Dutch Health Insurance and Post Discharge Interventions

Anna Krüger and Marie-Jeanne Wolf





Partnership



Health professionals and Health insurers have a common vision on the needs of (insured) clients with transparancy of quality and efficacy

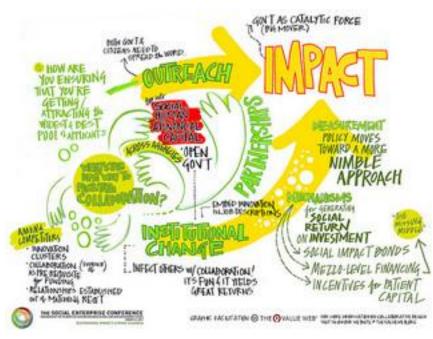
Health Care Innovation 1

the new designed health care product (ToP)
made use of an Innovation trajectory,

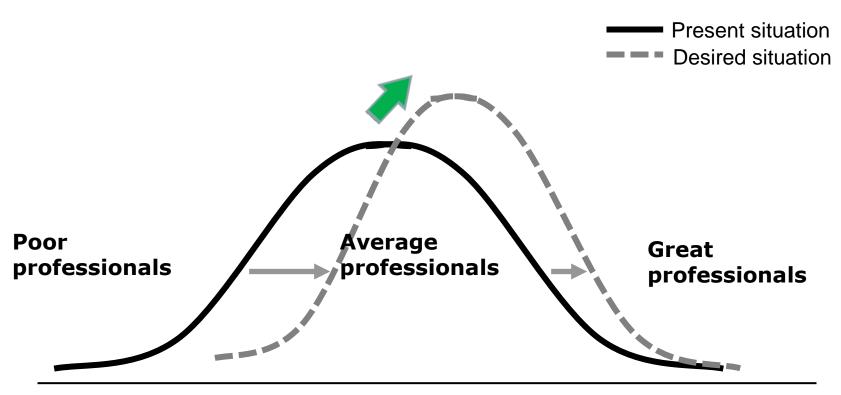
 starting from a common initiative of health care professionals (AMC) and a Health Insurance Company (Achmea)

within legal guidelines

 the Innovation experiment lasted 4 years



'Shifting the curve to the right'



Quality of Health Care→

Health Care Innovation 2

Evaluation of ToP-program-pilot

- ✓ Family (client)-centered
- ✓ Equitability
- ✓ Accessibility
- ✓ Effectiveness
- ✓ Efficacy





Fixing the (maximum) price for the new product

- The efficacy of the new product was specified in a Business Case
- The legal authority on pricing in health care (Dutch Health Authority) decided on the strategic position of the new product in the Basic Health Care package
- The Dutch Health Authority also makes
 a legal description of the content of the product,
 that is published by the Ministry of Health

Substitution of Care

Hospital health care (2nd line)



Primary health care (1st line)









Zero line

Agreements

- Continuity of quality with monitoring of outcomes
- Regular (cyclic) adjustments on the basis of the needs of clients
- Price based on realistic costs (can differ between the different Health Insurance Companies)
- Every 6 months exchange of output data (quality, efficacy, needs of clients)
- Every 3 years evaluation and new contracts



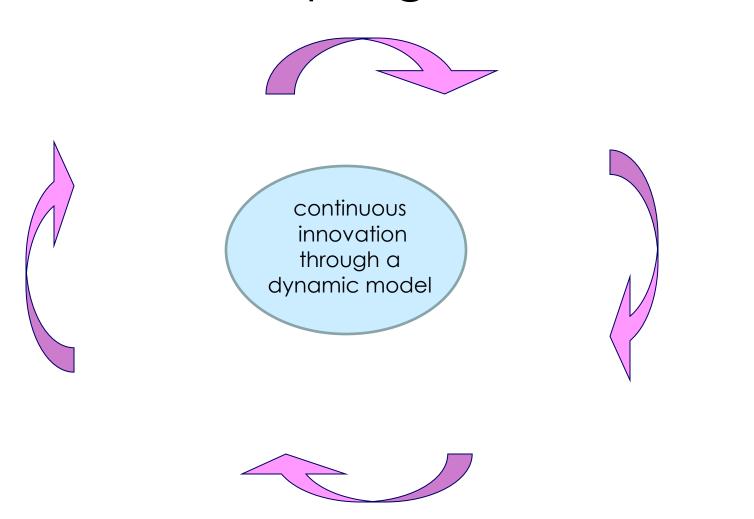






A preventive early intervention program to strengthen the resilience and development of very preterm infants and their parents after discharge from hospital

Quality and sustainability of the ToP program



What do parents want

Parents want quality of care at an affordable price

Quality of Care

Quality of care means doing the right thing, at the right time, in the right way for the right person-and having the best possible results

What do parents want

WHO definition of quality of care:

- Family-centered
- Equitable
- Accessible
- Effective
- Efficient



Measuring Quality of Care of ToP therapists

ToP therapists are registered in a Quality Register (after certification)

The quality of the ToP therapist needs to be transparent and will be continuously assessed on the basis of:

- Parent reports (family centered/strength-based)
- Reports to medical specialists (at 6 and 12 months)
- Two compulsory post-graduate training days per year
- Support of at least 5 preterm infants per year
- Quarterly intervision (sessions)
- Individual coaching

Reregistration in Quality Register of Expertise Center every two years after fulfilment of all the above mentioned requirements

Measuring Quality of Care of ToP

Efficiency:

CQ index (experience & satisfaction with ToP)

Parent interviews

Care diaries

Effectiveness:

HADS (start & end of ToP)

AIMS (6 & 12 months)

ASQ3 and ASQ-SE (6 & 12 months)



How to guarantee and sustain Quality of Care

How to analyze, evaluate the efficiency and effectiveness in order to improve, guarantee and sustain the quality of care?

How to ensure that improvements in reality reach the target group?

"Integrated Dynamic Quality Care model

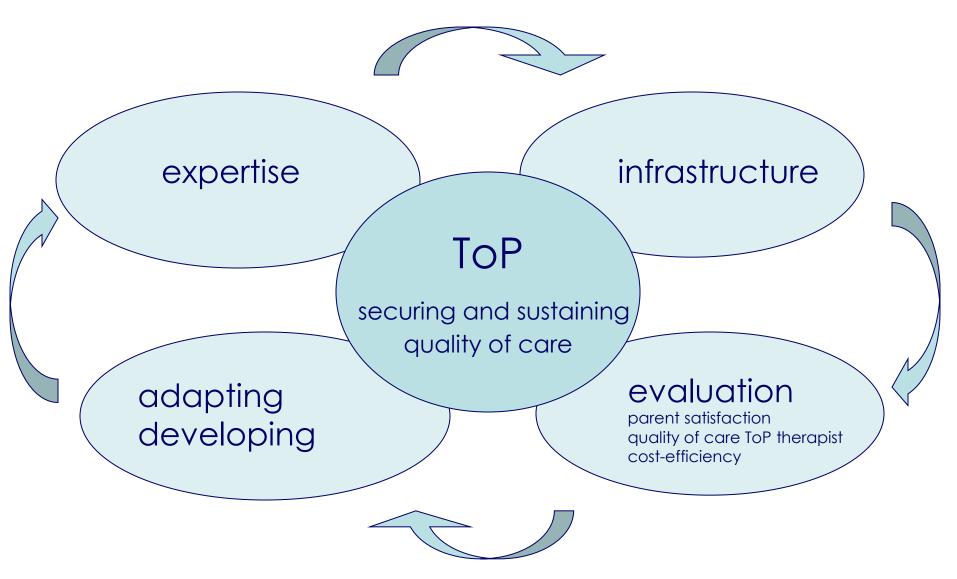
Integrated Dynamic Care model

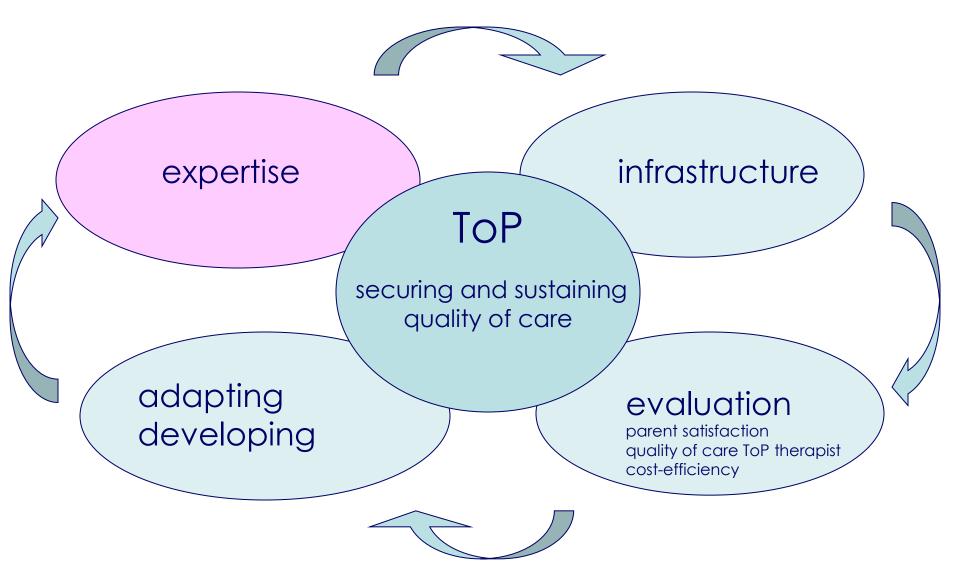


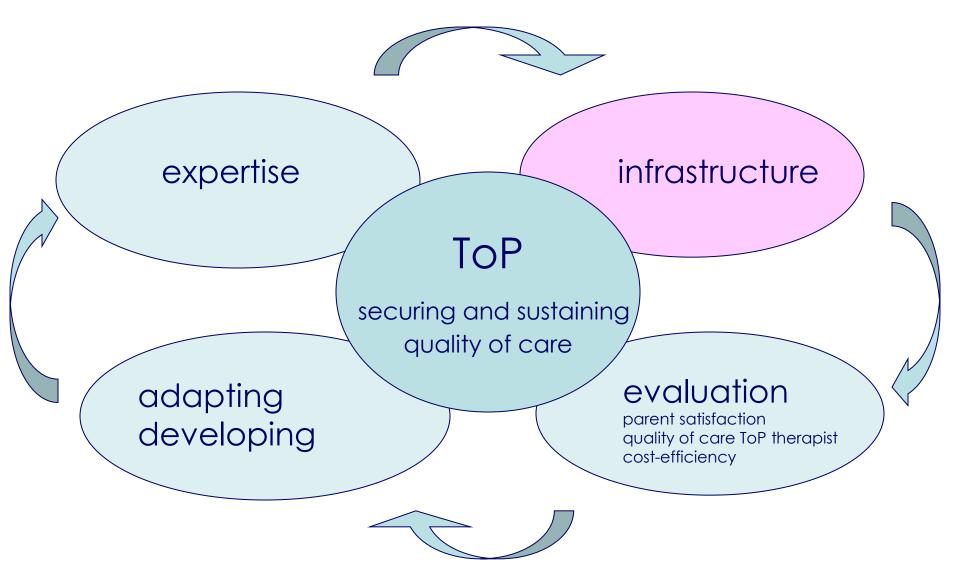
definition

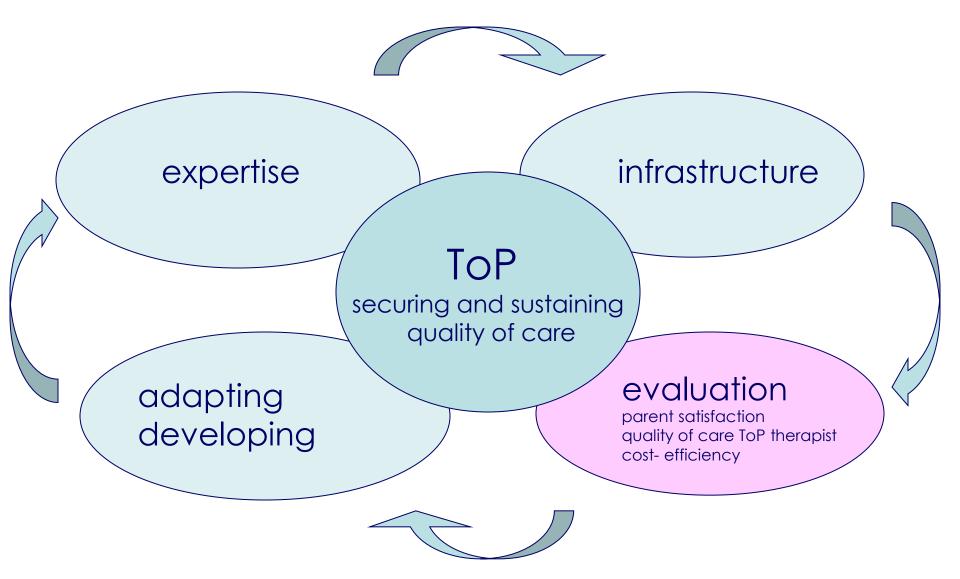
'An integrated care model is a concept bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion.

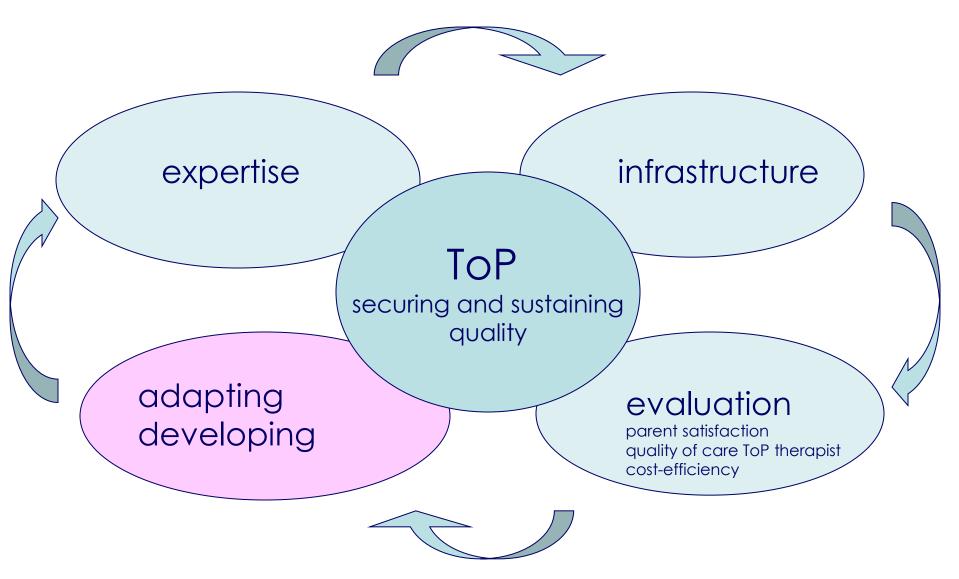
'Integration is a means to improve services in relation to access, quality, user satisfaction and efficiency'.

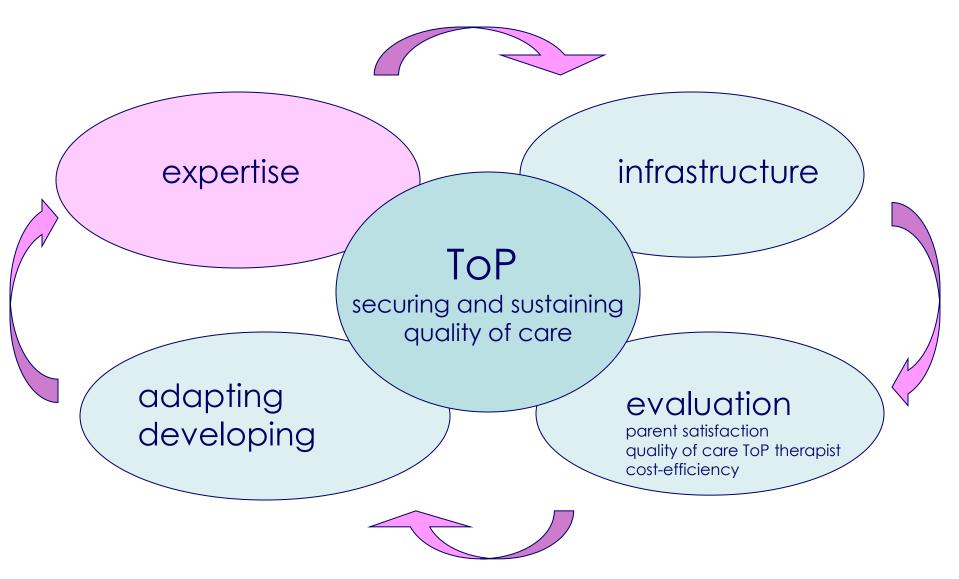












State-of-the art 2015



ToP pediatric physiotherapists



45 ToP therapists

24 to certify in 2015

http://www.amc.nl/eop

Children in ToP program 2010-2014

	N (%) or Mean [SD]
No.	1335
Male (%)	710 (53.2)
Gestational age, weeks [SD]	29w/2d [2w/3d]
Birthweight, gram [SD]	1226.4 [360.3]
Lenght of stay in hospital, days [SD]	67.1 [32.2]
Age mother [SD]	31.2 [5.3]
Died after discharge (%)	4 (0.3)
Multiple births (%)	380 (28.5)

Causes of rehospitalization

	(%)
Acute respiratory diseases	25.5
Vaccinations	23.3
Inguinal hernia surgery	11.6
Diagnostic/observation	9.0
Gastrointestinal diseases	8.3
Infections (other than AC or GI)	8.3
Other medical surgeries	7.5
Other	5.6

Parents' wellbeing

HADS	Start ToP (%)	End ToP (%)	Ref. group	
Anxiety	30,5	18,7	17,9	
Depression	23,7	13,4	11,9	
Total	24,0	13,7	13,5	
≥1 domain	36,4	21,8	21,1	
3 domains	17,8	10,3	8,5	

Start-End ToP: all p-values < 0,001; Ref group –End ToP: ns Ref. control group: Oers van J. Maternal Child Health J. 2014

HADS: Hospital Anxiety and Depression Scale

Counceling parents during ToP

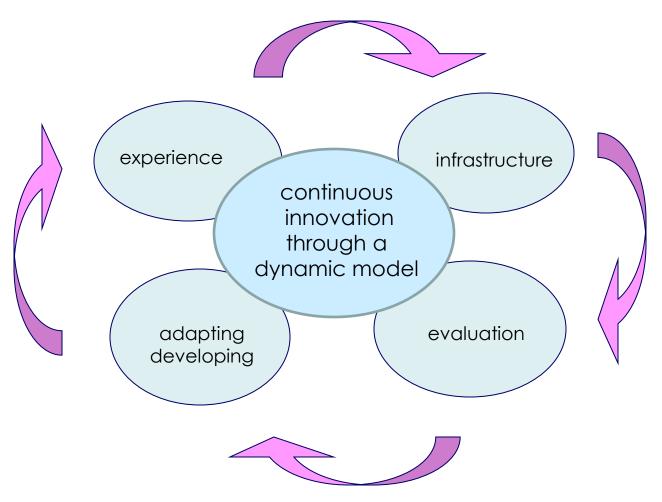
Total no. 262	%
Psychological counseling mothers	29.4
Psychological counseling fathers	6.1
Counselors	
psychologist	14.9
psychiatrist	3.1
pedagogic guidance	2.7
other	5.3
Psychological counseling after ToP	14.9

CQ index

experience and satisfaction with ToP

	2010	2011	2012	2013
knowledge	93.3	96.7	97.7	97.1
advices	93.3	97.8	94.6	97.1
answers to questions	100	98.9	99.2	99.3
would parent advice intervention	96.4	97.8	98.4	97.0
transfer from hospital to home	96.6	96.7	96.0	95.7
information before start ToP	80.0	76.3	71,1	76.8
written information	25.0	53.8	73,2	85.0
number of home visits	83.3	94.1	98,4	95.7
Overall rating (mean)	9.1	9.1	9.0	9.0

To implement and sustain the quality of an early intervention program a dynamic cycle is essential. This dynamic model implies that we all dare to take risks and that we should not be afraid to learn from failure.



Shonkoff JP. Development and Psychopathology, 2013

Thank you for your attention





