

Models of care editorial

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2010's AHR Models of Care section features three articles that focus on the Enhanced Primary Care (EPC) initiative. As with all models of care that are embedded within a larger system of care, the EPC model has had its share of support and opposition in development, implementation and sustainability.

The articles provide a range of views and evidence of success and challenges to date with the EPC initiative. When the Australian Federal Government program began in 1994, it was attempting to restructure funding and coordination of services for those with chronic illness and conditions. The initiative supports the integration of care provision between allied health providers and general medical practitioners. To those who had worked long and hard to integrate care among health professional groups and actually get funded for it, it was generally a welcomed scheme but the take up initially was not high among general practitioners. For clients who have never been exposed to allied health professional care, it is deemed positive. The evidence has been variable for the extent to which the program is cost-effective and sustainable.

The first article is entitled, 'Enhanced Primary Care pilot program benefits Type II diabetes patients', by Karen Grimmer-Somers, Wendy Dolesj and Joanne Atkinson (pp. 18–24).

The second article is 'Talking EPC – speech pathologists' views of the Enhanced Primary Care items four years on', by Jemma Skeat, Angela Morgan and Tristan Nickless (pp. 25–29).

The third article is entitled 'Impact of Enhanced Primary Care on equitable access to and economic efficiency of allied health services: a qualitative investigation', by Terry Haines, Michele Foster, Petrea Cornwell, Jennifer Fleming, Sean Tweedy, Alison Hart, and Geoffrey Mitchell (pp. 30–35).

As Editor, I am always looking for articles displaying rigour in the evaluation of 'models of care'. With any model of care aiming to improve the quality of health for individuals and populations and cost to the broader system, it is imperative to collect data on client outcomes, costs and features of the service model itself. It is only with this information that proper evaluations can be established. This will then inform decision makers whether there is considerable benefit to clients and that the investment is worthwhile compared with other initiatives. As costs escalate, the population ages and chronic disease becomes more prevalent, discerning between models of care will be of even greater importance.

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