Editorial Issue 1 2012
Reforming and researching primary health care

More than ever, we need good research to provide evidence for and to evaluate the progress of the implementation of health reforms (Hall and Karnon 2011). One topic for the current Strategic Review of Health and Medical Research is the interaction between the health reform process and research and translation opportunities, and the way research can contribute to design and implementation of the reforms (http://mckeonreview.org.au/9937/Terms_of_Reference/, verified 16 February 2012). The new Medicare Locals are an (as yet) untested opportunity to build research into reform, as health services research and evaluation could play a key role in successfully establishing these organisations.

Rather than rely on informal exchange of experiences within the Medicare Local community of interest, we need properly funded systematic evaluation to provide evidence about the ways that Medicare Local core functions can be established and sustained in different contexts. Given the importance of this initiative in reform of primary health care, it is reasonable to expect that prospective process and impact evaluation is established alongside the planning in keeping with good management principles. The Centres for Research Excellence funded through the Australian Primary Health Care Research Institute will contribute to this health services research, hopefully setting in place strong sustainable links between the research and the Medicare Local communities.

The contents of this issue of the Australian Journal of Primary Health represent the tip of the iceberg that is the substantial body of knowledge about the functions of Medical Locals – coordination, identifying and tackling local needs and health promotion. These papers demonstrate how research can contribute very specific knowledge, identifying unexpected local needs for home medicine reviews among elderly Chinese and Vietnamese immigrants (White and Klinner), and for coordinated care from a specialised multidisciplinary team from vulnerable families with infants or young children (Stubbs and Achat). Edward et al. show that people needing both mental health and drug and alcohol services benefit from skilled management as part of effective cooperation and cross referral between relevant services. For planning community health promotion, Palermo et al. describe novel approaches to identifying nutrition needs of refugee groups while Ayton et al. examine the case for considering partnerships with religious organisations and churches.

Other papers address better management of chronic disease, which is fundamental for strong primary health care yet not specifically the responsibility of Medical Locals. Walters et al. and Higgins et al. identify system barriers to supporting chronic disease self-management including lack of trained staff, finance and appropriate funding models within primary care practices. De Weerd et al. identify that general practices in the Netherlands need to improve their adherence to secondary prevention aspects of the Dutch protocol for patients 1 year after experiencing an ischaemic stroke. If researchers identified a similar situation in Australia for post-stroke patients, it seems that Medicare Locals would only be able to address the situation if the protocol was included in stated quality standards. However, details of the performance framework and healthy communities reports are not yet clear, although 37 Medical Locals are now in operation (http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/medilocals-lp-1#.Tz285oeP-Sp, verified 16 February 2012).

The relevance of this issue to the current reforms shows that the interests of research teams are closely aligned to those of health care reformers. However, our system and our knowledge would be poorer if all health care research was priority driven. Investigator-led research, which potentially engages practitioners and communities in research into important questions of their own choosing, illuminates areas for future development and improvement of primary health care.

Libby Kalucy
Editor in Chief

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