



Submission to the *MRFF Australian Medical Research and Innovation Strategy and Priorities* consultation

October 2021

Background

The Continence Foundation of Australia (the Foundation) welcomes the opportunity to respond to the Australian Medical Research Advisory Board *MRFF Australian Medical Research and Innovation Strategy and Priorities* consultation.

The Continence Foundation of Australia is the peak body for promoting continence (bladder and bowel control) health. The expertise of the Foundation in education, awareness, information and advocacy alongside representation in each state and territory means that we are best placed to represent the interests of individuals, carers and health professionals in relation to continence and primary health care in outer metropolitan, rural, and regional areas.

Could the current Strategy (2016-2021) be altered to better meet the purpose set out in the MRFF Act? If so, how?

The MRFF is a vital lever in aligning the skills and capabilities of the research communities with the requirements of the health system and of consumers and carers. Collaboration between clinicians, researchers and end users can deliver the new practices, services and products needed to improve the health and wellbeing of the population. To achieve this, the MRFF strategy needs to establish robust mechanisms to enable all stakeholders to agree shared priorities and to consider how to scale innovation so that all Australians can benefit. The strategy needs to specify the scope of future investment to include funding at proof-of-concept stages and provide support and incentives for researchers to work with entrepreneurs and industry bodies in applying research findings to prototype development and, eventual widespread distribution of successful products. This will not only be of benefit to the health and wellbeing of the population, but it will also enable the commercialisation of products that are successfully trialled. Moreover, in relation to underserved and unglamorous areas such as continence health, this kind of approach, in which risks, and opportunities shared between the Government and other sectors will assist in addressing market failure.

What are the most critical current and future issues and factors impacting on the health system, including primary prevention, and on the health and medical research sector that the next Strategy needs to address?

The Foundation believes that there are critical issues for the MRFF in 2021 to 2026. These are:

- Aligning priorities with the national preventive health agenda.
- Tackling health inequalities
- Research into harm reduction from current treatments and the development & evaluation of novel alternatives.
- Tackling the failure of the market to invest in research and development in relation to high prevalence conditions, with severe individual and societal consequences that are perceived as unglamorous, including incontinence.

Suggest options for how the next Strategy could address these critical issues and factors?

The multifactorial nature of health and, indeed of disease and the complexity of contemporary society underscore the need for collaborative multi-disciplinary research programs that include health system organisations, industries, communities, and policymakers. The issue of continence health is a test case for the need for ecological approaches to exploring causation, primary and secondary prevention, treatment, management, and service models as well as broader social issues including stigma reduction and self-care.

The MRFF could provide funding to build a virtual hub for translational health research, building capacity, coordinating efforts and disseminating new knowledge and practice including in continence-related health.

Given the new and significant impact of COVID-19 on health services and health research, how should the new Strategy address COVID-19 related topics and impacts?

The same principles of collaboration by relevant stakeholders to develop and support solutions elaborated on previously also apply in the context of COVID-19 and its impact on health services and research. As stated in the MRFF Australian Medical Research and Innovation Strategy Roundtable Discussion Summary (Ref), the MRFF must 'strengthen its role in connecting the journey from research inception to the practical implementation of benefits for the end-user'. Priorities for research and innovation against the COVID-19 pandemic background must be driven by consumers to enhance prevention, reduce health inequalities and address underserved or unglamorous issues including continence-related research.

Part of the solution is to focus on how to meet long-term health needs during an epidemic. A Nationally Representative Consumer Survey conducted by the Foundation found that 85% of respondents who have experienced some level of incontinence have experienced it for 6 or more months and 19% have experienced it for more than five years. Managing incontinence and other chronic conditions in the context of the COVID environment is a double burden for many thousands of Australians. This requires recognition and research to inform service and technological developments to improve health and quality of life lest it be sidelined once again.

Priorities Consultation Questions

Could the current Priorities be improved to better address the requirements under the MRFF Act? If so, how? This could include consideration of what elements of the Priorities work well to guide MRFF investments and what could be improved for research translation and impact?

The intention of the MRFF Act to address unmet medical needs through research translation and commercialisation is implicit rather than explicit in the current list of priorities. The omission of a specific priority in relation to so-called 'unglamorous conditions' including both urinary and faecal incontinence, will ensure that these debilitating, poorly served conditions which have major social and economic impacts, will fail to benefit from the translation of research into technological and system innovation.

Incontinence affects one in four Australian adults. It is an underlying and frequently unmet need relevant to all the current priority areas, particularly but not exclusively in aged care. To provide just one example, while the emphasis in aged care has been on dementia, the rate of dementia in residential aged care stands at 51.9%. This contrasts with the much higher rate of incontinence of 75-81% with its requisite heavy workload for carers and yet it is being overlooked. Despite this, incontinence does not attract significant research funding.

The Foundation proposes that the MRFF Priorities for 2021 to 2026 includes the additional priority of 'highly prevalent conditions which are underserved or perceived as unglamorous'.

What are the most critical current and future issues for the health system and the health and medical research sector that the next Priorities need to address through research translation/implementation?

The MRFF must continue to align itself with the government's preventative agenda by investing in and translating research into new preventative interventions, supporting better self-care and new treatments in the priority areas.

Specifically in relation to incontinence, research is needed urgently to identify preventative interventions, treatments, and models of care to transform current practices. The Foundation is working with the National Ageing Research Institute (NARI) to develop a Best Practice Model of Continence Care (MoCC) in residential aged care facilities. This work is informed by the best available evidence from scientific literature, consultation with industry and clinical experts, staff and residents and is currently being piloted in local settings. More translational research such as this is required.

Despite growing evidence of the value of innovative technologies and shifts in service delivery in the prevention, treatment, and management of incontinence the market has not yet delivered sufficient funding for the translational research to scale these at national and population levels. The MRFF strategy 2021-2026 could address this market failure and should act as a driver for the development of new technologies and connected health solutions to meet currently unmet or underserved clinical needs in relation to incontinence.

Suggest options for how the next Priorities could address these critical issues?

The MRFF needs to strengthen partnership working with researchers, health decision makers, clinicians, peak bodies including the Foundation and with consumers and carers. Strategic links with industry and philanthropies also need to be strengthened to draw in additional funding. The development of the Priorities needs to be accompanied by the decision-making models in which all

the links in the health chain will be integrated. This will ensure that national and community priorities are translated into a research focus.

Against a background of growing interest and concern about how to address the perceived gaps between research evidence and decision making at a practice and policy level in health care, the MRFF should continue to steer and facilitate collaboration between the research and clinical communities to address issues of most value to consumers and carers, even though these issues, such as those associated with both urinary and faecal incontinence, are considered unglamorous. This research has the potential to substantially curtail healthcare costs and improve population health and wellbeing. It is likely that the prioritisation of translational incontinence research through the MRFF will encourage further investment from the private sector and begin to address the market failure in this area.

Given the new and significant impact of COVID-19 on health services and health research, how should the new priorities address COVID-19 related topics?

The continued exposure to the COVID-19 pandemic, follow on effects of the 2020 summer bushfires and the uncertainty of lockdown restrictions are still having a significant impact on people living with incontinence, their carers and health professionals.

The Foundation considers translational research to underpin remote health service provision vital especially for testing and physical examination where required. A health professional survey conducted by the Foundation in May 2020 found that over 75% of 367 health professionals surveyed by the Foundation in May 2020 were offering telehealth, especially for allied health consultations. Respondents saw telehealth as a good option to keep in touch with consumers who had previously been seen face-to-face, but not suitable for testing and physical examination or assessment. There was particular concern for those consumers who were fearful of physically attending a clinic and who were at risk of sub-optimal care as a result. However, despite research confirming assessment and management of continence-related issues via telehealth is a viable substitute for face-to-face assessments and management, locally led research is missing to develop and facilitate greater consumer-driven research to ensure the needs of people living with incontinence are best served.