



medibank

Health Research at Medibank 2022

1 July 2021 – 30 June 2022

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/or 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.

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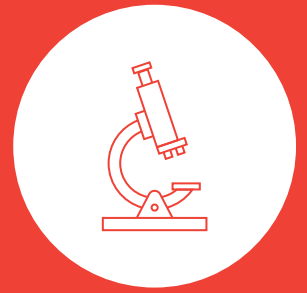
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Foreword



As the world experienced one of the most significant health crises in history over the past few years, it was health researchers we turned to for some answers. Their incredible work and dedication enabled a global response to the COVID-19 pandemic that continues to this day.

The power of research is undeniable. What starts as an idea or hypothesis can go on to transform countless lives, which is why Medibank continues to support research that can advance knowledge and understanding of some of the health challenges Australia faces today.

We invested around \$1.1 million during the 2022 financial year on health research projects that aim to benefit our customers as well as everyone in Australia. The areas explored ranged from alternative models of care, transparency and out-of-pocket costs, through to primary care, loneliness and youth mental health.

These partnerships with universities and researchers, industry and advocacy groups reflect Medibank's purpose of Better Health for Better Lives and work towards our 2030 Vision to aim to deliver the best health and wellbeing for Australia.

Thank you to all our research partners for your contribution to this report, Health Research at Medibank 2022.

David Koczkar
Chief Executive Officer



Introduction



The Medibank Better Health Foundation is committed to improving the health of all Australians. We fund health and medical research that aims to deliver enhanced outcomes for patients, the health system, and the community.

The Health Research at Medibank 2022 report highlights the vital work being done in the Australian health research sector. This year, we have supported an exciting range of projects, with studies exploring digital health, pain management and rehabilitation, transparency and accessibility in healthcare, and the development of patient health literacy.

By funding these leading health research projects, we ensure the work we do at Medibank is informed by research. We plan to then use that research to develop new tools and programs for our customers, as well as to advocate for change in health policy and clinical practice to benefit the larger Australian community.

Despite another difficult year, the clinicians and researchers featured in this report produced insightful customer-focused and future-oriented health research that we hope will have real impact. We thank them for their extraordinary effort and commitment to improving and expanding health outcomes that ultimately benefit all Australians.

A handwritten signature in grey ink, appearing to read 'J Choong'.

Dr Jessica Choong

Medical Director – Research, Policy & Innovation

Who we are

The Medibank Better Health Foundation was established in 2013 with the aim of supporting collaborative clinical research and developing partnerships to deliver impactful change.

We prioritise research and partnerships that seek to improve outcomes, improve affordability and improve patient experiences of the Australian healthcare system. During the 2021-2022 financial year, we have supported 25 such research and partnership projects.

The Medibank Better Health Foundation funds both research and patient advocacy initiatives, partnering with universities and research leaders, industry, and advocacy groups to produce research that ultimately benefits Medibank customers and all Australians.

Health Research Governance Committee

Research supported by the Medibank Better Health Foundation is governed by the Health Research Governance Committee (HRGC), which is comprised of Medibank leaders with diverse professional and academic backgrounds. The committee rigorously reviews all research proposals to ensure their robustness, and for merit and alignment with our strategy.



Health Research Governance Committee members 2021-22

Dr Linda Swan

Medibank Group Chief Medical Officer and MBHF Executive Lead (former)

Dr Sue Abhary

Senior Executive Medical Director – Clinical Business Support & Medical Research (former)

Dr Catherine Keating

Head of Member Health Service Design and Strategy

Jason Elias

Head of Partnerships and Sales, Overseas Business

Andrew Roma

Head of Provider Strategy & Proposition

Dr Ahmed Elsayed

Clinical Research Advisor (HRGC Secretariat)

Dr Jessica Choong

Medical Director – Research, Policy & Innovation (HRGC Chair)

Key achievements

\$1.1m



total allocated
to research
across Medibank

1 July 2021 to 30 June 2022

25 funded projects

Partnered with



20 organisations

5 conference
presentations

5 publications



\$429k
Healthcare
transparency



\$188k
Out-of-pocket
costs

\$150k
Primary care

\$50k
Indigenous health equity



\$139k
Alternative models of care



\$112k
Mental health

Strategic focus areas

We review our
priority areas annually.
In 2021–2022 our research
focus areas were:



Out-of-pocket
costs



Transparency
in healthcare



Primary care



Loneliness



Alternative
models of care

Research projects



Impact of price transparency on price variation and out-of-pocket costs



Lead Investigator
Professor Anthony Scott
The University of Melbourne

Research partnership grant

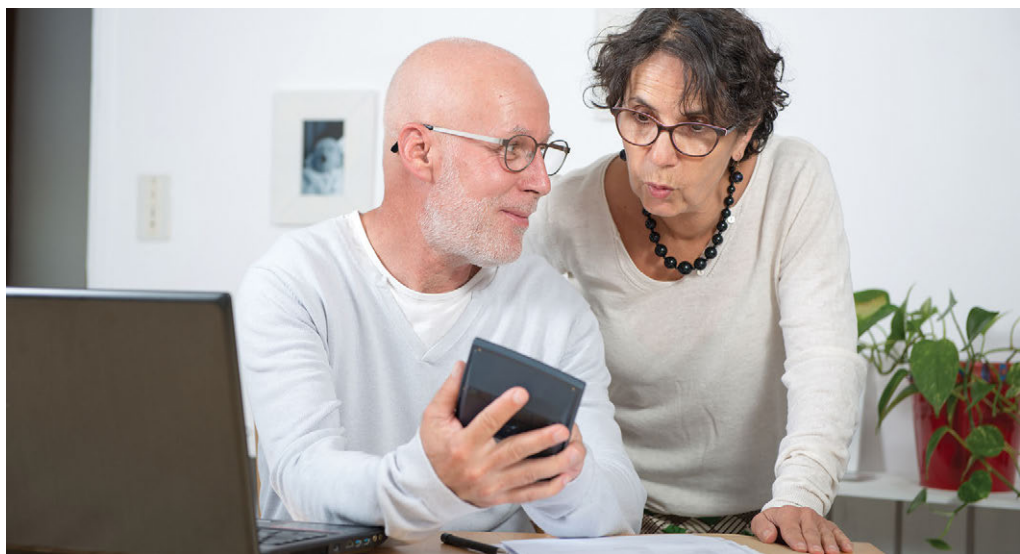
\$644,000

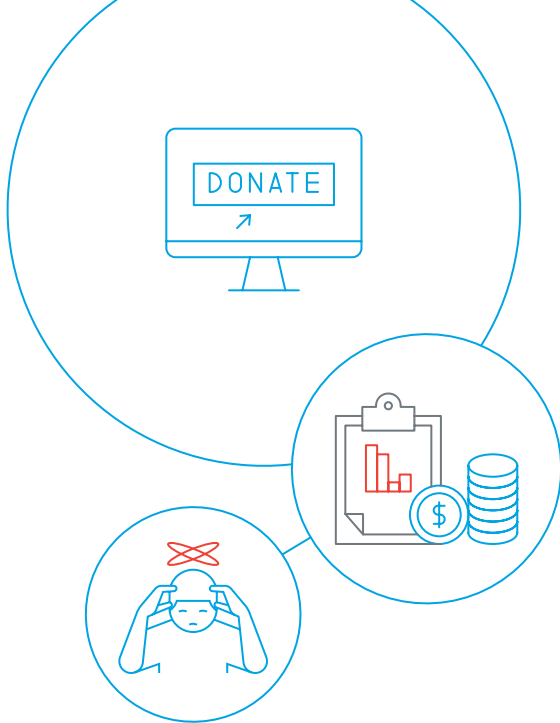
Many patients are concerned about high or unexpected out-of-pocket costs charged by specialists and private hospitals. This can lead them to delay or avoid treatment, join the queue in the public system or use crowdfunding to reduce costs.

For patients seeking information about specialists' fees, the Australian Government Department of Health and Aged Care launched a Medical Costs Finder website in January 2019. This tool provides information on out-of-pocket costs for a particular procedure, based on the average fees charged by providers in a specified primary health network area. Private health insurers such as Medibank also publish information on average costs. However, these sites only present part of the picture because prices can vary considerably between specialists.

Professor Anthony Scott, Professorial Fellow at the University of Melbourne's Institute of Applied Economic and Social Research, has been investigating the sources of variation in out-of-pocket costs and the impact of price transparency on provider behaviour.

"For patients, it's good to get an upfront quote so they know exactly what they're going to pay to each provider and their out-of-pocket costs. But that depends on the billing apparatus and what information doctors are prepared to give in advance to patients," says Professor Scott.





This research has so far included:

- a quantitative study of pricing, based on data supplied by Medibank, to examine the factors that cause variations in fees
- semi-structured interviews with 27 medical specialists to explore the factors that influence how they set their fees and their willingness to participate in price transparency initiatives.

Early results from the quantitative study have shown that patient risk factors make little difference to the total fees, with most variations due to factors related to the individual specialists and market conditions.

In contrast, the qualitative research identified many factors that affected how specialists set their fees.

“At the patient level, specialists mentioned that individual patients’ characteristics and complexity, type and duration of procedures all influenced how they set their fees,” says Dr Khic-Houy Prang, a health services researcher at the Centre for Health Policy, The University of Melbourne’s School of Population and Global Health, who conducted the interviews.

“We also explored specialists’ factors that influence fees. We found that their perception of the pricing market, their skills and experiences, their practice costs, and practice geographic location all influence how they set their fees. Other factors included ethical considerations such as improving access to care and their attitudes towards fees.

“Then at the system level, we found that the Australian Medical Association’s recommended fees strongly influenced what specialists would charge.”

The researchers found that while specialists generally supported greater price transparency, they were unlikely to voluntarily disclose their fees.

“I suspect it’s because specialists think it’s difficult to capture patient complexity and the quality of care,” says Dr Prang. “Specialists are unable to set a fee for a procedure because they won’t know what complexities and comorbidities the patient has until they see the patient. Fees will then be adjusted accordingly following the patient’s consultation.

“There were also concerns that price transparency initiative would inadvertently increase prices as specialists can see what others are charging.”

The next phases of the research will evaluate the impact of price transparency websites and whether groups of specialists who work closely together – such as surgeons and anaesthetists – influence each other’s pricing decisions. The project is due to be completed in June 2023.

“What our research is missing is the patient perspective –their perception of the informed financial consent process and how it could be improved,” says Dr Prang. “Patients’ awareness, accessibility and usability of price transparency websites, and the impact of such websites on healthcare decision-making would be interesting to explore further.”



Visit our website to learn more about [average fees for procedures](#)

Out-of-pocket costs and the impact on clinical outcomes



Lead Investigator
Associate Professor
Reema Harrison
Australian Institute of Health
Innovation, Macquarie University

Research partnership grant
\$173,000

Do out-of-pocket costs influence healthcare outcomes? An ongoing study by Macquarie University's Australian Institute of Health Innovation aims to find out.

Does where you live, the doctor you see, or your age have a bearing on the quality of medical care you receive? While these three factors, among others, each have a direct impact on how much patients pay in out-of-pocket costs, we haven't had the data or insights to ascertain how they impact the quality of care people receive. Macquarie University's Australian Institute of Health Innovation (AIHI) and the Medibank Better Health Foundation are seeking to understand whether those extra costs make a difference to how patients are treated and their outcomes.

According to lead investigator Associate Professor Reema Harrison, a review of the relevant global literature found only nine studies on the relationship between costs and quality outcomes. None of the studies found, looked at the link between out-of-pocket costs and care outcomes across large groups of people with a range of conditions.

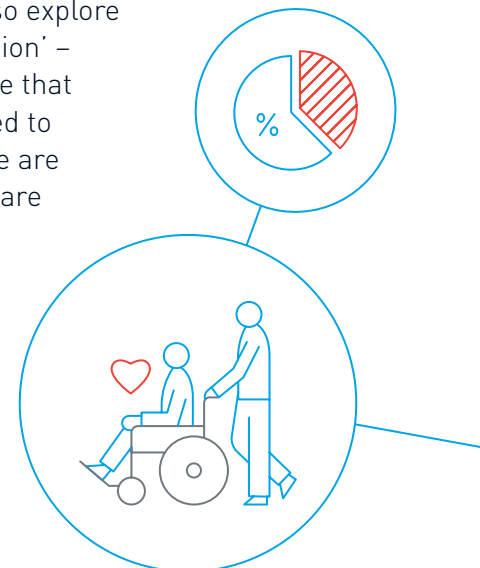
"Each study looked at a specific health condition and group of patients," she says. "But what we can see is no indication that paying a higher out-of-pocket cost is associated with better care outcomes."

Taking an Australian approach

While the limited number of previous studies on this topic, particularly from an Australian context, was an early challenge, working with the Medibank Better Health Foundation, the AIHI team were able to use this work to define the parameters of a novel study to better understand the relationship between cost and quality of care for Australians.

Associate Professor Harrison is seeking to understand whether there is a link between the level of out-of-pocket healthcare costs and the quality of care that is received. The team will also explore what's called 'unwarranted variation' – which is the different costs of care that patients experience that are linked to external factors like where people are located, rather than their healthcare needs and actual cost of their procedure.

One perception the study sought to investigate is the idea that some patients might believe that you 'get what you pay for' – that is, higher out-of-pocket costs equate to better quality care.



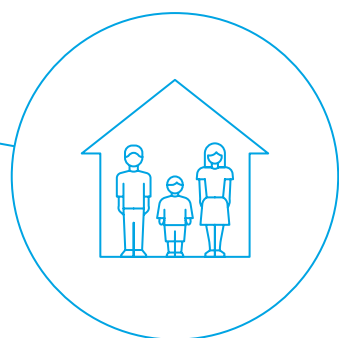


“While we are still in the early stages of analysis of the Medibank data, we have seen in wider literature that some people perceive that they are receiving a better quality of service or that their clinician is more skilled, if the clinician is charging more for the service,” Associate Professor Harrison says.

Costs often associated with length of stay

One area the study has been able to draw conclusions about is the relationship between higher out-of-pocket costs and spending more time in hospital. But patients have differing perspectives on what length of stay means to them.

The researchers found some patients think the length of their stay in hospital (and the higher the costs associated with longer ones) means they’re getting more attention, and this must be a good thing. Others believe that they have had poor care if they stay for an extended period.



Clinicians often genuinely believe what they’re charging is appropriate to their expertise. So, we need to determine what kind of information would be useful to help them make decisions about what they charge.”

Associate Professor Reema Harrison

“It’s not a black and white issue; whether longer length of stay is a positive or negative experience, from the patient perspective, is dependent on the nature of the person’s healthcare needs,” says Associate Professor Harrison.

The next stage of the study aims to further understand the relationship between length of hospital stay and what constitutes quality care for a particular patient’s condition.

“Length of stay is a debated issue because longer stays generally incur great cost to the service provider, but their value depends on the patient cohort,” she says. “Patients who have additional needs would generally have a longer length of stay.”

Clinicians also stand to benefit from the study by being able to establish what suitable out-of-pocket costs looks like.

Helping Australians navigate health apps using an interactive framework



Lead Investigator
Professor Anna Peeters
Director, Institute for Health Transformation, Deakin University

Research partnership grant

\$153,000

Deakin University, with funding from the Medibank Better Health Foundation, has created a framework to help Australians navigate the complex world of interactive health apps.

Almost three years into the pandemic, health apps have become increasingly popular among consumers wanting to be in control of their wellbeing. This is partly due to it being harder to get an appointment with a healthcare professional, or not feeling comfortable in a clinical setting.

But tied to this growth in healthcare apps – whether they’re for mental health, pregnancy management or diabetes support – is the fact that consumers want apps with a strong scientific evidence base. Not only that, they want those apps to be easy to use and to have robust built-in privacy protections.

With the support of the Medibank Better Health Foundation, Deakin University’s Institute for Health Transformation has spent the last two years developing a framework to rate these apps.

“The framework is designed to deal with this wild west situation,” says lead investigator Professor Anna Peeters, Director of the Institute for Health Transformation.

“There are lots of health apps proliferating, but consumers, as well as organisations like Medibank and also GPs, don’t really know what’s OK to recommend to the community.”

“Based on international best practice, the framework has been reported in the *Journal of the American Medical Informatics Association*, allowing anyone to read and use it,” says Professor Peeters.

Apps are rated across 10 domains, including ease of use, privacy and whether the solution is evidence based. The categories were workshopped with experts in various fields, including app development and privacy.

The Deakin team also worked with Medibank to obtain public feedback.



There are lots of health apps proliferating, but consumers, as well as organisations like Medibank and also GPs, don’t really know what’s OK to recommend to the community.”

Professor Anna Peeters



“This was to get a consumer lens on what was important to them when they use apps and how well that aligned with what we were doing in our rating of the framework,” says Professor Peeters.

Putting the framework to the test

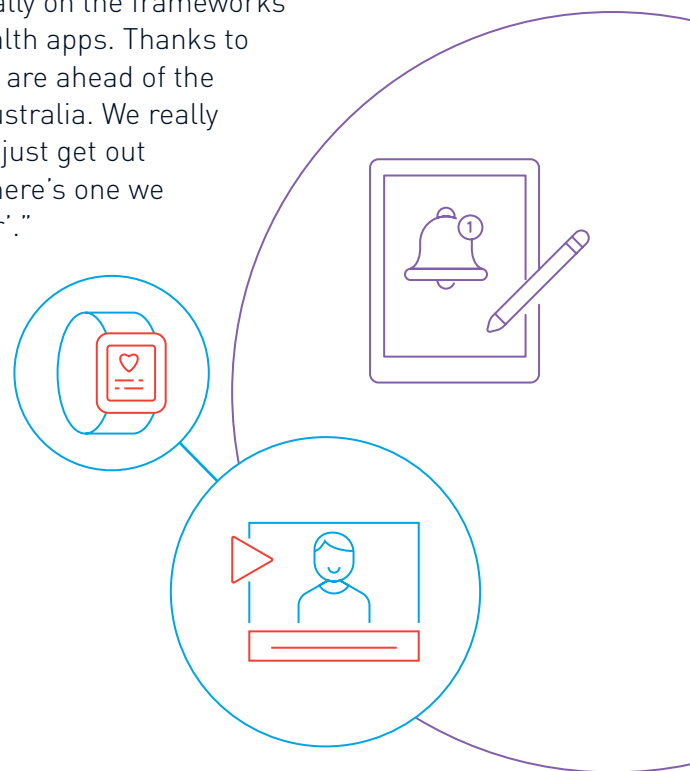
The framework was initially used to assess COVID-19 apps and has since been put to work assessing mental health apps.

“We came back with three mental health apps that we could recommend based on usability, privacy and the evidence supporting them,” she says. “Medibank showcased these on its Better Minds website for their members, and consumers more generally.”

Professor Peeters emphasises her group’s work focuses on consumer wellbeing apps and not apps regulated by the Therapeutic Goods Administration to be a ‘medical device’, such as those designed to diagnose medical conditions.

To help get the message out, the Deakin team is working with the Deakin School of Information Technology to create a web interface for the framework. This will become a dashboard, allowing consumers to find the best apps for everything from first aid advice to tracking fertility and fitness.

“The funding from the Medibank Better Health Foundation came at just the right time,” Professor Peeters adds. “There is now a lot of focus nationally and internationally on the frameworks used to rate health apps. Thanks to this funding, we are ahead of the curve here in Australia. We really feel like we can just get out there and say, ‘here’s one we prepared earlier’.”



For more information or support on your mental health journey, visit [Medibank Better Minds](#)

Understanding awareness, barriers and enablers that affect rehabilitation decisions to support equitable access to rehabilitative care



Lead Investigator

Professor Michael Nilsson

Director of the Centre for Rehab Innovations (CRI) and Global Innovation Chair of Rehabilitation Medicine, University of Newcastle

CRI Research Team

Professor Rohan Walker (CRI co-Director), Associate Professor Nicolette Hodyl, Ms Gillian Mason, Associate Professor Michael Pollack

Research partnership grant

\$52,180

Making decisions about rehabilitative care can be tricky for patients. New research highlights potential areas for improvement in the way patients access information about their options.

Every year, hundreds of thousands of Australians go through rehabilitation after illness, injury or surgery. Each individual has different options for treatment including in-hospital, home-based or community rehabilitation services. But how do patients learn about the rehabilitation pathways available to them and how do they decide which ones to use?

Researchers from the University of Newcastle, led by Professor Michael Nilsson, CRI Director and Global Innovation Chair of Rehabilitation Medicine, sought to ensure patients could find out about the rehabilitation services that were critical to their recovery and access them equitably.

“What really is important in rehabilitation is a cohesive and coherent approach that allows people to continue to improve and find their way back to normal life as soon as possible,” says Professor Nilsson. “But, often, after patients have been discharged from hospital, they have no clear direction and they’re not aware of what’s available for their rehab journey.”

Research co-lead Professor Rohan Walker from CRI and the University of Newcastle’s School of Biomedical Sciences and Pharmacy adds: “What determines the quality of an individual’s recovery? There’s no such thing as a one-size-fits-all pathway.”

“You might go to your GP to report a problem and then you’ll go to a private healthcare provider, like a physiotherapist or a psychologist. If you’ve made independent contact with that healthcare provider, they might not report back to your GP. There’s no coordination of records or coherent mapping of services to individual needs.

“Ultimately [most] people are just figuring it out themselves. You may get lucky and receive integrated service provision customised for your needs, but more likely than not, you won’t.”



The Medibank Better Health Foundation-funded project involved a series of online surveys and semi-structured interviews with around 60 rehabilitation patients and 30 clinicians. It explored their views, perceptions, experiences, understanding and knowledge gaps of different rehabilitation pathways.

While the project initially focused on patients recovering from knee replacement surgery, it broadened to include rehabilitation more generally. Patients who participated in the research were recovering from hip replacements, shoulder replacements, cancer, strokes and traumatic brain injuries. Due to the COVID-19 pandemic, the researchers abandoned their plans to hold in person focus groups, and instead conducted interviews using videoconferencing calls.

The soon-to-be-published research report highlights potential areas for improvement in the way patients can access information about their treatment options, according to Professor Nilsson.

“We see some clear pathways to improvement for patients and return on investment for healthcare providers,” he says. “Sometimes it doesn’t take much to achieve more; there are aspects of it that can be improved quite quickly.”

A valuable part of the research project was that it asked patients directly about their experiences rather than the researchers guessing what patients wanted.

“The take-home message from the report was that consumers wanted to know at each stage of their journey, ‘what services do I need and are they going to be right for me?’,” says Professor Walker. “What they’re looking for is integrated, holistic, harmonised and longitudinal rehabilitation.”

The research confirmed that patients relied on many different sources for information and would choose their pathway based on whoever answered questions to their satisfaction.

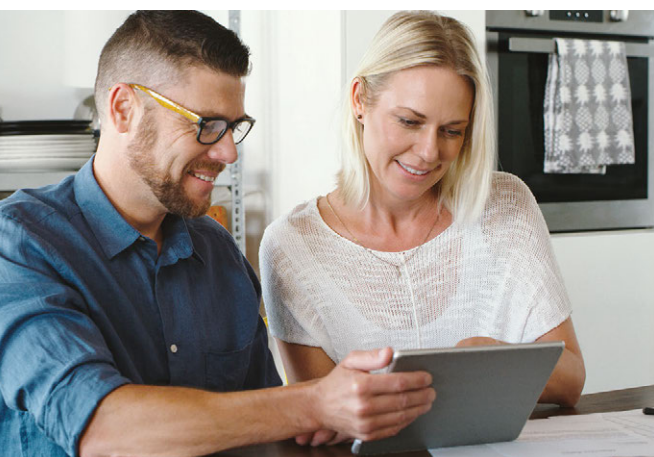
“So if their neighbour says, ‘I had a knee surgery’ and they like their neighbour and that neighbour trusts their knee surgeon, that can be highly influential,” says Professor Walker.

“[Patients] are trying to figure out if the service is right for them economically, geographically or in terms of quality, but the lines of information that are available to make informed decisions about best rehabilitative options are very poor.”

Based on this understanding, the researchers will recommend measures that healthcare providers and insurers could take to create a more integrated way of giving patients information about rehab options that are right for them.



Find out about how eligible Medibank customers can access rehab in their own home where clinically appropriate



Developing a model for Rehabilitation in the Home (RITH)



Co-lead Investigator
Professor Christopher Poulos
HammondCare and the
University of New South Wales



Co-lead Investigator
Associate Professor
Roslyn Poulos
University of New South Wales

Research
partnership grant
\$186,326

With more patients likely to need rehabilitation after a hospital stay as our population ages, a Sydney-based team has developed a new model for rehabilitation in the home.

For rehabilitation physician Professor Chris Poulos, Director of HammondCare's Centre for Positive Ageing and a Professor in the Medical faculty at the University of New South Wales, developing a safe and cost-effective model for rehabilitation in the home (RITH) is critical. Along with the other co-investigators, Professor Poulos has spent the past 18 months designing a RITH model for patients who become severely deconditioned following a hospital admission for illness, major surgery or cancer treatment. This includes developing a screening process to identify patients who can be safely managed at home.

"Reconditioning accounts for around 30% of all inpatient rehabilitation admissions and it's a category that we're going to be seeing more of as our population gets older," says Professor Poulos. "So, we need to consider the most effective way to provide that rehabilitation.

"Generally, people don't like being in hospital for long periods of time. There is an increased risk of infections. It's noisy. It's not easy to get a lot of rest. People don't have their creature comforts. And of course, there's often restrictions on visitors, so it can be hard for families.

"Our model allows rehabilitation to occur in a patient's home rather than in a hospital."

To devise the model, Professor Poulos and his team used a mixed-method approach that looked at a variety of data. This came from the Australasian Rehabilitation Outcomes Centre, surveys of patients and carers, interviews with practitioners, and a Delphi study with experts across Australia. The team then designed a home-based rehabilitation model based on more than 100 criteria.

"What we've tried to do is produce a model that follows the entire patient journey," Professor Poulos says. "That's everything from how you initially screen a patient who might be suitable for at-home rehabilitation to what an individual's program could look like.

"For example, in a hospital setting there is always pressure on beds, so rehabilitation programs tend to be as short as possible. But if a patient is doing the program at home, it might be better to do it over a longer period."

While Professor Poulos admits the model won't be right for everyone, he believes it can deliver patient outcomes that are as good or better than those of inpatient programs. The team's costings show the model is also likely to compare favourably to inpatient care.

"The model allows us to re-allocate some resources towards things like in-home support and case management in place of the high fixed costs associated with inpatient care," says Professor Poulos.

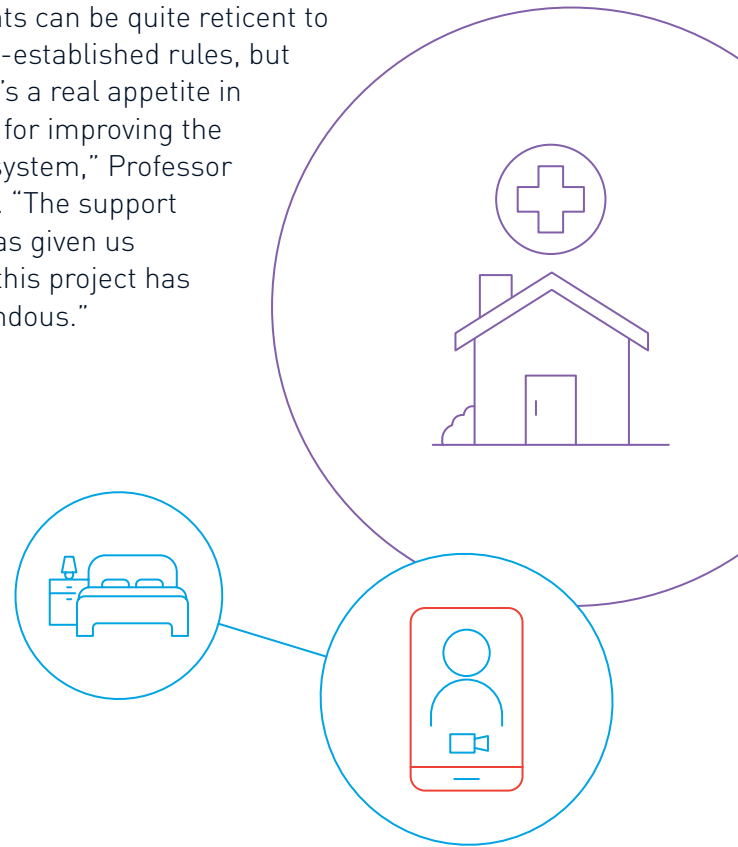
With the first of three papers on the project currently under review by a leading academic journal, Professor Poulos would like to see providers start to roll out and evaluate the team's RITH model.

He admits there are several funding and legislative barriers to overcome before RITH becomes commonplace in Australia.

"In my opinion, funding rules in relation to what private health insurers are able to fund are not keeping up with new models of practice, and that needs to change," he says.

While this may be easier said than done, an unexpected bonus of COVID-19 is that the pandemic has shown that alternative ways of providing healthcare services can be efficient and cost-effective, while introducing more choice and control for patients.

"Governments can be quite reticent to change long-established rules, but I think there's a real appetite in the industry for improving the healthcare system," Professor Poulos says. "The support Medibank has given us throughout this project has been tremendous."



Developing and using virtual reality technology (VR) for the management of chronic back pain



Lead Investigator
Professor Rachael McDonald
Director, MedTechVic Hub,
Swinburne University of Technology



Dr Alyse Brown
MedTechVic Research Fellow

Funding: part of a partnership between Swinburne University of Technology and Medibank.

Associate Professor Rachael McDonald, Director of the MedTechVic Hub at Swinburne University of Technology, is examining whether virtual reality (VR) technology can deliver evidence-based techniques for managing chronic lower back pain.

“There are gold-standard interventions in managing back pain that aim to keep yourself well and healthy by repeating a series of movements that are prescribed by your health professional,” says Professor McDonald. “The issue is, once people are no longer in pain, they don’t necessarily keep doing the movements.

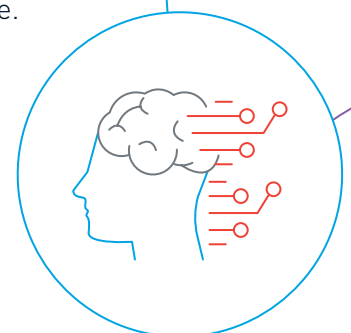
“So the project came out of us saying, ‘Is this something we could co-design with people who have lower back pain? Something they could do on their own at home that is potentially fun, but that also is effective’.”

The project, funded as part of a multi-year partnership between Swinburne and Medibank, required input from a wide range of disciplines across the university, including anatomy, physiotherapy, psychology, interactive media and astrophysics. This project was selected for funding as it combined Medibank’s interest in reducing chronic back pain and Swinburne’s expertise in digital technology.

The initial research involved using motion capture technology to understand how the subjects’ bodies moved through space while using a VR system, while also monitoring their heart rates and using electromyography to see which muscles were being activated.

“We discovered that people with lower back pain didn’t move in the ways that we would expect them to in the virtual reality space,” says Professor McDonald. “So we started to develop some targeted games that were aimed at making sure people moved in the right way.

“There’s been an explosion of literature in [therapeutic uses of] virtual reality to address chronic pain over the past couple of years, but most people take VR games off the shelf and try to adapt them to people. What we’ve done that’s different is co-created something with end users to make sure it’s fit for purpose from the beginning.”





The research team developed five VR games designed to encourage a series of movements defined by a physiotherapist and an exercise physiologist.

“One is called river rafting, where you paddle down a river and you’re able to get some rotation and some side flexion,” says research team member Dr Alyse Brown, a MedTechVic Research Fellow. “There’s one where they have little planets on the ground; they can pick them up and throw them into the air and develop solar systems, which is, I think, everyone’s favourite.”

While a small proportion of test subjects couldn’t get used to the VR environment because it made them feel dizzy or claustrophobic, most of them reacted very positively.

“They like it being unstructured, but for us to get what we need, we have to put some specific instructions around the movement,” says Professor McDonald. “We know that people with lower back pain won’t necessarily move in a way that is rehabilitative ... unless they’re given instruction and reminded of it.”

The final stage of the project will involve organising a trial to test if the games are effective at managing lower back pain. The team is also looking at developing guidelines for rolling out this kind of VR therapy.

“What this really shows is that you can use virtual reality as a remote intervention ... but you can’t just give people a headset and a program and say ‘Off you go’,” explains Professor McDonald. “They’ll need some support, and the next stage of the process is to work out what that support looks like.”



We look forward to this being really positive for people with lower back pain, as well as for people with other kinds of chronic conditions that might be able to be helped by this kind of co-design and virtual reality process.”

Professor Rachael McDonald

Pilot evaluations of Medibank's no gap knee and hip replacement program



Lead Investigator
Dr Daevyd Rodda
Orthopaedic Surgeon



Rob Packer
General Manager,
ANZCA Foundation

2019 MBHF grant
\$57,000

Patients in Australia stay in hospital an average of six days after knee or hip replacement surgery. Orthopaedic surgeon Dr Daevyd Rodda, in collaboration with Medibank, has pioneered a no gap model that lets patients go home sooner while offering more affordable care.

More than 100,000 knee or hip replacement procedures are performed each year in Australia. The average length of stay in hospital following these surgeries is six days, which is below the Organisation for Economic Co-operation and Development average, but twice as long as in comparable countries such as Canada and New Zealand. To discover if there is a better way, the Medibank Better

Health Foundation funded the evaluation of a pilot program at Vermont Hospital in Melbourne and East Sydney Hospital in Sydney, developed in conjunction with Dr Rodda. This research was co-sponsored by the Australian and New Zealand College of Anaesthetists (ANZCA) Foundation. The successful program has since been expanded to several hospitals.



A 2022 report by KPMG, commissioned by Medibank found that the short stay pilot program reduced length of hospital stay by 50% for hip and knee replacements*, broad adoption of the short stay program across the health system could save 217,000 bed days in 2030 and 78% of surveyed participants were favourable toward the short stay model of care.**

Clinician's perspective

Dr Rodda believed hip and knee replacement patients in Australia had unnecessarily long stays in hospitals, based on international experience. He approached Medibank in 2019 to conduct a pilot project on a shorter stay model with reduced or no gap payments for patients.

“Staying in hospital for longer doesn’t always offer a clinical benefit and sometimes has clinical detriment, such as higher infection rates,” says Dr Rodda. “People can do better when they recover in their own home, physically and psychologically.

“The overall goal of the program was to achieve as good if not better clinical outcomes and patient experience using a value-based model of care. This isn’t something we invented. This has been happening in the United States and Europe for decades.”

The first stage of the project involved qualitative interviews with 15 patients to understand how they felt about the short stay model, conducted by researchers from the University of Melbourne.

“The patient acceptability study asked, did patients like the model, did they accept it?” says Dr Rodda. “And the feedback was that many patients liked the model.”

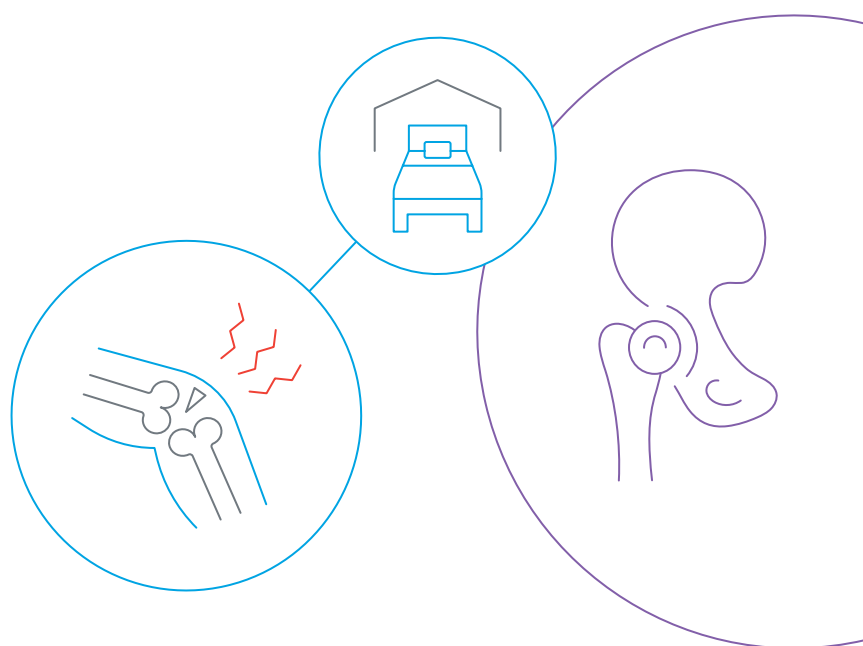
Proceeding to a pilot evaluation looking at clinical outcomes allowed the researchers to learn if this model would work as well in an Australian clinical setting as it did overseas.

“When we looked retrospectively at the clinical outcomes, we found an exceptionally low rate of complications, a very low rate of unplanned readmissions and a very low rate of needing inpatient rehabilitation,” says Dr Rodda, “We’re very happy with that data.”

However, the researchers found they needed to overcome some misconceptions about the intentions of the no gap model.

“What is good about this model is that it keeps clinical decision-making in the hands of the clinician,” says Dr Rodda. “This means that, together with my patients, we can make the best choice for them as an individual.”

The pilot program revealed that the no gap model worked best in a hospital that conducted a high volume of joint replacements. This created efficiencies in the processes and allowed for better skilling of the nurses, surgeons and clinicians.



People can do better when they recover in their own home, physically and psychologically.”

Dr Daevyd Rodda

* For low complexity patients

**<https://www.medibank.com.au/livebetter/newsroom/post/latest-report-reveals-a-solution-to-stretched-healthcare-system>





It's an opportunity for us to connect the expertise of our researchers with other specialists, with funders and with other healthcare entities."

Rob Packer

Collaboration between foundations

The ANZCA Foundation co-sponsored the research and provided valuable input into examining this model of perioperative care that is relatively new in Australia.

"Our mission is stimulating and supporting research that identifies opportunities to improve outcomes for patients through more targeted, more effective care," explains Rob Packer, General Manager of the ANZCA Foundation. "It's an opportunity for us to connect the expertise of our researchers with other specialists, with funders and with other healthcare entities.

"People have asked, 'Why are anaesthetists doing research?' and the answer is they play such an important role in surgery and in perioperative medicine that they can identify opportunities for improvement and questions that need to be answered with robust evidence."

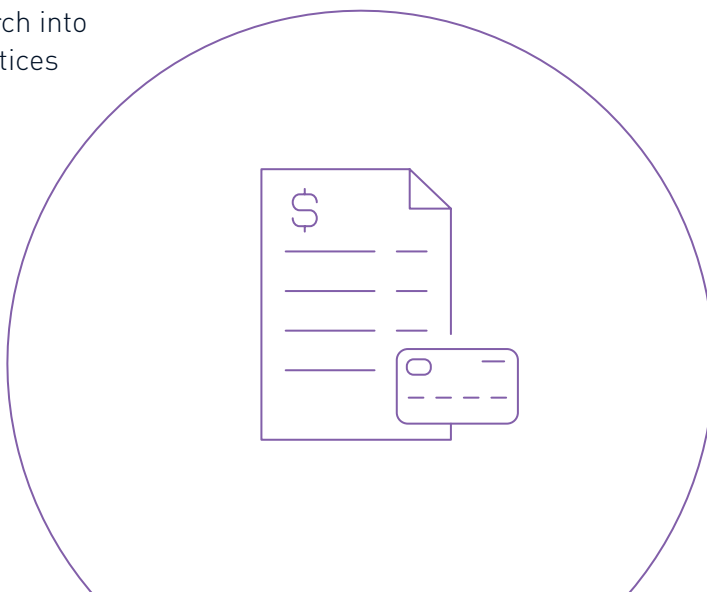
According to Packer, collaborating with partners in the healthcare industry can help accelerate the translation of high-quality research into better clinical practices that deliver better patient outcomes.

"It allows us to be more responsive.

For example, in 2020, we worked with the Medibank Better Health Foundation on a study looking at a really basic question: to what extent were major hospitals facing all the challenges of COVID-19 conducting documented screening of patients for COVID-19 before they went into operating theatres? We didn't have the funding to do that vital, urgent research on our own."

Future expansion

Following the success of the pilot program and its rollout to other hospitals, the researchers are seeking to expand this work further with even more key stakeholders involved. With the healthcare system stretched in resources, capacity and finances, exploring and adopting innovative care models that take the pressure off these resources without compromising patient care is essential to the sustainability of Australia's health system.



Optimising the use and reporting of the Australian Hospital Patient Experience Question Set (AHPEQS) for comparing performance between hospitals



Lead Investigator
Professor Kirsten McCaffery
Director, Sydney Health Literacy Lab
The University of Sydney

Research partnership grant

\$75,473

With Medibank's help, Professor Kirsten McCaffery is looking at whether it is possible to communicate patient experience data better to make it easier to compare hospitals.

Making informed decisions about which hospital to choose can be tricky for patients. Accessing and making sense of information about what they can expect when they book in for a hospital admission can be difficult, especially when the services that different facilities offer aren't directly comparable.

In Australia, healthcare providers use the Australian Hospital Patient Experience Question Set (AHPEQS) to measure patient experience. AHPEQS is a standardised questionnaire developed by the Australian Commission on Safety and Quality in Health Care. It examines the aspects of care and treatment that patients, hospitals and healthcare services have identified as most important to them. These include 12 different measures relating to whether patients' needs are being met, decision-making, communication, confidence, pain relief, experience of distress, and an overall quality rating.

Having used the AHPEQS to collect data about patients' experiences in hospital since November 2019, Medibank wanted to know if it was possible to make it easier for both hospitals and patients to use the data to compare facilities. The Medibank Better Health Foundation partnered with

Professor Kirsten McCaffery, National Health and Medical Research Council (NHMRC) Principal Research Fellow and Director of the Sydney Health Literacy Lab to find out.

To better understand the factors associated with a positive hospital experience, and how to standardise reporting of AHPEQS data across hospitals, Professor McCaffery and her team analysed a number of responses to the questionnaire collected by Medibank.

"By looking at AHPEQS, we're able to get a more granular understanding of patient experience than if we were to simply measure patient satisfaction," explains Professor McCaffery.



Find out what members thought of their hospital experience

“This enables hospitals to benchmark themselves against other hospitals in all of these areas and identify opportunities to improve, whether it’s communicating with patients or administering pain relief.

“It also potentially gives patients access to information they can use to make an informed choice when choosing one hospital over another.”

Although this kind of information isn’t currently as readily available or easily understandable as Professor McCaffery would like it to be, she believes the work her team is doing with the Medibank Better Health Foundation may help to change that.

“By optimising how this information is used, we’re trying to increase patient involvement in decision-making about their own healthcare,” she says.

“To do this we need to help patients understand what these measures are and how they can factor them into their decision making.”

To ensure hospitals in different settings and with different mixes of patients can be fairly compared, scores must be adjusted to reflect factors that are out of the hospital’s control but which may influence patient experience – such as the socioeconomic profile of patients.

With the first phase of the project complete, work began on the second phase in late 2022. This involves interviewing patients about what guides their decision-making about which hospital to access, what they know about patient experience data and how they interpret it, and how much choice patients

actually have when it comes to where they have treatment. During the third phase, the team will interview hospital management personnel to see how they use the data provided by Medibank to inform and improve the way health services are managed.

“We want to really understand how patients use this information,” says Professor McCaffery. “We also want to understand how hospitals currently interpret patient experience data and where it fits into their models of care and management for healthcare quality and safety.

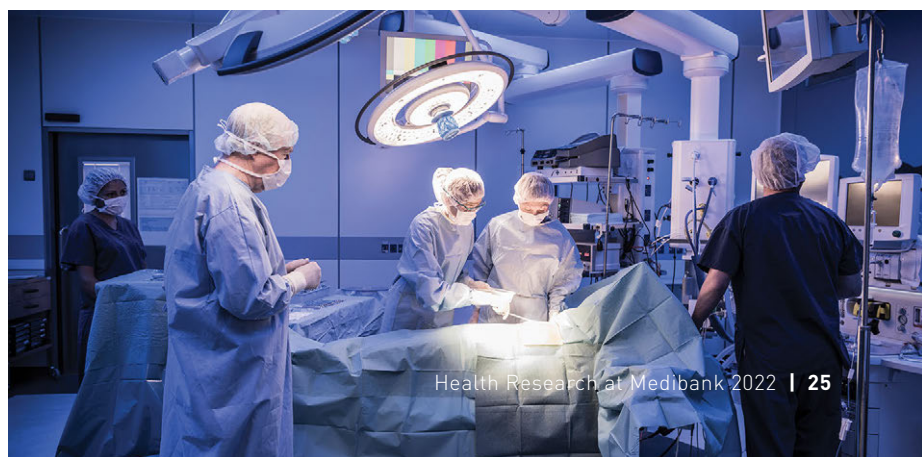
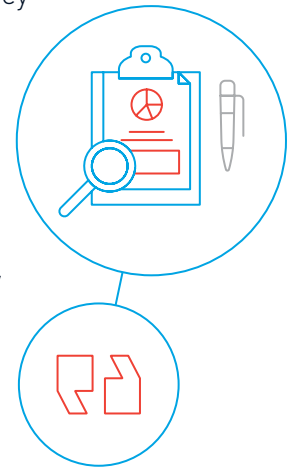
“Once we know that, we’d ideally like to design an experimental study where we compare different formats for presenting this information and look at how hospital decision-makers understand and use it.”

Professor McCaffery hopes the project will ultimately lead to the development of better ways to communicate important information to patients themselves, with the support of Medibank, to improve patient choice and experience.

“We know that it’s increasingly important to involve patients in decision-making about their care at all levels,” she says.

“We need to develop better ways of communicating important healthcare information to ensure it is as accessible to people from a diverse range of backgrounds, with different levels of health literacy.

“The Medibank Better Health Foundation’s support has been instrumental in allowing us to get this far. We couldn’t have done this study without it.”



GPs target digital health in a new primary care collaborative research grant

Research partnership grant

\$150,000

(of the \$250,000 joint grant from the Medibank Better Health Foundation and \$100,000 from the RACGP Foundation)

The Royal Australian College of General Practitioners (RACGP) Foundation, and the Medibank Better Health Foundation, have agreed to co-fund a grant in digital health. As part of the planning process, the two Foundations held a workshop to identify areas for GP-led research into digital health for primary care.

General practitioners (GPs) are central to Australia's healthcare system. They are the first port of call for patients seeking treatment and advice. Yet less than 1% of government funding goes into research on general practice. This means GPs often rely on research evidence that wasn't developed in the context that they work in every day.

At the same time, digital health has become a key player in patient treatment, particularly in the wake of the pandemic and associated lockdowns. To identify areas of research relevant to GPs, the Medibank Better Health Foundation and the RACGP Foundation conducted a workshop on digital health in primary care.

Identifying three key themes for GP-led digital health research

"We wanted to be involved in this workshop because we need to formulate research ideas around digital health," says the RACGP Foundation's Joanne Hereward. "There's not a lot of solid general practice research into this area."

Assembling in May 2022, workshop participants identified a shortlist of potential research areas, then narrowed this down into three broad themes that will inform the GP-led investigations.

The first of these is patient experience with digital health and general practice. The second is digital health integration in Australia, and the third, digital support tools for clinical decision-making.

"We looked at specific areas around the current challenges and limitations of digital health in Australia," says Ms Hereward. "We also examined the barriers general practice needs to overcome, as well as how we improve digital technology and its uptake."

Access equity is an issue

Australians living in rural and regional areas stand to benefit from digital health, as there are often limited numbers of GPs in these areas, and there can be long wait times for a face-to-face appointment.





But there are also issues with digital equity. People living in rural and regional areas often have poorer internet connectivity than their city counterparts.

“There are issues with access,” says Tania Lim from the RACGP Foundation. “The people who need digital health are sometimes the ones that don’t have access to it. We don’t want them to be excluded from accessing digital healthcare if ... [their] technology doesn’t allow them to do so.”

Leading the way in digital healthcare technology

In terms of digital technology, general practice is well ahead of many other areas in the healthcare sector thanks to government initiatives such as the Practice Incentives Program, says Ms Hereward.

Other examples of technology at work in general practice include e-prescriptions, digitised patient health records and the Australian Government’s My Health Record, which centralises patient clinical information, making it available to any authorised health practitioner.

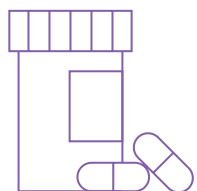
“In some respects, general practice has transitioned to digital health much faster and with more enthusiasm than the hospitals and the specialist sector,” says Ms Hereward. “Recent studies have found around 96% of GPs use technology to facilitate their practice.”

GP-led digital healthcare research matters

Ms Lim and Ms Hereward said the grant will see research conducted that is relevant to GPs and can be translated into practice.

“The key is just supporting capacity for GPs to actually do research,” Ms Lim says, adding that GP-led research is rare in Australia because many GPs are running small businesses and don’t have the time.

The Medibank Better Health Foundation is committed to supporting the future of primary care in Australia, with the grant opening up opportunities for GPs opportunities to design and conduct research from within their own practices. The grant will be open to applications in early 2023.



Menzies HealthLAB: delivering self-determined health education and preventative health for Aboriginal and Torres Strait Islander communities



Lead Investigator
Professor
Heidi Smith-Vaughan
Menzies School of Health Research

Research partnership grant
\$50,000

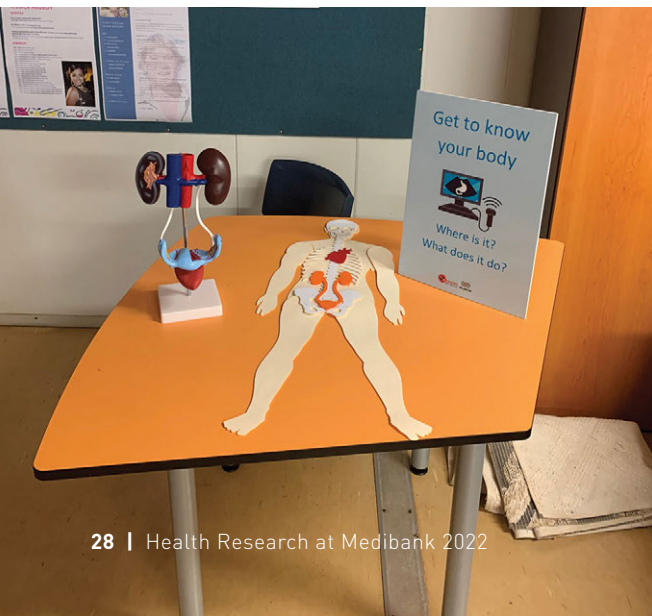
For ten years, Menzies HealthLAB has taken the message about healthy lifestyles to Aboriginal and Torres Strait Islander young people in remote communities in the Northern Territory. Now, support from Medibank is helping HealthLAB evaluate and refine its services.

When COVID-19 struck, many of the remote Northern Territory communities Menzies HealthLAB visited were impacted by biosecurity orders. This meant the team behind the mobile health education program had to find new ways to keep up their visits, which are designed to encourage kids and young people to better understand and take ownership of their health.

Like many organisations, Menzies HealthLAB needed to quickly adapt to the changed circumstances. Working with local teachers, the team pivoted to deliver

its health messaging remotely by putting together health packages, with activities for kids to do during lesson time and at home with their families.

“We couldn’t go into the communities to run our HealthLABs in-person but we were able to reach out to teachers we’ve worked with in the past and ask for their help in delivering health messaging,” says Professor Heidi Smith-Vaughan, head of the Menzies HealthLAB. “The kids loved it. And the teachers loved having something different for the kids to do to inspire them to think about health in different ways.”



Now HealthLAB is able to get out into the remote communities it serves once again. With the support of the Medibank Better Health Foundation it has also embarked on an evaluation of its program to better understand how HealthLAB serves the current needs of the communities Menzies works with, and how to adapt its services in the future.

Making health education fun

Menzies HealthLAB is an innovative fly-in, fly-out mobile health lab aimed at “empowering young people to better understand and take ownership of their health, and their family’s health, by sharing health promotion information with communities in ways that are accessible”, according to Professor Smith-Vaughan.

HealthLAB is invited in by the communities it collaborates with. Team members consult with community hosts before visiting to discuss what health priorities the community would like Menzies HealthLAB to focus on. Hosts also provide feedback after each visit, allowing the team to tailor the design of future HealthLAB visits to the community.

Aboriginal and Torres Strait Islander youth and nurses on the HealthLAB team also play an important role in the program’s design, resource development, delivery and community engagement.

Materials are translated into local Aboriginal languages to improve accessibility.

Empowering young people to better understand their health is particularly important in remote communities, where there is a high burden of chronic disease. Menzies HealthLAB has 13 interactive health stations which the team can choose from when they visit a remote community. They generally take six stations covering topics of the highest priority in the communities they work with.

“We’ll set up the stations, where people can learn about different things. They might learn how to take their blood

pressure, for example,” says Professor Smith-Vaughan. “They’ll learn what those numbers mean, as well as why they might have high or low blood pressure and what they can do about it.”

Another station might look at kidney disease and how young people can look after their kidneys, with the HealthLAB team showing how blood and other fluids flow through the body. A third station will examine hydration and why kids should drink water rather than soft drink, a leading contributor to Type 2 Diabetes.

Investing in the health of future generations

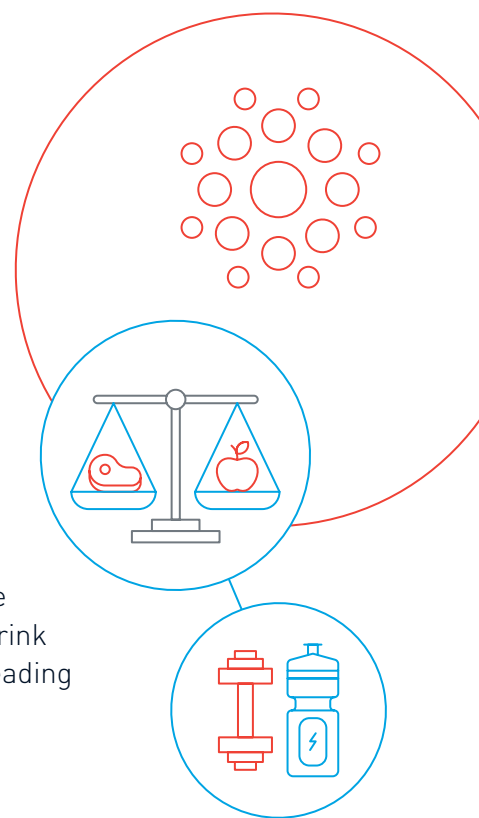
Since launching in 2014, Professor Smith-Vaughan estimates the service has reached around 14,000 youth in regional and remote Northern Territory. But it’s not just the health of the current generation that the HealthLAB team has in their sights.

One of HealthLAB’s primary focuses is on preconception health for young women who may become pregnant.

“If you want to have healthy people, then you need to have healthy babies and mothers,” says Professor Smith-Vaughan. “But you need mothers to be healthy even before getting pregnant. Focusing on health education in the pre-conception age group can have lifetime health benefits for future children.”

The effectiveness of this preventative health program can be measured by looking at generational change, and Professor Smith-Vaughan believes the Medibank-funded evaluation will be critical in helping the HealthLAB to improve on the services it offers in the coming years.

“By evaluating our program iteratively, we’re able to continue to respond to changing community needs and deliver the support communities need,” she says.



Medibank reaffirms its commitment to Closing the Gap

Medibank launched its fifth Reconciliation Action Plan (RAP) in March 2022, renewing its commitment to advancing reconciliation and reducing the gap in health outcomes between Aboriginal and Torres Strait Islander peoples and other Australians.



First Nations peoples are more likely to suffer from chronic diseases, such as heart disease and mental illness, and have a life expectancy that is eight to nine years shorter than non-Indigenous Australians.

“These are confronting and unacceptable facts, and we all need to do better,” says Medibank CEO David Koczkar. “As individuals and as an organisation, we all have a responsibility to close this gap and improve the health outcomes for all Aboriginal and Torres Strait Islander Australians.”

Medibank has been committed to helping improve health equity for First Nations peoples since it launched its first RAP in 2012.

The latest RAP, a Stretch RAP, marks the third time Medibank has committed to embedding reconciliation initiatives in our core business strategies and working towards defined targets.

It builds on previous plans with 16 new actions that senior leaders and teams have committed to achieve over the next three years.

Key commitments include:

- increasing the number of Aboriginal and Torres Strait Islander employees to 2% by December 2024, focusing on senior and clinical roles
- increasing cultural awareness and responsiveness by:
 - ensuring that all employees complete annual training
 - requiring all senior leaders to complete face-to-face training
- setting a more ambitious target for procurement from Aboriginal and Torres Strait Islander-owned businesses.

Medibank’s reconciliation aspirations closely align with the company’s 2030 Vision of achieving the best health and wellbeing for Australia, adds Mr Koczkar.

“Our RAP is an extension of our organisational purpose and values,” he says.

In addition to the latest RAP, the Medibank Better Health Foundation has committed to an annual health research grant of \$50,000 focused on improving the health of Aboriginal and Torres Strait Islander Australians.



Visit our website to
read Medibank's fifth
[Reconciliation Action Plan](#)



Empowering the next generation of healthcare researchers



Dr Brooke Patterson
Research Fellow at La Trobe
University Sport and Exercise
Medicine Research Centre



Dr Khic-Houy Prang
Health Services Researcher at the
Melbourne School of Population and Global
Health, The University of Melbourne

We sat down with two high-achieving early-career health researchers to hear their thoughts on the industry, women leading research, and the future of Australian healthcare.

Dr Patterson's career in research was inspired by her athletic youth – and the many injuries that came with it. Determined to prevent others going down a similar injury-strewn path, she's now working with young women, senior female AFL players and their coaches to help them stay healthy.

Ultimately, she hopes that helping athletes better protect themselves on the field will reduce pressure on the healthcare system in the long term, reducing incidence of arthritis arising from old injuries and

limiting the need for surgeries like knee replacements as athletes get older.

For her part, Dr Prang did not expect to end up in research when she undertook undergraduate psychology studies. But her first role in a research institute analysing injury compensation data piqued her interest in understanding patients' experiences of the healthcare system.

She believes that improving transparency and access to information is vital in improving health outcomes.





“Consumer empowerment and engagement are very important in helping consumers make informed healthcare decisions,” says Dr Prang. “We saw this with the Covid-19 vaccine rollout. Vaccine hesitancy, misinformation, and a lack of trust in the government were strong social barriers that exacerbated the public health crisis.”

Bringing research into practice

Both researchers share the hope that the healthcare system will soon be bridging the gap between research and practice.

“We are working to increase the capacity of physiotherapists in sport to engage in more preventative rather than corrective practice,” says Dr Patterson. “There’s a lot of evidence for effective interventions, but this knowledge isn’t being implemented in the real world.”

Dr Prang agrees. “Implementation science is the scientific study of methods to promote the systematic uptake of research findings into routine practice,” she explains. “It’s about closing the gap between what we know and what we do.”

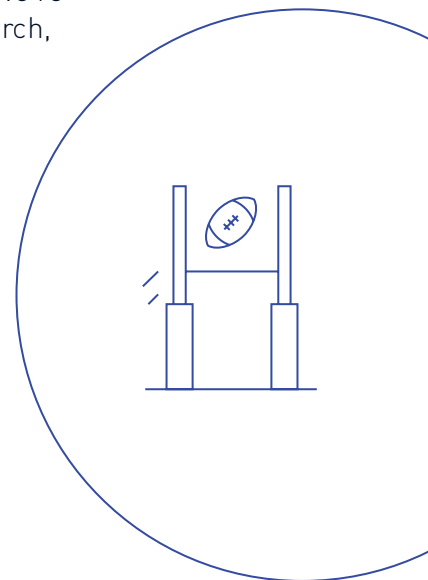
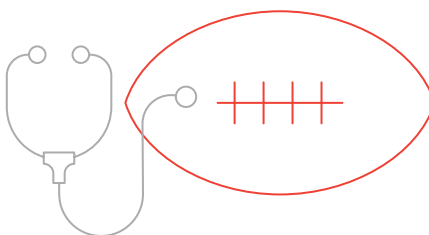


I hope the work I do informs new programs and improve existing programs to deliver better healthcare and, ultimately, better health outcomes for consumers.”

Dr Khic-Houy Prang

And they both see more research and practice coming together within their careers.

“I think there’s a huge shift with our generation of researchers and health professionals,” says Dr Patterson. “We’re starting to do more immersive research, working with patients, athletes, coaches, clinicians, policymakers and administrators throughout the research cycle, from design to dissemination.”



Creating opportunities for research

Doing great research is not without its challenges. Funding remains one of the biggest barriers, and women in research face a unique set of challenges in this regard.

“Many outstanding women leave this sector because of inflexible working arrangements, lack of research funding, and low success rates [when it comes to applying] for research grants,” Dr Prang explains.

In 2022, among grants awarded by the National Health and Medical Research Council, less than 5% was for health services research, compared to almost 80% for clinical medicine and basic science research.

Both researchers credit their careers to inspiring leaders and mentors who gave them opportunities to grow and learn in a safe space.

According to Dr Patterson, the responsibilities that many women face outside of work can sometimes get in the way of building an extensive research portfolio, thus limiting their opportunities when applying for grants.

“But things are improving as grant assessors begin to look outside of those traditional indicators of merit, like how many projects you’ve worked on. What matters more is what value your research is adding to the field, and industry partnerships provide early career researchers with a pathway to make real impact.”

Both women agree that industry partnerships create fantastic opportunities for early career researchers.

“I’m grateful for funding from Medibank Better Health Foundation which has supported my research over the years. The Foundation has given early career researchers an opportunity to collaborate with external partners on meaningful projects that can have a direct impact on consumers,” says Dr Prang.

“It’s a fantastic way to support careers like mine, and diversifies your career options by working closely with decision makers and consumers to design more relevant projects.”

.....
Dr Brooke Patterson is a physiotherapist and research fellow at La Trobe University Sport and Exercise Medicine Research Centre, where she is currently coordinating clinical trials designed to monitor and reduce injuries among women and girls playing Australian Rules football.

Dr Khic-Houy Prang is a health services researcher in the Evaluation and Implementation Science Unit, Centre for Health Policy, at the Melbourne School of Population and Global Health, The University of Melbourne. Her work concentrates on access and delivery of healthcare services both in Australia and globally.





I hope to empower the next generation of young female athletes to have a better understanding of their bodies and how to look after them to build strong, healthy and empowered lives.”

Dr Brooke Patterson

Supporting young people's health and wellbeing

Engaging young Australians in health decision-making

Young people face a wide range of physical and mental health issues but health policy makers are consistently failing to engage with young people in the co-design of health services that are specifically targeted at them.

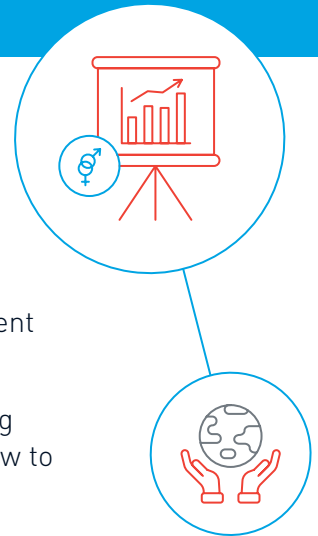
This was one of the key themes to emerge from the Youth Health Forum 2021 National Summit run by the Consumers Health Forum of Australia.

The virtual event, which was supported by Medibank, assembled hundreds of youth advocates and young people nationally to discuss how well the health system is serving those aged 18 to 30.

Recommendations arising from the event included the introduction of:

- better education in schools for young people about health systems and how to navigate them
- accreditation standards for medical colleges and health bodies working with diverse communities
- a national strategy on climate, health and wellbeing for Australia.

In 2022, Medibank also hosted a cross-section of business leaders and health professionals at its Young Minds @ Work breakfast to discuss youth mental health and wellbeing.





This event followed the launch of new research by Medibank looking the longer-term implications on young people's mental health and wellbeing.

The study conducted by Lewers Research in 2022 found that parents were underestimating the psychological toll the COVID-19 pandemic has had on young people, believing they were coping much better than they are, with one third of the 16-24-year-olds surveyed rating their mental health over the past 12 months as terrible or poor.

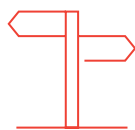
It found many young people were nervous about their future – 2 in 3 said they felt less confident now, and that getting excited about the future felt risky, while 1 in 3 were making different career choices now as they felt they would never catch up on the learning they missed. In positive news however, the majority (92%) said they were actively planning on taking steps to improve their mental and physical health.

In addition to using the research to inform its own mental health and wellbeing support pathways, Medibank has been sharing the study with businesses and organisations such as universities to help them better support young people to reach their full potential.



1 in 3

young people over the last 12 months rated their mental health as terrible or poor.



2 in 3

young people say they are nervous about their future.

Starting a conversation about loneliness



Tackling loneliness together

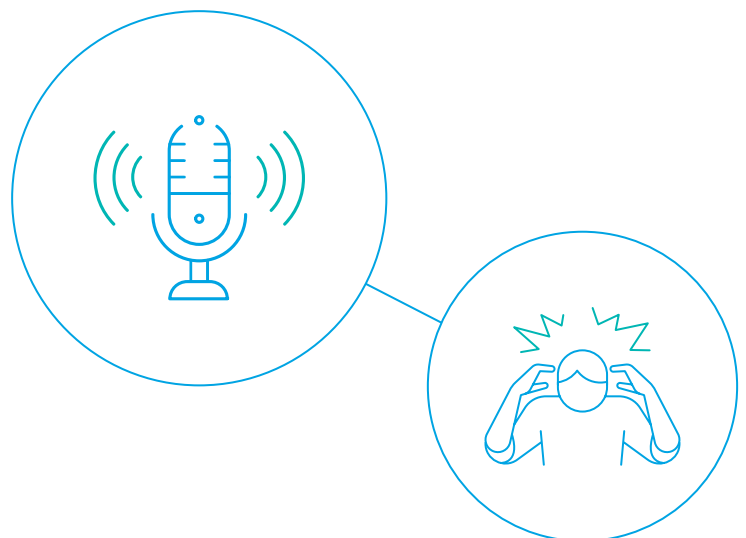
Loneliness is affecting more Australians than ever, with more than half (53%) of people surveyed by Medibank saying they feel lonely on one or more days during a typical week. A third of people classify themselves as having a high level of loneliness. Concerningly, 56% of those who experience loneliness report that it impacts their health.

Medibank is committed to helping address loneliness among Australians. This includes working with some of Australia's leading researchers to raise awareness of the issue and develop new ways to overcome it. Medibank has also partnered with Ending Loneliness Together, a national network of organisations collaborating to build the evidence base and develop tools to address loneliness in Australia. The network is advocating new ideas to government and other stakeholders to bring about meaningful policy change.

In 2022, Medibank also launched a ground-breaking podcast series, *We are Lonely*, which explores the theme of loneliness. It aims to drive positive conversations around mental health and wellbeing and reduce the stigma around loneliness.

The podcast is hosted by Dr Frederic Kiernan, a research fellow from the University of Melbourne, and radio and television personality Myf Warhurst. The pair talk to celebrated musicians, artists and actors to learn about their experiences of loneliness and understand how it is portrayed in popular culture. Guests included award-winning actor Hugo Weaving, singer Darren Hayes and artist Patricia Piccinini.

More than 55,000 people had listened to the podcast by June 2022 since its launch in February 2022.



Partnering with the Fruit and Vegetable Consortium to better understand Australians' diets



Medibank has partnered with the Fruit and Vegetable Consortium, KPMG, 89 Degrees East and the Consumer Health Forum of Australia, under the leadership of Nutrition Australia, to investigate patterns of fruit and vegetable consumption in COVID-affected Australia.

The partnership aims to address a priority area of the Australian Government's 10-year National Preventative Health Strategy: *'Improving access to and the consumption of a healthy diet'*.

Led by KPMG, the partnership has delivered *'Shifting the dial on vegetable consumption – rebuilding healthy families in a COVID-19 affected and disrupted Australia'*, a research report on the key issues and drivers of consumer preferences in relation to fruit and vegetable consumption. This report identified affordability, shelf life, cooking habits, online grocery shopping, supply chain issues and food labelling as factors affecting consumer behaviour.

Following the publication of the report, a thought leadership roundtable event attended by industry leaders was held in October 2022 to drive further awareness and engagement.

According to Medibank's Medical Director for Research, Policy & Innovation, Dr Jessica Choong, there are a variety of reasons why Australians may not be getting the recommended amounts of fruits and vegetables.

"While it sounds simple to have an extra serve of fruit and vegetables each day, in reality it is a more complex issue," she explains. "Food literacy, access and affordability all play a large role in the eating habits of Australians."

Insights derived from this research have helped Medibank and our partners understand how disasters and disruptions like the pandemic, extreme weather events and global unrest have affected food supply and the dietary preferences and behaviour of Australians.

"The research could also have a huge impact on government health expenditure – an estimated \$200 million could be wiped from Australia's ballooning health budget if Australians ate one extra cup of vegetables every day," says Dr Choong.

By focusing on consumers, this research has provided new perspectives to the ongoing work of Medibank's Clinical, Environment & Sustainability, and Live Better teams, and the Medibank Better Health Foundation.

With this work, Medibank is continuing its mission to put customers' needs at the heart of health-based decision-making. Outcomes of this research have assisted in enhancing Medibank's preventative health offerings and have led to the development of health and wellbeing challenges through the Live Better app to improve the health literacy of our customers.

Acknowledgements

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Partner organisations

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Royal Australian College of General
Practitioners Research Foundation

Consumers Health Forum of Australia

Royal Australasian College of Surgeons

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Flinders University

The University of Sydney

HammondCare

The University of Newcastle

La Trobe University

The University of New South Wales

Macquarie University

The University of Melbourne

Menzies School of Health Research

Queensland University of Technology

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Medibank Private Limited
ABN 47 080 890 259

Registered Office 720 Bourke Street Docklands VIC 3008
GPO Box 999 Melbourne VIC 3001
medibank.com.au