Health Research at Medibank 2024

1 July 2023 – 30 June 2024

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 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.

Contents

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Foreword

Medibank's support for research reflects our Better Health for Better Lives purpose.

Through the Medibank Better Health Foundation (MBHF), we seek to make a longstanding contribution to Australia's health and wellbeing for the benefit of our customers, the community, and the sustainability of the broader health system.

We invested $970,000 in the 2024 financial year, supporting 15 active projects in areas including alternative models of healthcare delivery, healthcare transparency, loneliness and keeping women active. We also continued to fund research in primary and preventative care, and Indigenous health equity.

Working alongside our research partners, we remain committed to the quintuple aims of healthcare: to improve health outcomes, affordability, patient experience, health equity and the wellbeing of health workers. I want to thank the universities, research leaders, and industry and advocacy groups for their contribution and collaboration throughout the year.

I also want to recognise the team here at Medibank that brings the MBHF to life. This includes members of the Health Research Governance Committee who ensure our research program remains robust and driven by Medibank's 2030 vision to deliver the best health and wellbeing for Australia.

Dr Andrew Wilson
Group Chief Medical Officer

Introduction

The Medibank Better Health Foundation supports research and patient advocacy initiatives that aim to improve the health and wellbeing of all Australians.

High-quality health research is essential for an affordable and sustainable Australian health system in the future. At the MBHF, we are dedicated to supporting research that has a positive impact on clinical practice and health policy. Ultimately, we want to enhance the provision of health services nationwide, focusing on innovation, equity and empowerment of healthcare consumers.

As part of this commitment, we review our strategic pillars every two years to ensure our investment in research aligns with the needs of the Australian healthcare ecosystem. We are striving to achieve Medibank's 2030 vision of achieving the best health and wellbeing for Australia.

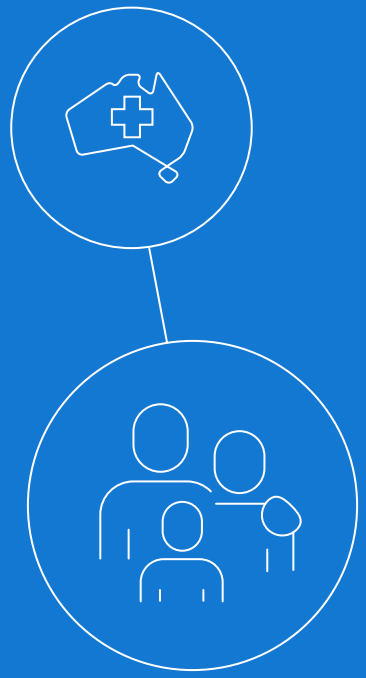
This report highlights the variety of projects supported by the MBHF, all of which align with one or more of our current research pillars:

- alternative models of healthcare delivery
- keeping women active
- healthcare transparency
- loneliness
- primary and preventative care
- Indigenous health equity.

This year, we continued to provide support to projects that aim to deliver meaningful impact. These include evaluating a new model of delivering primary healthcare, appraising the impact of on-the-job training for First Nations healthcare trainees in the Northern Territory, updating the Royal Australian College of General Practitioners' Guideline for the management of knee and hip osteoarthritis, and developing information resources for female runners.

My warmest gratitude goes to the researchers and clinicians who have contributed this year. Their dedication and commitment foster new ways of thinking about good health outcomes, which aligns with our vision of creating a positive impact for our customers and all Australians.

Dr Shona Sundaraj
Group Medical Director



Who we are

The MBHF was established in 2013 as part of Medibank's corporate social responsibility strategy. Since then, the MBHF has evolved into a team of professionals dedicated to Medibank's health partnerships and has committed $10 million in funding to projects that aim to benefit our customers and all Australians.

We partner with researchers, health services and other organisations across the health sector to support translational research that has the potential to change policy and impact clinical practice. We prioritise research that addresses the quintuple aims of healthcare: improving health outcomes, affordability, patient experience, health equity and the wellbeing of healthcare workers.

The MBHF is developing new research pillars to guide our research partnerships for the 2024 - 25 and 2025 - 26 financial years.

Health Research Governance Committee

Research supported by the MBHF is governed by the Health Research Governance Committee (HRGC). HRGC is made up of Medibank Group team members with diverse professional and academic backgrounds from across the organisation's various business units. The HRGC reviews all research proposals to make sure they align with the MBHF's agreed research focus areas, as well as Medibank's strategic health priorities.

All proposals are rigorously assessed to ensure that the research we support is ethical, robust and impartial. We actively support research that drives the health system's service delivery and sustainability for all Australians.

The Health Research Governance Committee members for 2023 - 24.

Dr Shona Sundaraj	Group Medical Director and Chair
Dr Andrew Wilson	Group Chief Medical Officer
Dr Dariush Etemadmoghadam	Translational Research Lead
Justin Braver	Product Owner
Nicola Ivory	Head of Partnerships
Bridget Colussa	MBHF Projects Manager
Sophie Dutton	Health Policy Manager
Catherine Lucas	Care Coordinator
Dr Jessica Choong	Medical Director for Research, Policy & Innovation (former)
Jason Elias	Head of Partnerships & Sales, Overseas Business (former)
Andrew Roma	Head of Provider Strategy and Proposition (former)

Key achievements

$970k

total allocated to research by MBHF

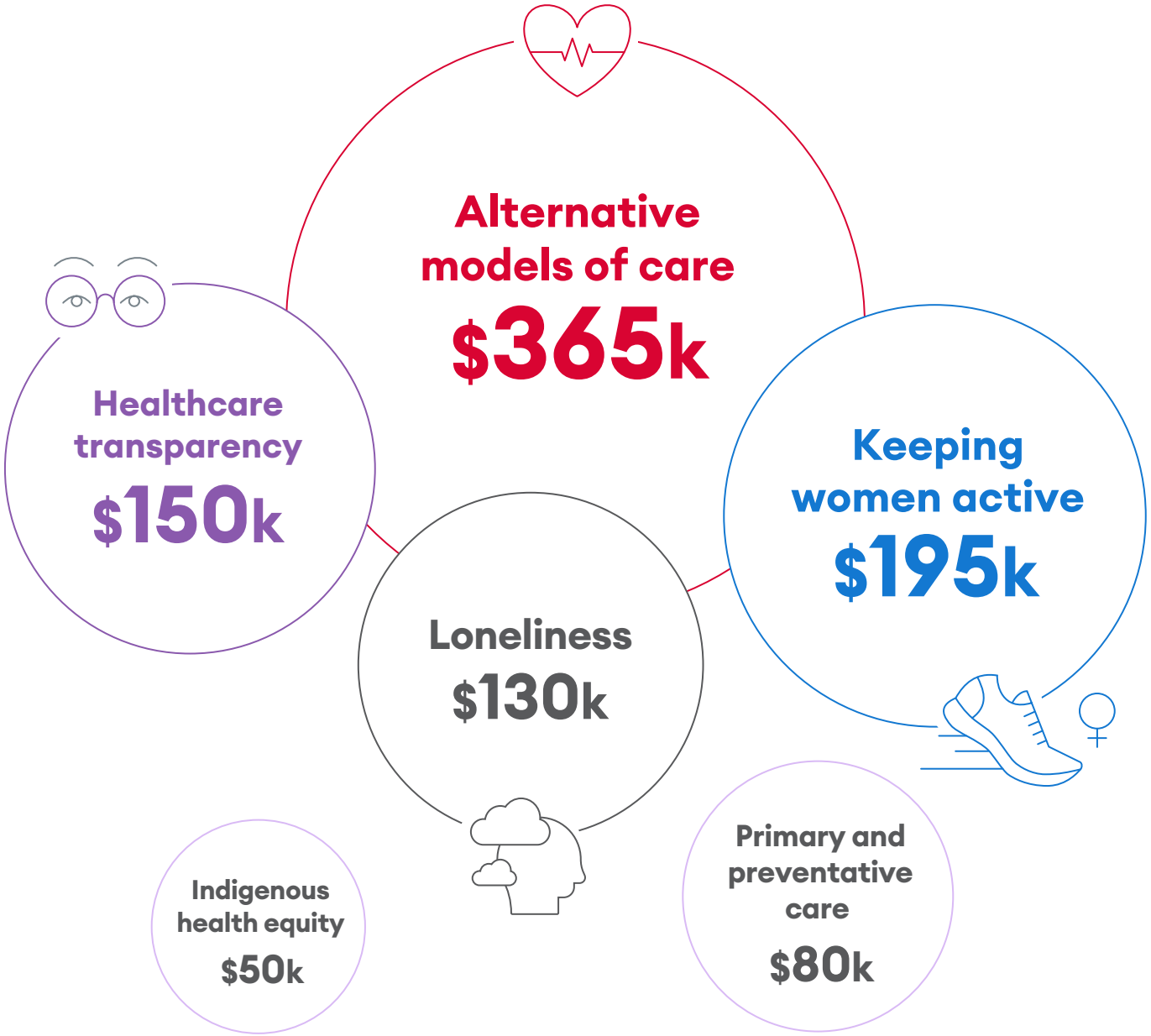
1 July 2023 to 30 June 2024

15 active projects

11 organisations partnered with

5 publications

1 co-funded grant



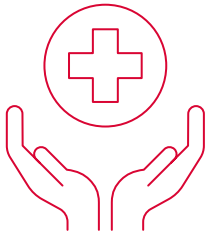
Research pillars

Every two years, we review our priority areas and agree on the research pillars that will guide the projects we support. Our approach spans requests for funding and in-kind support, such as access to data or brand and marketing expertise.

In 2023 - 24 our research focus areas were:

- Alternative models of healthcare delivery
- Keeping women active
- Healthcare transparency
- Loneliness
- Primary and preventative care

We also have an annual commitment to support community-led research that impacts First Nations health equity.



Alternative models of healthcare delivery

Keeping women active

Healthcare transparency

Loneliness

Primary and preventative care

Lead Investigator:

Professor Victoria Palmer

Professor of Co-Design & Primary Care Mental Health in the Department of General Practice and Primary Care at Melbourne Medical School and Co-Director of ALIVE National.

Research partnership grant:

$344,927 over 3 years

Crowdsourcing to understand young adults' experiences of loneliness during life transitions

The ALIVE National Centre for Mental Health Research Translation

Young adults undergoing significant life changes are highly affected by loneliness, often impacting their mental wellbeing and physical health. The A-Part of the Crowd project is inviting young adults to share their experiences of loneliness during transitional periods so it can develop targeted support when they need it most.

Loneliness is a major issue that impacts millions of people in Australia, putting them at higher risk of poor health and wellbeing. According to the ALIVE National Centre for Mental Health Research Translation, it is particularly common among young people – one in four individuals aged 15 up to 25 frequently experience loneliness.[1] Studies indicate loneliness may be increasing because of the many changes to education, work and living during the ages of 18-25.

The ALIVE National Centre hopes to address this with its A-Part of the Crowd project, supported by the Medibank Better Health Foundation. This project aims to develop a national picture of how people aged 18 to 25 encounter loneliness during major life transitions such as finishing high school or university, moving out of the family home or starting work. This will enable the team to co-design a flexible approach for support in collaboration with a lived-experience advisory group of young adults aged 18-25 years old who live with mental ill-health and have experienced loneliness. This can then be implemented and evaluated in primary care and community settings.

"We know from national and international research that loneliness among young adults is on the rise," says Professor Victoria Palmer, Professor of Co-Design and Primary Care Mental Health in the Department of General Practice and Primary Care at Melbourne Medical School and Co-Director of ALIVE National. "There are some explanations for that, from pre-existing mental health challenges to societal changes. But we also know that life transitions can be very tough and sometimes very lonely for all young people.

"This suggests that these periods of transition could be an optimal time to reduce or prevent the potential negative mental and physical health outcomes that have been associated with loneliness."

1 https://www.abs.gov.au/statistics/measuring-what-matters/measuring-what-matters-themes-and-indicators/cohesive/social-connections

Understanding how young Australians experience loneliness

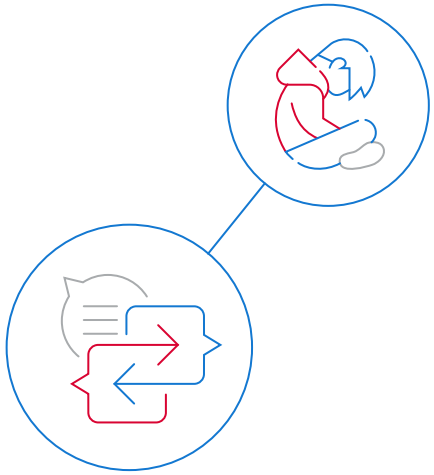
A-Part of the Crowd seeks to understand how young adults from diverse backgrounds experience loneliness during these critical life changes. To do this, individuals from all walks of life are invited to share their experiences of loneliness during life transitions via the ALIVE National Community Crowdsourcing Space. These experiences can be shared as text (for example, a short story, poem or song lyrics), visually (for example, a drawing, poster or photo) or in video or audio format.

The project aims to co-create an accessible, interactive online space to share lived experiences, in collaboration with the project's advisory group. This will help drive awareness, connect young people to other people's experiences and provide links to support services.

"Asking people to share their stories in this way, rather than in a survey, for example, will help us get to the underlying experience of what loneliness is for young adults," says Professor Palmer. "When you invite people to express themselves creatively, it tends to open alternative pathways for thinking about issues."

It also means that people who visit the website will have multiple ways to engage with the content. For example, if English isn't your first language, you might find it easier to engage with an image than a written story."

The final stage of the project will involve seeing if the online space makes a difference for people using it and providing targeted support.



Creating a strong foundation for success

While Professor Palmer says it is too early to predict exactly what the new approaches to support need to be, she hopes people will engage with A-Part of the Crowd's website and find it beneficial. If they do, the next step will be making the website available to general practitioners and people in community health settings as a resource they can direct young adults to.

"If people aren't engaging with the website or finding it beneficial, then we will need to think about what else we can do to offer more targeted support," she says. "For example, offering targeted support for people experiencing depression or anxiety, which we know is higher among people who share feelings of loneliness."

According to Professor Palmer, the support of the Medibank Better Health Foundation has been invaluable. "We wouldn't have had a pathway to explore this issue without its support," she says. "Often, with research projects, we don't get the resourcing to support community participation in this way. MBHF's support has enabled us to build this project from the ground up and embed a strong 13 person lived-experience advisory group for the whole of the project and all of the steps."

Lead Investigator:

Professor Kay Crossley

Director of the La Trobe Sport and Exercise Medicine Research Centre

Research partnership grant:

$301,703 over two years

Promoting better outcomes for female runners after knee injury

LA TROBE UNIVERSITY | Sport and Exercise Medicine Research Centre

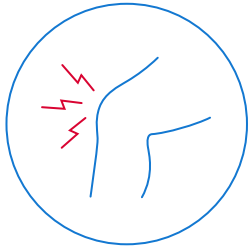
Research indicates that women have worse health outcomes than men after knee surgery, but it is less clear why. The Trail W project aims to find an answer to this question by exploring how factors specifically affecting female runners – from their obstetric history to safety concerns – impact health outcomes and running participation after injury. The project also aims to give women the knowledge to make informed choices that drive better health outcomes.

When a systematic review of self-reported activity and knee health following anterior cruciate ligament (ACL) injury showed that women don't do as well after knee surgery as men, researchers at the La Trobe Sport and Exercise Medicine Research Centre wanted to know why.

"Our review showed that women have more pain, are less likely to be physically active and have poorer quality of life after surgery," says Professor Kay Crossley, Director of La Trobe Sport and Exercise Medicine Research Centre. "But no one, up until now, has really focused on why women have worse outcomes than men."

To address this issue, Professor Crossley and her team launched the Trail W project with the support of the Medibank Better Health Foundation. The project aims to help female runners run as often and as far as they like, for as long as they want, and with the fewest running-related injuries.

To do this, the team is collecting data not only about female runners' knee health but also a wide range of other factors that might impact women's health outcomes after injury. These include muscle strength, bone shape and running behaviours, as well as health factors specific to women, such as menstrual cycles, obstetric history and pelvic floor health. The team will also examine gendered reasons that might limit women's participation in running, such as not feeling safe to run alone at night.



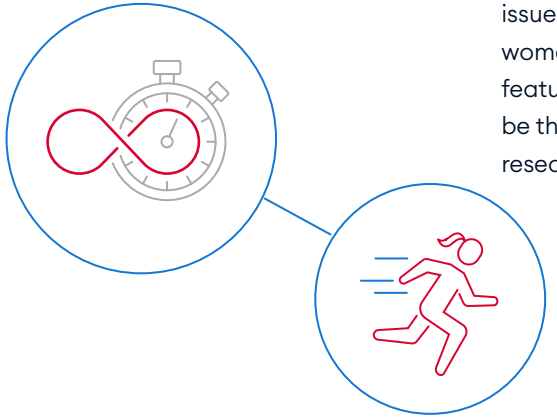
Analysing this data will help researchers explore the impact of these factors on the overall health, injuries and running participation of female runners with and without a history of knee surgery. The information will also be used to design interventions to reduce running-related injuries and pain, as well as to enhance running behaviours like frequency and intensity. This will hopefully flow through to better healthcare outcomes for female runners.

”People might question how something like breast health is related to knee health,” says Professor Crossley. “But if you have painful breasts or are wearing an ill-fitting bra, it can change the way you run. It is the same with pelvic floor health. If someone has urinary incontinence, they may run with shorter strides or not run as fast.”

Helping female runners help themselves

The Trail W team is also collaborating with Medibank to create an accessible online platform to help female runners better manage their health needs and overall wellbeing. This might flow through to improved outcomes, such as being able to participate actively in running with the least running-related pain or injury.

“There’s lots of information out there, but no one place where female runners can go for information on all the things that might impact their running and understand how they fit together,” says Professor Crossley. “It might be, for example, that they want to know how soon they can return to running after giving birth.”



A complementary project of the Trail W team involves co-designing and testing an intervention to help women with ACL injuries improve their health outcomes. This is being guided by PhD candidate Melissa Haberfield, who is working with patients and the practitioners treating them to identify factors that should be included in rehabilitation programs for women.

“This project will help us design interventions for women to help them attain their best outcomes after knee surgery,” she says.

Looking ahead, Professor Crossley would like to see more studies focus on women’s and girls’ health outcomes.

“There just isn’t enough research, nationally or globally, looking at women’s issues,” she says. “We know that when women lead research it is more likely to feature female participants[1], so it may be that it comes down to a change in research leadership.”

1 Cowan SM, Kemp JL, Ardern CL, Thornton JS, et al. Sport and exercise medicine/physiotherapy publishing has a gender/sex equity problem: we need action now! BR J Sports Med. Aust. 2023;57:401–407. doi:10.1136/bjsports-2022-106055

Lead Investigator:
Professor Heidi Smith-Vaughan
Head of Menzies HealthLAB

Nicole Boyd
Manager, Menzies HealthLAB

Research partnership grant:
$50,000

Evaluating the impact of Menzies HealthLAB training for First Nations trainees

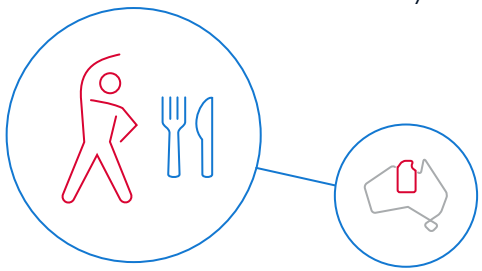
menzies school of health research

Menzies HealthLAB helps First Nations youth in the Northern Territory take charge of their health and provides on-the-job training to First Nations healthcare trainees. Support from the Medibank Better Health Foundation is helping HealthLAB evaluate the training so it can deliver an even greater impact.

Menzies HealthLAB is an innovative mobile health education program that travels to schools and communities across the Northern Territory. An initiative of leading medical research institute Menzies School of Health Research, HealthLAB shares health information in accessible ways to help First Nations young people take charge of their health. It is essential to empower young people to understand how lifestyle choices – such as smoking, poor nutrition, and limited physical activity – impact their health and the health of future generations.

HealthLAB has a broad range of interactive health stations that communities can choose to host in their area. These stations provide healthcare information in an easy-to-understand, hands-on way. For example, young people might be taught how to take their blood pressure, understand why they might have a high or low result, and then learn what they can do about it.

HealthLAB also works with Menzies' Ramaciotti Regional and Remote Health Sciences Training Centre (Menzies-Ramaciotti Centre) in Darwin to support First Nations healthcare trainees through practical training and work experience. The Menzies-Ramaciotti Centre aims to develop a local First Nations healthcare workforce for the Northern Territory by supporting young people through training pathways from school to employment in the Territory's health services.

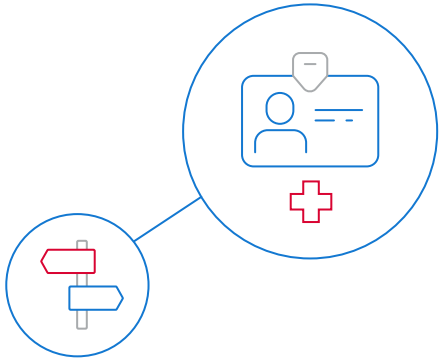


"The centre offers students wraparound support, including assistance with their courses and on-the-ground work experience," said Menzies HealthLAB Manager, Nicole Boyd. "When trainees work in the HealthLAB, they learn how to operate the equipment and deliver health messages. They can then facilitate at the various health stations and talk to young people about their health."

Inspiring the next generation of healthcare workers

Another benefit of the program is showing the young people who interact with HealthLAB that they, too, could have a healthcare career.

"Remoteness is a hurdle to training opportunities" said Professor Heidi Smith-Vaughan, Head of Menzies HealthLAB. "For many, a career in healthcare might seem unreachable, but our program shows what is possible. We're sowing the seeds of a potential pathway into healthcare."



Evaluating HealthLAB's impact on First Nations trainees

With HealthLAB's work experience program attracting positive feedback, the team has recently started formally evaluating trainees' participation, with the support of the Medibank Better Health Foundation.

"Evaluating the impact on First Nations trainees and undergraduate students working with HealthLAB is essential," said Professor Smith-Vaughan. "It will help us to ensure it is working, that we are having an impact and that they are receiving all the support they need. Evaluating our program also enables us to continue to improve so we can remain effective and contemporary."

The evaluation involves interviewing trainees and some family members, with the team hoping to release their findings in August 2025.

"Through these interviews, we're hoping to learn what we're doing right, as well as identify areas where we can improve," says Professor Smith-Vaughan. "We'll also be making recommendations for future programs."

Lead Investigator:

Dr Mohammed Hasan

Chief Medical Officer,
Myhealth Medical Group

Multi-year evaluation with Myhealth Medical Group and Macquarie University

Evaluating the effectiveness of Myhealth's proactive primary care healthcare project

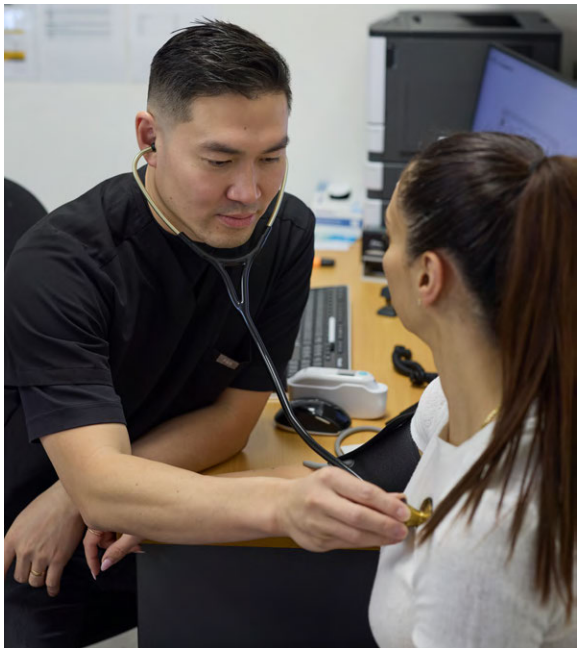
Myhealth Medical Group's[1] Proactive Primary Healthcare Project is trialling a new model for delivering primary healthcare that could improve patients' healthcare outcomes and increase doctors' job satisfaction. With the support of Medibank Better Health Foundation, Myhealth has engaged the Australian Institute of Health Innovation at Macquarie University to conduct an independent evaluation of the trial to assess its effectiveness and sustainability.

Australia's primary healthcare system is under pressure, with many Australians unable to get timely appointments with their general practitioner (GP) or access to bulk-billed services. This is causing many patients to miss out on vital healthcare. Meanwhile, hospital emergency departments are struggling due to a rise in patients seeking care for minor complaints like rashes and sprains, leading to longer waiting times.

To address the issue of how to deliver primary care more effectively, Myhealth Medical Group (Myhealth) has developed, in consultation with its GPs, a new model for delivering primary care. This model could improve patients' short-term health outcomes while reducing long-term complications, such as unnecessary hospitalisations.

Myhealth's two-year Proactive Primary Care Project aims to enhance primary healthcare delivery by implementing interventions that support proactive care and are based on changing underlying behaviours in general practice. This model of care, known as the 'Auburn Model', is currently being trialled across three Myhealth practices in Western Sydney.

"A major shortcoming of the current method of care is that a patient has to actively reach out to a medical centre to access care," explains Myhealth's Chief Medical Officer, Dr Mohammed Hasan. "But what we know, especially for patients



with chronic disease, is that medical care isn't just confined to those episodes when a patient seeks help from a GP.

"If we can shift to proactive, preventative care, we can reduce the likelihood that patients' conditions become more complex."

If successful, Dr Hasan believes the project could also improve GPs' job satisfaction and, ultimately, retention.

1 In January 2024, Medibank increased its shareholding in the Myhealth Medical Group (Myhealth) from 49% to 90%.

Creating a new model of primary healthcare

Myhealth's care model includes two interventions designed to improve health outcomes for high-risk patients and ensure long-term sustainability within general practice. The first intervention is case reviews, which are done periodically. This allows the GP and other team members to identify when proactive measures, such as blood tests or scans, need to be done.

"For instance, some patients might benefit from having a bone density scan," says Dr Hasan. "By knowing a patient's bone density, you can take steps to strengthen it. That way, the patient is less likely to fracture a bone and end up in hospital if they have a fall."

The second intervention is triage and patient flow, which identifies the reason for the patient's visit and directs them to the most appropriate health professional. While this may be a GP, it might also be a practice nurse or a social worker. This can be useful in instances such as when a patient needs to fill out forms to access social housing or the National Disability Insurance Scheme.

"Doctors tell us they can't work to the top of their scope because they often need to help patients with paperwork," says Dr Hasan. "Diverting filling out forms to a social worker is better because they have a deeper understanding of the systems around these benefits. It also assists doctors by freeing up their time for other patients."

Evaluating the effectiveness of the Auburn Model

With Myhealth's model of care attracting positive feedback from its patients and staff, the healthcare provider is now working with Macquarie University's Australian Institute of Health Innovation, to evaluate its effectiveness and sustainability.

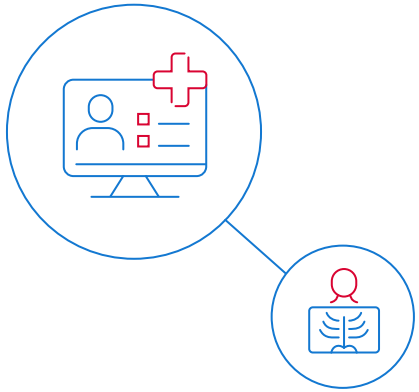
By doing so, it hopes to build the evidence base needed for the healthcare provider to contribute to national discussions around general practice incentives and primary care reforms. The evaluation is supported by the MBHF.

"For us to present a solid argument, we need to make sure that our methodology and the data we're collecting is robust," says Dr Hasan. "Engaging a third party helps us make that case."

The team uses various tools for its evaluation, including patient-reported outcomes measures, patient experience measures, net promoter scores and lead indicators such as blood pressure and body mass index.

Practice nurse Aysu Kaya is part of the team collecting this data. "We want to make sure we cover all bases, including surveying our patients and health professionals," she says. "We're also looking at data points from various health screens to monitor changes over time."

Ultimately, Dr Hasan hopes that the proactive primary healthcare project can inform healthcare policy discussions and ensure that patients with complex needs get the care they need from a multidisciplinary team.



Lead Investigator:

Professor Kim Bennell FAHMS

Melbourne School of Health Sciences at the University of Melbourne, and co-chair of the development working group for the Royal Australian College of General Practitioners' Guideline for the management of knee and hip osteoarthritis.

Research partnership grant:

$77,000

Updating care guidelines for osteoarthritis in the knee and hip

Over 57% of those suffering from osteoarthritis receive inappropriate care,[1] often undergoing surgical interventions without first trying appropriate recommended non-invasive treatments. The Royal Australian College of General Practitioners' (RACGP) Guideline for the management of knee and hip osteoarthritis, now being updated, aims to address this.

As the most prevalent chronic condition in Australia, osteoarthritis imposes a huge burden, with around 2.35 million Australians expected to suffer from the chronic joint condition by 2025.

This number is likely to swell to over 3 million by 2040 due to the ageing population and increased rates of obesity and physical inactivity. These are major risk factors for osteoarthritis as well as other lifestyle-related diseases such as heart disease and type 2 diabetes.

The knees and hips are particularly susceptible to osteoarthritis, causing the greatest impact on mobility and quality of life. Loss of mobility not only worsens the osteoarthritis itself but can also be a risk factor for other conditions.

RACGP

Providing evidence-based recommendations for care

Osteoarthritis is incurable, but many treatments and approaches exist to manage its symptoms and improve outcomes.

To help GPs and others provide appropriate care, the RACGP publishes the Guideline for the management of knee and hip osteoarthritis.

First developed in 2009, the Guideline strongly focuses on self-management and non-surgical treatments to improve the health of people with osteoarthritis. It is currently being updated to incorporate the latest advice and recommendations with the support of the Medibank Better Health Foundation. The aim is to publish the new guideline in September 2025.

"The last edition of the Guideline, published in 2018, was ranked near the top of a list of about 50 or so similar guidelines published around the world based on its quality," says Professor Kim Bennell, co-chair of the development working group. "So, we want to maintain that quality with the new edition."

1 Runciman, William B., Hunt, Tamara D. et al. CareTrack: assessing the appropriateness of health care delivery in Australia. Med J Aust. 2012;197(2):100–5. https://doi.org/10.5694/mja12.10510

To update the Guideline, Professor Bennell, Professor Hunter and the working group began by formulating around 120 research questions to drive systematic reviews of the evidence. These will inform recommendations on around 50 different treatments, alongside consideration of other factors such as safety, cost, accessibility and patient preferences.

The working group will collaborate with other research bodies conducting similar reviews worldwide to share findings, thereby avoiding duplication and minimising costs.

Another consideration is how to share its recommendations most effectively. As Professor Bennell says: "It's all very well having guidelines, but if nobody looks at them and implements the recommended treatments, they're not that useful."

The primary mode of distribution is currently through the RACGP website. However, further channels are being considered, such as GP practice software, education programs, media and social media.

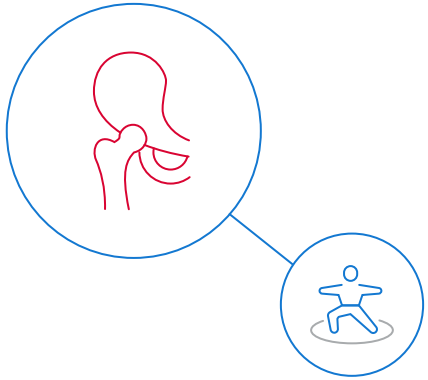
"There needs to be a multi-pronged approach that enables different people to access the recommendations by different means," says Professor Bennell.

Narrowing the evidence-practice gap

The ultimate aim of updating the Guideline is to help narrow the gap between evidence-based recommendations and what happens in practice.

"Work has shown that there is considerable scope to improve the management of osteoarthritis," says Professor Bennell.

"A major problem is the underuse of core recommended treatments such as exercise and weight loss. This contributes to the overuse of drugs such as opioids and surgery, including ineffective arthroscopy and joint replacement when not indicated."



The overreliance on surgery is a particular problem because many patients are at an increased risk from anaesthetics or may find rehabilitation difficult due to their age or other health conditions.

Surgery for a total knee or hip replacement can also be costly and given the increasing rates of the disease, this could put us on an unsustainable path. A 2019 study by researchers at Monash University estimated that the total cost of knee and hip replacements in Australia could reach over $5 billion by 2030.[2]

Professor Bennell hopes the updated Guideline may help the government fine-tune its funding model, shifting the focus away from joint replacement towards a model that better supports people's self-management of their condition.

"Evidence shows that if people follow the core recommended treatments, it will improve individual outcomes and reduce the burden on the healthcare system," she says.

2 Ackerman, I.N., Bohensky, M.A., Zomer, E. et al. The projected burden of primary total knee and hip replacement for osteoarthritis in Australia to the year 2030. BMC Musculoskelet Disord 20, 90 (2019). https://doi.org/10.1186/s12891-019-2411-9

Lead Investigator:

Professor Manuela Ferreira

Professor of Musculoskeletal Health and Program Head, Musculoskeletal Health, at The George Institute for Global Health and UNSW Sydney

Research partnership grant:

$300,000

over three years

Testing the efficacy of decompression surgery for treating spinal stenosis

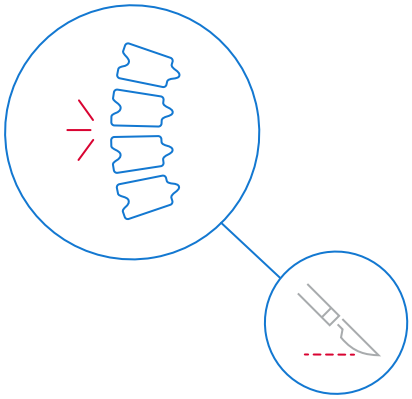
The George Institute for Global Health

Spinal stenosis is a leading cause of pain and mobility issues among older Australians. Despite limited evidence that it works, it is commonly treated with decompression surgery. The SUcceSS trial, a partnership between The George Institute for Global Health, The University of Sydney and Monash University, aims to establish decompression surgery's efficacy, safety and cost-effectiveness compared to placebo surgery, providing crucial data for future healthcare policy decisions.

Spinal stenosis is a common condition among Australians. Narrowing of the space within the spine can cause compression of the nerves, resulting in pain in the legs and back. It can also lead to mobility problems and a severe impact on patients' quality of life.

"As with other musculoskeletal conditions, these patients tend to have multiple comorbidities, for example diabetes and osteoarthritis," says Professor Manuela Ferreira, Head of Musculoskeletal Program at The George Institute for Global Health and UNSW Sydney. "For the older patient, if pain limits their ability to move around and exercise, they can quickly become frail. Many people will complain not only about pain, but that they can't leave the house or take care of themselves."

While there are a variety of treatments for spinal stenosis, including analgesics, exercises or physical therapies, there is conflicting evidence that they work. As a result, many patients who do not improve with non-surgical care will end up having decompression surgery to remove the lamina (small piece of bone of the vertebra) to relieve the pressure on the nerves within the spine. This has led to decompression surgery becoming one of the most commonly performed spinal procedures in Australia.



However, the treatment benefits of decompression surgery for spinal stenosis are debatable, according to Professor Ferreira. “This is because we currently lack evidence for the efficacy of surgery for spinal stenosis,” she says. “To date, no randomised trials have attempted to establish its effects beyond those of a placebo.”

The placebo effect occurs when a person experiences a real improvement in their symptoms after receiving a treatment that has no therapeutic effect, such as a sugar pill. This is one of the features that this study aims to investigate.

This is problematic, given the high reoperation rates associated with decompression surgery, the growing cost to the healthcare system of providing the surgery and the currently unknown effect that surgical intervention may have on health outcomes.

Putting decompression surgery to the test

To address this lack of evidence, the researchers are mid-way through a randomised controlled trial to establish decompression surgery’s efficacy, safety and cost-effectiveness compared to placebo surgery. The goal of the trial is to assess the impact of these surgeries on pain, function and quality of life for individuals experiencing chronic symptoms due to central lumbar spinal canal stenosis.

The SUrgery for Spinal Stenosis – a randomised placebo-controlled trial (SUcceSS trial) randomly allocates people with symptomatic central lumbar spinal canal stenosis (spinal stenosis affecting the lower back) to receive either decompression surgery or placebo surgery. In both instances, an identical surgical incision is made. However, no bone is removed from the people in the placebo group.

The primary outcome will measure function as well as the ability to walk without pain in the lower leg. Secondary outcomes to be assessed will include pain, disability measured using the Oswestry Disability Index, walking tolerance, quality of life and self-reported perceived recovery. Researchers will also perform a trial-based cost-effectiveness analysis.

Delivering definitive evidence for future policy decisions

While it is too early to predict the outcome of the SUcceSS trial, Professor Ferreira is confident it will provide definitive evidence about the true effect of decompression surgery that will impact the health care patients are offered.

If decompression surgery is shown to be superior to placebo surgery, it provides the grounds needed to endorse it for patients and potentially make it available to them earlier. If it is not, it presents a strong argument for reconsidering its use and funding.

In the meantime, Professor Ferreira and her team are focused on ensuring the trial is of the highest standard possible, with the backing of the Medibank Better Health Foundation. “The MBHF’s support is very important to us,” she says.

Lead Investigator:

Professor Jennifer McIntosh

Professor and Director of The Bouverie Centre at La Trobe University and Adjunct Professor at Deakin University

Naomi Rottem

Medibank PhD Scholarship recipient

Medibank PhD Scholarship

Support for mental health through rapid access, family-inclusive services

The growing demand for mental health services has created opportunities to identify and address key areas for improvement within Victoria's healthcare system. Treatment pathways can be individually focused, often overlooking both the needs of families caring for a family member faced with mental health struggles, and failing to optimise the assets that family provide to recovery. The Bouverie Centre introduced the Walk-In Together (WIT) service to address some of these issues. It aims to offer participating families a rapid access, consolidated, complete therapy session. New research is exploring the efficacy of this approach.

When its interim findings were published in November 2019, the Royal Commission into Victoria's Mental Health System identified a gap in family-inclusive mental health care throughout the state. The findings recommended more accessible healthcare services, reducing lengthy waiting times and avoiding restrictive eligibility criteria for families.

The Bouverie Centre at La Trobe University responded by launching its WIT service in 2020. The service allows any Victorian facing challenges due to mental ill health, drug or alcohol issues or trauma to attend an online or in-person therapy session, with or without a referral. They participate with at least one 'family' member, including chosen or extended family, those from kinship networks or community members.

"The intention is to mobilise the family's resources to address the challenges from a different angle," explains Professor Jennifer McIntosh, Director of The Bouverie Centre. "If we respond in a timely way, with skilful, resourced models of conversation, then we might help the family avoid the need for more complex, longer-term services."

Placing value in a single session

The WIT service operates according to Single Session Thinking, a method for making the most of a single conversation, given most clients will only attend one therapy session. As Professor McIntosh outlines, "We work as if this is likely to be our only conversation, and help the family to make the most of the available session."

The Bouverie Centre has also established a separate WIT service specifically for First Nations families, which offers families culturally appropriate therapy. They are also exploring the advantages for non-Indigenous families of working with qualified First Nations family therapists, using ancient wisdom to solve contemporary problems.

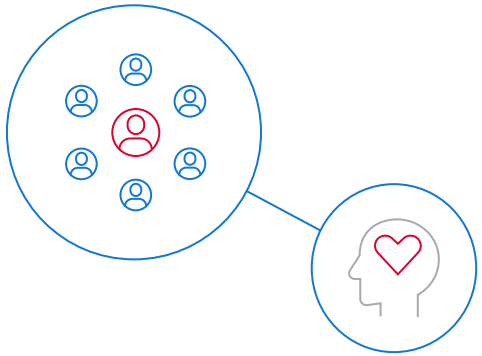
Professor McIntosh is supervising new research led by Medibank PhD Scholarship recipient Naomi Rottem to assess the viability of this inclusive healthcare model. Initial feedback suggests the service provides valuable input for families, with many outcomes equivalent to those achieved in waitlists followed by multi-session work.

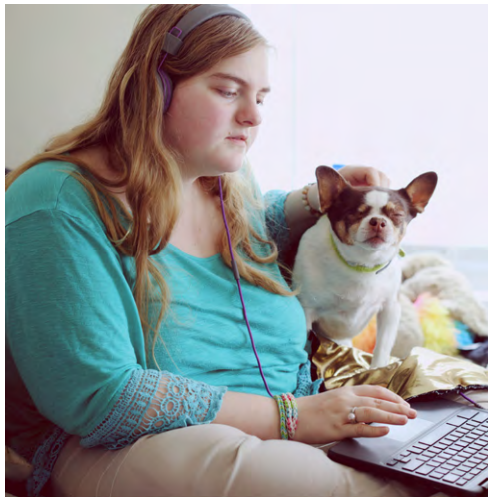
Studying the outcomes of inclusive healthcare

The study is being conducted across four stages, analysing the outcomes of the WIT service compared to more traditional approaches to therapy.

In the first stage, Rottem will undertake clinical outcomes studies for clients and affected family members, comparing the effectiveness of a family walk-in service to traditional services that typically involve a waitlist and multiple sessions.

"We will be looking across a range of different measures for effectiveness, including relational wellbeing, reduction in the level of concern about the presenting issue and increased confidence in communicating and problem solving as a family," Rottem notes. "We will also look at economic outcomes, including service utilisation patterns and lost days of productivity. We are curious to know what the longer term difference might be, stemming from a timely single family conversation, led by specialist family therapists. Do families go on to need fewer or different services? Do they need less time off work or school, and so on". Finally, Rottem will be exploring the lived





experience of adult and child family members who take part in the WIT service, focusing on key elements of the process that had a lasting impact.

The study will likely conclude by the end of 2026. If the results show that the WIT service provides equal or superior mental healthcare support compared to traditional care, the team hopes to expand and accelerate the rollout of similar services across Victoria and other states.

Adding pathways for mental health support

In the meantime, Professor McIntosh understands that the provision of mental health support will continue to require multiple treatment pathways. "It's not like a walk-in service can be a magic bullet, but if it helps a significant number of people to strengthen their naturally occurring relationship resources and divert from the need for complex, expensive services, then that's a very good thing," she says.

In light of The Bouverie Centre's work so far, the Victorian Government is funding a pilot program for the centre to implement the walk-in framework in other mental health services for adults, children and adolescents. Medibank funding support has enabled these positive outcomes by allowing the research team to build the strong foundations needed to scale its work.

"The Medibank PhD Scholarship has really helped us put our case to other bodies like the Department of Health and create a series of trusted partners around this construct to help us test the evidence," concludes Professor McIntosh.

Lead Investigator:

Professor Kay Crossley

Director of the La Trobe Sport and Exercise Medicine Research Centre

Dr Brooke Patterson

Research Fellow

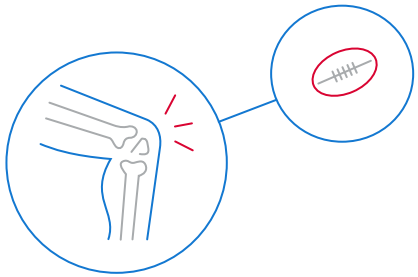
Assessing the impact of the Prep-to-Play injury prevention program on ACL injuries among AFLW players

LA TROBE UNIVERSITY | Sport and Exercise Medicine Research Centre

The study

Australian Football League Women's (AFLW) players experience anterior cruciate ligament (ACL) injuries at six to nine times the rate of male players.[1] This became clear after the launch of the women's league in 2017. Injuries are so severe that players can be out of the game for a year.

To tackle the problem, researchers from La Trobe Sport and Exercise Medicine Research Centre, in conjunction with the AFL, created the Prep-to-Play injury prevention program.



The program was informed by other injury prevention programs known to reduce anterior cruciate ligament (ACL) injuries by 40-60%[2,3], and lower limb injuries (e.g. muscle strains, ankle sprains) by 30-40%.[4] It features activities and exercises designed to reduce ACL injuries in female players. For instance, warm-up activities focus on multidirectional movement skills such as tackling, falling and landing. Strength exercises focus on lower limb and core muscles. Contact-focused skills emphasise safety in tackling and being tackled, handling ground balls and executing aerial contests.

Since 2020, the La Trobe team has been evaluating whether providing hands-on training for coaches would increase the uptake of the program. It is also looking at its effectiveness in reducing ACL injuries and concussions. The team's activities included running a controlled trial during

the 2021 and 2022 Australian football seasons, featuring 165 community women's and girls' teams across Victoria. More than 2,700 women and girl players were also surveyed about their sporting history and injuries.

The study, which is being run with the support of the MBHF, is the first in the world to evaluate the effect of an exercise-based injury prevention program for a women's sport.

1 A. Fox, J. Bonacci, S. Hoffmann, S. Nimphius and N. Saunders, 'Anterior cruciate ligament injuries in Australian football: should women and girls be playing? You're asking the wrong question', *BMJ Open Sport & Exercise Medicine*, 2020, 6:e000778.
2 Webster, Kate E., and Timothy E. Hewett. "Meta-analysis of meta-analyses of anterior cruciate ligament injury reduction training programs." *Journal of Orthopaedic Research®* 36.10 (2018): 2696-2708.
3 Crossley, Kay M., et al. "Making football safer for women: a systematic review and meta-analysis of injury prevention programmes in 11 773 female football (soccer) players." *British journal of sports medicine* 54.18 (2020): 1089-1098.
4 Owoeye, O. B., Palacios-Derflingher, L. M., & Emery, C. A. (2018). Prevention of ankle sprain injuries in youth soccer and basketball: effectiveness of a neuromuscular training program and examining risk factors. Clinical journal of sport medicine, 28(4), 325-331.

The impact

The Prep-to-Play program is currently used by around 30 junior community football clubs catering to more than 10,000 players. Some clubs also use it for their men's and boy's teams. Coaches can access training on the program and its benefits during annual pre-season Prep-to-Play workshops.

While the results of La Trobe University's study are still pending (the team plans to release its findings in 2025), feedback from the trial and subsequent workshops has highlighted a range of benefits of the Prep-to-Play program for both coaches and players. It provides leadership and social opportunities for players, and aids players' performance and recovery. It also demonstrates to the parents of young players and to opposing clubs that teams are organised and take their duty of care seriously.

Gavin Kenny, the coach of the Oakleigh Dragons U18 Girls team in 2023 and 2024, was a first-time coach when he attended a hands-on workshop about the Prep-to-Play program prior to the 2023 season.

He credits the program with giving him the knowledge needed to prevent injuries and teach new techniques safely.

"Most new coaches are parents coaching their kids' teams, and they don't know how to prevent injuries," he says. "When I played footy, we never spoke about any of that stuff. When I was given the opportunity to attend the Prep-to-Play workshop, I was really keen.

"Prep-to-Play's resources are great. The warm-up and other drills we were shown are focused on preventing injuries and building strength. As a first-time coach, I found them helpful, and I also found them useful for creating structure at training and games.

"The workshop also gave me some really good ideas about how to teach techniques like ground balls and tackling. I wanted to work on these areas, but I didn't really know how to do it safely. Especially those drills where you're rolling the ball out and the girls tackle each other. As a coach, you've got to get that right, or the players are going to hurt each other. Learning how to teach those techniques properly was great."

Overall, Gavin believes the Prep-to-Play program is a great way to build strength and help prevent injuries.

"Giving the girls a structure and routines to follow at training and on game day is vital to ensuring they are well prepared to play a very physically demanding game," he says.

Co-lead Investigators:

Professor Christopher Poulos

HammondCare and the University of New South Wales

Associate Professor Roslyn Poulos

University of New South Wales

Developing a model for rehabilitation in the home as an alternative to inpatient care

The study

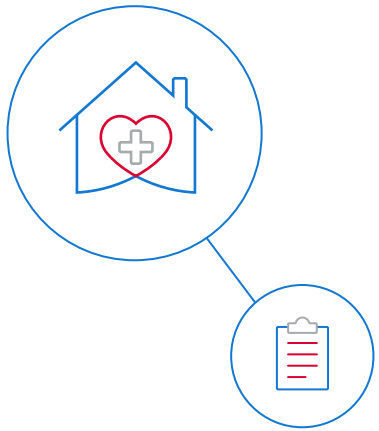
As Australia's population ages, more people are at risk of becoming deconditioned following illness, surgery or receiving treatment for cancer. When deconditioning becomes severe or occurs in people who are already only managing marginally, it's often not possible for them to bounce back without undergoing rehabilitation.

Inpatient rehabilitation means a prolonged hospital stay, being away from family for longer and doing therapy in an environment that doesn't present the same challenges as being at home – such as negotiating stairs and using the kitchen. When inpatient rehabilitation is not available, people may have to stay in an acute hospital longer, where they can get even more deconditioned.

With people requiring reconditioning accounting for more than a quarter of all inpatient rehabilitation admissions,[1] researchers from the University of New South Wales wanted to explore if treating patients in the comfort of their own homes could be a better alternative for many patients.

Supported by a Medibank Better Health Foundation research grant, the research team worked with a team of rehabilitation experts to agree on and cost a new rehabilitation in the home (RITH) model as an alternative to hospitalisation for patients requiring reconditioning. Achieving consensus from key stakeholders on what a model of care should look like is the first step in implementing and evaluating new practice models. There were no published models for RITH for reconditioning in operation at that time.

The team developed its RITH model using a mixed-method approach. This included asking a group of rehabilitation experts for their views on key statements about what a model for RITH for reconditioning should include and then refining those statements until a broad agreement was reached. In this instance, the survey was conducted via three consecutive online surveys. The team also conducted a patient questionnaire, interviews with service providers and a literature review.



1 Australasian Rehabilitation Outcomes Centre (AROC). AROC Annual Report – The state of inpatient rehabilitation in Australia in 2019 Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong; 2020 [28 June 2022]. Available from: https://ro.uow.edu.au/cgi/viewcontent.cgi?article=2131&context=ahsri.

The team's RITH model consists of five steps that follow the patient's journey from acute care into a RITH program:

- identifying patients who can be safely managed at home
- determining eligibility and acceptance into the RITH program
- developing a care plan
- delivering the program
- discharging patients from the program.

Financial modelling was developed using data drawn from the surveys, a literature review, publicly available health services costing data, data from the Australasian Rehabilitation Outcomes Centre (AROC) and the project team's expert opinion.

The impact

The team found strong support among the rehabilitation experts it surveyed for RITH for patients requiring rehabilitation for reconditioning. However, the survey results indicated that legislative reform, more flexible payment systems, better integration with primary care and appropriate clinical governance frameworks are needed for broad implementation to occur.

Financial modelling of the team's hypothetical hospital substitution model suggested potential savings compared to inpatient care in hospital. These savings were estimated to be on a similar scale to the savings delivered by existing hospital-in-the-home programs and RITH for other patient groups.

Qualitative data from staff interviews suggested that the home setting enables a rich assessment of the patient, as well as a context-specific and person-centred approach. Goal setting, working towards those goals and then evaluating the outcomes is key to rehabilitation. Patient questionnaire responses indicated the importance of good communication with patients to assist them to make informed decisions about RITH.

Having designed and costed this new RITH model, the next step is to move to implementation and compare the actual clinical outcomes and costs of RITH and inpatient rehabilitation for reconditioning.

We wish to acknowledge the contribution of the Medibank Better Health Foundation Health Research Governance Committee 2023 - 24

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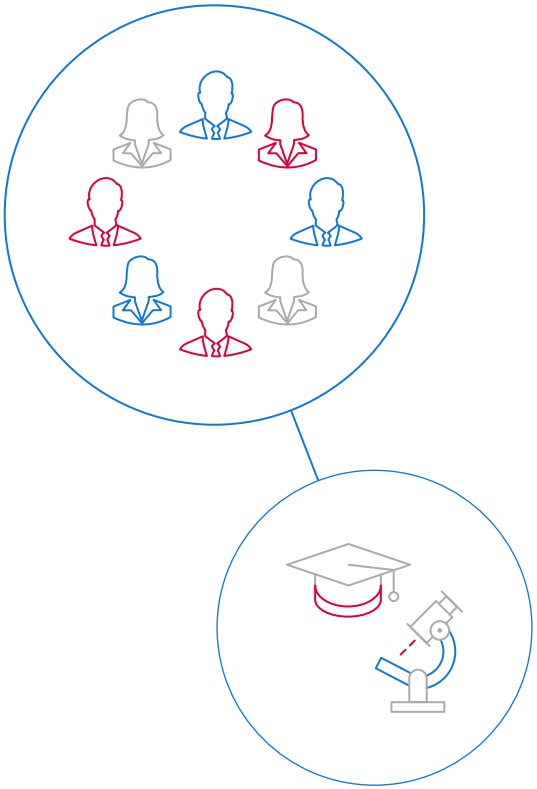

Partner organisations

The University of Melbourne

ALIVE National Centre for Mental Health Translation

La Trobe Sport and Exercise Medicine Research Centre

Menzies School of Health Research

Myhealth Medical Group

Royal Australian College of General Practitioners

The George Institute for Global Health

The University of Sydney

The Bouverie Centre at La Trobe University

HammondCare

University of New South Wales

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