Editorial

THIS IS THE FOURTH ISSUE of *Australian Health Review* which has featured a "Models of Care" section; now a regular section of the Journal. As 2007 draws to a close, the breadth of formalised care models (such as self-care management, case management and disease management) being implemented in the Australian health care system continues to be publicised. The number of Australian studies which evaluate the effectiveness and efficiency of care model interventions is increasing. Being the optimist, I predict that the rate of publication of these studies will also increase. This is fundamental because the value of any intervention needs carefully constructed evaluation that enables results to be debated by experts in the public domain.

The featured article in this Models of Care issue is entitled "Implementing chronic disease self-management in community settings: lessons from Australian demonstration projects" by Caitlin Francis, Anne-Marie Feyer and Dr Ben Smith on *page 499*. The Australian National Government initiative on which the article is based, called *Sharing health care*, has a fitting title as the "sharing" of information is an underpinning goal of the program and also relates to the theme for this issue — information management and information technology. The "sharing" of information in the projects described in the article proved more challenging than initially conceived. The article explores different models of chronic disease self-management in the health and community service sector and the elements which led to successful implementation. Established organisational structures and health system networks were shown to be effective in determining the success of the program. Flexible delivery methods and ongoing development of professional skills were also associated with success.

The theme of this *AHR* issue, information management and information technology, is a vast topic area with many elements that impinge on its effectiveness in health care. Information management and technology matter to health care. Advances in information management systems and medical technology have contributed to people living longer, with greater independence. Authors, though, have noted many challenges, including the privacy and policy implications related to electronic health record technology[1] and the fragmentation and complexity of the health care system, misaligned incentives, a lack of team-based care and a focus on acute health.[2]

With the challenges acknowledged, information management for people with chronic illness necessitates coordination from multiple organisations and professionals. Any "model of care" that is implemented for people with chronic illnesses is dependent on information exchange and management for its success. Without adequate exchange of information, the quality of care is compromised. There are a range of variables involved in ensuring the success of information transfer including the degree of coordination between professionals, the inter- and intra-organisational culture, and the technological system integration.[3] Information transfer is not easily mastered within one organisation, let alone between many organisations.

Plainly stated, no fancy technology or gadget can be the panacea for information transfer. Humans are complex creatures and information exchange among humans is inherently complex. Yet, the outcomes from a client, professional, and system point of view are dependent on effective information. While information systems can go a long way in establishing efficiencies, we need a broader realistic view of the role of information management and technology in health care delivery.

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1 Miller RH, West CE. The value of electronic health records in community health centers: policy implications. *Health Aff (Millwood)* 2007; 26: 206-14.

2 Dorr DA, Wilcox A, Burns L, et al. Implementing a multidisease chronic care model in primary care using people and technology. *Dis Manag* 2006; 9: 1-15.

3 Crosson JC, Stroebel C, Scott JG, et al. Implementing an electronic medical record in a family medicine practice: communication, decision making, and conflict. *Ann Fam Med* 2005; 3: 307-11. ❑