

## Twenty years trends in healthcare systems in 22 European countries.

### Part 3: Towards a stronger primary care!

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*In the past 20 years, healthcare reforms in various European countries seem to converge, but a single healthcare system in Europe is not realistic. Healthcare is a national matter, because a healthcare system is highly dependent and embedded in the history of a country, national culture, political circumstances, economic context, social system and other circumstances. However, legislation and reforms are increasingly looking beyond their own national borders.*

Four studies (1997, 2007, 2018 and 2019<sup>1</sup>) describe the healthcare system of 11 and 22 European countries. The series of articles will discuss trends in the past 20 years:

- Decrease growth healthcare expenditure in the USA and Europe
  - Reform trends: from (macro) cost-control to market elements
  - Towards a stronger primary care
  - From financing healthcare providers to clients
  - Out-of-pocket payments in European countries studies
  - Which country has the best healthcare system?
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In the past 10-15 years, reforms have shifted from (macro) cost-control to measures at micro and meso level, improving the quality and efficiency of care. In many European countries studied, we see a trend towards strengthening primary care by:

- *Strengthening the role of the general practitioner as gatekeeper*: the general practitioner is the first point of contact of patients and referral from general practitioner is required for access to more specialized care providers.
- *Collaboration in primary care*: this mainly involves cooperation, coordination and integration of various care-providers in primary care and with, for example, welfare institutions and hospitals.
- *More technology deployment*: such as information and healthcare innovation technologies, causing healthcare being transferred from the hospital to primary care.

#### *General practitioner as gatekeeper*

Since the Second World War, general practitioners have played a gatekeeper role in Dutch healthcare. The doctor is the patient's first contact with healthcare. General practitioners treat patients themselves if possible and refer to more specialized care providers (specialists, hospitals or other specialized services) if necessary. General practitioners in Denmark, Norway and the UK have also a central position. A referral from the general practitioner is mandatory and in principle the only way for a patient to be able to consult a specialist in non-acute situations.

In a number of European countries studied, attempts are being made to give general practitioners the role of gatekeeper, but not always with success. For example in Finland, Italy, Poland, Portugal, Romania, Slovakia and Spain, a referral from a general practitioner is required, but is often bypassed by a referral from private doctors or the first aid department.

Patients in Germany, Greece, Luxembourg, the Czech Republic, Turkey, Austria, Sweden and Switzerland have direct access to hospital care. In Germany no referral from a doctor is required, but health insurance funds are required to offer gatekeeper models to their members.

In Switzerland, a referral from a doctor is not required either, but there are special insurance models on the market that require a referral from a doctor.

In Turkey attempts have been made to introduce the gatekeeper function by exempting personal contribution in the event of referral by a general practitioner to the hospital. These pilots have been stranded due to, among other things, a GP shortage.

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<sup>1</sup> Healthcare in Europe 1997, 2007, 2018 en 2019. The finance and reimbursement systems of 11/22 European countries: Austria, Belgium, Czech Republic, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, the Netherlands, Norway, , Poland, Portugal, Romania, Slovakia, Spain, Sweden, Switzerland ,Turkey and the UK.

In Belgium, France, Ireland and the Czech Republic, the gatekeeper function of the general practitioner is encouraged by requesting no/lower personal contribution when referring by the general practitioner.

#### *Primary care cooperation*

Over the past 10-15 years, in most of the countries studied, the GP has developed from an isolated (solo) position to more group practices, where there is often cooperation with other GP's and also other care professionals in primary care, but also with home care professionals and with specialized intramural care (second- and third-line care). In countries such as Belgium, France, Italy, the Czech Republic, Austria and the Netherlands there has been a growth in recent years from solo practices to group practices and health centres (multidisciplinary care). In Denmark, Finland, Ireland, Spain, Sweden, primary care is primarily provided in the so-called multidisciplinary *Primary Healthcare Centres* (PHC).

There is also a trend towards more collaboration between GPs and municipalities, such as in Norway where GPs are responsible for the care of their own patients and the general population. In addition to being a gatekeeper and practitioner, the general practitioner is increasingly becoming a patient's adviser throughout the entire care process.

In recent years, reforms have also increasingly focused on promoting the integration and coordination of care. Strengthening primary care and more hospital care focused on core business, makes coordination and coordination of care increasingly important. More focus is based on the patient's care process. Examples include disease-management programs in, for example, the UK and Germany, but also the specialized centres in Finland, where general and specialized professionals work together, contract hospitals and have their own laboratory facilities.

#### *More use healthcare technology*

In recent years, we have seen a growth in information and care innovation technologies (such as home monitoring) appearing in primary care. Its development differs per country. For example, in Germany, France and the UK, digital technology is being used to improve access to primary health care for people living in rural areas. Countries such as Denmark, Germany and Norway are leaders in the use of electronic prescription, referral and electronic patient records. For all countries, further development and promotion of the deployment of various forms of care technologies is part of the reform plans for the coming years.

In addition to strengthening primary care, as described above, reforms also focus on changes in funding (incentives) for professionals and hospitals. More about this in the next article.

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