Editorial

THE ARTICLE FEATURED in the Models of Care section is "Care management for older people with mental health problems: from evidence to practice" written by Sue Tucker, Jane Hughes, Caroline Sutcliffe and David Challis (*page 210*). The article presents findings from a UK-based study that reviewed the types of work activity for nursing and social work practitioners caring for older people with mental health problems. The study found that the focus of the work activity varied among the professional groups even though their role was meant to be the same. The data were then reviewed to determine the extent to which the work patterns met eight standards of good practice in intensive care management for older people with mental health problems. It was evident that more emphasis needed to be placed on the management of the staff in the coordinating and provision roles with better alignment of the role with the intended standards of practice. The findings advocate for changes in the role, caseloads, location and management of staff, and in their assessment, care-planning and review processes.

Most "models of care" aim to support individuals with complex needs and incorporate an individual or team whose role is to assist in the coordination and provision of care. Whether the model of care is implemented in an acute or community-based setting, there is a professional or professionals who must balance clinical and administrative roles related to client care.[1] Clinical roles often include the assessment and reviewing of care needs with the client (or carer), while administrative roles vary from liaising with other professionals and agencies to arranging care and filling out forms. Achieving the appropriate balance between these two intensive workloads is easier said than actually practised and valued.

Professional identification with care coordination, disease management or care/case management roles fluctuate. Are care coordinators, case managers or disease managers professionals? This has been debated internationally. Despite the mandatory requirement for certification or registration of many health professionals[2,3] in Australia, there is no national certified recognition of these professions. There are few formal tertiary training and postgraduate courses in Australia which have been sustainable in case management, disease management or generic care management, but an increasing number of vocational training courses are available. Some people who engage in case management, disease management or care coordinator roles do not have professional degrees but have had experience in the field or have already had formal clinical tertiary training (such as nursing or social work). This results in a lack of standardisation, and hence, variability in what can be expected from the role. Consequently, organisations that employ people in these roles have a challenge ensuring the quality of their service.

As the 2006 Productivity Commission report on Australia's health workforce purported, the changing demographics and ageing population necessitates changes in the health workforce.[4] The report claims a more sustainable and responsive workforce is needed. Traditional health workforce roles will need to be aligned with market demands.

Changes are already occurring to professional and non-professional roles in the health sector across Australia. There are advertisements daily for case manager, disease manager and care coordinator roles which require differing sets of qualifications. Some ask for tertiary qualified individuals, while others do not. Some ask for substantial experience in the field, while others do not.

This inconsistency suggests a number of questions: What are the skills, training and experience people need to be able to effectively coordinate and manage services for people with complex care needs? Is a tertiary qualification required, or is considerable experience in the field more important? Do they need to know how the system works, have established professional and agency

networks and have influence in the service system? If someone with little knowledge of the service sector and without clinical training is in a role which services individuals with complex health conditions, the extent to which he/she will be able to fulfil their role is compromised. The health risks or symptoms might not be detected, and the client might not get access to the necessary services. If this results in the client's condition worsening, this adds extra cost to the system. The threat with the current and future shortage of health workforce is that inappropriate decisions will be made to employ people at the lowest cost who are not adequately skilled and trained for the role.

The challenge to all people working in the health care system is being able to modify traditional work practice and embrace change. If you train as a specific health professional (ie, doctor, nurse, social worker), your identity tends to be with that profession and the approach to care is often ingrained. This can be difficult when a person makes a transition to a different role such as a case manager. A case management role can challenge existing perspectives since the role is multifaceted. Differing professional identifications translate into varied work practices and limit the extent to which agreed best practices are realised.

In recent years, the administrative role related to the coordination of care for those with chronic and complex conditions has become more cumbersome and task intensive. This is partly to do with the fragmented service delivery system and the range of services required to support people with complex conditions. The coordinating and administrative tasks required to support people with chronic and complex health shouldn't be underestimated by the sector. There should be discussion by government officials and the public and private service sector as to how a care/case manager role is best incorporated into the future health workforce.

Deborah Yarmo-Roberts
Editor, Models of Care

1 Tahan HA, Huber DL. The CCMC's national study of case manager job descriptions: an understanding of the activities, role relationships, knowledge, skills, and abilities. *Lippincott's Case Management* 2006; 11: 127-44.

2 Cary AH. Certified registered nurses: results of the study of the certified workforce. *Am J Nurs* 2001; 101: 44-52.

3 Sechrist KR, Berlin LE. Psychometric analysis of the perceived value of certification tool. *J Prof Nurs* 2006; 22: 248-52.

4 Productivity Commission. Australia's health workforce. Research report. Canberra: Productivity Commission, 2005. □