

## Editorial Issue 3 2011

### Four planning challenges from diverse research studies

The health reform agreements between all levels of government announced in early August have the broad goal of improving delivery of health care in the local community. Achieving this requires system-wide policy and state-wide planning for general practice and primary health care services. The snapshot of primary health care research in this issue of the *Australian Journal of Primary Health* covers many of the challenges that planners need to consider, with patient-centred care underpinning all of them.

First, primary health care applies to all populations in all settings – indigenous people, refugees, people with intellectual disability and mental illness, people who are culturally and linguistically diverse, as well as the more established and visible populations. Within each group, people of all ages require the full gamut of primary care services from primary prevention to screening, addressing risk factors through smoking cessation for example, chronic disease management and end-of-life care. Without awareness of the social determinants that have a major impact on health at a population level, such care will be of limited effectiveness.

Second, meeting these expectations places great demands on health care providers, who need to be highly skilled generalists. This requires integrated education and other interventions to address specific issues. Examples are studies of GPs' attitudes and confidence to paediatric asthma management (Roydhouse *et al.*), and prescribing hepatitis C antiviral therapy (Lambert *et al.*). The demands increase with new evidence, such as Worley *et al.*'s paper on early detection of people at risk of developing glaucoma

through the use of a risk factor guide with a comprehensive patient history. Despite such demands on GPs, practice nurses report they lack career pathways and sufficient role recognition in their organisations (Parker *et al.*).

Third, service delivery requires subtlety and finesse rather than one-size-fits-all rules at any level of organisation. Gray *et al.* discuss the judgement of whether to use trained or family interpreters in practices with a high proportion of refugee or migrant patients. Hansen and Nelson suggest that after a period in hospital with cardiovascular disease, most patients are highly motivated to stop smoking, and could benefit from better smoking cessation support. Lambert *et al.* suggest that recruiting GPs for integrated education programs for hepatitis C antiretroviral therapy can be focused on practices with a high caseload.

Fourth, primary health care needs to meet the challenges of working in partnerships at all levels of organisation. Paasse and Adams discuss a peer-mentoring model in urban Indigenous communities, Chan *et al.* explore the details of professional interactions in multidisciplinary linkages, and McDonald *et al.* examine the subtleties of interorganisational collaboration in Australia's complex system of private, public and non-government health care providers. Partnerships need active but flexible policy support that enables the improved delivery of primary health care in all circumstances.

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