



EUROPEAN ASSOCIATION
OF HOSPITAL MANAGERS

HOSPITAL OF THE FUTURE -

Prevention
as an
Hospital Activity



Improving Dutch diabetes care by networking and the preventive role of the hospital

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**Improving Dutch diabetes care by networking
and the preventive role of the hospital**

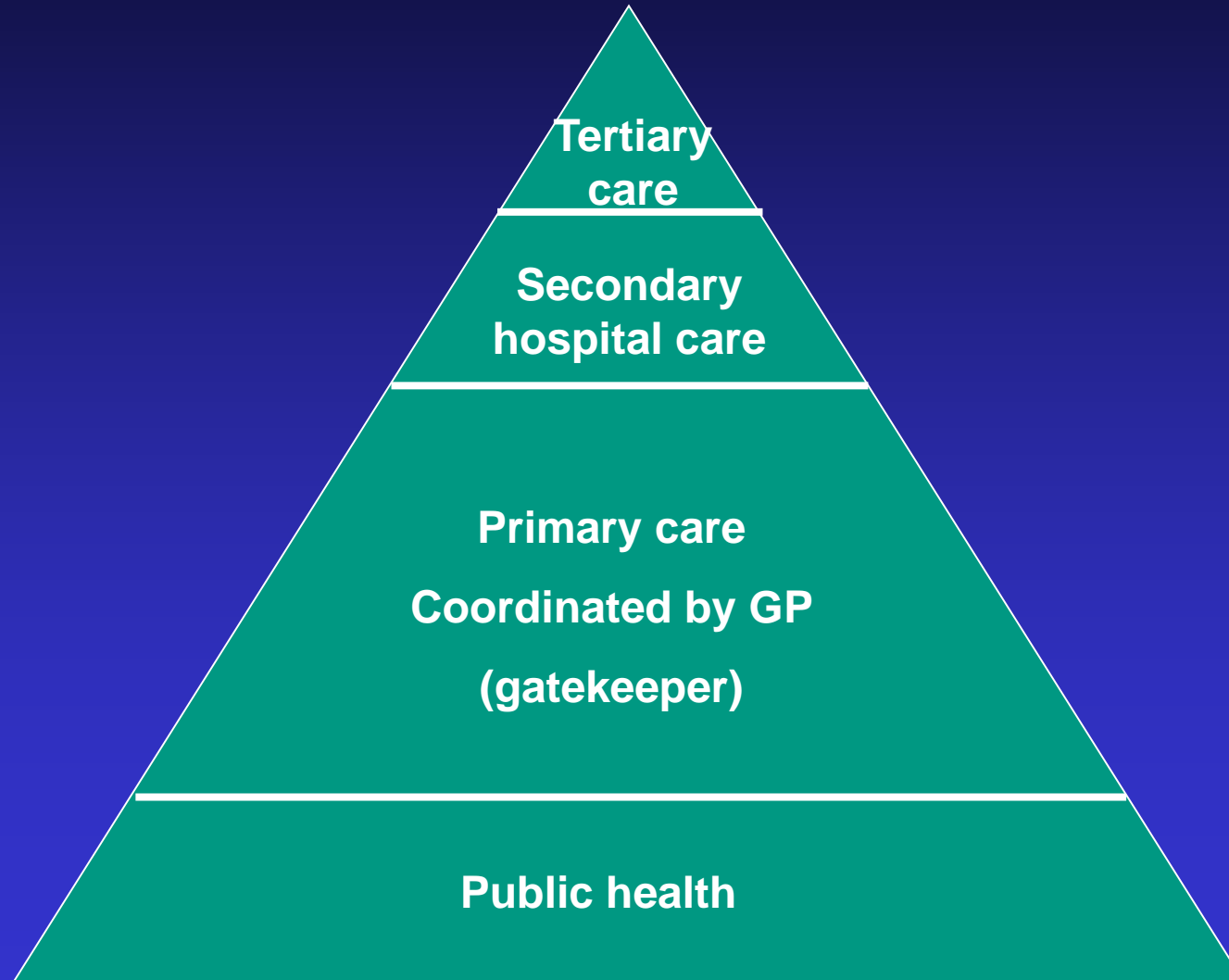
Nicolaas Schaper

**Dept. Endocrinology, Maastricht University Hospital,
the Netherlands**

Dutch health care

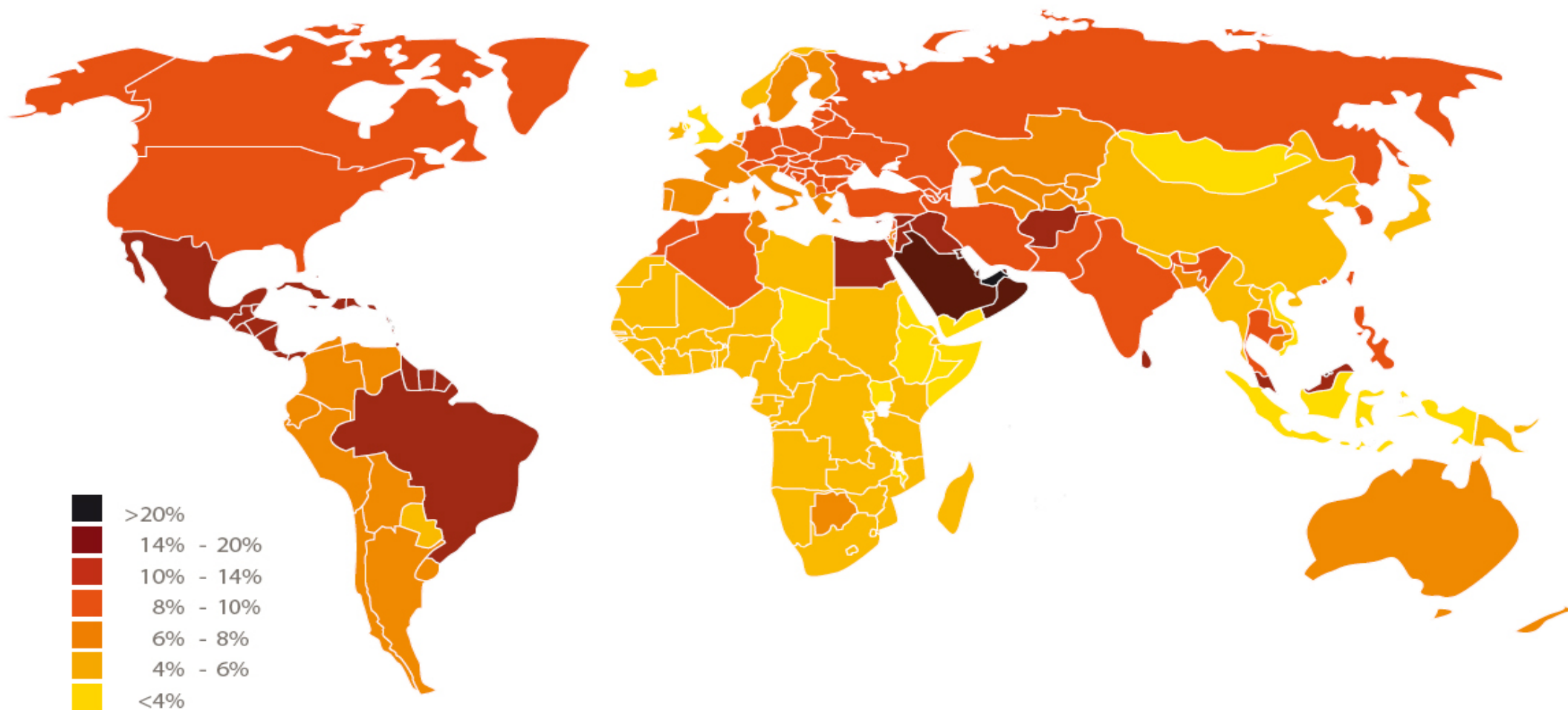
- **Since 2005 in top 3 of European Health Consumer Index**
- **Health care insurance companies separate from HC providers**
- **Structured involvement patient organisations**
- **Financing agencies and health amateurs(politicians & bureaucrats)**
relatively far removed from operative health care decisions
- **In the top 5 of costs per capita**

Organisation of care in the Netherlands



The diabetes tsunami in 2025

Prevalence estimates of diabetes, 2025





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- **Aim to develop shared diabetes care**
- **Not only shared care but also shared knowledge & expertise**
- **Scientific evaluations**
 - **facilitating uptake by health professionals**
- **Supported by the Netherlands Organisation for Health Research and Development (ZonMw)**
 - **facilitating uptake by health care policy makers**

Transmural diabetes organisation



- Both horizontal and vertical substitution of care

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- Improved bio-medical outcomes & Quality's

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Transmural diabetes organisation **MATADOR**



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Transmural diabetes organisation



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- Improved bio-medical outcomes & Quality's
- Cost-effective in both primary as secondary care
- Low(est) number of hospital admissions
- Initiated by both University Maastricht and University Hospital Maastricht

Current Dutch diabetes care

- **Bundled payment system**

Insurers pay a single fee to a 'primary care group'

- **Care group= multiple providers (mainly GPs)**

Delivers or subcontracts services for chronic diseases

- **>100 care groups, 80% GPs participate**
- **National evidence-based care standard**

Elissen BMC Med Res Methodol 2013 13:40

Elissen Am J Manag Care 2012 18:619

Struijs N Engl J Med 2011 364:990

Step 2: Creation of *integrated* Diabetes Care Maastricht



Diabetes Care Maastricht

ZIO

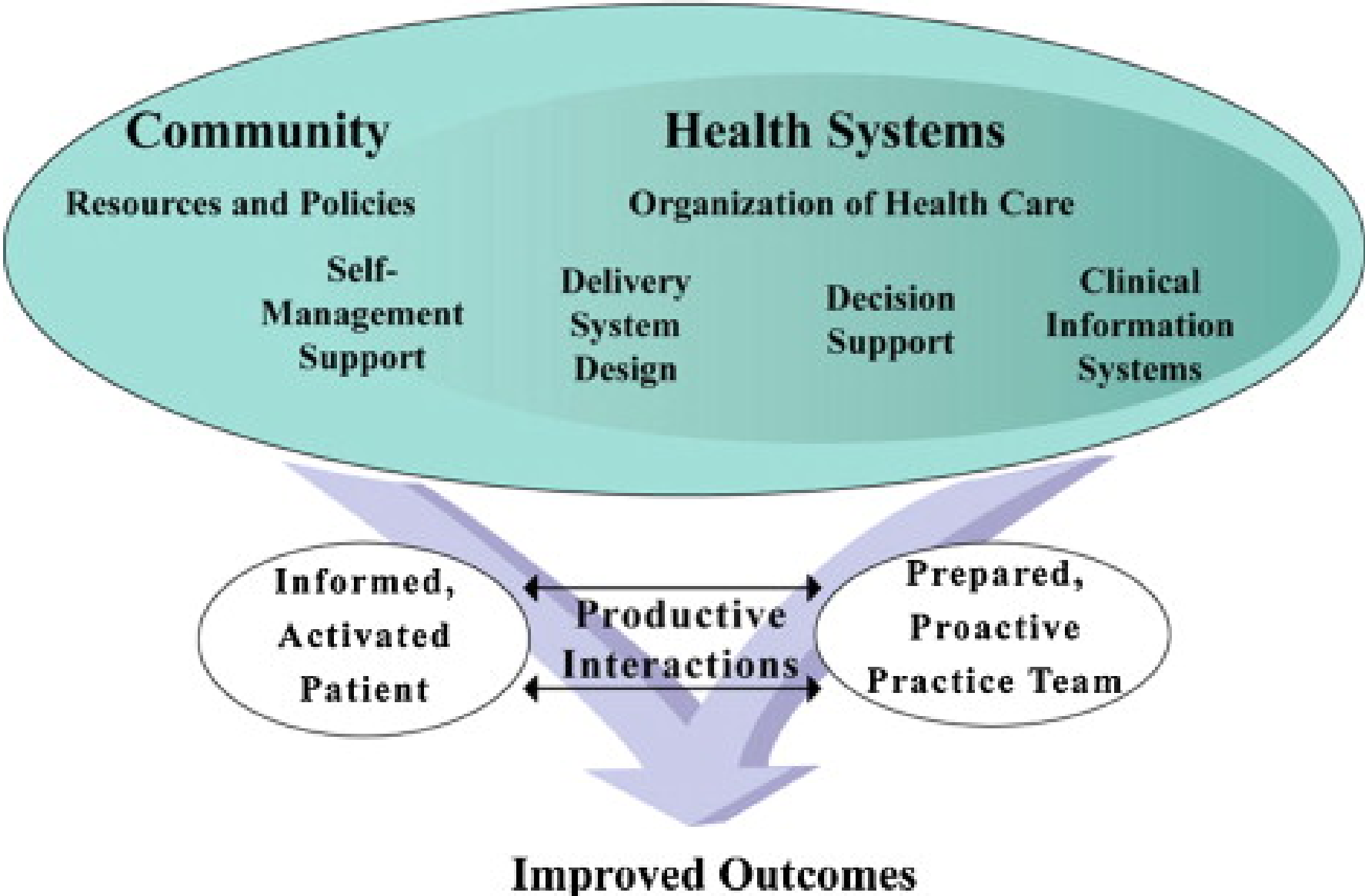
- 90 GP's
- 45 practise nurses/assistants
- 150 physiotherapists
- 26 dieticians
- 10.000 people with diabetes
- 800 treated in MUMC+

MUMC+

- 1 UMC: regional and academic task
- 6 endocrinologists
- 2 nurse practioners
- 9 fte diabetes nurses, partly working for ZIO



The Chronic Care Model



Triple Aim Berwick (2008)

1. Improvement health of population
2. Improvement of (perceived) quality of care
3. Increasing cost-effectiveness and containing costs

The Dutch health care insurance companies ?

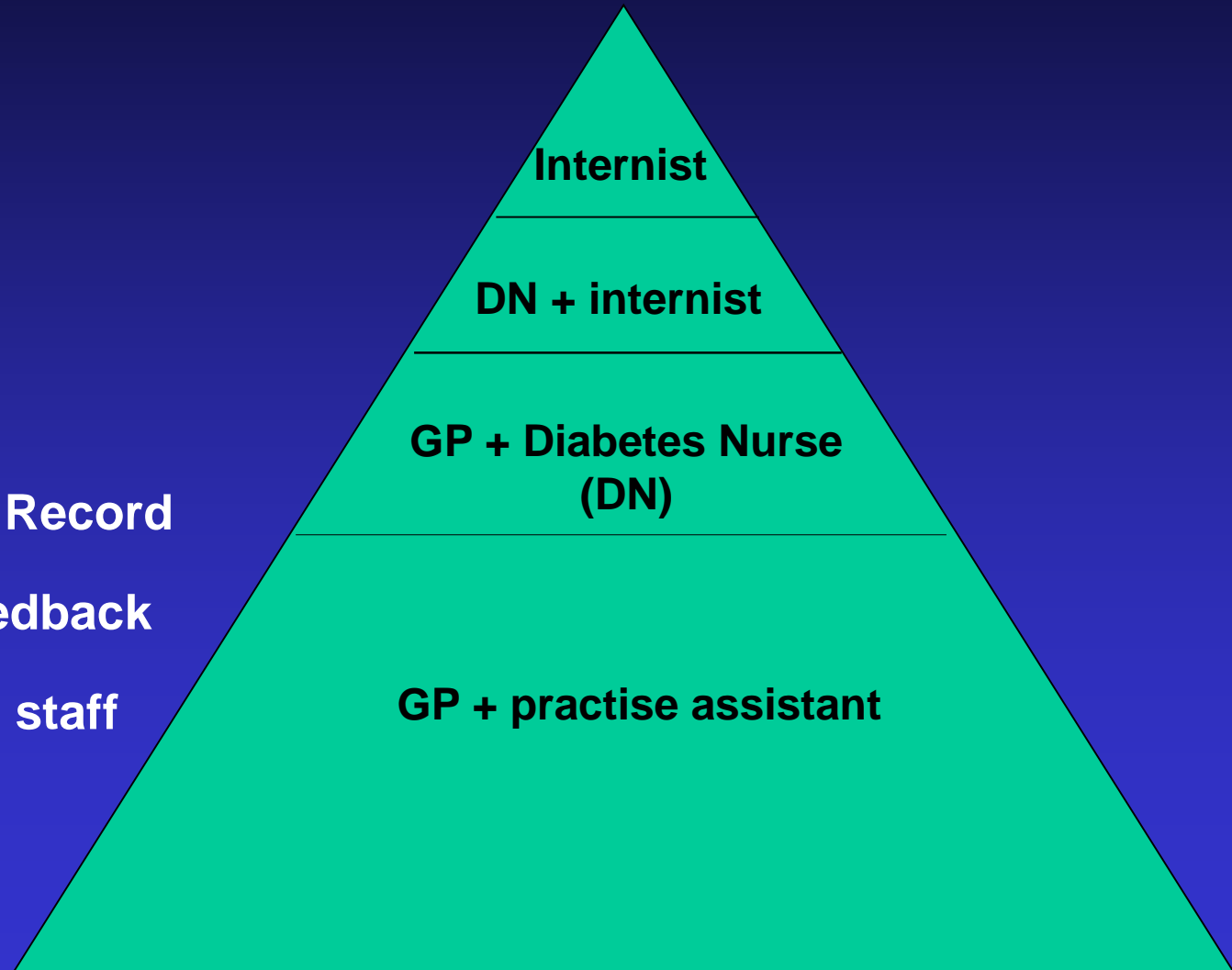


The doctor as innocent bystander ?

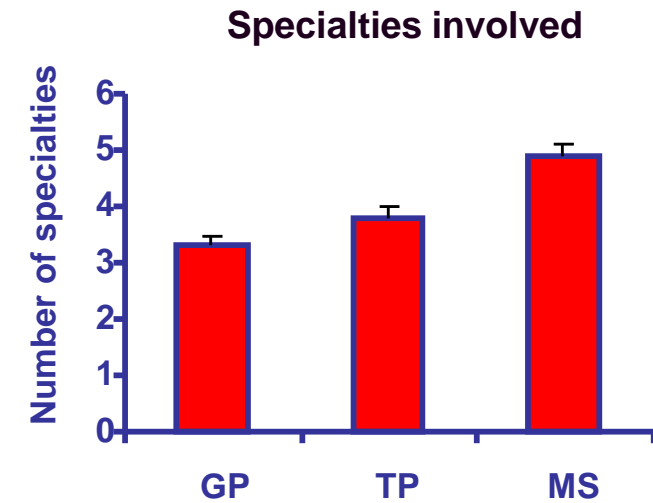
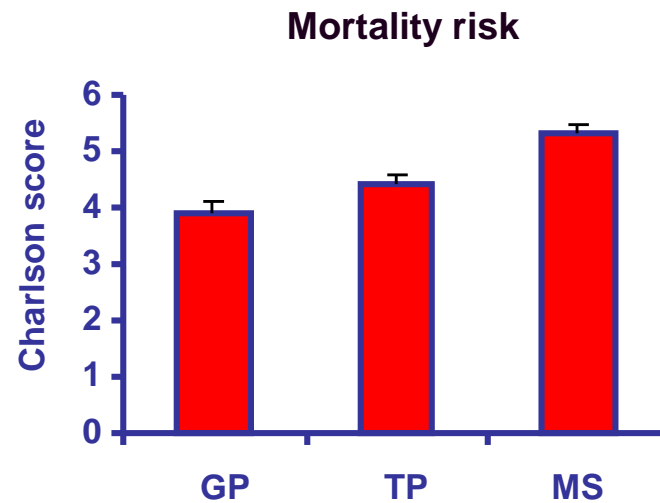
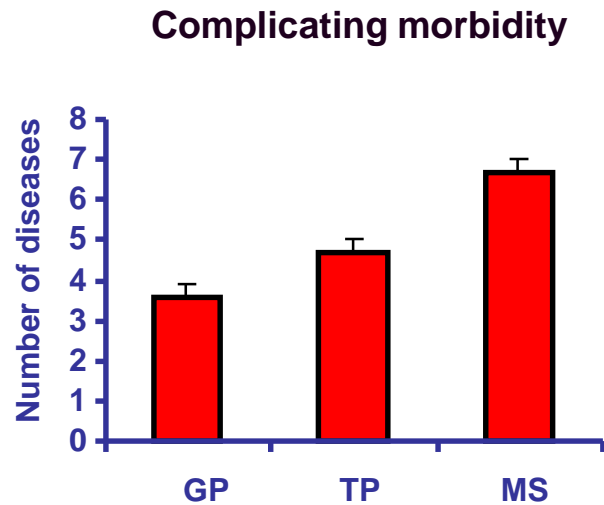


Multi-agency health care and disease management

- Central organisation
- Shared responsibility
- Identical protocols
- Stratified care
- Common Electronic Patient Record
- Quality assessment and feedback
- Common education/training staff
- Sharing of staff



Complexity of the patient determines expertise



Introduction of ehealth

Creation of a electronic patient record (EPD), accessible to all health workers involved

One time outpatient consultations of GP patients but under the supervision of the GP and reported in his EPD

Introduction of electronic patient education system DIEP

De dokter had het over hypo- en hyperglycemie, maar wat was het verschil ook al weer?

Bij de behandeling van diabetes worden veel woorden en termen gebruikt die nieuw voor u kunnen zijn. Daarom kunt u altijd terugvallen op het diabetes woordenboek dat we ABC genoemd hebben.

Zoekt u een woord of komt u een woord tegen dat u niet begrijpt, klik dan even op het ABC voor een korte uitleg en een link naar de bijbehorende tekst.

[Start DIEP](#)[Leefstijlcoach](#)[Schema's](#)[Video's](#)[ABC](#)[Over ons](#)

Bent u zorgverlener?



Klik dan [hier](#).

Nieuws van de redactie

26-06-2013

[koolhydraatkenner](#)

Reacties

[Geweldig!](#)

Zelf een reactie [toevoegen](#)

Home



DIEP® is dé site voor mensen met type 2 diabetes en hun zorgverleners.

Het Dibetes Interactief Educatie Programma kortweg DIEP® volgt de Nederlandse richtlijnen voor goede diabeteszorg en wordt regelmatig aangepast aan nieuwe ontwikkelingen.

Het programma is ontwikkeld vanuit het Academisch Ziekenhuis en de Universiteit van Maastricht, met steun van diverse organisaties.

Weet u pas sinds kort dat u diabetes hebt? Klik dan [hier](#) voor een korte introductie.

Beweeg uw muis over de knoppen boven in het scherm en maak uw keuze om direct aan de slag te gaan. Gebruikt u geen muis maar een aanraakscherm? Dan tikt u eerst op de knop om de introductie te zien en tikt u daarna nog een keer op de knop om te beginnen.

 Deze pagina voorlezen 



Critical success factors integrated disease management

Limited number of stakeholders

Hospital = non-profit institution

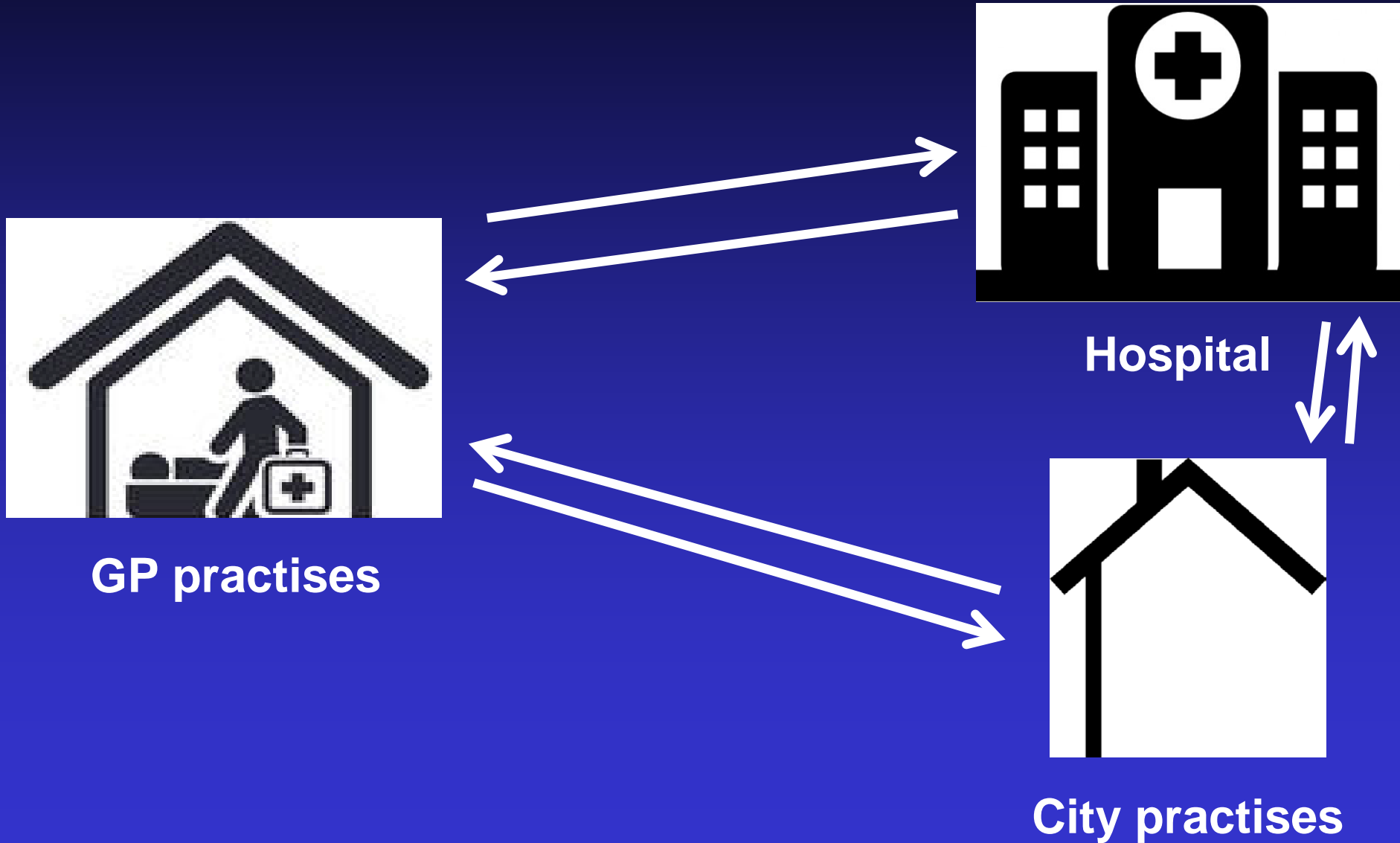
Shared sense of urgency

Sharing of staff

Mutual interdependency and shared values

Cooperation of the major health care insurer

Step 3. Creating new networks



Recent developments

Identical guidelines on diabetes treatment in our region →

Negotiations started with insurance companies for bundle payment of diabetes treatment for all patients in our region

Profits to be reinvested in projects to improve quality of care

Limitations of current care

- **Too standardized diabetes care, based on strict guidelines**
- **Lack of tailored care**
- **Lack of support for patients' self-management**

Nolte European Observatory of Health Systems and Policies 2015

Elissen BMC Health Serv Res 2013 ;13:117

Struijs N Engl J Med 2013; 64:990

Limitations of current care

- Too standardized diabetes care, based on strict guidelines
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Where are going ?

Medical specialist silo's

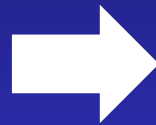
Physician oriented

Registration/accounting

Top-down

Influencing others

Archipel of islands



Interprofessional collaboration

Patient oriented

Trust & transparency

Shared ownership

Competition + cooperation

Network

The future patient ?



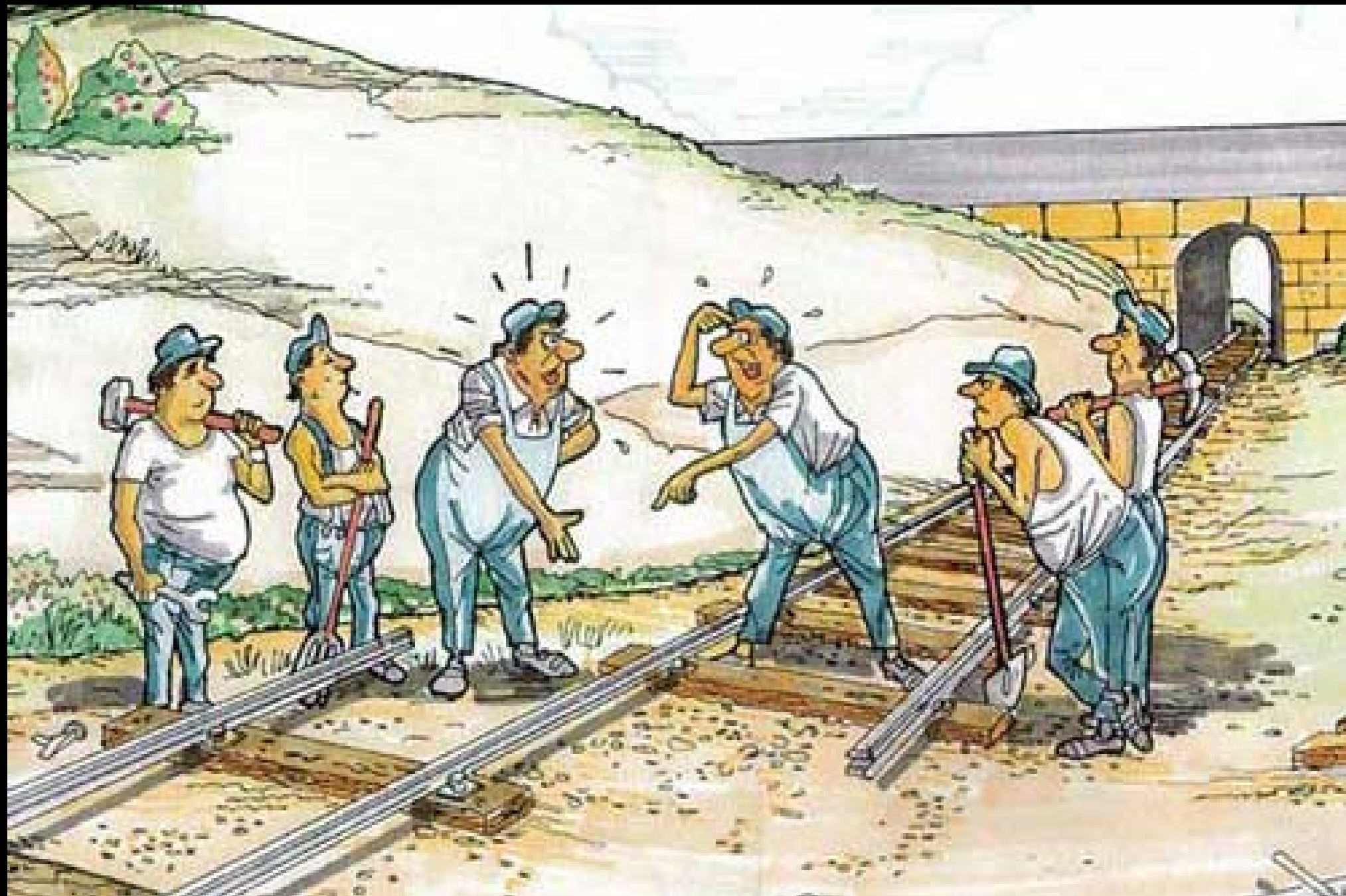
The future physician ?



Integration of care is more a sociological than technological challenge

“We forget how systems operate, about the science of team working and collaboration, quality and information management.”

“The technology enables a different way of care to be done. It supports a new culture and some new processes. But it’s just a dumb computer.”





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