Break-out session

Elderly Care

Health~Holland Visitors Programme 2018
Elderly Care

10:45 Long Term Care in the Netherlands
Martin Holling, Ministry of Health, Welfare & Sport

11:00 Q&A

11:15 Evidence-based solutions for Ageing Society
Prof. Dr. Robbert Huijsman, Erasmus School of Health Policy & Management

11:45 Q&A

12:00 End
Long Term Care in the Netherlands

Martin Holling, Ministry of Health Welfare & Sport
Long term care in the Netherlands

Martin Holling

26-9-2018
Content

• LTC changes: motives
• Main differences before and after 2015
• LTC main topics
• LTC agenda new government
International differences

- Broad public
- Insurance
- Low rate
- Informal care
- High rate
- Institutional care
<table>
<thead>
<tr>
<th>Public spending on LTC as proportion of GDP</th>
<th>Proportion of population over 80</th>
<th>Proportion of over-80s receiving LTC at home</th>
<th>Proportion of over-80s receiving LTC in institutions</th>
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<tr>
<td>4.3% of GDP</td>
<td>4.2% of the population</td>
<td>30.7% of people over 80</td>
<td>16.8% of people over 80</td>
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source: Health at a glance OECD
Reform of Long Term Care: Process

• Goals:
  o Decrease LTC expenditures
  o Improve balance formal and informal care
  o Improve quality of care => more person-oriented care
Measures

• Focus on care at home, reduce institutional care
• Stimulate informal care
• Budget household care (cleaning): -/-40%

• The Long-term Care Act (Wlz) has replaced the Exceptional Medical Expenses Act (AWBZ)
• Parts of the former ‘AWBZ’ are shifted to:
  • the Health Care Insurance Act (ZVW)
  • the renewed Social Support Act (Wmo 2015) and
  • the Youth Care Act
Present system
LTC Expenditures 2015

- **Social Support Act (Wmo)**
  Social participation; Municipality

- **Youth Care Act**
  Care for young people and their parents, Social participation, Municipality

- **Health Insurance Act (Zvw)**
  (mandatory) private healthcare insurance: GP’s / therapists / medication / hospital care / specialists / ambulance transport / audiovisual and locomotory aids

- **Long-term Care Act (Wlz)**
  Replaced the Exceptional Medical Expenses Act (AWBZ). The Wlz is a (mandatory) public long-term care insurance: nursing homes / homes for the elderly / home care / institutional care for disabled people and people with chronic psychiatric disorders
Social support act highlights

• Municipality responsible

- Household cleaning
- Personal guidance (administration; day structure)
- Day activity centres
- Sheltered housing (people with psychiatric problems)
- Guidance for special groups: homeless, abused women
- Supporting informal care givers (family members, relatives)
- House adaptations (for disabled/older people)
LTC-act highlights

• Several clients
  ➢ Older persons
  ➢ Handicapped persons
  ➢ Persons with psychiatric problems (> 3 years care)

• Structural care need and
• Clients in need for 24 h surveillance or
• 24 h care nearby

• Integral package
  ➢ Care in institution or care at home
  ➢ Personal care, guidance and nursing
  ➢ Medical treatment
  ➢ Transport (in combination with care)
  ➢ Care in kind or Personal Budget
Social support act structure
LTC-act structure

 Cliënt

 Care provider

 CIZ Assessment centre

 Regional care offices
Innovation Agenda

New Government: Coalition Agreement: October 2017
“Faith in the future”

-Topics related to older people:

- Senior citizens agreement (March 2018)
  - Programme: “United against loneliness” (March 2018)
  - Programme “Improving Nursing home quality” (April 2018)
    € 2.1 bln. attracting more employees and implementing technology
  - Programme “Improving quality care at home” (May 2018)
Agenda

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12:00  End
Evidence-based solutions for Ageing Society

Prof. Dr. Robbert Huijsman, Erasmus School of Health Policy & Management
Evidence-based solutions for ageing society

Prof. dr. Robbert Huijsman MBA

The Hague, September 26 2018 | Health~Holland Visitors Programme
Elderly Care Session
Worldwide, we face the same challenges of ageing, let’s share knowledge, innovation and experience.

- Sustainable care for elderly in ageing societies requires long term perspective and lasting relationships for co-creation.
- Key is healthy ageing in place, vitality and self management.
- Adequate care continuum requires multidisciplinary teams and a strong family care system rooted in the community.
- Support informal caregivers for sustaining filial piety.
- Strong collaboration between public and private sectors.
- Let’s build further on shared knowledge and experience.
- Join our forces from practice, policy and research!
Integrated elderly care in the community

A coherent set of methods and models on the funding, administrative, organizational, service delivery and clinical levels designed to create connectivity, alignment and collaboration within and between the cure and care sectors (Kodner & Spreeuwenberg, 2002)
Model of multilevel integrated elderly care: three levels, three domains, three steering concepts

- Healthy living
- Nursing
- Treatment

Concepts of Policy:
Guidelines & Standards, Quality Control, Pricing & Insurance

Concepts of Management and Organisation

Concepts of Housing
Walcheren Integrated Care Model for frail elderly

The important levers:

- Single entry point
- Multidisciplinary team & protocols
- Pro-active screening and LTC-assessment (InterRai)
- Individual care plan (including inf. caregivers)
- Case management
- Electronic records + ICT
- Steering committee (CEOs)
- Budgetary integration
Policy and management for whole systems approach
Managing professional skills: example for dementia care
Professionals with multiple skills for effective care

Dutch Example:
CanMeds profile of dementia nurse (2017):
- **Expert** in dementia care as core role (disease knowledge, signalling and diagnostics, personal guidance and psycho-social support, medication, support caregivers, advance care planning)
- **Professional**, also in quality improvement, ethics, relevant laws and guidelines, etc.
- **Scholar**, reflective in evidence based practice
- **Communicator** at all levers; patient and family, professionals and management
- **Collaborator** to steer effective cooperation and team work at all levels and over various domains
- **Manager** of well-organised integrated and person-centred care, with adequate procedures within and between organisations
- **Advocate** in health and welfare, focused on prevention, quality of live and health education
Scientific evidence for integrated dementia care

→ Higher quality of life, better outcomes and lower cost for “ageing in place”
Living at home as long as possible, with smart solutions

✓ **Prevention/care** – healthy living (nutrition, exercising), medication reminders, screen-to-screen communication, smart alarms, training, support informal carers etc.

✓ **Independent living**: domotica, lifestyle monitoring, day structuring, (medication) reminders, safety & security, fall detection, toilet visit, etc.

✓ **Mobility** (to stay active, healthy and participate in social life): orientation/navigation, localisation indoor/outdoor, transport, travel etc.

✓ **Social interaction**: video communication, online communities, matching platforms for common activities, services, volunteering etc.

✓ **Work/volunteering**: knowledge transfer, stress reduction, assistive glove
Combine forces: elderly care requires team work

Practice and evidence based learning:
- **Expert** in fields like quality and safety management, operations (lean) management, care pathways, human resource management
- **Professional** in personal and team skills, communication, collaboration, life long learning
- **Boundary workers** to bridge disciplines, communities, domains (welfare, cure and care), policy and work field, evidence and practice
- **Co-learning in action**: professionals and managers, China and Netherlands, in class and site-visits
- **Blended e-learning**: let’s develop this programmes together to fasten roll-out at larger scale
Thanks for your attention!

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Erasmus School of Health Policy & Management

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Thank you!

Let’s have some lunch