

Editorial Issue 2 2013

Examining current practices

Promoting quality improvement and best practice in all areas of primary health care is an important aim of the *Australian Journal of Primary Health*. Achieving this aim means publishing research like that in this issue, which systematically examines current practice and policies from different perspectives, and at different levels in Australia and internationally.

Creating incentives for quality improvement is one policy option that is being implemented in the Netherlands. Kirschner *et al.* report that participating GPs thought the pay-for-performance program was a labour-intensive positive breakthrough to stimulate quality improvement, but warned of unintended consequences of the programme and the sustainability of the indicator set.

Sustainability is also a feature of quality improvement of diabetes care processes in remote Indigenous communities. Forbes *et al.* found that the improved diabetic care processes and outcomes reported from 1999 to 2003 have not been sustained, and intermediate clinical measures have become more adverse over a 5-year period in a high-risk remote community. They conclude that chronic care systems, including quality improvement, require renewed investment.

Smoking cessation is a major strategy in improving Indigenous health, and the Quitline is a potentially useful tool. However, Indigenous Australian callers might be less engaged with the Quitline than non-Indigenous callers, according to Cosh *et al.* At the National Rural Health Conference in April it was encouraging to hear the national coordinator for Tackling Indigenous Smoking, Tom Calma, talk about positive results from the Quitline Enhancement Project to provide accessible and appropriate services to Aboriginal and Torres Strait Islander people (<http://nrha.org.au/12nrhc/program/keynote-speakers/>, verified 23 April 2013).

Several papers look at the experience of groups of patients who are at risk for different reasons, such as family history of premature cardiovascular disease, hepatitis C or having sexually transmitted diseases. Some results challenge our assumptions, for instance patients perceived fewer barriers than GPs to discussing sexual health, according to Baker *et al.* Team *et al.* found that Russian-speaking Australian women did not seek out cancer screening because they expected their health care providers to take the lead in these behaviours as they did in Russia where they grew up. Careful qualitative research delivers much better understanding of patients' attitudes, perspectives and

experiences, and suggests ways in which their outcomes and experiences can be improved.

The titles of two papers attract attention to different aspects of chronic pain, a challenging area for patients and providers. *Being a botanist and a gardener*, Stone's Forum paper on patients with medically unexplained symptoms, complements 'Talk to us like we're people, not an X-ray', Nielsen *et al.*'s paper on the experience of receiving care for chronic pain.

Chronic conditions and population ageing contribute to the costs of the Australian health care system, but also can have serious financial consequences for those with both attributes. McRae *et al.*'s analysis of a large cross-sectional sample survey of older Australians shows a positive association between number of chronic conditions and out-of-pocket spending on health. They conclude that while health policy might minimise out-of-pocket spending for individual conditions, costs compound rapidly for patients with multiple conditions and this burden falls most heavily on those with the lowest incomes, an inequitable situation.

Two papers in this issue address nurse-led models of care. Eley *et al.* found that practice nurse-led chronic disease management was acceptable and feasible to patients and GPs, who identified significant advantages to the model and continued with it after the end of the trial. In contrast, Hegarty *et al.* found that the implementation of nurse-led youth health clinics was not feasible in a short timeframe, and all members of the general practice team need to find the clinics acceptable to maximise use of the clinics.

Increased use of information and communication technologies seems inevitable in primary health care. In terms of consultation with patients, Hanna and Fairhurst found that GPs were commonly concerned about medico-legal and remuneration issues and perceived patient information technology literacy. Successful implementation of technologies will need to address such issues, balanced with benefits such as improved accessibility.

Last, as this journal is read in many countries outside Australia, it is satisfying and appropriate to include in this issue a paper by Jahan and Henary describing efforts being made to build research capacity in primary health care in Saudi Arabia.

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