

Continuity of Care in the Netherlands

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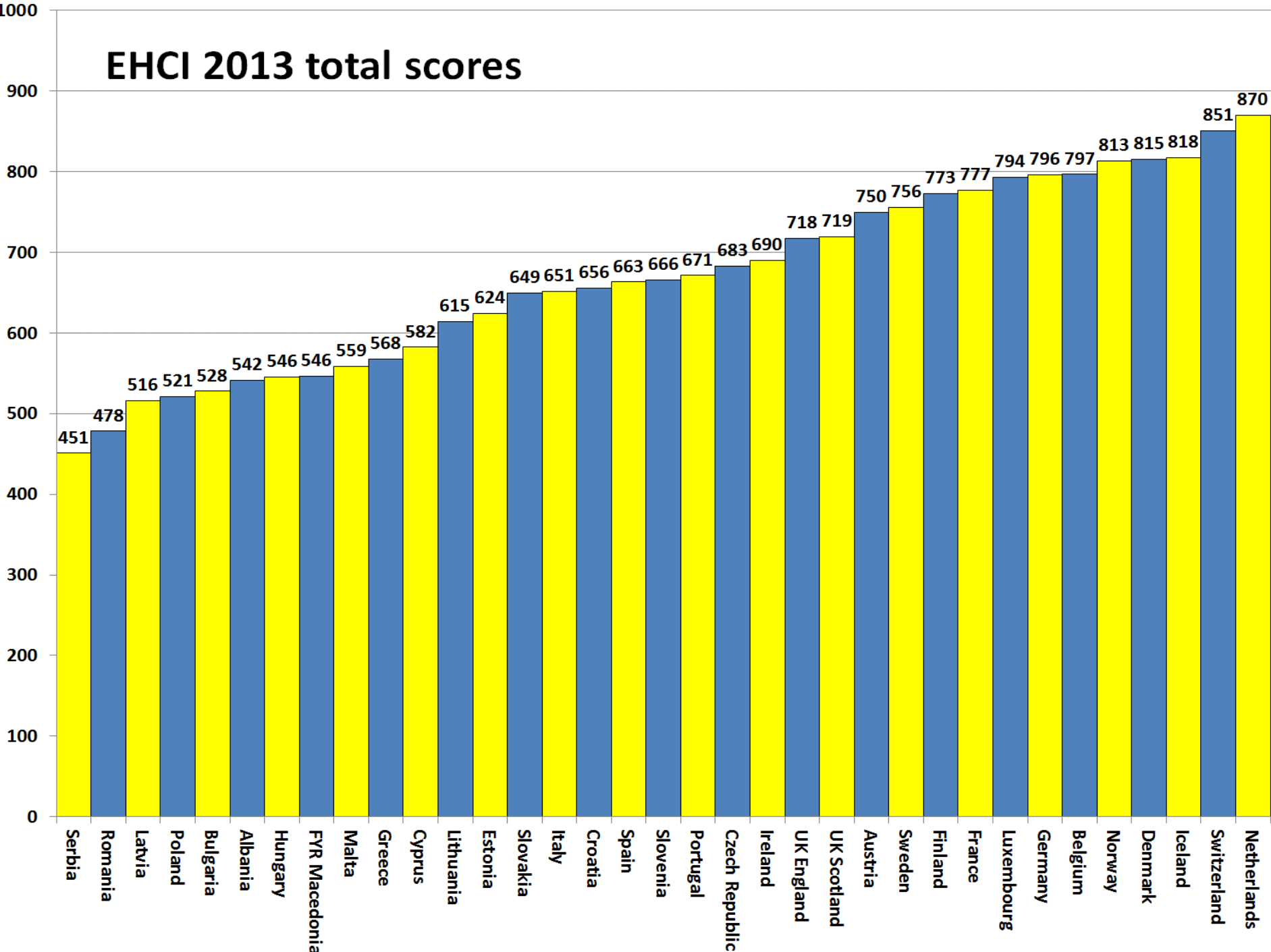
Healthcare in NL

- Organisations privately structured
- Finance: partly regulated:
 - Insurance: basis for everyone, + extra packages – 50%
 - → Increasingly market driven model through role of insurance companies
 - Disabled, elderly, etc: National Insurance (AWBZ) – 50%
- Total ~€80 billion

Healthcare in NL

- Well established primary care
- Management of chronic diseases
- Locum tenancy services for GP's (1:40)
- 8 academic medical centres
- NL #1 in European Health Consumer Index
- NL high in capital spending in Healthcare

EHCI 2013 total scores



Healthcare in the Netherlands

- Multi-enterprise business model:
- 100 hospitals, 4500 GP practices, 1800 pharmacies, 100 locum tenancy services for GP's, each responsible for own finance, medical policies, investments, **and IT**
- **Thus: interoperability problems are large on all levels**
- → Urge for standards
- → Much debate ("polder"-model)



Continuity of care?

- Not fundamentally incorporated in the system
- Two approaches exist:
 - Regional collaboration organisations for healthcare: RSOs
 - Disease specific “Care Groups”, “Zorggroepen”

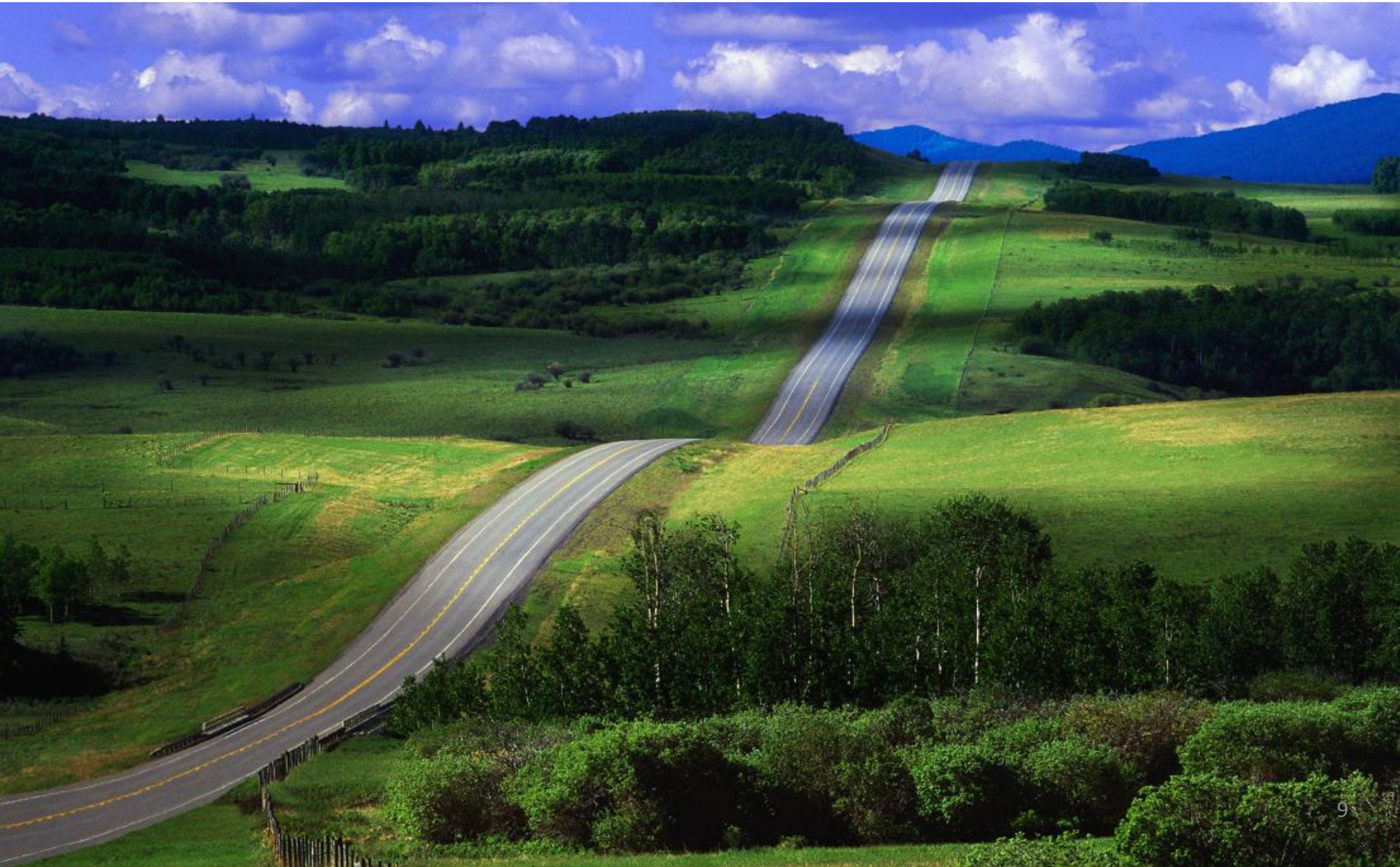
RSOs

- General organizations, for all healthcare sectors
- On regional basis
- 0,5 – 1,5 Million inhabitants
- 20-25 RSOs
- Transfers, medication, etc etc

Zorggroepen

- Disease specific cooperation
 - Diabetes
 - COPD
 - Chronic Heart failure
 - Cardiovascular risk management
- Contract with insurance companies
- Integrated care plans

Better healthcare
through better IT



further information...

- www.nictiz.nl
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