

Primary care in the Netherlands;

Current developments and new models of care

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Background



Julius Health Centers Leidsche Rijn

5 Healthcenters, 40.000 patients, 35 GPs, 110 professionals

Aims:

1. community oriented multidisciplinary primary care
2. Academic environment for research and education
3. Living lab for health care innovation



Outline

- Health care in the Netherlands
- Role of primary care
- Challenges for health care in Holland
- New models of care



Healthcare facts



- Population 17 million (5.3 million)
- 9000 general practitioners (4900)
- 5,3 fte GP/ 10.000 inhabitants (9.1)
- 75% population annually consulting GP
- 80% good to excellent subjective health status
- 72 general hospitals
- 8 academic hospitals

Health Care expenditure 2016

Total	69 billion Euro	
Per capitem	4060 Euro	
BNP	11%	
Hospital and specialist care		33%
Elderly care		22%
Community health, youth health		13%
Care for disabled		10%
Pharmaceuticals		7%
Mental health care		6 %
Dental , paramedical		5 %
General Practice		4%

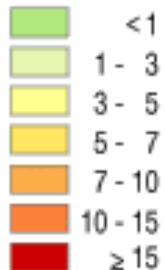
The role of Primary Care



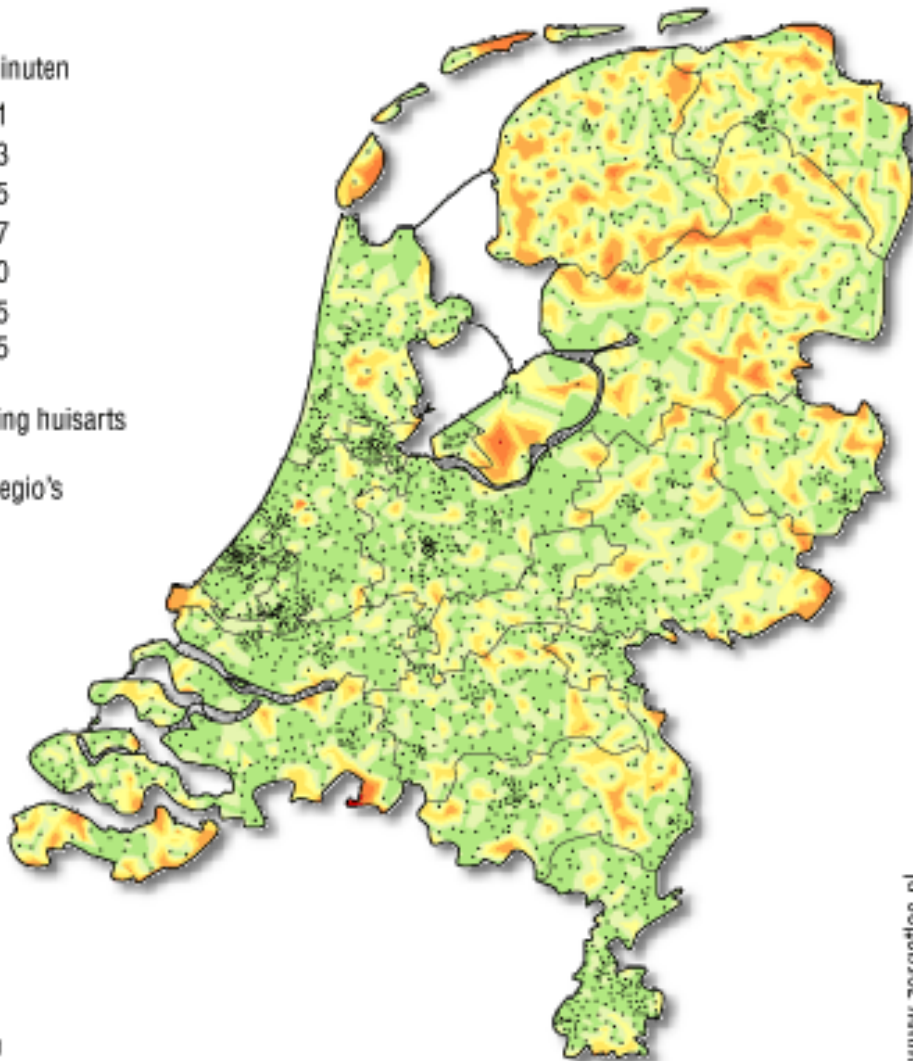
General Practice in Holland; *history*

Reistijd tot dichtstbijzijnde huisarts 2008
met de auto

Reistijd in minuten



· vestiging huisarts
— ROS-regio's



Bron: Nivel, AND

www.zorgatlas.nl

P.G.M.G. Perneel

HET BEROEPSJOURNAAL VAN DR. J.F.P.H. HERS

ARTS TE OUD-BEIJERLAND
(1881-1915)



General practice 2017; *key features*

- 7000 practices, average 2170 patients
- 24/7 services
- 1/3 single doctor practice
- Listing and family oriented
- 'Gatekeeper' to hospital care
- All complaints, all disease, in all stages



Daily work in primary care practice:

Regular consultations (~ 30 pts/day; 10 minutes)

Home visits (2-3 / day)

- Chronic care (DM2, COPD, CVRM)
- Elderly care and mental health care
- Diagnostic procedures (ecg, spirometry, etc)
- Minor surgery
- Preventive medicine (vaccinations, cervical s

Emergency services (day- and night time)



European Health Consumer index

Annual survey College of General Practice:

>90% of patients is very satisfied with the GP services

A horizontal bar with a series of colored squares (yellow, orange, white) and the text "Euro Health" on the left.

Euro Health

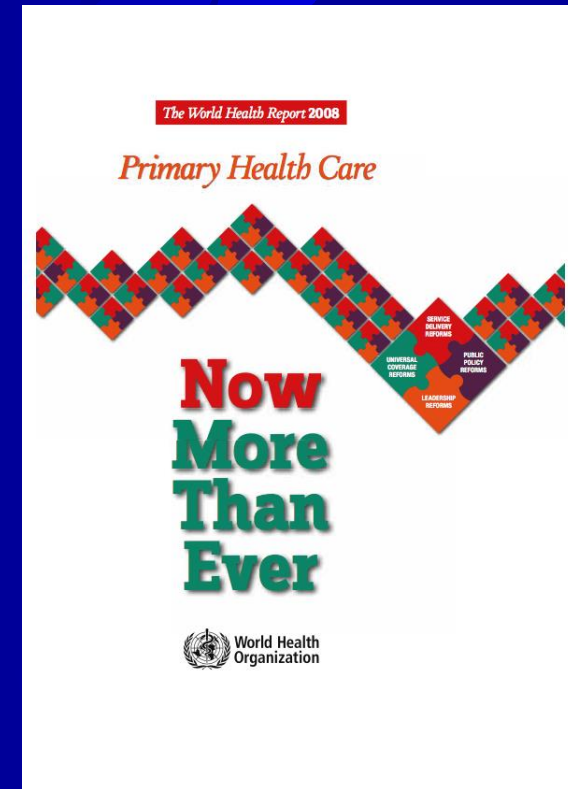
Stable GP workforce so far :

- 20% of medical students opts for general practice
- academic GP training program
- 2000 GP trainees

Healthcare in Holland; *challenges*

Changing society:

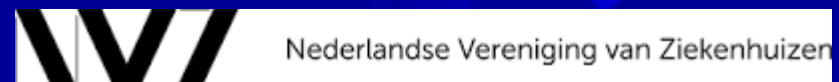
- aging population
- patient participation
- increasing societal complexity
- call for cost-effectiveness
- need for prevention



...and everybody looks at general practice...

Sustainable health care; *key points*

- Focus on patient participation and selfmanagement
- Transparency in quality of care
- Reorganisation of long term care and mental health care services
- Substitution from secondary to primary care



Dutch College GP: Future vision 2020

- Safeguarding the crown jewels : continuity, listing and personal relation
- Substitution of care from hospital

Focus on :

- Taskdelegation
- Elderly care
- Improving diagnostic process
- Cancer care



NHG • LHV

TOEKOMSTVISIE
huisartsenzorg

Developments and new models of care



Key developments

1. Smaller practices
 2. Taskdelegation within the primary care team
 3. Strengthening primary care expertise and facilities
-
1. Improved primary-secondary care collaboration

Smaller practices

Background :

- More time for the patient
- More time for substitution from hospital
- More time for elderly care

From 2170 towards 1800 patients per GP?

Task delegation



Aim :

- To improve efficiency in health care provision
 - Low-complex care performed by nursing staff
 - three function levels in primary care nursing : practice nurse , community nurse, nurse specialist
1. Chronic care programs : practice nurses
 2. Elderly care programs by community health nurses
 3. Walk-in clinics by nurse specialists
 4. Locomotor tract : physiotherapists
 5. Mental health by mental health nurses

Future: “House of general practice”

Mental health staff

Practice nurses

GP : coordination, complex care

Nurse specialist

Practice assistant



GP-special interest program

2 years training program of the College of GP, in collaboration with academic departments

Aim : to improve quality of care in collaborating GP practices

Topics :

- chronic disease : DM, COPD, CHD,
- Mental health, locomotor tract, urogynaecology
- Practice management, emergency care

Succes?

Improved diagnostic facilities for GPs

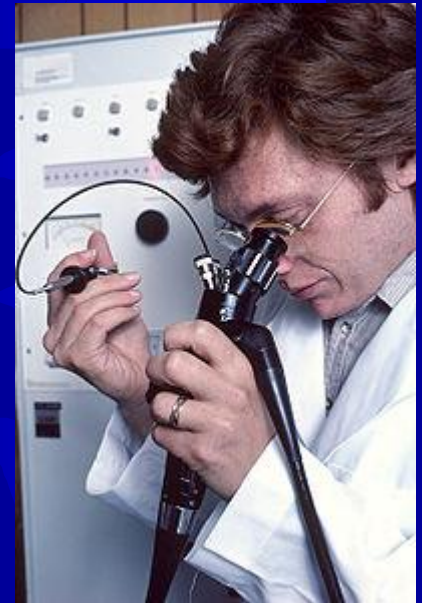
In house testing and laboratory facilities

Point of Care testing

Diagnostic centers in primary care

Open access for GP's to

- Functional diagnostics
- Radiology
- Endoscopy, incl colonoscopy



Specialist consultation services

Aim :

- To advice GP's in case of diagnostic challenges with low complexity
- To prevent referrals to hospital

- Pediatrician
- Orthopedic surgeon
- Cardiologist
- ENT specialist



Maastricht : 60% reduction in specialist referrals

Regional health networks

- Collaborating primary-secondary care professionals
- Regional carepaths based on multidisciplinary guidelines
- Optimal quality and service
- Reduced waiting times
- Integral financing?



Better interdisciplinary collaboration results in

- Improved efficiency in clinical care
 - No competency discussions
 - Shorter communication lines
 - High patient acceptance of gatekeeper role
 - Substitution of chronic care to general practice
-
- Short waiting lists, better patient flow



Disease management programs and care pathways

Chronic disease :

- DM, COPD > 90 % managed in primary care
- CVRM, heart failure

Mental health care : 'stepped care' programs

Elderly care:

- Frailty screening/proactive care provision by GP
- Geriatric consultation service

Cancer care:

- Early diagnosis in primary care
- Treatment in secondary care
- Follow-up care by GP

