Foreword

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Chronic disease self-management emerged as an organised, formal entity in Australia in the 1980s, when a specific group-based program was introduced from the United States. This program, the Stanford Arthritis Self-Management Course, was promulgated in Australia and other countries by its creator, Professor Kate Lorig of Stanford University. The program showed much early promise, particularly with its dissemination and uptake by an enthusiastic non-government sector. Over subsequent years it has matured, and many other programs endeavouring to support patients to engage in self-management have been developed. In some ways, chronic disease self-management has become mainstream.[1-3]

In the late 1990s, the Australian Government Department of Health and Ageing began to invest large sums into exploring the utility of a wide range of chronic condition self-management models that could be suitable for the Australian health care system. This was facilitated through a new policy, the Sharing Health Care Initiative, which was supported by a substantial budget of $36.2 million. This initiative included large demonstration projects using care planning, action planning, medication review, coaching, self-help groups, formal chronic disease self-management programs and other modes of self-management support. At around the same time in the United Kingdom, an even larger initiative came into being — the Expert Patients Programme, in which thousands of people with chronic conditions participated in self-management education programs. Some of the key insights from the Australian[4] and UK[5] experiences, and to a lesser extent concurrent US[6] and Canadian[7,8] reports, were that self-management education was most effective when programs were tailored to patients' needs, and were undertaken in collaboration with and integrated into primary care. A further prominent finding was the need for a "critical mass" of patients with chronic conditions ready and able to take part in such programs.[9]

With a greater range of programs and tools and a renewed emphasis on patient-centred care, a range of innovative programs emerged across Australia at state government and community health levels. By the mid 2000s, a great deal of innovation had been generated in this field. However, given the vast distances across Australia, much re-invention of the wheel (or possibly "flat tyres", in some cases) seemed to be happening.

The 2006–07 Australian Budget announcement introduced the Council of Australian Governments (COAG) Australian Better Health Initiative. Within this $500 million package for the prevention and management of chronic disease, a key element was generating better patient self-management activities.

To support Australian, state and territory governments, health care providers and consumers in the "operationalisation" of chronic disease self-management across the health care and community sectors, it was evident that there was a need for a forum to provide an opportunity for key stakeholders to exchange information and ideas, and to discuss innovative ways of providing chronic disease self-management support.

The Centre for Rheumatic Diseases at the University of Melbourne, which has been involved in several such national research and evaluation projects and has established research collaborations in the UK, the US, Canada and Europe,[3,8] was well placed to organise such an event. Within a matter of months, keynote speakers were assembled and a "standing-room only" conference of 400 people was held.[10] Funding to conduct the conference was provided by the Australian Government Department of Health and Ageing and the Victorian Department of Human Services.

Entitled "The way forward: chronic disease self-management in Australia",[10] the conference brought together national and international leaders in the field to discuss the state of play and, more importantly, where it needed to go. Some of the papers presented at the conference are presented in greater detail in this supplement.

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