## "Models of Care" — a new section in Australian Health Review



## Deborah Yarmo-Roberts

**HEALTH CARE SYSTEMS** in Australia and abroad encompass multiple "models of care". While diversity is inevitable, the models of care can be contradictory and controversial.

International influences are acknowledged. From a policy perspective, the Department of Health in the United Kingdom has issued a number of documents outlining models of care that are being trialled or mainstreamed. These include an NHS (National Health Service) and social care model and a chronic disease management model.<sup>1,2</sup> These models are based on a version of a health insurer model of care from the United States that originated with Kaiser Permanente.

Australian government documents at state and national levels describe strategies boasting similar models of care that are being examined or employed, including the *National Chronic Disease Strategy* and *The Way Forward*.<sup>3,4</sup> There are many other examples of government documents that depict models of care in health-related areas.

In the peer-reviewed literature, countless models of care have been described, debated and evaluated, to greater or lesser degree. Unfortunately, this literature uses varying terminology resulting in misinterpretation. A recently published article stated,

Many stakeholders, including health and social service professionals, consumers, funders, policy makers and academics, bring

Deborah Yarmo-Roberts, PhD, Senior Lecturer, Health Services Management Unit; Senior Research Fellow, Centre for Research Excellence in Patient Safety Department of Epidemiology and Preventive Medicine,

Faculty of Medicine, Nursing and Health Sciences, Monash University, Prahran, VIC.

Correspondence: ahr@ampco.com.au

to this field varying perspectives and interests that add to the confusion, ambiguity and complexity of the care models.<sup>5</sup> (p. 413)

The article provides a descriptive typology of a selected range of care models, aiming for better communication and improved understanding among stakeholders.

Regardless of perspective, models of care have been regularly reinvented and contested over time. Whether one is a proponent or critic of a specific model of care, a number of elements contribute to the inconsistency, including:

- Stakeholder interest
- Terminology used
- Purpose of model
- Target population
- Intended/realised outcomes
- Health professional "team" involved
- Interventions and tools used
- Methodologies used for evaluation
- Definition of cost benefit.

Since models of care are a significant feature of any health system, *Australian Health Review* is pleased to introduce a branded section of the Journal which will focus on articles relating to this cause. In subsequent issues, peer-reviewed articles will be presented that discuss, debate and provide evidence toward the effectiveness of models of care. Article submissions that address specific or multiple models of care are welcome.

This strategic direction began with discussions among the editor of *Australian Health Review*, the Australian Healthcare Association, and the Case Management Society of Australia (CMSA) and Australian Disease Management Association (ADMA) about the numerous models of care that have varying levels of evidence supporting their existence and sustainability. It was deemed a worthy initiative to collaborate and consolidate resources by way of the branded section in *AHR* in an effort to stimulate greater rigour in the evidence for models of care.

By way of brief background to readers, the CMSA was founded in 1996 in response to growing demands for support and information about "case management", a model of care being increasingly implemented in Australia. The CMSA is a non-profit organisation dedicated to the support and development of the practice of quality case management. Case management is practised in many fields, both in the public and private sectors, but predominantly in aged care, disability, mental health, employment, child welfare/protective services, corrections, and rehabilitation, and is provided in acute, community and home settings both for short and long-term durations depending on needs of the individual (www.cmsa.org.au).

Case management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost effective outcomes.<sup>6</sup> (p. 6)

The CMSA has published the Australian Journal of Case Management for its members for the past eight years. The CMSA has made a strategic decision to cease publishing the Journal in its current form and, instead, to promote relevant peer-reviewed articles in Australian Health Review.

Promoting the publication of original articles that focus on models of care within *AHR* is an

For author guidelines and how to submit an article via *AHR*'s online submission system, go to <http:// www.aushealthreview.com.au/publications/ articles/authors.asp>

exciting endeavour. CMSA is pleased to support *AHR* and looks forward to the potential of combined efforts.

I personally welcome the challenge of taking on the editorial role of this new "Models of Care" section. With a research background in health services management specialising in models of care and a range of operational experience both within Australia and abroad, including positions in acute care, residential aged care, community care and government health departments, my intention is to provide readers of *AHR* with quality articles relating to models of care.

## Deborah Yarmo-Roberts, PhD Models of Care Editor, Australian Health Review

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- 5 Yarmo-Roberts D, Stoelwinder J. Untangling the web: the need to clarify care co-ordinating models for people with chronic and complex conditions. *Aust N Z J Public Health* 2006; 30: 413-15.
- 6 Case Management Society of Australia. National Standards of Practice for Case Management. Melbourne: Case Management Society of Australia, 2004: 6. □