A framework to embed translational research behaviours into health and medical research

Framework to Assess the Impact of Translational health-research

Background: The sub-optimal translation of many health and medical research outcomes is a well-documented issue. While measuring research impact has been identified as one method to drive greater benefit from research expenditure, most measurement frameworks are limited in their ability to shape future performance. The prospective capture of evidence to demonstrate research outputs and impact provides an opportunity to integrate Health Technology Assessment principles into the assessment of research impact.

Framework to Assess the Impact of Translational health research (FAIT)
FAIT is a framework to encourage and measure research translation and research impact. It was designed to prospectively guide the collection of evidence representing research processes, outputs and impacts. It is also applicable across the research spectrum, from discovery to application. Through the use of process metrics, FAIT was also designed to encourage research translation. FAIT is based on a modified program logic model that guides the overall assessment. Three core methods are used: a modification to the Payback approach, Return On Investment (ROI) and case studies[1].

Method: (i) FAIT was designed through a mixed methods approach that included a review of the literature. (ii) Description of the application of FAIT in two NHMRC Centres of Research Excellence (ongoing).

(ii) Application of FAIT into two research programs (ongoing)
Two NHMRC Centres of Research Excellence (CRE) have agreed to implement a modified FAIT as a means to encourage and measure research translation and research impact. Two forms of FAIT are being used: high intensity and low intensity. With HIGH intensity implementation, the evaluator ran workshops within each CRE sub-program and these interactions resulted in the generation of the logic model, and process and output metrics. With LOW intensity implementation, the evaluator ran a single workshop where CRE researchers designed their own logic model and determined process, output and impact metrics.

Results & discussion: Prospective implementation of FAIT in the two CREs is ongoing. An initial process evaluation of the implementation strategies suggests the higher intensity implementation has been associated with more timely development of program logic models and metrics. The program logic model is a strategic plan for how the research will deliver ‘impact’. Central to the generation of impact is the need for researchers to engage with end-users. Both implementation strategies highlight the importance of end user collaborations.

Health Technology Assessment is underpinned by an evidence-based approach to decision making. FAIT utilises this same principle so that the reported outputs and impacts are evidence based. FAIT’s inclusion of ROI permits assessment of the value obtained from research investments.

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