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The Agenda for Health Reform

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Editor

Editorial

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This month in the *AMJ* we are pleased to feature several papers showcasing new projects or listing several new authors to research. Hosseini et al describe a project to increase research capacity within a blood management service[1]. The research is important for two reasons; firstly the authors successfully engaged busy medical practitioners in reflective practice and secondly because the outputs of their workshops were directly relevant to local clinical practice. Therefore it was a particular privileged to also receive submissions from several groups of early career researchers deploying a variety of different approaches and focusing on a range of subjects. The case series by Khan et al describe hitherto unknown features of Rove beetle infection.[2] Although this is a common condition in Malaysia, practitioners will be aware of the difficulties of diagnosing a rash that mimics many other conditions. We hope that the paper will stimulate renewed interest in a pest which may be more effectively managed by reviewing agricultural practices. We also highlight data from Nikibakht and colleagues suggesting a high incidence of anxiety and depression among diabetic patients attending a clinic in southern Iran. The group could only speculate about the reasons why diabetics in that region are more likely to be screened positive using Beck's inventory, however, the implications are clearly significant and at the very least warrant robust investigation.[3]

A second theme in this edition of the *AMJ* is health reform. We set the scene by publishing a comparative health review focusing on child health. Our authors are from India and Australia. Offering some of the best medical treatment in the world and with an excellent reputation for its private hospitals, India's health care sector has undergone an enormous boom in recent years. In fact India has become a global health destination[4, 5]. However the *AMJ* reports that for Indian doctors child health is a challenge not because of the lack of expertise, but because of the lack of organised community support for patients with chronic and complex conditions.[6] We have seen this theme reflected in reports about other disciplines and for other countries in past editions of the *AMJ*.[7,8] One might conclude that research to integrate services or providers early, and therefore cheaply, in the disease trajectory is an important priority in the developed as well as the developing world. We also note the date presented by Varghese et al that even in a region where malnutrition is the norm the signs of lifestyle related conditions, including obesity, are beginning to emerge.[9] The question of how to coordinate care for people who are at risk from the growing threat of chronic illness or who may already be developing the complications of those conditions is going to dominate the debate in the years ahead.

We may conceptualise the problem as illustrated in Figure 1. Patients slide over an increasingly steep slope into dependency on more costly, technically intensive health interventions. However we know from ecology of care models that the vast majority of people are still entering healthcare through the primary care portal.[10] The extent to which primary care is able to respond will moderate the angle of the slope on which patients "slide" into hospitals. The key is to craft innovations that efficiently and effectively coordinate healthcare providers in primary care. The challenge for others, including medical journals is to promote research led by healthcare professionals who are best placed to develop the most effective models of care. Therefore we particularly welcome research from the coal face, predicated on the theme of early intervention and healthcare integration.

For the first time in the *AMJ* we are pleased to present a research protocol, led by Oksana Burford a community pharmacist and a general practitioner Marthe Smith. The team is also supported by two established researchers. We welcome similar protocols in future editions.

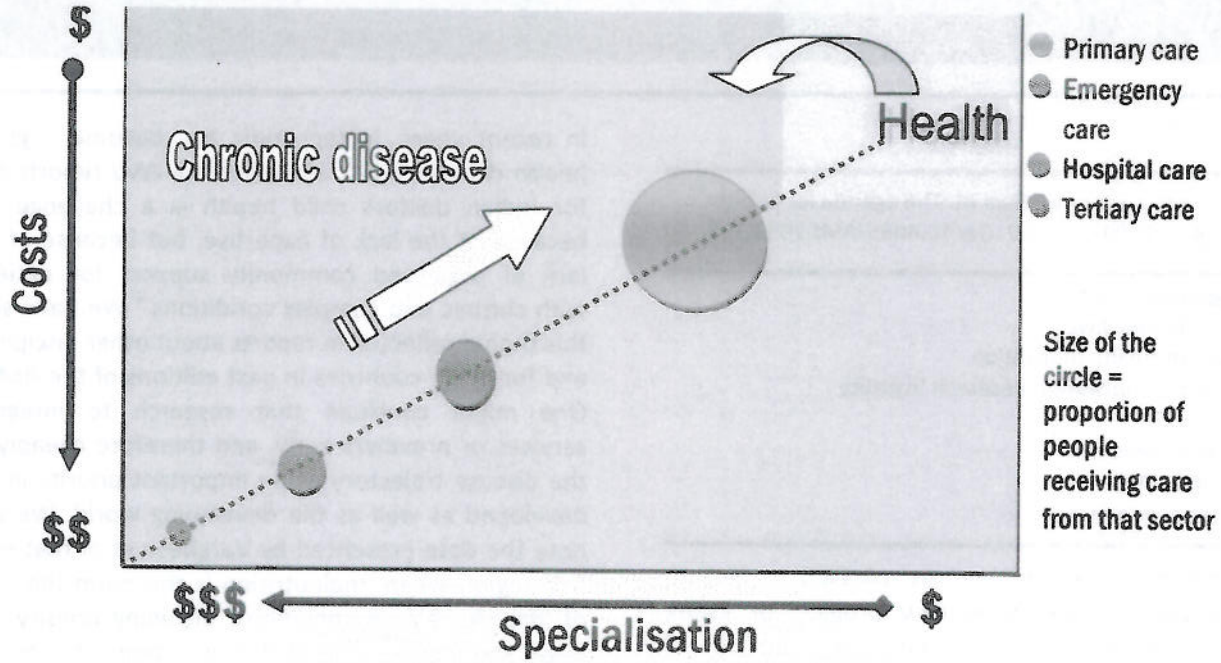

Figure 1. A model for health innovation. Those who require early, and therefore cheaper interventions, must be directed efficiently into the healthcare system. Those who are already in the system and are not benefiting must be redirected back into the community where their needs may be more appropriately addressed

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