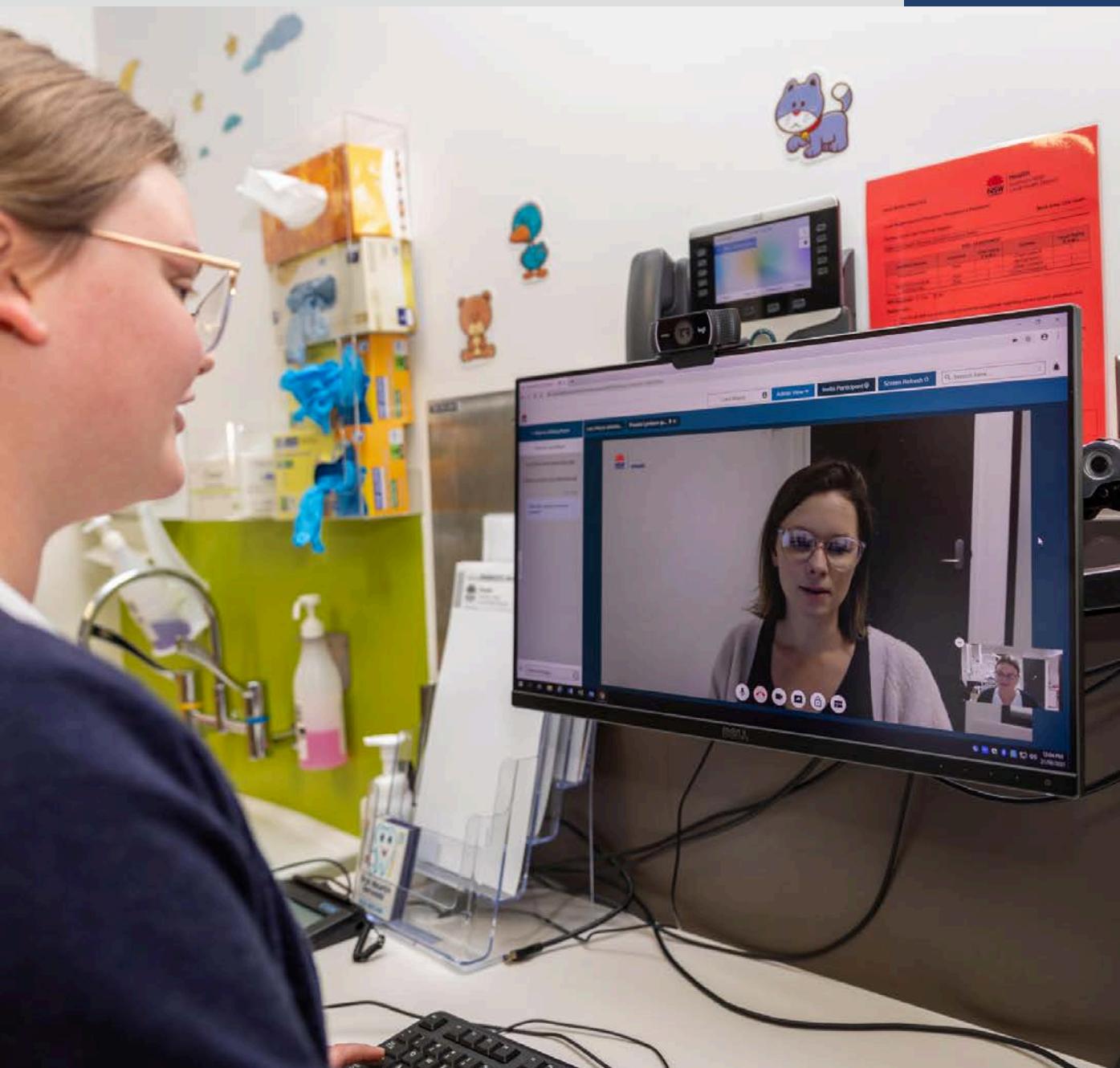


Health ANSWERS

Education | Research | Services

Pre-budget submission 2025-2026



<https://www.healthanswers.org.au/>

JANUARY
2025

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About Health ANSWERS

Health in NSW and ACT Education, Research and Service



Margaret Bennett

Chair,
Health ANSWERS
Partners Council

Health ANSWERS is an established partnership headquartered in Bega, NSW, that unites academic, community, and healthcare sectors to deliver service improvement, research capability building and practical translational research across Southern NSW and the ACT. Health ANSWERS partners represent all areas of the healthcare system, including primary care, ambulance services and hospital care.

- **Scope:** Health ANSWERS serves a population of 1.2 million, including vulnerable groups such as Aboriginal and Torres Strait Islander peoples and socioeconomically disadvantaged communities.
- **Mission:** To ensure equitable access to high-quality, timely, and culturally appropriate healthcare close to home.
- **Achievements:** Since 2018, Health ANSWERS has fostered collaborations, advanced translational research, and engaged communities to build resilient and responsive healthcare systems.



Dr Michelle Moscova

Director,
Health ANSWERS

Current Priorities

→ **Research Collaboration**

We facilitate cross-service and cross-border research collaborations through identifying shared priorities, streamlining and simplifying processes, and leveraging shared resources.

→ **Staff Capability, Capacity & Retention**

We embed translational research training into research projects, support and develop clinician researchers, and provide opportunities for research career paths.

→ **Improving Healthcare through Research**

We use research to build an evidence base to improve health services and patient care, and promote organisational learning while integrating meaningful collaboration with consumers, end users of evidence and industry partners.

→ **Advocacy for the Health Needs of Local Community**

We engage with our communities to identify key health priorities, co-design solutions and advocate for meaningful change

→ **Sustainable Research**

We identify funding, business model and new funding sources to optimise resource use and ensure sustainable future research operations.

Our Partners

Health ANSWERS is a platform for whole-of-sector research and research translation. Together, our research has a particular focus on equity, primary health care, and consumer-centredness in health care and health research. Since our establishment in 2018, we have developed a track record of engagement in rapidly applied research.



Our Partners:

Canberra Health Services, Southern NSW Local Health District, ACT Ambulance Service, NSW Ambulance Service, Capital Health Network, Murrumbidgee PHN, COORDINARE South Eastern NSW PHN, Australian National University, University of Canberra, University of Wollongong, ACT Health Directorate, Health Care Consumers' Association.

Executive Summary

Enhancing Health Outcomes through **IMPACT** (Integrating Medical Practice And Care with Translational Research) model

Health ANSWERS (Health in NSW and ACT Education, Research and Service) is a collaborative partnership of 12 organisations spanning healthcare providers, universities, government agencies, and consumer organisations. We are seeking a \$20 million investment over 7 years to address national health priorities by trialling the IMPACT model, which directly integrates translational research into health service operations in regional, rural and remote areas. The funding will allow the model to be tested at scale across Southern NSW and the ACT with potential to expand to neighbouring regions of Illawarra and South West Sydney using existing and developing partnerships. This initiative will address systemic inequities in the regions, including those found in border communities, by streamlining care across different health system components, fostering innovation driven by the needs of health services, building workforce capacity, and ensuring high-quality, equitable healthcare. The partnership aligns with Federal strategies, including the National Preventive Health Strategy, Closing the Gap, and the National Rural Health Strategy.



Recommendation:

The Federal Government commits \$20 million over 7 years to fund the **Health ANSWERS IMPACT model, ensuring equitable healthcare access and improved health outcomes** for regional and rural Australians.

By successfully implementing the IMPACT model, Australia stands to **save annually up to \$168 million in** direct healthcare costs and **achieve near to \$80 million in indirect cost savings** and additional benefits over 7 years while deriving long-term improvements in health equity and outcomes, healthcare sustainability, workforce sustainability, and regional economic growth.



About the IMPACT Model

This proposal outlines an **IMPACT model (Integrating Medical Practice and Care with Translational Research)** for localised integration of translational research into health services, that addresses national health priorities while adapting to local contexts. The initiative leverages multi-disciplinary teams and uses a principles-based approach to develop solutions that are evidenced based, outcomes-focused, and can be applied across the region and, if successful, upscaled nationally.

The proposed **model addresses systemic health disparities, builds research capacity within health services, and enhances healthcare service delivery** by embedding the outcomes of translational research into routine operations. It draws on shared national principles to empower local stakeholders — clinicians, health administrators, consumers, policymakers, academics, data scientists, and statisticians — **to collaboratively develop solutions** tailored to health challenges across the region.

This model **aligns with national health strategies to promote equitable health outcomes, foster innovation, and strengthen engagement across sectors**, including those beyond the health sector to influence social determinants of health. A \$20 million investment over seven years is needed to operationalise and test this transformative, nationally scalable model.

The proposed model is **expected to deliver significant financial, health, and social benefits** locally and across Australia. We conservatively estimate **direct health budget savings of \$168 million annually** achieved through streamlined processes, early interventions, and the prevention of avoidable hospitalisations.

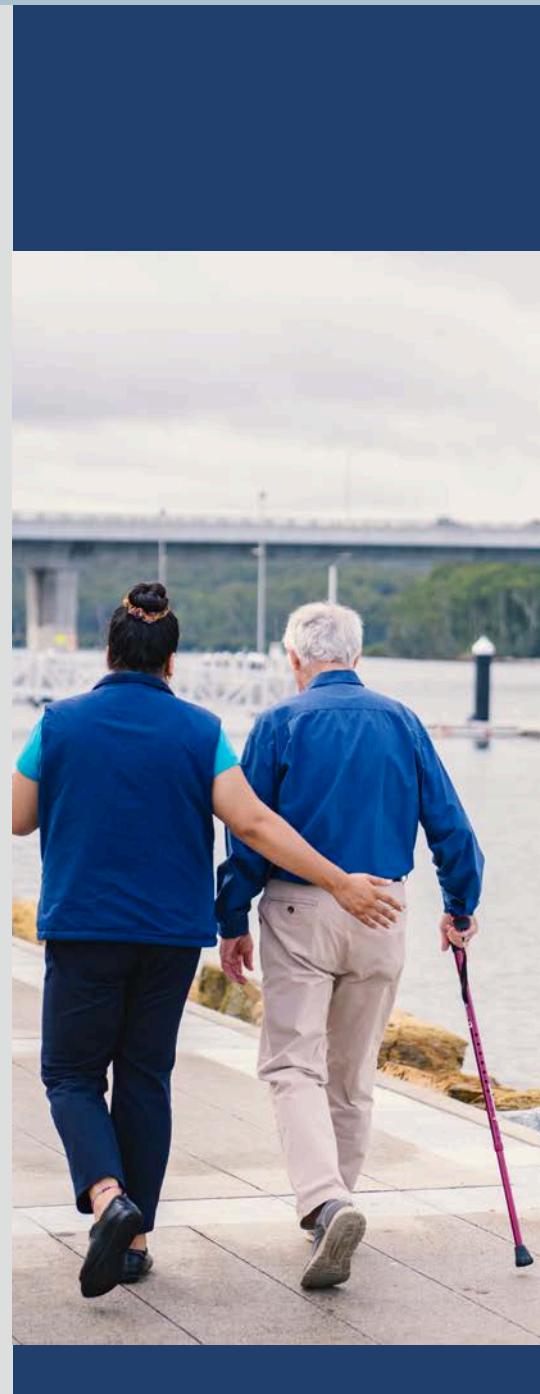
Challenges Facing Regional Healthcare

→ **Persistent Health Disparities Between Metropolitan and Regional, Rural & Remote areas**

- Australians living in regional, remote and rural areas face poorer health outcomes compared to their metropolitan counterparts. Despite considerable government investment, these health disparities have remained unchanged.^{1,2}
- The proportion of socio-economically disadvantaged populations — including Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse (CALD) populations, and low-income groups — is higher in rural and regional populations.² These groups experience poorer health outcomes and would significantly benefit in the regions from locally focused and culturally appropriate innovation in health service delivery.

→ **Limited funding for Regional research**

- Despite the potential benefits, the research necessary to drive health innovation in rural and regional areas faces significant challenges.
- Traditional funding models deliver limited benefits to address regional and rural research needs, as they favour large-scale academic research institutions, which often excludes researchers from regional communities.



1 - New South Wales Health. (n.d.). Regional health: Topic overview. HealthStats NSW. Retrieved January 30, 2025, from <https://www.healthstats.nsw.gov.au/topic-overview/Regional%20health>

2 - Australian Institute of Health and Welfare. (2024). Rural and remote health. Retrieved January 30, 2025, from <https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health>

- Only 2.4% of the total National Health and Medical Research Council (NHMRC) funding went to rural health research in 2014, despite almost 30% of the Australians living in regional, remote and rural settings.^{2,3}
- From 2017 to 2023, only 2% of MRFF applications from regional organisations were successful, compared to 29% from metropolitan areas.⁴

→ **Disconnect Between Research and Healthcare Delivery**

- Current research funding allocation prioritises traditional academic metrics, sidelining locally driven, health service-led research that can efficiently and effectively address National health priorities.
- Weak integration between research findings and clinical practice reduces the impact of research on patient outcomes. While recent government efforts to improve translation have delivered some benefits, there is still significant under-investment in translational research that is led by regional, rural and remote health services.⁵

→ **Capacity and Skills Gaps**

Healthcare professionals in rural areas are more likely to lack resources, training and support to undertake research effectively compared to those in metropolitan areas.⁶



2 - Australian Institute of Health and Welfare. (30/04/2024). Rural and remote health. Retrieved January 30, 2025, from <https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health>

3 - Hooker, L., Burgemeister, F., & Mills, J. (2023). Investment in Community-Based Rural Health Care Innovation to Address Health Inequities in Australia. *The Lancet Regional Health – Western Pacific*, 40, 100967. <https://doi.org/10.1016/j.lanwpc.2023.100967>

4 - Department of Health and Aged Care. (2023). Medical Research Future Fund report on funding for rural, regional and remote health research. Australian Government.

5 - Jorm, C. and Piper, D. (2022). When Health Systems Consider Research to Be Beyond the Scope of Healthcare Delivery, Research Translation Is Crippled; Comment on “Academic Health Science Centres as Vehicles for Knowledge Mobilisation in Australia? A Qualitative Study”. *International Journal of Health Policy and Management*, 11(6), 855-858. doi: 10.34172/ijhpm.2021.104

6 - King OA, Wong Shee A, Howlett O, Clapham R, Versace VL. (2022). Research Training Incorporating Education and Mentoring for Rural and Regional Allied Health Professionals: An evaluation study. *The Australian Journal of Rural Health*, 30(5), 654–665. <https://doi.org/10.1111/ajr.12879>

- While grants exist to buy out clinicians' time so they can participate in research, health services often face difficulties backfilling this time due to ongoing staff shortages in regional areas. This results in additional barriers to clinicians participating in and leading health research projects.
- Despite a longstanding effort to strive towards quality improvement and an enthusiasm for research among regional, rural and remote clinical staff, limited resources have hindered innovation and restricted the integration of research into healthcare delivery.⁷

→ Challenges for Border Communities and Across the Health System

- Regional health services close to state and territory borders encounter additional jurisdictional challenges to healthcare delivery and research.
- Cross-jurisdictional healthcare complexities hinder service delivery, referrals, and data sharing due to the proportion of patients travelling across borders to receive acute care.^{8,9} This leads to complex, ad-hoc arrangements for cost reimbursements, challenges with sharing patient data and administrative barriers that complicate care delivery.⁹ It also restricts the sharing and implementation of research that could benefit communities living near state and territory borders.¹⁰



7 - Chatterjee, P., Lin, Y., & Venkataramani, A. S. (2022). Changes in economic outcomes before and after rural hospital closures in the United States: A difference-in-differences study. *Health services research*, 57(5), 1020–1028. <https://doi.org/10.1111/1475-6773.13988>

8 - Igic, B., Farber, R., Alfaro-Ramirez, M., Nelson, M. A., & Taylor, L. K. (2023). The impact of cross-jurisdictional patient flows on ascertainment of hospitalisations and cardiac procedures for ST-segment-elevation myocardial infarction in an Australian population. *International journal of population data science*, 8(1), 1751. <https://doi.org/10.23889/ijpds.v8i1.1751>

9 - Spilsbury, K., Rosman, D., Alan, J., Boyd, J. H., Ferrante, A. M., & Semmens, J. B. (2015). Cross border hospital use: analysis using data linkage across four Australian states. *The Medical journal of Australia*, 202(11), 582–586. <https://doi.org/10.5694/mja14.01414>

10 - Scheibner, J., Kroesche, N., Wakefield, L., Cockburn, T., McPhail, S. M., & Richards, B. (2023). Does Legislation Impede Data Sharing in Australia Across Institutions and Jurisdictions? A Scoping Review. *Journal of medical systems*, 47(1), 116. <https://doi.org/10.1007/s10916-023-02009-z>

- Metropolitan health services near state and territory borders often deliver acute care for the nearby regional, rural and remote residents. Research related to health of these populations often requires partnerships between near-border regional and metropolitan health facilities. However, these metropolitan health facilities are not classified as regional, rural or remote under the current Monash system and research into regional health conducted across borders is often considered in the more competitive metropolitan research stream.
- Data sharing challenges also exist vertically between components of the same health system (e.g. primary, hospital and private health providers), complicating healthcare access, equitable research participation, and continuity of care.^{11,12}



Proposed Solution:

IMPACT model (Integrating Medical Practice and Care with Translational Research) for Service-Driven Translational Research Initiative

Request: \$20 million investment over 7 years

The **IMPACT model** addresses systemic challenges by embedding research directly into healthcare services while enhancing their research capacity and fostering cross-jurisdictional collaboration. It focuses on the delivery of evidence-based health programs that address national priorities, and function across services, health disciplines, and jurisdictional borders.

11 - Australian Institute of Health and Welfare. (2019). Coordination of health care: Experiences of information sharing between providers for patients. Australian Institute of Health and Welfare. Retrieved January 30, 2025, from <https://www.aihw.gov.au/reports/primary-health-care/coordination-of-health-care-experiences-of-information-sharing/contents/summary?t>

12 - Royal Australian College of General Practitioners. (2024). Position Statement: Usability requirements for GP/clinic information systems. Royal Australian College of General Practitioners. Retrieved January 30, 2025, from <https://www.racgp.org.au/advocacy/position-statements/view-all-position-statements/clinical-and-practice-management/usability-requirements-for-gp-clinic-info-system>.

Key Objectives and Actions

INTEGRATE RESEARCH INTO HEALTH SERVICES

- Establish infrastructure to support health service-led research and innovation.
- Align research priorities with community needs, focusing on equity and accessibility.
- Create mechanisms for establishing and maintaining cross-disciplinary research teams.

BUILD WORKFORCE CAPACITY

- Deliver training and practice-sharing programs for clinicians, researchers, and administrators.
- Develop skills in translational research, culturally safe care, health system integration, program management and business change processes.
- Develop a mechanism for organisational learning across organisations.

SUPPORT CROSS- SERVICE AND CROSS- JURISDICTIONAL COLLABORATION

- Standardise processes for data collection and analysis across borders.
- Streamline processes for evidence-based healthcare improvement program delivery for border communities through policy alignment.

FOSTER INDUSTRY PARTNERSHIPS

- Create incentives to promote industry partnerships and career pathways, including upskill and re-skill opportunities.
- Co-develop health innovations with industry partners to drive economic growth in rural areas.
- Promote commercialisation of locally relevant health products and services.
- Promote commercialisation knowledge sharing across the region.

ADDRESS DISPARITIES IN PRIORITY POPULATIONS

- Implement culturally appropriate, evidence-based interventions with focus on Aboriginal, culturally and linguistically diverse, and low-income communities.
- Work with local communities, businesses and not-for-profit organisations to focus on social determinants of health to reduce systemic inequalities.
- Create community peer groups to encourage local empowerment and ownership of health programs by promoting and supporting healthy behaviours.



Alignment with Australian Federal Strategies



This initiative directly aligns with and supports:

- **National Preventive Health Strategy 2021–2030**
by strengthening systems, improving accessibility, and reducing disparities.
- **National Medical Research and Innovation Priorities 2024–2026**
by building research capacity and focusing real-world impact.
- **Stronger Rural Health Strategy**
by supporting rural and regional workforce and promoting integrated and equitable healthcare.
- **Closing the Gap Initiative**
by targeting health inequities for Aboriginal and Torres Strait Islander peoples.
- **Australia 2030: Prosperity through Innovation Initiative**
by stimulating regional economies through increased translation and health innovation.
- **Australia's Digital Health Strategy 2023–2028**
by enhancing evidence-based decision-making through improved data systems.

Anticipated Outcomes



→ Health Outcomes

- **Reduced disparities for priority populations** including better health outcomes, access to healthcare and prevention and better continuity of care.
- **Improved access to integrated, high-quality healthcare** in rural and regional areas, across services, and across borders.

→ Workforce and Research Capacity

- Develop a skilled healthcare workforce capable of embedding research into routine operations.
- Enhanced research capability and innovation potential.

→ Economic and Social Benefits

- Increased regional economic activity through health product commercialisation.
- Strengthened community resilience and productivity.
- Direct estimated health budget savings of up to \$168 million a year, if upscaled nationally.

→ Cross-Jurisdictional Coordination

- Improved healthcare delivery and research integration across state borders.

Budget Request

Total Investment: \$20 million over 7 years

Annual contributions:

Year 1: \$3 million (setup phase: staffing, infrastructure, foundational projects).

Years 2–7: \$2.83 million annually (program delivery, training, research, industry collaborations).

Current partner co-contributions:

\$0.5 million annually.

Potential savings:

→ **Reduced Healthcare Costs through Preventative and Efficient Care**

Savings value: \$112-\$168 million annually (national estimate)

Translational research improves the implementation of preventative and evidence-based interventions, which can reduce hospitalisations and disease burdens. Studies on translational research integration have shown the **cost of preventable hospitalisations to the Australian health system to be \$4 billion annually between 2015-2016.**¹³ Translational programs like early cancer detection or chronic disease management **can reduce hospitalisation rates by 10-15%, with estimated savings of \$400-600 million annually nationally.**¹⁴ Assuming similar savings for regional and rural healthcare (serving 28% of the population), **this would result in an estimated savings of approximately \$112-\$168 million annually.**



13 - Australian Institute of Health and Welfare. (2020). Australia's health 2020: Data insights. Chapter 6 'Funding health care in Australia' Australian Institute of Health and Welfare. Retrieved January 30, 2025, from <https://www.aihw.gov.au/reports/australias-health/australias-health-2020-data-insights/summary>

14 - Hamar, G. B., Rula, E. Y., Wells, A., Coberley, C., Pope, J. E., & Larkin, S. (2013). Impact of a chronic disease management program on hospital admissions and readmissions in an Australian population with heart disease or diabetes. *Population health management*, 16(2), 125–131. <https://doi.org/10.1089/pop.2012.0027>

Potential savings:

→ Indirect Economic Value of Improved Patient Outcomes

Savings value: \$30–50 million in indirect economic value annually (national estimate)

The economic value of a healthier population is substantial through the reduction in chronic disease management costs, increased productivity through employment participation and lower disability costs. Chronic diseases cost the Australian healthcare system \$38 billion annually.^{15,16} Addressing gaps in rural care through targeted interventions could reduce these costs by 5–7% in regional, rural and remote areas, **translating to additional indirect savings of \$30–50 million annually.**

→ Staff Retention and Attraction

Savings value: \$20 million annually (national estimate)

High staff turnover in healthcare is costly, with estimates near \$50,000 per lost employee, including recruitment and training costs.¹⁷ Translational research creates an innovative and collaborative culture, improving staff satisfaction, engagement and opportunities. **A 10% reduction in turnover rates could save up to \$10 million annually across rural and regional healthcare systems.**

Upskilling local professionals reduces the reliance on temporary or fly-in-fly-out staff, saving associated costs. In the 2019-20 financial year, five of six NSW regional LHDs alone were reported combined spending of \$66 million on locums.¹⁸ Assuming all six LHDs had a combined spending of \$7.2 million, **reducing the reliance on locums by only 7% would result in conservative estimated savings of \$5 million annually in NSW alone.** If total savings in all other states and territories combined amounted to only double the estimated savings in NSW, **this would result in annual savings of \$10 million nationally.**



15 - Productivity Commission. (2021). Innovations in care for chronic health conditions: Productivity reform case study. Productivity Commission. Canberra.

16 - Australian Institute of Health and Welfare. (2019). The AIHW disease expenditure database. Australian Institute of Health and Welfare. Retrieved January 30, 2025, from <https://www.aihw.gov.au/reports/health-welfare-expenditure/disease-expenditure-australia-2015-16/contents/the-aihw-disease-expenditure-database>

17 - Roche, M.A., Duffield, C.M., Homer, C., Buchan, J., & Dimitrelis, S. (2015). The rate and cost of nurse turnover in Australia. *Collegian*, 22(4):353-8. <https://doi.org/10.1016/j.colegn.2013.08.004>

18 - Woodburn, J. (2022, April 29). Cost of FIFO doctors explodes in regional New South Wales. ABC News. <https://www.abc.net.au/news/2022-04-29/australia-rural-doctors-shortage-impacting-most-vulnerable/101012540>

Potential savings:

→ Economic Benefits to the Regions

Savings value: up to \$66.4 million

Translational research drives job growth in healthcare, data analysis, administration, and R&D. Australian Research Council impact assessment found that each \$1 invested in research funding generates \$ 3.32 in return in economic activity, wage growth and job creation.¹⁹ Based on this estimate, **the proposed \$20 million investment would result in \$66.4 million (\$9.5 million per year) in new economic benefits to the region.**

Reduced Healthcare Costs through Preventative and Efficient Care

By successfully implementing the IMPACT model, Australia stands to **save annually up to \$168 million in direct healthcare costs and achieve near to \$80 million in indirect cost savings and additional benefits over 7 years** while deriving long-term improvements in health equity and outcomes, healthcare sustainability, workforce sustainability, and regional economic growth



Conclusion

Investing \$20 million over 7 years in Health ANSWERS IMPACT model will address systemic inequities in rural and regional healthcare by embedding research into service delivery, building workforce capacity, and enhancing cross-jurisdictional collaboration. This initiative aligns with national strategies and delivers long-term health, social, and economic benefits.



Recommendation

The Federal Government commits \$20 million over 7 years to fund the Health ANSWERS IMPACT model, ensuring equitable healthcare access and improved health outcomes for regional and rural Australians.

Contact us

Health ANSWERS welcomes further discussion about our submission.

Dr Michelle Moscova
Director, Health ANSWERS

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Appendix A

Snapshot of Our Region

Our region stretches from Illawarra to Victorian border and includes Southern NSW coast, ACT and Murrumbidgee

POPULATION

- Population of 1,485,482
- Estimated resident Aboriginal and Torres Strait Islander population of 64,541
- Land area of 21,575,620.241 ha

HEALTH

Higher than National prevalence of:

<ul style="list-style-type: none">• Mental Health• Asthma• COPD• Diabetes	<ul style="list-style-type: none">• Heart, Stroke & vascular disease• Arthritis• Osteoporosis
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ELECTORATES

Electoral seats of:

<ul style="list-style-type: none">• Cunningham• Whitlam• Gilmore• Hume• Eden-Monaro	<ul style="list-style-type: none">• Farrer• Riverina• Bean• Canberra• Fenner
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LOCAL MEDIA PROFILE

- Home to over 230 media outlets and the Canberra Press Gallery.
- Local newspapers and radio stations are often hyper-local, have deep penetration, and are extremely influential in their communities.
- Many major media outlets cover the region, including Prime, Channel 7, WIN TV, ABC television, the Illawarra Mercury, The Canberra Times, and Southern Cross Austereo.