

MOVE muscle, bone & joint health



Research and Knowledge Exchange Strategy 2015-19

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A plain language summary of this document is also available on the *MOVE muscle, bone & joint health* website or can be obtained by contacting the Research and Knowledge team via email - research@move.org.au

1. Context

The *MOVE muscle, bone & joint health* Research and Knowledge Exchange Strategy 2015-19 (the 'Strategy') was developed as a five-year research and knowledge exchange plan to work towards the long-term strategic intent of the organisation, that is, *to improve the quality of life of people who have, or are at risk of developing musculoskeletal conditions*; and to maximise the most effective use of donor and other contributions for research and knowledge exchange to achieve:

- i) A coherent research funding program that reflects the identified *priority areas* of the Strategy
- ii) Efficient and appropriate allocation of funding to prioritised research and knowledge exchange areas
- iii) Capacity building in musculoskeletal health research within the specified priority areas
- iv) Funding of projects that address important questions to consumers (including carers) and *MOVE* in the specified priority areas
- v) Engagement of consumers as valued participants in musculoskeletal health research
- vi) Exchange of research outcomes (knowledge) across the sector.

The Strategy is linked with *MOVE's* Services Framework, Ambassador Plan and contributes to the overall organisational focus to establish a knowledge hub for musculoskeletal health. The knowledge hub will be a centralised repository of electronic information and resources for musculoskeletal health. The Strategy also focuses on research and knowledge exchange as both areas are critical to the development of the hub.

2. Background to the Strategy

MOVE is the peak organisation for people with, or at risk of, musculoskeletal (MSK) health conditions in Victoria. *MOVE* is increasingly establishing a research and knowledge exchange footprint in the sector, supported by donors, consumers, peak health professional and academic organisations and researchers. As *MOVE* and its research and knowledge exchange footprint continue to grow, an organisational strategy is required to inform activity and investment decisions.

The Strategy has been developed around a primary goal that addresses the organisation's strategic intent in research:

Develop a highly respected footprint in musculoskeletal health research through:

- Participating in research that provides a demonstrated impact on consumer-centred outcomes
- Providing evidence-based information and services
- Achieving recognition as an industry leader through excellence in research and knowledge exchange.

At a sector-level, the Strategy has been developed to contribute to closing the gap between the immense burden associated with MSK conditions¹⁻⁵, and the relative investment in MSK-specific research and evidence based services and information^{3,6}. While these outcomes cannot be measured directly through implementation of the Strategy, they are important issues underlying the need for a Strategy for *MOVE*.

3. Development of the *MOVE* Research and Knowledge Exchange Strategy

The Strategy has been developed through consultations with key opinion leaders in Victoria and consumers (see accompanying consultation report), review of current Australian State and Federal Government policies and initiatives as well as comparable international strategies, and contemporary literature reporting priority research areas in MSK health^{2,3,6-27} and knowledge exchange^{3,28}.

Within the Strategy, *priority areas* for activity and investment in research and knowledge exchange have been developed based on a range of information, including:

- Australian policy frameworks for prevention and management of chronic health conditions^{7,11,12,14-20,25,26}
- Data acquired from sector-specific surveys, including:
 - Exploring the needs of Arthritis and Osteoporosis Victoria's stakeholders: Consumers²⁹
 - Exploring the needs of Arthritis and Osteoporosis Victoria stakeholders: Health professionals³⁰
 - The ignored majority. The voice of arthritis 2011³¹
 - Whose problem is it anyway? The voice of GPs on arthritis 2012³²
- Consultations with local industry leaders, consumers and carers
- Published literature on research priorities for arthritis and MSK health^{3,21-24} and research translation²⁸
- The report, 'A problem worth solving: The rising cost of musculoskeletal conditions in Australia'²
- A recent report on the scope and status of musculoskeletal clinical trials in Australia⁶.

3.1 Definitions

The Strategy employs a 'Knowledge Translation and Exchange' (KTE) approach to contribute to closing the evidence-practice or 'know-do' gaps in musculoskeletal healthcare. For the purpose of this document *MOVE* has adopted the following definition of KTE based on those within the National Health Medical Research Council (NHMRC) and Canadian Institutes of Health Research (CHIR).

Knowledge Translation and Exchange is the synthesis, exchange and ethically sound application of knowledge derived from research.

Translational research is formally divided into five distinct phases, as depicted in Figure 1.

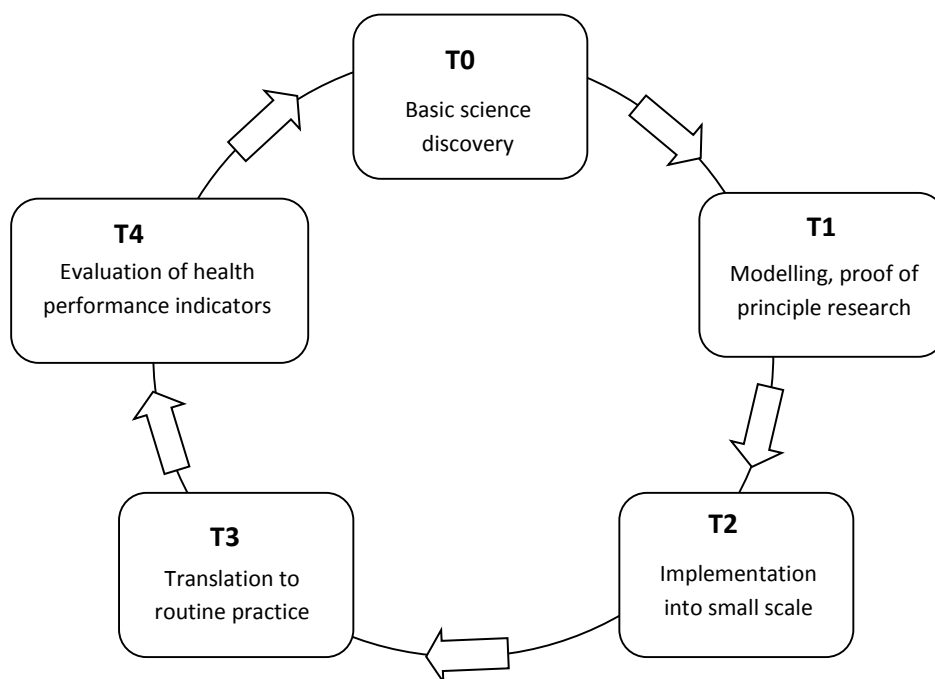


Figure 1: Phases of translational research

4. MOVE muscle, bone & joint health Research & Knowledge Exchange Strategy 2015-2019

The Strategic intent is to develop and sustain a highly respected footprint in MSK health research and knowledge exchange across the sector to enable positive outcomes for people living with MSK health conditions, the MSK health sector and *MOVE*.

While striving to be an industry leader in MSK health in Australia, by representing consumers and the sector as a whole, *MOVE* does not plan to establish itself as a research institution. Rather, *MOVE* plans to:

- Support and/or invest in research and knowledge exchange across the continuum of MSK health conditions: prevention, early diagnosis and management, established disease management. The continuum approach also includes the need to adopt a biopsychosocial framework (i.e. addressing the biomedical, social and psychological aspects of the condition) to the study of chronic MSK health conditions
- Support and/or invest in research and knowledge exchange across the life course (childhood to older age) and in priority clinical populations including individuals from culturally and linguistically diverse (CALD) or disadvantaged backgrounds or those living in rural and remote areas, and people of working age
- Develop and maintain effective research partnerships and networks

- Invest in knowledge integration across the sector and knowledge translation for consumers (including carers) and other stakeholders, especially those of CALD or disadvantaged backgrounds, those living with co morbidities and involve consumers in all aspects of the research and knowledge exchange process (where feasible)
- Focus research on priority MSK conditions based on Australian epidemiological data and opportunities to improve services. These include:
 - persistent pain of MSK origin, particularly back and neck pain across life course
 - osteoporosis / osteopenia
 - osteoarthritis
 - rheumatoid arthritis and
 - systemic lupus erythematosus (lupus)
- Support and/or invest in translational research in T2-T4 across identified priority areas (Table 2) and MSK conditions.

In order to achieve this, the Strategy has three main objectives:

i) Translating and sharing research methods and outcomes with key stakeholders across the MSK sector

This will allow research to inform self-management, optimise lifestyle behaviours, improve practice behaviours, and positively influence policy and health services. Translation will involve educating *MOVE* stakeholders about relevant research outcomes, for example, through *MOVE* publications and websites, and developing the research-derived knowledge and implementation skills of consumers through the *MOVE* Ambassador Program and other programs. Further details around mechanisms to achieve effective KTE will be developed over time and as targeted funds become available.

ii) Integrating research activities (projects, people, outcomes) across the MSK sector

This will build quality research capacity, identify gaps and opportunities, foster collaboration and meet the needs of consumers with MSK health conditions in a more responsive manner. At an organisational level, research outcomes will be integrated into all services provided by *MOVE* such that they are all, where appropriate, underpinned by an evidence base. At a sector-level, research outcomes will be communicated to key decision making organisations, (e.g. government).

iii) Enabling research across the MSK sector through targeted investment and establishing research alliances

This involves developing strategic alliances and contributing to all aspects of consumer-centred research, including but not limited to: advertising research opportunities, promoting research findings, providing researchers with a link to consumers for input into research design and research participation as guided by the *MOVE* consumer engagement strategy for research. Key partners in research include, but are not limited to:

- government
- health researchers and their academic institutions
- consumer organisations

- professional bodies related to MSK health
- industry groups.

Table 1 provides a summary of the Strategy. Tables 2 and 3 provide more detail on the scope of activity across the identified priority areas and investment strategies, respectively.

Notably, this Strategy does not represent an implementation plan. It is intended only as a high-level framework to guide activity and investment decisions. Separate implementation and governance plans to execute the Strategy will be developed.

Table 1: MOVE Research Strategy and Knowledge Exchange 2015-2019 at a glance

Goal						
To <i>translate, integrate</i> and <i>enable</i> research and knowledge exchange across the MSK health sector by developing strategic alliances with researchers, research organisations and other peak organisations to undertake and or invest in research and knowledge across identified priority areas.						
Objectives						
i) Translating and sharing research methods and outcomes with key stakeholders across the MSK sector		ii) Integrating research activities (projects, people, outcomes) across the MSK sector		iii) Enabling research across the MSK sector through targeted investment and establishing research alliances		
Priority areas (see Table 2)						
Information and communication technologies (ICT)	Health workforce education to improve and sustain knowledge, skills and practice behaviours	Effective consumer participation in health (knowledge, skills, resources) to optimise engagement in physical activity and self-management and improve skills in system navigation	Employee health and productivity related to MSK health	Implementation and evaluation of evidence based health service models or models of care for MSK health	Continuous improvement of information, products and services at <i>MOVE</i> and other MSK services to ensure alignment with evidence and effectiveness	Economic evaluations for programs or service models that address MSK health

Investment strategies (see Table 3)			
People	Projects	Partnerships	KTE
People support <ul style="list-style-type: none"> • Internal professional development activities for <i>MOVE</i> staff • Supporting researchers through PhD and/or postdoctoral/fellowship support • Supporting <i>MOVE</i> consumers to engage in research 	Investment in specific projects may be internal or external. External projects may be investigator-initiated [†] or organisationally-driven. Projects will be aligned to the priority areas identified in Table 2	Co-funding for large-scale projects: Investment in NHRMC Partnerships for Better Health grants and ARC Linkage grants, or other consortia-based research funding applications or programs	Investment in research translation and communication initiatives across the MSK health sector, including: <ul style="list-style-type: none"> • Investment in strategies to identify, synthesise and communicate best evidence for managing MSK health for consumers and other stakeholders, including, for example, plain language summaries based on Cochrane recommendations • Investment in enablers to translate evidence into practice for health professionals • Investment in knowledge sharing initiatives, including hosting forums and other stakeholder interactions

[†] a governance framework for investigator-initiated projects will be developed.

Table 2: Scope of priority areas*

Priority area	Scope
Information and communication technologies (ICT)	The role of ICT in facilitating transfer of health information and enabling positive health behaviour change is becoming increasingly recognised, particularly in the context of e-health, m-health and social media. This priority area relates to the development, evaluation and implementation of contemporary ICT such as social media, m-health and e-health to deliver information or services to people with MSK health conditions or 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 or health risk identification and/or amelioration related to MSK health.
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 remains sub-optimal in MSK health. Consequently, 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 programs that aim to address deficits or optimise the knowledge, skills, and practice behaviours of health professionals. A particular focus of this priority area is to improve these domains in an interdisciplinary context and facilitate the implementation of knowledge into skills and competencies – that is, closing the “know – do” gap.
Effective consumer participation in health (knowledge, skills, resources) to optimise engagement in physical activity and self-management and improve skills in system navigation	Active participation by consumers in the co-management of their MSK health condition (particularly chronic conditions) is now universally recognised as critical. In order to participate in co-care effectively, consumers need specific skills and knowledge to seek, understand and utilise health information and adopt positive health behaviours – these may be generic self-management or co-care skills/knowledge, or disease-specific skills/knowledge. The purpose of this priority area is to improve the capacity of consumers to seek, understand and utilise 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. Particular foci will include: <ul style="list-style-type: none"> • facilitating engagement in physical activity, particularly for people at risk of a condition or with established disease • adopting positive nutritional habits

* The presentation order does not reflect the importance or priority of each area. 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
	<ul style="list-style-type: none"> • minimising disability related to chronic MSK conditions, particularly persistent pain • improving skills and knowledge in system navigation and communicating with health professionals
Employee health and productivity related to MSK health	<p>An increasing body of epidemiologic data highlights the growing socioeconomic burden of MSK health conditions among Australians of working age (25-64 yrs). This trend poses a significant threat to human capital in Australia. 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 yrs) using large-scale epidemiologic approaches • 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 from a systems perspective into operational recommendations or plans. A systems perspective may include, for example, infrastructure, workforce configurations, clinical governance and pathways, consumer participation, and policy. Several evidence based service models exist for MSK health conditions, both at a national level and a jurisdictional level. The purpose of this priority area is to facilitate the implementation and evaluation of 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 MSK services to ensure alignment with evidence and effectiveness	<p><i>MOVE</i> offers a suite of services to its stakeholders; including information, training (for consumers and health professionals), disease-specific programs, and a MSK help line staffed by rheumatology-trained nurses. This priority area focuses on:</p> <ul style="list-style-type: none"> • evaluation of current <i>MOVE</i> services to judge efficacy • integrate existing or emerging evidence into <i>MOVE</i> services • develop and evaluate new, evidence based services • link <i>MOVE</i> services with other agencies

Priority area	Scope
Economic evaluations for programs or service models that address MSK health	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

Table 3: Investment strategies*

<i>Investment area</i>	<i>Indicative proportion of research investment</i>	<i>Scope of investment</i>
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 programs for <i>MOVE</i> 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 investigator initiated (in consultation with <i>MOVE</i>), or organisationally-driven. Some funds will be used to undertake background work needed to inform implementation of the Strategy, such as gap analyses and mapping.
Partnerships	40%	Investment in consortia-based partnerships for undertaking large scale research, including but not limited to NHMRC partnership grants and ARC linkage grants.
KTE-specific infrastructure and resources [‡]	10%	Resources, initiatives and personnel to develop capacity in KTE, including an upgrade of the <i>MOVE</i> ICT systems to support and streamline research activities as outlined in the Strategy. Further substantial investment in KTE initiatives will be undertaken according to the volume of funding procured outside the base research budget.

*The proportion of funding allocated to each investment area is indicative only, and may vary from year to year or project to project. Variations 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. The high value of implementation research will be considered when research activities are approved.

[^]Partnering agency may include, but not be limited to the Australian Rheumatology Association, Australian Physiotherapy Association, Royal Australian College of General Practitioners, Endocrine Society of Australia, Australian Pain Society, Pharmaceutical Society of Australia, Australian Orthopaedic Association.

[‡] 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.

References

1. Dall TM, Gallo P, Koenig L, Gu Q, Ruiz D. Modeling the indirect economic implications of musculoskeletal disorders and treatment. Cost effectiveness and resource allocation : C/E 2013;11:5.
2. Arthritis and Osteoporosis Victoria. A problem worth solving. The rising cost of musculoskeletal conditions in Australia. Melbourne: Arthritis and Osteoporosis Victoria; 2013.
3. Jacobs JJ, King TR, Klippel JH, et al. Beyond the decade: strategic priorities to reduce the burden of musculoskeletal disease. J Bone Joint Surg Am 2013;95:e1251-6.
4. Murray CJ, Vos T, Lozano R, et al. Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990-2010: a systematic analysis for the Global Burden of Disease Study 2010. Lancet 2013;380:2197-223.
5. Vos T, Flaxman AD, Naghavi M, et al. Years lived with disability (YLDs) for 1160 sequelae of 289 diseases and injuries 1990-2010: a systematic analysis for the Global Burden of Disease Study 2010. Lancet 2013;380:2163-96.
6. Bourne A, Whittle S, Richards BL, Maher CG, Buchbinder R. The scope of musculoskeletal clinical trials in Australia. What trials are being performed, who is funding them and where are they being published? Melbourne: Arthritis and Osteoporosis Victoria; 2014.
7. Australian and New Zealand College of Anaesthetists. National Pain Strategy. Melbourne: Faculty of Pain Medicine; 2010.
8. Australian Government National Health and Hospitals Reform Commission. A Healthier Future for all Australians. Final Report of the National Health and Hospitals Reform Commission. Canberra: Commonwealth of Australia; 2009.
9. Australian Institute of Health & Welfare. Arthritis and musculoskeletal conditions in Australia, 2005. Canberra: AIHW; 2005.
10. Department of Health. Clinical Networks in Western Australia. Background Paper. Perth: Department of Health, Government of Western Australia; 2005.
11. Department of Health (Western Australia). Elective Joint Replacement Service Model of Care. Perth: Health Networks Branch; 2010.
12. Department of Health (Western Australia). WA Chronic Conditions Self-Management Strategic Framework 2011-2015. Perth: Health Networks Branch; 2011.
13. Department of Health (Western Australia). Musculoskeletal Health Network Stakeholder's Forum Report, 13 September 2011. Perth: Health Networks Branch; 2011.
14. Department of Health (Western Australia). WA Primary Health Care Strategy. Perth: Health Networks Branch; 2011.
15. Department of Health (Western Australia). Inflammatory Arthritis Model of Care. Perth: Health Networks 2009.
16. Department of Health (Western Australia). WA Chronic Health Conditions Framework 2011-2016. Perth: Health Networks Branch; 2011.
17. Department of Health Western Australia. Spinal Pain Model of Care. Perth: Health Networks Branch, Department of Health, Western Australia; 2009.
18. Department of Health Western Australia. Osteoporosis Model of Care. Perth: Health Networks Branch; 2011.
19. Department of Medicine (University of Melbourne). The Burden of Brittle Bones. Epidemiology, Costs & Burden of Osteoporosis in Australia – 2007. Melbourne: International Osteoporosis Foundation & Osteoporosis Australia; 2007.
20. NSW Agency for Clinical Innovation. Musculoskeletal Network: NSW Model of Care for Osteoporotic Refracture Prevention. Sydney: NSW Agency for Clinical Innovation; 2011.

21. Vliet Vlieland TP, Li LC, MacKay C, Bombardier C, Badley EM. Current topics on models of care in the management of inflammatory arthritis. *J Rheumatol* 2006;33:1900-3.
22. Li LC, Bombardier C. Setting priorities in arthritis care: Care III Conference. *J Rheumatol* 2006;33:1891-4.
23. Costa Lda C, Koes BW, Pransky G, Borkan J, Maher CG, Smeets RJ. Primary care research priorities in low back pain: an update. *Spine (Phila Pa 1976)* 2013;38:148-56.
24. Foster NE, Dziedzic KS, van der Windt DA, Fritz JM, Hay EM. Research priorities for non-pharmacological therapies for common musculoskeletal problems: nationally and internationally agreed recommendations. *BMC Musculoskelet Disord* 2009;10:3.
25. NSW Agency for Clinical Innovation. Musculoskeletal Health Network: Osteoarthritis Chronic Care Program Model of Care. Sydney: Agency for Clinical Innovation; 2012.
26. NSW Agency for Clinical Innovation. Model of Care for the NSW Paediatric Rheumatology Network. Sydney: Agency for Clinical Innovation; 2013.
27. Arthritis Research Centre of Canada. Arthritis Research Centre of Canada: Scientific Plan 2010-2015. Vancouver, BC, Canada: ARC; 2009.
28. Grimshaw JM, Eccles MP, Lavis JN, Hill SJ, Squires JE. Knowledge translation of research findings. *Implementation science* : IS 2012;7:50.
29. Arthritis and Osteoporosis Victoria. Exploring the needs of Arthritis and Osteoporosis Victoria's stakeholders: Consumers. Melbourne: A&OV; 2013.
30. Arthritis and Osteoporosis Victoria. Exploring the needs of Arthritis and Osteoporosis Victoria stakeholders: Health professionals. . Melbourne: A&OV; 2013.
31. Arthritis Australia. The ignored majority. The voice of arthritis 2011. Sydney: Arthritis Australia; 2011.
32. Arthritis Australia. Whose problem is it anyway? The voice of GPs on arthritis. Sydney: Arthritis Australia; 2012.



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