

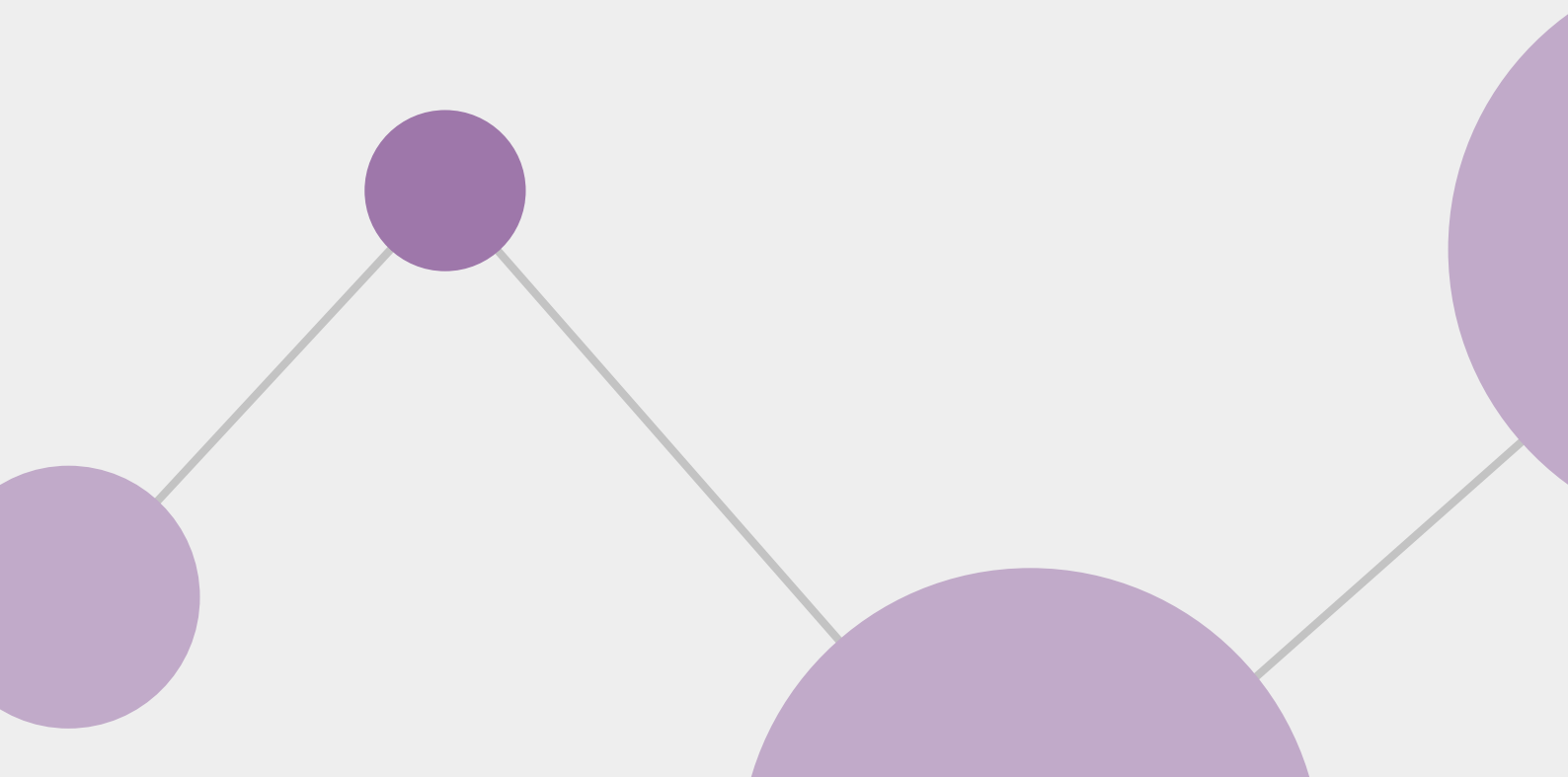
# Futures Evidence Generation and Collaborative Partnerships Project

Evidence Gap Map - Executive Summary

August 2021



The George Institute  
for Global Health



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## PROJECT CONTEXT AND AIMS

### **The State Insurance Regulatory Authority's (SIRA) Futures Evidence Generation and Collaborative Partnerships Project aims to:**

- (i) ensure research investment maximises outcomes for all customers within the personal injury sector, and
- (ii) inform development of a community of practice, or similar function, with a shared research purpose built on research needs and customer centricity.

There is a need to highlight where high priority research gaps are and identify where research money should be spent. SIRA engaged The George Institute to produce an evidence gap map to reveal concentrations of evidence, where we may know more than we think, and key gaps where limited or no evidence exists.

This evidence gap map (EGM) forms Stage 3 of the State Insurance Regulatory Authority's (SIRA) Futures Evidence Generation and Collaborative Partnerships Project.

### **The purpose of the EGM analysis was:**

1. To identify the existing areas of evidence for achieving optimal outcomes for injured persons and others in the personal injury sector
2. To identify evidence gaps in the available literature where new primary studies are needed and thus where funding and other resources may be directed
3. To inform discussions with stakeholders towards:
  - development of a prioritized research agenda
  - greater customer involvement/engagement in such an agenda.

SIRA's vision is to facilitate collectively agreed research that leads to transformational and evidence-based change to deliver optimal outcomes in the personal injury sector.

Following consultation with stakeholders in the personal injury sector, a literature review was undertaken to capture the research universe of interest of these stakeholders. The search terms of the review reflected interventions or activities as well as outcomes.

## METHODS

Two literature search strategies were deployed for the purposes of this EGM. The first was a "narrow" search within PubMed databases using specific intervention/outcome keywords, and the second was a "broad" search using thematic keywords across the PubMed, MEDLINE, PsychINFO, Embase, and CINAHL databases. We also hand-searched the PubMed, Cochrane Database of Systematic Reviews and Google Scholar databases using different combinations of the main EGM keywords. In total, 11,157 articles were identified. After removal of duplicates, 5,359 articles were title/abstract screened by two reviewers. Full text screening was done for 562 articles, after which 180 primary studies and 25 systematic reviews were included in the review.

Eligible articles were required to be in English language; published in the last three years (from beginning of 2018 through April 2021); based in Australia, New Zealand, Canada, USA or Europe; and focussed on an impact of a matrix-listed interventions and a matrix-listed outcomes pertaining to personal injury research.

Each of these were grouped by whether they were individual or system-focused. Articles were excluded if they did not contain a matrix-listed intervention or activity and/or outcome; did not relate to personal (compensable) injury; were limited to sequelae of injury (rather than reflecting the impact of an intervention); pertained only to clinical treatments or medications; focused only on diagnostic, prognostic, or screening tools; and focused on primary prevention.

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## FINDINGS

### *Interventions and outcomes*

Of all individual-focused interventions/activities, rehabilitation had the greatest weight of evidence (n=159). The greatest gaps were family/carer support programs (n=14) and access to trauma services (n=6). There were very few system-related outcomes linked with individual-focused interventions.

There were fewer system-focused interventions, the two most common of which reported types of return to work (RTW)/return to activities programs (n=47) and compulsory third party (CTP)/workers compensation (WC) practices (n=26). A significant number of these system-focused interventions did not report system-focused outcomes.

Individual-focused outcomes were frequently reported in the included articles, including RTW (n=110), physical and mental health (n=97), wellbeing (n=76), and recovery (n=28). Notable gaps included outcomes regarding quality of life (n=22), sense of agency (n=15), health literacy (n=7), financial stress (n=7), and perceived injustice (n=4).

The most commonly reported system-focused outcomes were cost of healthcare (n=19) and health care provider capability, delivery and experience (n=14). Fewer studies included outcomes regarding adherence to guidelines (n=5); safety and quality of healthcare (n=5); improved reporting and measurement of RTW (n=3); and equity or service coverage (n=1).

### *Reporting*

The majority of primary research articles (142 of 173) that reported any level of customer involvement, indicated that they were involved as participants in research. A small number of articles indicated that customers were considered part of the research partnership (n=9), were involved in funding the research (n=5), or were co-authors of the article (n=2). There were gaps in co-designed research with customers. Customer groups involved in the research were predominantly the injured persons (n=160, 77%), with a further 13% (n=27) of

studies involving health service providers in the research or evidence. The greatest gaps in terms of customer involvement appear to be those at a systems level, namely employers and insurers.

All five underserved cohorts of interest were under-represented in the included articles: 20% of articles (n=36) included findings related to any of these cohorts, with none reporting findings specific to Aboriginal and Torres Strait Islander peoples; 10% reported findings specific to young people, 9% specific to women, around 4% covered older people and less than 1% covered people from CALD backgrounds.

Only 45 included articles reported a focus on the type of enterprise, 39 of which were large enterprises. Only two focused on a medium-sized enterprise, four on small enterprises and none reported specifically on gig workers.

The specific industry sector targeted by articles was often not reported. Only 94 articles (52%) identified an industry type and of these, 37 were from the health and social services sector. Clear gaps exist regarding evidence specific to the agricultural, forestry and fishing industry; construction and mining industry; and manufacturing, retail and hospitality industry.

Most studies were at earlier stages of translational research, particularly knowledge generation (n=89) with some about intervention development (n=49), intervention efficacy (n=49), and implementation (n=21). Forty-nine (27%) of the 180 included primary research articles, were evaluation studies.

Almost all primary studies identified an intention to produce a specific outcome, commonly where further research was needed (n=140, 75%). Fewer studies identified the need for partnerships with customers (n=46) and/or other service providers (n=46), and specific programs or interventions (n=66). In addition to these primary studies, 25 systematic reviews were included. Eight of these 25 reviews filled gaps identified in the primary EGM, but as might be expected, they largely covered the same most commonly identified topic areas as the primary studies.

