Improving Governance To Improve Oral Health: Addressing Care Delivery Systems

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Abstract

The evolving role of the state in the provision of health care has seen the adoption of new management philosophies to ensure that goals set for the system are reached. In particular, the term "New Public Management" (NPM) has tended to dominate reforms to help address perceived shortcomings in public sector services. NPM is based on the use of free-market type arrangements as a mechanism to solve problems, the control of which provides new challenges. One particular challenge that has arisen from the combination of NPM with the large number of agencies involved in care provision is that of addressing the issues arising from the improved understanding of the determinants of health. This has led to the evolution of differing care arrangements across differing sectors at all levels. If resources are to be used as intended, the control of delivery systems to oversee their use must exist. The overarching term for such activity is "governance". This paper provides an overview of the issues that arise for addressing governance of oral health care and the subsequent challenges that face those responsible for ensuring compliance.

Key Words: Governance, Care Delivery, Determinants, Oral Health

Introduction

In response to increasing pressures, in particular financial ones, on public sector systems, governments throughout the world have tried to reform delivery arrangements (systems). In a review of public management reform, Pollitt and Bouchaert (2011) [1] suggested that the changes that have been seen could be divided into a number of eras. The first was from the 1950s to the late 1970s. It saw policies centred on rational, hierarchical planning and cost-benefit analysis with information to achieve the results being provided through science and experts. The second phase emphasised efficiency and effectiveness and looked to management practices found outside the state (public) sector. This phase ran from the late 1970s until the 1990s and introduced the term "New Public Management" (NPM).

NPM covered the use of business techniques to improve efficiency and the introduction of supposed improved management. Central to this were a number of key principles that included:

- An emphasis on performance, especially outputs (outcomes).
- A preference for "lean" (fewer people), flat (less hierarchy) and specialised organisational forms over large multi-functional forms.
- The use of contracting as a tool for establishing purpose.
- The idea of competitive tendering.
- League tables and performance related pay.
- An emphasis on service users as customers.
- An approach focusing on "quality".

Leicht *et al.* (2009) [2] examined the impact of NPM on professional-based services, including health care, confirmed the use of its key principles, and suggested that three main initiatives had been used to help manage reforms in the state (public) sector. These were: *disaggregation* (the splitting of large public sector organisations into smaller units), *competition* (the separation of purchasers of services from providers), and *incentivisation* (the adoption of performance related pay targeted at specific goals).

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The adoption of NPM in the public sector has been widespread and has seen a move away from a centralised monopoly of planning by the state in which, for example, the terms and conditions of employment are agreed nationally. Many countries also adopted the NPM principles to try to solve the problems of health care delivery. Ranade (1998) [3] and, subsequently, Mackintosh and Koivusalo (2005) [4] have highlighted the almost ubiquitous use of competition as a tool, in developed countries (Ranade, 1998) [3] and in low- and middle-income countries (Mackintosh and Koivusalo, 2005) [4]. What was missing from the approach, at least initially, was any critical analysis of the extent to which NPM achieved policy goals.

In a critical review of the concepts and assumptions in NPM, Diefenbach (2009) [5] highlighted not only the negative consequences that resulted from NPM strategies but also the impact on people working in the organisations. Among his conclusions, he stated:

> (We) are witnessing the devaluation, if not the destruction, of public goods and services as well as of the public sector ethos at a global scale.

What was becoming apparent is that the adoption of NPM as a tool to address perceived problems in the provision of public sector services is not without failings. Nevertheless, to date, the rhetoric that dominates public policy thinking in most countries continues to be a reliance on market-type approaches to try and improve key issues, however loosely defined, such as efficiency and equity. As Batchelor (2009) [6] has stated, the idea of governments needing to ensure that taxpayers' monies achieve value-for-money and that there is clear accountability is fine. However, it sound decision-making processes to be in place and systems to ensure that resources are used as intended. Central to this is the need for governance. This paper will explore what the term "governance" means and how it can be applied to the delivery and management of oral healthcare.

What is Meant by "Governance"?

The World Bank (2010) [7] defines governance as:

> The traditions and institutions by which authority in a country is exercised. This includes the process by which governments are selected, monitored and replaced; the capacity of the government to effectively formulate and implement sound policies; and the respect of citizens and the state for the institutions that govern economic and social interactions among them.

Governance refers to the control of power within a system. Morrell (2009) [8] examined the control of power and its relationship to the public good and suggested that any framework for governance should involve three differing perspectives: the cybernetic perspective (how to control), the axiological perspective (values within the society), and the critique (concerning power). This concept is important as it helps define the boundaries for any system that seeks to ensure appropriate use of resources. It recognises that the term "governance" is always set in a context (as values in a society change so could the definition of "good" governance) and that it consists of an array of elements, for example professional and lay (the general public's) perspectives.

Hervey (2008) [9], in a review of the European Union's governance arrangements for health and welfare systems, suggested that new regulation and practices had evolved and that they did not operate through existing "command and control" models but focused on three aims which were: access, quality and financial sustainability. She highlighted how, within the European Union, these new systems include a wide range of bodies covering numerous elements associated with care delivery (although not the determinants of disease) under the "quality" umbrella (Hervey, 2008) [9]:

> (Many) Member States have detailed, comprehensive quality monitoring systems in place, although not all have been fully implemented. Several systems involve central bodies endowed with the power of oversight and the authority to make final determinations regarding standards. Many systems also involve participation of partners in setting and modifying standards based on new evidence and technological and scientific developments. Quality management systems are linked to transparency and open reporting requirements, such as the use of performance indicators concerning the quality, safety, and accessibility of care provided in hospitals. These features of the health care governance system are promoted as important elements in enhancing patient choice, and thereby implicitly increasing effectiveness in health care provision. Another example is the increasing prevalence of governance systems supporting evidence-based medicine. Evidence-based medicine is seen as providing the most efficient or rational use of health

care resources, based on current scientific knowledge.

In summary, the current concept of governance suggests a more diverse view of authority and how it is put into effect than has existed previously. With the changing role of the state in public services, it also implies that a number of agencies at differing levels within a society (or indeed at a global level) exert control and that these agencies do not automatically share the same goals or appreciate the pressures or problems arising in other agencies in linked areas. This is of considerable significance in health care. Given that it is now recognised that wider determinants of health are of great importance, governance of any health cares system also needs to adapt to these changes.

Assessing Health System Governance and Implications for Improving Governance in Oral Health

Siddiqi *et al.* (2010) [10] provided a framework for overseeing governance of a system in developing countries. It is equally applicable to developed countries. They proposed a framework based on 10 principles that include clarity of vision, rule of law, transparency and equity, all issues identified eloquently by Hervey (2008) [9]. They suggested that the principles could be assessed at three levels: national, health policy formulation, and policy implementation. The principles have been simplified for this paper and are shown in *Table 1.* Alongside the 10 principles, the key questions that arise and help define the extent to which governance exists have been listed and include whether the health care arrangements are being monitored and controlled, and is accountability present. In addition, if good governance exists, policies defining strategies to improve health should be identifiable, along with the arrangements through which such policies were developed and the legal framework for ensuring they are followed and clarity on the routes of accountability.

Saltman and Ferroussier-Davis (2000) [11], in an article examining both the development of stewardship in heath care systems care and a critique of the proposals for it made in *The World Health Report 2000* [12], argued that, with the changing role of the state in health care, thought needs to be given not only to individuals but to the need to design systems that lead to health improvements for the population as a whole. How then could this apply to oral health care?

The importance of the recognition of improving not only individuals' but also the population's health requires an understanding of the determinants of health. Much has been made of the common-risk approach in oral health care [13] and the identification that many of the chronic diseases

Table 1. *Key principles for assessing the level of health system governance*

Principle	**Questions arising at a national level**
Strategic vision	Is there a clear, well-defined policy and long-term vision for improving health?
Participation and consensus orientation	How are decisions finalised, who was involved, and how were differences reconciled?
Rule of law	Are laws governing the determinants of health and service provision in place and how are they enacted?
Transparency	Are data on finance and administration readily available and is the process transparent?
Responsiveness	Is needs assessment part of the resource allocation process and how are any findings used?
Equity and inclusiveness	Are social protection schemes in place and what processes exist to address shortcomings?
Effectiveness and efficiency	What are the qualities of staff and what processes exist to ensure evidence informed policies?
Accountability	What is the role of the legislative body and how are its/their actions overseen?
Intelligence and information	What data are available to inform decision-making processes and how are they used?
Ethics	What mechanisms exist to promote and enforce standards in care and research?

(Adapted from: Siddiqi S, Masud TI, Nishtar S, Peters DH, Sabri B, Bile KM, et al. Framework for assessing governance of the health system in developing countries: Gateway to good governance. *Health Policy.* 2009; **90:** 13-25.)

have common antecedents. This work has recently been advanced by Watt and Sheiham (2012) who argued that the behavioural model is limited in its effectiveness and that an approach based on the socio-determinants of health is more likely to address inequalities [14].

As the role of the state changes and differing structures for care provision evolve, all participants need to ensure that they adapt to the new arrangements, providing they have been developed in an open and transparent manner. For an oral health care system, participants include the users, the providers, those charged with managing the system as well as the public at large who, although not necessarily users, will be responsible for helping to fund it. The influence of non-health care determinants—for example, income inequalities and the food industry—mean that a sound governance arrangement should also consider their influences when developing policy. However, the role of the delivery system must not be ignored.

Improving Governance in Oral Health Care Delivery Systems

Figure 1 provides a suggested framework for governance of oral health care delivery arrangements based on the work of Lewis and Pettersson (2009) [15]. The key arbiter of policy in a democratic state lies at a national level, although pan-national bodies may have an influencing role; for example, in health such bodies as the World Trade Organisation and the European Union. That should not detract from the responsibility of a government for ensuring its policies provide the most appropriate overall outcomes for its citizens. It is not just health that the state has responsibility for but the safety and wealth of a society. In most, but not all developed countries, the Government is responsible for setting the policy framework and direction for the oral health care system. This includes defining the size and component professions within the workforce, the type and nature of care provided, the arrangements for pooling and allocating resources, and the overall regulatory framework. How this is achieved, the development of strategy, is the responsibility of the Ministry, i.e. ensuring that the system is delivering the changes necessary to best meet the identified, prioritised issues defined by government.

Subsequently, more localised structures are necessary to handle variation found in any society's needs, in order to implement the strategy. The setting of goals and handling of general performance issues, such as dealing with the nebulous concept of

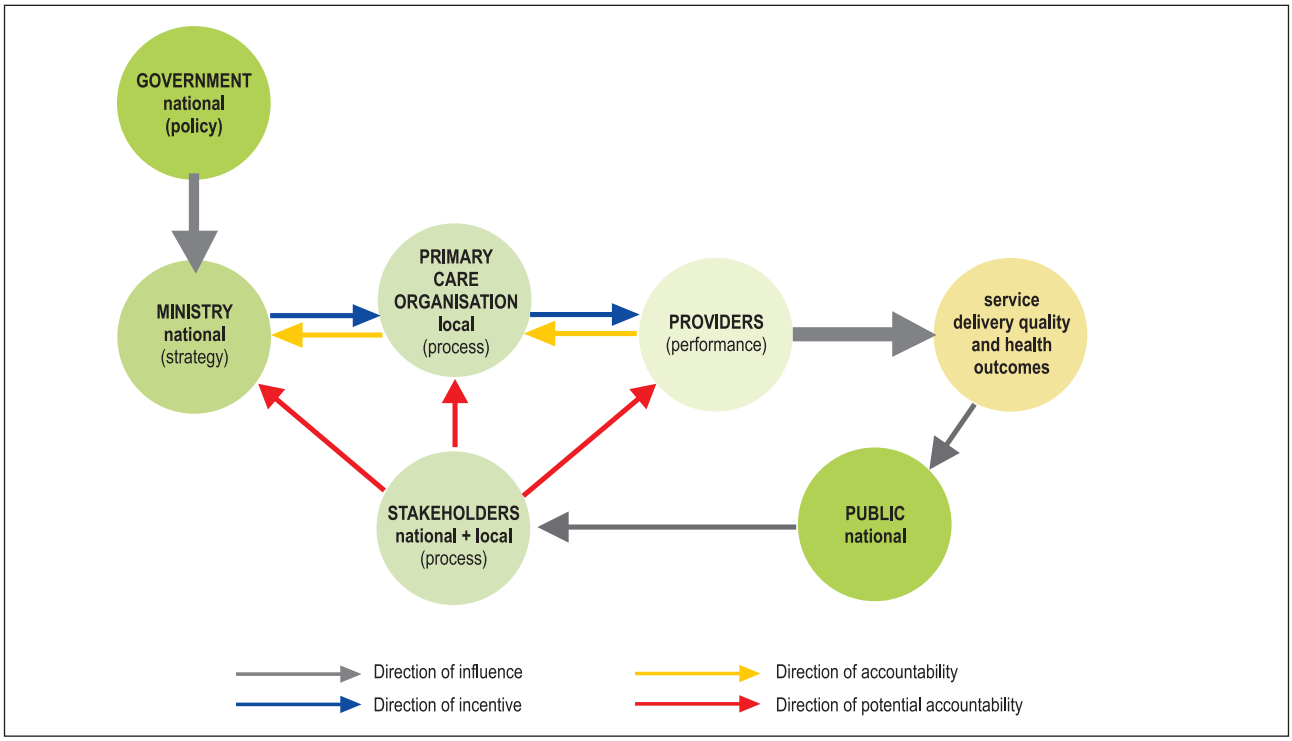

Figure 1. *The governance process.*

(Adapted from: Lewis M, Pettersson G. *Governance in Health Care Delivery. Raising Performance.* Policy Research Working Paper 5074. Washington, DC: The World Bank Development Economics Department & Human Development Department; 2009.)

quality, require inputs from providers and stakeholders that are commensurate with existing governance tools such as local political arrangements. For care providers, the state can exert its fundamental control through licensing, which in care delivery operates in two ways: the registration of an individual involved in the provision of care and ensuring the safety and suitability of the site at which care is provided meet defined requirements. A regulatory body can serve both functions. In the United Kingdom, these functions are split, with the General Dental Council being responsible for individual care providers and the Care Quality Commission for premises.

In addition to the performance of providers in areas of ethical behaviour or clinical practice, there is a more general issue of what and how levels of performance of local care organisations are defined and handled and to whom these agents are accountable. Ideally, this should include routes of accountability to both stakeholders at local and national levels in general and the care providers (dentists) who have agreements with them.

Summary

In many countries, the role of the state in delivering public services is changing and remains heavily influenced by the philosophy of NPM. To date, such an approach has had failings, not least in terms of accountability. To address the shortcomings, improved governance arrangements need to be developed. The central principles for governance include accountability, monitoring, and control. Given that the outcomes of any oral health care system must lie in improving levels of oral health, the arrangements must help address the determinants of oral health for both individuals and the population as a whole and take into account the wider aspects as well as those of the care delivery arrangements. Such a structure includes the involvement of all parties. These include the public as a whole, system users, and those involved in the delivery and monitoring of care. As Ison (2011) [16] has commented:

> (Intractable) policy issues require more systematic approaches; governance arrangements are needed that broaden our definitions of problems by opening up the process to a wider range of perspectives.

Such an approach forms the bedrock of a public health approach to solving the problems of oral ill-health.

Statement of conflict of interests

In the opinion of the author, there is no conflict of interest in the writing of this paper.

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