



## Health Services Research: it won't cure cancer, but it will get better value from today's services

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**Summary:** In this article originally posted on the Croakey Blog HSRAANZ President Jon Karnon and Professor Nicholas Graves explain why health services research will deliver value for the medical research dollar.

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The [Medical Research Future Fund](#) (MRFF) has been established to increase funding for health and medical research in Australia. The MRFF is intended to reach \$20 billion by the end of the decade, with the aim of allocating \$1 billion to health and medical research each year. The [MRFF Innovation Strategy 2016-2021](#) and [Priorities 2016-2018](#) have just been published.

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There has been concern that the fund might focus on moon shots, like curing cancer, and not on the less glamorous and traditionally under-funded health services research. However, health services research to improve the organisation and delivery of health care across the healthcare system is a key component of the proposed Strategy and Priorities.

### **Why health services research?**

To date, the small investments by the NHMRC in health services research are reflected by relatively low spending to improve health services within the healthcare system. The Australian Commission for Safety and Quality in Health Care leads and coordinates national improvements in safety and quality in health care across Australia. It's budget in 2015-16 was \$39 million. In comparison, on cancer chemotherapy drugs through the Pharmaceutical Benefits Scheme increased from \$223 million in 2011-12 to \$609 million in 2014-15.

Improving the organisation and delivery of health services is important because health expenditure cannot continue to increase at existing rates. Over the past 25 years, government spending on health increased from 15.7% of taxation revenue to 24.1% and health expenditure increased from 6.5% to 9.7% of total economic activity. It is obvious we need to live within our means and extract more value from the current investment in health services.

### **Allocating finite investments**

Disinvestment from low value health care and efficiency savings are important contributors to sustainability, but they will not be sufficient. There will be fewer funds available to invest in new forms of health care or to expand or improve the quality of existing services. This will make it increasingly important to assess the value of alternative investment options across the healthcare system, for example, could the \$10 million required to fund a new cancer therapy have achieved more valued health outcomes if used to improve services in public hospitals or primary health care?

### **Prioritising health services and systems**

The MRFF Priorities make reference to the need for health services research across the healthcare system. The need for research to support the provision of health care outside of the hospital is highlighted through calls for better evidence in primary care settings and on the use of behavioural economics approaches to public health interventions, for example, to improve mental health, diet and physical activity.

The need to assess clinical pathways or models of care for different health conditions is recognised as is the importance of reducing variation in clinical practice by improving the quality of health services. Improvements in the management of complex patients with multiple co-morbidities and in the health of the most disadvantaged members of our society are highlighted as specific areas for action.

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The proposed increase in health services research has the potential to massively improve quality and efficiency across the healthcare system. The development and evaluation of investment options in primary health care, public hospitals and public and preventive health programs will mean the government can make much better informed decisions about where and how to spend the health dollar.

### **Better data, targeting improvements**

Health services research is undertaken within the healthcare system and researchers should build on existing activity within the system. In the primary health care setting, Primary Health Networks tender for services to meet the needs of their populations. The data generated through the tendering process provides a starting point for assessing priorities and evaluating alternative primary health care services. Government business cases provide similar data on proposed public and preventive health programs.

There is more variation in the public hospital setting, where each State and Territory has a different approach to monitoring hospitals and acting to improve performance. An important first step is to describe existing approaches to improving public hospital services. A review of current practice will also identify priority areas for improvement and examples of good practice, such as innovative models of care for different health conditions and promising approaches to improving the quality of existing services.

### **Infrastructure and collaboration**

The MRFF Priorities also describe the need for research infrastructure to support the conduct of relevant and high quality health services research. The most striking priority is for a National Institute of Research focused on health services, and public and preventive health research. In addition, Priorities include the extended development of clinical quality registries, improved access to and linkage of health and social data, increased involvement of consumers in setting research priorities and formal assessments of the value of funded research.

Improved infrastructure is important because currently the quality of the data available to assess the value of health expenditure varies significantly across different sectors of the healthcare system as well as between States and Territories.

### **A Strategy to improve health systems**

The Priorities refer to the conduct of health services research and the infrastructure required to support that research. The [MRFF Strategy](#) also refers to health systems research. The health system comprises a large number of institutions, from government departments of health to public and private hospitals to general practices and everything in-between. Health systems research is needed to improve the organisation and the financing and the relationships between the institutions that

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make up the health system. Such research will be critical to ensuring that the proposed health services research is applied in practice and achieves its full potential to improve quality and efficiency across the healthcare system.

### **Planning for the future of health services research**

In summary, health services research is a key component of the Medical Research and Innovation Strategy and Priorities, that provides the basis for the allocation of the \$20 billion Medical Research Future Fund.

There is huge potential to improve healthcare quality and efficiency in Australia, but some key support structures may be required. Improved infrastructure for health services research, greater integration of research and service delivery and significant health system changes will all be important contributors to achieving the potential improvements. Health services research has been given its chance to shine, we need to start planning and putting the structures in place for it to reach its full potential.

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