Growing towards an integrated perinatal healthcare system

Authors: Marnix van den Berg

Introduction
After the Euro-PERISTAT report of 2004 Dutch politicians decided that healthcare authorities and professionals should focus on improving the outcome of perinatal care (PC) by working closer together. The Ministry of Health installed the College Perinatal Care (CPZ) to implement the recommendations of the steering group "A Good Start". The goal of the CPZ is to reduce the perinatal and maternal mortality by promoting integrated perinatal care (IPC) with appropriate funding. The different professional groups in cooperation with the authorities, are made responsible for the development of the PC standard, which describes the multidisciplinary approach of IPC.

The main question of this paper is; 'Why is it still so difficult to develop an IPC system, even though we have the same goals?' Therefor the follow questions shall be discussed:
1. The special aspects of the Dutch perinatal system compared to other countries.
2. The first steps towards a shift from a referral based system to a collaborative team based approach.
3. The shift from the interest of the provider to the interest of the pregnant woman.
4. The acceptance of the PC standard.
5. How to introduce the process and what are the forces and interests, regionally and nationally?
6. The role of the integrated funding system and insurance companies.

Methods
Included within results

Results
The Dutch perinatal healthcare system
The Netherlands have a unique health care system with the distinction between primary and secondary care. In this system, access to specialized medical care (secondary care) is arranged through a referral from the gatekeeper, with the intention to avoid medicalization of simple complaints and procedures. A woman requires a referral from her midwife (primary care) before visiting an obstetric specialist for specialized medical care. With a focus on quality, access and affordability, the policy was adopted to substitute medical care by care provided by primary care and thus closer to the population. For more complex medical problems, gynaecologists are involved. In these situations women are referred to the hospital, whilst most of the PC still can be provided by the midwife.

The current referral model keeps the structural partition between the midwife's perspective giving birth is a natural part of life and a physiological process, and the position of the gynaecologist with a focus on the pathological aspects of pregnancy and the complex delivery. The essential difference of the CPZ approach is that these groups work together as a team, combining the physiological and pathological aspects in an IPC plan.

First steps towards a collaborative team based approach
In 2009 a steering group with the task of analysing the reasons for high maternity and perinatal mortality wrote the report "A Good Start". The most important piece of advice was to create joint responsibility within the network of PC. This means a shift from a referral based system towards an integrated collaborative system.

The challenges
Five years after the report the outcome of the perinatal chain improved. Professionals are stimulated to work closer together and work less sectioned. At the same time the improved outcome results in a decreasing attitude to continue with the introduction of integrated care, as working less-sectioned already shows results and some might think that is enough. The issues to overcome introducing the integrated approach have
several dimensions. The main challenges and issues are (dividing) money, (keeping) authority and power, (more) flexibility and transparency, (less) fear, (supporting) ICT and the (facilitating) system.

Notable is the fact that these forces and interests are discussed at a local and national level. Locally the various professionals have found each other in developing pathways, working towards a new organisational structure and new joint premises and communication towards the clients. Nationally the discussion continues on the how and why of an IPC system, although the ministry is preparing and promoting the integrated approach.

Conclusions

The Dutch perinatal healthcare system made great improvement over the years. Professionals working together to provide the best care possible. The promises of the evolution towards an integrated system are highly-strung. The process of implementing this integrated care concept is tedious and difficult, but it is the only way to provide more quality in this by definition transmural and potentially multidisciplinary process. Will this be enough to implement this process of change? The role of the supporting funding system is crucial and will require changes on both sides: providers and payers. But is there enough confidence and belief on all levels? Will we grow towards a real integrated perinatal healthcare system to realise the most important promise? A good start!

1. Q-Consult, Arnhem, Netherlands.
2. Casemix, Arnhem, Netherlands.