

Editorial

THE INTENT OF the “Models of Care” section is to provide quality articles relating to a range of models of care. It is also a forum for presenting original research findings, debate and discussion in this area.

As this issue of *Australian Health Review* features the theme of meeting needs for ongoing care, there are a plethora of care models claiming to be the panacea to effectively treat clients with chronic illnesses and conditions. Many articles conclude that care models (such as case management, disease management, chronic condition self-management and others) assist clients in receiving the level of care they need, when they need it, and where they want it. Yet there is mixed evidence on the impact of “models of care”, and searching available peer-reviewed literature is not straightforward. For example, some recent studies evaluating case management have found reduction in the risk of institutionalisation¹ while others have found that case management makes no difference and costs more for the system.²

Whether the model of care is provided for short- or long term-duration and for varying levels of service needs, there are usually a number of interventions or functions involved. Such functions may include:

Targeting; risk assessment; costing; planning; care coordination; implementation; advocacy; monitoring; evaluation.

While these functions are addressed in the literature, there are few rigorous studies which have discerned which of these functions (if any) affect client outcomes. Shojania et al³ used a meta-regression model to ascertain which functions made a difference to diabetic client outcomes, measured as post-intervention difference in HbA_{1c} values. Quality improvement strategies produced small to modest improvements in glycaemic control.

Case management and team changes were two of the functions analysed. Case management, in this context, encompassed having a person or multidisciplinary team providing coordination of care which was in collaboration or supplementary to the primary care clinician. Team changes had to do with

changes to the organisation or structure of the health care team. The authors highlighted that team changes and case management showed more robust improvements, especially for interventions in which case managers could adjust medications without awaiting physician approval.

Whether convinced of the study's conclusions or not, it is acknowledged that health service evaluation is fraught with challenges. Available research methodologies are often unsuitable to persuade sceptics. Thus, it is difficult to ascertain whether it is the “sum of the parts” or one of the “parts of the sum” that count.

Deciphering which models of care (and the functions that comprise the models) improve client outcomes is important to a range of stakeholders. The clients receiving services desire certain outcomes; the public and private sector seek evidence that the model of care makes a positive difference and is cost effective.

AHR's first featured “Models of Care” article is written by Rosalyn Roberts, Kate Dalton, Jane Evans and Catherine Wilson and entitled, “A service model of short term case management for elderly people at risk of hospital admission”. This article discusses the functions of case finding, early intervention and risk screening, combined with the rapid mobilisation of specialised geriatric assessment services. The article was chosen as a model of care with a vision toward a fully integrated health care model and the evidence to date toward meeting that vision.

Deborah Yarmo-Roberts

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- 1 Onder G, Liperoti R, Soldato M, et al. Case management and risk of nursing home admission for older adults in home care: results of the Aged in Home Care Study. *J Am Geriatr Soc* 2007; 55: 439-44.
- 2 Gravelle H, Dusheiko M, Sheaff R, et al. Impact of case management (Evercare) on frail elderly patients: controlled before and after analysis of quantitative outcome data. *BMJ* 2007; 334: 31.
- 3 Shojania KG, Ranji SR, McDonald KM, et al. Effects of quality improvement strategies for type 2 diabetes on glycemic control: a meta-regression analysis. *JAMA* 2006; 296: 427-40. □