

MOVE muscle, bone & joint health



Research and Knowledge Exchange Strategy
2015-19: *Plain language summary*

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This is a plain language summary of our Research and Knowledge Exchange Strategy 2015-2019. The complete version can be found at <http://www.move.org.au/Research> or you may wish to contact our Research and Knowledge team on 8531 8031 or email research@move.org.au and request a copy to be sent to you.

Background

MOVE muscle, bone & joint health is the peak organisation for people with, or at risk of, musculoskeletal (MSK) health conditions in Victoria.

MOVE is establishing a research and knowledge exchange footprint in MSK health. This means together with researchers, policy makers, healthcare professionals and consumers, we will discuss and apply research findings to influence MSK healthcare decisions. As this footprint continues to grow, an organisational strategy is needed to inform our activity and investment decisions in research and knowledge exchange.

Development of the Research and Knowledge Exchange Strategy

The *MOVE* Research and Knowledge Exchange Strategy 2015-19 (the Strategy) was developed as a five-year plan to guide our activities in research. The Strategy will help us achieve our long-term commitment - *to improve the quality of life of people who have, or are at risk of developing musculoskeletal conditions*. It will also provide some accountability to our donors and other research contributors, including our partners.

The Strategy addresses the organisational goal by developing *a highly respected footprint in musculoskeletal health research*. This will be achieved through:

- participating in research that improves consumer outcomes and quality of life, providing evidence-based information and services, and
- achieving recognition as an industry leader through excellence in research and knowledge exchange.

Key steps in the development of the Strategy included:

- consultations with key opinion leaders in Victoria
- consultations with consumers in both metropolitan and regional Victoria
- review of current Australian state and federal government policies and initiatives
- review of research strategies from international consumer-based organisations with similar goals
- review of current literature reporting priority research areas in MSK health and knowledge exchange.

The Strategy uses a Knowledge Translation and Exchange (KTE) approach to address gaps in MSK healthcare. This means as data and evidence are generated, they shared with others and ethically applied to practice either in a clinical setting, the community or by the individual (such as self-management of a condition).

MOVE understands that research outcomes are only useful when they are made accessible to consumers, carers and research users in terms of the language, format and type of delivery. It also recognises that research must be translated into routine practice in the clinic and community in a timely manner. The Strategy explains what approaches we will take to make this happen.

The *MOVE* Research and Knowledge Exchange Strategy 2015-19

The goal of the Strategy is to translate MSK research into routine practice to achieve better health outcomes for those with, or at risk of developing a MSK condition. It is a framework to guide our activity and investment decisions. There are separate plans outlining how the Strategy will be executed.

We do not plan to become a research institution, but instead, will partner with other organisations to undertake research. This will be done by investing in partnerships, projects, people and specific knowledge translation and exchange initiatives to better inform health services.

We will partner with government, health researchers and their academic institutions, consumers/carers and other consumer organisations, professional bodies related to MSK health and relevant industry groups. Together we will co-fund large scale projects and apply for grants to increase the amount of money available to translate the research into the healthcare system and your community.

The projects will focus on key research priority areas. These are explained in detail in [Table 1](#). Some of these will be internal projects and others will be with external partners. With over 150 MSK conditions, it is important for us to focus only on some of the conditions in the first instance.

Therefore, we will focus our research on priority MSK conditions including:

- [chronic pain](#) of MSK origin, particularly back and neck pain
- [osteoporosis/osteopenia](#)
- [osteoarthritis](#)
- [rheumatoid arthritis](#) and
- [systemic lupus erythematosus \(lupus\)](#).

These conditions were chosen based on data that shows the patterns, causes and impacts of particular MSK conditions in defined Australian populations and opportunities to improve services.

We plan to support the researchers in the sector by offering PhD scholarships and Postdoctoral Fellowships. We also will be offering other research grants to encourage the different research groups to work together more. In addition, we will fund and host communication initiatives (e.g. forums, webinars, conferences) which allow consumers, carers, health professionals, researchers, policy makers, educators and any other interested parties to share knowledge and understand the best evidence for managing MSK health.

We will explore the best ways for knowledge translation and exchange to occur so that the right information reaches all the relevant people at the right time. This approach offers the best chance for the research to be translated into routine practice by practitioners and consumers to achieve better health outcomes.

We are committed to supporting consumers in research both as participants and research partners. A strategy on how to engage consumers and work together to ensure our research is relevant, appropriate and consumer centred has been developed. We also want to ensure research findings are communicated back to the community in a format which is easy to understand. For this reason we provide plain language summaries of all the research we undertake.

Further details on how the research budget will be spent over the five years are presented in [Table 2](#).

Table 1: Description of research priority areas

Note - not all priority areas will be addressed at any one time and the relative importance of priority areas may vary from year to year

Priority area	Description
Information and communication technologies (ICT)	ICT enables the transfer of health information and may assist people in making positive changes in their health behaviour. This priority area relates to the development, evaluation and implementation of ICT such as social media , m-health and e-health to deliver information or services to people, including carers, with MSK health conditions or to facilitate management (including self-management, management from a healthcare team, and professional education). ICT strategies may also be developed and evaluated for health surveillance , prevention initiatives, health risk identification and/or approaches and strategies that lessen the impact of living with MSK conditions, and improve health experiences and outcomes.
Health workforce education to improve and sustain knowledge, skills and practice behaviours	The role of the health workforce in the prevention, management and advocacy of MSK health is fundamental. Despite evidence for effective practices in these areas such as primary care (e.g. general practice), the translation of evidence into practice by health professionals can still be improved for MSK health. As a result, consumers do not always receive the right care or information at the right time or in the right place. The purpose of this priority area is to address the knowledge-practice gap in MSK health by investing in research programmes that aim to address deficits or optimise the knowledge, skills, and practice behaviours of health professionals. A particular focus of this priority area is closing the know-do gap .
Effective consumer participation in health (knowledge, skills, resources) to improve engagement in physical activity and self-management and improve skills in navigating the health system	Active participation by consumers in the co-management of their MSK health condition (particularly chronic conditions) is now universally recognised as critical. Consumers need specific skills and knowledge to seek, understand and use health information and adopt positive health behaviours. These may be generic self-management skills/knowledge, or disease-specific skills/knowledge. The purpose of this priority area is to improve the ability of consumers to seek, understand and use health information related to their MSK health, and adopt positive lifestyle behaviours to minimise risk of developing MSK health conditions or minimise deterioration in existing conditions. Areas of particular focus include: <ul style="list-style-type: none"> • helping people get involved in physical activity, particularly those at risk of a condition or with established MSK condition • adopting positive nutritional habits • minimising disability related to chronic MSK conditions, particularly persistent pain • improving skills and knowledge in navigating the health system and communicating with health professionals

Table 1 continued: Description of research priority areas

Note - not all priority areas will be addressed at any one time and the relative importance of priority areas may vary from year to year

Priority area	Scope
Employee health and productivity related to MSK health	<p>An increasing body of evidence highlights the growing socioeconomic burden of MSK health conditions among Australians of working age (25-64 years). This trend poses a significant threat to the health and wellbeing of the nation, and its social and economic productivity. This priority area focuses on:</p> <ul style="list-style-type: none"> • characterising the burden of MSK conditions among working Australians, particularly younger Australians (25-45 years) • developing and evaluating initiatives to assist working Australians who live with MSK conditions to remain productive at work, focusing on individual and organisational factors • raising awareness of MSK health conditions among working Australians
Implementation and evaluation of evidence-based health service models or models of care for MSK health	<p>The purpose of health service models or models of care is to translate evidence of ‘what works’ for MSK health into routine practice. Several evidence-based service models exist for MSK health conditions, both at a national level and a state level. The purpose of this priority area is to put into practice and then evaluate evidence-based health service models or models of care for MSK health which involve <i>MOVE</i> and have a focus on:</p> <ul style="list-style-type: none"> • workforce configurations • clinical governance and pathways • consumer participation
Continuous improvement of information, products and services at <i>MOVE</i> and other Victorian state MSK services to ensure alignment with evidence and effectiveness	<p><i>MOVE</i> offers a suite of services to our stakeholders, including information, training (for consumers and health professionals), disease-specific programmes and a MSK Help Line staffed by rheumatology-trained nurses. This priority area focuses on:</p> <ul style="list-style-type: none"> • evaluation of our current services to judge effectiveness – i.e. do they work and produce the intended result? • integrating existing or emerging evidence into our services • developing and evaluating new, evidence-based services/resources • linking our services with other agencies
Economic evaluations for programs or service models that address MSK health	<p>Economic evaluations of health service models, policies and initiatives are critical to justifying broader implementation support and sustainability. This priority area focuses on enabling robust economic evaluations of services or initiatives targeted at consumers or health professionals to improve health outcomes for consumers with MSK health conditions.</p>

Table 2: Investment strategies

Note - The proportion of funding allocated to each investment area is suggested only, and may vary from year to year or project to project. Variations to the suggested proportions will be at the discretion of *MOVE*. Investment specifications for some donations provided to *MOVE* for research purposes and partnership opportunities and agreements will also have a bearing on investment potential.

Investment area	Indicative proportion of research investment	Scope of investment
People	30%	<ul style="list-style-type: none"> • PhD scholarship(s) in MSK health aligned with the Strategy with a focus on KTE • Postdoctoral fellowship in MSK health aligned with the Strategy with a focus on KTE. These fellowships will be co-funded with another agency or institution, as opportunities arise • Development programmes for our consumers related to research participation and research ambassadorship. This may include training in research participation and governance (e.g. ethics), development of a process to identify consumers who are interested in participating in research either as a participant or investigator, improving the ability of consumers to talk about and promote research.
Projects	20%	Targeted projects, either initiated by an external institution, organisation or researcher in consultation with <i>MOVE</i> or organisationally-driven. Some funds will be used to undertake preparatory work necessary to put the Strategy into practice. An example would be to develop policies and guidelines to assist <i>MOVE</i> communicate effectively exactly who can apply for research funding and how their application will be assessed.
Partnerships	40%	Investment in partnerships with a number of partners for undertaking large scale research, including but not limited to NHMRC partnership grants and ARC linkage grants.
Knowledge Translation and Exchange specific infrastructure and resources‡	10%	Resources, initiatives and personnel to develop capacity in KTE . Further substantial investment in KTE initiatives will be undertaken according to the volume of funding procured outside the base research budget.

Notes

‡ Specific infrastructure and resources will be required to assist with KTE mechanisms. While the relative investment proportion to this area is 10%, this relates only to specific infrastructure and resources. All other investment areas will be underpinned by KTE principles.

Glossary

ARC - Australian Research Council

ARC linkage grants – funding is provided by the Australian Research Council to higher education researchers and other organisations (including industry and end users) undertaking any form of innovation to form partnerships to increase workforce capacity and solve complex research questions.

Chronic pain - pain lasting for longer than three months¹

e-health - the electronic collection, management, use, storage and sharing of healthcare information. This information can include individual items such as referrals, test results, discharge summaries, vaccination history, medication history and diagnoses²

Evaluation – the practice of critically assessing data against a set of pre-defined parameters to determine its significance, worth or quality

Evidence-based practice - applying the best available research results (evidence) when making decisions about health care³

Governance – all the processes, policies and systems required for an organisation to operate effectively, ethically and within legal and regulatory parameters

Health risk identification – defining factors such as demographics, genetics, physiological, psychological or environmental which increase the probability of becoming ill and or developing a disease state compared to the average rate

Health surveillance - screening and monitoring a population's wellbeing in relation to a specific disease or condition

Implementation – the act of doing something; like undertaking planned activities

Information and communications technology (ICT) – the use of telecommunications (e.g. telephone lines and wireless signals), computers including software and audio-visual systems to access, store, exchange and manipulate information

Know-do gap – refers to having the knowledge and understanding of what to do but not applying it and or following it through

Knowledge-practice gap – refers to the difference between having the theoretical knowledge but not applying it in practice. It is the same as the know-do gap.

Knowledge translation and exchange - the synthesis, exchange and ethically sound application of knowledge derived from research

m-health - the medical and public health practice supported by mobile devices, such as mobile phones, patient monitoring devices, tablets, personal digital assistants (PDAs), and other wireless devices⁴

Models of care - delivered principle-based framework of guide that describes the most effective manner in which care can be delivered to consumers in a specific setting such that the right care is delivered at the right time, by the right team, and in the right place

NHMRC – National Health and Medical Research Council

NHMRC partnership grants – funding is provided by the National Health and Medical Research Council to decision makers, policy makers, managers, clinicians and researchers to form partnerships to answer specific research questions which influence health and wellbeing through changes in the delivery, organisation, funding and access to health services.⁵

Osteoarthritis - one of the most common forms of arthritis. In osteoarthritis, the cartilage becomes brittle and breaks down. Some pieces of cartilage may even break away and float around inside the synovial fluid

Osteopenia – a condition where bone strength and quality is lower than normal, but is not low enough to be osteoporosis

Osteoporosis – a condition where bones become less dense, lose strength and may break more easily

Rheumatoid arthritis - an autoimmune condition that causes pain and inflammation of the joints as well as manifestations of systemic inflammation

Social media - websites and applications that enable users to create and share content or to participate in social networking⁶

Socioeconomic - relates to the social standing or class of an individual or group. A combination of education, income and occupation are often used to measure this⁷

Systemic Lupus Erythematosus (lupus) - an autoimmune condition system affecting the skin, joints, kidneys and lining of the heart and lungs and causing ongoing inflammation and pain

References

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6. Social media: definition of social media in Oxford dictionary. Oxford University Press, 2014. at <http://www.oxforddictionaries.com/definition/english/social-media>.)
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Find out more about *MOVE*

We have a wide range of services and programs for people with arthritis and MSK conditions:

Help Line. Our nurses can help you if you have a MSK condition and would like to find out more about it; if you need assistance navigating the complex health, disability and social services systems; or if you need information on community resources in your area. Call 1800 263 265 weekdays, or email helpline@move.org.au.

Peer Support. Join a peer support group and meet with people who understand what you are going through. Go to the Arthritis Map - <http://www.arthritismap.com.au> - to find the details of groups in Victoria.

Information. Visit our website and keep up to date on issues important to people with MSK conditions: www.move.org.au. Or check out our library. We have resources to help you live well with a MSK condition – including information on pain management, exercise, getting a good night sleep and nutrition. Access the library catalogue to see what the library has available - <http://www.move.org.au/Useful-Information/Our-Services/Library> - or contact the librarian on 03 8531 8031 (toll free for country callers on 1800 011 041). The library has a postal borrowing service for members who are unable to visit in person.

Education. We have courses, seminars and webinars to help you learn practical ways to live with a MSK condition. Seminars are run throughout Victoria, including regional areas. Visit our website for more information about upcoming events: <http://www.move.org.au/Education-and-Events>

Research. Our involvement in research has been steadily increasing over the years. We now have several active research projects, partnerships with research centres, research reports and plain language summaries for you to access on our website. Visit our website <http://www.move.org.au/Research> to find out more.



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