

## System Change

### *Section Introduction*

Institutional change is required if the Australian health care system is to systematically provide support for chronic disease self-management. This section is introduced by a Guest Editorial (Frendin) in which the Commonwealth Government's strategy to bring about change is discussed.

The first papers in this section reflect on the Australian Coordinated Care Trials and some of their implications. Harvey and McDonald consider the organisational change agenda of the Coordinated Care Trials. The next paper by Harvey provides a critical discussion examining the role of self-management in broader debates about the health care system reform, while Harvey et al. discuss the application of lessons from the Coordinated Care Trials, and other chronic disease management projects, into mainstream services.

The next two papers explore the uses of chronic disease self-management by hospitals to reduce avoidable admissions of people with chronic disease. The paper by Smith et al. discusses the use of chronic disease management programs to reduce the avoidable use of tertiary level emergency and inpatient services. The paper by Murphy et al. addresses the development, marketing, implementation, and evaluation of a CDSM program to reduce unplanned hospital admissions for people with chronic diseases.

The final papers in this section raise the issue of equity in current chronic disease self-management programs. Foster et al. investigated participation patterns of older people in four DCSM programs and identify a number of barriers to participation. Walker and Peterson examine the relationship between socioeconomic status and chronic illness.