Editorial

THIS MODELS OF CARE section features two articles that address issues of quality and cost efficiency. Models of substitution and effective tools for demand management strategies are discussed. The first is an article entitled "Substitution across professions within the home care sector: an investigation of nursing and allied health services" by Stevens and Vecchio (*page 19*). The article explores two different health professional groups within the home sector. The article by Prowse and Coombs entitled "The use of the Health of the Nation Outcome Scales (HoNOS) to inform discharge and transfer decisions in community mental health services" (*page 13*) focuses on a community mental health model which has put in place a measurement tool to assist in discharge planning.

Australia, like many other countries, is facing a growing ageing population, workforce shortages and a slowing economy. Amidst these constraints, Australia is grappling with how to sustain universal health coverage for its population in the future. A report commissioned through the Australian Centre for Health Research and published in October 2008 explores an alternative model of health funding which claims to address quality and cost of care while keeping individual choice paramount.[1] Along with quality and efficiency, the reformed Dutch system aims to ensure "solidarity, durability and choice" are upheld. The author outlines the Dutch reforms, which include universal coverage for the population but a nominal premium payment from individuals, a competitive market among health insurers and a risk equalisation arrangement which creates incentives to reduce benefit outlays. Stoelwinder proposes that the Australian system is well positioned to implement a consumer choice health insurance, or "Medicare Choice", which can incorporate components of the Dutch health system and is not dissimilar to Richard Scotton's health funding reform proposals over a decade ago. The report suggests that directions for Australia are either to have incremental evolution of the current system, a move towards a national health scheme, or the proposed consumer choice model. The Rudd Government established the National Health and Hospitals Reform Commission whose brief is to review and make recommendations of such models. Based on the recommendations of this group, the Rudd Government will then consider its options and propose any changes.

Regardless of the outcome of macro health funding changes, quality and cost of care issues are not going away, and as residents of this country, we need to face them head on. In the health sector, bureaucrats, executives or managers of health services, and practising health professionals have to make decisions about quality care provision and its cost on a daily basis. Many of us grapple with balancing the quality of care and the cost of care. Balancing "cost" and "quality" is especially confronting when health professionals have to make difficult decisions regarding client care that have a dual impact. Examples include what services to provide, how much service to offer, what technology to use, where it is offered, when it is appropriate to discharge, how to determine when to discharge, or when to consider other health professionals providing the care who may cost less.

It is not only health professionals who need to better balance these forces. It is human nature to have an insatiable appetite for health care for those we love. Yet, we also want it affordable, accessible, effective and efficient — when is there enough care? This question is not simple as there are many variables involved. Broader economic choices (if we fund one area, we can't fund another), differing value sets (self-interest above greater good for all), cultural norms (expectation from the public health system) and health care education (level of exposure to cost and quality issues) are a few of these variables.

One thing we can do is offer health care professionals evidence-based quality clinical

training and, at the same time, more exposure to the economic realities and the consequences of clinical decision making. The general population has to be educated as well. Then, those who make decisions about care, the professionals who work within the system and the general population could make more informed decisions. This is happening to some extent, but there is a long way to go.

What choices would you make regarding provision of care with a limited budget and on what bases would you make that decision? The answer to this question is essentially derived from our own value systems. Nonetheless, we all have a role in ensuring the Australian health care system remains viable.

Deborah Yarmo-Roberts
Editor, Models of Care

1 Stoelwinder J. Medicare choice? Insights from Netherlands health insurance reforms. Melbourne: Australian Centre for Health Research, 2008. Available at: www.achr.com.au (accessed Dec 2008).