

Final conference CBR in NTP

Introduction of Community Based Rehabilitation in the Dutch managed care

N. Groeneweg MSc

Projectleader/researcher and
senior healthcare policy advisor
AGIS health insurer,
Physiotherapist,
PhD-student VU University Amsterdam

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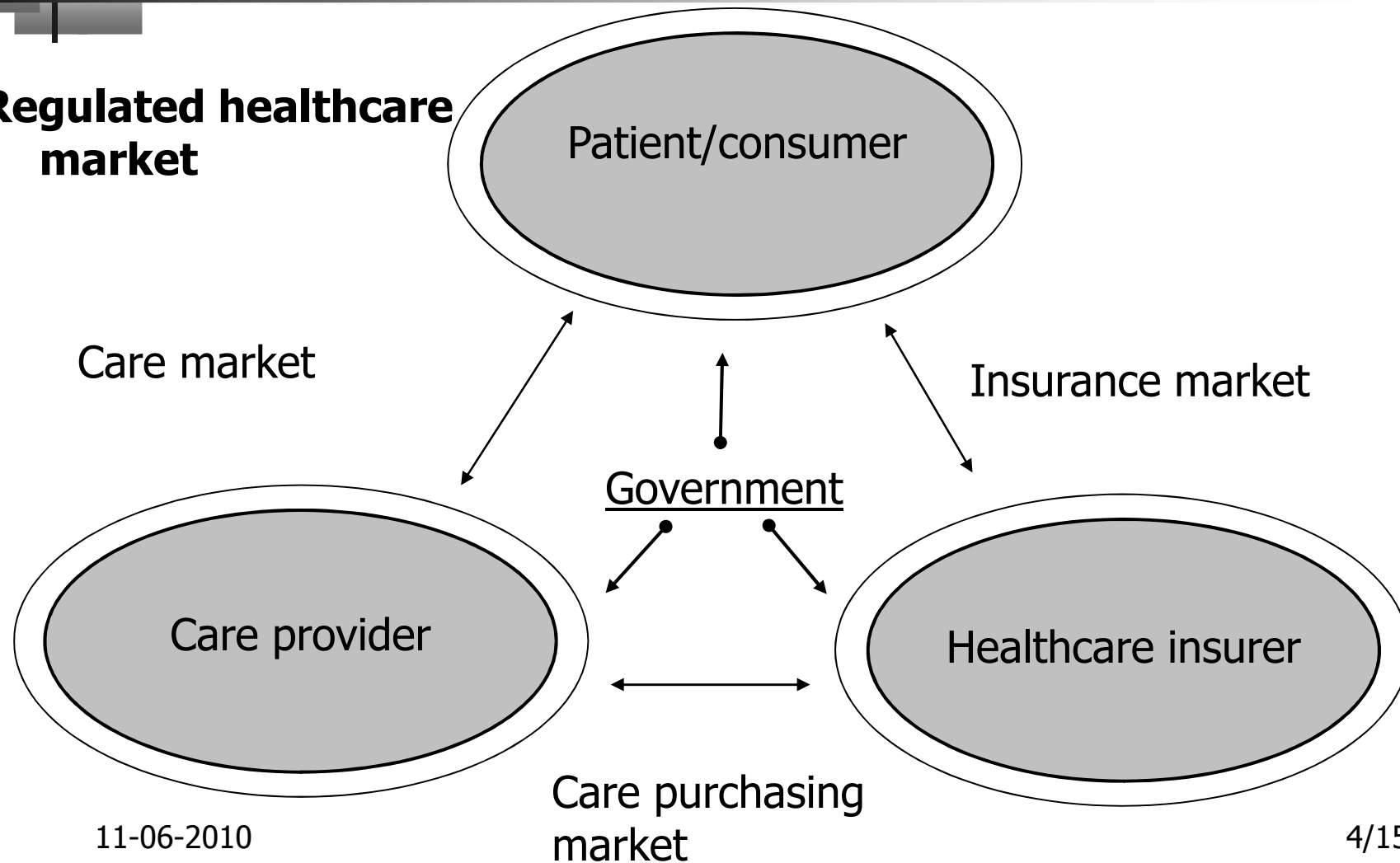
Dutch healthcare system in brief

- Legislation
- Good, accessible and affordable care
- No premium on personal characteristics
- Basic and supplementary health insurance
- Social responsibility
- Efficiency versus quality
- Integrate care
- Health insurance act
- Market model



Liberalisation healthcare (1)

Regulated healthcare market





Liberalisation healthcare (2)

Developments care market

- Liberalisation healthcare
- Competition healthcare providers
 - managed competition and direct access
 - new providers
 - scaling
 - further specialization
 - competition
- Patient empowerment regarding quality and price
- Increase transparency for patients

Liberalisation healthcare (3)

Developments care purchasing market

- Health insurance act
- Entrepreneurship
- Differentiation in contracting
- More payment models (Pay for Performance, shared savings, lifestyle)
- Guiding consumer to good providers
- Electronic Patient Record (EPR)



Financing systems (1)

- Type of Performance
- Level of education
- Treatment duration
- Specialization
- Integrated care
- Performance pay/
shared savings



-> Tension between premium income and consumer needs



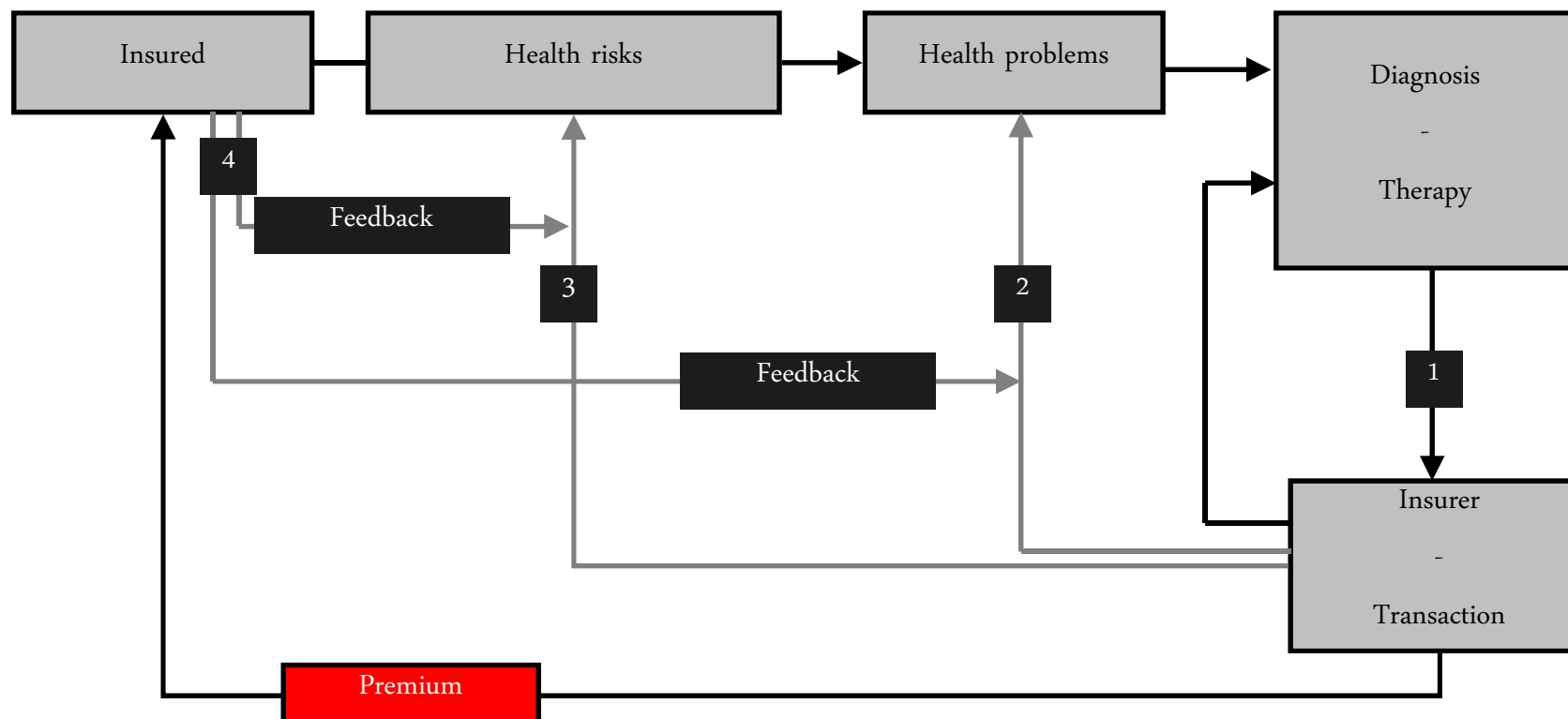
Financing systems (2)

Care-related quality criteria

- Health outcomes from provider perspective (medical outcomes)
- Health outcomes from consumer perspective (Quality of Life)
- Patients experiences in relation to proces of care (Consumers Quality index)
- Innovative technology (eg. application of EPR)

Financing systems (3)

Control costs by healthcare purchasing



Quality of care (1)

"Quality of care is the agreement between actual care and pre-set standards and criteria (desirable care)"

Donabedian, 1969



Quality of care (2)

- Patient empowerment, consumer awareness
- Development and use of validated performance indicators
- Use of guidelines
- Evidence Based Practice
- Data management and comparison



So, Where are we exactly?

Quality of care (3)

Clinical reasoning

- Use of clinimetrics

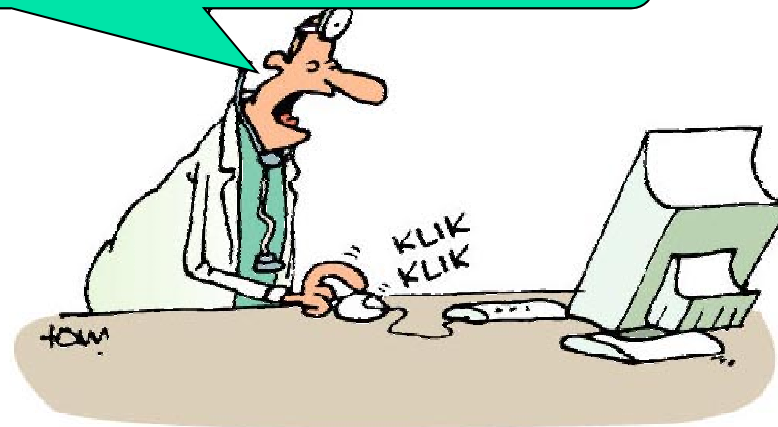


Quality of care (4)

EPR → innovative technology

- Frequent measurements
- Therapy failure

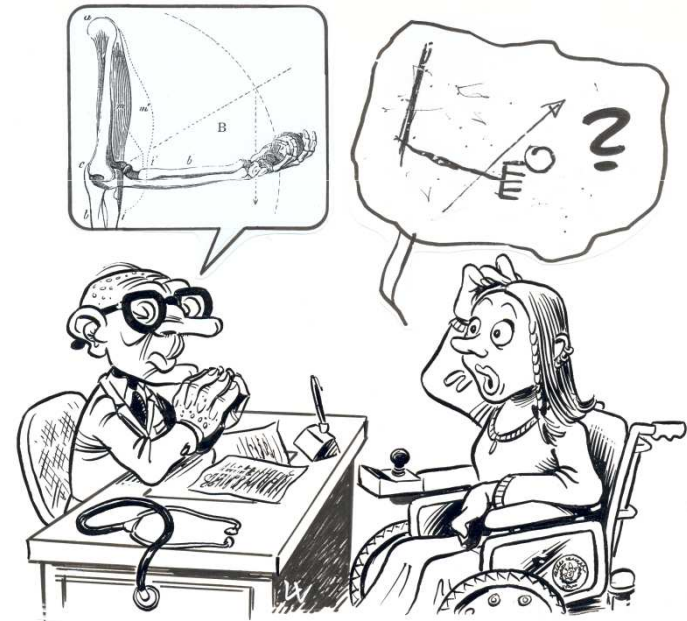
And, does it hurt when I push here?



Limitations and opportunities

- Wild growth performance indicators
- Performance paradox

- Transparency care provided
- Collaboration between providers
- Shared decision making
- Patient empowerment
- Communication





Thanks for your attention

