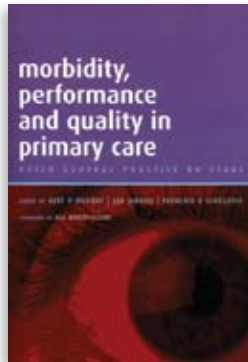


Morbidity, performance and quality in primary care

EDITORS Gert P. Westert, Lea Jabaaij, François G. Schellevis
PUBLISHER Radcliffe Publishing Ltd,
18 Marcham Rd, Abingdon OX14
IAA, United Kingdom;
TELEPHONE 44 (0)1235 528820;
FAX 44 (0)1235 528830;
WEBSITE www.radcliffe-oxford.com
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OVERALL RATING Very good
STRENGTHS Extremely well organized and referenced
WEAKNESSES More than enough detail
AUDIENCE An international audience of primary care researchers, planners, and policy makers

This book reports the Dutch National Survey of General Practice findings, which were taken between 2000 and 2002. Data were collected from 200 GPs in 100 practices, and involved 400 000 patients, 1.5 million recorded GP-patient contacts, and 2.1 million prescriptions. It was authored by senior GP researchers in the Netherlands, along with several corresponding experts who bring a valuable international perspective to the findings.

The general goal of the survey was to describe and analyze the performance of GPs as gatekeepers within the Dutch health care system. The survey addressed 6 themes: population health indices, disparities and inequities in health, resource utilization by GPs, organization of practices and workload, quality of care, and international perspectives and the relevance to the future of primary care.

Chapters are extremely well organized; they each start with the question "What is this chapter about?" and end with a commentary on "What to think about it." The chapters are also very well referenced, providing a valuable resource in themselves.

This survey is timely. First, it coincides with a growing interest in primary care renewal here in Canada, and indeed internationally. Second, it coincides with the release of our own National Physician Survey 2007, creating a wealth of potential learnings arising from comparative approaches.

The conclusions suggest that Dutch GPs remain the gatekeepers of their system. There is evidence of improved patient centredness in care, improved efficiency

and quality of care, and cost effectiveness in comparison to other health sectors.

I found the chapter titled "Doing Better But Feeling Worse" to be poignant. The plethora of organizational changes in primary care has brought with it increased administrative burden and increased expectations from government and the public; at the same time, it has reduced professional and clinical autonomy and control. Unfortunately, this pattern appears to be an international phenomenon.

The international perspective brought to these findings is most interesting. Through the valuable data provided by this survey, there is evidence that the strength of general practice continues to relate to its gatekeeper role. Patients appreciate the first-contact and coordinating role of family doctors; they favour small practices and full-time GPs; and they prefer in-person consultation rather than telephone contact. This international experience suggests that a system that fails to work actively to shore up this traditional role of the GP will start to erode its function, and more fragmented and expensive sites of care will emerge to serve the needs of a shifting population.

—Rob Wedel MD CCFP FCFP

Dr Wedel is a family physician practising in Taber, Alta. He is Physician Lead for the Chinook Primary Care Network and Chair of the Advisory Committee on Primary Care Renewal at the College of Family Physicians of Canada.

Preventive health care for children with genetic conditions. Providing a primary care medical home

AUTHORS Golder N. Wilson, W. Carl Cooley
PUBLISHER Cambridge University Press, The Edinburgh Building, Shaftesbury Rd, Cambridge CB2 8RU, United Kingdom; **TELEPHONE** 44 (0)1223 312393; **FAX** 44 (0)1223 315052; **WEBSITE** www.cambridge.org
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OVERALL RATING Good
STRENGTHS Useful for those with minimal experience and understanding of genetic conditions (eg, how they present, their effects on children and their families); the authors indicate that parents are experts about their

children and demonstrate that parental opinions or worries are among the most reliable developmental screening tools when compared with a variety of more formal developmental tools, and have a comparable degree of specificity and sensitivity

WEAKNESSES It is framed within the context of the United States, so its focus is on various aspects of the US health care system and ways of working within its context

AUDIENCE Health care practitioners, primary health care teams, and undergraduate and graduate students



needed to protect families from loss of health insurance or exclusion from services. This is not dissimilar from the context of the health care system in Canada in which children labeled with chronic diseases or genetic conditions are frequently unable to obtain the needed medications and services because of their parents' inability to obtain appropriate health care insurance at an affordable rate.

Having lived with a child with a genetic condition defined as a chronic disease, I encourage readers to consider the information thoughtfully, as it might not reflect their experience with children with genetic conditions. I also encourage health care practitioners to carefully read the answers provided by the parents, then consider how best to integrate the learnings into the management.

This book could be used as a tool for enhancing awareness of genetic conditions and their management with undergraduate and graduate students, as well as health care practitioners in Canada.

—Vivian R. Ramsden RN MSc PhD

Dr Ramsden is an Assistant Professor and Director of the Research Division in the Department of Family Medicine at the University of Saskatchewan in Saskatoon.

This book was designed to provide a broad perspective about children with developmental disabilities.

Although this book promotes preventive management for children with genetic and developmental disorders, the focus seems to be on compliance rather than adherence. The authors indicate that children with chronic diseases are frequently more costly to the health care system and that special considerations might be