



Health Research at Medibank 2023

1 July 2022 – 30 June 2023 | Celebrating 10 years of supporting health research



Medibank acknowledges Aboriginal and Torres Strait Islander peoples as the First Peoples of this nation. We proudly recognise Elders past, present and emerging as the Traditional Owners of the lands on which we work and live. We're committed to supporting Indigenous self determination and envision a future where all Australians embrace Aboriginal and Torres Strait Islander histories, cultures and rights as a central part of our national identity. Aboriginal and/or Torres Strait Islander peoples should be aware that this report may contain the images and names of people who may have passed away since publication.

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Foreword

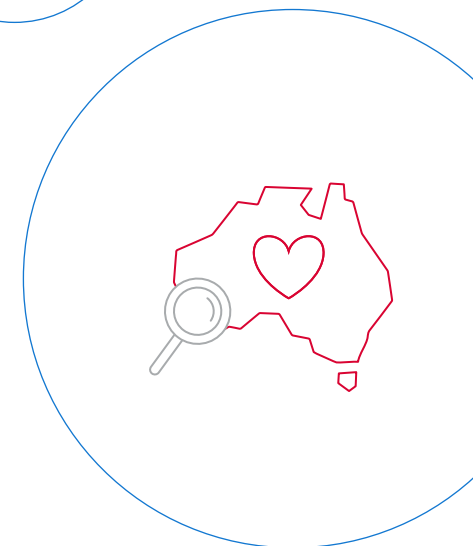
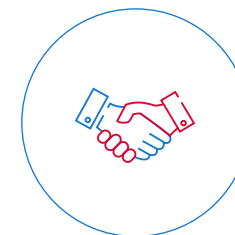
Supporting health research in Australia is an important part of our vision to achieve the best health and wellbeing for Australia.

This year the Medibank Better Health Foundation marked its 10-year anniversary of supporting research that addresses the quadruple aim of health: better outcomes, better affordability and better experiences for both patients and health workers. Since forming in 2013, the Foundation has funded more than \$9 million of research projects designed to bring real-world benefits to our customers and all Australians.

We invested \$940,000 in health research during the year, supporting 22 active projects in areas including out-of-pocket costs, transparency in healthcare, loneliness and new models of care. We also continue to support the work of GPs, including the launch of a \$250,000 grant in partnership with the Royal Australian College of General Practitioners (RACGP) to fund research into digital health in primary care.

Thank you to the team at Medibank, including the Health Research Governance Committee, for their work to support the projects outlined in this report. We cannot do this work alone, so thank you to the universities, advocacy groups and industry partners for working alongside us as we look to our 2030 Vision to achieve the best health and wellbeing for Australia.

David Koczkar
Chief Executive Officer





Introduction

The Medibank Better Health Foundation is committed to delivering better healthcare outcomes, affordability and patient experience for all Australians.

This report showcases some of the important medical research, program development, and patient advocacy projects we've supported over the past 12 months. This year, the wide range of initiatives we funded included developing a new type of lower-cost prognostic testing for breast cancer, exploring alternatives to anterior cruciate ligament surgery for young adults, and investigating the rates, patient impact, and economic cost of chronic post-surgical pain. We also continued to support research that works towards our goal of halving the incidence of chronic loneliness in Australia by 2030.

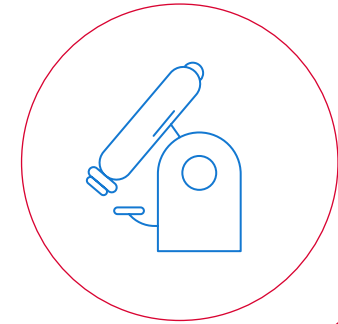
Providing financial support for these types of projects helps us show our commitment to best practice and evidence-based programs and services. It's an approach that allows

us to develop innovative new tools, programs and services for our millions of customers, while also pushing for improvements in health policy and medical practice to benefit the broader Australian community.

As always, we would like to thank the clinicians and researchers featured in this report – as well as their research teams – for their dedication to delivering the forward-looking, consumer-centric health research that we believe will make a tangible difference to health and wellbeing in Australia.



Dr Jessica Choong
Medical Director – Research,
Policy & Innovation



Who we are

The Medibank Better Health Foundation (MBHF) was established in 2013 to support clinical research through partnerships that deliver impactful change in areas of high health need.

We prioritise research in areas of concern to Medibank to improve healthcare outcomes, affordability and patient experience. This financial year we funded eight research projects and partnerships to the value of \$940,000, and supported a further 22 active projects.

The Foundation undertakes both research and patient advocacy initiatives, partnering with universities, research leaders, and industry and advocacy groups to deliver high-value research and relationships that produce positive outcomes for Medibank customers and society.

Health Research Governance Committee



The Health Research Governance Committee governs the research supported by the Medibank Better Health Foundation and comprises of Medibank team members with diverse professional and academic backgrounds. The committee rigorously reviews all research proposals for merit and alignment to our strategy. This ensures that all research we support is robust and of high value.

The Health Research Governance Committee members for 2022-23 were:

Dr Jessica Choong

Medibank Group Chief Medical Officer (acting); Medical Director for Research, Policy & Innovation; and HRGC Chair

Jason Elias

Head of Partnerships & Sales, Overseas Business

Andrew Roma

Senior Health Innovation Strategist

Justin Braver

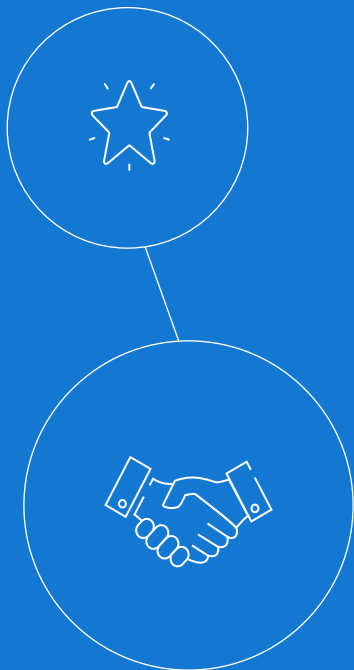
Senior Health Portfolio Manager

Catherine Lucas

Care Coordinator, Amplar Health

Dr Ahmed Elsayed

Clinical Research Advisor (former).



Key achievements

\$940k  

total allocated to research
across Medibank

1 July 2022 to 30 June 2023

22 active projects

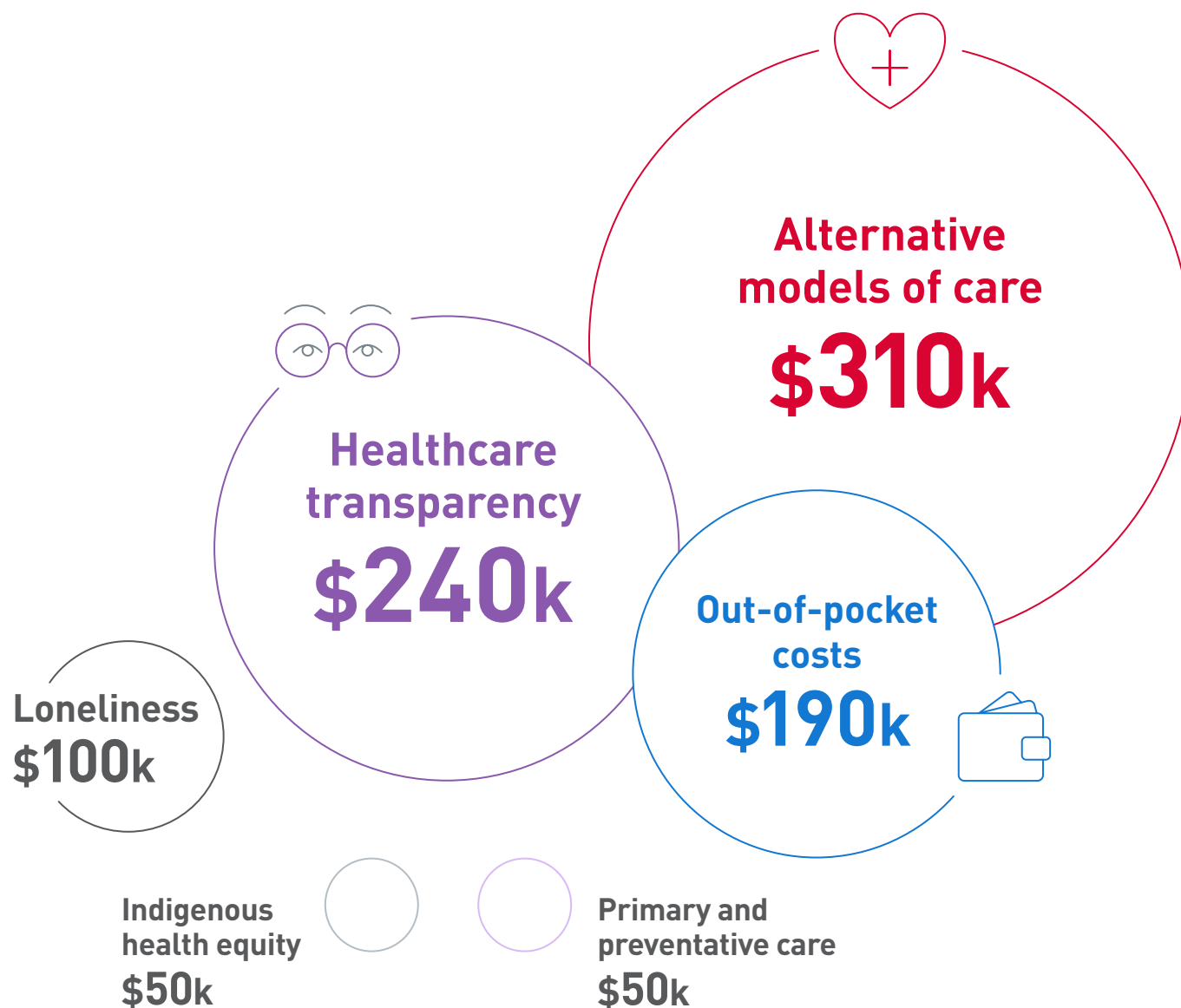
Partnered with



16 organisations

5 presentations

5 publications



10-Year highlights

This year the Medibank Better Health Foundation celebrated 10 years of supporting research that benefits the health of our customers and all Australians. Through the Foundation, Medibank is directing funding towards research in areas of high health need and in alignment with the quintuple aims of healthcare: improving health outcomes, affordability, patient experience, health equity, and the wellbeing of healthcare workers.

Since 2013, the Foundation has provided \$9 million to support this important work. With a focus on collaboration, we support research and patient advocacy initiatives in partnership with universities and research leaders, industry and advocacy groups. All of this reflects Medibank's purpose of Better Health for Better Lives and helps us work towards our 2030 Vision of delivering the best health and wellbeing for Australia. Thank you to all our research partners for your inspiring work over the past 10 years.



The Foundation, then known as the **Medibank Health Research Fund**, was established to make a tangible contribution to Medibank's corporate social responsibility strategy.

Our mission: To demonstrate our commitment to 'better health' by bringing research to life through partnerships and collaborations in areas of high health need in Australia.



In 2014 we collaborated with the **Melbourne School of Population and Global Health, University of Melbourne**, to identify promising strategies to improve the impact of Australian public performance reporting on quality of care in private and public hospitals. The project looked at potential strategies from purchaser, provider and patient perspectives.

2013

2014



The MBHF led the **National Osteoarthritis Summit**, driving the development of the National Osteoarthritis Strategy and supporting those advocating for adoption of its recommendations.

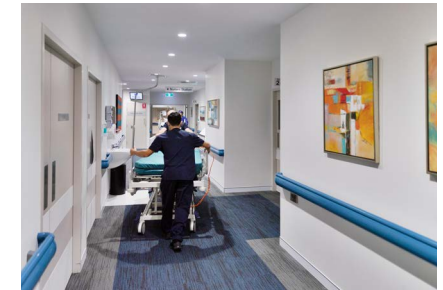


The MBHF partnered with the **Royal Australasian College of Surgeons** on a series of surgical variance reports. These analysed clinical and other indicators for common procedures in surgical specialities including general surgery, urology, ear, nose and throat surgery, vascular surgery and orthopaedic surgery.

The reports deliberately posed questions that every clinician would reasonably ask about the potential reasons for variations in approaches to treatment and considered individual answers.



The fund was rebranded as the **Medibank Better Health Foundation (MBHF)**, and its focus shifted to supporting translational research and disseminating research insights to promote healthy behaviours, inform policy, and improve clinical practice. Due to the high disease burden associated with osteoarthritis and musculoskeletal conditions, research specific to these conditions became our key areas of focus from 2016 to 2019.



Medibank partnered with **Monash University** to develop a patient reported outcome measure (PROM) with the aim to improve the evaluation of quality of care, identify opportunities to improve care models and patient-centred care, and facilitate shared clinical decision making amongst patients and clinicians.

2017

2016

2016

2015



The MBHF funded a research trial with the University of Melbourne and Austin Health to assess the effectiveness of exercise programs delivered by telehealth for people with knee osteoarthritis.

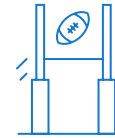
Following the success of the trial, Medibank launched **Better Knee, Better Me™**, a telehealth program based on this research to support customers with this chronic condition.

2018



In 2018 we partnered with the **University of Tasmania** to evaluate the feasibility of 'Parkrun', an international movement of weekly 5km walk/run events held in public spaces, to increase physical activity participation in knee osteoarthritis patients. Medibank has continued to sponsor Parkrun due to the success of the pilot and the positive social impact Parkrun has had on participating communities across Australia.

2018



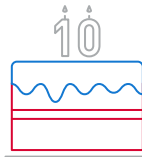
The MBHF entered a three-year research project with **La Trobe University** funded by a National Health and Medical Research Council grant. The project researched the evidence-to-practice gap for the implementation of a knee injury risk reduction program in women's Australian Rules football.

2019



The MBHF collaborated with the **ANZCA Foundation** to respond to the COVID-19 pandemic, funding research to support the development of policy for the safe staged return to elective surgery, which informed a change in clinical practice.

2020



The Medibank Better Health Foundation celebrates 10 years of supporting research that benefits the health of our customers and all Australians.

Our strategic funding pillars for the 2024–25 and 2025–26 financial years are:

- alternative models of healthcare
- improving healthcare transparency, affordability and sustainability
- loneliness
- primary and preventative care

2023



As part of its **Stretch Reconciliation Action Plan**, the MBHF committed to funding an annual research grant of at least \$50,000 to focus on improving the health of Aboriginal and Torres Strait Islander Australians.

2022



After five years focused on contributing to building research into osteoarthritis and musculoskeletal conditions, the MBHF shifted its **strategic research focus areas** to:

- alternative models of care
- out-of-pocket costs
- primary care
- loneliness
- transparency.

2021



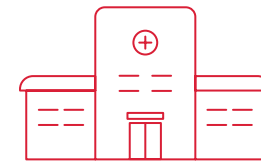
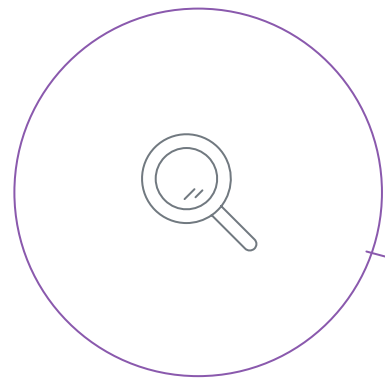
The MBHF supported the **Consumers Health Forum** to deliver a thought leadership virtual roundtable on loneliness and social isolation. This led to the publication of a report presenting a series of recommendations on how governments and the healthcare industry could help address this growing issue.

2020

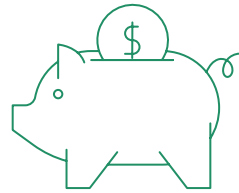
Strategic focus areas

We review our priority areas annually.

In 2022–2023, our research focus areas were:



**Transparency in
healthcare delivery**



**Out-of-pocket
costs**



**Alternative models
of care**



Loneliness



Primary care



Lead Investigator:
Dr Dinny Graham

Senior Research Fellow,
Westmead Institute for
Medical Research

Research partnership grant:
\$260,000

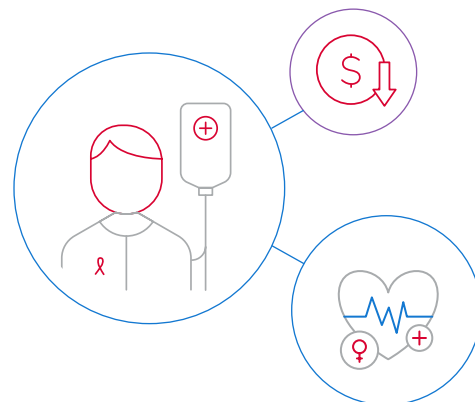
Prognostic tests can help medical professionals identify the best treatment pathway for women with certain types of breast cancer, but they come with a hefty price tag. A new low-cost test developed by the Westmead Institute for Medical Research and Westmead Breast Cancer Institute aims to make this testing accessible to all Australians.

The PROSPER program: Providing affordable, precision care for breast cancer patients

Breast cancer is the most-diagnosed cancer among women in Australia, with about 20,000 new diagnoses every year.

With no 'one size fits all' treatment available for this highly heterogenous disease, prognostic testing is needed to establish the best course of treatment for each patient but with the cost largely currently borne by patients, it's out of the reach of many Australians.

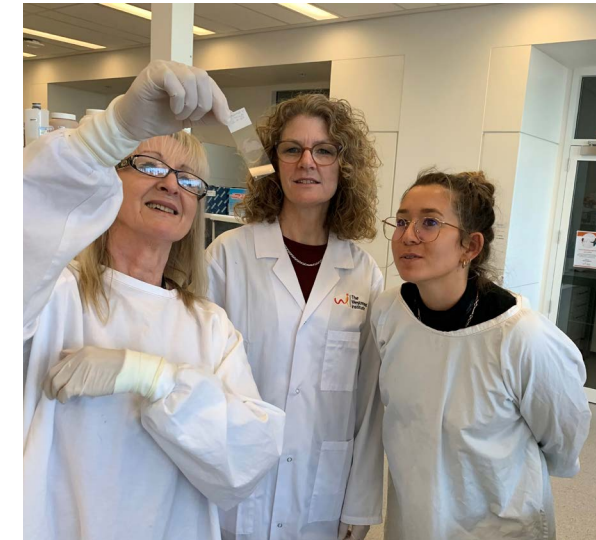
However, this is about to change with a new low-cost test developed by the Westmead Institute for Medical Research and Westmead Breast Cancer Institute, Westmead Hospital, set to challenge the status quo.



Identifying the right treatment for each patient

According to Dr Dinny Graham, Senior Research Fellow, Westmead Institute for Medical Research, early prognostic testing enables medical practitioners to identify the treatment most likely to succeed for women diagnosed with oestrogen receptor positive (ER+) human epidermal growth factor receptor negative (HER2-) breast cancer, representing around 75% of early-stage breast cancers.

"The more aggressive a breast cancer is, the better the response to untargeted chemotherapies," explains Dr Graham. "A breast cancer that does not grow as quickly is less likely to respond well to chemotherapy. For women with ER+ breast cancer who don't show signs of more aggressive cancer and higher risk of recurrence, surgery and endocrine



treatments directed at the receptor protein that is targeted by the female ovarian hormone oestrogen, without adding chemotherapy to their treatment, may give them a good therapeutic outcome, without the additional side effects caused by chemotherapy."

Access to this type of personalised prognostic information means doctors can avoid prescribing arduous adjuvant chemotherapy for patients unnecessarily.



Using patterns to make treatment recommendations

Modern commercial prognostic tests for breast cancer evolved from insights into gene activity derived from high-throughput gene sequencing studies and seminal research papers published in the early 2000s.

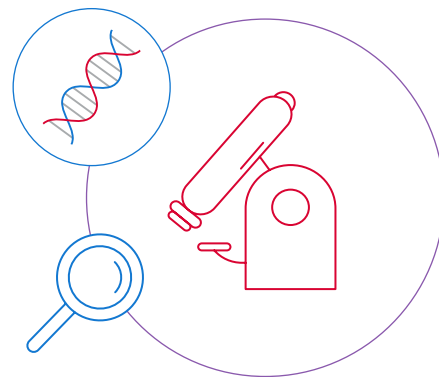
“These papers showed that when the researchers measured the activities of thousands of genes, they could identify clear patterns that fell into reproducible groups or subtypes of breast cancer,” explains Dr Graham. “Current molecular tests exploit this research using combinations of genes and other clinical features to create a numerical index that puts each sample on a

scale of risk based on the likelihood of recurrence at five years using standard endocrine therapy.”

“The clinical team then uses that low, intermediate or high-risk score to guide its recommendation for treatment.”

However, these tests are typically made available to Australian patients via US-based laboratories at a cost of thousands of dollars, putting them out of reach of a large segment of the population.

“In western Sydney where the Westmead Institute for Medical Research is based, we have a lot of patients who cannot afford a test, even one subsidised through Medicare,” says Dr Graham. “These patients already face significant out-of-pocket expenses for the treatment they end up having.”



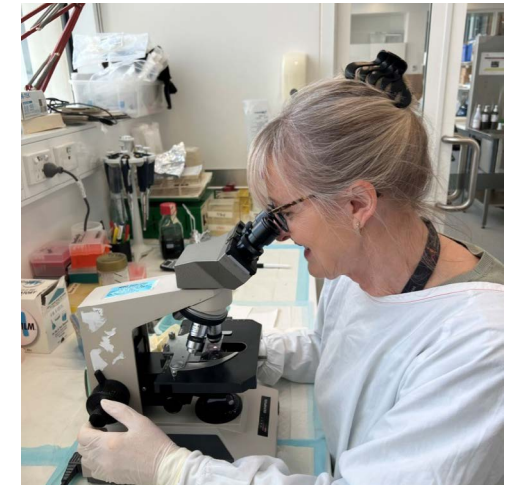
Democratising prognostic testing

To address this, Dr Graham and her team designed a new prognostic test called PROSPER.

In laboratory testing, PROSPER is statistically as robust as existing commercial options but it costs less than \$100 per test to run.

The Westmead Institute for Medical Research is now working with the Medibank Better Health Foundation to make PROSPER a test that can be performed in a clinical facility. This is the final testing and validation step before the Institute can seek approval for its solution from the Therapeutic Goods Administration (TGA).

If the TGA approves PROSPER, the Westmead Institute for Medical Research plans to work with its industry partner to roll the test out to clinical pathology departments in public hospitals. This will reduce turnaround times compared to current testing, which occurs in the US, and make the test available at minimal or no cost to patients.



Collaboration during the development stage with the clinical team at Westmead Hospital revealed the new test had the potential to change treatment decisions and potentially spare some patients from the side-effects of chemotherapy.

“This is a very collaborative project that involves a number of our clinical colleagues, so it is a real team effort with the support of the Medibank Better Health Foundation,” says Dr Graham.





Lead Investigator:
Professor Philip Peyton

Staff Anaesthetist and Head of Anaesthesia Research, Austin Health; Professor, Dept. of Critical Care, The University of Melbourne

Rob Packer,

General Manager,
Australian and New Zealand
College of Anaesthetists
(ANZCA) Foundation

Research partnership grant:
\$50,000

Cracking the code of chronic post-surgical pain

Often overlooked, chronic post-surgical pain (CPSP) is a complex issue affecting many patients who have had surgery. A groundbreaking long-term study supported by the Medibank Better Health Foundation is examining its underlying factors to improve treatment effectiveness, enhance patients' wellbeing and alleviate the burden on healthcare systems.

CPSP affects about 12% of patients globally following various major surgeries. In Australia, this equates to tens of thousands of patients annually, with an estimated community cost of in the billions of dollars.

Defined by the World Health Organization (WHO) as pain persisting for at least three months after surgery, CPSP is recognised as one of the most prevalent and severe complications after an operation.

"Chronic post-surgical pain is now classified as a distinct disease state by the WHO, and no longer grouped with other conditions like before," says Philip Peyton, Staff Anaesthetist and Head of



Anaesthesia Research at Austin Health and Professor in the Dept. of Critical Care, at The University of Melbourne.

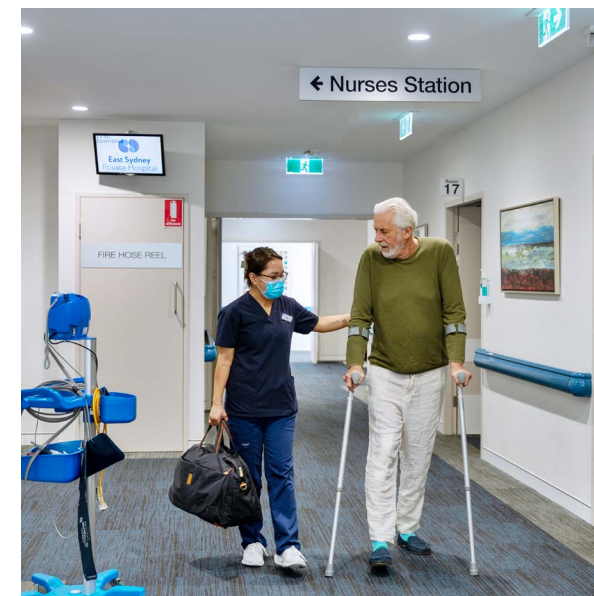
However, current treatments have shown limited success, making it important to understand the underlying mechanisms of this condition.

Investigating a popular anaesthetic's potential

According to Professor Peyton, recent research suggests that intravenous ketamine at the time of surgery may help reduce CPSP, but more extensive studies are needed.

To investigate the potential of ketamine, a group of researchers from Australia and Hong Kong is conducting a new study involving more than 4,800 patients undergoing abdominal, thoracic, or major joint surgery.

Known as the Reduction of Chronic Post-surgical Pain with Ketamine (ROCKeT) Trial, the seven-year study aims to establish whether using ketamine during surgery can reduce



the risk of developing CPSP by at least 25%. Ketamine is often used as a secondary option for post-surgery pain management due to its excellent pain-relieving properties.

"A study of this scale is essential to definitively answer the question," says Professor Peyton, who is the trial's principal investigator.

"It allows us to track patients from the very beginning. And our plan is to follow them for up to several years after their surgeries, to give us a much clearer understanding of chronic pain that develops after surgery."

Understanding long-term post-surgical pain

The research team is also aiming to make chronic pain that persists beyond one year after surgery a special focus of the research. They have started a longitudinal sub-study that aims to assess the true chronicity of post-surgical pain and its broader societal and economic impacts. Their plan is to use the ROCKet Trial's data to assess CPSP occurring at 12 months or more after surgery, supporting the main trial's three-month results.

"We're going to collect not just data on patients' experiences, but also economic data to help us estimate the associated healthcare costs of chronic post-surgical pain," says Professor Peyton.

The research is collaboratively funded with the Australian and New Zealand College of Anaesthetists (ANZCA) Foundation and Medibank Better Health Foundation providing matching funds.

According to ANZCA Foundation General Manager Robert Packer, the decision to fund the study was simple.

"This is an incredibly important study, given the lack of extensive data on long-term chronic post-surgical pain," he says.

Enhancing patient choices and quality of life

Given the many challenges of managing CPSP – including limited access to specialised services and long wait times – Professor Peyton believes prevention is vital.

"Reducing the number of patients requiring chronic pain management services is crucial," he says. "The pain specialists do their best to diagnose and treat chronic pain, but it's a complex issue with no magic solutions."

The longitudinal study examines not only pain but also its impact on patients' quality of life, emotional wellbeing and healthcare costs. As Professor Peyton points out, patients need to know the potential risks of surgery to make informed decisions.

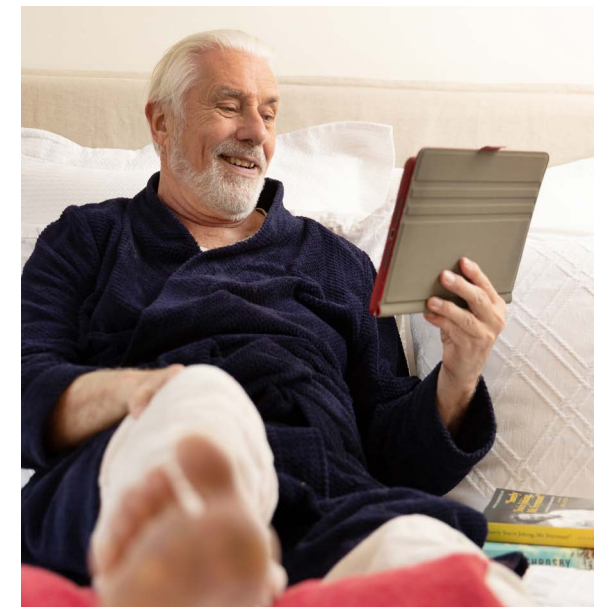
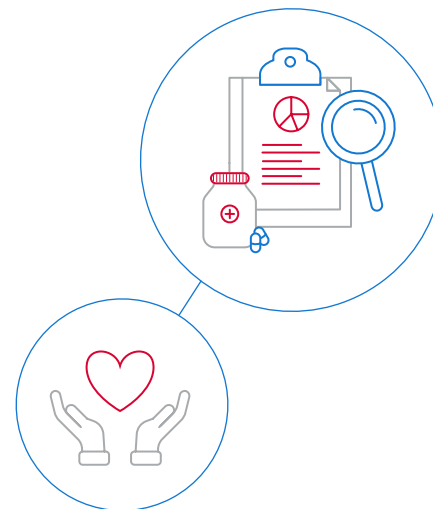
"Understanding the broader implications of chronic post-surgical pain is essential, as it drives healthcare costs and informs patient choices when considering elective surgery."

While the results of this study will not be available for a few more years, Peyton's team and the ANZCA Foundation are optimistic about its potential to improve the understanding and treatment of CPSP.

"Success for us means effectively supporting the research team and making the whole idea of perioperative pain treatment clearer," says Packer. "Ultimately, it's about enhancing patients' quality of life and making pain treatment more effective."

Professor Peyton echoes the sentiment, emphasising the importance of completing the trial and delivering reliable answers to crucial questions about CPSP.

"On our side, success will mean we have a thorough understanding of the prevalence, severity and impact of long-term chronic pain after surgery," he says.





Lead Investigator:
Dr Adam Culvenor

PhD supervisor

Sean Kaplan

PhD candidate

The rate of anterior cruciate ligament (ACL) knee injuries among young Australians is increasing at an alarming rate. There has been a 70% increase in injuries in people under 25 over the last 15 years. Over 90% of these patients choose surgical intervention despite there being little to no evidence that surgery provides quicker recovery than exercise therapy rehabilitation.

Reducing unnecessary knee surgery in young adults

Dr Adam Culvenor and Sean Kaplan at La Trobe University are conducting an Australian-first industry PhD research project, funded by Medibank, to investigate why most young Australians with knee injuries opt for costly and potentially unnecessary surgery. Their program also aims to inform young patients of treatment alternatives available post-ACL injury.

“The current research shows us there is no difference in outcomes between patients who choose surgically-assisted ACL reconstruction versus physical rehabilitation. There is very little evidence of difference in how much pain the patient experiences during recovery, how quickly they return to sport, later development of osteoarthritis or overall quality of life,” explains Dr Culvenor.

In fact, there is some evidence to show that return to sport may actually be quicker without surgery, as undergoing reconstructive surgery is essentially inflicting a secondary trauma to the knee. With ACL surgery, young

Australians can find themselves taking up to 12 months to recover, whereas returning to sport with physical rehabilitation without surgery typically takes closer to 4-6 months.

So, why do most young Australians opt for surgical intervention? The first stage of the research is a systematic review of current evidence to understand the beliefs, perceptions and experiences that lead so many young people down this path.

Bridging the knowledge gap

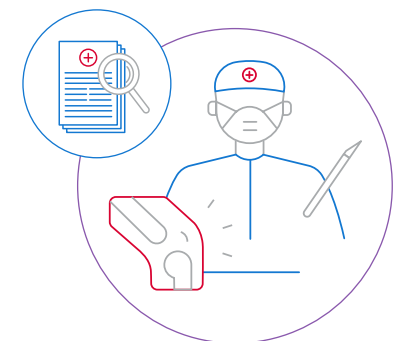
For the last three months, Dr Culvenor and his team have been exploring the research around people’s attitudes towards physiotherapy and long-term rehabilitation, perceptions around the development of osteoarthritis, and how important the return-to-sport factor is in pushing young people towards surgery.

The team’s next step is to conduct in-depth interviews gathering cultural and context-specific evidence from young Australian athletes – and this

is where some of the most valuable research insights are expected to emerge.

“There aren’t many studies, if at all, from Australia in this space. Surgery has just been traditionally considered the only option. We want to understand what causes this misconception,” says Dr Culvenor.

“Is it because of the way the healthcare system is set up? Or is it because of a media narrative where young Australians are consistently seeing their favourite AFL footballers having reconstructive surgeries and therefore thinking it’s the way to go?”





Education is key

The misconception that surgery is best also has an economic impact. The cost of each individual surgery is roughly \$8,000 to \$10,000. In total, primary ACL reconstructions cost the Australian healthcare system up to \$142 million per year.

Only three months into the project, the research team is already finding a recurring theme when talking to ACL-injured patients, most of whom say they had surgery simply because they were not aware of any other option.

If the research is extended, Dr Culvenor and his team will conduct a pilot study to test how an educational package designed to inform people about the benefits of intensive, progressive exercise therapy as an alternative to surgery can change people's perceptions.

"We hope this research will open the door to a larger-scale study in the future where we can actually leverage the data we gather here to run a randomised controlled trial [to] look at surgery versus non-surgery rates as an outcome," Dr Culvenor says.



Relieving the healthcare burden

Dr Culvenor believes that reducing the rate of unnecessary knee surgery will ultimately relieve the economic burden of surgery on the healthcare system and positively impact lives.

"Young, healthy Australians often have their active lifestyles disrupted by ACL injuries," he says. "Unnecessary surgeries can mean they stop being active, sometimes becoming major participants in our healthcare system as they develop arthritis or obesity. Non-surgery options reduce the pressure on the healthcare system and can allow young Australians to continue to lead healthy and active lives."

Medibank has provided funding for the three-and-a-half year project, which will go a long way to finding out more about why so many young people choose to have surgery for ACL injuries.

"Non-identifiable data provided by Medibank around admissions for ACL injuries in Australia gives us the potential to expand our research scope to look at how people use their health cover to navigate ACL injuries across a range of demographic factors, like age, sex and economic status," Dr Culvenor says.





Lead Investigator:
Dr Nancy Sturman

GP and Lead Researcher,
StudyU

Research partnership grant:
\$125,000



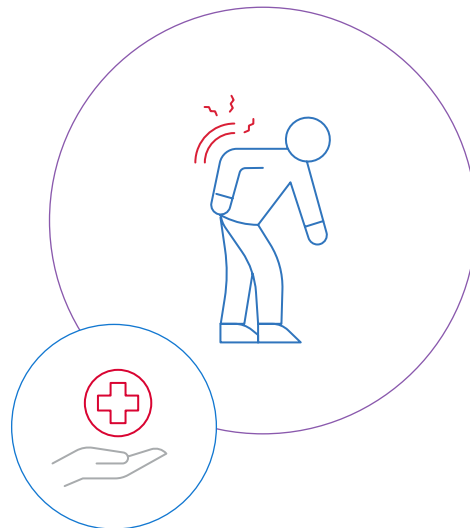
Lead Investigator:
Professor Meredith Makeham

GP and Associate Dean for
Community and Primary Health
Care, Faculty of Medicine
and Health at the University
of Sydney

Research partnership grant:
\$125,000

MBHF and RACGP grants boost patient-GP collaboration and enhance aged care GP access

Helping millions of people manage chronic pain and ensuring people in residential aged care have access to high-quality GP care are two of Australia's biggest healthcare challenges. However, general practice researchers are progressing projects to address these issues, thanks to two grants awarded for digital innovations in primary care, co-funded by the Royal Australian College of General Practitioners (RACGP) and the Medibank Better Health Foundation (MBHF).



An app to help patients monitor and manage their chronic or persistent pain

For more than 3.4 million Australians, managing chronic or persistent pain can be an arduous and frustrating experience. This year, the RACGP Research Foundation and MBHF awarded a \$125,000 grant to a project that pilots a StudyU mobile app to help patients and GPs determine what non-medication-based interventions can best manage persistent pain for individual patients.

The project, named 'StudyU: a pilot of digitally-enabled, personalised experiments in general practice settings to support self-management and shared decision-making in patients with persistent pain', is headed by Dr Nancy Sturman, GP and Lead Researcher.

"The project uses a Single Case Experimental Design approach whereby patients can determine the type of intervention they want to trial and our StudyU app helps them rate how they





feel through that experience,” explains Dr Sturman.

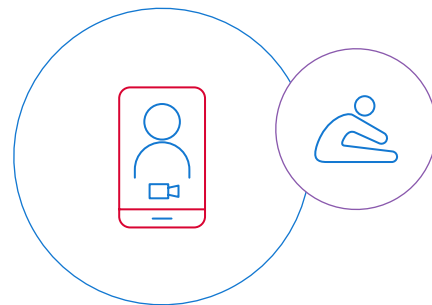
Ratings start prior to the intervention to establish baseline levels of pain and the extent to which it interferes with the patient’s daily life. Once these are established, patients can select from a range of interventions. These include walk-in-the-park programs sponsored by local councils, tai chi, individual exercise programs designed by an exercise physiologist under a chronic disease management plan, digital cognitive behavioural therapy programs and online guided meditation courses.

All of the potential interventions have a supportive evidence base in managing chronic pain.

Under the 18-month pilot, 45 to 50 patients, including 25 from a post-traffic accident chronic pain group, will work with their GPs to select a relevant intervention. The project team designs personalised experiments for each patient in the web-based StudyU Designer platform and trains practice nurses in setting up experiments.

Once the experiments conclude, the team will conduct a comprehensive evaluation involving patient ratings of the app, practice, GP and patient pilot satisfaction measurement; interviews with participants; validated patient surveys and measurement of self-reported patient health service use.

“By evaluating the integration of StudyU into general practice settings, we can improve care and outcomes for individual patients and reinforce shared decision-making in general practice,” concludes Dr Sturman.

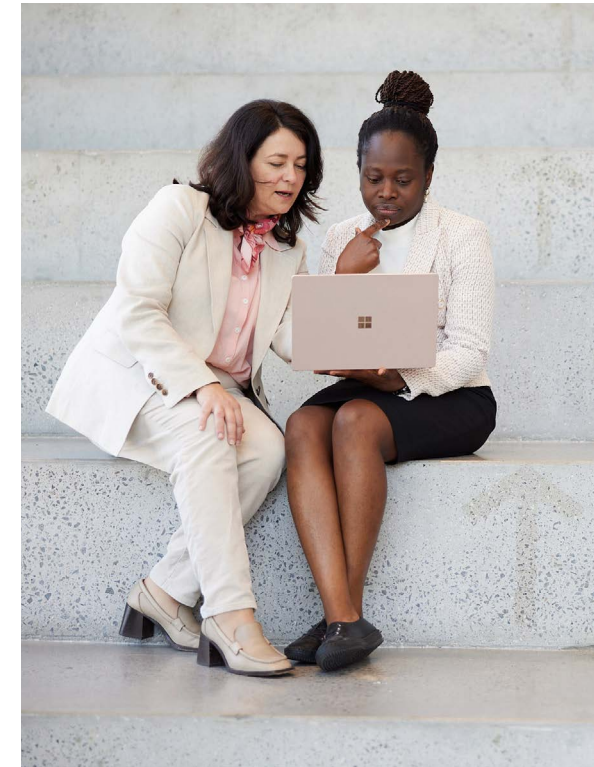


Optimising virtual care and telehealth in residential aged care settings

The RACGP Research Foundation and the MBHF also awarded a \$125,000 grant supporting a project focused on optimising the use of virtual care and telehealth to help GPs and staff deliver patient care in residential aged care homes.

The project analyses a virtual care and telehealth service provided by the Sydney North Health Network (SNHN), which combines video with digital tools that enable GPs to remotely assess patients’ vital signs, review wounds and more, across more than 100 residential aged care homes.

Called ‘Optimising Virtual Care technologies between general practice and residential aged care: A Human Factors approach’, the research project is headed by Professor Meredith Makeham, a practising GP and Associate Dean for Community and Primary Health Care, Faculty of Medicine and Health at the University of Sydney. The team also includes experts in the human factors scientific discipline, which examines and improves interactions between people and their environments through technology.



The project combines usability testing undertaken across simulation laboratories at the University of Sydney and GPs’ rooms, human factors-based cognitive walk-throughs and qualitative feedback from GPs and residential aged care home staff and residents. The study findings will comprise evidence that can be used to tailor existing RACGP telehealth guidelines to residential aged care home settings.

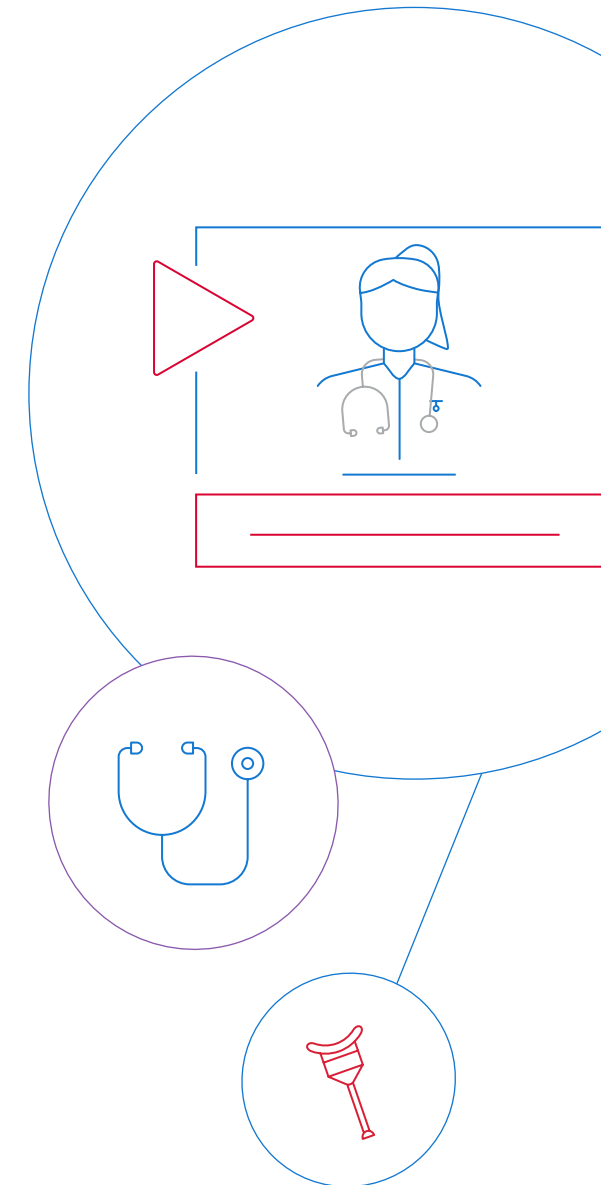
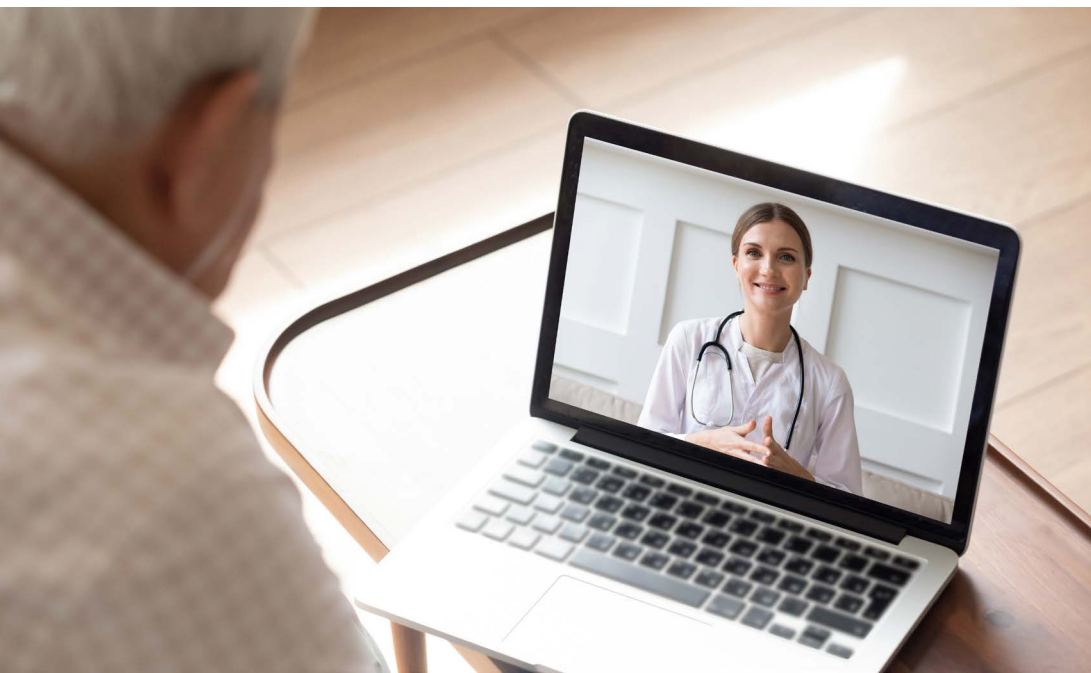
“There is an urgent need for new models of care that harness virtual health and telehealth to help people in residential aged care homes to obtain GP services that support their usual in-person care,” says Professor Makeham. “General practice is struggling in terms of the capacity needed to deliver services required by people living in residential aged care settings, especially in rural areas. We are experiencing rising aged care numbers and demand for GP services in the community, and at the same time we have a falling supply of GPs to meet this increased demand.”

With the COVID-19 pandemic requiring GPs to embrace virtual care and telehealth, and up to 30% of GP visits now being undertaken virtually, applying this model to a residential aged care setting will ease the strain on the system and give residents better access to GP services.

Both Professor Makeham and Dr Sturman are keen advocates of the need for general practice-based research projects that improve community healthcare.

It’s critically important that we support general practice to undertake high quality academic studies that provide the new evidence that GPs require to improve the health and wellbeing of the communities we look after,’ says Professor Makeham.

“As GP clinician researchers, we have a unique insight into the challenges of working in a general practice, which is important to support in research.”



**Lead Investigators:****Professor Steven McPhail & Dr David Brain**

Queensland University of Technology

Research partnership grant: \$227,551

Research shows that there are significant differences in the types of prostheses, or implants, used in hip and knee replacement surgeries – and that more expensive implants aren't necessarily associated with better patient outcomes. Professor Steven McPhail and Dr David Brain want to better understand how prostheses are chosen and what impact any variation has for patients and the healthcare system.

Reducing prosthesis variability for better patient outcomes

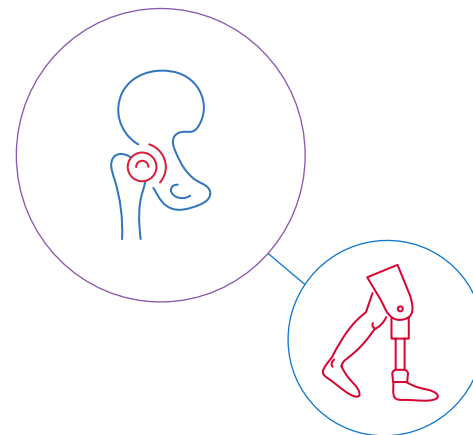
Professor McPhail, Director of the Australian Centre for Health Services Innovation at Queensland University of Technology (QUT) and Dr David Brain, Senior Research Fellow in Health Economics at QUT are heading up a team of researchers studying prosthesis variability in joint replacements and exploring how better patient outcomes can be achieved.

Hip and knee arthroplasties, or replacements, are a common procedure and deliver many benefits to patients, including better quality of life and the ability to be more physically active. However, these procedures can also be quite costly – both to patients through out-of-pocket costs and to the public health system and private insurance companies.

The project's aim is to understand the impact of 'unwarranted variation', or less than optimal prosthesis selection leading to negative outcomes for

patients. Orthopaedic surgeons are expected to select prostheses based on their understanding of the quality, longevity and expected outcomes of certain implants.

"We generally have great orthopaedic surgeons in Australia who are very good at selecting prostheses that lead to excellent patient outcomes," Professor McPhail explains. "However, in that small minority of cases where suboptimal prostheses are selected, patients end up with higher risk of complications that negatively impact their quality of life and sometimes require surgical intervention."



Understanding factors influencing prostheses selection

“The first phase of our study looked at the different types of implants and the factors that influenced surgeons’ selections,” says Professor McPhail. “We also wanted to understand the potential impact of unwarranted variation on both patient outcomes and cost to the healthcare system.”

Professor McPhail and his team found that the reasons why some prostheses are chosen over others tended to fall into one of six categories:

- Benefits to patients
- Factors relating to surgeon’s preferences
- Perceived quality of the prosthesis
- Factors relating to the prosthesis vendor and their services
- Availability of prosthesis-related information
- Cost of the implants



Creating opportunities for shared decision-making

In the next phase of research, the team will be focusing on issues in clinical practice to propose strategies that can support optimal prosthesis selection in real-world settings.

As it stands, patients are not typically involved in any stage of the prosthesis decision-making process, with surgeons trusted to make sound, evidence-based decisions. According to Professor McPhail, “the healthcare system is potentially missing an opportunity for a shared decision-making process that factors in patient preferences, financial considerations and the risk of revision surgeries.”

Professor McPhail believes there is an incredible community of orthopaedic surgeons, hospitals and healthcare providers who are strongly committed to enhancing patient outcomes. This next phase involves engaging with that community to identify ways to improve the process.

“We want to ensure that when a patient is being taken into an operating theatre for a joint-replacement surgery, every necessary step has been taken up to that point to ensure they are receiving an optimal prosthesis selection. One that doesn’t place them at avoidable risk of an undesirable outcome.”

Improving outcomes for the healthcare system

Once the team has a shortlist of potential strategies to reduce unwarranted variation, they plan to survey potential consumers to find out which strategies they would prefer.

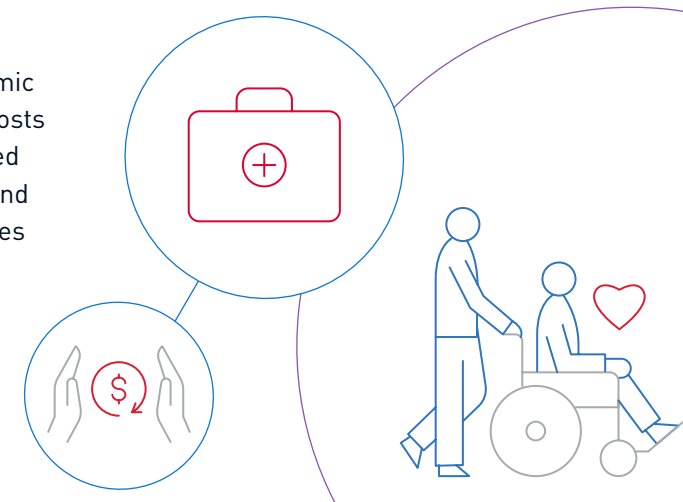
“It is important that the approaches we recommend at the end of this study are not only acceptable to consumers, but consistent with what they actually want,” says Professor McPhail.

The study will also involve economic modelling to examine the likely costs and healthcare benefits associated with using consumer-preferred and stakeholder-supported approaches to inform strategies for reducing unwarranted variation.

“Even at this early stage, our conservative modelling assumptions suggest that reducing unwarranted variation could save Australians millions of dollars per year.”

Professor McPhail hopes the findings of this study will promote better quality, higher value joint arthroplasties that reduce both the risk of negative outcomes for patients and the need for revision surgeries.

“Thanks to the support of the Medibank Better Health Foundation, we’ve not only been able to conduct valuable research that will improve healthcare outcomes for Australians but also bring on board many early and mid-career health researchers who are gaining valuable experience through the project.”





Partnership grant lead:

John Mannion

CEO of Breakthrough Mental Health Research Foundation

Research consultant:

Ian James

Principal Project Officer,
Office of the Chief Psychiatrist
South Australia

Research team:

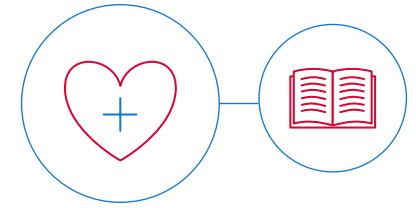
**Professor Phillip Slee
& Associate Professor
Shane Pill**

Flinders University Institute for
Mental Health and Wellbeing

Research partnership grant:

\$50,000

Big Talks for Little People: Teaching children empathy, self-awareness and emotional wellbeing



The Big Talks for Little People program helps primary school students develop empathy. The Medibank Better Health Foundation has partnered with the Breakthrough Mental Health Research Foundation to adapt the existing program into a culturally specific learning experience for Aboriginal and Torres Strait Islander students.

The Big Talks for Little People Mental Health Classroom Module is a digital kit that aims to help students better understand their mental health and enhance their wellbeing. The program has six 40-minute lessons, each comprising a significant element of social and emotional learning and highlights the role of resilient and inclusive classrooms.

These skills are important to all children in terms of overall social development, perceptions of belonging, and promotion of overall mental wellness, as well as mitigation of the development of mental illness. The program has since been extended to investigate the prevalence of

mental illness among those who attend out-of-school hours care and more recently, a new iteration has been funded to apply a culturally appropriate lens to the lessons.

Developed by the Flinders University in partnership with the Breakthrough Mental Health Research Foundation, the program aims to embed social emotional learning (SEL) into primary school education to teach students to recognise thoughts, feelings and behavioural patterns, while normalising talking about emotional wellbeing and mental health.

“In the school environment, students are each other’s first responders, not teachers or parents,” explains John Mannion, CEO of the Breakthrough Mental Health Foundation. “So, they need to learn the basic language of empathy so they can support each other.”

Empathy through education

The Big Talks for Little People program consists of six digital modules featuring 12 animated characters or ‘peeps’. Each peep has its own individual narrative that allows students to connect with it. Visually, the peeps resemble aliens, with no identifiable characteristics of race, gender or age. They do not speak but have musical accompaniment so students can empathise with them. Floating behind each peep is a shape called a ‘feel’, that changes size, shape and colour to represent the peep’s feelings and emotions.

At the end of each 90-second module, teachers refer to the peeps and their feels to help children understand the thoughts, feelings and emotions behind the peep’s actions and interactions.

After initial trials, evaluations showed a 25% reduction in bullying in the schools that participated in the program.

Putting on a cultural lens

Medibank's partnership with the Breakthrough Mental Health Research Foundation is aimed at ensuring the program is culturally appropriate for use in schools with a high number of First Nations children.

"Adapting the program means reassessing the language that is used in the modules, what changes can be made to the narrative to enhance connectivity with Indigenous students, and exploring how we can incorporate knowledge from the teachers in these schools to deliver the program in a culturally appropriate manner," says Mannion.

Ian James, Principal Project Officer at the Office of the Chief Psychiatrist South Australia, is working with the Breakthrough Mental Health Foundation to adapt the program for First Nations students.

"There is a real need in Indigenous communities for resources and programs that can support children around mental health and suicide prevention," says James. "A program like this one with a strong foundation of storytelling and world-building can be a really engaging and effective way to impart mental health literacy and

knowledge. It will enable Indigenous children to identify and address mental health issues in their own community."

While still in the early stages of adapting the program, the team has already had preliminary discussions with principals of schools with a high representation of Indigenous students.

"Commitment from local leaders is crucial to the success of the project," says Mannion. "Partnering with experts like Ian who have decades of experience working on Indigenous mental health projects means we can build trust and connection with local leaders to help us translate and adapt the program."



Enabling intergenerational change

The program's proven success is expected to have a significant impact on Indigenous communities where mental illness is stigmatised.

"Isolation is especially prevalent in Indigenous communities," says James. "Children and young men, in particular, will often turn to drugs, alcohol or violence to deal with loneliness. Teaching SEL will give students the capacity and skills to deal with these issues head-on."

The unique program will be the first of its kind in terms of using a narrative approach to engage with students in their school environment. The skills students learn at school will help them navigate issues at home and in the community, and hopefully even begin to influence older siblings and parents with better mental health literacy.

"Thanks to the support from the Medibank Better Health Foundation, we are seeing Indigenous-led research inform the Big Talks for Little People program to have enormous impact on Indigenous children and communities."





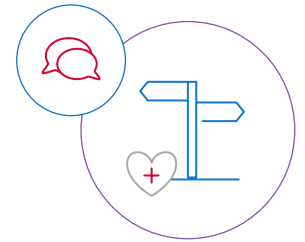
Lead Investigator:
Dr Brooke Nickel

NHMRC Emerging
Leader Research Fellow,
The University of Sydney

Research partnership grant:
\$204,837

Just as online reviews help with all kinds of consumer product purchases, information about patients' experiences during hospital stays can help others make important decisions about their healthcare. A team from The University of Sydney's School of Public Health is looking at how to improve access to this type of information, with support from Medibank.

How asking patients about their hospital stays can help consumers make better decisions about their healthcare



Understanding patients' perceptions of hospital stays helps healthcare providers identify areas for improvement, tailor their care to meet patient expectations, and enhance the overall quality of care and facilities. It can also enable prospective patients to make more informed decisions when choosing a hospital.

Healthcare organisations collect information about patients' healthcare experiences through Patient-Reported Experience Measures (PREMs) questionnaires. Common themes covered by PREMs include:

- the effectiveness of healthcare providers' communication with patients
- patients' involvement in decision-making
- emotional support provided to patients
- the cleanliness and comfort of facilities
- patients' overall satisfaction with the healthcare experience.

Understanding Medibank members' experiences

To find out how its members perceive the hospital care they receive, Medibank sends them a Patient Experience Survey after they spend time in hospital. This information is then collated and made available on Medibank's website to help other consumers make better decisions about hospital stays.

However, it wasn't clear to Medibank how – or even if – this information was being used by consumers to guide their decision-making.

To better understand how patients and providers use Medibank's PREMs data, the Medibank Better Health Foundation partnered with The University of Sydney's School of Public Health on a research project.

"There was an evidence gap around how consumers and providers use that data," explains the project's lead investigator, Dr Brooke Nickel, a National Health and Medical Research Council Emerging Leader Research Fellow.



"Our project attempts to fill that evidence gap in an Australian setting, using the Medibank website, so we can better understand whether this data is being used, how it is being used and who is it useful for. And, finally, what we can do improve the presentation of PREMs data to better support consumer choice and outcomes."



Delivering qualitative insights with scientific rigour

Dr Nickel and her team conducted more than 50 semi-structured interviews with a cross-section of Medibank members and non-members from throughout Australia to discover how Medibank's PREMs data is being used.

The interviews included people with no hospital experiences, people with recent hospital admissions, and others who have had extended stays in hospital. The team also conducted interviews with relevant hospital staff.

Dr Nickel expects the project will reveal new insights into how people make decisions about hospital care, as well as the usability of Medibank's hospital experience scores.

"There are a lot of factors that go into decision-making about healthcare," she says. "In an ideal world, people would use this type of data to inform their choices. But often, it's out of a patient's hands, or they'll choose the hospital that's most convenient or most affordable. Or they'll choose somewhere they've had previous experience.

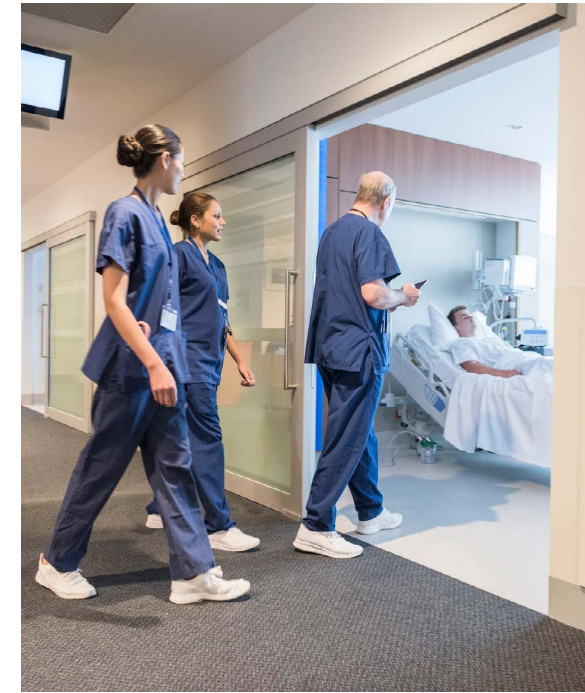
"PREMs data can be one piece of the puzzle – consumers do feel it's important. But we need to ensure that the data is both accessible and easy for them to understand."

Dr Nickel and her team expect to report on their findings in late 2023. Her team also plans to publish three peer-reviewed articles in international medical journals, focusing on:

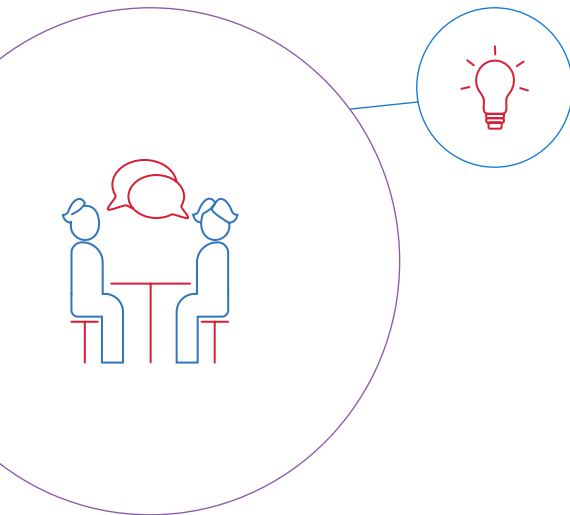
- consumer attitudes towards PREMs data and choosing hospitals more generally
- the importance and relevance of Medibank's website content and how it could be improved
- hospital workers' attitudes towards and experiences of using PREMs data.

Ultimately, Dr Nickel believes this project will improve the healthcare community's understanding of how consumers and providers use PREMs data, enabling Medibank to provide better decision-making tools for its members.

"It's a win-win in that regard," she says.



Click to view 
hospital experience scores





Medibank loneliness group leader:
Karen Oldaker

Senior Executive, Wellbeing & Community Shared Value, Medibank

Research commission:
\$100,000

With loneliness compromising individuals' physical and mental health, Medibank is campaigning taking action to halve the incidence of chronic loneliness by 2030. However, Medibank's We Are Lonely Index reveals loneliness is still widespread.

Addressing chronic loneliness by 2030: A collaborative

More than half (55%) of Australians report feeling lonely on one day or more during a typical week and about one-quarter (24%) say they feel lonely on three or more days each week, according to the latest edition of Medibank's annual We Are Lonely Index.

In addition, one in three Australians are classified as experiencing 'high loneliness' on the UCLA Loneliness Scale.

This nationwide wave of loneliness is having an enormous impact on people's mental and physical wellbeing. The We Are Lonely Index revealed two-thirds (67%) of Australians who experienced loneliness suffered personal health consequences, while about half (49%) found loneliness affected personal relationships and a similar share (48%) suffered impacts to their social interactions. More than one-quarter (28%) experienced suicide-related thoughts, and 26% reacted with self-harming or reckless behaviour.

The United States' Surgeon General says the physical health consequences of 'poor connection' include a 29% increased risk of heart disease, a 32% increase in the risk of stroke and a 50% increased risk of developing dementia among older adults.

However, addressing loneliness is a formidable challenge. According to the index, seven in 10 Australians found it hard to identify loneliness in themselves or others. One-quarter of Australians are experiencing loneliness but not doing anything to manage it. This is something Medibank is working hard to change.



55%



of Australians report feeling lonely on one day or more during a typical week

1/3



Australians are classified as experiencing 'high loneliness'

consequences of 'poor connection' include a



29% increased risk of heart disease

1/4



of Australians are experiencing loneliness but not doing anything to manage it

Halving the incidence of chronic loneliness by 2030

Medibank's goal is to reduce the incidence of chronic loneliness in Australia by half by 2030, and the We Are Lonely Index is a key tool in this regard. Launched in 2020, the index collates insights on how loneliness affects communities across Australia, based on research carried out by Medibank partner Accenture Song. This helps Medibank to understand what behaviours it needs to call out in developing its chronic loneliness reduction strategy.

The 2023 We Are Lonely Index combines data from responses to core questions that appear in every edition of the index with that from responses specific to the 2023 edition. The index uses self-reporting and a questionnaire to assess individuals' feelings of loneliness and social isolation, and measures them based on the standard UCLA Loneliness Scale.



Focusing on the impact of loneliness

With a heightened focus on Australia's Indigenous communities through debate over the proposed Voice to Parliament, Medibank has also stepped up the index's investigations into loneliness experienced by Aboriginal and Torres Strait Islander peoples. The 2023 edition also included more questions directed at the LGBTIQ+ community and people with disability.

The index found that the majority (well over 70%) of international students, LGBTIQ+ respondents and First Nations respondents reported feeling lonely on one day or more each week.

Collaborating to address loneliness

Medibank collaborates with a range of organisations to carry out its research and implement its strategy. These partners include Ending Loneliness Together, a registered charity and network of university and industry partners established to raise awareness and build the evidence base and tools to address loneliness. Medibank also partnered with youth mental health and wellbeing service ReachOut to help grow their PeerChat program, a text-based service that connects young people with peer workers who have experienced the issues they may be facing.

"The research findings inform our actions with community partners and provide direction for awareness campaigns," says Oldaker. "We also use them in public relations and media campaigns to increase community awareness, and in our annual report and sustainability report."

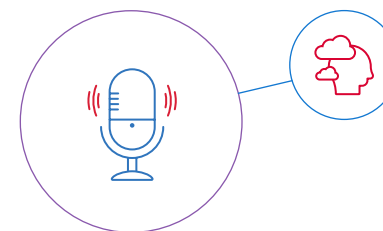
Another key element of the approach is Medibank's We Are Lonely podcast, which follows four diverse young people on their journey to understand their loneliness. Over the 6-part series, they meet with mentors and experts who help them build strategies to reconnect.



"The We Are Lonely Index paints a picture of loneliness we can use to track progress towards a more connected, community-oriented future for Australians," adds Oldaker. "Medibank is determined to achieve our goal of halving loneliness by 2030."

listen now

We Are Lonely | Medibank podcast



Acknowledgements

We wish to acknowledge the contribution of the Medibank Better Health Foundation's Health Research Governance Committee 2022–23:

Dr Jessica Choong

Jason Elias

Andrew Roma

Justin Braver

Catherine Lucas

Dr Ahmed Elsayed

Bridget Colussa

Partner organisations

The Australian and New Zealand College of Anaesthetists Foundation

Australia and New Zealand Musculoskeletal Group

Breakthrough Mental Health Research Foundation

Flinders University

La Trobe University

Macquarie University

Monash University

Queensland University of Technology

Royal Australian College of General Practitioners

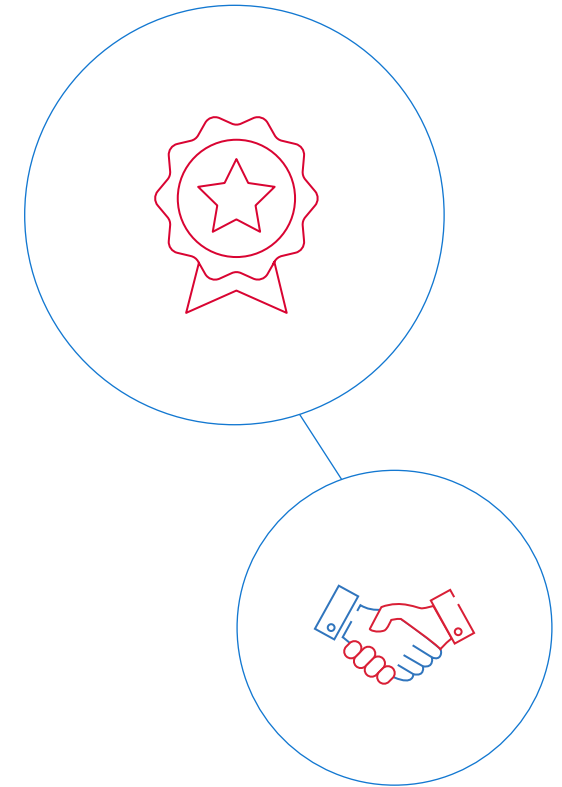
Royal Australian College of General Practitioners Foundation

The University of Sydney

The University of Melbourne

University of New South Wales

Westmead Institute for Medical Research





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