



Definities en verschijningsvormen van chronische zorg

Lezing door prof. Guus schrijvers
op dinsdag 11 januari
voor Masterclass chronische zorg

- Kernwaarden
- Definitie ketenzorg
- Kaiser Permanente
- Chronic Care Model van Wagner
- Nieuw Zeeland
- Engeland
- Duitsland
- Financiële Innovaties

Kernwaarden



University Medical Center
Utrecht

- Generalistisch
- Familie oriëntatie
- Poortwachter
- Wijkoriëntatie
- Afgestemde zorg
- 24-uurs bereikbaarheid
- Inclusief preventie
- Competenties op teamniveau
- Persoonlijke relaties

- *Disease management consists of a group of coherent interventions designed to prevent or manage one or more chronic conditions using a systematic, multidisciplinary approach and potentially employing multiple treatment modalities. The goal of disease management is to identify persons at risk for one or more chronic conditions, to promote self management by patients and to address the illnesses or conditions with maximum clinical outcome, effectiveness and efficiency regardless of treatment setting(s) or typical reimbursement patterns.*

*[Schrijvers AJP](#), Disease management: a proposal for a new definition,
International Journal of Integrated Care, 12 March 2009 - ISSN 1568-4156*

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Karakteristieken van een zorgprogramma



University Medical Center
Utrecht

1. Eén patiëntengroep
2. Patiënteneducatie
3. Nadruk op preventie
4. EBM en zorgafspraken
5. Subgroepen en zorgpaden
6. Taakherschikking
7. Moderne ICT
8. Management rapportages
9. Robuuste organisatie
10. Abonnementstarief

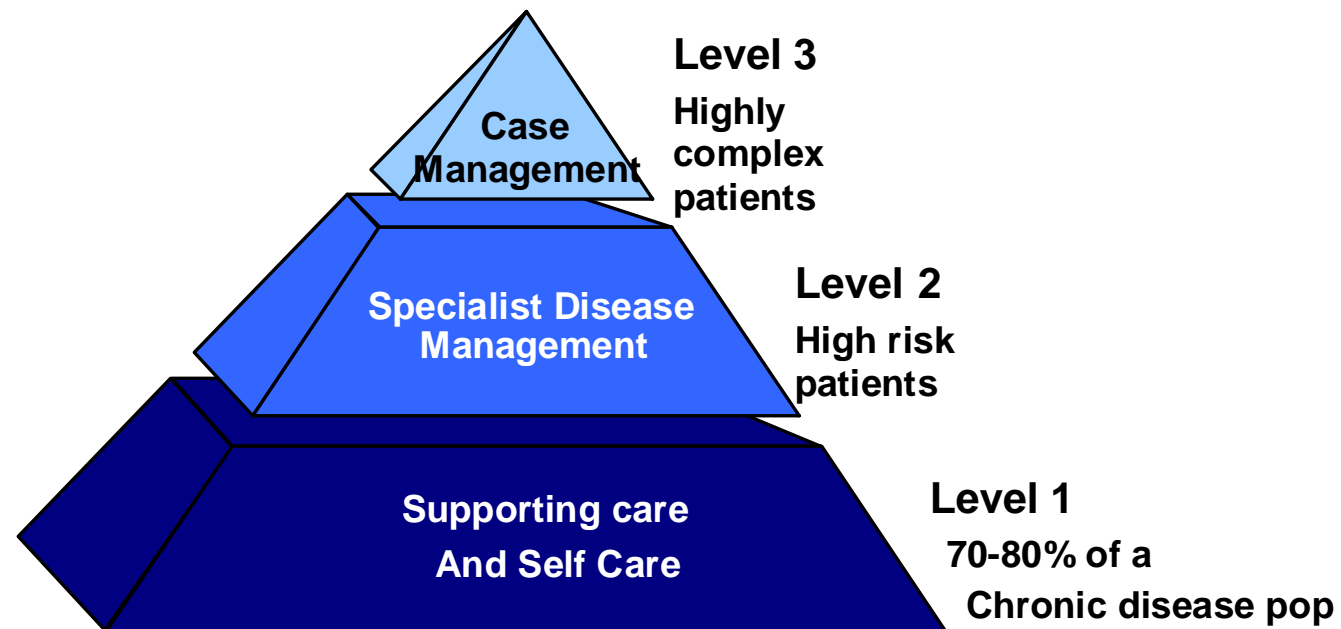
Schrijvers, A.J.P. Disease Management in de Nederlandse context

- Kaiser Permanente driehoek
- Zorgverzekeraar en - aanbieder zijn één

Population stratification: the Kaiser triangle



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Other sources:

- *Letters in BMJ on the debate Kaiser vs. NHS* see: BMJ 2001;321 1332-1335, 2004;328 582-585
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Waarom werkt het Kaiser Permanente Model?



- Abonnementstarief
- Eerste- en tweedelij
- Integratie van preventie en curatie
- Medisch leiderschap
- Gebruik ICT
- Financiële prikkels
- Concurrentie

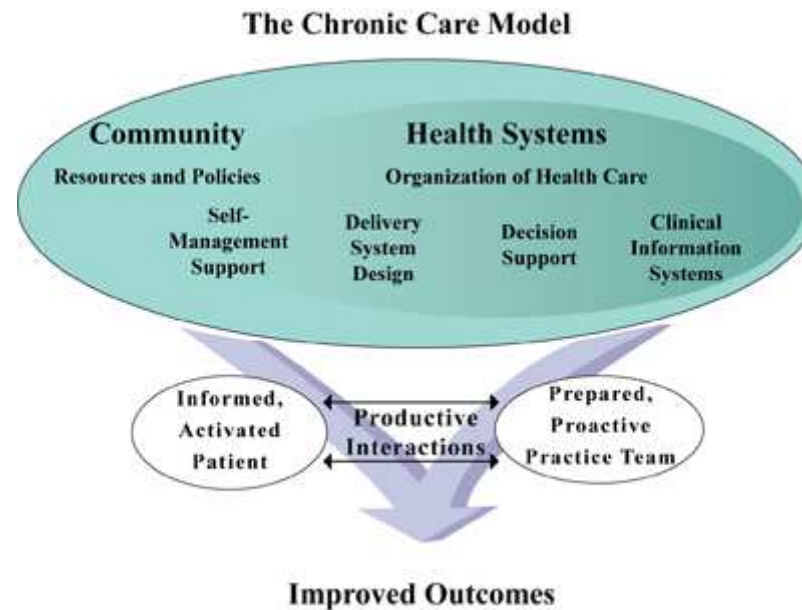
Op 2 en 3 maart 2011 Telezorg Londen

Ketenzorgcongres op 1 juli 2011 in Utrecht

Chronic care model by Wagner



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Utrecht



Developed by The MacCall Institute
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Literatuur over chronic care model



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- **Randomized Control Trials**

- Battersby MW. Health reform through coordinated care: SA HealthPlus. *BMJ* 2005; 330(7492):662-5. [[Link](#)]
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- Southern Australia “HealthPlus”: four regions working on eight sub-trials found that a generic model of coordinated care resulted in improved well-being for people with a wide range of chronic conditions in both rural and urban settings.
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- Lozano P, Finkelstein JA, Carey VJ et al. A multisite randomized trial of the effects of physician education and organizational change in chronic-asthma care: health outcomes of the Pediatric Asthma Care Patient Outcomes Research Team II Study. *Arch Pediatr Adolesc Med* 2004; 158.(9):875-83. [[Link](#)]
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- This RCT compared planned asthma care to physician education; planned care was shown to be more effective than physician education alone in decreasing asthma symptom days for children with mild to moderate asthma.
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- Piatt GA, Orchard TJ, Emerson S et al. Translating the chronic care model into the community: results from a randomized controlled trial of a multifaceted diabetes care intervention. *Diabetes Care* 2006; 29(4):811-7. [[Link](#)]

Nieuw Zeeland



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- Care plus
- Indicatiestelling
- Maximaal zes maanden
- Niet ziekte-specifiek

Engeland



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- Pay for Performance
- Uitstekende resultaten
- Verwaarlozing andere chronische ziekten

Duitsland (1)



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- Disease Management programma's
- Patiënten schrijven zich in
- Artsen schrijven zich in
- Beiden betaald
- Verplichte intervisie
- Verplicht op cursus

Duitsland (2)



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- Pflegeversicherung = ANWB = PV
- PV: alleen contact met cliënt
- Alles PGB of in-natura
- Vrije besteding



- Behoefte aan financiële innovaties voorafgaand aan stelselwijziging

Financiële Innovaties (1)



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- Voortzetting abonnementstarief huisartsen, plus negen euro per consult
- Abonnementstarief per chronisch zieke
- Werk principe “goedkoopste adequate”
- Werken met business case

Financiële Innovaties (2)



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- Keten - DBC
- Prikkel voor patiënten
- Prikkels voor verzekeraars
- P4P voor artsen
- Preventie in ZVW

Meer contact?



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Ik dank u voor uw aandacht