

## Improving processes that underpin Australian primary health care

High quality primary health care requires more than just an appropriately skilled workforce. The underlying processes that support and enable service delivery have the potential to affect people's health care experiences and ultimately health outcomes. The research showcased in this issue demonstrates that there are numerous opportunities to improve the processes supporting Australian primary health care. This is exciting and promising in the journey towards enhanced health for all.

The funding arrangements for Australian primary health care services have been a focus of ongoing health reform over recent years. In this context, changes to processes should support cost savings as well as improved quality of care. Callander *et al.* (2017) have reviewed out-of-pocket costs for people with chronic conditions, suggesting some forego services because of high costs. This is a cause for concern, and is reinforced by the work of Lee *et al.* (2017), who argue that low use of primary care services can increase hospital length of stay for people with diabetes mellitus (Type 1 or Type 2). Similarly, McInnes *et al.* (2017) provide examples where the current fee-for-service funding model may be having a negative effect on the relationship between general practitioners and practice nurses. Commissioning in health and social and community services would also be enhanced through greater participation by clients, consumers and communities, as shown by Joyce (2017). Clearly there is further work to be done in this area.

Aboriginal health is another example where health gains are possible through improvements in health system processes. Panaretto *et al.* (2017) have reviewed people's access to community-controlled primary care services in remote communities, suggesting the demand outweighs resident numbers. They argue that the model of care warrants further support, which reflects the need to have models appropriate to specific settings. Caffery *et al.* (2017) provide a sound rationale for alternative models of care for dental services in remote Indigenous communities. Sibthorpe *et al.* (2017) have proposed indicators that can be used for quality improvement initiatives targeting treatment of otitis media, thus supporting primary health care services.

This issue of *Australian Journal of Primary Health* also showcases areas of health care where clinicians' scope of practice has evolved towards supporting people's ongoing health. Examples include providing advice on nutrition (Ball *et al.* 2017), monitoring weight (McPhie *et al.* 2017), initiating follow up after gestational diabetes (Pennington *et al.* 2017), performing eye checks (Guymer *et al.* 2017), and participating in Advanced Care Planning (Fan and Rhee 2017); representing a shift away from curative care, to preventive care. Again, system-based processes that support these activities are essential.

Finally, Australian primary health care is advancing alongside contemporary societal changes. Manchikanti *et al.* (2017) and Benson *et al.* (2017) have explored the adequacy and acceptability of primary care for people who are refugees

and new to Australia; and Robinson *et al.* (2017) have explored the growing trend of manufactured home villages for older people and their effect on primary health care access.

Such diversity, relevance and influence on outcomes for the community make this an exciting time to be involved in primary health care research. We hope you enjoy this issue of *Australian Journal of Primary Health*.

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