

Recente ontwikkelingen in de ketenzorg

Presentatie door prof. Guus Schrijvers

op

stafmiddag huisartsgeneeskunde

Parkwijk te Leidsche Rijn

28 oktober 2010



University Medical Center

Utrecht

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Karakteristieken van een zorgprogramma



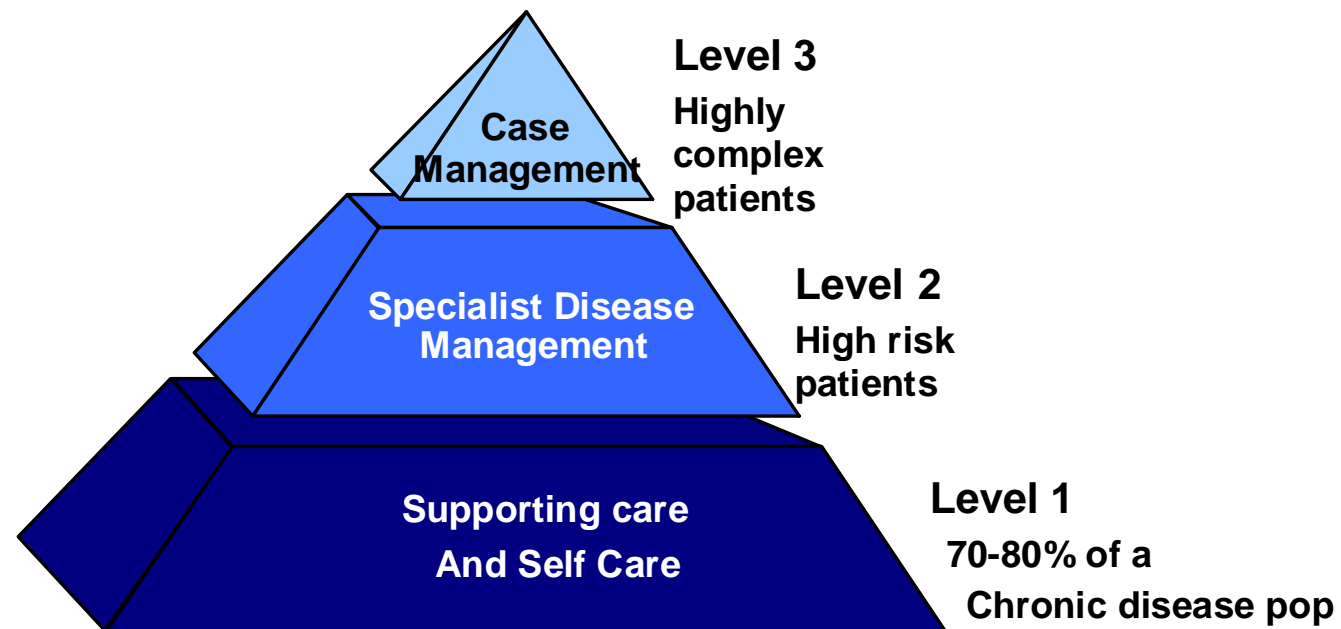
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1. Eén patiëntengroep
2. Patiënteneducatie
3. Nadruk op preventie
4. EBM en zorgafspraken
5. Subgroepen en zorgpaden
6. Taakherschikking
7. Moderne ICT
8. Management rapportages
9. Robuuste organisatie
10. Abonnementstarief

Population stratification: the Kaiser triangle



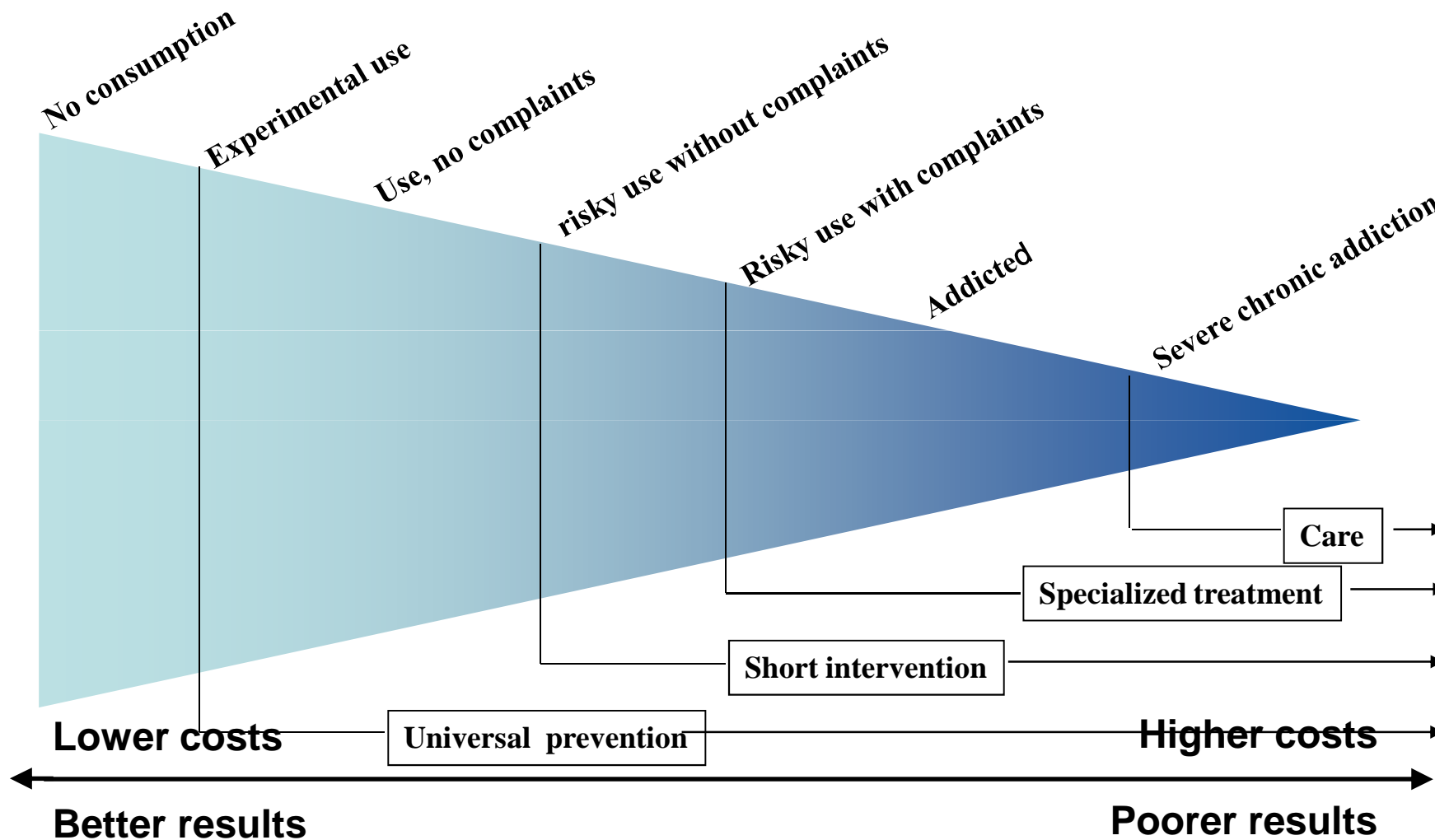
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Disease management in addiction care (with thanks to Wim Buisman, Jellinek Clinics Amsterdam)



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Tabel 1. Number of inpatient admissions per 100.000 65+ *



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	NHS	Kaiser	USA
Stroke	823	788	1183
Angina Pectoris	783	152	203
COPD	699	558	1256
Heart failure	556	1118	2272
Acute myocardial infarction	550	893	923

* Kaiser and USA standardised to NHS

Tabel 2. Length of hospital stay (in days) 65+ *



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	NHS	Kaiser	USA
Stroke	27,1	4,3	6,5
Angina Pectoris	5,9	2,2	2,6
COPD	9,9	3,8	5,4
Heart failure	12,4	3,7	5,4
Acute myocardial infarction	9,4	4,4	5,5

* Kaiser and USA standardised to NHS



Tabel 3. Costs comparisons NHS and Kaiser Permanente

	NHS	Kaiser
Per capita expenditure in dollar	1764	1951
Acute bed days per 1000 per year	1000	270
Time spent with PCP in minutes	8,8	20

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Waarom werkt het Kaiser Permanente Model?



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

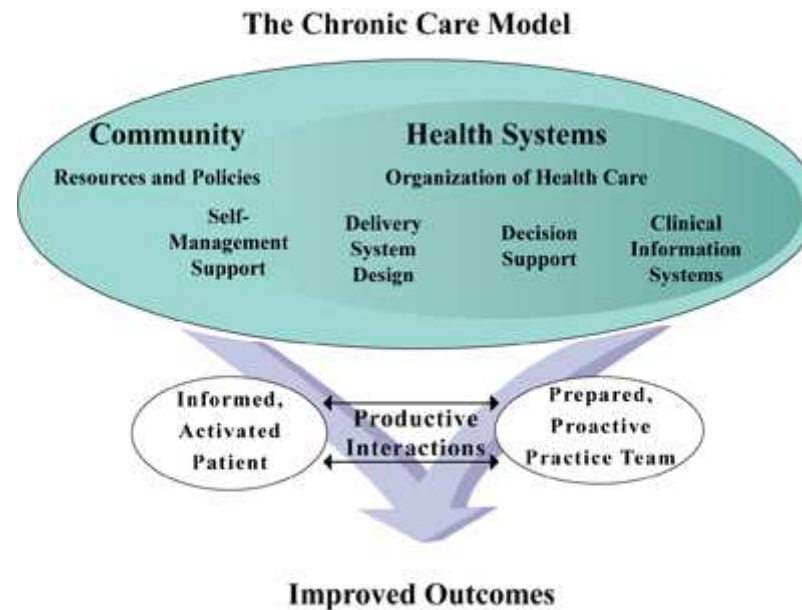
Op 2 en 3 maart 2011 Telezorg Londen

Ketenzorgcongres op 1 juli 2011 in Utrecht

Chronic care model by Wagner



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Developed by The MacCall Institute
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Literatuur over chronic care model



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Eigen publicatie



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Disease Management in de Nederlandse Context



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Zwakte van ketenzorg



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Ik dank u voor uw aandacht