Impact, Value and Sustainability:

A guide to strengthening Research Translation Grant Applications

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NSW Regional Health Partners

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1. Introduction

Research translation is the process of undertaking applied research. This is research that is intended to directly improve the effectiveness of health care and/or efficiency of health service delivery.

Research translation in NSW is typically funded through NSW Health's Translational Research Grants Scheme (TRGS) and the Medical Research Future Fund (MRFF). The funding landscape is highly competitive, and success rates have been relatively low for researchers in regional, rural and remote (RRR) NSW.

This guide has been developed to support healthcare workers and other researchers in RRR NSW to better articulate the intended benefits of their proposed research, with a particular emphasis on impact, value and sustainability from an economics perspective. We recognise that research translation can have impact and value in many areas beyond economics, but this resource will focus solely on economic analyses.

Achieving impact, value and sustained change is critical to effective research translation. Demonstrating how this will be achieved is critical to securing funding.

This guide will help you determine the most relevant economic analysis for your project's specific needs. It complements existing materials from grant bodies, and NSW Regional Health Partners' Introductory Guides to Health Economics and Costings, which detail relevant economic methods and measures. We encourage you to read these guides alongside one another.

1.1 Recommended reading

- **Grant guidelines:** The grant guidelines describe the objectives of the grant bodies and the type of applied or translational research they fund. They also provide guidance for completing applications. The guidelines can change from year to year, so please ensure you read the guidelines relevant to the grant for which you are applying.
- ***Introduction to Health Economics***. This guide outlines the rationale and principles of health economics, and how it can be leveraged to support your research and secure funding.
- ***Introduction to Costing for Health Economic Evaluation***. This guide provides an overview of the methods and measures health economists use to conduct health economic evaluations.

1.2 The role of health economics

Health economics is about the allocation of resources to maximise patient and population health outcomes. This does not always mean choosing a project with the lowest cost. Rather, it is about assessing whether the project's expected outcomes, if implemented as usual care, will achieve a significant enough improvement in health outcomes to justify the level of investment required, and if the Model of Care (MoC) can be sustained long term.

Economic analyses generate this (and a range of related) evidence to support decisions regarding investment, disinvestment and reallocation. They can also make the case for greater budget allocation to the healthcare sector. An economic analysis is, therefore, an important lever to support your research translation objectives.

1.3 The funding landscape

With limited budgets and a high volume of applications, grant assessors must determine which projects are likely to have the greatest positive impact on patient health and health service outcomes. They will be assessing the clarity and importance of your research aims, the appropriateness of your study design, the skills of your research team and your proposed pathway for implementing the findings in practice. Increasingly, however, assessors are also looking for alignment with value-based health care principles and value for money. This is where health economics comes in.

A key challenge in applying for grants is clearly articulating the implications and intended benefits for the healthcare sector in relation to impact, value and sustainability. These terms are explained below.

1.4 Value-based health care

The Commonwealth and State Governments use the terminology 'value-based health care' and the 'Quintuple Aims' to describe health care services that:

- improve health outcomes,
- improve patient experience,
- reduce healthcare costs,
- enhance clinician and health worker wellbeing, and
- advance health equity.

You will need to articulate the intended outcomes of your proposed research against one or more of these aims.

1.5 Engaging a health economist to join the research team

Health economics is a specialised area, and you are not expected to become an expert or undertake an economic analysis yourself. Rather, this document and our two introductory guides are intended to provide an overview of how health economics can support research and funding applications, so that research findings are implemented and realise their potential to improve health care.

Wherever possible, we encourage you to include an experienced health economist in your research team, and to include them from the early research design phase. They will be able to advise on the most appropriate form of economic analysis for your study, ensure suitable forms of data collection and questionnaires are included, and ensure an appropriate sample size for trial designs. They may also assist in writing the relevant sections of the grant application. Most health economists will provide this preliminary information for grant applications at no cost. However, in developing the grant budget, ensure there is sufficient funding to pay for a health economist to undertake the analysis. If you cannot find a suitable health economist at the grant writing stage, use these guides to select the correct form of analysis for your research project and write the relevant sections of the grant application, then engage a health economist if your grant application is successful.

An economic analysis is one of the best ways to demonstrate impact, value and sustainability.

2. Defining impact, value and sustainability

Grant funders may use different language, but the following principles and concepts will apply to all grant assessments.

Impact

Impact refers to the change(s) in health outcomes that would result if your research was successful and your findings, or new MoC, were implemented in practice. This is the **'so what?'** question and should be your primary research question. Impact related to associated value-based health care principles, such as improving patients' or clinicians' experience, or health equity are your secondary research questions.

Throughout this document we use the term "Model of Care" to describe the 'thing' being evaluated. That is, the intervention, technology, resource or procedure. Even if your study does not relate to a clinical service, the "Model of Care" will be whatever it is you are studying, what is different from the existing way of doing things.

Value

Value builds on impact. Every policy maker will ask **'how much will it cost'** and **'is it worth it?'** before they decide if your research can be implemented. This requires an estimate of the cost (in dollars) to implement your new MoC, and then a comparison of that cost against the measures of impact (outcome, experience, equity). It includes any potential savings (cost offsets) that may result, such as reductions in acute care (downstream costs) due to greater investment in health prevention activities.

Sustainability

Sustainability then builds on value: **'can the healthcare sector afford the new MoC?'** Your research may demonstrate that the new MoC has 'impact' and 'value', but it could be prohibitively expensive. Grant funders will prioritise research that proposes a MoC that will not increase overall healthcare sector costs or will generate health benefits that justify any cost increase. That is, grant bodies will want to be confident that your new MoC will not require recurrent (additional) funding from grant bodies once the research project has been completed. Similarly, resource constrained health service providers are unlikely to be able to contribute funding to maintain a MoC that incurs additional costs. Research that can be embedded into the existing service system at no additional cost is typically what funders refer to as being sustainable.

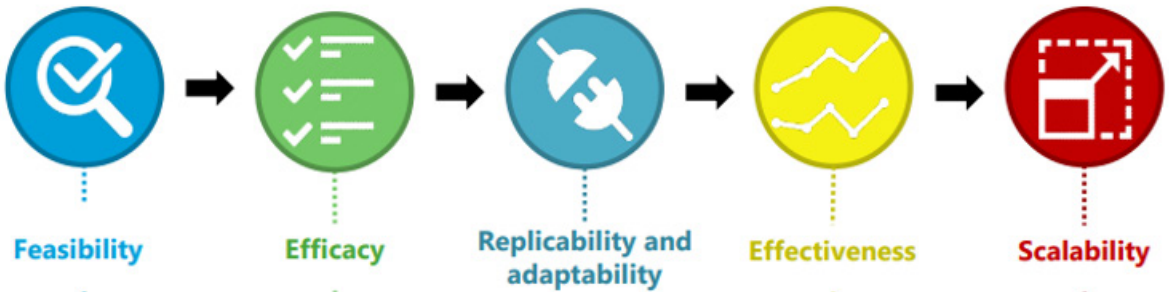
3. The Research Translation Pathway

3.1 Identifying where your research project sits on the research translation pathway

To determine the most suitable economic analysis for your research, you will need to understand, and explain, where it sits on the research translation pathway.

The TRGS guidelines reference the Sax Institute's Transitional Research Framework[1], focussing on the middle five stages of research (Figure 1). There are another two stages of research (idea generation and monitoring), however, these are not funded through research translation grants.

Figure 1 The five stages of research translation relevant to TRGS Grants



- **Feasibility:** a study that tests if a proposed MoC is practical and acceptable and could be successfully implemented in real-world settings.
- **Efficacy:** a study that assesses whether a MoC produces the desired benefits (impacts) under ideal, controlled conditions.
- **Replicability/Adaptability:** a study that adapts an existing MoC to new settings and/or new patient populations.
- **Effectiveness:** a study that assesses if a proposed MoC produces the desired benefits (impacts) in "real-world" settings and is more cost effective than usual care.
- **Scalability:** a study that assesses the process of expanding a MoC that was proven effective on a small scale to a much larger population or health system.

Other research translation grants may differ slightly from TRGS, but all are based on a research-to-translation pathway.

Historically, most research translation grant applications have proposed an evaluation of the effectiveness of a newly developed MoC under real-world conditions. This usually comprises a clinical trial where an intervention group receives the new MoC and the comparison group receives usual care. However, research translation is much more than effectiveness evaluations; projects and grant applications can span all five stages described above. Small- and large-scale projects at any of these stages are appropriate for regional, rural and remote areas.

1. Sax Institute. Translational Research Framework. (2026, May). https://www.saxinstitute.org.au/wp-content/uploads/Translational-Research-Framework.pdf

3.2 Selecting the appropriate economic analysis

Once you identify where your research sits on the research translation pathway, you can determine the most appropriate form of economic analysis. Table 1 provides a summary of the different economic approaches.

Table 1 Appropriate economic analyses for different stages of research

Economic approach	Five stages of research translation: The research to translation pathway				
	Feasibility	Efficacy	Replication/ Adaption	Effectiveness	Scalability
Costing study	✔	✔	✔		
Cost efficacy analysis		✔			
Pre-trial modelling		✔			
Economic evaluation (multiple options) **- cost consequence analysis** **- cost effectiveness analysis** **- cost utility analysis** **- cost benefit analysis**			✔	✔	
Budget impact analysis					✔

Economic evaluations are the most commonly used type of economic analysis for effectiveness trial evaluations. Our introductory guides provide definitions and descriptions of the methods and measures appropriate for effectiveness studies. As you read the following section, it will be helpful to refer to these introductory guides. For research projects at different stages on the research translation continuum, there are additional economic methods that may be better suited. This section explains which type of analysis is most suitable for each stage of research.

Feasibility studies

A feasibility study is intended to develop and demonstrate the viability of a new MoC, with a focus on outcomes such as patient safety and acceptability. These are usually single arm studies (without a comparison to usual care). A costing study is the most appropriate economic analysis to undertake alongside the research to assess the emerging cost of the MoC, such as staffing requirements, technology etc. If there is an existing model of care, and the study design can accommodate a comparison, then it is helpful to also cost usual care and assess the differences with the new MoC costs.

Within the grant application there will be a research methodology section. This should include a detailed exposition of the intended MoC and the resources that will be costed. You should also describe how the results of the costing studies will be used to determine the readiness of the MoC to proceed to an efficacy study.

Efficacy studies

An efficacy study should include a costing study, as a minimum, to estimate the cost required to refine and implement the new MoC as tested in the feasibility study. This should include any adjustments or additional supports identified in the feasibility study as required to improve the MoC – both financial and in-kind. Like feasibility studies, these are usually single arm studies. However, where the study can accommodate a comparison with usual care, then a cost-efficacy analysis can also be undertaken to assess the cost per change in clinical or service outcomes under controlled conditions. A cost-efficacy analysis is optional but very beneficial if possible. **Be sure to state in the methodology section which analyses will be undertaken.**

An additional form of analysis that can be undertaken is called 'pre-trial modelling'. This builds on the above analyses to project the likely results of any forthcoming effectiveness study. The purpose of pre-trial modelling is to make an investment case to grant bodies to fund the next, potentially expensive, stage of research. In brief, it uses the results of the costing analysis, the efficacy study, and relevant scientific literature (data) to convert efficacy into likely effectiveness such as cost effectiveness. This analysis can be very powerful and is increasingly being undertaken in efficacy studies to demonstrate to funders that an effectiveness study is likely to provide value for money.

If you are including pre-trial modelling, you should include an explanation of the analysis in the methodology section and explain how this will support the translation of the efficacy study towards an effectiveness study.

Replicating/Adaptation studies

A costing study and/or an economic evaluation are the most relevant economic analyses for studies that are replicating a MoC in, or adapting a MoC for, a different setting. Essentially, these studies are adapting a proven and effective MoC to the local context and conditions.

The application should clearly state the form of economic analysis to be undertaken and its importance in informing the next stage of research.

Effectiveness studies

These studies are assessing if a proposed MoC is more effective and cost effective than usual care in "real-world" settings. They require a randomised control trial or another appropriate study design (e.g. quasi-experimental) to determine clinical effectiveness. An economic evaluation should be conducted as part of the research design to assess 'value for money' from investing in the new MoC. This will show the differences in costs and outcomes of the new MoC compared to usual care. Refer to our introductory guides for more information about the different types of economic evaluations that could be used.

The specific evaluation type will largely depend on three aspects of your study:

1. the **perspective** of your study, such as a healthcare sector or societal perspective
2. the **economic method** used to assess value for money (e.g. cost effectiveness analysis or cost benefit analysis)
3. the **time horizon** which will determine if the study is a 'within trial' economic analysis (e.g. only incorporating observations over the trial period) or if it will include economic modelling (e.g. projecting longer-term costs and outcomes).

Your application must state the form of economic evaluation you will undertake, the perspective, time horizon and the comparator you will use (what you are the assessing the new MoC against), and how the results will inform the next stage of the research process. Ideally this will be implementing and scaling the MoC across a health service or more widely.

Perspective and time horizon are explained in ***Introduction to Costing for Health Economic Evaluation***

Scalability studies

These studies are concerned with implementing a MoC that has already been shown (through economic evaluation) to be effective and value for money. They research what implementation conditions lead to the most effective and cost effective (optimal) outcomes. For this research stage, a budget impact analysis is the appropriate form of economic analysis. This estimates how much a new healthcare intervention will cost the health service when implemented at scale across a defined region, population and time period.

The budget impact analysis should include the cost of delivering the MoC as well as any additional implementation costs needed to ensure successful implementation in "real-world" settings. This could include governance costs or in-kind staff time.

A comprehensive analysis would also assess any implications for existing services that would result from the introduction of the new MoC. For example, a new screening program will increase referral service costs and perhaps reduce acute care costs (if referral services are effective). The budget impact analysis will estimate any changes in health care activity costs (expenses and potential cost savings) and can be used to demonstrate that financing the new MoC at scale is self-sustaining at the level (perspective) of the study.

The application's methodology section should state that a budget impact analysis will be undertaken, and you will need to describe the scope and timeframe of the analysis, which will be specific to your study. You will need to be clear about which costs and resources will be included in the evaluation and the period over which you will collect data.

4. Responding to questions about Impact, Value and Sustainability

The following section provides guidance on addressing the questions in grant applications that ask how your project will demonstrate impact, value and sustainability.

The three questions below have been taken directly from existing research translation grant application forms. These questions (or variants thereof) will likely be asked in most research translation grant applications. After you have described your research questions, methodology and the project team capabilities, you will need to demonstrate the importance of your proposed research project. This is the 'so what' stage of the application and is where you need to show how the expected findings and results from this project will advance the research to the next stage on the translation pathway or, for late-stage research, that the evidence will inform real-world implementation in health care settings.

Please note: there will be sufficient space in the research methodology section of the application to provide a detailed explanation of the economic analysis, measures and tools you will be using. The following sections are summary sections, pulling the story together. There are often word limits so avoid duplication and excess detail.

Where possible, engage a health economist early in your research application and design process. You will likely need their assistance in preparing these sections.

Does your research include an economic analysis or costing component?

This requires a simple statement saying you are incorporating an economic analysis in your proposed research study, or not.

Your response should include:

- A statement identifying the stage of research (Figure 1) and where it fits on the research translation pathway.
- A summary of the intended economic analysis(es) (Table 1). If there is a section word limit, you can refer to the relevant methodology section where the economic evaluation should be explained in more detail.
- An explanation of why this type of analysis is appropriate to the project and how the economic evaluation will prepare the project for the next stage of research translation.

Key points:

- Make it clear who will undertake the economic analysis. This should ideally be completed or overseen by an experienced economist who is involved throughout the project.

How does your research assess value for money?

This question is asking how you will determine if the MoC provides value for money.

Effectiveness or scalability studies require more comprehensive responses to this question. You will need to reiterate the form of economic evaluation you will use to determine/demonstrate value for money, which will depend on where your project sits on the research translation pathway.

If your research is at an earlier stage on the research translation pathway (feasibility or efficacy) then you should state that the research stage is too early to assess value for money but you will estimate the cost of the MoC and, where relevant, hypothecated and intended efficacy findings. If pre-trial modelling is being undertaken, explain that it will be used to project potential cost effectiveness and value for money.

Your response should:

- Restate the 'perspective' of your analysis, the 'timeframe' and the 'comparator' (what your new MoC will be assessed against).
- Explain what investment costs will be estimated for the MoC (e.g. staffing, equipment, consumables), and what economic outcomes will be estimated (e.g. patient health, healthcare sector activity costs).
- Restate the economic analysis(es) to be undertaken.
- Restate the study hypothesis and how large or wide the impact is expected to be (effect size) for the primary outcome (e.g. patient health and/or service utilisation).
- Explain how this can be expected to lead to cost savings, and/or that the intended outcomes justify the investment.

Key points:

- Responding to this section is more straightforward for effectiveness evaluation and scalability studies because you will have observed effect sizes. Talk here about the status quo and size of the problem that your study is addressing e.g. patient ill health, avoidable service activity and cost implications.
- Where possible, estimate the potential impact your study may have on reducing these problems if your hypothesis holds (e.g. the new MoC is expected to reduce the size of the problem by X%, which translates into Y% improvements in patient health, service activity and reduction in costs).
- For research at the earlier stages on the translation pathway (feasibility, adaptation, efficacy) it is important that the project includes a costing study to estimate the cost of the new MoC. You will also need to state your vision for the next stage of research as you work towards effectiveness evaluation and scalability studies.

What is the likely sustainability of the research findings?

This sort of question is asking you to: describe the longer-term impacts of your research (beyond the study duration); explain how the MoC could be implemented within the health service as usual care; and explain how the health system will be able to sustainably fund the new MoC (e.g. cost savings). Effectiveness or scalability studies require more comprehensive responses to this question as they are further along the translation pathway. Earlier stage research should demonstrate your vision for progressing the research towards an effectiveness and scalability stage. See 'Additional Considerations' below for more information.

Your response should include:

- An explanation that the evaluation will determine the required investment in the MoC to establish if it is affordable to the healthcare sector. This should include a statement that the research is intended to investigate whether the investment required to implement the MoC is less than the anticipated cost savings and/or health benefits from implementing the MoC.
- For research at the scalability stage, explain that the research will also assess whether any further investments are required to optimally integrate the MoC into existing systems. This might include changes to governance, staffing, and/or complementary services. For example, expanding one area of health care (screening) might require investment elsewhere (referral services). The section should state that these elements (if relevant) will be costed also.

Key points:

- For scalability research, state clearly that a budget impact analysis will be undertaken to estimate the implementation costs and knock-on impacts elsewhere in the system. Ensure there is a clear hypothesis about where the impacts will be observed in the healthcare sector and the potential size of these impacts (e.g. better prevention can reduce future acute care with associated net reductions in healthcare sector costs).
- For effectiveness research, state that the economic analysis will estimate whether the MoC provides value for money. Then, restate the size of the 'problem' that the MoC is intended to reduce and the expected effect size. This emphasises to reviewers the potential impact of this research and its future sustainability, which will be estimated in future research. Note: to estimate the effect size, there may be existing clinical and/or economic studies which have estimated, and put a dollar cost on, the problem your research is addressing.
- For research at earlier stages on the research translation pathway (e.g. feasibility, adaptation, efficacy) it is important to state how the research findings will be used to inform the next stage of research. You should then detail your longer-term vision to advance the research towards eventual implementation and scalability. You only need to demonstrate your awareness of what will be required, and that the research team (and policy stakeholders, see below) are committed to implementation. If there is existing research on the size of the problem, however, then summarise this to emphasise to reviewers the importance of the new MoC.

Additional considerations

All grant applications should address these three questions, however, the level of detail required will depend on the stage of research and the size of the requested budget. The assessors' expectations will be different for a $50,000 grant compared to a $500,000 or $1,000,000 grant. Responses should be tailored to the stage of research, funding request and longer-term research/implementation plan.

It is also strongly recommended that your research team includes key stakeholders from the different policymaker jurisdictions who will be impacted. This could include Local Health Districts, Primary Health Networks, and State or Commonwealth health departments. This demonstrates to grant assessors that your research team understands the broader environment in which you're operating, has made the necessary connections and is committed to advancing research towards implementation. In short, translation and implementation should be the first issue to consider, not the last after your research is completed.

5. Summary checklist

Question	Guidance
1. At what stage of research is your project situated on the research translation pathway?	See Figure 1
2. What form of economic analysis is most appropriate given 1?	See Table 1
3. How will you demonstrate impact?	Define your primary and secondary research questions relative to the Quintuple Aims
4. How will you demonstrate value?	Ensure you: (a) cost the investment required in the MoC and (b) articulate a plan to undertake economic evaluation, either within this project (e.g. effectiveness trial) or in future (e.g. if this project is at an earlier feasibility trial stage)
5. How will you demonstrate sustainability?	Ensure you articulate a plan to undertake an appropriate economic analysis (e.g. budget impact analysis), either within this project (e.g. effectiveness trial and/or implementation study) or in future (e.g. if the project is at an earlier feasibility trial stage)
6. Have you engaged and budgeted for a qualified economist?	Ensure early engagement to undertake or supervise the analysis.
7. Have you engaged the key policy stakeholders who will decide whether to implement a new MoC in future?	Early engagement is important. Consider possible contributions including on-going, in-kind support (e.g. staff time to join the project governance).

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