

Ministry of Health, Welfare and Sport

Improvement of Efficiency

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Presentation in nutshell

- It is time for a change in Dutch health care!
- Change takes time
- Do we still have time?

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NO, therefore.....

- Less whitepapers (policy documents)
- Less governmental involvement (centralized)
- More action-programmes: breakthrough projects
- More responsibilities for patients, care providers and health insurances (regional)

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It is time for a change

- I Problems with accessibility of care:
 - Waiting time and waiting lists
 - Reduction of work force
 - More differentiation in supply
- II Problems with quality of care:
 - Slow implementation and diffusion of innovations
 - No transparency in type and quality of care
- III Problems with financing of care:
 - Limited financial resources
 - Rising health care costs

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Solutions

- cultural changes
- organizational changes
- introduction of market mechanism:
 - less casualness
 - more competition
 - more regional diversity
 - more transparency

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How can this be realized?

- 'Sneller beter' (faster better): hospital care
- Programme improving primary health care: 'Smarter organization for better performance'

Faster better: 3 pillars

- I Awakening and benchmarking
- II Indicators for safe and good care
- III Programme quality, innovations and efficiency

I Awakening and benchmarking (1)

- Website: www.snellerbeter.nl
 - Interviews
 - Best practices
 - Agenda's
 - Policy information
- Consultation meetings
 - the minister with about 20 hospitals and health insurances
 - Confidential

I Awakening and benchmarking (2)

- Special theme/subjects
 - External experts:
 - Logistics: TPG Post
 - Safety: Shell
- benchmarking hospitals
 - development of set of indicators (9 pilots hospitals)
 - national implementation

I Awakening and benchmarking (3)

- Improvement of logistics in hospitals (TPG Post)
 - 20-25% efficiency improvement is possible: 2- 3 billion euro
 - Logistics of patients, goods, pharmaceutical distribution

II Indicators for safe and good care

- Health care inspectorate, professional organizations of medical specialist and hospital
 - indicator set on hospital level
 - set per medical specialties
 - Sets for different illness
- Publication on the internet

II Indicators for safe and good care (2)

- Patient logistic
 - Shorter waiting list/time (Treek norms)
- Patient safety
 - Decubitus-prevention
 - Reduction of postoperative woundinfections
 - Registration of complications
- Patient centeredness
 - Systematic measurement of patient satisfaction
 - Complaints management

III Programme quality, innovations, efficiency

- concrete improvement programmes
- breakthrough projects, best practices (CBO)
- Diffusion of innovations: 8 – 24 hospitals: spread results of the first 20% of hospital amongst the remaining 80%
- Independent evaluation

Differences between hospital and PHC...different approaches

- organizational level:
- PHC more diffuse organization
- 100 hospitals versus thousands of practices

General practice: some figures (2003)

- 8.107 GPs (increase of 16% compared to 1993)
- More part-timers (FTE: increase of 11%)
- 31,4% female (17,5%, 1993)
- Mmen=0,91 FTE, Mwomen= 0,63FTE
- In 1987: fulltime = 58,6 working hours
- In 2001: fulltime = 53,4 working hours

General practice II (2003)

- Average number of patient per GP: 2.408
- 39% GPs in single handed practices (52%, 1993)
- 29% GPs in group practices (17%, 1993)

Challenges for the future

- Mismatch between demand for PHC and available supply of PHC
 - Increase of complexity and quantity of demand
 - New medical technology
 - Insufficient growth of supply
 - Less standardized patients means more differentiation in care supply

Solutions

- More and divers supply of PHC
- More focus on own responsibility
- More cooperation in PHC
- More division of labour
- More facilities for PHC-professionals
- More transparency
- More patients treated

PHC: 'Smarter organization for better performance': 3 pillars

- I Increasing transparency
- II Gathering and spreading information, knowledge and experiences
- III Advice and support of regional initiatives

I Increasing transparency

- awakening
- monitoring: regional comparisons
- benchmarking general practices:
 - four pilot regions
 - GPs, patients, health insurance
 - defining a set of indicators
 - data collection
 - data report (confidential?)

II Information, knowledge, experiences

- Internet: best practices, information, place for discussion
- Help desk function: practical information, model documents
- Thematic meetings

III Advice and support of regional initiatives

- visits to regions where improvement is needed
- agenda building in the regions by experts
- two consultation visits

Increasing involvement of partners

- Letter of intention signed by 12 organizations
- Joint idea of ideal primary health care system
- Joint action programme: time table, division of responsibilities

Lessons

- Government, care providers, patients and health insurance have to formulate joint objectives
- Clear understanding of mutual roles and expectations
- Positive attitude