

Editorial Issue 2 2012

Transitions

This issue of *Australian Journal of Primary Health* (AJPH) marks a significant transition with Rae Walker stepping down from co-editor of the Journal. Rae has made an enormous contribution to the journal for more than a decade. Over that period the quality and impact of the journal has grown significantly.

Like the AJPH, primary health is in a period of transition. The recent round of health reforms have introduced a new set of structural changes for primary care with the establishment of Medicare Locals. There is no doubt in my mind that primary health will become increasingly important. Consumer expectations, population ageing, improvements in technology and rising costs of hospital and institutional care will drive innovation in prevention and care at home and in the community.

Reform will be required if the primary care sector is to respond successfully to these challenges. More comprehensive, timely and coordinated care will be needed across prevention, acute, subacute and long-term care. Integrated electronic assessment, monitoring and record-keeping, better team coordination and management, more consistent application of guidelines and care pathways, more responsive after hours and home-based care, a greater focus on partnerships with consumers, and more integrated planning for population catchments are inevitable.

The recent (and welcome) changes to aged care services, and in particular the very significant expansion of home-based care, adds to the importance of the primary health sector. By 2025 the

baby boomers will be moving into their 80s and there will be a dramatic increase in demand for health care and support in the community. Primary health must be in a position to respond.

The papers in this issue of the journal pick up many of the health issues that primary health faces; in particular, the challenges of developing more effective strategies for the prevention and management of chronic disease, including papers on risk factor prevention, mental health public health policy, and self management support.

But it is not yet clear to me that primary health organisations, and particularly general practices, are capable of meeting these challenges in their current form. Services are not yet well coordinated between agencies, after hours and home-based care is still not readily available, community care for complex chronic and terminal conditions remains inadequate and local population-focussed prevention is poorly planned and implemented. Building effective partnerships between organisations will be a critical element of organisational reform if these problems are to be addressed. This is of course a key area of research in which Rae Walker has worked. Medicare Locals are a step along the way. Their primary task will be to build capacity within and between primary health organisations to meet the emerging challenges. The next five years will tell the tale.

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