - OA Working Group:** The OA working group has established a PhD program to and commenced the early phases of the translational research project e.g. literature review and a preliminary audit of current practice. Grant applications have been submitted to Arthritis Australia, HCF and the Australian Physiotherapy Association (APA), a consumer engagement workshop initiated and other key stakeholders including consumer advocacy groups for people with arthritis have been engaged. The group has prepared a commissioned manuscript for the Check Independent GP learning program regarding GP management of OA.

Operational Plan vs KPIs – Low Value Care Projects

Aims	Outcomes 2018 & 2019	Impact 2020	KPIs
Initiate specific projects in high prevalence and low value care areas - osteoarthritis, osteoporosis and low back pain supporting LHD activities in alignment with NSW MoH LBVC initiative and ACI evaluation work	Seed grant funding with the aim of completing proof of concept and proof of value, supporting LHD/ACI measurement	Local improvements in health care outcomes and systems effectiveness and efficiency linked to LBVC. Leveraging submissions and success larger contestable funding June 2019 Roll-out across SPHERE LHDs	2018 – Progress report for all focus area projects including preliminary data 2019 – Evidence of meeting LBVC metrics. Leveraging submissions and success of larger contestable funding 2020 – PREMS, PROMs, program evaluation linked to LBVC

- 3 Working Groups initiated projects (OA, OP, Back pain)
- MSK priority projects align to:
 - NSW Health LBVC initiatives (OACCP and ORP)
 - National and Consumer Organisation Priorities eg. “Time to Move” strategy, Arthritis Australia; National Arthritis Plan; ACQSHC OA Standards; Models of Care; and WHO Burden of Disease

Feedback and progress

- Ranking of CAGs and provision of assessor comments
- Most importantly – Consumer, Local Health District and NSW Ministry of Health inputs, engagement and feedback
- Written and verbal feedback to CAG Executives with a particular focus on supporting the CAGs in the lower third of the rankings
- Resetting and realignment if needed with an emphasis on productivity and deliverables
- Setting expectations explicitly

Learnings and discussion points

- CAGs
 - *onerous process but generally considered a worthwhile exercise especially the feedback and the rankings*
 - *Summary reports preferable and will be used in 2019 review*
- SPHERE management
 - *Worthwhile process providing a level of rigor and visibility of activity*
- SPHERE Council
 - *Worthwhile process proving visibility to work in progress and an understanding of the alignment with priority areas and potential impacts and leverage opportunities*
- Expert external assessors – in particular MoH, PHNs, Consumers
 - *Visibility, better understanding of the activity within an AHRTC and engagement*

Acknowledgements and Thanks

- SPHERE Council
 - SPHERE Operations Management Team
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 - CAG Executive Officers and Project Managers
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 - CAG Directors
 - *Lisa Jackson Pulver, Guy Marks, Friedbert Kohler, Genevieve Steiner, Michael Barton, David Simmons, Tony Roscioli, Geraldine Hassett, Michael Farrell, Tony Kelleher, Glen Marshall, Claire Wakefield, Valsa Eapen, Maralyn Foureux, Caroline Homer*
-  Assessment panel
- *Nigel Lyons, Rodney Phillips, Phillip Harris, Annemarie Hennessy, Chris Cowell, Bob Graham, Janet Perez, Michael Moore, Anthony Brown, Jenelle Bowden, Keith McDonald, Maryanne Gale*