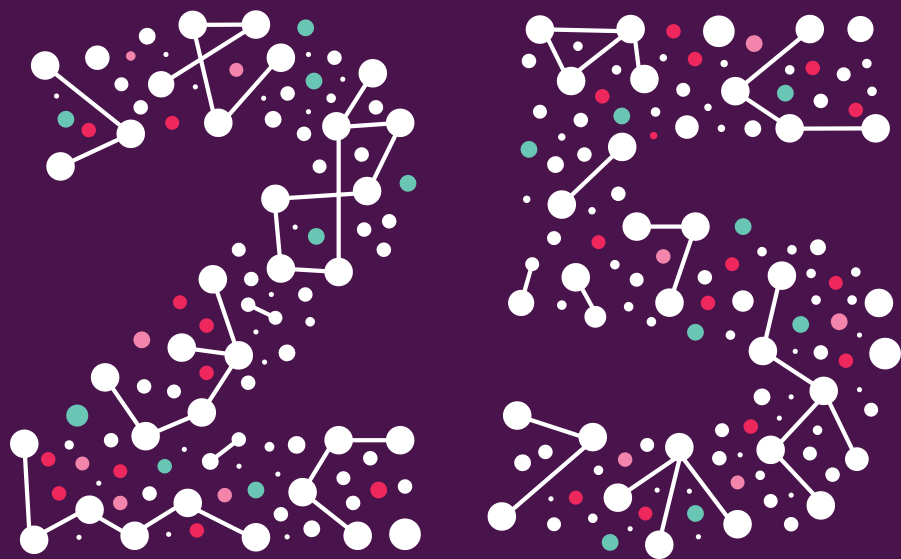


**HCF RESEARCH
FOUNDATION
YEAR IN REVIEW
FINANCIAL
YEAR 2024–25**



YEARS

MESSAGE FROM THE CHAIR

For 25 years, the HCF Research Foundation has been Australia’s largest non-government funder of health services research. We support real-world solutions that improve healthcare delivery, inform policy and benefit HCF members and all Australians.



The Foundation has had another successful year of investing in research that creates positive impact on the healthcare system. As we reflect on our achievements of the past year, we also look ahead to the future with ambition and excitement.

The 2025 financial year began with the HCF Research Foundation hosting a stakeholder workshop on short-stay joint replacement surgeries. Over 60 experts came together to discuss the adoption of proven international models within the Australian healthcare system. The thought-provoking presentations led to some productive discussions, and I extend my gratitude to everyone who attended and contributed to our shared health services goals.

The workshop reflects our ongoing commitment to translating research outcomes into clinical practice changes – a key pillar of our research strategy adopted in 2021. This year we undertook a comprehensive review of the strategy. Our Directors are pleased with our significant progress,

including demonstrable positive impacts for patients and healthcare professionals across all funding streams.

On behalf of the Foundation, I would like to thank the HCF Research Foundation Board, Research Advisory Committee, our researchers and peer reviewers for their contributions over the past year. I also want to extend special thanks to Sheena Jack who stepped down from the Foundation Board upon her retirement. Sheena made outstanding contributions as a Director of the Foundation from 2017 to 2025 and we remain incredibly grateful for her dedicated service.

Finally, as we celebrate our 25th anniversary, we have a series of commemorative events planned. These sessions will provide a fantastic opportunity for our network to reflect on its achievements while looking toward the future of health services research across the country.

PROFESSOR CLAIRE JACKSON AM
Chair, HCF Research Foundation

MESSAGE FROM THE HEAD OF THE RESEARCH FOUNDATION



This year, we were excited to award nine grants through our major funding streams. Our Translational Research Grants will address the implementation of AI technology in healthcare decision making, while our Health Services Research Grants cover the topics of healthcare workforce optimisation, identifying and addressing healthcare bias and implementing sustainable alternatives to hospital care. These are all important projects with great potential to deliver significant impact for the Australian healthcare system.

Through our ongoing partnership with the RACGP Foundation (now the Australian General Practice Research Foundation), we awarded a co-funded grant to Professor Tania Winzenberg, who will extend her pioneering research into the needs of people with high healthcare service utilisation.

Through another long-term partnership, the Foundation was again pleased to be a major sponsor of the Health Services Research Association of Australia and New Zealand

(HSRAANZ) biennial conference. This sponsorship enabled the Foundation to showcase some of our most impactful research projects to leading health services researchers. Thank you to our invited speakers Professor Ilana Ackerman, Associate Professor Chris Schilling, Dr Gustavo Machado and Professor Jill Newby for their presentations.

We were also delighted to participate in a collaboration led by Professor Kate Curtis, which was awarded an NHMRC Partnership Grant. This extends Professor Curtis’s work on HIRAIID, an emergency nursing framework which is being trialled across different ward settings.

I would also like to thank our webinar presenters for the year: Professor Geoff Tofler, Dr Mitchell Sarkies and Professor Jennie Scarvell. Our webinar series has been highly engaging, and sharing successful research outcomes through this platform has led to ongoing collaborations and the uptake of efficient, effective models of care.

DR CHRISTOPHER PETTIGREW
Head of the HCF Research Foundation

IMPROVING THE HEALTH OF ALL AUSTRALIANS FOR 25 YEARS



OUR HISTORY

Now in our 25th year, the HCF Research Foundation was established in 2000 as the HCF Health and Medical Research Foundation. The HCF Research Foundation is a charitable trust which was set up to fund research into the provision, administration and delivery of health services in Australia for the benefit of our members and all Australians. Since 2008, the Foundation has focused on supporting health services research, an area of research that doesn’t receive significant funding from other sources. In 2013, the name was simplified to the HCF Research Foundation.

OUR MISSION

The HCF Research Foundation’s mission is to improve health outcomes for HCF members and all Australians by funding and supporting health services research that benefits everyone.

OUR VISION

As Australia’s largest not-for-profit health fund, HCF has the opportunity to drive positive change across our healthcare system. Through our Research Foundation, we’re investing in innovative research teams addressing real-world health challenges.

We aspire to be recognised as a leading independent funder of high-quality research that leads to the improvement of healthcare services in Australia. We want to create transparent, accessible and fair funding opportunities for Australian researchers, institutions and organisations to help focus their efforts on addressing issues of scale and significance in healthcare which can benefit our members and all Australians.

FINANCIAL SNAPSHOT

\$55m

The HCF Research Foundation corpus has been funded by donations from the net surplus of the health fund. Since 2000, HCF has contributed a total of \$55m.

\$36.3m

The HCF Research Foundation has invested \$36.3m into health services research since its inception in 2000.

\$3.41m

In FY25, the HCF Research Foundation awarded \$3.41m in funding to clinicians and researchers working to understand and improve the effectiveness, efficiency and quality of health treatments and services in Australia.

SUPPORTING HEALTH SERVICES RESEARCH

The HCF Research Foundation funds research proposals that use and enhance current knowledge to improve healthcare outcomes, including the quality, efficiency, equity of, and access to, health service provision. Our research grants program covers three streams: Health Services, Translation and Innovation. The program aims to address issues of scale and significance in healthcare and make an impact in the delivery of health services to benefit our members and all Australians. We also partner with other organisations on research partnerships to deliver better health outcomes and access to affordable, high-quality healthcare when and where it’s needed.

Over the last 25 years, the HCF Research Foundation has established an impressive partnership footprint with over 150 partner institutions including universities, health organisations, government bodies and the wider healthcare industry.

25 YEARS OF INNOVATION AND IMPACT

We're celebrating 25 years of groundbreaking health services research and practical improvements to the healthcare system through the HCF Research Foundation.

Over the last quarter of a century, the HCF Research Foundation has played a critical role in funding research that delivers measurable improvements in health outcomes, system efficiencies, staff experience and patient care.

Through the ongoing work of the Foundation, we've been committed to staying at the forefront of defining innovative, tangible solutions to the emerging health challenges in this country.

Our projects span health areas where there are opportunities for significant improvements, including chronic disease, mental health, rural access and hospital performance. These funded projects lead to evidence-based innovations that can directly benefit patients and the healthcare system.



TAKE A LOOK AT SOME OF OUR MILESTONE MOMENTS

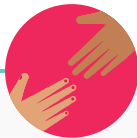


2000

HCF established 'The HCF Health and Medical Research Foundation' with an initial donation of \$50m.

2008

Refined our funding focus to prioritise Health Services Research.



2012

Partnership with RACGP Foundation begins (now known as the Australian General Practice Research Foundation).



2013

Name simplified to 'HCF Research Foundation'.

A founding partner of The Australian Prevention Partnership Centre, a national collaboration to help prevent chronic health problems.



2015

Funded an online cognitive behavioural therapy (CBT) project to reduce symptoms of depression and anxiety in pregnant and postpartum women. This led to the development of THIS WAY UP's pregnancy and postnatal mental health programs, now available to eligible HCF members.

Supported the development and implementation of a framework to help assess appendicitis in children and prioritise children's needs based on risk.



2016

Enabled Australian researchers to develop a tool to help breast cancer patients considering neoadjuvant therapy (a treatment administered before surgery to shrink cancer cells) feel more informed and involved in the decision-making process.

Funded enhanced testing nutrition practices in hospitals to increase early interventions for people at risk of nutritional decline.



2017

Funded a project to establish patterns of primary care usage at the end of life in cancer patients.



2019

Supported a project to improve clinical outcomes with telehealth for patients with cystic fibrosis – a life-limiting condition affecting the lungs and digestion.



2020

Funded a project to test the efficacy of the SMART Choice tool, which helps people predict how much improvement a knee replacement might provide, so they can make more informed choices about the procedure.

Supported a study demonstrating shorter hospital stays, combined with at-home care and follow-up visits from a midwife, improved women's experiences after a c-section.



2021

Project completed on a web-based tool for collecting glaucoma treatment data to inform specialists' decisions on treatments.

Launched refreshed strategy and introduced diversified funding streams: 'Health Services Research Grants', 'Translational Research Grants' and 'Innovation Research Grants'.



2023

Funded the development of a digital tool, Gro Health, which has been shown to help people with type 2 diabetes around the world make healthy lifestyle changes. The Foundation is funding a trial in Australia.

Research funded by the Foundation found that short-stay programs for joint replacement surgery could bring substantial healthcare savings.

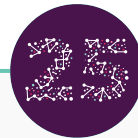
Additional \$5 million donation from HCF is received to help expand the reach of the HCF Research Foundation and breadth of funded health services research projects.



2024

Funded a trial to test the effectiveness in improving care of REC-CAP, a digital platform for peer support during the high-risk, post-withdrawal period of addiction.

Funded a trial into whether care by a nurse practitioner could help aged care residents better manage their health as they age.



2025

Celebrating 25 years of innovation and impact for HCF members and all Australians.

HEALTH SERVICES RESEARCH PROJECTS

This year, the HCF Research Foundation funded five health services research projects, contributing to our mission to improve health and wellbeing outcomes for members and all Australians.

VIRTUAL PHYSIO-LED BACK PAIN TRIAGE IN SPINE SURGERY PATHWAYS

Project: Co-design and evaluation of a virtual physiotherapist-led triage and management service for lower back pain referrals to spine surgery clinics.

DR JOSHUA ZADRO
The University of Sydney

Each year, around 45,000 lumbar spine surgeries are performed in Australia, mostly in older adults, which costs the healthcare system over \$1 billion. Many patients wait between one and two years to see a surgeon, often without trying effective non-surgical care. This delay can worsen symptoms and increase costs, especially in rural areas. The team aims to improve access to care by co-designing a virtual triage and management service led by physiotherapists. These clinicians will assess 'non-urgent' referrals to spine surgery clinics and guide patients towards appropriate non-surgical treatment.

The trial is a first of its kind in Australia and will recruit 202 adults with lower back pain referred to spine surgeons across several NSW hospitals. Participants will be randomly assigned to either our virtual service or usual care. The team will measure disability at six months as the main patient outcome, and treatment waiting time as the main service outcome. The trial also includes economic and process evaluations to assess feasibility and impact.

\$528,780



HOME REHAB FOR HIP FRACTURES

Project: Rehabilitation in the home (RITH) after hip fracture: right care, right time, right place, right choice (RITH4Hips).

CONJOINT PROFESSOR JUSTINE NAYLOR
Southwestern Sydney Local Health District

Hip fractures from minor trauma are common and place a heavy burden on patients, carers and hospitals. Rehabilitation in the Home (RITH) programs offer an alternative to inpatient rehab, potentially easing hospital pressure and improving patient outcomes. However, strong evidence is lacking, especially around patient and carer experiences, outcomes and cost-effectiveness.

This study will be the first randomised trial in Australia to test whether RITH is as effective as standard inpatient rehab for people recovering from low-trauma hip fractures. Participants from two hospitals will be randomly assigned to either RITH or standard care.

The main goal is to see if RITH leads to similar mobility outcomes and shorter hospital stays. Researchers will also assess quality of life, fear of falling, carer burden and cost-effectiveness. A qualitative study will explore stakeholder perspectives to better understand the impact of RITH on patients and carers.

\$493,233



SCALING COLLABORATIVE OPIOID TREATMENT

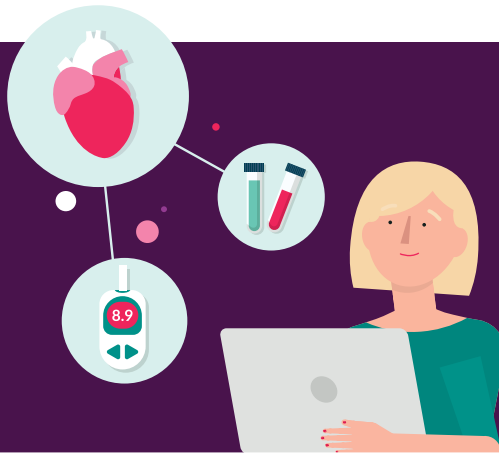
Project: Upscaling a pharmacist-prescriber model of collaborative care for Medication Assisted Treatment for Opioid Dependence (MATOD) to address Australia's treatment shortage.

PROFESSOR SUZANNE NEILSON
Monash University

Australia sees over 1,000 opioid-related deaths each year, yet access to Medication Assisted Treatment for Opioid Dependence (MATOD) is limited, especially in regional areas due to a shortage of prescribers. The EPIC-MATOD project aims to improve access by involving community pharmacists in patient care, working alongside prescribers. This collaborative model has already shown success in Melbourne's southeastern suburbs.

The proposed grant will expand EPIC-MATOD to four new regions and test how best to implement it. In Phase 1, researchers will co-design strategies with pharmacists, prescribers and consumers. In Phase 2, they'll test these strategies in a trial to see how many patients receive collaborative care after six months. The study will also measure clinical outcomes, patient satisfaction and cost-effectiveness. By embedding this model into local health networks, the project aims to make opioid treatment more accessible and sustainable across the country.

\$433,433



TRACKING AND IMPROVING DIABETES AND HEART DISEASE

Project: Development of a geographic surveillance and reporting system for diabetes and cardiovascular disease care and outcomes.

DR JEDIDIAH MORTON
Baker Heart and Diabetes Institute

Diabetes and cardiovascular disease (CVD) are major health issues in Australia, and much of their impact can be prevented with timely care. People in lower socioeconomic areas can often receive poorer care, but current data is outdated and doesn't show where help is most needed.

This project will create a regularly updated database to track diabetes and CVD care and outcomes by geographic area across Australia. Using national linked datasets, the team will measure access to proven treatments and medication use.

They'll also work with stakeholders and consumers to design a reporting system for policymakers and health organisations. To show how the tool can be used, the team will identify an area needing better care and test a targeted intervention to improve medication use. Long term, the aim is to embed this tool into national health planning to help reduce healthcare inequality and improve outcomes for Australians living with diabetes and CVD.

\$274,605



VIRTUAL CARE FOR REMOTE BACK PAIN MANAGEMENT

Project: A new referral pathway for paramedics to manage people with back pain.

DR SIMON VELLA
The University of Sydney

Back pain is a common reason people call an ambulance in Australia, but around 30% of those treated and sent home end up needing emergency care again. Virtual care offers a new way to manage back pain remotely, helping patients avoid hospital visits.

This research will test a new referral pathway where paramedics can connect patients with virtual care services instead of sending them to hospital. The project includes three studies: one will track how the new pathway affects ambulance re-contact, emergency visits and hospital admissions, another will explore what patients and clinicians think about the new approach, and the third will assess whether it's cost-effective compared to usual care. The research is a collaboration between The University of Sydney, NSW Ambulance and RPA Virtual Hospital, and aims to inform future health policy and practice.

\$353,531

TRANSLATIONAL RESEARCH PROJECTS

In 2024, the Translational Research Grants scheme called for projects embedding evidence-based AI tools into routine clinical care and practice. These four grants allow the recipients to translate research findings into new practice for improved outcomes, patient experience and quality.

PREVENTING BLINDNESS IN PREGNANT WOMEN WITH DIABETES

Project: Preventing blindness in pregnant women with diabetes using a point-of-care artificial intelligence assisted retinal camera.

PROFESSOR LYNDELL LIM

Centre for Eye Research Australia, University of Melbourne

Diabetic retinopathy (DR) is a serious eye condition that affects one in three people with diabetes and can lead to blindness if not detected early. In Australia, around 65,000 people have reduced vision due to DR. Pregnancy can worsen DR, but many women with pre-gestational diabetes struggle to attend recommended eye screenings during pregnancy because of their numerous medical appointments.

To address this issue, the team is trialling a new eye screening method using an AI-assisted camera in specialist obstetric clinics. This camera can quickly take pictures of the eye and assess them on the spot, letting patients know right away if they need to follow up with an eye specialist.

This approach allows pregnant women to get their diabetic eye checks alongside their obstetric appointments, increasing the number of women who can get their eyes checked in a timely manner and help preserve the sight of women in pregnancy and motherhood.

\$257,917

HEART VALVE DISEASE DETECTION IN RURAL AND REMOTE AUSTRALIA

Project: Aortic Stenosis Screening Using aRtificial intelligence to acquire and interpret Echocardiograms (ASSURE-Echo).

PROFESSOR THOMAS MARWICK

University of Tasmania

Degenerative heart valve disease, particularly aortic stenosis (AS), is expected to rise with our ageing population. Recent studies show that 5% of the population has undiagnosed, significant valve disease. Timely diagnosis and treatment are crucial as untreated valve diseases can lead to preventable death and disability.

Echocardiography (cardiac ultrasound) is essential for diagnosing heart valve disease, but access varies across different regions, with rural and remote Australia having the lowest access, contributing to late diagnoses and unnecessary deaths.

While ultrasound equipment is now affordable, the need for sonographers and expert readers remains a barrier. This project aims to use AI to guide non-experts in rural general practice settings in acquiring and interpreting echocardiograms, focusing on AS. The study will evaluate the feasibility of community-based AI screening for AS, aiming to improve access to echocardiography in rural and remote areas. This approach could optimise the use of limited sonographer resources.

\$304,918



SPEECH TESTING FOR INCLUSIVE HEARING CARE

Project: Integrating the Universal Language-Independent AI-powered speech Test (ULI+) into clinics: enhancing inclusion and access for multicultural communities in audiology.

DR JORGE MEJIA

National Acoustic Laboratories

Language barriers can make it difficult for non-English speakers to access fair and accurate hearing assessments. To address this, the National Acoustic Laboratories developed ULI+, an innovative test powered by artificial intelligence (AI).

Unlike traditional tests, ULI+ is language-independent, making it accessible to people from all cultural and linguistic backgrounds. ULI+ uses AI to estimate hearing thresholds rapidly and reliably, whether a person is using hearing aids or not. It also includes a unique feature to assess how well individuals hear specific sounds, like consonants and vowels, compared to people with normal hearing. This provides clinicians with a deeper understanding of hearing challenges.

ULI+ was validated with 97 test-takers with different levels of English proficiency and hearing loss. The goal is to make ULI+ widely available in clinical settings, ensuring it's easy to use and benefits Australians from diverse language backgrounds. By addressing barriers to implementation, the aim is to enhance hearing care with more inclusive and equitable diagnostic tools for everyone.

\$247,385

IMPROVING HEART DISEASE ULTRASOUND DIAGNOSIS

Project: Embedding AI in Cardiac Point-of-Care Ultrasound: A path to improved efficiency and person-centred outcomes.

DR KATHARINE SEE

Northern Health

Cardiovascular disease (CVD) is a leading cause of illnesses and deaths in Australia. Early and accurate diagnosis is crucial for better outcomes, but access to advanced diagnostic tools is limited, especially in regional and underserved areas.

This project aims to improve diagnostic precision and accessibility by combining AI with cardiac Point-of-Care Ultrasound (POCUS). Cardiac POCUS is a portable and cost-effective tool for real-time imaging, but its effectiveness is limited by the operator's skill and experience. By integrating AI algorithms, this project seeks to standardise image acquisition and interpretation, reducing variability and enhancing accuracy. The study will assess both implementation and clinical effectiveness in an emergency department setting, providing insights for future clinical practice. This initiative aims to improve healthcare efficiency and patient outcomes, particularly for those with cardiovascular conditions, by making advanced diagnostic tools more accessible and reducing delays to accurate diagnoses for those presenting to ED.

\$478,500

RACGP GRANT

EASING PRESSURE ON HOSPITALS

Project: Priority-setting for the co-design of services for people with high healthcare service utilisation.

PROFESSOR TANIA WINZENBERG

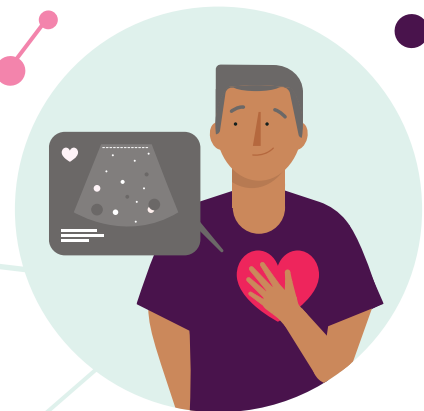
University of Tasmania

A small group of people frequently use healthcare services, known as high healthcare service utilisation (HSU). This includes frequent hospital and emergency department visits and GP appointments, leading to high healthcare costs. These people often have complex needs that aren't met, leading to poor health outcomes. Many interventions fail because they don't address these diverse needs properly.

The Tasmanian and Commonwealth governments are working together to redesign healthcare services to reduce the need for hospital and emergency department visits. This project aims to improve health outcomes and patient experiences for Tasmanians with HSU, benefiting the entire community by making healthcare more efficient.

This could help reduce hospital bed shortages, emergency department crowding, and waiting times for elective surgeries and specialist appointments.

\$60,000



PROJECT CASE STUDIES

AGEING WELL IN THE COMMUNITY

THE CHALLENGE

As people age, they may experience reduced independence, mobility challenges and social isolation. This often leads to an increased reliance on health and aged care services. With Australia's growing ageing population and limited access to services in rural areas, supporting older people to age well at home is critical.

THE STUDY

The Wellness 2 Age program was initially developed and trialled as a university pilot study to support older Australians in rural areas to remain active, independent and socially connected. In 2023, Dr. Kristy Robson and Associate Professor Melissa Nott received a Translational Research Grant from the HCF Research Foundation to test the program's real-world effectiveness across healthcare settings.

THE IMPACT

The program demonstrated strong results across multiple healthcare settings, including public health, private allied health and community aged care providers, making it a viable solution in workforce constrained rural settings.

Participants reported high satisfaction with the program's personalised approach, structured support and opportunities for social connection. Significant improvements were also observed in participants across occupational performance, quality of life, cognition, mobility, mood and confidence.

The program also demonstrated cost savings on healthcare delivery, and clinically meaningful improvements in quality-adjusted life years (QALYs) were achieved within a short timeframe.

The program's flexibility, robust evidence base and alignment with national aged care policy directions support broader implementation across Australia's aged care and community health systems and position it as a valuable solution for Australia's ageing population challenges.

HOW DO PARTICIPANTS FEEL ABOUT THE PROGRAM?

"I was too scared going shopping, going out. I'm going to fall. Where now [after the program], I know how to walk, what to do, don't be distracted. I breeze through, and I'm so much happier in myself."

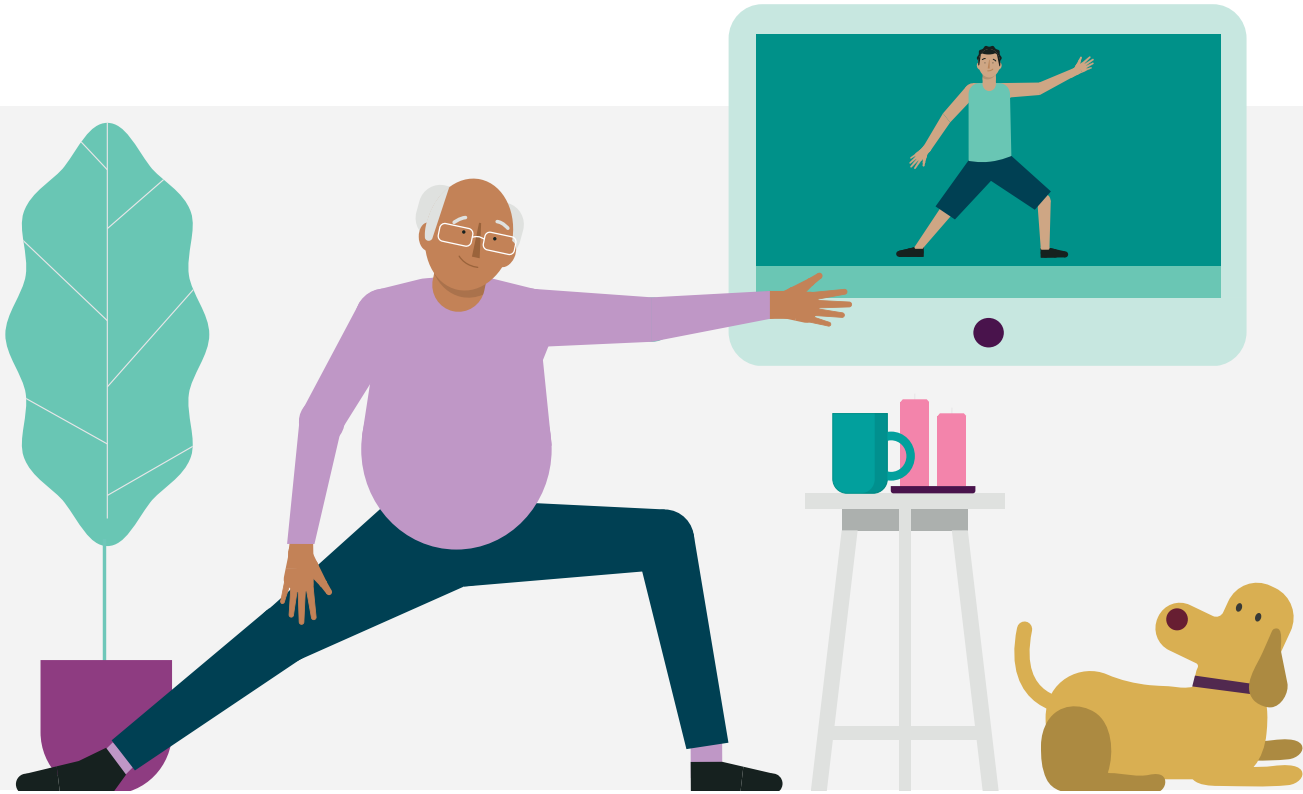
JANE

Program participant

"I would go to bed crying, and I'd wake up crying. Now, I go to bed with peace, and I wake up with a smile. Now [the program], it's just giving me hope."

DAWN

Program participant



TELEHEALTH SUPPORT FOR CHILDREN WITH CYSTIC FIBROSIS

THE CHALLENGE

Children with cystic fibrosis (CF) are recommended to have check-ups with specialist CF teams at least four times a year. These teams are usually located in large hospitals in major cities. For families living in regional areas, this means long travel times and added stress.

THE STUDY

Before COVID-19, a project began to compare outcomes for children who received around half their care at home versus those who received all care at the hospital. When the pandemic hit, telehealth became the standard for all CF patients. The study adapted to assess whether key hospital assessments could be done at home and whether telehealth affected the quality of their care.

THE IMPACT

The study found that collecting bacterial samples and a test for lung function could be done reliably at home. It also showed that patients who were managed via telehealth weren't at a disadvantage to those who received in-person care.

Researchers also asked adults with CF and parents of children with CF how they felt about receiving care at home. Most appreciated the reduced travel, flexibility and cost savings. However, they still wanted the option for in-person visits to maintain strong relationships with their care teams. By proving that home assessments are reliable and telehealth is effective, the project supports a shift toward telehealth or hybrid care models. This change could lower healthcare costs and ease the burden of frequent hospital visits for families.



ONLINE MENTAL HEALTH SUPPORT FOR PERINATAL WOMEN

THE CHALLENGE

Many women experience depression and anxiety during the perinatal period (pregnancy and after childbirth), but accessing mental health support can be difficult. Traditional therapy can be expensive, time-consuming and hard to prioritise - especially for new mums. There was a need for a low-cost, easy-to-access solution that could help improve mental wellbeing during this critical time.

THE STUDY

In 2015, the HCF Research Foundation funded a project led by Professor Gavin Andrews at St Vincent's Hospital in Sydney. The goal was to create and test an online cognitive behavioural therapy (CBT) program tailored for women facing depression or anxiety during the perinatal period. The program was designed to be affordable and accessible from home.

One of the key researchers was Dr Jill Newby, a clinical psychologist who played a major role in developing the program. The result of their work is now available through THIS WAY UP, a digital platform that's helped thousands of women improve their mental health.

Later, in 2020, Dr Newby, now a Professor at the Black Dog Institute, received further funding from the Foundation to evaluate a new blended care model. This model combined psychologist support with a digital app called myNewWay. The study showed that this approach was practical and well received by both psychologists and patients, leading to positive mental health outcomes.

THE IMPACT

The original online CBT program has already helped thousands of women through THIS WAY UP. The success of the blended care model with myNewWay has paved the way for a larger study. Professor Newby and her team are now preparing to launch a randomised controlled trial (RCT) to gather strong evidence that could support wider use of this model.

Thanks to the success of these projects, Professor Newby and her colleagues have secured \$18 million in additional funding to explore more targeted treatments for depression. Their work is helping shape the future of digital mental health care in Australia and beyond.



PARTNERING FOR MEANINGFUL CHANGE

The HCF Research Foundation is a leading force and connector, bringing together health services research teams and those working in the provision of healthcare to help address Australia's most pressing health challenges.

EXPLORING SHORT-STAY CARE MODELS FOR JOINT REPLACEMENTS

THE CHALLENGE

Hip and knee replacements are among the most common surgical procedures in Australia, yet traditional models of care often require extended hospital stays, creating system pressures and limiting patient choice. Short-stay models present significant opportunities to improve patient outcomes while reducing costs.

THE STUDY

In July 2024, the HCF Research Foundation hosted a roundtable and workshop in Sydney to explore how to increase the adoption of short-stay care models for hip and knee replacements in Australia. This unique cross-sector collaboration brought together over 60 key stakeholders including representatives from government, hospitals, insurers, clinicians, allied health and consumers.

The event featured presentations from experts who shared insights on current models, patient experiences and barriers to change.

Key speakers and their presentations included:

- **Professor Ilana Ackerman (Monash University):** Short-stay joint replacement models of care in Australia and the outcomes of the Research Foundation-funded Innovation Research Grant project.
- **Dr Christopher Pettigrew (HCF Research Foundation):** Insights from qualitative interviews with patients and carers who experienced short-stay joint replacements through HCF's No-Gap Joints program.
- **Dr Andrew Hirshorn (Macquarie University Hospital):** The lower limb joint replacement experience at MQ Health.
- **Associate Professor Sol Qurashi (Harbour City Orthopaedics and University of Notre Dame):** A surgeon's perspective on enhanced recovery models of care in joint replacement surgery, focusing on barriers and enablers.
- **Ms Julie Andrews (HCF):** A Private Health Insurer perspective on short-stay models of care.

Discussions focused on identifying key systemic barriers, such as funding mechanisms, communication gaps and clinical practice variations as well as opening the discussion up to brainstorm solutions. Attendees praised the event's collaborative spirit and the opportunity to connect across sectors. Based on its success, the HCF Research Foundation is planning similar events to tackle other healthcare challenges and promote innovation and collaboration across the system.



DRIVING POSITIVE CHANGE THROUGH INNOVATION

The HCF Research Foundation supports information sharing, new models of care and digital health technologies that create genuine efficiencies and improve the quality of health treatments and services in Australia.

ADVANCING HEALTH SERVICES RESEARCH IN THE DIGITAL AGE

The HCF Research Foundation proudly sponsored the HSRAANZ biennial conference held in Brisbane in December 2024, titled 'Health Services Research in the Digital Age'. This event showcased our commitment to fostering collaboration and innovation in health services research.

Four distinguished speakers presented their funded work in a dedicated session highlighting the work of the Foundation.

Key speakers and their presentations included:

- **Associate Professor Chris Schilling (University of Melbourne):** A patient decision support tool for total knee replacement – results from a randomised control trial.
- **Dr Gustavo Machado (University of Sydney) Back@Home:** A virtual hospital for back pain in the Sydney Local Health District.
- **Professor Ilana Ackerman (Monash University):** Using research to inform the implementation of short-stay joint replacement models of care.
- **Professor Jill Newby (Black Dog Institute):** Successes and challenges implementing a blended digital mental health intervention (myNewWay) for depression and anxiety.

Their presentations, along with many poster presentations from other funded projects, helped position the Foundation as a key supporter and partner for innovative research collaborations.

Julie Andrews, HCF's Chief Officer, Member Health, and Chair of the Research Foundation's Research Advisory Committee, represented HCF and the Foundation at a panel session of funders and policy makers. The session focused on digital health research and its translation, underscoring our commitment to integrating digital advancements into health services.

Forums such as this also demonstrate the Foundation's evolving role as both a research funder and active facilitator of health system transformation. By connecting evidence to practice, we can continue to drive meaningful improvements in healthcare quality, accessibility and efficiency across Australia.



ACTIVE RESEARCH PROJECTS

ACT

University of Canberra

Professor Jennie Scarvell
Best practice pathway for knee osteoarthritis
– Implementing an advanced musculoskeletal pre-surgical triage and assessment clinic.



NSW

Western Sydney Local Health District (Blacktown Hospital)

Professor Grant Brinkworth
Implementing a Scalable, personalised, behaviour Change digitAL hEalth program in primary care for chronic disease treatment – the SCALE cluster randomised study.



Charles Sturt University

Dr Kristy Robson
Age Well@Home program for rural Australians.



Hunter Primary Care

Ms Leigh Darcy
Translating a metropolitan Aged Care Nurse Practitioner model to a rural residential care setting to optimise primary care outcomes.



Ingham Institute for Applied Medical Research

Professor Josephine Chow
Implementing and evaluating an integrative palliative care model for older people in the community who wish to die at home.



Macquarie University

Dr Mitchell Sarkies
Implementation of evidence and consensus-based perioperative care pathways to reduce unwarranted clinical variation in a private, academic health sciences centre.



Macquarie University

Dr Kathryn Mills
Taking the first step: assessing implementation strategies designed to increase access to exercise programs for people with knee osteoarthritis.



Macquarie University

Mr Michael Doumit
Replacement of multi-disciplinary hospital clinic appointments with telehealth appointments delivered directly to the home.



Neuroscience Research Australia

Dr Kimberley Van Schooten
StandingTall eHealth balance exercise to foster mobility and prevent falls in older people receiving home care.



NSLHD

Professor Geoffrey Tofler
Patient Directed Discharge Letter (PADDLE): A novel approach to improve patient knowledge, satisfaction and outcomes.



SLHD

Professor Vasi Naganathan
Effectiveness, cost-effectiveness and implementation of Emergency Hospital in the Home model of care for older people.



SLHD

Professor Ian Harris
Assisting patients with knee osteoarthritis to make informed choices about total knee arthroplasty and non-operative management.



St Vincent's Hospital Sydney

Dr Jane Wu
Evaluating a new model of integrated care between acute and rehabilitation services, via Proactive Rehabilitation Screening (PReS).



The George Institute for Global Health

Professor Manuela Ferreira
Surgery for Spinal Stenosis (SUcceSS) – a placebo-controlled trial of spinal surgery for people with lumbar spinal stenosis.



University of New South Wales

Professor Geoff Delaney
Transforming Cancer Outcomes with Real-Time Health Data Analytics: A Population-Level Implementation Study in New South Wales, Australia.



University of Newcastle

A/Professor Christine O'Neill
BOOST Trial – Better Outcomes for the Older Surgical patient Trial: A Staggered Implementation Trial in Emergency and Elective surgery.



University of Sydney

Dr Simon Vella
A new referral pathway for paramedics to manage people with back pain.



University of Sydney

A/Professor Claire Ashton-James
Evaluating implementation and effectiveness of a digital intervention to reduce pain and reliance on opioids after total knee replacement surgery.



University of Sydney

Professor Kate Curtis
HIRAID® Inpatient: Improving the safety and quality of nursing care for hospital patients.



University of Sydney

Dr Gustavo Machado
Optimising outcomes for patients with back pain by preventing hospital admission.



University of Sydney

Dr Joshua Zadro
Co-design and evaluation of a virtual physiotherapist-led triage and management service for low back pain referrals to spine surgery clinics.



University of Sydney

Mr Simon Davidson
HeLP (a Healthy Lifestyle program for Pain) for older people with musculoskeletal conditions and comorbid chronic disease risks.



University of Wollongong

Dr Gillian Singleton
ePREVENT 360 - Enhancing PREVENTion and primary care efficiency through digital previsit patient assessment, empowerment and monitoring. A mixed methods feasibility and acceptability study.



UNSW (Black Dog Institute)

A/Professor Jill Newby
A blended digital mental health intervention for adult depression and anxiety: implementation evaluation.



Western Sydney University

Dr Rocco Cavaleri
Home-based neuromodulation: Preventing the transition from acute to chronic pain.



Western Sydney University

Professor Vivienne Chuter
Implementation and evaluation of the Australian guidelines for diabetes-related foot disease into hospital-based high-risk foot services: An evidence-based model.



Whitlam Orthopaedic Research Centre

Conjoint Professor Justine Naylor
Rehabilitation in the home (RITH) after hip fracture: right care, right time, right place, right choice (RITH4Hips).



QLD

Royal Brisbane and Women's Hospital

A/Professor Shaun O'Leary
Reducing Inappropriate Medications for low back pain in the Emergency department (RIME): a controlled interrupted time-series implementation study.



The University of Queensland

Dr Caroline Nicholson
To identify and provide management support for people at risk of frailty in general practice to reduce potentially preventable hospitalisations.



The University of Queensland

Professor Jenny Doust
Understanding the variation in the use of hysterectomy to improve outcomes for women with heavy menstrual bleeding.



University of Southern Queensland

Professor Sonja March
Finding the right balance of “support”: Testing a new digital model of care for child and adolescent anxiety in regional communities.



TAS

University of Tasmania

Professor Tania Winzenberg
Priority-setting for the co-design of services for people with high healthcare service utilisation.



VIC

Baker Heart and Diabetes Institute

A/Professor Melinda Carrington
Reducing readmission among patients with myocardial infarction in the COVID-19 era by applying digital cardiac rehabilitation and telehealth monitoring.



Baker Heart and Diabetes Institute

Dr Jedidiah Morton
Development of a geographic surveillance and reporting system for diabetes and cardiovascular disease care and outcomes.



Deakin University

Professor Andrea Driscoll
Regional heart health: Keeping Australians out of hospital.



Eastern Health

Dr Ariel Roxburgh
Piloting a digital recovery pathway to aid healthcare peer workers in improving patients' alcohol and drug outcomes.



Monash University

Professor Ilana Ackerman
Short Stay Hip and Knee Replacements.



Monash University

A/Professor Denise O'Connor
Value In Care - optimising surveillance COLonoscopy (VIC-COL) in Victorian healthcare services: an interrupted time series study.



Monash University

Dr Jason Wallis
'Wiser Rehabilitation' following primary, elective total hip (THR) and knee (TKR) replacement surgery at a private hospital.



Monash University

A/Professor Victoria Manning
“AAT-App”: Smartphone-delivered Approach Avoidance Training to prevent relapse and treatment re-admission among patients leaving residential alcohol treatment.



Monash University

Professor Suzanne Nielsen
Upscaling a pharmacist-prescriber model of collaborative care for Medication Assisted Treatment for Opioid Dependence (MATOD) to address Australia's treatment shortage.



Monash University

A/Professor Peter Malliaras
Internet and telerehabilitation-based management of rotator cuff related shoulder pain: a randomised control trial.



Murdoch Childrens Research Institute

A/Professor Amanda Gwee
Reducing the burden of care on children with bone and joint infections with entirely oral antibiotic treatment.



Northern Health

Dr Sanjeevan Muruganandan
Digital health to extend Victoria's first specialised ambulatory pleural service: A proof-of-concept feasibility study.

Northern Health

Orygen

Professor Susan Cotton
Piloting a digital recovery pathway to aid healthcare peer workers in improving patients' alcohol and drug outcomes.



University of Melbourne

Dr Chris Schilling
Improving patient selection for total knee replacement (TKR).



WA

University of Western Australia

Dr Jacqueline Francis-Coad
Enabling functional independence at home – training support workers to deliver a fall prevention program to frail, older adults.



PUBLICATION HIGHLIGHTS

Professor Geoff Delaney
Lung cancer (internet-based) Delphi (LUCiD): A modified eDelphi consensus process to establish Australasian clinical quality indicators for thoracic cancer. *Respirology*, 2024. doi.org/10.1111/resp.14812

Dr Kathryn Mills
Implementing reminder messaging in X-ray reports targeting people with knee osteoarthritis: A protocol for a process evaluation. *BMJ Open*, 2024. https://doi.org/10.1136/bmjopen-2024-090360

Dr Gustavo Machado
Process and implementation evaluation of a virtual hospital model of care for lower back pain (Back@Home). *Wiley*, 2024. onlinelibrary.wiley.com/doi/pdf/10.1111/1742-6723.14487 (2024)

Mr Michael Doumit
Understanding the acceptability of the changing model of care in cystic fibrosis. *Respir Med*, 2024 Oct 25:107847. DOI: 10.1016/j.rmed.2024.107847

Dr Mitchell Sarkies
Consensus-Building Processes for Implementing Perioperative Care Pathways in Common Elective Surgeries: A Systematic Review. *J Adv Nurs*, 2024 Oct 9. https://doi.org/10.1111/jan.16524

Professor Ian Harris
Practice Variation and Determinants of Post-Operative Inpatient Rehabilitation for Patients Following Joint Replacement Surgery: A Registry Linkage Cohort Study. *OSF*, 2024 December 9. osf.io/8he9g/

Professor Ilana Ackerman
Implementing an enhanced recovery from surgery pathway to reduce hospital length of stay for primary hip or knee arthroplasty: a budget impact analysis. *BMC Health Serv Res* 24, 1540 2024. DOI: 10.1186/s12913-024-11871-7

Dr Mitchell Sarkies
A qualitative study of how clinicians reach agreement in perioperative pathway development: the Consensus Model for Standardising Healthcare. *Implement Sci Commun*, 2025 Feb 4;6(1):17. doi.org/10.1186/s43058-025-00699-9

Professor Jenny Doust
Women who experience heavy menstrual bleeding: prevalence and characteristics from young adulthood to midlife, Australia, 2000–2021: a longitudinal cohort survey study. *Med J Aust* 2025; 222 (4): 191-197. https://doi.org/10.5694/mja2.52596

Dr Mitchell Sarkies
Criteria For Agreement When Conducting Local Consensus Discussions: A Qualitative Study. *J Healthc Leadersh*, 2025 May 5;17:159-172. https://doi.org/10.2147/JHL.S522784

Dr Rocco Cavaleri
Preventing the transition from acute to chronic low back pain using home-based neuromodulation: protocol for a randomised, controlled study. *BMJ Open*, 2025 Jun 24;15(6):e096126. https://doi:10.1136/bmjopen-2024-096126



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University of Sydney

Dr Joachim Worthington
Daffodil Centre

A/Prof Jo Wu
University of the Sunshine Coast

FROM OUR RESEARCHERS



“

I was a recipient of a health service research grant from the HCF Research Foundation, which allowed us to design and implement a new model of care for back pain in the Sydney Local Health District. This new research program only came to life because of the support from the HCF Research Foundation. This partnership allowed us to translate our research into frontline care, with the Back@Home model of care for back pain reducing emergency department representations.

The HCF Research Foundation's targeted approach to research funding addresses critical issues in our healthcare system. Their support has allowed us to innovate and improve health outcomes for all Australians. Our Back@Home model of care has the potential to be scaled up across the Australian healthcare system, leveraging technologies like virtual care, AI, and machine learning.

Funding from the HCF Research Foundation has enabled us to build a strong research program, support PhD students and postdoctoral research fellows, and present our research internationally. Our collaboration with the HCF Research Foundation is just beginning, and we look forward to continuing to innovate and tackle important issues in our healthcare system together.

ASSOCIATE PROFESSOR GUSTAVO MACHADO

”

“

I first heard about the HCF Research Foundation when I was seeking funding for translational work - research aimed at finding evidence and putting it into practice to make a real difference at the frontline. I'm incredibly grateful for the relationship we have with the HCF Research Foundation, as their support has enabled us to conduct high-quality research that makes a difference.

The initial application process is efficient, saving time for busy clinician researchers like me. The ongoing relationship and management have been excellent, with the Foundation even sitting on some of our steering committees for larger grants.

Working with the Foundation has had a meaningful impact on me personally. It's strengthened my skills as a researcher and helped me build valuable professional connections. Through our funded projects, I've seen the direct difference our work makes at the frontline of healthcare. Most importantly, it's been inspiring to witness how research can drive change - both locally and across the broader health system.

PROFESSOR KATE CURTIS

”



“

I've had a long and rewarding relationship with the HCF Research Foundation, both as a grant recipient and as a reviewer of grant applications. My connection with the Foundation began over a decade ago when we received our first major grant, which kickstarted our research program. That initial support allowed us to employ PhD students and produce significant publications, laying the groundwork for future grants and expanding our research portfolio.

The impact of HCF Research Foundation funding has been profound. It's enabled us to conduct studies that have directly improved healthcare delivery, including demonstrating that home-based rehabilitation after knee replacement is just as effective as inpatient rehab, saving both time and money.

Beyond individual projects, the Foundation's support has helped train the next generation of researchers. Many of our PhD students funded through HCF have gone on to build academic careers and continue research in these critical areas. The ripple effect of this funding is real - it improves patient outcomes, drives innovation, challenges outdated practices in healthcare and helps shape more efficient, patient-centered models of care across Australia.

PROFESSOR IAN HARRIS

”



THE BOARD



CLAIRE JACKSON AM
MBBS, MD, MPH, CertHEcon, Grad Cert MGMT, FRACGP, FAICD
Chair
Professor Jackson was appointed as a Trustee in 2013, has been a director of the Corporate Trustee since its registration in 2015 and was appointed Chair in December 2020.



JOHN BARRINGTON
BCOMM, LLB, FAICD
Director
Mr Barrington was appointed to the Board of Directors of the Corporate Trustee in 2017.



KAREN PRICE
MBBS, FRACGP, PhD, GAICD
Director
Professor Price was appointed to the Board of Directors of the Corporate Trustee in 2023.



SHEENA JACK
BA (ACC), CA, GAICD
Managing Director
Ms Jack was appointed to the Board of Directors of the Corporate Trustee in 2017 and retired on 30 June 2025.



MARK COMPTON AM
BSC, MBA, FAICD, FCHSM, FAIM, FRS (NSW)
Non-Executive Director
Mr Compton was appointed as a Director of the Corporate Trustee of the HCF Research Foundation in July 2024.

COMPANY SECRETARY



NATHAN FRANCIS
BBus, CA, FGIA, FCIS, GAICD
Company Secretary
Mr Francis has served as Foundation Company Secretary since March 2019.

HON ACCOUNTANT (HCF CFO)



HARRY ROBERTSON
BComm (Hons), CA, ANZIIIF (Fellow) CIP
Hon Accountant
Mr Robertson served as Company Secretary of the Foundation from July 2018 to March 2019 and is now Honorary Accountant.

MANAGEMENT



JULIE ANDREWS
BAppSc, GradDipBM, MAICD
Research Advisory Committee Chair
Ms Andrews has served as the HCF Research Advisory Committee Chair since inception in April 2019.



DR CHRISTOPHER PETTIGREW
LLB, BSc, BBiotech (Hons), PhD, MBA
Head of the HCF Research Foundation
Dr Pettigrew was appointed Head of the HCF Research Foundation in March 2021.

AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION

The HCF Research Foundation has been regulated by the Australian Charities and Not-for-profits Commission (ACNC) since the ACNC began in 2013. Further details about the ACNC can be found at [acnc.gov.au](https://www.acnc.gov.au)

The ACNC's purpose is to maintain, protect and enhance public trust and confidence in the sector through increased accountability and transparency.

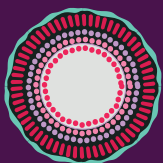
HCF Research Foundation is a charitable trust and its trustee is HCF Research Foundation Limited (Corporate Trustee).



THANK YOU

The HCF Research Foundation wishes to thank the members of the Research Advisory Committee for their contributions throughout the year. We thank our partners for their continued support for health services research, and we'd also like to acknowledge the significant contributions of our peer reviewers from across the country, volunteering to lend their expertise to review our 2025 research projects.

DR CHRISTOPHER PETTIGREW
Head of the HCF Research Foundation



ACKNOWLEDGEMENT OF COUNTRY

HCF acknowledges the traditional custodians of the lands and water upon which we work and live.

We acknowledge Aboriginal and Torres Strait Islander peoples' rich history as traditional healers and scientists, who have taken care of the health of the land and its people for thousands of years.

We give thanks to elders past and present, who we have much to learn from on our reconciliation journey.

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