

Let's talk governance

AS THE *Letters to the Editor* illustrate, governance, both good and bad, can influence the effectiveness of the health care system. As reported by Dr Playford and her colleagues (*page 6*), the health workforce and educational leaders in Western Australia suggested our lack of effective interprofessional education required a “good” governance solution — the government needed to fund, plan, implement and monitor interprofessional education. On the other hand, Dr Ranmuthugala suggested that the continuing stream of health care crises was a direct result of our apparent inability to take a systems approach (*page 5*), which could be argued is a symptom of “bad” governance.

This issue launches a new section on Health Care Governance. According to Wikipedia, most simply put, “Governance consists of assuring, on behalf of those governed, a worthy pattern of good while avoiding an undesirable pattern of bad”. Therefore by definition, health system governance would focus on planning, implementing and evaluating the necessary structures and processes to maximise good health outcomes and minimise the bad or adverse outcomes. But for some reason in health care our governance of the system, the organisations and the individual providers was not seen to be effective in promoting good clinical outcomes and limiting bad clinical outcomes. This necessitated the introduction of “clinical governance” in the 1990s. Braithwaite and Travaglia track the progression of clinical governance in the first Health Care Governance paper (*page 10*). In addition, Johnstone and Geelen-Baass present a paper on business continuity — an important concern of all governing bodies (*page 161*).

We know that the Australian states and territories have taken different approaches to health system governance. We have centralised governance with direct lines of accountability to the health department and Minister. We have population-based area health governance models. We have government-appointed governing bodies and community board governance models. Given

this array of health care system governance, why don't we know which is the best approach? Why hasn't an investment been made to determine how best to govern our essential, but expensive, health care system? Why do we continue to waste resources on unproven solutions and disruptive restructuring when we have the opportunity to complete the definitive study on effective health care governance? I hope that the establishment of evidence for best practice governance in health care becomes a research priority.

Also in this issue

We also have an interesting array of papers exploring service utilisation topics. Finney Lamb and colleagues discuss attitudes about health care complaints at an opioid treatment service (*page 66*). Papers on chronic disease health services include diabetes service quality (*page 23*), osteoporosis clinical guidelines (*page 34*), the role of the practice nurse in cardiovascular disease management (*page 44*) and cancer control for Indigenous Australians (*page 56*). In addition, Swerissen and Taylor outline a plan for reforming funding for chronic illnesses (*page 76*).

We are pleased to provide the 2006 AROC review of rehabilitation (*page 85*), which follows the 2005 Review in the supplementary issue in April 2007. The Queensland Centre for Public Health and the Brisbane Institute provide two papers arising from a public forum on what we can expect of our health care system (*see pages 148 and 156*). Follow up papers on health professional education address interprofessional education (*page 111*), partnerships (*page 121 and page 139*), the allied health workforce (*page 134*), and remind us not to forget emotions and artistry in health care education (*page 127*).

Good governance to all.

Sandra G Leggat

Editor, Australian Health Review