

## Models of care editorial

Deborah Roberts PhD, Senior Lecturer, Health Services Management Unit

Department of Epidemiology and Preventive Medicine, Faculty of Medicine, Nursing and Health Sciences,  
Monash University, Prahran, VIC 3004, Australia. Email: [deborah.roberts@med.monash.edu.au](mailto:deborah.roberts@med.monash.edu.au)

The Models of Care section of Australian Health Review features original research articles, reviews and commentaries dealing with one central theme: coordination of services for individuals and populations. Articles have ranged from coordination of services within a hospital or community-based service or between such services; within local communities, state and across national and international jurisdictions. Political, professional and consumer issues are often addressed and the challenges of offering quality cost-effective services in a timely manner are common discussion points.

Coordination, as defined by a simple Google search, is 'harmonious combination or interaction, as of functions or parts'. In a health service delivery context, it is worthwhile reflecting on why 'coordination' continues to be so challenging. From organisational processes to individual human behaviour, there is a lot at stake.

The first article in this issue is a case study entitled 'Improving the coordination of care for low back pain patients by creating better links between acute and community services' by Petra Staiger and coworkers.<sup>1</sup> Then we have a provocative commentary on internet-based treatments entitled 'Treating people you never see: internet-based treatment of the internalising mental disorders' by Gavin Andrews and Nickolai Titov,<sup>2</sup> followed by 'The development of a streamlined, coordinated and sustainable evaluation methodology for a diverse chronic disease management program' by David J. Berlowitz and Marnie Graco.<sup>3</sup>

Care coordination has been given a broad definition by one of the lead US health agencies that have delved into the coordination function. They define care coordination as 'the deliberate organisation of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services. Organising care involves the marshalling of personnel and other resources needed to carry out all required patient care activities, and is often managed by the exchange of information among participants responsible for different aspects of care'.<sup>4</sup>

Bodenheimer highlights the fact that the challenges are not simply between multiple providers but the client and extended family.<sup>5</sup> He points out that, especially with young children and elderly clients, the number of coordination relationships multiply. There is a common circumstance of three different provider organisations (with several caregivers in each organisation) having to interact with a client plus three distinct family members.

The extent of 'coordination' needed from professionals and service organisations is dependent on the individual or population's particular needs and the structure of the health system. In a more complex service system and when individuals

have multiple health needs, more coordination is necessary. Multiple sources of health information and a multitude of health professionals within and between different service organisations make the 'coordination of care' demanding.

As health education is a key component of any coordinated care management program, there is a range of methods to deliver that service. Health education can be delivered face-to-face, by phone, posted written material, via the internet and usually some combination. There are a range of issues involved in making the decision of appropriate service delivery methods such as the cost of offering the service and the particular health issues involved. Thus, considering the effectiveness and efficiency of the service delivery method is significant.

With the ever-increasing demand for health care services from the general public and the increasing ageing population, it is no wonder the government, private sector and consumers are thinking about how coordination can be improved and multiple ways of accessing timely information and services. Likewise, there is constant debate of how best to measure the impact of specific coordinated interventions within such diverse programs. The articles you are about to read attempt to address some of these issues.

Please feel free to contact me and provide your feedback about the Models of Care section and whether it is meeting the interests of the AHR readership.

Dr Deborah Roberts  
Associate Editor – Models of Care

### References

- 1 Staiger PK, Serlachius A, Macfarlane S, Anderson S, Chan T, Young G. Improving the coordination of care for low back pain patients by creating better links between acute and community services. *Aust Health Rev* 2010; 34: 140–4. doi:[10.1071/AH08634](https://doi.org/10.1071/AH08634)
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- 4 McDonald KM, Sundaram V, Bravata DM, Lewis R, Lin N, Kraft S, et al. Care Coordination. Vol. 7 of: Shojania KG, McDonald KM, Wachter RM, Owens DK, editors. Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies. Technical Review 9. Publication No. 04(07)-0051-7. Rockville, MD: Agency for Healthcare Research and Quality. June 2007.
- 5 Bodenheimer T. Coordinating care – a perilous journey through the health care system. *N Engl J Med* 2008; 358(10): 1064–71.