

September 16, 2016

CTP Scheme Review Team  
Motor Accident Insurance Commission  
GPO Box 2203  
BRISBANE QLD 4001

Re: MAIC CPT Review Document: Ongoing support of research

To whom it may concern,

I write in my capacity as Director of Recover Injury Research Centre in order to express my strong support for MAIC's continued investment in research. The Recover Injury Research Centre (formerly CONROD) has received funding support from MAIC since 1997. Through this funding support, Recover has risen to the status of one of the leading injury research centres in the world, and at the same time, has provided a significant return on investment from MAIC's financial support.

I am new to the Recover research team, moving from Canada to take up the Directorship in January 2016. Although I had previously visited Queensland only once in my life, I was well aware of the research that was being conducted at Recover. The reputation of the Centre spread well beyond the borders of Queensland and Australia. The program leaders at Recover are Professor Michele Sterling, Professor Justin Kenardy and Professor Heidi Zeeman. Professor Sterling is known as one of the world leaders in research on the mechanisms, pathogenesis and treatment of whiplash injury. Professor Kenardy is recognised internationally for his work on Post-Traumatic Stress Disorder and the mental health consequences of injuries to children. In recognition of his work, this week, Professor Kenardy received the Australian Psychological Society award for Distinguished Contributions to Psychology. Although early in her career, Professor Zeeman has developed a strong reputation as a leader in environmental and housing design for individuals who have sustained catastrophic injuries. My own work on psychosocial risk factors for delayed recovery has influenced assessment and intervention practices for pain-related disability on a worldwide basis. I consider it an honour to work alongside this group of elite researchers.

With support from MAIC, the Recover research team has been able to leverage significant additional research funds from other sources. Recover researchers have successfully secured over \$40 million from sources such as the Australian Research Council, the National Health and Medical Research Council and the (US) National Institute of Health. MAIC funding has enabled us to conduct the essential demonstration projects and pilot studies that convince national and international research funding organizations to support comprehensive programs of research.

The impact of research can be evaluated according to academic metrics such as number of publications and invitations to participate as keynote or plenary speaker at national and international scientific meetings. In the last year alone, researchers at Recover have published 60 peer-reviewed papers, many in highly prestigious, widely read, international journals such as the Lancet, Pain, Journal of Pain, Psychophysiology, Journal of Paediatric Psychology, and Disability and Rehabilitation. Publication in such journals means that professionals engaged in research, implementation, and policy development throughout the world are reading and being influenced by

this work. Recover researchers are also sought after to deliver keynote and plenary addresses to scientific and professional conferences in Australia and internationally. The international appeal of the research being conducted at Recover is reflected in the global scale of the speaking invitations extended to Recover researchers, notably from Belgium, Canada, China, Denmark, France, Germany, Israel, the Netherlands, New Zealand, Norway, South Africa, Sweden, the United Kingdom, the United States, and Turkey. The cross-disciplinary impact of the research being conducted at Recover is reflected in the wide range of faculty and disciplines Recover researchers have been asked to address including Anesthesiology, Law, Neurology, Nursing, Occupational Medicine, Occupational Therapy, Palliative Care, Physical Medicine, Physiotherapy, Psychology, Psychiatry, Rehabilitation Medicine, and Surgery.

Perhaps even more important is the influence of Recover's research on clinical practice standards and guidelines, improved clinical outcomes, and policy. For example:

- My work and that of Professor Michele Sterling, on psychosocial risk factors for delayed recovery, has led to the development and implementation of risk assessment tools in primary care and rehabilitation centres around the world.
- Professor Sterling is currently leading a project to provide advanced skills training to physiotherapists, focusing on psychosocial intervention techniques that serve to prevent the development of chronic pain and disability following injury.
- Professor Sterling's research has also pointed to the lack of efficacy of some physiotherapy treatments that were previously routinely offered to individuals with whiplash injuries. This work has assisted adjudicators and case managers in making more informed decisions about approving treatments for whiplash, which have reduced both the costs of care following whiplash injury, as well as reducing unnecessary exposure to failed treatments.
- Professor Kenardy's research has also pointed to the over utilisation of ineffective treatments offered to individuals who have been exposed to severe trauma. This work has influenced current practice guidelines for the early management of individuals exposed to trauma.
- Professor Zeeman's development of web-based tools to facilitate housing modification and design for individuals with brain injury has been received enthusiastically by advocacy and support service groups for this client population.
- Although I have only been in Australia for a short period, policy-relevant interest in my work has taken the form of invitations to consult with injury insurers and governmental regulatory bodies in Queensland as well as in New South Wales, Victoria and South Australia.

Over the years, we have also built significant research capacity in others: over 60 research students, post-doctoral fellows, and senior research fellows have worked under the supervision of program leaders at Recover. These trainees have been attracted to the University of Queensland and Griffith University by the international reputation of the research conducted and the opportunity to engage with a vibrant research culture. This contribution to the training of future injury researchers ensures that important advances in knowledge, practice and policy will continue to be made in the years to come. It enables future research capacity ensuring that Recover remains a world leader in this important research area.

Our research plan for the next 5 years aims to further advance knowledge and practice in the management of the health and mental health consequences of injury, and to develop and test innovative approaches to treatment. For example:



# RECOVER

## INJURY RESEARCH CENTRE

RESEARCH DRIVING REHABILITATION

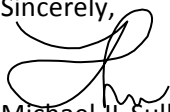
- We plan a series of studies examining the effectiveness of tele-health interventions to prevent the development of chronic pain following whiplash injury. If shown to be effective, the same intervention approach will then be tested on individuals with brain injury and spinal cord injury, both conditions associated with chronic pain.
- We plan clinical trials designed to test pharmacological approaches to minimising the development of pain sensitivity in the immediate aftermath of whiplash injury.
- We plan a series of studies examining the factors that contribute to the emergence of psychosocial risk factors for delayed recovery following debilitating injury.
- We plan to further explore strategies for the prevention and treatment of sleep disturbance following traumatic brain injury.
- We are also beginning to examine new approaches to hospital design that promote more successful rehabilitation in individuals with brain injury.

We expect that these developing programs of research will contribute to expanding the range of effective treatment options available to those who have sustained debilitating injuries, enabling individuals to be matched to treatments, and resulting in quicker and more complete recovery and a saving in financial and professional resources.

In this letter, I hope that I have been able to make a case that the evidence of return on investment of MAICs contributions to research strongly favours its ongoing support of research on injury, recovery and rehabilitation. The return on investment to date has taken the form of more in-depth knowledge of the factors that lead to adverse outcomes following injury, contributions to decision-making to optimize appropriate clinical pathways following injury, better assessment technology to facilitate matching treatments to risk profiles, broadening the skill repertoire of the clinical practice community, and influencing policies relevant to resource allocation and treatment planning following debilitating injury. Ongoing investment in research will ensure that individuals who sustain debilitating injuries in road traffic crashes will be provided with the services and tools necessary to maximise their recovery potential, promote their full participation in social, community and occupational activities, and enhance their quality of life. These outcomes benefit all Queenslanders through reduced costs of road traffic injury and increased participation and productivity of injured people.

If you require additional information, please do not hesitate to contact me.

Sincerely,



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