



Australian Primary Health Care Research Institute

Information for Applicants

2013 Research Stream Funding

The relationship between sub-acute care and primary health care

Preamble

The Australian Primary Health Care Research Institute (APHCRI) was established at The Australian National University in 2003. Its mission is to provide national leadership in improving the quality and effectiveness of primary health care through the conduct of high quality, priority-driven research and the support and promotion of best practice. It focuses on important sectoral questions relating to the organisation, financing, delivery and performance of primary health care, including its interaction with public health and the secondary and tertiary health care sectors. The intended beneficiaries of APHCRI's work are Australian consumers of primary health care services.

Background

To date APHCRI has funded over seventeen streams of research in the following primary health care domains: Primary health care models/delivery, primary health care performance, practice nursing, preventative medicine, rural and remote primary health care; self-help organisations, workforce, Aboriginal and Torres Strait Island primary health care; access to primary health care, adolescent/child health, chronic disease management, e-health, mental health, multidisciplinary teams, and funded eight Centres of Research Excellence.

APHCRI's current funding is for the period of 2010 – 2014. The contract between the Commonwealth Department of Health and Ageing and the Australian National University as APHCRI's managing institution states that:

For the period 2010-2014, the work of the Institute will focus on supporting the research and innovation priorities of the National Primary Health Care Strategy through:

- > Generation of an increasingly high quality, robust evidence base for Australian primary health care;*
- > Undertaking research activities relevant to the Commonwealth's health reform agenda;*
- > Providing evidence, knowledge and specialised expertise to inform decision making for primary health care systems and services.*

APHCRI's research program for the life of this contract comprises the embedding of Centres of Research Excellence and the commissioning of shorter term research projects that address specific questions: this proposal falls into the latter category.

Proposed program of research

The Institute is now offering funding for research to provide evidence on the relationship between sub-acute care and the primary health care.

Funding for individual projects up to the value of \$150,000 will cover travel and associated project costs. A maximum of six projects will be funded.

The introduction of Medicare Locals is an intention for wider representation in planning of the needs of local communities. Along with the planned introduction of the personal e-health record there are a number of opportunities to explore the relationships between care services and how integration of care benefits the health care system and consumers more broadly.

The interaction of sub-acute care and primary health care ("area of care that lies somewhere between inpatient hospitalization and long-term services" (Burns, 1994)¹ can be examined through a number of examples and this stream of research proposes to use **Aged Care** and/or **Mental Health care** as examples to:

1. Trial with relevant Medicare Locals the smooth transition between sub-acute care and primary care, noting that for many people in the above two categories it is during the transfer from one system to another that they become disadvantaged
2. Specifically examine the hospital/aged care interface, noting the gaps that become evident for the elderly when they transition from one sector to another
3. Explore the patient journey including the 'Living Will'.

In this context, a living will is a drawn to specify what medical treatment you would like in specific circumstances before you die.

Though often disapproved of, a living will can be useful to assist those providing medical or other care to giving you the treatment you want even at a time when you are no longer able to communicate directly with them.

This is usually achieved in Australia by setting up a special (medical) Enduring Power of Attorney while you are still of sound mind and have capacity to do so. In the Living Will you are giving an important member of your family or a trusted friend the power to make decisions on your behalf when you can no longer make them for yourself, to dictate how your incapacitated body is to be dealt with, whether you are to receive treatment or just pain relief, whether the life support systems are to be left running or switched off when you are considered terminally ill, and so on. Even young people may need such a document, as incapacitation can be caused by accident or illness and not just old age. A living will is in fact, not a will in the usual sense at all. By the word 'will', of course we really mean 'our last request'. In this context, a living will is a drawn to

¹ Burns, J. *Sorting out subacute care*. Modern. Healthcare. (1994, April 25)

*specify what medical treatment you would like in specific circumstances before you die.*²

4. Reduce the number of elderly patients who present in Emergency Departments unnecessarily through a better understanding of the patient journey
5. Design the 'Service Response' for both the elderly and patients requiring mental health care
6. Link Medicare Locals to a wide range of social services
7. Develop strategies for preventing patient re-entry from primary health care to sub-acute or acute care.

APHCRI has funded research in a number of streams on chronic disease management, mental health, multidisciplinary teams, access to primary care and models of primary health care delivery. These research projects have provided evidence to policy makers and practitioners and three page policy briefs for each project are available on the APHCRI website.

All funded research projects will be required to be completed within **eighteen months** of commissioning.

All applicants will be required to include an **implementation plan** which would identify how the findings could be generalised to other services.

It is anticipated that the announcement of the successful applicants will be made in February 2013.

Eligibility to participate in the Relationship between Sub-Acute and Primary Health Care Research Stream

- (a) Eligible applicants are **not** required to have participated in a previous APHCRI funded research stream.
- (b) An applicant must be either an Australian citizen, an Australian permanent resident, or a New Zealand citizen who holds a Special Category Visa. Note that applicants who have not yet been granted permanent residency or a Special Category Visa may apply, provided that such status has been sought. Evidence that this status has been granted must be provided prior to commencement of the Award.
- (c) Applicants must be residing in Australia at the time of application.
- (d) Participants from different Institutions may choose to combine and apply jointly for this Stream of funding.

Knowledge Translation and Exchange

The Institute aims to facilitate the use of research evidence to inform national policy. To achieve this aim, APHCRI has adapted the notion of linkage and exchange proposed by Professor Jonathan Lomas of the Canadian Health Services Research Foundation,³

² <http://www.netlawman.com.au/info/living-wills-australia.php>

³ Lomas J. Using 'linkage and exchange' to move research into policy at a Canadian foundation. *Health Affairs* 2000; 19:236-40

and the concept of knowledge translation proposed by Professor John Lavis, the Canada Chair in Knowledge Transfer and Exchange from McMaster University, Canada. Applicants should refer to the APHCRI model which is available at: <http://aphcri.anu.edu.au/resources>

Funding

The Research Advisory Board has determined that each of the sub-acute and primary health care research stream recipients will be eligible to receive up to \$150,000.

Acceptable expenditures of these funds, to be itemised in proposals are for:

- > Salary support (NOTE that APHCRI will not provide salary support for staff already in receipt of institutional salary for 'buying out' of administrative, teaching, or other time for staff engaged on the APHCRI grant).
- > Direct research costs
- > Support for multi-institution collaboration using the most economical means (travel, teleconference, etcetera)
- > Support for consumer engagement
- > Support for knowledge translation and exchange (including reasonable research travel for investigator and stakeholders)
- > Post-doctoral and PhD support
- > Three network meetings in Canberra over the 18 month period
- > Final reporting visit for the Chief Investigator A to the Commonwealth Department of Health and Ageing and APHCRI ANU. (Other investigators may attend these meetings by agreement but not at a cost to the grant.)

Recognising that some potential applicants may incur additional costs because they are based in rural locations, or locations remote from Canberra, the Research Advisory Board has decided to make available additional funds to support such applicants. These additional funds will not exceed \$25,000 per rural or remote project. The request for additional funds together with the justification for these must be included in the proposal. For general guidance, State capitals in the eastern mainland States and South Australia would not be considered remote from Canberra.

A single administering institution must be identified for each proposal. Institutions administering APHCRI research projects are either required to be NHMRC-registered institutions or, in the case of organisations not registered with the NHMRC, must self-assess according to the NHMRC criteria which can be found at the following linked site <http://www.nhmrc.gov.au/files/nhmrc/file/grants/policy/policy02.pdf> and submit their assessment to the Research Advisory Board for consideration.

Funds must be acquitted within twelve months of the projects completion. At that time financial acquittal of all funds must be provided to APHCRI in Australian dollars.

Application and commissioning process

The process for the Relationship between Sub-Acute and Primary Health Care Research Stream will involve two stages:

- > Expressions of Interest
 - Submission of Expressions of Interest using an Expression Of Interest proforma
 - Assessment of the Expressions of Interest by the Expert Review Committee.
- > Submission of full proposals
 - High ranking Expressions Of Interest will be invited to submit full applications using the Relationship between Sub-Acute and Primary Health Care Research Stream application form
 - Assessment of the full proposals by an Expert Review Committee
 - Decision by the Research Advisory Board on the basis of the recommendations of the Expert Review Committee.
 - Notification of and contracting with successful projects.

The RAB reserves the right to not fund any projects under this funding Stream if the applications are not deemed to be of a sufficient standing.

Proposals

Expressions of Interest and full Proposals must be submitted using the Relationship between Sub-Acute and Primary Health Care Research Stream application proforma and forms which can be downloaded from the APHCRI website (<http://aphcri.anu.edu.au>) or on request from APHCRI.

Up to two topic areas only can be addressed in each proposal. The same institution may submit more than one proposal and a Chief Investigator may be named on more than one proposal.

Selection Criteria

Applications will be assessed against the following criteria:

- > Scientific quality – approach and methodology
- > How the proposal will build on and provide the evidence to inform the health reform agenda, identifying ways in which the proposal seeks to innovate in primary health care in Australia through the identification of issues/topics of national policy relevance
- > Identified outcomes of the proposal
- > Identified engagement with consumers, stakeholders and key groups
- > How completion of the work will contribute to improving the relationship between sub-acute and primary health care

Preparation and Submission of Proposals

The closing date for receipt of the four page Expressions of Interest for the Sub Acute and Primary Health Care Research Stream is **30th November 2012**. Expressions of interest are to be submitted using the Expression of Interest proforma.

The closing date for invited full proposals in this Stream is **5:00 p.m. (Australian Eastern Time) 15th February 2013**. Applications are to be submitted using the Relationship between Sub-Acute and Primary Health Care Research Stream application form. An electronic version (in .pdf format) and signed hard copy version must be submitted.

The electronic version should contain the completed application form and relevant attachments as a single Adobe Acrobat PDF file. It should be e-mailed to the Director through submissions.aphcri@anu.edu.au with the filename format: Surname lead investigator, initial(s) lead investigator, file extension (e.g. brown.mf.pdf).

MAILING ADDRESS:

The Director, APHCRI
Level 1, Ian Potter House
Cnr. Gordon & Marcus Clarke Sts
The Australian National University
CANBERRA CITY ACT 0200

COURIER ADDRESS:

The Director, APHCRI
Level 1, Ian Potter House
Cnr. Gordon & Marcus Clarke Sts
The Australian National University
Acton ACT 2601
(02) 6125 0766

EMAIL ADDRESS:

The electronic copy can be emailed to
submissions.aphcri@anu.edu.au.

Certification

By signing the application, the researcher and administering institution agree, if successful, to accept the Conditions of the Award as set out in this document.

Summary of Process for Stream: Relationship between Sub-Acute and Primary Health Care Research

Activity	Date
Announcement of the Relationship between Sub-Acute and Primary Health Care Research Stream	Tuesday 13 November 2012
Closing date for receipt of Expressions of Interest	Friday 30 November 2012
ERC for Expressions of Interest	10-14 December 2012
Research Advisory Board invites full applications from selected candidates	17-21 st December 2012
Closing date for receipt of full applications	15th February 2013
ERC Assessment Process against Selection Criteria	20 th February 2013
Research Advisory Board decision making	21st February 2013
Relationship between Sub-Acute and Primary Health Care Research Stream- successful applicants announced	End of February 2013
Relationship between Sub-Acute and Primary Health Care Research Stream project period	1 st April 2013-31 st August 2014
Relationships between Sub-Acute and Primary Health Care Research Stream researchers present Final Report to APHCRI.	30 th September 2014
Relationship between Sub-Acute and Primary Health Care Research Stream presentations in Canberra	November 2014

Funding Agreement

All successful applicants will be required to have entered into a signed funding agreement between the administering institution and the Australian National University (ANU) within 30 days of a formal offer having been made by the ANU or the offer may be withdrawn. A generic draft is available at <http://aphcri.anu.edu.au/resources>.

This generic agreement enables the ANU to comply with its contractual obligations to the Department of Health and Ageing with respect to the PHCRED funding agreement. Applicants are strongly advised to ensure that their administering institution is prepared to accept the generic agreement as this component of the Funding Agreement cannot be varied.

Acknowledgement

The contribution of the Department of Health and Ageing will be acknowledged in all correspondence, public announcements, advertising material, and other material produced by the recipients on behalf of APHCRI.

This acknowledgement will normally be of the form:

The Australian Primary Health Care Research Institute is supported by a grant from the Australian Government Department of Health and Ageing.

Publication of APHCRI Research

Acknowledgement of the Institute's role in publications of the recipient's research will normally be of the form:

The research reported in this paper [or presentation] is a project of the Australian Primary Health Care Research Institute, which is supported by a grant from the Australian Government Department of Health and Ageing, under the Primary Health Care Research, Evaluation and Development Strategy. The information and opinions contained in it do not necessarily reflect the views or policy of the Australian Primary Health Care Research Institute or the Australian Government Department of Health and Ageing.

On notification by a publisher of intent to publish an article or research report submitted by a recipient, the researcher will advise the APHCRI ANU of the paper's acceptance for publication and send APHCRI ANU a copy of the final version of the paper or report, embargoed from further dissemination until publication.