

## Book review

# Disease management in the Dutch context

*Edited by Guus Schrijvers*  
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This book addresses the question: to what extent is it advisable to apply the American concept of disease management in the Netherlands? It does so in relation to five diseases and patient groups: cystic fibrosis, diabetes, depression, heart failure and palliative care. The authors draw on a review of the literature on disease management, visits to examples of disease management in the United States, and meetings with Dutch experts.

The core of the book comprises chapters on each of the five diseases and patient groups. Context for these chapters is provided by a summary of the literature on disease management that identifies ten characteristics for an ideal disease management programme. These characteristics are applied in the main chapters of the book, and the results are synthesised in the concluding chapter. The authors conclude that it is advisable to apply the American concept of disease management in the Netherlands, albeit in a way that is relevant to the Dutch context.

In reviewing this book, it is important to emphasise that it brings together existing evidence and the views of experts, rather than presenting original empirical research. Also, it leans heavily on the review of the literature on disease management carried out by Spreeuwenberg and presented in the first chapter. It is here that the ten characteristics of disease management are outlined, including a focus on clearly defined patient populations, the use of patient education and self-management, and the reallocation of tasks from physicians to nurses.

In the main chapters of the book, the authors apply these ten characteristics with varying degrees of rigour. In most of the chapters, the characteristics are used more as an afterthought than an organising framework, with the consequence that the chapters vary widely in their approach. For this reviewer, their main value was the information they provided about current arrangements in the Netherlands for the diseases and patient groups included in the analysis.

The final chapter provides a helpful summary of the principal issues covered in the book, and is a useful starting point for readers interested in the general theme of disease management rather than the detail

of particular conditions. The chapter would have been even more helpful if there had been greater consistency with the first chapter in the discussion of the ten characteristics of disease management. The list of these characteristics set out by Spreeuwenberg on p.16 is rendered differently and therefore, confusingly by Schrijvers et al. on p. 122, a weakness that might have been avoided with tighter editing.

Although the authors conclude that it is advisable to apply the American concept of disease management in the Netherlands, the justification for this conclusion was not clear to this reviewer. In the United States, disease management has emerged as an attempted solution to the problems of that country's fragmented non-system. In European countries, especially countries like the Netherlands and the United Kingdom in which primary care is well developed, a case can be made using primary care as the focus for managing chronic diseases, rather than using organisations established to deal with narrowly defined patient populations.

The major challenge in European countries is how to ensure that primary care is effectively integrated with secondary care and social care to better meet the needs of people with chronic diseases. This challenge assumes even greater importance in a context in which those in the greatest need do not have single diseases but are often older people with multiple and complex conditions. It would have been interesting if the authors had explored this issue in more detail, drawing on the experience of integrated delivery systems such as Kaiser Permanente as well as the evidence on disease management.

This book can be recommended to readers from both academic and professional backgrounds wanting to gain an understanding of the management of chronic diseases in the Netherlands. Its main limitation is the use of a narrow lens with which to explore chronic disease management and the inconsistent application of this lens. Also, the authors could have done more to justify their conclusions, and to explore ways in which the current Dutch approach may be preferable to an American invention that offers a solution to a problem that European countries do not have.

I would give the book 2 stars out of 5.

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