Vertical integration of health and social care for older people living with frailty in the Netherlands

Dimitri Varsamis PhD
Programme Manager, Acute Care Clinical Policy and Strategy Unit, Medical Directorate, NHS England

15th Oct 2015
Content

• Why was I there in the first place
• The Dutch health and care system

• Vertical integration in a care group / chain organisation
  – Step-down intermediate care
  – Elderly Care Physicians
  – ..and other features
• What next? Caring in a cold financial climate
HOPE Exchange Programme
HOPE Exchange Programme

- Annual exchange programme by the European Hospital and Healthcare Federation (HOPE) to promote sharing of knowledge and expertise within the EU.
- 4 week long.
- Since 2004, the NHS has welcomed 140 EU professionals and 75 UK participants gone abroad.
- 2015 theme was "Hospitals 2020".
- [http://www.hope-agora.eu/](http://www.hope-agora.eu/)
Dutch health and care
Netherlands

- Almost 17 million inhabitants
- Appr. 85 hospitals
  - 8 university hospitals
  - Rest are private, not for profit
  - 2-3 private, for profit.
Travelling time to nearest hospital
Figure 2. Health spending (excluding investment) as a share of GDP, OECD countries, 2013

2012: Netherlands 11.8%  UK 9.3%

Dutch health and care system

- All residents buy private insurance for a “basic” health package, average €1119.
- It covers same treatments irrespective of insurer but cost varies by insurer not by patient.
- Supplementary insurance varies in coverage and cost.
- People also pay via NI contribution (approx 6%).
- Excess: €375 when use hospital care, inc A+E, but not for GP care.
Dutch health and care system

- Private health insurers contract annually with GPs, pharmacies, hospitals etc.
- GPs as gatekeepers.
- Social care and continuing care: mixed model of funding from LAs, insurers and individuals.
Commissioner / provider integration

- Bankruptcy is not hypothetical: two smaller hospitals bankrupt in 2014, and taken over by private funds and insurers: **vertical integration with commissioner**.
- Topic of political debate, not currently supported.
- Although potentially cost-neutral to cost-effective, risks on consumer choice and professional autonomy.
- Suggestion that insurers should not interfere in the care provision to avoid US-style “managed care” (i.e. health maintenance organisation).
Rivas Care Group
About Rivas Zorggroep (care group)

- Care group / chain organisation
- Vertically integrated between:
  - 1 district general hospital (Beatrix)
  - 1 community hospital
  - 18 nursing homes
  - 5 care homes centres
  - continuing / intermediate care
  - home care, equipment loan service
  - day care centres
  - child and youth health care inc school nursing
  - district nursing
  - social workers
  - maternity care (hospital and community inc health visitors).
<table>
<thead>
<tr>
<th>Region</th>
<th>Home Care</th>
<th>Nursing Home Care</th>
<th>Care in a Care Home</th>
<th>Hospital Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alblasserwaard-Noord</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drechtstreek-Noord</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drechtstreek-Zuid</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Gorinchem</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Linge</td>
<td>x</td>
<td>x</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Merwede</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utrecht-Zuid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
About Rivas care group

- Turnover of €263m (2013).
- Over 6,000 staff members and 1,600 volunteers.
- Area covered between 125,000 and 530,000 residents, depending on the care concerned.
- The catchment of the Beatrix Hospital covers an area of 125,000 residents.
- Over 190,000 OP visits and over 15,000 admissions every year.
About Rivas care group

• Care group evolved over time.
• There are about 4-5 such vertically merged similar orgs in Netherlands. Rivas is the most developed.
• 35% of budget goes to hospital activity and rest on long term care.
• Pooling of finances in the Rivas group has been the case since ‘99 when it formed.
• LOS: in 1999 was 7.6 days and now 4.8 days, in Gorinchem / Rivas (national average is 5.9).
Elderly Care Physicians
Elderly Care Physicians (ECPs)

• The elderly care physician is a medical doctor who specialises in long-term care for older people living with frailty.
• ECPs look at social / holistic needs of patients and function of older person and not just at disease status like geriatricians. It is a function-based discipline rather than disease-based.
• Mainly based in nursing homes and rehab centres.
Elderly Care Physicians

• Main aim is to keep clients at home and involve families
• ECPs do geriatric assessments for overall loss of QoL.
• Balance between cure and care.
• It is unique in the world that the Netherlands have such separate specialty physicians.
• http://www.verenso.nl/english
Elderly Care Physicians

• In Rivas: Beatrix hospital and nursing homes share ECPs and geriatricians.
• 14 ECPs for 900 beds. There is always one on duty.
• 9 ECPs work mainly in the nursing homes and 5 mainly in the hospital alongside the geriatricians.
• They are involved from diagnostic phase and develop plan for treatment and care.
• ECPs also involved at discharge, while in other hospitals it is the clinical geriatrics.
Benefits of the ECP in Rivas

• In the area served by the own-managed DGH, only 10% of patients are referred by the inpatients to the organisation-wide “elderly care case management service”, while 90% are referred by the GPs or the nursing homes, pre-empting the need for an acute stay or the need to react at discharge stage.

• In area covered by a separate hospital the split is 50%-50% due to less anticipatory management.
Other workforce and joint working
Cross and multidisciplinary working and sharing

- Specialists focus on upskilling and working with other parts of single org and with other providers esp GPs.
- Email advice from specialists Monday to Friday to GPs.
- Nurses equipping care assistants with knowledge and skills to manage falls, UTIs, dementia, hydration and nutrition that could result in deterioration and admission.
- Integrated hospital discharge teams.
- Named point of contact for hospital and for out of hospital services involved in the geriatric pathway
- District nurses with special social worker role to tackle loneliness, financial worries etc.
Assuring quality across health and social care
Assuring quality across health and social care

• Planetree accreditation for patient centeredness through Better Care, a Healing Environment and a Healthy Organisation.

• Netherlands has the largest non US presence.

• In US only hospitals, in Netherlands mainly nursing homes.

• All Rivas care and nursing homes and hospital are accredited.

• [http://planetree.org/](http://planetree.org/)
Assuring quality across health and social care

Hospitality with stars

- Voluntary accreditation scheme for food and drink quality, complaints procedures, ambience, green / environment policies, CSR.
- Originally set-up by government, but a lot of providers don’t take part.
- Rivas hospital and care and nursing homes are accredited.

[Link](http://www.gastvrijezorg.nl/gastvrijheidszorg-met-sternren)
Plurality of types of care and settings
Types of care and support

• Proliferation of many types of offer to service users with different levels of care and support and housing arrangements.
• Short term and longer term intermediate care between the traditional tiers of:
  home care – care home – nursing home
• Before, clear distinction and funding for all three.
• Additional in-between care: Rivas pension - Rivas rental apartments - Rivas hotel.
Rivas zorghotel = care hotel

- Intermediate step-down care.
- Run by Rivas but delivered in neighbouring DGH.
- Short term stay.
- To undergo rehabilitation for a maximum period of three months.
- Users choose after discharge from the hospital (for example, after major surgery) to spend few extra days in the care hotel, to recover and / or rest.
- Paid for depending on need.
Intermediate care

- Rivas board – Rivas pension: furnished guesthouses
- Stay is temporary, 1 week to 3 months, usually 2-3 weeks, to recover after hospital when there is no longer a clinical need and no rehab need.
- Service user pays.
Find a care hotel in Netherlands

A care hotel offers a temporary stay, with the assurance of 24-hour nursing care. Great value is placed on
This website offers a selection of care providing private accommodations for short stay or permanent residence.
Financing of care and strategies to tackle issues
Changes in financing

- Overall gov plan: contain cost by reducing care home use.
- The thresholds for eligibility for any support are rising therefore harder to qualify.
- Therefore more of the previous paid-for care home residents move into home care, and when no longer able to cope at home with support, then in nursing homes.
Alternative use of facilities and paying for services

• Rooms in Rivas care homes are empty due to new rules.
• Nationally, a lot of care homes are closing or becoming nursing homes.
• Rivas is responding by renting out long-term to non-qualifying people rooms in care homes with add-on home care, be it eligible or not.
• Rivas is able to do this due to brand name and loyalty of users in area, and due to healthier finances of whole group which can withstand short-term losses.
Thank you

Dimitri Varsamis
dimitri.varsamis@nhs.net
@dimitrivarvarsamis