

Primary care in the driver's seat? Organizational reform in European primary care

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This on-line book is one of a series of volumes focussing on key issues for health policy-making in Europe. Each chapter explores the theory, context, outcomes and lessons learned about the development of more equitable, efficient and effective health systems in Europe. The book's goal is to contribute to an evidence-based approach to policy formulation in the health sector. Certainly every aspect of the analysis in this book is richly supported with credible and relevant systematic reviews and references which give it great authority.

The text and the citations constitute interesting and scholarly definitions, analyses, suggestions, case studies (vignettes) and even some of the failures of primary care processes and outcomes. This makes the book very useful for those involved in strategizing, formulating or evaluating healthcare policies. The information presented is very important because of increasing global pressures to rationalize the structure and funding of health systems. Academics and students in the field of health policy will also find this book valuable in seeking to better understand the complex choices that confront healthcare systems in other countries. Although written from the European perspective, this book contains many universal lessons that may be applied to other countries.

The aim of this book is to analyse the extent to which strengthening primary care conditions and strategies can improve overall health care. The 'driver's seat' in the book's title refers to the coordination and navigation function of primary care. One critical rhetorical question that emerges is whether or not primary care should remain in the drivers' seat of healthcare reform due to complex and equivocal outcomes and the diverse character and conditions of primary care in Europe.

The book is divided into two parts and 12 chapters. In part 1, the reader finds the first four chapters. Here the authors assess the strategic landscape by defining terms and contextualizing the basic themes of coordination and integration in European primary care. They map primary care across Europe and analyse the changing conditions for structural reform, then draw the strands together by synthesizing the main themes and putting primary care into perspective.

In part 2, the authors discuss changing institutional arrangements; the challenge of coordination and the role of primary care professionals in promoting integration and the impact of purchasing primary care in Europe through a comparative case study of primary care reform. There is an economic analysis that includes the evolving public-private mix and changing task profiles and professional roles as well as discussions around primary care education, managing primary care behaviour through payment systems and financial incentives.

The editors suggest that European national policy makers already broadly agree on core healthcare systems objectives (values) including universal access for all citizens, effective care for better health outcomes, efficient use of resources, high-quality services and responsiveness to patient concerns. The diversity of health system configurations developed in Europe in response to these common objectives is an interesting and educational analysis of the advantages and disadvantages of various approaches in multiple contexts. Theoretically the policy maker could apply the best approach to their own cultural, social and normative lifeworld during health system reforms.

Central issues for healthcare systems reform include those around lack of coherence and coordination. This book assesses the role that primary care might play in resolving the dilemma. The book's analysis and vignettes may help dental hygiene policy makers and oral health advocates navigate the complex political labyrinth of the strategic policy-making process to mitigate disparities in access to oral healthcare in many parts of the world. We often think of the question of access to care more as 'Who is primary care?' than 'Should primary care drive the system?' This is an excellent question and well worth reading.

The main problem for primary care is that despite constantly rising health expenditures in European countries, the unmet health needs are still growing in subgroups of the population, such as the chronically ill, those living with more than one disease at the same time, the elderly and those in need of home-based hospice services. Over the past years these needs have changed and increased partly as a result of ageing populations and partly due to the general increase in wealth in most countries. The inadequacy of primary care results in unmet needs and conversely unnecessary treatments that may threaten patients' safety (for example use of antibiotics). Instead of integration there appears to be a trend towards fragmentation due in part to specialization, professional isolation and lack of coordination among healthcare professions in the primary care process.

Problems of coordination, such as poor communication and lack of interprofessional networking may arise between primary and secondary care, between curative care and public health services, and between specialties within particular sub-sectors. One important change that may result in population health gains in the future includes anticipatory medicine and prevention. This includes screening, monitoring and follow-up, which are still relatively new tasks in primary care that can only be carried out effectively by the coordinated efforts of various professional groups on the basis of information concerning the population they serve. An important example of this in oral healthcare may be the need to coordinate oral cancer screening among oral health disciplines for effective prevention, diagnosis, treatment and monitoring in this area.

Another aspect of the book that may be of interest to dental hygienists is the discussion about a key solution for strengthening primary care by extending the skill mix or giving primary care control over other levels of care. The book discusses how feasible these ambitions may be in the current heterogeneous primary care health care context in Europe. Although the concepts of 'primary care' and 'primary health care' are often used as synonyms, the authors frame the definitions and discourse to explain how they represent different aspects of the development and articulation of first level care.

The subject of this book is limited to the area of primary care as a subset of functions or services delivered specifically within the context of healthcare systems. There is no great deal of information, for example, on the social determinates of health, population health, the role of health promotion or social marketing in disease prevention or anticipatory medicine strategies. The book does, however do an excellent job early on of defining and contextualizing the terms and constructs that focus its analysis.

It was interesting to see that the authors reviewed Fry's much discussed conceptual framework from the 1970s conceptualizing a healthcare system as a pyramid surrounding levels of care. In this analogy, primary care is often represented as the base of the pyramid of health care, the middle layer is secondary care while tertiary care is situated at the top of the pyramid. Informal care is an unspecified area below the pyramid. In the 1970s and 1980s healthcare reformers discussed this model and improving access by inverting the pyramid and having multiple entrance points to primary care through the wider base rather than the narrow tip of the triangle through physician or specialist 'gatekeepers'.

The 'gate-keeping' issue in primary care is discussed throughout the book. However, this issue is managed evenly and in an evidence-based manner with advantages and disadvantages on both sides of the debate. The authors discuss how gate-keeping may achieve paradoxical outcomes of restricting access yet lowering healthcare costs and enhancing quality of care and public safety in some cases while compromising it in others. Unfortunately busy, over-worked physicians in some countries have shorter consultations with individual patients, prescribe more medications, refer more often and workload is considered a threat to the position of physicians as gatekeepers of primary care. This may become a problem in dentistry especially in countries where dentist shortages are looming yet access to primary care is restricted for dental hygienists and their clients. But the reader cannot help wondering if this is just another 'who is primary care' question rather than the deeper inquiry of primary care remaining in the driver's seat of healthcare systems.

The book presents and analyses the pros and cons for several economic and organizational models and frameworks to improve the coordination, teamwork and integration of primary care. This theme may be of particular interest to dental hygiene scholars, health administrators and policy makers due to recent scholarly activity in the area of interprofessional education and practice in oral healthcare.

An interesting suggestion to reform tools for primary care at the level of healthcare organizations, posits a new governance model shared by managers and health professionals. In the case of health system governance, the trend over the last decades has been less management-centred approaches, and more clinical governance approaches. Experiences in several countries have shown that such approaches are compatible with current trends of more contractual freedom between providers and purchasers, more budgetary power for primary care professionals or the privatization of primary care practice. However public-private partnerships, so-called 'managed care' and the perceived commodification of healthcare are contentious issues

especially when discussed in more traditionally socialistic or communitarian cultures.

Of particular interest to dental hygienists in countries where self-regulation and professional status are either new or desired or still debated, are several excellent chapters on changing quality standards and improving the quality and performance of primary care. Here the reader explores the changing culture of accountability among professional associations, educators and practitioners in the creation of new professional roles, such as nurse practitioners and physicians' assistants in primary care. Dental Hygiene professional organizations and journal articles often debate the role, culture and discourse of dental hygiene as a healthcare profession and these chapters discuss similar professional experiences in the primary care context.

The authors cite that 'the stronger the autonomy of a profession, and the higher its status and recognition, the more significant the instrument of self-regulation may be (at the expense of hierarchical control)'. There are many literature reviews cited in the area of quality assurance including articles as well known as the Donabedian model of quality assurance from the 1980s to more current scholars offering accessible best practices through electronic informatics. This chapter alone is a must read for those investigating new models of quality assurance beyond the traditional continuing education framework.

The final chapter about the role of new information and communication technologies in primary care delves into many issues relating to the possibilities for electronic or computer-based access to care through the internet and use medical

informatics to promote coordination of primary care. One can almost imagine a day when patients will be the gatekeepers of their own medical and oral health records receiving up to the minute and accurate healthcare information synthesized and coordinated by multiple primary healthcare providers and tailored to the family, individual or populations' unique demographic history and healthcare needs.

The disciplines of dentistry, dental hygiene or the notion that oral healthcare is part of overall wellness due in part to oral systemic linkages is not mentioned in this book. Still there are excellent lessons to be learned from the experiences of various primary care processes and systems in different European countries over the past 30–40 years. The authors skilfully synthesize and summarize the commonalities in values, issues and needs in all countries and then deconstruct and reconstruct them in each well-referenced chapter with either a social, political or economic focus. For this reason, I highly recommend this book for those interested in changing and improving oral healthcare policy especially the obvious disparities in access to oral healthcare in countries where privately funded primary care is still in the driver's seat.

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