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Financing population based and disease-based Integrated Care: lessons from the Netherlands

Lecture by Prof. Guus Schrijvers on Friday 20 November 2015 during the 3nd World Congress on Integrated Care in Mexico City

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Background of The Netherlands

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- The Dutch health service is Ok but fragmented
- Dutch disease: pilotitis
- Four developments are:

1. more demand
2. No economic growth
3. More knowledge in citizins and more self management
4. More digitalisation

- No big bang reorganization but innovative dissemination

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Some data on chronic care in Holland

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- More than 25% has one or more chronic conditions
- (75+ 57%)
- 8% has multimorbidity
- Neurological conditions (23%), astma/copd (19%), coronary hearth diseases (17%) diabetes (15%)
- 47% of hospital care is for persons with a chronic condition
- 24 hours per year contact with professional
- 50% in PHC and 50% in hospitals

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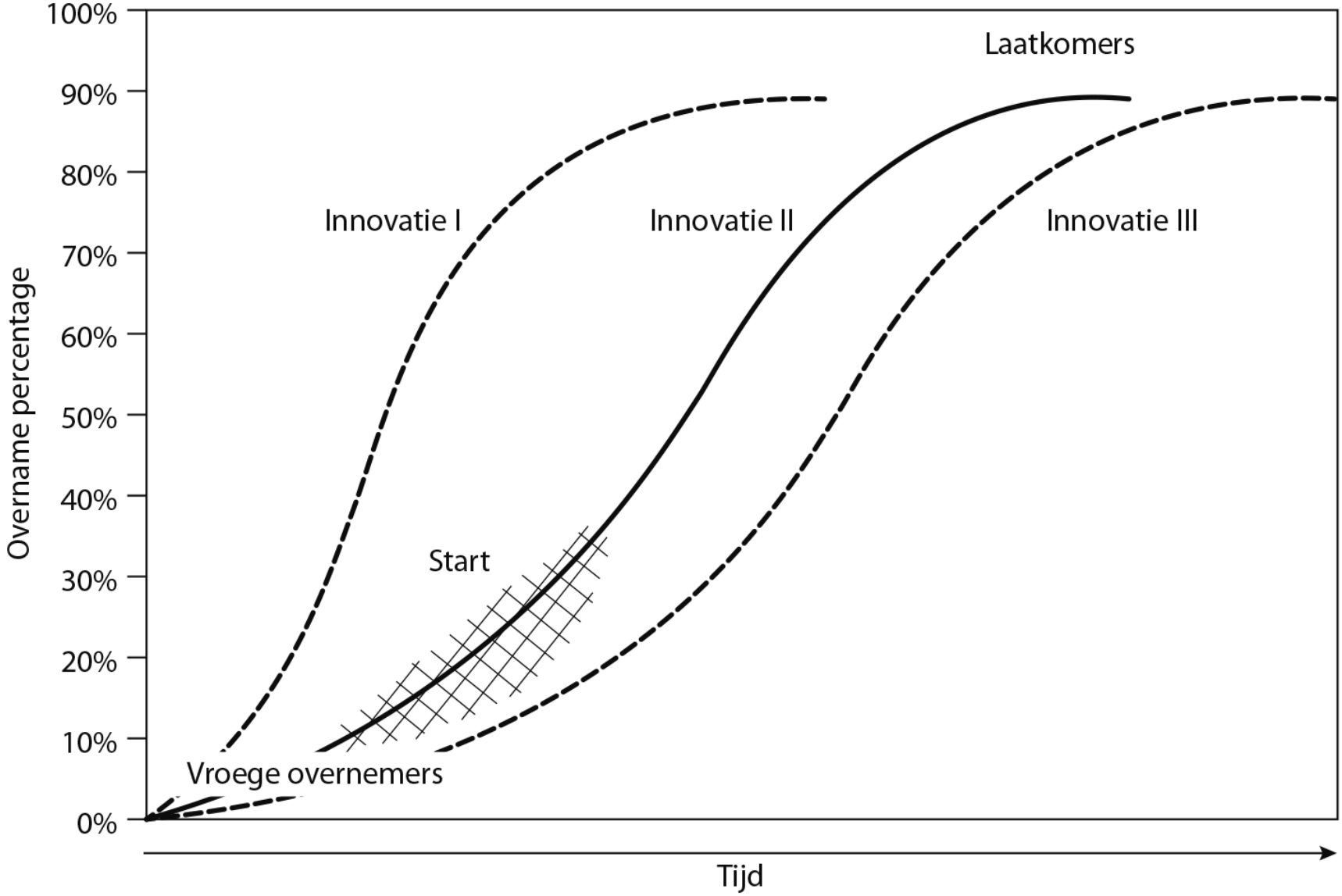
Afbeelding 1.7 **De theoretische verspreiding van innovaties**



Bron: Rogers, E. M. (2003). Diffusion of innovations (5th edition). New York, NY: Free Press.(eerste druk: 1962).

Bundled payments exists (sometimes) for persons with:

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- diabetes
- COPD
- cardiovascular risks e.g. hypertension
- heart failure
- Neurological conditions
- depression

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Bundled payment is

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1. An all-in-fee per patient for the care during a year to a specific group of patients
2. Paid by social insurance companies
3. Received by disease management programs run by a group of general practitioners
4. Based on multidisciplinary guidelines for the care for a specific type of patients with a chronic condition

GP's have a standard capitation fee, a low fee for service, an innovation fee and this bundled payment

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The disease management program with bundled payment is commissioning care with

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- Medical specialists, e.g. annual eye examination
- Physical therapists
- Dieticians

Not included in bundled payment:

- Pharmaceutical drugs
- Health education
- Admission to hospitals and interventions of medical specialists

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Bundled payment started in 2011 nationwide. Some evaluation is done:

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- Too early for a final assessment
- Better adherence to the multidisciplinary guidelines
- Many implementation costs
- In 2012 no decrease in costs of diabetes care
- Not useful for persons with multimoribidity
- Advise f a stae committee: to continue the bundled payments
- In 2013 and 2014 increase in initiatives with one and a half care
- Change in the balance of power between GP's and hospitals

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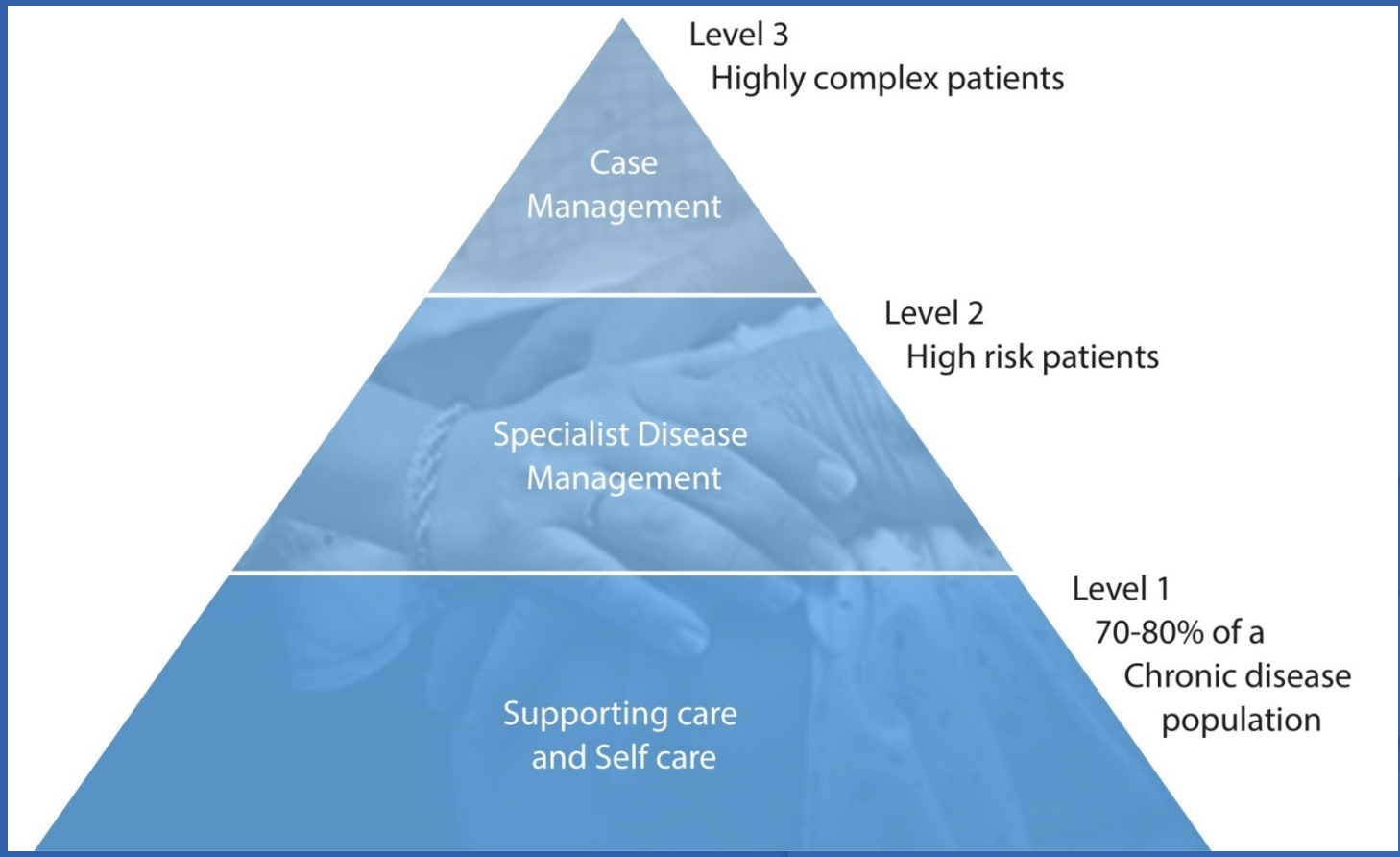

Afbeelding 8.1 Indeling van mensen met een chronische aandoening naar zorgbehoeften volgens de zorginnovatie Kaiser Permanente
Bron: term conditions model, Department of Health, The NHS and Social Care, London 2007.

Bundled payment alone does not contribute to Triple Aim. More is needed

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1. More selfmanagement and patient empowerment
2. Redesign care processes
3. Decision support for professionals by internet
4. One information system
5. A coherent organization (care groups)
6. Bundled payment

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Other comparable developments

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- A broad strategy is necessary
- Payment based on an individual careplan of different laws in personal budgets and with a case manager
- Shared savings in 9 experimental gardens
- No outcome-financing
- New acts have experimental articles
- Untwining hospitals in broad business units

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Incentives for hospitals: the untwined hospital or hospitals in pathways

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1. Pregnant women, children and young parents
2. Persons with an Emergent problem
3. Persons with cancers
4. Persons with elective needs
5. Persons with chronic conditions
6. Persons with psychiatric and addiction problems

Social Insurance companies are commisioning for the target populations using population based (capitation fees)

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Het Cappuccinomodel

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- Population based payment of providers (coffee: 85%)
- A low fee per activity (milk,10%)
- A fee for innovation (the foam, 5%)

Focused on Triple Aim:

- Better public health
- Higher quality of care
- Same costs

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The cappuccinomodel

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Conclusions

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1. Care is fragmented
2. Innovations are slowly implemented
3. Bundled payment improved adherence to guideliness
4. It covers only a small component of the caring
5. Hospitals are losing power and money
6. Too early to give a final assessment
7. Bundled payment alone does not work
8. Other developments are also interesting: a broad strategy is needed

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I thank you for your attention

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