# Editorial

## Fifteen years of structural reform – where to now?

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As GPs we have seen and experienced the New Zealand health sector as it has moved through sequential change, in the name of "reform", over the past 15 years. It is timely to reflect on what has been achieved.

Politicians only reform a health system when they are desperate. Health reform is seldom popular, seldom works, and often loses votes. The reforms of the mid-80s were stimulated by economic crisis. They continued through the 90s, and now in 2000 we are experiencing another fundamental structural change. In the late 80s we were given Area Health Boards; in the early 90s Regional Health Authorities, which in turn became the Transitional Health Authority and the Health Funding Authority. For the early 2000s we are to have District Health Boards. We have seen power concentrated at the centre (AHBs); devolved to the regions (RHAs); taken back to the centre (HFA); and now devolved to localities (DHBs).

Why has there been so little progress after so much expenditure and the passage of so much time?

Changing structures can only do so much to address the problems of our "health system". In effect we have been busy rearranging deck chairs on the *Titanic* rather than trying to improve our navigation.

In the beginning of "health" services, the medical involvement was integrated and all doctors worked in both the community and hospitals.

The age of specialisation saw the division of the medical profession into specialists who worked in hospitals, and generalists working in the community. This physical separation has led to the development of two distinct cultures with little mutual respect or understanding. One is a biomedical model of illness treatment, and the other is trying to emerge from the constraints of the biomedical model into a biocultural model of health care.

In New Zealand we have a secondary-care-led "health" system. It is not working. We have been reluctant to acknowledge the necessity for a primary-care-led health system. This is no longer a relevant argument: we are moving swiftly and irrevocably towards a consumer-led health system. If we understand this it explains why the health system is about to undergo radical and fundamental change. Neither politicians nor bureaucrats are capable of driving or controlling this change; nor will the medical profession be able to control or alter it.

The locus of power in the health system is about to shift from the "system" to the

users of the system. In the future, health systems will need to respond to informed consumers, not the medical profession. The Internet is transferring knowledge to the users of health systems. This transfer of knowledge is the lever shifting the locus of power.

At the same time, the biomedical approach is seen to have limitations and we are emerging into a new paradigm of health-care system that looks at health in its broadest sense. It is more a social model than a biomedical model. The role of medical intervention is reduced, and social determinants of health become more significant areas to address.

We talk of integration of the primary and secondary sectors. There is a larger integration that follows which will include social services, housing, income support, education and training, and justice. In effect, many of the emergent Maori providers are already working in this paradigm. They have bypassed the biomedical model and moved to the biocultural model as being the reality.

We are at the cusp of really exciting change in the health sector that offers significant opportunity for the development and redefinition of the general practice team. General practice does not fit into the biomedical model of health-care delivery. We are trained to see people as "patients with diseases" and emerge into a reality of "people with problems". Our job is to transliterate people's narratives into a matrix that interprets health, disease and context.

We should feel relieved that, at last, we can work in partnership with our patients and their newly found knowledge to create a new health system which for the first time understands the meaning of the word "health" and does not suborn it to mean "illness".